

Consultant-led Referral to Treatment (RTT) waiting times collection timetable: outcome of consultation

Summary

- Between January and March 2014, NHS England consulted on a proposed change to the timetable for the monthly collection and publication of consultant-led RTT waiting times data, in particular on options to publish data a week earlier.
- The consultation highlighted a number of risks with reducing the time available for Trusts to collate and validate RTT pathways.
- As a result, a decision has instead been taken to reduce the commissioner sign-off period from ten to five working days. This will bring the RTT collection in line with other provider/commissioner collections, such as the Monthly Activity Return.
- This change will apply for April 2014 data onwards.

Background and purpose

Between 8 January and 3 March 2014, NHS England consulted on a proposed change to the timetable for the monthly collection and publication of consultant-led RTT waiting times data.

Monthly RTT waiting times data is currently published to a pre-announced timetable, roughly 6-7 weeks after the end of the reference month. Many data and operational managers have told us that they require this data more quickly for use in their performance reporting.

The consultation was designed to seek comments and views from data producers and users on the proposed change, with three options to reduce the overall publication time by a week. This is in accordance with the Code of Practice for Official Statistics¹.

The consultation is available via the following link:

<https://www.engage.england.nhs.uk/survey/e37cf46f>. Full details of the questions asked are shown in annex A.

¹ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

Number and nature of responses

We received 83 responses to the consultation. Thank you to all respondents for their helpful comments.

The majority of respondents (55%) were from NHS Trusts and a further 16% from Clinical Commissioning Groups (Table 1).

Table 1: Type of organisation respondent works for

Organisation	Number	%
NHS Trust	46	55%
Clinical Commissioning Group	13	16%
Commissioning Support Unit	4	5%
NHS England	4	5%
Other/details not given	16	19%
Total	83	100%

Reaction to the proposals

Respondents were asked about their reaction to three options for bringing the publication date forward by a week, in particular whether they supported the preferred option (option 3):

- **Option 1** – Take time out of the providers’ data preparation stage. Bring the provider submission deadline forward five working days to the 8th working day after month end.
- **Option 2** – Take time out of the commissioner and NHS England data validation stage. Bring the commissioner sign-off deadline forward five working days to the 18th working day after month end (with the provider deadline staying on the 13th working day).
- **Option 3 (put forward as the PREFERRED OPTION for the consultation)** – Take time out of a combination of all three stages; 2 days from the providers’ data preparation stage, 2 days from the commissioner and NHS England data validation stage and 1 day from the publication preparation stage.

No respondent completely rejected any form of change to the timetable. However, opinions varied on which of the stages should be shortened.

Option preference

The majority of respondents (65%) supported the preferred option either in whole or in part. However, a third of respondents (33%) did not support the preferred option (Table 2).

Table 2: Do you support the preferred option either in whole or in part?

Response	Number	%
Yes	54	65%
<i>in whole</i>	31	37%
<i>in part</i>	23	28%
No	27	33%
Not answered	2	2%
Total	83	100%

All those who said they did not support the preferred option were data providers (including NHS Trusts, an NHS Community Trust and an Independent Sector provider). Trusts accounted for 57% of those who supported the preferred option in part and 39% of those who supported it in whole, the remainder being made up of Clinical Commissioning Groups, Commissioning Support Units and NHS England respondents.

The main reason for not supporting the preferred option was that it would result in insufficient time for providers to carry out an appropriate level of validation of RTT data, for example:

“We barely have enough time to validate our data with the current timescales. We have over 20,000 patient pathways on any given month and anomalies appearing on a daily basis that need to be validated.” NHS Trust

“Bringing forward the provider deadline by two days is likely to cause us significant problems. A large amount of local validation is required in advance of preparing the Unify submission (e.g. reviewing and checking a large number of patient pathways to ensure clock stops are recorded correctly etc.).” NHS Trust

“As a provider organisation we consistently work right up until the deadline on working day 13, this is due to the amount of data validation required and with multiple data sources for the information.” Independent Sector provider

“The current deadline by which Providers have to submit their RTT data returns is already very challenging, and not always achievable - because such a vast amount of data has to be validated, and sometimes re-validated. Sign-off from senior Managers prior to submission is also required.” NHS Trust

Respondents were not specifically asked which option they supported if they were not fully supportive of the preferred option but we have used the information provided in the responses to infer this where possible (Table 3).

Nearly half (46%) of those who did not support the preferred option or supported it only in part suggested in their comments that they would support Option 2 (Table 3). The majority (90%) of those suggesting they would support Option 2 were NHS Trusts.

Table 3: Of those who did not support the preferred option or supported it only in part (50 responses), which option did they support ? (Inferred from information provided in responses.)

