UK Statistics Authority

Assessment of 18 Weeks Referral to Treatment Statistics

produced by Department of Health

Assessment Report 21

December 2009

About the UK Statistics Authority
The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:
1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

Under the provisions of the *Statistics and Registration Service Act 2007*, the UK Statistics Authority has a statutory function to assess sets of statistics against the Code of Practice for Official Statistics, with a view to determining whether it is appropriate for the statistics to be designated, or to retain their designation, as National Statistics.

Designation as National Statistics means that the statistics are deemed to be compliant with the Code of Practice. Whilst the Code is wide-ranging, designation may be broadly interpreted to mean that the statistics meet identified user needs; are produced, managed and disseminated to high standards; and are well explained.

Designation also signifies that, subject to any caveats in this report, the Statistics Authority judges that the statistics are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest.

Assessment reports will not normally comment further, for example on the validity of the statistics as a social or economic measure; though reports may point to such questions if the Authority believes that further research would be desirable.

Designation as National Statistics will sometimes be granted in cases where some changes still need to be made to meet fully the requirements of the Code, on condition that steps are taken by the producer body, within a stated timeframe, to address the weaknesses. This is to avoid public confusion and does not reduce the obligation to comply with the Code.

Designation is granted on the basis of the information provided to the Statistics Authority, primarily by the organisation that produces the statistics. The information includes a range of factual evidence and also assurances by the producer organisation. The views of users are also sought. Should further information come to light subsequently which changes the Authority's analysis, the Assessment report may be withdrawn and revised as necessary.

Once designated as National Statistics, it is a statutory requirement on the producer organisation to ensure that the set of statistics continues to be produced, managed and disseminated in compliance with the Code of Practice.

Contents

1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports prepared under the provisions of the *Statistics and Registration Service Act 2007*[1]. The report covers the *18 Weeks Referral to Treatment* (RTT) S*tatistics*[2] produced by the Department of Health (DH). DH publishes the RTT statistics in two sets of four spreadsheets each month on its website giving a monthly snapshot of the number of patients waiting for, or receiving, treatment in hospital or primary care trusts in England. The data are presented for healthcare commissioners and providers.

1.1.2 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority confirms that the *18 Weeks Referral to Treatment* (RTT) S*tatistics* can be designated as National Statistics, subject to DH implementing the enhancements listed in section 1.5 below and reporting them to the Authority by March 2010.

1.3 Summary of strengths and weaknesses

1.3.1 DH statisticians have regular contact with the internal users in the department and the National Health Service (NHS), and have consulted them extensively throughout the development of these statistics. The RTT team has not engaged directly with non-NHS users.

1.3.2 DH presents detailed RTT statistics in its release: by strategic health authority (SHA), hospital trust, primary care trust (PCT) and by treatment function. The department publishes the spreadsheets each month on a specific RTT web page. This web page also presents an archive of past releases, methodology papers, frequently asked questions and links to other websites related to the 18 Week programme in the NHS.

1.3.3 The spreadsheet design is intended for an expert (NHS) audience. Little explanation is given to enable other users to interpret the data appropriately. The spreadsheets do not contain graphical presentations of the data or a time series.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that the Department of Health could strengthen its compliance with the Code. Those which the Assessment team considers essential to enable designation as National

[1] http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf
[2] http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/18WeeksReferraltoTreatmentstatistics/index.htm

Statistics are listed in section 1.5 below. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Take steps to engage more effectively with users, including those outside the NHS, and make those steps known (para 3.2)
Requirement 2	Highlight consistently the extent to which targets are met by SHAs, PCTs and by treatment function within the statistical news release (para 3.5)
Requirement 3	Make it clear in the published arrangements for confidentiality protection that the Department is committed to applying the ONS guidelines (para 3.16)
Requirement 4	Review the presentation of the RTT data within the monthly spreadsheets to ensure that the data can be interpreted appropriately (para 3.21)
Requirement 5	Prepare and publish a time series-based output (para 3.23)
Requirement 6	Release regular summary publications to provide users with an overview of the RTT data (para 3.23)
Requirement 7	Include the name and contact details of the responsible statistician (para 3.28)
Requirement 8	Prepare a Statement of Administrative Sources (para 3.29)

