

## What winter cancellations tell us about NHS waiting times

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Each winter, the NHS faces extra pressure from cold-weather illnesses, which puts a strain on hospital and emergency services. One common response is to delay non-urgent operations in order to free up hospital beds. While this helps to manage seasonal pressures, it may lead to longer waiting times and potentially worse outcomes for patients waiting for non-urgent treatment.

Our research looked at the effects of a specific national policy introduced during the winter of 2017/18, which recommended that NHS hospitals in England postpone non-urgent operations to give them more capacity to manage increased admissions, especially of patients with seasonal flu. This policy offered a rare opportunity to study what happens to planned, non-urgent care when there is a national “shock” in the healthcare system. This is similar to how the early COVID-19 pandemic was managed in the NHS.

We analysed changes in planned hospital activity and waiting times before and after the policy using hospital-level data on admissions and cancellations from 2013/14 to 2019/20. We also used patient-level waiting time data from 2015/16 to 2018/19. However, we were only able to include cancellations for operations that occurred after patients were admitted, rather than those that happened before their admission. These are cancellations made last minute for non-clinical reasons such as lack of available beds.

We found that although hospitals cancelled a record number of operations and reduced admissions during this particular winter, this did not lead to significant changes in average waiting times beyond the usual winter trends. Waiting times were already rising before the announcement of the winter cancellation policy and continued to increase afterwards. This suggests that NHS hospitals routinely adjust for winter pressures even without a national directive, making it difficult to attribute the changes directly to the national policy.

A better understanding of the effects of cancellation policies on patient outcomes is essential for planning for future epidemics or pandemics. This would require more comprehensive data on all cancellations, including cancellations that are made before admission, as these are not currently recorded. Having this information would allow for a more robust analysis of the impact of such policies and help inform the design of future approaches to managing hospital care.

[Read the full paper, funding sources and disclaimers in Health Economics Review.](#)

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