

# Diagnosics and Cancer Care in NHS Wales: A Workforce and Policy Review

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## Contents

Context: Healthcare in Wales .....	1
NHS Wales – Performance against targets .....	2
Welsh workforce statistics: clinical oncology.....	4
Welsh workforce statistics: clinical radiology.....	5
NHS Wales – training and education.....	6
Welsh Government and NHS Wales policies .....	8
Policy recommendations .....	9
RCR Standing Welsh Committee .....	10

## Context: Healthcare in Wales

Healthcare in Wales has been devolved to the Welsh Government (Llywodraeth Cymru) since 2007. NHS Wales (GIG Cymru) is the public health system in Wales. NHS Wales is comprised of seven Local Health Boards, three NHS Trusts and two Special Health Authorities.<sup>i</sup>

The LHBs are responsible for commissioning, planning and delivering primary, secondary and community care, alongside some specialist services such as dentistry, optometry and mental health services. Three NHS Trusts each have a separate focus that covers all of Wales. Public Health Wales NHS Trust is the national public health organisation. The Velindre University NHS Trust provides specialist cancer services for South and Mid Wales, as well as the Welsh Blood Service. And the Welsh Ambulance Services NHS Trust provide various out-of-hospital and emergency services.

The two special health authorities are Digital Health and Care Wales, which provides NHS Wales with digital systems and services, and Health Education and Improvement Wales, which is responsible for the education and training of the Welsh healthcare workforce.

In contrast to England, NHS Wales does not have a market-based system. Instead, LHBs and Welsh NHS Trusts

receive a block of funding based on their populations, rather than the payment scheme (tariff system) in NHS England.

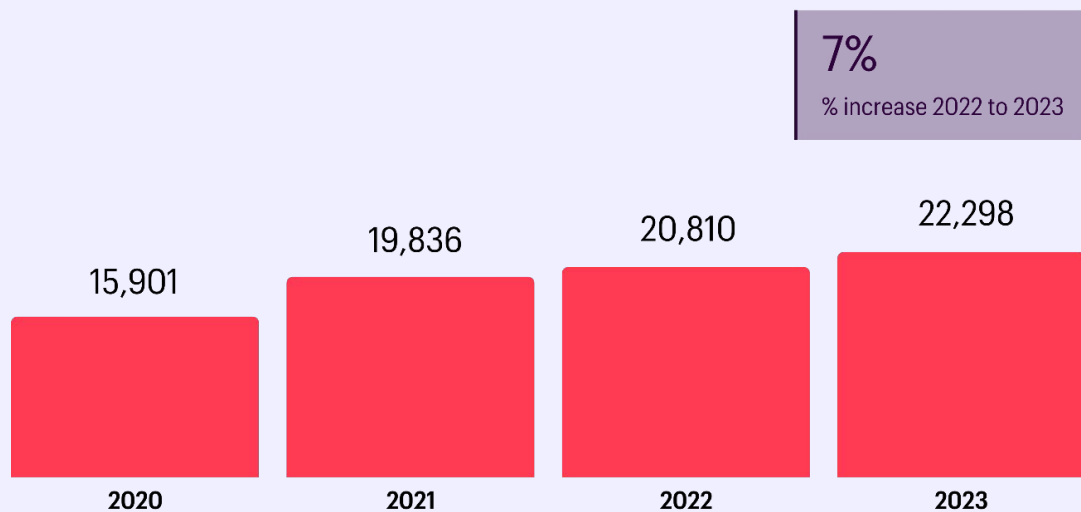
Healthcare Inspectorate Wales (HIW) is the independent body responsible for inspecting and regulating NHS Wales. It has fewer powers to intervene directly than the Care Quality Commission does in England.

## NHS Wales – Performance against targets

NHS Wales has set itself a series of performance targets.<sup>ii</sup> Monthly data releases track its performance against these targets. We here consider annual data up to and including 2023. None of these targets are being met; most show declining performance. The Covid-19 pandemic appears to have sharply exacerbated already-deteriorating performance, with services struggling to recover ever since.

