

**STATISTICAL PRESS NOTICE**  
**NHS REFERRAL TO TREATMENT (RTT) WAITING TIMES DATA**  
**AUGUST 2013**

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

**Main Findings**

- During August 2013, 92.2% of admitted patients and 97.2% of non-admitted patients started treatment within 18 weeks. For patients waiting to start treatment (incomplete pathways) at the end of August 2013, 94.2% were waiting within 18 weeks.
- 287,804 RTT patients started admitted treatment and 775,908 started non-admitted treatment during August 2013. The number of RTT patients waiting to start treatment at the end of August 2013 was just under 2.94 million patients.
- The average (median) time waited for patients completing an RTT pathway in August 2013 was 8.6 weeks for admitted patients and 5.2 weeks for non-admitted patients. For patients waiting to start treatment at the end of August 2013 the median waiting time was 6.2 weeks.
- For patients waiting to start treatment (incomplete pathways) at the end of August 2013, 352 were waiting more than 52 weeks.

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

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

**Table 1 – August 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	36,484	91.2%	53,733	96.6%	261,022	92.5%
Urology	19,363	92.2%	28,187	96.4%	145,041	92.8%
Trauma & Orthopaedics	52,666	89.1%	79,765	96.4%	406,450	92.1%
ENT	16,971	90.5%	60,051	97.1%	202,285	93.7%
Ophthalmology	38,101	92.7%	79,538	97.5%	313,363	95.0%
Oral Surgery	16,048	90.8%	27,349	95.1%	135,050	92.7%
Neurosurgery	2,217	87.6%	3,962	94.7%	24,528	89.7%
Plastic Surgery	11,253	91.9%	8,549	97.3%	48,657	90.9%
Cardiothoracic Surgery	1,874	85.8%	810	97.9%	8,057	90.4%
General Medicine	3,413	98.4%	16,408	98.3%	48,545	97.1%
Gastroenterology	12,347	98.9%	22,381	96.3%	117,290	95.5%
Cardiology	8,915	94.3%	36,735	97.2%	130,400	95.2%
Dermatology	6,734	96.4%	55,946	98.3%	161,074	97.4%
Thoracic Medicine	1,718	98.7%	17,319	97.3%	54,262	95.7%
Neurology	907	98.6%	21,298	95.9%	83,461	95.0%
Rheumatology	1,813	99.3%	19,104	97.9%	57,639	97.2%
Geriatric Medicine	182	99.5%	9,426	99.3%	19,654	98.2%
Gynaecology	22,687	94.6%	56,966	98.3%	181,825	95.7%
Other	34,111	92.9%	178,381	97.3%	539,282	94.8%
<b>England</b>	<b>287,804</b>	<b>92.2%</b>	<b>775,908</b>	<b>97.2%</b>	<b>2,937,885</b>	<b>94.2%</b>

**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%
September 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%
November 2012	8.3	20.8	92.7%	4.2	15.9	97.5%	5.4	18.3	94.8%
December 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	92.0%	5.0	16.3	97.2%	5.6	18.7	94.4%
August 2013	8.6	21.5	92.2%	5.2	16.4	97.2%	6.2	18.8	94.2%

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

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 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.

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.

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.

#### **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 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.

## **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.

## **8. RTT 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 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

NHS England has also 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.

## **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](mailto:RTTdata@dh.gsi.gov.uk)

## **Additional Information**

For press enquiries please e-mail the NHS England media team at [nhs.cb.media@nhs.net](mailto:nhs.cb.media@nhs.net) or call 07768 901293

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

Mark Svenson  
NHS Operations  
NHS England  
Room 8E28, Quarry House, Quarry Hill, Leeds LS2 7UE  
Email: [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)