NHS Performance 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 2.1m attendances in January 2019, 5.6% more than in January 2018 (6.8% and 4.1% for Type 1 and Type 3 respectively). Attendances in the last 12 months were 3.6% higher than the preceding 12 month period (1.0% and 9.1% for Type 1 and Type 3 respectively).

- There were 563,764 emergency admissions in January 2019, 7.2% more than in January 2018. Admissions in the last 12 months period were up 5.7% on the preceding 12 month period. SUS+ based analysis[1] estimates a 5.7% December 2018 YTD growth in emergency admissions. This is composed of 11.4% growth for those with zero length of stay (LoS) and 2.9% growth with a LoS of 1 or more days[2].

No of attendances per day - 12 month rolling average

Source: Monthly A&E Sitreps, NHS England
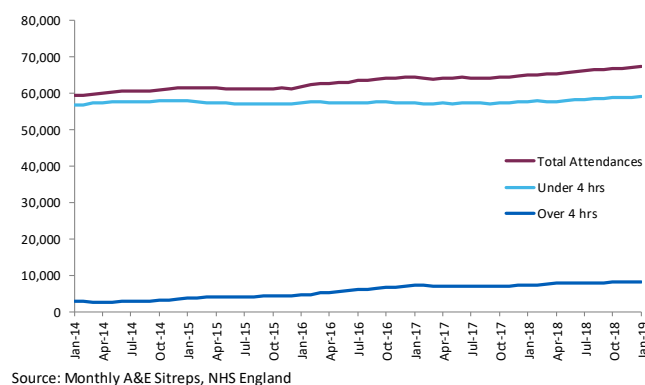
- The number of attendances admitted, transferred or discharged within 4 hours was 1.78m – 84.4% of the total. This is a 4.4% increase on the equivalent figure for January 2018 (1.70m seen within 4 hours. Of these 1.02 m were type 1 attendances, an increase of 5.3% from January 2018 and 713,185 type 3 attendances, an increase of 3.9% from January 2018.

- The number of patients seen in over 4 hours was 329,908 compared to 294,029 in January 2018, an increase of 12.2%.

- There were 83,519 patients waiting more than 4 hours from decision to admit to admission (2.8% higher than January 2018). Of these, 616 patients waited more than 12 hours (41.6% lower than in January 2018).

NHS 111

- There were 1.5m calls offered in England in January 2019, an increase of 3.1% on January 2018. There were 16.8m calls in the year ending January 2019, 8.9% more than in the previous 12 months.

- Of calls offered to NHS 111 in January 2019, the proportion abandoned after waiting longer than 30 seconds was 3.4%, down from 5.1% in January 2018. Of calls answered by NHS 111 in January 2019, 80.8% were answered within 60 seconds, compared with 75.5% in January 2018.

- Of calls triaged, the proportion that received any form of clinical input was 53.5% in January 2019, compared with 45.3% in January 2018.

Calls offered per day to NHS 111, England

Source: NHS111 (N111WSI2), NHS England
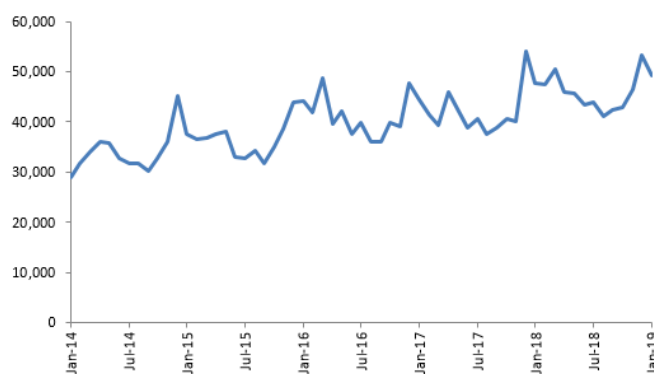
Ambulances