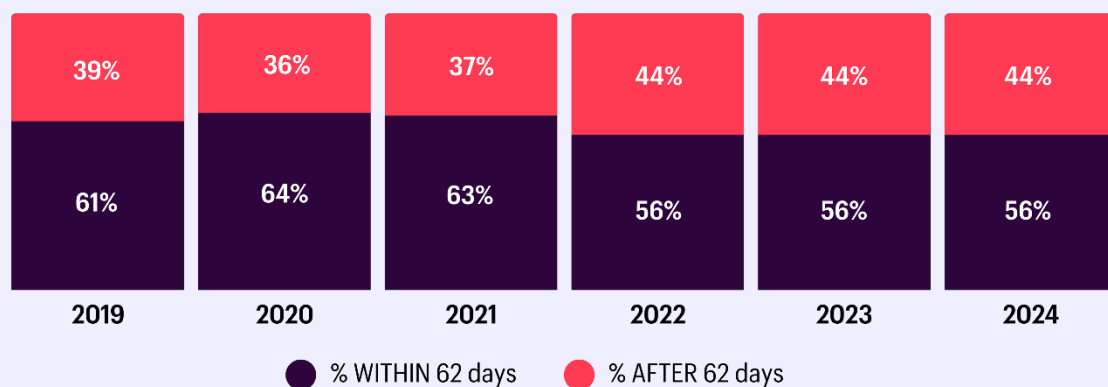
The total number of patients starting cancer treatment in Wales has been steadily increasing. Between 2022 and 2023, there was a 7% increase in this number (Figure 2). This rise in demand partially explains why progress against waiting times has been so poor; the demand for treatment is rising at a far greater rate than can be met by available healthcare resources.

FIGURE 1: TOTAL NO. PATIENTS BEGINNING CANCER TREATMENT, BY YEAR



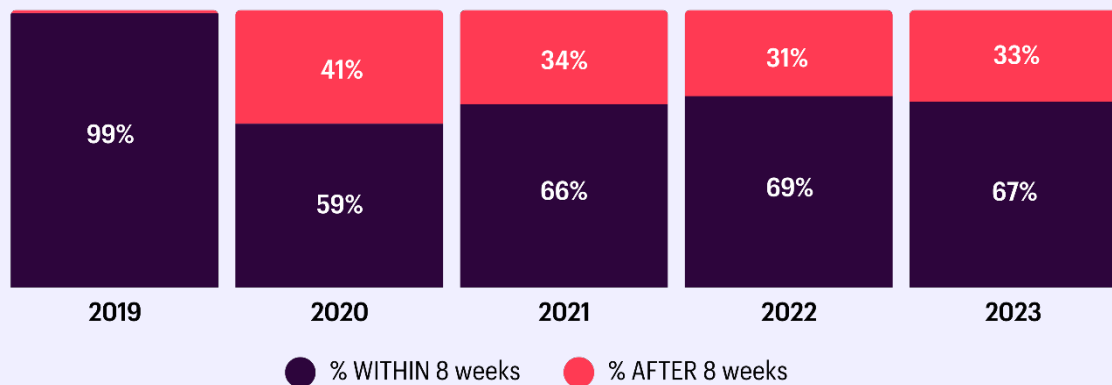
**Target: at least 80% of patients should receive their first treatment for cancer within 62 days of cancer being suspected, to be achieved by 2026.**

