

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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Urgent and Emergency Care

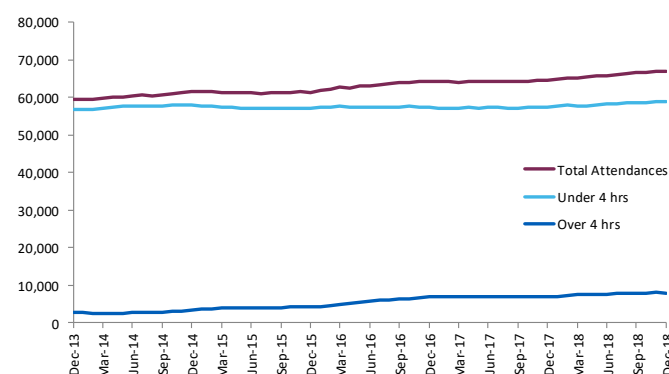
Access

Accident and Emergency

- There were 2.05m attendances in December 2018, 2.1% more than in December 2017 (1.3% and 3.7% for Type 1 and Type 3 respectively). Attendances in the last 12 months were 3.6% higher than the preceding 12 month period (0.6% and 9.9% for Type 1 and Type 3 respectively).

- There were 544,904 emergency admissions in December 2018, 4.6% more than in December 2017. Admissions in the last 12 months period were up 5.7% on the preceding 12 month period. SUS+ based analysis estimates a 5.6% November 2018 YTD growth in emergency admissions. This is composed of 10.7% growth for those with zero length of stay (LoS) and 3.1% growth with a LoS of 1 or more days.

No of attendances per day - 12 month rolling average



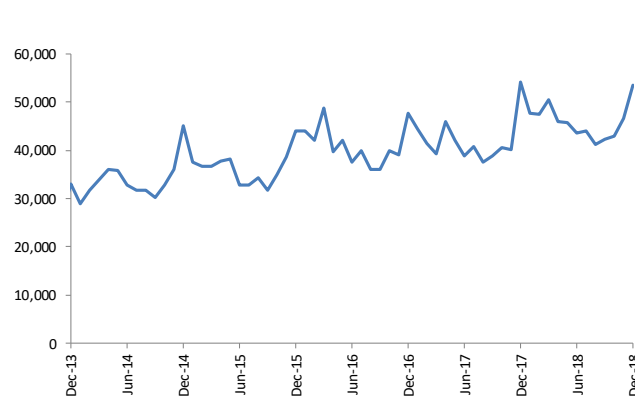
Source: Monthly A&E Sitreps, NHS England

- The number of attendances admitted, transferred or discharged within 4 hours was 1.77m – 86.4% of the total. This is a 3.9% increase on the equivalent figure for December 2017 (1.70m seen within 4 hours). Of these 1.04m were type 1 attendances, an increase of 4.0% from December 2017 and 690,000 type 3 attendances, an increase of 3.8% from December 2017.
- The number of patients seen in over 4 hours was 277,646 compared to 300,893 in December 2017, a decrease of 7.7%.
- There were 59,803 patients waiting more than 4 hours from decision to admit to admission (13.4% lower than December 2017). Of these, 280 patients waited more than 12 hours (45.8% lower than in December 2017).

NHS 111

- There were 1.7m calls offered in England in December 2018, a decrease of 1.2% on December 2017. There were 16.8m calls in the year ending December 2018, 9.4% more than in the previous 12 months.
- Of calls offered to NHS 111 in December 2018, the proportion abandoned after waiting longer than 30 seconds was 3.5%, down from 7.2% in December 2017. Of calls answered by NHS 111 in December 2018, 82.0% were answered within 60 seconds, compared with 72.7% in December 2017.
- Of calls triaged, the proportion that received any form of clinical input was 53.9% in December 2018. This was the highest recorded monthly figure, and compared with 46.0% in December 2017.

