

The backlog of care across the provider sector – a submission to the National Audit Office inquiry on NHS backlogs and waiting times

Introduction

Significant focus has rightly been placed on the backlog of care, generated due to disruption during the pandemic. Trust leaders, and the NHS national bodies, are prioritising reducing the waiting list for elective care, and addressing care backlogs across all services. This survey of trust leaders aims to inform the debate, and the NAO inquiry, by sharing the views of trust leaders.

It is worth reiterating that before the COVID-19 pandemic, demand was already outstripping capacity across the NHS and, despite treating record numbers of patients, trusts were recording their lowest results against national performance standards in elective surgery and emergency care in over a decade. Community, mental health and ambulance services were also facing increasing demand, limited investment and workforce constraints.

This mismatch between capacity and demand has been exacerbated by COVID-19 and the need for social distancing and strict infection, prevention and control measures. Set against considerable pressures on NHS staff, who have worked tirelessly during the pandemic, and staffing shortages in health and care, trust leaders are reporting that their organisations are facing the toughest pressures they have ever known.

Trust leaders across all trust types not only report increases in demand, but also that people being referred for care have more complex needs and higher levels of acuity. A significant body of evidence has also shown that COVID-19 has widened health inequalities, a concern for all respondents to our survey.

Trust leaders have welcomed the government's support during the pandemic and the recent three-year revenue settlement. But even with this extra funding, we must be honest with the public about the scale of the challenge ahead, and the length of time it will take for the NHS to address the backlog across services.

In addition to the revenue settlement, there needs to be a multi-year funded plan to support the health and care workforce, and a multi-year capital settlement, with reform to the system for accessing and allocating capital, to better tackle the care backlog recovery and transformation efforts, and ensure future resilience.

NHS Providers continues to seek to influence government and national policy constructively to ensure the NHS and its staff have the resources and support required to continue to treat COVID-19 patients and to tackle the backlog of care that has built up across nearly all physical and mental health care services due to the pandemic.

NHS Providers survey – key findings

- 1** 170 trust leaders from 119 trusts responded to the survey, accounting for 56% of the provider sector. All regions and trust types were represented in the survey.
- 2** 96% of respondents stated that the current level of demand was significantly increasing (64%) or moderately increasing (32%) across all services provided. This figure was 100% for ambulance trusts and 96% of community services.
- 3** Respondents were mostly concerned about mental health services (specifically children and young people's and eating disorders), urgent and emergency services, and cancer services.
- 4** 88% of responses stated that the current activity levels were significantly increasing (52%) or moderately increasing (37%) across all services provided. This figure was 86% for mental health and learning disability trusts and 91% for community trusts.
- 5** 87% of responses stated that the complexity and acuity of need patients were presenting with now, compared to before the pandemic, had significantly (41%) or moderately increased (45%) across all services provided. This figure was 94% for mental health and learning disability trusts and 91% for community trusts.
- 6** Over half (60%) of leaders from ambulance trusts said they anticipated demand in patient transport services to significantly increase if the NHS increases elective activity, and they were very concerned with the current levels of ambulance handover delays.
- 7** Almost one third (32%) of respondents felt that it would take three to five years for their trust to tackle the backlog of care.
- 8** Across all trusts, almost all respondents (96%) said they or their relevant colleagues had been engaged with system plans to reduce the care backlog. This figure was 92% for mental health and learning disability trusts, and 100% for community trusts.
- 9** A large proportion of respondents (90%) said the partners in their system(s) were working together to manage waiting lists and prioritise patients.

- 10** About one third (33%) of trust leaders said the ICS wide approach to managing waiting lists was extremely helpful or very helpful in prioritising the sickest patients/patients with the most pressing need for treatment. 27% found it extremely or very helpful in prioritising people waiting the longest and 25% said it had been extremely or very helpful in tackling health inequalities.
- 11** Most trust leaders (66%) were very concerned that the backlogs in care that span physical and mental health services will further exacerbate health inequalities. A similar trend occurred across different trust types.
- 12** The recruitment of new staff was the preferred strategy to support trusts' plans (55% of trust leaders chose this option), followed by retraining of existing staff (47%).
- 13** For leaders in trusts that provide acute services, the most frequent step taken to increase elective activity and manage waiting lists was digital innovation across specific pathways (89% of respondents selected this option) and redeploying staff (42%).
- 14** Most leaders from trusts that provide acute services (79%) found the elective care recovery fund (ERF) somewhat or very helpful. 82% reported that they would like the ERF or a similar scheme to continue in H2 and into 22/23.

About this survey

In July 2021 we surveyed chairs, chief executives, chief operating officers, medical directors, nursing directors and strategy directors from all trusts cross the acute, ambulance, community and mental health sectors to ask them about:

- The scale of the backlog of care challenge and what that looks like for their services, patients and service users (including those services which may have a lower national profile or where there is less nationally available data)
- The unique challenges facing their specific trust type;
- The impact long-COVID has on the services they provide;
- How systems are responding to the elective care challenge; and,
- What trusts need now and over the next few years to help support recovery plans.

We hope that this survey briefing provides a helpful contribution to work underway at all levels of the health and care system to address the care backlog in all services.

Survey results

Sample of respondents

170 trust leaders from 119 trusts responded to the survey, accounting for 56% of the provider sector. All regions and trust types were represented in the survey. 37% of trust leaders were in acute trusts, while 1% were in integrated acute, community, mental health and ambulance trusts, or combined community, mental health and acute trusts.

FIGURE 1. TRUST TYPE

Trust type	Count	% of sample
Acute Specialist trust	13	8%
Acute trust	63	37%
Ambulance trust	3	2%
Combined Acute and Community trust	33	19%
Combined Community, Mental Health and Acute trust	2	1%
Combined Mental Health / Learning Disability and Community trust	22	13%
Community trust	18	11%
Integrated Acute, Community, Mental Health and Ambulance Trust	2	1%
Mental Health / Learning Disability trust	14	8%
Total	170	100%

FIGURE 2. REGIONS

Region	Count	% of sample
East of England	17	10%
London	24	14%
Midlands	28	16%
North East and Yorkshire	28	16%
North West	24	14%
South East	23	14%
South West	26	15%
Total	170	100%

The backlog of care – demand, activity and long COVID

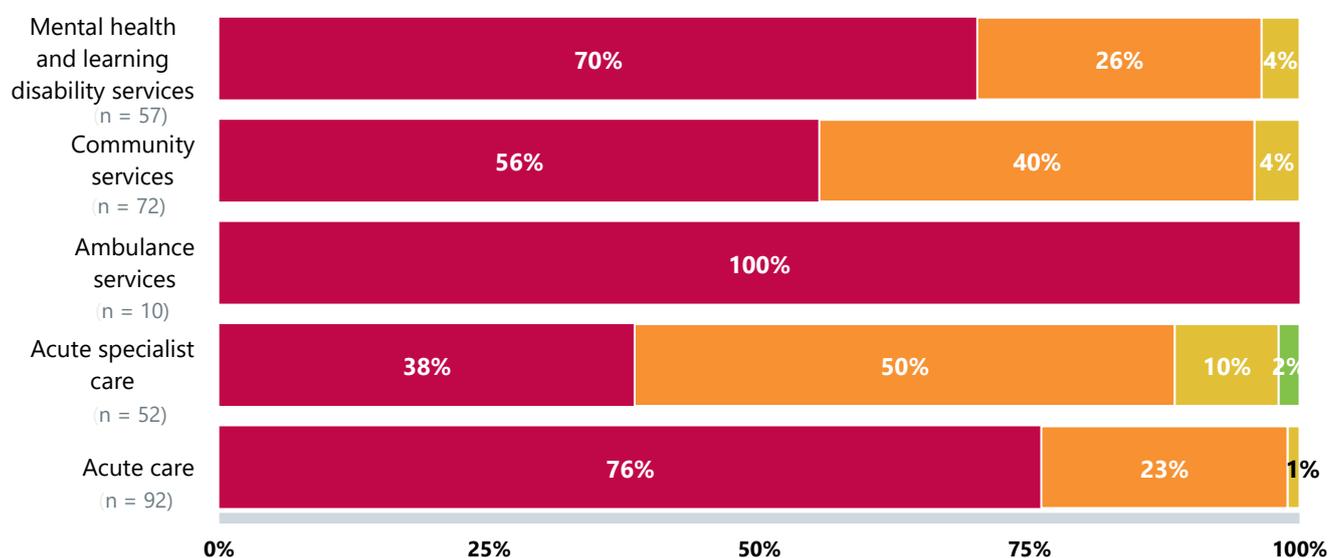
The following questions were aimed at all trust leaders of all trust types.

