



# **NHS Referral to Treatment (RTT) Waiting Times Statistics for England**

## **2011 Annual Report**

## Summary

- As in previous years, the majority of RTT patients started treatment within 18 weeks of referral in 2011. The percentage of patients who started admitted and non-admitted treatment within 18 weeks at England level has been broadly stable since January 2009.
- In 2011, the non-admitted standard was met nationally in all 12 months of the calendar year. The admitted standard was met nationally in 10 of the 12 months.
- The percentage of incomplete pathways – patients still waiting to start treatment at the end of the month – within 18 weeks has risen from 88.3% at the end of January 2011 to 91.2% at the end of December 2011.
- England level average (median) waiting times are broadly stable. In 2011, the average patient waited around eight and a half weeks to start admitted treatment, 4 weeks to start non-admitted treatment, and the average patient still waiting for treatment at the end of the month had been waiting around 6 weeks.
- The number of RTT patients who started consultant-led treatment in 2011 has been similar to previous years' levels of activity. Each month around 300,000 RTT patients start admitted treatment and around 850,000 start non-admitted treatment.
- The numbers of RTT patients waiting at the end of each month has been around 2.5 million patients since October 2008. There is a seasonal trend, where there are fewer patients waiting during winter – around 2.4 million – and more patients waiting during summer – around 2.6 million.

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## 1. Introduction

- 1.1. This report presents a summary of English NHS consultant-led referral to treatment waiting times statistics up to December 2011.
- 1.2. Patients continue to 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.
- 1.3. 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.
- 1.4. The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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## 2. Key terms

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

- 2.1. **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.

## 2.2. Operational waiting time standard

The waiting time standards set the proportion of RTT pathways that must be within 18 weeks. These proportions leave an operational tolerance to allow for patients for who 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
- Clinical exceptions – where it is not clinically appropriate to start a patient's treatment within 18 weeks

## 2.3. Admitted pathways

The admitted waiting time standard is 90% and applies to admitted adjusted RTT pathways. Admitted pathways are the waiting times for patients whose treatment started during the month and involved admission to hospital. These are also often referred to as inpatient waiting times, but include the complete time waited from referral until start of inpatient treatment.

Adjustments are allowed to be made to admitted pathways for clock pauses. A clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two reasonable appointment offers for admission. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available for admission for treatment.

## 2.4. Non-admitted pathways

The non-admitted waiting time standard is 95%. Non-admitted pathways are the waiting times for patients whose treatment started during the month and did not involve admission to hospital. These are also often referred to as outpatient waiting times, but 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.

## 2.5. Incomplete pathways

During 2011, there was no operational waiting time standard for incomplete pathways, but the Department of Health has introduced a new operational standard that a minimum of 92% of patients on an incomplete pathway should be waiting less than 18 weeks from April 2012 onwards. Incomplete pathways are the waiting times for patients still waiting to start treatment at the end of the month. These are also often referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

### 3. England RTT waiting times

#### 3.1. Operational waiting time standards

- 3.1.1. England level performance against the admitted standard of 90% and non-admitted standard of 95% has been broadly stable since January 2009, with the majority of RTT patients starting treatment within 18 weeks (Table 1).

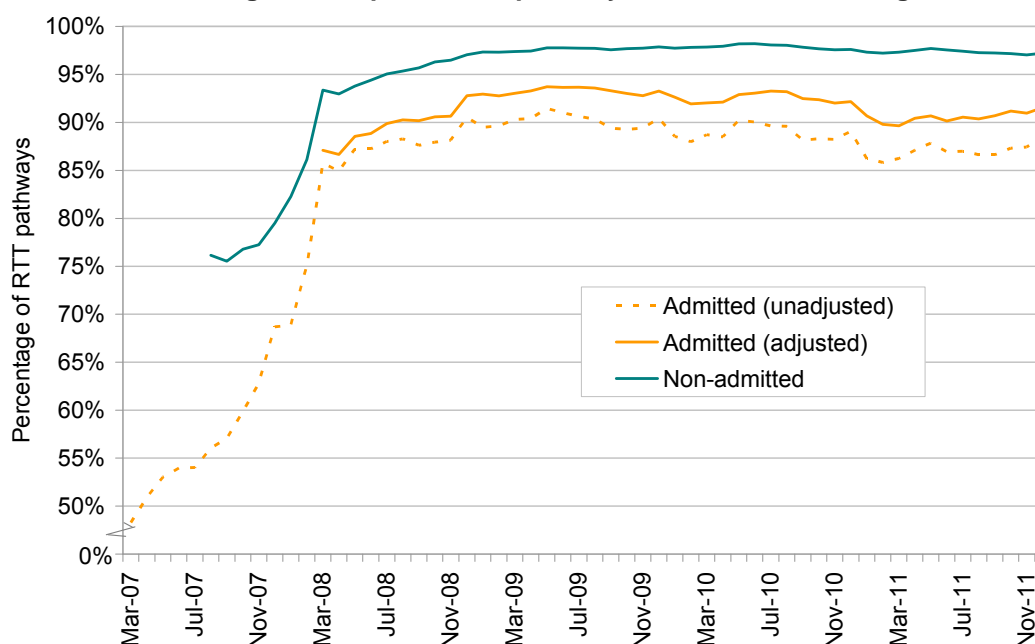
**Table 1: Annual percentage of completed RTT pathways within 18 weeks, England**

	2008	2009	2010	2011
Admitted (adjusted) pathways	86.6% <sup>1</sup>	93.2%	92.5%	90.5%
Non-admitted pathways	93.1%	97.6%	97.9%	97.3%

<sup>1</sup>Adjusted admitted data is available from March 2008. The 2008 figure is a combination of unadjusted data (for January and February 2008) and adjusted data for the rest of the year.

- 3.1.2. Although performance against the two waiting time standards has continued to be broadly stable in 2011, the proportion of RTT patients that started admitted treatment within 18 weeks was slightly lower than the level seen during 2010 (Chart 1).

