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Thank you for your letter of 14<sup>th</sup> May which raises a number of issues for Radiology and Radiotherapy services.

As you will be aware, COVID-19 is likely to be with the us for some time to come and we need to ensure that there is sufficient capacity to accommodate the expected increase in activity in those urgent areas that were protected as part of the initial COVID-19 response (e.g. emergency care and cardiac/stroke/cancer services). This also includes ensuring the increased health and hygiene measures are in place and appropriate social distancing.

As such, the Scottish Government are preparing for the next set of phases of our response by asking Health Boards to submit phased re-mobilisation plans. In order to inform those plans, the Scottish Government's Interim Chief Medical Officer and National Clinical Director have provided an initial view on those services that could be prioritised in the next phase of Board mobilisation planning, which includes cancer (especially referrals and treatments postponed) and non-cancer urgent inpatients and outpatients as well as resuming those services that have been suspended, delayed or deferred during the initial emergency response

Phase 1 of this plan will outline those clinical priority services which will resume during June and July. We expect, however, that all Health Boards will continue to prioritise radiology capacity for those patients referred with an urgent suspicion of cancer throughout and beyond the COVID-19 outbreak. It is expected that routine outpatient access will gradually increase in phase 2 from August onwards where it is safe to do so, continuing to take account of all necessary infection protection and control measures and physical distancing requirements.

In relation to diagnostics, the Scottish Government has issued guidance to NHS Boards to advise that National Targets have not been suspended, and that recovery will take a phased approach based on local clinical prioritisation of services, and as such waits are increasing. Monitoring of waiting lists, including Diagnostics, will therefore continue to ensure that we maintain a true picture of the scale of the impact of the COVID-19 pandemic on elective activity, as well as an accurate data for the recovery process.

In relation to managing public expectations during this period, a process of public messaging and engagement is in development to inform the direction of travel for the new normal, to inform and engage on redesign of service provision and to ensure the public understand the changes emerging with new service models. Services are communicating with patients individually to keep them informed of service provision and the options available to patients who are unable to attend for clinical reasons or who wish to defer their investigations, including the option of a clinical review.

Through the Integrated Health and Social Care Workforce Plan for Scotland we also intend to increase diagnostic reporting capacity which is key to further reductions in waiting times. Reporting Radiographers have a key role in creating capacity in the Radiology multi-disciplinary team and we will increase Reporting Radiographer trainee places by 30 (10 per year over 3 years). The scope and range of reporting, including chest reporting, to be included in this training is currently under consideration.

In relation to radiography, the Scottish Government's COVID19 Cancer Treatment Response Group (CTRG) has a radiotherapy subgroup that has been meeting weekly during the pandemic bring together all of Scotland's five cancer centres. They have agreed prioritisation and new ways of working over the past week weeks. They, and the CTRG, are also very conscious of the challenges ahead and discussions are under way about how centres can support each other through these.

I would also like to highlight that since our meeting in August last year, there has been some progress in relation to national oversight of Imaging services. The Scottish Government has funded phase 2 of the SRTP in support of its valuable contribution to the future planning and resilience of Radiology services.

In addition, a review has been undertaken of the governance structure of the Programme and how it aligns, in remit and structure, with the Diagnostic Steering Group. A revised governance model has been established to manage the transition and to consolidate parallel structures of these groups. A Strategic group will be accountable for overseeing the delivery of relevant Diagnostic transformation programmes. It will also deliver national service reviews for radiology and the design of a future service model for Scotland, maintaining the alignment of the programme with the strategic direction of NHS Scotland.

I trust that this addresses the issues you raise.

*Kind regards*  
*Jeane*

**JEANE FREEMAN**