NHS England

Aligning the Publication of Performance Data – Statistics Consultation

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Aligning the Publication of Performance Data – Statistics Consultation

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 Aligning the Publication of Performance Data – Statistics Consultation

1.1 Introduction

NHS England is seeking comments and views from data producers and users on the process for aligning the publication of performance statistics. Whilst we welcome all responses to this consultation, we expect that the nature of the consultation means that it is most likely to be of interest to analysts within the media or other bodies with an interest in the NHS, as well as users and collectors of the statistics within the NHS. We do, however, invite feedback from the public on all of the data that we publish. This data can be found at http://www.england.nhs.uk/statistics/ and any comments or suggestions can be made to the named contacts within the publication files, or by emailing unify2@dh.gsi.gov.uk.

Following Bruce Keogh's clinical review we are making the following changes to the publication of performance data. We are moving to a single monthly publication of the data. The first publication of this data will take place on 13 August 2015. However we will be working to improve the publication process on the basis of responses to the consultation. Specifically, we are inviting comments on the dates of submission of the data to NHS England and the content and form of the publication. Also, we will be discontinuing the collection of referral to treatment admitted adjusted data from October, and are proposing to collect some new data items. We are inviting comments on the collection and value of those items as outlined in section 1.3. The deadline for responses is 1 September 2015.

1.2 Background

Simon Stevens, Chief Executive of NHS England, asked Sir Bruce Keogh to review some of the current waiting time measures to ensure they make sense for patients and are operationally well designed. There is concern that, in a small number of instances, some targets are provoking perverse behaviours and the complexity of others is obscuring their purpose and meaning.

This work concluded that current arrangements for reporting performance are uncoordinated[1,2]. Standards are reported with different frequencies (weekly, monthly and quarterly) and on different days of the week. This makes it difficult for people to have one transparent, coherent picture of performance at any one time. We are therefore standardising reporting arrangements so that performance statistics for A&E, Referral to Treatment (RTT), cancer, diagnostics, ambulances, NHS 111 and delayed transfers of care (DTOC) are all collected monthly and published on one day each month. There will also be a reduction in burden associated with making these changes.

1.3 Proposed Changes

[1] http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-waiting-time-standards-sbk.pdf
[2] http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-ccgs-ss.pdf

A joint letter was issued by NHS England, Monitor and the Trust Development Authority[3] covering

a) Removal of RTT 'completed' standards
b) Alignment of publication of various performance figures, which includes RTT, A&E, Diagnostics, Cancer, DTOC, NHS 111 and ambulances.
c) Changes to Cancer and A&E reporting to support this monthly publication

Further information on the detail of this process, and the areas we are seeking views on are outlined below.

General changes to process

We will be aligning the publication of data on RTT, A&E, Diagnostics, Cancer, DTOC, NHS 111 and ambulances. Publication will typically be on the second Thursday of every month. This consultation seeks views on the impact that this will have on suppliers of the statistical data, including whether changes should be made to the timetable for provision of the data to NHS England.

We intend to publish an overarching document covering the seven areas of performance. We would be interested in hearing from you what use you would make of such a document, what type of material would be of most benefit and how you like to see this material presented. Questions relating to this are included in Annex A.

A&E

The collection of data on A&E attendances and emergency admissions moves from a weekly collection to a calendar month collection, with the last weekly return being for the week ending 28 June 2015. A collection was made covering 29 and 30 June, to enable the construction of totals for June. The June figures will be published on 13 August. Monthly collection and reporting will then commence for the month of July. The data items to be collected will remain unchanged.

The proposed submission deadline for the new monthly return will be on the 16th working day after month end. We would welcome feedback on this proposal.

In order to be able to compare the new calendar month periods with previous weekly data, it is our intention to estimate a historical monthly national time series using the existing weekly data, which will form part of our new statistical commentary on A&E.

DTOC

The new publication timetable will allow more time for collation and validation of DTOC data at source, so we intend to delay the submission deadline for DTOC by two weeks, making it the 18th working day after month end.

Diagnostics

[3] http://www.england.nhs.uk/wp-content/uploads/2015/06/ref-treatmnt-letter-240615.pdf

In order to allow more time for collation and validation of diagnostics data at source, we intend to delay the submission deadline for the DM01 collection by two days, making it the 12th working day after month end.

