

NHS performance statistics

Published: 8th February 2018

Geography: England

Official Statistics

This monthly release aims to provide users with an overview of NHS performance statistics in key areas. Official statistics are designed to give informative and impartial information about the performance of the NHS.

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Key statistics

Accident and Emergency

- In the last 12 months there has been a 1.1% growth in the number of people attending A&E and a 3.2% growth in the number of people admitted to hospital as an emergency. There were over 23.7m attendances to A&E in the last twelve months and 5.97m emergency admissions to hospital.
- In January 2018, 85.3% of patients were seen within 4 hours compared with 85.1% in January 2017.

Ambulances

- There were 711,800 incidents in England in January 2018, 23,000 per day, that either received a face-to-face response from an ambulance service or were resolved on the telephone.
- The mean average response time during January 2018 for Category C1 was 8 minutes and 19 seconds.

Delayed Transfers of care

- In December 2017 patients spent a total of 145,300 extra days in hospital beds waiting to be discharged, compared to 195,400 in December 2016.
- This equates to an average of 4,688 beds occupied each day in December 2017 by a patient subject to a delayed transfer of care, compared to 6,305 in December 2016.

Referral to treatment

- Almost 16 million patients started treatment in the last 12 months. This represents a 4.3% increase on the previous year.

- At the end of December 2017, there were 3.8m people on the waiting list for treatment. The waiting list has increased by 4.2% when compared to a year earlier. At the end of December 2017, of those waiting, 88.2% had been waiting for 18 weeks or less, a fall from 89.7% in December 2016.

NHS Continuing Healthcare and NHS-funded Nursing Care

- The total number of Decision Support Tools (DSTs) completed for the Standard NHS CHC assessment route was 16,070 in Q3 2017/18. Of these, 2,977 (19%) were completed in an acute hospital setting
- Of the 18,812 Standard NHS CHC referrals completed in Q3 2017/18, 11,508 (61%) were completed within 28 days

Cancer waiting times

- There has been a 4.3% increase in the number of patients seen following an urgent GP referral in the last 12 months compared to the preceding 12 months. As well as a 3.2% increase in those starting first definitive treatment for a new primary cancer and a 4.2% increase in those receiving a first treatment for cancer following an urgent referral for cancer.
- In December 2017, 94.8% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, 97.9% started a first definitive treatment for a new primary cancer and 84.2% of people received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days.

Early intervention in Psychosis

- There were over 1,181 patients waiting to start treatment at the end of December 2017. In December 2017 73.2% of patients experiencing First Episode Psychosis (FEP) started treatment within two weeks of referral.

Improving Access to Psychological Therapies

- 50.1% of patients referred to IAPT services recovered in October 2017, against a target of 50.0%. The proportion recovering increased by 1.5 percentage points between the complete years of 2014-15 and 2015-16.

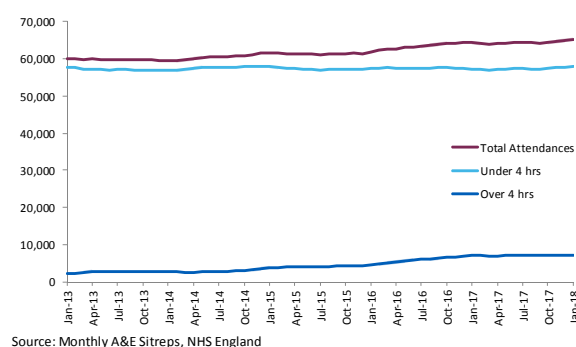
Urgent and emergency care

Access

Accident and Emergency

- There were 2.000m attendances in January 2018, 5.5% more than in January 2017. Attendances in the last 12 months were 1.1% higher than the preceding 12 month period.
- The number of attendances admitted, transferred or discharged within 4 hours was 1.706m (85.3% of the total). This is a 5.7% increase on the equivalent figure for January 2017 (1.613m seen within 4 hours).
- The number of patients seen in over 4 hours was 294,435 compared to 281,612 in January 2017, an increase of 4.6%.
- There were 526,000 emergency admissions in January 2018, 6.8% more than in January 2017. This is the highest number of emergency admissions reported since the collection began, however when adjusted for working days November 2017 was higher. Admissions in the last 12 months period were up 3.2% on the preceding 12 month period.
- There were 81,003 patients waiting more than 4 hours from decision to admit to admission (1.8% higher than January 2017). Of these, 1,043 patients waited more than 12 hours (5.5% more than in January 2017). Both of these are the highest number reported since the collection began.
- Publication of weekly winter data commenced on 7 December 2017, further details can be found at www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps.

