

Monthly performance statistics, February 2016

Performance statistics for February 2016 were released at 9.30am on Thursday 14 April 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 the number of Category A ambulances arriving on the scene up 5.4% year-on-year, while emergency admissions are up 2.6%, diagnostic tests up 6.8% and consultant-led treatment up 4.3%. A&E attendances are up 1.6%.

In the case of urgent and emergency care in February 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 seven of the eight cancer standards and for referral to consultant-led treatment within 18 weeks, but not diagnostic tests and 62-day wait from urgent GP referral to treatment for cancer.

This is the first 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 1,218,365 calls offered to the NHS 111 service in England in February 2016, considerably higher than the 1,027,000 offered in February 2015.
- The proportion of calls abandoned after waiting longer than 30 seconds was 5.03%, higher than the 1.4% recorded in February 2015.
- Of calls answered by NHS 111, 79.7% were answered within 60 seconds, down on the 82.2% reported in the previous month.

- Of calls answered, 13.9% were offered a call back in February 2016. This is the highest proportion of callers being offered a call back since this reporting began in August 2010. This also gave the highest daily average of 5,244.
- Of call backs offered, 34.7% were within 10 minutes in February 2016, a large drop on the 45.7% in February 2015 and the lowest proportion since the service achieved full national coverage in February 2014.
- The number of calls resolved by the 111 service giving health advice was the highest ever recorded in February 2016. This was for both calls that were triaged and subsequently given health advice (13,634) and calls that were resolved without triage and given health advice (6,248).
- Of calls transferred, the proportion live transferred was 35.4% in February 2016. This is considerably down on January 2016 and the lowest proportion reported since the service started in August 2010.
- Of calls triaged, the proportion recommended home care was 5.5% in February, the lowest proportion since the service started in August 2010.

Ambulance response times

- 68.0% of Red 1 calls were responded to within 8 minutes, the ninth month in a row in which the standard of 75% has not been met.
- 60.3% of Red 2 calls were responded to within 8 minutes. This standard has not been met since January 2014. This is the lowest proportion recorded since the data collection began in June 2012.
- 89.7% of Category A calls received an ambulance response within 19 minutes, the ninth month in 2015 in which the standard of 95% has not been met.
- There were 290,653 Category A calls that resulted in a fully-equipped ambulance vehicle arriving at the scene of the incident in February 2016, this equates to 10.0 thousand per day, the highest figure since records began.
- The proportion of incidents managed without need for transport to Accident and Emergency department was 38.3%, the highest since April 2011.

A&E attendances

- There were 1,871,729 attendances at A&E in February 2016, 13.1% more than in February 2015, although February 2016 contained one extra day. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 1.6%).
- 87.8% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard. This is the lowest performance since monthly data became available in August 2010.

Emergency admissions

- There were 462,865 emergency admissions in February 2016, 9.0% more than in February 2015. Emergency admissions over the last twelve months are up 2.6% on the preceding twelve month period.

Elective Care

Diagnostic tests

- A total of 1,707,989 diagnostic tests were undertaken in February 2016, an increase of 5.3% from February 2015 (adjusted for working days). The number of tests conducted over the last twelve months is up 6.8% on the preceding twelve month period.
- 1.3% 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%, although the lowest figure since November 2014. The 1% operational standard was last met in November 2013.

Referral to treatment for consultant-led elective care

- 1,241,480 patients started consultant-led treatment in February 2016. The figure for the latest twelve months is up 4.3% on the preceding twelve month period (including estimates for trusts not submitting information and taking account of working days).
- 92.1% of patients on the waiting list at the end of February 2016 had been waiting less than 18 weeks, thus meeting the 92% standard.
- 683 patients were waiting more than 52 weeks at the end of February 2016.

Cancer services

- Seven of the eight cancer standards were met.
- The 85% standard for 62 day cancer waiting times was not met, with 81.0% of patients beginning a first definitive treatment within 62 days from an urgent GP referral for suspected cancer.

Delayed transfers of care

- There were 157,569 delayed days in February 2016, compared to 134,353 in February 2015.
- There were 5,743 patients delayed at midnight on the last Thursday of February 2016, the second highest number patients delayed at midnight on the last Thursday of a month since monthly data was first collected in August 2010, the highest figure being in January 2016.

Mental Health

- Experimental data on Early Intervention in Psychosis (EIP) were published for the first time on Thursday 14 April 2016.
- 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. There are therefore two conditions for the standard to be met: a maximum wait of two weeks from referral, and treatment delivered in accordance with NICE guidance. The data summarised here covers the waiting time element of the standard.
- 65.3% of patients started treatment within two weeks in February 2016 (687 out of 1,052 patients started treatment within two weeks)
- The number of patients waiting to start treatment (incomplete pathways) was 1,344 at the end of February 2016. Of these 874 were waiting for more than two weeks.
- Data quality is continuing to improve and as a result the number of complete and incomplete pathways may increase and the percentage achievement against the standard might reduce.
- This collection of data via Unify2 is an interim measure and will be superseded by data collected by HSCIC via the Mental Health Services Dataset (MHSDS). HSCIC published provisional experimental data for January 2016 on 31 March 2016. There are currently significant differences between the comparable months of the two data sets. The MHSDS can only capture waiting times for referrals made after 1 January 2016 and a significant proportion of providers are not yet ready to flow EIP data to the MHSDS. These differences will reduce as the data quality and the coverage of data collections improve.

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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