Member summary: NHS Delivery plan for tackling the Covid-19 backlog of care

The delayed NHS elective recovery plan has now been published in full, setting out how the enormous backlog of elective care in England is expected to be tackled over the next three years.

This briefing provides an overview of the plan alongside comprehensive analysis of the targets, policies, and programmes presented within it.

BMA response and position

The BMA issued an immediate response to the announcement of the plan, stressing that without urgent and tangible action on workforce any strategy, policies, or targets would fail to deliver elective recovery.

This includes action on long-term workforce planning, namely amending the Health and Care Bill to require the Health Secretary to, at least once every two years, present a report to Parliament setting out the system in place for assessing and meeting NHS workforce needs.

But it is also essential that steps are taken immediately to help keep existing staff within the NHS. This should include prioritising staff wellbeing and pay and conditions, ensuring all services have proper rest facilities, and reforming punitive pension rules.

We have also stressed that Covid-19 has impacted the entire NHS, not just elective care. It is pivotal that GPs and primary care teams are provided with the resources and strategic support they need to tackle their own backlogs of care.

However, aspects of the plan are potentially positive and address key points from our reports *Rest, Recover, Restore* and *Weathering the Storm*. This includes the focus on staff wellbeing, the honest appraisal of the challenge facing the NHS, and the creation of My Planned Care. The BMA will be monitoring the progress of this plan closely and will continue to produce our monthly analysis of NHS pressures – including elective waiting times and the backlog of care – on our dedicated webpages.

The elective care context

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

The latest available data (December 2021) shows that:

- the NHS waiting list is currently at a record high of over 6 million people, of those:
  - over 2.1 million people have been waiting 18+ weeks for treatment
  - 310,000 people have been waiting more than a year treatment (212 times the number waiting in December 2019).

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

- 4.29 million fewer elective procedures
- 29.4 million fewer outpatient attendances.

NHS England has also estimated 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 plan 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. Likewise, other areas may be supported to recover faster.

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.

Overview of the plan

The plan 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 four wider ambitions:

- **To eliminate waits of more than a year for elective care by March 2025**, including specific targets to eliminate 2 year waits, 18 month waits, and 65+ week waits

- **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 by March 2024 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days

– **Reduce waits for outpatient appointments** via the use of technology and the transformation of care models.

Summary and BMA analysis

In order to achieve these ambitions, NHS England plans to focus on:

– Increasing health service capacity
– Prioritising diagnosis and treatment
– Transforming elective care provision
– Providing better information and support to patients.

This briefing provides an overview and analysis of NHS England's plans in each of these four areas.

Increasing health service capacity

As per the plan, NHS England wants to increase capacity within the system in order to increase elective activity and thereby reduce waiting times. It intends to do this by:

– growing and supporting the workforce
– using digital technology and advanced data systems to free up capacity
– working with UKHSA to safely adapt the UK's infection prevention and control (IPC) measures
– making effective use of independent sector capacity.

Growing and supporting the workforce

The plan recognises that retaining staff is critical to the recovery of routine care and the NHS needs to value and look after its workforce. The NHS's standing aim – for a bigger, more flexible, and more engaged workforce – is also reiterated. It is anticipated that this will deliver on the goals of the NHS People Plan of having more people, working differently, in a compassionate and inclusive culture.

The workforce section sets out:

– That the NHS has its highest staffing levels in its history and continues to grow, and that more staff are in training than ever
– Demand for services continues to grow, however
– Pre-existing gaps in the workforce across staff groups, specialties and geographies have also worsened and reached a critical stage – without action, they will widen
– Infection prevention and control measures have impacted productivity
– The strains from responding to the pandemic mean NHS staff are tired and report greater sickness absence compared to pre-pandemic times
– A significant difference can be made through better use of staff time by investing in areas like digital pathology, imaging, and AI
– An ambition to continue identifying the best examples and finding ways nationally to support spread and adoption
– National and local health and care systems are now expected to work together to take a more joined-up approach to workforce planning, focusing on tackling long-standing challenges in understanding workforce needs and effective ways to recruit and retain staff.

The plan's stated workforce ambitions/aims:

- Subject to parliamentary process, HEE (Health Education England), the current body responsible for long-term workforce planning, education and training of healthcare staff, will formally merge with NHS England. This is expected to provide a more co-ordinated approach across service, financial and workforce planning
- To systematically train, recruit and retain staff
- More opportunities for current staff, and those returning to practice, to work flexibly and remotely and to develop new skills to progress in their careers.
- Target action to narrow supply gaps in priority pathways, specialties, and roles across the country to meet elective recovery challenges and increase permanent workforce capacity
- More training for key allied health professional groups in critical care
- Greater use of AI (artificial intelligence) imaging software to free up imaging staff time
- Registered nurses working across acute and community services
- More cancer pathway navigators to help patients move between services
- Ensure staff feel valued, are supported to look after their health and wellbeing, and work in better environments, recognising that it is critical to keeping staff well and reducing absence.

