



Max Warner, IFS

# Ongoing Covid pressures on the NHS

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Economic  
and Social  
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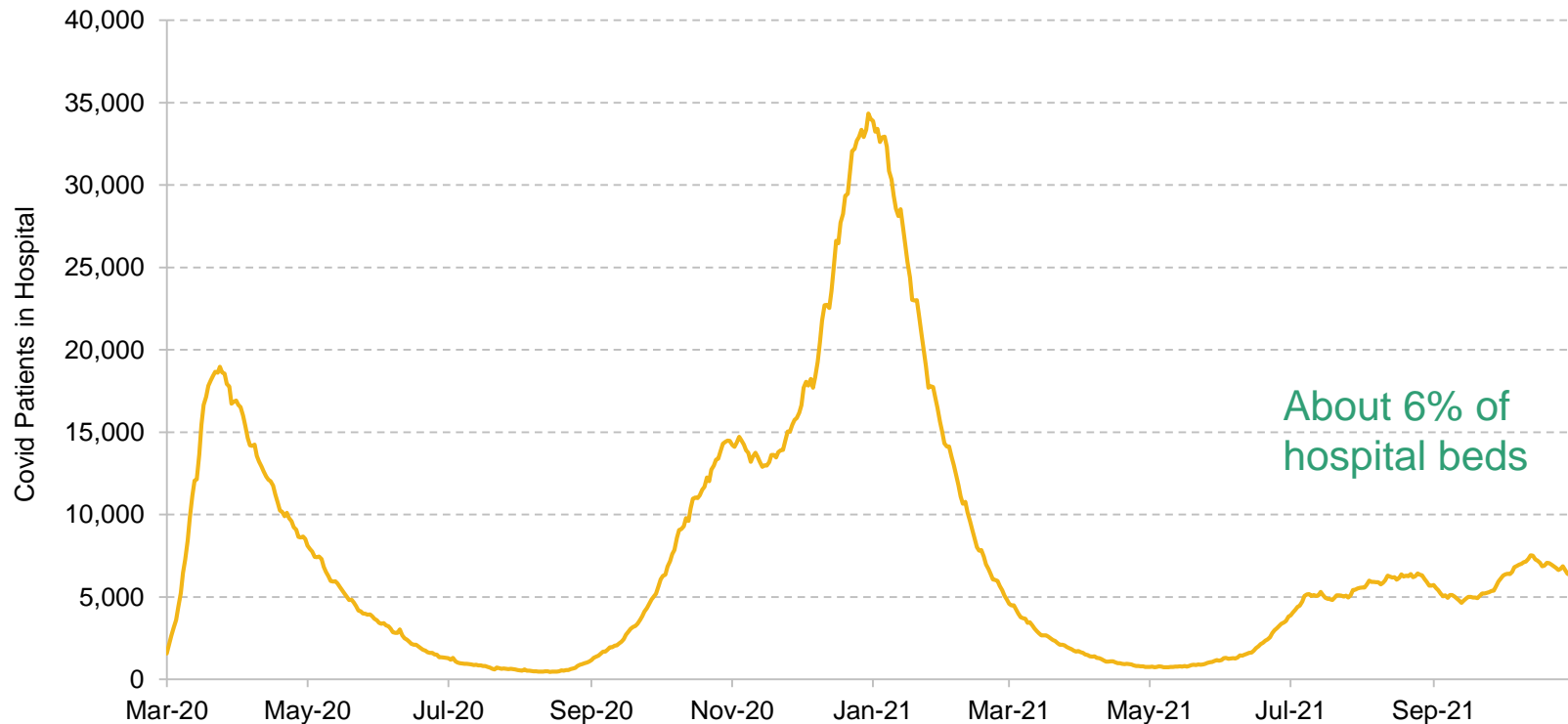
# Introduction



