

Monthly performance statistics, September 2016

Performance statistics for September 2016 were released at 9.30am on Thursday 10 November 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 3.7%, diagnostic tests up 5.3% and consultant-led treatment up 4.0%. A&E attendances are up 4.6%.

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

In the case of elective care, the standards were met for seven of the eight cancer standards, but not for referral to consultant-led treatment within 18 weeks, diagnostic tests, or 62-day wait from urgent GP referral to treatment for cancer.

This is the eighth 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 1,084,335 calls offered to the NHS 111 service in England in September 2016, a 13.7% increase on the 954,074 in September 2015.
- The proportion abandoned, after waiting longer than 30 seconds was 1.5%, a slight increase on the 1.4% recorded in August 2016.
- Of calls answered by NHS 111, 92.0% were answered within 60 seconds; a slight decrease on the 92.9% reported in the previous month.
- Of calls answered, 12.9% were offered a call back in September 2016.
- Of call backs offered, 40.0% were within 10 minutes in September 2016, a decrease on the 42.4% recorded in August 2016.

- Of calls answered, 21.2% were transferred to a clinical advisor in September 2016, similar to the 21.1% recorded in August 2016.
- Of calls triaged in September 2016, 13% had ambulances dispatched, 9% were recommended to A&E, 59% were recommended to primary care, 4% were recommended to another service and 15% were not recommended to attend any other service.

Ambulance response times

- 68.3% of Red 1 calls¹ were responded to within 8 minutes in the 8 ambulance trusts providing data, the sixteenth month in a row in which the standard of 75% has not been met.
- 62.0% of Red 2 calls¹ were responded to within 8 minutes in the 8 ambulance trusts providing data. This standard has not been met since January 2014.
- 90.6% of Category A calls¹ received an ambulance response within 19 minutes in the 8 ambulance trusts providing data, the sixteenth month in a row in which the standard of 95% has not been met.

A&E attendances

- There were 1,951,589 attendances at A&E in September 2016, 4.9% more than in September 2015. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 4.6%).
- 90.6% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard.

Emergency admissions

- There were 476,068 emergency admissions in September 2016, 2.6% more than in September 2015. Emergency admissions over the last twelve months are up 3.7% on the preceding twelve month period.

Elective Care

Diagnostic tests

- A total of 1,776,131 diagnostic tests were undertaken in September 2016, an increase of 3.8% from September 2015 (adjusted for working days). The number

¹ As a result of the Ambulance Response Programme Clinical Coding Trial, data for Red 1, Red 2 and Category A are no longer available for South Western Ambulance Service, Yorkshire Ambulance Service and West Midlands Ambulance Service. Data presented is for the remaining 8 trusts not taking part in the trial.

of tests conducted over the last twelve months is up 5.3% (adjusted for working days) on the preceding twelve month period.

- 1.5% of the patients waiting at the end of the month had been waiting six weeks or longer from referral or one of the 15 key diagnostic tests, higher than the standard of 1%. The 1% operational standard was last met in November 2013.

Referral to treatment for consultant-led elective care

- 1,324,539 patients started consultant-led treatment in September 2016. The figure for the latest twelve months is up 4.0% on the preceding twelve month period (including estimates for trusts not submitting information and taking account of working days).
- 90.6% of patients on the waiting list at the end of September 2016 had been waiting less than 18 weeks, thus not meeting the 92% standard.
- 1,181 patients were waiting more than 52 weeks at the end of September 2016.

Cancer services

- Seven of the eight cancer standards were met.
- The 85% standard for 62 day cancer waiting times was not met, with 81.4% of patients beginning a first definitive treatment within 62 days from an urgent GP referral for suspected cancer.

Delayed transfers of care

- There were 196,246 delayed days in September 2016, compared to 147,738 in September 2015. This is the highest number since monthly data were first collected in August 2010.
- There were 6,777 patients delayed at midnight on the last Thursday of September 2016. This is the highest number since monthly data were 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.
- 77.5% of patients started treatment within two weeks in September 2016 (921 out of 1,189 patients started treatment within two weeks)
- The number of patients waiting to start treatment (incomplete pathways) was 1,106 at the end of September 2016. Of these 521 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 NHS Digital 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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