



From the chief executive

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
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Dear Secretary of State

How we can unlock a 'summer of opportunity' for the NHS

I am writing to you on behalf of health leaders who provide and commission healthcare in England. I want to highlight how the NHS can effectively tackle the accelerating growth in waiting lists in the summer, following the Prime Minister's recent announcement that more funding is needed to 'restore and rebuild' the NHS, and NHS England and NHS Improvement's forthcoming announcement of further funding for the NHS to meet the elective backlog.

Thank you for the attention that you and your team are giving this issue, along with support for mental health services and caring for patients with long covid. The NHS Confederation welcomed the additional investment and permissive framework outlined as part of the Phase 4 planning guidance, and our members are committed to doing all they can to meet the needs of those whose care has been affected or delayed by COVID-19. This is evidenced by the strenuous efforts NHS organisations are making to improve the productivity of their services and the extent of collaboration across integrated care systems (ICSs). We believe that, under the right circumstances and with sufficient and effective funding, the NHS could make significant inroads to the waiting list challenge during, what our members are calling, the 'summer of opportunity'.

However, it is important that we are all realistic and honest about what the NHS can achieve this summer. One in ten people in England are now waiting for a routine procedure – the highest number since records began in 2007. Our workforce, whose skills, dedication and hard work have been at the centre of the fight against COVID-19, are exhausted, as evidenced by continued higher than normal sickness and absence rates.



In addition, our members report patients presenting with greater acuity, impacting on bed occupancy and meaning that traditional calculations of productivity are no longer always appropriate. The impact is also felt in community care, as well as the mental health sector and ambulance services. COVID-19 has affected patients in each region differently and not all regions, ICSs or places will have the same capacity to return to prior levels of productivity straight away. Moreover, our members have been using the independent sector to manage capacity since the pandemic began. As the independent sector returns to business as usual, this capacity may no longer be available to the NHS, further constraining members' capacity.

Five solutions to increase capacity and reduce the elective backlog.

Despite these challenges, our members believe that we can make significant progress this summer. In the first instance, our members have identified five key actions if we are to help empower the NHS to take full advantage of this 'summer of opportunity':

1. **Provide additional access to capital funding and continued block payments to make the changes needed in time for summer.** To increase activity, our members in all regions need prompt access to capital to create 'red/green' zones or to invest in high volume elective care clinics. However, our members continue to tell us that the trust and system accounting limits, combined with undue bureaucracy in gaining access to quick capital investment, hinders their ability to increase productivity at pace and build capacity to reduce the backlog.

The pandemic accelerated moves to system working, and there is a general agreement that the NHS has made remarkable transformational gains over the past year. Maintaining block payments will allow our members to continue this way of working, including a role for secondary and primary care working together on elective recovery. It will be vital that funds are therefore available to support the role of primary care in helping people to 'wait well' or manage the fallout for those patients that cannot have their treatment as planned.

We therefore urge the government to continue to invest in such arrangements, which will also assist the longer-term journey to integration and partnership working.

2. **Invest in staff capacity to allow electives to increase.** Members have highlighted the need for additional investment to help train theatre staff, recruit skilled waiting list management capacity, and invest in local elective call centre staff to help effectively manage patient communications. Investment in these and other staffing disciplines, will speed the recovery and ensure that clinicians in primary and secondary NHS organisations are able to focus on delivering care, not fielding calls from understandably anxious patients.
3. **Review of Infection, Prevention and Control (IPC) guidance to safely increase patient numbers.** With over 50 per cent of the UK adult population now vaccinated we believe that existing IPC



guidance can now be re-evaluated and we understand that a review is underway. Our members believe that a re-evaluation of overall risk in light of reduced levels of infection and associated actions required, such as social distancing requirements in healthcare settings could free up significant operational capacity across the NHS.

4. **Maintain 'right touch' regulation.** Agile working requires light touch regulation, meaning that access to more funding should not be undermined by over-complicated daily reporting or other unnecessary assurance that gets in the way of delivering care. Central to successful system and partnership working is the idea that local leaders best understand their local communities, economies and health needs. Therefore, NHS England and NHS Improvement should agree clear goals and targets, with primary care, trusts and systems and allow them to get on with designing and delivering care.
5. **Continue and intensify the focus on health inequalities.** Finally, we hope that one of the pandemic's positive effects will be the heightened awareness of, and drive to reduce, health inequalities. However, focusing narrowly on waiting lists by time and numbers alone, and the temptation to prioritise 'high volume low cost' activity may unduly risk missing the complex health needs caused by health inequalities. A drive to reduce waiting lists, without considering health inequality or harm reduction, could undermine the priority that your government and our members attach to improving health outcomes for all sections of society.

All of this must be underpinned by clear, open and honest communication with the public. At a national level, our members need clear upfront communication from government as to the scale of the challenge, to help manage public expectations as to what the NHS can deliver and support local clinicians as they deliver difficult messages on waiting times.

I would welcome the opportunity to discuss these concerns and opportunities with you and your team. In the meantime, we will continue to work closely with your officials and those in the arms-length bodies to provide support where we can.

Yours sincerely

Danny Mortimer
Chief Executive (interim)