

NHS recovery – how do we ‘build back better’?

This webinar will begin shortly

21 October 2021



This is a Zoom webinar so you will be automatically muted throughout.



Your camera will also be turned off throughout the webinar.



If you have any questions please ask them using the Q&A function.
You will also be able to upvote other attendees' questions.



This webinar is being recorded and will be available
to watch on our website within 24 hours.



Join the conversation on Twitter
#NHSrecovery

Elective recovery

Will Warburton

October 2021



Part 1: The challenge

- What is happening to elective waiting lists?
- Variation by specialty, location and deprivation
- The impact

What do we mean by elective care?

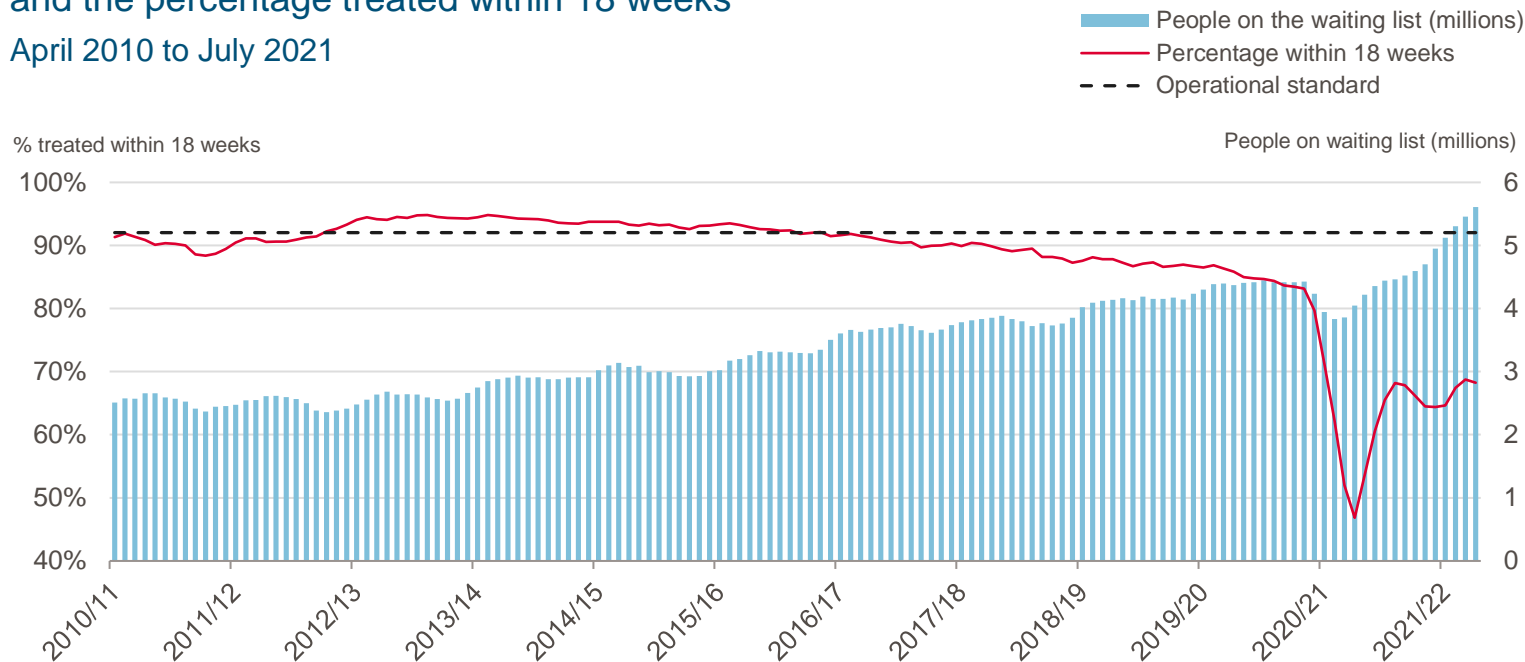
- Care planned in advance
- Wide range of conditions
- Diagnostic, medical and surgical
- ‘Waiting list’ data is for England, doesn’t include mental health



What has been happening over recent years?