- There were 744,948 incidents in England in January 2019 (24,031 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 January 2019 were 7 minutes 8 seconds for Category 1, and 22 minutes 58 seconds for Category 2. 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 9.4%.
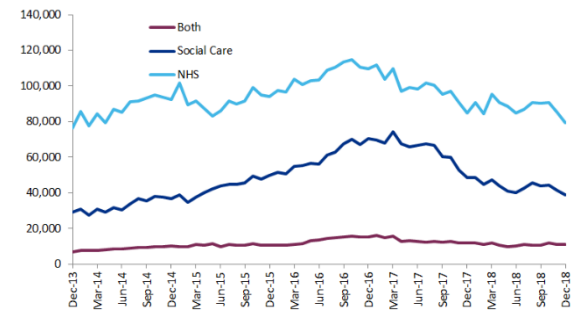
C1 response times (mean and 90th centile)
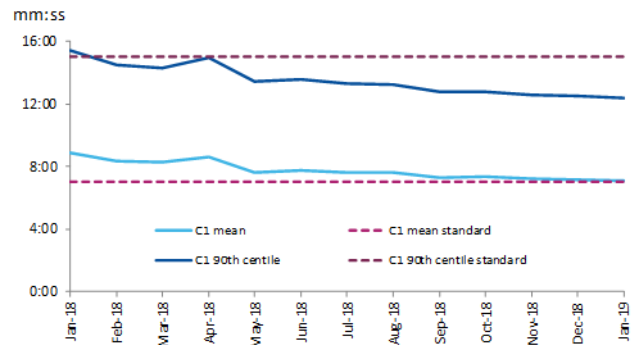
Source: Monthly Ambulance System Indicators (AmbSYS), NHS England

Quality

Delayed Transfers of Care

- There were 129,374 delayed days in December 2018, compared to 145,040 in December 2017. This is a decrease of 10.8%.

- These days equate to a daily average of 4,173 beds occupied by DTOC patients in December 2018 and 4,679 in December 2017.

- The proportion of delays attributable to NHS in December 2018 was 61.2% (up from 58.3% in December 2017). The remaining delays were attributed as follows: 30.1% Social Care (down from 33.6% in December 2017) and 8.7% both (up from 8.1% in December 2017).

Number delayed transfers of care bed days

Source: Monthly Delayed Transfers of Care, NHS England

- The main reason for delays in December 2018 was "Patients Awaiting Care Package in Own Home", which accounted for 27,746 delayed days (21.4% of all delays). 47.3% of delays for this reason are attributable to Social Care, 35.3% to NHS and 17.4% to both.

Planned Care

Access

Referral to Treatment (RTT)

- 1.2m patients started consultant-led treatment in December 2018. There were 16.1m completed RTT pathways in the 12 months to December 2018. The number of completed RTT pathways in the 12 months to December 2018 increased by 0.4%, having taken account of trusts not submitting data.

- Of patients on the waiting list at the end of December 2018, 86.6% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 88.2% at the end of December 2017.

- The number of RTT patients waiting to start treatment at the end of December 2018 was 4.2 million. Taking account of trusts not submitting data, the waiting list increased by 7.3% over December 2017.

- The number of patients on the waiting list who were waiting under 18 weeks increased between December 2017 and December 2018 from 3.3m to 3.6m, and the number of patients waiting over 18 weeks rose from 445,000 to 556,000. This comparison will be affected by differences in the trusts not submitting data in each period.

- 2,237 patients were waiting more than 52 weeks. This compares to 1,750 in December 2017, and 316 patients five years ago (December 2013). This comparison will be affected by differences in the trusts not submitting information in each period.
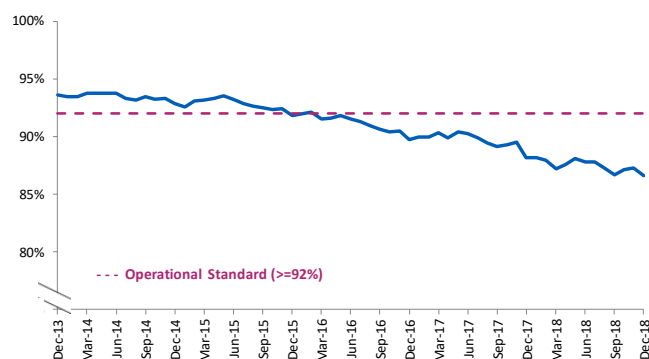
Number of patients starting RTT treatment

