

Thursday 10 May 2018

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
March 2018

NHS England released statistics today on referral to treatment (RTT) waiting times for consultant-led elective care. The statistics include patients waiting to start treatment at the end of March 2018 and patients who were treated during March 2018.

Main findings

- At the end of March 2018, 87.2% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard.
- The number of RTT patients waiting to start treatment at the end of March 2018 was 3.84 million patients. Of those, 2,755 patients were waiting more than 52 weeks.
- For patients waiting to start treatment at the end of March 2018, the median waiting time was 6.9 weeks. The 92nd percentile waiting time was 21.9 weeks.
- During March 2018, 283,331 RTT patients started admitted treatment and 995,523 started non-admitted treatment (completed pathways).

Missing data

The following trusts did not submit any RTT pathway data:

- Barts NHS Health Trust (R1H)
- East & North Hertfordshire NHS Trust (RWH)
- Gloucestershire Hospitals NHS Foundation Trust (RTE)
- Mid Essex Hospital Services NHS Trust (RQ8)
- Northern Devon Healthcare NHS Trust (RBZ)
- St George's University Hospitals NHS Foundation Trust (RJ7)

Calderdale and Huddersfield NHS Foundation Trust (RWY) submitted RTT incomplete pathways data but did not provide values for the number of incomplete pathways with a DTA for treatment.

Factoring in estimates based on the latest data submitted for each missing trust suggests the total number of RTT patients waiting to start treatment at the end of March 2018 may have been 4.1 million patients. See section 5 of 'Notes to editors' for details of the latest data submitted by missing trusts.

National trends

- Of patients waiting to start treatment at the end of March 2018, 87.2% were waiting up to 18 weeks. This was 3.1 percentage points lower than in March 2017 (chart 1).
- The number of completed RTT pathways per working day in the 12 months to March 2018 increased by 2.7% on the preceding 12 month period, having taken account of trusts not submitting data (chart 2).
- The number of RTT patients waiting to start treatment at the end of March 2018 (incomplete pathways) increased by 5.0% compared to the end of March 2017, having taken account of trusts not submitting data (chart 3).

Chart 1: % of incomplete pathways within 18 weeks (published figures)

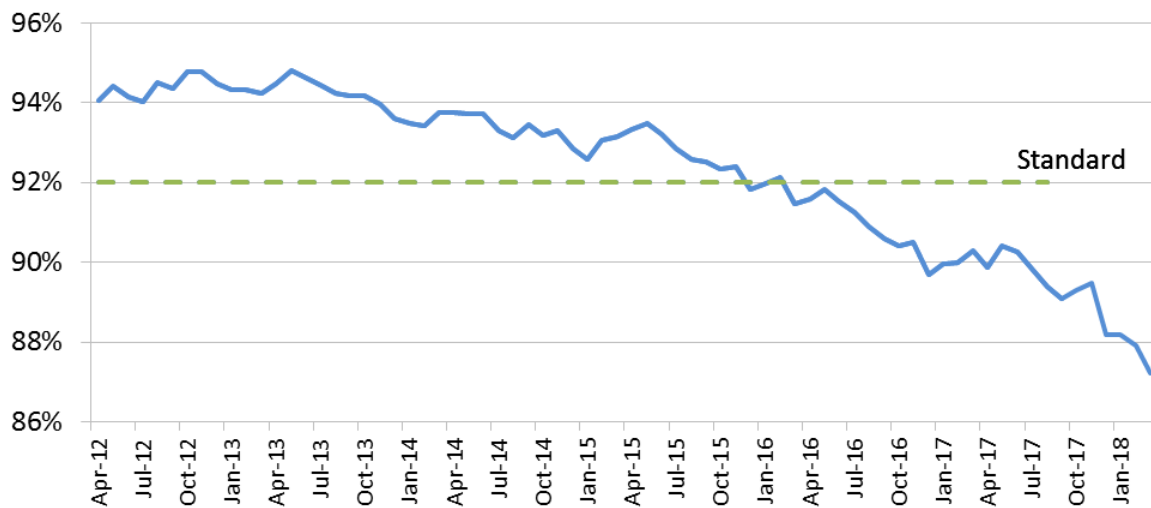


Chart 2: Number of patients starting RTT treatment, including estimates for missing data¹

