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BRIEFING PAPER

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NHS maximum waiting time standards

By Elizabeth Parkin

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Summary

The NHS Constitution for England provides that patients have the right to access certain services commissioned by the NHS within maximum waiting times, or for the NHS to offer suitable alternatives if this is not possible. The waiting times – provided either as patient rights or pledges - are described in the accompanying Handbook to the NHS Constitution for England (last updated October 2019).

Patients currently have a right to the following maximum waiting times:

- 18 weeks from referral to consultant-led treatment (for 95% of patients);
- Two weeks to see a specialist for urgent cancer referrals (for 93% of patients).

There are additional pledges on waiting times, including a maximum waiting time of:

- 4 hours in A&E target;
- Four weeks for children and young people with an eating disorder (and one week for urgent cases);
- Six weeks between referral and first treatment for IAPT (Increasing Access to Psychological Therapies) for 75% of patients, and 18 weeks for 95% of patients;
- Two weeks for access to early intervention care for people experiencing a first episode of psychosis;
- One month wait from diagnosis to treatment for all cancers.

The full list of waiting time standards is provided in section 1 of the briefing.

Commissioners are responsible for enforcing waiting time standards through contracts with service providers, mostly NHS Trusts. This is primarily through CCGs commissioning services using the NHS Standard Contract. Concerns have been raised that financial sanctions have been gradually removed from the Standard Contract for waiting time standards, including the 18-week referral to treatment (RTT) and cancer standards.

In April 2019, NHS England introduced a new fine for providers and commissioners to each pay £2,500 per patient that exceeds a 52-week waiting time from referral to treatment.

NHS England is currently undertaking a Clinically-led Review of NHS Access Standards. The interim report was published in March 2019 and sets out initial proposals to changes for waiting times, in mental health services, cancer care, elective care and urgent and emergency care. A brief summary of the proposed changes is provided below,

- The 18-week RTT target for 95% of patients would either be amended by reviewing the maximum number of weeks and percentage threshold, or by introducing an average wait target.
- The number of cancer waiting time targets would be reduced from ten to three, including a maximum 28 day wait from GP referral to definite diagnosis, or exclusion, of cancer.
- For mental health, the review proposes reducing the length of time for patients to access treatment in mental health crisis and a four-week waiting time for children and young people, and adult community mental health services.
- For A&E, the review proposes introducing target for waiting time to initial clinical assessment, time to emergency treatment for critical cases, time spent overall in A&E, and hospitals use of Same Day Emergency Care.

The NHS is currently trialling the proposals, and will publish a public consultation, due in "early 2020". Implementation of the new standards is expected in 2020/21.

Covid-19 changes

It was announced in March 2020 that all NHS non-urgent operations in England will be postponed.[1] NHS England and NHS Improvement have said that providers will need to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months.[2]

However, Trusts' performance against waiting time targets will continue to be monitored during this period. A letter from NHS England and NHS Improvement confirmed that monitoring and management of standards such as the four-hour accident and emergency wait and 18-week elective care referral to treatment (RTT) targets will continue.

Fines for breaches of the 52-week RTT target will be suspended from 1 April onwards, and the 28-day faster diagnosis standard for cancer will not be subject to formal performance management.[3]

1 Department for Health and Social Care (DHSC), Coronavirus Bill Summary of Impacts, 19 March 2020, page 5

2 NHS England and NHS Improvement, Letter to Chief executives of all NHS trusts and foundation trusts , CCG Accountable Officers, GP practices and Primary Care Networks, Providers of community health services, 17 March 2020

3 Health Service Journal, Trusts will still be monitored on A&E targets during covid-19 crisis, 30 March 2020

1. Current NHS maximum waiting time standards

The NHS Constitution for England provides that patients have the right to access certain services commissioned by the NHS within maximum waiting times, or for the NHS to offer suitable alternatives if this is not possible. The waiting times are described in the accompanying Handbook to the NHS Constitution for England (last updated October 2019).

