Briefing for ICS strategies: elective care

August 2022

healthwatch

Why is there a renewed focus on this issue?

Waiting lists for elective services rose steadily before the COVID-19 pandemic, with more people joining the waiting list than were being treated, admitted or discharged.

Once the pandemic hit, the numbers on the list suddenly dropped, as appointments were cancelled or postponed. But once referrals restarted, the record of those waiting for treatment has been broken each month since October 2020.

As of June 2022, the number of people waiting for care stands at 6.73 million.
And instead of being seen within the statutory target of 18 weeks, 92% are now waiting up to 45.7 weeks. The impact on those waiting has
been well documented and the focus of much research from Healthwatch.

Until capacity can meet demand, long waits and long lists are here to stay for some time. And so, the focus for the NHS needs to be on reducing inequalities, improving people's experience of that wait, and supporting staff to continue working towards improvements.

What elective care issues should ICSs focus on?

Published in February 2022, NHSE's Delivery plan for tackling the COVID-19 backlog of elective care sets out the challenges, ambitions and targets for recovering elective care services.

These include:

- July 2022 – no one will wait longer than **two years**.
- April 2023 – no one will wait longer than **18 months**.
- March 2025 – no one will wait longer than **one year**.
- NHSE has also set longer term targets:
- 2024-25 – Deliver around 30% more elective activities than before the pandemic.
- March 2025 - 95% of patients needing a diagnostic test will receive it within six weeks.

What does the evidence tell us about progress to date?

- Our 2021 research highlighted that long delays in treatment, last-minute cancellations, and a lack of personalised information and support were enormous concerns for people. And these issues were particularly difficult for poorer respondents.

- Our follow-up research from 2022 further highlights that these issues disproportionately affect certain groups.

- Disabled people, those with lower levels of wealth, women, and

  people from ethnic minority backgrounds are the most likely groups to have been waiting over four months for treatment and to have experienced a delay or cancellation.

- Women and disabled people are also most likely to have been negatively impacted by their long wait for care, with relationships, socialising, ability to provide care for a loved one, and mental health and wellbeing suffering as a result.

- People with lower levels of education are more likely than people with higher education to be happy with the information the NHS has provided them.

- And for people whose identities intersect across several groups, the results can be much starker. The deadline for the first elective recovery target has now passed, with the number of people waiting over two years reportedly reduced to near zero.

And although some are still waiting far too long, and despite the focus on long waiters contributing to the continual growth of the total waiting list - one positive to the NHS' work so far has been the focus on inequalities.

As recommended by Healthwatch, patients were offered faster treatment away from their local hospital are having their transport and accommodation costs covered. Without this support, the option to be seen quicker would be limited to those who can afford it.

What Healthwatch may be able to offer ICSs

The elective recovery plan states that:

- **Accountability for delivery sits with ICS**, who will each have additional plans for their population and for the resources required to recover services.

- **Reducing inequalities** is also at the core of delivering the plan, with a focus on the areas set out in Core20PLUS5.

- **Collaboration** within and across systems is fundamental to any response.

To do this, NHSE needs to support teams to improve the data they collect and share across ICSs. Better data sharing can help services understand patients as individuals, enabling the provision of genuinely personalised care. It can also crucially flag where patients may be particularly vulnerable to health inequalities.

But demographic data and quantitative findings alone can't provide the complete picture on people's experience of waiting.

You can support ICS with elective recovery. Local experience insights can highlight local issues and inform teams whether current measures are working well.

Some of the things you can do:

- Where local communications are not meeting people's needs, highlight to local services the importance of following the Good Communication with Patients guide.
- Where services don't signpost people to MyPlanned Care platform, either recommend they do so or help them where possible. Additionally, do share with us any concerns people have with the platform. We are working with NHS England to improve this support offer.
- Use the following resources to understand the state of local waiting lists, and share additional and relevant qualitative findings to ICS:

Using this link you can check how big elective lists are across the country. Each point on the map represents an NHS hospital trust in England. You can analyse by speciality and compare trends back to 2019.

This alternative spreadsheet provides the latest data in table form. Again, you can search by hospital trust and by speciality to see any differences.

Each month, a new table is published on the Consultant-Led Referral to Treatment Waiting Times 2022/23 page, which contains other spreadsheets containing all other official data.

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