FIGURE 2: PERCENTAGE OF PATIENTS WAITING FOR OVER 62-DAYS FOR THEIR FIRST CANCER TREATMENT, BY YEAR



**Target: no patient should wait longer than 8 weeks to receive a diagnostic test (to be achieved by Spring 2024).**

FIGURE 3: PERCENTAGE OF PATIENTS WAITING OVER 8 WEEKS FOR A DIAGNOSTIC TEST, BY YEAR

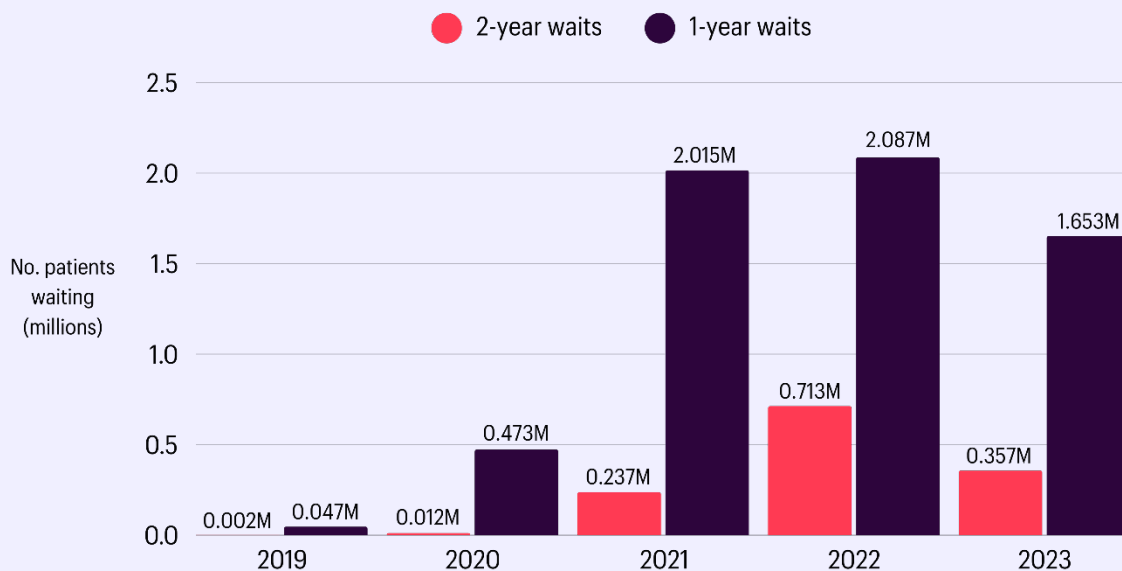


**Target: 95% of patients should receive their first treatment within 26 weeks of a referral.**

This target covers all treatment modalities. Like the 62-day wait for cancer treatment, performance has remained well below the target. After a precipitous drop during the Covid-19 pandemic, recovery has been slight and appears to have stalled.<sup>iii</sup>

**Target: eliminate 2-year waits for all treatments by March 2023 and eliminate 1-year waits by Spring 2025**

FIGURE 4: NO. PATIENTS WAITING FOR >1-YRS AND >2-YRS TO BEGIN THEIR FIRST TREATMENT, BY YEAR



### Regional variation in performance against targets

Analysis of the data also reveals significant variation in performance against these targets between different regions within Wales. The RCR workforce census reports divide Wales into three regions, which map onto the LHBs (see above).

- Despite treating fewer patients for cancer in 2023, North Wales treats more patients per consultant oncologist (WTE) – 303 per consultant oncologist here, versus 243 in South West Wales and 254 in South East Wales.<sup>iv</sup>
- Just 49% of patients in South West Wales started treatment for cancer within 62 days in 2023, lower than any other region.
- In South West Wales, between 2022 and 2023 there was a 10% increase in the number of patients beginning cancer treatment – the largest percentage increase of any region.
- Just 64% of patients in South Wales waited under 8 weeks for a diagnostic radiology test, versus 74% for North and West Wales.
- In South Wales, the number of people waiting for a diagnostic test for more than 8 weeks has been rising annually since 2021. Since 2022, it has increased by 26%. By contrast the number of people waiting for over 8 weeks in North and West Wales has been decreasing annually since 2020.

## Welsh workforce statistics: clinical oncology

### Workforce shortfalls

- The latest RCR clinical oncology workforce census (2023)<sup>v</sup> revealed that there is a 12% shortfall of clinical oncologists (7 WTE).

	CO consultant workforce shortfall (WTE)	CO consultant workforce shortfall (%)	Forecast 2028 CO consultant workforce shortfall (%)
<b>Wales total</b>	7	12%	28%
North Wales	6	39%	78%
South West Wales	2	6%	Not known
South East Wales	2	12%	Not known

### Vacancies

- Across Wales in 2023, there is a 5% vacancy rate for funded consultant clinical oncologist posts. All of these vacancies are in North Wales.

