NHS

NHS Performance Statistics

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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

Urgent and emergency care – Accident and Emergency, NHS 111, Ambulances, Delayed Transfers of Care

Planned care – Referral to Treatment, Diagnostics, Mixed Sex Accommodation, NHS Continuing Healthcare and NHS-funded Nursing Care, Patient Reported Outcome Measures

Cancer – Cancer Waiting Times, Cancer Registrations, Cancer Emergency Presentations, Cancer Survival Estimates

Mental Health – Early Intervention in Psychosis, Out of Area Placements, Children and Young People with an Eating Disorder, Contacts and Referrals, Improving Access to Psychological Therapies, Physical Health Checks for people with Severe Mental Illness.

Urgent and Emergency Care

Access

Accident and Emergency

- There were 2.17m attendances in May 2019, 0.4% more than in May 2018 (1.1% and -1.0% for Type 1 and Type 3 respectively). Attendances in the last 12 months were 4.2% higher than the preceding 12 month period (2.7% and 7.3% for Type 1 and Type 3 respectively).

- There were 547,389 emergency admissions in May 2019, 2.6% more than in May 2018. Admissions in the last 12 months period were up 5.6% on the preceding 12 month period.

- SUS+ based analysis estimates a 6.6% March 2019 YTD growth in emergency admissions. This is composed of 11.8% growth for those with zero length of stay (LoS) and 4.1% growth with a LoS of 1 or more days.

No of attendances per day - 12 month rolling average
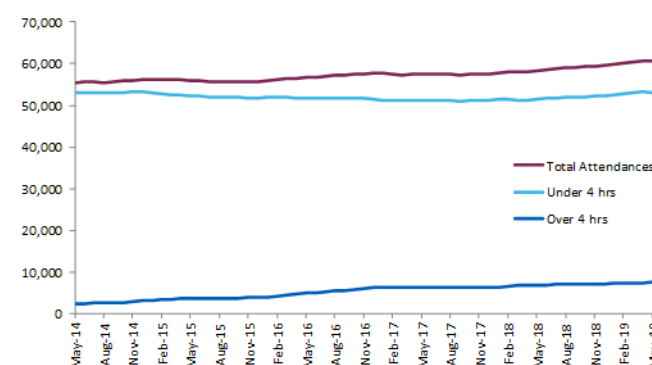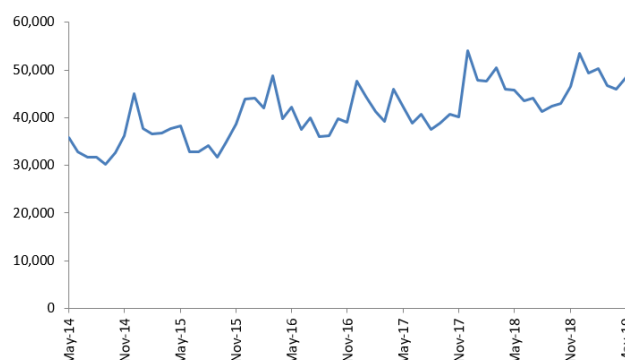
Source: Monthly A&E Sitreps, NHS England and NHS Improvement

- The number of attendances admitted, transferred or discharged within 4 hours was 1.7m – 86.6% of the total. This is a 2.7% decrease on the equivalent figure for May 2018 (1.74m seen within 4 hours). Of these 958,792 were type 1 attendances, a decrease of 4.1% from May 2018 and 693,909 type 3 attendances, a decrease of 0.8% from May 2018. These are adjusted for CRS field testing sites which haven't submitted breach data.

- The number of patients seen in over 4 hours was 261,438 compared to 186,119 in May 2018, an increase of 40.5%. This is adjusted for CRS field testing sites which haven't submitted breach data.

- There were 61,500 patients waiting more than 4 hours from decision to admit to admission (56.7% higher than May 2018). Of these, 415 patients waited more than 12 hours (291.5% higher than in May 2018).

NHS 111

- North East Ambulance Service (NEAS) was unable to provide any data for April or May 2019. NEAS usually accounts for around 6% of call volume. This has an impact on the data so comparisons with previous periods should be made with caution.

- There were 1.4m calls offered in England in May 2019. This was an average of 43.8 thousand calls per day. There were 16.7m calls in the 12 months to May 2019, 3.9% more than in the previous 12 months.

