



Department  
of Health &  
Social Care

*From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care*

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The Rt Hon Jeremy Hunt MP  
Chair, Health and Social Care Committee  
House of Commons  
Westminster  
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06 August 2020

Dear Jeremy,

Thank you for your letter dated 21<sup>st</sup> July 2020 regarding the delivery of core NHS and care services during the pandemic and beyond. Public safety throughout the pandemic has been the Government's top priority – this includes keeping the NHS open for business to ensure those that needed care received it.

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

Non urgent non-Covid-19 services were necessarily paused to ensure the NHS had sufficient capacity to tackle the pandemic and action has begun to allow these to restart. NHS activity data shows that both A&E activity and planned elective care activity was significantly reduced, for example in April A&E attendances were down by over 56% compared to April 2019 and elective admissions were down by over 38% in the same period.

The decrease in activity was likely due to a combination of:

- Changed healthcare seeking behaviour by patients.
- Reductions in the incidence of some health problems such as major trauma and road traffic accidents.
- Clinical judgements about the balance of risk between care in different settings.
- Some NHS care being provided through alternative access routes (e.g. ambulance 'see and treat', online appointments).

To address this and encourage all patients requiring urgent care to seek appropriate medical advice and treatment, the NHS ran the 'NHS 'Help Us to Help You' campaign.

Initial guidance issued to NHS services on 29<sup>th</sup> April requested that providers started to recover non-Covid-19 services, starting with the most urgent first. It was recognised that this would take time and needed to take account of both stringent infection control measures and the possibility of a resurgence of Covid-19 cases.

NHS activity data shows that services are now recovering, as the NHS moves back to providing non-Covid-19 services alongside the continued demand for those who need hospital care for Covid-19. Emergency admissions are back at 85% of normal levels, with some regions above 90%.

On 31<sup>st</sup> July further guidance was issued to local NHS providers and commissioners on outlining the next phase of the NHS response to Covid-19 and concurrent non-Covid activity. A link to the letter can be found [here](#).

The focus is on accelerating the return of non-Covid health services to near-normal levels, including making full use of available capacity between now and winter, whilst also preparing for winter demand pressures. This will be done alongside continued vigilance in light of any further Covid spikes locally and possibly nationally.

Providers, working as local systems, have been asked to submit draft plans for how they intend to meet the key actions in the 31<sup>st</sup> July guidance by 1<sup>st</sup> September, with final plans due by 21<sup>st</sup> September. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Trusts, working with GP practices, have been asked to ensure that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Looking ahead to winter, the Prime Minister has announced £3bn of extra NHS funding to ensure the retention of the Nightingale hospital surge capacity and continued access to independent hospitals capacity to help meet patient demand.

Clinically urgent patients should continue to be treated first, with priority then given to the longest waiting patients. Continued access to independent sector capacity will be in place to further support the recovery and restoration of elective services.

In the longer term the Government will continue to invest in NHS infrastructure, including the facilities needed to support urgent and emergency care and 40 new hospitals.

### **NHS staff issues: testing**

As I set out in my [Written Ministerial Statement](#) on 24 June, we are guided by the clinical advice in our risk-based approach to asymptomatic testing as advised by clinical experts, and we are continually reviewing the clinical evidence to ensure regular testing of asymptomatic staff is undertaken where it is appropriate and most effective. This statement accompanied a letter from the NHS to all the Chief Executives, Chief Nurses and Medical Directors and HR Directors of all NHS Trusts and Foundation Trusts in England to set out its plans for testing NHS staff and the importance of the SIREN study for informing future approaches. It can be read [here](#).

Testing of all symptomatic NHS staff remains an utmost priority, as does testing of NHS staff without symptoms in situations where there is an incident, outbreak or high prevalence of the virus, and for surveillance testing.

The Chief Medical Officer has advised that at this point in the epidemic and outside the circumstances above, regular testing is best done through Public Health England's SIREN study, which monitors prevalence in NHS staff. This survey, which will be expanded over the coming months, will help us to determine where, and how frequently, wider asymptomatic staff testing is then needed by identifying areas or settings shown to be high prevalence. If prevalence rises, more regular routine testing is likely to be needed, the optimal frequency of which needs to be determined, including in the light of the results of the SIREN study.

During the last few months we have rapidly expanded our antigen testing capacity, from fewer than 2,000 tests a day in March to over 200,000 tests a day today. It is an incredible achievement that anyone in the UK with symptoms of coronavirus is eligible for and can now access a test. However, we know that winter will bring new challenges, including a likely increase in cases of individuals showing symptoms that are consistent with those linked to COVID-19. So it is critical that we continue to scale-up our testing programme. As the Prime Minister announced on 17 July, we will further increase our testing capacity to at least half a million antigen tests a day by the end of October. We will continue to keep our approach to targeted asymptomatic testing, including the routine testing of NHS staff, under review in the light of the clinical and scientific advice, and as more testing capacity becomes available.

Yours ever,



**MATT HANCOCK**