

# NHS performance statistics

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Geography: England

Official Statistics

This monthly release aims to provide users with an overview of NHS performance statistics in key areas. Official statistics are designed to give informative and impartial information about the performance of the NHS.

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## Key statistics

### Accident and Emergency

- In the last 12 months there has been a 0.5% growth in the number of people attending A&E and a 2.4% growth in the number of people admitted to hospital as an emergency. There were over 23m attendances to A&E in the last twelve months and 4.3m emergency admissions to hospital.
- In September 2017, 89.7% of patients were seen within 4 hours compared with 90.6% in September 2016.

### Ambulances

- The Ambulance Services handled 853,000 calls in August 2017, an average of 27,500 calls per day. In the six trusts still using the Red 1 and Red 2 classification throughout August 2017, 69.7% of Red 1 calls and 61.8% of Red 2 calls had an emergency response within 8 minutes.

### Delayed Transfers of care

- In August 2017 patients spent a total of 180,065 extra days in hospital beds waiting to be discharged, compared to 187,851 in August 2016.
- This equates to an average of 5,809 beds occupied each day in August 2017 by a patient subject to a delayed transfer of care, compared to 6,060 in August 2016.

### Referral to treatment

- Almost 16 million patients started treatment in the last 12 months. This represents a 5.1% increase on the previous year.
- At the end of August 2017, there were over 3.8m people on the waiting list for treatment. The waiting list has increased by 3.6% when compared to a year earlier. At the end of August

2017, of those waiting, 89.4% had been waiting for 18 weeks or less, a fall from 90.9% in August 2016.

#### **Cancer waiting times**

- There has been a 6.6% increase in the number of patients seen following an urgent GP referral in the last 12 months compared to the preceding 12 months. As well as a 2.9% increase in those starting first definitive treatment for a new primary cancer and a 4.6% increase in those receiving a first treatment for cancer following an urgent referral for cancer.
- In August 2017, 93.6% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, 97.7% started a first definitive treatment for a new primary cancer and 82.6% of people received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days.

#### **Early intervention in Psychosis**

- There were just over 1,100 patients waiting to start treatment at the end of August 2017. In August 2017 three quarters of patients experiencing First Episode Psychosis (FEP) started treatment within two weeks of referral.

#### **Improving Access to Psychological Therapies**

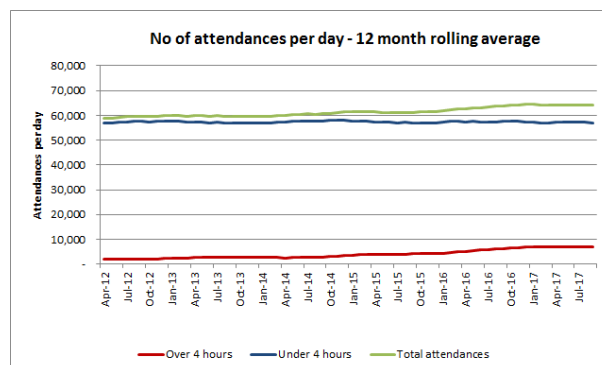
- 50.9% of patients referred to IAPT services recovered in June 2017, against a target of 50.0%. The proportion recovering increased by 1.5 percentage points between the complete years of 2014-15 and 2015-16.

# Urgent and emergency care

## Access

### Accident and Emergency

- There were 1.927m attendances in September 2017, 0.6% fewer than in September 2016 (accounting for missing data in Sept 2017). Attendances in the last 12 months are 0.5% higher than the preceding 12 month period (accounting for missing data)
- The number of attendances admitted, transferred or discharged within 4 hours was 1.728m (89.7% of the total). This is a 2.4% decrease on the equivalent figure for September 2016 (1.770m seen within 4 hours).
- The number of patients seen in over 4 hours was 199,000 compared to 183,000 in the September 2016, an increase of 9.0%.
- There were 487,500 emergency admissions in September 2017, 2.5% more than in September 2016 (3.4% when accounting for missing data). Admissions over a 12 month period are up 2.4% on the preceding 12 month period.

