

14th May 2020

Ms Jeane Freeman Cabinet Secretary for Health and Sport St Andrews House Regent Road Edinburgh EH1 3DG

Dear Cabinet Secretary

RE: Emerging issues for Diagnostic Imaging and Radiotherapy Services

You are of course fully acquaint with the many factors impacting on the effective delivery of health and social care services during this unprecedented situation and it is not therefore my intention to remind you of these. As planning takes place however, to move us towards the re-instatement of many services that have been temporarily suspended, I would like to draw your attention specifically to the issues related to diagnostic imaging in particular, but also radiotherapy. These are critical to the effective resumption of services.

Since many patients have had their diagnosis or treatments postponed or cancelled, there is currently a massive backlog of patients awaiting imaging procedures and radiotherapy treatments. This will cause what is expected to be a 'second wave' crisis for these services. Diagnosis is the first stage in the treatment of any illness, therefore imaging services are the gateway, and hence the bottleneck, to treatment. Diagnostic imaging services are as of this time being swamped with requests and therefore the whole process of facilitating treatment for patients will be delayed at best or compromised at worst, not only through delayed examinations, but by a massive increase in the existing backlog of image reporting. Diagnostic delays are in addition, a well acknowledged problem in respect of detrimental cancer outcomes.

Historically, staffing levels in diagnostic imaging particularly have been significantly below complement and this remains a problem, exacerbated considerably by current absentee rates. There is a real danger therefore that imaging services may imminently fail to cope with demand. Radiotherapy services will additionally find themselves dealing with far more complex and lengthy treatment regimes, leading to treatment delays and poorer outcomes. The consequence of this is damaging, not only for patients but also for public confidence given the fact that non-covid related deaths will undoubtedly become the subject of considerable public debate in due course.

I am urging you therefore to acknowledge the critical position of diagnostic imaging in the patient pathway and the need therefore to actively support imaging and radiotherapy services and their staff in this period. This may well include resource provision, but just as importantly the need to push forward initiatives related to changing service structures and professional roles. The opportunity exists to create arrangements that have both immediate and longer term benefit for patients whilst ensuring that human resource and expertise is deployed most effectively.

In the above context and based on our discussions with clinical managers, I urge you to give consideration to the following requests for action:

Immediate term:

- Consider implementation of a Scotland wide strategy for the management of outpatient access.
- Give clear guidance to service managers regarding the status of existing diagnostic targets in this period.
- Take steps to ensure that public expectations are managed.

Medium term:

- In order to address chronic and long term reporting and examination backlog difficulties, support and resource existing and future service level and educational initiatives to develop extended scope roles for radiographers. This should include the extension of radiographer reporting into the field of chest X ray reporting.
- Support and resource increased recruitment to assistant practitioner programmes and pre-registration courses in diagnostic and therapeutic radiography.
- Support the existing initiative to establish a National imaging oversight mechanism (consequent to our recent discussions).

In some of these instances, your ability to apply political pressure will be as important as any other factor in overcoming cultural or structural barriers. The Society and College of Radiographers is committed to supporting the enhancement of services for patients. We welcome the opportunity to engage in dialogue over these matters and others relevant to the effective sustainment of services in the current crisis.

I am yours sincerely

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CC: Carolyn McDonald, CHPO Scottish Parliament Health Committee