Evidence Brief: Waiting Lists

Contents

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

NHS England's management of elective care transformation programmes
National Audit Office, 24 March 2025
Since 2013, the statutory elective care waiting time standard has been that for 92% of elective care pathways, patients should begin treatment within 18 weeks from referral. This was last achieved in September 2015. As at January 2025, around 6.25 million people were waiting for elective care on 7.43 million pathways. Patients waited for up to 18 weeks on 4.37 million pathways (59%) and for more than 18 weeks on 3.06 million pathways.

Can the government achieve its 18-weel elective waiting time target?
Institute for Fiscal Studies, 20 March 2025
We develop a simulation model of NHS elective waiting times in England that estimates how the full distribution of waiting times could change over time under a range of scenarios. We use this model to set out the impacts of potential policy choices facing the government, and to assess the plausibility of the government reaching the target by the end of this parliament.

A strain on sight: waiting for NHS specialist eye care
Healthwatch, 20 March 2025
Eye care is the busiest outpatient speciality in the NHS in England, and with an ageing population, demand is set to grow further. According to NHS statistics, of the nearly 59,000 people currently waiting for specialist eye care as of December 2024, only two thirds (66.8 per cent) have been waiting less than the 18-week target set by government, compared to a target of 92 per cent. This research reveals strong public support for greater use of staff in high street opticians.

NHS Key statistics: England
House of Commons Library, 28 February 2025
See p. 10 "Waiting times for hospital treatment"
As of December 2024, the waiting list for hospital treatment in England was around 7.5 million. 7 This is sometimes known as the "elective care" waiting list, or the "RTT" (referral to treatment) waiting list. There were an estimated 6.2 million unique patients waiting for treatment, indicating that some patients are waiting for more than one procedure.

Reforming elective care for patients
NHS England, 6 January 2025
Our new plan sets out how the NHS will reform elective care services and meet the 18 week referral to treatment standard by March 2029.

Public satisfaction with the NHS and social care in 2024: results from the British Social Attitudes survey
The King's Fund and Nuffield Trust, 2025
Abstract: Analyses data from the most recent British Social Attitudes survey as it relates to satisfaction with health and social care services. Looks at: overall satisfaction with the NHS; overall satisfaction with social care services; satisfaction with different NHS services; attitudes towards standards, access to services, and staffing; attitudes towards NHS financing and efficiency; and opinions on NHS priorities and principles.

Understanding the management and monitoring of waiting lists in adult social care
Local Government Association, November 2024
We initiated a project focused on co-ordinating stakeholder engagement to inform a shared understanding of adult social care waiting times and waiting lists. These are the findings and next steps from that engagement.

In the blink of an AI: Clearing the backlog in UK public services
Social Market Foundation, 27 November 2024
This report outlines the benefits the civil service and public sector can reap by further integrating AI and automation into its user-facing workstreams, as well as the time savings available to the public which use them.

Allied Health Professionals – musculoskeletal waiting times in NHS Scotland
Public Health Scotland, June 2024
This release by Public Health Scotland (PHS) provides an update on how long patients wait for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services. The Scottish Government has determined that at least 90% of patients should wait no longer than four weeks to be seen from receipt of referral.

Allied Health Professionals – musculoskeletal waiting times in NHS Scotland
Public Health Scotland, June 2024
This release by Public Health Scotland (PHS) provides an update on how long patients wait for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services. The Scottish Government has determined that at least 90% of patients should wait no longer than four weeks to be seen from receipt of referral.

Waiting times for elective (non-urgent) treatment: referral to treatment (RTT)
The King's Fund, 24 May 2024
Waiting times consistently rank as one of the public's main concerns with the NHS and have a big impact on patient experience. Here we explore how long people are waiting for treatment and what impact Covid-19 has had on the numbers.

Examining rising inactivity and NHS Waiting Times
National Institute of Economic and Social Research, 9 May 2024
The rise in economic inactivity has played a frontline role in labour market conditions since the pandemic. While part of this rise can be explained by Covid itself, such as people using lockdowns as an opportunity to re-enter higher education, inactivity has not returned to pre-pandemic levels four years later. Chief among the explanations is ill-health (both temporary and long-term), which has remained at an elevated level since Covid. As of the end of 2023, 71 per cent of the growth in total inactivity since the pandemic can be attributed to ill-health.

Elective surgery waiting time prioritisation to improve population health gains and reduce health inequalities
University of Sheffield; University of York, 2024
Introduction: Waiting times for elective procedures in the National Health Service (NHS) in England have been increasing over time. If decision makers wish to prioritise efforts to reduce waiting lists in order to maximise health then it is important to understand how the health impact varies between different procedures. If decision makers are also interested in the distributional impact of varying waiting time, then additional information on the impact by Index of Multiple Deprivation (IMD) quintile group is informative.

NHS hospital care: Who is waiting and what are they waiting for?
Nuffield Trust, October 2024
Backlogs in NHS care and long waiting times in England are widespread, and politicians, policymakers and the public are well aware of this. But headline numbers obscure important distinctions, and questions remain unanswered about who is bearing the brunt of delays. This new QualityWatch analysis uses urgent and emergency care and planned care data alongside an ONS patient survey to understand how waiting

times vary by age, sex, ethnicity, and level of deprivation, and how waits for specific conditions differ.

The past and future of NHS waiting lists in England
Institute for Fiscal Studies, February 2024
NHS performance will be a key election issue. We examine how NHS waiting lists have changed in the past and how they could change in the future.

Rethinking access to general practice: it's not all about supply
The Health Foundation, 2024
This briefing finds that, in recent years, public satisfaction with access to general practice has plummeted. Patients are finding it harder to make appointments, and feeling increasingly dissatisfied with waiting times and the types of appointment offered. However, despite having fewer GPs in England than there were in 2015, general practice is now delivering record numbers of appointments. It looks at ways of improving access to general practice, beyond increasing the supply of appointments.

The rise and decline of the NHS in England 2000–20: how political failure led to the crisis in the NHS and social care
The King's Fund, 2023
This personal work from Professor Sir Chris Ham (previous Chief Executive at The King's Fund) finds that multi-year funding increases and reforms led to improvements in NHS performance between 2000 and 2010, but performance has declined since 2010 as a result of much lower funding increases, limited funds for capital investment and neglect of workforce planning.

