

Saving the NHS

One of the main reasons given for the national lockdown earlier this year was to get the NHS ready to handle a wave of CV19 cases. They expanded the Intensive Care capacity substantially, putting in new Nightingale hospitals as part of the answer, increasing intensive care beds in existing hospitals and buying more ventilators.

To increase capacity further they cancelled all non urgent operations in main hospitals, took over the capacity of the private sector hospitals to undertake some non CV 19 work for them and were keen to move patients out of hospital as soon as possible after treatment.

Today some people are still worrying about NHS capacity. Of course we all pay tribute and say thanks to the dedicated staff who bore the brunt of the first wave of CV 19 in hospitals, gave diligent care and pioneered treatments to respond. By now I assume more have been trained to handle CV 19, and we see the good news that there are better treatments with the death rate falling substantially as a result

Today I would like to ask a crucial question.

What is now happening to NHS output for non CV 19 conditions? Ministers tell me the NHS is operating again as before for non pandemic conditions. Is it? What is your experience of access to non urgent treatments, and to treatments for serious conditions like heart attacks and cancer .

The NHS England/DHSS budget for 2020/21 was £148bn at the start of the year, up from £140bn the previous year by £8bn or 5.7%. The NHS had been offered an increase of £33bn by 2023/24 as part of a five year settlement to allow growth and improvement. Special money to handle CV 19 has now added an additional £31.9bn to this year's total to provide protective clothing, to introduce Test and Trace, to buy in private sector capacity, increase ventilators and provide extra facilities in the Nightingales.

I am seeking information from government about how output in the NHS now compares with this time last year. We know there was a large dip in activity during the intense period of the CV 19 crisis in the spring. It would be good to know we are more than back to normal, given the backlog and the resource now being committed. It would also be good to know when we can stop paying for the private sector capacity as well.