

MDA No.: 1372

Title: Health Committee – Indirect Effects of COVID-19 in London (NHS Workforce and Waiting Times)

1. Executive Summary

- 1.1 At the Health Committee meeting on 13 January 2022 the Committee discussed the indirect effects of COVID-19 in London with invited guests and resolved that:

Authority be delegated to the Chair, in consultation with the party Group Lead Members, to agree any output arising from the discussion

- 1.2 Following consultation with party Group Lead Members, the Chair agreed letters to the Mayor and to the Secretary of State for Health and Social Care, attached at **Appendices 1 and 2**.

2. Decision

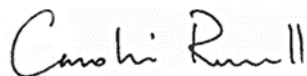
- 3.1 **That the Chair, in consultation with party Group Lead Members, agrees the letters to the Mayor and to the Secretary of State for Health and Social Care on the indirect effects of COVID-19 in London on NHS waiting times and workforce attached at Appendices 1 and 2.**

Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Printed Name:

Caroline Russell AM, Chair of the Health Committee

Date:

18 March 2022

3. Decision by an Assembly Member under Delegated Authority

Background and proposed next steps:

- 3.1 The scope and terms of reference for this investigation on the indirect impact of COVID-19 in London was agreed by the Chair, in consultation with relevant party Lead Group Members, on 22 December 2021 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the letter and its recommendations fall within these terms of reference.
- 3.2 The exercise of delegated authority approving letters will be formally submitted to the Health Committee's next appropriate meeting for noting.

Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services):



Printed Name: Diane Richards, Committee Officer

Date: 18 March 2022

Telephone Number: 07925 353478

Financial Implications: NOT REQUIRED

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

Signature (Finance): Not Required

Printed Name: Not Required

Date: Not Required

Telephone Number: Not Required

Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal):



Printed Emma Strain, Monitoring Officer

Date: 10 March 2022

Telephone Number: 07971 101375

Supporting Detail / List of Consultees:

- Emma Best AM (Deputy Chairman of the Health Committee) and Onkar Sahota AM

4. Public Access to Information

- 4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.
- 4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.
- 4.3 **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral:

Is the publication of Part 1 of this approval to be deferred? **NO**

If yes, until what date:

Part 2 – Sensitive Information:

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? **NO**

Lead Officer / Author

Signature:



Printed Name: Dan Tattersall

Job Title: Senior Policy Adviser

Date: 18 March 2022

Telephone Number: 07783 805825

Countersigned by Executive Director:

Signature:



Printed Name: Helen Ewen

Date: 18 March 2022

Telephone Number: 07813 796 175



Caroline Russell AM

Chair of the Health Committee

Sadiq Khan

Mayor of London

Sent by email

18 March 2022

Dear Sadiq,

I am writing to you on behalf of the London Assembly Health Committee regarding our recent investigation into the indirect impacts of the COVID-19 pandemic, which focused on waiting times for elective and outpatient treatment. The purpose of this letter is to highlight key findings and recommendations from our investigation. The full list of our recommendations is included as an appendix to this letter.

On 13 January 2022, the Health Committee heard from several expert witnesses about the current situation for people awaiting NHS care in London.¹ The Committee heard that there are significant and lengthy waits for diagnostics, outpatient care and surgery within London, with data from November 2021 showing that about 950,000 people were waiting in the capital. Emma Tingley (Head of Partnerships – London & South East Regions, Macmillan Cancer Support) told the Committee that, compared to what would be expected, about 4,500 fewer people started cancer treatment in London between March 2020 and October 2021, and 70,000 fewer people are seeing a specialist with a suspected cancer diagnosis, with 13 per cent fewer people going on to receive a confirmed diagnosis.

¹ Siva Anandaciva, Chief Analyst, The King's Fund; Martin Machray, Executive Director of Performance/Covid-19 Incident Director, NHS England and NHS Improvement; Dr Chaand Nagpaul, Chair of Council, British Medical Association; Emma Tingley, Head of Partnerships – London & South East Regions, Macmillan Cancer Support

The Committee also heard that those from more deprived areas are having to wait longer for care than those from less deprived areas. Siva Anandaciva (Chief Analyst, The King's Fund) said that their analysis had found that "some 4 per cent of people waiting for treatment have been waiting over a year in less deprived parts of the country. That rises to over 7 per cent when you are in the more deprived parts of the country." The Committee also heard that there are inequalities in cancer care. Emma Tingley told the Committee "we know that people who are living in the most deprived areas see a larger drop-off across the board, in two-week wait referrals for suspected cancer, in new diagnoses and in first treatments. That is compared to the people who are living in the least deprived areas."