Including estimates for missing data
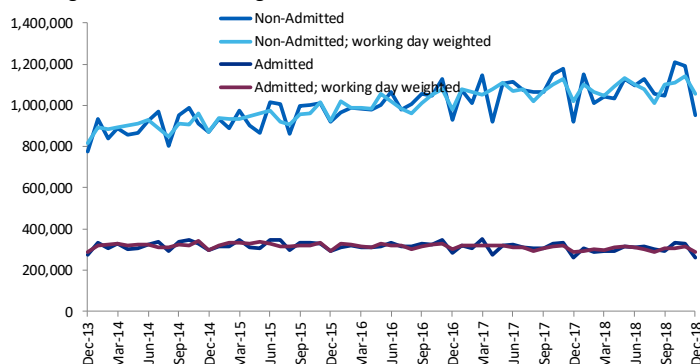
Source: Consultant-led Referral to Treatment Waiting Times, NHS England

% 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 1.8m diagnostic tests were undertaken in December 2018, an increase of 6.2% on the previous year.

- The number of tests conducted over the last twelve months has increased by 3.1% (adjusted for working days) on the preceding twelve-month period.

- 3.3% of the patients waiting for one of the 15 key diagnostic tests at the end of December 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**
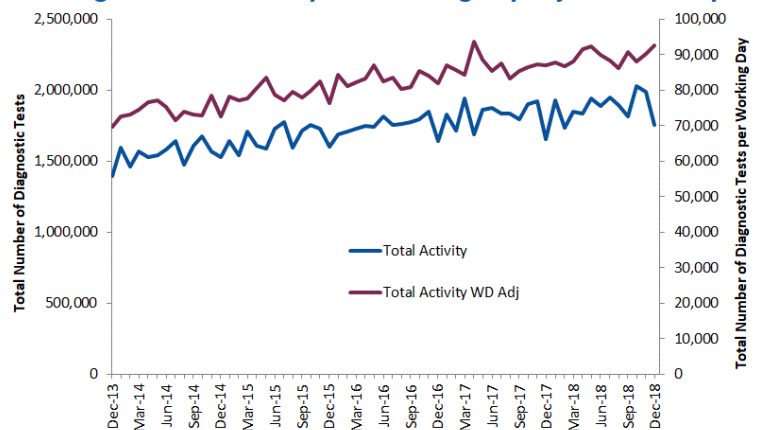
Source: Monthly Diagnostic Waiting Times & Activity, NHS England

Quality

Mixed Sex Accommodation

- In December 2018, providers of NHS-funded healthcare reported 1,710 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 2,058 in November 2018 and 227 in December 2013.

- Of the 147 acute trusts that submitted data for December 2018, 100 (68.0%) reported zero sleeping breaches.

- The MSA breach rate in December 2018 was 1.1 per 1,000 finished consultant episodes. This compares to 1.2 in November 2018 and 0.2 in December 2013.

Total mixed sex accommodation breaches
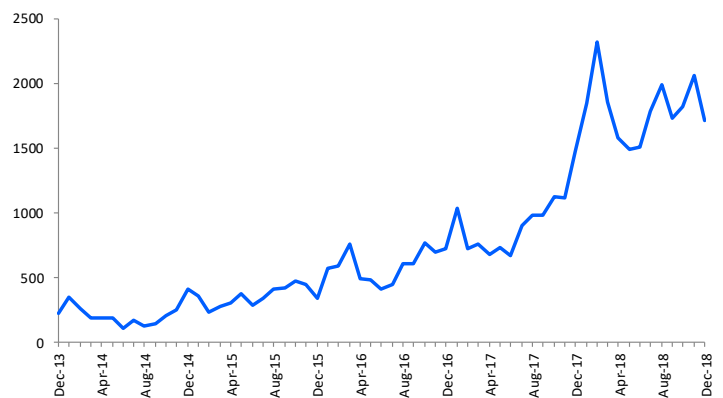
Source: Mixed sex accommodation breaches, NHS England

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 15,208 in Q3 2018-19. Of these, 1,403 (9%) were completed in an acute hospital setting (down from 12% in Q2 2018-19).

- Of the 18,934 Standard NHS CHC referrals completed in Q3 2018-19, 13,319 (70%) were completed within 28 calendar days (down from 71% in Q2 2018-19).

