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 2.11m attendances in June 2019, 0.7% more than in June 2018 (2.1% and -1.8% for Type 1 and Type 3 respectively). Attendances in the last 12 months were 3.8% higher than the preceding 12 month period (2.8% and 5.9% for Type 1 and Type 3 respectively).

- There were 528,808 emergency admissions in June 2019, 3.0% more than in June 2018. Admissions in the last 12 months period were up 5.4% on the preceding 12 month period.

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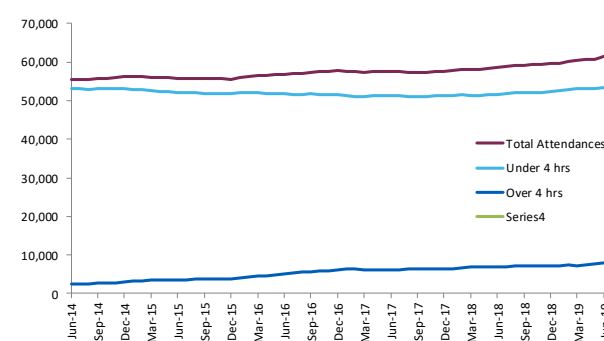
Source: Monthly A&E Sitreps, NHS England and NHS Improvement

- SUS+ based analysis estimates a 5.2% May 2019 YTD growth in emergency admissions. This is composed of 9.4% growth for those with zero length of stay (LoS) and 3.1% growth with a LoS of 1 or more days.

- The number of attendances admitted, transferred or discharged within 4 hours was 1.6m – 86.4% of the total. This is a 4.4% decrease on the equivalent figure for June 2018 (1.71m seen within 4 hours). Of these 930,768 were type 1 attendances, a decrease of 6.1% from June 2018 and 666,559 type 3 attendances, a decrease of 2.1% from June 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 258,582 compared to 172,547 in June 2018, an increase of 49.9%. This is adjusted for CRS field testing sites which haven't submitted breach data.

- There were 57,820 patients waiting more than 4 hours from decision to admit to admission (71.3% higher than June 2018). Of these, 471 patients waited more than 12 hours (375.8% higher than in June 2018).

NHS 111

- Data for the North East were unavailable for April and May 2019. For June 2019 only calls offered, calls answered, calls answered in 60 seconds and calls abandoned were available for the last 2 weeks of the month. This affects rates that use these items as the denominator at a contract area, regional, and national level.

Calls offered per day to NHS 111, England

- There were 1.3m calls offered in England in June 2019. This was an average of 43.9 thousand calls per day. There were 16.7m calls in the 12 months to June 2019, 3.0% more than in the previous 12 months.

- Of calls offered to NHS 111 in June 2019, the proportion abandoned after waiting longer than 30 seconds was 2.6%, down from 3.6% in June 2018. Of calls answered by NHS 111 in June 2019, 86.0% were answered within 60 seconds, compared with 83.4% in June 2018.

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

- Of calls triaged, the proportion that received any form of clinical input was 54.6% in June 2019, compared with 52.3% in June 2018.

- Experimental Statistics providing a detailed breakdown of Integrated Urgent Care (IUC) service demand, performance and activity were published for the first time in June (April 2019 data). The latest information (May 2019 data) is available here.

Ambulances

C1 response times (mean and 90th centile)

- There were 702,814 incidents in England in June 2019 (23,427 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 June 2019 were 7 minutes 11 seconds for Category C1 and 22 minutes 26 seconds for Category C2. While the C1 average just missed the standard of 7 minutes, the C2 average was more than 4 minutes over the standard of 18 minutes.

Source: Monthly Ambulance Quality Indicators, NHS England and NHS Improvement

- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service, in England, in February 2019, the proportion discharged alive from hospital was 8.9%.

Quality

Delayed Transfers of Care

- There were 139,467 delayed days in May 2019, compared to 139,812 in May 2018. This is a decrease of 0.2%.

- These days equate to a daily average of 4,499 beds occupied by DTOC patients in May 2019 and 4,510 in May 2018.