Tackling health inequalities on NHS waiting lists: learning from local case studies
The King's Fund, November 2023
Looks at how taking an inclusive approach to tackling the elective care backlog has been interpreted and implemented in three trusts and integrated care boards (ICBs) in England. Notes that in 2020, NHS England asked local NHS organisations to take an inclusive approach to addressing their backlogs, considering inequalities relating to deprivation and ethnicity when prioritising service delivery.

Waiting for prosperity: Modelling the economic benefits of reducing elective waiting lists in the NHS
Institute for Public Policy Research, April 2023
As well as compelling moral reasons to reduce NHS waiting lists, there is also a convincing economic case to go further and faster on elective recovery. We find that delivering against the target set by the Elective Recovery Plan would deliver an estimated increase in production of £73 billion over five years.

Special report: thought leadership and case studies on tackling the elective care backlog
Health Tech Newspaper, January 2023
For the latest edition of the HTN special report series, we're exploring how the elective care backlog can be tackled, with input from Alcidion and Open Medical.

Hidden waits: the lasting impact of the pandemic on children's services in the community
NHS Confederation, April 2022
Community Network spotlights new evidence about backlogs and increasing demand for children and young people's services.

Strategies to reduce waiting times for elective care: full literature review findings
The King's Fund, December 2022
The purpose of the literature review was to identify approaches that have been used in the past 20 years in England and elsewhere to reduce waiting lists and waiting times. We sought information about the short- and long-term impacts of those approaches as well as cost-effectiveness or value for money.

Managing NHS backlogs and waiting times in England: Report – Value for money
National Audit Office, 17 November 2022
At the start of the COVID-19 pandemic, the NHS in England had not met its elective waiting time performance standard for four years, nor its full set of eight operational standards for cancer services for six years. Due to the pandemic, the number of people receiving elective and cancer care then reduced sharply. Between March 2020 and August 2022, on average there were 8,300 COVID-19 patients in hospital in England at any one time with peaks in this number during waves of infection. Backlogs of patients, both visible on waiting lists and hidden because they had not yet seen a doctor, grew rapidly.

Informing prioritisation of the backlog for elective surgery: summary of a scoping review
PREPARE (University of York), December 2022
In order to inform policy and practice on prioritising waiting lists, we conducted a scoping review of existing literature to identify research evidence on the effects of waiting for healthcare. Rather than attempting to synthesise a wide-ranging and diverse body of literature, we created an interactive spreadsheet which enables exploration of the impact of waiting for specific conditions and/or treatments.

The elective care backlog and ethnicity
Nuffield Trust, November 2022
It is well known that the halt in planned hospital care during the pandemic accelerated growing waiting lists, and that waits for routine care now stand at record-breaking levels. But how did the fallout from the pandemic affect people across different ethnic groups, and was the impact of those cancelled procedures spread evenly? This new Nuffield Trust analysis, supported by the NHS Race and Health Observatory, seeks to answer these questions.

United Kingdom: Health System Review
Health Systems in Transition 24(1), 2022
This analysis provides a review of developments in financing, governance, organisation and delivery, health reforms and performance of the health systems in the United Kingdom.

NHS backlogs and waiting times in England
National Audit Office, 2021
This report looks in detail at backlogs and waiting times for elective and cancer care in the NHS in England. It explains how the current increased backlogs and waiting times have arisen, including the impact of the Covid-19 pandemic. The report sets out: how waiting times performance for elective and cancer care are tracked in the NHS, and how long patients have been waiting relative to the performance standards; the causes of increasing longer waits before the pandemic and the disruption caused by the pandemic; and the steps the Department and NHSE&I have already taken to address the increasing backlogs and waiting times, and the constraints and challenges the NHS faces in making a full recovery.

Hidden health needs: the elephant in the NHS waiting room
LCP, 2021
This report states that NHS waiting list figures vastly underestimate the scale of unmet health need in England. LCP predicts that without intervention the level of need is expected to peak at 15.5 million in 2023 and still stand at 13.5 million in 2024. Even with the planned government intervention, LCP still projects that health need will be 'sky high.' The analysis also reveals the parts of country that are likely to feel this demand strain more acutely, with recently acquired 2019 Conservative 'Red Wall' seats likely to be impacted most.

Where are all the missing hospital patients?
Institute for Fiscal Studies, 2021
Millions of people in England have missed out on hospital care during the course of the pandemic. That is partly because the NHS cancelled or delayed large volumes of non-urgent procedures in order to prioritise the treatment of patients with Covid-19. But it is also, at least in part, because people chose to stay away - perhaps because of a fear of catching the virus in a hospital environment, or a desire not to burden the NHS.

Patient noun adjective: understanding the experience of waiting for care
National Voices, 2020
National Voices was asked by NHS England and NHS Improvement to explore the experience of waiting for care. The reports explores how waits, delays and cancellations impact on people and their families, particularly those living with long term and multiple conditions.

Elective care in England: assessing the impact of Covid-19 and where next
The Health Foundation, 2020

This long read looks at what is known so far about the Covid-19 pandemic's impact on elective care in England.

Case Studies

Closing the gap: actions to reduce waiting times for children and young people
Getting It Right First Time, August 2024
This document provides a concise set of actions to reduce waiting times for children, with links to quick essential data, resources and case studies. These compliment the national toolkit for elective recovery for children and young people and other resources provided on the CYP workspace.

Cutting waiting list and last-minute cancellations FutureNHS account required to view
Mersey and West Lancashire Teaching Hospitals NHS Trust, July 2024
Mersey and West Lancashire Teaching Hospitals NHS Trust introduced new software to help reduce their waiting lists and improve surgery planning systems to cut avoidable on-the-day cancellations. The new software has already seen positive results for patients and staff, including a number of patients being clinically reprioritised and receiving treatment sooner where needed.

Co-producing better ways to manage and respond to waiting lists
Source: IMPACT (Improving Adult Care Together)
In recent years, longer wait times have become more common within adult social care. In many cases, delayed care can remove opportunities for preventative interventions, resulting in greater stress on people who draw on care and support, unpaid carers and care services.

What are local trusts and ICBs doing to address inequalities on waiting lists?
There are examples of successful local initiatives to tackle inequalities on waiting lists including:

- targeted work to reduce rates of missed appointments ('did not attends' or DNAs) – for example, at the Royal Free London NHS Foundation Trust or University Hospitals of Leicester NHS Trust

- targeted support that helps maintain or improve people's health while on waiting lists (prehabilitation) – for example, at Cheshire and Merseyside ICB and Lancashire and South Cumbria ICB

- the use of AI to prioritise people on waiting lists – for example, at University Hospitals Coventry and Warwickshire NHS Trust

Taken from Tackling health inequalities on NHS waiting lists (The King's Fund, November 2023)

Patient-initiated follow up in Leicester, Nottinghamshire, Norfolk and Norwich
NHS Confederation, November 2023
Three trusts have substantially reduced unnecessary outpatients appointments, overdue referrals and waiting lists through patient-initiated follow up.

