



NHS Consultant-led Referral to Treatment (RTT) Waiting Times Statistics for England

2012 Annual Report

Summary

- The majority of RTT patients started treatment within 18 weeks of referral in 2012. The percentage of patients who started admitted treatment within 18 weeks at England level has been between 89.6% and 93.7% since January 2009. While the percentage of patients who started non-admitted treatment within 18 weeks has been between 97.0% and 98.2%.
- The percentage of incomplete pathways – patients still waiting to start treatment at the end of the month – within 18 weeks has risen from 91.4% at the end of December 2011 to 94.5% at the end of December 2012.
- In 2012, the admitted and non-admitted standards were met nationally in all 12 months of the calendar year. A new standard for incomplete pathways was introduced from April 2012. This standard was met early nationally and in all 12 months of the calendar year.
- In 2012, the average patient waited around eight and a half weeks to start admitted treatment, four weeks to start non-admitted treatment, and the average patient waiting for treatment at the end of the month had been waiting around five and a half weeks.
- The number of RTT patients who started consultant-led treatment in 2012 has been similar to previous years' levels of activity. Each month around 300,000 RTT patients start admitted treatment and around 870,000 start non-admitted treatment.
- The numbers of RTT patients waiting at the end of each month has been around 2.5 million patients since October 2008. There is a seasonal trend, where there are fewer patients waiting during winter – around 2.4 million – and more patients waiting during summer – around 2.7 million.

Contents

1. Introduction	4
2. Key terms.....	4
3. England RTT waiting times	6
3.1. Operational waiting time standards	6
3.2. Average and 95th percentile waiting times	7
3.3. Activity and waiting lists.....	9
4. Specialty RTT waiting times.....	12
5. Regional RTT waiting times	16
6. Annex.....	18
6.1. Methodology	18
6.2. Glossary	21
6.3. Feedback Welcomed.....	22
6.4. Additional Information.....	22

1. Introduction

- 1.1. This report presents a summary of English NHS consultant-led referral to treatment waiting times statistics up to December 2012.
- 1.2. 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 continued publication of waiting times information will ensure that the NHS is accountable to the patients and public it serves. This information, combined with the quality of patients' experiences and outcomes, will inform patients' choices of where they want to be treated.
- 1.3. 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.
- 1.4. The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Mark Svenson
Knowledge and Intelligence,
Department of Health
Room 8E28, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: RTTdata@dh.gsi.gov.uk

- 1.5. The DH analyst responsible for producing this report is:

Tineke Poot
Knowledge and Intelligence,
Department of Health
Room 8E10, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: RTTdata@dh.gsi.gov.uk

2. Key terms

The following are key terms used in this report. For a more comprehensive list of terminology please see the glossary in the Annex.

- 2.1. **RTT pathway**
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.

2.2. Operational waiting time standard

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

2.3. Admitted pathways

The admitted waiting time standard is 90% and applies to admitted adjusted RTT pathways. 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.

Adjustments are allowed to be made 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 offer and the date from which the patient makes themselves available for admission for treatment.

2.4. Non-admitted pathways

The non-admitted waiting time standard is 95%. 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.

2.5. Incomplete pathways

The incomplete waiting time standard is 92%. The Department of Health introduced this new 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.

3. England RTT waiting times

3.1. Operational waiting time standards

3.1.1. England level performance against the admitted standard of 90% and non-admitted standard of 95% has been broadly stable since January 2009, with the majority of RTT patients starting treatment within 18 weeks (Table 1).

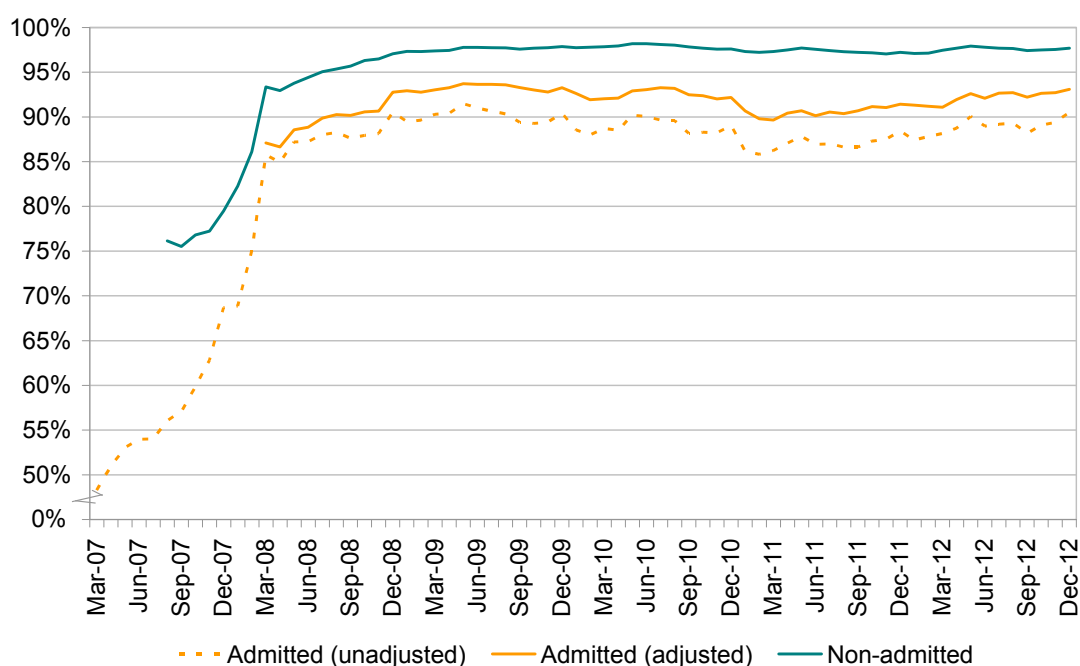
Table 1: Annual percentage of completed RTT pathways within 18 weeks, England

	2008	2009	2010	2011	2012
Admitted (adjusted) pathways	86.6% ¹	93.2%	92.5%	90.5%	92.2%
Non-admitted pathways	93.1%	97.6%	97.9%	97.3%	97.5%

¹Adjusted admitted data is available from March 2008. The 2008 figure is a combination of unadjusted data (for January and February 2008) and adjusted data for the rest of the year.