- The NHS faces many Covid-19 pressures
- **Continued direct pressure** from Covid-19
  - Treating Covid patients
  - Delivering Covid vaccinations
  - Infection control measures
- **Indirect pressures are large too, and will last much longer**
  - Catching up on missed activity
  - Mental health effects
  - Workforce challenges
- This is on top of **pre-existing pressures**

# Fewer Covid patients in hospital, but still about 6,000

## Covid-19 patients in English hospitals



Note: Last updated 21/11/2021 Source: UK Covid Dashboard

# The NHS continues to deliver millions of vaccines

## Covid-19 vaccine doses delivered in England

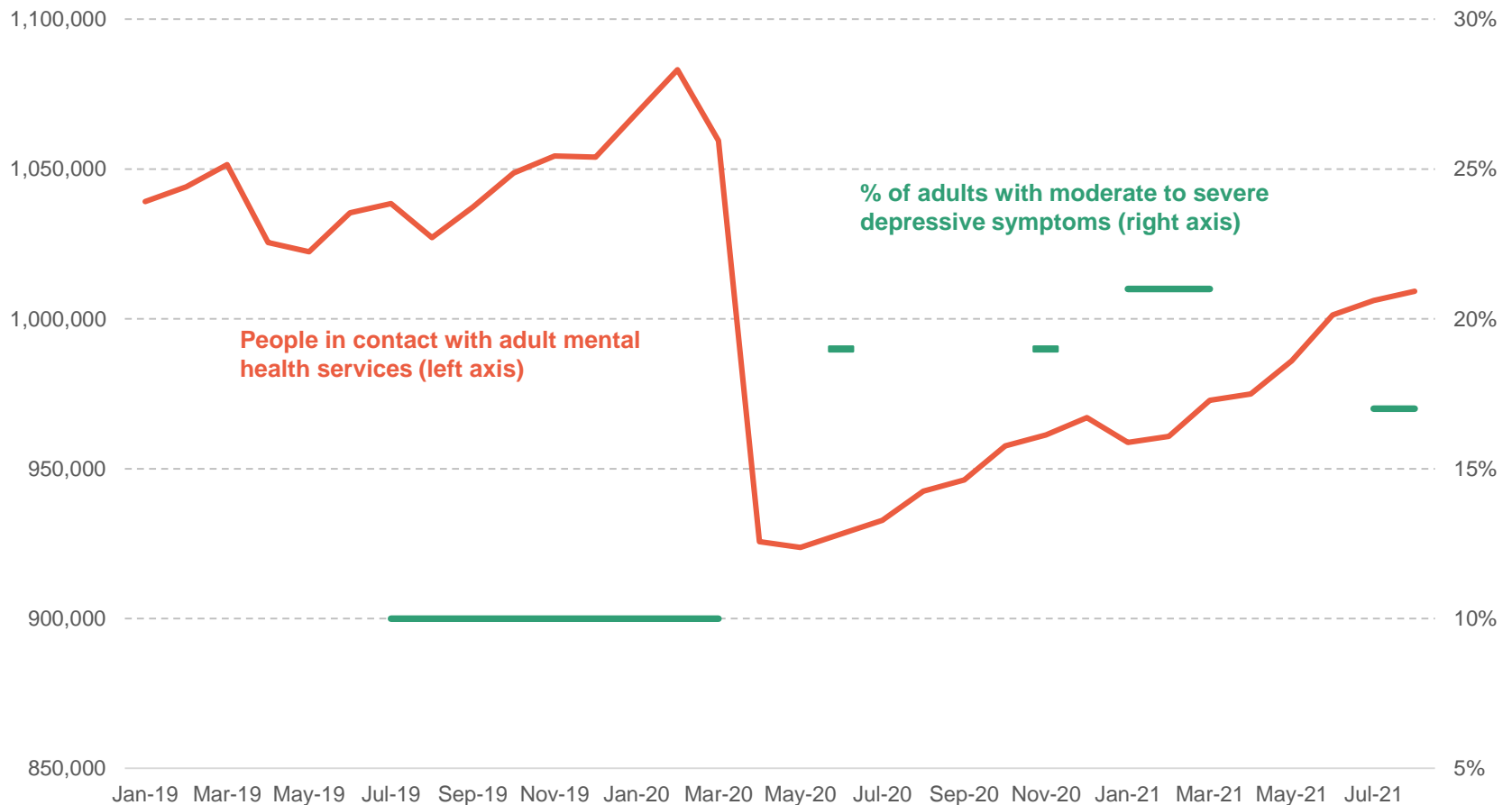


Note: Last updated 21/11/2021. Seven day rolling average. Source: UK Covid Dashboard

