

STATISTICAL PRESS NOTICE
NHS REFERRAL TO TREATMENT (RTT) WAITING TIMES DATA
DECEMBER 2013 AND ANNUAL STATISTICAL REPORT 2013

Data are published on consultant-led Referral to Treatment (RTT) waiting times for patients who were treated during December 2013 and patients waiting to start treatment at the end of December 2013.

Main Findings – December 2013

- During December 2013, 91.5% of admitted patients and 96.8% of non-admitted patients started treatment within 18 weeks. For patients waiting to start treatment (incomplete pathways) at the end of December 2013, 93.6% were waiting within 18 weeks.
- 269,708 RTT patients started admitted treatment and 764,921 started non-admitted treatment during December 2013. The number of RTT patients waiting to start treatment at the end of December 2013 was just over 2.88 million patients.
- The average (median) time waited for patients completing an RTT pathway in December 2013 was 8.3 weeks for admitted patients and 4.9 weeks for non-admitted patients. For patients waiting to start treatment at the end of December 2013 the median waiting time was 6.3 weeks.
- For patients waiting to start treatment (incomplete pathways) at the end of December 2013, 317 were waiting more than 52 weeks.

The Whittington Hospital NHS Trust, Barnet and Chase Farm Hospitals NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust did not submit any (admitted, non-admitted and incomplete) RTT pathway data for December 2013.

Detailed tables of waiting times by treatment function (specialty), commissioner and provider are available at:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Main Findings – 2013 Annual report

- More than 90% of RTT patients started treatment within 18 weeks of referral in 2013. The operational standards for admitted, non-admitted and incomplete pathways were met nationally in all 12 months of the 2013 calendar year.
- Since April 2013, there has been a slight reduction in the percentage of patients who started admitted and non-admitted treatment within 18 weeks at England level compared with the same months in 2012, however the overall trend remains broadly stable, and has been since January 2009.
- During 2013, the percentage of incomplete pathways within 18 weeks has been broadly stable, following an overall increase during 2011 and 2012. Since August 2013, there has been a slight reduction in the percentage of incomplete pathways within 18 weeks compared to the same months in 2012 but it is too early to determine whether there is a downward trend.
- In 2013, half of patients waited less than nine weeks to start admitted treatment and half of those patients waiting for treatment at the end of the month had been waiting less than six weeks. Since April 2013, half of patients waited less than five weeks to start non-admitted treatment.
- The number of RTT patients who started admitted consultant-led treatment in 2013 has been similar to previous years' levels of activity. An average of just over 300,000 RTT patients started admitted treatment each month. Since April 2013, the removal of consultant-led sexual health services from RTT waiting times data has contributed to a reduction in the number of RTT patients who started non-admitted consultant-led treatment each month. Since April 2013, an average of just under 850,000 patients started non-admitted treatment each month.
- From April 2012, the number of RTT patients waiting to start treatment has been at a higher level each month than the same month in the previous year. During 2013, the number of RTT patients waiting at the end of each month has been on average around 250,000 higher than the same months in 2012.

The full annual statistical report on consultant-led RTT waiting times can be found via the following link:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Table 1 – December 2013 Referral to Treatment (RTT) waiting times by treatment function, England