Calls offered per day to NHS 111, England

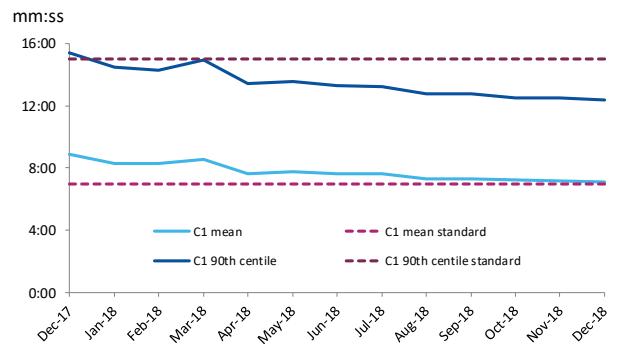


Source: NHS111 (N111WSI2), NHS England

Ambulances

- There were 743,943 incidents in England in December 2018 (23,998 per day), that either received a face-to-face response from an ambulance service or were resolved on the telephone.
- The mean average response times across England in December 2018 were 7 minutes 6 seconds for Category C1, and 22 minutes 22 seconds for Category C2. Both C1 and C2 averages failed to meet their respective standards of 7 minutes and 18 minutes.
- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service in England in August 2018, the proportion discharged alive from hospital was 10.4%.

C1 response times (mean and 90th centile), England



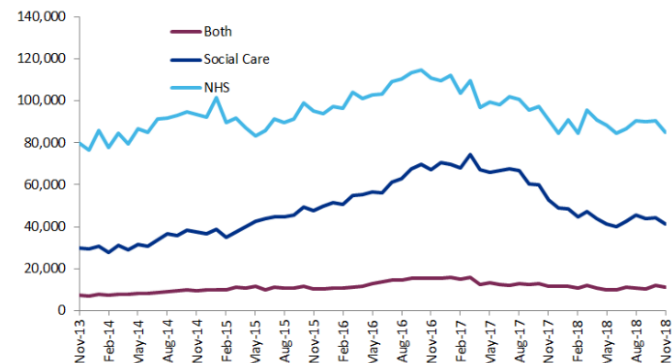
Source: Monthly Ambulance System Indicators (AmbSYS), NHS England

Quality

Delayed Transfers of Care

- There were 137,388 delayed days in November 2018, compared to 155,137 in November 2017. This is a decrease of 11.4%.
- These days equate to a daily average of 4,580 beds occupied by DTOC patients in November 2018 and 5,171 in November 2017.
- The proportion of delays attributable to NHS in November 2018 was 61.9% (up from 58.4% in November 2017). The remaining delays were attributed as follows: 30.0% Social Care (down from 33.9% in November 2017) and 8.1% both (up from 7.6% in November 2017).
- The main reason for delays in November 2018 was "Patients Awaiting Care Package in Own Home", which accounted for 29,081 delayed days (21.2% of all delays). 46.9% of delays for this reason are attributable to Social Care, 35.5% to NHS and 17.6% to both.

Number delayed transfers of care bed days



Source: Monthly Delayed Transfers of Care, NHS England

Planned Care

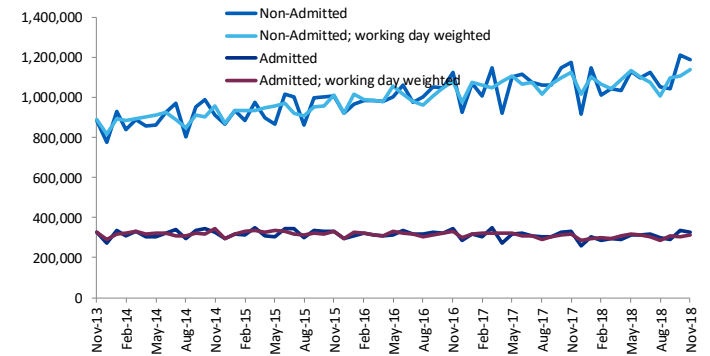
Access

Referral to Treatment (RTT)

