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To: Dame Meg Hillier MP Chair, Public Accounts Committee

6 January 2023

Dear Chair

TM44 NHS Backlogs & Waiting Times, Recommendation Five

I write with an update on work as part of NHS England's Elective Recovery Plan to address regional disparities in waiting times for cancer and elective care.

A fair recovery is a central focus of the Elective Recovery Plan. NHS England (NHSE) has therefore made health inequalities a specific focus of how it holds systems to account for delivery. NHSE has collected and published Referral to Treatment (RTT) waiting time data at provider, system, and regional levels monthly since 2007. From the start of 2021/22 this has been collected weekly via the (unpublished) waiting list minimum data set, to produce a weekly elective recovery performance report from November 2021.

NHSE uses this data to support decision making around elective recovery. Using this analysis, providers have been assessed based on confidence of delivering against the ambitions of reducing the cancer 62-day backlog back to pre-pandemic levels by March 2023 and reducing the number of RTT patients waiting over 78 weeks to zero by April 2023. The aim is to ensure that no part of the country is left behind in the aim of reducing long waits for general elective or cancer care.

Those providers which our analysis shows face the most significant challenges in achieving these goals have been included in a Tier One grouping. This means additional national support and oversight, which may include on-site expertise and ongoing conversation between senior national and regional NHSE officials, Ministers and CEOs. There are 21 providers in Tier One, of which ten are included given concern across both cancer 62-day and elective 78-weeks targets, with four included only on the basis of concerns with cancer and seven on the basis of only concerns with 78-week waits.

A tier two grouping has been identified and includes providers who are less challenged, but still indicate a material risk of 62-day and/or 78-week wait breaches in April 2023. For this cohort the relevant region will lead and develop delivery plans. There are 25 providers in tier two.

Provider performance is monitored on a weekly basis to maintain a live assessment of risk, and this may result in moves between tiers one and two based on monthly review points. Additionally, providers not currently in either grouping may be moved directly into either tier.

NHSE has also introduced a Digital Mutual Aid System (DMAS), which went live on 2nd December 2022. This is a national system to aid the process for transacting mutual aid activity requests and offers between providers of elective services, including in the Independent Sector (IS) where over 99% of providers are signed up.

All patients on a non-admitted waiting list that have not yet been seen and will breach 78 weeks by March 2023 if not treated will be validated both administratively and clinically, including to review if they are willing, and are suitable, to be treated in an alternative provider via mutual aid. Tier one and two providers are all required to validate any patient who would be waiting over 52 weeks on an RTT pathway (at 31 March 2023), making contact by 23rd December 2022, with further expectations to ensure lists are fully validated by the end of April 2023.

NHSE's elective recovery team is continuing to undertake analysis regarding the demographic characteristics of patients on the waiting list to enable monitoring of equity of access to services across different patient groups, working closely with the National Health Inequalities Improvement team. As part of this, NHSE is currently developing metrics that can be incorporated into both the elective recovery dashboard and the health inequalities improvement dashboard, which are available to both systems and providers to aid in their planning of services.

I trust this information is helpful to the Committee, but please do let us know by reply if you require further information.

Yours sincerely,

Amanda Pritchard Chief Executive

NHS England