Overall, how does the current level of demand for the services your trust provides compare to six months ago?

FIGURE 3

Overall, how does the current level of demand for the services your trust provides compare to six months ago?

■ Significantly increasing
■ Moderately increasing
■ Staying the same
■ Moderately decreasing
■ Significantly decreasing



- We asked trusts to rate the current level of demand for the services they provide, meaning that they could rate more than one service per trust. Overall, across all services provided, 96% of responses stated that the current level of demand was significantly increasing or moderately increasing. Specifically, 64% said it was significantly increasing, 32% said it was moderately increasing, and 4% said it was staying the same.
- For all different trust types, most respondents felt that the current level of demand for the services the trust provides is significantly or moderately increasing compared to six months ago. The percentage of respondents stating the level of demand is significantly increasing ranged from 38% (acute specialist care) to 100% (ambulance services). 96% of respondents from mental health and learning disability services and 96% of community service respondents said the current level of demand was significantly or moderately increasing. For ambulance services, 100% of respondents said it was significantly or moderately increasing. 88% of respondents from acute specialist care

said the current level of demand was significantly or moderately increasing, whereas for acute care services 99% said they were significantly or moderately increasing.

Of the services that your trust provides, which are seeing increases in demand and which services are you most concerned about and why?

- Respondents highlighted several services which they are most concerned about, with some respondents saying they are seeing increasing demand across all their service provisions. In particular, the following three were mentioned frequently by those surveyed:

Mental health services, specifically for children and young people and/or related to eating disorders

"Children and young people's mental health is by far the most concerning. The numbers of referrals have increased significantly so that we are only able to treat the most urgent cases; the demand on in-patient beds is extreme and the degree of behavioural disorders and resultant damage to the ward estate and injury to staff is such that we have had to reduce our bed base significantly. (Combined mental health/learning disability and community trust, East of England)

Emergency and urgent services

- Respondents felt that the increase in activity significantly impacts the elective programme and adds increased pressure on the workforce. Additionally, respondents were concerned about the volume of patients causing crowding and long delays, increasing the risk of COVID exposure.

"Acute and emergency care is becoming overwhelmed, general volume of ED attendances, but also high acuity. Also, elective recovery is really challenged due to workforce pressures, bed pressures and theatre capacity being reduced as it is used for critical care surge." (Acute trust, Midlands).

"All areas are seeing increased demand (999, 111 and Non-emergency Patient Transport). All three are operating at unsustainable levels of activity." (Ambulance trust)

Cancer services

- Respondents noted that later stages of cancer are being diagnosed due to delays in gaining treatment and a backlog of diagnostics.

"Cancer demand has rocketed, and the rapid treatment standards will make it very hard for us to respond alongside urgent care demand rising, elective backlogs and staffing shortages. Everything is up but space and staffing is down." (Combined acute and community trust, Midlands)

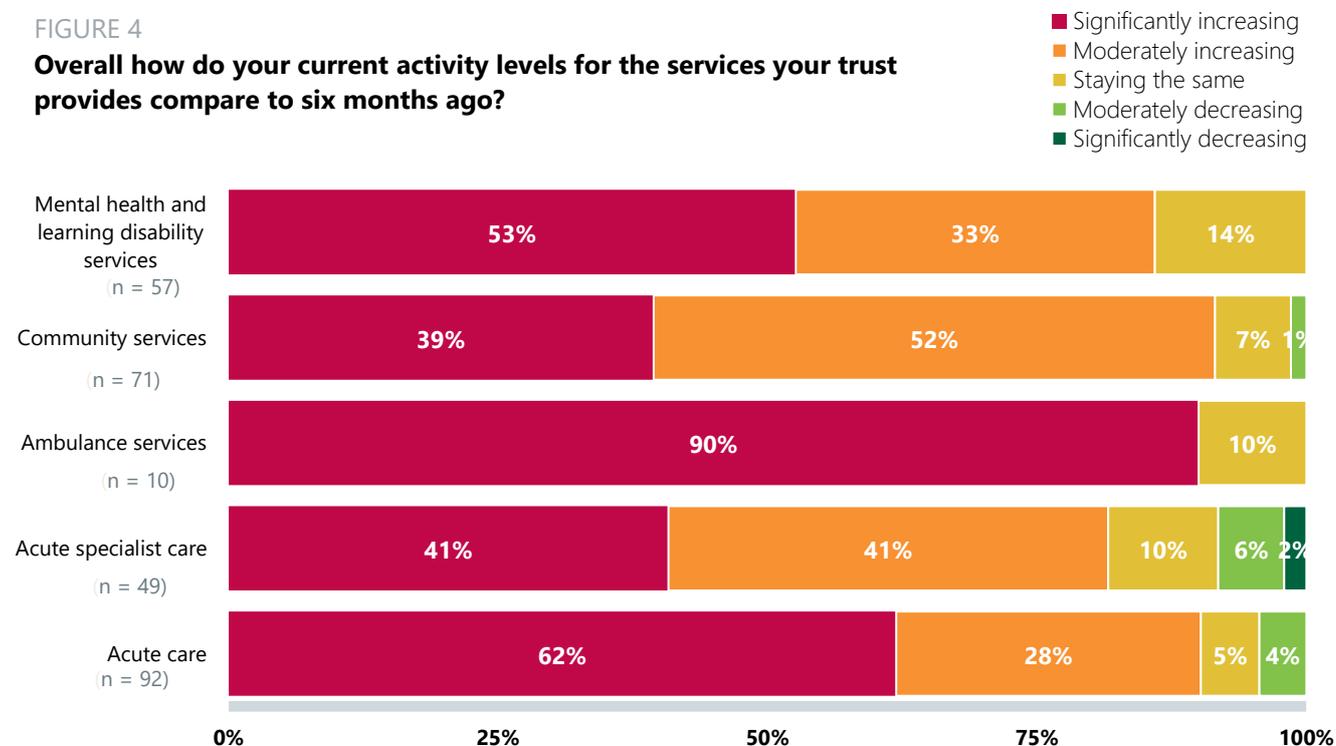
- Community services also expressed concerns related to increases in demand:

"We are seeing increasing demand across all our service provision: UTCs, CAS, home visiting services, community nursing, adult therapy services, children's therapy and specialist nursing services. Alongside this, the backlog secondary to the pandemic is increasing pressure on children's and therapy services. For example, children's physiotherapy where children are being seen later due to impact of reduced health visiting. Acuity of patients in community increased which is placing further demands and needs for increase in specialist skills." (Community trust, Midlands)

Overall, how do your current activity levels for the services your trust provides compare to six months ago?

FIGURE 4

Overall how do your current activity levels for the services your trust provides compare to six months ago?



- We asked trusts to rate the current activity levels for the services they provide, meaning that they could rate more than one service per trust. Overall, across all services provided, 88% of responses stated that the current activity levels were significantly increasing or moderately increasing.

- For all different trust types, most respondents felt that the current activity levels of the services the trust provides is significantly or moderately increasing compared to six months ago. The percentage of respondents stating the level of activity is significantly increasing ranged from 39% (community services) to 90% (ambulance services). 86% of respondents from mental health and learning disability services and 91% of community service respondents said the current level of activity was significantly or moderately increasing. For ambulance services, 90% of respondents said it was significantly or moderately increasing. 82% of respondents from acute specialist care said it was significantly or moderately increasing, whereas 90% of acute care respondents said it was significantly or moderately increasing.

In which specific services has the trust been able to increase activity to meet growing demand, and how?

- Across different trusts, respondents noted that elective care was one of the specific services for which activity was increased to meet demand, specifically through priority groupings, additional temporary theatre capacity, extra lists, outsourcing and insourcing. Other respondents highlighted different services, but some felt that despite the increase in activity across all parts of the trust, they were not able to meet demand easily in non-elective care.

Where it is not possible for the trust to increase activity to meet demand, which specific services/areas are you most concerned about and what is preventing you from increasing activity?