These standards are either provided as patient rights or pledges:

- Waiting times that are provided as patient rights (the 18-week referral to treatment and two week for suspected cancer referrals) are provided under NHS regulations.[4] Rights are however generally not enforceable by patients; enforcement may rely on action to be taken by other health organisations.[5]
- Pledges are not legally binding, and represent ambitions to improve, going above and beyond legal right. Pledges include A&E, mental health and some cancer waiting time standards.

The main NHS waiting times standards are set out below. There are expected changes to these, as proposed by the Clinically-led Review of NHS Access Standards (March 2019) – see section 3 for further information on the review.

Performance statistics against all waiting time standards are provided in the Library briefings on NHS Key Statistics: England, February 2020 and Mental health statistics: prevalence, services and funding in England (February 2020).

1.1 18-week referral to treatment

As set out in the Handbook to the NHS Constitution, patients have the right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.

The 18 weeks from referral to treatment (often known as Referral to Treatment or RTT) applies to treatments where a consultation retains overall clinical responsibility for the service or team, or for their treatment. The setting of the consultant-led treatment, for example whether hospital based or in a GP-based clinic, will not affect the right to start treatment within this maximum waiting time.

If this is not possible, the CCG or NHS England, which commissions and funds the treatment, must take all reasonable steps to offer a suitable alternative provider(s) that would be able to see or treat the patient more quickly. It is the responsibility of the patient to contact either the provider or their local CCG before alternatives can be investigated.

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4 The *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012* (Part 9).

5 Department of Health and Social Care, Handbook to the NHS Constitution for England, October 2019

There are certain exceptions to the right to treatment within 18 weeks:

- where a patient chooses to wait longer;
- where delaying the start of treatment is in the patient's best clinical interests, for example where smoking cessation or weight management is likely to improve the outcome of the treatment;
- where it is clinically appropriate for a condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage;
- where a patient fails to attend appointments; or
- where the treatment is no longer necessary.[6]

The following services are not covered by the right:

- services that are not consultant-led
- maternity services
- public health services provided or commissioned by local authorities.[7]

The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 set a target that at least 92% of patients in England should wait less than 18 weeks to start treatment. In 2013/14, NHS England introduced a zero tolerance of any RTT waits of more than 52 weeks in 2013/14.[8]

The latest data shows at the end of December 2019, 83.7% of patients waiting to start treatment were waiting up to 18 weeks, so not meeting the 92% standard.[9]

The Library briefing on NHS Key Statistics: England, February 2020 notes that the target for 92% to have been waiting for less than 18 weeks has not been met since March 2016, and performance continued to decline in 2019. More detailed analysis is provided in the briefing.

Commentary is available from the following sources:

- Public Accounts Committee: NHS waiting times for elective and cancer care inquiry (June 2019)
- The King's Fund: The NHS misses its new target for planned elective care (May 2019)
- National Audit Office – Report on NHS waiting times for elective and cancer treatment (March 2019).

6 Department of Health and Social Care, Public Health England, Handbook to the NHS Constitution for England, October 2019
7 ibid
8 Statistical Press Notice: NHS referral to treatment (RTT) waiting times data December 2019, 13 February 2020
9 Statistical Press Notice: NHS referral to treatment (RTT) waiting times data December 2019, 13 February 2020

1.2 Cancer

Patients have a right to be seen by a cancer specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected.

This is the second legal right provided in the NHS Constitution, and was introduced in 2009. The target is that this is achieved for 93% of patients.[10]

The Library briefing on NHS Key Statistics: England, February 2020 notes that this target was almost always met until 2018. Since then performance has fallen, and as of December 2019 the target has not been met for ten months. August 2019 saw record low performance on this measure, at 89.4%. Detailed analysis and regional comparison is available in the briefing.