Number of people on the waiting list for elective treatment
and the percentage treated within 18 weeks

April 2010 to July 2021

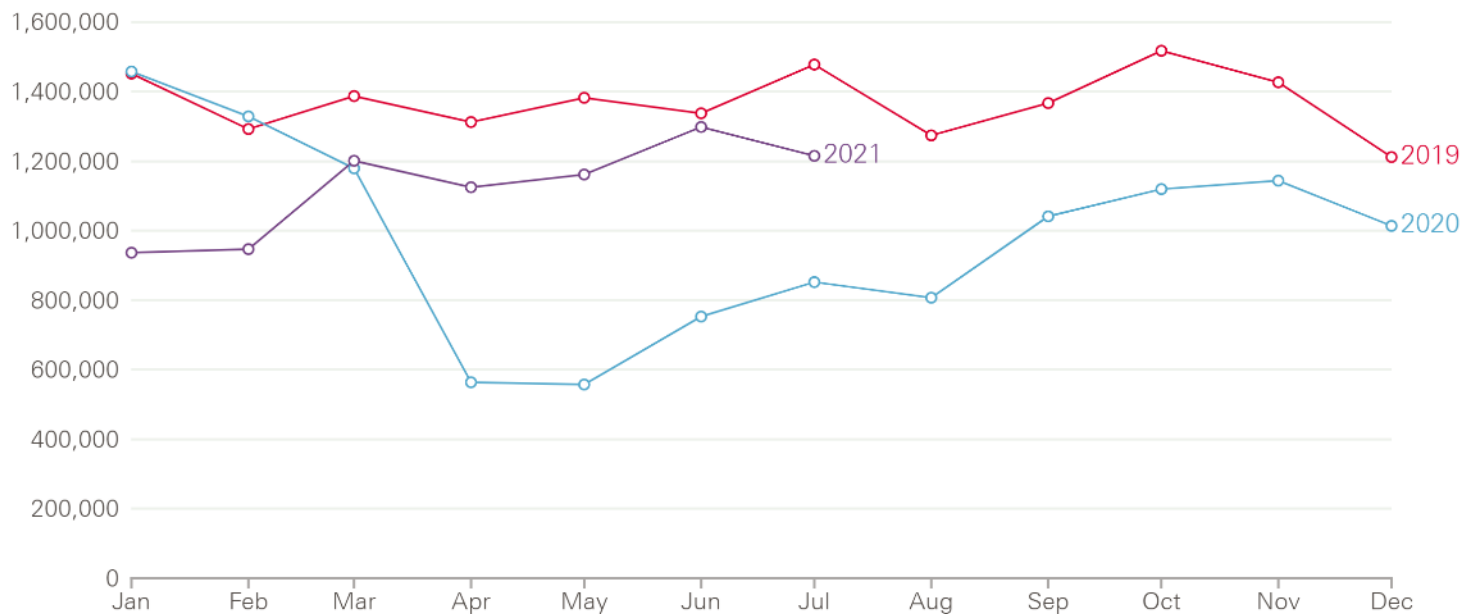


Source: Consultant-led Referral to Treatment Waiting Times; NHS England (2021)

How many people are ‘missing’ from lists?

More people are now accessing care, but numbers are yet to reach pre-pandemic levels

