

## The hidden impact of COVID-19 on patient care in the NHS in England

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July 2020



The COVID-19 outbreak has had a huge impact on core NHS services. In order to free up enough capacity to deal with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020.<sup>1</sup> This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.

The full impact of this drastic reduction in routine NHS care in England is only now emerging. Millions of patients living with health problems (including life-threatening conditions such as cancer) have been affected, with their treatment postponed or cancelled. And millions of patients will have missed vital opportunities to receive initial assessment and diagnosis for health problems in the first place. This is the hidden impact of the COVID crisis – patient safety is being severely compromised not just by the virus itself, but by the knock-on effects of an unprecedented disruption to NHS services.

The BMA estimates that in April, May and June 2020 in England there were:

- between 1.32 and 1.50 million fewer elective admissions than would usually be expected
- between 2.47 million and 2.60 million fewer first outpatient attendances
- between 274,000 and 286,000 fewer urgent cancer referrals
- between 20,800 and 25,900 fewer patients starting first cancer treatments following a decision to treat
- between 12,000 and 15,000 fewer patients starting first cancer treatments following an urgent GP referral.

This outcome was avoidable. Although a pandemic on the scale of COVID-19 was always likely to cause major disruption to health services, the drastic extent to which the NHS had to shut down routine care is a consequence of over a decade of underinvestment and (in the case of public health and social care) cuts to services. As a result, NHS capacity has lagged behind many other EU countries, including in terms of bed numbers, critical care facilities, workforce numbers (with 10,000 medical vacancies in the NHS in England in 2019) and resources in primary and community care. The NHS was already in crisis before the pandemic hit, as the BMA consistently warned.

As the NHS begins the vital task of reopening non-COVID services, it now faces a huge backlog of unmet patient need, with patients now facing long waits for treatment. The commitment made by the Chancellor of the Exchequer in March to give the NHS ‘whatever it needs’ to tackle the pandemic must not end as the initial peak of the virus recedes. The NHS needs:

- honesty and clarity from government about the size of the backlog and how it is going to be managed – in real practical terms
- assurances that there is a credible plan in place to the NHS through this incredibly difficult period, including increasing funding for the coming years above previous spending plans
- a package of support for NHS staff, who have consistently gone ‘above and beyond’ so far during the crisis.

The BMA has set out more detailed recommendations on restarting non-COVID care [here](#).

## Background

The COVID-19 pandemic led to an extensive shift in the package of care provided by the NHS as hospitals had to prepare for a large surge in patients requiring intensive care. With services already under severe strain and functioning at maximum capacity in early 2020, unprecedented steps were needed to ensure COVID-19 care was not rationed and the NHS did not become overwhelmed.

Sir Simon Stevens wrote to NHS bodies on 17 March to notify them that significant amounts of capacity would have to immediately be created by cancelling planned operations, large numbers of patients being discharged back into the community, and non-COVID-19 patients and staff conducting GP consultations remotely.<sup>1</sup>

Whilst these changes meant that intensive care did not have to be rationed to COVID-19 patients, data indicates that the shutdown of most non-COVID services, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-COVID-19 care, storing up greater problems for the future. This paper investigates the extent to which non-COVID care has been disrupted over April, May and June 2020, and the likely impact this will have in the longer term.

## BMA analysis

We used NHS England data to estimate the gap between NHS care provided during the pandemic and the pre-COVID 'norm'. To understand what level of activity would usually (pre-COVID) be expected, we looked at data from the same period in 2018 and 2019.

We chose to focus on how many urgent GP cancer referrals, elective general & acute admissions, first cancer treatments, and first general & acute outpatient attendances have not taken place during the epidemic that we would usually have expected. Data is currently available for the months of April and May 2020 – we therefore compared the activity recorded during these months in 2020 to the average recorded during the same months in 2018 and 2019. We estimated 'worst' and 'best' case scenarios for what activity may have been like in June based on the level activity was at in April and May, a statement from Sir Simon Stevens, and our own surveys of BMA members (see Table 1).

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-COVID-19-letter-from-simon-stevens-and-amanda-pritchard/>

