

Referral to treatment (RTT) waiting times statistics for consultant- led elective care

2019/20 Annual Report



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1. Summary

1.1 COVID-19

Referral to treatment waiting times for 2019/20 were affected by COVID-19 which impacted demand and activity in March 2020. To aid understanding, we provide some information in the report split by the period up to the end of February 2020 and the month of March 2020.

1.2 Incomplete pathways

As at the end of March 2020, 79.7% of patients waiting to start treatment (incomplete pathways) had been waiting up to 18 weeks.

Nationally, with the exception of February 2016, the operational standard for incomplete pathways has not met been met since November 2015.

Since August 2013, there has been a reduction in the percentage of incomplete pathways within 18 weeks in every month compared to the same month in the previous year. During 2019/20, performance ranged from 86.9% (May 2019) to 79.7% (March 2020). Performance in February 2020 was 83.2%.

At the end of March 2020, 92% of patients had been waiting less than 26.5 weeks to start treatment (this is the 92nd percentile waiting time).

The number of RTT patients waiting to start treatment at the end of March 2020 was 4.2 million. Of those, 3,097 had been waiting more than 52 weeks.

Factoring in estimates based on the latest data submitted for missing trusts suggests the total number of RTT patients waiting to start treatment at the end of March 2020 may have been 4.4 million.

Since April 2012, the RTT waiting list has been at a higher level each month than the same month in the previous year. From April 2019 to February 2020, the waiting list was on average 241,000 pathways (or around 6%) higher each month when compared to the previous year. There was a significant drop in the total waiting list (by 189,000) between February and March 2020, after accounting for missing data. This was out-of-line with the usual seasonal pattern of an increase between these months. The fall in the list occurred as, while COVID-19 resulted in a reduction in completed pathways, there was an even greater decrease in clock starts.

For patients on incomplete pathways, the median waiting time at the end of March 2020 was 8.9 weeks.

1.3 Completed admitted pathways

In 2019/20, 13,900 patients started admitted treatment per working day, compared to 14,500 in 2018/19 (a decrease of 4%), including estimates for missing trusts.

From April 2019 to February 2020, 14,300 patients started admitted treatment per working day compared to 14,500 in April 2018 to February 2019 (a decrease of 2%). The number of completed admitted pathways in March 2020 (9,900 per working day) decreased by 34% when compared to March 2019 (15,000 per working day) as a result of COVID-19.

In 2019/20, the median wait for admitted treatment was 10.4 weeks.

1.4 Completed non-admitted pathways

In 2019/20, 53,000 patients started non-admitted treatment per working day, compared to 52,300 in 2018/19 (an increase of 1%), including estimates for missing trusts.

From April 2019 to February 2020, an average of 53,600 patients started non-admitted treatment per working day, compared with 52,200 in April 2018 to February 2019 (an increase of 3%). The number of completed non-admitted pathways in March 2020 (46,300 per working day) decreased by 14% when compared to March 2019 (53,600 per working day) as a result of COVID-19.

In 2019/20, the median wait for non-admitted treatment was 6.3 weeks.

Introduction

This report presents a summary of English NHS referral to treatment (RTT) waiting times statistics for consultant-led elective treatment up to March 2020.

Patients have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible. The continued publication of waiting times information will ensure that the NHS is accountable to the patients and public it serves. This information, combined with the quality of patients' experiences and outcomes, will inform patients' choices of where they want to be treated.

The incomplete pathway operational standard is the measure of patients' constitutional right to start treatment within 18 weeks.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon

Performance Analysis Team – Elective, Activity and Planning

NHS England and NHS Improvement

Room 5E24, Quarry House, Leeds LS2 7UE

E-mail: england.rtt@nhs.net

2.Key Terms

The following are key terms used in this report. For a more comprehensive list of terminology, please see the glossary.

RTT pathway

Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or if they have not yet started treatment, the length of time that a patient has waited so far.

The following activities end the RTT pathway:

- first treatment – the start of the first treatment that is intended to manage a patient’s disease, condition or injury in a RTT pathway
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat – decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment.

Each pathway relates to an individual referral rather than an individual patient so if a patient was waiting for multiple treatments they may be included in the figures more than once. Where we refer to the number of ‘patients’ waiting or starting treatment in this report, technically, we are considering the number or percentage of ‘pathways’.

Incomplete pathway

Incomplete pathways, often referred to as waiting list times, are the waiting times for patients waiting to start treatment, as at the end of each month. The volume of incomplete RTT pathways is often referred to as the size of the RTT waiting list.

The incomplete waiting time standard was introduced in 2012 and states that the time waited must be 18 weeks or less for at least 92% of patients on incomplete pathways.

Admitted pathway

Admitted pathways are the waiting times for patients whose treatment started during the period and involved admission to hospital. These are also often referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment. Although data on admitted pathways are still collected, there is no longer an operational waiting time standard.

Non-admitted pathway

Non-admitted pathways are the waiting times for patients whose wait ended during the period for reasons other than inpatient or day case admission for treatment. These are also often referred to as outpatient waiting times. Although data on non-admitted pathways are still collected, there is no longer an operational waiting time standard.

RTT waiting time rights and pledges

Patients have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

Operational waiting time standard

The operational waiting time standards are set out in the NHS Constitution¹ (in conjunction with the Handbook to the NHS Constitution²) and in the NHS Standard Contract³.

The NHS Constitution standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral. The standard leaves an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- patient choice – patients choose not to accept earliest offered appointments along their pathway or choose to delay treatments for personal or social reasons
- co-operation – patients who do not attend appointments along their pathways

¹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

² <https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england>

³ <https://www.england.nhs.uk/nhs-standard-contract/19-20/>

- clinical exceptions – where it is not clinically appropriate to start a patient's treatment within 18 weeks.

NHS England introduced a zero tolerance of any RTT waits of more than 52 weeks in 2013/14.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to the waiting time standards for elective care. The admitted (90%) and non-admitted (95%) operational standards were abolished, and the incomplete pathway standard (above) became the sole measure of patients' constitutional right to start treatment within 18 weeks. On 1 October 2015, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns and removing the admitted and non-admitted standards.

3. RTT Waiting Times

3.1 COVID-19

Referral to treatment waiting times for 2019/20 were affected by COVID-19 which impacted demand and activity in March 2020. To aid understanding, we provide some information in the report split by the period up to the end of February 2020 and the month of March 2020.

3.2 Operational waiting time standards

As at March 2020, 79.7% of patients on incomplete RTT pathways had waited 18 weeks or less from time of referral, thus not meeting the 92% standard. (Table 1)⁴

Nationally, with the exception of February 2016, the operational standard for incomplete pathways has not met been met since November 2015.

At the end of March 2020, 92% of patients had been waiting less than 26.5 weeks for consultant led treatment (this is the 92nd percentile waiting time) (Table 1 and Chart 2)

Over the longer term, prior to the announcement in November 2011 and introduction from April 2012 of the 92% incomplete standard, the percentage of incomplete pathways within 18 weeks fluctuated around 90%. Performance increased in response to the new standard before broadly stabilising between May 2012 and May 2013. Since August 2013, there has been a reduction in the percentage of incomplete pathways within 18 weeks in every month compared to the same month in the previous year (Chart 1).

