

Monthly performance statistics, March 2017

Performance statistics for March 2017 were released at 9.30am on Thursday 11 May 2017 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 (EIP).

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 ambulance calls receiving a face-to-face response up 5.0%, A&E attendances up 2.2%, emergency admissions up 2.8%, diagnostic tests up 4.4% and consultant-led treatment up 4.7%.

In the case of urgent and emergency care in March 2017, the NHS constitution standards were not met for Category A ambulance responses (where applicable) or for A&E waiting times.

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, or 62-day wait from urgent GP referral to treatment for cancer.

Urgent and Emergency Care

NHS 111

- There were 1,217,319 calls offered to the NHS 111 service in March 2017, an average of 39.3 thousand per day. This was a considerable 20% decrease on 1,515,031 in March 2016, which contained two bank holidays. NHS 111 regularly receives more calls on a bank holiday, compared with a typical working day.
- The proportion abandoned after waiting longer than 30 seconds was 1.8%, considerably less than in March 2016 (8.4%).
- Of calls answered by NHS 111, 91.0% were answered within 60 seconds, considerably more than 70.7% in March 2016.

- Of calls answered, the proportion that received any form of clinical input¹ was 29.6% in March 2017, up from 25.2% in February 2017.
- Of calls answered, 21.8% were transferred to or answered by a clinical advisor using NHS Pathways, similar to 22.6% in February 2017.
- Of calls answered, 13% were offered a call back, of these, 38% were within 10 minutes.
- Of calls triaged, 13% had ambulances dispatched, 9% were recommended to A&E, 60% were recommended to primary care, 5% were recommended to another service and 14% were not recommended to attend any other service.

Ambulance response times

In England, since June 2016, only eight of the eleven Ambulance Services, covering 70% of the population, still use the Red 1 and Red 2 classification. In those eight Trusts in March 2017:

- 70.7% of Red 1 calls had an emergency response within 8 minutes. The standard of 75% was last met in May 2015.
- 64.3% of Red 2 calls had an emergency response within 8 minutes. The standard of 75% was last met in January 2014.
- 91.5% of Category A calls had an ambulance response within 19 minutes. The standard of 95% was also last met in May 2015.

A&E attendances

- There were 2,019,120 attendances at A&E in March 2017, 3.3% less than in March 2016. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 2.2%).
- 90.0% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard.
- The standard of 95% of patients spending 4 hours or less in A&E was last achieved in July 2015.

Emergency admissions

- There were 509,801 emergency admissions in March 2017, 3.2% more than in March 2016. This is the highest number of admissions recorded in a single month. Emergency admissions over the last twelve months are up 2.8% on the preceding twelve month period.

¹ This data item is an experimental statistic and may change markedly as providers develop their calculation methods.

Elective Care

Diagnostic tests

- A total of 1,937,863 diagnostic tests were undertaken in March 2017, an increase of 2.6% from March 2016 (adjusted for working days). The number of tests conducted over the last twelve months is up 4.4% (adjusted for working days) on the preceding twelve month period.
- 1.1% 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.

Referral to treatment for consultant-led elective care

- 1,455,803 patients started consultant-led treatment in March 2017. The figure for the latest twelve months is up 4.7% on the preceding twelve month period (including estimates for trusts not submitting information and taking account of working days).
- 90.3% of patients on the waiting list at the end of March 2017 had been waiting less than 18 weeks, thus not meeting the 92% standard.
- 1,529 patients were waiting more than 52 weeks at the end of March 2017.

Cancer services

- Six of the eight cancer standards were met.
- The 85% standard for 62 day cancer waiting times was not met, with 83.0% 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 199,260 delayed days in March 2017, compared to 169,882 in March 2016.
- There were 6,622 patients delayed at midnight on the last Thursday of February 2017.

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.

- 73.7% of patients started treatment within two weeks in March 2017 (920 out of 1,248 patients started treatment within two weeks)
- The number of patients waiting to start treatment (incomplete pathways) was 1,127 at the end of March 2017. Of these 592 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:
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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