	Vacancies (WTE)	Vacancy rate	Vacancies open for 12+ months
<b>Wales total</b>	3	5%	100%
North Wales	3	26%	100%
South West Wales	0	0%	0%
South East Wales	0	0%	0%

### Other findings:

- A 24% forecast retirement rate of CO consultants by 2028 (WTE) - the highest of any UK nation.
- Only 4.2 COs per 100,000 older population in Wales.
- An expected annual growth rate of 0% in Wales – in other words, the workforce is expected to be the same size in 2028. This is an improvement on last year, where the forecast was a contraction of the workforce by 2027.
- A high reliance on locum staff (19% of the CO workforce) compared to the rest of the UK (9%), with locums comprising nearly half (47%) of the North Wales workforce.

## Welsh workforce statistics: clinical radiology

### Workforce shortfalls

- The latest RCR clinical radiology workforce census (2023)<sup>vi</sup> revealed that there is a 34% shortfall of clinical radiologists (95 WTE). This is in line with England but above Scotland and NI.

	CR consultant workforce shortfall (WTE)	CR consultant workforce shortfall (%)	Forecast 2028 CR consultant workforce shortfall (%)
<b>Wales total</b>	95	34%	38%
North and West Wales	48	49%	57%
South Wales	40	23%	27%

### Vacancies

- The vacancy rate for funded posts among consultant clinical radiologists has fallen 6 points since 2022, but remains high. The high insourcing/outsourcing spend may suggest the true workforce shortage is higher than vacancies alone indicate.

	Vacancies (WTE)	Vacancy rate	Vacancies open for 12+ months
<b>Wales total</b>	17	8%	53%
North and West Wales	5	8%	40%
South Wales	12	8%	58%

## Regional spend on outsourcing for radiology – FY 2022/23

	Outsourcing	Inourcing	Ad-hoc locums	Total	Per head of population
<b>Wales total</b>	£5,925,718	£3,972,146	£1,531,957	£11,429,821	£3.65
North and West Wales	£2,629,710	£1,823,947	£60,000	£4,513,657	£4.21
South Wales	£3,296,008	£2,148,199	£1,471,957	£6,916,164	£3.59

### Clinical director views

- 100% of clinical directors said they did not have enough radiologists to deliver safe and effective patient care.

### Interventional radiology

- 86% of LHBs had inadequate IR provision (less than a 1:6 rota or without formal networked arrangements to transfer patients). This is the highest of any UK nation; in England, just 66% reported having inadequate IR provision.
- Wales has just 8.5 consultant interventional radiologists per million population, the lowest of any UK nation.

### Other findings:

- Wales has just 9.5 radiologists (WTE) per 100,000 population – the fewest of the four UK nations. North and West Wales has fewer CRs per 100,000 (6.1) than South Wales (12.1)
- There was an 8% growth in workforce since 2022 (WTE) and a forecast 4% growth over the next 5 years to 2028.
- There are significant shortages of sub-specialty expertise in Wales, such as cardiac, paediatric and head and neck radiology.

## NHS Wales – training and education

HEIW have recently published their 2023-24 education and training plan.<sup>vii</sup> Most medical specialties received expansions, with the aim to increase the consultant output over the 5-10 period to 2028-33. The Plan committed to:

- increasing foundation training by 69 posts (39 F1, 30 F2)
- expanding postgraduate specialty training posts by 90 places for August 2023
- expanding the five-year clinical radiology training programme in South Wales by an additional 20 places (taking the total to 100)
- adding four extra clinical oncology training posts per year for five years.<sup>viii</sup>

The Welsh Government backed the plan in January 2023.<sup>ix</sup> As of 2020 onwards, HEIW funds 100% of all new specialty training posts; this may help Welsh LHBs to offer more training places than otherwise would be possible.

The table below shows the number of training places and fill rates for clinical radiology and clinical oncology in NHS Wales from 2022-24.