**Table 1 Assumptions and sources of data**

	Activity level in April 2020 relative to the 2018-19 April average	Activity level in May 2020 relative to the 2018-19 May average	Best case scenario for June	Worst case scenario for June	Source of data
<b>Elective Admissions</b>	26%	31%	Activity at 55% of 2018-19 average (based on Sir Simon Stevens' statement <sup>[i]</sup> to the Commons Health Select Committee on 30 <sup>th</sup> June 2020)	Activity remains at 31% of 2018-19 average	NHS England Monthly Hospital Activity <sup>[ii]</sup>
<b>First outpatient attendances</b>	41%	47%	Activity at 55% of 2018-19 average (based on Sir Simon Stevens' statement <sup>[iii]</sup> to the Commons Health Select Committee on 30 <sup>th</sup> June 2020)	Activity remains at 47% of 2018-19 average	NHS England Monthly Hospital Activity <sup>[iv]</sup>
<b>Urgent GP cancer referrals</b>	42%	54%	Activity at 60.2% of 2-year average. This figure is based on combining probabilities from two survey questions in the June 2020 BMA survey of GPs (see end-note)	Activity remains at 54% of 2018-19 average	NHS England Cancer Waiting Times <sup>[v]</sup>
<b>First cancer treatments following a decision to treat</b>	83%	65%	Activity increases to 70% of 2018-19 average (reasonable increase after 2 successive month-on decreases of 19-30%)	Activity continues to decrease to 50% of 2018-19 average	NHS England Cancer Waiting Times <sup>[vi]</sup>
<b>First cancer treatments following an urgent GP referral</b>	83%	60%	Activity increases to 70% of 2018-19 average (reasonable increase after 2 successive month-on decreases of 21-30%)	Activity continues to decrease to 50% of 2018-19 average	NHS England Cancer Waiting Times <sup>[vi]</sup>

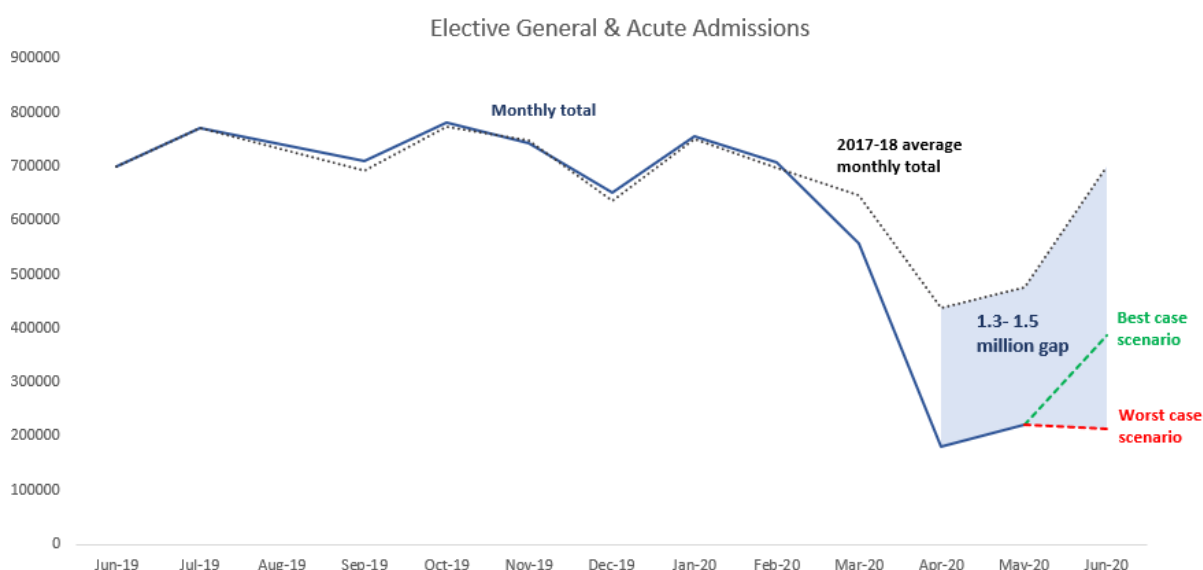
**Results**

	Elective Admissions	First outpatient attendances	Urgent GP cancer referrals	First cancer treatments following decision to treat	First cancer treatments following urgent GP referral
<b>'Best case scenario' number that did not occur relative to the 2018-19 average</b>	1.32 million	2.47 million	274,000	20,800	12,000
<b>'Worst case scenario' number that did not occur relative to the 2018-19 average</b>	1.50 million	2.6 million	286,000	25,900	15,000
<b>Average total annual number 2018-2019</b>	8.52 million	19.1 million	2.28 million	303,800	162,000
<b>Average total number between April and June 2018-19</b>	2.11 million	4.75 million	574,000	75,400	41,000