No of attendances per day - 12 month rolling average



NHS 111

- There were 1.48m calls in England in January 2018, 7.5% more than in January 2017. There were 15.4m calls in the last 12 months, 2.5% more than the previous 12 months.
- Of calls offered to NHS 111 in January 2018, the proportion abandoned after waiting longer than 30 seconds was 5.1%, higher than in January 2017 (2.8%). Of calls answered by NHS 111 in January 2018, 75.5% were answered within 60 seconds, lower than in January 2017 (88.1%).
- Of calls answered, 39.5% were transferred to or answered by a clinician in January 2018. This is the highest proportion since this data was first collected in November 2016.

Ambulances

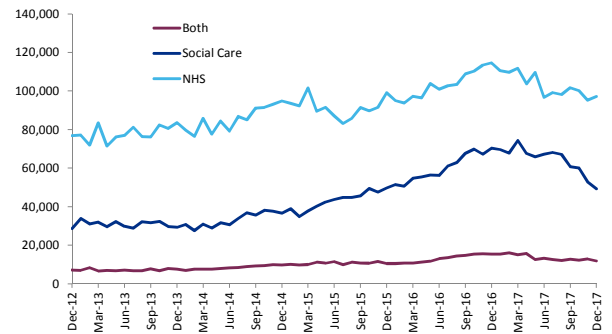
- The following data cover all ambulance services in England except Isle of Wight, who continue to report against the old Red 1 and Red 2 categories.
- There were 711,800 incidents in England in January 2018, 23,000 per day, that either received a face-to-face response from an ambulance service or were resolved on the telephone.
- The mean average response times in January 2018 were 8:19 for Category C1 and 26:05 for Category C2, 6.2% and 12.1% respectively faster than in December 2017.

- For cardiac arrest patients who had resuscitation commenced or continued by an Ambulance Service in England in September 2017, the percentage discharged alive from hospital was 10.6%. This was higher than the proportions in September 2016 (10.1%) and August 2017 (10.0%).

Quality

Delayed Transfers of Care

- There were 145,318 delayed days December 2017, compared to 195,445 in December 2016. This is a decrease of 25.6%. This is the lowest number of delayed days since August 2015 (145,093).
- These days equate to a daily average of 4,688 beds occupied by DTOC patients in December 2017 and 6,305 in December 2016. December 2017 has the lowest number of DTOC beds since August 2015, when the figure was 4,680.
- The proportion of delays attributable to NHS in December 2017 was 58.1%, up from 56.1% in December 2016. The remaining delays were attributed as follows: 33.9% Social Care (down from 36.0% in December 2016) and 8.1% Both (up from 7.9% in December 2016).



Planned care

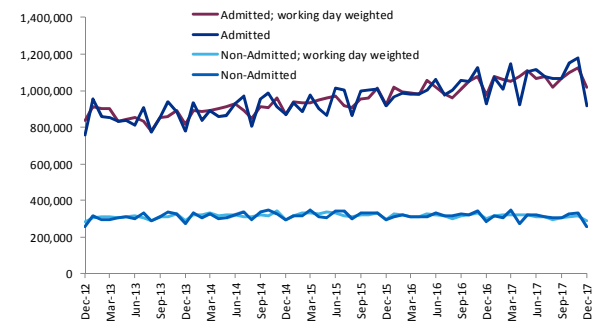
Access

Referral to treatment (RTT)