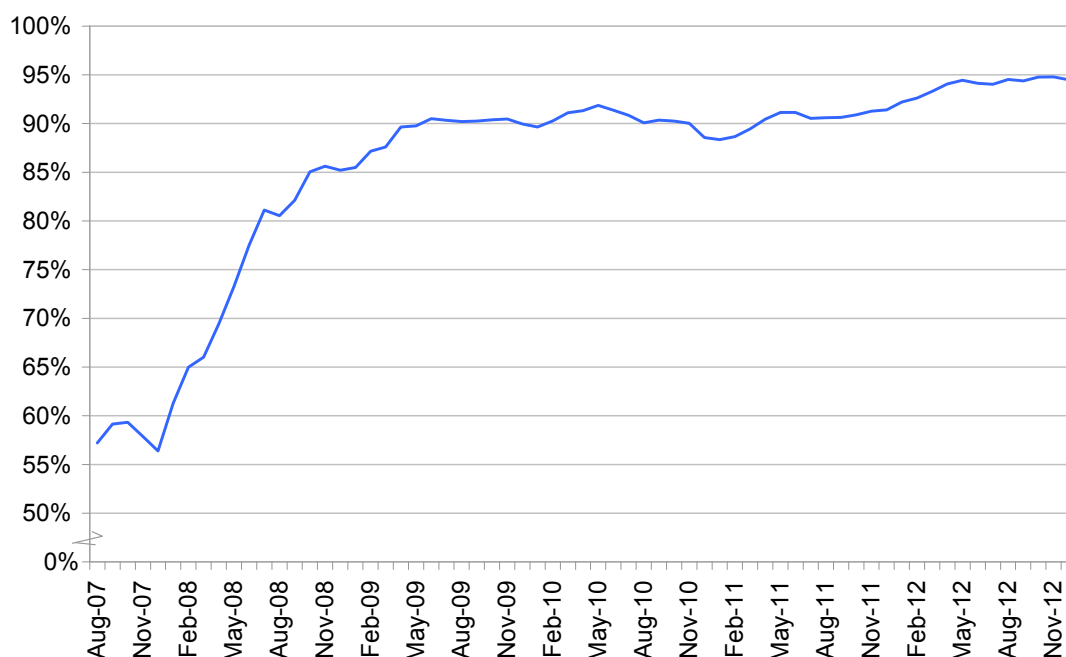
3.1.2. The proportion of RTT patients that started admitted treatment within 18 weeks has increased across 2012 (Chart 1). This is a continuation of the 2011 trend. Following a dip in performance against the admitted standard at England level in early 2011 - when the percentage of patients who started admitted treatment within 18 weeks dropped below 90% - performance against the admitted standard has gradually increased. During 2012, it increased from 91.3% in January 2012 to 93.1% in December 2012.

Chart 1: Percentage of completed RTT pathways within 18 weeks, England



- 3.1.3. During 2012, the percentage of incomplete pathways within 18 weeks has also increased, from 91.4% at the end of December 2011 to 94.5% at the end of December 2012 (Chart 3).
- 3.1.4. Prior to this, the percentage of incomplete pathways within 18 weeks at England level fluctuated around 90%. A gradual decrease during 2010 contributed to the larger seasonal dip in the admitted percentage within 18 weeks in early 2011 as a larger proportion of the longer wait patients started treatment.

Chart 3: Percentage of incomplete RTT pathways within 18 weeks, England



- 3.1.5. However, during 2011, the percentage of incomplete pathways within 18 weeks began to increase and during 2012, this trend continued, following the announcement in November 2011 and introduction from April 2012 of the 92% incomplete standard.

Table 2: Percentage of incomplete RTT pathways within 18 weeks, England

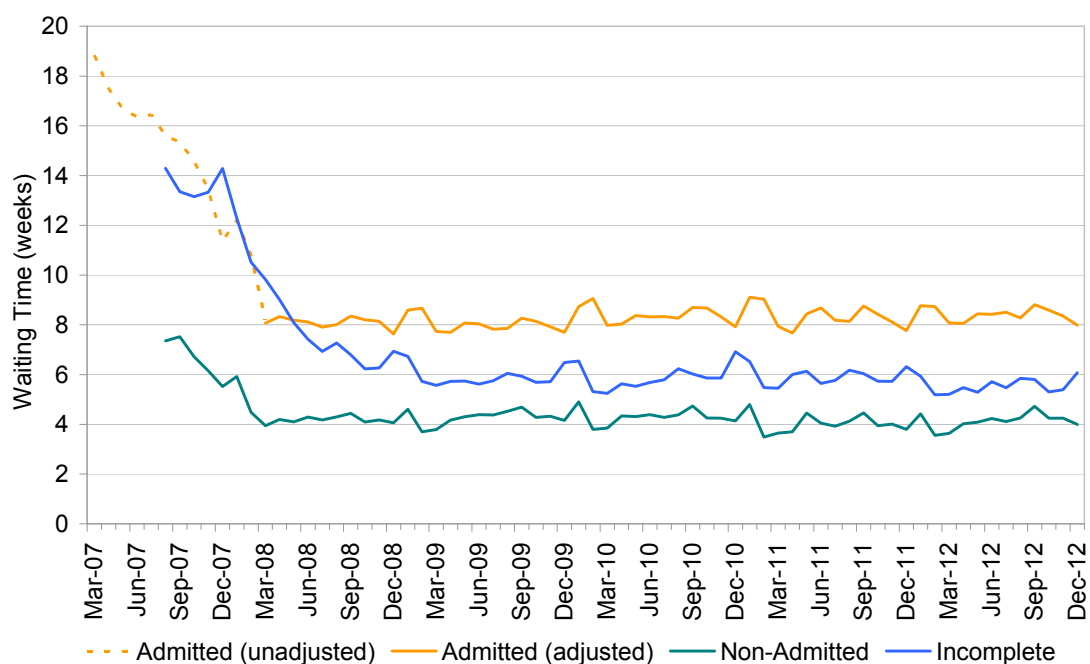
	Dec-07	Dec-08	Dec-09	Dec-10	Dec-11	Dec-12
Incomplete pathways	56.4%	85.2%	90.0%	88.6%	91.4%	94.5%

3.2. Average waiting times

- 3.2.1. Average (median) RTT waiting times have been broadly stable following the seasonal pattern seen in previous years (Chart 4). See glossary for an explanation of median waiting time.
- 3.2.2. In 2012, the average patient waited around eight and a half weeks to start admitted treatment, four weeks to start non-admitted treatment, and the average patient waiting for treatment at the end of the month

had been waiting around five and a half weeks. The incomplete pathway (patients waiting at month end) median waiting time was slightly lower during 2012 than 2011.

