

## **Publication of Referral to Treatment (RTT) Waiting Times data – August data to be published on 10 October 2019**

### **Introduction and background**

Following a request from the Prime Minister in 2018, Professor Stephen Powis, NHS Medical Director, was asked to carry out a clinical review of standards across the NHS, with the aim of determining whether patients would be well served by updating and supplementing some of the older targets in use. His interim report was published in March 2019 and set out the initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care.

This interim report can be found here:

<https://www.england.nhs.uk/publication/clinical-review-nhs-access-standards/>

For RTT waiting times the review recommended testing the use of an average (mean) wait measure for people on the waiting list as a potential alternative to a threshold target, currently set at 92% of incomplete pathways being within 18 weeks, to see whether keeping the focus on patients at all stages of their pathway can help to reduce long waits.

The following hospital trusts have worked with the NHS nationally to agree how they will safely test the elective care proposals, and began the first phase of the trial from early August:

- Barts Health
- Calderdale and Huddersfield
- East Lancashire Hospitals
- Great Ormond Street Hospital for Children
- Harrogate and District
- Milton Keynes University Hospital
- Northampton General Hospital
- Surrey and Sussex Healthcare
- Taunton and Somerset
- The Walton Centre
- University Hospitals Bristol
- University Hospitals Coventry and Warwickshire

### **Field testing and impact on published RTT waiting times data**

Field testing started in early August. Throughout field testing, RTT waiting times data by weekly time band will continue to be collected and published for each of the CRS providers. However, from the publication of August data on 10 October and throughout the course of field testing, performance against the existing 18 week standard will not be calculated or published for these providers to reflect the change in the performance framework under which the CRS providers are operating. This means that the following values will be blanked out for CRS providers:

- % of incomplete pathways within 18 weeks
- 92<sup>nd</sup> percentile waiting time (in weeks) for incomplete pathways

The same approach will apply to those CCGs for whom a large proportion of RTT activity is accounted for by the CRS providers. These are:

NHS Blackburn with Darwen CCG  
NHS Calderdale CCG  
NHS Coventry and Rugby CCG  
NHS Crawley CCG  
NHS East Lancashire CCG  
NHS East Surrey CCG  
NHS Greater Huddersfield CCG  
NHS Harrogate and Rural District CCG  
NHS Milton Keynes CCG  
NHS Nene CCG  
NHS Newham CCG  
NHS Somerset CCG  
NHS Tower Hamlets CCG  
NHS Waltham Forest CCG

While the performance figures will not be calculated for the CRS providers or affected CCGs, we will continue to calculate and publish performance at regional and England level using all data. Hence the performance of the CRS providers will continue to be included in the headline England position and therefore a fully comparable national time series will continue to be available.

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