

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
October 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 October 2015 and patients who were treated during October 2015.

Main findings

- At the end of October 2015, 92.3 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 October 2015 was just over 3.3 million patients. Of those, 867 patients were waiting more than 52 weeks.
- For patients waiting to start treatment at the end of October 2015, the median waiting time was 6.2 weeks.
- During October 2015, 317,626 RTT patients started admitted treatment and 952,511 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
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust
- Humber NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Medway NHS Foundation Trust
- Walsall Healthcare NHS Trust

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

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 October 2015 may have been just over 3.5 million patients. See section 5 of 'Notes to

editors' for details of the latest data submitted by missing trusts.

New data items

Two new data items were added to the monthly RTT data return for October 2015: **incomplete pathways where a decision has been made to admit the patient for treatment** and **new RTT pathways**.

The figures for incomplete pathways with a decision to admit for treatment consist of cases where first definitive treatment has not started and a clinical decision to admit to a hospital bed for treatment has been made and the patient is awaiting admission, regardless of whether a date to admit has been given.

The difference between the values submitted for this data item and for total incomplete pathways equates to the number of incomplete pathways without a decision to admit for treatment. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient and patients where a decision to admit for a diagnostic procedure has been made.

This data item is collected for each provider-commissioner combination, by treatment function, and by weekly time band.

For new RTT pathways, providers are asked to submit the number of new RTT pathways in the reporting month. In other words, RTT pathways where the clock start date is within the reporting month. This will include those where the clock also stopped within the reporting month. This data item is collected for each provider-commissioner combination, by treatment function.

A provider-level summary of the two new data items for October 2015 is released on the NHS England website today. These statistics should be considered experimental, that is, they are in the testing phase and not yet fully developed. Basic validation checks were carried out on the data at this level (i.e. totals by provider). A small number of trusts were alerted to possible errors; some resubmitted before the deadline and some suggested that changes would be made to data recording and extraction processes in future months to improve the accuracy of the data.

We will be carrying out further work to assess the completeness and quality of the new data items, and will include a further update in the November 2015 data release on 14 January 2016.

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, October 2015, England

Treatment function	Incomplete pathways		Completed pathways	
	Total (all)	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)
General Surgery	286,237	90.1%	38,324	67,880
Urology	166,738	91.4%	19,527	35,285
Trauma & Orthopaedics	450,291	90.4%	59,944	100,643
ENT	228,844	91.5%	16,550	72,645
Ophthalmology	327,279	94.0%	44,784	93,050
Oral Surgery	141,134	91.7%	16,565	33,275
Neurosurgery	27,279	89.0%	2,365	5,019
Plastic Surgery	52,251	88.5%	12,574	10,937
Cardiothoracic Surgery	7,617	89.4%	1,907	1,144
General Medicine	49,240	95.3%	3,626	17,028
Gastroenterology	164,411	91.2%	16,347	35,433
Cardiology	158,030	92.7%	9,264	41,568
Dermatology	182,115	94.1%	8,334	64,684
Thoracic Medicine	68,855	92.8%	1,971	21,703
Neurology	98,333	92.9%	1,189	26,820
Rheumatology	66,302	95.6%	1,965	24,080
Geriatric Medicine	19,939	97.5%	202	10,322
Gynaecology	193,620	94.4%	21,327	68,621
Other	625,587	93.3%	40,861	222,374
England	3,314,102	92.3%	317,626	952,511

Table 2 – RTT waiting times time series, England

Month	Incomplete pathways		
	Median wait (weeks)	92 nd 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%
August 2015	6.5	17.6	92.6%
Sept 2015	6.5	17.7	92.5%
October 2015	6.2	17.8	92.3%

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 October 2015 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 were abolished, and the incomplete pathway standard became the sole measure of patients' constitutional right to start treatment within 18 weeks.

On 1 October 2015, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England and removing the admitted and non-admitted standards.

The format of the admitted 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 in the RTT overview timeseries (England-level time series) file has been reduced to reflect the changes in the operational standards, and the ordering has been changed to reflect that there is no longer a requirement to submit admitted

adjusted data to NHS England. 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>

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.

For the period to September 2015, there were two main central returns:

- Unadjusted: covering admitted patients, non-admitted patients and patients on incomplete pathways.
- Adjusted: covering admitted patients on an adjusted basis. Adjustments were permitted to admitted pathways for clock pauses, where a decision to admit for treatment had been made, and the patient had declined at least two reasonable appointment offers for admission. The RTT clock was paused for the duration of the time between the earliest reasonable date offered and the date from which the patient made themselves available for admission for treatment.

For October 2015 data onwards, the reporting requirements changed as follows:

- there is no longer a requirement for providers to submit admitted adjusted data to NHS England
- unadjusted admitted and non-admitted completed pathway data is still required but will no longer be used for monitoring against operational standards
- the requirement to report incomplete pathway data remains unchanged – and has always been an unadjusted submission
- two new data items were added to the Unify2 data return: incomplete pathways for patients with a decision to admit for treatment and new RTT periods.

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 was published each month between March 2008 and September 2015 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.

Eight acute trusts did not submit data on incomplete RTT pathways for October 2015. 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 October 2015 may have been just over 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
Great Ormond Street Hospital For Children NHS Foundation Trust	2,200	Jul-15
Homerton University Hospital NHS Foundation Trust	7,300	Sep-15
King's College Hospital NHS Foundation Trust	55,600	Mar-15
Medway NHS Foundation Trust	36,300	Sep-15
Walsall Healthcare NHS Trust	13,800	Feb-14
Wye Valley NHS Trust	7,500	Mar-15

Two non-acute trusts – Humber NHS Foundation Trust and Leicestershire Partnership NHS Trust – were also unable to submit data on incomplete RTT pathways for October 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 October 2015 increased by 4.4% on the preceding 12 month period.

The impact of missing data varies depending on the measure being considered. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal, however, where a trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data there can be a material impact on the England-level percentage.

For example, Medway NHS Foundation Trust was unable to submit data for October 2015. At the end of September 2015, 70.1 per cent of patients waiting to start treatment at Medway NHS Foundation Trust were waiting up to 18 weeks. The impact of removing the figures for this trust from the published September 2015 England-level figure of 92.5% of incomplete pathways within 18 weeks is an increase of 0.25 percentage points to 92.8%. This has also caused a discontinuity in the specialty level, commissioner and regional series between September and October 2015. For example, removing Medway from the September figure for the South of England Commissioning Region would change it from the published 91.0% to 92.0%, an increase of 1.0 percentage points.

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

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:

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