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
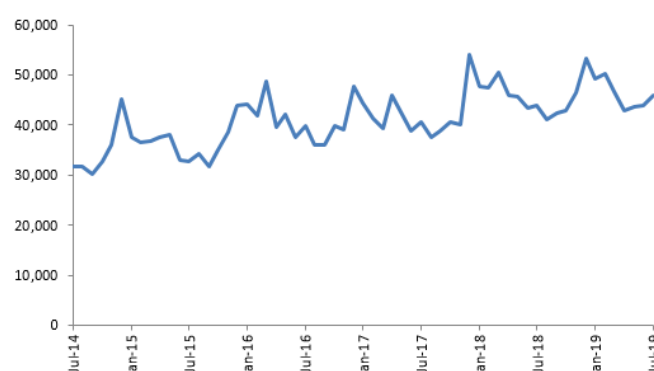
Access

Accident and Emergency

- There were 2.27m attendances in July 2019, 4.0% more than in July 2018 (3.7% and 4.3% for Type 1 and Type 3 respectively). Attendances in the last 12 months were 3.7% higher than the preceding 12 month period (3.0% and 5.2% for Type 1 and Type 3 respectively).

- There were 554,069 emergency admissions in July 2019, 4.6% more than in July 2018. Admissions in the last 12 months period were up 5.3% 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 4.0% June 2019 YTD growth in emergency admissions. This is composed of 8.1% growth for those with zero length of stay (LoS) and 2.0% growth with a LoS of 1 or more days.

- The number of attendances admitted, transferred or discharged within 4 hours was 1.76m – 86.5% of the total. This is a 0.6% increase on the equivalent figure for July 2018 (1.75m seen within 4 hours). Of these 990,320 were type 1 attendances, a decrease of 1.9% from July 2018 and 729,739 type 3 attendances, an increase of 3.7% from July 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 275,526 compared to 208,083 in July 2018, an increase of 32.4%. This is adjusted for CRS field testing sites which haven't submitted breach data.

- There were 57,694 patients waiting more than 4 hours from decision to admit to admission (34.7% higher than July 2018). Of these, 436 patients waited more than 12 hours (192.6% higher than in July 2018).
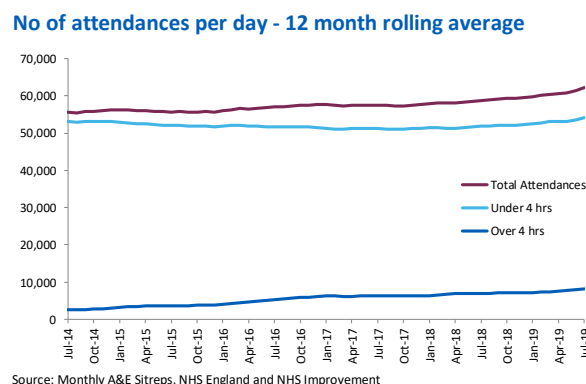
NHS 111

- Data for the North East Ambulance Service were unavailable for April and May 2019. For part of June and all of July 2019 only calls offered, calls answered, calls answered in 60 seconds and calls abandoned were available. Yorkshire Ambulance Service were also only able to provide these data items from 1st to 21st and 29th to 31st July. This affects rates that use these items as the denominator at a contract area, regional, and national level.

- There were 1.4m calls offered in England in July 2019. This was an average of 46.0 thousand calls per day. There were 16.8m calls in the 12 months to July 2019, 2.9% 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 July 2019, the proportion abandoned after waiting longer than 30 seconds was 4.4%, compared with 4.6% in July 2018. Of calls answered by NHS 111 in July 2019, 80.5% were answered within 60 seconds, compared with 81.1% in July 2018.

- Of calls triaged, the proportion that received any form of clinical input was 55.7% in July 2019, compared with 52.7% in July 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 (June 2019 data) is available here.

Ambulances

- There were 735,974 incidents in England in July 2019 (23,741 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 July 2019 were 7 minutes 14 seconds for Category C1 and 23 minutes 18 seconds for Category C2. The C1 average just missed the standard of 7 minutes, but the C2 average was more than 5 minutes over the standard of 18 minutes.

- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service, in England, in March 2019, the proportion discharged alive from hospital was 9.5%.