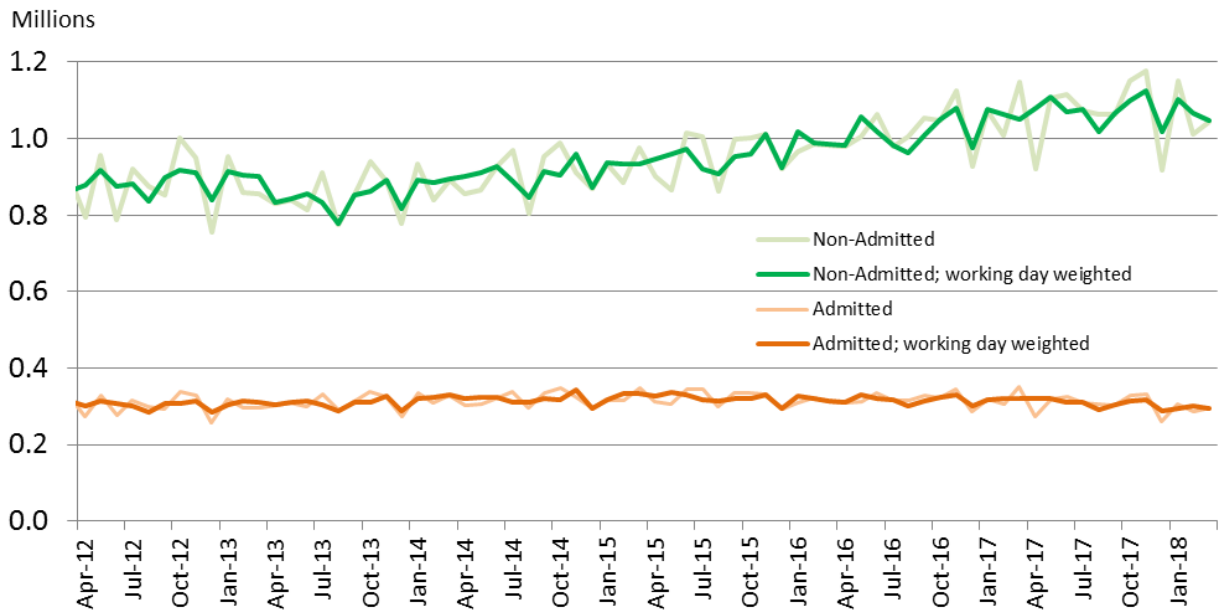
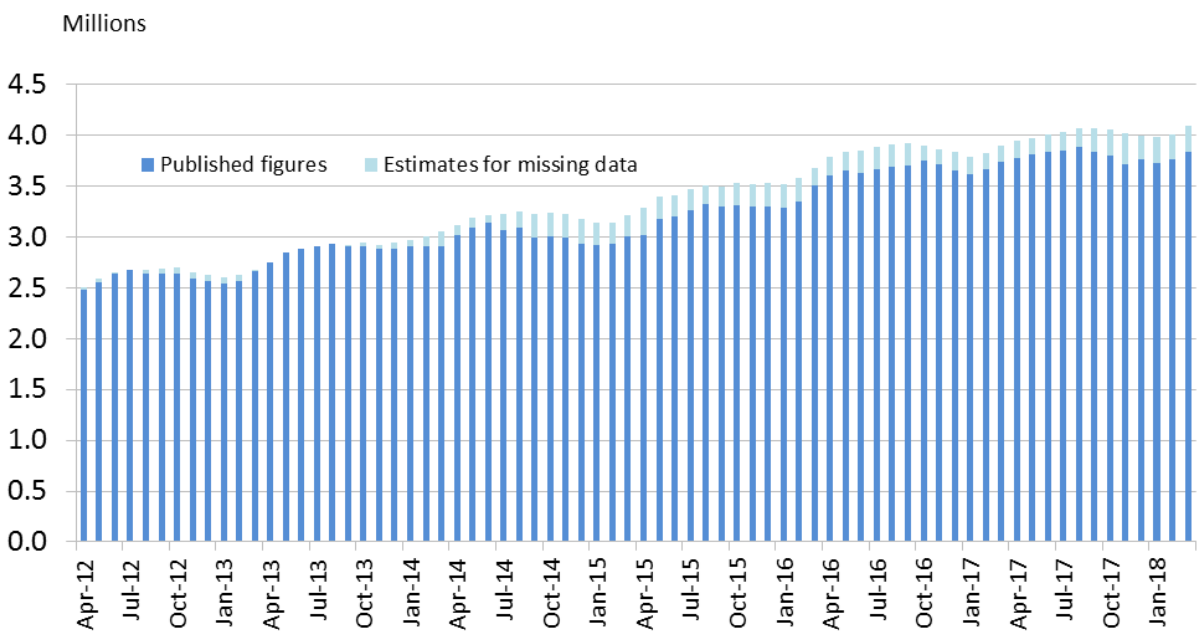