Treating more cataract patients and reducing waiting times
NHS Confederation, September 2023
Treating more low-complexity cataract patients to reduce the backlog at Milton Keynes University Hospital NHS Foundation Trust.

Reducing the elective backlog: Guy's and St Thomas' NHS Trust
NHS Confederation, 20 July 2023
The urology team at Guy's and St Thomas' NHS Trust reduced the backlog of patients waiting for a prostate procedure.

Reducing the elective care backlog for people with a learning disability: Calderdale and Huddersfield NHS Foundation Trust
NHS Confederation, June 2023
Reducing health inequalities for people with a learning disability who need elective surgery.

Lincolnshire ICB deploys SHREWD WaitLess app
NHS Confederation, June 2023
How Lincolnshire Integrated Care Board deployed VitalHub UK's patient facing app that reduced pressure on urgent and emergency care services.

Lithotripsy machine used to reduce urology elective waiting lists
NHS Confederation, June 2023
How King George Hospital introduced new equipment in the urology department that led to reduced elective backlog for patients.

Reducing the elective care backlog for people with a learning disability: Calderdale and Huddersfield NHS Foundation Trust
NHS Confederation, June 2023
Reducing health inequalities for people with a learning disability who need elective surgery.

Transforming dermatology services across Norfolk and Waveney
FutureNHS account required to view
East of England, May 2023
Project aims and ambitions: Reduce average waiting times for hospital-based consultant advice to 48 hours for routine referrals. Support better outcomes by ensuring patients receive treatment

sooner, including identifying serious diseases that should be referred through urgent pathways.

Non-clinical support for patients waiting for mental health treatment
NHS Confederation, May 2023
Non-clinical, practical support for people with serious mental illness has reduced waiting lists in Cumbria, Northumberland and Tyne and Wear.

Reducing waiting lists by repurposing a Nightingale hospital into a protected elective centre
NHS Confederation, March 2023
How One Devon ICS has worked with local trusts to deliver extra capacity at a former Nightingale hospital, now converted into an elective centre.

Surgical SDEC FutureNHS account required to view
Norfolk & Norwich University Hospitals, January 2023
Same-day emergency care (SDEC) aims to minimise and remove delays in the emergency patient pathway, allowing services to care for urgent/emergency patients within the same day of arrival as an alternative to hospital admission. The national programme team for Same Day Emergency Care have produced several case studies to highlight best practice across England.

Queen Elizabeth Hospital King's Lynn
CLEAR, 2022
Increasing theatre productivity, reducing patient waiting times and improving staff satisfaction.

Prioritising the elective care waiting list in Coventry and Warwickshire
The Strategy Unit, September 2022
This report presents the findings from a project commissioned by NHS Midlands and Lancashire Commissioning Support Unit working closely with University Hospitals Coventry and Warwickshire (UHCW NHS Trust). The project was designed to feed into the development of a prioritisation system that will allow patients on elective care waiting lists to be prioritised, utilising a wider range of factors than have previously been considered.

Tackling long waiting lists and health inequalities in Coventry and Warwickshire
NHS Confederation, October 2021
Coventry and Warwickshire is making inroads on the growing numbers of patients waiting for more than 18 weeks for treatment.

Working as a system to recover the backlog at Harrogate and District NHS Foundation Trust
NHS Confederation, October 2021
How one of North Yorkshire's leading hospitals is working with partners to tackle the backlog of care.

Restoring elective work and looking to the future at East Sussex NHS Healthcare Trust
NHS Confederation, October 2021
How East Sussex has managed its case mix and increased day-case procedures to manage the backlog.

Acting early to restart elective work at Bolton NHS Foundation Trust
NHS Confederation, October 2021
How Bolton and system partners in Greater Manchester approached restarting elective services.

Reducing paediatric surgery waiting lists
NHS Confederation, April 2021
Bath and North East Somerset, Swindon and Wiltshire worked together to reduce waiting times that children were facing for surgery.

Better productivity and experience: embedding an improvement system
Q Community
Transferable learning from Guy's and St Thomas' vaccination service.

Implementing patient initiated follow-up
Q Community
A phased approach to improve access to services at NHS Surrey Heartlands Clinical Commissioning Group.

Utilising independent sector capacity to reduce waiting lists
Midlands and Lancashire CSU
We procured independent sector hospital capacity to divert patients at the point of referrals from NHS trusts to prevent a build-up of patient waiting lists backlogs.

'Cut the wait' – a local photo triage model for long waiters in a dermatology service FutureNHS account required to view
University Hospitals of Derby and Buxton NHS Foundation Trust, November 2020
The aim of the photo triage service was to clear the backlog of patients, which had been exacerbated by the COVID-19 pandemic as well as expediting care for those patients on the waiting list.

How primary care used community outreach to support the Armed Forces community
NHS Employers, December 2024

Discover how Ashfields became a leader in supporting Armed Forces Reservists and the wider community to receive high-quality care and support.

The Star for workforce redesign

More resources and tools are available in the Star

Statistics

Referral to Treatment (RTT) Waiting Times
Source: NHS England
This section contains information on Consultant-led Referral To Treatment (RTT) waiting times, which monitor the length of time from referral through to elective treatment.

NHS planned care waiting times across the UK
Source: Office for National Statistics
A summary of the cross-UK comparability of NHS planned care waiting time statistics.

National Data Programme

Workforce, Training and Education staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Quality improvement project reducing waiting times and improving patients experience using an online questionnaire at a menopause clinic Abstract only*
Post Reproductive Health 31(1), 2025
Abstract: Following the launch of the new Electronic Patient Record (EPR) system, Electronic Patient Integrated Care (EPIC) system at Guys at St Thomas NHS Foundation Trust in the autumn of 2023, it was apparent that clinics were taking longer as members of staff were getting used to the new system. In view of the new system launch, there were further delays in roll over of patient information which was recorded on the previous EPR to EPIC which increased time for clinicians to find relevant information and access new referrals as they had to switch to the old system for information gathering.

