

NHS performance statistics

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2017

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 0.6% growth in the number of people attending A&E and a 2.7% 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 5.9m emergency admissions to hospital.
- In November 2017, 88.9% of patients were seen within 4 hours compared with 88.4% in November 2016.

Ambulances

- The Ambulance Services handled 896,000 calls in October 2017, an average of 28,900 calls per day. In the six trusts still using the Red 1 and Red 2 classification in October 2017, 68.0% of Red 1 calls and 58.9% of Red 2 calls had an emergency response within 8 minutes.

Delayed Transfers of care

- In October 2017 patients spent a total of 170,100 extra days in hospital beds waiting to be discharged, compared to 200,100 in October 2016.
- This equates to an average of 5,487 beds occupied each day in October 2017 by a patient subject to a delayed transfer of care, compared to 6,455 in October 2016.

Referral to treatment

- Almost 16 million patients started treatment in the last 12 months. This represents a 4.7% increase on the previous year.
- At the end of October 2017, there were 3.8m people on the waiting list for treatment. The waiting list has increased by 4.1% when compared to a year earlier. At the end of October 2017, of those waiting, 89.3% had been waiting for 18 weeks or less, a fall from 90.4% in October 2016.

NHS Continuing Healthcare and NHS-funded Nursing Care

- The total number of Decision Support Tools (DSTs) completed for the Standard NHS CHC assessment route was 15,889 in Q2 2017/18. Of these, 3,765 (24%) were completed in an acute hospital setting.
- Of the 18,497 Standard NHS CHC referrals completed in Q2 2017/18, 10,779 (58%) were completed within 28 days.

Cancer waiting times

- There has been a 5.1% 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 3.6% increase in those starting first definitive treatment for a new primary cancer and a 4.8% increase in those receiving a first treatment for cancer following an urgent referral for cancer.
- In October 2017, 94.7% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, 97.8% started a first definitive treatment for a new primary cancer and 82.3% 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 over 1,200 patients waiting to start treatment at the end of October 2017. In October 2017 three quarters of patients experiencing First Episode Psychosis (FEP) started treatment within two weeks of referral.

Improving Access to Psychological Therapies

- 50.8% of patients referred to IAPT services recovered in August 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.

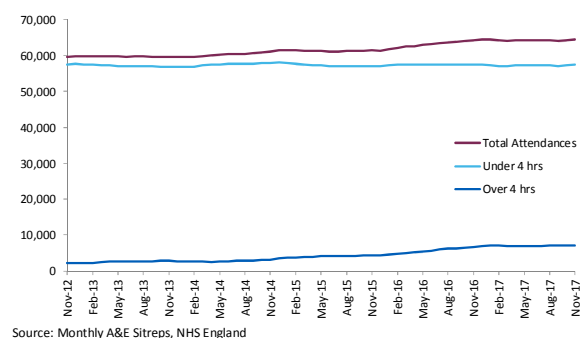
Urgent and emergency care

Access

Accident and Emergency

- There were 1.993m attendances in November 2017, 4.4% more than in November 2016. Attendances in the last 12 months were 0.6% higher than the preceding 12 month period.
- The number of attendances admitted, transferred or discharged within 4 hours was 1.771m (88.9% of the total). This is a 5.0% increase on the equivalent figure for November 2016 (1.686m seen within 4 hours).
- The number of patients seen in over 4 hours was 222,097 compared to 221,713 in November 2016, an increase of 0.2%.
- There were 512,962 emergency admissions in November 2017, 4.8% more than in November 2016. Admissions in the last 12 months period were up 2.7% on the preceding 12 month period.
- Publication of weekly winter data commenced on 7 December, further details can be found at <https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/>