The **in-year** workforce commitments set out in the plan are:

- Increase workforce capacity by recruiting new/retaining staff, through targeted objectives to accelerate growth of the workforce over the remainder of this financial year
- International recruitment of more than 10,000 nurses in total this financial year, particularly those with experience in critical care and theatres
- Retain nurses by providing a positive experience and appropriate professional and pastoral support
- Contributing to the existing commitment of recruiting 50,000 additional nurses
- Encourage more nurses to take up training grants to support them to become cancer nurse specialists
- Recruit 5,000 healthcare support workers
- Use learning from the successful Medical Support Workers Scheme to expand the future medical pipeline and enable a wider range of doctors to contribute to services
- Accelerate the introduction of new roles, such as anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners
- Continue deployment of the 17,000+ NHS reservists via a new national programme – a new contingency staffing model
- Recruit to roles showcased in the high profile national 'We are the NHS' advertising and marketing campaign, and all of the more than 350 careers across the NHS
- Support providers to make temporary staffing banks more attractive, by making it easier for staff to take on extra shifts, paying them promptly and proactively supporting temporary staff, and by offering more permanent employment or development opportunities
- Ensure that providers agree more consistent rates for waiting list initiatives
- Support local discussions with the independent sector about pay rates
- Run more regional pension seminars to explain how the schemes work, debunk common myths, and enable staff to make informed choices
- Work in partnership with professional bodies on strengthening career pathways and increasing supply for theatre staffing
- Develop the workforce model for Community Diagnostic Centres
- Put in place measures to improve attendance by addressing the root causes of non-COVID-related sickness absence
- Continue to support staff through 40 mental health hubs
- Offer free access to a range of self-help apps and helplines
- Support local systems to develop bespoke health and wellbeing offers to meet local needs
- Taking breaks and annual leave to continue being important so people can find a sustainable rhythm of work
- Have ongoing conversations about health and wellbeing within staff teams
- Tackle inequality by ensuring the wellbeing offer is accessible to all staff, including tailored support for individuals
- Increase minority ethnic representation at senior levels across the NHS
- Overhaul recruitment and promotion practices

- Provide support to NHS trusts through our Retention Programme so:
  - They have access to the capacity and skills needed to drive retention
  - Can focus on improving flexible working, workplace culture, health and wellbeing and support staff at the start and end of their careers when they most need it
  - Support providers to consistently manage absence – estimates suggest that improving attendance nationally by around 1% could amount to as many as 12,000 whole time equivalent staff
  - Support providers to make effective use of e-rostering, e-job planning, digital staff passports and other workforce optimisation tools
  - Maximise the capacity of the current clinical workforce through effective planning and deployment, and by optimising the skills of multidisciplinary teams and using them across different organisations.

BMA commentary

As stressed in the BMA's initial response to the plan, the ambitions it sets out cannot succeed without tangible and immediate action on workforce. This includes efforts to recruit more staff but, most importantly, steps to retain the existing NHS workforce. This means providing staff with proper pay, facilities and working conditions, and urgently reforming punitive pension rules.

We welcome the ambition for stronger co-ordination and the alignment of workforce and financial planning. Fragmentation of the commissioning of workforce planning, healthcare education and training and service provision has left the Government and NHS commissioners without critical patient need and workforce data insight to inform planning.

If done cautiously, and not to the detriment of education and training, the merger of HEE and NHS England should give the Government and the NHS a strong platform to implement the elective recovery plan's stated commitments. It could also lay the much-needed path for increased Treasury investment in NHS workforce monitoring, planning, and expansion once this is enshrined in legislation and articulated in the new NHS England workforce strategy recently promised by the Secretary of state for Health and Social Care (21st January 2022).

A 90+ strong coalition, including the BMA, the Royal College of Physicians and the Health Foundation, are driving forward proposed workforce amendments to the Health and Care Bill to this effect. The BMA believes that the Health and Care Bill is the wrong bill at the wrong time and we are campaigning for it to be heavily amended - find out more about our campaign and the Bill itself here.