Elective recovery plan and the importance of a workforce strategy

Our expert witnesses told the Committee that there needs to be a clear and systematic approach to clearing the backlog and that it is vital the plan reduces inequalities in access to treatment. We therefore welcome the publication of the NHS Elective Recovery Plan on 8 February 2022 and its inclusion of the following underlying principle "*Putting reducing inequalities at the core of recovery plans and performance monitoring.*"²

The Committee also heard that a fully funded workforce strategy is needed alongside the Elective Recovery Plan. Siva Anandaciva told the Committee that "the continued absence of the national workforce plan is a huge blind spot and we can see the playing out of that day in and day out in the pressure on NHS services." The Committee heard that independent analysis is needed to assess the current workforce situation, which should be used to inform a fully funded workforce strategy. Dr Chaand Nagpaul (Chair of Council, British Medical Association) told the Committee that "we need to have a workforce strategy that is open and honest about our starting position, open and honest about where we need to get to in order to provide a service, and then put in place a plan...it should happen independent of Government because it needs to be an honest, independent analysis that is ongoing, with clear recommendations, and have a workforce strategy to deliver [it]."

The Committee also heard that there is a shortage of at least 3,000 cancer nurses across the UK and that there is a need for investment in and development of the existing cancer nurse workforce. On 3 March the House of Lords amended the Health and Social Care Bill currently going through Parliament to include a requirement on the Secretary of State for Health and Social Care to regularly publish independently verified health and care workforce projections. This amendment was supported by 100 health and care organisations³, who argued that "it will give a national, independent view of how many health and social care staff are needed to keep pace with projected demand over the next five, 10 and 20 years".⁴

The Committee recommends that the Mayor should write to the Secretary of State for Health and Social Care to call on the Government to accept the Lords' amendment to the Health and Social Care Bill, so that independently verified health and care workforce projections are regularly published.

² NHS, [Delivery plan for tackling the COVID-19 backlog of elective care](#), February 2022

³ Royal College of Physicians, [Strength in Numbers - stronger workforce planning in the health and care bill](#), 22 February 2022

⁴ Royal College of Physicians, [RCP urges Peers to vote for stronger workforce planning in the Health and Care Bill](#), 03 March 2022

Supporting the existing NHS workforce

The Committee heard that the pandemic has increased demands on an already stretched workforce, which has resulted in an increasing number of NHS staff now considering leaving the workforce. Dr Chaand Nagpaul told the Committee that the impact of the pandemic and the backlog meant that “about a third of doctors are saying that they want to retire in the next three years. Many have limited the amount of work they are doing already to try to protect themselves.” Dr Nagpaul told the Committee that there needs to be more focus on looking after the existing workforce: “What we need to do first and foremost is make sure that the workforce is looked after, that it is valued and that in fact when people go to work there are simple things like making sure they have adequate rest breaks and that they can have food...Valuing your workforce and making sure that they are looked after is important. What needs to be happening much more amongst managers, and in fact in terms of those who are responsible for running our health services, is to always think from the perspective of those who provide care. What are their obstacles and what are the issues that affect them? That is how you will have a workforce that will feel valued.”

The Committee recommends that the Mayor should work with the London Health Board to understand what measures have been put in place to improve the working conditions of NHS staff in London, and any further plans.

The Mayor’s Academy Hubs

During the meeting, expert witnesses expressed an interest in learning more about the Academy Hubs and the role they could play in helping to address NHS staff shortages in London.

The Mayor should update the Committee on the development of his Academy Hubs Programme and how the health hubs will help to address NHS workforce shortages in London.

Retaining a focus on public health and prevention

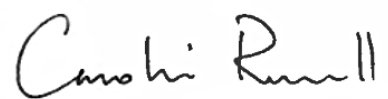
Whilst it is important to reduce waiting times for diagnostics, outpatient care and surgery, the Committee heard that this shouldn’t be at the expense of a focus on prevention. Siva Anandaciva told the Committee: “One of my big concerns is that there will be a relentless focus on tackling backlogs, getting people in and out of hospital and GP surgeries quickly, and the focus on the wider things that keep us healthy will be lost. The office of the Mayor is one of the most powerful agencies to say, “in the longer term, over the next 10 to 15 years, we do not want to look back and say we missed a chance to reduce health inequalities and improve the health of the population”. A focus on the two aspects of what the NHS is trying to do would be very welcome.”

The Committee recommends that the Mayor works with partners to ensure that the focus on waiting times does not divert attention away from, and hinder progress in, improving public health and prevention.

Please note that the Committee has also written to the Secretary of State for Health and Social Care, to set out how he can support the NHS workforce and address NHS waiting times.