No of attendances per day - 12 month rolling average



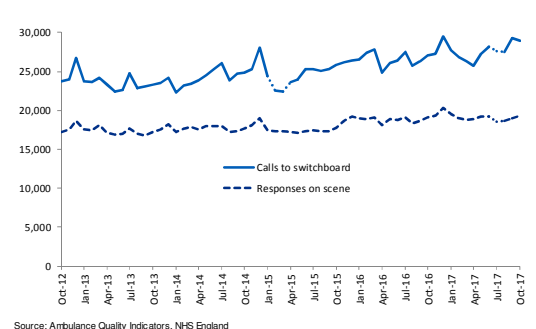
NHS 111

- There were 1.21m calls in England in November 2017, 2.8% more than in November 2016. There were 15.1m calls in the last 12 months, 1.4% more than the previous 12 months.
- Of calls offered to NHS 111 in November 2017, the proportion abandoned after waiting longer than 30 seconds was 2.3%, lower than in November 2016 (2.5%). Of calls answered by NHS 111 in October 2017, 86.8% were answered within 60 seconds, lower than in November 2016 (88.2%).
- Of calls answered, 37.7% were transferred to or answered by a clinician in November 2017. This is the highest proportion since this data was first collected in November 2016.

Ambulances

- The number of emergency telephone calls presented to the switchboard in October 2017 was 896,464, an average of 28.9 thousand per day.
- There were 598,512 emergency calls that received a face-to-face response from the ambulance service in October 2017, an average of 19.3 thousand per day.
- Ambulance response times: Only six of the eleven Ambulance Services in England still used the Red 1 and Red 2 classification in October 2017. In those, 68.0% of Red 1 and 58.9% of Red 2 calls had an emergency response within 8 minutes. The standard in both cases is 75%.

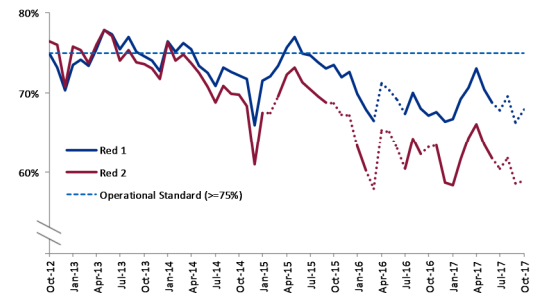
Ambulance volumes per day



This is the third publication of response times for new Ambulance Categories C1 to C4. For October 2017, such data are available for four of the Ambulance Services.

- The mean average response times for these four Services for Category C1 in October 2017 ranged from 6 minutes 41 seconds for West Midlands to 9 minutes 29 seconds for North West Ambulance Service.

Ambulance response in 8 minutes



Source: Ambulance Quality Indicators, NHS England

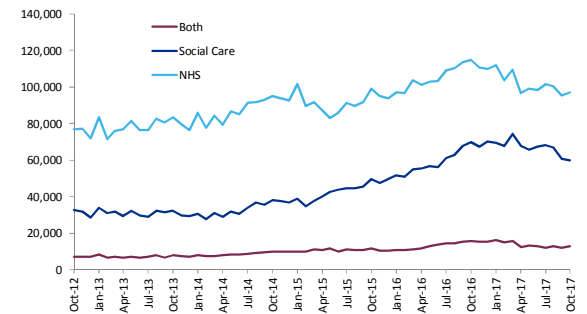
- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service in July 2017, the percentage discharged alive from hospital was 10.0%. This was not significantly different from the proportions in July 2016 (10.4%) or June 2017 (9.7%).

Quality

Delayed Transfers of Care

- There were 170,089 delayed days in October 2017, compared to 200,095 in October 2016. This is a decrease of 15%.
- These days equate to a daily average of 5,487 beds occupied by DTOC patients in October 2017 and 6,455 in October 2016. October 2017 has the lowest number of DTOC beds since March 2016, when the figure was 5,480.
- The proportion of delays attributable to NHS in October 2017 was 57.1%, down from 57.3% in October 2016. The remaining delays were attributed as follows: 35.3% Social Care (up from 34.9% in October 2016) and 7.6% Both (down from 7.8% in October 2016).