Calls offered per day to NHS 111, England

Source: NHS111 (N111WSI2), NHS England and NHS Improvement

- Of calls offered to NHS 111 in May 2019, the proportion abandoned after waiting longer than 30 seconds was 2.5%, down from 3.1% in May 2018. Of calls answered by NHS 111 in May 2019, 86.4% were answered within 60 seconds, compared with 84.8% in May 2018.

- Of calls triaged, the proportion that received any form of clinical input was 54.2% in May 2019, compared with 51.6% in May 2018.

- Survey data for the full year 2018-19 show that 15% of respondents would have called for an ambulance, and 30% would have attended A&E, had 111 not been available. Given that the actual dispositions for the 13.1 million calls triaged over this year were 13% ambulances and 9% A&E, this suggests that 0.2 million callers were directed away from the ambulance services, and a further 2.8 million were directed away from A&E.

- Experimental Statistics providing a detailed breakdown of Integrated Urgent Care (IUC) service demand, performance and activity in April 2019 have been published for the first time and are available here.

Ambulances

- There were 724,477 incidents in England in May 2019 (23,370 per day), that either received a face-to-face response from an ambulance service or were resolved on the telephone.

C1 response times (mean and 90th centile)
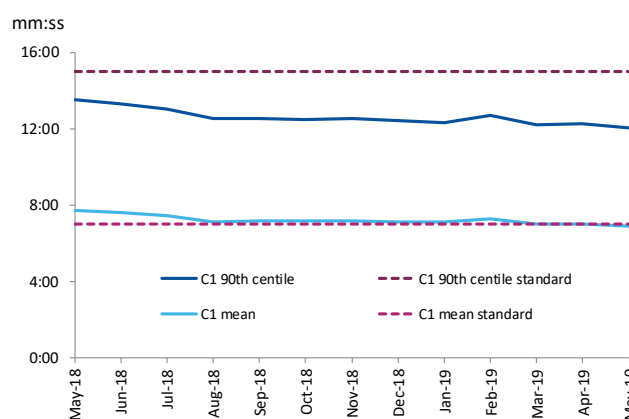
Source: Monthly Ambulance Quality Indicators, NHS England and NHS Improvement

- The mean average response times across England in May 2019 were 6 minutes 54 seconds for Category C1 and 21 minutes 1 second for Category C2. The C1 average met the standard of 7 minutes for the third month running, however the C2 average failed to meet its standard of 18 minutes.

- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service, in England, in January 2019, the proportion discharged alive from hospital was 8.0%.

Quality

Delayed Transfers of Care

- There were 130,842 delayed days in April 2019, compared to 145,347 in April 2018. This is a decrease of 10.0%.

- These days equate to a daily average of 4,361 beds occupied by DTOC patients in April 2019 and 4,845 in April 2018.

- The proportion of delays attributable to NHS in April 2019 was 63.4% (up from 62.6% in April 2018). The remaining delays were attributed as follows: 27.4% Social Care (down from 30.1% in April 2018) and 9.2% Both (up from 7.3% in April 2018).

- The main reason for delays in April 2019 was "Patients Awaiting Further Non Acute NHS Care ", which accounted for 25,591 delayed days (19.2% of all delays). All delays for this reason are attributable to NHS.

Number delayed transfers of care bed days
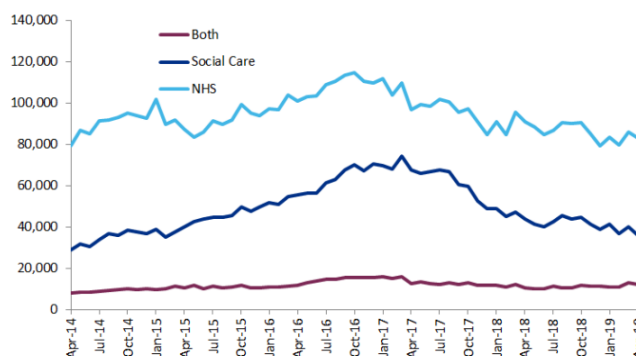
Source: Monthly Delayed Transfers of Care, NHS England and NHS Improvement

Access

Referral to Treatment (RTT)

- 1.3m patients started consultant-led treatment in April 2019. There were 16.5m completed RTT pathways in the 12 months to April 2019. The number of completed RTT pathways in the 12 months to April 2019 increased by 2.2%, having taken account of trusts not submitting data.

- Of patients on the waiting list at the end of April 2019, 86.5% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 87.6% at the end of April 2018.

