Definitions and Designation of NHS Performance Target

1.0 Accident and Emergency (A&E) Waiting Times

1.1 Definitions of Accident & Emergency Types

Types of A&E/minor injury unit (MIU) service are:

Type 1 A&E department = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

Type 2 A&E department = A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

Type 3 A&E department = Other type of A&E/minor injury units (MIUs)/Walk-in Centres, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Any primary care service that believes it has grounds for inclusion in QMAE as a Type 3 department, should, with the support of their SHA, make a submission to the Department of Health setting out their reasons.

NHS Walk-in Centres

The guidance above for Type 3 A&E departments also applies to NHS Walk-in Centres as they are considered to be a type 3 service.

1.2 Accident & Emergency Attendance and Performance Measures

Accident & Emergency Attendance	**Accident & Emergency Performance Measures** Total Time spent in A & E from Arrival to Departure
Number of A&E attendances – Type 1 All unplanned attendances in the reporting period at Type 1 A&E departments, whether admitted or not	Patients who have a **total time in A&E (Type 1) over 4 hours from arrival to admission, transfer or discharge**
Number of A&E attendances – Type 2 All unplanned attendances in the reporting period at Type 2 A&E departments, whether admitted or not	Patients who have a **total time in A&E (Type 2) over 4 hours from arrival to admission, transfer or discharge**
Number of A&E attendances – Type 3 All unplanned attendances in the reporting period at Type 3 A&E departments, whether admitted or not	Patients who have a total **time in A&E (Type 3) over 4 hours from arrival to admission, transfer or discharge**

The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission, transfer from the hospital or discharge.

For a few patients, a period of assessment and/or observation of greater than 4 hours before a decision to admit or discharge is made will be beneficial. This group would include some patients

awaiting results of investigations, CT, reduction of fractures/dislocations, clinical observation for improvement, time critical diagnostics etc.

Every effort should be made to accommodate these patients, for their comfort, away from the main A&E in a dedicated observation/assessment ward.

However where patients remain in A&E or are accommodated in an environment that not does meet the criteria set out above, they should remain within the total time count (4 Hours) until they are admitted, transferred or discharged.

12-hour waits are regarded as adverse incidents and need to be reported to the host Strategic Health Authority. The host Strategic Health Authority will be expected to investigate and report to the Department of Health normally via SITREPs but always on the day of the event.

Other Resources

Latest performance
A&E Waiting Times and Activity Information (SitReps) – latest figures 30-09-12
Guidance
Operating Framework for the NHS in England 2011/12 (p.36)
Explanation of targets
A&E clinical quality indicators data definitions
A&E clinical quality indicators implementation guidance
Frequently asked questions

2.0 18 Weeks Performance

In England, under the NHS Constitution, patients 'have the right to access services within maximum waiting times (18 weeks), or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible'.

2.1 National Clock Rules

Clock Starts

2.1.1 A waiting time clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to:

a) a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;
b) an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner.

2.1.2 A waiting time clock also starts upon a self-referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional permitted to do so.

2.1.3 Upon completion of a consultant-led referral to treatment period, a new waiting time clock only starts:
a) when a patient becomes fit and ready for the second of a consultant-led bilateral procedure;
b) upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan;
c) upon a patient being re-referred in to a consultant-led; interface; or referral management or assessment service as a new referral;

d) when a decision to treat is made following a period of active monitoring;
e) when a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock.

Clock Pauses

2.1.4 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 again for admission for treatment.

Clock Stops

2.1.5 Clock stops for treatment when:

a) First definitive treatment starts. This could be:
i) Treatment provided by an interface service;
ii) Treatment provided by a consultant-led service;
iii) Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions;

b) A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list.
Clock stops for 'non-treatment'

2.1.6 A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

a) It is clinically appropriate to return the patient to primary care for any non consultant-led treatment in primary care;
b) A clinical decision is made to start a period of active monitoring;
c) A patient declines treatment having been offered it;
d) A clinical decision is made not to treat;
e) A patient DNAs (does not attend) their first appointment following the initial referral that started their waiting time clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient;
f) A patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:
i) the provider can demonstrate that the appointment was clearly communicated to the patient;
ii) discharging the patient is not contrary to their best clinical interests;
iii) discharging the patient is carried out according to local, publicly available/published, policies on DNAs;
iv) These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

Other resources

Latest performance
Referral to Treatment Waiting Times Data (18 weeks) (by provider and commissioner) – latest figures July 12
Law
Primary Care Trusts and Strategic Health Authorities (Waiting Times) Directions 2010
NHS Constitution
Guidance
Consultant led RTT Clock Rules

How to Measure
RTT Frequently Asked Questions
Reviewing Pathways Over 18 Weeks
Planned patients and RTT measurement

3.0 Cancer Waiting Times

3.1 Cancer Waiting Times Standards for England

Over the last decade, the NHS has been expected to comply with maximum waiting time periods set centrally that determine how long a patient with suspected cancer should wait to be diagnosed and/or treated. Cancer waiting times in England cover the majority of patients and tumour types.

3.2 The cancer waiting time standards introduced in the NHS Cancer Plan (2000) and the Cancer Reform Strategy are:

-Maximum **two-week wait** for first outpatient appointment for patients referred urgently with suspected cancer by a GP;
-Maximum **one month** wait from urgent GP referral to treatment for acute leukaemia and children's and testicular cancers;
-Maximum **one month** wait from date of decision to treat to first treatment for breast cancer;
-Maximum **two month** wait from urgent GP referral to first treatment breast cancer;
-Maximum **one month** wait from date of decision to treat to first treatment for all cancers;
-Maximum **two month** wait from urgent GP referral to first treatment for cancer.
-Maximum **31-day wait for subsequent treatment** where the treatment is surgery;
-Maximum **31-day wait for subsequent treatment** where the treatment is an anticancer drug regimen;
-Maximum **62-day wait** from a consultant's decision to upgrade a patient's priority to first treatment for all cancers;
-Maximum **62-day wait** from a referral from an NHS screening service to first treatment for all cancers; and
-Maximum two-week wait for first outpatient appointment for patients referred with breast symptoms, where cancer was not initially suspected.

Other Resources

Latest performance
Cancer waiting times (by provider and commissioner) – latest figures Q1 2012-13
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123395.pdf
Rationale of targets
Improving Outcomes: A Strategy for Cancer appendix C