

## **Hidden Waits 2:**

An investigation into diagnostic waiting times in the NHS



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# Hidden Waits 2:

## An investigation into diagnostic waiting times in the NHS

### 1. Main Findings

1.1 As many as half a million people are stuck on hidden waiting lists according to research by the Audit Commission<sup>1</sup>. There is no official figure because the Department of Health does not collect waiting time information for scans and tests. *Hidden Waits 2* examines what the Government has been doing to tackle diagnostic waits and provides new survey results. The main findings are:

#### **Unacceptable waits for essential scans:**

- Patients are waiting six months or more at two in five (42%) NHS Trusts and a year or longer at one in five (20%) Trusts for MRI scans.
- More than one in seven (14.7%) Trusts reported waiting times for CT scans of six months or over.

#### **NHS Scanners standing idle:**

- A quarter of NHS Trusts reported that 25% or more of their on-site scanning capacity was not being used.
- Five Trusts reported a shocking 60% or more of their on-site scanning capacity was left unutilised. Of these, one Trust reported only 10% of its scanning capacity was being used.
- Lack of funding for NHS radiology departments was reported as being the number one obstacle to reducing waiting times for tests and scans.

#### **NHS scanners mothballed to make way for private contract:**

- Just over 60% of Trusts reported having received scans from mobile MRI units as part of the Government's contract with Alliance Medical.
- Of this group, 45% believed that they had been forced to reduce capacity or forgo growth to accommodate this involvement with the private sector.

1.2 Clinical managers, who completed the survey, have painted a picture of NHS scanners being mothballed whilst private sector mobile units – as part of the Government's £90 million pound contract with the private sector for MRI scans – carry out scans with Government money in mobile units in NHS car parks.

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<sup>1</sup> Audit Commission: Radiology, Acute Hospital Portfolio, July 2002.

## **2. Introduction**

- 2.1 Last year, in his report *The Hidden Waiting List*, Paul Burstow uncovered the scandal of patients waiting many months for diagnostic tests and scans at hospitals across England, unmonitored and not included in the Government's central collection of hospital waiting time data.
- 2.2 This follow-up report examines what progress has been made and assesses the effectiveness of Government policy in reducing waiting times for diagnostic procedures.
- 2.3 A survey of all General Acute NHS Trusts conducted in February 2005 has revealed that little, if any, progress has been made to reduce the time patients are waiting for scans and tests. Of the 154 surveys sent out<sup>2</sup>, 69 were completed and returned: a response rate of 45%.
- 2.4 Clinical managers, who completed the survey, have painted a picture of NHS scanners being mothballed whilst private sector mobile units carry out scans with Government money in NHS car parks.

## **3. The hidden waits**

- 3.1 Waiting list figures currently neglect a major part of the patient journey - the time in between referral from a family doctor and diagnosis.
- 3.2 The Government's waiting times figures are calculated only, in terms of inpatient waits, from the time a decision is taken to admit a patient to hospitals to the date the patient is admitted for treatment. Outpatient waiting times are calculated from the receipt of a written GP referral request to the first out patient attendance.
- 3.3 The latest survey has found:
  - Patients are waiting six months or over at two in five NHS Trusts and a year or longer at one in five Trusts for MRI scans.
  - More than one in seven Trusts reported waiting times for CT scans of six months or over.
  - More than a quarter of Trusts reported patients waiting six months and over for non-obstetric ultrasound scans.
  - Just less than a quarter of Trusts surveyed have patients waiting six months or over for scans involving nuclear medicine.

## **4. NHS scanners standing idle**

- 4.1 The survey found that NHS scanners are not being well used and that the one size fits all national contract with Alliance Medical has made matters worse.

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<sup>2</sup> There are 154 General Acute NHS Trusts in England according to the most up to date list available to us.

We found that:

- Only a quarter of Trusts reported that their radiology departments were currently operating to full capacity.
- A further quarter reported that 25% or more of their scanning capacity was not being utilised, with one in twelve Trusts operating to only 40% or less of their full scanning capacity.
- Just over 60% of Trusts reported that they had had MRI scans carried out in mobile scanning units as part of the Government's contract with Alliance Medical. Of this group, 45% reported that they had had to reduce activity or forgo growth to accommodate this involvement with the independent sector.
- Lack of funding for their own on-site radiology departments was the number one obstacle faced by Trusts in reducing diagnostic waiting times.

4.2 On 22<sup>nd</sup> July 2004, the Government awarded a five year contract to Alliance Medical Limited, to provide 110,900 scans in year 1 and 131,200 scans per year for the remaining four years of the contract.

4.3 However since the implementation of the contract there has been considerable disquiet amongst clinicians and hospital managers who were not consulted about how they would like resources to be allocated to improve their radiology output and have had to adapt quickly to the terms of the contract.

