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BMA ANNUAL REPRESENTATIVE MEETING

Covid-19: Government must fund extra NHS capacity to tackle backlog, BMA urges

Gareth Iacobucci

BMA representatives have said that the government must fund extra NHS capacity to deal with the backlog of planned care caused by the covid-19 pandemic.

A motion passed by the association's annual representative meeting, held virtually on Tuesday 15 September, noted the backlog of planned care resulting from the pandemic. Given the likely effect on NHS waiting lists, the motion called on the BMA to work with governments to develop a public information campaign on the likely timescale for the NHS to return to normal services.

Sakkaf Ahmed Aftab of the BMA's Yorkshire Regional Council, who proposed the motion, outlined the seriousness of the backlog, highlighting estimates from the NHS Confederation that waiting lists may increase to 10 million by the end of this year.

He said, "Gradually because of this backlog, anger is growing among the waiting patients. It is important that the BMA works with the government to have a public information campaign to explain the constraint under which doctors are working, in order to maintain public trust in the NHS.

"We must ask the government for adequate funding to increase NHS capacity to address the backlog and the growing waiting lists."

Representatives backed a separate part of the motion calling for the return of NHS funds that were paid to the private sector to retain capacity but have been underused during the pandemic. Aftab said, "This block booking is costing the NHS an estimated £400m [€434m; \$517m] a month. Is this the best use of public money?"

"Endless" GP workload

But the meeting rejected calls for the BMA to promote inviting all patients on secondary care waiting lists to opt into a rescheduled appointment and an optional primary care review of the appointment's appropriateness.

Shaba Nabi, a GP in Bristol who spoke against this strand of the motion, said, "I find the wording quite insulting, as it implies that many GP referrals are inappropriate. If the patient's clinical condition has improved—which it can do over a three to six month period—then a separate commissioned pathway is required for assessing them, and that needs to be fully funded.

"General practice cannot continue to absorb this endless workload from secondary care."

In his keynote speech to representatives the BMA council chair, Chaand Nagpaul, said that the responsibility was squarely on the government to be upfront about the scale of the backlog and to resource the NHS to reduce it.

Nagpaul said, "Doctors are naturally deeply concerned about these patients, and the government has a duty to the public to be honest about the scale of the backlog and how long it will take to clear—informed by the experiences of clinicians on the ground.

"And, while the government pledged to give the NHS 'everything it needed' to fight the early days of the outbreak in Britain, it must now do the same in ensuring the health service has the capacity to address the growing backlog in care, backed by guaranteed investment."