



# Health and Social Care Committee

House of Commons London SW1A 0AA

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From Rt Hon Jeremy Hunt MP

21 July 2020

Dear Matt and Sir Simon,

In the Autumn we will be publishing our report into [Delivering core NHS and care services during the pandemic and beyond](#). We are grateful to you both for giving oral evidence to the Committee in recent weeks in preparation for this report.

Given the immediacy of many of the issues raised, the Committee has asked me to write to you, ahead of publication of the report, to highlight some areas that need urgent attention. This letter summarises some of the key items of evidence provided to the inquiry and presents our early conclusions and recommendations on each of these areas. The final report will address these and other areas.

## **1) Communication issues for patients**

Throughout the course of the pandemic, the message from Government and NHS England & Improvement (NHSE/I) has been that “the NHS is open for business”. However, accessing health services during the pandemic has none the less resulted in unnecessary anxiety and stress for some of the most vulnerable patients.

The Committee’s inquiry has received a vast amount of personal and heartfelt pleas from individuals whose worries have been accentuated by poor communication from both the Department of Health & Social Care and NHS England & Improvement. Patients – even with life threatening conditions such as cancer – have reported being unclear as to when their medical appointment will take place, if at all, whilst others have remained confused about what guidance (such as that relating to “shielding”) means for them. Poor communication during the pandemic has added to the burden on such patients, often people suffering and living in severe pain. During our inquiry, we heard from, Daloni Carlisle, an NHS patient seeking cancer treatment. On 16 June 2020, Daloni told us:

*“I fell into a hole where I was absolutely in limbo. I did not know, and I had no communication about, when the chemotherapy might start. For most of the lockdown I have been sitting here at home knowing that all the cancers are growing and knowing that the tumours in my lung, my liver and my spine are all busily growing, and there has been absolutely no word at all from the hospital about when some treatment might start.”<sup>1</sup>*

On the matter of shielding guidance, Daloni also told us:

*“I am supposed to be shielding. The advice is completely impossible to follow. It is utterly meaningless and has caused an enormous amount of distress.”<sup>2</sup>*

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<sup>1</sup> [Q160, oral evidence 16 June 2020](#)

<sup>2</sup> [Q178, oral evidence 16 June 2020](#)

Unfortunately, Daloni's experience is not a "one off."

During this session, this was acknowledged by Sir Robert Francis, who told us that:

*"What we have seen is a need for much clearer communication about what is available and how you get it. There needs to be an actual conversation with patients about what their needs are in the context of the pandemic and what may follow it."*<sup>3</sup>

We conclude that patient experiences across services has been poor, with many saying they have been left in "limbo". Much unnecessary anxiety and stress has been caused to patients due to poor communication from the Department of Health & Social Care and NHS England & Improvement about the scheduling of patients' appointments and access to treatments, and in informing patients about key items of information including important medical guidance.

We recognise Sir Simon's sympathetic response to these issues when they were raised at his committee session,<sup>4</sup> but **we recommend that NHS England & Improvement review, as a matter of priority, its communication strategy to patients.** This includes communication about appointments and (Government) guidance. We expect an update about this review (and other relevant steps taken by NHSE/I to improve communication with patients) by the end of October 2020.

## **2) Waiting times and managing the backlog**

Another critical issue that must be addressed as a matter of priority is waiting times and the backlog of appointments that has accrued during the pandemic. As noted above, throughout our inquiry we have heard about many core health services having to suspend or cancel the delivery of their services and treatments. This has inevitably led to an increase in waiting times and a build-up of a backlog of appointments. In addition, we are concerned that many patients have been scared to come forward and seek the medical services they require, which in turn will exacerbate the currently unmet level of demand for NHS services. Many patients are, as a result, living in distress. This was reiterated to us by Rob Martinez, a NHS patient, who has been unable to receive much needed joint replacement surgery. He told us:

*"I am frustrated and anxious. My family and social life have been affected as well. It is having an impact on my mental health. It is the not knowing. It is as though my whole life is on hold. I am just getting worse, to be honest. I would like to get my life back again. That is what I want."*<sup>4</sup>

