Thirty-eighth Report of Session 2022-23

Department of Health and Social Care

Managing NHS backlogs and waiting times in England

Introduction from the Committee

At the start of the COVID-19 pandemic, the NHS in England had not met its elective waiting time performance standard for four years, nor its full set of eight operational standards for cancer services for six years. Due to the pandemic, the number of people receiving elective and cancer care initially reduced sharply. Between March 2020 and August 2022, on average there were 8,300 COVID-19 patients in hospital in England at any one time, with peaks in this number during waves of infection. Backlogs of patients, both visible on waiting lists and hidden because they had not yet seen a doctor, grew rapidly.

The expectations for recovery were agreed by the Department of Health and Social Care (the Department) and NHS England (NHSE). The government announced an additional £8 billion of resource and £5.9 billion of capital funding for recovery from 2022–23 to 2024–25. In February 2022, NHSE published a plan to recover elective and cancer care over the three years from April 2022 to March 2025. This planned recovery is essential but in itself only partial. The NHS will still be operating below its legal and operational standards for elective and cancer care even if all targets are met.

Based on a report by the National Audit Office, the Committee took evidence on Monday 28 November 2022 from the Department of Health and Social Care. The Committee published its report on Wednesday 1 March 2023. This is the government's response to the Committee's report.

Relevant reports

- NAO report: Managing NHS backlogs and waiting times in England – Session 2022-23 (HC 799)
- PAC report: Managing NHS backlogs and waiting times in England – Session 2022-23 (HC 729)

Government response to the Committee

1. PAC conclusion: Cancer waiting times are at their worst recorded level and NHS England (NHSE) will not meet its first cancer recovery target.

1. PAC recommendation: NHS England should be able to treat 85% of people with cancer within 62 days of an urgent GP referral and no one should ever have to wait more than 104 days for cancer treatment. It is unacceptable that 8,100 people waited over 104 days in the first five months of 2022–23. As a matter of urgency, the Department of Health and Social Care and NHS England should do whatever is required to bring cancer treatment back to an acceptable standard.

1.1 The government agrees with the Committee's recommendation**.**

Recommendation implemented

1.2 The Department of Health and Social Care (the department) and NHS England remain committed to reducing cancer waiting times. Since the publication of the Delivery Plan for tackling the COVID-19 backlog of elective care, levels of GP urgent cancer referrals remain high – over 2.8 million people were seen in the 12 months to December 2022, and supported

by the NHS's 'Help us Help You' awareness campaigns. Despite this record demand, as at week ending 28 February 2023, the 62-day cancer backlog has fallen 35% since its peak in May 2020, and the department has seen early signs of a recovery in early-stage diagnosis.

1.3 NHS England set out clear plans and actions to reduce waiting times, including for cancer care, in the Delivery Plan. To support delivery, the department and NHS England have stood up further action in recent months. NHS England issued a letter to all NHS providers on 1 February 2023 on maximising 62 day backlog reductions. The four key areas highlighted to support reducing the cancer backlog – instructing the explicit prioritisation of Community Diagnostic Centre (CDCs) capacity for the cancer; implementing faecal immunochemical test (FIT) triage for patients on Urgent Suspected Cancer endoscopy waiting list; maximising use of wider local capacity including Independent Sector; and increased focus on data validation and accuracy.

1.4 Alongside these interventions, NHS England has developed an intervention model to target support towards the most challenged trusts in terms of cancer backlogs. This intensive support work includes developing a co-ordinated support plan monitored by progress meetings focussing on areas such as pathway improvements, workforce support and targeted capacity increases.

2. PAC conclusion: NHS England was over-optimistic about the circumstances in which the NHS would be trying to recover elective and cancer care.

2. PAC recommendation: NHS England and the Department of Health and Social Care should revisit their planning assumptions for the recovery and publicly report any updates to targets so that patients and NHS staff can see a clear and realistic trajectory to achieve the 62-day cancer backlog target, the 52-week wait target for elective care, and, ultimately, the 18-week legal standard for elective care.

