Thursday 13 Oct 2022

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
August 2022

NHS England released statistics today on referral to treatment (RTT) waiting times for consultant-led elective care. The statistics include patients waiting to start treatment at the end of August 2022 and patients who were treated during August 2022.

Main findings

- At the end of August 2022, 60.8% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard.

- The number of RTT patients waiting to start treatment at the end of August 2022 was 7.0 million patients. Of those, 387,257 patients were waiting more than 52 weeks and 2,646 patients were waiting more than 104 weeks.

- For patients waiting to start treatment at the end of August 2022, the median waiting time was 13.8 weeks. The 92nd percentile waiting time was 46.4 weeks.

- During August 2022, 1,649,719 patients started a new RTT pathway (new RTT periods or clock starts).

- During August 2022, 275,828 RTT patients started admitted treatment and 1,061,667 started non-admitted treatment (completed pathways).

Missing data for August 2022

Frimley Health NHS Foundation Trust (RDU) did not submit any RTT pathway data.

Factoring in estimates based on the latest data submitted for the missing trust suggests the total number of RTT patients waiting to start treatment at the end of August 2022 was 7.07 million patients. See section 5 of 'Notes to editors' for details of the latest data submitted by the missing trust.

Guy's and St Thomas NHS Foundation Trust did not submit any RTT pathways data for community providers this month.

Further information

Detailed tables of incomplete and completed pathway waiting times by treatment function (specialty), commissioner and provider are available at: http://www.england.nhs.uk/statistics/rtt-waiting-times/

The commissioner data files have been amended this month to include an aggregation of waiting times by system (in addition to figures by commissioner, region and for England as a whole).

For April 2021 data onwards, the reporting requirements for the monthly RTT data return were updated – see section 4 of 'Notes for editors' for a summary of the changes and further details are available at DCB0095: Consultant-led referral to treatment (RTT) waiting times - NHS Digital).

National trends

- Of patients waiting to start treatment at the end of August 2022, 60.8% were waiting up to 18 weeks (chart 1).

- The number of RTT clock starts per working day in August 2022 was 96.9% of the level in the same month in the pre-Covid baseline comparison period (12 months to February 2020). The volume of clock starts was down by 6.5% in the 12 months to August 2022 compared to 12 months to February 2020 (prior to Covid), having taken account of trusts not submitting data (chart 2).

- The number of completed admitted and non-admitted RTT pathways per working day in August 2022 was 92.7% and 97.3% of the level in the same month in the pre-Covid baseline comparison period (12 months to February 2020). The total number of completed RTT pathways per working day was down by 8.4% in the 12 months to August 2022 compared to 12 months to February 2020 (prior to Covid), having taken account of trusts not submitting data (charts 3 and 4).

- The number of RTT patients waiting to start treatment at the end of August 2022 (incomplete pathways) increased by 54.6% compared to the end of February 2020 (prior to Covid), having taken account of trusts not submitting data (chart 5).