The NHS has over 99,000 vacancies, whilst staff consistently raise concerns about feeling 'unsafe in their work' via the NHS staff survey and via their professional representative bodies. It is also unclear whether current education and training places for future NHS staff are sufficient to meet rising patient demand in the coming decades – we strongly suspect they are not given the pressures the NHS currently faces. To inform workforce planning now and in the future, we need to closely monitor population growth and the rapidly expanding number of people living longer into old age alongside the general lifelong needs of our citizens.

Healthcare need and cost increases rapidly for those aged 65 and over, with many requiring consistent support to manage one or more complex conditions, i.e. healthcare review, personalised care plans, prescribing, geriatric care, and end of life care. We therefore need clear plans that get the maximum value for taxpayers' money so that patients of all ages get the timely, safe care they need, and staff are not being unreasonably asked to work unsafely by doing the work of more than one person in poor working conditions.

We also support the focus on providers making effective use of e-rostering and e-job planning, something we have called for repeatedly and in our reports *Rest, Recover, Restore* and *Weathering the Storm*.

Using digital technology and advanced data systems to free up capacity

- NHS England will improve core digital and data services in hospitals to create a strong foundation, enabling services to mimic high-impact innovations developed across England.
- The NHS App will be harnessed to more effectively to provide patients with a more personalised route into the NHS
- Greater deployment of digital technology, including AI and automation to support healthcare workers in completing non-clinical tasks
- Use data to drive improvement within the NHS through performance measurement to understand and address performance variation.

BMA commentary

This section restates ambitions already laid out in NHSX's data strategy, the BMA responded to this in September 2021. Whilst supportive of these ambitions, we have been clear that realising them will be difficult amidst current funding and workforce pressures. In a practical sense, realising these ambitions will rely on the successful rollout of a number of programmes including shared care records, patient access to records and broader modernisation and interoperability of secondary, primary, and social care IT systems – something that has historically been challenging.

Working with UKHSA to safely adapt the UK's infection prevention and control (IPC) measures

- NHS England will work with UKHSA (UK Health Security Agency) to review existing IPC measures, potentially including physical distancing in care settings and intensive cleaning
- The stated aim of this is to balance the protection of patients with the need to rapidly increase elective activity.

BMA commentary

Critically, this section fails to specifically identify which elements of existing IPC guidance may be subject to review or when. Likewise, NHS England has also acknowledged that the elective recovery plan is heavily contingent on maintaining low rates of Covid-19 cases, something which these changes could potentially undermine – even if they do allow more elective activity to occur in the short-term.

The BMA has been clear that existing IPC measures should be retained and that the provision of high quality PPE, including FFP3 masks, are essential to protecting staff and to sustaining low levels of Covid-19 infection.

Making effective use of independent sector capacity

- Ensure timely treatment for long-wait patients by strengthening and expanding patient choice, including over first outpatient appointments and choice of providers – including ISPs (independent sector providers)
- Establish elective care boards (including local ISPs) within each ICS to plan and deliver a system-wide strategy for elective recovery based on local need and operational challenges
- Systems are also encouraged to enter long-term contract agreements and partnerships with ISPs, to allow for a joint assessment of demand and available capacity
- This is expected to ensure the appropriate transfer of high-volume and low complexity procedures to the independent sector and, where appropriate, some independent sector provision of more complex cases, including cancer diagnosis and treatment
- Systems will work with ISPs on workforce issues and, within this, consider common standards for training opportunities and apprenticeships
- Development of a payment regime to incentivise increased activity whilst minimizing risk.

BMA commentary

While we recognise the need to utilise all available capacity in order to tackle elective care waiting lists, we have serious concerns about the increasing reliance on the independent sector to deliver NHS-funded elective care. The priority must be to increase investment in long-term NHS infrastructure and capacity to prevent further backlogs of care in the future, not to direct that investment into the private sector.

The plan also risks embedding ISP provision of elective NHS in the longer-term and potentially beyond the 2025 target for elective recovery – which threatens to undermine NHS planning, finances, and staff training if certain surgeries are no longer performed in the NHS.

The lack of detail regarding the terms of ISP involvement in elective recovery is also concerning, particularly in relation to possible incentives to increase activity, transparency of contracts, and how the value for money of ISP provision of NHS care will be assessed.

Likewise, the prospect of ISPs sitting on ICS elective care boards, which will plan and delivery local strategies for elective care recovery, is alarming. The use of NHS resources should be determined by NHS leaders and on the basis of patient need alone, ISPs – who will benefit financially from their role in elective recovery – should not be able to directly influence local decision making on elective recovery.

