HPR175

OBSERVED AND PREDICTED IMPACT OF THE ELECTIVE RECOVERY PLAN ON ELECTIVE NHS WAITING LISTS IN ENGLAND

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Summary

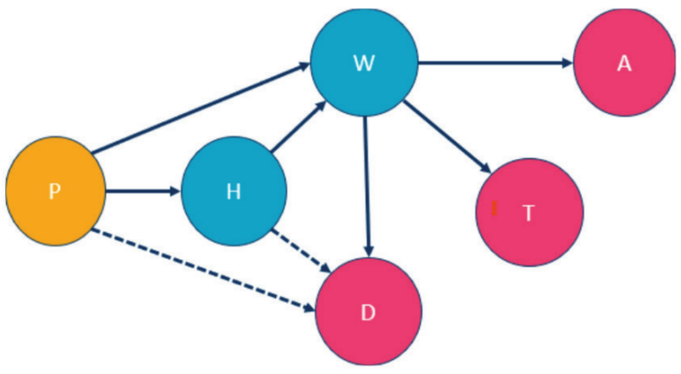
+ **Elective waiting lists have continued to reach record highs in England despite implementation of the 'Elective Recovery Plan' in February 2022.**
+ **There has been progress though, with the longest waiting times (those waiting over 2-years and 18 months) having significantly reduced.**
+ **There are pronounced clinical inequalities in the waiting list that the ERP needs to address. Gynaecology for example has seen much larger increases in those waiting longer than 1 year than orthopaedics.**
+ **If capacity increase targets meet only 2/3 of intended increase in elective capacity the waiting list could reach 8 million people.**

Background

- **Covid-19 cases and deaths have declined in England since a third peak in January 2022[1], however elective waiting lists have continued to reach record highs.**
- In November 2022, the waiting list reached 7.2 million people, meaning over 1 in 10 people were waiting for elective care.
- This was an increase from 4.6 million people at the beginning of the Covid-19 pandemic in February 2020 and an increase from 6.2 million since the implementation of NHS's Elective Recovery Plan (ERP) in February 2022.[2]
- The ERP aims to increase treatment capacity by 30% by 2024/25 and has the following specific targets:
  - eliminate 2-year waits by July 2022
  - eliminate waits over 18 months by April 2023
  - eliminate waits over 65 weeks by March 2024
  - eliminate 1-year waits by March 2025
  - reduce waits over 18 weeks

Methods

1. Using monthly data published by NHS Digital[3] on elective treatment in England we estimated the number of patients waiting longer than key NHS waiting time targets since the implementation of the ERP for all specialities, and for gynaecology and orthopaedic specialities.
2. We developed a Markov model (diagram below) to project the size of the NHS waiting list until end of December 2027 under 6 "intervention" scenarios and a "counterfactual" scenario which assumed no ERP was implemented.



Legend

P: General population (not needing treatment)
H: Hidden need (needing treatment but not referred)
W: Waiting list
A: Admitted for inpatient treatment
T: Treated as an outpatient
D: Discharged without NHS treatment
⟶ Transitions impacting waiting list
- - → Other transitions

The intervention scenarios – designed to represent variable effectiveness of the ERP – varied:

a. The total increase in capacity achieved due to the ERP
b. The ratio of capacity increase between inpatient and outpatient capacity
c. The number of people coming forward for care (new referrals)
d. The number of people exiting the waiting list without receiving care

ERP has had mixed results: overall waitlist numbers are increasing, but there is progress for the longest waiters

- Since the ERP was implemented in England, the total number of people waiting for elective care has risen.
- However, the ERP has had some success. There has been a sharp decrease in population-adjusted two-year waits:

	Feb 2022	Nov 2022	Jul 2023
Total Elective waiting list	6.2mn	7.2mn	7.7mn
2 year wait list (per 100,000)	41 per 100,000	2 per 100,000	0.5 per 100,000

There are geographical and clinical inequalities in the elective waiting list

- Inequalities within the waiting list have widened, with a 29% difference between regions with most and least people waiting in Nov-22. There are also disparities at local NHS level (Figure 1).
- Gynaecology and orthopaedic specialities had an 18-fold and 13-fold difference between NHS areas with the greatest/smallest wait lists respectively per patient.
- Gynaecology has seen a far greater relative increase in >1 year waits than orthopaedics (Figure 2).