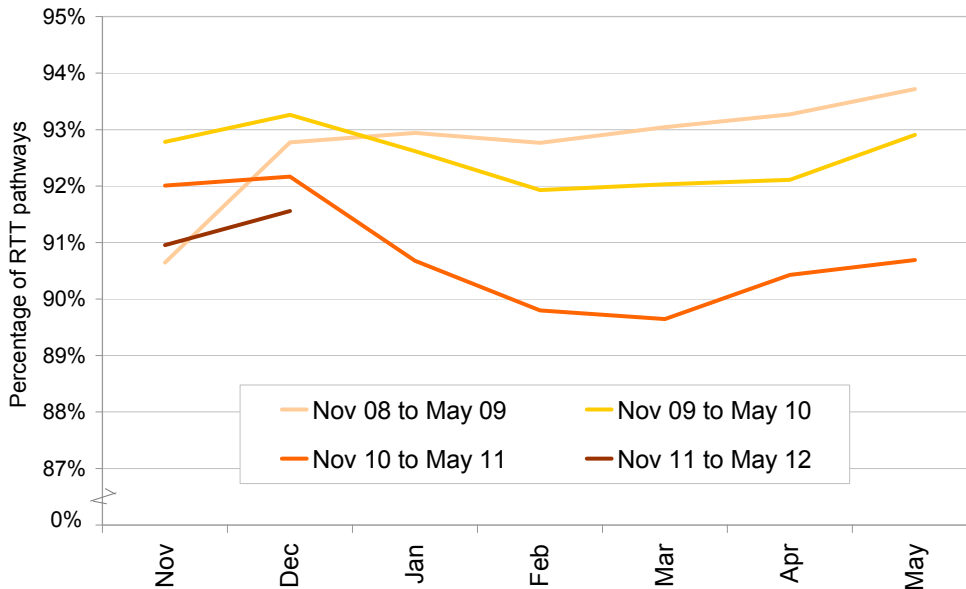
**Chart 1: Percentage of completed RTT pathways within 18 weeks, England**



- 3.1.3. In the first few months of 2011, there was a dip in performance against the admitted standard at England level and the percentage of patients who started admitted treatment within 18 weeks dropped below 90% in February and March (89.8% and 89.6% respectively).

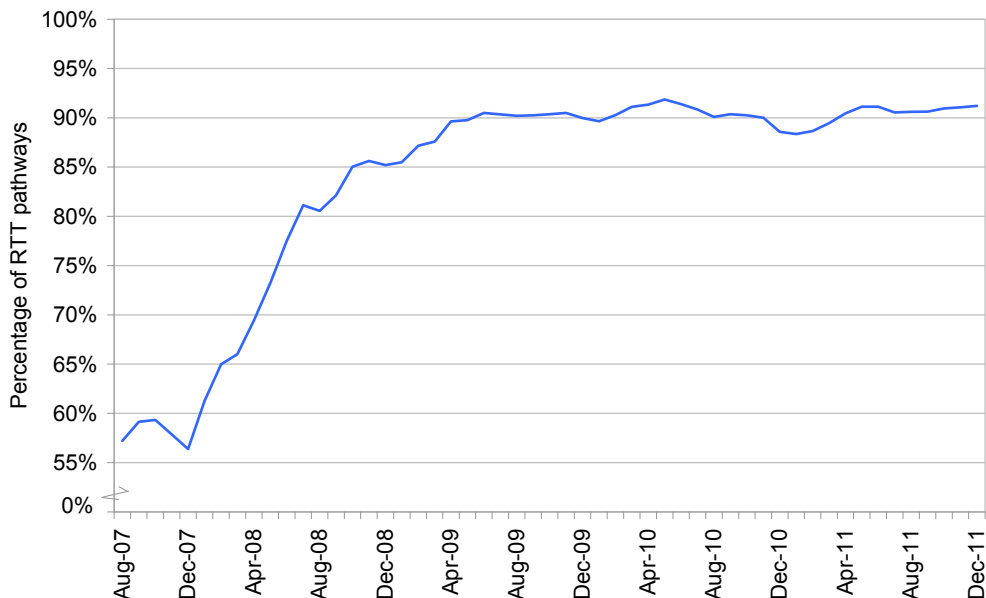
3.1.4. A seasonal dip in performance against the admitted waiting time standard is usual at the start of the calendar year (Chart 2). The seasonal dip is associated with winter pressures and in 2011 the dip was larger than 2010. This was a consequence of the changing shape of the RTT waiting list during 2010 (see 3.1.5).

**Chart 2: Percentage of admitted RTT pathways within 18 weeks, England**



3.1.5. Since April 2009, the percentage of incomplete pathways within 18 weeks at England level has fluctuated around 90% (Chart 3). At the end of May 2010 91.9% of patients had been waiting less than 18 weeks. This percentage gradually decreased over the rest of 2010 and contributed to the larger seasonal dip in the admitted percentage within 18 weeks in early 2011 as a larger proportion of the longer wait patients started treatment.

**Chart 3: Percentage of incomplete RTT pathways within 18 weeks, England**



- 3.1.6. However, since January 2011, the percentage of incomplete pathways within 18 weeks has risen from 88.3% to 91.2% at the end of December 2011 (Table 2).

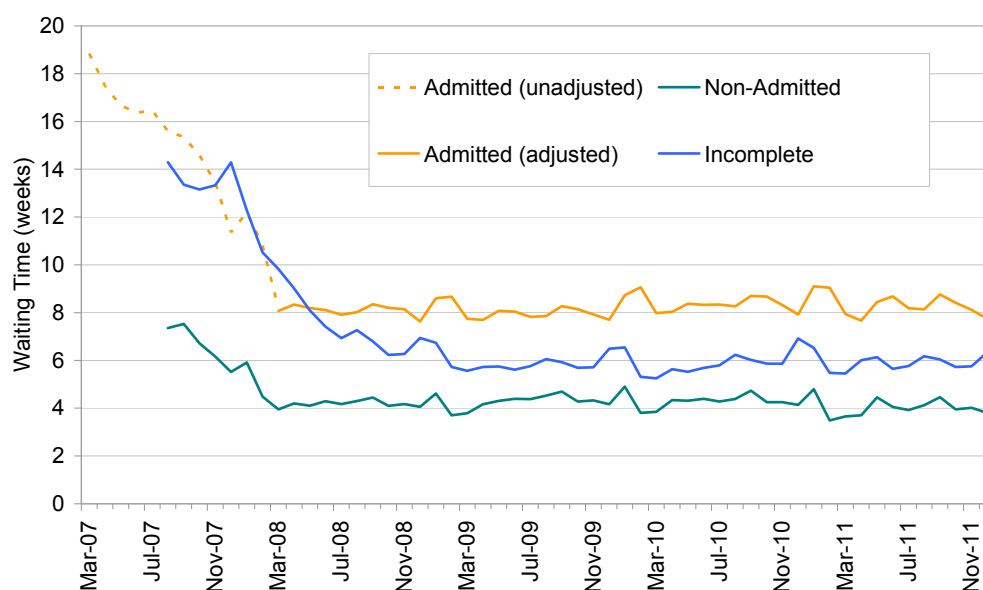
**Table 2: Percentage of incomplete RTT pathways within 18 weeks, England**

	Dec-07	Dec-08	Dec-09	Dec-10	Dec-11
Incomplete pathways	56.4%	85.2%	90.0%	88.6%	91.2%

## 3.2. Average and 95th percentile waiting times

- 3.2.1. Average (median) RTT waiting times have been broadly stable following the seasonal pattern seen in the previous two years (Chart 4). See glossary for an explanation of median waiting time.
- 3.2.2. In 2011, the average patient waited around eight and a half weeks to start admitted treatment, 4 weeks to start non-admitted treatment, and the average patient still waiting for treatment at the end of the month had been waiting around 6 weeks.

