# NHS performance statistics

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2017

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.

#### Contents

<u>Urgent and emergency care</u> – Accident and Emergency, NHS111, Ambulances, Delayed Transfers of Care

<u>Planned care</u> – Referral to Treatment, Diagnostics, Mixed Sex Accommodation, Patient Reported Outcome Measures

<u>Cancer</u> - Cancer Waiting Times, Cancer Registrations, Cancer Emergency Presentations, Cancer Survival Estimates

<u>Mental Health</u> - Early Intervention in Psychosis, Out of Area Treatments, Children and Young People with an Eating Disorder, Contacts and Referrals, Improving Access to Psychological Therapies

## **Key statistics**

#### **Accident and Emergency**

- In the last 12 months there has been a 0.4% growth in the number of people attending A&E and a 2.6% 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 October 2017, 90.1% of patients were seen within 4 hours compared with 89.1% in October 2016.

#### **Ambulances**

• The Ambulance Services handled 877,000 calls in September 2017, an average of 29,200 calls per day. In the six trusts still using the Red 1 and Red 2 classification in September 2017, 66.3% of Red 1 calls and 58.6% of Red 2 calls had an emergency response within 8 minutes.

#### **Delayed Transfers of care**

- In September 2017 patients spent a total of 168,300 extra days in hospital beds waiting to be discharged, compared to 196,600 in September 2016.
- This equates to an average of 5,610 beds occupied each day in September 2017 by a patient subject to a delayed transfer of care, compared to 6,552 in September 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 September 2017, there were over 3.8m people on the waiting list for treatment.

The waiting list has increased by 3.8% when compared to a year earlier. At the end of September 2017, of those waiting, 89.1% had been waiting for 18 weeks or less, a fall from 90.6% in September 2016.

#### **Cancer waiting times**

- There has been a 5.3% 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 4.4% increase in those receiving a first treatment for cancer following an urgent referral for cancer.
- In September 2017, 94.0% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, 97.4% started a first definitive treatment for a new primary cancer and 82.0% 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 1,200 patients waiting to start treatment at the end of September 2017. In September 2017 three quarters of patients experiencing First Episode Psychosis (FEP) started treatment within two weeks of referral.

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

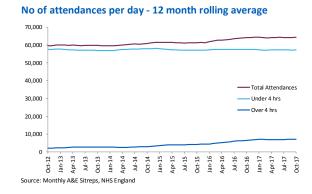
• 50.4% of patients referred to IAPT services recovered in July 2017, against a target of 50.0%. The proportion recovering increased by 1.5 percentage points between the complete years of 2014-15 and 2015-16.

# **Urgent and emergency care**

# **Access**

#### **Accident and Emergency**

- There were 2.068m attendances in October 2017, 3.3% more than in October 2016. Attendances in the last 12 months are 0.4% higher than the preceding 12 month period.
- The number of attendances admitted, transferred or discharged within 4 hours was 1.862m (90.1% of the total). This is a 4.5% increase on the equivalent figure for October 2016 (1.782m seen within 4 hours).
- The number of patients seen in over 4 hours was 206,000 compared to 219,000 in the October 2016, a decrease of 6.2%.



- There were 513,400 emergency admissions in October 2017, 4.1% more than in October 2016. Admissions over a 12 month period are up 2.6% on the preceding 12 month period.
- Publication of weekly winter data will commence on 7 December, further details can be found at https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/

#### **NHS 111**

- There were 1.24m calls in England in October 2017, 0.7% more than in October 2016. There were 15.1m calls in the last 12 months, 1% more than the previous 12 months.
- Of calls offered to NHS 111 in October 2017, the proportion abandoned after waiting longer than 30 seconds was 2.2%, lower than in October 2016 (2.4%). Of calls answered by NHS 111 in October 2017, 87.1% were answered within 60 seconds, lower than in October 2016 (88.5%).
- Of calls answered, 37.1% were transferred to or answered by a clinician in October 2017. This is the highest proportion since this data was first collected in November 2016.

#### **Ambulances**

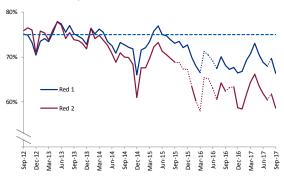
- The number of emergency telephone calls presented to the switchboard in September 2017 was 876,723, an average of 29.2 thousand per day.
- There were 570,827 emergency calls that received a face-to-face response from the ambulance service in September 2017, an average of 19.0 thousand per day.
- Ambulance response times: Only six of the eleven Ambulance Services in England still used the Red 1 and Red 2 classification in September 2017. In those, 66.3% of Red 1 calls and 58.6% 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 second publication of response times for the new Ambulance Categories C1 to C4. For September 2017, data against the new standard is now available for four of the Ambulance Services.
- The mean average response times for Category C1 in September 2017 ranged from 6 minutes 57 seconds for West Midlands Ambulance Service to 9 minutes 50 seconds for North West Ambulance Service.
- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service in June 2017, the percentage discharged alive from hospital was 9.7%. This was not significantly different from the proportions in June 2016 (9.5%) or May 2017 (8.5%).