Number delayed transfers of care bed days



Source: Monthly Delayed Transfers of Care, NHS England

Planned care

Access

Referral to treatment (RTT)

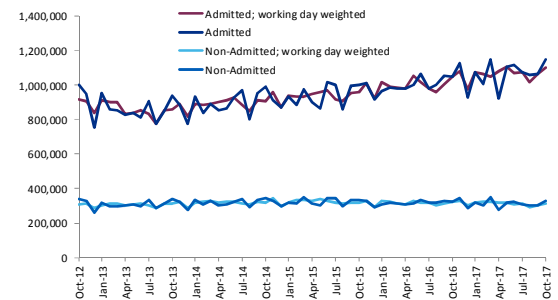
- 1.4m patients started consultant-led treatment in October 2017. There were 16.0m completed RTT pathways in the 12 months to October 2017. This is 839,000 more than the preceding 12 month period, an increase of 4.7% having taken account of working days and of trusts not submitting data.
- Of patients on the waiting list at the end of October 2017, 89.3% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 90.4% at the end of October 2016.
- The number of RTT patients waiting to start treatment at the end of October 2017 was 3.8 million.
- The number of patients on the waiting list who were waiting under 18 weeks was stable between October 2016 and October 2017 at 3.39m, and the number of patients waiting over 18 weeks rose from 360,000 to 406,000.
- Of those, 1,517 patients were waiting more than 52 weeks. This compares to 1,428 in October 2016, and 1,281 patients five years ago (October 2012).
- The RTT waiting list increased by 4.1% over October 2016 (taking account of trusts not submitting information).

Diagnostic tests

- 1.9m diagnostic tests were undertaken in October 2017, an increase of 1.8% on the previous year (adjusted for working days).
- The number of tests conducted over the last twelve months is up 4.6% (adjusted for working days) on the preceding twelve month period.
- 1.7% of the patients waiting for one of the 15 key diagnostic tests at the end of October 2017 had been waiting six weeks or longer from referral, compared to the 1% operational standard.

Number of patients starting RTT treatment

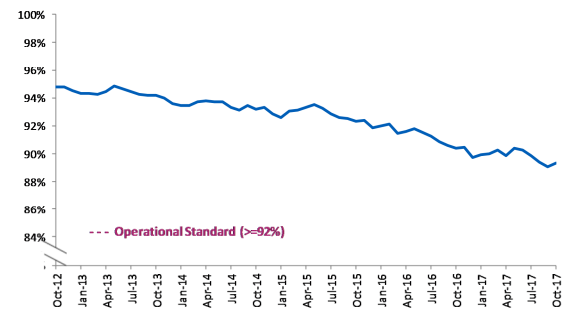
Including estimates for missing data



Source: Consultant-led Referral to Treatment Waiting Times, NHS England

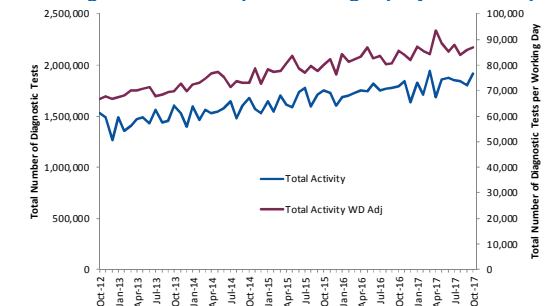
% incomplete pathways within 18 wks

Published figures, no adjustments for missing data



Source: Consultant-led Referral to Treatment Waiting Times, NHS England

Total diagnostic test activity and working day adjusted activity

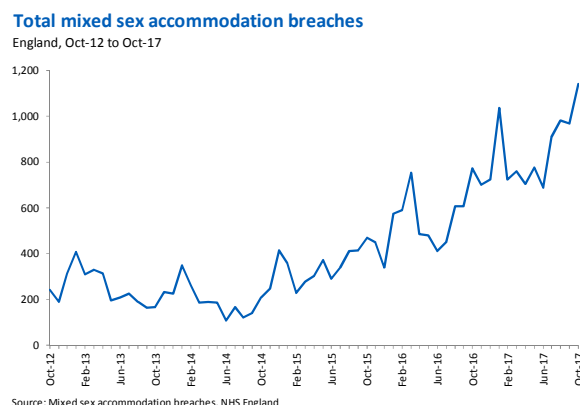


Quality

Mixed Sex Accommodation

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

- In October 2017, providers of NHS-funded healthcare reported 1,140 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 969 in September 2017 and 241 in October 2012.
- Of the 150 acute trusts that submitted data for October 2017, 99 (66.7%) reported zero sleeping breaches.
- The MSA breach rate in October 2017 was 0.7 per 1,000 FCEs, 0.6 in September 2017 and 0.2 in October 2012.