Chart 4: Average (median) RTT waiting times, England



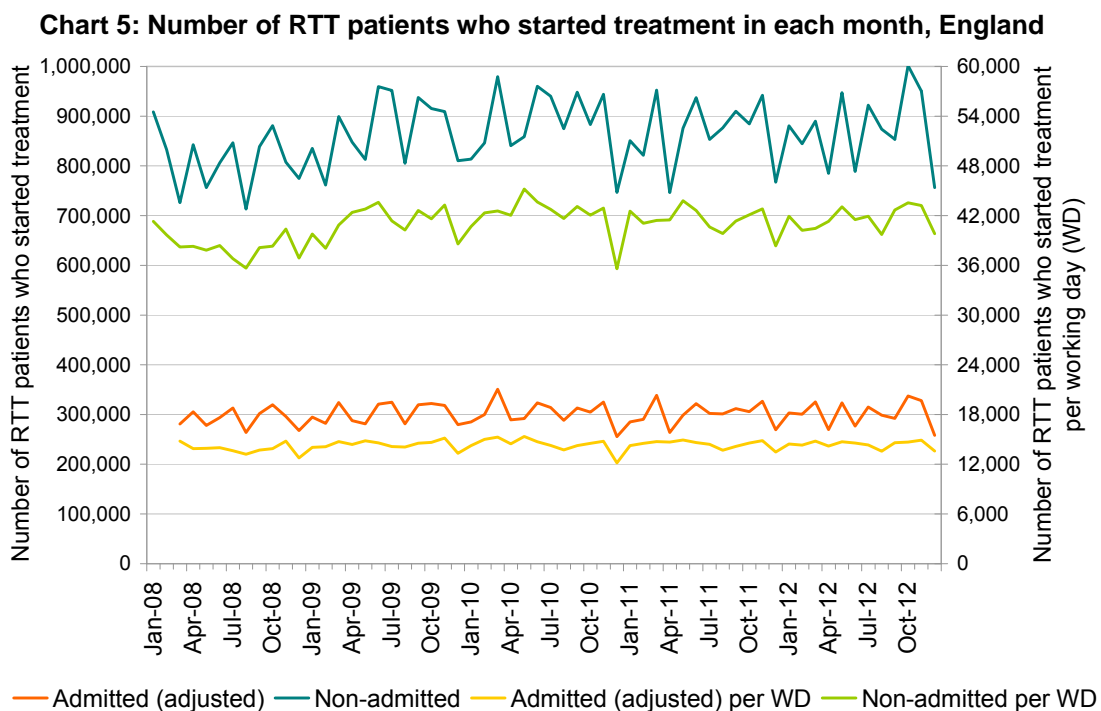
- 3.2.3. The incomplete pathway median waiting time peaks in the middle of winter, around December and January. This is followed by an increase in the median time waited for admitted and non-admitted pathways. The delayed peaks for completed pathways demonstrate the relationship between incomplete pathway waiting times and admitted and non-admitted pathway ‘time waited’ waiting times.
- 3.2.4. Incomplete pathways are the waiting times for patients waiting to start treatment. When these patients start treatment, the time that they waited is captured in the admitted and non-admitted waiting times. Therefore, if there is an increase in the waiting times of patients who have not started treatment, in subsequent months this will be followed by an increase in the ‘time waited’ admitted and non-admitted waiting times once these patients start treatment.
- 3.2.5. The seasonal pattern of peaks in the median waiting times corresponds with winter. The winter peak is associated with a combination of poor weather conditions changing the balance between elective and non-elective care and the impact of Christmas holidays.

3.3. Activity and waiting lists

3.3.1. The number of RTT patients who started consultant-led treatment in 2012 has been similar to previous years' levels of activity. Each month around 300,000 RTT patients start admitted treatment and around 870,000 start non-admitted treatment.

3.3.2. The numbers of completed admitted and non-admitted pathways are often referred to as RTT activity because these are the numbers of patients who started treatment. RTT activity is broadly stable and follows a clear seasonal pattern (Chart 5).

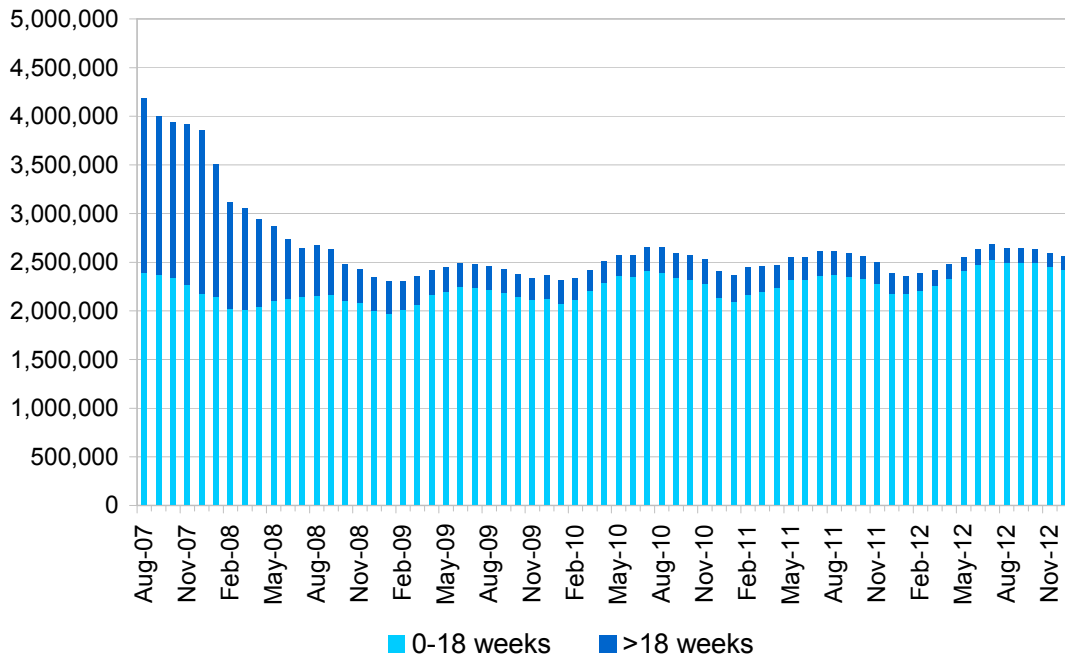
3.3.3. The number of working days in a month influences the amount of RTT activity – the presence of bank holidays and the number of weekends in a calendar month both affect the number of working days. When the impact of working days is taken into account, a smoother activity trend is visible (Chart 5). Around 14,000 RTT patients start admitted treatment and around 42,000 start non-admitted treatment per working day.



3.3.4. The numbers of incomplete pathways are often referred to as the RTT waiting list because these are the patients recorded as waiting to start treatment at the end of the month.