The NHS Constitution also provides a series of pledges on cancer waiting times:

- a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers
- a maximum 31-day wait for subsequent treatment where the treatment is surgery
- a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy
- a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen
- a maximum 2-month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers
- a maximum 62-day wait from referral from an NHS cancer screening service to first definitive treatment for cancer
- a maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)
- a maximum 2-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected.[11]

A new four-week standard

In July 2015, the Independent Cancer Taskforce published a five year strategy for the NHS, to improve cancer outcomes. The Taskforce recommended setting an ambition that by 2020, 95% of patients referred for testing by a GP are definitively diagnosed with cancer, or cancer is excluded, and the result communicated to the patient, within

10 The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, Part 9

11 Department of Health and Social Care, Public Health England, Handbook to the NHS Constitution for England, October 2019

four weeks.[12] This would replace the two-week (14 day) target between referral and first consultant appointment.

In September 2015, the Government agreed to this recommendation, committing to spend, by 2020, up to £300 million more on diagnostics every year to help meet the new 28-day target.[13] In 2016, five sites (NHS trusts in Bournemouth, East Lancashire, Ipswich, Kingston and Leeds) began piloting the 28-day standard across six cancer pathways - gynaecology, urology, head and neck, lung, lower and upper gastrointestinal.[14]

In 2019, the Clinically-led Review of NHS Access Standards proposed simplifying the cancer waiting times standards, reducing the number of target from ten to three. The four-week (or 28-day) standard would be one of these targets. See section three for more detail on the review.

1.3 Mental health services

The 18-week referral to treatment standard applies to consultant-led mental health services. There are also specific pledges for some mental health services, as set out in the Handbook to the NHS Constitution.

The first ever mental health waiting time standards (IAPT and EIP standards) were implemented in 2015/16, as set out in the Department of Health and NHS England's joint publication Achieving Better Access to Mental Health Services by 2020 (October 2014).[15]

Increasing Access to Psychological Therapies (IAPT)

IAPT was the first mental health waiting time standard to be introduced, in 2015/16.

NHS England's two IAPT targets are that 75% of patients should wait less than 6 weeks between referral and first treatment and that 95% of patients should start treatment within 18 weeks of referral.[16] These standards apply to adults only.

The Library briefing paper on Mental health statistics: prevalence, services and funding in England (February 2020) provides detailed information and regional comparison of IAPT waiting times. It notes that 89.4% of those finishing a course of treatment in 2018/19 waited less than 6 weeks for their first treatment. However, waiting times for first treatment varied substantially across England, from lows of 4 days in Basildon and Brentwood to highs of 61 days in Manchester.

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12 Independent Cancer Taskforce, Achieving World-Class Cancer Outcomes: A Strategy For England 2015-2020, July 2015
13 Department of Health, From 2020, people with suspected cancer will be diagnosed faster, 13 September 2015
14 NHS England, Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17, October 2017, p31
15 Department of Health, NHS England, Achieving Better Access to Mental Health Services by 2020, October 2014
16 Department of Health and Social Care, Public Health England, Handbook to the NHS Constitution for England, October 2019

Early Intervention in Psychosis (EIP)

The Government and NHS England have committed to the standard that 56% of people experiencing a first episode of psychosis should have access to early intervention care within two weeks. In particular, people should be able to access a care package which conforms to NICE clinical guidelines and quality standards within two weeks of referral.[17] This target was first introduced in April 2016 with a target rate of 50%. It is due to rise to 60% in 2020/21.[18]

Most initial episodes of psychosis occur between early adolescence and age 25 but the standard applies to people of all ages in line with NICE (National Institute for Health & Care Excellence) guidance.[19]

The Library briefing paper on Mental health statistics: prevalence, services and funding in England (February 2020) provides detailed information on waiting times for EIP treatment.

Children and young people with an eating disorder

A new national waiting time standard for children and young people with an eating disorder came into force in April 2017.

The standard is that by 2020/21, 95% of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. NICE–approved treatments to treat eating disorders includes family therapy and cognitive behavioural therapy.