RTT

The joint letter from NHS England, Monitor and TDA confirmed that the admitted and non-admitted RTT operational standards are being abolished, and the incomplete standard will become the sole measure of patients' constitutional right to start treatment within 18 weeks. As a result of this change, the adjusted admitted part of the data return will be removed. To enable better operational planning and delivery and safeguard against the changes in the RTT operational standards having unintended consequences, we are planning the addition of a small number of data items to the monthly return.

Removal of the adjusted admitted part of the data return

Adjusted admitted data will no longer be required for October 15 data onwards. This means there will no longer be a requirement to submit the Unify2 18wksADJ return.

To maintain transparency and ensure effective operational planning and delivery, the collection of information on admitted (unadjusted) and non-admitted completed pathways will continue alongside the information on incomplete pathways. The timetable for submission and sign-off of the 18wksRTT return will remain the same (provider deadline on the 13th working day after the end of the reporting period and commissioner sign-off by the 18th working day).

An October 2015 version of the RTT Rules Suite has been made available at https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks#history. This version of the rules has been updated to reflect that there will be no provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England under any circumstances. Adjustments for patient-initiated delays may still be applied locally, to aid good waiting list management and to ensure patients are treated in order of clinical priority, but once the new rules come into effect, adjustments must not be applied to any RTT pathway data reported in monthly RTT returns to NHS England. Subject to Parliamentary approval, the new rules will come into effect on 1 October 2015, when the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 come into force. NHS England will release updated reporting and recording guidance to support the RTT Rules Suite in due course.

Addition of a small number of data items to the monthly return;

- **incomplete pathways with a decision to admit (DTA) for treatment**
- **number of new RTT clock starts**
- **validation removals from RTT waiting list.**

The NHS needs this information to ensure that patients are treated fairly and do not have to wait longer than necessary for treatment. For example, recording the number

of new RTT clock starts and validation removals from the RTT waiting list allows providers to ensure that waiting lists 'balance' month-on-month, within a reasonable tolerance[4]. CCGs need to ensure the figures being reported are a true and honest reflection of waiting times and highlight where action is needed to reduce inappropriately long waits. Draft definitions for these new data items and a mock Unify2 template are included in annexes B and C.

We would welcome feedback from:

(i) providers of data on the issues associated with the generation and submission of such, including issues associated with data quality; and

(ii) potential users of such information on the value to them, including what they would use the information for and what difference it would make.

Cancer

Changes to the 25 working days submission deadline for Cancer Waiting Times data to the Open Exeter system

The Cancer Waiting Times submission deadline has been set to 25 working days since the inception of the system. With the advancement of technology to enable better record management we anticipate this deadline can now be reduced. Such a reduction would enable a quicker turnaround to publication of data, thus assisting with swift operational responses.

Analysis of the profile of submissions to the Open Exeter system in the 25 working days towards the submission deadline through the course of 2014-15 has revealed that:

- Of all records submitted, 6% were submitted on the submission deadline day (day 25), and this varied from 3% to 9% across months.
- 14% of records were submitted on the day before submission deadline day (day 24), varying from 9% to 20%.
- Similar proportions on day 24 and 25 were exhibited for those records which only related to a 62 day pathway.
- For tertiary providers only, of all records submitted, 6% were submitted on day 25, and 16% were submitted on day 24. The proportions were higher for the subset of records which only related to a 62 day pathway – 10% for day 25, and 17% for day 24.
- Whilst 10% of records only relating to a 62 day pathway were submitted on day 25 by tertiary providers, there was considerable variation across months. This ranged from 0.3% for records submitted by the deadline on 5 December 2014, to 27% for the deadline on 3 October 2014.

In light of these findings we consider it feasible to reduce from 25 to 24 working days in the short term, with the expectation to reduce further in the longer term.

[4] The relationship between the RTT waiting list size month-on-month can be illustrated as 'Waiting list at end of month = waiting list at the end of previous month + new RTT clock starts during the month – completed RTT pathways during the month – validation removals during the month'.