Chart 3: Total incomplete RTT pathways



¹ Working day weighted figures are the number of pathways completed in that month multiplied by the average number of working days in the reference period (Aug-07 to Mar-18) divided by the number of working days that month.

Further information

Detailed tables of incomplete and completed pathway waiting times by treatment function (specialty), commissioner and provider are available at:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Table 1 – RTT pathways by treatment function, March 2018, England

Treatment function	Incomplete pathways		Completed pathways	
	Total	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)
General Surgery	309,089	83.5%	32,702	64,982
Urology	210,820	86.6%	18,031	39,297
Trauma & Orthopaedics	461,370	82.4%	49,061	92,427
ENT	286,124	85.7%	13,396	70,091
Ophthalmology	394,757	87.6%	40,611	92,091
Oral Surgery	156,370	84.9%	13,277	29,342
Neurosurgery	30,041	82.5%	2,096	5,664
Plastic Surgery	45,968	81.3%	10,443	8,424
Cardiothoracic Surgery	8,494	82.3%	1,880	1,100
General Medicine	51,486	92.5%	3,095	16,320
Gastroenterology	190,036	90.0%	18,787	39,632
Cardiology	187,134	89.3%	8,118	45,744
Dermatology	181,298	90.3%	7,959	67,657
Thoracic Medicine	97,375	88.2%	1,823	26,382
Neurology	109,526	86.4%	583	27,838
Rheumatology	76,250	90.7%	1,798	24,947
Geriatric Medicine	19,712	95.8%	328	8,613
Gynaecology	232,412	88.5%	17,286	67,844
Other	794,920	89.9%	42,057	267,128
England	3,843,182	87.2%	283,331	995,523

Table 2 – RTT waiting times time series, England

Month	Incomplete pathways		
	Median wait (weeks)	92 nd percentile (weeks)	% within 18 weeks
August 2007	14.3	52.4	57.2%
March 2008	9.8	51.6	66.0%
March 2009	5.6	23.3	87.6%
March 2010	5.2	18.9	91.1%
March 2011	5.5	20.7	89.4%
March 2012	5.2	17.0	93.3%
March 2013	5.5	16.6	94.2%
March 2014	5.5	16.9	93.7%
March 2015	5.6	17.2	93.1%
March 2016	6.4	18.5	91.5%
April 2016	6.6	18.5	91.6%
May 2016	6.4	18.2	91.8%
June 2016	6.5	18.4	91.5%
July 2016	6.6	18.8	91.3%
August 2016	7.0	18.9	90.9%
Sept 2016	6.9	19.1	90.6%
Oct 2016	6.5	19.3	90.4%
Nov 2016	6.5	19.3	90.5%
Dec 2016	7.2	20.0	89.7%
Jan 2017	7.2	19.7	90.0%
Feb 2017	6.2	19.8	90.0%
March 2017	6.2	19.5	90.3%
April 2017	6.8	20.0	89.9%
May 2017	7.1	19.4	90.4%
June 2017	6.6	19.5	90.3%
July 2017	6.6	19.8	89.9%
August 2017	7.1	20.5	89.4%
Sept 2017	7.2	20.3	89.1%
Oct 2017	6.7	20.3	89.3%
Nov 2017	6.6	20.2	89.5%
Dec 2017	7.4	21.3	88.2%
Jan 2018	7.6	21.3	88.2%
Feb 2018	6.6	21.4	87.9%
Mar 2018	6.9	21.9	87.2%

Notes:

1. Median and 92nd percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
2. A more detailed time series table is available at: <http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Notes to editors

1. Referral to Treatment (RTT) pathways

Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or, if they have not yet started treatment, the length of time that a patient has waited so far.

