|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | North East | North West | Y&H | East Midlands | West Midlands | East of England | London | South East | South West |
| Total no of respondents | 59 | 194 | 153 | 119 | 146 | 167 | 229 | 221 | 155 |
| Not enough information from the NHS while waiting | 28% | 25% | 25% | 24% | 26% | 21% | 23% | 29% | 20% |
| Impact on the level of pain | 47% | 65% | 52% | 65% | 59% | 59% | 56% | 59% | 47% |
| Impact on mental health | 49% | 63% | 45% | 52% | 59% | 58% | 49% | 55% | 51% |
| Impact on everyday tasks | 32% | 59% | 49% | 54% | 59% | 55% | 50% | 54% | 49% |
| Impact on work | 27% | 44% | 34% | 53% | 60% | 44% | 39% | 37% | 43% |
| Have gone private or considering it | 17% | 13% | 15% | 18% | 20% | 22% | 25% | 17% | 18% |
| Can’t afford go private | 57% | 52% | 45% | 54% | 51% | 42% | 39% | 51% | 45% |
| Willing to travel to receive treatment | 31% | 29% | 27% | 25% | 33% | 32% | 29% | 27% | 30% |

**YouGov poll: All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 6248 adults, of whom 1,675 were waiting for planned NHS treatment and/ or had relatives who were. Fieldwork was undertaken between 19th - 24th August 2021.  The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).**

Press release

**Embargoed until Monday 27 September, 00:01am**

**People living in the poorest areas waiting longer for hospital treatment**

***The King’s Fund and Healthwatch England jointly call for urgent action to address hospital waiting lists and improve patients’ experience of delays to treatment***

New analysis from The King’s Fund shows that people living in the most deprived areas in England are nearly twice (1.8 times) as likely to experience a wait of over one year for hospital care than those in the most affluent.

The analysis looks at waiting lists for planned hospital treatment such as knee and hip replacements, cataract surgery and other common procedures.

It shows that more than seven per cent of patients on waiting lists in the most deprived areas of the country have been waiting a year or more for treatment compared to around four per cent of those in the least deprived.

With a record 5.6 million people across the country currently waiting for hospital treatment, the analysis also shows that waiting lists are growing more quickly in deprived areas. From April 2020 to July 2021 (latest available data), waiting lists have on average grown by 55 per cent in the most deprived parts of the country compared to 36 per cent in the least deprived areas.

This trend suggests that people feel safer about coming forward for treatment and are being referred for the care they need. However, the disparities in waiting times uncovered by this analysis are a significant concern on top of the impact of the pandemic which hit the most deprived communities hardest.

A national poll of over 1,600 British adults currently waiting for planned treatment, or who have a relative who is waiting, suggests people’s experience of delays to treatment can take a toll on their health and wellbeing.

The poll, commissioned by Healthwatch England, found nearly half of the respondents, 46%, said they or their relatives didn’t receive enough information, or any at all, about when they can expect their treatment. And 48% didn’t receive any support to manage their condition during their wait.

It also found:

* Over half, 57% of those whose treatment got delayed agreed that this was taking a toll on the level of pain they faced; 54% agreed that their mental health had been affected; 53%, that their ability to carry out household tasks had been affected; and 42%, that their ability to work had been affected.
* Nearly one in five people, 18%, have already gone private for treatment or are considering it.
* Going private wasn’t an option for nearly one in two, 47%, of the respondents who had their treatment delayed.
* Over half of the respondents, 57%, said they or their relatives would be willing to travel to receive treatment if it reduced their waiting time. One in five would be willing to travel as long as the NHS offered support such as accommodation (10%) and transport (10%).

**Siva Anandaciva, Chief Analyst at The King’s Fund said:**

‘Waits for hospital treatment were already rising before Covid-19. But the pandemic has pushed NHS waiting lists to record levels and laid bare the deep health inequalities in our country.

“It is not a surprise that waits for NHS care vary across the country but the fact that patients in deprived areas are nearly twice as likely to wait a year or more for planned treatment should be a wake-up call for a government that has committed to levelling up the country, and ring alarm bells for MPs in ‘red wall’ constituencies.

“The government’s forthcoming plan to tackle the backlog of care must include a strong focus on tackling health inequalities and avoid a one-size fits all approach, otherwise there is a real risk that patients from our most deprived communities will continue to wait the longest for the treatment they need.’

**Sir Robert Francis, Chair of Healthwatch England, said:**

“With healthcare services forced to prioritise critically ill patients throughout the pandemic, it is a reality that people will be waiting longer for hospital treatment for a while.

“However, NHS England must manage waiting lists better by reducing the risks and inconvenience to patients caused by delays to care, as part of the national action to reduce the backlog.