- The number of incomplete referrals exceeding 28 calendar days was 3,553 as at the last day of Q3 2018-19. Of these: 773 exceeded by up to 2 weeks; 396 exceeded by more than 2 weeks and up to 4 weeks; 789 exceeded by more than 4 weeks and up to 12 weeks; 605 exceeded by more than 12 weeks and up to 26 weeks; 990 exceeded by more than 26 weeks.

- The total number of people eligible for NHS CHC was 54,754 as at the last day of Q3 2018-19 (down from 55,904 in Q2 2018-19). Of these, 36,603 were eligible via the Standard NHS CHC assessment route and 18,151 were eligible via the Fast Track assessment route.

- The Fast Track referral conversion rate was 96% in Q3 2018-19 (unchanged from 96% in Q2 2018-19).

- The Standard NHS CHC assessment conversion rate was 24% in Q3 2018-19 (down from 25% in Q2 2018-19).

- The total number of people eligible for NHS-funded Nursing Care was 77,741 as at the last day of Q3 2018-19 (up from 77,411 in Q2 2018-19).
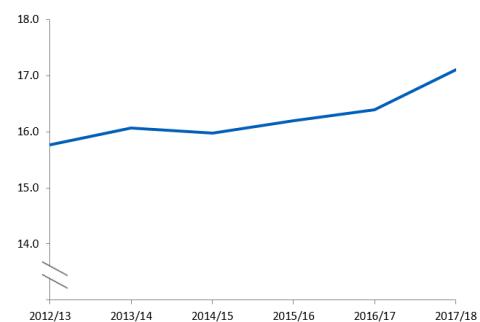
Patient Reported Outcome Measures (PROMs)

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 2017/18 is available in February 2019 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 December 2018.

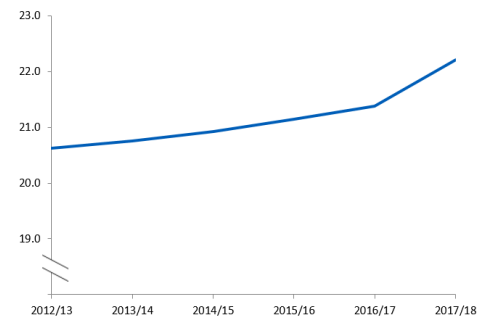**PROMs Knee Replacement Procedures, Average Health Gain**

Oxford Knee Score, 2012/13 to 2017/18

Source: Patient Reported Outcome Measures, NHS Digital

PROMs Hip Replacement Procedures, Average Health Gain

Oxford Hip Score, 2012/13 to 2017/18
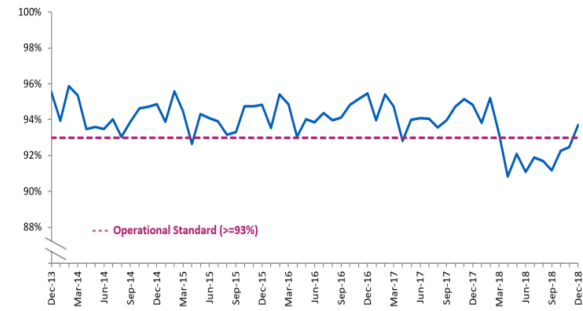

Source: Patient Reported Outcome Measures, NHS Digital

Cancer

Access

Cancer Waiting Times

- Two week wait: 169,601 people were seen following an urgent referral for suspected cancer in December 2018. There were 2,168,085 people seen in the 12 months to December 2018, an increase of 13.5% (257,614 more patients) on the previous 12 months period.

- 93.7% of people in December 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

Source: Monthly Cancer Waiting Times, NHS England

- 31 day wait: 23,403 patients started a first definitive treatment for a new primary cancer in December 2018. There were 306,561 patients who received first treatments in the 12 months to December 2018, an increase of 6.0% or 17,295 additional patients, on the previous 12 month period.

- 97.1% of patients in December 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: 12,299 patients received a first treatment for cancer following an urgent GP referral in December 2018. There were 159,729 patients who received first treatments for cancer following an urgent GP referral in the 12 months to December 2018, an increase of 8.7% or 12,762 additional patients, on the previous 12 month period.