Number of patients who completed care pathways in 2019, 2020 and 2021

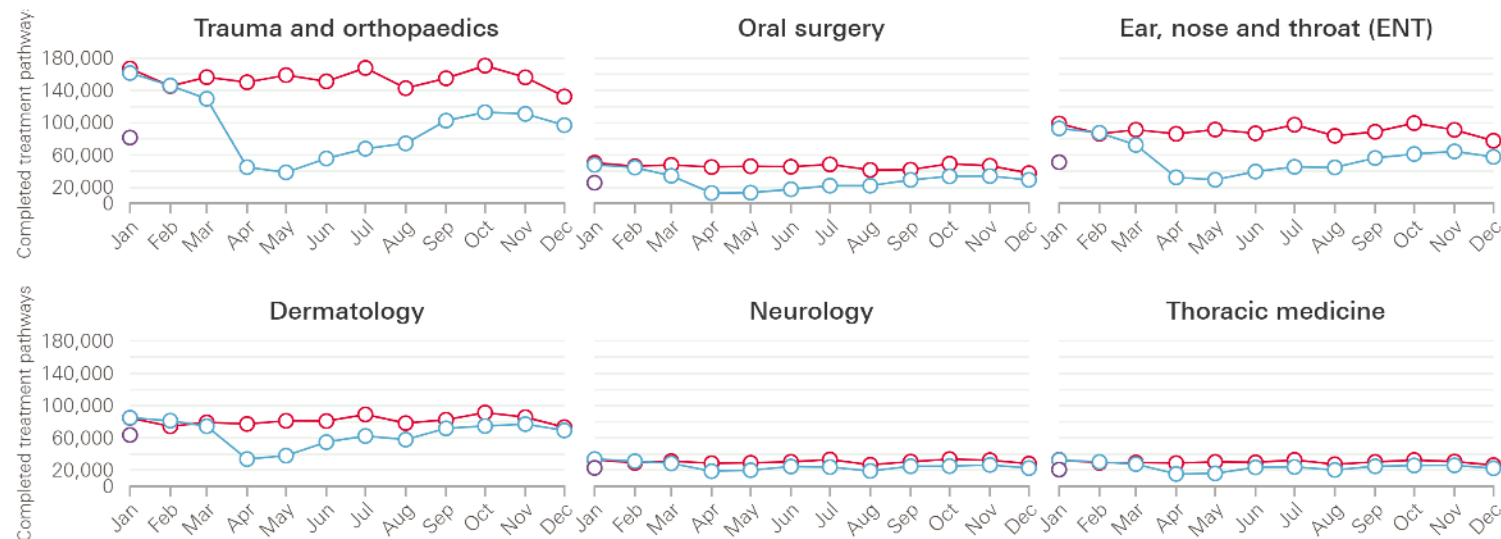


Variation by specialty

Trauma and orthopaedics was the specialty with the largest reduction in completed treatment pathways in 2020 compared to 2019. Thoracic medicine experienced the smallest fall

The three specialties with the largest reduction in completed pathways in 2020 compared to 2019 are in the top row and the three with the smallest reductions are in the bottom row

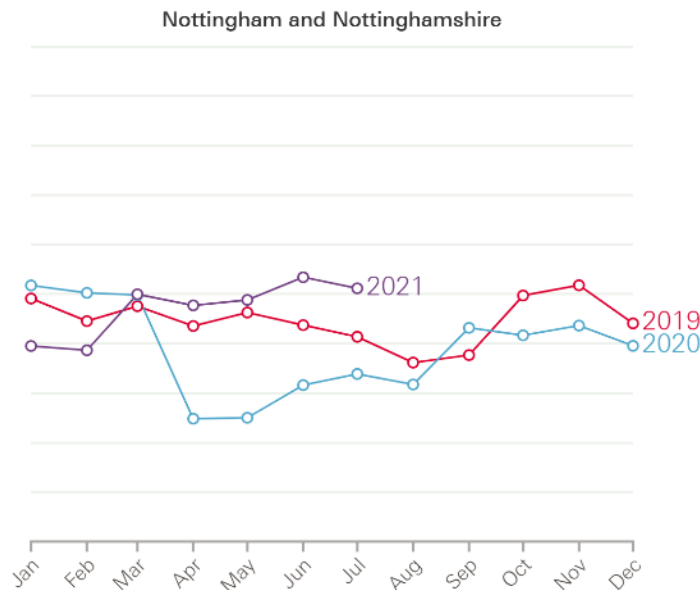
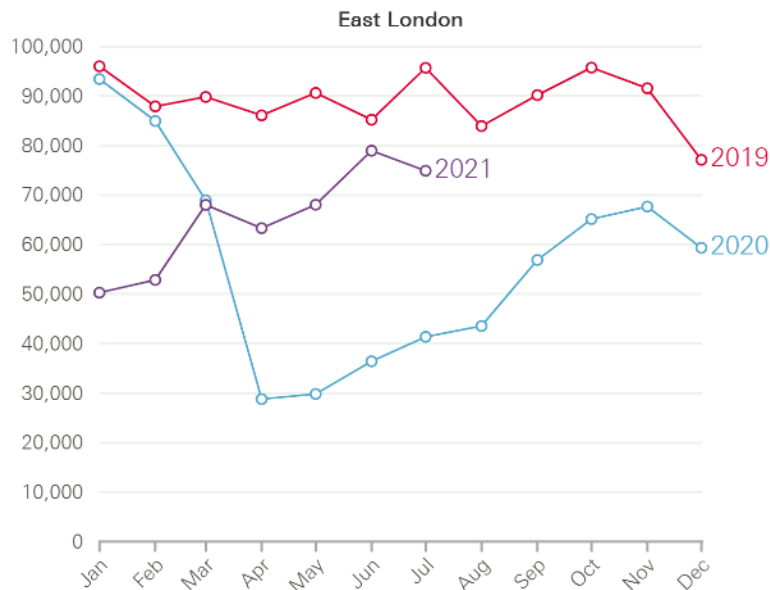
■ 2019 ■ 2020 ■ January 2021