- 1.5m patients started consultant-led treatment in November 2018. There were 16.1m completed RTT pathways in the 12 months to November 2018. The number of completed RTT pathways in the 12 months to November 2018 increased by 0.4%, having taken account of trusts not submitting data.
- Of patients on the waiting list at the end of November 2018, 87.3% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 89.5% at the end of November 2017.
- The number of RTT patients waiting to start treatment at the end of November 2018 was 4.2 million. Taking account of trusts not submitting data, the waiting list increased by 7.1% over November 2017.
- The number of patients on the waiting list who were waiting under 18 weeks increased between November 2017 and November 2018 from 3.3m to 3.6m, and the number of patients waiting over 18 weeks rose from 392,000 to 528,000. This comparison will be affected by differences in the trusts not submitting data in each period.
- 2,432 patients were waiting more than 52 weeks. This compares to 1,452 in November 2017, and 214 patients five years ago (November 2013). This comparison will be affected by differences in the trusts not submitting information in each period.

Number of patients starting RTT treatment

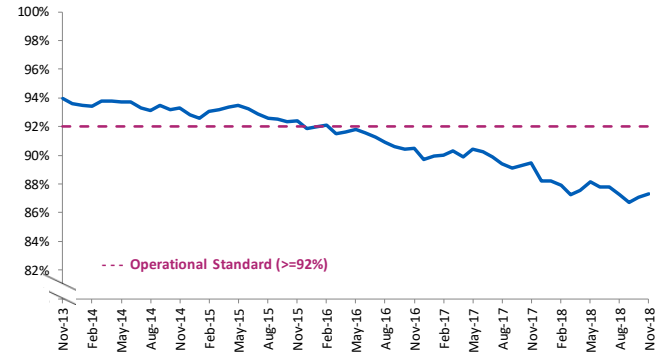
Including estimates for missing data



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

% incomplete pathways within 18 wks

Published figures, no adjustments for missing data

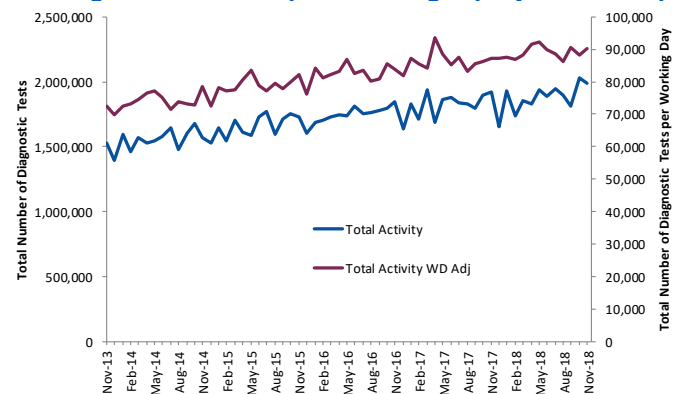


Source: Consultant-led Referral to Treatment Waiting Times, NHS England

Diagnostic Tests

- Almost 2.0m diagnostic tests were undertaken in November 2018, an increase of 3.3% on the previous year.
- The number of tests conducted over the last twelve months has increased by 3.1% on the preceding twelve-month period.
- 2.4% of the patients waiting for one of the 15 key diagnostic tests at the end of November 2018 had been waiting six weeks or longer from referral, compared to the operational standard of less than 1%.