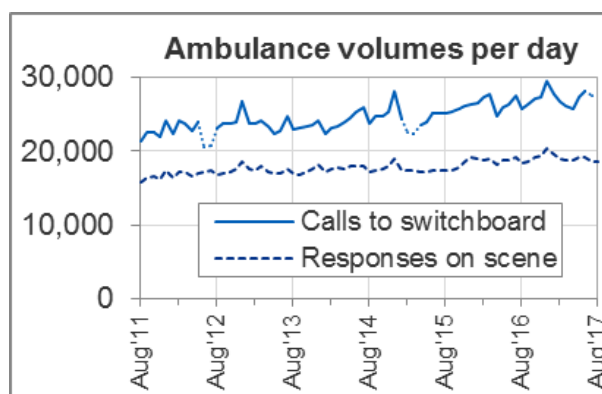


### NHS 111

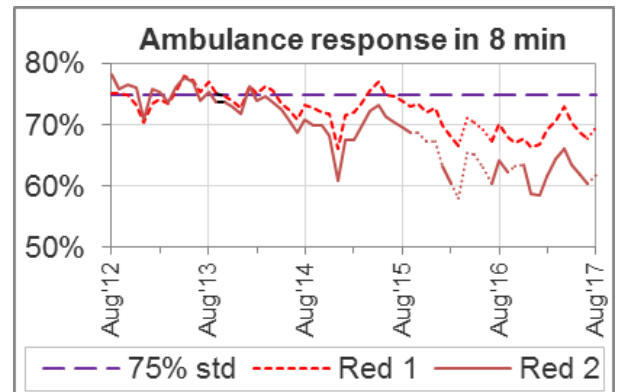
- There were 1.17m calls in England in September 2017, 8% more than in September 2016. There were 15.1m calls in the last 12 months, 2% more than the previous 12 months.
- Of calls offered to NHS 111 in September 2017, the proportion abandoned after waiting longer than 30 seconds was 2.0%, higher than in September 2016 (1.5%). Of calls answered by NHS 111 in September 2017, 88.4% were answered within 60 seconds, lower than in September 2016 (92.0%).
- Of calls answered, 36.4% were transferred to or answered by a clinician in September 2017.

### Ambulances

- The number of emergency telephone calls presented to the switchboard in August 2017 was 852,798, an average of 27.5 thousand per day.
- There were 578,839 emergency calls that received a face-to-face response from the ambulance service in August 2017, an average of 18.7 thousand per day.
- Ambulance response times: Only six of the eleven Ambulance Services in England still used the Red 1 and Red 2 classification throughout August 2017. In those, 69.7% of Red 1 calls and 61.8% of Red 2 calls had an emergency response within 8 minutes. The standard in both cases is 75%.



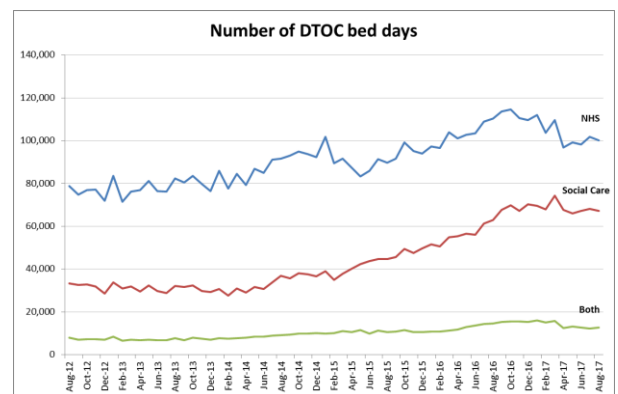
- This is the first publication of response times for the new Ambulance Categories C1 to C4. For August 2017, data against the new standard is only available for two of the Ambulance Services.
- The mean average response times for Category C1 in August 2017 were 10 minutes 7 seconds for North West Ambulance Service and 8 minutes 2 seconds for East Midlands Ambulance Service.
- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service in May 2017, the percentage discharged alive from hospital was 8.5%. This was not significantly different from the proportions in April 2017 or May 2016 (both 9.1%).