- 1.1m patients started consultant-led treatment in December 2017. There were 15.9m completed RTT pathways in the 12 months to December 2017. This is 603,000 more than the preceding 12 month period, an increase of 4.3% having taken account of working days and of trusts not submitting data.
- Of patients on the waiting list at the end of December 2017, 88.2% had been waiting less than 18 weeks, thus not meeting the 92% standard. This compares to 89.7% at the end of December 2016.
- The number of RTT patients waiting to start treatment at the end of December 2017 was 3.8 million, an increase of 4.2% over December 2016 (taking account of trusts not submitting information).
- The number of patients on the waiting list who were waiting under 18 weeks rose between December 2016 and December 2017 from 3.28m to 3.32m, and the number of patients waiting over 18 weeks rose from 376,000 to 445,000. This comparison will be affected by differences in the trusts not submitting information in each period.
- 1,750 patients were waiting more than 52 weeks. This compares to 1,227 in December 2016, and 1,085 patients five years ago (December 2012). This comparison will be affected by differences in the trusts not submitting information in each period.

Number of patients starting RTT treatment

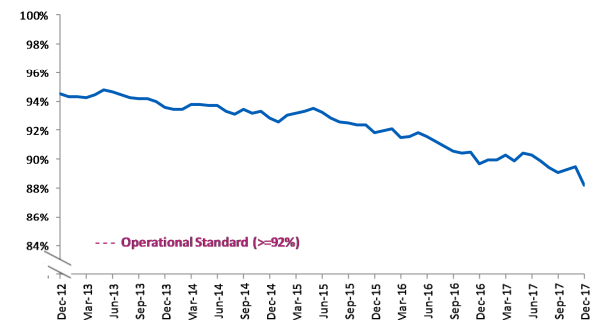
Including estimates for missing data



Source: Consultant-led Referral to Treatment Waiting Times, NHS England

% incomplete pathways within 18 wks

Published figures, no adjustments for missing data

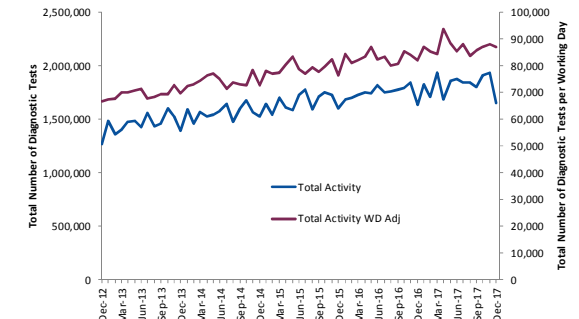


Source: Consultant-led Referral to Treatment Waiting Times, NHS England

Diagnostic tests

- 1.7m diagnostic tests were undertaken in December 2017, an increase of 6.3% on the previous year (adjusted for working days).
- The number of tests conducted over the last twelve months is up 4.8% (adjusted for working days) on the preceding twelve month period.
- 2.2% of the patients waiting for one of the 15 key diagnostic tests at the end of December 2017 had been waiting six weeks or longer from referral, compared to the 1% operational standard.

Total diagnostic test activity and working day adjusted activity



Source: Monthly Diagnostic Waiting Times & Activity, NHS England

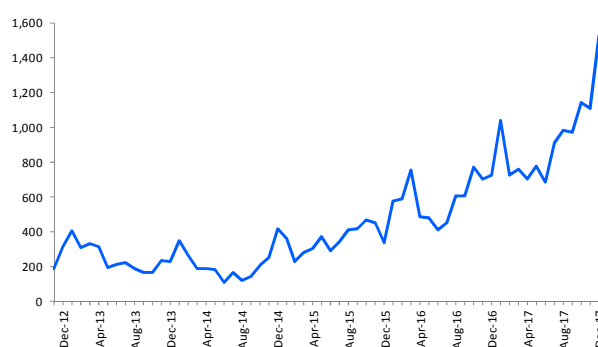
Quality

Mixed Sex Accommodation

Statistics in this section are already in the public domain and are routinely published by NHS England.

