



**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 witnesses<sup>1</sup>, 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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<sup>1</sup> 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

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.*"<sup>2</sup>

### **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 organisations<sup>3</sup>, who argued that "it will give a national,

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

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

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".<sup>4</sup>

**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](mailto:diane.richards@london.gov.uk)).

Yours sincerely,



**Caroline Russell AM**  
**Chair of the Health Committee**

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