	No. posts	Fill rate (%)	Notes
<b>Clinical Radiology</b>			
2022	16	100	
2023	17	100	
2024	11-18	n/a	Early indicative figures only
<b>Clinical Oncology</b>			
2022	10	90.91	After round 2. Round 3 saw 0% fill rate.
2023	6	66.67	After round 2. Round 3 saw 0% fill rate.
2024	2-3	n/a	Early indicative figures only

### RCR analysis of NHS Wales specialty training plans

The RCR estimates that, on average, there is a 25% attrition rate for higher specialty training (10% during training, 10% post-training and 5% due to less than full time working). In addition, the RCR has forecast a workforce shortfall of 24 (FTE) clinical oncology consultants and 147 (FTE) clinical radiology consultants by 2028.<sup>x</sup>

Taken together, these figures mean that the planned training expansions announced by HEIW will:

- **fill 62% of the clinical oncology workforce shortfall,**
- **and just 11% of the clinical radiology workforce shortfall.**

Further action clearly therefore needs to be taken to address Wales' insufficient supply of specialty doctors, especially clinical radiologists. The North Wales radiology training scheme has not been expanded; this possibility should be investigated.

Of particular concern is the fact that not all clinical oncology training places are being filled. This parallels a wider trend in England and across the UK. The RCR is working to boost clinical oncology's profile and attractiveness to undergraduate and foundation year doctors. The RCR would welcome collaborative work with NHS Wales and HEIW on this important subject.

## Welsh Government and NHS Wales policies

### Welsh Labour

The 2021 Welsh Labour manifesto<sup>xi</sup> outlines their achievements in government and their commitments for the 2021-26 session of the Senedd. They committed by the end of the session to: establishing a new medical school in North Wales;<sup>xii</sup> training 12,000 more nurses, doctors, and allied health professionals; introducing e-prescribing; supporting the rollout of innovative technologies like artificial intelligence; and more.

### NHS Wales

NHS Wales' workforce strategy was published in 2020 and remains important.<sup>xiii</sup> It was built on by the National Workforce Implementation Plan, published in 2023.<sup>xiv</sup> The strategy aims to put "wellbeing" at the centre of health and social care in Wales.

The Covid-19 pandemic led to the publication of a joint NHS Wales and Welsh Government document outlining the need to transform planned care and reduce waiting lists.<sup>xv</sup> It contains both cancer care and diagnostics elements and came with a £15m investment to support its recommendations.

**Diagnostic services:** The aim is to build diagnostics capacity to tackle the backlog of patients waiting for tests and to meet the needs of Wales in the future. This is to be done by:

- Bringing in more equipment, expanding facilities, expanding the diagnostic workforce, introducing community diagnostic hubs (CDHs) and utilising digital technologies like artificial intelligence (AI).
- There is little detail, however, beyond the workforce commitments made in HEIW plans (see above).
- There is a commitment to form a Diagnostics Board to lead on this work and to lease staffed scanners in the short term.
- There is a commitment to establishing a network of CDHs along the recommendations of the Richards Review.<sup>xvi</sup>
- The Diagnostics Recovery and Transformation Strategy for Wales 2023-25 largely duplicates these commitments.<sup>xvii</sup>
- More recently, the Welsh Government announced an additional £10 million to modernise IT infrastructure, upgrade existing scanners and purchase new scanners.<sup>xviii</sup> This is in line with coordination with the diagnostics programmes.<sup>xix</sup>

**Cancer care:** The aim is to increase the number of cancers diagnosed and treated early. This will be achieved by:

- Improved public communication to encourage patients to come forward, and to improve the information available to patients already on cancer pathways.
- Existing cancer pathways will be reviewed and streamlined where possible to minimise the number of visits required and reduce the time taken to progress through the pathway.<sup>xx</sup>
- The Plan recommends that first outpatient appointments for suspected cancer should happen within 10 days of the point of suspicion.
- CDHs will enable screening services to be separated from emergency care to improve access.
- The Plan mentions the need to build capacity in the system, but there is little detail beyond what is available from HEIW.



