

To: Dame Meg Hillier DBE MP
Chair, Public Accounts Committee
House of Commons
London
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NHS England
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By email to: pubaccom@parliament.uk

25 July 2023

Dear Chair,

Thirty-Eighth Report on NHS Backlogs and Waiting Times: Recommendation Five

I am writing to you in relation to recommendation five of your recent report on NHS Backlogs and Waiting Times. Alongside the formal [Treasury Minute response](#), you asked NHS England to write to you, setting out the action taken to address variation in elective and cancer performance and provide evidence of the impact this has had on patient waiting lists.

Recovery of elective and cancer performance remains a key priority for the NHS, and we have been implementing plans to address this, including recovering services inclusively as we move towards the 2023/24 ambitions:

- To virtually eliminate the number of 65 week elective long waiters by March 2024 with the exception of those patients who choose to wait longer, and a small number of specific highly specialised areas.
- To continue to reduce the number of patients waiting over 62 days for cancer treatment.
- To improve the cancer faster diagnosis standard by March 2024, so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.

NHS providers are working hard to mitigate and protect elective services, despite ongoing industrial action, and are making good progress in improving performance. Following the virtual elimination of any waits of over two years, at the start of July 2023, we had also reduced the number of patients waiting over 18 months to 7,363. This is a reduction of more than 90% since the peak of 124,000 in September 2021. We are also making positive progress on the next target, virtually eliminating waits of over 65 weeks by the end of this financial year.

With regard to cancer treatment, as Dame Cally Palmer referenced in her separate letter to you, 2022/23 saw the first year-on-year reduction in the number of patients waiting longer than 62 days since data began to be collected in 2016, including a reduction of more than 40% between mid-2022 and March 2023. This is in addition to the Faster Diagnosis Standard being met for the first time in February 2023. Both of these achievements have been against the backdrop of record

levels of referrals for suspected cancer and reflect the significant work that the NHS has done to meet the ambitions we have set.

NHS England continues to monitor performance around the country and act to address drivers of variation. This includes targeted support to the providers facing the greatest challenges in achieving the goals of the elective recovery plan; setting clear expectations; targeted capital investment and sharing examples of local improvements to other systems to drive wider improvement, reducing variation by helping everyone improve performance.

Targeted support: Tiered providers

A key intervention aimed at reducing variation is to improve the performance of the providers have the greatest performance challenges (These are known as “Tier 1” providers). When a provider is in Tier 1 they receive regular national oversight meetings (weekly or fortnightly), an on-site diagnostic visit from the Intensive Support team, clear improvement areas and national support to implement that improvement. This began in 2022/23 and is continuing through 2023/24 with a process for escalating and de-escalating providers through the tiers.

The tiering process has been shown to improve performance and has led to sustained reductions in our most challenged organisations. Since dedicated support began in July 2022, the total number of patients waiting over 78 weeks for elective care in Tier 1 providers has fallen from 30,277 to 5,332 (as at May 2023), an 82% reduction. This is a greater reduction than seen in other trusts (74% over the same time period). Similar relative improvements have also been seen in cancer backlogs in tiered trusts.

We have also established a mutual aid process nationally, to enable patients to be treated by other providers where their local provider is unable to treat them within the target timeframes. In these circumstances, patients can be given the choice to be treated more quickly by another provider. The local system and region will enable local transfer in the first instance, but the national tool is available should the local resources be unable to offer an alternative.

Targeted Capital Investment

The capital investment available through the Targeted Investment Fund (2022-25), announced in the Spending Review, has been focussed on the systems and providers with the greatest challenge or the specialties with the greatest level of demand. This includes a significant number of Elective Surgical Hubs, which are system and regional assets to drive productivity and address backlogs on a wider geographical footprint. A purposeful decision was taken to target the funding available in order to address the variation in waiting times and clinical outcomes across the system. As these investments become operational, they will play a key role in addressing variation.

Health Inequalities

We have focussed not just on geographic variation, but have also taken action to ensure that health inequalities are considered and addressed whilst pursuing our elective recovery goals. These actions include, but are not limited to, establishing an elective recovery health inequalities user group to review all aspects of our elective recovery programme, developing a health inequality

elective recovery dashboard, undertaking analysis of the demographic characteristics of patients on the waiting list, and sharing local examples of innovation.¹

We have also launched a national drive to address the variation between adult and CYP services, following the identification that children's recovery was happening at a slower rate than for adults. The campaign has included sharing data and best practice in a number of areas².

I am confident that these actions, taken together, will continue to result in the reduction of variation across both the country and particular cohorts of patients. I trust this information is helpful to the Committee, but please do let me know if you require further information.

Yours sincerely,

A handwritten signature in black ink, reading 'A. Pritchard'.

Amanda Pritchard

Chief Executive Officer

NHS England

¹ [Tackling long waiting lists and health inequalities in Coventry and Warwickshire | NHS Confederation](#)

² [NHS England » Children and young people's elective recovery toolkit: case studies](#)