Patient experiences of waiting for orthopaedic care and priorities for 'waiting well': a qualitative study in a London NHS trust
Archives of Public Health = Archives Belges De Sante Publique 83(1), 2025
Abstract: BACKGROUND: Following the COVID- 19 pandemic, patients are facing larger waiting lists and longer waiting times than ever before. Long waits for orthopaedic treatment can negatively impact patients' quality of life due to pain, reduced mobility, and the psychological effects of waiting itself. Initial analysis at a London National Health Service (NHS) Trust showed that patients living in the most deprived areas were more likely to face longer waiting times for joint replacement surgery. This study aimed to understand what would support people to live well while waiting for orthopaedic treatment, focusing on those in the most deprived areas.

Prioritizing Patients from the Most Deprived Areas on Elective Waiting Lists in the NHS in England: Estimating the Health and Health Inequality Impact
MDM Policy and Practice 10(1), 2025
Abstract: Introduction. Reducing hospital waiting lists for elective procedures is a policy concern in the National Health Service (NHS) in England. Following growth in waiting lists after COVID-19, the NHS published an elective recovery plan that includes an aim to prioritize patients from deprived areas. We use a previously developed model to estimate the health and health inequality impact under hypothetical targeted versus universal policies to reduce waiting time. Methods. We use a Markov model to estimate the health impact of waiting, by index of multiple deprivation quintile group, for 8 elective procedures.

Outsourcing National Health Service Surgery to the Private Sector: Waiting Time Inequality and the Making of a Two-Tier System for Hip and Knee Replacement in England
International Journal of Social Determinants of Health and Health Services , 2025
Abstract: This study analyzes National Health Service (NHS)-funded elective primary hip and knee replacement admissions and waiting times in England by provider (the NHS and private), socioeconomic deprivation and comorbidity, both prior to the introduction of Independent Sector Treatment Centers from 1997 to 2003 and following the rapid expansion in NHS contracts with the private sector from 2008 to 2019. Between 1997 and 2019, NHS-funded admission rates more than doubled.

Waiting Times and Influencing Factors in Children and Adults Undergoing Assessment for Autism, ADHD, and Other Neurodevelopmental Differences
Autism Research: Official Journal of the International Society for Autism Research 18(4), 2025
Abstract: This study explored waiting times and the factors

influencing them in child and adult populations undergoing assessment for autism, ADHD, and other neurodevelopmental differences. The analysis focused on a retrospective review of 408 cases with assessments completed between October 2021 and May 2022, conducted by 30 diagnosing teams in Scotland. Data included age, final diagnosis, demographics, medical and developmental history, contact frequency, and assessment service adherence to best-practice standards.

Prevalence of socioeconomic deprivation and risk factors in patients on the elective surgery waiting list in the North East and North Cumbria region of England: a cross-sectional study
BMJ Open 15(3), 2025
Abstract: OBJECTIVES: We examined the association of risk factors with socioeconomic deprivation in patients waiting for high volume low complexity (HVLC) surgical procedures in the North East and North Cumbria region., SETTINGS: We analysed data from the Rapid Actionable Insight Driving Reform database which links primary and secondary care elective waiting list data., PARTICIPANTS: Patients were included if they were waiting for HVLC surgery or an initial outpatient appointment for HVLC surgery.

Socioeconomic inequalities in waiting times for breast cancer surgery
Health Economics 34(2), 2025
Abstract: Prompt access to cancer care is a policy priority in several OECD countries, because delayed access can exacerbate deleterious health outcomes. Access to care based on need remains a key pillar of publicly-funded health systems. This study tests for the presence of inequalities in waiting times by socioeconomic status for patients receiving breast cancer surgery (mastectomy or breast conserving surgery) in England using the Hospital Episode Statistics. We investigate separately

the pre-COVID-19 period (April 2015-January 2020), and the COVID-19 period (February 2020-March 2022).

Impact of COVID-19 pandemic on elective care backlog trends, recovery efforts, and capacity needs to address backlogs in Scotland (2013-2023): a descriptive analysis and modelling study
The Lancet Regional Health.Europe 50, 2025
Background: Prioritisation of COVID-19 care led to widespread cancellations of elective care, creating a substantial backlog for healthcare systems worldwide. While the pandemic's impacts on elective hospital waiting lists during the early phase of the pandemic have been described in multiple countries, there is limited research on longer-term impacts and recovery efforts., Methods: We conducted a country-wide analysis of Scotland's healthcare system over an 11-year period (January 1, 2013-December 31, 2023) to assess the pandemic's impact on the elective care backlog, evaluate recovery efforts, and estimate the capacity increase required to clear the backlog. Our analysis involved assessments at national, elective type, regional, and specialty levels.

The Cost Effectiveness of Elective Surgical Procedures with Longer NHS Waiting Lists: A Targeted Review Abstract only*
Applied Health Economics and Health Policy, 2025
Abstract: OBJECTIVES: Our aim was to review the evidence for the cost effectiveness of elective surgeries with long waiting lists within the NHS in England. This is to inform understanding of national spending priorities in the context of significant demand for elective surgeries and to inform the debate on appropriate cost-effectiveness thresholds across healthcare decision making.

A compartmental modelling methodology to support strategic decision making for managing the elective hospital waiting list; application in England's NHS Abstract only*
Health Care Management Science, 2025
Abstract: Waiting list models can support improved strategic management of elective hospital care through estimating possible performance impacts resulting from different demand and capacity related interventions. Single-compartment models have previously been used to model the referral 'inflow' and treatment 'outflow' onto a waiting list, with some also considering the outflow of patients reneging from the waiting list before treatment. The conceptual simplicity of these models promotes scalability through aligning to various waiting list problems and routine data sources. However, these single-compartment models are only able to model waiting list size, and not waiting times.

Reducing waiting lists, generating funds, improving lives: establishing a surgical hub
British Journal of Healthcare Management 30(6), June 2024
Shortening waiting lists for elective care is a key priority for the NHS. Surgical hubs are being established around the UK to provide access to timely care and protect elective resources. A roundtable discussion was held with representatives from 10 NHS organisations, considering the elements of a successful surgical hub and the systemic changes needed to optimise these facilities as part of the care system.

Gynaecology: Clinicians demand urgent support to tackle lengthy waiting lists
BMJ 387, 2024
A failure to prioritise services has left many women with deteriorating health and waiting too long for treatment, Emma Wilkinson reports

A New Approach for Understanding International Hospital Bed Numbers and Application to Local Area Bed Demand and Capacity Planning
International Journal Environment Resources and Public Health 21(8), 2024
Three models/methods are given to understand the extreme international variation in available and occupied hospital bed numbers. These models/methods all rely on readily available data. In the first, occupied beds (rather than available beds) are used to measure the expressed demand for hospital beds. The expressed occupied bed demand for three countries was in the order Australia > England > USA. Next, the age-standardized mortality rate (ASMR) has dual functions.