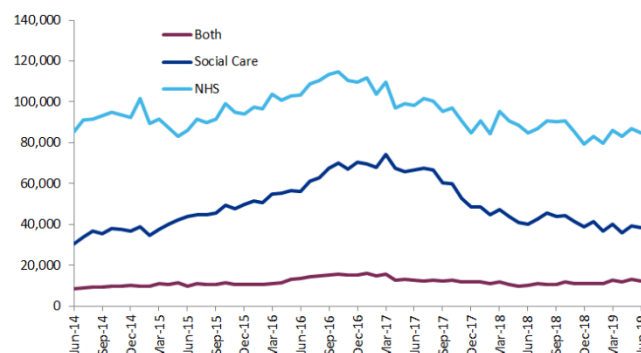**C1 response times (mean and 90th centile)**
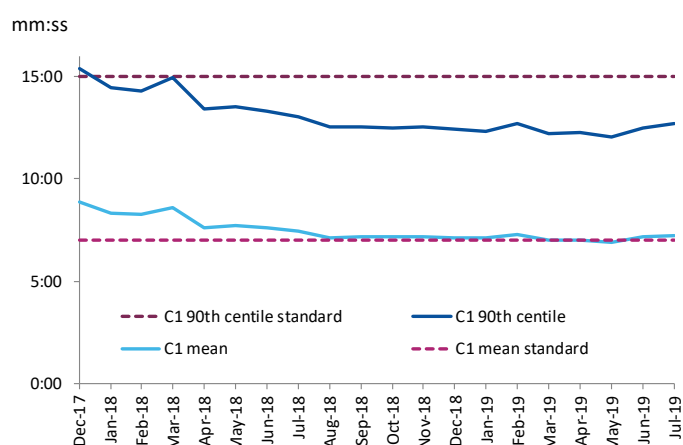
Source: Monthly Ambulance Quality Indicators, NHS England and NHS Improvement

Quality

Delayed Transfers of Care

- There were 135,202 delayed days in June 2019, compared to 135,088 in June 2018. This is a increase of 0.1%.

- These days equate to a daily average of 4,507 beds occupied by DTOC patients in June 2019 and 4,503 in June 2018.

- The proportion of delays attributable to NHS in June 2019 was 62.6% (down from 63.0% in June 2018). The remaining delays were attributed as follows: 28.3% Social Care (down from 29.6% in June 2018) and 9.1% Both (up from 7.4% in June 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 June 2019 was "Patients Awaiting Care Package in Own Home", which accounted for 27,790 delayed days (20.6% of all delays). 46.2% of delays for this reason are attributable to Social Care, 33.9% to NHS and 19.9% to both.

Planned Care

Access

Referral to Treatment (RTT)

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

- Of patients on the waiting list at the end of June 2019, 86.3% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 87.8% at the end of June 2018.

- The number of RTT patients waiting to start treatment at the end of June 2019 was 4.4 million. Taking account of trusts not submitting data, the waiting list increased by 4.6% over June 2018.

- The number of patients on the waiting list who were waiting under 18 weeks increased between June 2018 and June 2019 from 3.6m to 3.8m, and the number of patients waiting over 18 weeks rose from 502,000 to 601,000. This comparison will be affected by differences in the trusts not submitting data in each period.

- 1,089 patients were waiting more than 52 weeks. This compares to 3,516 in June 2018, and 594 patients five years ago (June 2014). This comparison will be affected by differences in the trusts not submitting information in each period.

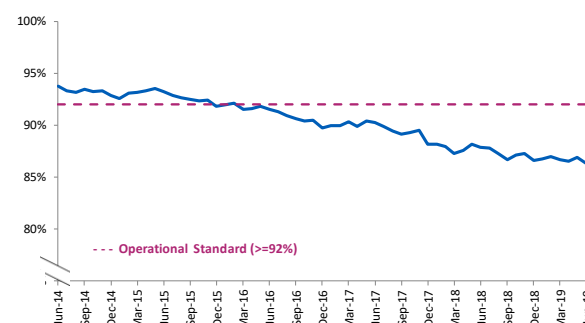**Number of patients starting RTT treatment**

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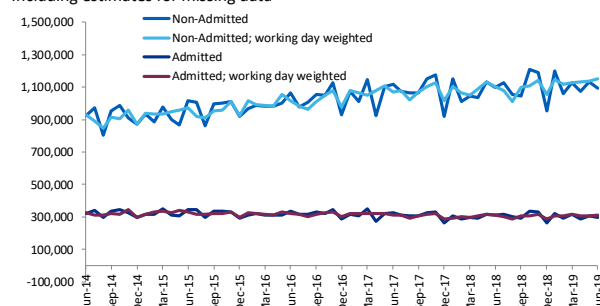
Source: Consultant-led Referral to Treatment Waiting Times, NHS England and NHS Improvement

% 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 1.9 million diagnostic tests were undertaken in June 2019, an increase of 1.8% on the previous year (6.9% adjusted for working days).

