

## Monthly performance statistics, April 2016

Performance statistics for April 2016 were released at 9.30am on Thursday 9 June 2016 covering the following:

- the NHS 111 service;
- ambulance quality indicators;
- A&E attendances and emergency admissions;
- waiting times for diagnostic tests, referral to treatment for consultant-led elective care, cancer services;
- delayed transfers of care; and
- early intervention in psychosis.

This document provides an overview of those results. More detail can be found within each individual release.

The long-term trend is one of greater volumes of both urgent and emergency care and elective activity, with emergency admissions up 3.0%, diagnostic tests up 6.4% and consultant-led treatment up 3.9%. A&E attendances are up 2.3%.

In the case of urgent and emergency care in April 2016, the NHS constitution standards were not met for A&E waiting times or for the ambulance standards.

In the case of elective care, the standards were met for six of the eight cancer standards, but not for referral to consultant-led treatment within 18 weeks, diagnostic tests, two week wait referrals for patients with breast symptoms (where cancer not initially suspected) or 62-day wait from urgent GP referral to treatment for cancer.

This is the third time experimental data on early intervention in psychosis (EIP) has been published. More detail can be found in the mental health section of this document and in the EIP statistical release.

## Urgent and Emergency Care

### NHS 111

- There were 1,192,235 calls offered to the NHS 111 service in England in April 2016, a 5.4% increase on the 1,130,894 in April 2015.
- The proportion of calls abandoned after waiting longer than 30 seconds was 2.8%, a large drop on the 8.4% recorded in March 2016.
- Of calls answered by NHS 111, 87.1% were answered within 60 seconds, a considerable improvement on the 70.7% reported in the previous month.
- Of calls answered, 13.6% were offered a call back in April 2016.

- Of call backs offered, 39.1% were within 10 minutes in April 2016, a large drop on the 47.6% in the previous April.
- Of calls answered, 21.4% were transferred to a clinical advisor in April 2016 slightly up on the 21.0% in March 2016.

### **Ambulance response times**

- 71.3% of Red 1 calls<sup>1</sup> were responded to within 8 minutes, the eleventh month in a row in which the standard of 75% has not been met.
- 65.2% of Red 2 calls<sup>1</sup> were responded to within 8 minutes. This standard has not been met since January 2014.
- 92.2% of Category A calls<sup>1</sup> received an ambulance response within 19 minutes, the eleventh month in a row in which the standard of 95% has not been met.

### **A&E attendances**

- There were 1,861,073 attendances at A&E in April 2016, 0.6% less than in April 2015. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 2.3%).
- 90.0% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard.

### **Emergency admissions**

- There were 459,957 emergency admissions in April 2016, 2.2% more than in April 2015. Emergency admissions over the last twelve months are up 3.0% on the preceding twelve month period.

## **Elective Care**

### **Diagnostic tests**

- A total of 1,747,855 diagnostic tests were undertaken in April 2016, an increase of 3.4% from April 2015 (adjusted for working days). The number of tests conducted over the last twelve months is up 6.4% on the preceding twelve month period.
- 1.8% of the patients waiting at the end of the month had been waiting six weeks or longer from referral for one of the 15 key diagnostic tests, higher than the standard of 1%. The 1% operational standard was last met in November 2013.

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<sup>1</sup> As a result of the Ambulance Response Programme Clinical Coding Trial, Data for Red 1, Red 2 and Category A are only available up to 18<sup>th</sup> April for South Western Ambulance Service and 20<sup>th</sup> April for Yorkshire Ambulance Service

### **Referral to treatment for consultant-led elective care**

- 1,241,892 patients started consultant-led treatment in April 2016. The figure for the latest twelve months is up 3.9% on the preceding twelve month period (including estimates for trusts not submitting information and taking account of working days).
- 91.6% of patients on the waiting list at the end of April 2016 had been waiting less than 18 weeks, thus not meeting the 92% standard.
- 870 patients were waiting more than 52 weeks at the end of April 2016.

### **Cancer services**

- Six of the eight cancer standards were met.
- The 85% standard for 62 day cancer waiting times was not met, with 82.8% of patients beginning a first definitive treatment within 62 days from an urgent GP referral for suspected cancer.
- The 93% standard for two week wait referrals for patients with breast symptoms (where cancer not initially suspected) was not met, with 91.6% of patients being seen by a consultant within 14 days from an urgent GP referral.

### **Delayed transfers of care**

- There were 167,677 delayed days in April 2016, compared to 138,030 in April 2015.
- There were 5,924 patients delayed at midnight on the last Thursday of April 2016. This is the highest number since monthly data was first collected in August 2010.

### **Mental Health**

- The EIP access and waiting time standard requires that, from 1 April 2016, more than 50% of people experiencing First Episode Psychosis (FEP) are treated with a NICE-recommended package of care within two weeks of referral. The data summarised here relates to the waiting time element of the standard.
- 65.0% of patients started treatment within two weeks in April 2016 (782 out of 1,204 patients started treatment within two weeks)
- The number of patients waiting to start treatment (incomplete pathways) was 1,222 at the end of April 2016. Of these 770 were waiting for more than two weeks.
- Providers are continuing to work on data quality, and issues identified by them may ultimately impact on performance against the standard – single month's data should therefore be treated with caution.

- This collection of data via Unify2 is an interim measure and is intended to continue until data collected by HSCIC via the Mental Health Services Dataset is considered to be robust.

### **Further information**

More detail can be found within each individual release, available at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/>.

We welcome feedback on the content of this summary. If you have any comments or further information about the published statistics, please contact us at:

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