

# **Hospital waiting times – What do you need to know?**

## Research Briefing

September 2019



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**Paper overview:**

The main focus of waiting times reporting in NHS Wales is referral to treatment time for elective (planned) treatment. This briefing deals with some of our most frequently asked questions about the referral to treatment pathway.

A separate briefing - Health performance indicators - provides a quick reference guide to the targets and corresponding data sources for the main NHS Wales performance indicators. This includes referral to treatment, diagnostic and therapy services, cancer waiting times, time spent in accident and emergency departments, and ambulance response times.



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## What does ‘referral to treatment’ mean?

Referral to treatment (RTT) is the total time waited from referral (for example, by a GP) to hospital for treatment in NHS Wales. It includes time spent waiting for any hospital appointments, specified tests, scans or other procedures that may be necessary before being treated.

The current RTT target in NHS Wales is:

- 95 per cent of patients should be waiting less than 26 weeks; and
- no patients should wait longer than 36 weeks for treatment.

A patient may be on more than one RTT pathway, i.e. they may be on a number of different waiting lists for treatment for separate conditions. The published RTT statistics reflect the number of patient pathways waiting, rather than the number of individual patients waiting.

Separate targets exist for cancer. Our Health performance indicators briefing provides further information on cancer waiting times.

A number of other treatment pathways are not included in the 26 week RTT target due to their specialist nature. Examples include mental health services, palliative care, and fertility treatment. Some of these may be subject to their own waiting times targets. In all cases, the principle of waiting the shortest time possible in line with clinical need should apply.

## When does the clock start and when does it stop?

The RTT waiting time period begins on the date that the referral from the GP (or other referring clinician) is received by the hospital. It ends when treatment begins, or if the hospital specialist considers that no treatment is necessary. 'Treatment' could include:

- being admitted to hospital for surgery or treatment;
- starting treatment that does not require a stay in hospital (for example, medication or physiotherapy);
- the start of the fitting process for a medical device; or
- beginning an agreed period of active monitoring (watch and wait).

If the patient decides not to proceed with treatment, the RTT period will end.

Cardiac patients are included under RTT, although there is a slight difference in how this data is collected. Under general RTT, if a patient is transferred to another consultant, the waiting time clock stops and a new RTT pathway will begin (this relates to situations where a patient has been referred for one condition but is subsequently found to have another condition which requires treatment before the initial problem can be dealt with). For patients on a cardiac pathway, the clock does not stop and their pathway continues.

## Can a patient choose which hospital they're referred to for treatment?

In England, patients have the right to choose which hospital they're referred to by their GP. This also applies to Welsh residents living in border areas who are registered with an English GP. Under new **arrangements**, English residents who are registered with a Welsh GP can choose whether to receive their treatment in Wales, or to be treated at an English hospital of their choice.

NHS Wales does not operate a system of patient choice but looks to provide services close to a patient's home where possible. Welsh residents who have a GP in Wales do not have a statutory right to choose which hospital they are referred to. Welsh health boards do have the option of referring patients outside of their own area, including England, if that service does not exist locally, or if the patient's clinical need and circumstance justifies this.

## What happens if the hospital cancels an appointment?

If a hospital cancels an appointment (and this is not done for clinical reasons) the hospital should aim to rearrange the appointment as soon as possible. The waiting time clock will continue to count.

If an operation is postponed by the hospital on more than one occasion with fewer than eight days' notice (and not for clinical reasons), the operation should be rescheduled within 14 days or at the earliest convenience of the patient.

Patients do not have the right to demand treatment elsewhere if a hospital postpones their operation.

## What happens if a patient misses a booked appointment?

If a patient does not attend a mutually agreed appointment without giving notice, this is identified as a 'did not attend' (DNA) and the patient can be removed from the waiting list. However, if the consultant responsible for the patient considers that, for clinical reasons, the patient should not be removed from the RTT pathway following a DNA, the patient may remain on the waiting list and their clock will be reset.

If a patient does give prior notice of their inability to attend an agreed appointment, this will be identified as 'could not attend' (CNA). The patient remains on the RTT pathway and their clock will be reset. A second CNA may be dealt with in the same way as a DNA, i.e. the patient could be removed from the waiting list.

## What if a patient is unfit for surgery?

If a patient is unavailable for surgery due to a short-term illness (for example, a cold) which is expected to be resolved within 21 days, they should remain on the waiting list and an adjustment (up to 21 days) may be made to the waiting time clock.

If a patient is unavailable for surgery due to an illness which they are unlikely to recover from within 21 days, they can be removed from the waiting list and returned to the referring clinician to be treated for that illness. Once the patient is fit for surgery, they should be referred again and should join the waiting list at the most clinically-appropriate stage. Although this would start a new pathway, health boards are expected to take into account time previously waited when prioritising patients for treatment.

The rationale behind this is that patients should only be on a waiting list if they are fit for surgery.

## What if a patient is unavailable for treatment for other reasons?

If a patient is unavailable due to social reasons (for example caring responsibilities or a holiday) for a period up to eight weeks, they can remain on the waiting list and an adjustment may be made to the RTT clock (unless the period of unavailability is less than two weeks in which case no adjustment is made). If the patient is unavailable for more than eight weeks, the clock stops and the patient may be removed from the waiting list and returned to the referring clinician, if this is agreed by their consultant.

## If a patient is admitted as an emergency, how does this affect the RTT pathway?

The rules around RTT apply to elective pathways only, and therefore any hospital admission arising directly from an emergency attendance will not be covered under RTT. It may however be the case that a new RTT pathway is initiated through an emergency event, i.e. the care a patient receives as an emergency may identify further treatment needs which would be subject to RTT.

If a patient on a current RTT pathway is admitted as an emergency and is treated for the condition the RTT pathway relates to during their emergency stay, the RTT period will end.

If a patient on a current RTT pathway is admitted as an emergency, but is not treated for that condition during their emergency stay, the clock will continue.

## Can a patient receive part of their care privately? How does this affect the RTT waiting time?

Patients who are entitled to NHS-funded treatment may opt into or out of NHS care at any stage.

If a patient is initially seen within the NHS and elects to have the next stage(s) of their treatment delivered privately (i.e. outside the NHS) the RTT clock will stop.

Patients who have had a private consultation (for example for investigations/diagnosis) may transfer to the NHS for any subsequent treatment. They should enter the NHS waiting list at the same position as if their original consultation had been within the NHS, i.e. their priority on the waiting list should be determined by the same criteria applied to all other referrals. The entry onto the NHS waiting list begins a new 26 week RTT pathway.

In situations where a patient is referred by an NHS organisation to a private provider as part of their NHS pathway, the clock will continue to count.

## Further information:

- NHS Wales 'patient perspective' document - [RTT: What is it? What do I need to know? \(PDF 297KB\) \(April 2017\)](#)
- StatsWales, [Referral to treatment](#)
- British Medical Association (BMA), [Interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland](#) (May 2009)
- Senedd Research, [What's the latest on cross-border healthcare?](#) (April 2019)
- NHS Wales, [NHS complaints](#). Includes information about each health board's concerns team, and the formal NHS Wales complaints process 'Putting things right'.