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

- 3.8% of the patients waiting for one of the 15 key diagnostic tests at the end of June 2019 had been waiting six weeks or longer from referral, compared to the operational standard of less than 1%.

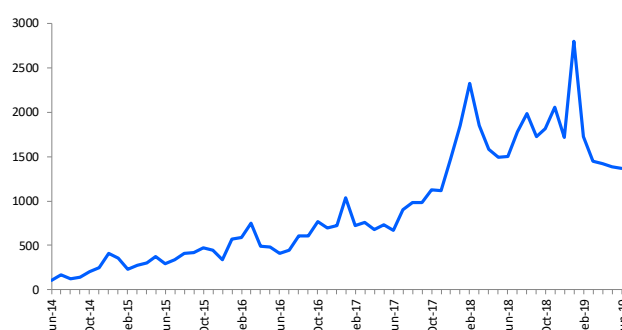**Total diagnostic test activity and working day adjusted activity**
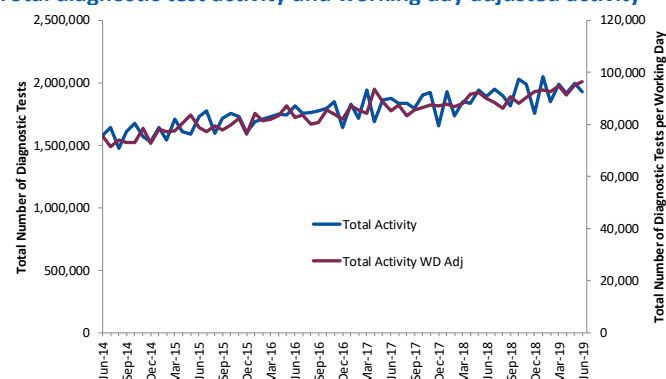
Source: Monthly Diagnostic Waiting Times & Activity, NHS England and NHS Improvement

Quality

Mixed Sex Accommodation

- In June 2019, providers of NHS-funded healthcare reported 1,363 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 1,386 in May 2019 and 110 in June 2014.

- Of the 146 acute trusts that submitted data for June 2019, 94 (64.4%) reported zero sleeping breaches.

- The MSA breach rate in June 2019 was 0.8 per 1,000 finished consultant episodes. This compares to 0.8 in May 2019 and 0.1 in June 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 14,889 in Q1 2019-20. Of these, 974 (7%) were completed in an acute hospital setting (unchanged from 7% in Q4 2018-19)

- Of the 18,402 Standard NHS CHC referrals completed in Q1 2019-20, 13,957 (76%) were completed within 28 calendar days (up from 70% in Q4 2018-19)

- The number of incomplete referrals exceeding 28 calendar days was 2,169 as at the last day of Q1 2019-20. Of these: 625 exceeded by up to 2 weeks; 347 exceeded by more than 2 weeks and up to 4 weeks; 563 exceeded by more than 4 weeks and up to 12 weeks; 306 exceeded by more than 12 weeks and up to 26 weeks; 328 exceeded by more than 26 weeks

- The total number of people eligible for NHS CHC was 55,872 as at the last day of Q1 2019-20 (down from 56,036 in Q4 2018-19). Of these, 36,266 were eligible via the Standard NHS CHC assessment route and 19,606 were eligible via the Fast Track assessment route

- The Fast Track referral conversion rate was 96% in Q1 2019-20 (unchanged from 96% in Q4 2018-19)

- The Standard NHS CHC assessment conversion rate was 24% in Q1 2019-20 (unchanged from 24% in Q4 2018-19)

- The total number of people eligible for NHS-funded Nursing Care was 79,326 as at the last day of Q1 2019-20 (up from 78,589 in Q4 2018-19)
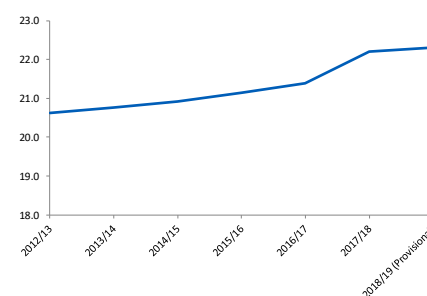
Patient Reported Outcome Measures (PROMs)

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 now available following its publication in February 2019. Data for 2018/19 is provisional, due to post operative questionnaires being sent out 6 months after the hip replacement procedure. The above chart contains all data returned to NHS Digital up to June 2019.