## RCR analysis of NHS Wales diagnostics and cancer plans

The RCR welcomes the ambition shown in NHS Wales' plans to focus on the early diagnosis and treatment of diseases such as cancer. The earlier that cancers are diagnosed, the more likely patients are to live longer, healthier lives and the less strain is placed on the system. Addressing persistent workforce shortfalls will be essential to meet this ambition. We therefore welcome NHS Wales' recognition of the need to build capacity in the workforce, and that recent years have seen consistent rises in training places for radiology and oncology. The twin aims of bringing diagnostics and care into communities and involving patients more directly in their care are forward-thinking and potentially transformative.

However, since the publication of the planned care recovery plan and related documents, waiting lists for diagnosis and treatment in Wales have not fallen significantly and instead remain historically high. This suggests that further action will be required. Specific targets for increasing the workforce and expanding the resources available to healthcare professionals should be set out alongside the existing targets for waiting lists and planned care.

We welcome the recent expansions to oncology and radiology training places in Wales announced by HEIW. However, we calculate that the most recent expansions to clinical oncology and clinical radiology training places will only fill 62% and 11% of the forecast workforce shortfalls in those specialties, respectively (see section above). We would therefore recommend further action to improve the retention of healthcare staff, alongside measures to increase recruitment to the workforce.

Finally, further detail is needed on NHS Wales' ambition to establish a network of CDHs. The RCR published a report assessing the progress of analogous the Community Diagnostic Centre (CDC) programme in England.<sup>xxi</sup> This revealed a mixed picture of performance against targets. NHS Wales should consider carefully this report to inform its work to set up its CDH network, and should report on progress made against this ambition thus far.

## Policy recommendations

1. The Welsh Government and NHS Wales should commit to further expansions of the clinical oncology and clinical radiology training places in future HEIW education and training plans, to progressively close the gap between the forecast workforce and the forecast workforce shortfalls.
2. NHS Wales should take further action to immediately address staff retention. This could include, but not be limited to, 24/7 access to hot food and drink, access to flexible working arrangements, support with parking, support with childcare, and break areas for staff. NHS Wales should also take action to retain trainees as consultants based in Wales, rather than other UK regions.
3. The Welsh Government should address the growing urban/rural split in access to diagnostic services and cancer care within Wales. North and West Wales require need urgent action to address the lack of 24/7 interventional radiology services and to boost the number of oncologists in those regions.
4. The Welsh Government should provide greater detail on existing plans to expand diagnostic capacity by setting out targets for amount of equipment and facilities that will be introduced.

5. NHS Wales should publish a plan for the rollout of a Community Diagnostic Hub programme, which should set out clearly how these Hubs will bring diagnostic services into local communities without subtracting capacity from acute settings.

## RCR Standing Welsh Committee

The RCR has a Standing Welsh Committee, whose purpose is to ensure the RCR is represented in Wales and, conversely, that specific matters in Wales relevant to the RCR's specialties are brought to the RCR's attention. The Committee assists the RCR in providing advice to NHS Wales, the Academy of Medical Royal Colleges in Wales and the Welsh Government.

Three clinical oncologists from the Welsh cancer networks and seven clinical radiologists, one from each LHB, are elected to the Committee. Other members are drawn from across the RCR or are directly appointed. The current chair is Dr Owen Nicholas of the south-west Wales centre of the South Wales Cancer Network.

The Standing Welsh Committee can be contacted via the RCR governance team: [governanceteam@rcr.ac.uk](mailto:governanceteam@rcr.ac.uk)