During 2019/20, performance ranged from 86.9% (May 2019) to 79.7% (March 2020). Performance in February 2020 was 83.2%.

NHS England introduced a zero tolerance of any RTT waits of more than 52 weeks in 2013/14. The number of incomplete pathways greater than 52 weeks fell from over 400,000 at the end of 2007 to just under 500 at the end of March 2013 and remained stable during 2013/14 and 2014/15.

⁴ Incomplete pathways are a snapshot of the patients waiting at the end of a month, hence why the final month in the financial year is used; it would be inappropriate to sum the incomplete pathways across the entire year.

Table 1: Percentage of incomplete RTT pathways within 18 weeks and 92nd percentile waiting time

| Month | Incomplete pathways % within 18 weeks | Incomplete pathways 92nd percentile waiting time (weeks) |
|--------------|--|--|
| Mar-09 | 87.6% | 23.3 |
| Mar-10 | 91.1% | 18.9 |
| Mar-11 | 89.4% | 20.7 |
| Mar-12 | 93.3% | 17.0 |
| Mar-13 | 94.2% | 16.6 |
| Mar-14 | 93.7% | 16.9 |
| Mar-15 | 93.1% | 17.2 |
| Mar-16 | 91.5% | 18.5 |
| Mar-17 | 90.3% | 19.5 |
| Mar-18 | 87.2% | 21.9 |
| Mar-19 | 86.7% | 22.3 |
| Mar-20 | 79.7% | 26.5 |

Chart 1: Percentage of incomplete RTT pathways within 18 weeks

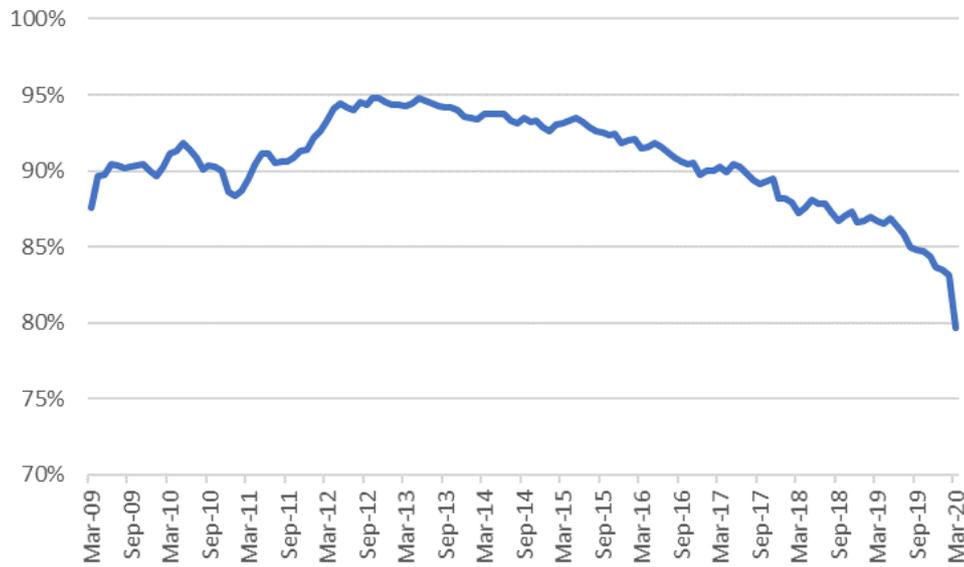


Chart 2: Incomplete pathways 92nd percentile waiting time (weeks)



It is likely that some of the decrease in incomplete pathways greater than 52 weeks between 2007 and the introduction of the zero-tolerance target in April 2013 resulted from some trusts identifying 52+ week incomplete pathways that were data errors through validation work.

Over the course of 2015/16, 2016/17 and 2017/18, the number of 52+ week waiters increased, reaching 2,756 in March 2018. From June 2018, the number started to fall and reached 1,154 by March 2019.

During 2019/20 the number of 52+ week waiters increased, with a sharp increase of nearly 1,500 between February and March 2020 to reach 3,097 by March 2020. (Table 2).

The increase between February and March 2020 was a result of both:

- activity being down generally as a result of COVID-19, and hence more waiters moving from 48-52 weeks in February to 52+ week waiters in March, and;
- patients that had already waited more than 52 weeks at the end of February not being treated during March.

As for previous years, this does not include waiters at trusts that have not submitted data. Further detail regarding missing data is provided in Section 6.3.

Table 2: Number of incomplete pathways greater than 52 weeks

| Month | Incomplete pathways 52 week waits ⁵ |
|--------|---|
| Mar-08 | 240,689 |
| Mar-09 | 47,013 |
| Mar-10 | 18,494 |
| Mar-11 | 14,355 |
| Mar-12 | 5,149 |
| Mar-13 | 473 |
| Mar-14 | 488 |
| Mar-15 | 475 |
| Mar-16 | 871 |
| Mar-17 | 1,528 |
| Mar-18 | 2,756 |
| Mar-19 | 1,154 |
| Mar-20 | 3,097 |

3.3 Average waiting times

The median waiting time is the middle value when all patients are ordered by length of wait.

⁵ See Section 6.3 for details of missing data for some trusts.

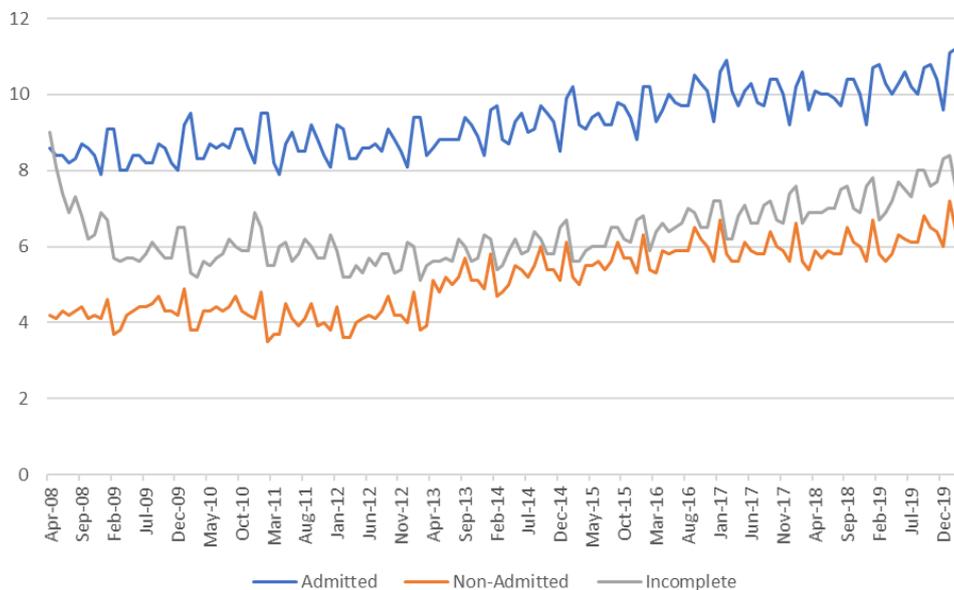
For patients on incomplete pathways, the median waiting time at the end of March 2020 was 8.9 weeks. In 2019/20, the median wait for admitted treatment was 10.4 weeks; for non-admitted treatment, it was 6.3 weeks.