Variation by location

Some areas experienced a larger fall in completed pathways than others

Number of patients who started new care pathways in East London and Nottingham and Nottinghamshire in 2019, 2020 and 2021

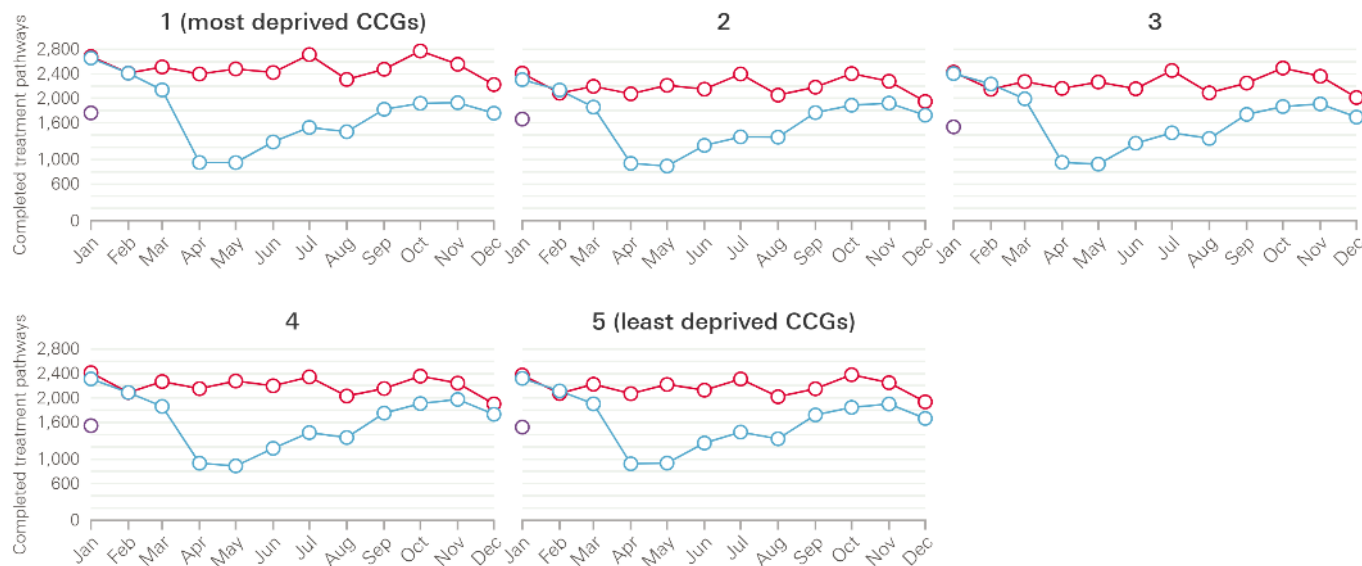


Variation by deprivation

The number of completed treatment pathways in the most deprived areas of England fell by 31% compared to 26% in the least deprived areas

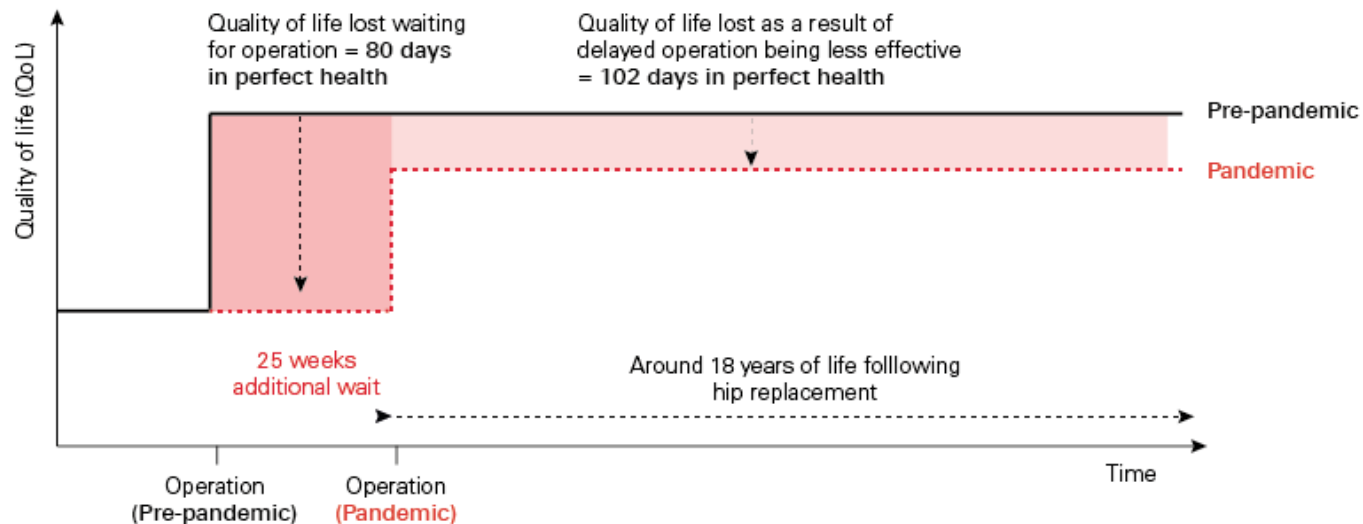
The number of treatment pathways completed per 100,000 population by month by deprivation quintile of NHS Clinical Commissioning Groups (CCGs) in England