# Direct effects of Covid-19

- Infection control measures are particularly costly
  - Covid and non-Covid patients need to be kept apart
  - Staff need to take time changing PPE
  - Reduced capacity in non-Covid wards
  - Certain treatments require additional measures
- Reduces the number of available beds, and the productivity of staff
- High levels of Covid in the community mean these measures are important even in hospitals without Covid patients
- Long-Covid – many affected but relatively inexpensive for NHS
- Test and Trace – funded by the DHSC rather than NHS

# Demand for mental health services rose, as supply fell



Source: Figure 6.23, Pressures on the NHS, IFS Green Budget 2021, Warner and Zaranko (2021). Updated with latest data.

# Missed care

- Millions missed treatment during the pandemic
- Care was missed because
  - Hospitals shut down non-essential services
  - Patients avoided seeking care
  - Changes in care needs
- Some groups lost more care than others
- Much of this care will still be needed, but many known unknowns
- Huge challenge to return to delivering routine care and catch-up on the missed care

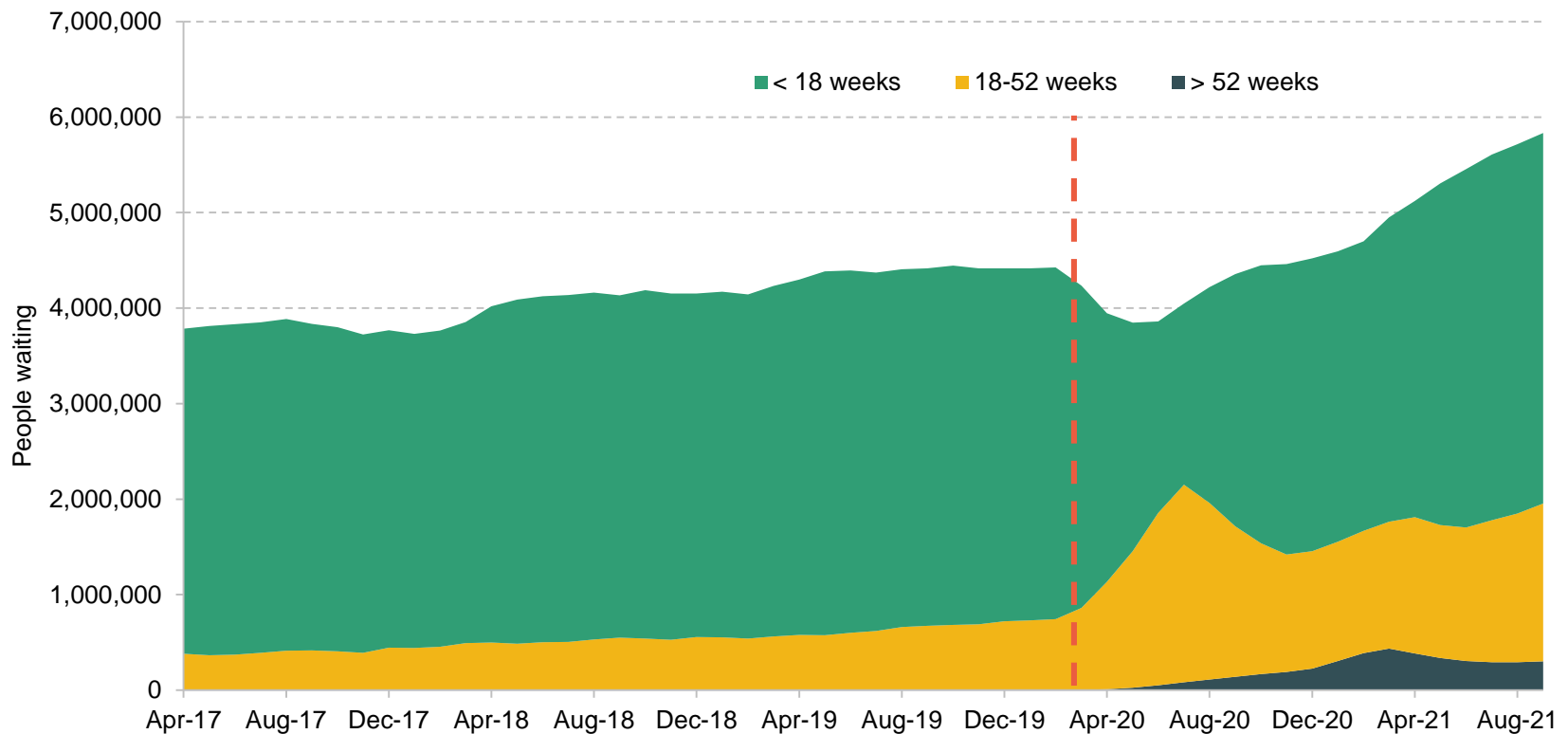
# Millions missed treatment during the pandemic