- The proportion of delays attributable to NHS in May 2019 was 62.3% (down from 63.6% in May 2018). The remaining delays were attributed as follows: 28.1% Social Care (down from 29.3% in May 2018) and 9.6% Both (up from 7.1% in May 2018).

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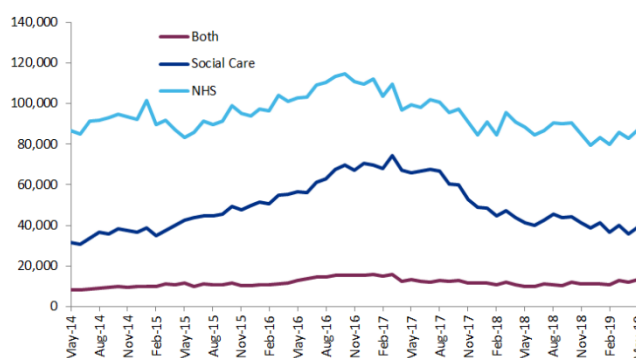
Source: Monthly Delayed Transfers of Care, NHS England and NHS Improvement

- The main reason for delays in May 2019 was "Patients Awaiting Care Package in Own Home", which accounted for 27,842 delayed days (20% of all delays). 44.4% of delays for this reason are attributable to Social Care, 32.9% to NHS and 22.7% to both.

Access

Referral to Treatment (RTT)

- 1.4m patients started consultant-led treatment in May 2019. There were 16.5m completed RTT pathways in the 12 months to May 2019. The number of completed RTT pathways in the 12 months to May 2019 increased by 2.1%, having taken account of trusts not submitting data.

- Of patients on the waiting list at the end of May 2019, 86.9% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 88.1% at the end of May 2018.

- The number of RTT patients waiting to start treatment at the end of May 2019 was 4.4 million. Taking account of trusts not submitting data, the waiting list increased by 5.2% over May 2018.

- The number of patients on the waiting list who were waiting under 18 weeks increased between May 2018 and May 2019 from 3.6m to 3.8m, and the number of patients waiting over 18 weeks rose from 485,000 to 576,000. This comparison will be affected by differences in the trusts not submitting data in each period.

- 1,032 patients were waiting more than 52 weeks. This compares to 3,100 in May 2018, and 572 patients five years ago (May 2014). This comparison will be affected by differences in the trusts not submitting information in each period.

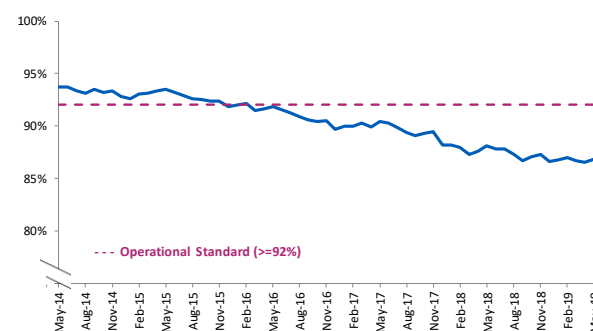**Number of patients starting RTT treatment**

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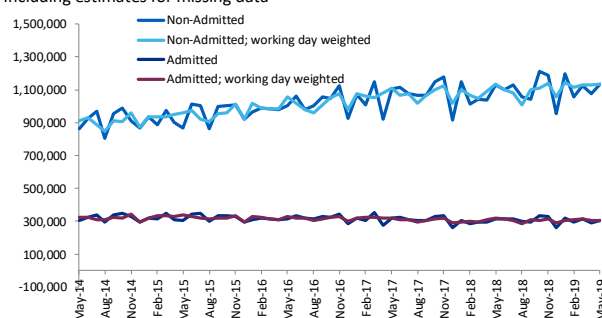
Source: Consultant-led Referral to Treatment Waiting Times, NHS England and NHS Improvement

% 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

- Almost 2.0m diagnostic tests were undertaken in May 2019, an increase of 2.9% on the previous year.

- The number of tests conducted over the last twelve months has increased by 4.6% on the preceding twelve-month period.