2 Subject of the assessment

2.1 DH developed the RTT statistics to monitor progress towards the delivery of a Public Service Agreement target[3] by December 2008 in England. The target requires that 90% of admitted and 95% of non-admitted patients receive treatment for non-urgent conditions within 18 weeks of referral by a GP (where clinically appropriate). It applies to both treatment providers (eg hospital trusts), and those that commission the treatment (primary care trusts).

2.2 The referral time for an individual patient is measured according to an "RTT clock" which starts when the treatment provider receives a referral letter for that patient. The clock stops at the beginning of the treatment (or for other accepted reasons) [4]. The clock runs for the full pathway – from referral, through diagnostic testing, to treatment. It can only be paused if a patient chooses to delay admission for treatment.

2.3 DH compiles the RTT data from three returns provided by English NHS providers (which are subsequently signed off by PCTs). Two of the returns collect data on completed pathways, on unadjusted and adjusted[5] bases, covering all patients whose 18 week clock stopped at any point in the reporting month. The two returns are in three parts, covering admitted patients (inpatient or daycases), non-admitted patients (where the treatment did not require the patient to be admitted to hospital) and incomplete pathways (patients that are still waiting – where the pathway is incomplete or "active"). A third return collects data on "performance sharing" (to enable sharing of 18 week breaches where patients transfer from one NHS provider to another).

2.4 As well as informing DH's monitoring of the performance of the NHS against the Public Service Agreement target, the Care Quality Commission uses the RTT data to assess the performance of Trusts in each of the specialties. The data are also included in the 'NHS Choices' website to support patient choice of healthcare provider, and to give the public a reliable indication of how long they can expect to wait for treatment.

2.5 DH additionally publishes NHS inpatient (since 1987) and outpatient (since 1994) waiting data for two of the stages of a patient's treatment pathway. English PCTs and NHS Trusts provide data on hospital outpatient waiting times for first outpatient appointments following GP referral, and hospital inpatient waiting list information on patients who are waiting to be admitted. The RTT data reflect the whole treatment pathway and have replaced these waiting data as the main source of information on NHS waiting times. DH is currently consulting on ending the publication of these data[6].

2.6 DH and NHS representatives estimate the total annual staff cost of producing the RTT data to be around £3.5 million. DH plans to obtain the RTT information from the Secondary User Service, an administrative data source managed by

[3] http://www.hm-treasury.gov.uk/d/pbr_csr07_psa19.pdf
[4] Activities that stop the clock: start of first treatment; start of active monitoring; decision to not treat; patient declined treatment; patient died before treatment
[5] Adjusted RTT for admitted patients allows for legitimate clock pauses
[6] http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_104920

the NHS Information Centre. The current central returns will then cease and reduce the burden on NHS data providers.

2.7 This assessment report does not cover corresponding statistics relating to the devolved administrations. Scotland, Wales and Northern Ireland have each established a referral to treatment policy and associated data collection system. The policies, however, are not the same as the DH policy for England, as the clock start/stop rules and target referral times vary.

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

3.1 DH has regular contact with the policy users of RTT data within the department and NHS users in SHAs and PCTs. It consulted NHS users throughout the initial development of the referral to treatment data collection, establishing voluntary pilot areas to test the collection and conducting roadshows throughout England to explain the process and measurement rules. It also has monthly meetings with SHA representatives in the Performance Information Review Group. This group is the main forum for discussing the 18 Weeks definitions, measurement and analysis. The SHA representatives cascade information down to other NHS users.

3.2 DH also shares information with users in the NHS via the Unify web portal. DH has an email contact point for receiving queries on the collection from within the NHS, as well as outside. The majority of queries are from NHS users or suppliers, with just a few each month from academics and other non-NHS contacts. DH told us that they had little engagement with users of the RTT data outside the NHS. The 'NHS Choices' website is the main forum used to share some (limited) information on referral to treatment times with patients. As part of the designation as National Statistics, DH should take steps to engage more effectively with users, including those outside the NHS, and make those steps known[7] (Requirement 1).