The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.[20]

These targets are not currently being met and on current trends they are not on track to be met by the end of 2020/21. In the quarter ending December 2019, 73.5% of urgent cases started treatment within 1 week, and 86.9% of routine cases started treatment within 4 weeks.[21]

No similar waiting time standard is in place for adult eating disorder services but the NHS Long Term Plan (January 2019) committed to test four-week waiting times for adult and older adult community mental health teams, with selected local areas.[22]

CAMHS services

NHS England is currently testing a four week waiting time for children and adolescent mental health services (CAMHS), as proposed in the Department of Health & Social Care and Department for Education's

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17 Department of Health and Social Care, Public Health England, Handbook to the NHS Constitution for England, October 2019
18 NHS, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, page 9
19 NHS England, Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16, February 2015, page 5
20 NHS England, Guidance for reporting against access and waiting time standards: Children and Young People with an Eating Disorder, February 2016, page 6
21 NHS England, Children and Young People with an Eating Disorder Waiting Times
22 NHS England, NHS Long Term Plan, 7 January 2019, para 3.92

Green Paper for Transforming children and young people's mental health. The Government's response to the Consultation outlined its approach to trialling a four-week waiting time in selected pilot areas, to understand the costs, benefits, challenges and indicators of success. This will inform future roll-out, and the approach to moving from pilots to implementation across 20-25% of the country by the end of 2022/23, as stated in the Green Paper.[23]

1.4 Accident and Emergency (A&E)

NHS England's current target is that 95% of attendances in A&E should last less than four hours, measured from arrival to departure, admission or transfer.[24] Not all the time measured is spent waiting, since time being treated in A&E counts against the four-hour target. The standard was introduced in A&E departments in 2004.

Performance statistics against this standard is provided in the Library briefing on NHS Key Statistics: England, February 2020. This notes that the proportion of patients spending over 4 hours in A&E has risen in recent years. 2019 saw the worst annual performance on record, with 15.3% of patients spending over 4 hours in A&E compared with 11.9% a year earlier and 5.5% five years earlier.

23 Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps, July 2018, page

24 ibid

2. Accountability for standards

The Department of Health and Social Care holds NHS England and NHS Improvement to account for national performance against waiting time standards. In turn, NHS England holds CCGs to account for meeting the standards for their local populations. CCGs are responsible for enforcing waiting times standards through contracts with service providers, mostly NHS trusts and foundation trusts. This is primarily through the NHS Standard Contract.

Traditionally, one of the tools commissioners have employed to enforce waiting times has been financial penalties on providers, if they failed to deliver on a national performance target. However, fines have gradually been withdrawn for some standards in recognition of the financial challenges faced by many NHS Trusts.[25]

The NHS Standard Contract sets out the terms of providing a service between a commissioner (NHS England or CCGs) and NHS providers. This contract sets out when commissioners can fine a provider for non-performance against national standards, including some waiting time standards. These have included RTT, A&E and urgent cancer referral standards.

However, from 2015/16 NHS England removed financial sanctions against NHS Trusts for failing to meet the 18 week RTT target, in recognition of the financial challenges faced by the NHS; in 2015/16 performance fines (for all national standards in the Standard Contract) amounted to around £600m[26].

In order to continue to incentivise Trusts to meet waiting time standards, trusts were asked to submit monthly performance trajectories on certain standards in order to receive money from a new sustainability and transformation fund (STF) that would supplement provider income. A rule was included in the 2016/17 Standard Contract that exempted trusts from penalties if a performance trajectory had been agreed. The standards included were:

- Four-hour A&E waits.
- RTT 18-week waits.
- 62-day cancer waits.

The only performance related financial penalty faced by these providers was the withdrawal of STF money for failure to deliver the three performance standards. Trusts that did not choose to access the STF would still face the above contractual penalties.

From 2017/18, access to STF monies was solely dependent on meeting the A&E waiting time target.[27]

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25 For a timeline of changes to fines for breaching waiting time standards see National Audit Office, NHS waiting times for elective and cancer treatment, 22 March 2019, Figure 7.