- 4.1% of the patients waiting for one of the 15 key diagnostic tests at the end of May 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**
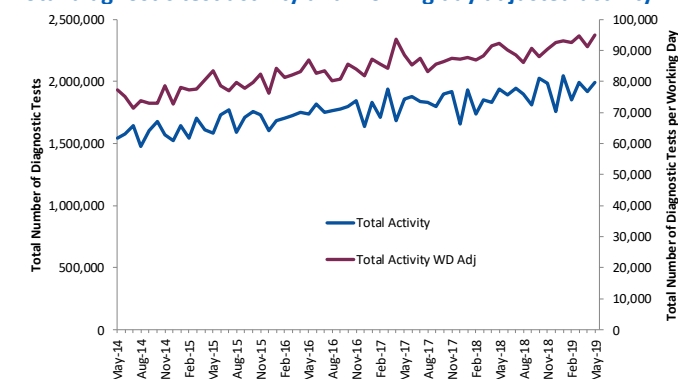
Source: Monthly Diagnostic Waiting Times & Activity, NHS England and NHS Improvement

Quality

Mixed Sex Accommodation

- In May 2019, providers of NHS-funded healthcare reported 1,386 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 1,415 in April 2019 and 185 in May 2014.

- Of the 146 acute trusts that submitted data for April 2019, 93 (63.7%) reported zero sleeping breaches.

- The MSA breach rate in May 2019 was 0.8 per 1,000 finished consultant episodes. This compares to 0.9 in April 2019 and 0.1 in May 2014.

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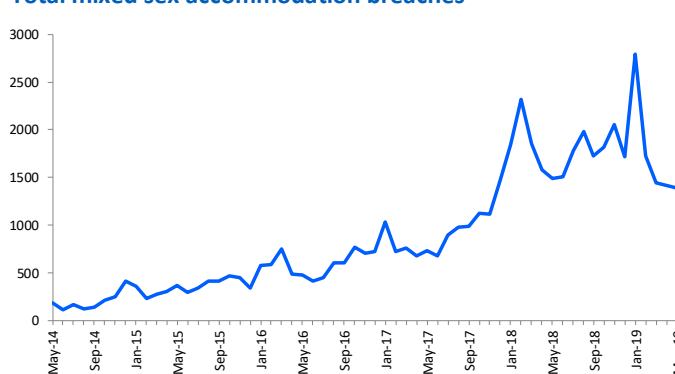
Source: Mixed sex accommodation breaches, NHS England and NHS Improvement

- 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.

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).
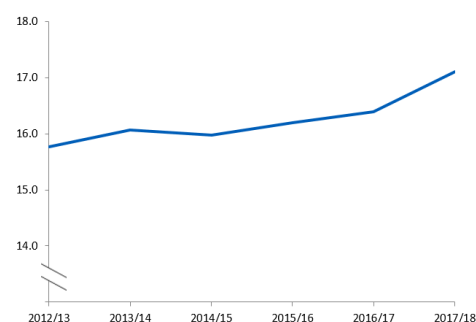
Patient Reported Outcome Measures (PROMs)

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.

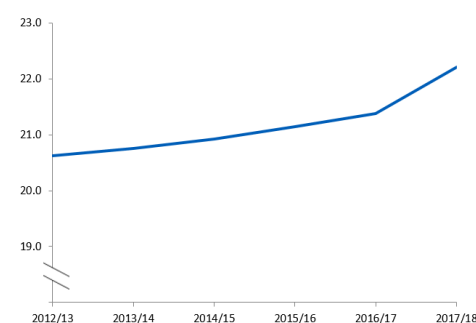**PROMs Knee Replacement Procedures, Average Health Gain**

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
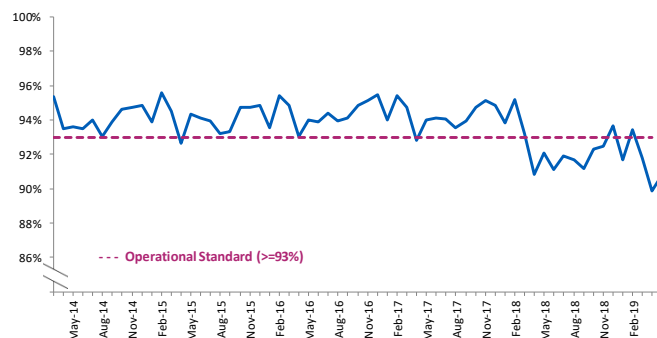