**Chart 4: Average (median) RTT waiting times, England**



- 3.2.3. The incomplete pathway median waiting time peaks in the middle of winter, around December and January. This is followed by an increase in the median waiting times 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.
- 3.2.4. As explained earlier, 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

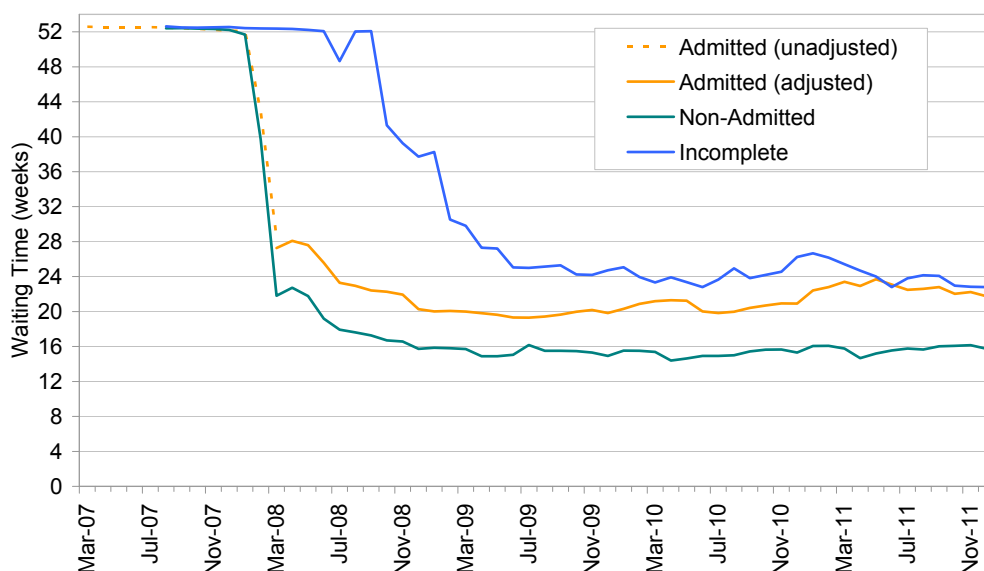


non-admitted waiting times. Therefore, if there is an increase in the waiting times of patients who have not started treatment, in subsequent months this will be followed by an increase in the 'time waited' admitted and non-admitted waiting times once these patients start treatment.

3.2.5. The seasonal pattern of peaks in the median waiting times corresponds with winter. The winter peak is associated with a combination of poor weather conditions changing the balance between elective and non-elective care and the impact of Christmas holidays.

3.2.6. The England level 95th percentile waiting time for non-admitted pathways has been broadly stable since January 2009 at around 16 weeks (Chart 5). This means that during 2011 around 95% of RTT patients started non-admitted treatment within 16 weeks.

**Chart 5: 95th percentile RTT waiting times, England**



Note: The 95th percentile cannot be calculated if it falls above 52 weeks due to the aggregate nature of the data.

3.2.7. From January 2009 to December 2010, the admitted 95th percentile waiting time was around 20 weeks. In the first half of 2010, the incomplete 95th percentile was around 24 weeks. During 2010, the incomplete 95th percentile waiting time gradually grew, reaching a high point of 26.7 weeks in January 2011.

3.2.8. A few months after the incomplete 95th percentile began increasing it had a knock on effect on the admitted 95th percentile waiting time, as larger proportions of patients who had waited longer started treatment. The admitted 95th percentile waiting time reached a high point of 23.7 weeks in May 2011.

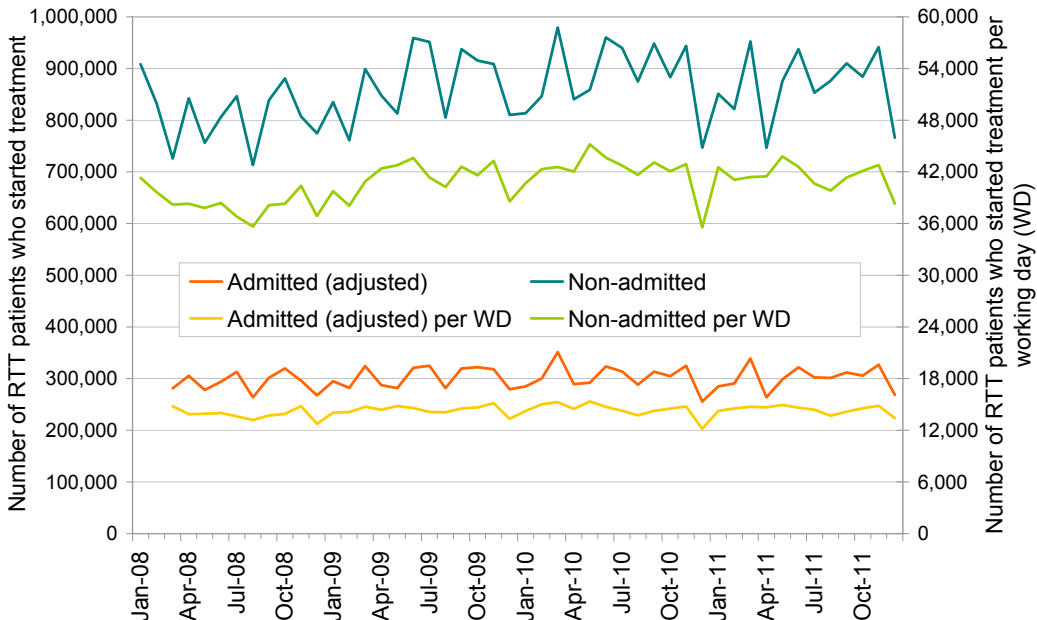
3.2.9. However, because larger proportions of longer wait patients were starting treatment, from January 2011 onwards the incomplete 95th

percentile waiting time began to decrease, reaching a low of 22.8 during 2011. This has gradually affected the admitted 95th percentile waiting time, which decreased from 23.7 weeks in May 2011 to 21.8 weeks in December 2011. This means that during December 2011 95% of patients started admitted treatment within 21.8 weeks.

### 3.3. Activity and waiting lists

- 3.3.1. The levels of RTT activity – numbers of patients who started consultant-led treatment – in 2011 have been similar to previous years. Each month around 300,000 RTT patients start admitted treatment and around 850,000 start non-admitted treatment.
- 3.3.2. 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. RTT activity is broadly stable and follows a clear seasonal pattern (Chart 6).
- 3.3.3. The number of working days in a month influences the amount of RTT activity – the presence of bank holidays and the number of weekends in a calendar month both affect the number of working days. When the impact of working days is taken into account, a smoother activity trend is visible (Chart 6). Around 14,000 RTT patients start admitted treatment and around 41,000 start non-admitted treatment per working day.

