

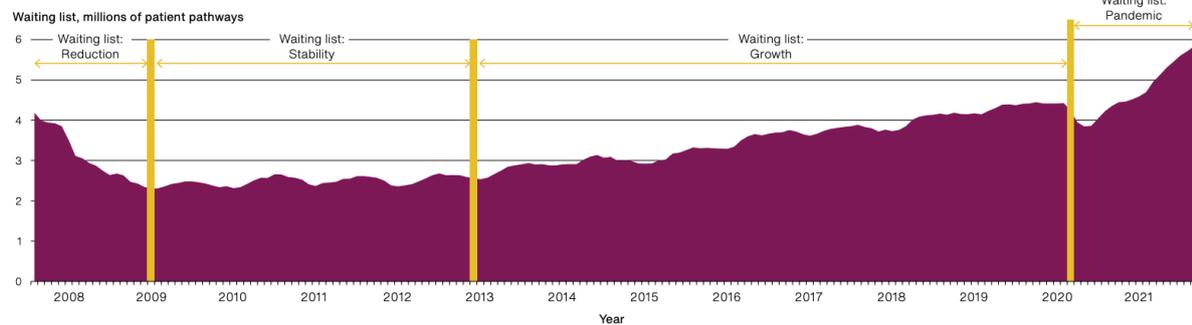
The NAO has published a report, “**NHS backlogs and waiting times in England**”, which provides a good account of the performance of the NHS in the lead-up to the pandemic and the subsequent impact of COVID-19 on elective work and cancer services. Finally, it looks at the challenges to the NHS in addressing the backlog and the financial support provided by government. A short summary is provided below.

It outlines the situation pre-pandemic (Feb 2020) of 4.43 million patients waiting for elective care with performance against the 18-week target deteriorating since 2013. In 2019, the NAO reported that the demand for healthcare has consistently increased over time and combined with a period of increased financial constraint had caused more patients to have to wait longer. Before the COVID-19 pandemic, the NHS was doing more work year-on-year, but the demand for its services was increasing even faster, and the health systems of the UK have fewer resources – hospital beds, doctors and nurses – than many other European and G7 countries.

**Figure 2:** Patients on incomplete referral-to-treatment (RTT) pathways (the waiting list for elective treatment), August 2007 to September 2021

The waiting list shows distinct phases of reduction, stability, growth and then the COVID-19 pandemic

Each pathway in this graphic represents a patient. A patient who is on multiple pathways appears more than once in the waiting list statistics. NHS England & NHS Improvement (NHSE&I) estimated that the 5.6 million incomplete RTT pathways in July 2021 comprised an estimated 4.9 million individual patients, or some 9% of the English population. The figures are the monthly total of patients on an incomplete RTT pathway.

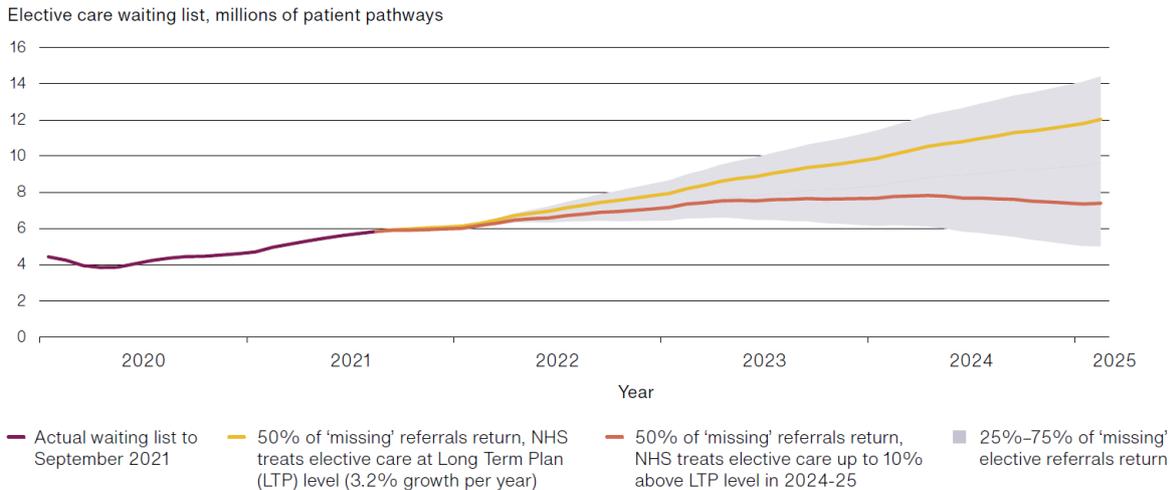


Source: National Audit Office analysis of NHS England’s published referral-to-treatment waiting times statistics

As a result of the pandemic the waiting list grew rapidly to 5.83 million by September 2021 as treatment activity remained below normal levels, with significant variations in NHS performance across England. Millions of people have avoided seeking, or been unable to obtain, healthcare during the pandemic. NAO estimate there were between 7.6 million and 9.1 million ‘missing’ referrals for elective care during the period of the pandemic up to September 2021. It is uncertain how many ‘missing’ cases will return to the NHS for treatment, and over what period of time, although clearly many will. It is also uncertain how quickly the NHS will be able to increase its activity. In addition to ‘missing’ cases, there may be new demand as a result of, for instance, ‘long COVID’. Under two plausible scenarios, however, the waiting list will be longer in March 2025 than it is today.

**Figure 25:** Actual and projected elective care waiting list to March 2025, monthly

Under two plausible scenarios, the elective care waiting list will be longer in 2025 than it is today



Source: National Audit Office projection based on published referral-to-treatment statistics and assumptions as listed in Appendix One

NHSE&I has put various initiatives in place to support the NHS to recover its elective activity levels and address backlogs. The principal ones are:

- £2 billion in 2021-22 to allow higher rates of funding for local NHS providers to incentivise them to make additional efforts to increase their activity;
- £700 million in 2021-22 for investment in reforms to support recovery;
- £350 million in 2021-22 and £2.3 billion more between 2022-23 and 2024-25 to increase diagnostic capacity; and
- a new framework agreement to enable NHS commissioners and providers to purchase elective services from more than 80 independent sector providers. Spend through this framework is estimated to be up to £10 billion between 2021-22 and 2024-25.

The government then announced a new multi-year funding settlement in September 2021, which included £8 billion to support the recovery of elective care in the three years to 2024-25. The NHS spent around £28 billion on elective care activity in 2019-20. NHSE&I has been developing recovery plans and detailed expectations for 2022-23 and beyond. In return for the extra funding, the government has said that it expects the NHS to deliver some 10% more elective care activity by 2024-25 than it was planning to before the pandemic. There are a number of hurdles, both pre-existing and some more recent, to achieving the increased activity

- extra beds and operating theatre capacity beyond what was planned before the pandemic;
- longstanding staff shortages being addressed;
- the ongoing pandemic, which may continue to affect bed and staff availability in unexpected ways and at short notice;
- existing health inequalities, which could be perpetuated or exacerbated, for example through some patients being more likely to suffer long waits than others;
- the ongoing pressure on the NHS workforce;
- pressure in other parts of the health and social care system, which could reduce capacity, for example by delaying discharges of patients from hospital treatment; and
- the effectiveness of programmes that prevent serious ill health, which could reduce future demand for care.

They set out their understanding of these challenges in greater detail and will consider how the NHS's plans address them in their next report.