## References

- <sup>i</sup> NHS Confederation, “About the NHS in Wales” (May 2021). Retrieved from: <https://www.nhsconfed.org/articles/about-nhs-wales>
- <sup>ii</sup> These targets were established by the ‘planned care recovery plan’. Welsh Government and NHS Wales *Our programme for transforming and modernising planned care and reducing waiting lists in Wales* (April 2022). Retrieved from: <https://www.gov.wales/transforming-and-modernising-planned-care-and-reducing-nhs-waiting-lists>
- <sup>iii</sup> StatsWales, patient pathways waiting to start treatment by month, grouped weeks and stage of pathway. Retrieved from: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks>
- <sup>iv</sup> Analysis of StatsWales cancer waiting times, Suspected cancer pathway (closed pathways): The number of pathways where the patient started their first definitive treatment and those informed they do not have cancer by local health board, tumour site, age group, sex, measure and month.
- <sup>v</sup> RCR, 2023 clinical oncology workforce census
- <sup>vi</sup> RCR, 2023 clinical radiology workforce census
- <sup>vii</sup> HEIW, HEIW Education and Training Plan 2023/24 (July 2022). Retrieved from: <https://heiw.nhs.wales/education-and-training/education-and-training-plan/> See also Appendix B of this Plan.
- <sup>viii</sup> Ideally, the number of training places made available should be increased incrementally each year. Those starting clinical oncology specialty training in five years’ time will not receive their Certificate of Completion of Training (CCT) until 12 years from now – by which time, if the current oncology workforce shortfall continues to grow on the same trajectory, it will have exceeded what it is currently. This would limit the effect that the expansion in training places aims to have.
- <sup>ix</sup> Welsh Government, *Written Statement: Expansion in training places for the health professional workforce in Wales* (January 2023). Retrieved from: <https://www.gov.wales/written-statement-expansion-training-places-health-professional-workforce-wales-0#:~:text=%C2%A3281.98m%20will%20be,%C2%A33.41m%20for%20pharmacy>
- <sup>x</sup> See 2023 clinical oncology and clinical radiology census reports.
- <sup>xi</sup> Welsh Labour, “Moving Wales Forward” (2021). Retrieved from: <https://movingforward.wales/>
- <sup>xii</sup> Welsh Government, “North Wales Medical School gearing up for first students in 2024” (November 2023). Retrieved from: <https://www.gov.wales/north-wales-medical-school-gearing-first-students-2024>
- <sup>xiii</sup> NHS Wales, *A Healthier Wales: Our workforce strategy for health and social care* (October 2020). Retrieved from: <https://heiw.nhs.wales/files/a-healthier-wales-our-workforce-strategy-for-health-and-social-care/>
- <sup>xiv</sup> Welsh Government, *National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges* (January 2023). Retrieved from: <https://www.gov.wales/national-workforce-implementation-plan>
- <sup>xv</sup> Welsh Government and NHS Wales, *Our programme for transforming and modernising planned care and reducing waiting lists in Wales* (AKA. The ‘planned care recovery plan’.)
- <sup>xvi</sup> Richards, M. *Diagnostics: Recovery and Renewal. Report of the Independent Review of Diagnostic Services for NHS England* (October 2020). Retrieved from: <https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf>
- <sup>xvii</sup> Welsh Government and NHS Wales, *Diagnostics Recovery and Transformation Strategy for Wales 2023-2025* (April 2023). Retrieved from: <https://www.gov.wales/diagnostics-recovery-and-transformation-strategy-wales-2023-2025>
- <sup>xviii</sup> Welsh Government, *Extra funding to upgrade NHS Wales digital services and equipment* (February 2024). Retrieved from: [https://www.gov.wales/extra-funding-upgrade-nhs-wales-digital-services-and-equipment?utm\\_source=rss-announcements&utm\\_medium=rss-feed&utm\\_campaign=announcements-Extra+funding+to+upgrade+NHS+Wales+digital+services+and+equipment](https://www.gov.wales/extra-funding-upgrade-nhs-wales-digital-services-and-equipment?utm_source=rss-announcements&utm_medium=rss-feed&utm_campaign=announcements-Extra+funding+to+upgrade+NHS+Wales+digital+services+and+equipment)
- <sup>xix</sup> NHS Wales (2018) *Imaging Statement of Intent*. Available at: <https://executive.nhs.wales/functions/strategic-programme-for-planned-care/imaging/>

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<sup>xx</sup> NHS Wales' national optimal pathways (NOP) for cancer can be found on their website:

<https://executive.nhs.wales/functions/networks-and-planning/cancer/workstreams/suspected-cancer-pathway/>

<sup>xxi</sup> RCR, *CDCs Unveiled: Challenges and Triumphs* (January 2024). Retrieved from: <https://www.rcr.ac.uk/news-policy/policy-reports-initiatives/representing-your-voice-in-uk-parliaments/cdcs-unveiled-challenges-and-triumphs/>