## Quality

### Delayed Transfers of Care

- There were 180,065 delayed days in August 2017, compared to 187,851 in August 2016. This is a decrease of 4.1%.
- These days equate to a daily average of 5,809 beds occupied by DTOC patients in August 2017 and 6,060 in August 2016.
- The proportion of delays attributable to NHS in August 2017 was 55.7%, down from 58.7% in August 2016. The remaining delays were attributed as follows: 37.3% Social Care (up from 33.5% in August 2016) and 7.1% Both (down from 7.8% in August 2016).



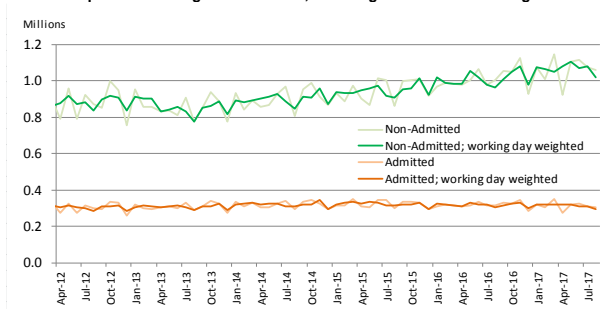
# Planned care

## Access

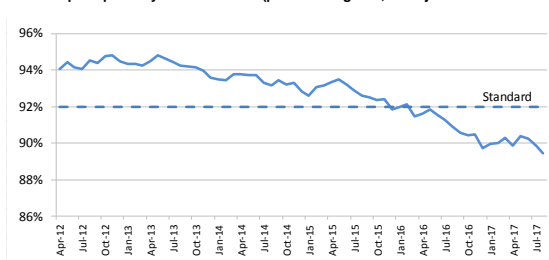
### Referral to treatment (RTT)

- 1.3m patients started consultant-led treatment in August 2017. There were 15.9m completed RTT pathways in the 12 months to August 2017. This is 891,000 more than the preceding 12 month period, an increase of 5.1% having taken account of working days and of trusts not submitting data.
- Of patients on the waiting list at the end of August 2017, 89.4% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 90.9% at the end of August 2016.
- The number of RTT patients waiting to start treatment at the end of August 2017 was 3.87 million.
- The number of patients on the waiting list who were waiting under 18 weeks rose from 3.36m to 3.46m between August 2016 and August 2017, and the number of patients waiting over 18 weeks rose from 336,000 to 409,000.
- Of those, 1,729 patients were waiting more than 52 weeks. This compares to 1,062 in August 2016, and 2,054 patients five years ago (August 2012).
- The RTT waiting list increased by 3.6% over August 2016 (taking account of trusts not submitting information).

Number of patients starting RTT treatment, including estimates for missing data



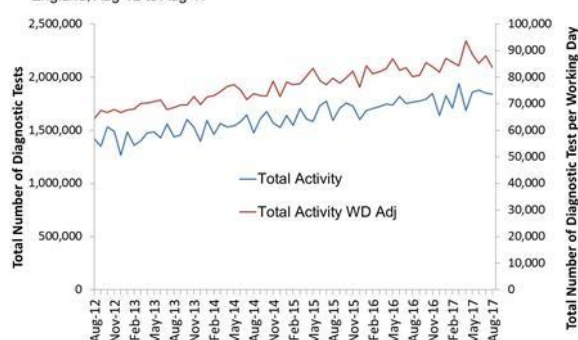
% incomplete pathways within 18 wks (published figures, no adjustments for missing data)



### Diagnostic tests

- 1.84m diagnostic tests were undertaken in August 2017, an increase of 4.5% on the previous year (adjusted for working days).
- The number of tests conducted over the last twelve months is up 4.9% (adjusted for working days) on the preceding twelve month period.
- 2.2% of the patients waiting for one of the 15 key diagnostic tests at the end of August 2017 had been waiting six weeks or longer from referral, compared to the 1% operational standard.