4.4 In its submission to the House of Commons Health Committee's investigation into the use of medical technologies within the NHS, the Royal Society for Radiologists provided a critique of the Government's approach. Despite extra investment, through the New Opportunities Fund and the Cancer Plan, that has gone into providing capital equipment for radiology there has not been an increase in revenue funding.

“...as a consequence there is inefficient use of many pieces of high technology equipment in many parts of the country. This is neither effective for the NHS, nor is it good for the morale of those individuals who witness the import of a machine from the private sector onto a hard stand outside the hospital, operating 12 hours or more per day, while the NHS machine, capable of performing the full range of MR services, lies idle.”

4.5 A number of respondents to the survey made additional comments based on their experience of the Alliance Medical contract:

*“The impact of the contract so far has been adverse as the service has been below an acceptable standard. We have had to slot patients back into our own waiting lists and re-report all patients scanned into the independent sector.”*

*“A number of scans have been re-reported. Little impact has been made on maximum waiting times due to types of scan done.”*

*“Although there was a visit... the mobile unit was unsatisfactory and there was a catalogue of errors.”*

*“The service provided by Alliance has been sporadic, inefficient and very time consuming to administer.”*

*“There has been considerable dissatisfaction from our current MRI provider who could have performed the scans themselves more cheaply and efficiently, and from patients many of whom were disadvantaged by this initiative.”*

*“The visit (from the mobile unit was) not found to be very efficient and wasted machine time.”*

*“Very poor performance, second rate service.”*

4.6 Despite this catalogue of complaints John Reid insists that *“there is not a shred of evidence to show that there were undue problems with the ... contract”*.<sup>3</sup>

4.7 Ultimately, the test of the contract will be does it deliver scans of the standard of those provided by the NHS and represent good value to the taxpayer. However, the Government is using the cloak of “commercial confidentiality”, to avoid Parliamentary scrutiny of how the contract is performing<sup>4</sup>.

4.8 However, it appears that so far the contract has not been providing the expected number of scans.

4.9 In response to a Parliamentary Question from Paul Burstow, John Hutton stated on 9<sup>th</sup> March 2005 “The contract has delivered scans to in excess of 25,000 patients to date.”<sup>5</sup> This is after the first seven months of the contract.

4.10 However in the details of the contract, 110,900 scans were to be delivered in year one.

## **5. A different approach**

5.1 Liberal Democrats believe the best way to deliver change in the NHS is to give more freedom to frontline staff to get on with the job of treating patients. Our approach in tackling diagnostic waiting times will learn the lessons of the Government’s hasty imposition of a national contract for MRI scans. We will not tie the hands of local hospitals, forcing them to comply with a deal that is not fit for purpose.

5.2 Instead of imposing a national contract, we will allocate £350 million above Government plans over a parliament to local health commissioners, so that

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<sup>3</sup> John Reid, Official Report 22 Feb 2005: Column 138.

<sup>4</sup> Parliamentary answer to Paul Burstow, 23 Feb 2005, PQ02206.

<sup>5</sup> (Source: Official Report, 9 March 2005; Column 1911W).

they can work with local providers to cut waiting times in ways which suit local needs.

- 5.3 The funding would allow flexibility for local health commissioners to deliver solutions to local problems. For example, some areas may need to invest in a new piece of equipment, or have the resources to run a piece of equipment which they already have.
- 5.4 In the absence of reliable data, there are inevitably question-marks over the scale of what is required to turn this around. But the earmarked extra funds will help health commissioners and providers to begin the effort to tackle these waits, supplemented by funding from general budgets.
- 5.5 We will work to harness new technology and new ways of working to make more tests and scans available in places like GP surgeries and chemists. We will recruit and retain more staff, with better ways of working to tackle the scandal of expensive scanners being idle and provide more scans at weekends and in the evenings.
- 5.6 It may be that using private hospitals to provide NHS care is both feasible and cost effective. Our party has no ideological objections to using a choice of providers. NHS patients should be able to access the quickest practical route to diagnosis, whether public or private as long as this represents good value for the taxpayer. We would not oppose the use of private providers, but we would wish to take a less centralised approach than the Government. We do not want to see hospitals forced to waste money by mothballing their own scanners because they have no revenue funding to run them while they are made to pay for private mobile scans instead.
- 5.7 The Liberal Democrats propose a 4 point plan to address the problem of the hidden waits for diagnosis:
  - We will tackle the scandal of expensive NHS scanners standing idle by allocating additional funding to the NHS locally so it can be invested in training, new working arrangements, and recruitment and retention of key staff needed to operate them, including providing more scans at weekends and in the evenings.
  - When a GP believes you may have a serious illness, we will offer diagnosis by the quickest practical route, public or private, so the NHS can treat you more quickly. We will do this by including diagnostics in the tariff system for paying for health services, so that if a mutual or private provider can deliver tests and scans at reasonable cost they will be available to NHS patients.
  - We will make more tests and scans available in places like GPs' surgeries and pharmacies, and within new one-stop primary care centres.
  - We will publish waiting times for tests and scans – which the Labour government has failed to do. The health inspectorate will include these

waiting times as part of the standards by which they inspect hospitals and they will publish this to inform patients.