The cost of keeping patients waiting: retrospective treatment-control study of additional healthcare utilisation for UK patients awaiting elective treatment
BMC Health Services Research 24(556), 2024
Objective: Long waiting times for elective hospital treatments are common in many countries. This study seeks to address a deficit in the literature concerning the effect of long waits on the wider consumption of healthcare resources. Methods: We carried out a retrospective treatment-control study in a healthcare system in South West England from 15 June 2021 to 15 December 2021.

Quality-adjusted life years and surgical waiting list: Systematic review of the literature
World Journal of Gastrointestinal Surgery 16(4), 2024
BACKGROUND: The quality-adjusted life year (QALY) is a metric that is increasingly used today in the field of health economics to evaluate the value of different medical treatments and procedures. Surgical waiting lists (SWLs) represent a pressing problem in public healthcare. The QALY measure has rarely been used in the context of surgery. It would be interesting to know how many QALYs are lost by patients on SWLs., AIM:

To investigate the relationship between QALYs and SWLs in a systematic review of the scientific literature.

[The influence of waiting times and sociopolitical variables on public trust in healthcare: A cross-sectional study of the NHS in England](#)
Public Health in Practice 7, 2024
Objectives: This study aims to assess factors influencing public trust in the National Health Service (NHS) in England, focusing on the impact of waiting times in Accident & Emergency (A&E) departments and for GP-to-specialist cancer referrals. Study design: A cross-sectional survey-based research design was employed, covering the period from July 2022 to July 2023. Method(s): Data were collected through YouGov surveys, yielding 7415 responses. Our analysis is based on 6952 of these responses which we were able to aggregate to 42 NHS Integrated Care Boards (ICBs) for A&E waiting times and 106 ICB sub-units for cancer referral times.

[The impact of the COVID-19 pandemic on 397 631 elective dental admissions among the under-25s in England: a retrospective study](#)
Journal of Public Health (Oxford, England) 46(3), 2024
BACKGROUND: COVID-19 caused widespread disruptions to health services worldwide, including reductions in elective surgery. Tooth extractions are among the most common reasons for elective surgery among children and young people (CYP). It is unclear how COVID-19 affected elective dental surgeries in hospitals over multiple pandemic waves at a national level.

[The impact of NHS outsourcing of elective care to the independent sector on outcomes for patients, healthcare professionals and the United Kingdom health care system: A rapid narrative review of literature](#)
Health Policy 150, 2024

The NHS is increasingly turning to the independent sector, primarily to alleviate elective care backlogs. However, implications for the healthcare system, patients and staff are not well understood. This paper provides a rapid narrative review of research evidence on NHS-funded elective care in the independent sector (IS) and the impact on patients, professionals, and the health care system. The aim was to identify the volume and evaluate the quality of the literature whilst providing a narrative synthesis.

[The Health Impact of Waiting for Elective Procedures in the NHS in England: A Modeling Framework Applied to Coronary Artery Bypass Graft and Total Hip Replacement](#)
Medical Decision Making 44(5), 2024
Abstract: Introduction: The aim of this study is to demonstrate a practical framework that can be applied to estimate the health impact of changes in waiting times across a range of elective procedures in the National Health Service (NHS) in England. We apply this framework by modeling 2 procedures: coronary artery bypass graft (CABG) and total hip replacement (THR). Method(s):

[Inequalities in waiting times for elective hospital care: what can routine health data and standard analytical methods tell us?](#)
Abstract only*
British Journal of Healthcare Management 30(3), 2024
BACKGROUND/AIMS: Identifying health inequalities can require substantial data and analytical resources. A healthcare setting that may be particularly exposed to inequality is elective care, where hospital waiting times have substantially lengthened since the COVID-19 pandemic. This study aimed to investigate how routine health data and standard analytical methods could be used to identify inequalities in waiting times relating to age, sex, ethnicity and socioeconomic deprivation.

[Variation in attendance at emergency departments in England across local areas: A system under unequal pressure](#)
Health Policy (Amsterdam, Netherlands) 150, 2024
BACKGROUND: Crowding in Accident and Emergency Departments (AEDs) and long waiting times are critical issues contributing to adverse patient outcomes and system inefficiencies. These challenges are exacerbated by varying levels of AED attendance across different local areas, which may reflect underlying disparities in primary care provision and population characteristics.

[The cost of keeping patients waiting: retrospective treatment-control study of additional healthcare utilisation for UK patients awaiting elective treatment](#)
BMC Health Services Research 24(1), 2024
OBJECTIVE: Long waiting times for elective hospital treatments are common in many countries. This study seeks to address a deficit in the literature concerning the effect of long waits on the wider consumption of healthcare resources., METHODS: We carried out a retrospective treatment-control study in a healthcare system in South West England from 15 June 2021 to 15 December 2021. We compared weekly contacts with health services of patients waiting over 18 weeks for treatment ('Treatments') and people not on a waiting list ('Controls'). Controls were matched to Treatments based on age, sex, deprivation and multimorbidity. Treatments were stratified by the clinical specialty of the awaited hospital treatment, with healthcare usage assessed over various healthcare settings.

[Private sector expansion and the widening NHS treatment gap between rich and poor in England: Admissions for NHS-funded elective primary hip and knee replacements between 1997/98 and 2018/19](#)
Health Policy (Amsterdam, Netherlands) 146, 2024
AIM: to understand the effect on inequalities of government policies, which require the NHS in England to outsource elective surgery to the private sector. We analysed the numbers of admissions for hip and knee replacement surgery from the least and most deprived population quintiles in three time periods: before the introduction of the policies (1997/98-2002/03); following the implementation of the independent sector treatment centre programme (2003/04-2006/07); and after the extension of 'choice at referral' (2007/08-2018/19).

[Variation in surgery postponement rates in the NHS in England](#)
Abstract only*
The British Journal of Surgery 111(11), 2024
The primary aim of this pilot study was to investigate elective surgical postponement rates during or after preoperative assessment across England, and the reasons for postponement for patients on an elective surgical pathway.