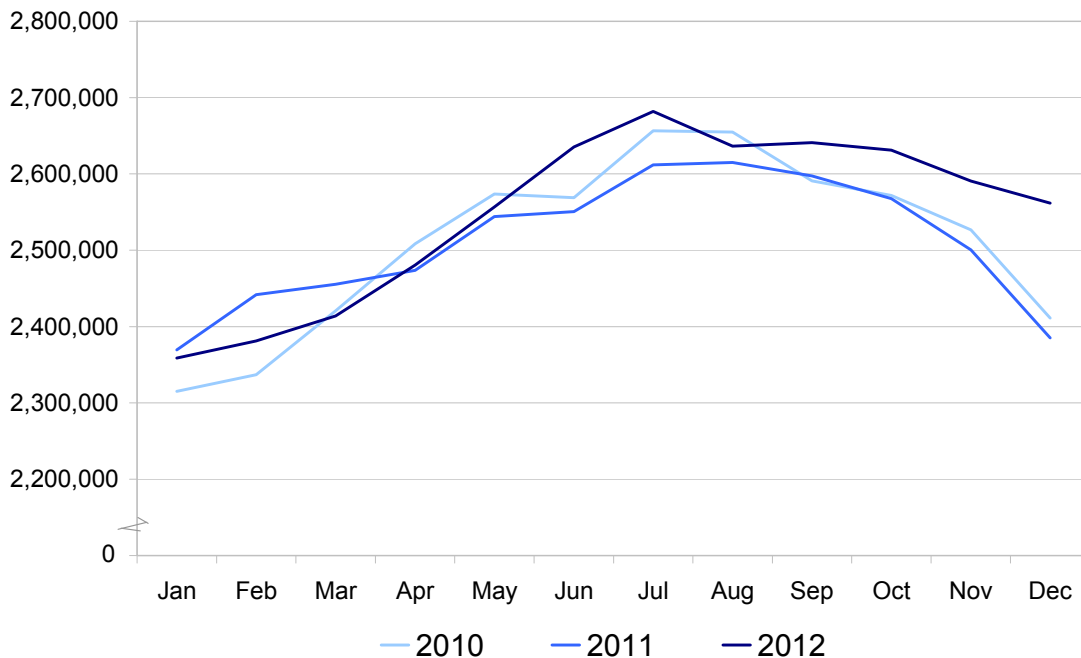
3.3.5. The RTT waiting list fell from just over 4 million patients waiting at the end of August 2007 to around 2.5 million patients at the end of October 2008 (Chart 6). Since October 2008, the numbers of RTT patients waiting has been broadly stable around 2.5 million patients, but subject to a clear seasonal trend.

Chart 6: Number of RTT patients waiting at the end of the month, England



3.3.6. Comparing the total RTT waiting list year on year demonstrates the seasonal trend (Chart 7). The number of patients waiting in winter is lower at around 2.4 million patients, while the number of patients waiting peaks during summer at around 2.7 million patients.

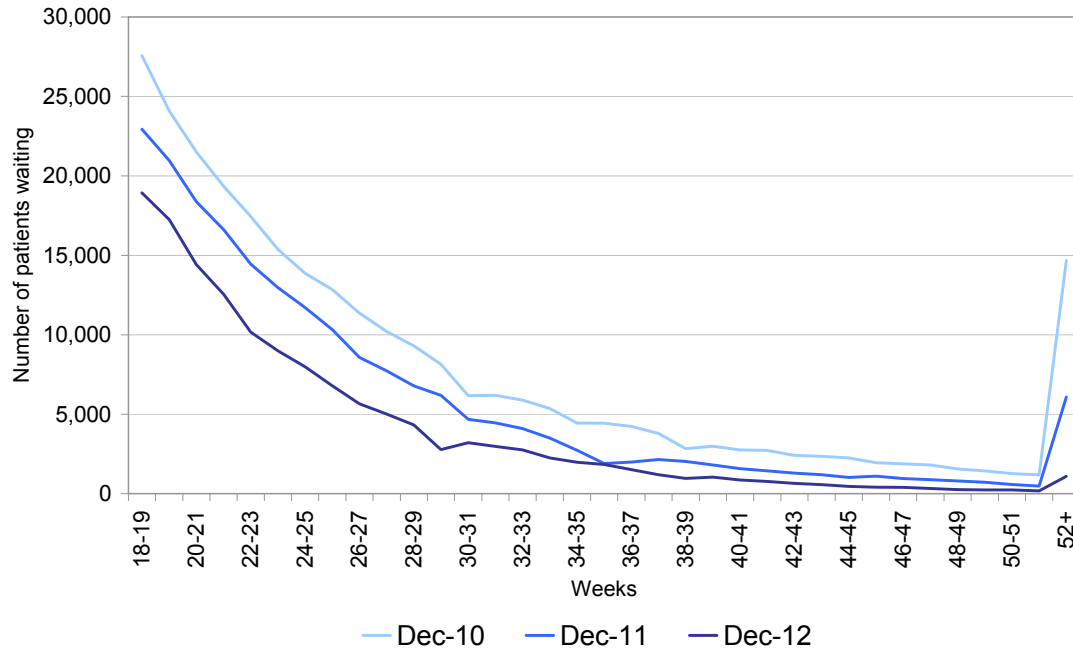
Chart 7: Number of RTT patients waiting at month end year on year, England



3.3.7. The relative size of the RTT waiting list throughout the months of 2012 is similar to previous years, although slightly higher over the last 6 months compared to the same months in 2011.

3.3.8. During 2012, the proportion of patients waiting longer continued to decrease, changing the shape of the RTT list waiting list. This is demonstrated by comparing the tail of the list at the end of 2012 with 2011 and 2010 (Chart 8).

Chart 8: Number of RTT patients waiting more than 18 weeks, end of December 2012 compared to December 2011 & 2010, England



3.3.9. At the end of December 2012 there were around 141,000 patients waiting more than 18 weeks. This compares to December 2011 and December 2010 when the number of patients waiting more than 18 weeks at the end of the month was around 205,000 and 276,000, respectively.

3.3.10. At the end of December 2012 there were around 1,000 patients waiting more than a year. This compares to December 2011 and December 2010 when the number of patients waiting more than a year at the end of the month was around 6,000 and 15,000, respectively.

4. Specialty RTT waiting times

- 4.1. England level performance against the waiting time standards is broadly stable, with the majority of RTT patients starting treatment within 18 weeks. However, there is some variation at specialty-level with shorter and longer waiting times for different areas of treatment.
- 4.2. RTT waiting times data is collected against 18 treatment functions, which cover the main treatment areas. RTT waiting times data for types of treatments that are not covered by these 18 treatment functions are collected under “Other”. The treatment functions are based on consultant specialties.
- 4.3. Annually in 2012, two specialties were below the admitted waiting time standard of 90% – trauma & orthopaedics and neurosurgery – and one specialty was below the non-admitted waiting time standard of 95% – neurosurgery (Table 3).
- 4.4. At the end of 2012, three specialties were below the incomplete waiting time standard of 92% – trauma & orthopaedics, neurosurgery and cardiothoracic surgery (Table 3).