NHS Continuing Healthcare and NHS-funded nursing Care

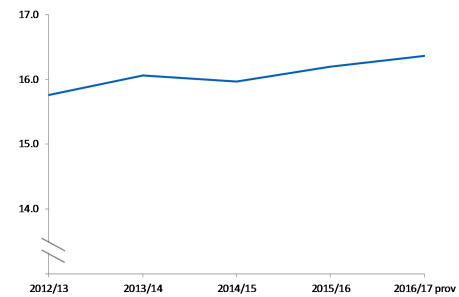
- The total number of Decision Support Tools (DSTs) completed for the Standard NHS CHC assessment route was 15,889 in Q2 2017/18. Of these, 3,765 (24%) were completed in an acute hospital setting.
- Of the 18,497 Standard NHS CHC referrals completed in Q2 2017/18, 10,779 (58%) were completed within 28 days.
- The number of incomplete referrals exceeding 28 days was 7,576 as at the last day of Q2 2017/18. Of these: 1,145 exceeded by up to 2 weeks; 928 exceeded by more than 2 weeks and up to 4 weeks; 2,177 exceeded by more than 4 weeks and up to 12 weeks; 1,611 exceeded by more than 12 weeks and up to 26 weeks; 1,715 exceeded by more than 26 weeks.
- The total number of people eligible for NHS CHC was 57,153 as at the last day of Q2 2017/18. Of these, 39,906 were eligible via the Standard NHS CHC assessment route and 17,247 were eligible via the Fast Track assessment route.
- The Fast Track referral conversion rate was 96% in Q2 2017/18.
- The Standard NHS CHC assessment conversion rate was 28% in Q2 2017/18.
- The total number of people eligible for NHS-funded Nursing Care was 80,256 as at the last day of Q2 2017/18.

Patient Reported Outcome Measures (PROMs)

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

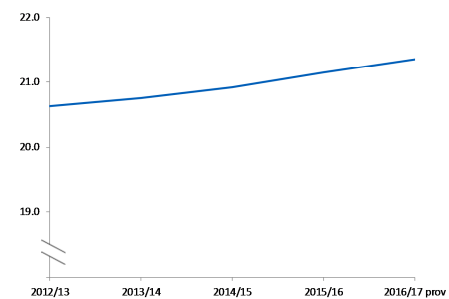
- PROMs assess the quality of care delivered to NHS patients for hip and knee replacements by using short, self- completed questionnaires before and after a procedure. Health gain on Oxford Hip and Knee Scores is measured from 0 (worst) to 48 (best), and is calculated by using the difference in scores from the pre- and post-operative questionnaires.
- The average health gain reported for hip and knee replacements has increased very slightly year on year over time, but the proportion of patients reporting improvement has largely remained unchanged.
- Participation in PROMs for hip and knee procedures has increased since PROMs was launched.
- Data for 2016/17 is provisional, with data added cumulatively until a final publication, due August 2018. This is due to post-operative questionnaires being sent out 6 months after the replacement procedure. Charts shown here contain all data returned to NHS Digital up to September 2017.

PROMs Knee Replacement Procedures, Average Health Gain, Oxford Knee Score



Source: Patient Reported Outcome Measures, NHS Digital

PROMs Hip Replacement Procedures, Average Health Gain, Oxford Hip Score



Source: Patient Reported Outcome Measures, NHS Digital

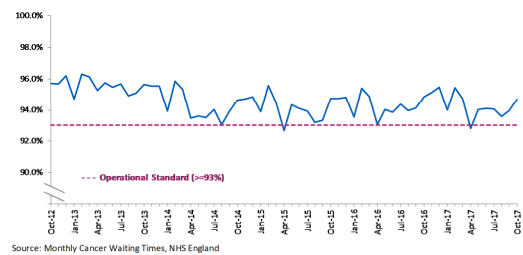
Cancer

Access

Cancer waiting times

- Two week wait: 167,522 people were seen following an urgent referral for suspected cancer in October 2017. There were 1,906,590 people seen in the 12 months to October 2017, an increase of 5.1% (92,943 more patients) on the previous 12 month period.
- 94.7% of people in September 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: 24,950 patients started a first definitive treatment for a new primary cancer in October 2017. There were 288,793 patients who received first treatments in the 12 months to September 2017, an increase of 3.6%, or 10,015 additional patients, on the previous 12 month period.
- 97.8% of patients in October 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: 12,464 patients received a first treatment for cancer following an urgent GP referral in October 2017. There were 146,631 patients who received first treatments for cancer following an urgent GP referral in the 12 months to October 2017, an increase of 4.8%, or 6,688 additional patients, on the previous 12 month period.
- 82.3% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in October 2017, this equates to 10,263 patients being treated within the standard. The operational standard specifies that 85% of patients should be treated within this time.