#### **Ambulance response in 8 minutes**



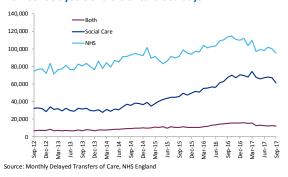
Source: Ambulance Quality Indicators NHS England

# Quality

## **Delayed Transfers of Care**

- There were 168,302 delayed days in September 2017, compared to 196,570 in September 2016. This is a decrease of 14.4%. This is the largest year on year decrease since the collection began.
- This is the lowest number of delayed days since April 2016 (168,018).
- These days equate to a daily average of 5,610 beds occupied by DTOC patients in September 2017 and 6,552 in September 2016.

#### Number delayed transfers of care bed days



• The proportion of delays attributable to NHS in September 2017 was 56.5%, down from 57.7% in September 2016. The remaining delays were attributed as follows: 36.3% Social Care (up from 34.5% in September 2016) and 7.2% Both (down from 7.8% in September 2016).

# Planned care

## Access

#### Referral to treatment (RTT)

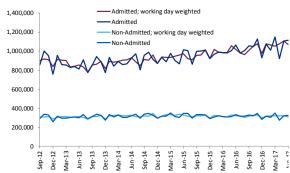
- 1.3m patients started consultant-led treatment in September 2017. There were 15.9m completed RTT pathways in the 12 months to September 2017. This is 821,000 more than the preceding 12 month period, an increase of 5.1% having taken account of working days and of trusts not submitting data.
- Of patients on the waiting list at the end of September 2017, 89.1% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 90.6% at the end of September 2016.
- The number of RTT patients waiting to start treatment at the end of September 2017 was 3.83 million.
- The number of patients on the waiting list who were waiting under 18 weeks rose from 3.35m to 3.42m between September 2016 and September 2017, and the number of patients waiting over 18 weeks rose from 349,000 to 418,000.
- Of those, 1,778 patients were waiting more than 52 weeks. This compares to 1,185 in September 2016, and 1,570 patients five years ago (September 2012).
- The RTT waiting list increased by 3.8% over September 2016 (taking account of trusts not submitting information).

# **Diagnostic tests**

- 1.8m diagnostic tests were undertaken in September 2017, an increase of 6.3% on the previous year (adjusted for working days).
- The number of tests conducted over the last twelve months is up 5.1% (adjusted for working days) on the preceding twelve month period.
- 2.0% of the patients waiting for one of the 15 key diagnostic tests at the end of September 2017 had been waiting six weeks or longer from referral, compared to the 1% operational standard.

#### **Number of patients starting RTT treatment**

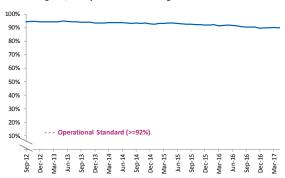
Including estimates for missing data



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

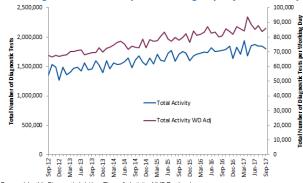
#### % incomplete pathways within 18 wks

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



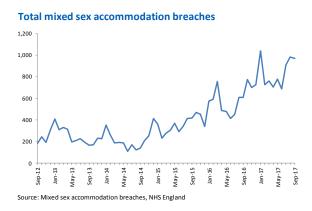
Source: Monthly Diagnostic Waiting Times & Activity, NHS England

# Quality

#### **Mixed Sex Accommodation**

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

- In September 2017, providers of NHS-funded healthcare reported 969 breaches of MSA guidance in 'relation to NHS patients in sleeping accommodation. This compares to 982 in August 2017 and 182 in September 2012.
- Of the 151 acute trusts that submitted data for September 2017, 109 (72.7%) reported zero sleeping breaches
- The MSA breach rate in September 2017 was 0.6 per 1,000 FCEs, 0.6 in August 2017 and 0.1 in September 2012.

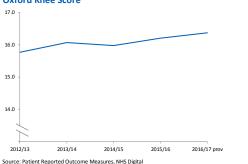


## **Patient Reported Outcome Measures (PROMs)**

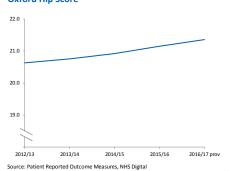
Statistics in this section are already in the public domain and are routinely published by NHS Digital.