- The number of RTT patients waiting to start treatment at the end of April 2019 was 4.3 million. Taking account of trusts not submitting data, the waiting list increased by 5.1% over April 2018.

- The number of patients on the waiting list who were waiting under 18 weeks increased between April 2018 and April 2019 from 3.7m to 3.8m, and the number of patients waiting over 18 weeks rose from 500,000 to 579,000. This comparison will be affected by differences in the trusts not submitting data in each period.

- 1,047 patients were waiting more than 52 weeks. This compares to 2,880 in April 2018, and 516 patients five years ago (April 2014). This comparison will be affected by differences in the trusts not submitting information in each period.

Number of patients starting RTT treatment

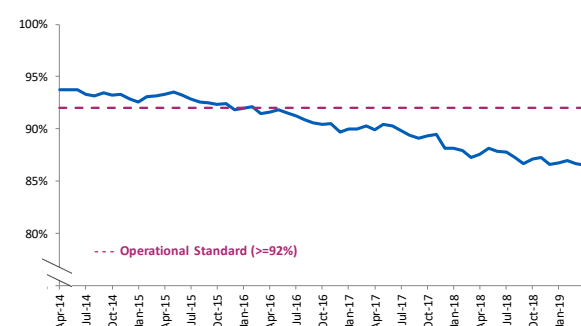Including estimates for missing data
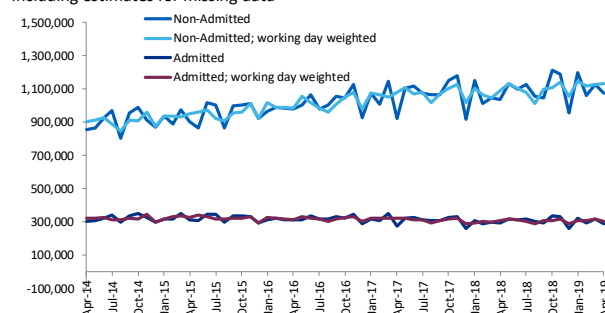
Source: Consultant-led Referral to Treatment Waiting Times, NHS England and NHS Improvement

% incomplete pathways within 18 wks

Published figures, no adjustments for missing data

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

Diagnostic Tests

- Over 1.9m diagnostic tests were undertaken in April 2019, an increase of 4.7% on the previous year.

- The number of tests conducted over the last twelve months has increased by 4.7% on the preceding twelve-month period.

- 3.6% of the patients waiting for one of the 15 key diagnostic tests at the end of April 2019 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**
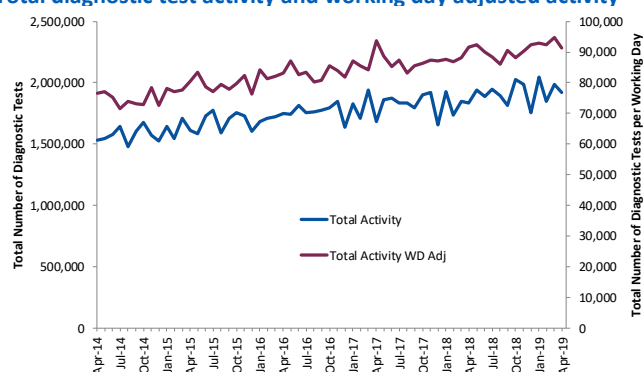
Source: Monthly Diagnostic Waiting Times & Activity, NHS England and NHS Improvement

Quality

Mixed Sex Accommodation

- In April 2019, providers of NHS-funded healthcare reported 1,415 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 1,446 in March 2019 and 189 in April 2014.

- Of the 146 acute trusts that submitted data for April 2019, 92 (63.0%) reported zero sleeping breaches.

- The MSA breach rate in April 2019 was 0.9 per 1,000 finished consultant episodes. This compares to 0.9 in March 2019 and 0.1 in April 2014.

- Note January 2019 includes 1,123 breaches reported by Sandwell and West Birmingham Hospitals NHS Trust. Previously the Trust has incorrectly reported data to the national collection. The Trust has now rectified this following advice from NHS England and NHS Improvement that national policy and guidance should be followed.