Total diagnostic test activity and working day adjusted activity  
England, Aug 12 to Aug 17

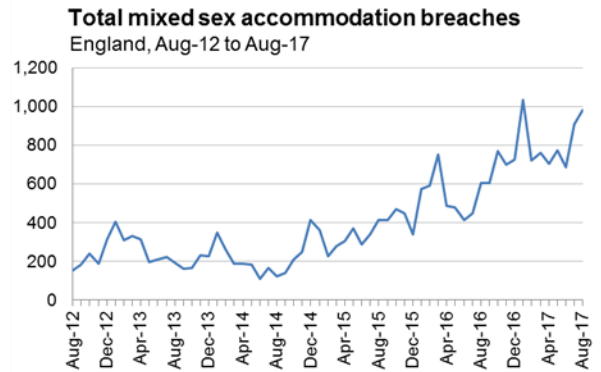


# Quality

## Mixed Sex Accommodation

Statistics in this section are already in the public domain and are routinely published by NHS England.

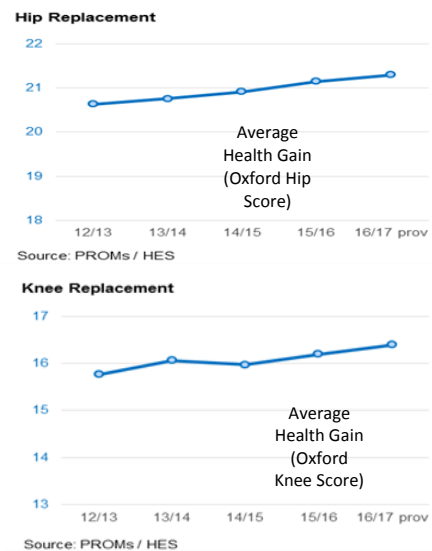
- In August 2017, providers of NHS-funded healthcare reported 982 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 908 in July 2017 and 152 in August 2012.
- Of the 151 acute trusts that submitted data for August 2017, 110 (72.8%) reported zero sleeping breaches
- The MSA breach rate in August 2017 was 0.6 per 1,000 FCEs compared to 0.6 in July 2017 and 0.1 in August 2012.



## Patient Reported Outcome Measures (PROMs)

Statistics in this section are already in the public domain and are routinely published by NHS Digital.

- PROMs assess the quality of care delivered to NHS patients for hip and knee replacements, using short, self-completed questionnaires before and after a procedure.
- The average health gain reported for hip and knee replacements as measured by the Oxford Hip and Knee Score, from 0 (worst) to 48 (best) has increased very slightly year on year over time, but the proportion of patients reporting improvement has largely unchanged.
- Participation in PROMs for hips and knee procedures has increased since PROMs was launched, whilst participation for groin hernia and varicose veins has decreased since high points around 2012.