The median time waited for incomplete pathways was higher for each month in 2019/20 than the equivalent in 2018/19 and followed the seasonal pattern seen in previous years until March (Chart 3).

During 2019/20, until March, the median time waited for admitted patients increased when compared to 2018/19, continuing the long-term trend of a gradual increase with a clear seasonal pattern.

There was a step change in the median time waited for non-admitted patients in April 2013, which likely resulted from the transfer of responsibility for commissioning consultant-led sexual health services to local authorities⁶.

Chart 3: Average (median) RTT waiting times



The incomplete pathway median waiting time tends to peak in the middle of winter around December and January, and also in summer around August. These peaks are both followed by an increase in the median time waited for admitted and non-admitted pathways. The delayed peaks for completed pathways demonstrate the relationship between incomplete pathway waiting times and admitted and non-admitted pathway ‘time waited’ waiting times.

⁶ From April 2013, reported consultant-led RTT waiting times no longer included waiting times for consultant-led sexual health services as they are no longer commissioned by the NHS. Consultant-led sexual health pathways included in the RTT waiting times data prior to April 2013 were predominantly within a week long and involved non-admitted treatment.

Incomplete pathways are the waiting times for patients waiting to start treatment. When these patients start treatment, the time that they waited is captured in the admitted and non-admitted waiting times. Therefore, if there is an increase in the waiting times of patients who have not started treatment, in subsequent months this will be followed by an increase in the 'time waited' admitted and non-admitted waiting times.

The seasonal pattern of peaks in median waiting times corresponds with winter and summer holiday seasons. The winter peak is associated with poorer weather which is likely to affect the balance within a hospital between elective and non-elective care.

3.4 Incomplete Pathways, Demand and Activity

On average, three acute trusts were unable to submit monthly RTT data each month during 2019/20. See Section 6.3 and Table 5 for a detailed breakdown of data coverage.

The biggest impact of missing data is on measures of volume, such as the number of patients who started treatment and the size of the RTT waiting list.

As a result, throughout this section, the published monthly data have been adjusted to include estimates for missing trusts. See Section 6.3 for an explanation of the methodology for estimating missing data.

Incomplete Pathways

The numbers of incomplete pathways are often referred to as the RTT waiting list because these are the patients recorded as waiting at the end of the month to start treatment.

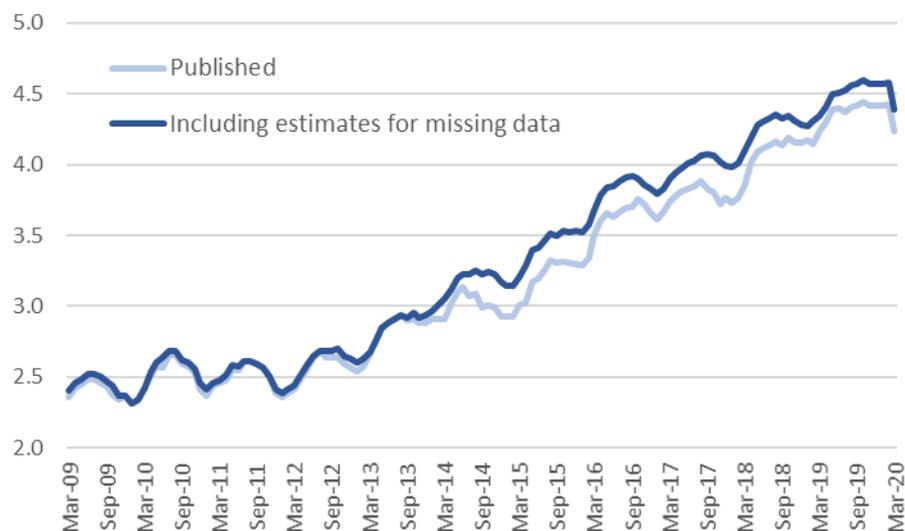
The number of RTT patients waiting to start treatment at the end of March 2020 was 4.4 million, including estimates for missing data.

Since April 2012, the RTT waiting list has been at a higher level each month than the same month in the previous year, including estimates for missing data. From April 2019 to February 2020, the waiting list was on average 241,000 pathways (or around 6%) higher each month when compared to the previous year. There was a significant drop in the total waiting list (by 189,000) between February and March 2020, after accounting for missing data. This was out-of-line with the usual seasonal pattern of an increase between these months. The fall in the list occurred as, while COVID-19 resulted in a reduction in completed pathways, there was an even greater decrease in clock starts.

Over the longer-term, the RTT waiting list fell from just over 4 million patients waiting at the end of August 2007 to around 2.5 million patients at the end of October 2008. Between October 2008 and the middle of 2012, the number of RTT patients waiting was broadly stable around 2.5 million patients, subject to a clear seasonal trend with the number of patients waiting peaking in summer and generally lower in winter. Since 2012/13⁷, an underlying upward trend has caused the seasonal pattern in waiting list size to become less apparent (Chart 4).

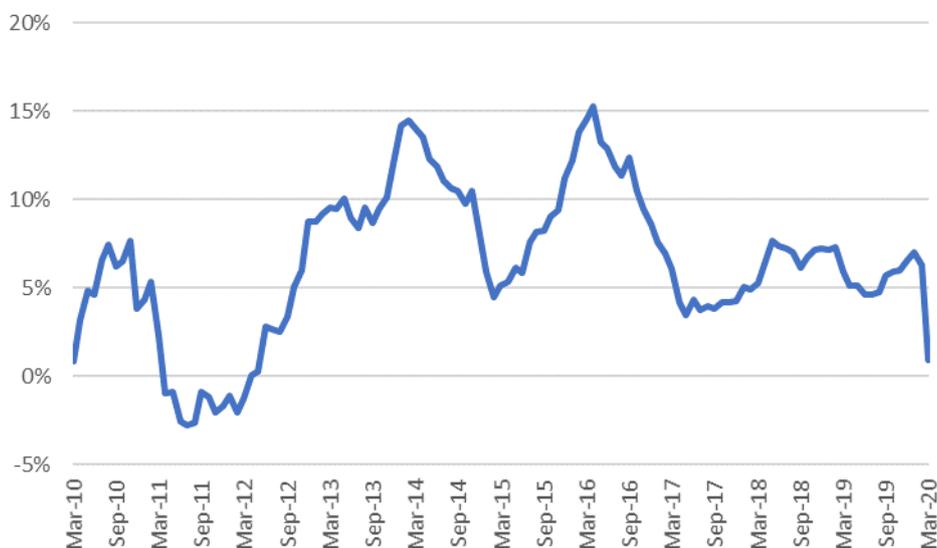
The RTT waiting list grew by 14.5% in 2015/16 and by around 10.0% per year on average in 2016/17 and 2017/18. Waiting list growth slowed during 2017/18 and the growth rate remained relatively stable at around 7% during 2018/19 and 6% from April 2019 to February 2020 (see Chart 5).