- PROMs assess the quality of care delivered to NHS
  patients for hip and knee replacements by using short,
  self- completed questionnaires before and after a
  procedure. Health gain on Oxford Hip and Knee
  Scores is from 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 Hip Replacement Procedures, Average Health Gain, Oxford Hip Score

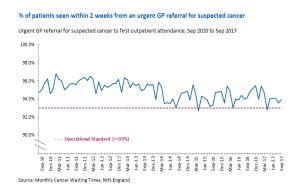


# Cancer

# **Access**

#### **Cancer waiting times**

- Two week wait: 149,160 people were seen following an urgent referral for suspected cancer in September 2017. There were 1,896,720 people seen in the 12 months to September 2017, an increase of 5.3% (95,634 more patients) on the previous 12 month period.
- 94.0% 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.



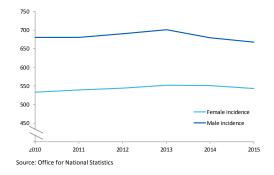
- 31 day wait: 23,533 patients started a first definitive treatment for a new primary cancer in September 2017. There were 287,318 patients who received first treatments in the 12 months to September 2017, an increase of 2.9%, or 8,158 additional patients, on the previous 12 month period.
- 97.4% of patients in September 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: 11,978 patients received a first treatment for cancer following an urgent GP referral in September 2017. There were 145,992 patients who received first treatments for cancer following an urgent GP referral in the 12 months to September 2017, an increase of 4.4%, or 6,169 additional patients, on the previous 12 month period.
- 82.0% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in September 2017, this equates to 9,825 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.

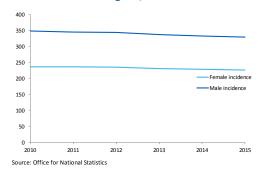
- Generally, cancer registrations have increased following advances in medicine which have resulted in an ageing population and improved detection of cancers. Advances in medicine and early detection of cancers have reduced the number of people dying from the disease.
- The number of new diagnosed cases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

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

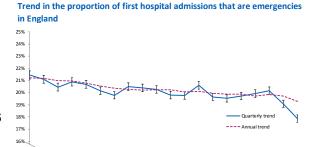


<sup>\*</sup> The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

## **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%



# Quality

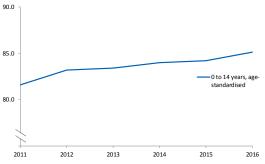
#### **Cancer Survival Estimates**

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.

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



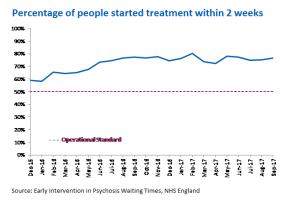
Source: NCRAS within Public Health England and Office for National Statistics

# **Mental health**

# **Access**

#### **Early Intervention in Psychosis**

- The number of patients waiting to start treatment (incomplete pathways) was 1,206 at the end of September 2017. Of these 662 were waiting for more than two weeks.
- 76.7% of patients started treatment within two weeks in September 2017. The waiting time standard of 50% was therefore met. This compares to 75.3% the previous month and 77.5% in September 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 August 2017 and reports that there were 935 Out of Area Placements (OAPs) active, of which 885 were Inappropriate.
- These figures for OAPs should be interpreted with caution, as with all of the previous reports in this series. These figure only contains 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.

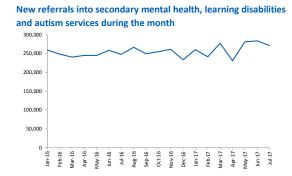
#### Children and Young People with an Eating Disorder

- 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 July 2017 was 271,300. This is an increase of 5.4% (13,837) compared to the average number of new referrals per month between July 2016 and June 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 July 2017 was 1,226,786. This is a decrease of 0.7% (8,436) compared to the average number of people in contact at the end of each month between July 2016 and June 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.

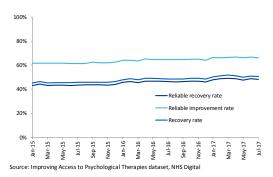
# Quality

## Improving Access to Psychological Therapies (IAPT)

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

- 50.4% of referrals recovered in July 2017, compared to 46.3% in 2015-16, and 44.8% in 2014-15. 66.1% of referrals reliably improved in July 2017, compared to 62.2% in 2015-16, and 60.8% in 2014-15. 48.0% of referrals reliably recovered in July 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.

#### **Outcomes in Psychological Therapies (IAPT)**



82.1% waited less than 6 weeks in 2015-16 and 96.3% waited less than 18 weeks in 2015-16.