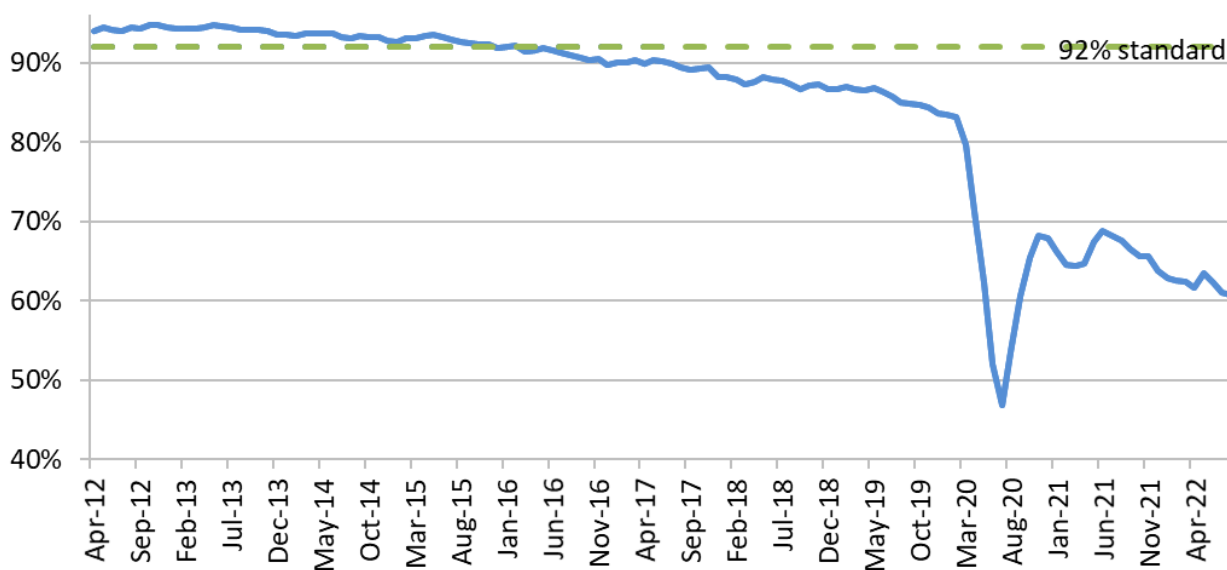**Chart 1: % of incomplete pathways within 18 weeks (published figures)**

Chart 2: Number of new RTT clock starts per working day, including estimates for missing data
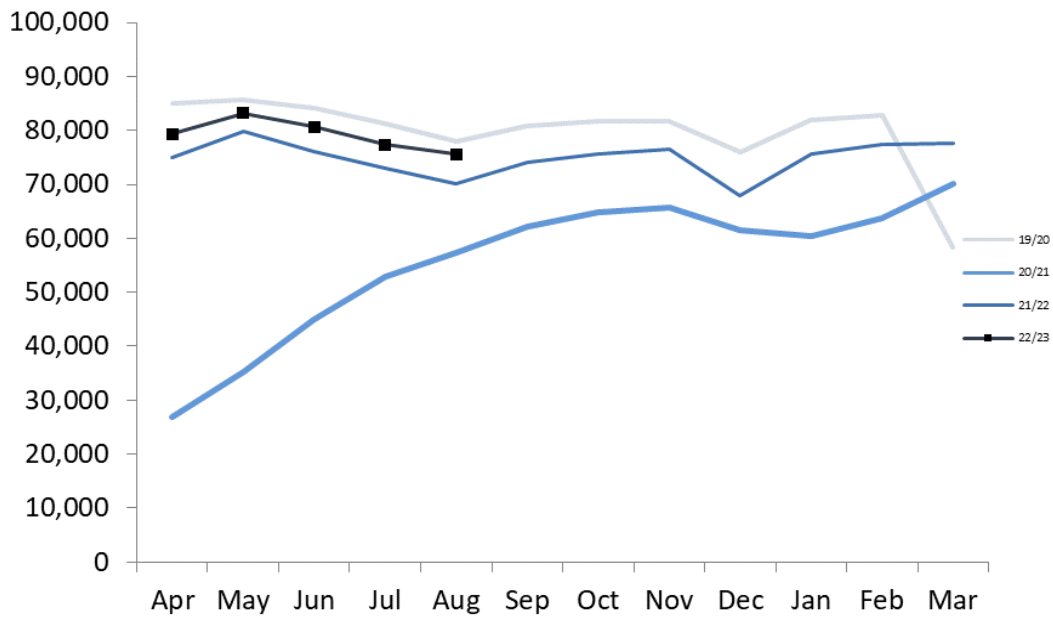