- Many respondents highlighted mental health services, specifically around children and young people, eating disorders and autism services. Some respondents mentioned that social distancing requirements limit the capacity to provide group work, assessment of children's ADHD/ASD, community services and CAMHS (crisis and eating disorders).
- Respondents also expressed concerns about the availability of resources to increase capacity, such as finance and staffing.

"Staff fatigue and exhaustion is a critical issue going into winter. Current efforts nationally to tackle this are not sufficient." (Ambulance trust).

"Just to reiterate that the fundamental long-term issue is staffing. We didn't have enough in the country pre Covid and we can see colleagues leaving the system due to burn out." (Acute trust, South West).

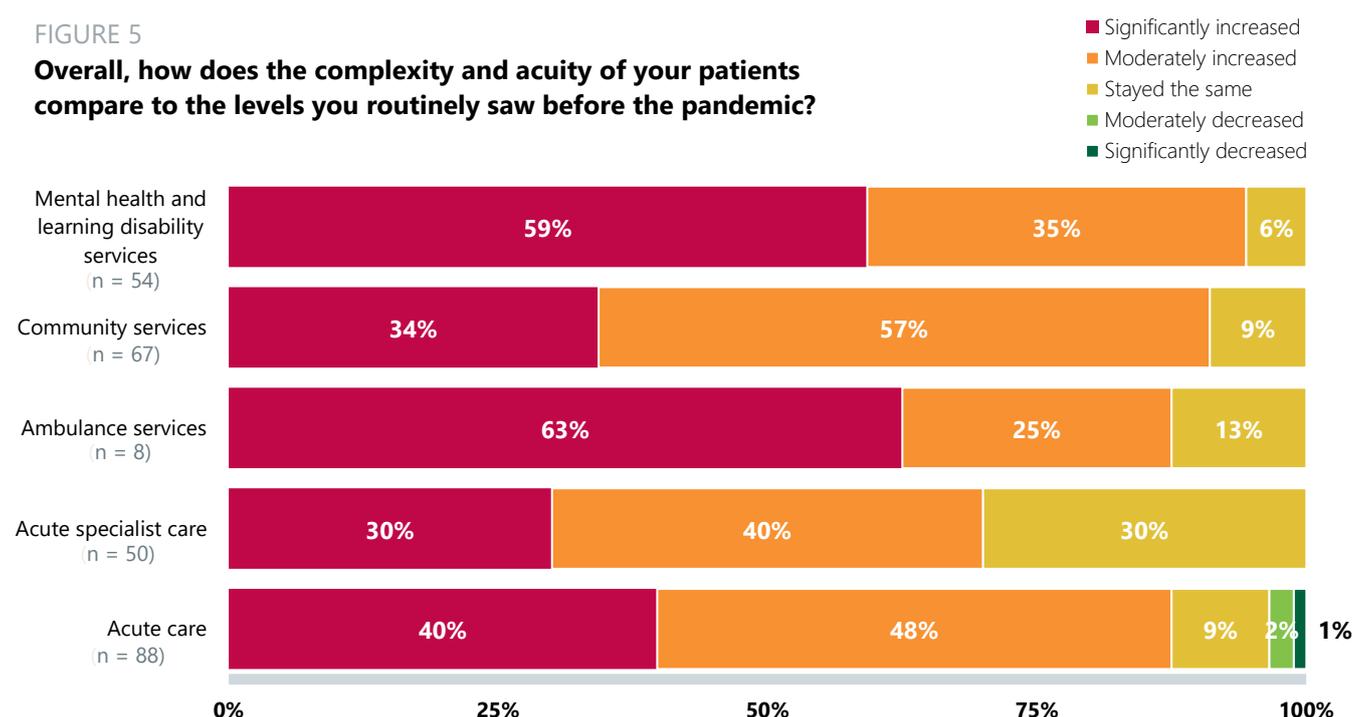
- Bed capacity was also a prominent concern in other specific services/areas.

"Even with activity levels above pre-COVID levels in outpatient services, demand continues to rise and waiting lists are the longest they have been." (Community trust, South East).

Overall, how does the complexity and acuity of your patients compare to the levels you routinely saw before the pandemic?

FIGURE 5

Overall, how does the complexity and acuity of your patients compare to the levels you routinely saw before the pandemic?



- We asked trusts to rate the complexity and acuity of their patients for the services they provide, meaning that they could select more than one service per trust. Overall, across all services provided, 87% of responses stated that the complexity and acuity of the patients significantly (41%) or moderately (45%) increased. 12% said it stayed the same, 1% said it moderately decreased, and 0.4% of respondents stated it significantly decreased.
- For all different trust types, most respondents felt that the complexity and acuity of patients significantly or moderately increased compared to six months ago. The percentage of respondents stating the complexity and acuity of patients significantly increased ranged from 30% (acute specialist care) to 63% (ambulance services). 94% of respondents from mental health and learning disability services and 91% of community service trust leaders said the complexity and acuity of patients significantly or moderately increased. For ambulance services, 88% of respondents said it significantly or moderately increased. 70% of trust leaders from acute specialist care said it

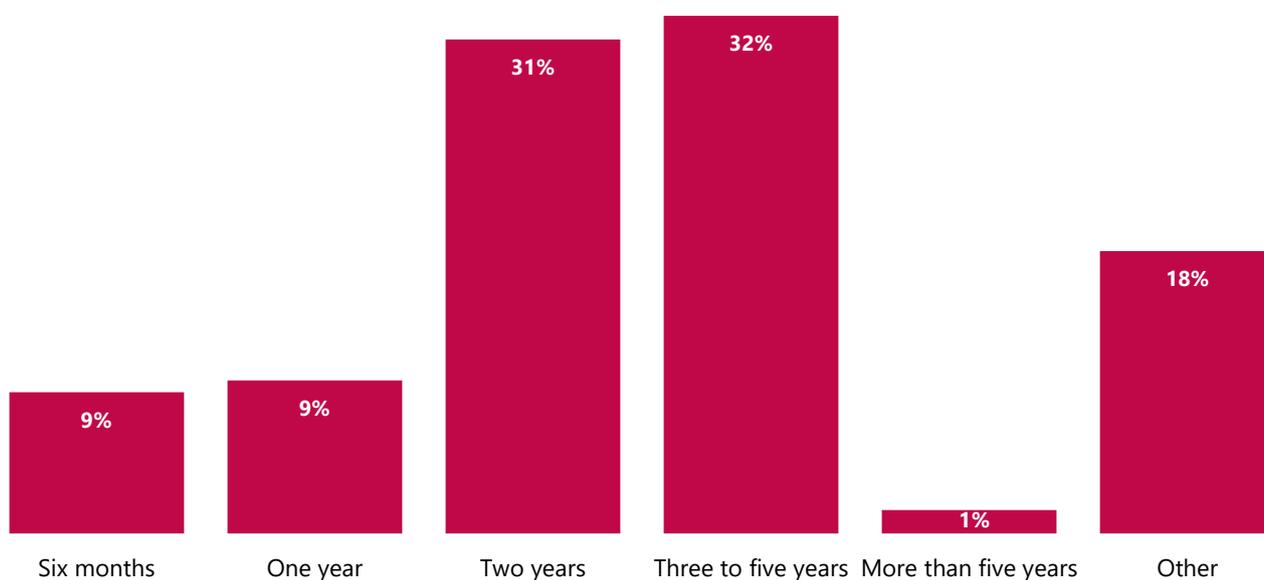
significantly or moderately increased, whereas 88% of acute care respondents said it significantly or moderately increased.

With full acknowledgment that waiting times for many services were already too long before the pandemic and demand was outstripping supply across many physical and mental health services, overall, how long do you think it will take your trust to tackle the backlog of care, returning to waiting times the trust experienced before the pandemic?

FIGURE 6

How long do you think it will take your trust to tackle the backlog of care?

