

Impact of cancelled operations due to the COVID-19 pandemic

Oral Question, House of Lords 10 June 2020

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Key points:

- The COVID-19 pandemic has resulted in cancellations and delays in elective medical operations as NHS capacity has been focused on responding to COVID-related demand.
- The latest [data](#) on waiting times and referrals shows that the number of people waiting over 52 weeks to receive elective treatment has more than doubled to 3000, whilst urgent cancer referrals have fallen.
- Our most recent [COVID-19 tracker survey](#) found that 51.6% of doctors surveyed believe that the prioritisation of patients with confirmed or possible COVID-19 in their place of work is significantly or slightly worsening the care available to patients with no Covid-19 symptoms.
- Doctors also have considerable concerns over the ability of their practices or departments to manage patient demand as normal NHS services are resumed and reported that self-isolation is reducing capacity, both of which will exacerbate the impact of cancellations, as the rate at which the waiting list can be decreased will be a lot slower:
 - 51.9% of doctors [surveyed](#) are not at all confident or not very confident in their department/practice's ability to manage patient demand as normal NHS services are resumed. This figure rises to almost two third of respondents (67.8%) when referring to community (care home) settings.
 - The BMA's [18th May survey](#) found that self-isolation is significantly or slightly reducing capacity in 68.7% of surveyed doctors' places of work.
- As non-COVID care restarts, it is vital that the NHS is supported to provide care to these patients, especially those who need urgent support for time-sensitive conditions such as cancer. However, caution is also needed – the NHS is still dealing with the incredibly difficult task of responding to COVID-related demand, and there will be risks and challenges in pivoting back to more routine care.
- Ultimately, the NHS will only be able to cope with balancing COVID and non-COVID work if there is an accompanying strong focus on tracking and containing the virus in the community, and if local public health services are supported to lead this.

Waiting time and referral data

At the end of [March](#), the number of people who had been waiting over 52 weeks to receive elective treatment (that they had been referred for by a consultant) was 3,000 – this is over double the amount that had been waiting that long at the end of last march (1,200). This is the highest number of people to wait 52 weeks or over since September 2018.

The [median wait](#) for consultant-led referral to elective treatment rose from 6.9 weeks (1.5 months) in March 2019 to 8.9 weeks (2 months) in March 2020 – this large increase will largely be due to cancellations/postponements.

The Health Foundation released a [report](#) last week estimating that without a radical intervention to increase capacity, it is unrealistic to expect the 18-week standard to be achieved by 2024 (with current infrastructure and staffing levels). Meeting the 18-week standard would require hospitals to increase the number of patients they admit by an amount equivalent to 12% of all the patients admitted for planned care in 2017/18. This would be an unprecedented increase in activity.

Principles for restarting COVID-19 care

This BMA has published [principles](#) which must be followed over the coming weeks and months to ensure that as the shift to restarting non-COVID care takes place, patient care is safeguarded and healthcare workers are given the support they need.

Ultimately, the NHS will only be able to cope with balancing COVID and non-COVID work if there is an accompanying strong focus on tracking and containing the virus in the community, and if local public health services are supported to lead this. The following ten principles must be followed as the NHS restarts more non-COVID care:

1. A realistic and cautious approach to balancing COVID and non-COVID capacity is needed
2. There must be adequate PPE for health and care workers, and measures in place to prevent the spread of the virus within the NHS
3. Decisions about staffing levels and redeployment must be safe and made in consultation with employee representatives
4. Measures must be taken to safeguard staff wellbeing
5. Clarity must be given to healthcare workers about their future contractual position, and plans to restore training and career development
6. There must be effective and transparent public communication so that patients understand what they can and cannot expect from the NHS at this time
7. Increased remote working, where clinically appropriate, and use of technology to empower patients should be supported
8. Local decisions must be guided by clinical expertise and the experience of those working at the frontline
9. The government must support and significantly enhance local public health services and ensure there is adequate capacity to test, trace and quarantine
10. A strategy is needed to ensure that restarting non-COVID work does not exacerbate health inequalities