Chart 4: Number of RTT incomplete pathways at month end, including estimates for missing data



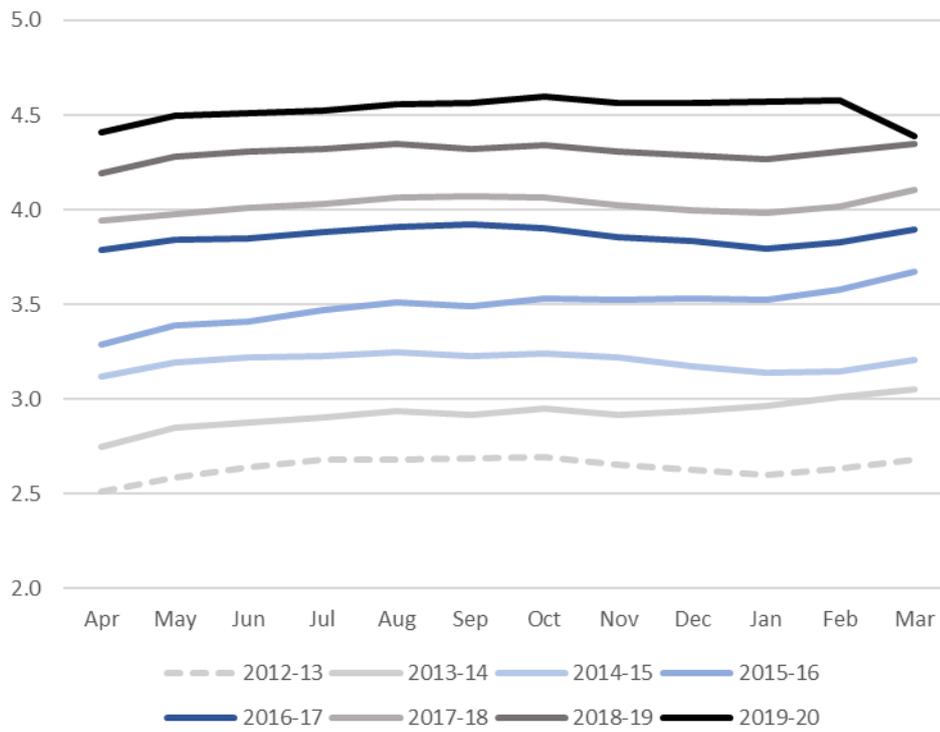
⁷ The announcement of the operational waiting time standard for incomplete pathways in November 2011 and its introduction from April 2012 is likely to have led to improvements in data capture of RTT incomplete pathways in some hospital trusts, particularly with regard to short waiters. It is likely that this caused some of the increase in the RTT waiting list during 2012/13.

Chart 5: Year on year growth in total incomplete RTT pathways, including estimates for missing data



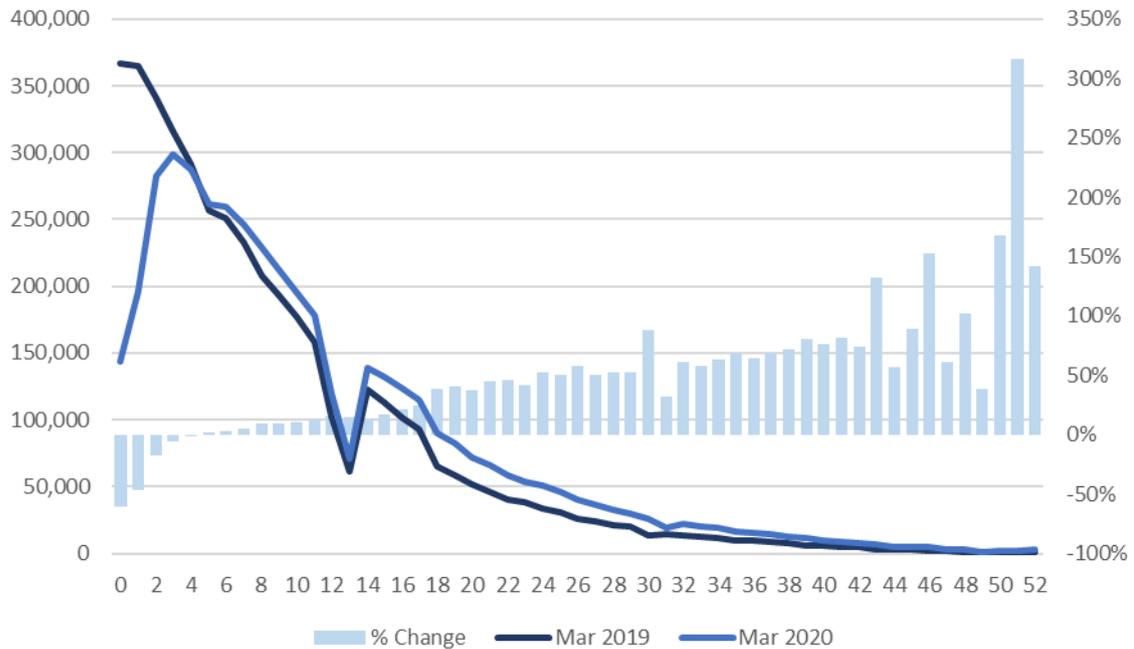
Comparing the total RTT waiting list year-on-year demonstrates the seasonal trend and the increase in the size of the waiting list from the middle of 2012 (Chart 6). Prior to 2012/13, the number of patients waiting in winter was generally lower, while the number of patients waiting peaked during summer. However, from 2012/13, the seasonal reduction in waiting list size has become less apparent.

Chart 6: Number of incomplete RTT pathways at month-end year-on-year in millions, including estimates for missing data



The number of incomplete RTT pathways increased for all time bands of 5 weeks or over between March 2019 and March 2020, with the over 40-week bands showing largest increases. The number of incomplete pathways in between 0-5 weeks decreased as COVID-19 resulted in a decrease in the number of RTT clock starts during March 2020 (Chart 7).

Chart 7: Percentage change between number of incomplete RTT pathways at the end of March 2019 and March 2020, shown by number of weeks waiting, including estimates for missing data



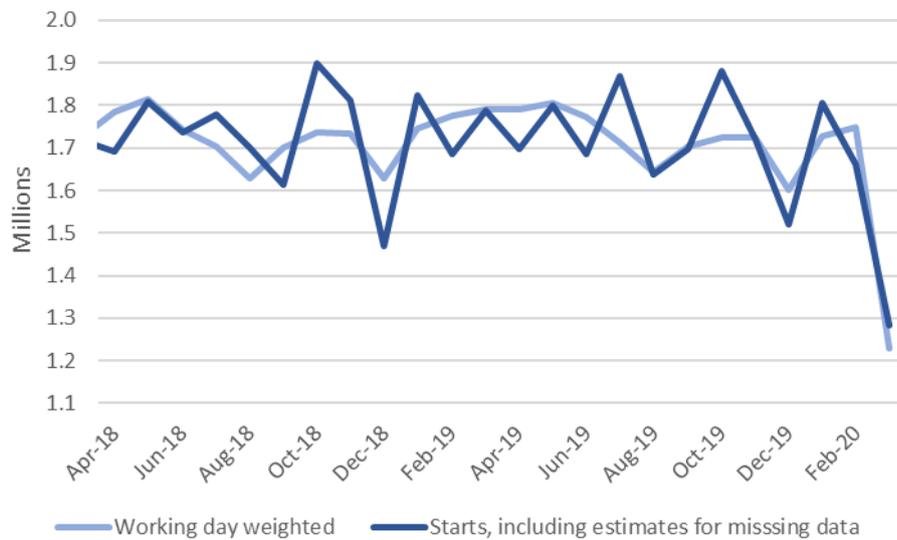
Demand

In October 2015 a new data item was introduced to the RTT collection to record the number of new RTT periods during the month (in other words, clock starts which occurred within the reporting period).

