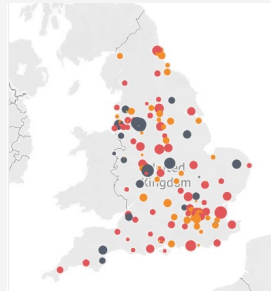


The backlog problem: addressing the demand capacity gap on NHS elective care

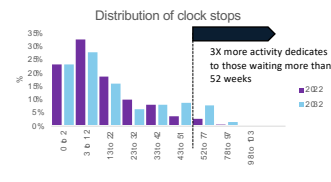
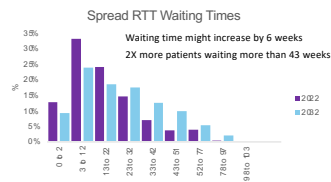
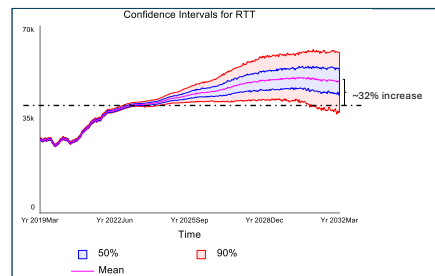
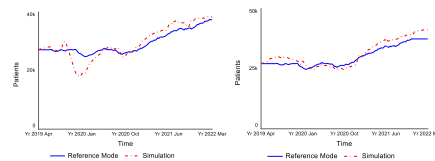
Hugo Herrera, Haeshiya Sivakumaran

The growing problem with patients waiting for treatment

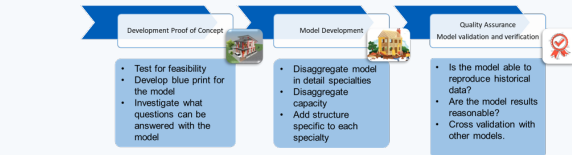
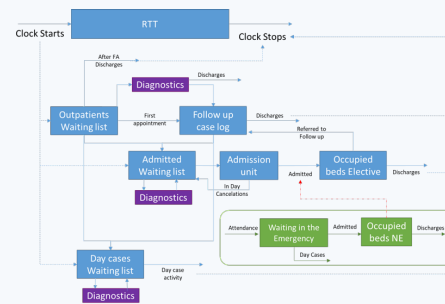
In recent years the number of patients waiting to receive elective care has increased lessening patients' experience and quality of life. Between 2019 and 2022, the number of patients waiting for elective care in England increased by 60% and patients are now waiting longer to be treated. For example, the time that patients have to wait to receive elective care in East Suffolk North Essex NHS Foundation Trust (ESNEFT) has almost doubled between 2019 and 2023 and now many patients are waiting more than 6 months before getting the care they need (NHS England & NHS Improvement, 2022).



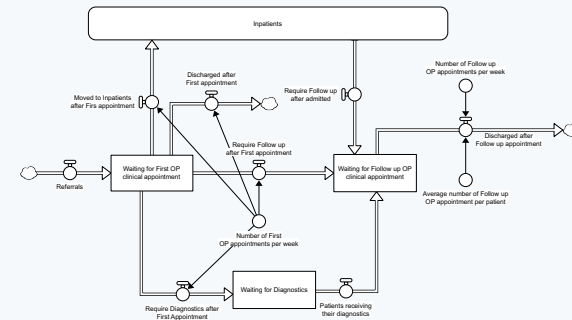
The Model results



Model description

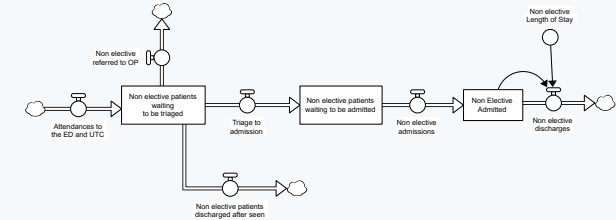


The model distinguishes three types of inpatients, a) those that need a day procedure (are admitted and discharged on the same day), b) those admitted after having a surgical procedure and c) those admitted without having surgery (for example after having a treatment that requires supervised recovery).



There are three main drivers that contribute to the number of 'Beds occupied by non-electives':

- 'A&E attendances', meaning the number of patients that attend the A&E department.
- 'admissions to attendance ratio', meaning the proportion of the A&E attendances that will require to be admitted.
- 'non elective LoS', meaning the amount of time patients spend in hospital.



The steps following the first OP clinic appointment are not equal for all patients because the treatment offered to referred patients can be as simple as some medication or as complex as a series of surgical operations. In the model, there are four potential outcomes of the first OP appointment represented by the outflows of the 'Waiting for First OP clinical appointment' stock. The inpatient admission is not required the patient might be discharged following their first OP appointment and the RTT clock stops when the consultant commences the treatment in the clinic.

