

Data Provision Notice

Referral to Treatment (RTT): 18 Weeks RTT Waiting Times

Information Asset Owner: Chris Gibbins

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Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

The monthly Referral to Treatment (RTT): 18 Weeks RTT waiting times collection is used to measure performance against the operational standard, that more than 92% of patients on incomplete RTT pathways should not have been waiting more than 18 weeks from referral.

Statistics are classed as National Statistics and are published monthly with an accompanying statistical commentary, available at the following website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

Also see related link:

<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england>

Benefits

These statistics provide high level performance information relating to the RTT operational standard. These statistics are used to provide information to the public and other stakeholders, to highlight current waiting times, and to enable assessment of trends over time. They enable commissioners and NHS England to monitor performance against the national standard.

Legal basis for collection, analysis, publication and dissemination

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. The direction and accompanying requirements specification are published on the NHS England website:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/the-migration-and-continued-operation-of-the-unify2-collections-through-the-strategic-data-collections-service-direction-2017>

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Persons consulted

There is an obligation on the part of NHS England to consult with (as set out in in section 258 of the Health and Social Care Act 2012):

Following receipt of a direction to establish and operate a system for the migration and continued operation to collect Referral To Treatment (RTT): 18 Weeks RTT waiting times,

- NHS England - the organisation that issued the original direction (under the commencement order).
- Department for Health and Social Care – the organisation from which the current Direction was issued to NHS Digital.
- Data providers - consulted regarding the use of the Strategic Data Collections Service (SDCS) platform.

NHS England has also consulted providers regarding changes to the Unify platform as part of on-going work with NHS Digital.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- All Trusts and independent sector providers who provide consultant-led elective care (funded by the NHS)

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the Form, Manner and Period requirements below.

Form of the collection

Aggregate data is collected on a Provider Commissioner basis with Trusts & Independent Sector providers submitting their data, broken down by commissioner.

Data is collected by weekly time band (for 0-1 weeks to 52+ weeks) for 18 treatment function categories and 'Other' for:

- completed admitted pathways,
- completed non-admitted pathways,
- incomplete pathways,
- incomplete pathways with a decision to admit.

The total number of RTT clock starts is also collected on a Provider Commissioner basis.

In October 2015, two new data sections (Incomplete pathways with a decision to admit for treatment, and new RTT clock starts) were added to this monthly RTT data return and the adjusted day case/inpatient section was removed.

Manner and Period of the collection

This is a monthly ongoing collection. This data will now be collected via the NHS England's web-based system, Strategic Data Collection Service (SDCS), instead of Unify 2.

The pro forma template should be completed by the submitting organisation and uploaded to NHS Digital via the SDCS online data collection platform.

Further information is available here: <https://digital.nhs.uk/data-and-information/datacollections-and-data-sets/data-collections/strategic-data-collection-service-sdcs>

Data quality

Providers submit their data broken down by commissioner. It is expected that the returns from providers are validated internally, signed off at director level and provide an accurate reflection of the situation in that organisation. NHS Commissioners are also responsible for signing off the data assigned to them.

In addition, NHS England undertakes high level validations of the data submitted by NHS trusts to identify any large errors in the data. These validation routines include querying large differences month on month, trusts with large proportion of short pathways and figures that are inconsistent between the different sections of the data return. Revisions are permitted and any revisions are published at 6-month intervals in accordance with NHS England's revision policy. The impacts of revisions are published alongside the revisions in that particular monthly release. Generally, the impact of revisions is very small at national level and doesn't impact upon the long-term trends in the statistics.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions. This process is approved by the Data Alliance Board (DAB) acting under authority of the Secretary of State, oversees the assurance and approval of information standards, data collections and data extractions for the health and social care system in England