

# The RCR and the future of Radiology networks

Dr Mark Alexander

*Treasurer*

The Royal College of Radiologists

# ***The Archipelago:***

Over diagnosis and  
Overtreatment

***OR***

Under diagnosis and  
Under treatment

## *The problem:*

- UK 48 trained radiologists per million
- 78 in Germany, 107 in Sweden and 113 in France
- Year-on-year average increase in activity in England has been 10.3% for CT and 12% for MRI
- Greater complexity requiring greater expertise.

## *The situation:*

- Hospitals employing Radiologists with departments on fixed funding providing all local radiology services
- In sourcing or outsourcing for capacity issues
- ‘Post code lottery’ for modalities – interventional, paediatric, Stroke imaging (26 fold variation), PET-CT (14 fold variation) etc.
- Access to expertise restricted – leading to over diagnosis and under diagnosis.

# Q and Q

- Insufficient Quantity of radiology to meet demand targets and deliver the comprehensive, timely service that the UK needs.
- Inadequate Quality: Delivering the required quality of expert reporting locally is a problem.

## *The situation:*

- Currently delays in reporting 4-6 weeks
- Radiologist burn out due to increased out of hours reporting
- Reduced clinician-radiologist knowledge sharing and learning
- Lack of radiology access in primary care increasing secondary attendance.

# ***NHS Radiology benchmarking project***

- 65% outsource reporting – 887k reports last year
- MRI median waiting time is 6 weeks with 10 organisations taking longer than 6 weeks to scan patients
- Slight decline in staffing levels despite increased activity
- Radiology vacancy rate 15%.

RCR Position Paper:

# *Radiology in the UK – the case for a new service model*



The screenshot shows the RCR website header with the logo and tagline "Defining standards in imaging and cancer treatment". It includes a "Member Login" section with an email address field and a password field. Below the header is a navigation menu with links for Home, The College, Clinical Oncology, Clinical Radiology, Patients and Carers, and Media and Policy, along with a search bar. The main content area features a "Latest" section with a sub-heading "Radiology Networks" and a link to the position paper: "Read our [position paper](#) on Radiology Networks – *Radiology in the UK: the case for a new service model*".



## *Consultation with:*

- Regional Chairs and CR Boards
- Bruce Keogh, Erika Denton, Celia Ingham-Clark, Mike Durkin, CQC Chair and CEO, Monitor (Chair and CEO) Foundation Trust Network – Dame Gill Morgan, Sir David Dalton and Johnny Marshall, NHS Confederation
- NHS England - Simon Stevens, Sean Duffy David Flory, CEO, NHS TDA
- All Trust CEOs and MDs
- All CCG chairs/CEOs
- AHSN chairs.

## *Consultation with:*

- Dept. of Health: Jeremy Hunt, Norman Lamb, Dr Dan Poulter, Jane Ellison, Earl Howe, George Freeman, Una O' Brien
- Political parties (Conservatives and Lib Dems in health covered by current ministerial team) inc. David Cameron, Nick Clegg, Andy Burnham and Kevin Lee, Lord Hunt
- Other England agencies: NHSLA - Chair and CEO
- Think thanks: King's Fund, Nuffield Trust, Health Foundation
- All Medical Royal Colleges and Faculties, NHS Employers, SCoR, IPEM, AxREM, BMA, Macmillan, CRUK
- Professor Muir Gray.

## ***RCR model – Networks of expertise***

- Population *not* institution based
- Collaborate to form networks of expertise serving a population of several million
- Grouping of 150-200 radiologists
- Financial, technological, organisational and cultural barriers



- Competition Act 1998 and Articles 101 and 102 of the Treaty on the Functioning of the European Union a threat.

# Discussion with Prof. Keith Willetts

Director for acute episodes of care, NHS England

*Competition issues will be resolved if patient benefit demonstrated.*

*Full support for network concept.*

*Planning to overcome organisational and contracting barriers as part of strategy.*

## ***Next steps.....***

- ***Learn from the Oxford network, West Midlands Paediatrics, South Yorkshire Collaborative and other innovators***
- ***Work through Heads of service and Commissioners***
- ***Negotiation and collaboration with NHS England***
- ***Mobilise the Fellowship and our partners.***