■ 2019 ■ 2020 ■ January 2021



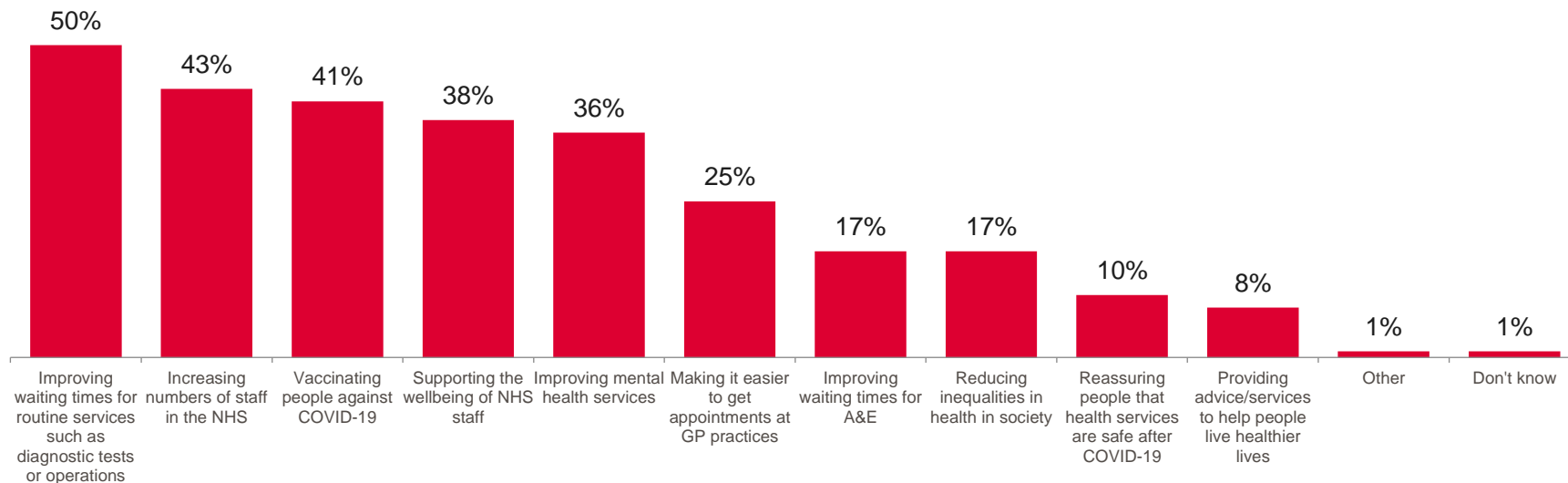
The human impact

Quality of life losses from a 25 week delay to a hip operation



A public priority...

Q. Thinking about when the impact of the COVID-19 pandemic has eased, when it comes to the NHS, which two or three of the following do you think should be prioritised?



...and a political imperative



HM Government

BUILD BACK BETTER.

Our plan for health
and social care

PM stakes reputation on £12bn health plan - but will it deliver?

● Johnson's bid to tackle crisis in social care will push UK tax burden to record level in peacetime

● Investment welcomed but charity raises doubts over whether cash will give long-term solution

Heather Stewart
Peter Walker

Setting out the radical plan for a carved-out healthcare tax, Johnson willingly acknowledged that the 23-percentage-point increase in national insurance contributions (NICs) – to be levied on health and social care only – would break an explicit manifesto promise.