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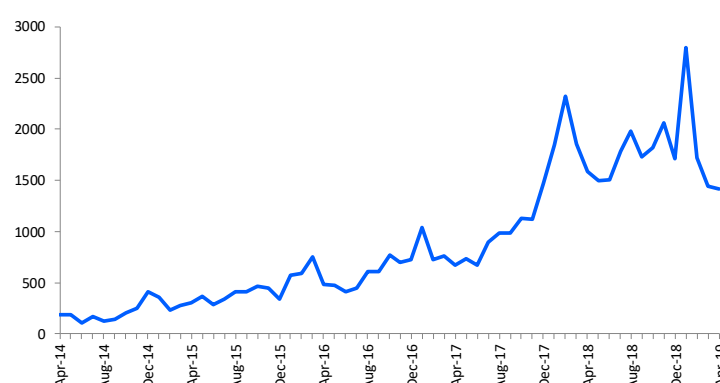
Source: Mixed sex accommodation breaches, NHS England and NHS Improvement

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 14,784 in Q4 2018-19. Of these, 1,022 (7%) were completed in an acute hospital setting (down from 9% in Q3 2018-19).

- Of the 18,539 Standard NHS CHC referrals completed in Q4 2018-19, 12,967 (70%) were completed within 28 calendar days (unchanged from 70% in Q3 2018-19).

- The number of incomplete referrals exceeding 28 calendar days was 2,553 as at the last day of Q4 2018-19. Of these: 525 exceeded by up to 2 weeks; 377 exceeded by more than 2 weeks and up to 4 weeks; 557 exceeded by more than 4 weeks and up to 12 weeks; 422 exceeded by more than 12 weeks and up to 26 weeks; 672 exceeded by more than 26 weeks.

- The total number of people eligible for NHS CHC was 56,036 as at the last day of Q4 2018-19 (up from 54,754 in Q3 2018-19). Of these, 36,333 were eligible via the Standard NHS CHC assessment route and 19,703 were eligible via the Fast Track assessment route.

- The Fast Track referral conversion rate was 96% in Q4 2018-19 (unchanged from 96% in Q3 2018-19).

- The Standard NHS CHC assessment conversion rate was 24% in Q4 2018-19 (unchanged from 24% in Q3 2018-19).

- The total number of people eligible for NHS-funded Nursing Care was 78,589 as at the last day of Q4 2018-19 (up from 77,741 in Q3 2018-19).
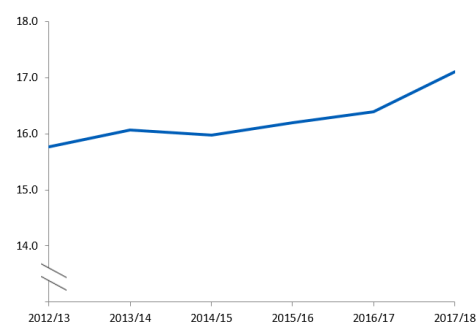
Patient Reported Outcome Measures (PROMs)

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.

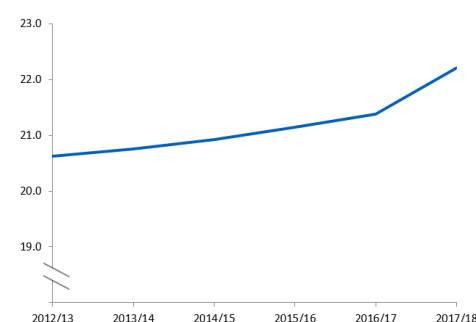**PROMs Knee Replacement Procedures, Average Health Gain**

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

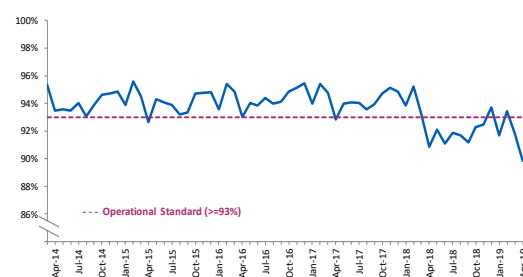Source: Patient Reported Outcome Measures, NHS Digital

Cancer

Access

Cancer Waiting Times

- Two week wait: 196,775 people were seen following an urgent referral for suspected cancer in April 2019. There were 2,262,610 people seen in the 12 months to April 2019, an increase of 15.4% (301,941 more patients) on the previous 12 months period.

- 89.9% of people in April 2019 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 and NHS Improvement

- 31 day wait: 24,682 patients started a first definitive treatment for a new primary cancer in April 2019. There were 311,256 patients who received first treatments in the 12 months to April 2019, an increase of 6.7% or 19,638 additional patients, on the previous 12 month period.