Previously RTT clock starts could be estimated using other data sources and parts of the RTT data return. However, collecting this measure from providers gives a direct measure of new RTT demand in the same ‘currency’ as the monthly data for completed and incomplete pathways. Following an experimental period, the data quality of this new data items was considered satisfactory in April 2018.

The number of working days in a month, which is affected by the presence of bank holidays and the number of weekends, influences the level of RTT clock starts. When this is accounted for (by weighting starts according to the number of working days in each month), a smoother trend is observed (Chart 8).

Chart 8: Number of reported RTT clock starts per month, including estimates for missing data⁸

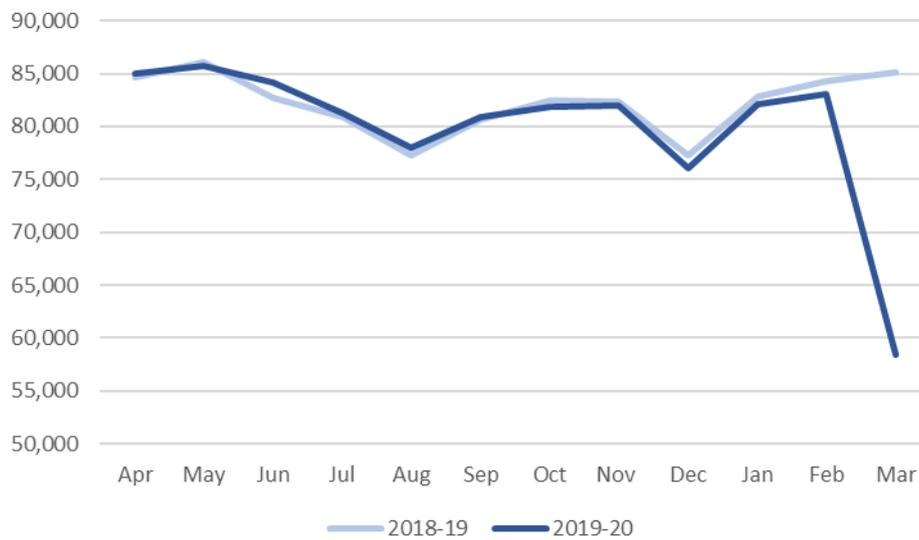


In 2019/20, there were 79,800 clock starts per working day on average. This is a decrease of 3% when compared to 82,200 clock starts per working day in 2018/19. The number of new clock starts in March 2020 (58,400 per working day) decreased by 31% when compared to clock starts in March 2019 (85,100 per working day) as a result of COVID-19 (Chart 9).

From April 2019 to February 2020, there were 81,800 clock starts per working day on average, stable (-0.2%) compared to 82,000 clock starts per working day in April 2018 to February 2019.

⁸ Data were weighted by dividing the average number of working days per month in the reference period (Oct-15 to Mar-18-07 to Mar-16) by the number of working days in each individual month, then by multiplying this value by the number of reported clock starts in each individual month.

Chart 9: Number of RTT clock starts per working day, including estimates for missing data



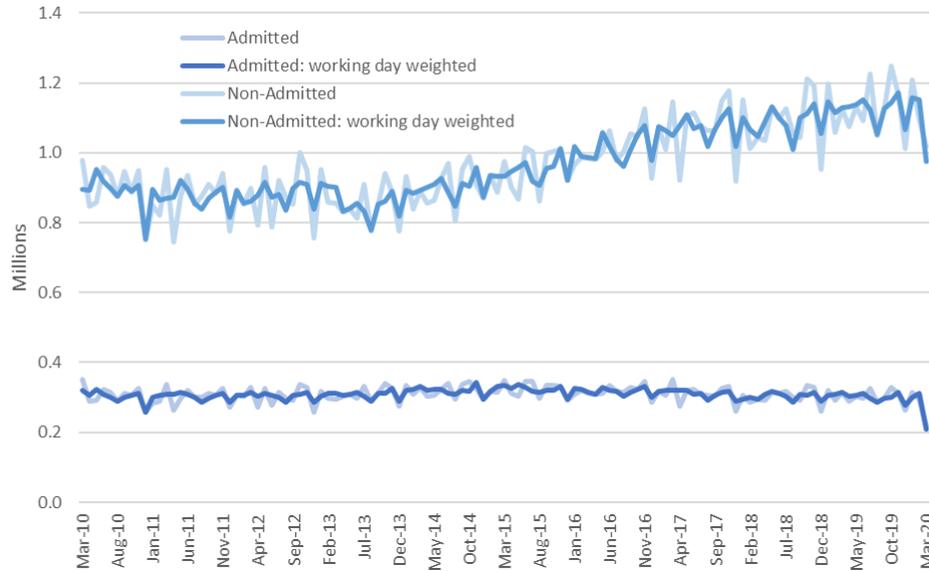
Activity

The numbers of completed admitted and non-admitted pathways are often referred to as RTT activity because these are the numbers of patients who started treatment. Admitted RTT activity is broadly stable while non-admitted RTT activity has increased since the beginning of 2014, both follow a clear seasonal pattern. The removal of consultant-led sexual health services from RTT waiting times data contributed to a step change in the number of RTT patients starting non-admitted treatment in April 2013 (Chart 10).

The number of working days in a month, which is affected by the presence of bank holidays and the number of weekends, influences the level of RTT activity undertaken. When this is accounted for (by weighting activity according to the number of working days in each month), a smoother trend is observed (Chart 10).

Due to the outbreak of COVID-19, a fall in completed pathways was anticipated as a result of the 17th March 2020 letter from NHS England and NHS Improvement that asked trusts to assume they “will need to postpone all non-urgent elective operations from 15th April at the latest”, but allowed “full local discretion to wind down elective activity over the next 30 days”. The letter stated that “in the interim, providers should continue to use all available capacity for elective operations including the independent sector, before COVID-19 constraints curtail such work”.

Chart 10: Number of RTT completed pathways per month, including estimates for missing data⁹

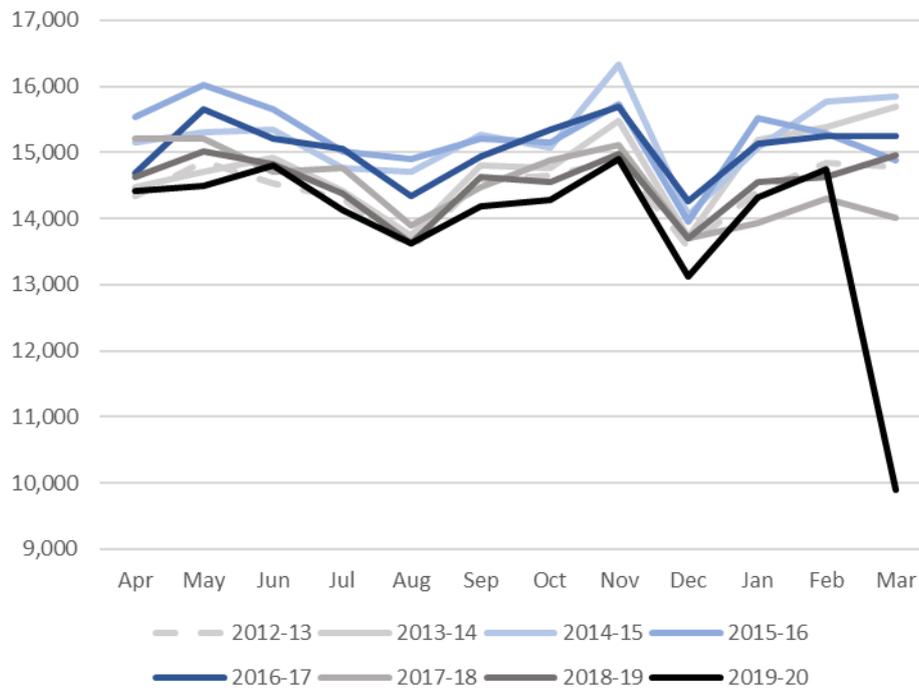


In 2019/20, 13,900 patients started admitted treatment per working day compared to 14,500 in 2018/19 (a decrease of 4%).

