



## Which? Shorts Episode 3 - The NHS Waiting Game

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This is our third episode and if you like what you've heard so far then please do remember to subscribe so you don't miss an episode, and we'd also love it if you'd leave us a review and rating too, wherever you're listening.

This week taking a deep-dive into the UK health sector, examining soaring waiting times, the cost of going private, and as ask what you can do to prepare for any essential treatment.

To read us this article, written by Anna Studman, I'll hand you over to Grace Forell & Harry Kind...

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### **GRACE**

There are more people waiting for NHS treatment than ever before: current estimates stand at more than seven million across the UK.

It's one more way that Covid is leaving its mark, even if you've so far managed to evade the virus itself. Multiple factors have contributed to the backlog, from delays to treatment and referrals caused by the pandemic, workforce shortages across the NHS, and the wider impact of Covid on people's health, including the estimated million people in the UK with long Covid. And this only accounts for people who are already in the system. There's another 'hidden' waiting list of people who haven't come forward for treatment – or haven't been able to – during the pandemic.

The National Audit Office recently estimated that elective care waiting lists in England could reach 12 million by March 2025 if 50% of these 'missing' patients returned for treatment. It makes for alarming reading, so what does this all mean if you or a loved one needs help?

The danger of statistics such as these hitting the headlines is that they can compound the problem, causing people to think there's no point seeking healthcare at such a time, or that they don't want to add

to the burden on the NHS. Jacob Lant, head of policy at Healthwatch England, says that headline numbers in the media can give the impression that everyone is facing the longest waits of around two years or more. But, while there are significant minorities of people waiting longer than a year, Lant says the typical waiting time is still much shorter than that – around 11 weeks.

Our analysis of data from public health bodies across the UK shows that for the most recent reporting period, that's July to September 2021, 65% of people waiting for elective orthopaedic surgeries – one of the worst affected specialisms – were treated in less than six months from referral, although times do dramatically vary depending on where you live. There are also faster-track routes for urgent cancer treatment and emergency surgeries. It's vital to seek help if you need it – healthcare providers and policy-makers need to know the true numbers so that they can tackle the problem properly, and putting things off could worsen your condition (and take longer to treat).

If it's an option for you, going private is an alternative to waiting for NHS care, though it tends to be a simpler prospect for one-off surgeries such as hip replacement or cataract surgery. Although you'll be treated more quickly, in the private system there is still some admin involved in getting referred and costs can vary considerably. For example, a knee replacement could cost anywhere from £9,000 to more than £16,000. How opting for private healthcare affects the NHS on a broader scale is complicated. When we asked Which? members about their experiences over the past two years, many expressed some sadness at feeling forced to choose private health after decades of being NHS patients. It's important to make the best choice for you and your health, but the theory that going private alleviates pressure on the NHS by rerouting some of the backlog doesn't quite work in practice. As Lant points out, often the consultants end up being the same – so capacity issues may remain. If you're considering this route, make sure you're clued up about what questions you need to ask and how to choose.

Getting a clear picture of what private treatment will cost isn't always easy. There are a few different variables and a lot depends on whether you're self-paying or going through private health insurance.

Paying through insurance should cover most costs, but it's important to check, says Matt James, chief executive of the Private Healthcare Information Network (PHIN). 'If your GP has referred you to a specialist for a consultation, contact your insurer to check that they will cover costs for that specialist and hospital.' He notes that you usually need to do this again if you're referred for further treatment. There are often yearly limits on outpatient services such as diagnostic scans and physiotherapy, so keep asking questions to avoid nasty financial surprises.

When it comes to self-funding private care Matt James tells us the initial outpatient consultation fee is usually between £150 and £300, which you'll be informed of in advance. If you're offered further tests such as X-rays, or any immediate minor treatment on the day, the costs are unlikely to be included in this initial fee – so you should ask about this. Your consultant must send you details of the costs for any proposed surgery in advance, and you may want to compare those with other consultants or hospitals. You can do this on PHIN's website ([phin.org.uk](http://phin.org.uk)), which should be mentioned on the consultant letters – consultants are legally bound to publish their fee information on this site.

There are two main ways to pay: Package prices cover all the main costs, including the specialists' surgical fees, which makes it much easier to compare prices. You should still check what is included, especially with follow-up services such as take home medicines, post-operative consultations and physiotherapy. Fee per service charges mean you'll get separate invoices for each bit of your care, such as the surgeon's fees, and hospital costs from medicines to meals. This isn't necessarily worse value, but it makes the total cost much harder to track and predict.

Like Covid itself, the treatment backlog isn't affecting people equally. Our analysis shows that some regions are much worse hit than others, and even within regions, your surrounding hospitals might have

significantly longer waits than the average. According to research done by Healthwatch and the King's Fund, people living in areas of social deprivation are statistically more likely to face longer waits. And of course the option to go private simply isn't there for a lot of people – or it involves going into significant debt. Lant told us that those on lower incomes are not only waiting longer, but the effect of waiting – on ability to work, do household chores or manage caring responsibilities – is also more severe. Seeing your GP is key for ensuring you get the treatment you need, but access has also been patchy.

According to England's GP Patient Survey, 59% of patients were able to see or speak to a GP at the time they wanted or sooner. However, satisfaction with available appointment times (both face to face and over the phone) varied considerably by area. In Trafford, South Tyneside and Stockport, satisfaction was highest at 75%; in Portsmouth, it was 58%. If you're facing a long wait for treatment, managing your condition can be a challenge, but you shouldn't be left to languish, so speak up if you're struggling, or if your symptoms worsen or change.

The Patients' Association told us: 'The service you're waiting for should provide you with realistic timescales of when you'll be seen and what to expect while you wait. The information should be easy to understand, and you should be part of the discussion about your treatment.' There is work to be done on this front though. Healthwatch has recommended improvements in three key areas: communication between healthcare providers and patients, better interim support services (such as mental health support and physiotherapy), and policy changes (including widening statutory sick pay for those waiting). A lot of this requires structural change, but you as a patient (or supporter) can also advocate for yourself in the system.

We asked health advocacy organisations Healthwatch and the Patient's Association for their advice for those waiting for treatment.

When you're referred they say ask your consultant about typical waiting times for your condition at the hospital you'll be treated at – they're not guaranteed to know, but should be able to give an estimate. In England, you can compare waiting times at different hospitals online using NHS England's 'find a hospital' directory.

Find out what you can be doing to get yourself as fit as possible for surgery, and what support there is available to help you do that – this is likely to make your recovery quicker and easier.

Make sure you know who to contact if you haven't heard anything or if your symptoms have changed.

Ask when the 'clock' stops and starts on your total waiting time – for example, not being able to take up an appointment that's offered can affect this and make you less of a priority.

While you're waiting, work on your fitness – various programmes are available to help you do this, such as Fitter Better Soon (from the Royal College of Anaesthetists) and Let's Move with Leon (from Versus Arthritis). The Chartered Institute of Physiotherapy also has advice online about managing muscle, bone and joint pain. Keep a diary of symptoms so it's easier to update your healthcare team. If you're having trouble getting support or information, contact the Patient Advice and Liaison Service (PALS) in your hospital, or seek advice from your local Healthwatch.

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Thank you to Grace & Harry, and thank you to Anna Studman, the Which? Journalist behind that original piece of writing.

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We'll be back next week for another Which? Shorts. Thanks for listening.

Which? Shorts was produced by me, Rob Lilley, while the Exec Producer was Angus Farquhar.