- 96.3% of patients in April 2019 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: 13,147 patients received a first treatment for cancer following an urgent GP referral in April 2019. There were 163,610 patients who received first treatments for cancer following an urgent GP referral in the 12 months to April 2019, an increase of 10.0% or 14,870 additional patients, on the previous 12 month period.

- 79.4% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in April 2019, this equates to 10,439 patients being treated within the standard. The operational standard specifies that 85% of patients should be treated within this time.
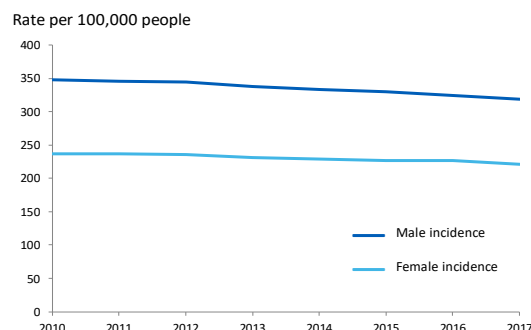
Cancer Registration Statistics

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 2017, there were 305,700 cancers registered (excluding non-melanoma skin cancers) – equivalent to 837 new cases being diagnoses each day. This has increased from 275,800 cancers registered in 2010.

- Breast (15.1%), prostate (13.5%), lung (12.7%) and colorectal (11.4%) cancers continue to account for over half (52.7%) of the cancer registrations in England for all ages combined.

- Over the last decade, the age-standardised cancer incidence rate for females has increased from 531.6 per 100,000 in 2008 to 538.0 in 2017. In contrast, for males, cancer incidence has decreased from 678.6 per 100,000 in 2008 to 655.7 in 2017.

- For males, despite an increase in the number of deaths, the age-standardised mortality rate from cancer has decreased from 323.7 per 100,000 in 2016 to 318.9 in 2017. Similarly, for females, the rate of deaths from cancer has decreased from 226.6 per 100,000 to 221.2 between 2016 and 2017.

Directly age-standardised rates per 100,000 people of deaths from cancer: England, 2010 to 2017

Rate per 100,000 people

Source: Office for National Statistics

Directly age-standardised rates per 100,000 people of newly diagnosed cases of cancer: England, 2010 to 2017
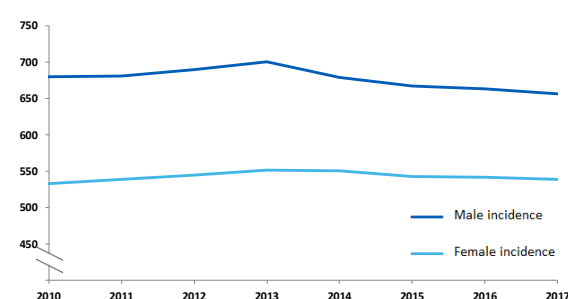
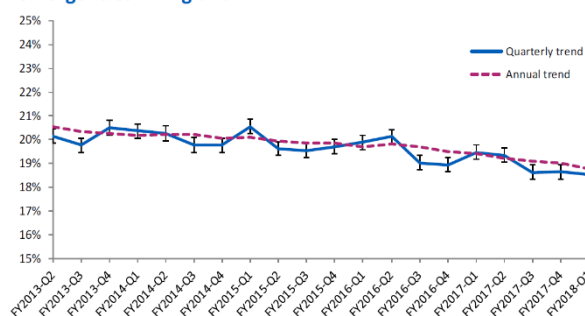Source: Office for National Statistics

* 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.

- 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%).

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

- 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.
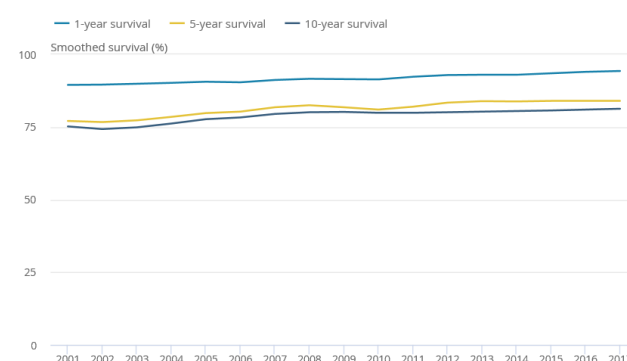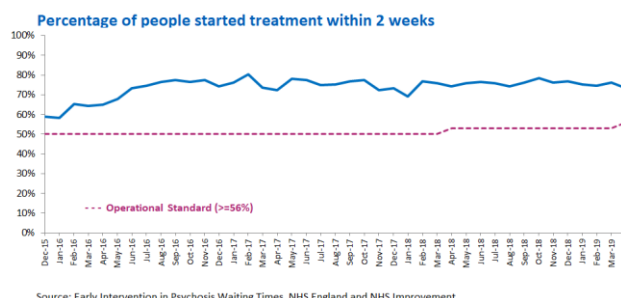
Mental Health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,214 at the end of April 2019. Of these 667 were waiting for more than two weeks.

