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Who cancels? Inequalities in cancellations of care during the pandemic

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Disruptions to health services, such as those that occurred during the Covid-19 pandemic can lead to worsening health and unmet need, which may later increase the demand for care. In England, reductions in the use of services reflected decisions made by both patients (or their carers) and by healthcare providers. Understanding who cancels care is critical for policy. Our research investigated which decisions affected care most.

On the demand side, some patients delayed or avoided care because they worried about the risk of infection or wanted to avoid putting pressure on the NHS. On the supply side, hospitals cancelled or postponed elective procedures and treatments to free up capacity for Covid-19 patients and to meet infection-control constraints. When some groups are more likely to experience both types of cancellations, their risk of unmet need is compounded. Identifying these 'double jeopardy' groups is essential for planning how to prioritise backlogs and how to do targeted outreach in ways that do not increase inequalities.

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Our research disentangled supply and demand-side cancellations by investigating how the first wave of the Covid-19 pandemic (April–July 2020) affected planned healthcare in England. We quantified which socio-demographic and clinical groups faced 'double jeopardy' and how this varied by treatment type across three categories of care: tests/consultations, operations/procedures, and targeted therapies/other treatments.

We found that provider cancellations dominated early in the pandemic and were nearly seven times more frequent than patient cancellations. Younger adults were more likely to cancel their own care while older adults were more likely to face provider cancellations. People from ethnic minority groups, those living in smaller households, those in urban areas, and residents of the North East and the Yorkshire & Humber regions faced 'double jeopardy' when compared with other groups. We also found differences by type of treatment: operations/procedures were more likely to be cancelled by both providers and patients, tests/consultations were less disrupted and targeted therapies were comparatively protected.

Our study demonstrates the importance of understanding the interplay of provider and patient behaviour in order to address and mitigate inequalities in access to care arising when care is disrupted. Since cancellations were mainly driven by the providers, they determined which treatments patients continued to receive. Plans for dealing with backlogs should protect elective capacity, especially for procedures, and prioritise proactive outreach and flexible scheduling for the groups most affected by cancellations. Policymakers should also consider how to reduce the barriers that discourage patients from attending for care.

Read the full paper, funding sources and disclaimers in Economics & Human Biology

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