The Dudley Group
NHS Foundation Trust

Freedom of Information request 015697 - Referral to treatment (RTT)

2/6/21

Each month, your trust submits RTT incomplete pathways data to NHS England. NHS England publish it as aggregate data, showing the numbers of incomplete pathways, broken down into weekly time bands: 0-1 weeks, >1-2 weeks, >2-3 weeks, >3-4 weeks, up to a final category 52+ weeks. The 52+ weeks category is not broken down in the published data. Examples of the published data are here, in the "Incomplete Provider" tables, "Provider" worksheet:
https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2020-21/

1) Please provide (on an all-specialties basis, for the end of February 2021) your aggregate 52+ weeks incomplete pathways RTT data, broken down into weekly time bands: >52-53 weeks, >53-54 weeks, >54-55 weeks, and so on, up to the weekly time band containing the longest-waiting patient.
The published RTT incomplete pathways data separately identifies patients with a decision to admit, again broken down into weekly time bands, in the "Provider with DTA" worksheet of the published spreadsheets referred to above. Trusts have in recent months coded these patients by clinical priority (P1-P6), based on the guide published by the Federation of Surgical Specialty Associations (https://fssa.org.uk/covid-19_documents.aspx).
However the published RTT data is not broken down by clinical priority, nor do the time bands reflect the time since decision to admit.
The clinical priority categories are:
Priority 1 (operation needed within 72 hours)
Priority 2 (surgery which can be deferred for up to four weeks)
Priority 3 (surgery which can be delayed for up to three months)
Priority 4 (surgery which can be delayed for more than three months)
Priority 5 (patients who have requested to remain on the waiting list but to defer treatment because of their concerns about covid-19)
Priority 6 (Patients who have been offered treatment but have declined to accept for non-Covid reasons, but still wish to remain on the waiting list)
Or the patient may not have been assigned a priority.

2) Please provide (on an all-specialties basis, for the end of February 2021) your aggregate waiting times for incomplete pathways with a decision to admit for treatment, broken down by priority code, and also broken down by the time waited since decision to admit (NOT the time since referral) in weekly time bands: 0-1 weeks, >1-2 weeks, >2-3 weeks, >3-4 weeks, and so on, up to the weekly time band containing the patient who has waited longest since decision to admit.
Trusts have also started coding patients who do not have a decision to admit, using the same clinical priority categories.

3) Please provide (on an all-specialties basis, for the end of February 2021) your aggregate waiting times for incomplete pathways without a decision to admit for treatment, broken down by priority code, and also broken down by the time waited since referral in weekly time bands: 0-1 weeks, >1-2 weeks, >2-3 weeks, >3-4 weeks, and so on, up to the weekly time band containing the patient who has waited longest

- Please see attached spreadsheet. The figures on the enclosed spreadsheet are based upon the Trust's post-validated RTT incompletes snapshot as of midnight 1st March 2021.
Unable to attach spreadsheet to the disclosure log, for a copy of this please e-mail dgft.foi@nhs.net quoting the FOI reference number

Please note:
The programme of clinical prioritisation currently only applies to surgical procedures, therefore we can only supply the priorities for these procedures under the "Decision to Admit" section. Non-surgical procedures on an admitted waiting list, such as endoscopy, I have recorded under "Priority not known". Not all of the priorities will be based upon consultant review. The trust allocates apriority code based upon an algorithm, where a consultant review is not present:
If a P-value has been recorded against our PAS then it is reported, otherwise:
P5 = The last planned admission was cancelled by patient with a COVID outcome.
P6 = The last planned admission was cancelled by patient with a non-COVID outcome.
P2 = The waitlist has an urgency of "Urgent" or "Rapid Access", or is present on the cancer PTL.
P4 = The waitlist has an urgency of "Routine".

- The Trust does not at present record clinical priority for diagnostic, non-surgical or outpatient pathways.

- The use of wait from "Decision to Admit" to snapshot, rather than the traditional RTT waiting times, must be treated carefully. These figures will include surveillance/planned waiting lists that have exceeded their due date and become RTT active, these may have a DTA long before an RTT clock started thereby potentially creating a misleading sense of an extraordinary long wait.

- Similarly for the use of wait from referral date, this may be misleading as patients may have multiple RTT periods within their pathway. For example, a patient on active monitoring may not become RTT active until some considerable time after the original referral. Patients with long-term conditions may be under a single pathway for a significant amount of time, but may become RTT active again years after being referred to the Trust.

- Also, please note that a patient's clinical priority may change over time. Upon review by a clinician, the urgency may be revised in a way that is divorced from the overall referral wait for the patient.