- In December 2017, providers of NHS-funded healthcare reported 1,523 breaches of MSA guidance in relation to NHS patients in sleeping accommodation. This compares to 1,108 in November 2017 and 314 in December 2012.
- Of the 150 acute trusts that submitted data for December 2017, 104 (69.3%) reported zero sleeping breaches.
- The MSA breach rate in December 2017 was 1.0 per 1,000 FCEs, 0.7 in November 2017 and 0.2 in December 2012.

Total mixed sex accommodation breaches



Source: Mixed sex accommodation breaches, NHS England

NHS Continuing Healthcare and NHS-funded nursing Care

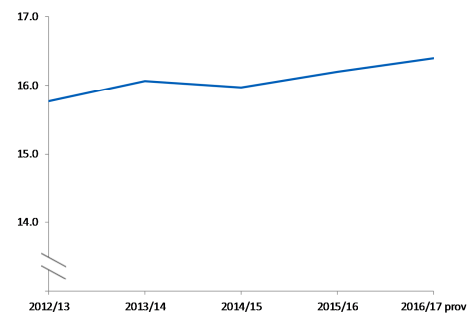
- The total number of Decision Support Tools (DSTs) completed for the Standard NHS CHC assessment route was 16,070 in Q3 2017/18. Of these, 2,977 (19%) were completed in an acute hospital setting
- Of the 18,812 Standard NHS CHC referrals completed in Q3 2017/18, 11,508 (61%) were completed within 28 days
- The number of incomplete referrals exceeding 28 days was 6,995 as at the last day of Q3 2017/18. Of these: 1,144 exceeded by up to 2 weeks; 802 exceeded by more than 2 weeks and up to 4 weeks; 1,705 exceeded by more than 4 weeks and up to 12 weeks; 1,464 exceeded by more than 12 weeks and up to 26 weeks; 1,880 exceeded by more than 26 weeks
- The total number of people eligible for NHS CHC was 55,114 as at the last day of Q3 2017/18. Of these, 38,932 were eligible via the Standard NHS CHC assessment route and 16,182 were eligible via the Fast Track assessment route
- The Fast Track referral conversion rate was 96% in Q3 2017/18
- The Standard NHS CHC assessment conversion rate was 26% in Q3 2017/18
- The total number of people eligible for NHS-funded Nursing Care was 79,117 as at the last day of Q3 2017/18.

Patient Reported Outcome Measures (PROMs)

Statistics in this section are already in the public domain and are routinely published by NHS Digital.

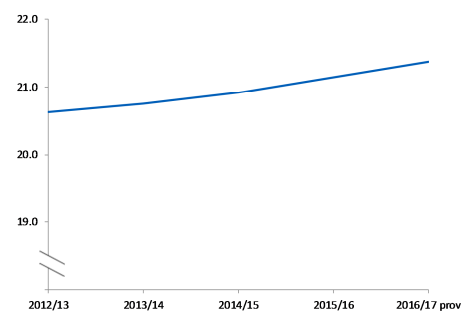
- PROMs assess the quality of care delivered to NHS patients for hip and knee replacements by using short, self- completed questionnaires before and after a procedure. Health gain on Oxford Hip and Knee Scores is measured from 0 (worst) to 48 (best), and is calculated by using the difference in scores from the pre- and post-operative questionnaires.
- The average health gain reported for hip and knee replacements has increased very slightly year on year over time, but the proportion of patients reporting improvement has largely remained unchanged.
- Participation in PROMs for hip and knee procedures has increased since PROMs was launched.
- Data for 2016/17 is provisional, with data added cumulatively until a final publication, due August 2018. This is due to post-operative questionnaires being sent out 6 months after the replacement procedure. Charts shown here contain all data returned to NHS Digital up to December 2017.

