

## NHSE/I delivery plan for tackling the backlog of elective care

Today NHS England and NHS Improvement (NHSE/I) published the [delivery plan for elective care recovery](#). This sets out ambitions to restore activity and performance to pre-pandemic levels, including expanding capacity, a reduction in waiting times, and transforming the delivery of care to reduce the elective backlog. Our briefing provides a summary of the document and includes NHS Providers' view.

### Key points

- The plan sets out the ambition to deliver 30% more elective activity by 2024/25 than before the pandemic and for the NHS to return to pre-pandemic performance levels as soon as possible. This ambition depends on low prevalence of COVID-19 to restore operational capacity and reduce high levels of staff absence.
- The plan highlights ambitions to eliminate waits of longer than twelve months for elective care by 2025; waits of longer than twelve months for elective care by March 2025; waits of longer than two years for care by July 2022; waits of over 18 months by April 2023; and waits of over 65 weeks by March 2024. Patients should also receive diagnostic tests (where required) by March 2024.
- NHSE/I acknowledges the importance of focusing on clinical need and aims to reduce the longest waits by clinical prioritisation, managing long waits, and increasing the number of cancer referrals. 75% of patients who have been urgently referred by their GP for suspected cancer should have their condition diagnosed (or cancer ruled out) within 28 days by March 2024. By March 2023, local systems should have returned the number of people waiting more than 62 days following an urgent referral to pre-pandemic levels.
- The document also sets out ambitions to reduce the time patients wait for outpatient appointments by transforming models of care and through the use of existing technologies.
- Given the care backlog and demand pressures, NHSE/I acknowledges the overall waiting list is expected to increase in the short term. Indeed, if roughly half of the 'missing demand' from the pandemic returns over the next three years, NHSE/I expect the waiting list would begin to fall by March 2024.
- To deliver on the ambitions within the plan, NHSE/I highlights four key areas of delivery:

- 1 Increasing health service capacity by expanding (and separating) elective and diagnostic services.
  - 2 Prioritising diagnosis and treatment
  - 3 Transforming the way the NHS provides elective care
  - 4 Providing better information and support to patients
- The plan builds on previous funding announcements to support elective recovery – including £8bn revenue funding between 2022/23 and 2024/25 and £5.9bn in capital funding announced in the October 2021 spending review. The Targeted Investment Fund (TIP) made available to systems in September 2021 will also support elective recovery.

## Operational impact of COVID-19

- **Waiting list for elective care:** There are uncertainties about the future trajectory and prevalence of COVID infections, including emerging variants, and the impact of long-COVID on patients. It is also unclear how many patients' health needs were not diagnosed or treated during the pandemic, and at what point people previously undiagnosed will come forward to access services. Six million people are now on the elective waiting list (up from 4.4 million prior to the pandemic). NHSE/I estimate there are 10 million patients who should otherwise have accessed treatment during the pandemic but did not, and that if all these patients came forward, and no actions were made to increase activity beyond pre-pandemic levels, the waiting list could increase to 14m patients.
- **Impact on patients:** Longer waits for treatment can exacerbate existing conditions, require more complicated surgery, leave patients waiting in pain and with associated implication for their mental health and wellbeing, and ultimately worsen health outcomes. NHSE/I also note the disparity in waiting times based on regions, and the need to mitigate against the impact on health inequalities.
- **Impact on staff:** The plan notes the need to begin targeted action to recover elective services by addressing workforce shortages, particularly given future demand pressures. NHSE/I note the need to reduce workload pressures by recruiting and retaining more staff, and supporting the health and wellbeing of the workforce.
- **Impact on urgent and emergency services:** The plan acknowledges the direct link between the recovery of elective care and the urgent and emergency care (UEC) pathway, and that emergency patients need to be discharged from hospital as soon as is clinically appropriate to support the delivery of the recovery plan.
- **Embedding best practices from the pandemic:** NHSE/I note a range of new ways of working from the pandemic, including separating elective care facilities from UEC using 'hub' models; strengthening relationships between primary, secondary and community services and local authorities; and utilising data to improve clinical and operational decision making.

## Increasing capacity

### Growing and supporting the workforce

A larger and more flexible workforce will be central in recovering elective care and tackling wider care backlogs. The document cites the forthcoming merger of Health Education England (HEE) with NHSE/I as a means to help improve the integration of service, workforce, and financial planning. NHSE/I also aim to narrow supply gaps in priority pathways, for example by training key allied health professional groups in critical care. NHSE/I are developing targeted plans to accelerate workforce growth, including:

- **Recruiting new staff:** More than 10,000 international nurses have been recruited in 2021/22, and NHSE/I wants to ensure these staff are retained (including by offering grants to support them train as cancer nurses specialists). 5,000 healthcare support workers were also recruited in 2021/22 via domestic recruitment campaigns, and the medical support workers scheme has shown success in expanding the future medical pipeline.
- **Deploying NHS reservists:** The pilot programme will now be rolled out nationally to support elective care recovery.
- **Improving offer of temporary staffing bank:** NHSE/I wants to make it easier for staff to take on extra shifts via bank work and ensure there are more consistent rates for waiting list initiatives.
- **Supporting the wellbeing of staff:** NHSE/I highlight the need for trusts to have ongoing conversations with their teams about their wellbeing. The plan also reiterates the importance of increasing minority ethnic representation at senior levels in the NHS, and highlights that work is being carried out to overhaul promotion and recruitment processes.
- **Retention programme:** To improve retention there is a need to support staff at the start and end of their careers, including a focus on improving flexible working, and workplace culture.