From April 2019 to February 2020, 14,300 patients started admitted treatment per working day compared to 14,500 in April 2018 to February 2019 (a decrease of 2%). The number of completed admitted pathways in March 2020 (9,900 per working day) decreased by 34% when compared to March 2019 (15,000 per working day) as a result of COVID-19 (Chart 11).

⁹ Data were weighted by dividing the average number of working days per month in the reference period (-Mar-10 to Mar-18) by the number of working days in each individual month, then by multiplying this value by the number of pathways per working day completed in each individual month.

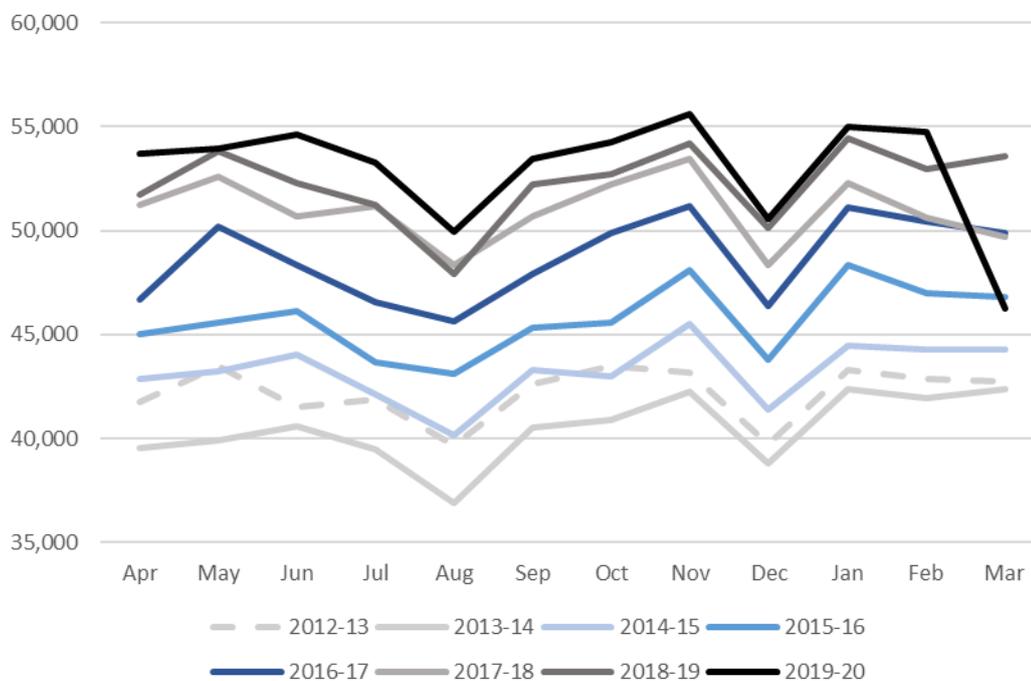
Chart 11: Number of RTT patients starting admitted treatment per working day, including estimates for missing data



In 2019/20, an average of 53,000 patients started non-admitted treatment per working day, compared with 52,300 in 2018/19 (an increase of 1%).

From April 2019 to February 2020, an average of 53,600 patients started non-admitted treatment per working day, compared with 52,200 in April 2018 to February 2019 (an increase of 3%). The number of completed non-admitted pathways in March 2020 (46,300 per working day) decreased by 14% when compared to March 2019 (53,600 per working day) as a result of COVID-19 (Chart 12).

Chart 12: Number of RTT patients starting non-admitted treatment per working day, including estimates for missing data



4. RTT Waiting Times by Speciality

There is some variation at specialty level in the percentage of RTT patients starting treatment within 18 weeks.

RTT waiting times data are collected against 18 treatment functions, which cover the main treatment areas. RTT waiting time data for types of treatments that are not covered by these 18 treatment functions are collected under 'Other'. The treatment functions are based on consultant specialties.

At the end of 2019/20, no specialties met the incomplete waiting time standard of 92%, compared with one meeting the standard at the end of 2018/19, two specialties meeting the standard at the end of 2017/18 and eight at the end of 2016/17.

A breakdown of RTT pathways completed in 2019/20 and the percentage of incomplete pathways within 18 weeks as at March 2020, by treatment function, is provided in Table 3.

Table 3: Total RTT pathways completed in 2019/20, including unknown clock starts and total incomplete pathways and percentage within 18 weeks on 31 March 2020¹⁰, by treatment function