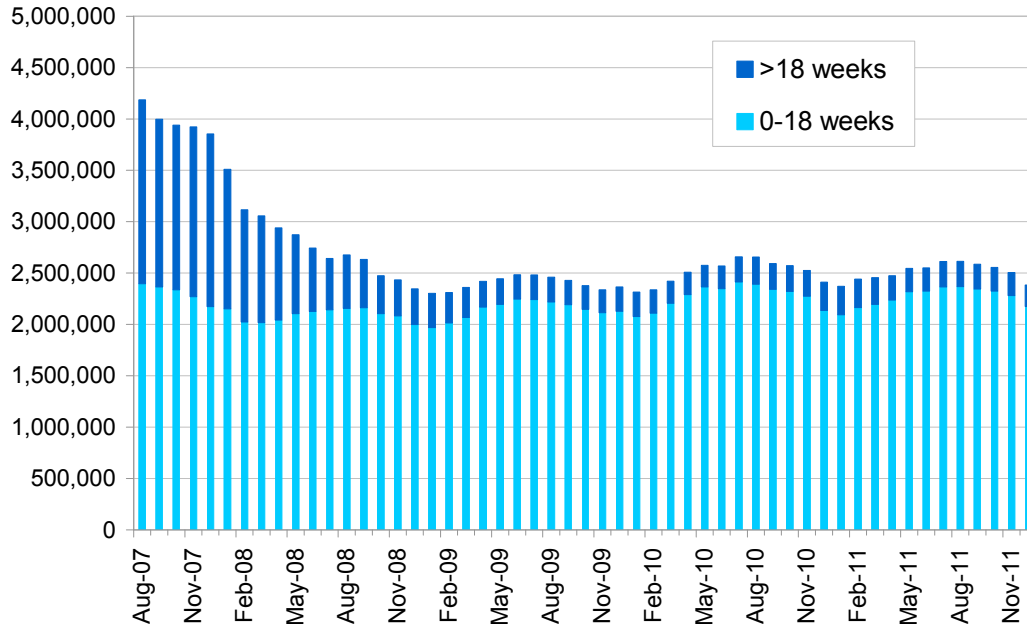
**Chart 6: Number of RTT patients who started treatment in each month, England**



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

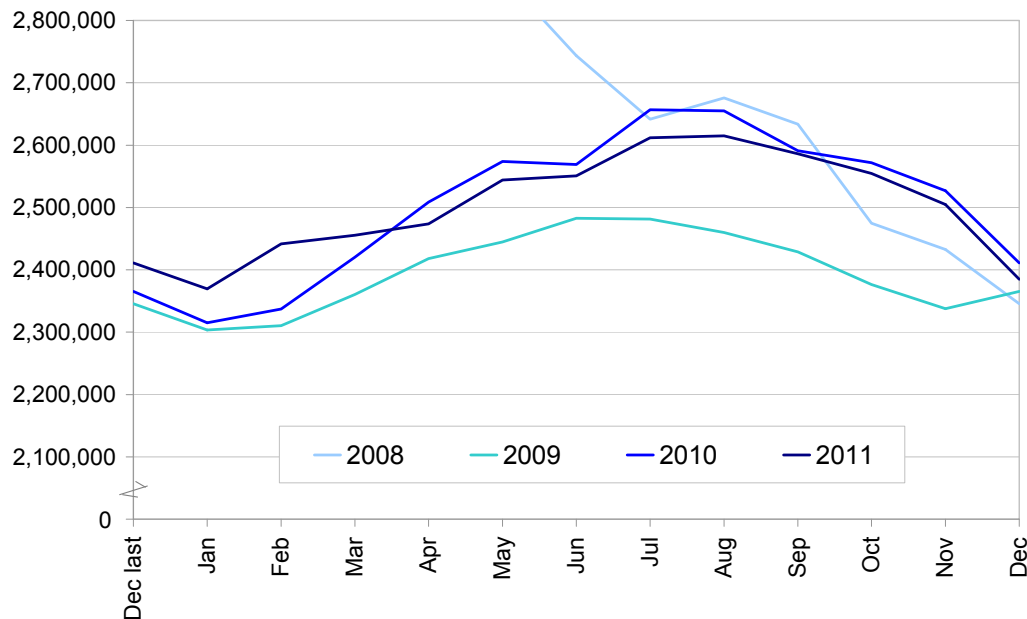
3.3.5. The RTT waiting list fell from just over 4 million patients waiting at the end of August 2007 to around 2.5 million patients at the end of October 2008 (Chart 7). Since October 2008, the numbers of RTT patients waiting has been broadly stable around 2.5 million patients, but subject to a clear seasonal trend.

**Chart 7: Number of RTT patients waiting at the end of the month, England**



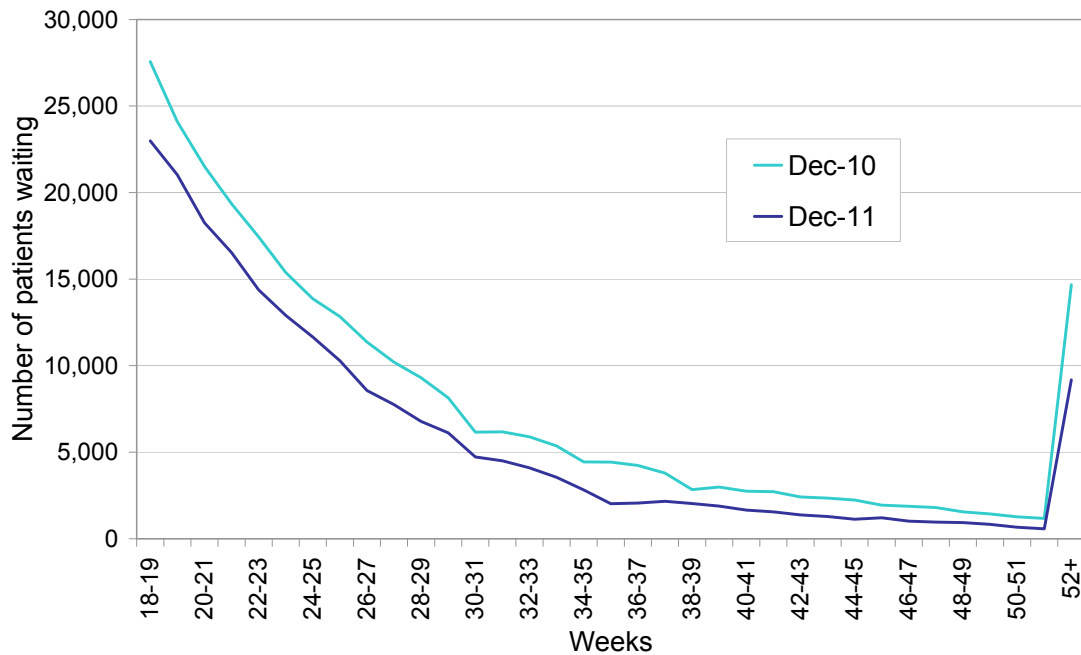
3.3.6. Comparing the total RTT waiting list year on year demonstrates the seasonal trend (Chart 8). The number of patients waiting in winter is lower at around 2.4 million patients, while the number of patients waiting peaks during summer at around 2.6 million patients.