(n = 137)

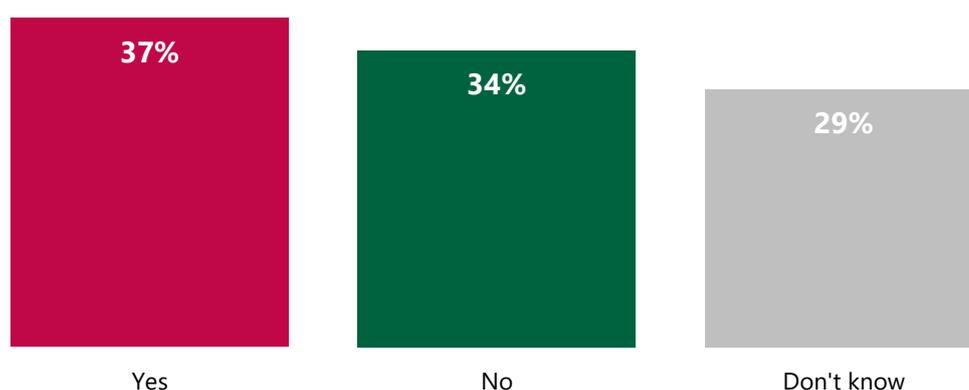


- 32% of trust leaders felt that it would take three to five years for their trust to tackle the backlog of care. 31% felt it would take two years, 9% felt it would take six months or one year, 1% felt it would take more than five years.

Are you seeing a significant number of patients requiring physical and/or mental health care who are suffering from long COVID?

FIGURE 7

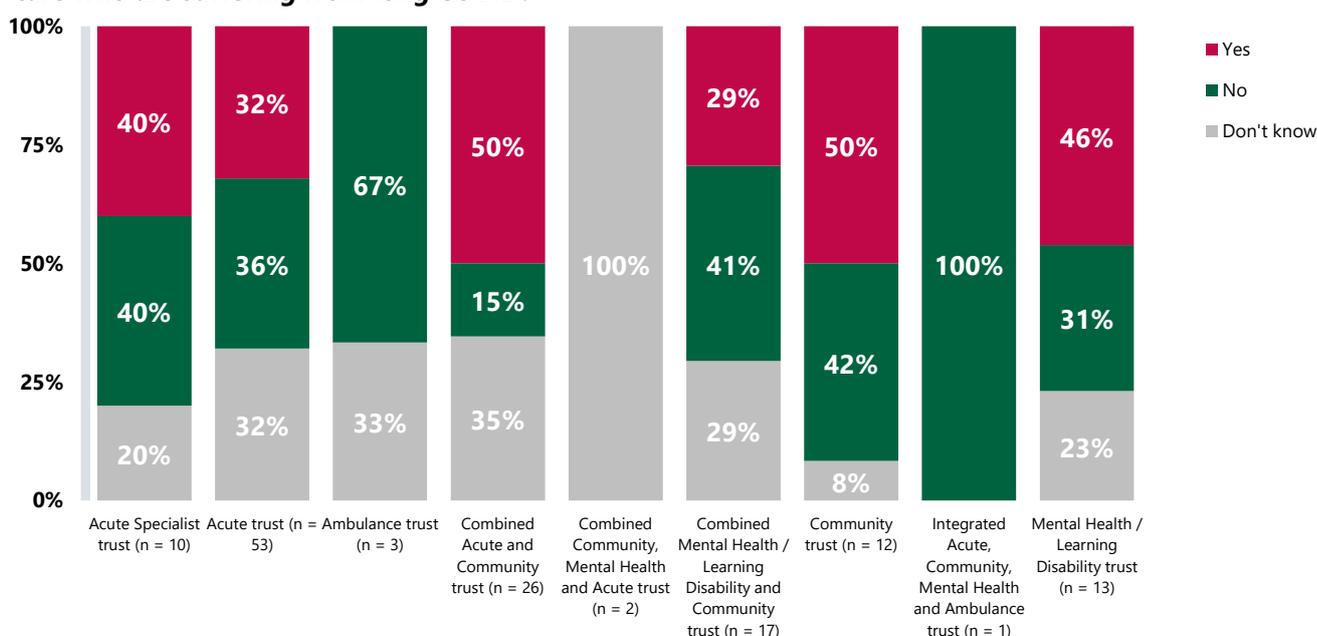
Are you seeing a significant number of patients requiring physical and/or mental health care who are suffering from long COVID?
(n = 137)



- 37% of respondents across all trust types said they were seeing a significant number of patients requiring physical and/or mental health care who are suffering from long COVID. 34% said they were not seeing a significant number of patients suffering from long COVID and 29% didn't know.
- Across different trust types, the percentage of respondents saying they were seeing a significant number of patients requiring physical and/or mental health care who are suffering from long COVID ranged from 0% (across different types of trusts) to 50% (community). 40% of trust leaders from acute specialist trusts said they were seeing a significant number of patients suffering from long COVID, whereas this figure was 32% for acute trust leaders. Half (50%) of combined acute and community trust leaders and community trust leaders also said yes. 29% of combined mental health/learning disability and community trust leaders and 46% of mental health/learning disability leaders said they were seeing a significant number of patients with long COVID. No ambulance trust leaders nor combined community, mental health and acute trust leaders said they were seeing a significant number of patients suffering from long COVID.

FIGURE 8

Are you seeing a significant number of patients requiring physical and/or mental health care who are suffering from long COVID?



What impact do you think long COVID will have on your services over the next 1-2 years?

- Respondents had mixed views in terms of the impact of long COVID, with some highlighting that it is difficult to ascertain as long COVID is not yet well understood. However, some respondents relayed concerns about the impact on mental health, staff and workforce, and a general concern for increased demand for a new speciality.

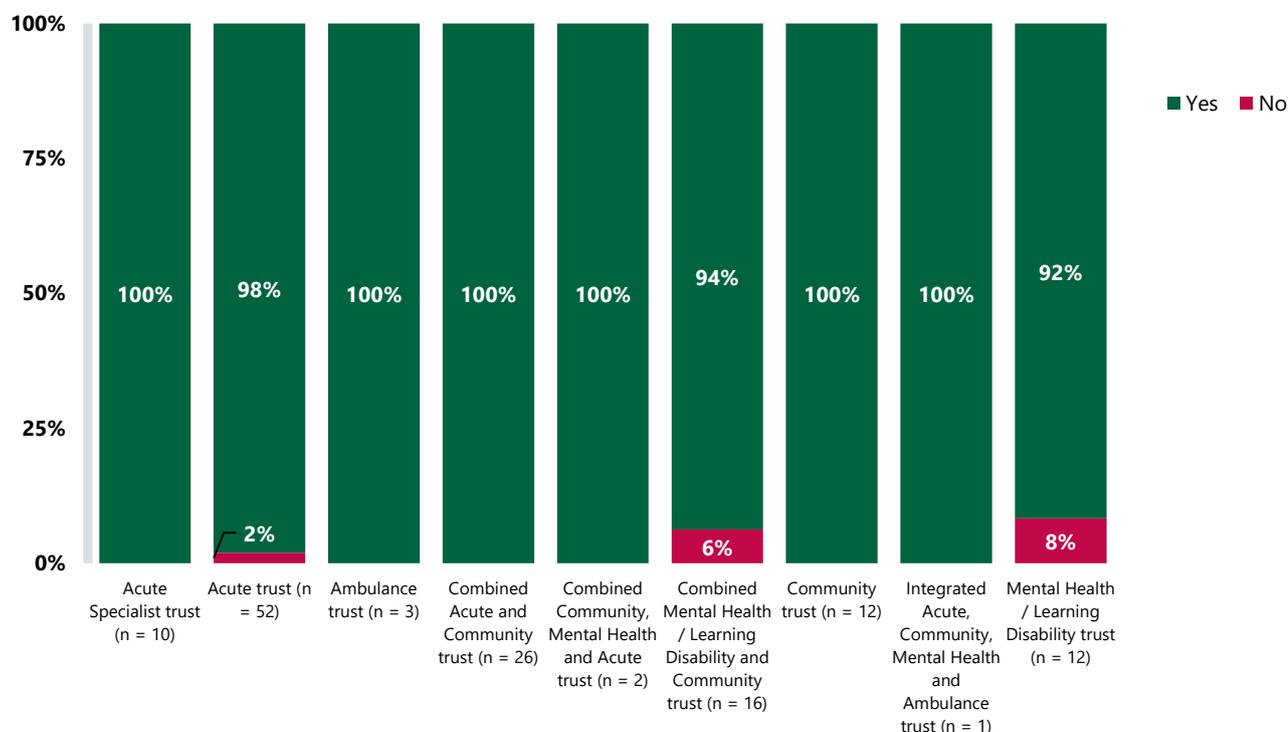
Backlog of care across systems and health inequalities

Have you or the relevant colleagues at your trust been engaged with system plans to reduce the care backlog?

- Encouragingly, almost all respondents (96%) said they or their relevant colleagues had been engaged with system plans to reduce the care backlog. Only 2% said they or relevant colleagues had not been engaged.