The plan also fails to acknowledge the impact of this policy on doctors working in private practice, who are facing potentially significant loss of income as the services they work in are redirected to provide additional capacity for the NHS. This may in turn also affect the safety and timeliness of care for patients who are accessing private services.

Prioritising diagnosis and treatment

Clinical prioritisation

- The Clinical Prioritisation Programme will review waiting list management policies
- The introduction of a national Health Inequalities Improvement Dashboard will support systems to pinpoint disparities in waiting times based on ethnicity and deprivation. This has been released to the wider health and care system and continues to be developed. The next phase is to develop an easy-to-use public-facing version of the dashboard
- A framework and guidance to support the review of patients on the waiting list for an outpatient appointment will be published by March 2022
- Access for groups most affected by long waits – including children and young people – will be prioritised.

Managing long waits

- Several 'ambitions' with target dates have been set out:
  - By July 2022: eliminate the longest waits of over two years (except where this is the patient's choice) and reduce the number of people waiting more than 62 days to start cancer treatment
  - By April 2023: eliminate waits of over 18 months
  - By March 2025: eliminate waits of over 12 months (except where patients choose to wait longer or in specific specialties).
- 'Long waiters' will be offered better advice and options for their care, including through a new national network for long waiters including NHS or NHS-funded ISP capacity
- Patients will be able to travel to different areas to receive treatment if waiting lists are lower there. Those doing so will be offered a comprehensive support package, including transport and accommodation where necessary
- Targeted support will be offered to local areas with specific challenges in treating patients waiting for two years or more. This may involve brokering the movement of clinical teams into local systems to undertake complex procedures, or support to establish local management functions to co-ordinate the movement of services and patients.

Urgent referrals for cancer

- The NHS Help Us Help You campaign will continue to encourage people with cancer symptoms to come forward, focusing on the cancers for which referrals have been slowest to recover, and the systems in which referrals have remained lowest
- In key areas such as lung and prostate cancer this will go further by partnering with key charities to target communications, disseminate information and raise awareness
- Timely treatment will be ensured by the prioritisation of cancer patients within the overall planned expansion of elective capacity – including a target to reduce the number of patients on the 62+ day cancer waiting to pre-pandemic levels by March 2023.

BMA commentary

Many of the targets for eliminating the longest waits were referenced within the NHS operational guidance published in January, and although the delivery plan sets out an ambitious timetable it provides insufficient detail of how the health system or doctors are to deliver them, or the additional support, resourcing, infrastructure, and funding that they would need.

As laid out in the BMA's report *Weathering the Storm*, communicating clearly and honestly with patients to support them to make the best decisions about if or when they are accessing care is positive, however this communication must ensure that patients are provided with appropriate resources for self-care and guidance on which services are the most appropriate for certain conditions.

The National Health Inequalities Improvement Dashboard is an important and welcome development. Access to clear data is vital for holding government to account on their target to improve healthy life expectancy by five years by 2035. It is important the quality of the data published is maintained to a high standard and that poor response rates are corrected whenever such a problem arises.

While providing a range of options to patients on waiting lists is important, particularly for those experiencing the longest waits, it is also essential that patients are not unduly encouraged to make choices about their care based solely on reducing waiting times or meeting targets.

Transforming elective care provision

Expanding community diagnostic centres (CDCs)

- Deliver nine million more diagnostic tests and treatments per year to ensure 95% of patients needing a diagnostic procedure receive it within the six-week standard by March 2025
- Expansion of CDCs across England to guarantee the separation of acute and elective services, deliver multiple tests in a single appointment, and bring crucial and timely procedures closer to patients
- Core diagnostic services across imaging, physiological measurement, pathology, and endoscopy services will be delivered in CDCs
- Investment in digitising cell pathology services across the NHS and enhancing digital infrastructure and connectivity to ensure shared access to patients' digital health records
- Digital investment and transformation to further enable reporting clinicians in pathology and imaging services to access technology for diagnosis, and share images via country-wide radiology networks to enable swift access to specialist opinion.

Increasing surgical capacity through surgical hubs

- Separate elective and urgent care pathways by rolling-out surgical hubs nationwide
- Hubs are seen as a way of protecting elective services from future spikes in urgent care demand or Covid-19 cases, preventing cancellations and allowing more patients to be seen
- They are 'cold sites', operating separately from acute services and providing only elective care, reducing the risk of spikes in demand for acute care impacting elective care activity
- Staffing of hubs will be based on local waiting list pressures
- High volume, low complexity procedures – such as cataract and hip replacement surgery – will be concentrated in surgical hubs.

