

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
July 2015

NHS England released statistics today on referral to treatment (RTT) waiting times for consultant-led elective care. The statistics include patients waiting to start treatment at the end of July 2015 and patients who were treated during July 2015.

Main findings

- At the end of July 2015, 92.9 per cent of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.
- The number of RTT patients waiting to start treatment at the end of July 2015 was just under 3.3 million patients. Of those, 785 patients were waiting more than 52 weeks.
- For patients waiting to start treatment at the end of July 2015, the median waiting time was 6.0 weeks.
- During July 2015, 329,050 RTT patients started admitted treatment and 957,097 started non-admitted treatment (completed pathways).

Missing data

The following trusts did not submit any (admitted, non-admitted and incomplete) RTT pathway data:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Barts NHS Health Trust
- Humber NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- The Princess Alexandra Hospital NHS Trust
- Walsall Healthcare NHS Trust

University Hospital of South Manchester NHS Foundation Trust did not submit data on incomplete RTT pathways.

Wye Valley NHS Trust did not submit any non-admitted or incomplete pathway data.

Lewisham and Greenwich NHS Trust did not submit any data for Lewisham Hospital.

Factoring in estimates based on the latest data submitted for each missing trust suggests the total number of RTT patients waiting to start treatment at the end of July 2015 may have been just under 3.5 million patients. See section 5 of 'Notes to editors' for details of the latest data submitted by missing trusts.

Further information

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

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

Table 1 – RTT pathways by treatment function, July 2015, England

Treatment function	Incomplete pathways		Completed pathways	
	Total (all)	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)
General Surgery	288,818	90.2%	39,376	71,208
Urology	162,240	91.0%	21,119	36,562
Trauma & Orthopaedics	427,531	91.1%	61,512	98,081
ENT	231,473	92.5%	16,739	71,400
Ophthalmology	326,801	94.5%	45,695	89,801
Oral Surgery	138,680	92.1%	16,670	32,840
Neurosurgery	25,297	90.0%	2,577	4,889
Plastic Surgery	49,923	90.5%	12,785	11,432
Cardiothoracic Surgery	7,172	90.0%	2,106	1,115
General Medicine	47,283	95.9%	3,733	17,778
Gastroenterology	160,882	91.9%	16,800	34,137
Cardiology	151,392	93.0%	10,289	41,434
Dermatology	186,995	94.6%	8,183	66,692
Thoracic Medicine	68,470	93.8%	1,970	23,015
Neurology	93,458	93.6%	1,267	26,740
Rheumatology	64,886	96.2%	1,911	23,490
Geriatric Medicine	18,476	97.1%	196	10,461
Gynaecology	190,366	94.9%	22,789	69,704
Other	620,135	93.8%	43,333	226,318
England	3,260,278	92.9%	329,050	957,097

Table 2 – RTT waiting times time series, England

Note that the table below has been amended to show 92nd percentile rather than 95th percentile to reflect the 92% incomplete pathway operational standard.

Incomplete pathways			
Month	Median wait (weeks)	92nd percentile (weeks)	% within 18 weeks
August 2007	14.3	52.4	57.2%
March 2008	9.8	51.6	66.0%
March 2009	5.6	23.3	87.6%
March 2010	5.2	18.9	91.1%
March 2011	5.5	20.7	89.4%
March 2012	5.2	17.0	93.3%
March 2013	5.5	16.6	94.2%
March 2014	5.5	16.9	93.7%
Apr 2014	5.9	16.3	93.7%
May 2014	6.2	16.9	93.7%
June 2014	5.8	16.9	93.7%
July 2014	5.9	17.2	93.3%
August 2014	6.4	17.3	93.1%
Sept 2014	6.2	17.1	93.5%
October 2014	5.8	17.2	93.2%
Nov 2014	5.8	17.1	93.3%
Dec 2014	6.5	17.5	92.8%
Jan 2015	6.7	17.7	92.6%
Feb 2015	5.6	17.3	93.1%
March 2015	5.6	17.2	93.1%
April 2015	5.9	16.6	93.3%
May 2015	6.0	17.0	93.5%
June 2015	6.0	17.2	93.2%
July 2015	6.0	17.4	92.9%

Notes:

1. Median and 92nd 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 92nd percentile falls in the over 52 week time band, the estimates are less accurate. Hence, such figures are shown as 52+ weeks.
3. A more detailed time series table is available at: <http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Notes to editors

1. Referral to Treatment (RTT) pathways

Patients referred for non-emergency consultant-led treatment are on 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:

- 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.

Admitted pathways are the waiting times for patients whose treatment started during the reporting period and involved admission to hospital. These are sometimes referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for patients whose wait ended during the reporting period for reasons other than an inpatient or day case admission to hospital for treatment. These are sometimes referred to as outpatient waiting times. 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.

Incomplete pathways are the waiting times for patients waiting to start treatment 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. These are sometimes referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

The Department of Health published the RTT Rules Suite on 28 November 2007. This document was updated in April 2014 and can be found at:

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

Other guidance documents relating to RTT waiting times can be found at:

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

2. RTT waiting time rights and pledges

The NHS Constitution states that patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or

it is clinically appropriate that they wait longer, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

3. RTT waiting times standards

NHS England published operational standards that set an expected level of RTT performance. These were set out in Everyone Counts: Planning for Patients 2014/15 to 2018/19. They were:

- 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.

These standards left an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- patient choice – patients who choose to delay treatments for personal or social reasons
- co-operation – patients who do not attend appointments along their pathways
- clinical exceptions – patients for whom it is not clinically appropriate to start treatment within 18 weeks.