| Treatment function | Admitted Pathways | | Non-Admitted Pathways | | Incomplete Pathways | |
|------------------------|-------------------|-------------------|-----------------------|-------------------|---------------------|-------------------|
| | Total (all) | % within 18 weeks | Total (all) | % within 18 weeks | Total (all) | % within 18 weeks |
| General Surgery | 33,742 | 90.7% | 55,312 | 96.7% | 250,350 | 91.8% |
| Urology | 18,131 | 92.6% | 28,980 | 96.4% | 152,332 | 92.8% |
| Trauma & Orthopaedics | 50,780 | 88.1% | 77,827 | 96.0% | 395,792 | 91.3% |
| ENT | 14,506 | 88.8% | 57,058 | 96.6% | 190,888 | 93.6% |
| Ophthalmology | 37,118 | 91.7% | 74,574 | 97.2% | 305,496 | 94.5% |
| Oral Surgery | 13,367 | 89.0% | 27,083 | 93.9% | 134,780 | 93.1% |
| Neurosurgery | 2,232 | 86.4% | 4,142 | 94.3% | 25,292 | 89.1% |
| Plastic Surgery | 10,726 | 91.0% | 8,954 | 96.4% | 48,967 | 89.5% |
| Cardiothoracic Surgery | 1,635 | 88.0% | 856 | 97.9% | 7,758 | 90.6% |
| General Medicine | 3,032 | 98.3% | 15,750 | 98.1% | 48,318 | 96.1% |
| Gastroenterology | 12,463 | 98.9% | 22,993 | 95.5% | 116,370 | 94.7% |
| Cardiology | 8,129 | 93.8% | 34,653 | 97.0% | 131,018 | 94.7% |
| Dermatology | 6,247 | 95.1% | 51,918 | 97.0% | 145,111 | 95.7% |
| Thoracic Medicine | 1,461 | 97.1% | 16,253 | 96.6% | 54,247 | 94.7% |
| Neurology | 1,030 | 98.9% | 21,628 | 94.9% | 83,455 | 94.1% |
| Rheumatology | 1,498 | 99.0% | 18,997 | 97.7% | 53,363 | 96.4% |
| Geriatric Medicine | 218 | 99.5% | 9,030 | 98.9% | 18,725 | 96.7% |
| Gynaecology | 21,026 | 94.2% | 57,920 | 98.3% | 172,488 | 95.6% |
| Other | 32,367 | 92.2% | 180,993 | 97.1% | 545,407 | 94.1% |
| England | 269,708 | 91.5% | 764,921 | 96.8% | 2,880,157 | 93.6% |