% of patients seen within 2 weeks from an urgent GP referral for suspected cancer

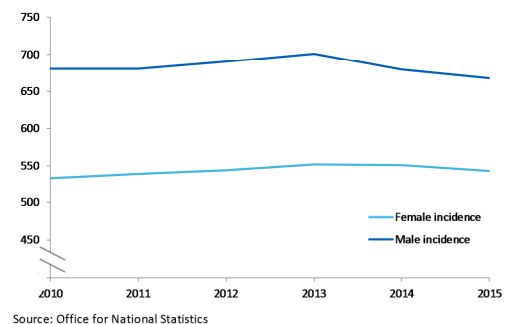


Cancer registrations

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

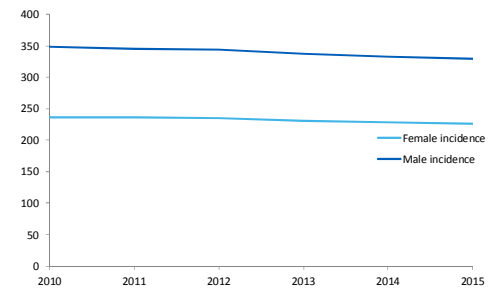
- Generally, cancer registrations have increased following advances in medicine which have resulted in an ageing population and improved detection of cancers. Advances in medicine and early detection of cancers have reduced the number of people dying from the disease.
- The number of new diagnosed cases 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.

Directly age-standardised rates per 100,000 people of newly diagnosed cases of cancer: England, 2010 to 2015



- 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.

Directly age-standardised rates per 100,000 people of deaths from cancer: England, 2010 to 2015



Source: Office for National Statistics

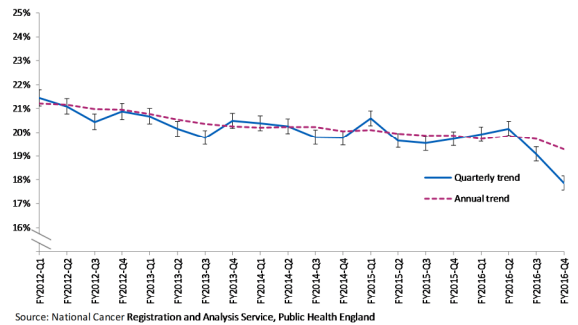
* The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

Cancer Emergency Presentations

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

- Between January and March 2017, of 64,051 cancer patients first presenting at hospital in England, 11,439 (17.9%) presented as an emergency.
- 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 April 2012 to March 2013 to 19.3% in April 2016 to March 2017.
- At CCG level, there was an approximate threefold variation in the proportion of cancer patients who first presented as an emergency in the most recent quarter (January to March 2017); across the 209 CCGs the proportion varied from 8.3% to 31.3%.

Trend in the proportion of first hospital admissions that are emergencies in England



Source: National Cancer Registration and Analysis Service, Public Health England

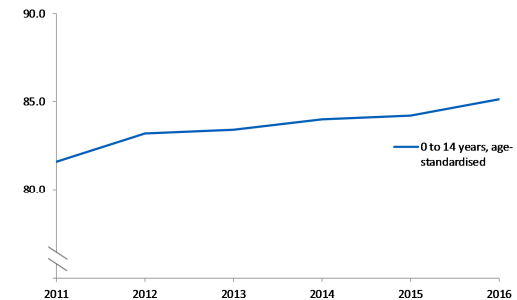
Quality

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

Smoothed trends in 5-year survival (%) for children (aged 0 to 14 years) diagnosed with cancer in England between 2011 and 2016