Chart 3: Number of completed admitted RTT pathways per working day, including estimates for missing data
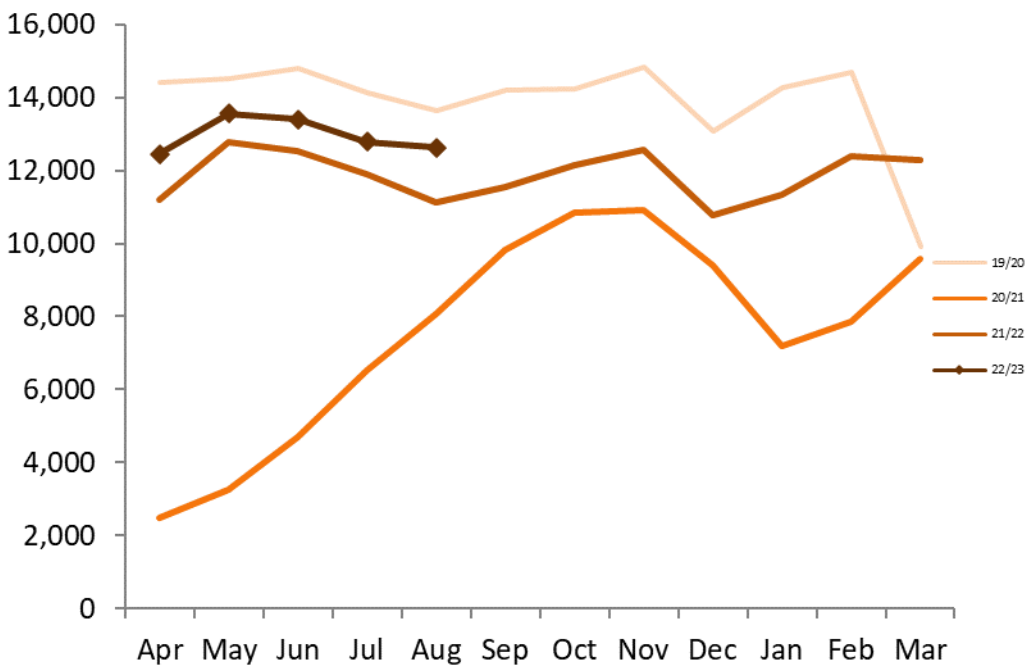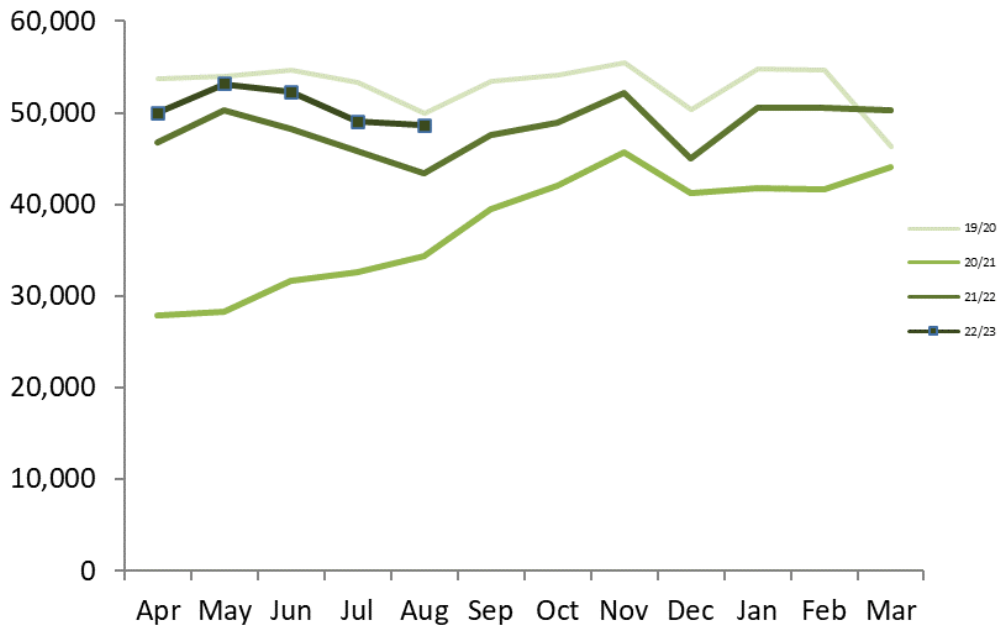
Chart 4: Number of completed non-admitted RTT pathways per working day, including estimates for missing data