Table 2 – Referral to Treatment (RTT) waiting times, England

| Month | Admitted pathways | | | Non-Admitted pathways | | | Incomplete pathways | | |
|---------------|---------------------|-------------------------|-------------------|-----------------------|-------------------------|-------------------|---------------------|-------------------------|-------------------|
| | Median wait (weeks) | 95th percentile (weeks) | % within 18 weeks | Median wait (weeks) | 95th percentile (weeks) | % within 18 weeks | Median wait (weeks) | 95th percentile (weeks) | % within 18 weeks |
| March 2007 | 18.8 | 52+ | 48.3% | - | - | - | - | - | - |
| August 2007 | 15.6 | 52+ | 56.0% | 7.4 | 52+ | 76.1% | 14.3 | 52+ | 57.2% |
| March 2008 | 8.1 | 27.3 | 87.1% | 3.9 | 21.8 | 93.4% | 9.8 | 52+ | 66.0% |
| March 2009 | 7.7 | 20.0 | 93.0% | 3.8 | 15.6 | 97.4% | 5.6 | 29.8 | 87.6% |
| March 2010 | 8.0 | 21.2 | 92.0% | 3.9 | 15.4 | 97.8% | 5.2 | 23.3 | 91.1% |
| March 2011 | 7.9 | 23.4 | 89.6% | 3.7 | 15.8 | 97.3% | 5.5 | 25.4 | 89.4% |
| March 2012 | 8.1 | 22.2 | 91.1% | 3.6 | 15.8 | 97.4% | 5.2 | 20.2 | 93.3% |
| April 2012 | 8.1 | 21.7 | 91.9% | 4.0 | 15.0 | 97.7% | 5.5 | 19.5 | 94.1% |
| May 2012 | 8.4 | 21.6 | 92.6% | 4.1 | 15.2 | 97.9% | 5.3 | 18.7 | 94.4% |
| June 2012 | 8.4 | 21.4 | 92.1% | 4.2 | 15.6 | 97.8% | 5.7 | 19.0 | 94.1% |
| July 2012 | 8.5 | 20.8 | 92.7% | 4.1 | 15.7 | 97.7% | 5.5 | 19.2 | 94.0% |
| August 2012 | 8.3 | 20.9 | 92.7% | 4.3 | 15.7 | 97.7% | 5.8 | 18.6 | 94.5% |
| Sept 2012 | 8.8 | 21.2 | 92.2% | 4.7 | 16.1 | 97.4% | 5.8 | 18.7 | 94.4% |
| October 2012 | 8.6 | 20.9 | 92.7% | 4.2 | 16.0 | 97.5% | 5.3 | 18.3 | 94.8% |
| Nov 2012 | 8.3 | 20.8 | 92.7% | 4.2 | 15.9 | 97.5% | 5.4 | 18.3 | 94.8% |
| Dec 2012 | 8.0 | 20.5 | 93.1% | 4.0 | 15.5 | 97.7% | 6.1 | 18.7 | 94.5% |
| January 2013 | 9.2 | 21.0 | 92.6% | 4.8 | 16.0 | 97.5% | 6.0 | 18.8 | 94.3% |
| February 2013 | 9.2 | 21.2 | 92.2% | 3.8 | 16.1 | 97.5% | 5.1 | 18.8 | 94.3% |
| March 2013 | 8.2 | 21.5 | 92.1% | 3.9 | 16.0 | 97.6% | 5.5 | 18.9 | 94.2% |
| April 2013 | 8.5 | 21.9 | 91.6% | 5.1 | 16.1 | 97.2% | 5.6 | 18.8 | 94.5% |
| May 2013 | 8.7 | 22.4 | 92.1% | 4.8 | 15.9 | 97.5% | 5.6 | 18.2 | 94.8% |
| June 2013 | 8.7 | 21.9 | 91.7% | 5.2 | 16.3 | 97.4% | 5.7 | 18.5 | 94.6% |
| July 2013 | 8.6 | 21.4 | 92.1% | 5.0 | 16.3 | 97.2% | 5.6 | 18.7 | 94.4% |
| August 2013 | 8.6 | 21.4 | 92.2% | 5.2 | 16.4 | 97.2% | 6.2 | 18.8 | 94.2% |
| Sept 2013 | 9.1 | 21.9 | 91.5% | 5.7 | 16.8 | 96.8% | 6.0 | 19.0 | 94.2% |
| October 2013 | 9.0 | 21.9 | 91.4% | 5.1 | 16.9 | 96.7% | 5.6 | 18.9 | 94.2% |
| Nov 2013 | 8.7 | 22.1 | 91.0% | 5.1 | 17.0 | 96.5% | 5.7 | 19.2 | 94.0% |
| Dec 2013 | 8.3 | 21.9 | 91.5% | 4.9 | 16.6 | 96.8% | 6.3 | 19.9 | 93.6% |

Notes:

1. Median and 95th percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
2. Where the 95th percentile falls in the over 52 week time band, the estimates are less accurate. Hence, such figures are shown as "52+" weeks.
3. Admitted RTT pathways are waiting times for patients whose treatment started during the month and involved admission to hospital.
4. Admitted (unadjusted) RTT data were first published in March 2007. Admitted RTT data on an adjusted basis were first published in March 2008.
5. Adjustments are made to admitted RTT pathways for clock pauses, where a patient had declined reasonable offers of admission and chosen to wait longer.
6. Non-admitted RTT pathways are waiting times for patients whose treatment started during the month and did not involve admission to hospital.
7. Incomplete RTT pathways are waiting times for patients still waiting to start treatment at the end of the month.
8. Non-admitted and Incomplete RTT data were first published in August 2007.

Notes to Editors

For admitted patients, adjusted data (allowing for legitimate pauses of the RTT clock) is used to measure waiting times.

Statistical Notes

1. National Statistics

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

2. Referral to Treatment “pathways” and “clock stops”

Patients referred for non-emergency consultant-led treatment are on Referral to Treatment (RTT) pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or if they have not yet started treatment, the length of time that a patient has waited so far.