Improving patient pathways to reduce avoidable delays

- Create a new pathway improvement programme, initially focused on common and high volume care, such as eye care, cardiac, and musculoskeletal services
- This aims to increase the detection and management of long-term conditions in order to reduce the need for complex care or hospital admissions
- This will also interlink with the expansion of surgical hubs, with patients able to access multiple tests in one visit and reduce the number of appointments – freeing clinical time
- ICSs and NHS Regional Teams will be expected to work together to standardise pathways and reduce unwarranted variation across areas.

Improving access to specialist advice

- Provide £10m in funding to expand programmes in place in some areas that allow referring clinicians to seek specialist advice prior to or instead of making a referral or whilst a patient is awaiting an appointment following a referral
- Further develop the NHS e-Referral service to this end, enabling image sharing to support more effective triage
- Accelerating adoption of tele-dermatology services to increase specialist advice for suspected skin cancers with investment planned for 2022/23.

Making outpatient care more personalised

- Accelerate progress made during the pandemic to give patients greater control and convenience over how they receive care, by offering remote consultations and allowing patients to book their own follow up care
- Promoting a more personalised approach to care, reducing the time for follow-up appointments to be offered and ensuring they happen closer to home, whilst ensuring that effective planning does not transfer additional burden to community and primary care services
- Improving administrative processes to enable more effective use of outpatient appointments by providing clinicians with the information they need prior to appointments
- Supporting hospitals across England to identify local opportunities and restructure clinical time to embed the necessary digital infrastructure to realise the above ambitions.

BMA commentary

This section is heavily reliant on the development and maintenance of digital infrastructure that has not yet been fully realised across many hospitals. Whilst it notes that time will need to be given over to this, it is scant on how this time will be freed up. As with other digital commitments, the ambitions are admirable. However, without adequate time and resource set aside, they may be difficult to realise in time to meaningfully impact the existing backlog in the short term, although could support improvements from 2023/4 onwards.

The expansion of diagnostic centres to increase convenient access in the community are broadly welcome, however these are largely initiatives that have been previously announced. As with the commitments set out in the 2021 Spending Review, we remain concerned that the expansion of diagnostic infrastructure and centres will not be met with a sufficient and sustainable staffing model. Any workforce plans must also ensure that staff are well-integrated across all sites to avoid a wholesale migration of acute hospital staff into the community.

The roll out of surgical hubs is also broadly welcome and the model has the potential to help reduce the backlog in elective care, whilst also simplifying access to treatment for some patients. However, the critical issue is how the hubs will be staffed given wider staff shortages. Staff asked to work at hubs in new locations will also be supported to do so, including assistance with transport costs.

Similarly, the pathway improvement programme has the potential to improve the experience of patients and to simplify often complex processes. However, additional detail on how the programme will work in practice and, crucially, how it will interface with existing pathway management systems is needed.

Providing better information and support to patients

- Creation of a transparent process for service users to communicate with the health service, including the ability to view guidance on self-management of symptoms and information on wait times. This will be developed as a short-term temporary solution – a platform called 'my planned care' to go live in February 2022 whilst work continues exploring long-term solutions such as the NHS app
- Requirement on providers to adopt two-stage shared decision making across all admitted non-day case pathways by April 2023 and all admitted pathways by April 2024, enabling patients to have a short period of reflection when deciding on treatment and giving consent
- NHS England will work with patient charities and stakeholders to do the following:
  - develop better measures of patient experience, including on communications and the nature of care and support, building on leading practice around the country
  - Use technology to gather and respond to patient feedback, so that services can quickly build on what is working and act where improvement is required
  - work with partners to ensure that we get a better understanding of the experience of patients waiting over six months – we expect this will draw on feedback from a large number of patients.
- From April 2023, providers to be asked to establish Perioperative Care multi-disciplinary Co-ordination teams to proactively inform pre and post-operative care and identify surgical risk factors, enabling patients to be treated in the most appropriate place for their condition, with a focus on developing elective hubs for high volume low complexity surgery
- Support perioperative pathways through increased use of data sharing and digital tools to better prepare patients for treatment
- Consider implementation of digital patient-led perioperative questionnaires to capture risk factors not traditionally included in health records.

BMA commentary

Building on proposed digital infrastructure commitments, this section seeks to improve communication channels and data capture for patients considering elective procedures. Ostensibly, this would help inform clinical decision making and patient choice, although it is crucial that these measures not be used to deter patients from going ahead with elective procedures for demand or capacity reasons.

The introduction of 'my planned care' has promise and should deliver on the BMA's call for a service allowing patients to check the status of their referral easily, without directing those queries to overstretched GP practices.

BMA
British Medical Association,
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

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