PROMs Knee Replacement Procedures, Average Health Gain



Source: Patient Reported Outcome Measures, NHS Digital

PROMs Hip Replacement Procedures, Average Health Gain



Source: Patient Reported Outcome Measures, NHS Digital

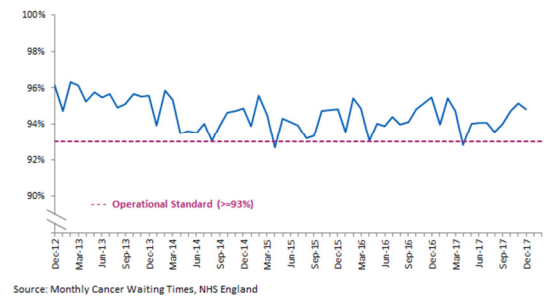
Cancer

Access

Cancer waiting times

- Two week wait: 145,419 people were seen following an urgent referral for suspected cancer in December 2017. There were 1,910,471 people seen in the 12 months to December 2017, an increase of 4.3% (78,741 more patients) on the previous 12 month period.
- 94.8% of people in December 2017 were seen by a specialist within two weeks of an urgent GP referral for suspected cancer. The operational standard specifies that 93% of patients should be seen within this time.

% of patients seen within 2 weeks from an urgent GP referral for suspected cancer



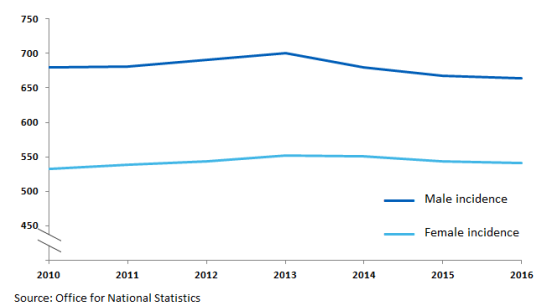
- 31 day wait: 22,376 patients started a first definitive treatment for a new primary cancer in December 2017. There were 289,266 patients who received first treatments in the 12 months to December 2017, an increase of 3.2%, or 9,068 additional patients, on the previous 12 month period.
- 97.9% of patients in December 2017 received a first definitive treatment for a new primary cancer. The operational standard specifies that 96% of patients should be treated within this time.
- 62 day wait: 11,264 patients received a first treatment for cancer following an urgent GP referral in December 2017. There were 146,967 patients who received first treatments for cancer following an urgent GP referral in the 12 months to December 2017, an increase of 4.2%, or 5,903 additional patients, on the previous 12 month period.
- 84.2% of patients received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days in December 2017, this equates to 9,480 patients being treated within the standard. The operational standard specifies that 85% of patients should be treated within this time.

Cancer registrations

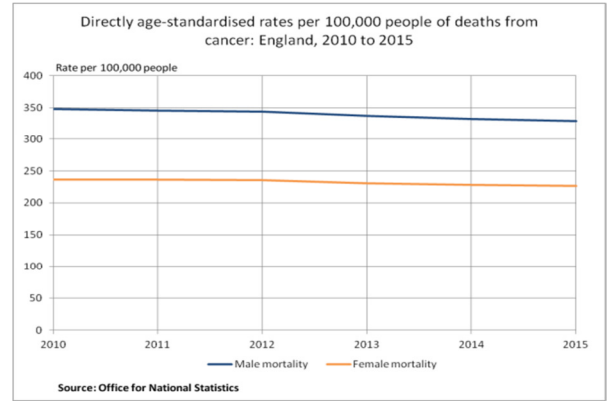
Statistics in this section are already in the public domain and are routinely published by the Office for National Statistics.

- Generally, cancer registrations have increased following advances in medicine which have resulted in an ageing population and improved detection of cancers. Advances in medicine and early detection of cancers have reduced the number of people dying from the disease.
- The number of new diagnosed cases of cancer in England continues to rise and, in 2016, there were 303,100 cancers registered (excluding non-melanoma skin cancers) – equivalent to 828 new cases being diagnoses each day. This has increased from 275,800 cancers registered in 2010.
- Breast (15.2%), prostate (13.4%), lung (12.7%) and colorectal (11.5%) cancers continue to account for over half (52.7%) of the cancer registrations in England for all ages combined.

Directly age-standardised rates per 100,000 people of newly diagnosed cases of cancer: England, 2010 to 2016



- Since 2010, the age-standardised rates* of cancer registrations per 100,000 people have increased in females (from 532.8 to 541.1 per 100,000 females) but have fallen for males (from 680.3 to 663.4 per 100,000 males).
- Between 2010 and 2015, mortality rates, due to cancer, for both males and females fell from 348.1 to 329.5 per 100,000 males and from 236.7 to 226.6 per 100,000 females.