**Chart 8: Number of RTT patients waiting at the end of the month year on year, England**



3.3.7. The relative size of the RTT waiting list throughout the months of 2011 is similar to previous years. However, during 2011 the proportion of patients waiting longer decreased changing the shape of the RTT list waiting list, which is demonstrated by comparing the tail of the list at the end of 2010 with 2011 (Chart 9).

**Chart 9: Number of RTT patients waiting more than 18 weeks, end of December 2010 compared to December 2011, England**



3.3.8. At the end of December 2010 there were around 276,000 patients waiting more than 18 weeks. This compares to December 2011 when the number of patients waiting more than 18 weeks at the end of the month was around 210,000.

## 4. Specialty RTT waiting times

- 4.1. England level performance against the waiting time standards is broadly stable, with the majority of RTT patients starting treatment within 18 weeks. However, there is some variation at specialty-level with shorter and longer waiting times for different areas of treatment.
- 4.2. RTT waiting times data is collected against 18 treatment functions, which cover the main treatment areas. RTT waiting times 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.
- 4.3. Annually in 2011, four specialties were below the admitted waiting time standard of 90% – trauma & orthopaedics, neurosurgery, oral surgery and general surgery – and two specialties were below the non-admitted waiting time standard of 95% – neurosurgery and oral surgery (Table 3).

**Table 3: Annual percentage of completed RTT pathways within 18 weeks and December 2011 percentage of incomplete pathways within 18 weeks, by treatment function, England**

	2011		Dec-11 <sup>1</sup>
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
General Surgery	89.9%	96.7%	88.8%
Urology	91.6%	96.4%	90.1%
Trauma & Orthopaedics	83.3%	95.5%	87.6%
ENT	90.2%	97.2%	92.3%
Ophthalmology	92.0%	97.0%	93.1%
Oral Surgery	88.8%	94.8%	93.3%
Neurosurgery	84.1%	92.6%	85.0%
Plastic Surgery	91.2%	97.3%	89.2%
Cardiothoracic Surgery	92.0%	97.6%	88.8%
General Medicine	98.7%	98.1%	91.6%
Gastroenterology	98.4%	96.0%	91.1%
Cardiology	95.7%	97.8%	91.7%
Dermatology	96.1%	97.9%	94.3%
Thoracic Medicine	98.8%	98.0%	91.7%
Neurology	96.9%	96.5%	92.5%
Rheumatology	98.3%	98.0%	94.7%
Geriatric Medicine	99.0%	99.0%	94.9%
Gynaecology	93.8%	98.3%	93.2%
Other	92.3%	98.2%	91.9%
<b>England</b>	<b>90.5%</b>	<b>97.3%</b>	<b>91.2%</b>

<sup>1</sup>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.

- 4.4. Trauma & orthopaedics, general surgery, ophthalmology and gynaecology are the specialties with the largest volumes of admitted RTT activity – numbers of patients who started admitted treatment (Table 4). These specialties also cover a range of performance against the waiting

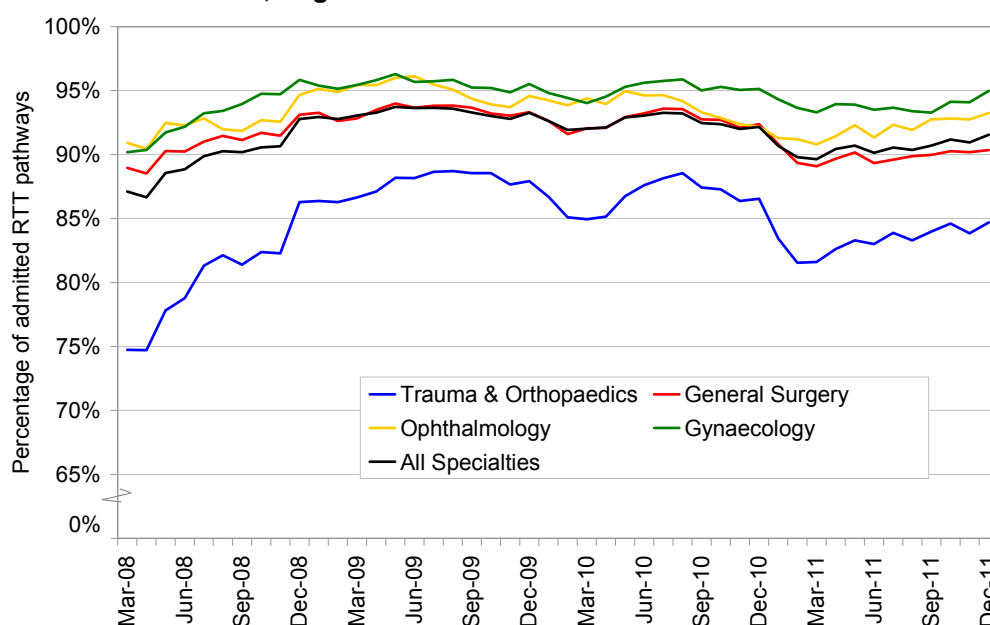
time standards, with shorter waiting times in ophthalmology and gynaecology and longer waiting times in trauma & orthopaedics and general surgery, so these specialties will be used to illustrate specialty-level variation across time.