26 NHS Providers, Changes to Performance Fines, September 2017

27 NHS Providers, Changes to Performance Fines, September 2017

In April 2019, NHS England introduced a fine for providers and commissioners to each pay £2,500 per patient that exceeds a 52-week from referral to treatment, in recognition of the fact that "52-week breaches are typically a symptom of whole-system level problems."[28] This applies to all providers and commissioners, i.e. not just those accessing PSF funding.[29]

In June 2019, the Public Accounts Committee report on NHS waiting times expressed concerns that the Department of Health & Social Care is no longer holding NHS England to account for most waiting time standards:

> The Department of Health & Social Care has allowed NHS England to be selective about which standards it focuses on, reducing accountability. Under the NHS Constitution, patients in England have the right to be treated within maximum waiting times. It is important that Parliament and the public can rely on NHS waiting times standards to hold the NHS to account over patients' rights to timely access to care. However, in response to rising demand while under increasing financial constraints, the Department has allowed NHS England to prioritise meeting standards for emergency services and cancer care over elective care. NHS England told us that, in recent years, it has removed sanctions and penalties against NHS trusts for failing to meet elective care waiting times standards, as many of the trusts were already in financial difficulties. We welcome the action taken by NHS England to focus on reducing the number of patients waiting 52 weeks and over for elective care, but we are concerned that the Department is no longer holding NHS England to account for the other service standards that are still in place.[30]

28 NHS Standard Contract 2019/20, Technical Guidance, March 2019, para 3.15
29 NHS Standard Contract 2019/20, Technical Guidance, March 2019, para 3.8
30 House of Commons Committee of Public Accounts, NHS waiting times for elective and cancer treatment, HC1750, 12 June 2019, para 23

3. Clinically-led Review of NHS Access Standards (2019)

In June 2018 the then Prime Minister, Theresa May, asked the NHS England National Medical Director to review the 'core' NHS access standards, informed by the latest clinical and operational evidence.

The review has three phases:

1. Consider what is already known about how current targets operate and influence behaviour
2. Map the current standards against the NHS Long Term Plan to examine how performance measures can help transform the health service and deliver better care and treatment
3. Test and evaluate proposals to ensure that they deliver the expected change in behaviour and experience for patients prior to making final recommendations for wider implementation.[31]

The interim report was published in March 2019 - Clinically-led Review of NHS Access Standards (the review). This sets out the initial proposals for new waiting time standards in mental health services, cancer care, elective care and urgent and emergency care.

These proposals are being field-tested at sites across England, with the findings helping to inform any final recommendations. The latest details of this field-testing are set out on NHS England's Clinically-led review of NHS access standards website.

Six months on from the proposals being published, NHS England published a Progress Report setting out early learning from the trials.

NHS England says that the final proposals will be subject to public consultation, which is expected in early 2020. For implementation of the new standards, the NHS gives the following timeframes:

> For urgent and emergency care, where the field testing has been running longer and will be able to conclude sooner, the intention is to support the NHS to implement any changes from 1 April 2020. For elective care and cancer, implementation is likely to be during mid 2020/21. In mental health, where completely new standards are being proposed, implementation will be to a longer timeframe, as testing is likely to continue in 2020/21 to ensure that the introduction of standards in these areas is sustainable. All timelines are subject to change and government agreement. [32]

Recommendations

A brief summary of recommendations and early findings from trials is provided below.

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31 NHS England, Clinically-led Review of NHS Access Standards

32 NHS England, Clinically-led Review of NHS Access Standards Progress Report from Professor StephenPowis, NHS National Medical Director, 31 October 2019, page 35

18 week referral to treatment

The review proposes two options to amend the current 18 week RTT standard, by introducing either:

- **A defined number of maximum weeks wait for incomplete pathways, with a percentage threshold**. This replicates the current model of an 18-week maximum wait, with a target that this is achieved for 92% of patients – but the NHS will be testing whether this number of weeks and the percentage threshold are appropriate;