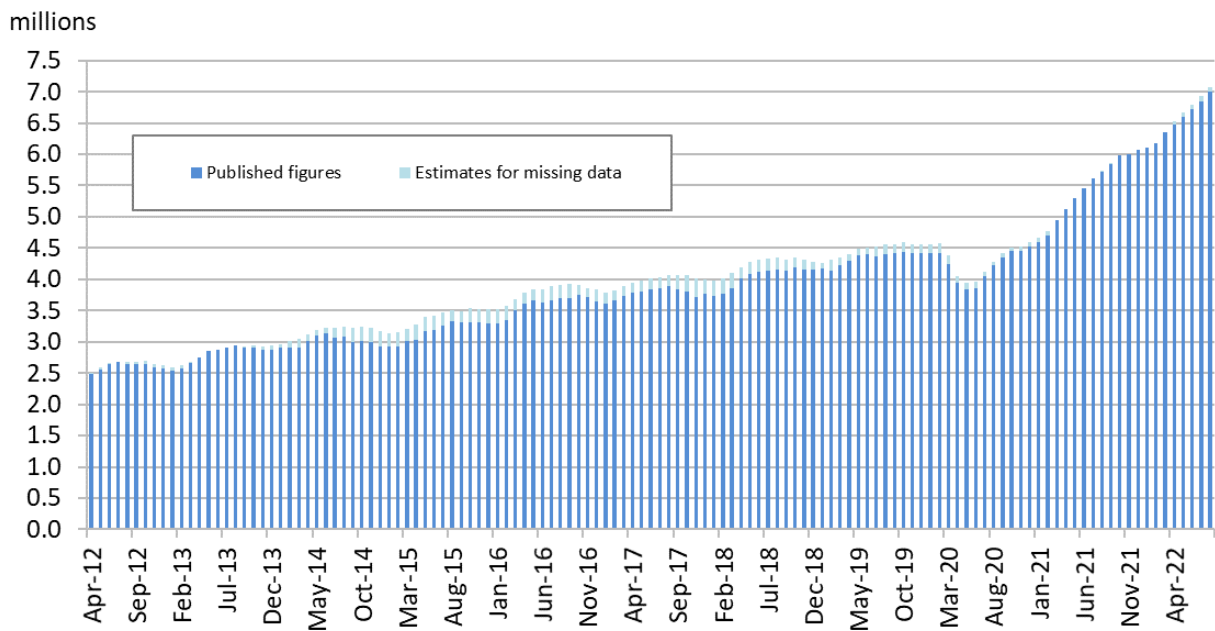## Chart 5: Total incomplete RTT pathways

Table 1 – RTT pathways by treatment function, August 2022, England

Treatment function	Incomplete pathways		Completed pathways	
	Total	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)
General Surgery Service	451,072	57.7%	25,864	55,431
Urology Service	372,119	57.2%	18,565	44,451
Trauma and Orthopaedic Service	787,726	57.4%	41,226	95,243
Ear Nose and Throat Service	544,228	52.3%	10,648	67,454
Ophthalmology Service	656,759	63.6%	53,604	99,400
Oral Surgery Service	289,262	52.5%	11,771	32,732
Neurosurgical Service	58,680	52.4%	2,190	5,865
Plastic Surgery Service	95,147	56.8%	11,128	9,988
Cardiothoracic Surgery Service	11,501	66.4%	1,946	1,381
General Internal Medicine Service	43,960	69.4%	1,456	8,845
Gastroenterology Service	370,569	60.6%	17,095	41,703
Cardiology Service	334,628	65.6%	8,231	45,090
Dermatology Service	385,455	64.0%	8,690	82,314
Respiratory Medicine Service	172,606	66.7%	1,721	30,156
Neurology Service	208,922	58.9%	896	25,400
Rheumatology Service	130,311	66.9%	1,293	24,819
Elderly Medicine Service	24,494	85.1%	340	7,693
Gynaecology Service	545,160	55.9%	14,257	77,843
Other – Medical Services	534,044	70.7%	13,244	112,758
Other – Mental Health Services	18,476	71.9%	375	6,463
Other – Paediatric Services	377,942	61.8%	8,930	57,460
Other – Surgical Services	430,526	62.4%	18,403	82,494
Other – Other Services	159,669	75.5%	3,955	46,684
England	**7,003,256**	**60.8%**	**275,828**	**1,061,667**

