

The increasing volume and duration of NHS waiting times within the UK Health and Social Care Sector

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Introduction:

The increasing volume and duration of NHS waiting times represent a critical and ongoing crisis within the UK health and social care sector. This report identifies this issue specifically focusing on the elective care backlog as a mandatory area for urgent investigation. The purpose of this research is to analyze the systemic drivers of the waiting list crisis, particularly the interdependent relationship between hospital capacity constraints and social care discharge delays. By adopting a qualitative research methodology and relying on secondary data analysis, this report aims to justify the need for system-wide solutions that address the fragmentation between health and social care services.

Task 1: Research Topic Identification

Who the Issue Affects

One of the most visible signs of pressure comes from the Referral to Treatment (RTT) pathway. In 2023, NHS England reported that the waiting list for consultant-led routine treatment had hit around 7.7 million incomplete pathways the highest figure ever recorded (NHS England, cited by The Guardian, 2023). This means roughly one in seven people in England were waiting for planned care at any given time (Royal College of Surgeons of England, 2023), highlighting the immense scale of unmet need.

The statutory target requiring 92% of patients to begin treatment within 18 weeks has not been consistently met since 2016 (House of Commons Library, 2025). As performance has declined, long waits have become increasingly normalized. By the end of 2023, hundreds of thousands of people had been waiting more than a year for treatment, while thousands had been waiting over 18 months for what should be routine operations (Health & Protection, 2023). These delays have significant consequences: patients often face worsening pain, deterioration in physical or mental wellbeing, and eventually require more complex care once they are finally treated (The King's Fund, 2021).

Urgent and Emergency Care Deterioration

Emergency departments offer another window into the pressures affecting the NHS. The four-hour A&E standard which states that at least 95% of patients should be admitted, transferred, or discharged within that timeframe has consistently been missed by a wide margin. In 2024/25, performance hovered at around 73–75% across all types of A&E, far below the constitutional threshold (NHS Providers, 2024; NHS England Digital, 2025).

Because of this, overcrowding has become a persistent and dangerous issue. One particularly troubling outcome is the rise in the number of people waiting more than 12 hours after a decision

has been made to admit them, a delay that signals deep system blockages (NHS Providers, 2024). Much of this pressure is linked not only to increased demand but to difficulties moving patients through the system, including a lack of available beds on hospital wards.

The situation becomes especially concerning when looking at cancer waiting times, where delays can directly affect survival. Despite the streamlining of cancer waiting standards in October 2023, performance continues to fall short.

Justification for Research

A major justification for this research is the need to examine the relationship between NHS services and the social care system. As The King's Fund notes, waiting times across different services are deeply interconnected (The King's Fund, 2024). For example, long A&E waits are worsened not simply by high demand, but by the difficulty hospitals face when trying to discharge medically fit patients. These delays often occur because patients are waiting for social care packages, such as home-care support or residential placements that are not available. This research aims to map these links clearly, moving beyond descriptive statistics to identify cause-and-effect relationships that can support integrated policymaking.

Selection and Discussion of Three Key Information Sources

Official Statistics (NHS England Data)

NHS England's monthly statistics covering RTT waits, A&E performance, and cancer waiting times provide the objective evidence base for the study. These official figures establish the scale of the crisis, demonstrate worsening performance, and enable analysis of whether government recovery plans are making progress.

Independent Think Tank Analysis (The King's Fund, Nuffield Trust)

Independent organizations such as The King's Fund (2024) and the Nuffield Trust provide in-depth interpretation of the raw data. Their analyses highlight structural issues such as social care funding cuts and workforce shortages, making them essential for understanding the broader context and developing the research's conceptual framework.

Parliamentary Committee Reports (UK Parliament)

Reports from Parliamentary committees, including evidence submissions by organizations like The King's Fund (UK Parliament Committees, 2023), offer high-level scrutiny of the NHS's performance and funding. These sources help identify where previous improvement programmes have fallen short, ensuring the research remains grounded in current policy challenge

Task 2: Research Methodologies

Quantitative research is all about numbers, measurement, and statistical analysis. It helps researchers test ideas and draw conclusions that can be generalized to larger populations. In the

context of NHS waiting times, this means looking directly at official NHS England data for example, the 7.7 million people on the elective waiting list or the percentage of patients seen within the A&E four-hour target. This type of research shows the scale of the problem in clear, measurable terms and provides a broad overview of how the system is performing.

Qualitative research, on the other hand, aims to explore people's experiences, perspectives, and the context behind the numbers. Instead of statistics, it relies on interviews, observations, case studies, and narrative accounts. Applied to this topic, qualitative work might involve examining patient stories about how long waits have affected their health or gathering staff insights into why hospital discharges are often delayed. This helps explain not just what is happening, but *why* it is happening and how it impacts real lives.

The key difference between the two approaches is that quantitative methods reveal the size and extent of the issue, while qualitative methods explore its meaning and consequences.

Because the NHS waiting times crisis is both a massive statistical challenge and a deeply human one, a Mixed Methods Approach is the most suitable. Quantitative analysis is essential for tracking performance failures such as rising 52-week waits or missed cancer standards while qualitative evidence adds depth, uncovering the systemic reasons behind delays and highlighting the lived experiences of patients. Together, these methods create a fuller understanding that can support stronger, more realistic policy solutions.

Task 3: Data Collection

Primary data collection refers to the process of generating entirely new information that is tailored to the specific needs of a research project. It relies on direct engagement with participants through methods such as surveys, interviews, experiments, or focus groups. In the context of this topic, primary data could include surveying patients within a particular hospital to gather insights into their waiting experiences or interviewing social care managers in a defined local area to understand operational pressures and discharge challenges.

Secondary data collection, on the other hand, involves drawing on information that has already been gathered by other researchers, institutions, or government bodies for different purposes. This type of data may come from official statistics, academic articles, policy reports, parliamentary records, and publications by health-sector organizations such as The King's Fund. These sources offer a wealth of existing knowledge and evidence that can be repurposed to address new research questions.

For this study, secondary data will be the primary source of evidence, a decision that aligns with the mixed-methods framework outlined in Task 2. This choice is driven by the scale and nature of the research topic. Because NHS waiting times represent a national-level issue affecting millions of patients, collecting primary data on a comparable scale would be unrealistic and far beyond the practical limits of a 1,500-word academic project. Secondary data from NHS England and the House of Commons Library already provides comprehensive and authoritative statistics that capture the extent of the crisis.

Conclusion

The evidence explored in this report makes it clear that the NHS waiting times crisis is not simply the result of one part of the system struggling, but the consequence of long-standing pressures that span both health and social care. Waiting times for routine treatment, A&E care, and cancer services have become so stretched that long delays now feel almost expected, affecting millions

of people and placing huge strain on the workforce. Through a mixed-methods approach and the use of reliable secondary data, this research has shown how problems in hospital capacity and delays in social care are closely linked, creating blockages that quick fixes cannot solve. The findings highlight the urgent need for joined-up policies that tackle staff shortages, improve discharge processes, and close the gap between health and social care. Without meaningful and coordinated reform, the backlog will continue to rise and patients will face even greater risks.

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