Response	Number	%
Option 2	23	46%
Option 3	8	16%
Not clear/not given	14	28%
Other suggestion	5	10%
Total	50	100%

As shown in table 3, a number of respondent said in their comments that they would support option 2 (taking time out of the commissioner and NHS England review period); others did not specifically state option 2 but it was clear from their comments that their preference was for a reduction in the commissioner review period. For example:

“considering queries pertaining to the Return only come from the DH Unify Team and not our Commissioners, I wonder how much time they need (especially as they have less time for MAR and that is not an issue)” NHS Trust

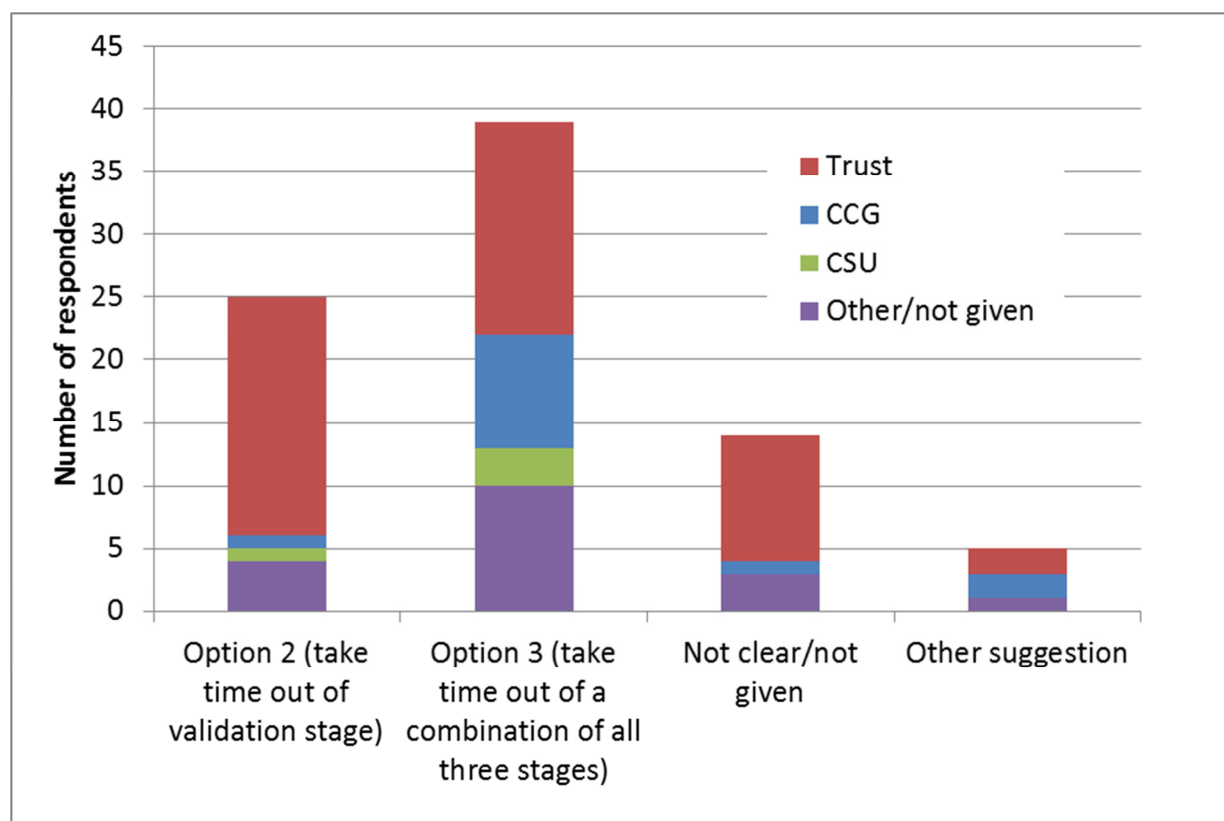
“Our preference is for Option 2. The Commissioner sign-off deadline should be brought forward. As noted, this would be inline with the Monthly Activity return. Provider workload for preparation of the dataset for both RTT returns is large, intensive and time consuming. Any reduction in time allowed at this stage will have a negative impact on our data quality. In our Trust's case, the commissioners have never had cause to question our submissions at their validation stage, as our intention is to submit data right first time.” NHS Trust

“I strongly feel Option 2 - (commissioner deadline forward 5 days) is the one to go with. Providers need as much time as possible to validate this highly complex data and run data checks. We currently get virtually no queries from the commissioners re data and I'm sure this is because we validate to such a great extent.” NHS Trust

Combined with the information we had on the respondents who were fully supportive of option 3, the explicit and inferred information on the option supported by each respondent shows that:

- nearly a third (30%) of respondents supported option 2
- nearly half (47%) of respondents supported option 3 (Chart 1)
- the remainder either didn't provide information on which option they supported (17%) or suggested an alternative (6%).

