

Our ref: DE-1407654

Dear Ms Russell,

Thank you for your correspondence of 17 March about the longer waiting times for and delays to standard treatment during the COVID-19 pandemic and NHS workforce planning. I have been asked to reply and I apologise for the delay in doing so.

I understand your concerns.

The Government does appreciate that these have been difficult times as COVID-19 exerted an unprecedented strain on the NHS, but colleagues in the NHS have worked incredibly hard to keep services going throughout the pandemic.

During the peak of the pandemic in the first wave, the Government focused on caring for COVID-19 patients while prioritising urgent treatments, such as surgery for cancer and other life-saving operations. To prevent the NHS from becoming overwhelmed, NHS England and NHS Improvement issued guidance to postpone all non-urgent elective activity for three months.

The Government recognises that this resulted in a large number of cancelled and postponed appointments and procedures. Since then, including during subsequent COVID-19 waves, the NHS has been working hard to maintain services and to step up elective activity to pre-pandemic levels wherever possible. This involves making full use of available capacity, both in the NHS and in contracted independent hospitals, to ensure that people across England get the care and treatment they need.

While there may have been a temporary pause in some elective activity as a result of Omicron pressures, the NHS has done its best to maintain services wherever possible, prioritising urgent care and cancer care. The Government continues to encourage people to come forward if they are concerned about their health, particularly for suspected cancer symptoms. It is committed to ensuring that elective services continue as fully as possible. In recognition of the challenges being faced, the Government is backing the NHS with the largest catch-up programme in its history.

To support elective recovery the Government plans to spend more than £8billion from 2022/23 to 2024/25, in addition to the £2billion Elective Recovery Fund and £700million Targeted Investment Fund already made available to systems this year to help drive up and protect elective activity. Taken together, this funding could deliver the equivalent of around nine million more checks, scans and procedures and will mean the NHS in England can aim to deliver around 30 per cent more elective activity by 2024/25 than it did before the pandemic. A significant part of this funding will be invested in staff, both in terms of capacity and skills.

The Government has also committed to a £5.9billion investment in capital, for new beds, equipment and technology. This includes investment in technology to improve patient experiences of care and help patients manage their conditions. As services recover services,

the Government is also transforming how they are delivered for patients, including through the rollout of dedicated surgical hubs and more convenient and efficient Community Diagnostic Centres.

You may be interested to read the Government's *Delivery plan for tackling the COVID-19 backlog of elective care*, which sets out in more detail the Government's plans to recover elective services. It can be found at www.england.nhs.uk/coronavirus/publication/delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.

With regard to the Health and Social Care Act 2022, Section 41 of the Act places a new duty on the Secretary of State for Health and Social Care to publish a report on the workforce planning and supply system in the NHS in England at a minimum of every five years, with NHS England and Health Education England (HEE) assisting in its preparation if asked. The aim of the report is to be transparent about the workforce system.

The Government can assure you that continuing to grow the workforce remains a top priority. This year has seen record numbers of staff, including doctors and nurses, working in the NHS. Compared to February 2021, there are almost 4,300 more doctors and over 11,800 more nurses working in the NHS. There are now over 1.2million full-time equivalent staff working in NHS trusts and clinical commissioning groups in England – almost 34,500 more than a year ago. The Government is making good progress on the 50,000 nurses target and have recently expanded the number of medical school places. Workforce levels and projections are already kept under close review by the Department of Health and Social Care and the other bodies involved in workforce planning and supply.

With regard to long-term workforce planning, in July 2021 the department commissioned HEE to work with partners and review the long-term strategic trends for the health and regulated social care workforce. This will review and renew the long-term strategic framework for the health and regulated social care workforce, to help ensure the NHS has the right numbers, skills, values and behaviours to deliver world-leading clinical services and continued high standards of patient care. For the first time, the framework will also include regulated professionals working in social care, such as nurses and occupational therapists. It will also look at the main factors in workforce demand and supply in the longer term and consider how they will influence the required future workforce. This will help to identify the main strategic decisions that need to be made, to develop a shared set of planning assumptions and identify the actions required. This work is now nearing completion and publication is expected soon.

Building on this work, the department recently commissioned NHS England to develop a long-term workforce strategy, and key conclusions from this work will be published in due course.

To make the most of this work, on 21 November the Government announced that it is merging HEE with NHS England to ensure greater integration of service, workforce and financial planning. This will put long-term planning and strategy for healthcare staff recruitment and retention at the top of the NHS' agenda.

I hope this reply is helpful.

Yours sincerely,

K Jarvis
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