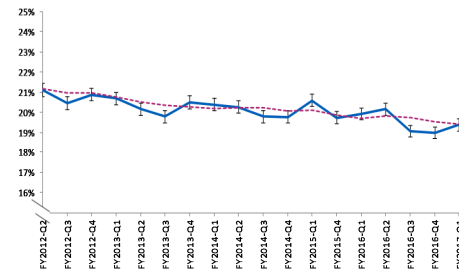
* NOTE: The age-standardised rates are expressed per 100,000 population and are standardised to the European standard population 2013 (ESP 2013).

Cancer Emergency Presentations

Statistics in this section are already in the public domain and are routinely published by Public Health England.

- Between April and June 2017, of 65,888 cancer patients first presenting at hospital in England, 12,769 (19.4%) presented as an emergency.
- In England, the annual average proportion of cancer patients who first presented as an emergency has gradually fallen over the last five years reported, from 20.8% in July 2012 to June 2013 to 19.4% in July 2016 to June 2017.

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



- At CCG level, there was an approximate threefold variation in the proportion of cancer patients who first presented as an emergency in the most recent quarter (April to June 2017); across the 209 CCGs the proportion varied from 13.3% to 30.4%.

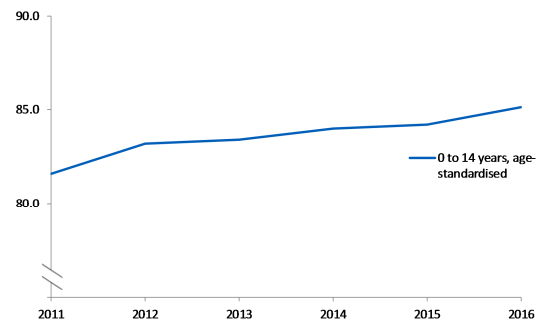
Quality

Cancer Survival Estimates

Statistics in this section are already in the public domain and are routinely published by the Office for National Statistics.

- Adults diagnosed with late cancer (stage 4) in 2015, which had already spread to other parts of the body, have lower 1-year survival compared with those diagnosed in the earliest stage (stage 1), with the lowest survival in lung cancer in men (17.1%) and women (21.6%).
- Conversely, adults diagnosed with melanoma of the skin, prostate and breast cancer (women only) in the earliest stage now have 1-year survival that is comparable to the general population of the same age who have not been diagnosed with cancer.
- For all childhood cancers (diagnosed in England from 1990 onwards and followed up to the end of the most recently completed calendar year) combined, the

Smoothed trends in 5-year survival (%) for children (aged 0 to 14 years) diagnosed with cancer in England between 2011 and 2016



general trend of increasing 5-year survival has continued. For children (0 to 14 years), 5-year survival has increased from 81.6% for those diagnosed in 2011 to 85.1% predicted for those children diagnosed in 2016. A similar increasing trend has been observed for 10-year survival.

Mental health

Access

Early Intervention in Psychosis

- The number of patients waiting to start treatment (incomplete pathways) was 1,181 at the end of December 2017. Of these 805 were waiting for more than two weeks.
- 73.2% of patients started treatment within two weeks in December 2017. The waiting time standard of 50% was therefore met. This compares to 72.3% the previous month and 74.4% in December 2016.
- Providers are continuing to work on data quality, and issues identified by them may ultimately impact on performance against the standard – any single month's data should therefore be treated with caution.

Percentage of people started treatment within 2 weeks



Source: Early Intervention in Psychosis Waiting Times, NHS England

Out of Area Placements

These statistics are already in the public domain and are routinely published by NHS Digital.