Total diagnostic test activity and working day adjusted activity



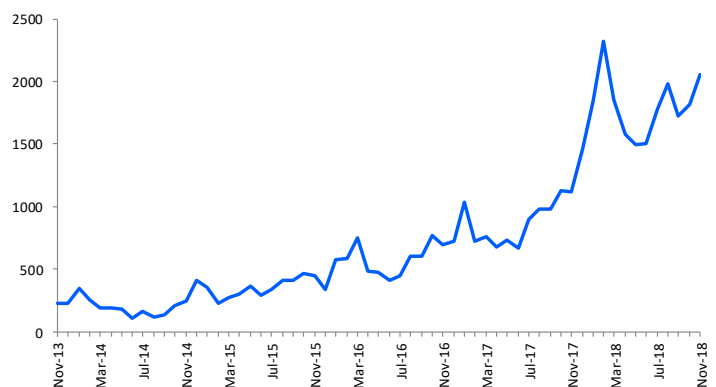
Source: Monthly Diagnostic Waiting Times & Activity, NHS England

Quality

Mixed Sex Accommodation

- In November 2018, providers of NHS-funded healthcare reported 2,058 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 1,816 in October 2018 and 232 in November 2013.
- Of the 147 acute trusts that submitted data for November 2018, 95 (64.6%) reported zero sleeping breaches.
- The MSA breach rate in November 2018 was 1.2 per 1,000 FCEs. This compares to 1.0 in October 2018 and 0.2 in November 2013.

Total mixed sex accommodation breaches



Source: Mixed sex accommodation breaches, NHS England

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 15,794 in Q2 2018-19. Of these, 1,950 (12%) were completed in an acute hospital setting (unchanged from 12% in Q1 2018-19).
- Of the 19,553 Standard NHS CHC referrals completed in Q2 2018-19, 13,913 (71%) were completed within 28 calendar days (up from 67% in Q1 2018-19).
- The number of incomplete referrals exceeding 28 calendar days was 4,194 as at the last day of Q2 2018-19. Of these: 729 exceeded by up to 2 weeks; 437 exceeded by more than 2 weeks and up to 4 weeks; 939 exceeded by more than 4 weeks and up to 12 weeks; 800 exceeded by more than 12 weeks and up to 26 weeks; 1,289 exceeded by more than 26 weeks.
- The total number of people eligible for NHS CHC was 55,904 as at the last day of Q2 2018-19 (up from 55,688 in Q1 2018-19). Of these, 36,947 were eligible via the Standard NHS CHC assessment route and 18,957 were eligible via the Fast Track assessment route.
- The Fast Track referral conversion rate was 96% in Q2 2018-19 (unchanged from 96% in Q1 2018-19).

- The Standard NHS CHC assessment conversion rate was 25% in Q2 2018-19 (down from 27% in Q1 2018-19).
- The total number of people eligible for NHS-funded Nursing Care was 77,411 as at the last day of Q2 2018-19 (up from 76,762 in Q1 2018-19).

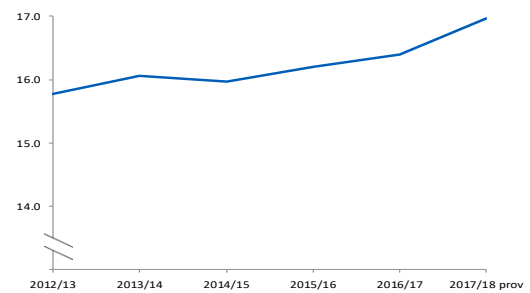
Patient Reported Outcome Measures (PROMs)

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.
- Finalised data for 2016/17 is now available following its publication in August 2018. Data for 2017/18 provided is provisional, this is due to post-operative questionnaires being sent out 6 months after the replacement procedure with a finalised report due to be published in 2019. Charts shown here contain all data returned to NHS Digital up to June 2018.