3.3 DH provides material on its website that outlines how the NHS, DH and the Care Quality Commission use the RTT data.

[7] In relation to Principle 1, Practice 2 of the Code of Practice

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

3.4 The Assessment team noted that DH presents the RTT data in an orderly and timely manner on its topic web page each month, free-of-charge for all. The statistics are also available via a link on the National Statistics Publication Hub.

3.5 DH publishes a statistical press notice at the same time as the release of the spreadsheets. The press notice describes performance against the target for 18 Weeks referral by SHAs only – it does not provide information about performance against targets by PCT, or in relation to treatment functions. As part of the designation as National Statistics, DH should highlight consistently the extent to which targets are met by SHAs, PCTs and by treatment function within its statistical news release (Requirement 2)[8].

3.6 DH announces changes to the data collection procedures ahead of their introduction to NHS users through the Unify web portal and, more widely, through the '18 Weeks' website[9]. The '18 Weeks' website presents detailed information on referral to treatment for NHS practitioners. It is accessible to all, with a link from the RTT statistics web page. DH introduced new returns for non-admitted and incomplete pathways on a voluntary basis first, before making the changes mandatory after around three months. The introductory phase enabled data providers to put in place and test their new returns.

3.7 DH has published its revisions policy on its website.

[8] In relation to Principle 2, Practice 2 of the Code of Practice
[9] http://www.18weeks.nhs.uk/Content.aspx?path=/

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

3.8 DH releases ministerial statements separately from the statistical release of referral to treatment data. DH statisticians told us that they produce the statistics independently and free from political interference, and we found no evidence to the contrary.

3.9 A breach of the existing Code of Practice occurred in 2007 when one SHA accidentally distributed regional data. DH responded to this by reviewing and further restricting its pre-release access distribution list.

3.10 The then Head of Profession for statistics within DH led the development of the RTT data collection and statistical output, as well as consultations with NHS users and suppliers.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

3.11 DH has established the RTT statistics on a sound methodological basis. The DH statisticians developed the measures in consultation with policy colleagues in the department and stakeholders from the NHS. They verified the completeness of the data by comparing with other existing data sources (such as data on patient admissions from waiting lists) and published methodology papers on its website. DH has also prepared detailed guidance on the rules covering the timing of clock starts, stops and pauses.

3.12 The National Audit Office has evaluated the data collection as part of the review of the data systems underpinning Public Service Agreement 19 and judged it as appropriate for measuring the 18 Week RTT performance indicator[10].

3.13 Overall, the statistics meet the quality requirements of the main users. DH developed data completeness measures to assist the interpretation of the RTT times, which it presents alongside the statistics. The completeness measures compare the number of completed pathways with a known clock start reported in the RTT return against the expected number of pathways derived from other sources such as elective admissions data. DH does not however publish the figures that it uses to calculate the completeness measures.

3.14 The devolved administrations have established their own referral to treatment statistics. Their policies vary and they produce their statistics on a different basis from England. The statistical offices in the four administrations formed a UK Comparative Waiting Times Group and commissioned research to identify ways of producing harmonised data[11,12]. We suggest that DH encourages the UK Comparative Waiting Times Group to produce a sub-set of comparable UK-wide data on referral to treatment times.

[10] The National Audit Office gave a rating of 'Green (disclosure): the data system is appropriate for the indicator and the Department has explained fully the implications of limitations that cannot be cost-effectively controlled.' http://www.nao.org.uk/publications/0809/measuring_up_psa_validation-1/findings_by_psa.aspx

[11] System Concepts review: Comparison of UK waiting times definitions http://www.dhsspsni.gov.uk/uk_comparative_waiting_times.pdf

[12] http://www.statisticsauthority.gov.uk/assessment/monitoring-and-assessment-notes/monitoring---assessment-note-no--2--hospital-waiting-times.pdf

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

3.15 Hospital trusts and PCTs submit returns giving aggregated counts of the numbers of patients that have either received treatment or are still awaiting treatment in one-week time bands since referral, by treatment function. The RTT team regard these as non-disclosive.