The following activities end the RTT pathway:

- first treatment – the start of the first treatment that is intended to manage a patient's disease, condition or injury in a RTT pathway
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat – decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment.

Admitted pathways are the waiting times for patients whose treatment started during the reporting period and involved admission to hospital. These are sometimes referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for patients whose wait ended during the reporting period for reasons other than an inpatient or day case admission to hospital for treatment. These are sometimes referred to as outpatient waiting times. They include the time waited for patients whose RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the reporting period. These patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure. These are sometimes referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

Each pathway relates to an individual referral rather than an individual patient so if a patient was waiting for multiple treatments they may be included in the figures more than once. Where we refer to the number of 'patients' waiting or starting treatment, technically, we are considering the number or percentage of 'pathways'.

The Department of Health published the RTT Rules Suite on 28 November 2007. This document was updated in October 2015 and can be found at:

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

Other guidance documents relating to RTT waiting times can be found at:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/>

2. RTT waiting time rights and pledges

The NHS Constitution states that patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or it is clinically appropriate that they wait longer, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

3. RTT waiting times standards

The NHS Constitution standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The standard leaves an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- patient choice – patients who choose to delay treatments for personal or social reasons
- co-operation – patients who do not attend appointments along their pathways
- clinical exceptions – patients for whom it is not clinically appropriate to start treatment within 18 weeks.

In addition, NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to the waiting time standards for elective care. The admitted (90%) and non-admitted (95%) operational standards were abolished, and the incomplete pathway standard (above) became the sole measure of patients' constitutional right to start treatment within 18 weeks. On 1 October 2015, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England and removing the admitted and non-admitted standards.

4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed and signed-off by English commissioners.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The data return includes all patients whose RTT clock stopped at any point in the reporting period or whose RTT clock is still running at the end of the reporting period.

For the period to September 2015, there were two main central returns:

- Unadjusted: covering admitted patients, non-admitted patients and patients on incomplete pathways.

- Adjusted: covering admitted patients on an adjusted basis. Adjustments were permitted to admitted pathways for clock pauses, where a decision to admit for treatment had been made, and the patient had declined at least two reasonable appointment offers for admission. The RTT clock was paused for the duration of the time between the earliest reasonable date offered and the date from which the patient made themselves available for admission for treatment.

For October 2015 data onwards, the reporting requirements changed as follows:

- there is no longer a requirement for providers to submit admitted adjusted data to NHS England
- unadjusted admitted and non-admitted completed pathway data is still required but will no longer be used for monitoring against operational standards
- the requirement to report incomplete pathway data remains unchanged – and has always been an unadjusted submission
- two new data items were added to the monthly data return: incomplete pathways where a decision has been made to admit the patient for treatment and new RTT pathways..

The figures for incomplete pathways with a decision to admit for treatment consist of cases where first definitive treatment has not started and a clinical decision to admit to a hospital bed for treatment has been made and the patient is awaiting admission, regardless of whether a date to admit has been given.

The difference between the values submitted for this data item and for total incomplete pathways equates to the number of incomplete pathways without a decision to admit for treatment. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient and patients where a decision to admit for a diagnostic procedure has been made.

For new RTT pathways, providers are asked to submit the number of new RTT pathways in the reporting month. In other words, RTT pathways where the clock start date is within the reporting month. This will include those where the clock also stopped within the reporting month.