The following activities end the RTT pathway and lead to the RTT clock being stopped:

- first treatment - the start of the first treatment that is intended to manage a patient's disease, condition or injury in a RTT pathway
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat - decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment

3. Operational waiting time standards

Patients continue to have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

The waiting time standards set the proportion of RTT pathways that must be within 18 weeks. These proportions leave an operational tolerance to allow for patients for who starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- Patient choice – patients choose not to accept earliest offered appointments along their pathway or choose to delay treatments for personal or social reasons
- Co-operation – patients who do not attend appointments along their pathways
- Clinical exceptions – where it is not clinically appropriate to start a patient's treatment within 18 weeks

The waiting time operational standards for 2013/14 are set out in Everyone Counts: Planning for Patients 2013/14. These are:

- 90% of admitted patients and 95% of non-admitted patients to start treatment within a maximum of 18 weeks from referral
- 92% of patients on incomplete pathways to have been waiting no more than 18 weeks from referral

Admitted pathways are the waiting times for patients whose treatment started during the month and involved admission to hospital. These are also often referred to as inpatient waiting times, but include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for patients whose treatment started during the month and did not involve admission to hospital. These are also often referred to as outpatient waiting times, but they include the time waited for patients whose RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

The Department of Health introduced the incomplete pathways operational standard from April 2012 onwards. Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the month. These are also often referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

NHS England has introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14, with contractual penalties for each such wait.

4. Referral to Treatment waiting times data collection

Referral to Treatment (RTT) data is collected from NHS providers (NHS Trusts and other providers) and signed off by commissioners.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The length of the RTT pathway is reported for patients whose RTT clock stopped during the month.

The Department of Health published the RTT Rules Suite on 28 November 2007. These documents were updated in January 2012 and can be found at:
<http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/>

The data return includes all patients whose RTT clock stopped at any point in the reporting period. A column has been provided to enter data for patients whose length of

RTT period is unknown, i.e. patients who have had a clock stop during the month but where the clock start date is not known.

For admitted patients, the RTT time is measured on an *adjusted* basis - from the date the RTT clock starts to the date that the RTT clock stops, allowing for legitimate pauses as described in the above RTT Rules Suite.

For non-admitted patients, the RTT time is measured on an *unadjusted* basis - from the date the RTT clock starts to the date that the RTT clock stops, as detailed in DSCN 17/2006.

For patients on incomplete pathways, the RTT time is measured on an *unadjusted* basis. Incomplete pathways represent those patients who have been referred on to consultant-led referral to treatment pathways, but whose treatment had not yet started at the end of the reporting period. These patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure.

5. Data Availability

Data for admitted patients (patients whose RTT clock stopped with an inpatient/ day case admission) have been published each month since January 2007 on an unadjusted basis.

Data for admitted patients (patients whose RTT clock stopped with an inpatient/ day case admission) have been published each month since March 2008 on an adjusted basis.

Data for non-admitted patients (patients whose RTT clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for patients whose RTT clock is still running have been published each month since August 2007.

RTT waiting times data are published to a pre-announced timetable, roughly 6-7 weeks after the end of the reference month. Publication occurs on a Thursday and is always on or after the 31st working day after the end of the reporting month. NHS England is currently seeking comments and views from data producers and users on a proposed change to the timetable for the monthly collection and publication of consultant-led RTT waiting times, in particular on options for bringing the publication date forward a week. More details are available at: <https://www.engage.england.nhs.uk/survey/e37cf46f>.

6. Average (median) waiting times

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting times is the middle value when all patients are ordered by length of wait. This is the midpoint of the RTT waiting times distribution. For completed pathways, 50% of patients started treatment within the

median waiting time, and for incomplete pathways 50% of patients were waiting within the median waiting time.

It should be noted that median times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.

7. Interpretation of RTT waiting times

Care should be taken when making month on month comparisons of these figures. Measures of waiting time performance are subject to seasonality. For example, the presence of bank holidays or the number of weekends in a calendar month both affect the number of working days. Similarly, adverse weather may result in emergency pressure and impacts upon the health service's ability to preserve elective capacity. These factors can affect waiting times and should be considered when making comparisons across time.

9. Feedback welcomed

We welcome feedback on the content and presentation of RTT statistics within this Statistical Press Notice and those published on the NHS England website. If anyone has any comments on this, or any other issues regarding RTT data and statistics, then please email RTTdata@dh.gsi.gov.uk

Additional Information

For press enquiries please e-mail the NHS England media team at nhs.cb.media@nhs.net or call 07768 901293

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