Table 3: Annual percentage of completed RTT pathways within 18 weeks and December 2012 percentage of incomplete pathways within 18 weeks, by treatment function, England

	2012		Dec-12 ¹
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
General Surgery	90.9%	96.6%	92.4%
Urology	92.6%	96.7%	93.4%
Trauma & Orthopaedics	87.1%	96.0%	91.3%
ENT	91.6%	97.6%	94.7%
Ophthalmology	93.7%	97.5%	95.7%
Oral Surgery	92.2%	95.9%	95.2%
Neurosurgery	84.0%	93.3%	91.0%
Plastic Surgery	92.7%	97.4%	92.0%
Cardiothoracic Surgery	92.0%	97.4%	90.7%
General Medicine	98.9%	98.3%	96.3%
Gastroenterology	98.5%	95.7%	95.7%
Cardiology	94.9%	97.6%	95.7%
Dermatology	96.6%	98.1%	97.0%
Thoracic Medicine	98.9%	97.9%	96.0%
Neurology	98.6%	96.4%	96.1%
Rheumatology	98.3%	98.2%	97.3%
Geriatric Medicine	99.5%	99.0%	97.9%
Gynaecology	94.6%	98.4%	96.0%
Other	93.3%	98.4%	95.2%
England	92.2%	97.5%	94.5%

¹Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

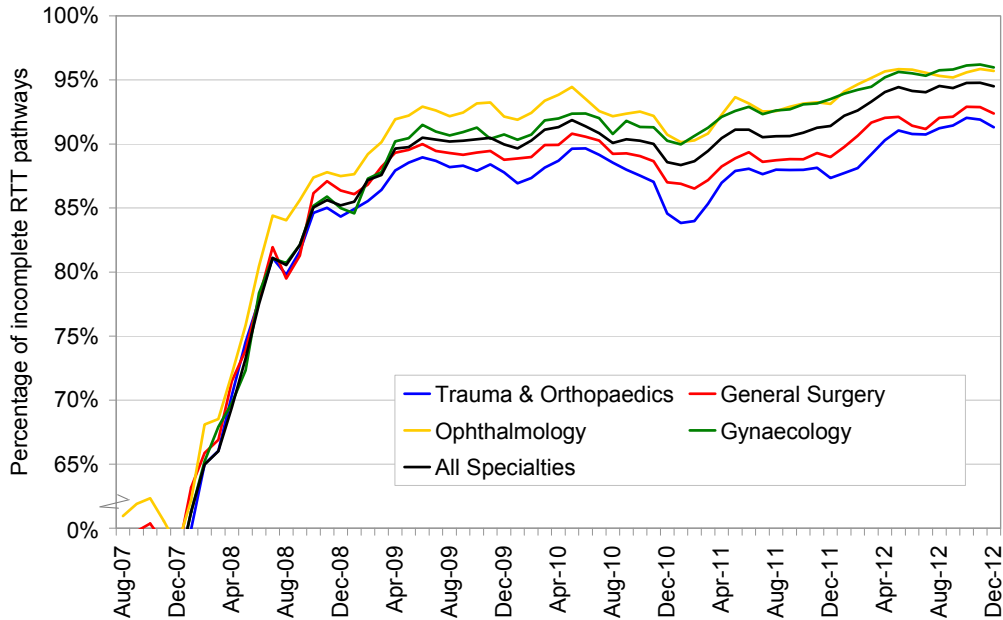
4.5. Trauma & orthopaedics, general surgery, ophthalmology and gynaecology are the specialties with the largest volumes of admitted RTT activity – numbers of patients who started admitted treatment (Table 4). These specialties also cover a range of performance against the waiting time standards, with shorter waiting times in ophthalmology and gynaecology and longer waiting times in trauma & orthopaedics and general surgery, so these specialties will be used to illustrate specialty-level variation across time.

Table 4: Number of patients who started treatment and number waiting, by treatment function, England

	Number of patients who started admitted treatment in 2012	Number of patients who started non-admitted treatment in 2012	Number of patients waiting at the end of 2012
General Surgery	492,679	706,528	240,609
Urology	242,871	314,325	131,725
Trauma & Orthopaedics	670,193	948,740	361,134
ENT	201,092	744,382	176,646
Ophthalmology	479,100	998,059	270,803
Oral Surgery	199,913	388,928	132,957
Neurosurgery	30,291	52,581	23,394
Plastic Surgery	134,968	111,115	41,080
Cardiothoracic Surgery	23,666	10,305	6,933
General Medicine	60,478	261,156	47,538
Gastroenterology	143,656	270,157	106,952
Cardiology	109,106	455,367	116,904
Dermatology	82,258	662,927	124,739
Thoracic Medicine	20,092	211,885	47,359
Neurology	11,040	270,400	69,217
Rheumatology	19,410	217,544	43,176
Geriatric Medicine	2,562	119,230	15,947
Gynaecology	311,304	715,807	158,610
Other	393,219	3,034,758	446,085
England	3,627,898	10,494,194	2,561,808

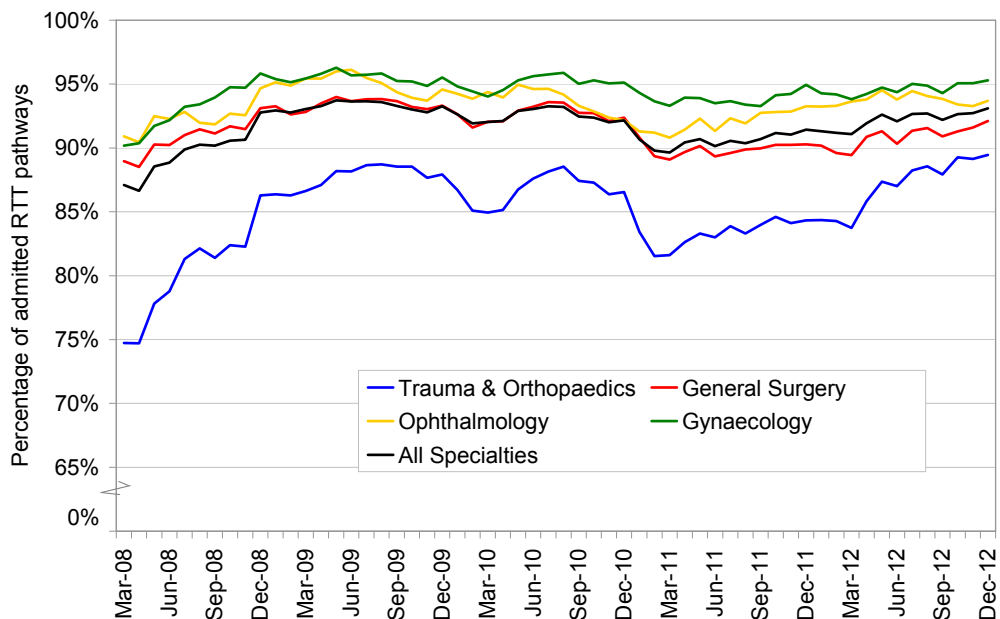
4.6. For patients waiting to start treatment in these four specialties we see the same trends as for England (all specialties) waiting times. The incomplete pathway waiting times continued to improve during 2012 (Chart 9).