Chart 1: Which option is supported by respondent?



Ability to change timescales for April 2014 data onwards

Respondents were asked whether they would be able to make the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014).

Nearly a third of respondents (30%) said they wouldn't be able to implement the change required for the preferred option in time for April 2014 data (Table 4).

- The majority of these were respondents from NHS Trusts (68%).
- Just over half (52%) were in favour of option 2, with the remainder not clearly stating which option they supported.
- Analysis of the free-text information provided to the follow-up question (where respondents were asked to provide further detail if they said they were unable to make the change in time) shows that none of the respondents who said they wouldn't be able to make the change required for the preferred option raised any objections to Option 2 (reducing the commissioner and NHS England data validation stage).

Table 4: Subject to a decision being made by 14th March 2014² could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)?

Response	Number	%
Yes	37	45%
No	25	30%
Not answered	21	25%
Total	83	100%

Decision

Although the majority of respondents supported the preferred option of taking time out of a combination of all three stages of the data collection and publication process, a number of Trusts highlighted significant risks with reducing the time available for providers to carry out validation of patient pathways.

We believe that the issues highlighted demonstrate that a reduction in the time available for providers to collate and validate RTT data submissions would disproportionately risk data quality. We have therefore decided to reduce the commissioner sign-off period from 10 working days to 5 working days (Option 2). This will bring the RTT collection in line with other provider/commissioner collections, such as the Monthly Activity Return.

The new timetable will reduce the time available for commissioners to check their RTT data and for providers to resolve any data issues NHS England contacts them about. There is a small risk that with less time to validate, more errors may make it in to the final publication and the number of revision requests may therefore increase. NHS England will monitor the number of revision requests made during the first six months of 2014/15 to evaluate the impact on data quality. We also encourage data providers and users to send any other feedback about the change to rttdata@dh.gsi.gov.uk.

We will also consider general feedback about other aspects of the RTT data collection and publication process submitted as part of this consultation and respond as appropriate.

Outcome

The responses from this consultation have been used to inform the future monthly RTT data collection and publication timetable for April 2014 data onwards. The commissioner sign-off stage will be reduced from ten to five working days. The new dates will be available on Unify2³ and are attached as annex C.

² We apologise for the delay in publishing the outcome of this consultation. If any providers or commissioners have any concerns about implementing the change to the monthly timetable for April 2014 data, please contact us via rttdata@dh.gsi.gov.uk or 0113 8250278.

³ <http://nww.unify2.dh.nhs.uk/InstantForum414/Topic10012844-10000528-1.aspx>

ANNEX A – Consultation questions

1. What is your name?
2. Are you filling this in for a group or organisation? If so, what are they called? What is your role?
3. Which email address is best for us to use to get in touch?
4. Do you support the preferred option either in whole or in part?
 - Yes, in whole
 - Yes, in part
 - No
5. If answered 'Yes, in part' or 'No' to question 4, please provide further details
6. Are you a data producer or a data user?
 - Data producer (provider or commissioner)
 - Data user – please go to question 9
7. Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)?
 - Yes
 - No
8. If answered 'No' to question 7, please provide further detail
9. Do you have any further suggestions or proposals for consideration?

ANNEX B – Summary of responses

See separate PDF document

ANNEX C – RTT data collection timetable 2014/15

Month (data)	Providers - deadline for submission by close on	Commissioners - deadline for sign-off by close on	Publication date
Apr-14	Tue 20th May 2014	Wed 28th May 2014	Thu 12th June 2014
May-14	Wed 18th June 2014	Wed 25th June 2014	Thu 10th July 2014
Jun-14	Thu 17th July 2014	Thu 24th July 2014	Thu 7th August 2014
Jul-14	Tue 19th August 2014	Wed 27th August 2014	Thu 11th Sept 2014
Aug-14	Wed 17th Sept 2014	Wed 24th Sept 2014	Thu 9th Oct 2014
Sep-14	Fri 17th Oct 2014	Fri 24th Oct 2014	Thu 6th Nov 2014
Oct-14	Wed 19th Nov 2014	Wed 26th Nov 2014	Thu 11th Dec 2014
Nov-14	Wed 17th Dec 2014	Wed 24th Dec 2014	Thu 15th Jan 2015
Dec-14	Tue 20th Jan 2015	Tue 27th Jan 2015	Thu 12th Feb 2015
Jan-15	Wed 18th Feb 2015	Wed 25th Feb 2015	Thu 12th Mar 2015
Feb-15	Wed 18th Mar 2015	Wed 25th Mar 2015	Thu 9th Apr 2015
Mar-15	Tue 21st Apr 2015	Tue 28th Apr 2015	Thu 14th May 2015