

NHS output stays low

I have been asking about the big decline in non CV 19 work in the NHS this year. Like most people I am grateful for the tireless work the CV 19 teams put in to nurse and treat those with CV 19 during the peak period of the pandemic in the spring and subsequently. Some medical and research staff have also made important advances in understanding this nasty disease which is a great contribution for all of us. Now it should be possible to use the extra capacity put in earlier this year for CV 19 and to run the rest of the NHS for the many other conditions that need treating.

The government tells me in answer to Parliamentary Questions that it has "paused " data collection and assessment of productivity this year owing to the CV 19 problems.

They state "we expect NHS productivity will have fallen considerably in 2020-21 because of increased spending on the Covid 19 response and due to reductions in elective and non elective admissions to prevent further infections in hospitals". In other words, because they persevered with mixed use hospitals with CV 19 treated alongside other conditions they removed elective non urgent surgery for a period from the hospitals altogether. They saw a reduced number of patients with other more serious and urgent conditions. Fear of infection spreading meant more social distancing and lower workloads for non CV 19.

I was also told that "for July and August,(after the end of lockdown), total completed pathways from referral to treatment were 61% of those for the same period in 2019." By August the NHS was achieving 71% of previous year levels for first outpatient appointments.

This means we are still short of significant capacity to handle non CV 19 matters. It also indicates that the decision to carry on treating CV 19 in General hospitals rather than creating isolation hospitals comes with a cost in lost activity for other conditions. In many places around the country it is possible to designate a Nightingale or one of the existing General Hospitals as a specialist isolation hospital to free the others to work normally at full capacity. We need the CV19 capacity added through Nightingales, and through acquisition of many more ventilators and intensive care equipment for CV 19 and we need to get back to previous capacity for everything else.