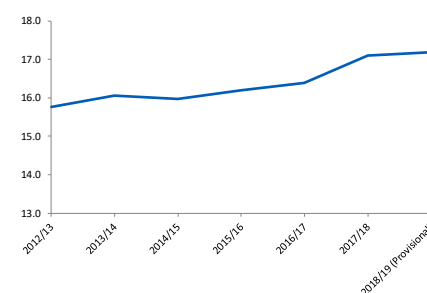**PROMs Hip Replacement Procedures, Average Health Gain**

Oxford Hip Score, 2012/13 to 2018/19 (Provisional)

Source: Patient Reported Outcome Measures, NHS Digital

PROMs Knee Replacement Procedures, Average Health Gain

Oxford Knee Score, 2012/13 to 2018/19 (Provisional)

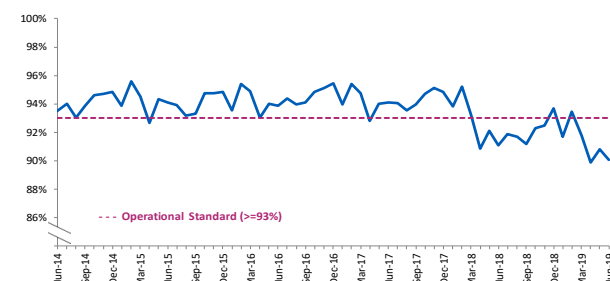Source: Patient Reported Outcome Measures, NHS Digital

Cancer

Access

Cancer Waiting Times

- Two week wait: 193,107 people were seen following an urgent referral for suspected cancer in June 2019. There were 2,282,036 people seen in the 12 months to June 2019, an increase of 13.7% or 274,400 more patients (the number of working days is the same in both periods, therefore no adjustment for working days is required when calculating growth) 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

- 90.0% of people in June 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: 24,601 patients started a first definitive treatment for a new primary cancer in June 2019. There were 310,406 patients who received first treatments in the 12 months to June 2019, an increase of 4.9% or 14,472 additional patients on the previous 12-month period.

- 95.96% of patients in June 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: 13,165 patients received a first treatment for cancer following an urgent GP referral in June 2019. There were 162,740 patients who received first treatments for cancer following an urgent GP referral in the 12 months to June 2019, an increase of 7.1% or 10,718 additional patients on the previous 12-month period.

- 76.7% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in June 2019, this equates to 10,092 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.
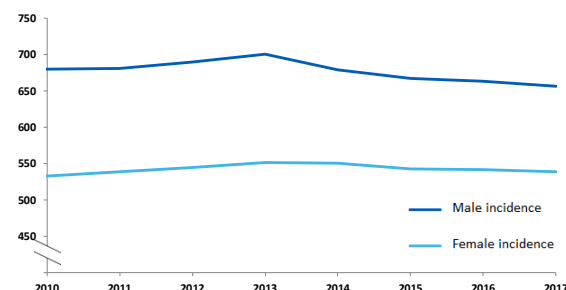
Directly age-standardised rates per 100,000 people of deaths from cancer: England, 2010 to 2017
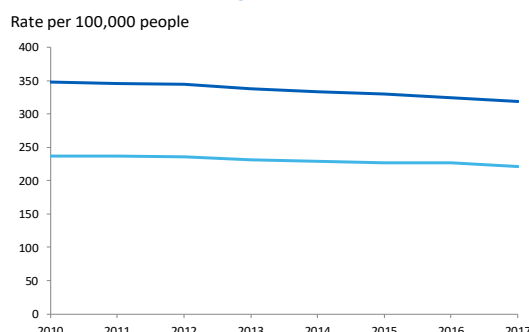
Source: Office for National Statistics

- 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) – 837 new cases being diagnoses each day. This has increased from 275,800 canc 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.

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

- 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.
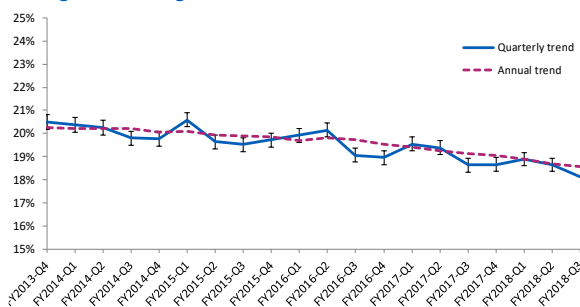
Source: Office for National Statistics population 2013 (ESP 2013).