- The Government set a national ambition to eliminate inappropriate Out of Area Placements (OAPs) in mental health services for adults in acute inpatient care by 2020-21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally which can delay their recovery.
- The latest data published relates to the position at the end of November 2017 and reports that there were 675 Out of Area Placements (OAPs) active, of which 645 were Inappropriate.
- The drop in the published figure, compared to the previous month, is driven by improvements in data quality.
- These figures for OAPs should be interpreted with caution, as with all of the previous reports in this series. These figures only contain OAPs that started on or after 17 October 2016 (the date this OAPs collection launched). It is estimated that due to this starting point, this report only include around 95 per cent of all OAPs active during the collection period (if all providers in scope had submitted data).
- This month, 49 organisations have participated in this collection out of 56 organisations in scope. This means that 88 per cent of organisations have participated.

Children and Young People with an Eating Disorder

These statistics are published quarterly by NHS England.

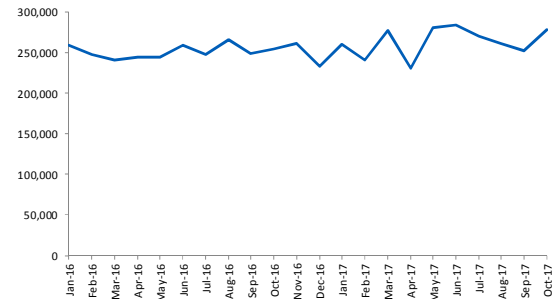
- By 2020, 95% of children and young people referred for assessment or treatment for an eating disorder should receive treatment within one week if the case is urgent, and four weeks if the case is routine.
- 76.9% of patients started urgent treatment within one week in Q3 2017-18. This compares to 71.0% in Q2 2017-18 and 67.2% in Q3 2016/17.

Mental Health Services – contacts and referrals

Statistics in this section are already in the public domain and are routinely published by NHS Digital.

- The number of new referrals into NHS funded secondary mental health, learning disabilities and autism services during October 2017 was 278,519. This is an increase of 7.4% (19,229) compared to the average number of new referrals per month between October 2016 and September 2017.
- In January 2016 the scope of statistics for secondary mental health, learning disabilities and autism services was expanded to include services for children and young people. Due to this, comparable figures are not available prior to this date.
- The number of people in contact with NHS funded secondary mental health, learning disabilities and autism services on 31 October 2017 was 1,204,009. This is a decrease of 0.9% (11,078) compared to the average number of people in contact at the end of each month between October 2016 and September 2017.

New referrals into secondary mental health, learning disabilities and autism services during the month



Source: Mental Health Services Data Set (MHSDS), NHS Digital

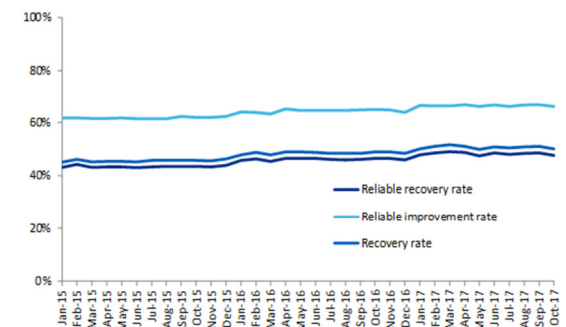
Quality

Improving Access to Psychological Therapies (IAPT)

These statistics are already in the public domain and are routinely published by NHS Digital.

- 50.1% of referrals recovered in October 2017, compared to 46.3% in 2015-16, and 44.8% in 2014-15. 66.0% of referrals reliably improved in October 2017, compared to 62.2% in 2015-16, and 60.8% in 2014-15. 47.6% of referrals reliably recovered in October 2017, compared to 44.0% in 2015-16 and 42.8% in 2014-15.
- There were 1,399,088 new referrals to IAPT services in 2015-16; 10% more than in 2014-15. 953,522 referrals entered treatment in 2015-16; 17%, or 137,857 referrals, more than in 2014-15.
- 537,131 referrals finished a course of IAPT treatment in 2015-16; 15% or 68,250 referrals more than in 2014-15.
- 82.1% waited less than 6 weeks in 2015-16 and 96.3% waited less than 18 weeks in 2015-16.

Outcomes in Psychological Therapies (IAPT)



Source: Improving Access to Psychological Therapies dataset, NHS Digital