  Or

- **An average wait target for incomplete pathways**. The NHS says that introducing an average waiting target, rather than communicating to patients an upper most length of time that they could wait, may better reflect how long they are actually going to wait.[33]

With regards to average waits, the review noted that the current target can be misleading to patients, who may believe that the majority of people will have to wait as long as 18 weeks for their treatment. The review reported that the majority will wait fewer than eight weeks, and even accounting for the long-waiters, the average wait is fewer than 10 weeks.[34]

The proposals also shift the responsibility from the patient to the NHS to make alternative arrangements for people who have been waiting 26 weeks and over. It also proposes that commissioners should have the same incentives as providers to secure treatment for the patients they are responsible for and who have waited over 52 weeks.[35]

The proposed changes to RTT standards are being tested in 12 hospital Trusts in England.[36] The progress report said:

> In elective care, 12 hospital trusts are testing whether the use of an average (mean) wait between being referred by a GP and starting treatment for routine conditions can better achieve the goal of reducing long waits for care than the current threshold standard.
>
> Initial modelling and analysis work with expert groups supported this hypothesis, and the initial feedback from trusts has assured us that it is possible to implement the measure effectively. Again, we are encouraged by public polling, conducted for Healthwatch England, which suggests that moving to an average measure would be more meaningful for patients when exercising choice over where to receive treatment.[37]

Cancer

The review proposes the following new waiting time standards for cancer care:

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33 NHS, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, page 34
34 Ibid, page 33
35 Ibid, page 35
36 NHS England, Clinically-led Review of NHS Access Standards
37 NHS England, Clinically-led Review of NHS Access Standards Progress Report from Professor StephenPowis, NHS National Medical Director, 31 October 2019, page 5

- **Faster Diagnosis Standard: Maximum 28- day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening**. As noted in section 1.2, the Government and NHS England had already been preparing for the implementation of a 28-day standard by 2020.
- **Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening**.
- **Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients**.[38]

According to the Interim Report, these represent an improvement on the current standards because:

> […] the faster diagnosis standard for urgent referrals measures and provides certainty on the time to receive an actual diagnosis, rather than just to be seen by a consultant. The 62-day wait for first treatment from urgent referral, and 31-day wait from decision about treatment to treatment are already in place, but by having a single headline measure for these standards, and ensuring the clinical guidance governing inclusion within the standards reflects modern clinical practice, we add more clarity for patients, and greater focus on what really matters.[39]

If adopted, these standards would reduce the current ten standards to three.

11 hospital trusts in England are currently testing the proposed new standards.[40] The progress report said:

> From late August, 11 hospital trusts began to test the use of a faster diagnosis standard for people with suspected cancer. This standard means that people can expect to be told whether or not they have cancer within 28 days of an urgent referral from their GP or a cancer screening programme, instead of the current standard of seeing a specialist, with no measurement of when someone should be told the result.
>
> Initial testing has focused on establishing that it is possible safely to shift to the new standard, and no issues have been recorded. Promisingly, sites are also reporting some early improvements, against a continuing backdrop of significant increases in the number of people who are being referred for urgent cancer checks.[41]

Mental health

The review proposes new access standards for mental health for urgent access to services for emergency mental health care, and a 4 week wait for both child and adult community services. The proposals would

38 NHS, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, page 19
39 NHS, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, page 34,
40 NHS England, Clinically-led Review of NHS Access Standards [last accessed 11 March 2020]
41 NHS England, Clinically-led Review of NHS Access Standards Progress Report from Professor StephenPowis, NHS National Medical Director, 31 October 2019, page 5

remove the current differentiation in waiting time targets between different services:

- **Expert assessment within hours for emergency referrals; and within 24 hours for urgent referrals in community mental health crisis services**
- **Access within one hour of referral to liaison psychiatry services and children and young people's equivalent in A&E departments.**
- **Four-week waiting times for children and young people who need specialist mental health services**
- **Four-week waiting times for adult and older adult community mental health teams**.[42]

The proposed mental health standards are being tested by different areas across England.