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.

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

- 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.

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

- 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%.

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%).

- 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.

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
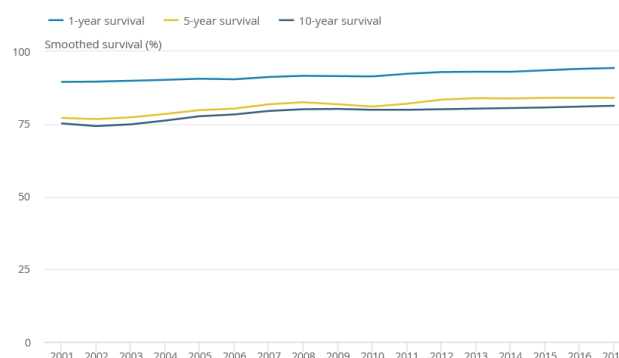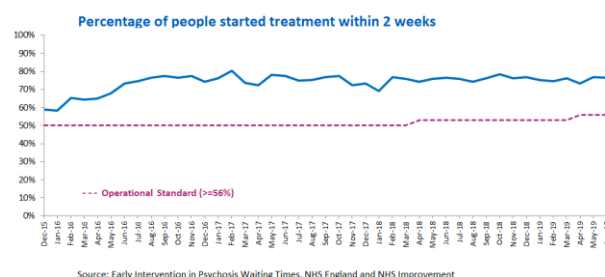
Mental Health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,258 at the end of June 2019. Of these 663 were waiting for more than two weeks.

- 76.5% of patients started treatment within two weeks in June 2019. The waiting time standard of 56% was therefore met. This compares to 76.7% the previous month and 76.5% in June 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 May 2019 and reports that there were 795 Out of Area Placements (OAPs) active, of which 770 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

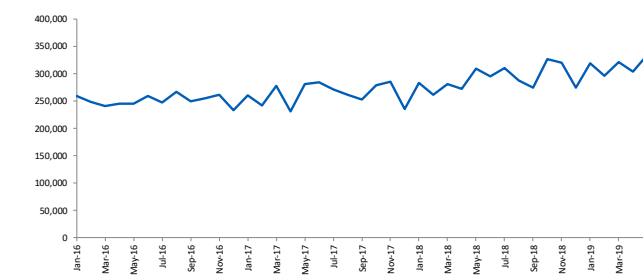*These statistics are published quarterly by NHS England.*

- 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.

- 77.7% of patients started urgent treatment within one week in Q1 2019-20. This compares to 80.6% in Q4 2018-19 and 74.7% in Q1 2018-19.

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 May 2019 was 334,159. This is an increase of 10.3% (31,162) compared to the average number of new referrals per month between May 2018 and April 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 May 2019 was 1,369,735. This is an increase of 61,475 compared to the average number of people in contact at the end of each month between May 2018 and April 2019.

Quality

Improving Access to Psychological Therapies (IAPT)

These statistics are already in the public domain and are routinely 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.

Outcomes in Psychological Therapies (IAPT)
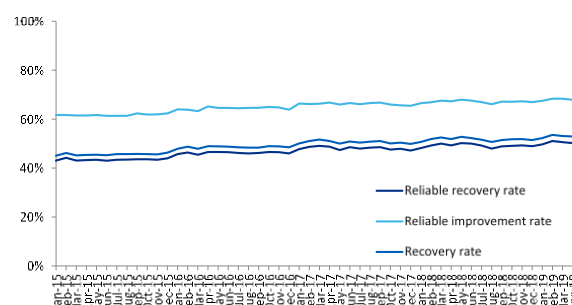
Source: Improving Access to Psychological Therapies dataset, NHS Digital

- 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.

- At least 60% of people on GP severe mental illness registers should receive a comprehensive physical health check at least once a year. The data published in August 2019 show the number of people on the SMI register who receive health checks in the 12 months to the end of June 2019.

- This is the third publication of this data; the data are incomplete – 178 of 191 CCGs supplied data which met quality assurance standards, representing approximately 93.5% of the GP registered SMI population.

- 29.5% of people on GP SMI registers received the complete list of physical health checks in the 12 months to the end of 2019/20 Q1.

- Despite the scope of the data collection widening to include health checks delivered in any setting (previously limited to primary care), the percentage of patients accessing health checks is stable compared to 2018/19 Q4. This will, in part, be due to developing processes to collect this data and caution should be used when interpreting this information.