### Using digital technology and data systems to free up capacity

The use of 'virtual wards' throughout the pandemic has meant there are more beds for those requiring inpatient care. The ambition of the plan is to improve the digital and data services in hospitals, scale the technologies that free up capacity across the NHS for those patients whose care cannot be delivered virtually, and ensure clinicians can spend more time with patients. The 'Supporting People at Home' programme will work with systems to implement technologies across the country, and to help enable productivity savings. NHSE/I will also invest in technology to reduce time staff spend on papers. For example, using Robotic Process Automation for patient registration.

## Adapting infection prevention and control measures

NHSE/I are working with UK Health Security Agency to review infection prevention and control (IPC) measures put in place during the pandemic and considering how they can be returned to the pre-pandemic context, so that patients are protected while ensuring measures are not unnecessarily implemented. The separation of emergency and planned care sites will help improve the productivity of service delivery and ensure that specific sites remain COVID-free areas.

## Using independent sector capacity

Independent sector (IS) capacity will be included within elective recovery plans and systems will work with IS partners to increase activity levels. Elective care boards within each ICS will also help bring together local providers (including IS partners) to agree priorities. NHSE/I have set out a number of nationally agreed principles underpinning collaboration between NHS and IS providers, including clear communication with patients about places of treatment available to them; ensuring patients receive integrated and uninterrupted care between local providers; and clearly highlighting how IS providers are contributing to elective care recovery.

Capacity reviews will be carried out to enable the clinically appropriate transfer of high volume and low complexity conditions (and some cancer pathways and diagnostics) to the IS, while the capacity released in the NHS will enable clinicians to carry out more complex operations across cardiac, neurosurgery and vascular. Where capacity and expertise permits, IS sites may also deliver more complex treatments. NHSE/I also emphasises that payments should represent value money and enable effective incentives to increase activity.

## Prioritising treatment

### Clinical prioritisation

The plan sets out ambitions for providers to be supported in prioritising their waiting lists based on individual patient needs, ensuring the most appropriate care is received at the right time. NHSE/I are reviewing national and local policies on waiting list management, including the Clinical Prioritisation Programme frameworks which have supported clinicians to assess and manage their waiting lists.

Systems are asked to develop a better understanding of variations in access to and experience of treatment - by analysing their waiting list data by age, deprivation, ethnicity, and speciality – to address inequalities in waiting times. The national Health Inequalities Improvement Dashboard continues to be developed, with a public-facing version of the dashboard due in the next phase.

Guidance to support the review of patients on the waiting list for an outpatient appointment is currently being developed and is due to be published by March 2022.

## Managing long waits

Central to the plan is the challenge of addressing long waits. NHSE/I have set out the following ambitions:

- eliminating the longest waits of over two years, except when it is the patient's choice, by July 2022
- reducing the number of people waiting more than 62 days to start their cancer treatment, by July 2022
- eliminating waits of over 18 months by April 2023
- eliminating waits of over one year by March 2025, except where patients choose to wait longer or in specific specialties.

NHSE/I plan to work with patients to review their treatment options by using the Evidence Based Interventions Programme. A new national network managed by the national NHS team will be established for 'long waiters' to provide alternative treatment options for patients, where patients are waiting for highly complex procedures, or where significant capacity issues exist. A comprehensive support package will be offered to patients taking up appointments away from their local hospital. A targeted support approach for local areas will be published by the end of March 2022, for areas with specific challenges in treating patients waiting for two years or more.

## Urgent referrals for cancer

Throughout the pandemic fewer people came forward with cancer symptoms, resulting in fewer diagnoses. The plan sets out ambitions to see the number of patients on the 62+ day cancer waiting list reduce to pre-pandemic levels. NHSE/I will increase investment in the NHS 'Help Us Help You campaign' to continue raising awareness of cancer symptoms and risk. There will be a focus on cancers for which referrals have been slowest and the systems where referrals are lowest. There will be a targeted focus for cancer and prostate cancer, and NHSE/I will partner with charities and fund Cancer Alliances to target communications at high-risk groups.

