



Department  
of Health

POC 1034475

From Ben Gummer MP  
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Thank you for your letter to Secretary of State about the death of Ms Constance Pridmore. I am responding as the Minister with responsibility for patient safety at the Department of Health.

I was saddened to read of the circumstances surrounding Mrs Pridmore's death. Please pass my condolences to her family and loved ones.

Your report outlined the evidence given by several doctors at Mrs Pridmore's inquest and noted the following concerns, some of which are for the Morecambe Bay Foundation Trust to address:

- i. *the shortage of radiologists within the Morecambe Bay Trust which prevented Mrs Pridmore's x-ray from being reviewed by a radiologist sooner is reflective of a critical shortage of radiologists in the U.K.*
- ii. *there are presently approximately 400 vacant consultant radiologist posts in the U.K.*
- iii. *the target set in Professor Sir Bruce Keogh's 2013 report entitled 'NHS Services, Seven days a Week' (Paper NHS12I3I 5) for urgent x-rays of inpatients to be completed (including the reporting by a radiologist) within 12 hours is far from being achieved both locally by Morecambe Bay Trust, but also nationally by all Health Trusts.*
- iv. *This is due in part to a general increase in the use of scans and x-rays as diagnostic aids, but mainly due to the acute shortage of radiologist who are available and trained to interpret the relevant data accurately and in a timely manner, The Keogh targets whilst intended to become reality by the end of 2017 are becoming a more distant ideal than a realistically approaching target.*

- v. *It is probable that current delays on both a local and national basis in obtaining in a timely manner, accurate radiologist reports of x-rays and CT scans taken for diagnostic purposes. creates a foreseeable risk that further deaths may well arise as a consequence.*
- vi. *Locally, a review of your procedures with regard to the assessment of x-rays is required and nationally, a review into the implementation of the recommendations of the Keogh report is likely to be necessary.*

Responsibility for staffing rests, as it has always done, with Trust boards. Trusts should focus on the numbers and skill mix needed to deliver quality care, patient safety and efficiency, taking into account local factors such as acuity and case mix.

We expect all parts of the NHS to have staffing arrangements that deliver safe care – making sure they have the right staff, in the right place, at the right time to provide safe and effective care and to make the best use of their resources in doing so.

Health and Social Care Information Centre (HSCIC) statistics, show that Morecambe Bay shows a higher percentage increase (25%) in the number of clinical radiologists than in England (20.9%)

**England Clinical Radiology FTE**

	May 2010	Mar 2015	Mar 2016	Change Mar 2015 to Mar 2016	Change May 2010 to Mar 2016
<b>HCHS Doctors</b>	3,253	3,769	3,932	163 (4.3%)	680 (20.9%)
<i>of which:</i>					
Consultant (including Directors of Public Health)	2,285	2,697	2,814	117 (4.3%)	529 (23.2%)

**Source: HSCIC NHS Workforce monthly as at 31/3/16**

**University Hospitals of Morecambe Bay NHS Foundation Trust**

	May 2010	Mar 2015	Mar 2016	Change Mar 2015 to Mar 2016	Change May 2010 to Mar 2016
<b>HCHS Doctors</b>	13	14	16	2 (14.3%)	3 (25.0%)
<i>of which:</i>					
Consultant (including Directors of Public Health)	11	12	13	1 (8.3%)	2 (20.4%)

However, we recognise the need to continue to build the radiology workforce.



## Department of Health

Health Education England's (HEE) plans the future workforce on a national basis and is taking forward a programme of action to support the Government's commitment to the diagnostics specialisms. Consultants in Clinical Radiology have been prioritised as part of HEE's investment planning process. Training posts will further increase by 32 in 2016.

Work is currently in progress in respect of the radiography, radiology, non-medical endoscopy (NME), pathology, and sonography workforces.

Clinical Radiology has also been one of the five large specialty reviews undertaken by the planning team this year, the outcomes of which will be reported over the summer to decide intakes from 2017 onwards. This takes into account the workforce demands of the Urgent and Emergency Care Review work and will form a key element of planning support to the wider programme.

NHS England reports that the Urgent and Emergency Care Review arising from Sir Bruce Keogh's work is now in its implementation phase. Key to implementation is the development of urgent and emergency care (UEC) networks. In June 2015, NHS England published guidance for what were then emerging networks titled Role and Establishment of Urgent and Emergency Care Networks and in October a total of 23 UEC networks across the four regions of NHS England were confirmed.

In November, a "route map" was published by the NHS outlining the high-level expectations, support products, national work programmes and the expectations of UEC networks and their constituent CCGs. The UEC networks are now mobilised and have responsibility to describe, develop and agree clinical pathways for urgent and emergency care in their geographies.

Specifically, these networks will describe how and where patients can access the care they need as conveniently as possible, the access to definitive care of all categories, severity and complexity of emergency for their defined geography and will oversee the designation of services and monitor network performance, patient outcomes and service access.

I hope that this information is useful. Thank you for bringing the circumstances of Mrs Pridmore's death to our attention.

**BEN GUMMER**