Chart 9: Percentage of incomplete RTT pathways within 18 weeks, by four treatment functions, England



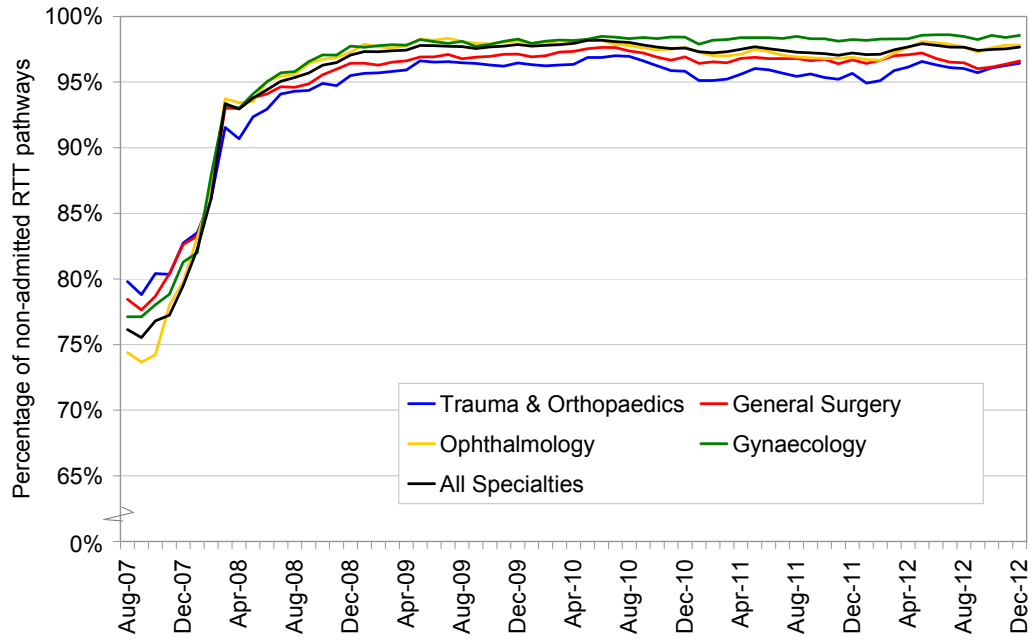
4.7. These four specialties also show a similar trend to England (all specialties), where the percentage of admitted pathways within 18 weeks has increased across 2012 (Chart 10). The improvement is most pronounced for trauma & orthopaedics pathways, which rose 5.1 percentage points from 84.3% in December 2011 to 89.5% in December 2012.

Chart 10: Percentage of admitted RTT pathways within 18 weeks, by four treatment functions, England



4.8. There is less variation in non-admitted waiting times across these four specialties (Chart 11).

Chart 11: Percentage of non-admitted RTT pathways within 18 weeks, by four treatment functions, England



5. Regional RTT waiting times

5.1. There are ten Strategic Health Authorities (SHAs) in England. There is some variation in RTT waiting times across these regions (Table 5).

5.2. Annual 2012 RTT waiting time across the ten SHAs range from: 90.9% to 94.2% of patients treated during 2012 started admitted treatment within 18 weeks; 96.4% to 98.3% of patients treated during 2012 started non-admitted treatment within 18 weeks; and 93.6% to 95.7% of patients waiting at the end of 2012 were waiting within 18 weeks.

Table 5: Annual percentage of completed RTT pathways within 18 weeks and December 2012 percentage of incomplete pathways within 18 weeks, by SHA

	2012		Dec-12 ¹
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
North East	94.2%	98.3%	94.2%
North West	92.3%	97.4%	94.4%
Yorkshire and the Humber	91.4%	97.5%	94.0%
East Midlands	92.6%	97.3%	94.5%
West Midlands	92.2%	97.5%	94.9%
East of England	90.9%	97.9%	95.7%
London	92.0%	97.8%	93.6%
South East Coast	91.5%	96.4%	94.3%
South Central	92.7%	97.6%	95.2%
South West	93.3%	97.6%	94.7%
England	92.2%	98.3%	94.5%

¹Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

5.3. As expected, given that SHAs cover populations of varying sizes, the amount of RTT activity carried out in 2012 and the size of the RTT waiting at the end of 2012 differs for each SHA (Table 6).

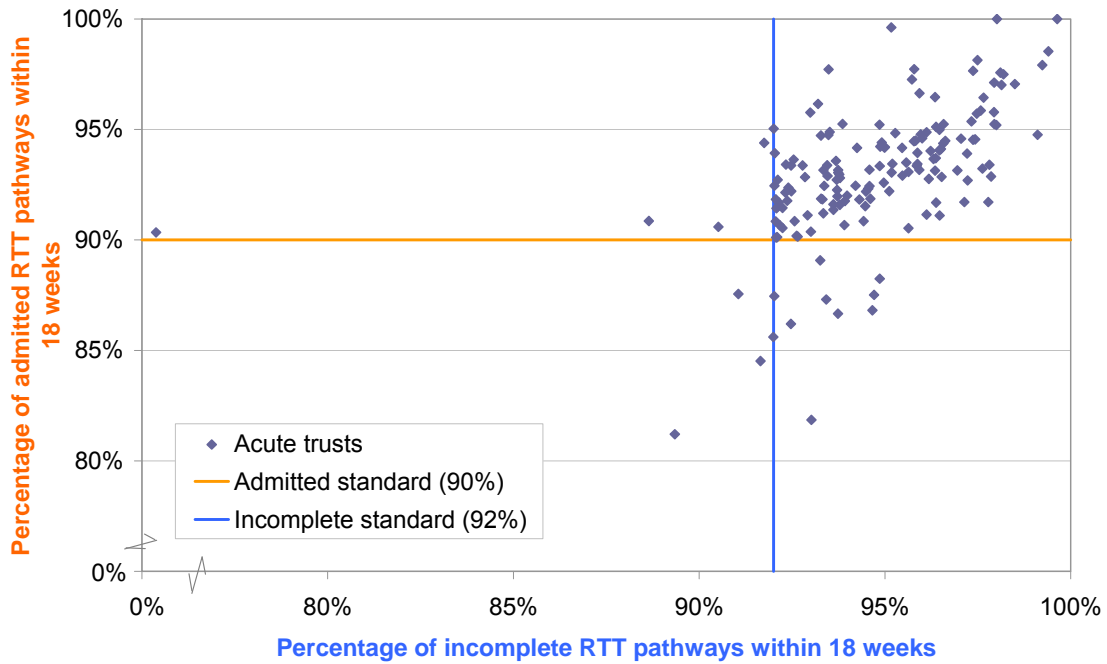
Table 6: Number of patients who started treatment and number waiting, by SHA