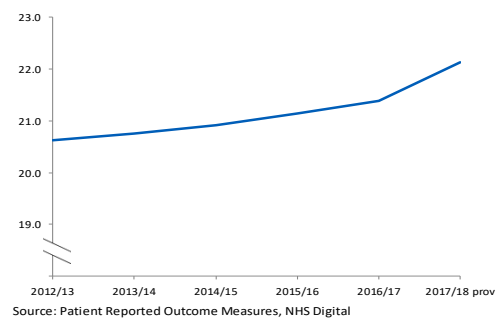
PROMs Knee Replacement Procedures, Average Health Gain

Oxford Knee Score, 2012/13 to 2017/18 (provisional data)



PROMs Hip Replacement Procedures, Average Health Gain

Oxford Hip Score, 2012/13 to 2017/18 (provisional data)



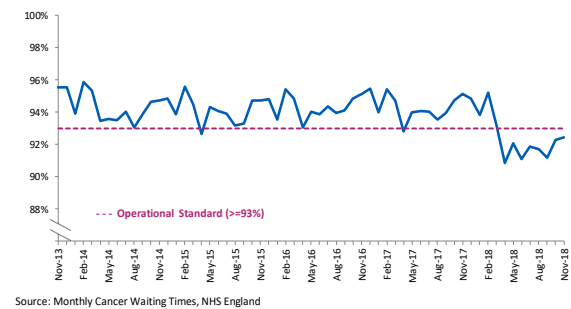
Cancer

Access

Cancer Waiting Times

- Two week wait: 194,148 people were seen following an urgent referral for suspected cancer in November 2018. There were 2,143,903 people seen in the 12 months to November 2018, an increase of 12.0% (230,372 more patients) on the previous 12 months period.
- 92.5% of people in November 2018 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.

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



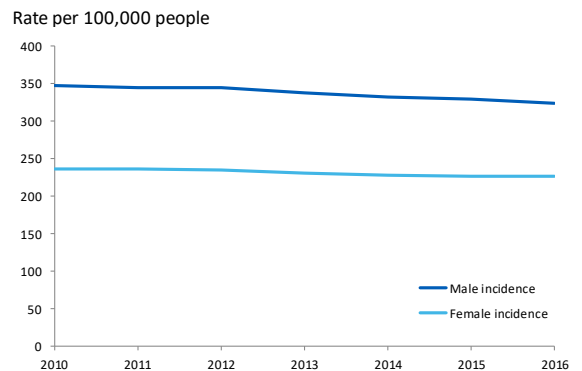
- 31 day wait: 26,630 patients started a first definitive treatment for a new primary cancer in November 2018. There were 305,534 patients who received first treatments in the 12 months to November 2018, an increase of 5.5% or 15,863 additional patients, on the previous 12 month period.
- 96.6% of patients in November 2018 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: 13,856 patients received a first treatment for cancer following an urgent GP referral in November 2018. There were 158,694 patients who received first treatments for cancer following an urgent GP referral in the 12 months to November 2018, an increase of 7.9% or 11,571 additional patients, on the previous 12 month period.
- 79.2% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in November 2018, this equates to 10,972 patients being treated within the standard. The operational standard specifies that 85% of patients should be treated within this time.
- The system is still responding to the spike in urology referrals that was seen earlier in the year and the blood in pee campaign is also expected to be resulting in increased referrals and treatments. This is being seen in a large growth in urological treatments, an increase of 19.7% or 6,582 additional patients, on the previous 12 month period. As a result, urology contributes a significant amount of the shortfall from meeting the standard.

Cancer Registrations

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

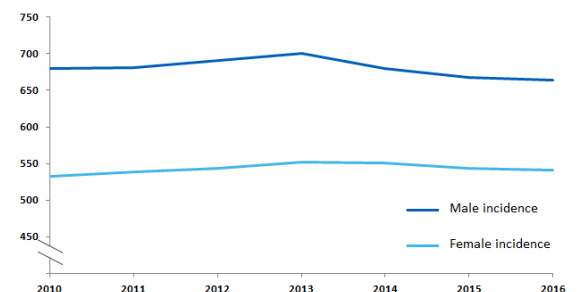
- Generally, cancer registrations have increased following advances in medicine which have resulted in an ageing population and improved detection of cancers. Advances in medicine and early detection of cancers have reduced the number of people dying from the disease.
- The number of new diagnosed cases of cancer in England continues to rise and, in 2016, there were 303,100 cancers registered (excluding non-melanoma skin cancers) – equivalent to 828 new cases being diagnoses each day. This has increased from 275,800 cancers registered in 2010.
- Breast (15.2%), prostate (13.4%), lung (12.7%) and colorectal (11.5%) cancers continue to account for over half (52.7%) of the 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 541.1 per 100,000 females) but have fallen for males (from 680.3 to 663.4 per 100,000 males).
- Between 2010 and 2016, mortality rates, due to cancer, for both males and females fell from 348.1 to 323.7 per 100,000 males and from 236.7 to 226.7 per 100,000 females.