Table 2 – RTT waiting times time series, England

Month	Incomplete pathways		
	Median wait (weeks)	92nd percentile (weeks)	% within 18 weeks
Aug 2007	14.3	52.4	57.2%
Mar 2008	9.8	51.6	66.0%
Mar 2009	5.6	23.3	87.6%
Mar 2010	5.2	18.9	91.1%
Mar 2011	5.5	20.7	89.4%
Mar 2012	5.2	17.0	93.3%
Mar 2013	5.5	16.6	94.2%
Mar 2014	5.5	16.9	93.7%
Mar 2015	5.6	17.2	93.1%
Mar 2016	6.4	18.5	91.5%
Mar 2017	6.2	19.5	90.3%
Mar 2018	6.9	21.9	87.2%
Mar 2019	6.9	22.3	86.7%
Mar 2020	8.9	26.5	79.7%
Mar 2021	11.6	52+	64.4%
Apr 2021	11.0	48.7	64.6%
May 2021	10.8	45.3	67.4%
June 2021	10.5	44.2	68.7%
July 2021	10.9	43.8	68.3%
Aug 2021	11.5	44.4	67.6%
Sep 2021	11.9	44.5	66.5%
Oct 2021	12.0	44.4	65.6%
Nov 2021	11.5	42.9	65.5%
Dec 2021	12.5	43.4	63.8%
Jan 2022	13.0	44.2	62.8%
Feb 2022	13.1	43.9	62.6%
Mar 2022	12.0	44.3	62.4%
Apr 2022	12.6	45.0	61.7%
May 2022	12.7	45.3	63.5%
Jun 2022	13.3	45.7	62.2%
Jul 2022	13.3	45.9	61.0%
Aug 2022	13.8	46.4	60.8%

Notes:
1. Median and 92nd percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
2. A more detailed time series table is available at: http://www.england.nhs.uk/statistics/rtt-waiting-times/

Notes to editors

1. Referral to Treatment (RTT) pathways

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.

Admitted pathways are the waiting times for patients whose treatment started during the reporting period and involved admission to hospital. These are sometimes referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for patients whose wait ended during the reporting period for reasons other than an inpatient or day case admission to hospital for treatment. These are sometimes referred to as outpatient waiting times. They include the time waited for patients whose RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the reporting period. 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. These are sometimes referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

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, technically, we are considering the number or percentage of 'pathways'.

The Department of Health published the RTT Rules Suite on 28 November 2007. This document was updated in October 2015 and can be found at:
https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

Other guidance documents relating to RTT waiting times can be found at:
http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/

2. RTT waiting time rights and pledges

The NHS Constitution states that patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or it is clinically appropriate that they wait longer, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

3. RTT waiting times standards

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 who choose to delay treatments for personal or social reasons
- co-operation – patients who do not attend appointments along their pathways
- clinical exceptions – patients for whom it is not clinically appropriate to start treatment within 18 weeks.

In addition, NHS England introduced a zero tolerance of any referral to treatment 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 to NHS England and removing the admitted and non-admitted standards.

The Delivery plan for tackling the COVID-19 backlog of elective care released in February 2022 set the ambition of eliminating the longest waits of over two years by July 2022.[1]

4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed by English commissioners.

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

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[1] Except where patients choose to wait longer and for a very small number of specific highly specialised areas that may need tailored plans to tackle the backlog, as was the case before the pandemic.

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 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. Adjustments were permitted to admitted pathways for clock pauses, where a decision to admit for treatment had been made, and the patient had declined at least two reasonable appointment offers for admission. The RTT clock was paused for the duration of the time between the earliest reasonable date offered and the date from which the patient made themselves available for admission for treatment.