**Table 4: Number of patients who started treatment and number waiting, by the four largest volume treatment functions for admitted patients, England**

	Number of patients who started admitted treatment in 2011	Number of patients who started non-admitted treatment in 2011	Number of patients waiting at the end of 2011
Trauma & Orthopaedics	663,119	971,692	350,644
General Surgery	497,635	703,626	224,317
Ophthalmology	478,613	1,011,214	257,221
Gynaecology	321,873	708,839	152,695

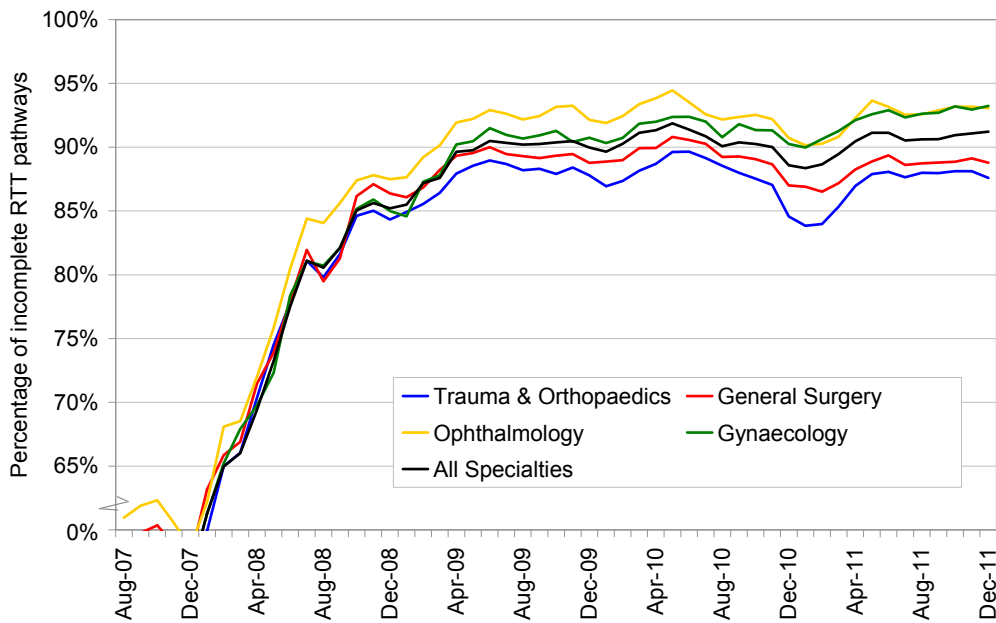
4.5. For patients who started admitted treatment in these four specialties we see the same trends as for England (all specialties) 'time waited' admitted waiting times. The England level dip in performance against the admitted waiting time standard in the first few months of 2011 was more distinct for trauma & orthopaedics pathways (Chart 10). However, the increase in the percentage of patients who started admitted treatment within 18 weeks during 2011 was also the greatest for trauma & orthopaedics, rising 3.2 percentage points from 81.5% in March 2011 to 84.7% in December 2011.

**Chart 10: Percentage of admitted RTT pathways within 18 weeks, by four treatment functions, England**



4.6. For patients waiting to start treatment in these four specialties we also see the same trends as for England (all specialties) waiting times – a gradual decline in the proportion of patients waiting within 18 weeks during 2010, but improvements in incomplete pathway waiting times from January 2011 onwards (Chart 11).

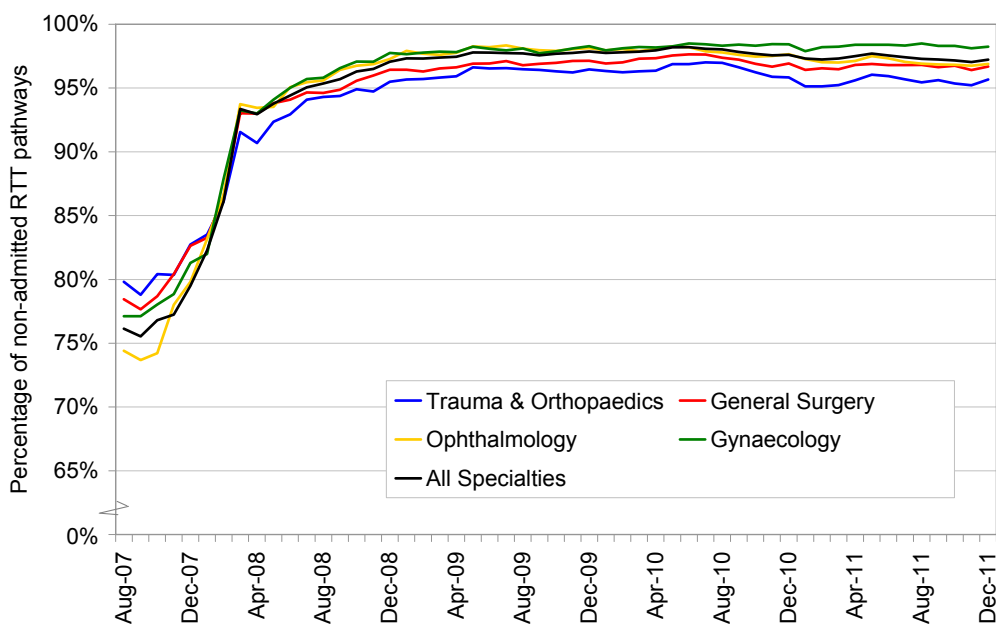
**Chart 11: Percentage of incomplete RTT pathways within 18 weeks, by four treatment functions, England**



4.7. For trauma & orthopaedics and general surgery, the percentage of patients waiting within 18 weeks has been fairly level since June 2011, at around 88% and 89%, respectively. While ophthalmology and gynaecology followed the England (all specialties) waiting times trend of a continuing gradual increase in the percentage of patients waiting within 18 weeks.

4.8. There is less variation in non-admitted waiting times across these four specialties (Chart 12).

**Chart 12: Percentage of non-admitted RTT pathways within 18 weeks, by four treatment functions, England**



## 5. Regional RTT waiting times

- 5.1. There are ten Strategic Health Authorities (SHAs) in England. There is some variation in RTT waiting times across these regions (Table 5).
- 5.2. Annual 2011 RTT waiting time across the ten SHAs range from: 87.4% to 94.8% of patients treated during 2011 started admitted treatment within 18 weeks; 95.6% to 98.3% of patients treated during 2011 started non-admitted treatment within 18 weeks; and 89.7% to 94.7% of patients waiting at the end of 2011 were waiting within 18 weeks.

**Table 5: Annual percentage of completed RTT pathways within 18 weeks and December 2011 percentage of incomplete pathways within 18 weeks, by SHA**

	2011		Dec-11 <sup>1</sup>
	Admitted (adjusted) pathways	Non-admitted pathways	Incomplete pathways
North East	94.8%	98.3%	92.3%
North West	89.1%	97.0%	89.7%
Yorkshire and the Humber	91.1%	97.7%	93.2%
East Midlands	91.9%	97.5%	91.0%
West Midlands	90.7%	97.1%	90.7%
East of England	91.5%	97.7%	94.7%
London	90.3%	97.6%	89.7%
South East Coast	87.4%	95.6%	92.1%
South Central	87.4%	96.8%	90.0%
South West	92.2%	97.8%	89.9%
<b>England</b>	<b>90.5%</b>	<b>97.3%</b>	<b>91.2%</b>

<sup>1</sup>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.