But Downing Street is gambling that presenting the plan as a response to the Covid pandemic, with emphasis on tackling the NHS backlog, will

"I'll be absolutely frank with you – this levy will break our manifesto commitment. But a global pandemic

Under the proposals, priority

entering the social case system from October 2003 would not have to pay more than \$26,000 over their lifetime. More income-tested support will

also be provided for those with assets of between £20,000 and £300,000.

the NHS and social care, and that



Inside

What the government has announced, where the money will go - and who will pay [Page 6](#) →

Partner with confidence and clarity among small businesses and health sector **Page 9**

Baron, J. M. and Hershey, J. D. (1999) 'Social care' has a plan for social care. *Private Equity Journal*, **Page 2**.

On 30 January 2014, the *Journal* published an article by the *Journal*'s editorial board, which stated that the *Journal* was not a peer-reviewed journal, and that the *Journal* was not a journal of the American Psychological Association. The article stated that the *Journal* was a "peer-reviewed journal" and that the *Journal* was a "journal of the American Psychological Association". The article stated that the *Journal* was a "peer-reviewed journal" and that the *Journal* was a "journal of the American Psychological Association".

a national insurance increase was unfair on working families. But the prime minister lauded Labour for not pulling forward its own course.

Paul Johnson, the director of the Institute for Fiscal Studies in Britain, said the move would mean "taxes will

ness their highest sustained level in the UK² in the coming years – underlining the extent to which the current government has ditched the Tories’ traditional policy of the ‘golden rule’.

traditional role as the party of the taxes and a small state. He adds that creating a new levy, instead of increasing income tax, "will mean a more subtle and necessary complexity."

The free-market Adam Smith Institute condemned the plans as

▲ Bob Johnson, right, with the character, Richi Santok, returns, and the hostess, Mary, Sigal Aron's girlfriend, returns to the show.

This is a kick in the teeth for all the young...

teen for all the young
working people
who have already
been hard done

by the pandemic'

Adam Smith
Institute

"morally bankrupt", saying the government was asking "poorer workers to bail out millionaire property owners" and condemning "a kick in the

tooth for all the young working people of this country who have already been hard done by the pandemic."

be sufficient to improve the standard of care for the more than a million adults receiving social care, Richard

the immediate investment into such care but we don't have confidence that this is the long-term, sustainable

and sufficient funding plan that were presented. *WHI

Part 2: Solutions

- Funding and workforce
- Learning from the past
- Pitfalls to avoid
- Accelerating innovation

Funding and workforce



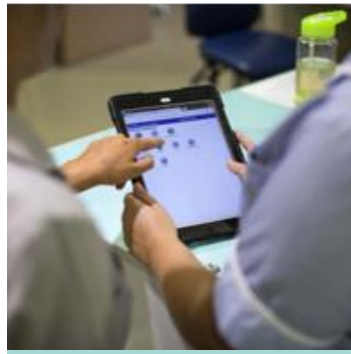
Learning from the past



Investment



Staffing & capacity



Productivity &
innovation



Alignment & focus

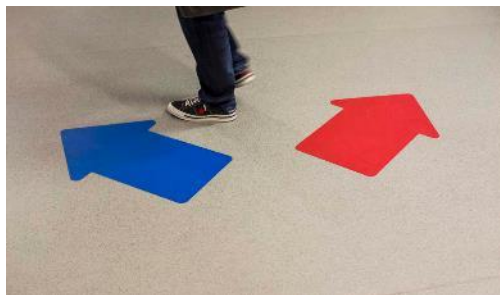
Though much has changed...

- Pandemic impact on staff
- Reduced operating efficiency
- Use of technology
- Multiple goals to serve
- Demographic change
- Competition then, collaboration now

Pitfalls



Measurement



Clinical prioritisation



Unrealistic expectations



Reinforcing inequalities



Grip turning into throttle

Innovation and productivity



Shared decision-making



Better care before and after surgery



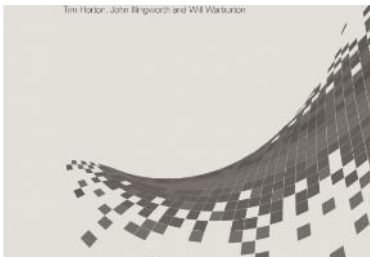
New uses of technology



‘Clean’ elective spaces



Better data



Learning & spread

Thank you



Stay in touch

- **REAL Challenge Lecture:
A radical new vision for social care**
Tuesday 2 November | 12.30-14.00
Registration now open
<https://www.health.org.uk/real-challenge>
- Join the conversation
#NHSrecovery



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