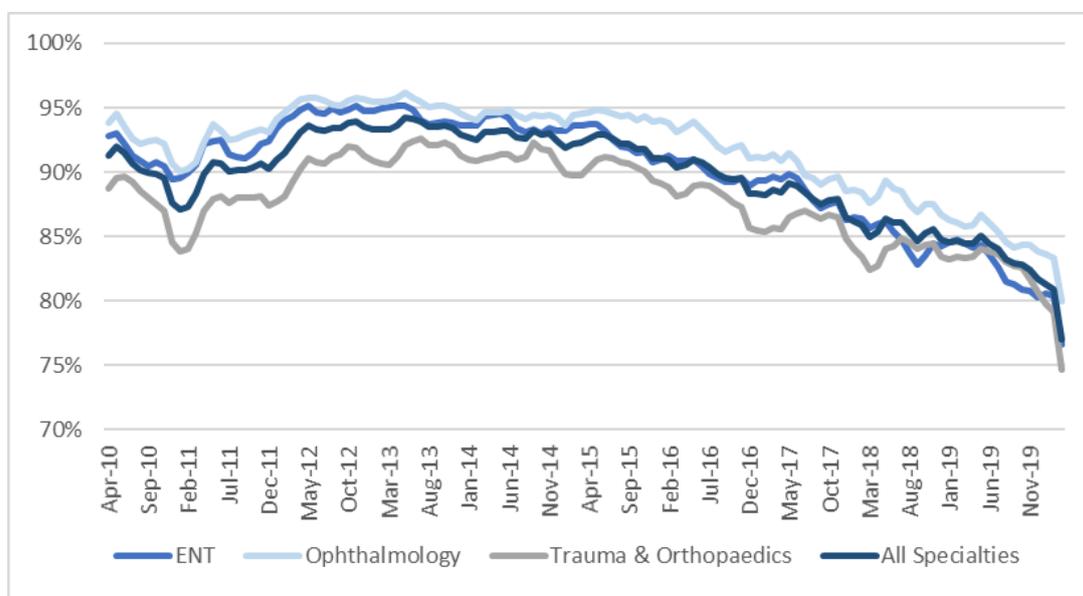
| Treatment Function | Completed, including unknown clock starts, 2019-20 | | Incomplete, Mar 2020 | |
|------------------------|--|-------------------|----------------------|--------------|
| | Admitted | Non-Admitted | Total | % < 18wks |
| Trauma & Orthopaedics | 561,927 | 1,262,352 | 489,482 | 74.7% |
| Ophthalmology | 555,463 | 1,174,654 | 431,020 | 80.0% |
| ENT | 156,774 | 900,351 | 312,775 | 76.6% |
| General Surgery | 384,233 | 826,632 | 308,699 | 77.1% |
| Gynaecology | 205,563 | 882,794 | 276,705 | 80.0% |
| Urology | 220,838 | 525,900 | 232,863 | 78.5% |
| Gastroenterology | 232,987 | 503,997 | 217,547 | 82.6% |
| Cardiology | 102,376 | 585,271 | 212,516 | 83.0% |
| Dermatology | 93,578 | 886,717 | 202,240 | 80.4% |
| Oral Surgery | 151,056 | 378,093 | 169,572 | 75.4% |
| Neurology | 8,389 | 357,426 | 134,374 | 78.4% |
| Thoracic Medicine | 22,657 | 335,974 | 112,135 | 85.0% |
| Rheumatology | 23,684 | 327,411 | 88,009 | 85.0% |
| Plastic Surgery | 122,381 | 116,334 | 53,064 | 72.6% |
| General Medicine | 24,664 | 182,129 | 42,185 | 85.7% |
| Neurosurgery | 27,543 | 75,016 | 35,288 | 73.8% |
| Geriatric Medicine | 4,725 | 110,093 | 17,324 | 91.9% |
| Cardiothoracic Surgery | 22,865 | 14,949 | 8,338 | 79.5% |
| Other | 494,430 | 3,536,192 | 891,834 | 82.8% |
| Total | 3,416,133 | 12,982,285 | 4,235,970 | 79.7% |

Trauma & Orthopaedics, Ophthalmology, and ENT are the three specialties with the largest waiting lists, by volume (Table 3). These three specialties have, therefore, been used to illustrate specialty level performance against the incomplete standard over time.

For patients waiting to start treatment in these three specialties (incomplete pathways), we see broadly similar long-term trends to the England level (all specialties) waiting times (Chart 13).

¹⁰ Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

Chart 13: Percentage of incomplete RTT pathways within 18 weeks, by top three treatment functions by volume and all specialties



5. RTT Waiting Times by Region

In 2019/20, there were seven NHS England and NHS Improvement regions in England. There is some variation in the waiting times for services commissioned by Clinical Commissioning Groups within these regions (Table 4 and Chart 14).

At the end of March 2020, the percentage of patients that had been waiting up to 18 weeks across the seven regions ranged from 77.8% to 82.2%. The percentage of patients waiting up to 18 weeks for pathways commissioned by NHS England was 76.7%.

As expected, given that they cover populations of varying sizes, the volume of RTT activity carried out in 2019/20 and the size of the RTT waiting list at the end of March 2020 differs for each region (Table 4).

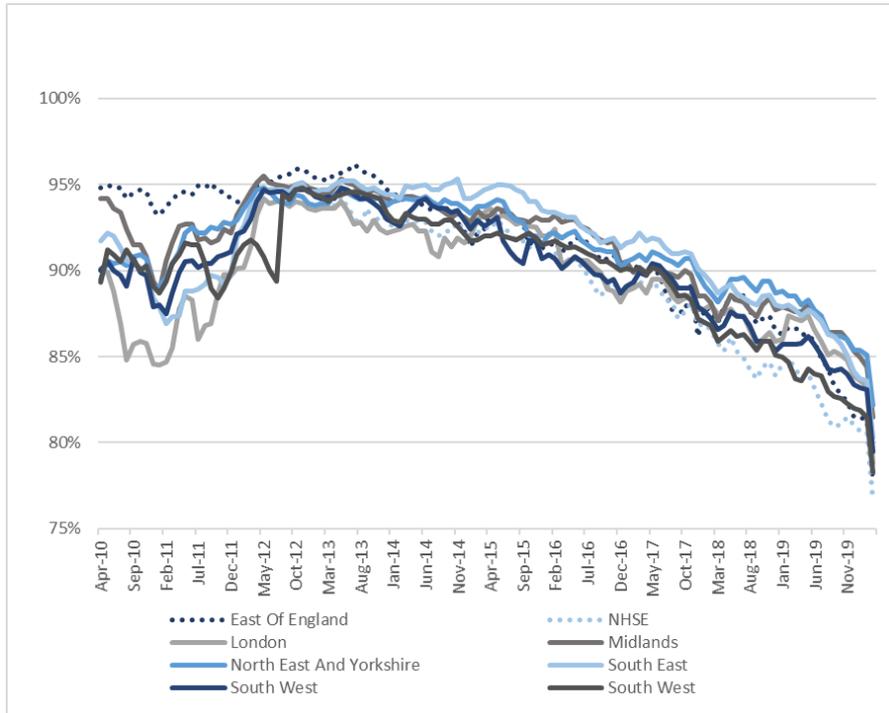
Table 4: RTT pathways completed in 2019/20, including unknown clock starts and percentage of incomplete pathways within 18 weeks as at March 2020¹¹, by region¹²

| Region | Completed, including unknown clock starts, 2019-20 | | Incomplete, Mar 2020 | |
|--------------------------|--|-------------------|----------------------|--------------|
| | Admitted | Non-Admitted | Total | % < 18wks |
| East of England | 317,648 | 1,356,834 | 433,080 | 77.8% |
| London | 373,916 | 1,996,189 | 663,685 | 78.8% |
| Midlands | 579,777 | 2,218,160 | 718,000 | 81.5% |
| North East and Yorkshire | 528,202 | 1,833,547 | 568,271 | 82.2% |
| North West | 421,169 | 1,773,658 | 537,133 | 80.3% |
| South East | 535,008 | 1,898,233 | 607,698 | 79.5% |
| South West | 361,642 | 928,543 | 369,664 | 78.3% |
| NHSE | 298,771 | 977,121 | 338,439 | 76.7% |
| Total | 3,416,133 | 12,982,285 | 4,235,970 | 79.7% |

¹¹ Incomplete pathways are a snapshot of the patients waiting at the end of a month; therefore, it is inappropriate to sum the incomplete pathways across a year. The equivalent annual figure for incomplete pathways is the waiting times of the patients waiting at the end of the year.

¹² The figures in this table exclude trusts that did not supply information (see Section 6.3).

Chart 13: Percentage of incomplete pathways within 18 weeks, by region.



6. Methodology

6.1 Data collection

RTT data is collected from providers of consultant-led services for NHS patients in England.

NHS commissioners review the data and NHS England and NHS Improvement performs central validation checks to ensure good data quality.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The data return includes all patients whose RTT clock stopped at any point in the reporting period or whose RTT clock is still running at the end of the reporting period.