FIGURE 10

Have you or the relevant colleagues at your trust been engaged with system plans to reduce the care backlog?

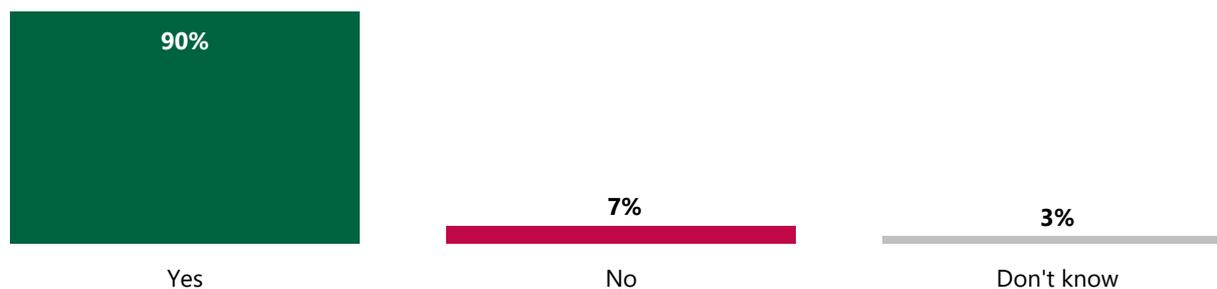


- Across different trust types, the percentage of respondents who said they or their relevant colleagues had engaged with system plans to reduce the backlog ranged from 92% (mental health and learning disability trusts) to 100% (across most trust types). Apart from acute trusts (2% of leaders said no), combined mental health/learning disability and community trusts (6% of trust leaders said no) and mental health/learning disability trusts (8% of trust leaders said no), all leaders said they or colleagues were engaged with system plans to reduce the backlog.

Are the partners within your system(s) working together to manage waiting lists and prioritise patients?

FIGURE 11

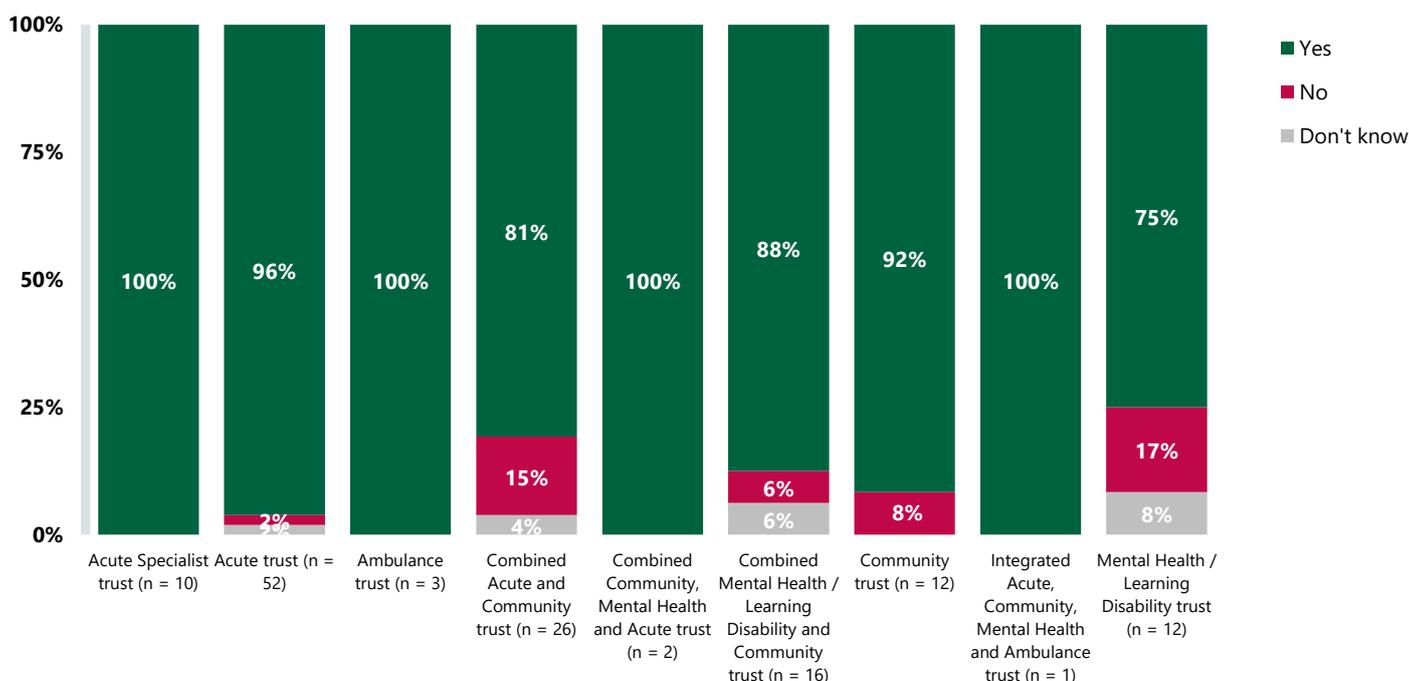
Are the partners within your system(s) working together to manage waiting lists and prioritise patients?
(n = 134)



- Similarly, a large proportion of respondents (90%) said the partners in their system(s) were working together to manage waiting lists and prioritise patients. 7% said no and 3% did not know.

FIGURE 12

Are the partners within your system(s) working together to manage waiting lists and prioritise patients?



- Across different trust types, the percentage of respondents who said the partners in their system(s) were working together to manage waiting lists and prioritise patients ranged from 75% (mental

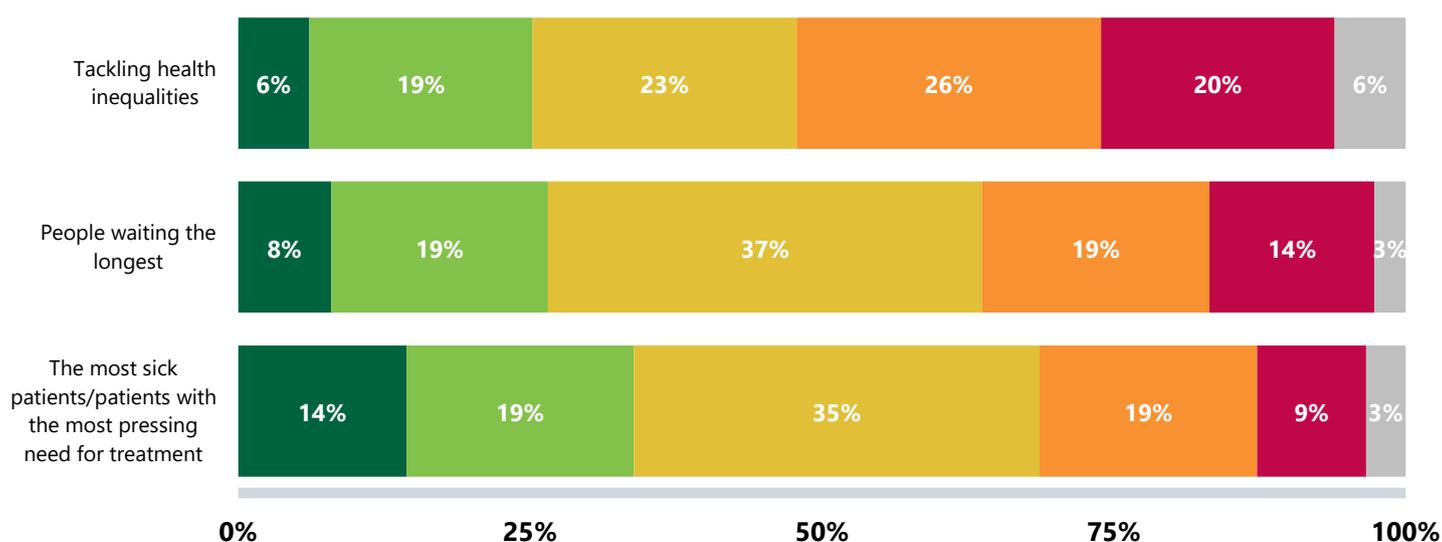
health/learning disability trusts) to 100% (across different types of trusts). The proportion of trust leaders saying yes was 100% for acute specialist trusts, 96% for acute trusts (2% said no, 2% do not know), 81% for combined acute and community trusts (15% said no, 4% do not know), 100% for combined community, mental health and acute trusts, 88% for combined mental health, learning disability and community trusts (6% said no, 6% said do not know), 92% for community trusts (8% said no), 100% for integrated acute, community, mental health and ambulance trusts, and 75% for mental health/learning disability trusts (17% said no, 8% do not know).