These two new data items should be considered experimental, that is, they are in the testing phase and not yet fully developed. Basic validation checks are carried out on the data each month. A small number of trusts are alerted to possible errors; some are able to resubmit before the deadline and some have suggested that changes will be made to data recording and extraction processes in future months to improve the accuracy of the data. We are working with trusts to improve the quality of these data for future months.

A spreadsheet showing a time series for total admitted, non-admitted and incomplete pathways with and without estimates for missing data accompanies this statistical press notice.

5. RTT data availability

Data for admitted patients (patients whose RTT clock stopped with an inpatient/day case admission) has been published each month since January 2007 on an unadjusted basis,

and was published each month between March 2008 and September 2015 on an adjusted basis.

Data for non-admitted patients (patients whose RTT clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for patients whose RTT clock is still running has been published each month since August 2007.

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. Publication day is typically the second Thursday of each calendar month.

Six acute trusts did not submit data on incomplete RTT pathways for March 2018. Factoring in estimates based on the latest data submitted for each of these missing acute trusts suggests the total number of RTT patients waiting to start treatment at the end of March 2018 may have been 4.1 million patients. The latest figures submitted by missing acute trusts are shown in the table below.

Trust	Latest available incomplete RTT pathway data (rounded to nearest hundred)	Month incomplete pathway data last submitted
Barts NHS Health Trust	75,600	Aug-14
East & North Hertfordshire NHS Trust	33,800	Aug-17
Gloucestershire Hospitals NHS Foundation Trust	49,900	Nov-16
Mid Essex Hospital Services NHS Trust	46,100	Dec-17
Northern Devon Healthcare NHS Trust	8,000	May-17
St George's University Hospitals NHS Foundation Trust	37,200	May-16

To estimate the impact of missing data on completed (admitted and non-admitted) pathways, the total number of pathways per working day in each provider in the month prior to the gap in reporting can be applied to all missing months multiplied by the relevant number of working days in each month. Using this approach, the number of completed RTT pathways per working day in the 12 months to March 2018 increased by 2.7% on the preceding 12 month period.

The impact of missing data varies depending on the measure being considered. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal, however, where a large trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data there can be a material impact on the England-level percentage.

For example, Medway NHS Foundation Trust was unable to submit data for October or November 2015. At the end of September 2015, 70.1 per cent of patients waiting to start treatment at Medway NHS Foundation Trust were waiting up to 18 weeks. The impact of removing the figures for this trust from the published September 2015 England-level figure of 92.5% of incomplete pathways within 18 weeks is an increase of 0.25

percentage points to 92.8%. This also caused a discontinuity in the specialty level, commissioner and regional series between September and October 2015. For example, removing Medway from the September 2015 figure for the South of England Commissioning Region would change it from the published 91.0% to 92.0%, an increase of 1.0 percentage points.

6. Median and 92nd percentile waiting times

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting time is the middle value when all patients are ordered by length of wait, in other words, the midpoint of the RTT waiting times distribution or 50th percentile. For incomplete pathways, 50% of patients were waiting within the median waiting time.

The 92nd percentile waiting time is shown for incomplete pathways to correspond with the 92% operational standard. This is the time that 92% of patients had been waiting less than (and 8% of patients had been waiting more than). For example, if the 92nd percentile is 17 weeks, then 92% of patients had been waiting less than 17 weeks at the end of the reporting period and 8% of patients had been waiting more than 17 weeks.

It should be noted that median and 92nd percentile waiting times are calculated from aggregate data, rather than patient-level data, and therefore are only estimates of the position on average waits.

7. Interpretation of RTT waiting times

Care should be taken when making month-on-month comparisons of these figures as measures of waiting time performance are subject to seasonality. For example, adverse weather during winter may change the balance between elective and emergency care. Similarly, the number of patients starting treatment will be influenced by the number of working days in the calendar month.

8. National Statistics

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs
- are well explained and readily accessible
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

9. Feedback welcomed

We welcome feedback on the content and presentation of RTT statistics within this statistical press notice and those published on the NHS England website. If you have any comments on this, or any other issues regarding RTT statistics, please email england.rtt@nhs.net

10. Additional Information

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

The Government Statistical Service (GSS) statistician responsible for producing these data is:

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