12,918 waiting per 100,000 East of England
12,607 waiting per 100,000 Midlands
10,597 waiting per 100,000 North-East and Yorkshire
10,022 waiting per 100,000 South-East

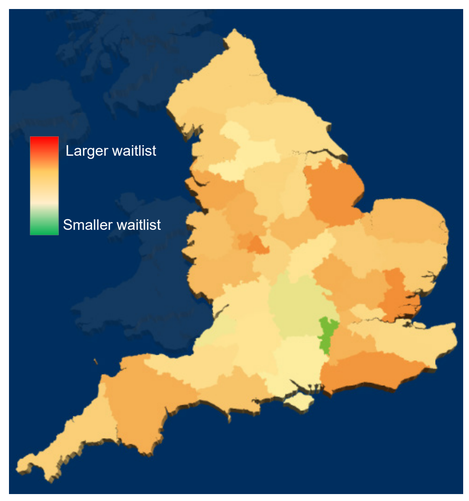


Figure 1. Left – regions with highest and lowest population-adjusted waiting lists Nov-22. Right - total number waiting per 100,000 in England in November 2022 by NHS Integrated Care Board

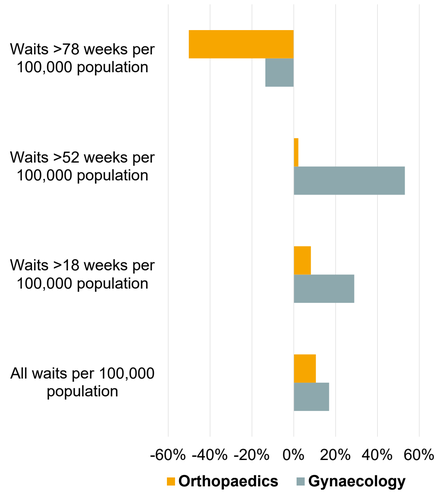


Figure 2. Percentage change in the number waiting per 100,000 by weeks between February 2022 and November 2022

Underachieving capacity increase will significantly increase future numbers remaining on the waiting list

- If the ERP achieved its target (grey line), the waiting list is estimated to have peaked in March 2023 with 7.3 million patient pathways waiting for care.
- If only 2/3 of capacity uplift is achieved (yellow) then the waiting list peak will be greater (7.9 million patients in July 2023) and leave an additional 1 million people on the waiting list by the end of 2027.

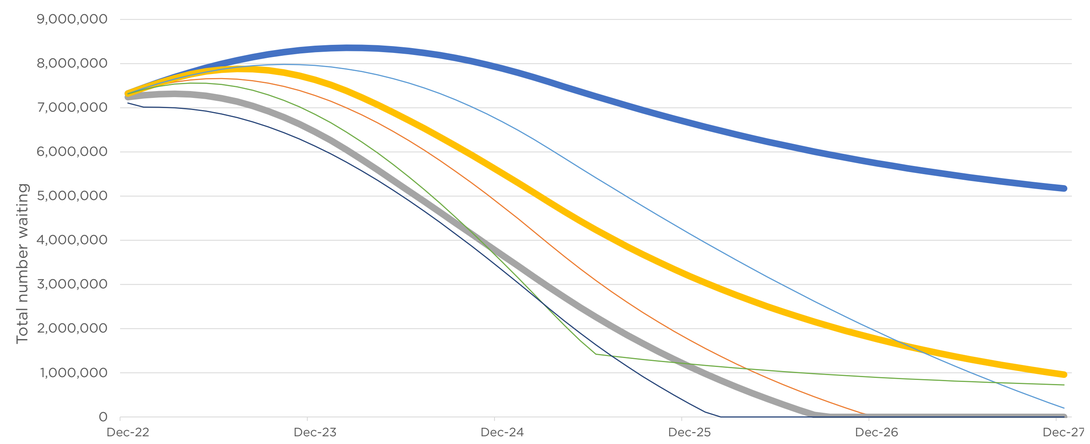


Figure 3. Projected total incomplete pathways from December 2022 for all scenarios.

Conclusions

- The ERP has thus far failed to reduce the total number of people waiting for elective care in England
- There have been elements of progress thus far for the ERP, particularly in reducing numbers of patients waiting the longest, yet the most difficult milestones lay ahead
- Policy makers should continue to focus on addressing geographical and clinical inequalities in the waiting list

References

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3. Consultant-led Referral to Treatment Waiting Times Data 2023-24 - https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2023-24/
4. LCP: Going swimmingly or treading water: Is the Elective Recovery Plan bringing down NHS waiting lists? - https://lcp.com/media/1150430/going-swimmingly-or-treading-water-is-the-elective-recovery-plan-bringing-down-nhs-waiting-lists.pdf

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