## Appendix: Statistical Information from Survey

### 1. Waiting times for routine scans

Tables A-D demonstrate waiting times reported by NHS Trusts for routine scans.

This is shown in number of scans by weekly grouping in the left hand column; and in a cumulative percentage in the right hand column.

#### A. Waiting times for routine MRI scans

	Count		%
Weeks		Weeks	
52+	12	52+	20.34
36-51	4	36+	27.12
26-35	9	26+	42.37
24-25	5	24+	50.85
20-23	3	20+	55.93
18-19	5	18+	64.41
16-17	5	16+	72.88
12-15	6	12+	83.05
8-11	4	8+	89.83
4-7	3	4+	94.91
1-3	3	0+	100
Total	59	Total	100

#### B. Waiting times for routine CT scans

	Count		%
Weeks		Weeks	
52+	1	52+	1.64
36-51	1	36+	3.28
26-35	7	26+	14.75
24-25	1	24+	16.39
20-23	4	20+	22.95
18-19	2	18+	26.23
16-17	6	16+	36.07
12-15	9	12+	50.82
8-11	8	8+	63.93
4-7	17	4+	91.8
1-3	5	0+	100
Total	61	Total	100

#### C. Waiting times for routine non-obstetric ultrasound

	Count		%
Weeks		Weeks	
52+	1	52+	2.33
36-51	2	36+	6.98
26-35	8	26+	25.58
24-25	2	24+	30.23
20-23	2	20+	34.88
18-19	1	18+	37.21

16-17	2	16+	41.86
12-15	8	12+	60.47
8-11	10	8+	83.72
4-7	6	4+	97.67
1-3	1	0+	100
<b>Total</b>	43	<b>Total</b>	100

#### D. Waiting times for routine scans using nuclear medicine

	Count		%
<b>Weeks</b>		<b>Weeks</b>	
52+	2	52+	6.67
36-51	3	36+	16.67
26-35	2	26+	23.33
24-25		24+	
20-23	1	20+	26.67
18-19		18+	
16-17	2	16+	33.33
12-15	2	12+	40
8-11	3	8+	50
4-7	10	4+	83.33
1-3	5	0+	100
<b>Total</b>	30	<b>Total</b>	100

#### 5. Utilisation of on-site capacity

Capacity currently being utilised %	Count
100	16
99	1
98	2
95	6
90	10
85	3
80	8*
75	6
70	4
60	1
40	2
35	1
33	1
10	1
<b>Total</b>	62

\*One Trust reported utilisation of 60% of MRI capacity and 80% for other modalities.

A further Trust provided a breakdown of figures by modalities, citing 100% for CT; 80% for MRI and 95% for ultrasound.

## 6. Experience of contract with Alliance Medical Ltd.

MRI scans with Alliance*?	Number of Trusts
Yes	42
No	27
Total	69

\* As part of the Government contract.

Of those 42 Trusts that reported they had had scans undertaken by Alliance Medical as part of the Government contract:

Forced to reduce capacity/ forgo growth?	Number of Trusts	%
Yes	19	45
No	21	50

## 7. Obstacles to reducing waiting times

a)

Obstacle	Order of importance					
	1	2	3	4	5	6
Funding	42	9	8	1		
Radiologist shortages	13	21	14	5	2	1
Radiographer shortages	7	21	18	6	3	2
Availability of equipment	3	5	3	13	11	10
Other staff shortages	2	5	14	6		
Age of equipment		3	8	10	15	5
<b>Totals by score</b>	<b>67</b>	<b>64</b>	<b>65</b>	<b>41</b>	<b>31</b>	<b>18</b>

b)

Obstacle	Order of importance (%)					
	1	2	3	4	5	6
Funding	62.7%	14.1%	21.3%	2.4%		
Radiologist shortages	19.4%	32.8%	21.5%	12.2%	6.5%	5.6%
Radiographer shortages	10.5%	32.8%	27.7%	14.6%	9.7%	11.1%
Availability of equipment	4.5%	7.8%	4.6%	31.7%	35.5%	55.6%
Other staff shortages	3.0%	7.8%	21.5%	14.6%		
Age of equipment		4.7%	12.3%	24.4%	48.4%	27.8%