3.16 DH should make it clear in the published arrangements for confidentiality protection that the Department is committed to applying the ONS guidelines, as part of the designation as National Statistics (Requirement 3)[13].

[13] In relation to Principle 5, Practice 4 of the Code of Practice

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

3.17 DH considered the costs for data provision as part of its Review of Central Returns (ROCR). The ROCR system seeks to minimise the burden of information demands on NHS bodies and to balance cost against benefits and the impact on frontline staff. The effort for providers is in the completion of the monthly RTT returns. ROCR estimated this to be 77.7 person-years. With a full economic cost of £45.5k per year for an NHS administrative staff member, the annual cost is in the region of £3.5 million. DH plans to obtain the RTT information from the Secondary User Service, using administrative records already collected, and so stopping the need for separate monthly returns.

3.18 Some data providers told the Assessment team that their patient administration systems were not compliant with the 18 Weeks programme and so they had developed local technical solutions. This was problematic for community services since the returns are designed for the acute (hospital) sector. We suggest that DH consult with data providers on the data requirements and the providers' proposals for change.

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

3.19 The RTT team told us that the statistics production is sufficiently resourced. DH has made resources available for NHS user consultation on RTT statistics through the Performance Information Review Group and is undertaking a user consultation on the future of the NHS inpatient and outpatient waiting times statistics. The department has no other specific plans or resources for wider user consultation on RTT statistics.

3.20 DH recruits its analytical staff according to Government Statistical Service or Government Operational Research standards and requires these staff to undertake continuing professional development.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

3.21 DH presents detailed aggregate statistics on referral to treatment in two sets of four spreadsheets, on both a commissioner and a provider basis, with little guidance given to the general user on when to use each type of data. The Assessment team considers the labelling of the tables to be unclear for non-specialists. The tables should clearly explain the main terms and provide units of measurement. The spreadsheets do not contain any commentary or charts to aid interpretation. As part of the designation as National Statistics, DH should review the presentation of the RTT data within the monthly spreadsheets to ensure that the data can be interpreted appropriately (Requirement 4)[14].

3.22 DH gives data completeness measures within the spreadsheets but insufficient explanation of their meaning. The data completeness table footnote (in each completed pathways spreadsheet) refers users to the methods papers given on the RTT web page for explanation. The five papers contain a substantial amount of cross-referencing and updates to methodology given in earlier papers. We suggest that DH publishes a consolidated guide to the RTT statistics methodology, giving the current details of each RTT measure.

3.23 DH releases the RTT data in individual monthly spreadsheets. The department told us that it is aiming to release a time series of RTT statistics to support further analysis of the data by users and we support this development. As part of the designation as National Statistics, DH should prepare and publish these time series (Requirement 5)[15]. DH should also release regular summary publications to provide users with an overview of the RTT data, such as comparing how the waiting and waited times vary over time, by treatment function, by area, and between types of pathway (Requirement 6)[16].

3.24 DH developed new outputs following requests from NHS and DH users; for example, the adjusted return for admitted patients (to enable providers to exclude legitimate clock pauses from waiting time calculations) and a performance sharing return (to enable sharing of 18 week breaches where patients transferred from one NHS provider to another).

[14] In relation to Principle 8, Practices 1 and 2 of the Code of Practice
[15] In relation to Principle 8, Practice 2 of the Code of Practice
[16] In relation to Principle 8, Practice 2 of the Code of Practice

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.25 The requirements for this protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

3.26 DH provides a timetable for the collection and dissemination of RTT data to NHS users and data suppliers on the Unify web portal. It also includes a 12-month publication schedule on its website and has announced the timing of the forthcoming RTT releases on the Publication Hub.

