

**Statistical Press Notice**  
**NHS referral to treatment (RTT) waiting times data**  
**July 2016**

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 July 2016 and patients who were treated during July 2016.

**Main findings**

- At the end of July 2016, 91.3 per cent of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.
- The number of RTT patients waiting to start treatment at the end of July 2016 was 3.66 million patients. Of those, 1,076 patients were waiting more than 52 weeks.
- For patients waiting to start treatment at the end of July 2016, the median waiting time was 6.6 weeks.
- During July 2016, 302,792 RTT patients started admitted treatment and 934,945 started non-admitted treatment (completed pathways).

**Missing data**

The following trusts did not submit any RTT pathway data:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Barts NHS Health Trust
- Burton Hospitals NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Medway NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust
- Walsall Healthcare NHS Trust

Wye Valley NHS Trust only submitted admitted pathways data.

Factoring in estimates based on the latest data submitted for each missing trust suggests the total number of RTT patients waiting to start treatment at the end of July 2016 may have been just under 3.9 million patients. See section 5 of 'Notes to editors' for details of the latest data submitted by missing trusts.

**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/>

**Table 1 – RTT pathways by treatment function, July 2016, England**

<b>Treatment function</b>	<b>Incomplete pathways</b>		<b>Completed pathways</b>	
	<b>Total</b>	<b>% within 18 weeks</b>	<b>Admitted Total (all)</b>	<b>Non-admitted Total (all)</b>
General Surgery	296,936	88.5%	35,189	62,388
Urology	183,761	90.1%	19,269	35,571
Trauma & Orthopaedics	483,904	88.9%	56,495	96,205
ENT	256,112	89.9%	14,962	68,610
Ophthalmology	371,504	92.7%	41,809	90,506
Oral Surgery	155,476	89.4%	15,348	31,635
Neurosurgery	31,167	81.7%	2,338	5,478
Plastic Surgery	53,318	86.9%	11,627	10,674
Cardiothoracic Surgery	7,713	89.1%	2,114	1,122
General Medicine	52,041	95.2%	3,453	17,463
Gastroenterology	174,303	91.4%	16,206	35,441
Cardiology	174,664	92.7%	8,894	40,498
Dermatology	198,737	95.1%	8,155	62,436
Thoracic Medicine	82,637	92.7%	1,959	23,363
Neurology	108,059	90.8%	963	26,696
Rheumatology	72,486	95.7%	1,875	23,377
Geriatric Medicine	22,287	98.0%	329	9,812
Gynaecology	215,385	92.3%	19,916	66,692
Other	724,417	92.3%	41,891	226,978
<b>England</b>	<b>3,664,907</b>	<b>91.3%</b>	<b>302,792</b>	<b>934,945</b>

**Table 2 – RTT waiting times time series, England**

<b>Month</b>	<b>Incomplete pathways</b>		
	<b>Median wait (weeks)</b>	<b>92<sup>nd</sup> percentile (weeks)</b>	<b>% within 18 weeks</b>
August 2007	14.3	52.4	57.2%
March 2008	9.8	51.6	66.0%
March 2009	5.6	23.3	87.6%
March 2010	5.2	18.9	91.1%
March 2011	5.5	20.7	89.4%
March 2012	5.2	17.0	93.3%
March 2013	5.5	16.6	94.2%
March 2014	5.5	16.9	93.7%
March 2015	5.6	17.2	93.1%
April 2015	5.9	16.5	93.3%
May 2015	6.0	17.0	93.5%
June 2015	6.0	17.2	93.2%
July 2015	6.0	17.4	92.9%
August 2015	6.5	17.6	92.6%
Sept 2015	6.5	17.7	92.5%
October 2015	6.2	17.8	92.3%
Nov 2015	6.1	17.8	92.4%
Dec 2015	6.7	18.2	91.8%
Jan 2016	6.8	18.0	91.995%
Feb 2016	5.9	17.9	92.1%
Mar 2016	6.4	18.5	91.5%
April 2016	6.6	18.6	91.6%
May 2016	6.4	18.2	91.8%
June 2016	6.5	18.4	91.5%
July 2016	6.6	18.8	91.3%

## Notes:

1. Median and 92<sup>nd</sup> percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
2. Where the 92<sup>nd</sup> percentile falls in the over 52 week time band, the estimates are less accurate. Hence, such figures are shown as 52+ weeks.
3. 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.