Source: Patient Reported Outcome Measures, NHS Digital

Cancer

Access

Cancer Waiting Times

- Two week wait: 200,599 people were seen following an urgent referral for suspected cancer in May 2019. There were 2,272,480 people seen in the 12 months to May 2019, an increase of 14.0% or 278,863 more patients (14.0% when adjusted for working days) on the previous 12 months period.

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

Source: Monthly Cancer Waiting Times, NHS England and NHS Improvement

- 90.8% of people in May 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.

- 31 day wait: 25,748 patients started a first definitive treatment for a new primary cancer in May 2019. There were 312,603 patients who received first treatments in the 12 months to May 2019, 18,291 additional patients (6.2% when adjusted for working days), on the previous 12 month period.

- 95.97% of patients in May 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: 13,798 patients received a first treatment for cancer following an urgent GP referral in May 2019. There were 163,980 patients who received first treatments for cancer following an urgent GP referral in the 12 months to May 2019, an increase of 13,445 additional patients (8.9% when adjusted for working days), on the previous 12-month period.

- 77.5% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in May 2019, this equates to 10,687 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.

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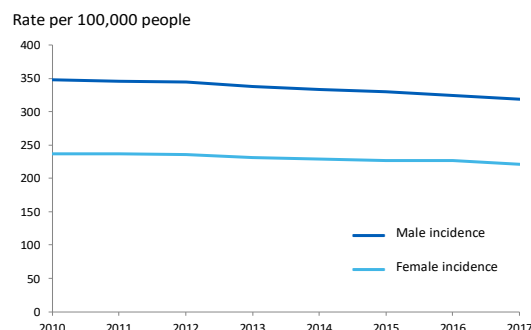
Source: Office for National Statistics

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

Source: Office for National Statistics

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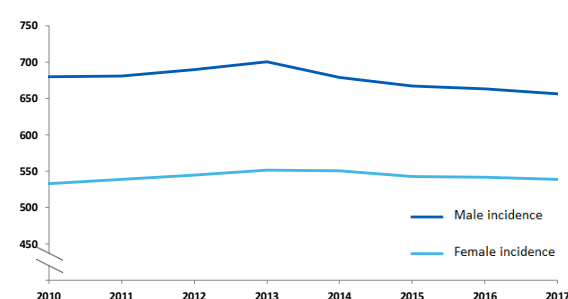
* NOTE: The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

Cancer Emergency Presentations

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

- Between October to December 2018, of 70,148 cancer patients first presenting at hospital in England, 12,704 (18.1%) 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 January to December 2014 to 18.6% in January to December 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 (October to December 2018); across the 191 CCGs the proportion varied from 9.6% to 27.6%.

Trend in the proportion of first hospital admissions that are emergencies in England
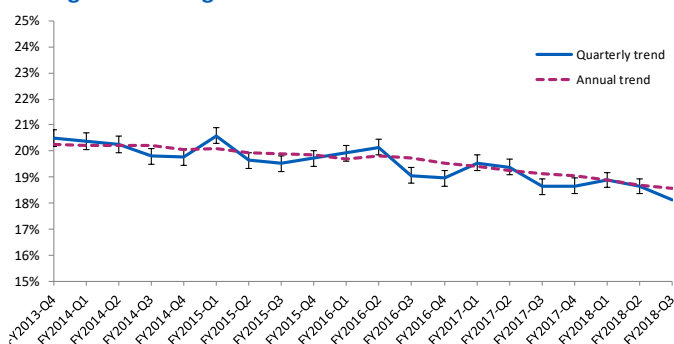
Source: National Cancer Registration and Analysis Service, Public Health England