We note that the delivery of services has been reduced for a combination of reasons. This has particularly been the case for cancer treatments, mental health services, dentistry services, GP services, elective surgeries and the use of A&E departments. For example, during our inquiry, we were told that there has been:

- a 75% reduction in urgent two-week wait referrals for suspected cancer in England<sup>5</sup>
- approximately 40% decrease in the delivery of mental health services<sup>6</sup>

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<sup>3</sup> [Q162, oral evidence 16 June 2020](#)

<sup>4</sup> [Q119, oral evidence 16 June 2020](#)

<sup>5</sup> See, for example, [written evidence: Cancer Research UK \(DEL0063\)](#)

<sup>6</sup> [Q49, oral evidence 1 May 2020](#)

- at least eight million courses of dental treatment cancelled during the pandemic<sup>7</sup>
- approximately 60% decrease in A&E attendance<sup>8</sup>
- reduction in the pace at which elective surgeries can be resumed, with 32.77% of surgeons stating that they are unable to resume elective surgery.<sup>9</sup>

We are aware of the hard work that has taken place to adapt to the pandemic and ensure patient demand can be met. We heard about the creation of cancer hubs, Urgent Dental Centres, and, more widely, the continued desire to innovate and use technology and other digital alternatives to ensure the delivery of services can go ahead to the greatest extent possible.

During an oral evidence session on 30 June 2020, Sir Simon told us that “since the end of April we [NHSE/I] have been restarting some of the urgent care services. That has particularly been the priority for May and June”.<sup>10</sup> During this session, Professor Powis similarly emphasised the importance of “bringing services back on board”<sup>11</sup> and Amanda Pritchard stated that “We [NHSE/I] are conscious that it is terribly important that when we focus priorities around the restart we do so around the patients whose need is greatest.”<sup>12</sup>

We are grateful for the hard work and the use of innovative methods which have been key to ensuring core NHS health services can, albeit to a limited extent, continue to deliver for patients. We are also aware, however, that some of these innovations have not been met with success and many core health services have been unable to continue or have continued with very limited capacity.

We have heard that Sir Simon “expects” waiting times and referrals to key health services to “go up quite significantly over the second half of the year.”<sup>13</sup> Despite this, however, it remains unclear to us what practical steps the Government and NHSE/I are taking (and are planning to take) to meet the backlog and the pent-up demand from patients. Consequently, we are unsure of the extent to which NHSE/I is aware of the dangers, to patients and the health and care system as a whole, that would result from pent-up demand not being adequately met.

**We recommend that the Department of Health & Social Care and NHSE/I provide an update on what steps they have, individually and collectively, taken and are planning to take to identify the level of the backlog of appointments and pent-up patient demand for services (particularly across cancer treatments, mental health services, dentistry services, GP services, elective surgeries and the use of A&E departments).**

**We also ask for the Government and NHSE/I to provide an update to the Committee by the end of October 2020 to explain what steps are being taken (and steps we can expect the Government and NHSE/I to take in the future) to manage levels of pent-up demand for these and other health services.**

<sup>7</sup> [Q130, oral evidence 16 June 2020](#)

<sup>8</sup> [Q137, oral evidence 16 June 2020](#)

<sup>9</sup> [Written evidence: Royal College of Surgeons of England & Royal College of Emergency Medicine](#)

<sup>10</sup> [Q193, oral evidence 30 June 2020](#)

<sup>11</sup> [Q215, oral evidence 30 June 2020](#)

<sup>12</sup> [Q197, oral evidence 30 June 2020](#)

<sup>13</sup> [Q191, oral evidence 30 June 2020](#)

### 3. NHS staff issues: testing

We are clear that medical staff who are dutifully providing treatments and advice to patients are by definition putting themselves at risk of catching COVID-19. But despite repeated public and private requests, including from eminent scientists such as Professor Sir John Bell and Professor Sir Paul Nurse, the Government has refused to introduce routine testing for NHS staff.

