



Service Pressure in Diagnostic Imaging

Summary

The Imaging and Oncology Forum is aware that Diagnostic Imaging services in the UK are being expected to perform beyond their normal capacity. We acknowledge the pressure to recover waiting times and case management to pre-pandemic levels. However, the Forum strongly opposes the current approach, which we believe is reckless and unsustainable. Over-capacity working threatens patient safety, is harming healthcare professionals and is challenging service quality.

The Forum calls on UK governments, healthcare policy bodies and hospital management teams to recognise the risks to their services and to patients and to support imaging services as they seek to build capacity to meet rising demands.

Service Pressure in Diagnostic Imaging

Diagnostic imaging services are a vital part of healthcare. Demand for imaging rises typically faster than healthcare demands in general. Modalities such as ultrasound and CT show annual demand increasing at greater than 10 percent.

The multidisciplinary workforce for imaging services, in common with many parts of healthcare, is in crisis. There is increasing reliance on agency staff and vacancy rates are on average 10% with some services and specialities experiencing vacancies of 12.6%.¹⁻³ The effects of the Covid-19 pandemic are persistent and add to the pressure on workforce. Absence through sickness is high; the effects of “long Covid” further reduce capability and the stress caused by excess pressure at work is causing further absence. Staff members are increasingly exhausted and unable to take periods of leave.

After decades of inattention to workforce planning across healthcare, it is good to see efforts to increase numbers of professionals being trained for imaging services. Innovative approaches such as healthcare professional apprenticeships and the expansion of assistant healthcare practitioners are very welcome alongside greater numbers being attracted to professions through traditional routes. This progress towards a sufficient workforce will inevitably take time. In the meantime, existing staff should be valued, with every effort made to retain and develop their vital skills. It is clear that the opposite is happening, with increasing numbers of individuals leaving health services.

The Covid-19 pandemic has caused severe disruption to the delivery of healthcare. There remains considerable threat of continuing effects. The resulting backlog of cases is a serious concern, not just for individual patients and staff, but for the UK population and economy as a whole. It is easy to understand the urgency being expressed in connection to working to reduce waiting times. This is being experienced within diagnostic imaging services as a requirement (in some cases explicitly stated) to work “over-capacity”. In practice, this is resulting in elective lists being booked with



shorter examination times, for longer sessions and sometimes with deliberate over-booking on the assumption that some patients may not attend.

At the same time, the strain on primary care services and a general higher sickness level in the population (due to the pandemic, other opportunistic infections and conditions undiagnosed during the pandemic) are resulting in increased pressure on Emergency departments and consequent admissions to hospital. These have immediate impacts on diagnostic imaging, increasing the workload in immediate and urgent care categories.

This “perfect storm” being experienced by imaging teams is unsustainable. It brings additional consequences that threaten to compound the crisis through inhibiting two factors which should be contributing to recovery. These are:

- Capacity to provide increased clinical training. Planned expansion of the workforce cannot proceed optimally as teams are unable to give sufficient time to clinical placements.
- Technology operating below optimal levels. The capabilities of technology to assist in managing workflow and increase efficiency are considerable. Equipment manufacturers report that the full capabilities of installed technology for imaging are infrequently realised due to insufficient time allowed for training of users and pressure to commission equipment at pace.

The Imaging and Oncology Forum is concerned that imaging services are being brought close to failure through the pressures described above. We believe that the policy demand to increase caseload presents risks to patients through hurried examinations and curtailed time for image viewing, analysis and reporting. Furthermore, it serves to demoralise staff as they are forced to compromise on the high standards of care that they have been trained to deliver.

We anticipate that the policy to ‘do more’ applied to the already exhausted workforce will only result in increased levels of stress, sickness and attrition as clinical professionals leave.

The Imaging and Oncology Forum calls on UK Health Departments, policy bodies and Hospital Boards to act immediately to manage those elements of service demand that are within their control, particularly through a relaxation of pressure to maximise bookings of elective and non-urgent cases. We further request urgent attention in all healthcare provision to support staff health and wellbeing, including through ensuring regular and adequate breaks from work, guaranteeing provision of annual leave and support for any affected by illness.

The Imaging and Oncology Forum will be glad to discuss any of the points raised and to provide further detail if required.



The Imaging & Oncology Forum

The Imaging & Oncology Forum is a collection of organisations working in the imaging and oncology space. The forum shares best practice, exchange news and information and work collectively for the good of the imaging and oncology sectors. The forum will discuss and explore areas of work and lobbying on mutual industry topics and issues, having a collective industry/ sector voice on key issues.

- AXREM (UK trade association representing the interests of suppliers of diagnostic medical imaging, radiotherapy, healthcare IT and care equipment in the UK)
- British Institute of Radiology
- British Medical Ultrasound Society
- British Nuclear Medicine Society
- British Society of Echocardiography
- Institute of Physics & Engineering in Medicine
- The Royal College of Radiologists
- The Society of Radiographers

References

1. Royal College of Radiologists. RCR Clinical Radiology census report 2021. Available: [RCR Clinical radiology census report 2021 | The Royal College of Radiologists](#) Accessed Oct 2022
2. College of Radiographers. Diagnostic radiography workforce 2021 UK census. Available: [GetFile.aspx \(sor.org\)](#) Accessed Oct 2022
3. College of Radiographers. Ultrasound workforce UK census 2019. Available at: [ultrasound_workforce_uk_census_2019.pdf_2 \(sor.org\)](#) Accessed Oct 2022