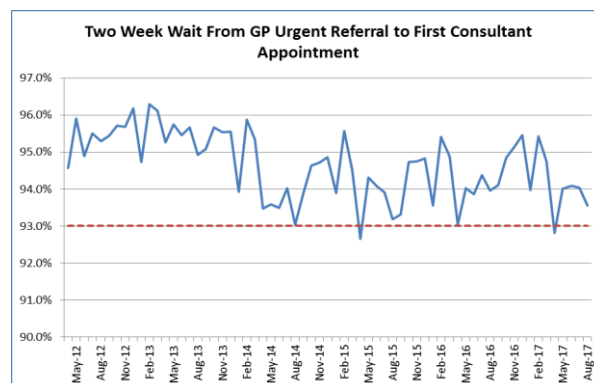


# Cancer

## Access

### Cancer waiting times

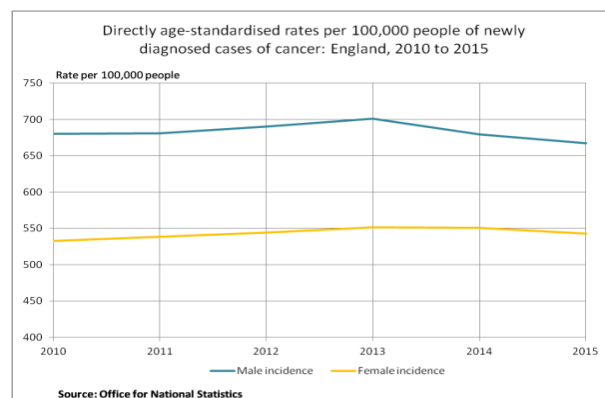
- Two week wait: 170,596 people were seen following an urgent referral for suspected cancer in August 2017. There were 1,904,741 people seen in the 12 months to August 2017, an increase of 6.6% (117,398 more patients) on the previous 12 month period.
- 93.6% of people in August 2017 were seen by a specialist within two weeks of an urgent GP referral for suspected cancer. The operational standard specifies that 93% of patients should be seen within this time.
- 31 day wait: 25,380 patients started a first definitive treatment for a new primary cancer in August 2017. There were 287,616 patients who received first treatments in the 12 months to August 2017, an increase of 2.9%, or 8,006 additional patients, on the previous 12 month period.
- 97.7% of patients in August 2017 received a first definitive treatment for a new primary cancer. The operational standard specifies that 96% of patients should be treated within this time.
- 62 day wait: 13,105 patients received a first treatment for cancer following an urgent GP referral in August 2017. There were 146,095 patients who received first treatments for cancer following an urgent GP referral in the 12 months to August 2017, an increase of 4.6%, or 6,386 additional patients, on the previous 12 month period.
- 82.6% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in August 2017, this equates to 10,829 patients being treated within the standard. The operational standard specifies that 85% of patients should be treated within this time.



### Cancer registrations

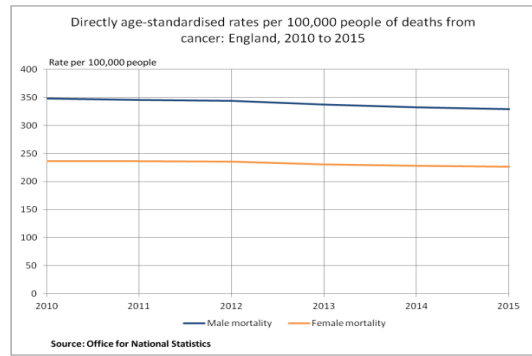
Statistics in this section are already in the public domain and are routinely published by the Office for National Statistics.

- Generally, cancer registrations have increased following advances in medicine which have resulted in an ageing population and improved detection of cancers. Advances in medicine and early detection of cancers have reduced the number of people dying from the disease.
- The number of new diagnosed cases of cancer in England continues to rise and in 2015 there were 299,900 cancers registered – equivalent to 822 per day. This has increased from 275,800 cancers registered in 2010.
- Breast (15.4%), prostate (13.4%), lung (12.5%) and colorectal (11.6%) cancer continue to account for over half (53%) of the malignant cancer registrations in England for all ages combined.





- Since 2010, the age-standardised rates\* of cancer registrations per 100,000 people have increased in females (from 532.8 to 542.8 per 100,000 females) but have fallen for males (from 680.3 to 667.4 per 100,000 males).
- Between 2010 and 2015, mortality rates, due to cancer, for both males and females fell - from 348.1 to 329.5 per 100,000 males and from 236.7 to 226.6 per 100,000 females.

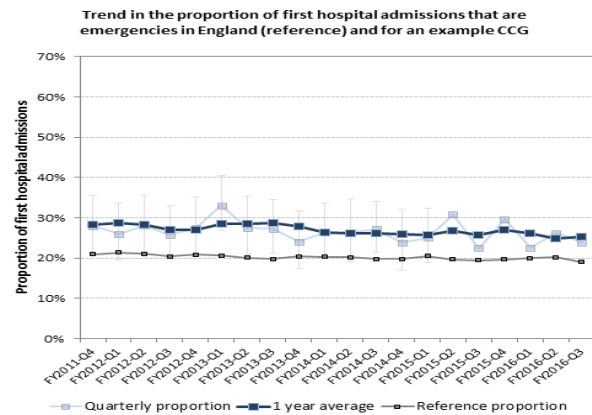


\* The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

## Cancer Emergency Presentations

*Statistics in this section are already in the public domain and are routinely published by Public Health England.*