“People need clear and individualised information from the NHS, such as what the next steps for their treatment or care will be and how long they can expect to wait. They also need to have easy ways to update the NHS about changes in their condition. With more emphasis on interim support, such as physiotherapy, pain relief and mental health support, we can make the experience of waiting more bearable and get people ready for surgery.  Managing delays should not be a one-off transaction. People need an ongoing relationship which minimises the risks and stress of waiting.

“The extra investment into elective care should be welcomed, but we won’t tackle the backlog overnight. As millions continue to wait for treatment, we can take steps to give people confidence they haven’t been forgotten, which is critical when you’ve been suffering in silence for months.”

**Healthwatch England has set out recommendations for NHS England based on public feedback it has already received:**

* Provide personalised, clear, accurate and consistent communication to people waiting for NHS treatment, consultation and surgery, including where they are on the waiting list;
* Keep people informed about the next steps for their treatment;
* Provide a point of contact for people on waiting lists to turn to for advice and support;
* Put in place interim support, such as physiotherapy, pain relief and mental health support;
* Put in place a system to better manage waiting lists, with a focus on diagnostics to identify what is wrong and better prioritise urgent treatments;
* Re-prioritise treatment if people’s needs change.

**To help NHS services improve support for people while they wait for care, Healthwatch England has launched a survey to gather the publics ideas and experiences. To take part visit:**[**smartsurvey.co.uk/s/SQVSJO/**](https://www.smartsurvey.co.uk/s/SQVSJO/)

**Case study**

Sybil Williams, 86, from Minehead waited for hip replacement surgery for 17 months, following referral to Musgrove hospital in October 2019. The surgery was to take place in spring 2020 but was delayed due to the outbreak of the pandemic. Sybil wasn’t told when she would have her treatment or was provided with any support as she waited in pain.

Sybil, who is a retired nurse, said: “As I was waiting for my surgery, I would frequently call both the admissions department and the surgeon’s secretary to check on progress - as a reminder I was in pain.

The waiting time was dreadful. I was in constant pain and at times thought I couldn’t go on any longer. I felt suicidal in December 2020.

Due to my amputated leg, I use mobility aids to get around, but I developed a shoulder injury that was so painful I couldn’t move. I had lost a lot of my independence and had to turn to painkillers to ease my pain while waiting for surgery.

When the day finally came, I felt extremely well looked after by the NHS. The surgery went very well too. I have now regained my independence and joy of life. You wouldn’t even know there had been anything wrong with that hip.”

-Ends-

**NOTES TO EDITORS**

**Interviews and case studies are available on request.**

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**About Healthwatch:**

Healthwatch is your health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, we helped nearly a million people like you to have your say and get the support you need.

**About the poll: All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 6248 adults, of whom 1,675 were waiting for planned NHS treatment and/ or had relatives who were. Fieldwork was undertaken between 19th - 24th August 2021.  The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).**

**The King’s Fund** is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

**About the waiting list analysis (methodology)**

Researchers at The King’s Fund analysed data from NHS England’s [*Consultant-led Referral to Treatment Waiting Times Data 2021/22*](https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/) , referenced with the Ministry of Housing Communities and Local Government’s [*English Indices of Multiple Deprivation 2019*](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019). The measure of deprivation takes account of income, employment, education, skills and training, amongst other things.

There are currently 106 Clinical Commissioning Group (CCG) areas in England and a sample of 94 was used for the analysis. People in those 94 areas account for over 4 million people waiting to receive NHS consultant-led treatment, equivalent to 72% of the total waiting list ( 5.6 million in July 2021). Some Clinical Commissioning Group areas were excluded from the analysis because their geographical footprint had changed over the reference period, or because they include Trusts that did not report data in the period. Commissioning regions and hubs were also excluded as they do not have a single deprivation measure.

The analysis found that:

* Across the sample of CCGs, the total waiting list increased by 42 per cent from April 2020 (the first full month of pandemic related disruption in the NHS) to latest figures (from 2.8 million in April 2020 to 4 million in July 2021) , but there was large variation across CCGs: The smallest increase was less than 10 per cent, the greatest was 92 per cent.
* Grouping CCGs into quintiles of deprivation using the English Indices of Multiple Deprivation 2019, we found that CCGs in the most deprived quintile saw the fastest rate of increase (55 per cent, an increase from 0.46 million in April 2020 to 0.69 million in July 2021) while the least deprived quintile saw the slowest rate of increase (36 per cent, an increase from 0.66 million in April 2020 to 0.9 million in July 2021)
* The most deprived areas had the greatest proportion of people waiting over one year in July 2021. 7.3 per cent of people waiting for care in the most deprived quintile had been waiting over one year, compared to 4.0 per cent in the least deprived quintile.