From as early as March 2020, we have raised the matter of regular testing for health and care staff and throughout this and our other inquiries.<sup>14</sup> On 26 March 2020, we asked whether social care workers would be treated as a priority for testing. In response, Professor Yvonne Doyle told us “Yes [...] [individuals who are] dealing with people in the community and in hospital, are very much part of the worker priority [for testing]”.<sup>15</sup> However, since then, we have heard, on several occasions, about the unfair and inequitable treatment of care workers. We continued to raise this concern during our session with Sir Simon and his NHSE/I colleagues on 30 June 2020.<sup>16</sup> We were consequently pleased to learn that, following this session, on 3 July 2020 the Government made a clear commitment to weekly tests for staff and monthly tests for residents in care homes in England.<sup>17</sup>

There is, however, still plenty of critical work that needs to be done to ensure health and care staff and other critical workers are tested regularly. Amongst other witnesses and items of written evidence, Chris Hopson (Chief Executive, NHS Providers) told us that regular testing “is something we know we need to do”. Mr Hopson told us:

*“Our Trusts are telling us at the moment that they cannot guarantee sufficient reliable and consistent access in a timely way to the tests that they need. If, for example, you want to restart emergency services, you absolutely need to know that all the staff involved in that process will be able to get a test, and have it done and turned round sufficiently quickly to guarantee restarting services.*

*[...] To be honest, our view and the view of our Trust Leaders is that **we are still a long way from where we need to be to have a testing regime that is reliable and consistent, which enables us to restart services in the way we need to.**”<sup>18</sup>*

On 30 June 2020, Mr Hopson reiterated his concerns and told us that, in his view, NHSE/I’s strategy has focussed, and continues to focus, on testing for only a limited number of NHS staff due to there being significant constraints with testing capacity.<sup>19</sup> Mr Hopson emphasised that “Trusts felt that two months ago there was a commitment that we would get to regular staff testing as quickly as possible, but two months later we still do not have a clear plan for doing that”.<sup>20</sup>

During the same session, Sir Simon told us that “We want to see a significant further increase in testing capacity [...] I have discussed this with Dido Harding, who, as you know, is leading the testing and tracing

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<sup>14</sup> See, for example: [Qq199-204, oral evidence 26 March 2020: Management of the Coronavirus Outbreak](#), and [Q469, oral evidence 19 May 2020: Management of the Coronavirus Outbreak](#)

<sup>15</sup> [Q234, oral evidence 26 March 2020: Management of the Coronavirus Outbreak](#)

<sup>16</sup> [Qq211-223 and Qq245-249, oral evidence 30 June 2020](#)

<sup>17</sup> [Gov.uk, Regular retesting rolled out for care home staff and residents: Press Release, 3 July 2020](#) [webpage]

<sup>18</sup> [Q93, oral evidence 14 May 2020](#)

<sup>19</sup> [Qq180-181, oral evidence 30 June 2020](#)

<sup>20</sup> *Ibid.*

service. I think their clear intention is to substantially expand testing capacity in the direction that you describe".<sup>21</sup>

We conclude that, although the Government and NHSE/I have put enormous effort into the exceptional task of managing the coronavirus pandemic, there has been a significant failure in expanding testing of NHS staff.

We strongly recommend that both the Government and NHSE/I urgently focus their attention on introducing routine testing. **We recommend that testing for NHS staff (including clinical staff as well as cleaners, porters and so forth) should be carried out routinely, on a weekly basis or more frequently, from September 2020. If routine testing cannot take place from September 2020 then, in response to this letter, we would like the Government and NHSE/I to set out i) its strategy for testing NHS staff routinely and ii) when they expect there to be capacity for such testing.**

Prior to our session on 30 June, Sir Simon was provided with some key questions that the Committee were planning to ask. Unfortunately, due to time constraints during the session, not all of these questions were asked. **We expect to receive answers to these questions – as previously set out – by 27 July 2020.**

We urge you both to address these issues urgently in preparation for a possible winter spike in the virus and to provide much needed reassurance to NHS patients that they will receive the care they need.

Yours,

A handwritten signature in blue ink that reads "Jeremy".

**Rt Hon Jeremy Hunt MP  
Chair, Health and Social Care Committee**