[Improving the management of hospital waiting lists by using nudges in letters: A Randomised controlled trial](#)
Social Science and Medicine 361, 2024
Objective: A commonly adopted intervention to help to reduce wait times for hospital treatment is administrative validation, where administrators write to patients to check if a procedure is still required. The did not return (DNR) rate to validation letters is substantial. We tested whether the DNR rate was reduced by introducing nudges to validation letters.

['Look up from the waiting list and see the bigger picture': a qualitative analysis of clinical specialist physiotherapist perspectives on low back pain care in Ireland](#)
Physiotherapy 123, 2024
INTRODUCTION: Healthcare systems are struggling to deliver high-quality low back pain (LBP) care. In 2012 specialist physiotherapist-led musculoskeletal (MSK) triage services were

introduced in Irish hospitals to expedite patient care and alleviate pressure on elective orthopaedic/ rheumatology consultant clinics. Specialist physiotherapists have expertise to inform health service improvement and reform, but their perspectives of LBP healthcare delivery have received scant attention., OBJECTIVES: To explore specialist physiotherapists' perspectives on LBP care in Ireland, the barriers and facilitators to quality LBP care and the development of MSK interface services in primary care settings

The impact of NHS outsourcing of elective care to the independent sector on outcomes for patients, healthcare professionals and the United Kingdom health care system: A rapid narrative review of literature
Health Policy 150, December 2024
The NHS is increasingly turning to the independent sector, primarily to alleviate elective care backlogs. However, implications for the healthcare system, patients and staff are not well understood. This paper provides a rapid narrative review of research evidence on NHS-funded elective care in the independent sector (IS) and the impact on patients, professionals, and the health care system. The aim was to identify the volume and evaluate the quality of the literature whilst providing a narrative synthesis.

Development and application of simulation modelling for orthopaedic elective resource planning in England
BMJ Open 13(12), 2023
Abstract: OBJECTIVES: This study aimed to develop a simulation model to support orthopaedic elective capacity planning., METHODS: An open-source, generalisable discrete-event simulation was developed, including a web-based application. The model used anonymised patient records between 2016 and 2019 of elective orthopaedic procedures from a National Health Service (NHS) Trust in England. In this paper,

it is used to investigate scenarios including resourcing (beds and theatres) and productivity (lengths of stay, delayed discharges and theatre activity) to support planning for meeting new NHS targets aimed at reducing elective orthopaedic surgical backlogs in a proposed ring-fenced orthopaedic surgical facility.

Factors associated with longer wait times, admission and reattendances in older patients attending emergency departments: an analysis of linked healthcare data
Emergency Medicine Journal : EMJ 40(4), 2023
BACKGROUND AND OBJECTIVE: Care for older patients in the ED is an increasingly important issue with the ageing society. To better assess the quality of care in this patient group, we assessed predictors for three outcomes related to ED care: being seen and discharged within 4 hours of ED arrival; being admitted from ED to hospital and reattending the ED within 30 days. We also used these outcomes to identify better-performing EDs.

Unintended consequences of the 18-week referral to treatment standard in NHS England: a threshold analysis
BMJ Quality & Safety 32(12), 2023
OBJECTIVE: In 2012, an '18-week referral to treatment standard' was introduced in England. Among people on the list of those waiting for hospital treatment at a point in time, the standard states that at least '92% of patients should have been waiting for less than 18 weeks'. Targets can have unintended consequences, where patients are prioritised based on the target rather than clinical need. Such an effect will be evident as a spike in the number of hospital trusts at the target threshold, referred to as a threshold effect. This study examines for threshold effects across all non-specialist acute NHS England hospital trusts by financial year.

Accuracy of a tool to prioritise patients awaiting elective surgery: an implementation report
BMJ Health & Care Informatics 30(1), 2023
STUDY OBJECTIVE: The objective of this study was to evaluate the accuracy of a new elective surgery clinical decision support system, the 'Patient Tacking List' (PTL) tool (C2-Ai(c)) through receiver operating characteristic (ROC) analysis., METHODS: We constructed ROC curves based on risk predictions produced by the tool and compared these with actual patient outcomes on a retrospective cohort of patients awaiting elective surgery.

Elective surgery system strengthening: development, measurement, and validation of the surgical preparedness index across 1632 hospitals in 119 countries
Lancet (London, England) 400(10363), 2022
BACKGROUND: The 2015 Lancet Commission on global surgery identified surgery and anaesthesia as indispensable parts of holistic health-care systems. However, COVID-19 exposed the fragility of planned surgical services around the world, which have also been neglected in pandemic recovery planning. This study aimed to develop and validate a novel index to support local elective surgical system strengthening and address growing backlogs.

General practitioners working in or alongside the emergency department: the GPED mixed-methods study
Health and Social Care Delivery Research, 2022
BACKGROUND: Emergency care is facing a steadily rising demand. In response, hospitals have implemented new models of care that locate general practitioners in or alongside the emergency department., OBJECTIVES: We aimed to explore the effects of general practitioners working in or alongside the emergency department on patient care, the primary care and acute hospital team, and the wider system, as well as to determine the differential effects of different service models.

The Impact of Artificial Intelligence on Waiting Time for Medical Care in an Urgent Care Service for COVID-19: Single-Center Prospective Study
JMIR Formative Research 6(2), 2022
BACKGROUND: To demonstrate the value of implementation of an artificial intelligence solution in health care service, a winning project of the Massachusetts Institute of Technology Hacking Medicine Brazil competition was implemented in an urgent care service for health care professionals at Hospital das Clinicas of the Faculdade de Medicina da Universidade de Sao Paulo during the COVID-19 pandemic., OBJECTIVE: The aim of this study was to determine the impact of implementation of the digital solution in the urgent care service, assessing the reduction of nonvalue-added activities and its effect on the nurses' time required for screening and the waiting time for patients to receive medical care.

A proposed redesign of elective cataract services in Scotland - pilot project
Eye (London, England) 36(11), 2022
BACKGROUND: The demand for cataract surgery is expected to increase by 25% in the next 10 years as the result of our ageing population. A new pathway is being proposed to improve efficiency by utilising the new General Ophthalmic Services code 2.9 for community optometrists in Scotland for Cataract Referral Refinement and Consenting process. A pilot project has been undertaken at NHS Grampian enabling patients to be assessed and undergo surgery at a single visit to the Eye Outpatient Department.