2.1 The government agrees with the Committee's recommendation**.**

Target implementation date: Spring 2024

2.2 The department and NHS England have stepped up actions to tackle the backlog since the publication of the Delivery Plan for tackling the COVID-19 backlog of elective care. The ambitions in the delivery plan were agreed between NHS England and the government, based on detailed modelling and available funding at the time. The aim of setting stretching ambitions though to March 2025 was to ensure that patients, taxpayers and frontline staff had a shared and realistic expectation of progress towards recovering the backlog caused by the pandemic. The scope of the Delivery Plan's targets reflected this aim.

2.3 Trajectories and planning assumptions for the commitments set out in the Delivery Plan are formally reviewed and revised annually through the operational planning process. In recognition of the additional pressures that the NHS is operating under since the publication of the plan, the government announced an additional £3.3 billion for the NHS in 2023-24 and 2024-25 in the 2022 Autumn Statement, enabling rapid action to improve emergency, elective and primary care performance.

2.4 The department and NHS England are committed to delivering the targets in the Delivery Plan and continue to work together to agree future ambitions. The NHS has delivered on the first of the ambitions, virtually eliminating long waits of over 104 weeks by July 2022 and is on track to virtually eliminate waits over 78 weeks, albeit the NHS is facing additional hurdles to delivery due to industrial action.

3. PAC conclusion: NHS funding has increased, but to deliver key priorities such as elective and cancer recovery it will need to be spent in the most cost-effective way.

3. PAC recommendation: NHSE should transparently describe how the additional funds for elective recovery have been allocated. Alongside the Treasury Minute response, it should also write to us providing details of the programmes on which it expects the £14 billion to be spent, the independent evaluations it has put in place to monitor the effectiveness of additional spending, and how it expects additional spending to improve NHS productivity.

3.1 The government agrees with the Committee's recommendation**.**

Recommendation implemented

3.2 The government, as part of the Autumn Statement 2022, announced an additional £3.3billion for each of 2023-24 and 2024-25 to support the NHS in England. This additional funding will help the NHS to focus on delivery of its public commitments on Elective Recovery, following a challenging set of delivery conditions and higher-than-expected levels of inflation.

3.3 More broadly, at the 2021 Spending Review, £14 billion was made available to the NHS to support Elective Recovery. £8 billion of the £14 billion funding for elective recovery is revenue, allocated to local systems that develop plans for delivering local priorities that will support the NHS to meet the commitments made in the delivery plan, using NHSE issued operational planning guidance. The remaining £6 billion is capital to support longer-term investment in the NHS that will support productivity improvements and increase capacity. NHS England will write to the Committee before summer recess to set out further detail on how funding available for elective recovery will be spent, together with details of its evaluation plans and initiatives to improve productivity.

3.4 To support an improved understanding of the impact of spend, the NHS England elective recovery programme will coordinate evaluations, which will focus on rapid programme learning, improvement of programme delivery, and effectiveness of high priority recovery interventions in collaboration with other NHS England programmes. It will also work with external organisations who may plan or already undertake evaluations of interventions relevant to elective recovery.

4. PAC conclusion: NHS England's elective recovery programme partly relies on initiatives which have potential but for which there is so far limited evidence of effectiveness.

4. PAC recommendation: NHS England should know more about the conditions necessary for individual programmes to make the greatest contribution possible to recovery. Alongside its Treasury Minute response to this report, it should write to us more fully describing the real-world impact of community diagnostic centres, surgical hubs, increased use of the independent sector, and the advice and guidance programme. It should set out its understanding of the extent to which these initiatives have so far generated genuinely additional activity, rather than simply displacing activity elsewhere in the NHS.

4.1 The government agrees with the Committee's recommendation**.**

Recommendation implemented

4.2 The actions in the NHS published Delivery Plan are targeted at increasing activity, managing demand or increasing productivity and NHS England carefully monitors progress against delivery targets at regular intervals.