For October 2015 data onwards, the reporting requirements changed as follows:

- there was no longer a requirement for providers to submit admitted adjusted data
- unadjusted admitted and non-admitted completed pathway data was still required but no longer used for monitoring against operational standards
- the requirement to report incomplete pathway data remained unchanged – and had always been an unadjusted submission
- two new data items were added to the monthly data return: incomplete pathways where a decision has been made to admit the patient for treatment and new RTT pathways.

The figures for incomplete pathways with a decision to admit for treatment consist of cases where first definitive treatment has not started and a clinical decision to admit to a hospital bed for treatment has been made and the patient is awaiting admission, regardless of whether a date to admit has been given.

The difference between the values submitted for this data item and for total incomplete pathways equates to the number of incomplete pathways without a decision to admit for treatment. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient and patients where a decision to admit for a diagnostic procedure has been made.

For new RTT pathways, providers are asked to submit the number of new RTT pathways in the reporting month. In other words, RTT pathways where the clock start date is within the reporting month. This will include those where the clock also stopped within the reporting month.

For April 2021 data onwards, the reporting requirements changed as follows (further details available at [DCB0095: Consultant-led referral to treatment (RTT) waiting times - NHS Digital](#)):

- The use of the X24 code was phased out entirely and the more granular NHS commissioning codes used instead. This means that we are collecting and and publishing a breakdown of NHSE-commissioned services that was previously grouped together under the single code X24.

- Additional weekly time bands from 52-53 weeks to 104+ were added to the completed admitted, completed non-admitted and incomplete pathway sections of the collection
- Changes to the treatment function categories to:
  (a) reflect 21/22 changes as notified by NHS Digital. The changes fall into two categories:
    (i) update to treatment function names
    (ii) update to the guidance on reporting 'exceptions' in response to the introduction of new treatment function codes. Two new exceptions were been added:
      - Orthopaedic Service (111) and Trauma Surgery Service (115) should be included in Trauma and Orthopaedics (110). Note this is in addition to the existing reporting exception that Spinal Surgery Service (108) should be included in Trauma and Orthopaedics (110).
      - Oral and Maxillofacial Surgery (145) and Maxillofacial Surgery (144) should be included in Oral Surgery (140).
  (b) separate the 'Other' category into five groups:
    Other – Medical Services
    Other – Mental Health Services
    Other – Surgical Services
    Other – Paediatric Services
    Other – Other Services

Pathways commissioned by NHS England are shown under the following commissioner codes in the publication files:

13Q NATIONAL COMMISSIONING HUB 1
13R LONDON COMMISSIONING HUB
14A MIDLANDS COMMISSIONING HUB
14E EAST OF ENGLAND COMMISSIONING HUB
14F SOUTH WEST COMMISSIONING HUB
14G SOUTH EAST COMMISSIONING HUB
14M LONDON - H&J COMMISSIONING HUB
14Q MIDLANDS - H&J COMMISSIONING HUB
14R EAST OF ENGLAND - H&J COMMISSIONING HUB
14T SOUTH WEST - H&J COMMISSIONING HUB
27T NORTH WEST COMMISSIONING HUB
32T NORTH WEST - H&J COMMISSIONING HUB
76A NORTH EAST AND YORKSHIRE - H&J COMMISSIONING HUB
85J NORTH EAST AND YORKSHIRE COMMISSIONING HUB
97T SOUTH EAST - H&J COMMISSIONING HUB
X24 NHS ENGLAND
Y56 LONDON COMMISSIONING REGION
Y58 SOUTH WEST COMMISSIONING REGION
Y59 SOUTH EAST COMMISSIONING REGION
Y60 MIDLANDS COMMISSIONING REGION
Y61 EAST OF ENGLAND COMMISSIONING REGION
Y62 NORTH WEST COMMISSIONING REGION
Y63 NORTH EAST AND YORKSHIRE COMMISSIONING REGION

In regional aggregations in the publication files, all pathways under any of these commissioner codes are aggregated into the 'NHS ENGLAND' region totals.