Oral surgery wait times in NHS secondary dental care in England: a five-year review Abstract only*
British Dental Journal, 2022
Aims To report the oral surgery referral to treatment waiting times in hospitals in England and to identify any trends in the

percentage of patients seen within 18 weeks. Materials and methods Data published by the NHS statistics team was analysed from 2016-2020. Results Pre-COVID-19, the best performing month was February 2016, with 91.5% of patients seen within 18 weeks. The worst performing month was September 2019, with 79.3% of patients seen within 18 weeks.

Emergency contracting and the delivery of elective care services across the English National Health Service and independent sector during COVID-19: a descriptive analysis
BMJ Open 12(7), 2022
BACKGROUND: Following a virtual standstill in the delivery of elective procedures in England, a national block contract between the NHS and the independent sector aimed to help restart surgical care. This study aims to describe subsequent changes in trends in elective care service delivery following implementation of the initial iteration of this contract.

Modeling the Recovery of Elective Waiting Lists Following COVID-19: Scenario Projections for England
Value in Health : The Journal of the International Society for Pharmacoeconomics and Outcomes Research 25(11), 2022
OBJECTIVES: A significant indirect impact of COVID-19 has been the increasing elective waiting times observed in many countries. In England's National Health Service, the waiting list has grown from 4.4 million in February 2020 to 5.7 million by August 2021. The objective of this study was to estimate the trajectory of future waiting list size and waiting times up to December 2025.

Socioeconomic inequality, waiting time initiatives and austerity in Scotland: an interrupted time series analysis of elective hip and knee replacements and arthroscopies
Journal of the Royal Society of Medicine 115(10), 2022
OBJECTIVES: National Health Service (NHS) waiting times have long been a political priority in Scotland. In 2002, the Scottish government launched a programme of investment and reform to reduce waiting times. The effect on waiting time inequality is unknown as is the impact of subsequent austerity measures., DESIGN: An interrupted time series analysis between the most and least socioeconomically deprived population quintiles since the introduction of waiting time initiative 1 July 2002 and austerity measures 1 April 2010.

An observational study on IAPT waiting times before, during and after the COVID-19 pandemic using descriptive time-series data
Full text available with NHS OpenAthens account*
Mental Health Review Journal, 2022
Purpose: The purpose of this paper is to explore waiting times in improving access to psychological therapies (IAPT) services before and throughout the COVID-19 pandemic. The paper aims to help develop a better understanding of waiting times in IAPT so that interventions can be developed to address them. Design/methodology/approach: IAPT national data reports was analysed to determine access and in-treatment waiting times before, during and after the COVID-19 pandemic. Time-series data was used to examine referral patterns, waiting list size and waiting times between the period of November 2018 and January 2022.

A predictive model for the post-pandemic delay in elective treatment
Operations Research for Health Care 34, 2022
The COVID-19 pandemic had a major impact on healthcare systems across the world. In the United Kingdom, one of the strategies used by hospitals to cope with the surge in patients infected with SARS-Cov-2 was to cancel a vast number of elective treatments planned and limit its resources for non-critical patients. This resulted in a 30% drop in the number of people joining the waiting list in 2020-2021 versus 2019-2020. Once the

pandemic subsides and resources are freed for elective treatment, the expectation is that the patients failing to receive treatment throughout the pandemic would trigger a significant backlog on the waiting list post-pandemic with major repercussions to patient health and quality of life.

Backlogs and Bulges: Can Value Chains Fix the National Health Service Waiting List? Abstract only*
NEJM Catalyst Innovations in Care Delivery, 2022
Previous solutions to the waiting list for elective care in England have been too narrowly focused, thereby shifting the problem to other parts of the care pathway. Copyright © 2022 NEJM Catalyst Innovations in Care Delivery. All right reserved.

Delivery of elective care in the future
Future Healthcare Journal 9(2), 2022
The delivery of elective care needs to be reimagined to tackle the increasing demand for services that is currently outstripping the available capacity; a problem exacerbated by the impact of the COVID-19 pandemic. This article highlights key strategies to improve the delivery of elective care combined with local and national examples of best practice. It is based on key recommendations from the Getting It Right First Time (GIRFT) programme: the UK's largest healthcare quality improvement programme operating across 42 clinical specialties.

Development of a New Pathway during Covid Pandemic to Reduce the Waiting List in Hysteroscopy Clinic Abstract only*
Mymensingh Medical Journal : MMJ 31(3), 2022
To develop an efficient and practical pathway to reduce the waiting list for outpatient hysteroscopy in patients with post menopausal bleeding. The clinical data was retrospectively analysed in Welsh Clinical Portal of 1339 patients who were referred for hysteroscopy as urgent suspected cancer over a

period of 12 months (1st January to 31st December 2019) in Hywel DDA University Health Board in Wales, United Kingdom.

Surgical activity in England and Wales during the COVID-19 pandemic: a nationwide observational cohort study
British Journal of Anaesthesia 127(2), 2021
BACKGROUND: A significant proportion of healthcare resource has been diverted to the care of those with COVID-19. This study reports the volume of surgical activity and the number of cancelled surgical procedures during the COVID-19 pandemic., METHODS: We used hospital episode statistics for all adult patients undergoing surgery between January 1, 2020 and December 31, 2020 in England and Wales. We identified surgical procedures using a previously published list of procedure codes. Procedures were stratified by urgency of surgery as defined by NHS England. We calculated the deficit of surgical activity by comparing the expected number of procedures from 2016 to 2019 with the actual number of procedures in 2020. Using a linear regression model, we calculated the expected cumulative number of cancelled procedures by December 31, 2021.

Implementation of a mHealth solution to remotely monitor patients on a cardiac surgical waiting list: service evaluation
JAMIA Open 4(3), 2021
BACKGROUND: The emergence of COVID-19 resulted in postponement of nonemergent surgical procedures for cardiac patients in London. mHealth represented a potentially viable mechanism for highlighting deteriorating patients on the lengthened cardiac surgical waiting lists., OBJECTIVE: To evaluate the deployment of a digital health solution to support continuous triaging of patients on a cardiac surgical waiting list.

Exploring socioeconomic differences in surgery and in time to elective surgery for colon cancer in England: Population-based study Full text available with NHS OpenAthens account*
Cancer Epidemiology 71, 2021
BACKGROUND: A persistent socioeconomic gap in colon cancer survival is observed in England. Provision of cancer care may also vary by socioeconomic status (SES). We investigated population-based data to explore differential surgical care by SES., METHODS: We analysed a retrospective cohort of patients diagnosed with colon cancer in England (2010-2013). We examined patterns of presentation and surgery by SES, and whether socioeconomic differences exist in the length of time from diagnosis to elective major resection using linear regression.