4.3 The 2023-24 priorities and operational planning guidance published on 23 December 2022 detailed three tasks over the coming year; recover core services and productivity; as the NHS recovers, make progress in delivering the key ambitions in the Long Term Plan, and; continue transforming the NHS for the future. To assist in meeting these objectives, NHS England has set out the most critical, evidence-based actions that will support delivery - based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access, and safety.

4.4 The NHS is delivering at pace, 100 community diagnostic centres are currently in operation and have performed over 3.5 million tests, exams, and scans since July 2021 despite challenging and uncertain delivery conditions. NHS England will write to the Committee before summer recess to set out further detail of the impact of community diagnostic centres, surgical hubs, use of the independent sector, and the advice and guidance programme.

5. PAC conclusion: NHSE started 2022–23 with a strategy but spent most of the year dealing with tactical issues and its strategic and programme management of the recovery must improve.

5. PAC recommendation: NHS England must lift its sights and refocus on its strategic duty to offer direction to the whole NHS. This should involve making difficult trade-offs to address historical inequalities between areas, and by having a clear set of actions to improve leadership. To demonstrate progress, NHS England should write to us by the Summer recess setting out the action is has taken to address variation in elective and cancer performance and provide evidence of the impact this has had on patient waiting lists.

5.1 The government agrees with the Committee's recommendation**.**

Target implementation date: July 2023

5.2 As part of the second phase of the Elective Recovery Plan, all providers have been assessed based on confidence of delivering against the targets of reducing the cancer 62 day backlog back to pre-pandemic levels by March 2023, and reducing the number of 78 week elective long waiters to zero by April 2023 with the exception of those patients who choose to wait longer, and a very small number of specific highly specialised areas. Those providers at the highest risk have been included in a Tier 1 grouping. This means additional national support and oversight, which may include on-site expertise and ongoing conversation between ministers and provider chief executives. Day-to-day performance is continually monitored through NHS England's Elective Recovery and Cancer programme teams, under the Senior Responsible Officers of these teams' National Directors, with the department providing additional oversight.

5.3 The elective recovery programme has established an elective recovery health inequalities user group to ensure the lens of health inequalities is embedded within all aspects of elective recovery, guaranteeing that recovery is fair for all those who need treatment.

5.4 As set out in the 2023/24 priorities and operational planning guidance, Integrated Care Boards are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority

pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities, and delivering best value.

6. PAC conclusion: The NHS's recovery cannot succeed without comprehensive, realistic and sustainable plans for the future of the workforce and the capacity of adult social care.

6a. PAC recommendation: The Department of Health and Social Care should work with NHS England to reassess the achievability of elective and cancer recovery targets following the publication of its workforce plan in 2023, and planned improvements to the discharge of patients into adult social care. It should write to us as soon as possible describing the conclusions of this achievability assessment.

6.1 The government disagrees with the Committee's recommendation**.**

6.2 NHS England acknowledged in the Delivery Plan for tackling the COVID-19 backlog of elective care the key role that workforce will play in achieving these targets, and committed to increasing workforce capacity by identifying and addressing gaps across key staff groups and sectors. Since publication, the department has further committed to publishing the NHS long term workforce plan this year. The department has also provided additional support for discharge, including the £500 million Adult Social Care Discharge Fund.

6.3 All aspects of NHS performance, and their impact for delivery, are kept under continued review by the department and NHS England. Any conclusions from the long-term workforce plan or the work to improve discharge will be reflected, as necessary, in operational planning guidance and/or the department's mandate to NHS England in the usual way.

6b. PAC recommendation: The Department should publish the underlying assumptions of its workforce projections alongside the forecasts in the workforce plan. This should include quantification of key assumptions, particularly on productivity, domestic training and overseas recruitment and, in full, the independent reviewer's assessment.

6.4 The government agrees with the Committee's recommendation**.**

Target implementation date: Spring 2023

6.5 The department is committed to publishing an NHS long term workforce plan, including projections for the numbers of doctors, nurses, and other key professionals required over the next 5,10, and 15 years. The Plan is due to be published shortly including further details on independent verification.