For the period April to September 2015, there were two main central returns:

- unadjusted: covering admitted patients, non-admitted patients and patients on incomplete pathways
- adjusted: covering admitted patients on an adjusted basis (i.e. including legitimate pauses to patients' waiting time clocks).

As per the changes detailed in Section 3.6, from October 2015 data onwards, the reporting requirements changed, as follows:

- no longer a requirement for providers to submit admitted adjusted data
- unadjusted admitted and non-admitted completed pathway data still collected but no longer used for monitoring against operational standards
- requirement to report incomplete pathway data unchanged
- two new data items added to the data return: incomplete pathways for patients with a decision to admit for treatment and new RTT periods.

6.2 Data availability

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. This typically occurs the second Thursday of each calendar month. Future publication dates are available on the NHS England website at the following address:

<https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

Monthly RTT data are published on the NHS England website at the following location:

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

The annual statistical report is published once a year. Prior to 2015/16, the report was based on calendar years and was published in February. The report is now based on financial years and usually published in June. The release of the 2019/20 report was delayed due to resource pressures as a result of the response to Covid-19.

6.3 Data coverage

The NHS Standard Contract requires providers to report monthly RTT data; data submission is mandatory for all NHS trusts that provide services that fall within the scope of consultant-led RTT waiting times measurement.

Independent Sector providers are encouraged to engage in the RTT data collection process by monitoring RTT times for NHS patients being seen/treated within their organisation and by submitting this information in the same way as NHS provider organisations. When Independent Sector providers do not have the technical capability to submit data, NHS commissioners can submit on their behalf.

Sometimes a provider organisation is unable to submit RTT data in time for monthly publication (for example, due to technical issues resulting from the introduction of a new computing system). Table 5 lists acute provider organisations for which data is missing for the period April 2014 to March 2020.

The impact of missing data varies by measure. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal; however, where a large trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data, there can be a material impact on the England level percentage.

For this reason, Section 3.4 of this report is based on data which includes estimates for missing data from acute NHS providers.

The estimates for missing data are based on the latest data submitted for each trust prior to the gap in reporting. For example, Colchester Hospital University

NHS Foundation Trust was unable to submit RTT data from December 2014 to April 2015 inclusive, so the data submitted by the trust for November 2014 was used to produce estimates of the missing data. For incomplete pathways, the total number of incomplete pathways in the month prior to the gap in reporting is applied to all missing months. For completed (admitted and non-admitted) pathways, the total number of pathways per working day in the month prior to the gap in reporting is applied to all missing months, multiplied by the relevant number of working days in each month.

Estimates are only applied for total admitted, non-admitted and incomplete pathways and are included for acute NHS providers. A spreadsheet showing a time series for total RTT clock starts, completed admitted, completed non-admitted and incomplete pathways with and without estimates for missing data accompanies this report.

6.4 Data Revisions

Revisions to published figures are usually released on a six-monthly basis in accordance with the NHS England and NHS Improvement statistics revision policy. This policy is available from the NHS England website at the following address:

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/12/SDCS-Revisions-Policy_v1.0.pdf

The release of revisions has been affected by resource pressures as a result of COVID-19. The most recent set of revisions were published on 9 January 2020 for periods April 2019 to August 2019.

NHS England and NHS Improvement may receive and publish revisions to RTT data contained in the 2019/20 annual statistical report. However, this annual report will not be updated and re-released to take into account any future changes.

6.5 Data comparability

Scotland also collects and publishes RTT waiting times data and has an 18 weeks 'time waited' standard of 90%. Care needs to be taken when comparing English and Scottish RTT waiting times data as differences exist in the measurement rules; for example, some consultant-led services are not included in RTT measurement in Scotland. RTT data for Scotland are available here:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT/>

Wales also collects and publishes RTT waiting times data and has a 26 week 'time waiting' standard of 95% and a 36 week 'time waiting' standard of 100%. Care needs to be taken when comparing English and Welsh RTT waiting times data as differences exist in the measurement rules; for example, there are differences in the circumstances where RTT clock restarts are allowed between Wales and England. RTT data for Wales are available here:

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment>

Northern Ireland does not measure RTT waiting times. They collect and publish stage of treatment inpatient and outpatient waiting times. These data are available here:

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-waiting-times-statistics>

The Government Statistical Service has released a technical document summarising (i) what is measured in each of the four UK countries, (ii) how the statistics are similar and (iii) where they have key differences. The document is available here:

<https://gss.civilservice.gov.uk/health-waiting-time-statistics/>

7. Glossary

Adjusted

Prior to the decision to retire the operational performance standard for completed pathways, NHS England collected data on waiting times for admitted pathways where adjustments had been made for clock pauses (which occurred when a patient declined reasonable offers of admission and chose to wait longer).

Admitted pathway

The waiting times (time waited) for patients whose treatment started during the month and involved admission to hospital.

Clock start

The date on which a patient's RTT pathway starts, when a patient is referred for consultant-led treatment and the referral is received by the provider.

New Periods

The number of new RTT periods during the month, i.e. clock starts which occurred within the reporting period.

Clock Stop

The date on which a patient's RTT pathway ends. The following activities end the RTT pathway and lead to the RTT clock being stopped:

- first treatment - the start of the first treatment that is intended to manage a patient's disease, condition or injury
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat - decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment.

Commissioner

A commissioner is normally a Clinical Commissioning Group (CCG). CCGs commission services from providers of NHS care.

Incomplete pathway

The waiting times for patients waiting to start treatment at the end of the month. These patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure.

Median and percentile waiting times

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting times is the middle value when all patients are ordered by length of wait. This is the mid-point of the RTT waiting times distribution. For completed pathways, 50% of patients started treatment within the median waiting time, and for incomplete pathways 50% of patients were waiting within the median waiting time.

The 92nd percentile waiting time is shown for incomplete pathways to correspond with the 92% operational standard. This is the time that 92% of patients had been waiting less than (and 8% of patients had been waiting more than). For example, if the 92nd percentile is 17 weeks, then 92% of patients had been waiting less than 17 weeks at the end of the reporting period and 8% of patients had been waiting more than 17 weeks.

It should be noted that median and 92nd percentile waiting times are calculated from aggregate data, rather than patient-level data, and therefore are only estimates of the position on average waits.

Non-admitted pathway

The waiting times (time waited) for patients whose treatment started during the month and did not involve admission to hospital.

Provider

An organisation that provides NHS treatment or care, for example, an NHS Acute Trust, Mental Health Trust, Community provider, or an Independent Sector organisation.

RTT pathway/RTT period

The length of time between a patient's RTT clock start and the clock stop for a particular treatment. Alternatively, if the patient has not yet started treatment, it is the length of time from the clock start to the end of the reference month.

Treatment function

RTT waiting times are measured within 19 treatment functions (including “Other”), which were chosen to capture the main treatment areas. Treatment functions are based on consultant specialties.

8. Additional Information

We welcome feedback on the content and presentation of RTT statistics within this report and those published on the NHS England website. Comments on this report, or general queries regarding RTT data and statistics, can be e-mailed to england.rtt@nhs.net.

Full details of RTT data for individual organisations is available at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

Debbie Moon

Performance Analysis Team – Elective, Activity and Planning

NHS England and NHS Improvement

Room 5E24, Quarry House, Leeds LS2 7UE

E-mail: england.rtt@nhs.net