	Number of patients who started admitted treatment in 2012	Number of patients who started non-admitted treatment in 2012	Number of patients waiting at the end of 2012
North East	209,200	614,103	137,672
North West	501,391	1,586,822	386,949
Yorkshire and the Humber	391,834	1,079,277	248,151
East Midlands	290,440	674,573	187,338
West Midlands	379,453	1,039,340	260,346
East of England	395,127	1,129,951	282,957
London	467,919	1,912,181	409,946
South East Coast	310,345	867,269	220,468
South Central	270,247	679,338	196,691
South West	411,338	911,111	231,217
England²	3,627,898	10,494,194	2,561,808

²The total numbers of patients who started treatment and were waiting by SHA does not add up to the England total due to a small number of RTT pathways that are commissioned by the National Commissioning Group.

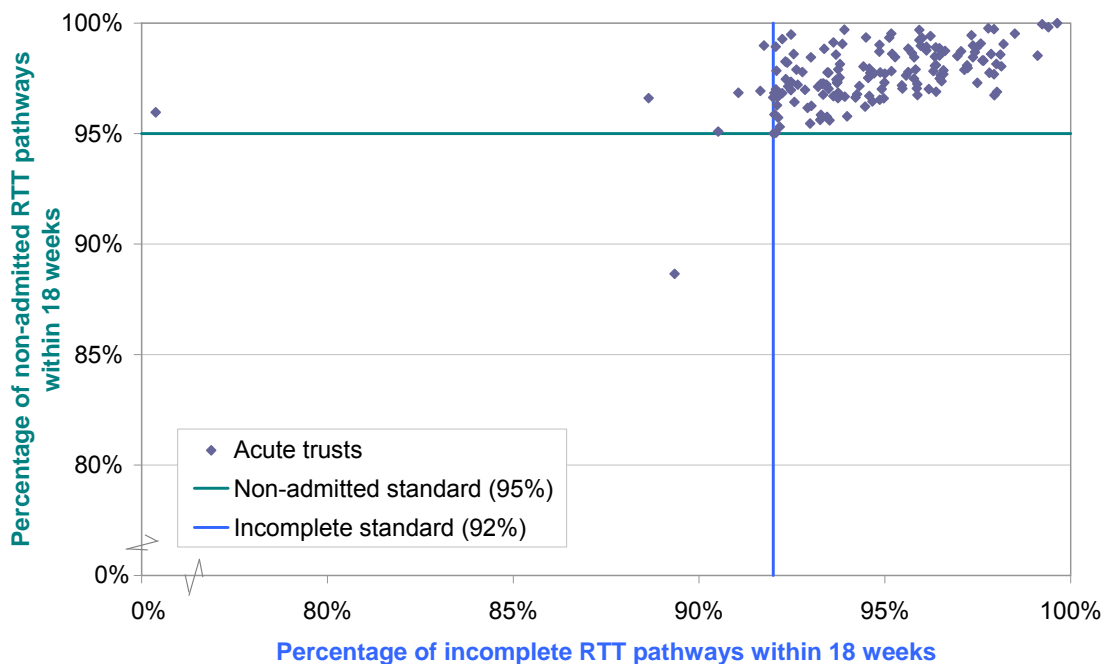
5.4. There is also variation in RTT waiting times at provider organisation level. In December 2012 the majority of acute trusts met the admitted standard of 90%, the non-admitted standard of 95% and the incomplete standard of 92%, but there are some outliers (Chart 12 & 13).

Chart 12: Acute trust¹ performance against the admitted 'time waited' standard in December 2012 compared to percentage of incomplete pathways within 18 weeks at the end of December 2012



¹Includes the 159 acute trusts that submitted full RTT waiting times data for December 2012

Chart 13: Acute trust¹ performance against the non-admitted 'time waited' standard in December 2012 compared to percentage of incomplete pathways within 18 weeks at the end of December 2012



¹Includes the 159 acute trusts that submitted full RTT waiting times data for December 2012

6. Annex

6.1. Methodology

Data collection

- 6.1.1. The Department of Health (DH) compiles monthly Referral To Treatment (RTT) data on the length of time from GP referral through to treatment. There are two main central returns:
- **Unadjusted.** This return has been collected since January 2007 and was first published for March 2007. The return covers admitted patients (since January 2007), non-admitted patients (since August 2007) and patients on incomplete pathways (since August 2007).
 - **Adjusted.** This return has been collected and published since March 2008. The return covers admitted patients on an adjusted basis (i.e. including legitimate pauses of patients' waiting time clocks).
- 6.1.2. Data is submitted monthly to DH by all providers of NHS-funded, consultant-led services, via Unify2. Unify2 is DH's standard online tool for the collection and sharing of NHS performance data. NHS commissioners review and sign off the data before DH performs central validation checks to ensure good data quality.
- 6.1.3. Further papers and guidance describing the RTT clock rules and measurement of consultant-led RTT waiting times can be found on the DH website here:
<http://transparency.dh.gov.uk/2012/06/29/rtt-waiting-times-guidance/>

Data availability

- 6.1.4. RTT waiting times data are published to a pre-announced timetable, roughly 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. The data is published on the DH website here:
<http://transparency.dh.gov.uk/2012/06/29/rtt-waiting-times/>
- 6.1.5. The annual statistical report is published once a year in February, alongside the release of December RTT waiting times data.

Data coverage

- 6.1.6. The consultant-led RTT data returns have ROCR (Review of Central Returns) and Monitor approval and therefore data submission is mandatory for all NHS trusts that provide services that fall within the scope of consultant-led RTT waiting times measurement.
- 6.1.7. DH encourage Independent Sector providers to engage in the RTT data collection process by monitoring RTT times for NHS patients being seen/treated within their trust and by submitting this information

on Unify2 in the same way as NHS provider organisations. When Independent Sector providers do not have the technical capability to submit data to Unify2, NHS commissioners submit on their behalf.