- 12 areas of the country are already piloting the four-week waiting time standard for children and young people's community Mental Health Support Teams.
- Several mental health trusts are working alongside local hospital trusts to jointly test the proposals for emergency mental health care and new A&E standards.
- The proposed four-week waiting times for adult and older adult community mental health services will be tested through Integrated Care System (ICS) and Sustainability and Transformation Partnership (STP) areas.

Details of the pilot sites are available from NHS England.[43] The progress report said:

> The proposed mental health standards – covering both urgent and emergency care in hospitals and the community – are being trialled in more than 30 parts of the country. They represent a significant expansion of access standards in mental health – both over the last few years and in the future, as part of the NHS Long Term Plan – and are designed to give more people who need mental health support an expectation of timely access.
>
> Early signs suggest that they can be implemented safely and can support improvements in how care is delivered.[44]

Urgent and emergency care

Since the introduction of the A&E access standard in 2004, there have been major changes in the way urgent and emergency care services are delivered, including the introduction of urgent treatment centres, trauma centres, heart attack centres and acute stroke units, use of Same Day Emergency Care and increased access and use of tests in A&E

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42 NHS, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, page 34

43 NHS England, Clinically-led Review of NHS Access Standards [last accessed 11 March 2020]

44 NHS England, Clinically-led Review of NHS Access Standards Progress Report from Professor StephenPowis, NHS National Medical Director, 31 October 2019, page 5

departments. The review argued that the current single standard only offers a limited insight into patient care.

It explained a number of problems with the four-hour standard for A&E:

- The standard does not include time spent by patients in other hospital departments after A&E so the whole patient experience is not measured.
- The standard does not take into account the severity of the patient's condition.
- In measuring only the immediate hospital experience, the standard could "lead to a false perception that delivery against the standard is the sole responsibility of those working within our emergency departments, whereas the reality is that it requires the combined effort of many across the health and social care system." For an increasing number of patients therefore, especially those in Same Day Emergency Care (SDEC), the four-hour standard is "clinically meaningless" and may penalise departments moving to a SDEC model.
- The four-hour standard seems to principally help those close to a four-hour stay in A&E; for those well below or well above this threshold, the standard is not helpful. The Interim Report therefore highlights criticism that the NHS is "treating the target rather than the patient."
- The four-hour standard is not well-understood by the public. There is a misconception that four hours is the time for a patient first to be seen, rather than for their treatment to be completed or to be admitted, transferred or discharged.[45]

The Review recommended testing the following new standards:

- **Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centres** (type 1 and 3 A&E departments). This will match public perceptions better as many people believe that the four-hour standard refers to the initial assessment.
- **Time to emergency treatment for critically ill and injured patients**
- **Time in A&E** (all A&E departments and mental health equivalents). This would be the mean waiting time for all patients. The Interim Report also suggests looking at stronger rules for reporting prolonged trolley waits for admission.
- **Utilisation of Same Day Emergency Care**.[46]

14 hospitals in England have been testing the proposes A&E standards from May 2019. Neighbouring mental health trusts are also testing standards for urgent community mental health services that can prevent avoidable A&E attendances. The progress report said:

> Initial results have been promising. The number of patients spending over 12 hours in A&E has fallen faster in trial sites than a

45 NHS National Medical Director, Clinically-led Review of NHS Access Standards: Interim Report from the NHS National Medical Director, March 2019, pages 23-26

46 Ibid page 27

> control group, and there are signs that more people are getting the help they need to return home on the same day.
>
> […]
>
> We are encouraged too by research conducted on behalf of Healthwatch England, which found that the public place the highest priority on A&E teams providing early initial assessment on arrival for everyone, allowing staff to prioritise those patients with the greatest need, and ensuring that patients with critical conditions get the right standard of care quickly.[47]

[47] NHS England, Clinically-led Review of NHS Access Standards Progress Report from Professor StephenPowis, NHS National Medical Director, 31 October 2019, page 4

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