- Between October and December 2016, of 66,379 cancer patients first presenting at hospital in England, 12,678 (19.1%) presented as an emergency; this represents a fall from the previous quarter (July to September 2016) when the proportion was 20.2%
- In England, the annual average proportion of cancer patients who first presented as an emergency has gradually fallen over the last five years reported, from 21.0% in January to December 2012 to 19.8% in January to December 2016

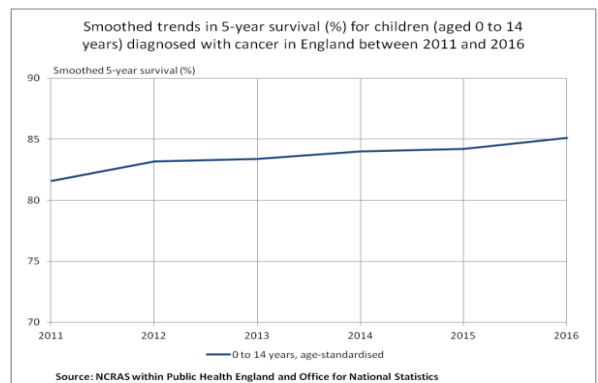


## Quality

### Cancer Survival Estimates

*Statistics in this section are already in the public domain and are routinely published by the Office for National Statistics.*

- Adults diagnosed with late cancer (stage 4) in 2015, which had already spread to other parts of the body, have lower 1-year survival compared with those diagnosed in the earliest stage (stage 1), with the lowest survival in lung cancer in men (17.1%) and women (21.6%).
- Conversely, adults diagnosed with melanoma of the skin, prostate and breast cancer (women only) in the earliest stage now have 1-year survival that is comparable to the general population of the same age who have not been diagnosed with cancer.
- For all childhood cancers (diagnosed in England from 1990 onwards and followed up to the end of the most recently completed calendar year) combined, the general trend of increasing 5-year survival has continued. For children (0 to 14 years), 5-year survival has increased from 81.6% for those diagnosed in 2011 to 85.1% predicted for those children diagnosed in 2016. A similar increasing trend has been observed for 10-year survival.

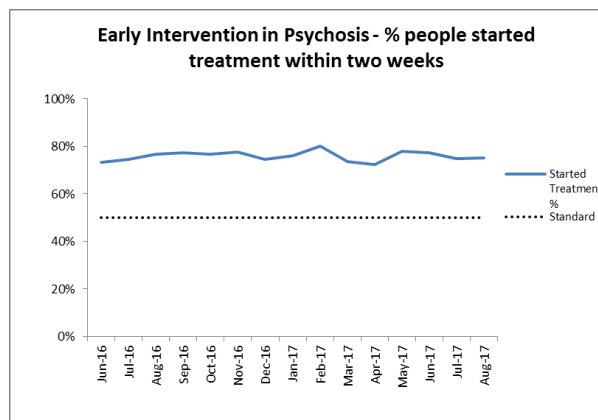




## Access

### Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,139 at the end of August 2017. Of these 657 were waiting for more than two weeks.
- 75.3% of patients started treatment within two weeks in August 2017. The waiting time standard of 50% was therefore met. This compares to 74.9% the previous month and 76.6% in August 2016.
- Providers are continuing to work on data quality, and issues identified by them may ultimately impact on performance against the standard – any single month's data should therefore be treated with caution.