- 6.1.8. Occasionally a provider organisation is unable to submit RTT data in time for monthly publication, for example, due to technical issues such as the impact of introducing a new computing system. Provider organisations are encouraged to report data retrospectively for the missing month(s) as part of the regular revisions process (see 6.1.11). The following data from acute provider organisations are currently missing for the period January 2011 to December 2012:

Month	Missing data
Jan-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data. Heatherwood and Wexham Park Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data. Aintree University Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.
Feb-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.
Mar-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.
Apr-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data. Kingston Hospital NHS Trust did not submit incomplete RTT pathway data.
May-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data. Kingston Hospital NHS Trust did not submit incomplete RTT pathway data.
Jun-11	<ul style="list-style-type: none"> St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.
Jul-11	-
Aug-11	-
Sep-11	-
Oct-11	-
Nov-11	-
Dec-11	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
Jan-12	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
Feb-12	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
Mar-12	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
Apr-12	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
May-12	<ul style="list-style-type: none"> Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.
Jun-12	<ul style="list-style-type: none"> The Rotherham NHS Foundation Trust did not submit incomplete RTT pathway data.
Jul-12	-
Aug-12	<ul style="list-style-type: none"> North Bristol NHS Trust did not submit incomplete RTT pathway data.
Sep-12	<ul style="list-style-type: none"> North Bristol NHS Trust did not submit incomplete RTT pathway data.
Oct-12	<ul style="list-style-type: none"> North Bristol NHS Trust did not submit incomplete RTT pathway data. Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.
Nov-12	<ul style="list-style-type: none"> North Bristol NHS Trust did not submit incomplete RTT pathway data. Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.
Dec-12	<ul style="list-style-type: none"> North Bristol NHS Trust did not submit incomplete RTT pathway data. Bradford Teaching Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.

- 6.1.9. The impact of missing data from a few provider organisations varies depending on the measure being considered. For the key waiting times measures – percentage within 18 weeks, median waiting time, 95th percentile waiting time – the impact is minimal at England level. However, there is potential for a greater impact at lower geographical levels.
- 6.1.10. The biggest impact will be on measures of volumes, such as the number of patients who started treatment, size of the RTT waiting list, etc. Caution should be exercised when comparing volumes of incomplete pathways across different time periods, especially at regional level. However, coverage and data quality of the consultant-led RTT waiting times statistics remains high and the RTT data are considered robust and fit for purpose.

Data revisions

- 6.1.11. Revisions to published figures are released on a six-monthly basis and in accordance with the DH Knowledge and Intelligence team's revision policy. The revisions policy can be found here: <http://transparency.dh.gov.uk/code-compliance/#Unify2policy>
- 6.1.12. The most recent set of revisions were published on the 17th January 2013. The RTT waiting times data contained in this report was current at the time of publication.
- 6.1.13. DH may receive and publish revisions to RTT data contained in the 2012 annual statistical report, as part of the next 6-monthly revisions round. However, this annual report will not be updated and re-released to take into account any future changes.

Data comparability

- 6.1.14. Scotland also collects and publishes RTT waiting times data and have a 18 weeks 'time waited' standard of 90%. Care needs to be taken when comparing English and Scottish RTT waiting times data as differences exist in the measurement rules. RTT data for Scotland can be found here: <http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT/>
- 6.1.15. Wales also collects and publishes RTT waiting times data and have a 26 week 'waiting time' standard of 95% and a 36 week 'time waited' standard of 100%. Care needs to be taken when comparing English and Welsh RTT waiting times data as differences exist in the measurement rules. RTT data for Wales can be found here: <http://new.wales.gov.uk/topics/statistics/theme/health/nhsperformance/waiting-times/?lang=en>

- 6.1.16. Northern Ireland does not measure RTT waiting times. They collect and publish stage of treatment inpatient and outpatient waiting times. These data can be found here:
http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/waiting_times_main/stats-waiting-times.htm

6.2. Glossary

Adjusted

Adjustments are made to admitted pathways for clock pauses, where a patient had declined reasonable offers of admission and chosen to wait longer.

Admitted pathways

The waiting times (time waited) for patients whose treatment started during the month and involved admission to hospital.

Clock Pause

A period of time for which a patient's RTT waiting time clock is put on hold ("paused"). Clocks may only be paused for non-clinical reasons and only where a provider has made at least two reasonable offers for admission for treatment but a patient chooses to wait longer. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for admission for treatment.

Clock Start

The date on which a patient's RTT pathway starts, when a patient is referred for consultant-led treatment and the referral is received by the provider.

Clock Stop

The date on which a patient's RTT pathway ends. The following activities end the Referral to Treatment (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
- 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

Commissioner

A commissioner is normally a Primary Care Trust (PCT). PCTs commission services from providers of NHS care.

Incomplete pathways

The waiting times for patients waiting to start treatment at the end of the month. 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.

Median

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 mid-point 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.

Non-admitted pathways

The waiting times (time waited) for patients whose treatment started during the month and did not involve admission to hospital.

Provider

An organisation that provides NHS treatment or care, for example, an NHS Acute Trust, Mental Health Trust, Community provider, or an Independent Sector organisation.

RTT Pathway/RTT period

The length of time between a patient's RTT clock start and the clock stop for a particular treatment. Alternatively, if the patient has not yet started treatment, it is the length of time from the clock start to the end of the reference month.

Strategic Health Authority (SHA)

England is split into ten SHAs. SHAs lead planning for improving health services in their local area and ensuring that national priorities are integrated into local health service plans.

Treatment Function

RTT waiting times are measured within 19 treatment functions (including "Other"), which were chosen to capture the main treatment areas. Treatment functions are based on specialties.

6.3. Feedback Welcomed

We welcome feedback on the content and presentation of RTT statistics within this Annual Statistical report and those published on the DH 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

6.4. Additional Information

Full details of RTT data for individual organisations is available at: <http://transparency.dh.gov.uk/2012/06/29/rtt-waiting-times/>

For press enquiries contact the Department of Health Media Centre. Please refer to the Department of Health's website for the relevant contact details:
<http://mediacentre.dh.gov.uk/about/>

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Mark Svenson
Knowledge and Intelligence
Department of Health
Room 8E28, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: RTTdata@dh.gsi.gov.uk

The DH analyst responsible for producing this report is:

Tineke Poot
Knowledge and Intelligence,
Department of Health
Room 8E10, Quarry House, Quarry Hill, Leeds LS2 7UE
Email: RTTdata@dh.gsi.gov.uk