We would be grateful to receive your response to this letter by 15 April 2022. Please also send your response by email to the committee’s clerk, Diane Richards (diane.richards@london.gov.uk).

Yours sincerely,

A handwritten signature in black ink that reads "Caroline Russell". The signature is written in a cursive style with a large initial 'C' and 'R'.

Caroline Russell AM

Chair of the Health Committee

LONDON ASSEMBLY

City Hall

The Queen's Walk

More London

London SE1 2AA

Tel: 020 7983 4000

www.london.gov.uk**Caroline Russell AM****Chair of the Health Committee****The Rt Hon Sajid Javid MP****Secretary of State for Health and Social Care**

Sent by email

18 March 2022

Dear Secretary of State

I am writing to you on behalf of the London Assembly Health Committee. On 13 January 2022, the Health Committee held an investigation into the indirect effects of the COVID-19 pandemic. We heard from a range of expert witnesses¹, focusing on waiting times for elective and outpatient treatment. The purpose of this letter is to highlight key findings and recommendations from our investigation.

Elective Recovery Plan

The Committee heard that there are significant and lengthy waits for diagnostics, outpatient care and surgery within London, with data from November 2021 showing that about 950,000 people were waiting in the capital. Emma Tingley (Head of Partnerships – London & South East Regions, Macmillan Cancer Support) told the Committee that, compared to what would be expected, about 4,500 fewer people started cancer treatment in London between March 2020 and October 2021,

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and 70,000 fewer people are seeing a specialist with a suspected cancer diagnosis, with 13 per cent fewer people going on to receive a confirmed diagnosis.

The Committee also heard that those from more deprived areas are having to wait longer for care than those from less deprived areas. Siva Anandaciva (Chief Analyst, The King's Fund) told the Committee that their analysis had found that "some 4 per cent of people waiting for treatment have been waiting over a year in less deprived parts of the country. That rises to over 7 per cent when you are in the more deprived parts of the country." The Committee also heard that there are inequalities in cancer care. Emma Tingley told the Committee "we know that people who are living in the most deprived areas see a larger drop-off across the board, in two-week wait referrals for suspected cancer, in new diagnoses and in first treatments. That is compared to the people who are living in the least deprived areas."

Our expert witnesses told the Committee that there needs to be a clear and systematic approach to clearing the backlog and that it is vital the plan reduces inequalities in access to treatment. We therefore welcome the publication of the NHS Elective Recovery Plan on 8 February 2022 and its inclusion of the following underlying principle "*Putting reducing inequalities at the core of recovery plans and performance monitoring.*"²

The importance of a workforce strategy

In addition to the Elective Recovery Plan, the Committee also heard that there is an urgent need for a fully funded workforce strategy. Siva Anandaciva told the Committee that "the continued absence of the national workforce plan is a huge blind spot and we can see the playing out of that day in and day out in the pressure on NHS services."

The Committee heard that independent analysis to assess the current workforce situation is needed, which should then be used to inform a fully funded workforce strategy. Dr Chaand Nagpaul (Chair of Council, British Medical Association) told the Committee that "we need to have a workforce strategy that is open and honest about our starting position, open and honest about where we need to get to in order to provide a service, and then put in place a plan...it should happen independent of Government because it needs to be an honest, independent analysis that is ongoing, with clear recommendations, and have a workforce strategy to deliver." The Committee also heard that there is a shortage of at least 3,000 cancer nurses across the UK and that there is a need for investment in and development of the existing cancer nurse workforce.

On 3 March the House of Lords amended the Health and Social Care Bill currently going through Parliament to include a requirement on the Secretary of State for Health and Social Care to regularly publish independently verified health and care workforce projections. This amendment was supported by 100 health and care organisations³, who argued that "it will give a national,

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independent view of how many health and social care staff are needed to keep pace with projected demand over the next five, 10 and 20 years".⁴

The Health Committee recommends that the Government accepts the Lords' amendment to the Health and Social Care Bill, which would require the Secretary of State for Health and Social Care to regularly publish independently verified health and care workforce projections.

Please note that the Committee has also written to the Mayor of London, Sadiq Khan, to set out how he can support London's NHS workforce and address NHS waiting times in the capital.

We would be grateful to receive your response to this letter by 15 April 2022. Please also send your response by email to the committee's clerk, Diane Richards (diane.richards@london.gov.uk).

Yours sincerely,

A handwritten signature in black ink that reads "Caroline Russell". The signature is written in a cursive style.

Caroline Russell AM
Chair of the Health Committee

⁴ Royal College of Physicians, [RCP urges Peers to vote for stronger workforce planning in the Health and Care Bill](#), 03 March 2022