- 81.0% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in December 2018, this equates to 9,967 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 on 62 day wait, an increase of 20.6% in the YTD on a year ago (on a working adjusted basis). 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

Rate per 100,000 people
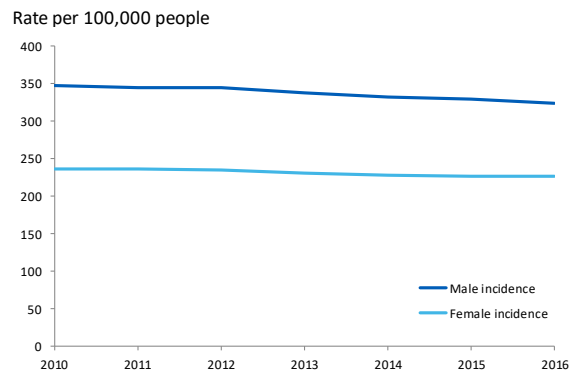
Source: NCRAS within Public Health England and Office for National Statistics

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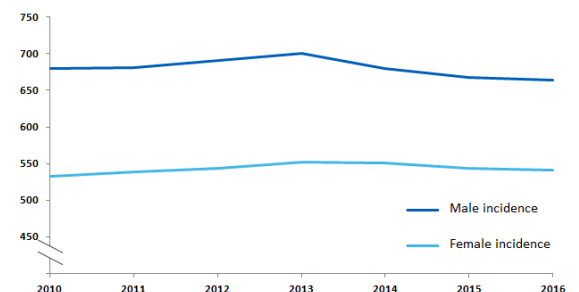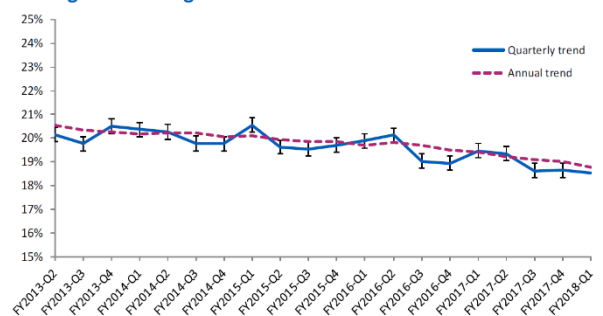

Source: Office for National Statistics

* 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.

- For the first time we have been able to produce robust 1-year and 5-year net cancer survival estimates by stage at diagnosis based on five years' worth of cancer diagnoses (2012 to 2016), making them comparable with the adult cancer survival estimates.

Figure 1: Smoothed trends in 1-year, 5-year and 10-year age-standardised survival (%) for children (aged 0 to 14 years) diagnosed with cancer in England between 2001 and 2017
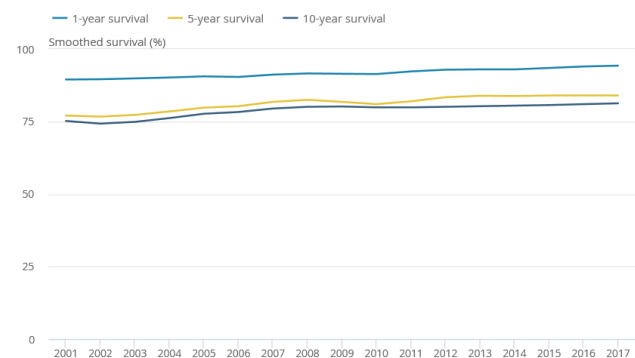

- Adults diagnosed at stage 1 with either melanoma of the skin, prostate or breast (women only) cancer have the same chance of surviving 1-year after diagnosis as an individual in the general population.

- Melanoma of the skin had the highest net-survival estimate for 1-year survival in both men (97.4%) and women (98.6%) and for 5-year survival in both men (89.2%) and women (93.9%).

- Pancreatic cancer had the lowest net-survival estimate for 1-year survival in men (23.7%) and women (25.3%) and for 5-year survival in both men (6.4%) and women (7.5%).

- Predicted 10-year survival was also highest for melanoma of the skin for both men and women at 85.0% and 90.9% respectively, and lowest for lung cancer for both men and women at 7.0% and 10.6% respectively.

Mental Health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,015 at the end of December 2018. Of these 590 were waiting for more than two weeks.