- 5.3. As expected, given that SHAs cover populations of varying sizes, the amount of RTT activity carried out in 2011 and the size of the RTT waiting at the end of 2011 differs for each SHA (Table 6).

**Table 6: Number of patients who started treatment and number waiting, by SHA**

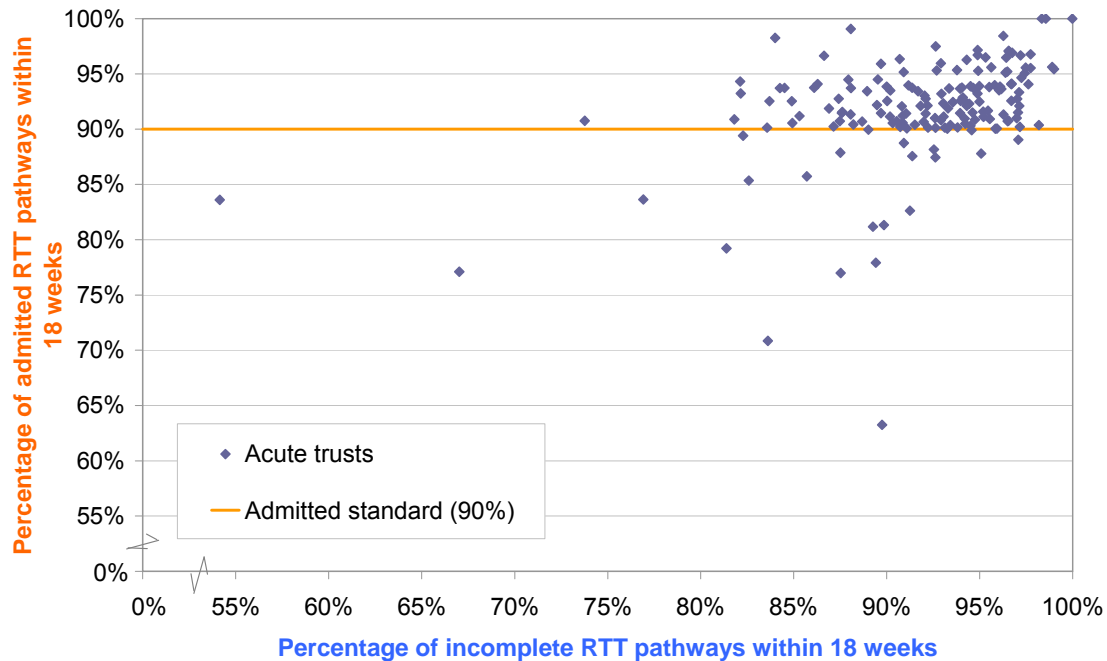
	Number of patients who started admitted treatment in 2011	Number of patients who started non-admitted treatment in 2011	Number of patients waiting at the end of 2011
North East	207,371	598,438	125,205
North West	489,204	1,546,436	364,481
Yorkshire and the Humber	378,922	1,101,806	254,580
East Midlands	297,312	679,329	161,969
West Midlands	380,974	1,033,037	250,369
East of England	395,577	1,092,723	259,413
London	480,883	1,897,507	363,255
South East Coast	295,363	882,320	206,724
South Central	272,010	709,547	171,642
South West	415,165	874,010	227,106
<b>England<sup>2</sup></b>	<b>3,613,124</b>	<b>10,415,568</b>	<b>2,384,799</b>

<sup>2</sup>The total numbers of patients who started treatment and were waiting by SHA does not add up to the England total due to a small number of RTT pathways that are commissioned by the National Commissioning Group.



5.4. There is also variation in RTT waiting times at provider organisation level. In December 2011 the majority of acute trusts met the admitted standard of 90%, but the percentage of patients waiting within 18 weeks at the end of the month for these trusts ranged between 82% and 98% (Chart 13).

**Chart 13: Acute trust<sup>1</sup> performance against the admitted 'time waited' standard in December 2011 compared to percentage of incomplete pathways within 18 weeks at the end of December 2011**

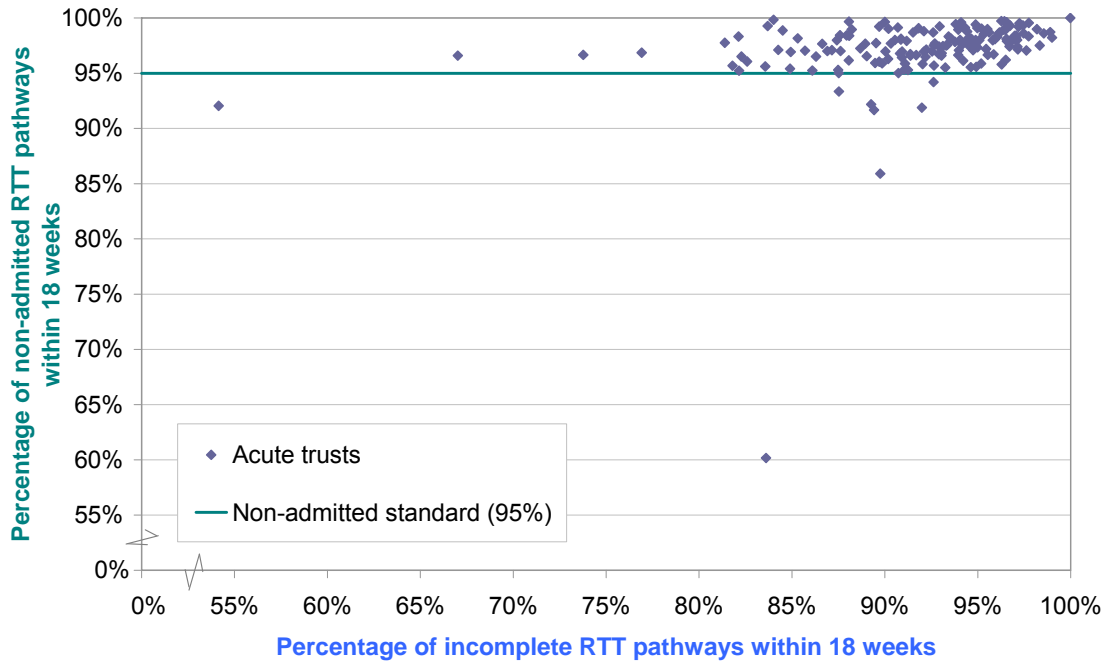


<sup>1</sup>Includes the 164 acute trusts that submitted RTT waiting times data for December 2011

5.5. There were also some outlying acute trusts with much lower proportions of patients who started admitted treatment within 18 weeks during December 2011. A trust may have a lower admitted percentage within 18 weeks, if they are treating a larger proportion of long wait patients for a period to change the shape of the RTT waiting list – increase the percentage of patients waiting within 18 weeks – and improve their prospects of meeting the 'time waited' standards in future months.

