Public Accounts Committee

11 September 2025 - Reducing NHS waiting times for elective care - Oral evidence

Witnesses:

- Samantha Jones, Permanent Secretary at Department for Health and Social Care
- Matt Style, Director General, Secondary Care and Integration at Department for Health and Social Care
- Sir Jim Mackey, Interim Chief Executive at NHS England
- Mark Cubbon, Director, Elective Care, Cancer and Diagnostics at NHS England
- Professor Meghana Pandit, Co-Medical Director (Secondary Care) at NHS England

See the full transcript here

Introduction and Context

The Committee examined whether public money is being well spent on tackling NHS elective waiting lists, which still stand at around **6 million people**. Three years after NHS England launched its recovery plan, progress was mixed: diagnostic centres and surgical hubs showed promise, but **outpatient reform lagged badly**. MPs pressed witnesses on missed targets, capital spending, governance, and the role of local systems in delivering change.

Restructuring NHS England and ICBs

Early questioning focused on the **abolition of NHS England** and the halving of funding for Integrated Care Boards (ICBs). Sir Jim Mackey admitted the process was "a very dramatic change for the service," with unresolved issues over redundancy costs: *"People will not leave without some kind of redundancy compensation… we are talking about voluntary redundancies, but it is a pretty significant sum of money."*

The Chair described it as "unsatisfactory" that ICBs cannot plan budgets without knowing if redundancy costs will be met by Treasury. Samantha Jones insisted discussions were ongoing and that the new centre would retain a neighbourhood focus: *"The neighbourhood health approach… is fundamentally about keeping it as local as possible, involving local councils and the voluntary sector."*

Community Diagnostic Centres (CDCs)

The CDC programme was hailed as one of the **success stories**. Mackey explained: *"The big part of that was about the separation of urgent elective care… to protect both streams and give dedicated capacity."*

There are now **170 CDCs**, with 100 open 12 hours a day, seven days a week. Patient satisfaction is at **93%**, with innovative "straight-to-test" pathways cutting delays. Yet MPs pressed on why national recovery targets had still been missed. Mackey admitted: *"We have created additional*

capacity and done a huge amount of extra work, but that is quickly backfilled by growth in demand."

Cubbon stressed digital transformation to prevent duplication, while Pandit cited Oxford's "breathlessness pathway" where patients see a multidisciplinary team, undergo tests, and receive a diagnosis in a single visit.

Surgical Hubs

Surgical hubs, designed for **high-volume, low-complexity procedures**, were also praised for productivity and patient experience. However, MPs challenged figures showing they delivered only **half the additional capacity planned.**

The Chair accused NHS England of using hubs for general activity rather than cutting waits: *"The money was allocated to reduce waiting times, but it has gone on to be spent in a different way."* Mackey rejected the claim, arguing hubs remain dedicated elective capacity, though industrial action and finances limited throughput.

Cubbon pledged better scrutiny: *"We have peer-to-peer challenge to make sure all assets are being used optimally."*

Out-patient Transformation

Out-patients, which make up **80% of elective waiting lists**, were described as the **weakest link**. The recovery plan targeted a 25% reduction in follow-ups, but achieved only 0.1%. Mackey admitted: *"Out-patients is the key… we struggled to get the clinical community uniformly behind it."*

Industrial action had disrupted reform, but MPs pressed whether lack of **clinician buy-in** was the deeper issue. Professor Pandit insisted royal colleges were engaged and pointed to new datasets allowing clinicians to benchmark themselves. Cubbon added: *"The model we have for out-patients is very traditional. We need to change the whole model."*

Remote consultations had slipped from 22% to 19%, missing targets. NHS leaders highlighted "advice and guidance" services between GPs and specialists as a promising route to cut referrals.

Inequalities and Rural Access

Michael Payne MP pressed on **inequalities**, noting deprived areas face longer waits. Cubbon confirmed new data now breaks down waits by deprivation, ethnicity, and age, allowing local systems to act. He gave an example of flexible booking for parents to reduce missed appointments.

On rural access, MPs criticised patients travelling "an hour each way for a blood test." Mackey agreed: *"It seems absolutely bonkers… we are re-energising our work on rural and coastal areas."* He cited metrics such as "miles less travelled" to ensure local provision.

Harm Reviews and Patient Safety

Pandit described regular **harm reviews** during the backlog: *"Where harm was identified, treatment was expedited and the case treated as an incident to prevent recurrence."* Patients on long waits are contacted every three months to check condition changes. Mackey emphasised transparency: "Lists have fallen year on year… but we know harm risk remains."

Use of Independent Sector

The Committee raised examples of independent providers delivering faster treatment (e.g. cataracts in two weeks) but being told to cut activity. Mackey admitted **resource constraints** had forced ICBs to rebalance across specialties: *"There has been a correction… slightly increasing waits in ophthalmology to free up resource for orthopaedics and neurology."*

He stressed the NHS "values its relationship with the independent sector" but financial pressures limit use.

Governance, Ministerial Delays, and Industrial Action

The NAO reported a shortfall of 3.6 million diagnostic tests partly due to **ministerial delays in approving business cases.** Matt Style defended the process as vital for accountability: *"It takes time, but it safeguards taxpayers' money."* Mackey added that reprioritisation during industrial action compounded delays.

On strikes, Mackey described a new approach: *"It is very easy to cancel a lot of activity… but in the last action, one trust maintained 98% of normal activity, which is incredible."*

Conclusion

The Committee welcomed progress on CDCs and surgical hubs but was deeply concerned about out-patients, missed targets, financial opacity, and inequalities. Witnesses admitted mistakes, citing disruption from industrial action and insufficient clinician buy-in, but promised stronger governance and renewed focus on neighbourhood-level care.

The Chair closed by stressing that patients still face **unacceptable waits** despite billions invested: *"Parliament allocates money for a purpose. If it is spent differently, we must ask questions."*