Same day cancellations of elective operations in a tertiary hospital in south-east England: A review of 11 000 patients in 1 year Abstract only*
British Journal of Health Care Management 26(1), 2020
Cancellations of elective operations have negative consequences, both for patients and the NHS. For the latter, reducing waiting times for surgical procedures remains a pressing concern, as does maintenance of adequate staffing. This study aimed to identify factors contributing to the cancellation of elective operations on the day of the procedure in order to suggest measures that could be taken to reduce these incidents.

New geographic model of care to manage the post-COVID-19 elective surgery aftershock in England: a retrospective observational study
BMJ Open 10(10), 2020
OBJECTIVES: The suspension of elective surgery during the COVID-19 pandemic is unprecedented and has resulted in record volumes of patients waiting for operations. Novel

approaches that maximise capacity and efficiency of surgical care are urgently required. This study applies Markov multiscale community detection (MMCD), an unsupervised graph-based clustering framework, to identify new surgical care models based on pooled waiting-lists delivered across an expanded network of surgical providers.

Why are there long waits at English emergency departments?
European Journal of Health Economics 21(2), 2020
A core performance target for the English National Health Service (NHS) concerns waiting times at Emergency Departments (EDs), with the aim of minimising long waits. We investigate the drivers of long waits. We analyse weekly data for all major EDs in England from April 2011 to March 2016. A Poisson model with ED fixed effects is used to explore the impact on long (> 4 h) waits of variations in demand (population need and patient case-mix) and supply (emergency physicians, introduction of a Minor Injury Unit (MIU), inpatient bed occupancy, delayed discharges and long-term care). We assess overall ED waits and waits on a trolley (gurney) before admission.

The impacts of private hospital entry on the public market for elective care in England
Journal of Health Economics 73, 2020
This paper examines reforms that enabled private hospitals to compete with public hospitals for elective patients in England. Studying hip replacements, we compare changes in outcomes across areas differentially exposed to private hospital entry, instrumenting hospital entry with the pre-reform location of private hospitals. We find private hospital entry increased the number of publicly funded hip replacements by 12 per cent but did not reduce volumes at incumbent public hospitals, and had no impact on readmission rates.

Tackling the elective case backlog generated by Covid-19: the scale of the problem and solutions Abstract only*
Journal of Public Health 42(4), 2020
BACKGROUND: In April 2020, Covid-19 brought NHS elective procedures to a halt. The aim of this paper is to produce accurate forecasts on the building backlog, highlight the state of waiting lists currently and propose solutions required to prevent a public health crisis. METHOD: Using data published by NHS digital and NHS England on previous years, we have analysed and used this to produce estimates of cancellations and missed cases. We also analyse government data on waiting lists and show compliance or lack of with these.

Socioeconomic inequalities in waiting times for primary care across ten OECD countries Abstract only*
Social Science & Medicine (1982) 263, 2020
Waiting times for health care are a major policy concern across OECD countries. Waiting times are generally tolerated in publicly-funded health systems and perceived as equitable if access to care is not based on socioeconomic status. Although a growing literature has documented that socioeconomic status is negatively associated with waiting times for secondary care in several countries, less is known about waiting time inequalities in primary care, which is the focus of this study. We exploit the Commonwealth Fund's International Health Policy Survey of Adults in 2010, 2013 and 2016 and include ten OECD countries (Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom).

Hospital Trusts productivity in the English NHS: Uncovering possible drivers of productivity variations
PLoS One, 2017
Background: Health care systems in OECD countries are increasingly facing economic challenges and funding pressures.

These normally demand interventions (political, financial and organisational) aimed at improving the efficiency of the health system as a whole and its single components. In 2009, the English NHS Chief Executive, Sir David Nicholson, warned that a potential funding gap of £20 billion should be met by extensive efficiency savings by March 2015. Our study investigates possible drivers of differential Trust performance (productivity) for the financial years 2010/11-2012/13.

News and Features

Health leaders express doubt over government plan to slash waiting times in England
BMJ (Clinical Research Ed.) 388, 2025
The government has announced several measures to cut waiting times for NHS elective treatment in England, including expanding community diagnostic centres, creating 14 new surgical hubs, and increasing the use of remote monitoring technology.
The aim is for 92% of people waiting for non-urgent elective treatment to be seen within 18 weeks of referral by the end of this parliament (March 2029).[1] In the shorter term, the plans should mean that 65% of patients are treated within 18 weeks by the end of 2026—equivalent to around 450 000 people, on the basis of the current waiting list.

NHS England cuts targets in drive to reduce waiting times
BMJ, 2025
The number of targets for the NHS in England are to be halved in the coming financial year, from 32 to 18, in an attempt to focus on reducing waiting times. NHS England's plans have had a mixed response, with some welcoming the move but others voicing concerns that important areas such as mental healthcare and dementia care will suffer as a result.

Operational planning guidance[1] says that NHS England wants to see a "significant streamlining" of priorities and success measures in 2025-26 to focus on delivering faster treatments for patients.

[Surgical hubs can help tackle hospital waiting lists in England, study suggests](#)
BMJ (Clinical Research Ed.) 386, 2024
The expansion of NHS surgical hubs in England should be "turbocharged," as new research indicates that they can play a big role in cutting waiting lists, the Royal College of Surgeons of England has said. So far more than 100 NHS trusts in England have set up surgical hubs with ringfenced capacity to carry out operations such as hip replacements and cataract removals, aiming to improve productivity. New hubs were created to help healthcare services recover from the covid pandemic, with an initial focus on high volume low complexity (HVLC) specialties, and 26 more are planned to open by the end of 2025.

["Cycle of poor performance" means slow progress in tackling waiting list in England](#)
BMJ (Clinical Research Ed.) 385, 2024
Waiting times for NHS hospital treatment in England have improved slightly according to the latest performance figures, but experts are warning the NHS is stuck in a cycle of poor performance and the way figures are counted has affected the overall picture.

[David Oliver: Can the recovery plan for elective care in England deliver?](#)
BMJ (Clinical Research Ed.) 376, 2022
Even before the covid-19 pandemic hit the UK in 2020, waiting lists for elective outpatient appointments, investigations, and procedures were growing. Covid has rapidly increased already long waiting times. Across the four UK nations we now face

longer waits and more patients on lists than in decades, including more than six million in England.[1] There's also concern that millions of patients are potentially missing from lists, who would ordinarily have been booked in pre-pandemic times.[2]