5.6. In December 2011 the majority of acute trusts met the non-admitted standard of 95% (Chart 14). There are also some outlying acute trusts, but the variation is less pronounced than for admitted RTT pathways.

**Chart 14: Acute trust<sup>1</sup> performance against the non-admitted 'time waited' standard in December 2011 compared to percentage of incomplete pathways within 18 weeks at the end of December 2011**



<sup>1</sup>Includes the 164 acute trusts that submitted RTT waiting times data for December 2011

## 6. Annex

### 6.1. Methodology

#### Data collection

- 6.1.1. The Department of Health (DH) compiles monthly Referral To Treatment (RTT) data on the length of time from GP referral through to treatment. There are two main central returns:
- **Unadjusted.** This return has been collected since January 2007 and was first published for March 2007. The return covers admitted patients (since January 2007), non-admitted patients (since August 2007) and patients on incomplete pathways (since August 2007).
  - **Adjusted.** This return has been collected and published since March 2008. The return covers admitted patients on an adjusted basis (i.e. including legitimate pauses of patients' waiting time clocks).
- 6.1.2. Data is submitted monthly to DH by all providers of NHS-funded, consultant-led services, via Unify2. Unify2 is DH's standard online tool for the collection and sharing of NHS performance data. NHS commissioners (Primary Care Trusts) review and sign off the data before DH performs central validation checks to ensure good data quality.
- 6.1.3. Further papers and guidance describing the RTT clock rules and measurement of consultant-led RTT waiting times can be found on the DH website here:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/ReferraltoTreatmentstatistics/DH\\_089757](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/ReferraltoTreatmentstatistics/DH_089757)

#### Data availability

- 6.1.4. RTT waiting times data are published to a pre-announced timetable, roughly 7 weeks after the end of the reference month. Publication occurs on a Thursday and is always on or after the 31st working day after the end of the reporting month. The data is published on the DH website here:  
<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/ReferraltoTreatmentstatistics/index.htm>
- 6.1.5. The annual statistical report is published once a year in February, alongside the release of December RTT waiting times data.

#### Data coverage

- 6.1.6. The consultant-led RTT data returns have ROCR (Review of Central Returns) and Monitor approval and therefore data submission is mandatory for all NHS trusts that provide services that fall within the scope of consultant-led RTT waiting times measurement.

- 6.1.7. DH encourage Independent Sector providers to engage in the RTT data collection process by monitoring RTT times for NHS patients being seen/treated within their trust and by submitting this information on Unify2 in the same way as NHS provider organisations. When Independent Sector providers do not have the technical capability to submit data to Unify2, NHS commissioners submit on their behalf.
- 6.1.8. Occasionally a provider organisation is unable to submit RTT data in time for monthly publication, for example, due to technical issues such as the impact of introducing a new computing system. Provider organisations are encouraged to report data retrospectively for the missing month(s) as part of the regular revisions process (see 6.1.11). The following data from acute provider organisations are currently missing for the period December 2010 to December 2011:

Month	Missing data
Dec-10	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Aintree University Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> <li>Heatherwood and Wexham Park Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Jan-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Aintree University Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> <li>Heatherwood and Wexham Park Hospitals NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Feb-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
Mar-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
Apr-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Kingston Hospital NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
May-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> <li>Kingston Hospital NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
Jun-11	<ul style="list-style-type: none"> <li>St George's Healthcare NHS Trust did not submit incomplete RTT pathway data.</li> </ul>
Jul-11	-
Aug-11	-
Sep-11	<ul style="list-style-type: none"> <li>Mid Staffordshire NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Oct-11	<ul style="list-style-type: none"> <li>Mid Staffordshire NHS Foundation Trust did not submit incomplete RTT pathway data.</li> </ul>
Nov-11	-
Dec-11	<ul style="list-style-type: none"> <li>Imperial College Healthcare NHS Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> <li>Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust did not submit any (admitted, non-admitted or incomplete) RTT pathway data.</li> </ul>

- 6.1.9. The impact of missing data from a few provider organisations varies depending on the measure being considered. For the key waiting times measures – percentage within 18 weeks, median waiting time, 95th percentile waiting time – the impact is minimal at England level. However, there is potential for a greater impact at lower geographical levels.
- 6.1.10. The biggest impact will be on measures of volumes, such as the number of patients who started treatment, size of the RTT waiting list,

etc. Caution should be exercised when comparing volumes of incomplete pathways across different time periods, especially at regional level. However, coverage and data quality of the consultant-led RTT waiting times statistics remains high and the RTT data are considered robust and fit for purpose.

### **Data revisions**

- 6.1.11. Revisions to published figures are released on a six-monthly basis and in accordance with the DH Knowledge and Intelligence team's revision policy. The revisions policy can be found here: [http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_105088.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_105088.pdf)
- 6.1.12. The most recent set of revisions were published on the 19th January 2012. The RTT waiting times data contained in this report was current at the time of publication.
- 6.1.13. DH may receive and publish revisions to RTT data contained in the 2011 annual statistical report, as part of the next 6-monthly revisions round. However, this annual report will not be updated and re-released to take into account any future changes.

## **6.2. Glossary**

### **95th percentile waiting time**

The 95th percentile waiting time reveals how long patients at the higher end of the waiting time distribution waited to start treatment. It is a statistical measure of the RTT waiting times distribution. The 95th percentile waiting time is the time that 95% of patients waited less than, and 5% of patients waited more than.

### **Adjusted**

Adjustments are made to admitted pathways for clock pauses, where a patient had declined reasonable offers of admission and chosen to wait longer.

### **Admitted pathways**

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

### **Clock Pause**

A period of time for which a patient's RTT waiting time clock is put on hold ("paused"). Clocks may only be paused for non-clinical reasons and only where a provider has made at least two reasonable offers for admission for treatment but a patient chooses to wait longer. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for admission for treatment.

### **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.

### **Clock Stop**

The date on which a patient's RTT pathway ends. The following activities end the Referral to Treatment (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 Primary Care Trust (PCT). PCTs commission services from providers of NHS care.

### **Incomplete pathways**

The waiting times for patients still 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**

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.

### **Non-admitted pathways**

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.

### Strategic Health Authority (SHA)

England is split into ten SHAs. SHAs lead planning for improving health services in their local area and ensuring that national priorities are integrated into local health service plans.

### 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 specialties.

## 6.3. Feedback Welcomed

We welcome feedback on the content and presentation of RTT statistics within this Annual Statistical report and those published on the DH website. If anyone has any comments on this, or any other issues regarding RTT data and statistics, then please email [RTTdata@dh.gsi.gov.uk](mailto:RTTdata@dh.gsi.gov.uk)

## 6.4. Additional Information

Full details of RTT data for individual organisations is available at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/ReferraltoTreatmentstatistics/index.htm>

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