### Out of Area Placements

*These statistics are already in the public domain and are routinely published by NHS Digital.*

- The Government set a national ambition to eliminate inappropriate Out of Area Placements (OAPs) in mental health services for adults in acute inpatient care by 2020-21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally which can delay their recovery.
- The latest data published relates to the position at the end of July 2017 and reports that there were 912 Out of Area Placements (OAPs) active, of which 878 were Inappropriate.
- These figures for OAPs should be interpreted with caution, as with all of the previous reports in this series. These figures only contain OAPs that started on or after 17 October 2016 (the date this OAPs collection launched). It is estimated that due to this starting point, this report only includes around 90 per cent of all OAPs active during the collection period (if all providers in scope had submitted data).
- This month, 47 organisations have participated in this collection out of 55 organisations in scope. This means that 85 per cent of organisations have participated.

### Children and Young People with an Eating Disorder

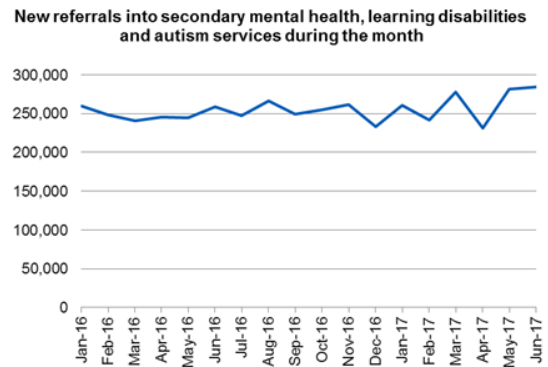
*These statistics are already in the public domain and are routinely published by NHS England.*

- By 2020, 95% of children and young people referred for assessment or treatment for an eating disorder should receive treatment within one week if the case is urgent, and four weeks if the case is routine.
- 73.3% of patients started urgent treatment within one week in Q1 2017-18. This compares to 68.7% in Q4 2016-17 and 64.9% in Q1 2016/17.

## Mental Health Services – contacts and referrals

Statistics in this section are already in the public domain and are routinely published by NHS Digital.

- The number of new referrals into NHS funded secondary mental health, learning disabilities and autism services during June 2017 was 283,943. This is an increase of 9.6% (24,953) from June 2016.
- In January 2016 the scope of statistics for secondary mental health, learning disabilities and autism services was expanded to include services for children and young people. Because of this, comparable figures are not available prior to this date.



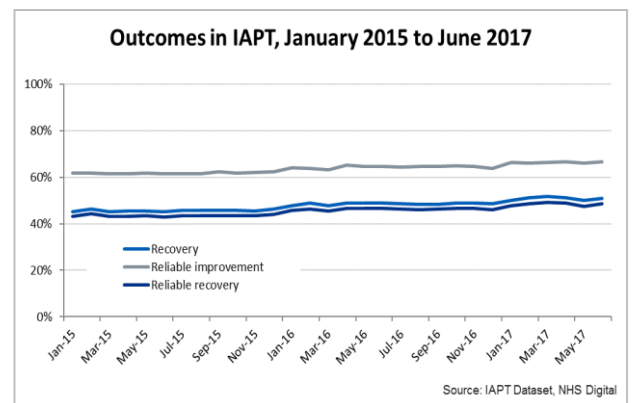
Source: Mental Health Services Dataset (MHSDS), NHS Digital

## Quality

### Improving Access to Psychological Therapies (IAPT)

These statistics are already in the public domain and are routinely published by NHS Digital.

- 50.9% of referrals recovered in June 2017, compared to 46.3% in 2015-16, and 44.8% in 2014-15. 66.6% of referrals reliably improved in June 2017, compared to 62.2% in 2015-16, and 60.8% in 2014-15. 48.6% of referrals reliably recovered in June 2017, compared to 44.0% in 2015-16 and 42.8% in 2014-15.
- There were 1,399,088 new referrals to IAPT services in 2015-16; 10% more than in 2014-15. 953,522 referrals entered treatment in 2015-16; 17%, or 137,857 referrals, more than in 2014-15.
- 537,131 referrals finished a course of IAPT treatment in 2015-16; 15% or 68,250 referrals more than in 2014-15.
- 82.1% waited less than 6 weeks in 2015-16 and 96.3% waited less than 18 weeks in 2015-16.



Source: IAPT Dataset, NHS Digital