How helpful has the ICS wide approach to managing waiting lists been so far in terms of helping you prioritise?

FIGURE 13

How helpful has the ICS wide approach to managing waiting lists been so far in terms of helping you prioritise:

■ Extremely helpful
■ Very helpful
■ Somewhat helpful
■ Slightly helpful
■ Not at all helpful



- One third (33%) of respondents said the ICS wide approach to managing waiting lists was extremely helpful or very helpful in prioritising the sickest patients/patients with the most pressing need for treatment. This was followed by 27% of respondents who said it had been extremely or very helpful in prioritising people waiting the longest. Lastly, 25% said it had been extremely or very helpful in tackling health inequalities.

What are the key barriers your system is currently facing in relation to elective care recovery?

- The most prevalent theme addressed by respondents were capacity issues related to staff and workforce but also in terms of physical capacity such as bed shortages. Another concern identified by some respondents was the increased demand in emergency care, which consequently leads to capacity issues across trusts.

"[The key barriers are] funding and staff shortages and the consequences of the emergency pathways impacting on physical capacity." (Acute trust, London)

What is your trust doing to help support system partners to tackle their respective backlogs in care?

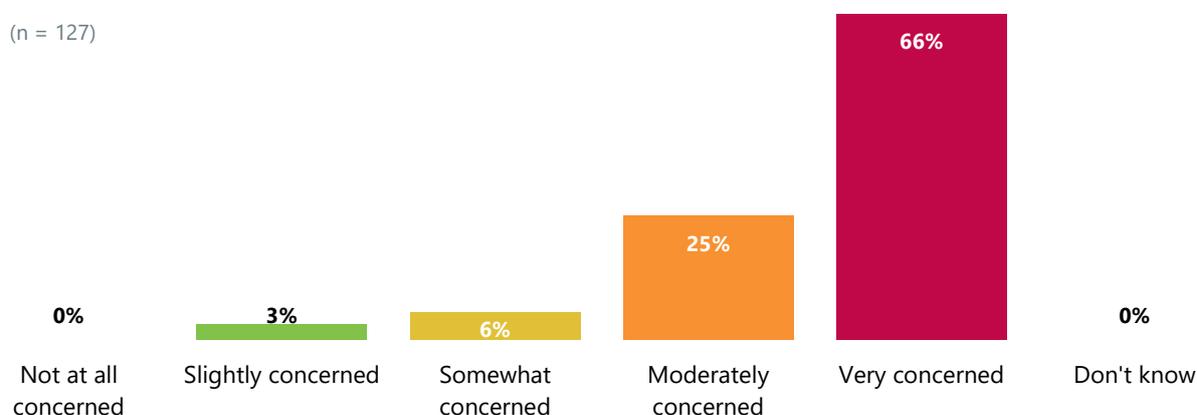
- Respondents identified several strategies undertaken by their trusts, the most prominent being collaborative work with other trusts, primary and community services. This collaborative approach was mentioned as *"mutual aid"* by several respondents and was deemed particularly helpful with mental health patients and complex patients.

How concerned are you that the backlogs in care that span physical and mental health services will further exacerbate health inequalities?

FIGURE 14

How concerned are you that the backlogs in care that span physical and mental health services will further exacerbate health inequalities?

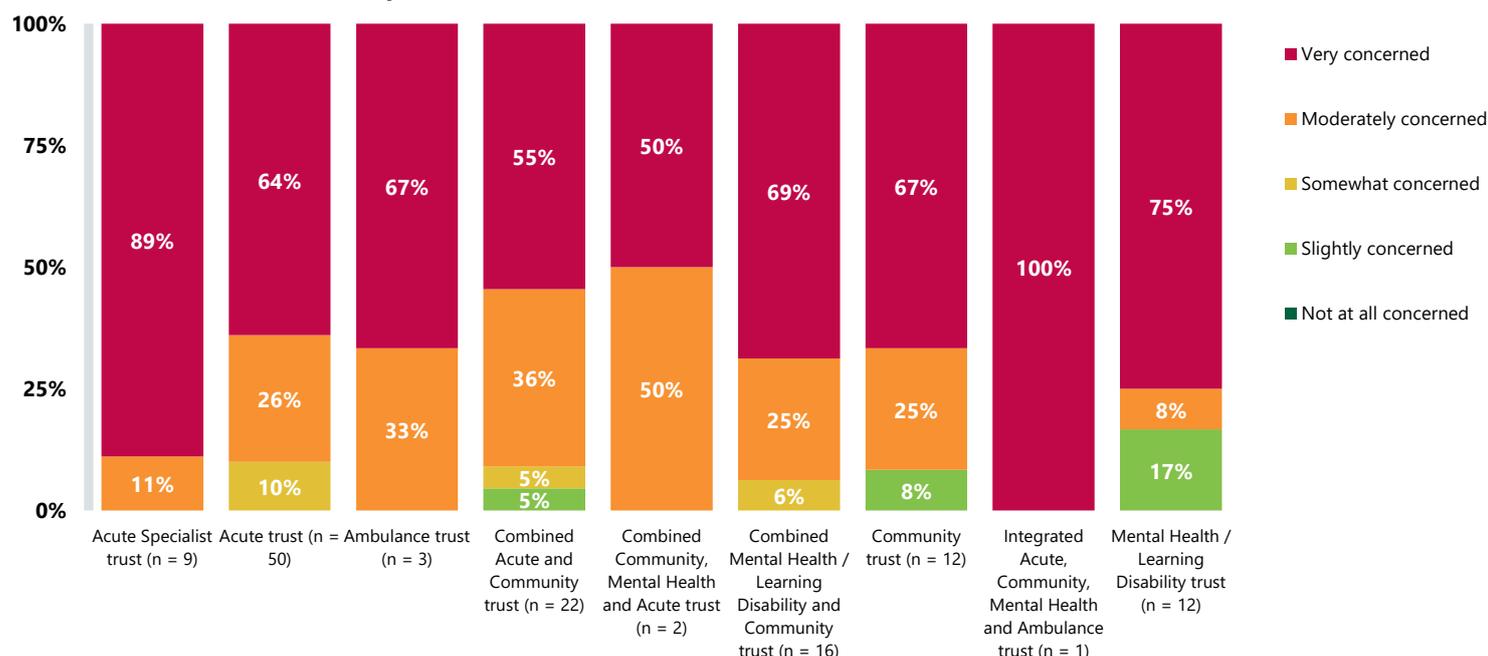
(n = 127)



- Most respondents (66%) were very concerned that the backlogs in care that span physical and mental health services will further exacerbate health inequalities. 25% said they were moderately concerned, 6% felt somewhat concerned and 3% felt slightly concerned. No respondents (0%) said they were not at all concerned.

FIGURE 15

How concerned are you that the backlogs in care that span physical and mental health services will further exacerbate health inequalities?



- A similar trend occurred across different trust types. Most respondents said they were very concerned, with percentages ranging between 50% (combined community, mental health and acute trusts) to 100% (integrated acute, community, mental health and ambulance trust, and acute). 100% of respondents from acute specialist trusts, from ambulance trusts, from combined community, from mental health and acute trusts, and from integrated acute, community, mental health and ambulance trusts said they were very or moderately concerned that the backlogs in care will further exacerbate health inequalities. 90% of respondents from acute trusts said they were very or moderately concerned, 94% of respondents from combined mental health/learning disability and community trusts said they were very or moderately concerned. 92% of community trust respondents and 83% of respondents from mental health/learning disability trusts said they were very or moderately concerned.

What is your system and/or trust doing to ensure the way you tackle the backlog of care does not further widen existing health inequalities?

- Respondents identified some actions their trusts were taking, such as better use of data, risk assessed waiting list management, detailed reviews of waiting lists, and prioritising those clinically in greatest need such as those with learning difficulties or disabilities.

"The real health inequalities reflect wider social conditions (discrimination, housing, poverty, air quality, etc.) and slower and more reluctant access to NHS services among some communities" (Combined acute and community trust, London).

- The theme of redefining health needs based on existing inequalities by making use of existing data was prominent in the responses.