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

NHS England published operational standards that set an expected level of RTT performance. These were set out in Everyone Counts: Planning for Patients 2014/15 to 2018/19. They were:

- 90% of admitted patients and 95% of non-admitted patients to start treatment within a maximum of 18 weeks from referral
- 92% of patients on incomplete pathways to have been waiting no more than 18 weeks from referral.

These standards left 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, with contractual penalties for each such wait.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to these waiting time standards. The admitted and non-admitted operational standards were abolished, and the incomplete pathway standard 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 format of the admitted and non-admitted provider and commissioner data files published alongside this statistical press notice has been amended to reflect the change in the operational standards. These files no longer include a column showing the percentage of pathways within 18 weeks. However, a full breakdown of waiting times by weekly time band is still available in the files.

The incomplete pathway provider and commissioner data files have been amended to include the 92<sup>nd</sup> percentile rather than the 95<sup>th</sup> percentile, to correspond with the 92% operational standard for incomplete pathways.

The number of columns in the RTT overview time series (England-level time series) file has been reduced to reflect the changes in the operational standards, and the ordering has been changed to reflect that there is no longer a requirement to submit admitted adjusted data to NHS England. A copy of the previous version of the table with data to June 2015 is available at: <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/06/RTT-Overview-Timeseries-Jun15-XLS-107K-92612.xls>

#### 4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed and signed-off 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 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 is no longer a requirement for providers to submit admitted adjusted data to NHS England
- unadjusted admitted and non-admitted completed pathway data is still required but will no longer be used for monitoring against operational standards
- the requirement to report incomplete pathway data remains unchanged – and has always been an unadjusted submission
- two new data items were added to the Unify2 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.

These two new data items should be considered experimental, that is, they are in the testing phase and not yet fully developed. Basic validation checks were carried out on the data. A small number of trusts were alerted to possible errors; some resubmitted before the deadline and some suggested that changes would be made to data recording and extraction processes in future months to improve the accuracy of the data. We are working with trusts to improve the quality of these data for future months.

## 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. From August 2015, NHS England will publish the following statistics monthly on the same day, typically the second Thursday of each calendar month: RTT, Cancer, Diagnostics, A&E, Ambulance, NHS 111 and Delayed Transfers of Care.

Nine acute trusts did not submit data on incomplete RTT pathways for July 2016. Factoring in estimates based on the latest data submitted for each of these missing acute trusts suggests the total number of RTT patients waiting to start treatment at the end of July 2016 may have been just under 3.9 million patients. The latest figures submitted by missing acute trusts are shown in the table below.

<b>Trust</b>	<b>Latest available incomplete RTT pathway data (rounded to nearest hundred)</b>	<b>Month incomplete pathway data last submitted</b>
Barking, Havering and Redbridge University Hospitals NHS Trust	20,700	Nov-13
Barts NHS Health Trust	75,600	Aug-14
Burton Hospitals NHS Foundation Trust	11,900	Mar-16
Great Ormond Street Hospital For Children NHS Foundation Trust	2,200	Jul-15
Kettering General Hospital NHS Foundation Trust	14,700	Nov-15
Medway NHS Foundation Trust	36,300	Sep-15
St George's University Hospitals NHS Foundation Trust	37,200	May-16
Walsall Healthcare NHS Trust	13,800	Feb-14
Wye Valley NHS Trust	7,500	Mar-15

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 can be applied to all missing months multiplied by the

relevant number of working days in each month. Using this approach, the number of completed RTT pathways in the 12 months to July 2016 increased by 4.2% on the preceding 12 month period.

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.

## **6. Average (median) 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 midpoint of the RTT waiting times distribution. For completed pathways, 50 per cent of patients started treatment within the median waiting time, and for incomplete pathways 50 per cent of patients were waiting within the median waiting time.

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

## **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 [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)

## **10. Additional Information**

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

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