NHSE/I want to expand diagnostic and treatment capacity, particularly in community diagnostic centres. The new 28-Day Faster Diagnosis Standard, formally introduced in October 2021, will allow the NHS to refocus the early stage of the cancer pathway i.e. reaching a definitive diagnosis or exclusion of cancer as quickly as possible. Additional funding will be provided for the accelerated

adoption of stool testing to triage referrals for suspected lower GI cancers, as well as a continued focus on innovative approaches to treatment adopted by providers during the pandemic.

## Transforming the way the NHS provides elective care

### Expanding community diagnostics centre

NHSE/I are increasing diagnostic capacity and connectivity by investing in more than 160 community diagnostic centres (CDCs), and by creating digitally enabled diagnostic networks nationwide. The plan aims to increase testing capacity to around nine million more tests and checks by 2025, an increase in capacity of 25% compared with the three years prior to the pandemic. CDCs will help to separate urgent and elective care and provide greater access to tests for cancer. NHSE/I will also build on existing capacity through digital transformation and growing the diagnostic workforce capacity.

### Increasing surgical capacity through surgical hubs

The plan highlights the need for all parts of the system to operate as efficiently as possible, and highlights opportunities to increase surgical capacity and improve the way surgery is managed. Capacity will increase by expanding or establishing a number of elective hubs across the country to provide high volume/low complexity surgeries, and help to fast-track planned operations, including cataract removal, hysterectomies and hip and knee replacements. Each hub is being rapidly developed and staffed based on the needs of its populations and the current pressures.

### Improving patient pathways to reduce avoidable delays

NHSE/I aim to simplify and improve patient pathways through a new pathway improvement programme, which will redesign pathways for the most common types of care – eye care, cardiac and MSK. NHSE/I asks regional teams and ICSs work together to standardise ways of delivering care and adopt best practice, alongside pooling capacity and resources to reduce unwarranted variation.

### Improving access to specialist advice

NHSE/I want to increase access to specialist advice services to ensure care is delivered in the most appropriate setting and support the management of more patients outside of hospital. The Investment and Impact Fund will support primary care networks to deliver primary care access to specialist advice. The NHS e-Referral Service will enable the sharing of images to support clinical teams to undertake more effective triage.

## Making outpatient care more personalised

NHSE/I have set out a number of tools to deliver the ambition of a more personalised approach to follow-up care in hospitals or clinics, including: more flexible follow-ups; patient initiated follow-up after cancer treatment, effective discharge, and improved administrative processes. NHSE/I will also support hospitals across England to identify local opportunity, restructure clinical time and embed the required digital infrastructure to offer this flexible model consistently to patients.

## Better information and support for patients

**Guidance** has been produced to help providers to deliver personalised patient communications. This follows NHSE/I's engagement with patient groups in the development of the plan, who emphasised the need to improve communication with people while they wait for planned care.

NHSE/I acknowledge the importance of signposting patients to trusted organisations to help understand their diagnosis and provide access to relevant information. The plan sets out a comprehensive approach for the provision of this access and support, including:

- **Targeted support information for patients, including through My Planned Care:** Delivering a new platform to increase transparency on wait times and a hub of support information for patients, this will then be integrated within the NHS App.
- **Supporting patients to prepare for surgery:** Co-developing personalised plans that provide patients with the necessary information and guidance to prepare for surgery
- **Emphasising the expertise of NHS staff in providing tailored support to their patients**

## NHS Providers view

Today, in response to the publication of the Elective Recovery Plan, Saffron Cordery, deputy chief executive of NHS Providers said:

"The publication of this plan, which trust leaders helped create, is important for the NHS as it ramps up efforts to tackle the substantial and growing care backlog. Trust leaders are acutely aware of the disruption and distress patients continue to face because of delays to their treatment, which have been worsened by the COVID-19 pandemic.

"This plan focuses on planned hospital "elective" treatment, but we know there are also very worrying delays for mental health treatment, and for community services. The NHS must be supported and resourced to address these backlogs too.

“That nearly 6 million people are on the elective waiting list weighs heavy on the shoulders of those running the NHS. Health inequalities and poorer outcomes for vulnerable groups, including children and young people, have worsened during the COVID-19. Tackling this will be a key priority for trusts in the months and years ahead as they work to bear down on the backlogs.

“Today’s announcement, which sets out a significant expansion in the NHS’ capacity to deliver tests, checks and treatments, will help trusts bear down on care backlogs as quickly as possible. The inclusion of a series of very stretching targets, which will sit alongside existing clinical standards for urgent and emergency care, mental health, cancer and planned care, bring renewed focus to a range of services. These measures will build upon the great efforts made by trusts and their frontline teams in recent months to restore activity up to, and sometimes beyond, pre-pandemic levels.

“Trust leaders will be going flat out to meet the challenges presented by long waits but we need to have the staff in place to achieve all of these ambitions. Workforce shortages and the resulting unsustainable workloads on existing staff, are the biggest challenges facing trusts right now. We need urgent national action to tackle this.

“And there can be no end to NHS delays without a sustainable workforce and funding solution for social care. This is not being addressed with anything like the urgency it demands.”