- 76.7% of patients started treatment within two weeks in December 2018. The waiting time standard of 53% was therefore met. This compares to 76.2% the previous month and 73.2% in December 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.
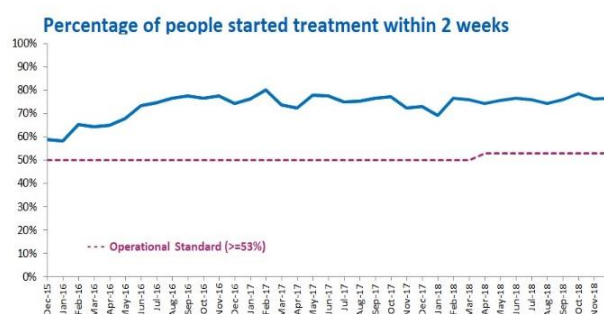
Source: Early Intervention in Psychosis Waiting Times, NHS England

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 November 2018 and reports that there were 710 Out of Area Placements (OAPs) active, of which 675 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, 56 organisations have participated in this collection out of 57 organisations in scope. This means that 98 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.

- 80.7% of patients started urgent treatment within one week in Q3 2018-19. This compares to 81.3% in Q2 2018-19 and 76.9% in Q3 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 November 2018 was 320,349. This is an increase of 12.4% (35,343) compared to the average number of new referrals per month between November 2017 and October 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 30th November 2018 was 1,310,985. This is an increase of 51,496 compared to the average number of people in contact at the end of each month between November 2017 and October 2018.

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

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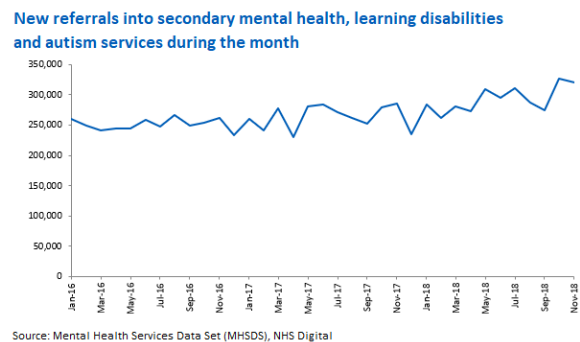
Quality

Improving Access to Psychological Therapies (IAPT)

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

- 51.9% of referrals recovered in November 2018, compared to 50.8% in 2017-18 and 49.3% in 2016-17. 67.1% of referrals reliably improved in November 2018, compared to 66.4% in 2017-18 and 65.1% in 2016-17. 49.3% of referrals reliably recovered in November 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.

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Outcomes in Psychological Therapies (IAPT)

Source: Improving Access to Psychological Therapies dataset, NHS Digital
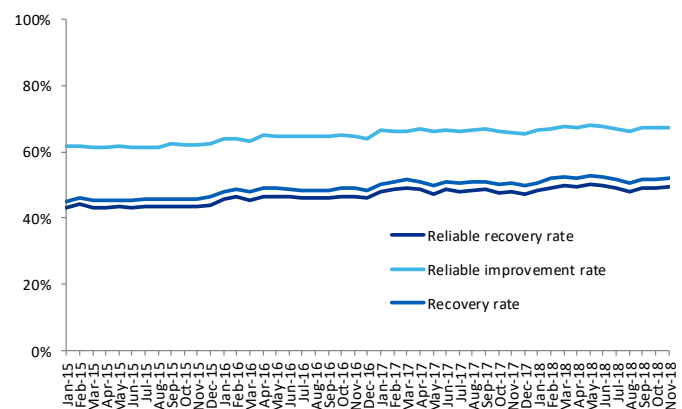
Physical Health Checks for People with Severe Mental Illness (SMI)
These statistics are published quarterly by NHS England.

- By the end of 2018/19 at least 50% of people on GP severe mental illness registers should receive a comprehensive physical health check in the primary care setting. The data published in February 2019 show the number of people on the SMI register who receive health checks in the 12 months to the end of December 2018, i.e. the 12-month period includes three months in 2017/18, and nine months in 2018/19.

- This is the first publication of this data; the data are incomplete - 184 of 195 CCGs supplied data which met quality assurance standards, representing approximately 87.3% of the GP registered SMI population.

- 24.1% of people on GP SMI registers received the complete list of physical health checks in the 12 months to the end of 2018/19 Q3.