- In the first twelve months of the pandemic, there were
  - **3.5 million** fewer elective admissions
  - **1.6 million** fewer non-Covid emergency admissions
  - **20.2 million** fewer outpatient appointments
- Some activity has bounced back
  - e.g. GP appointments and A&E arrivals **2-3% above** 2019 levels
- But little sign of a surge in elective activity
  - Admissions from the waiting list are still **12% below** 2019 levels



# Waiting lists have grown, but only by 1.4 million people

## Total NHS waiting list length



Source: NHS RTT Waiting Times Data

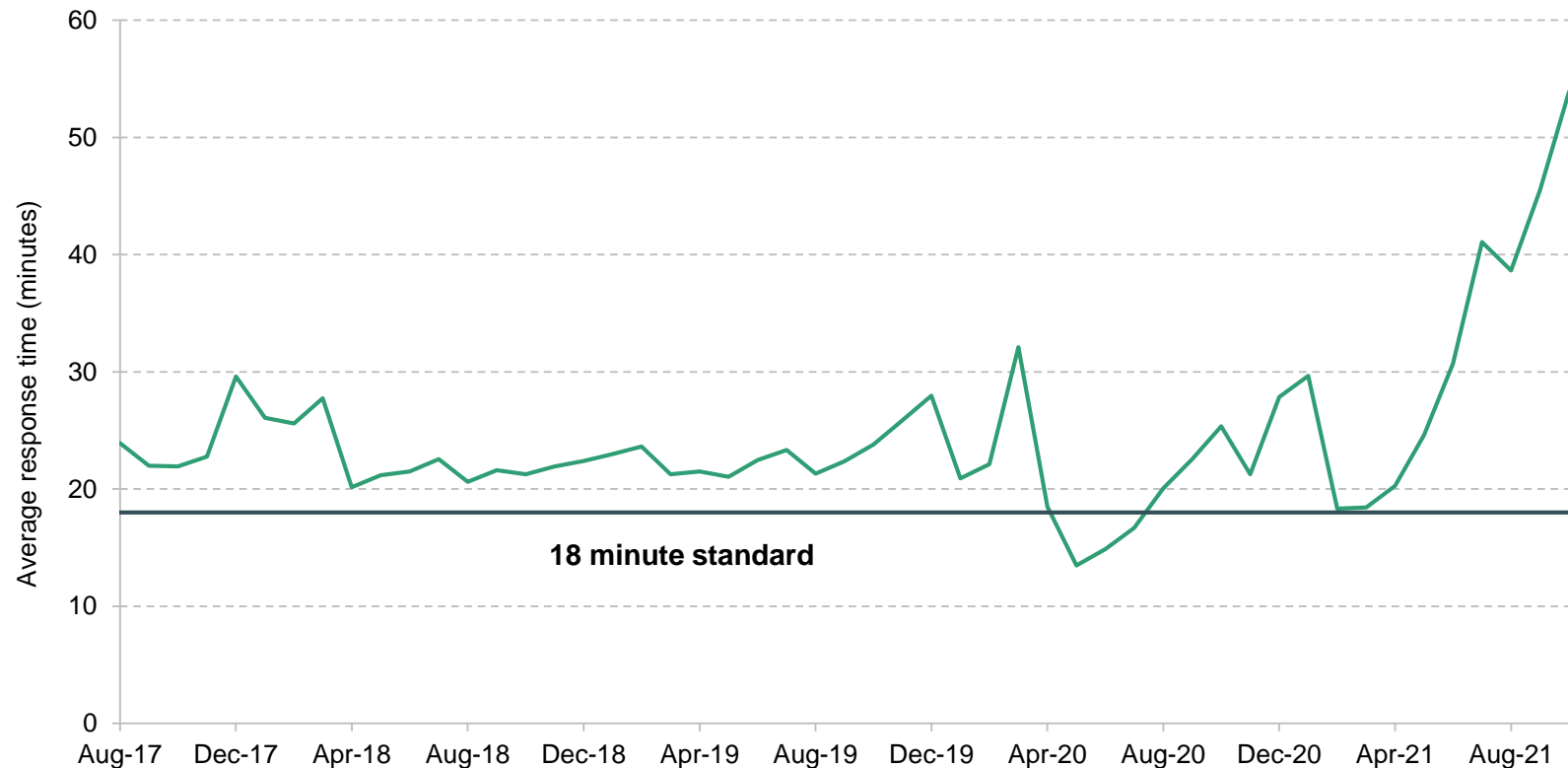
# Where are those who missed care?



- Millions lost care and most **weren't added to waiting lists**
- If/when these patients start to return, waiting lists will rise rapidly
- Will likely take years to get waiting lists back to pre-pandemic levels, which were already very high
- Government has announced £8 billion for catch-up over the next three years, we think enough but **staffing is the real constraint**
- But there is currently **little evidence that patients who missed care are returning**
- Some patients who missed care are now presenting at A&E
- This is putting pressure on emergency services, on top of the standard winter pressures that will soon begin

