

## BMA Snapshot Summary: Delivery plan for tackling the Covid-19 backlog of elective care

The delayed NHS elective recovery plan has now been [published in full](#), setting out a range of targets and policies that are intended to reduce the enormous backlog of elective care in England over the next three years.<sup>1</sup>

This snapshot briefing is intended to provide an initial overview of what the strategy contains, with a separate and comprehensive analysis to follow shortly.

### The elective care context

The strategy has been produced because elective care is currently in a state of crisis, with enormous waiting lists for treatment and a 'hidden' backlog of patients not yet referred for care.

The latest available data (November 2022) shows that:

- the NHS waiting list is currently at a record high of almost 6 million people, of those:
  - more than two million have been waiting 18+ weeks
  - almost 307,000 have been waiting 52+ weeks (220 times the 1398 waiting 52+ weeks in November 2019)

And BMA analysis has also found that between April 2020 and November 2021, compared to pre-COVID averages there were:

- 4.22 million fewer elective procedures
- 29.14 million fewer outpatient attendances.

The strategy document itself includes NHS England's estimate that during the pandemic over 10 million patients who might otherwise have come forward for care did not. Based on this estimate, NHS England has calculated that, were all of these patients to seek care, the total waiting list could reach 14 million.

### The Covid-19 context

The strategy is clear that the uncertainty surrounding the future of the COVID-19 pandemic and potential spikes in demand for hospital treatment make it difficult to accurately predict how rapidly elective services can recover. At the same time, NHS England acknowledges that its aspirations depend on returning to and maintaining low levels of COVID-19, in order to enable services to restore standard operating conditions and reduce staff absences.

In line with this, NHS England has stated that while the plan is national, local circumstances will be considered and areas with particular barriers to recovery – such as spikes in Covid cases – will be supported to recover at a different pace, whereas other areas may be supported to work more quickly.

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<sup>1</sup> Although the strategy does touch on the wider pressures within the NHS, its targets are explicitly focused on elective care. NHS England states within the document that challenges in primary care, community care, urgent and emergency care, and mental health services are being addressed across the NHS and social care, and in other plans.

Taking the above into account, the strategy includes an estimate that the overall size of the waiting list will most likely increase in the short term, particularly if 'missing demand' from the COVID-19 pandemic (i.e. patients that did not seek care they normally would have) materialises. On this basis, NHS England expects that **the waiting list will only begin to reduce by around March 2024** – two years from now.

### Overview of the strategy

The strategy sets out how the NHS is expected to improve its elective care performance over the next three years. It expands on existing programmes as well as introducing new targets and policies, with a view to ensuring elective services recover rapidly.

Central to this is a core aim to deliver around **30% more elective activity by 2024/25** than before the pandemic, underpinned by a set of four overarching ambitions:

- **to eliminate waits of more than a year for elective care by March 2025**, including specific targets to eliminate:
  - 2 year waits by 2022
  - 18 month waits by April 2023
  - 65+ week waits by March 2024
- **ensure sufficient diagnostic testing**, so that by March 2025 95% of patients needing a diagnostic test receive it within six weeks
- **reinforce improvements in cancer care performance** by ensuring 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 by March 2024. ICSs have also been asked to reduce the number of people waiting more than 62 days from an urgent referral for cancer care back to pre-pandemic levels by March 2023
- **reduce waits for outpatient appointments** via the use of technology and transformation of care models.

In order to achieve these ambitions, NHS England plan to focus on four areas of delivery:

- **increasing health service capacity**, by:
  - delivering nine million additional treatments and diagnostic procedures
  - expanding elective and diagnostic service capacity and separating it from acute and urgent care services<sup>2</sup>
  - strengthening the relationship between the NHS and ISPs (independent sector providers) to increase elective activity – with patients able to access ISP-provided care free at the point of delivery
  - increasing support from clinicians for patients, by freeing up their time through new recruitment and technology which reduces the administrative burden on staff

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<sup>2</sup> The physical separation of elective care from urgent and emergency services is seen as an essential way of ensuring the resilience of elective delivery, by insulating it from spikes in demand for urgent care.

- **prioritising diagnosis and treatment, including:**
  - improving performance against the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment
  - prioritising treatment for patients with suspected cancer or another urgent condition
  - clinicians working with patients to ensure their planned care remains the best option
  - offering those waiting the longest alternative locations for treatment with shorter waiting times (i.e. receiving treatment in another area of the country)
  
- **transforming elective care provision, by:**
  - reforming the way outpatient appointments are delivered, making them more flexible for patients and focused on clinical risk and need
  - increasing activity through dedicated and protected surgical hubs
  - streamlining care and reducing cancellations, via dedicated surgical hubs and measures to separate elective care from urgent and emergency care
  - allowing more convenient access to diagnostic procedures and for more tests to be undertaken at the same time, via new community diagnostic centres
  - scaling up community and NHS-based sites for surgical procedures and convenient, quick diagnostic checks, with an ambition for a network of surgical hubs and diagnostic centres covering the entire country
  - allowing greater flexibility in how patients access advice and care, enabling more convenient and appropriate care and making the best possible use of clinical time and expertise
  - using every pound carefully, maximising care and investing for the long term
  
- **providing better information and support to patients, by:**
  - using data and information more effectively to help inform patient decisions, including decisions on which treatment is the most appropriate
  - potentially allowing greater use of the NHS App to manage appointments, bookings and to share information
  - giving patients greater choice about their elective care at the point of referral, with a particular focus on enhancing choice for patients waiting the longest
  - providing targeted, accessible support for patients awaiting treatment, helping them to prepare for surgery in the best way possible
  - giving patients more opportunities to provide rapid feedback to the NHS, to improve services.