Source: NCRAS within Public Health England and Office for National Statistics

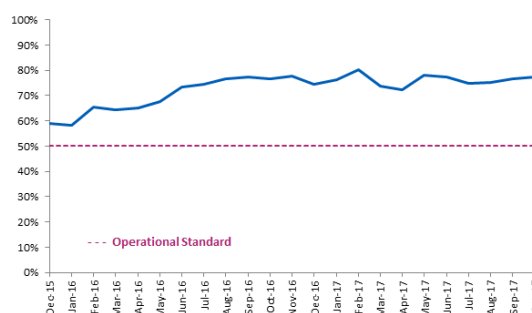
1990 onwards and followed up to the end of the most recently completed calendar year) combined, the general trend of increasing 5-year survival has continued. For children (0 to 14 years), 5-year survival has increased from 81.6% for those diagnosed in 2011 to 85.1% predicted for those children diagnosed 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 1,271 at the end of October 2017. Of these 714 were waiting for more than two weeks.
- 77.3% of patients started treatment within two weeks in October 2017. The waiting time standard of 50% was therefore met. This compares to 76.7% the previous month and 76.6% in October 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.

Percentage of people started treatment within 2 weeks



Source: Early Intervention in Psychosis Waiting Times, NHS England

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 September 2017 and reports that there were 808 Out of Area Placements (OAPs) active, of which 761 were Inappropriate.
- The drop in the published figure, compared to the previous month, is driven by improvements in data quality.
- These figures for OAPs should be interpreted with caution, as with all of the previous reports in this series. These figure only contains 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 include around 90 per cent of all OAPs active during the collection period (if all providers in scope had submitted data).
- This month, 49 organisations have participated in this collection out of 55 organisations in scope. This means that 89 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.

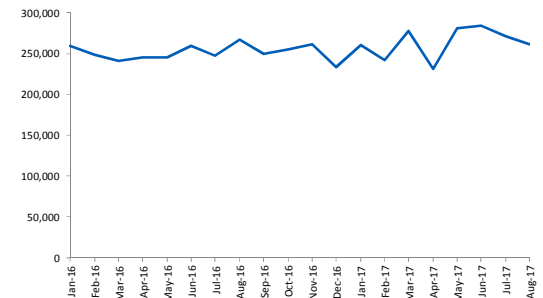
- By 2020, 95% of children and young people referred for assessment or treatment for an eating disorder should receive treatment within one week if the case is urgent, and four weeks if the case is routine.
- 71.0% of patients started urgent treatment within one week in Q2 2017-18. This compares to 73.3% in Q1 2017-18 and 58.0% in Q2 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 August 2017 was 261,857. This is an increase of 0.9% (2,426) compared to the average number of new referrals per month between August 2016 and July 2017.
- 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. Due to this comparable figures are not available prior to this date.
- The number of people in contact with NHS funded secondary mental health, learning disabilities and autism services on 31 August 2017 was 1,220,370. This is a decrease of 0.9% (10,981) compared to the average number of people in contact at the end of each month between August 2016 and July 2017. The number of people in contact with services between June and August 2016 was inflated due to data quality issues. As such these figures should be treated with caution.

New referrals into secondary mental health, learning disabilities and autism services during the month



Source: Mental Health Services Data Set (MHSDS), NHS Digital

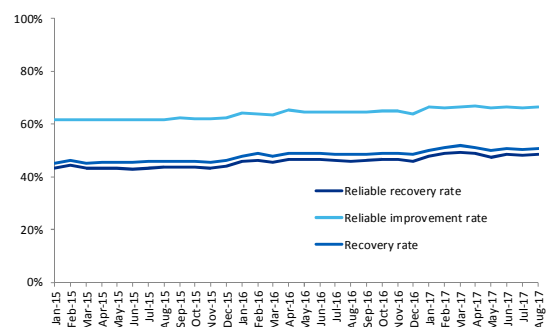
Quality

Improving Access to Psychological Therapies (IAPT)

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

- 50.8% of referrals recovered in August 2017, compared to 46.3% in 2015-16, and 44.8% in 2014-15. 66.6% of referrals reliably improved in August 2017, compared to 62.2% in 2015-16, and 60.8% in 2014-15. 48.4% of referrals reliably recovered in August 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.

Outcomes in Psychological Therapies (IAPT)



Source: Improving Access to Psychological Therapies dataset, NHS Digital