Directly age-standardised rates per 100,000 people of deaths from cancer: England, 2010 to 2016



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

Directly age-standardised rates per 100,000 people of newly diagnosed cases of cancer: England, 2010 to 2016



Source: Office for National Statistics

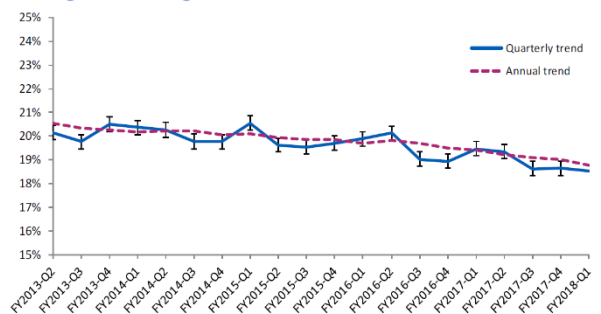
* NOTE: The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

Cancer Emergency Presentations

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

- Between April to June 2018, of 68,907 cancer patients first presenting at hospital in England, 12,811 (18.6%) 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 20.2% in July 2013 to June 2014 to 18.8% in July 2017 to June 2018.
- At CCG level, there was a large variation in the proportion of cancer patients who first presented as an emergency in the most recent quarter (April to June 2018); across the 195 CCGs the proportion varied from 2.2% to 31.9%.

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



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

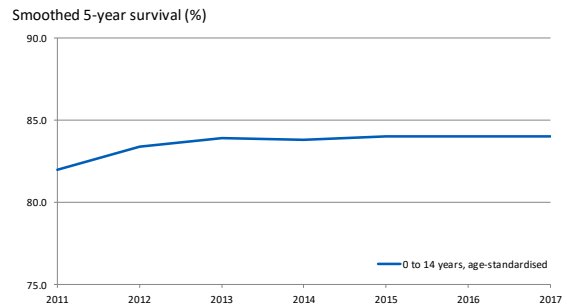
Quality

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 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 81.7% for those diagnosed in 2011 to 84.0% predicted for those children diagnosed in 2017. Since there is a small difference between 5-year and 10-year survival estimates, children who survive for five years often live at least a further five years after diagnosis.

Smoothed trends in 5-year survival (%) for children (aged 0 to 14 years) diagnosed with cancer in England between 2011 and 2017



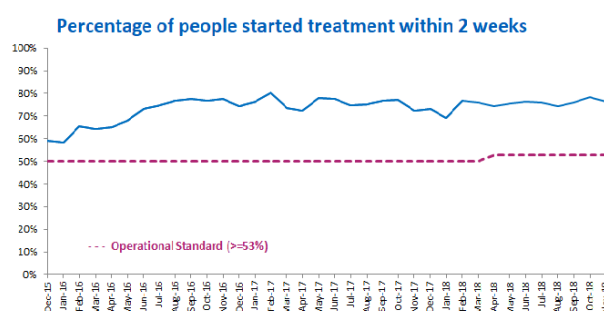
Source: NCRAS within Public Health England and Office for National Statistics

Mental Health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,183 at the end of November 2018. Of these 587 were waiting for more than two weeks.
- 76.2% of patients started treatment within two weeks in November 2018. The waiting time standard of 53% was therefore met. This compares to 78.5% the previous month and 72.3% in November 2017.
- 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.



