Government and system leaders need to

Communicate clearly the pressures services and staff are under but at the same time confirm that people are entitled and encouraged to use services where they need to.

Urgently develop a costed and comprehensive workforce plan that is based on verifiable assessments of present and future need.

Review levels of Statutory Sick Pay to reduce the financial hardship experienced by people who are waiting for care.

Assess and publish levels of unmet need that go beyond numbers on official elective waiting lists and include primary and community care, mental health and chronic condition management.

Ensure that the ICS agenda remains focused on different ways of working that improve access for people, rather than just on different structures, governance and regulation.

Publish at regular intervals data about waiting times, cancellations and referrals, and make this information usable for people to make decisions about their care.

Do everything possible to keep Covid rates down, since high infection rates directly impact the service’s ability to accelerate all other care.

View access as a system wide problem that needs a system wide response, avoid focusing on one access point only, which will only shift unmet need around.

Stop incentivising the use of digital or face to face channels of care delivery and focus on choice, personalisation and inclusion.

Ensure that all proposed solutions to supported self management, self referral and information giving are inclusive and are purposefully being used to reduce the inverse care law.

Demand of service providers and commissioners that all service change needs to be co-produced with communities and assessed for its impact on inequality.