We are proposing to make the change to 24 working days in the next 6 months, and are therefore seeking feedback on a) specific issues to resolve to achieve this change b) proposed solutions to these issues and c) preference for when to make the change over the next 6 months?

Subject to a successful transition to 24 working days we plan to make a further reduction in 2016 and are seeking feedback on the ability to achieve a) 15 working days and b) 20 working days.

Ambulance Quality Indicators (AQI) and NHS 111 Minimum Data Set (MDS)

The new publication timetable means AQI are published seven days later, and the MDS is generally published six days later. We do not propose to change the submission deadlines.

1.4 Consultation Process

Responses to this consultation should be submitted via the website survey by 1 September 2015. If you have any questions about the consultation, please email unify2@dh.gsi.gov.uk or telephone 0113 825 0734.

The responses will be analysed to inform the future publication of the monthly performance statistics.

We will publish a response document which will summarise responses to the consultation and decisions made based on this. Please note that individual responses may be published unless anonymity is requested.

If you have any other general feedback about the performance statistics publication, please email unify2@dh.gsi.gov.uk.

1.5 Further Information

Full details of published statistical data can be found at:

www.england.nhs.uk/statistics/statistical-work-areas

2 Annex A: General Consultation Questions

1. For producers of statistics

Timetable

We have proposed some changes to the timetable for the relevant data collections:

Collection	Timetable change
A&E	Move from a weekly collection to a calendar month collection. Proposed submission date for monthly return is 16th working day after month end.
DTOC	Submission deadline extended by two weeks to the 18th working day after month end.
RTT	No change, submission deadline remains 13th working day after month end.
Cancer waiting times	Proposed that submission deadline reduced from 25 to 24 working days in the next six months.

1. Do these changes help you manage your workload? Are there any other timetable changes you would like to see?
2. What, if any, effect will the changes have on the quality of the information that you can supply?
3. To what extent will the changes reduce the burden to you of providing data?

2. For users of the statistics:

Consolidated monthly publication of performance figures

1. What use would you make of a new overarching document covering the 7 areas of performance?
2. What type of material would be of most benefit to you in an overarching document?
3. How would you like to see this material presented?
4. Are there any changes that we can make to the presentation of the individual reports that would improve coherence?
5. Do you have any further suggestions as to how to improve the coherence of the material?

3 Annex B: RTT definitions

Incomplete pathways with a decision to admit (DTA) for treatment
Total number of incomplete pathways with a decision to admit for treatment: incomplete pathways where a clinical decision to admit to a hospital bed **for first definitive treatment** has been made and the patient is awaiting admission, regardless of whether a date to admit has been given. Note that only those incomplete pathways with a decision to admit for first definitive treatment (in other words, for an RTT clock stopping event) should be included, not those with a decision to admit for diagnostics or other non-clock stopping procedures.

The difference between the values for this data item and the total number of incomplete pathways (already submitted on the 18wksRTT return) equates to the number of incomplete pathways where no decision to admit for treatment has been made. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient, patients with a decision to admit for a diagnostic procedure, etc.

New RTT clock starts
The number of new RTT clock starts (or new RTT periods/pathways)[5] during the month. This measure should only include new RTT periods where the RTT clock start date is within the reporting month. All new RTT periods should be included, including those where the clock also stopped within the reporting month.

Validation removals from RTT waiting list
Validation removals are defined as RTT pathways that:

- were included in the incomplete pathways return **last** month (Part 2 of the Unify2 18wksRTT submission template)
  AND
- are not included in the completed pathways section (Part 1A or 1B[6]) or incomplete pathways section (Part 2) of **this** month's return
  AND
- were not transferred to another provider who will report them in their RTT returns (Part 1A or 1B or Part 2).

In other words, validation removals are pathways that have been removed from the RTT waiting list reported via Unify2 this month for reasons that do not translate into an RTT clock stop **this** month (and therefore, do not have an associated RTT clock stop this month).
This will include:

- pathways where the RTT clock stopped in earlier month: patients who were on RTT pathways but their clock had already stopped prior to the month's start and they had erroneously continued to be reported within the incomplete

[5] Rules 1-3 of the RTT Rules Suite set out the rules and definitions relating to RTT clock starts (https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks).
[6] Parts 1A and 1B include patients whose RTT clock stopped during the reporting period. Rules 5 and 6 of the RTT Rules Suite set out the rules and definitions relating to RTT clock stops (https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks).

pathway return following their RTT clock stop. Therefore, they are not reported as a completed pathway for this month because the clock stop should have been reported in data for an earlier month.