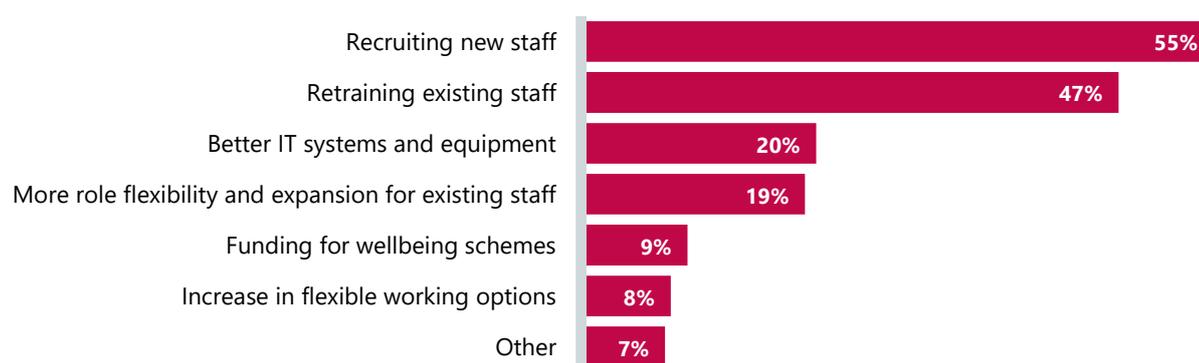
"We are...looking at different ways of defining greatest need to include wider determinants and not a narrow clinical definition." (Combined mental health / learning disability and community trust, Midlands)

What do you need to help support your plans?

FIGURE 16

What help do you need to support your plans? (Select three)

(n=206)



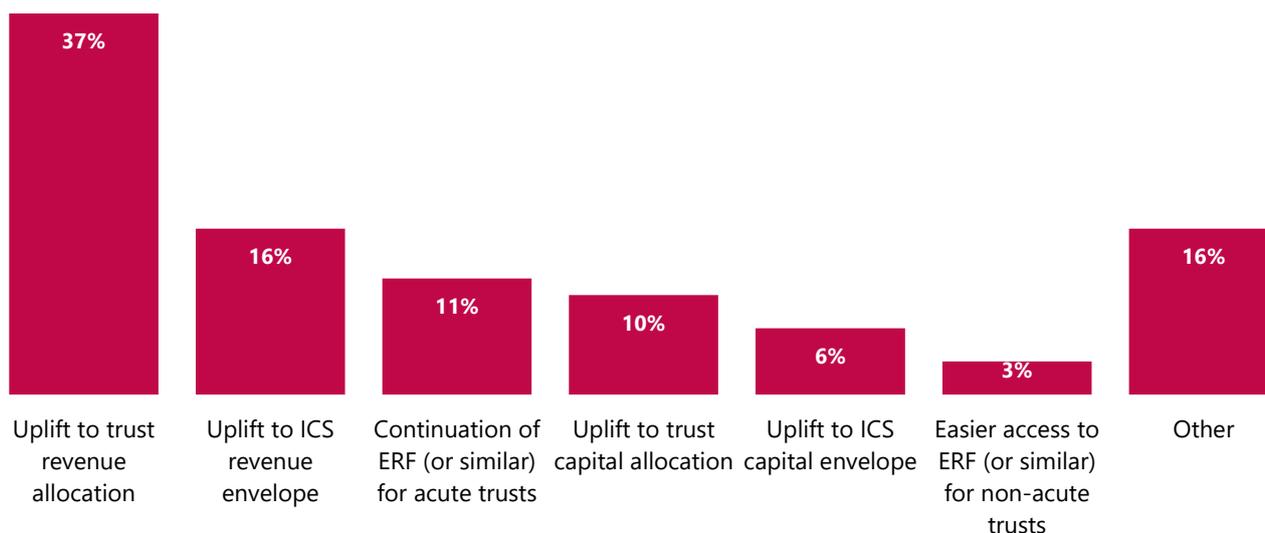
- The recruitment of new staff was the preferred strategy to support trusts' plans (55%), followed by retraining of existing staff (47%).

What type of financial support would be most helpful in clearing the backlog for your trust?

FIGURE 17

What type of financial support would be most helpful in clearing the backlog for your trust?

(n = 124)



- Trusts' preferred type of financial support to tackle care backlogs was an uplift to the trust revenue allocation, with 37% of respondents selecting this option, followed by 16% of respondents selecting 'other', specifying options such as all the above strategies, certainty about the next few years, additional revenue and capital, or a clear longer financial plan. 3% respondents selected easier access to ERF (or similar) for non-acute trusts.

What impact has any additional funding you have received so far in 2021/22 had in allowing you to change or innovate across services you provide?

- Respondents highlighted some positive aspects such as increase in staffing to meet demand, ability to fund initiatives, ability to increase capacity, creation of new units, funding costs of outsourcing and purchase of additional equipment, adoption of virtual wards and consultations.

"Will allow the development of diagnostic centres to keep patients out of the acute trust that don't need to go there thereby allowing the acute trust to concentrate on what it does best" (Acute trust, South West).

"Ability to support and enable staff to work in an agile and flexible way. To ensure all inpatients have access to family and friends through digital means. It provided well-being offer to all staff, additional capacity secured to support ongoing priorities and enhanced integrated ways of working and flow such as discharge to assess" (Acute trust, South West).

- However, a few respondents were unsure of the impact of additional funding or said it had minimal or no impact.

"As far as I can see it has allowed us to barely keep our heads above water." (Community trust, Midlands)

What does your trust and system(s) need from government and the national NHS bodies over the next few years to best support care recovery?

- Most respondents mentioned increased capital and revenue to increase capacity and meet the associated workforce needs.

"Increased revenue and capital to increase capacity and associated workforce. Improved communication with the public around expectations of how quickly the backlog can be cleared or significantly reduced." (Acute trust, South West).

- The topic of additional funding was particularly prevalent, with respondents highlighting there is uncertainty and lack of clarity over funding which hinders long-term planning and management.
- Additionally, some respondents mentioned the need for sustainable funding and realistic timelines for the development of the COVID-19 pandemic.

"Continued understanding and resourcing to understand both the demand and activity, as well as the impact of the pandemic on the workforce across the system" (Community trust, Midlands).

The elective care backlog

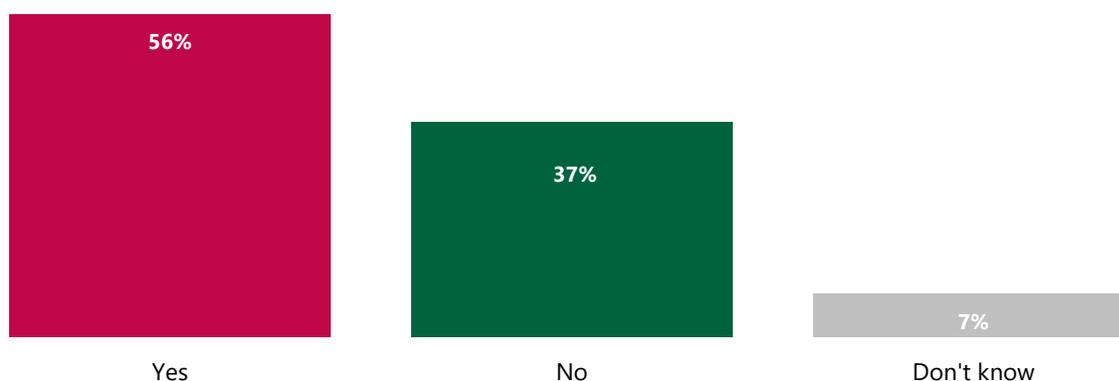
The following questions were routed to trusts that provide acute services only.

Are you currently seeing an increase in referrals for elective care beyond the level you would have expected before the pandemic?

FIGURE 18

Are you currently seeing an increase in referrals for elective care beyond the level you would have expected before the pandemic?

(n = 81)



- When asked about the increase in referrals for elective care beyond the level they would have expected before the pandemic, over half (56%) of respondents from acute trusts said they were currently seeing these. 37% said they did not see an increase in referrals and 7% did not know.

Which of the following steps are you taking to increase elective activity and manage waiting lists?

FIGURE 19

Which steps are you taking to increase elective activity and manage waiting lists?