The overarching commissioning code X24, was used for all NHS England Commissioned activity until March 2020, and started to be phased out from the monthly RTT data return with effect from the April 2020 data return onwards. Providers that were able to submit data under the relevant commissioner code as outlined in the NHS England Commissioning Responsibilities Matrix were asked to do so from the April 2020 data return onwards. From the April 2021 data return onwards, the X24 code has been removed from the monthly RTT data return.

See https://www.england.nhs.uk/data-services/commissioning-flows/ for more information on the Commissioner Assignment Method, and Appendix A of the Commissioner Assignment Method – Supporting Tables Spreadsheet 2020/21 spreadsheet at https://www.england.nhs.uk/publication/commissioner-assignment-method/ for details of the codes used.

If they wish, providers are able to submit data on RTT pathways commissioned by non-English commissioners under commissioner code NONC. However, it is not mandatory to provide details of these pathways in the monthly RTT data return and therefore this data does not provide a complete picture of non-English commissioned pathways. NONC pathways are excluded from all published outputs apart from the raw data CSV file published each month (titled 'Full CSV data file [mmmyy] (ZIP, xxxxK).

5. RTT data availability

Data for admitted patients (patients whose RTT clock stopped with an inpatient/day case admission) has been published each month since January 2007 on an unadjusted basis, and was published each month between March 2008 and September 2015 on an adjusted basis.

Data for non-admitted patients (patients whose RTT clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for patients whose RTT clock is still running has been published each month since August 2007.

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. Publication day is typically the second Thursday of each calendar month.

Revisions to published figures are 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. RTT revisions are usually released in January and July.

One acute trust did not submit data on incomplete RTT pathways this month. The latest figures submitted by the missing trust are shown in the table below.

Trust	Latest available incomplete RTT pathway data (rounded to nearest hundred)	Month incomplete pathway data last submitted
Frimley Health NHS Foundation Trust (RDU)	66,900	Jun-22

For months where one or more acute trusts do not submit RTT data, we use the following approach to estimate the impact of missing data:

- For incomplete RTT pathways, we factor in estimates based on the latest data submitted for the missing acute trust.

- To estimate the impact of missing data on completed (admitted and non-admitted) pathways, the total number of pathways per working day in each provider 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.

The impact of missing data varies depending on the measure being considered. 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 example, Medway NHS Foundation Trust was unable to submit data for October or November 2015. At the end of September 2015, 70.1 per cent of patients waiting to start treatment at Medway NHS Foundation Trust were waiting up to 18 weeks. The impact of removing the figures for this trust from the published September 2015 England-level figure of 92.5% of incomplete pathways within 18 weeks is an increase of 0.25 percentage points to 92.8%. This also caused a discontinuity in the specialty level, commissioner and regional series between September and October 2015. For example, removing Medway from the September 2015 figure for the South of England Commissioning Region would change it from the published 91.0% to 92.0%, an increase of 1.0 percentage points.

A spreadsheet showing a time series for total admitted, non-admitted and incomplete pathways with and without estimates for missing data accompanies this statistical press notice.

6. Median and 92nd 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 time is the middle value when all patients are ordered by length of wait, in other words, the midpoint of the RTT waiting times distribution or 50th percentile. 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.

For February and March 2021, it was not possible to estimate a more precise 92nd percentile value than 'greater than 52 weeks' as the aggregate data return included all patients waiting more than 52 weeks in a '52+ week' category for those months. For April 2021 data onwards, the monthly data return was amended to include time bands from '52-53 weeks' to '104+ weeks'.

7. Interpretation of RTT waiting times

Care should be taken when making month-on-month comparisons of these figures as measures of waiting time performance are subject to seasonality. For example, adverse weather during winter may change the balance between elective and emergency care. Similarly, the number of patients starting treatment will be influenced by the number of working days in the calendar month.

8. National Statistics

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. Designation can be broadly interpreted to mean that the statistics:
- meet identified user needs
- are well explained and readily accessible
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

9. Feedback welcomed

We welcome feedback on the content and presentation of RTT statistics within this statistical press notice and those published on the NHS England website. If you have any comments on this, or any other issues regarding RTT statistics, please email england.rtt@nhs.net

10. Additional Information

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.

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