- spurious RTT pathways: patients that should never have been reported in the RTT waiting list (not a 'real' consultant-led RTT pathway).

4 Annex C: RTT template

PART 2A INCOMPLETE PATHWAYS - PATIENTS WITH A DECISION TO ADMIT FOR TREATMENT

Length of RTT period for patients whose 18 week clock is still running AND a decision to admit for treatment has been made

Total length of RTT period with no adjustments made

Code	Treatment function	Patients whose 18 week clock is still running at month end and a decision to admit for treatment has been made - length of RTT period so far (in weeks):												
		Gt 0-1	Gt 1-2	Gt 2-3	Gt 3-4	Gt 4-5	Gt 5-6	Gt 6-7	Gt 7-8	Gt 8-9	Gt 9-10	…	Gt 52 plus	Total
C_100	General Surgery	0	0	0	0	0	0	0	0	0	0	…	0	0
C_101	Urology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_110	Trauma & Orthopaedics	0	0	0	0	0	0	0	0	0	0	…	0	0
C_120	Ear, Nose & Throat (ENT)	0	0	0	0	0	0	0	0	0	0	…	0	0
C_130	Ophthalmology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_140	Oral Surgery	0	0	0	0	0	0	0	0	0	0	…	0	0
C_150	Neurosurgery	0	0	0	0	0	0	0	0	0	0	…	0	0
C_160	Plastic Surgery	0	0	0	0	0	0	0	0	0	0	…	0	0
C_170	Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0	0	…	0	0
C_300	General Medicine	0	0	0	0	0	0	0	0	0	0	…	0	0
C_301	Gastroenterology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_320	Cardiology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_330	Dermatology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_340	Thoracic Medicine	0	0	0	0	0	0	0	0	0	0	…	0	0
C_400	Neurology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_410	Rheumatology	0	0	0	0	0	0	0	0	0	0	…	0	0
C_430	Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	…	0	0
C_502	Gynaecology	0	0	0	0	0	0	0	0	0	0	…	0	0
X01	Other	0	0	0	0	0	0	0	0	0	0	…	0	0
C_999	Total	0	0	0	0	0	0	0	0	0	0	…	0	0

PART 3 NEW RTT PERIODS - ALL PATIENTS

Number of new periods during the month

Code	Treatment function	Total
C_100	General Surgery	0
C_101	Urology	0
C_110	Trauma & Orthopaedics	0
C_120	Ear, Nose & Throat (ENT)	0
C_130	Ophthalmology	0
C_140	Oral Surgery	0
C_150	Neurosurgery	0
C_160	Plastic Surgery	0
C_170	Cardiothoracic Surgery	0
C_300	General Medicine	0
C_301	Gastroenterology	0
C_320	Cardiology	0
C_330	Dermatology	0
C_340	Thoracic Medicine	0
C_400	Neurology	0
C_410	Rheumatology	0
C_430	Geriatric Medicine	0
C_502	Gynaecology	0
X01	Other	0
C_999	Total	0

PART 4 VALIDATION REMOVALS FROM RTT WAITING LIST

Number of RTT pathways that were reported in Part 2 last month and are not reported in Part 1A, 1B (completed pathways) or Part 2 (incomplete pathways) this month

Code	Treatment function	Total
C_100	General Surgery	0
C_101	Urology	0
C_110	Trauma & Orthopaedics	0
C_120	Ear, Nose & Throat (ENT)	0
C_130	Ophthalmology	0
C_140	Oral Surgery	0
C_150	Neurosurgery	0
C_160	Plastic Surgery	0
C_170	Cardiothoracic Surgery	0
C_300	General Medicine	0
C_301	Gastroenterology	0
C_320	Cardiology	0
C_330	Dermatology	0
C_340	Thoracic Medicine	0
C_400	Neurology	0
C_410	Rheumatology	0
C_430	Geriatric Medicine	0
C_502	Gynaecology	0
X01	Other	0
C_999	Total	0