**Elective admissions**

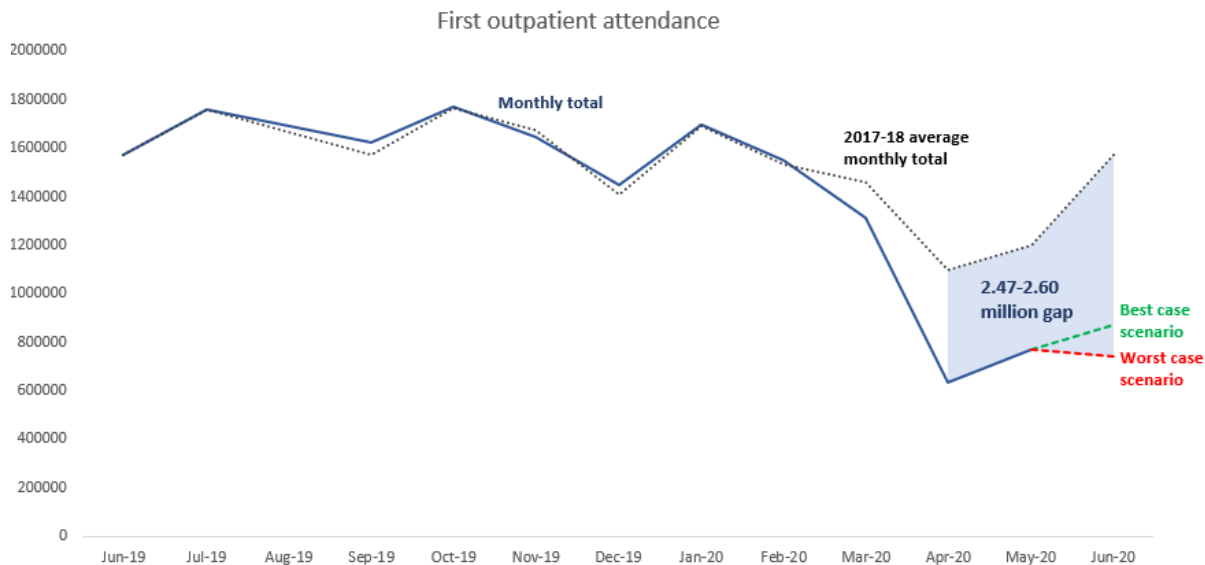
This measure of hospital activity corresponds to elective procedures in general and acute specialties requiring a hospital admission with or without overnight stay. General and acute specialties includes most specialties, such as general surgery, urology, trauma and orthopaedics, ENT, ophthalmology, anaesthetics, blood transfusion, and dentistry. It does not include obstetrics, learning disability, adult mental illness, psychiatry, or psychotherapy specialties.

We estimate that up to 1.5 million elective procedures have not occurred during the pandemic, leading to a significant worsening of health for many patients whose procedures have been cancelled and a stressful situation for GPs unable to refer their patients on for specialist care.



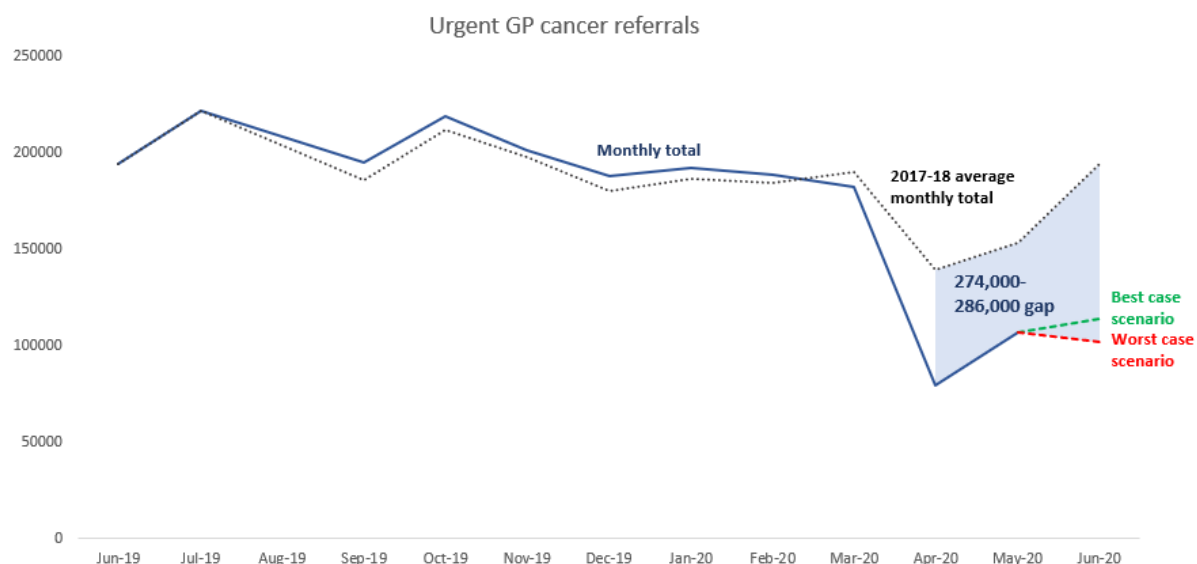
### First outpatient attendances

These attendances are the first time a patient was seen by a consultant. We estimate that up to 2.6 million may have not occurred during the pandemic, indicating a large backlog of increasingly urgent care needs.