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.
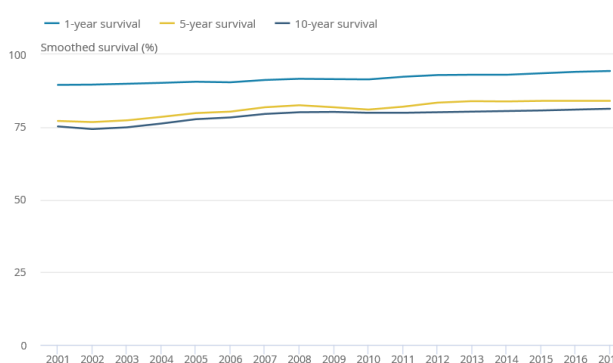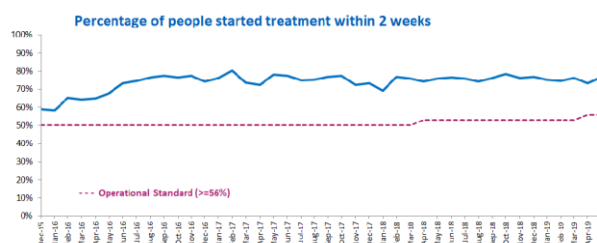
Mental Health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,268 at the end of May 2019. Of these 652 were waiting for more than two weeks.

- 76.7% of patients started treatment within two weeks in May 2019. The waiting time standard of 56% was therefore met. This compares to 73.4% the previous month and 75.7% in May 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 April 2019 and reports that there were 805 Out of Area Placements (OAPs) active, of which 775 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, 55 organisations have participated in this collection out of 57 organisations in scope. This means that 96 per cent of organisations have participated.

Children and Young People with an Eating Disorder

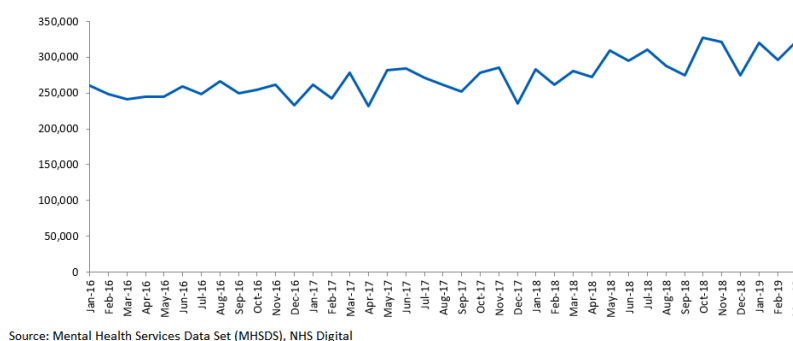*These statistics are published quarterly by NHS England.*

- 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.

- 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.

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 restricted until 9.30 on 11 July 2019 and are published by NHS Digital.

- 52.9% of referrals recovered in April 2019, compared to 50.8% in 2017-18 and 49.3% in 2016-17. 67.9% of referrals reliably improved in April 2019, compared to 66.4% in 2017-18 and 65.1% in 2016-17. 50.2% of referrals reliably recovered in April 2019, 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
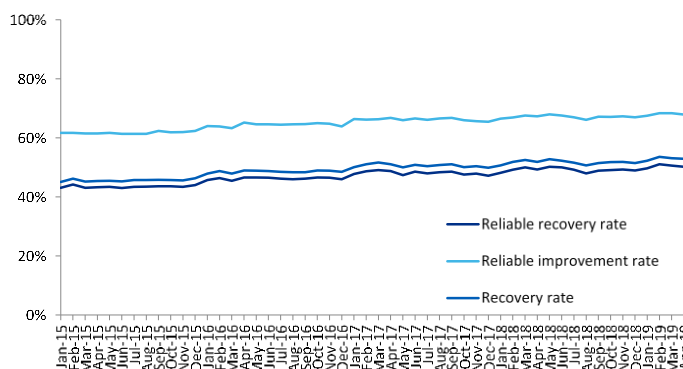
Physical Health Checks for People with Severe Mental Illness (SMI)

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.