# Pressure on emergency services

Average ambulance response time for serious conditions, e.g. chest pain or stroke



Source: NHS England's Ambulance Quality Indicators

# Conclusions

- The NHS is still facing direct pressure from Covid-19
- Millions of people missed care during the pandemic, and it will take years to catch back up
- Our best estimates are that the government has provided enough money for catch-up at least in the short-term
  - Staffing remains an important constraint and many unknowns
- Other major pressures not discussed – staffing, aging population

The Institute for Fiscal Studies  
7 Ridgmount Street  
London  
WC1E 7AE

[www.ifs.org.uk](http://www.ifs.org.uk)



# Further resources

- Pressures on the NHS (Max Warner and Ben Zaranko), IFS 2021 Green Budget Chapter <https://ifs.org.uk/publications/15606>
- Could waiting lists really reach 13 million? (George Stoye, Max Warner and Ben Zaranko), IFS Observation <https://ifs.org.uk/publications/15557>
- Direct and indirect health impacts of COVID-19 in England (IFS, DHSC, Health Foundation and other organisations), SAGE Report <https://ifs.org.uk/publications/15627>
- What happened to English NHS hospital activity during the COVID-19 pandemic? (Samantha Burn, Carol Propper, George Stoye, Max Warner, Paul Aylin, Alex Bottle), IFS Briefing Note <https://ifs.org.uk/publications/15432>