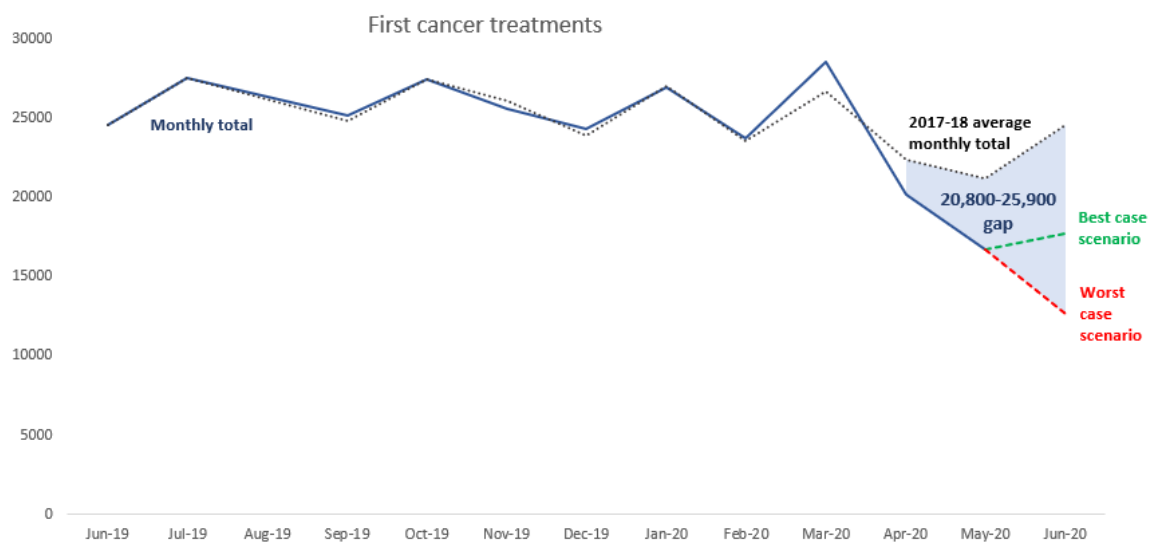
### Urgent GP cancer referrals

The number of urgent GP cancer referrals is up to 286,000 less than what would be expected during the period. This is due to a combination of patients not presenting and GPs having difficulty referring those who do; many of these untreated and undetected cancers' prognoses will worsen over time and require more urgent treatment.



**First cancer treatments**

We estimate that up to 25,900 first-time cancer treatments following a decision to treat have not occurred during the pandemic, with up to 15,000 of these after an urgent GP referral. The development of cancers can be highly time-dependent and delays in treatment very taxing for patients. It is extremely worrying considering cancer services were supposed to be un-impacted during the pandemic.



**Note: Best-case scenario for urgent GP cancer referrals in June 2020**

This best-case scenario is based on BMA surveys of GPs from June 2020.<sup>ii</sup>

We combined the answers to two questions to estimate the change in referrals, as this will have increased or decreased based on two factors:

- (1) number of patients presenting and
- (2) the ability of GPs to make a referral.

The two questions we used are *‘Over the last week, what change, if any, have you experienced in the level of demand for non-COVID patient care?’* and *‘Which if any of the following types of referral have you/your practice been able to make to a local hospital(s) in the last week?’*.

In June 2020, 86.79% of 2,135 GP respondents had been able to make a cancer two-week wait referral in the last week – we therefore assume that this is the proportion of referrals happening relative to the norm. Out of 2,244 GPs, 24.6% had pre-March levels of patient demand, 50.8% had an increase in demand, but at a lower level than pre-March (assumed to be the mid-point between 42% and 100% activity, so 71%), and 20.6% had a slight increase, no change, or a slight decrease.

Based on these findings, we estimated the change in referrals based on the two-year monthly average for that month (X) to be 60.2% of the 2018-19 average monthly total for June.

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<sup>i</sup> This analysis does not incorporate data from late March, which if taken into account would further increase estimates for ‘missing’ activity outlined in this paper

<sup>[i]</sup> <https://www.theguardian.com/society/2020/jun/30/non-urgent-england-hospital-admissions-drop-by-725000>

<sup>[ii]</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>

<sup>[iii]</sup> <https://www.theguardian.com/society/2020/jun/30/non-urgent-england-hospital-admissions-drop-by-725000>

<sup>[iv]</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>

<sup>[v]</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

<sup>[vi]</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

<sup>[vii]</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

<sup>ii</sup> <https://www.bma.org.uk/media/2648/bma-COVID-19-survey-results-for-gps-18-june-2020.pdf>