In addition, NHS England 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.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to these waiting time standards. The admitted and non-admitted operational standards will be abolished, and the incomplete pathway standard will become the sole measure of patients' constitutional right to start treatment within 18 weeks. The presentation of this statistical press notice has been amended to reflect this change.

The format of the admitted, admitted adjusted and non-admitted provider and commissioner data files published alongside this statistical press notice has been amended to reflect the change in the operational standards. These files no longer include a column showing the percentage of pathways within 18 weeks. However, a full breakdown of waiting times by weekly time band is still available in the files.

The incomplete pathway provider and commissioner data files have been amended to include the 92nd percentile rather than the 95th percentile, to correspond with the 92% operational standard for incomplete pathways.

The number of columns included in the RTT overview timeseries (England-level time series) file has been reduced to reflect the changes in the operational standards. A copy of the previous version of the table with data to June 2015 is available at:

<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/06/RTT-Overview-Timeseries-Jun15-XLS-107K-92612.xls>.

Subject to Parliamentary approval, the necessary steps to remove the admitted and non-admitted standards from the Standing Rules Regulations will be completed by 1 October 2015.

4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed and signed-off by English commissioners.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The data return includes all patients whose RTT clock stopped at any point in the reporting period or whose RTT clock is still running at the end of the reporting period.

There are two main central returns:

- Unadjusted: this return covers admitted patients, non-admitted patients and patients on incomplete pathways.
- Adjusted: this return covers admitted patients on an adjusted basis. Adjustments are allowed to admitted pathways for clock pauses. An RTT clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two reasonable appointment offers for admission. The RTT clock is paused for the duration of the time between the earliest reasonable date offered and the date from which the patient makes themselves available for admission for treatment.

5. RTT data availability

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

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. From August 2015, NHS England will publish the following statistics monthly on the same day, typically the second Thursday of each calendar month: RTT, Cancer, Diagnostics, A&E, Ambulance, NHS 111 and Delayed Transfers of Care.

Seven acute trusts did not submit data on incomplete RTT pathways for July 2015. Additionally, Lewisham and Greenwich NHS Trust (RJ2) did not submit any data for Lewisham Hospital. Factoring in estimates based on the latest data submitted for each of these missing acute trusts suggests the total number of RTT patients waiting to start treatment at the end of July 2015 may have been just under 3.5 million patients. The

latest figures submitted by missing acute trusts are shown in the table below.

Trust	Latest available incomplete RTT pathway data (rounded to nearest hundred)	Month incomplete pathway data last submitted
Barking, Havering and Redbridge University Hospitals NHS Trust	20,700	Nov-13
Barts NHS Health Trust	75,600	Aug-14
King's College Hospital NHS Foundation Trust	55,600	Mar-15
Lewisham and Greenwich NHS Trust*	25,000	May-15
The Princess Alexandra Hospital NHS Trust	10,200	June-14
University Hospital of South Manchester NHS Foundation Trust	18,800	Feb-15
Walsall Healthcare NHS Trust	13,800	Feb-14
Wye Valley NHS Trust	7,500	Mar-15

Note:

* To calculate the estimate of the total number of RTT patients waiting to start treatment at the end of July 2015, the partial incomplete pathway figure submitted Lewisham and Greenwich NHS Trust for July 2015 has been subtracted and the latest full incomplete pathway figure (for May 2015) added in.

Two non-acute trusts – Humber NHS Foundation Trust and Leicestershire Partnership NHS Trust – were also unable to submit data on incomplete RTT pathways for July 2015. Estimates for these trusts have not been included in the estimate of the total number of RTT patients at England level above. Based on the latest data submitted, factoring in estimates for these trusts would not make a material difference to the England level estimate.

To estimate the impact of missing data on completed (admitted and non-admitted) pathways, the total number of pathways per working day in each provider in the month prior to the gap in reporting can be applied to all missing months multiplied by the relevant number of working days in each month. Using this approach, the number of completed RTT pathways in the 12 months to July 2015 increased by 4.9% on the preceding 12 month period.

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 per cent of patients started treatment within the median waiting time, and for incomplete pathways 50 per cent 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 as measures of waiting time performance are subject to seasonality. For example, adverse weather during winter may change the balance between elective and emergency care. Similarly, the number of patients starting treatment will be influenced by the number of working days in the calendar month.

8. 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.

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 you have any comments on this, or any other issues regarding RTT statistics, please email RTTdata@dh.gsi.gov.uk

Request for feedback on draft RTT recording and reporting guidance by 15 September 2015

Feedback from providers and commissioners is that existing guidance on recording and reporting referral to treatment (RTT) waiting times is comprehensive – but that it is long and published in different areas. To respond to this, NHS England has produced draft refreshed guidance which consolidates and simplifies the existing and published guidance and related advice below. Other than the removal of the provision to report patient pauses in data returns to NHS England, none of the information in this refreshed guidance is new and it does not change when each patient's waiting time start and stop must be recorded and reported.

The draft guidance and accompanying Frequently Asked Questions document are available at: <http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>.

Please send any comments on the draft guidance to england.rtt@nhs.net by 15 September 2015. A final version of the guidance document will be published on 1 October 2015.

10. Additional Information

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

The Government Statistical Service (GSS) statistician responsible for producing these data is:

Debbie Moon
Analytical Services (National)
NHS England
Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: RTTdata@dh.gsi.gov.uk