

Deferred elective activity in January 2018

The National Emergency Pressures Panel (NEPP) was set up in December 2017 to advise Pauline Philip, NHS National Director for Urgent and Emergency Care, on pressure and clinical risk. It brings together clinical leaders and experts from organisations including the Royal College of Surgeons, the Royal College of Physicians, the Royal College of GPs, the Royal College of Nursing, Public Health England and the CQC.

On 2nd January, the NEPP issued guidance which recommended that NHS providers extend the normal reduction in elective activity seen over the Christmas and New Year period, maintaining reductions throughout the month of January where this was necessary to maintain prompt access to emergency care services. It stated that:

- *The deferral of all non-urgent inpatient elective care to free up capacity for our sickest patients should be extended to 31 January. The panel reiterated that cancer operations and time-critical procedures should go ahead as planned.*
- *Day-case procedures and routine outpatient appointments should also be deferred where this would release clinical time for non-elective care.*

NHS activity data for the month of January show that there have been 22,800 fewer elective admissions to hospital in January 2018 compared to January last year. This is in the context of 715,000 NHS-funded admissions in January last year, so represents a 3% decrease.

A number of trusts will have anticipated these reductions and never scheduled admissions in the first place, so these figures will include planned reductions in activity as opposed to last minute cancellations.

Overall, we estimate that these deferred elective cases freed up the equivalent of 1,400 beds in January.

These would have been used to help accommodate emergency admissions driven partly by the highest rate of flu hospitalisations since the 2009/10 pandemic and significant norovirus outbreaks.