- 73.4% of patients started treatment within two weeks in April 2019. The waiting time standard of 56% was therefore met. This compares to 76.2% the previous month and 74.4% in April 2018.

Percentage of people started treatment within 2 weeks

Operational Standard (>=56%)

Source: Early Intervention in Psychosis Waiting Times, NHS England and NHS Improvement

- 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 March 2019 and reports that there were 845 Out of Area Placements (OAPs) active, of which 805 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

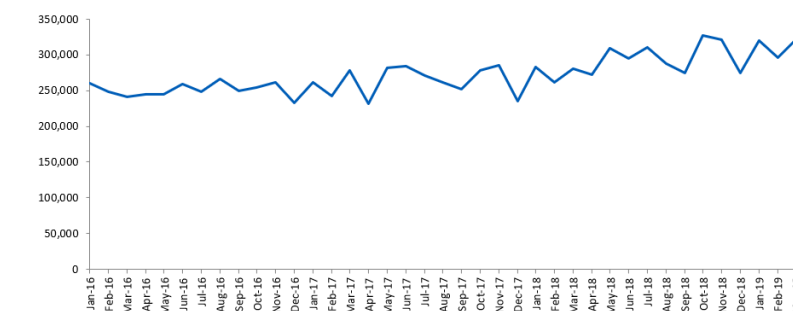*These statistics are published quarterly by NHS England.*

- 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.
- 80.6% of patients started urgent treatment within one week in Q4 2018-19. This compares to 80.7% in Q3 2018-19 and 78.9% in Q4 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 March 2019 was 321,326. This is an increase of 8.2% (24,281) compared to the average number of new referrals per month between March 2018 and February 2019.

- 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.

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

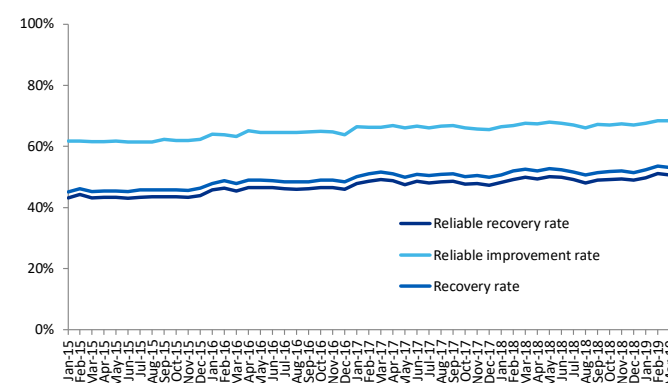Source: Mental Health Services Data Set (MHSDS), NHS Digital

- The number of people in contact with NHS funded secondary mental health, learning disabilities and autism services on 31st March 2019 was 1,359,992. This is an increase of 68,350 compared to the average number of people in contact at the end of each month between March 2018 and February 2019.

Quality

Improving Access to Psychological Therapies (IAPT)

These statistics are restricted until 9.30 on 13 June 2019 and are published by NHS Digital.

- 53.1% of referrals recovered in March 2019, compared to 50.8% in 2017-18 and 49.3% in 2016-17. 68.4% of referrals reliably improved in March 2019, compared to 66.4% in 2017-18 and 65.1% in 2016-17. 50.6% of referrals reliably recovered in March 2019, compared to 48.3% in 2017-18 and 47.0% in 2016-17.

Outcomes in Psychological Therapies (IAPT)

Source: Improving Access to Psychological Therapies dataset, NHS Digital

- 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.

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 May 2019 show the number of people on the SMI register who receive health checks in the primary care setting in the 12 months to the end of March 2019.
- This is the second publication of this data; the data are incomplete – 184 of 195 CCGs supplied data which met quality assurance standards, representing approximately 89.4% of the GP registered SMI population.
- 30.3% of people on GP SMI registers received the complete list of physical health checks in the primary care setting in the 12 months to the end of 2018/19 Q4.