3.27 DH publishes a statistical news release and RTT statistics at 9.30am on its website. The statistical news release is also published on the Government News Network website. The department reported no delays in releasing the RTT data. It restricted the number of recipients with access to the statistics in their final form before release and publishes pre-release access lists each month.

3.28 The monthly output does not give the name and contact details of the responsible statistician and should include this information in all future RTT publications as part of the designation as National Statistics (Requirement 7)[17].

[17] In relation to Protocol 2, Practice 6 of the Code of Practice

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

3.29 DH has not yet prepared a Statement of Administrative Sources but has committed to do so. The Statement of Administrative Sources should be prepared as part of the designation as National Statistics (Requirement 8)[18].

[18] In relation to Protocol 3, Practice 5 of the Code of Practice

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the DH *18 Weeks Referral to Treatment Statistics*, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

Suggestion 1	Encourage the UK Comparative Waiting Times Group to produce a sub-set of comparable UK-wide data on referral to treatment times (para 3.14)
Suggestion 2	Consult with data providers on the data requirements and the providers' proposals for change (para 3.18)
Suggestion 3	Publish a consolidated guide to the RTT statistics methodology, giving the current details of each RTT measure (para 3.22)

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from July to October 2009.

A2.2 The Assessment team agreed the scope of and timetable for this assessment with representatives of the Department of Health in July 2009. The Written Evidence for Assessment was provided on 11 September 2009. The Assessment team subsequently met with DH during September 2009 to review compliance with the Code of Practice, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A2.3 The Assessment team received 12 responses from the user and supplier consultation. The respondents were grouped as follows:

Central government users	1
NHS users	3
NHS suppliers	6
Other users	2

A2.4 Departmental and NHS users were satisfied with the presentation of the statistics, accessibility and ease of finding the required information. The NHS users said that they would like more timely release of the statistics (which are available around six weeks after the reference month). The departmental and NHS users felt that they had good relationships with the producers and that their needs were well understood. The responses from the external sector were from potential users – they said that they were keen to use these statistics but did not know how to access them.

A2.5 Most suppliers found the guidelines straightforward, but some reported communications from the department as vague at times. Those working in the community services were more critical of the system requirements for data collection and supply which they said were designed more for the acute services.

Key documents/links provided

Written Evidence for Assessment document
18 Week Referral to Treatment Statistics:
http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/18WeeksReferraltoTreatmentstatistics/index.htm

List of assessment reports published to date[19]

1. Statistics from the National Drug Treatment Monitoring System
   National Treatment Agency for Substance Misuse
2. Recorded Crime in Scotland
   Scottish Government
3. Statistics on Enrolments at Schools and in Funded Pre-School Education in Northern Ireland
   Department of Education, Northern Ireland
4. Road Casualty Statistics
   Department for Transport
5. UK Energy Sector Indicators
   Department of Energy and Climate Change
6. Statistics on Road Freight
   Department for Transport
7. Prison Population Projections
   Ministry of Justice
8. Migration Statistics
   Office for National Statistics
9. Statistics on International Development and the ODA:GNI Ratio
   Department for International Development
10. The Scottish Health Survey
    Scottish Government
11. Scottish House Condition Survey
    Scottish Government
12. Scottish Crime and Justice Survey
    Scottish Government
13. Statistics on Children Looked After by Local Authorities in England
    Department for Children, Schools and Families
14. Statistics on Children Looked After by Local Authorities in Scotland
    Scottish Government
15. Statistics on Children Looked After by Local Authorities in Wales
    Welsh Assembly Government
16. Statistics on Children Looked After by Health and Social Care Trusts in Northern Ireland
    Department of Health, Social Services and Public Safety, Northern Ireland
17. Wealth in Great Britain
    Office for National Statistics
18. Statistics on the National Child Measurement Programme
    NHS Information Centre
19. Average Weekly Earnings
    Office for National Statistics
20. Energy Statistics
    Department of Energy and Climate Change

[19] Published reports are available at: http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html

www.statisticsauthority.gov.uk