(n=71)



- The most popular step taken to increase elective activity and manage waiting lists was digital innovation across specific pathways, with 89% of respondents selecting this option. The step with the fewest selections was redeploying staff, albeit still having 42%.

What are you doing in addition to the options set out above to increase elective activity and tackle the waiting list?

- The most prominent additional step taken by trusts related to the reviewing of waiting lists.

"Our trust is conducting regular reviewing of waiting lists, prioritising by clinical need, investing in service areas with the largest backlog with targeted schemes to increase capacity" (Acute trust, North East and Yorkshire).

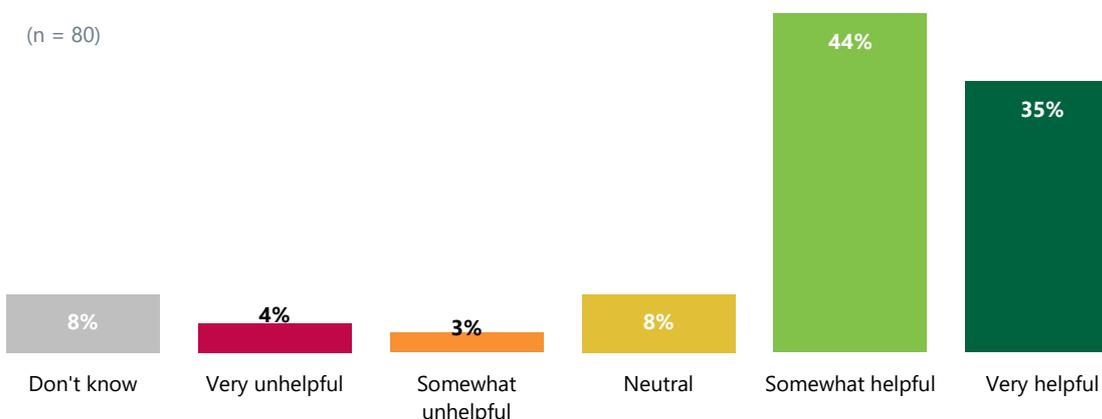
- Other respondents also mentioned strategies such as implementing new pathways and working with primary care about getting appropriate referrals.

"We are asking patients if they still want to stay on the waitlist and conducting clinical prioritisation." (Combined acute and community trust, South East).

How helpful have you found the elective care recovery fund (ERF)?

FIGURE 20

How helpful have you found the elective care recovery fund (ERF)?



- Most respondents (79%) found the elective care recovery fund (ERF) somewhat or very helpful. 8% felt neutral, 3% found it somewhat unhelpful, 4% found it very unhelpful, and 8% did not know.
- When asked to comment, most respondents found the elective care recovery fund helpful, saying it allowed the trust to focus on increasing activity, supported informed decision making and helped

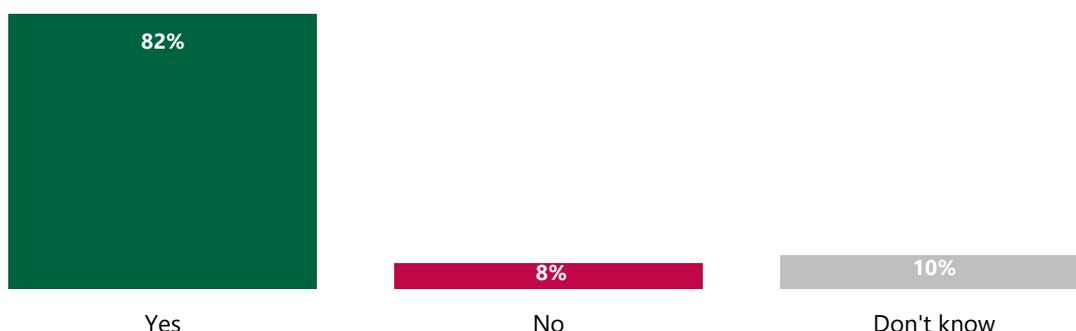
cover the costs of outsourcing. However, some respondents found it either unhelpful or had concerns about the ability to achieve results going forward, the uncertainty of the ERF and the destabilising aspect of it.

Would you like the ERF or a similar scheme to continue in H2 and into 22/23?

FIGURE 21

Would you like the ERF or a similar scheme to continue in H2 and into 22/23

(n = 79)



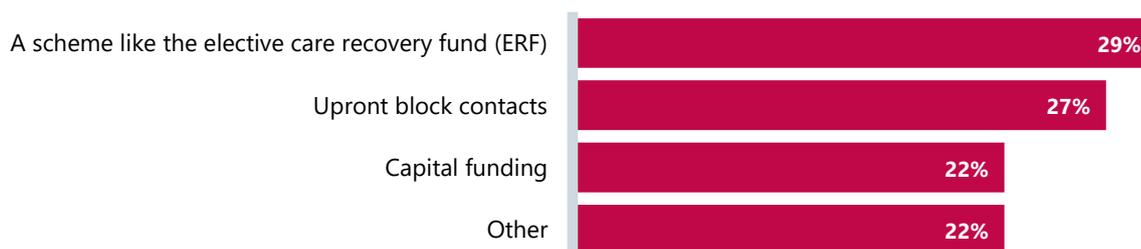
- Most respondents (82%) reported that they would like the ERF or a similar scheme to continue in H2 and into 22/23. Just 8% said they did not want the ERF to continue, and 10% said they did not know.

What type of financial support would be most helpful over the longer term to help you tackle the backlog?

FIGURE 22

What type of financial support would be most helpful over the longer term to help you tackle the backlog

(n=78)



- When acute trust leaders were asked about what type of financial support would be most helpful over the longer term, 29% of respondents said they would like a scheme such as the ERF, 27% selected upfront block contracts, 22% chose capital funding, and 22% selected 'other'.

If the discharge to assess funding model was to be discontinued after September, what impact will this have on your trust and your ability to tackle the backlog of care across your services?

- Most respondents from acute trusts said that discontinuing the discharge to assess funding model would have a "huge impact", creating a "massive detrimental effect". Respondents also felt it would create pressures on bed numbers, community services, elective care and emergency departments.

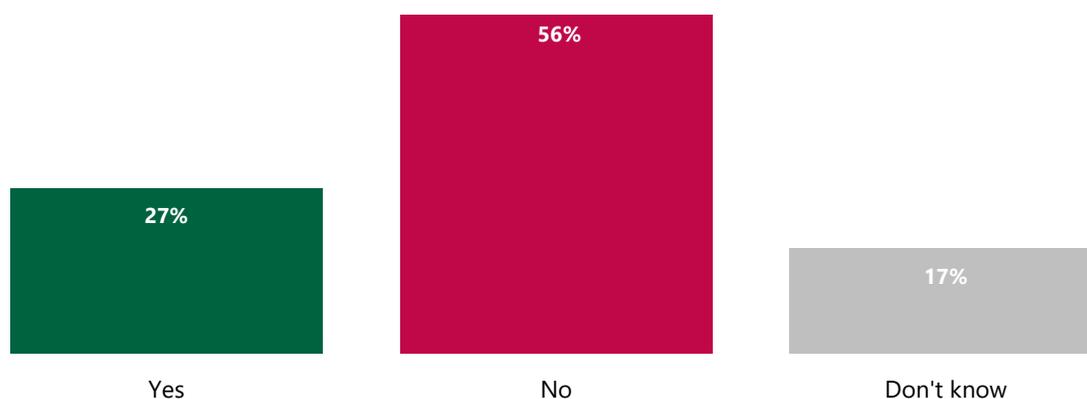
"It will probably make an already bad situation even worse." (Combined acute and community trust, North East and Yorkshire).

Are you an accelerator site?

FIGURE 23

Are you an accelerator site?

(n = 81)



- Over half of the respondents (56%) did not work in an accelerator site. 27% said they were an accelerator site and 17% did not know.

What initiatives has your trust been trialling, and with what success?

- Respondents who confirmed they were accelerator sites highlighted several initiatives such as virtual emergency departments, apps for mental health, waiting list initiatives, data sharing, extra clinics on weekends and collaboration with neighbouring trusts.

"Virtual ED is just getting off the ground, app for mental health, virtual clinics, physician associate clinics." (North West).

- However, some respondents said these had varying success rates and some were on early stages of implementation, making it difficult to ascertain outcomes.

"Many implemented, but the capacity to deliver, given the significant return of COVID, has diminished their effectiveness." (Acute trust, North East and Yorkshire).