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 October 2018 and reports that there were 680 Out of Area Placements (OAPs) active, of which 645 were Inappropriate.
- These figures only contain OAPs that started on or after 17 October 2016 (the date this OAPs collection launched). The impact of this start date on the report should be considered minimal.
- This month, 57 organisations have participated in this collection out of 57 organisations in scope. This means that 100 per cent of organisations have participated.

Children and Young People with an Eating Disorder

These statistics are published quarterly by NHS England.

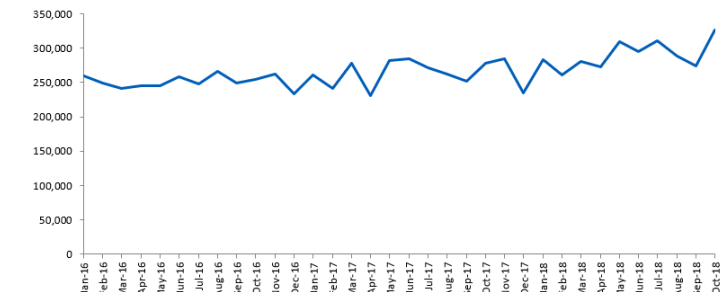
- By 2020, 95% of children and young people referred for assessment or treatment for an eating disorder should receive treatment within one week if the case is urgent, and four weeks if the case is routine.
- 81.3% of patients started urgent treatment within one week in Q2 2018-19. This compares to 74.7% in Q1 2018-19 and 71.0% in Q2 2017-18.

Mental Health Services – Contacts and Referrals

These statistics 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 October 2018 was 326,248. This is an increase of 16.1% (45,220) compared to the average number of new referrals per month between October 2017 and September 2018.
- 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 31st October 2018 was 1,301,699. This is an increase of 50,351 compared to the average number of people in contact at the end of each month between October 2017 and September 2018.

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



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

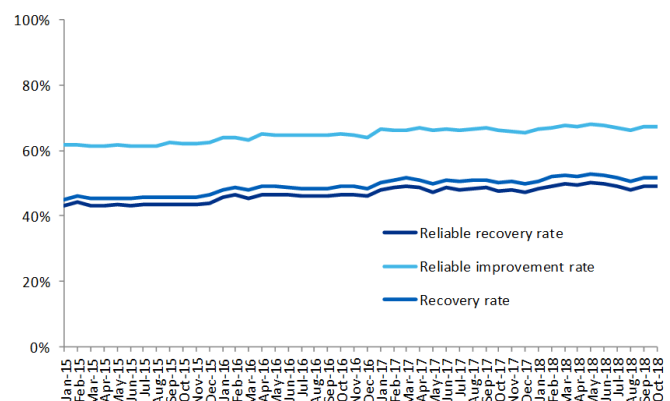
Quality

Improving Access to Psychological Therapies (IAPT)

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

- 51.8% of referrals recovered in October 2018, compared to 50.8% in 2017-18 and 49.3% in 2016-17. 67.1% of referrals reliably improved in October 2018, compared to 66.4% in 2017-18 and 65.1% in 2016-17. 49.1% of referrals reliably recovered in October 2018, compared to 48.3% in 2017-18 and 47.0% in 2016-17.
- There were 1,439,957 new referrals to IAPT services in 2017-18; 3.9% more than in 2016-17. 1,009,035 referrals entered treatment in 2017-18; 4.5%, or 43,656 referrals more than 2016-17.
- 554,709 referrals finished a course of IAPT treatment in 2017-18; 2.2% or 12,397 referrals less than in 2016-17.
- In 2017-18, 89.1% waited less than 6 weeks and 98.8% waited less than 18 weeks.

Outcomes in Psychological Therapies (IAPT)



Source: Improving Access to Psychological Therapies dataset, NHS Digital