

The King's Fund

Waiting times for elective (non-urgent) treatment: referral to treatment (RTT)

Part of [The NHS in a nutshell](#)

- Thursday 05 August 2021

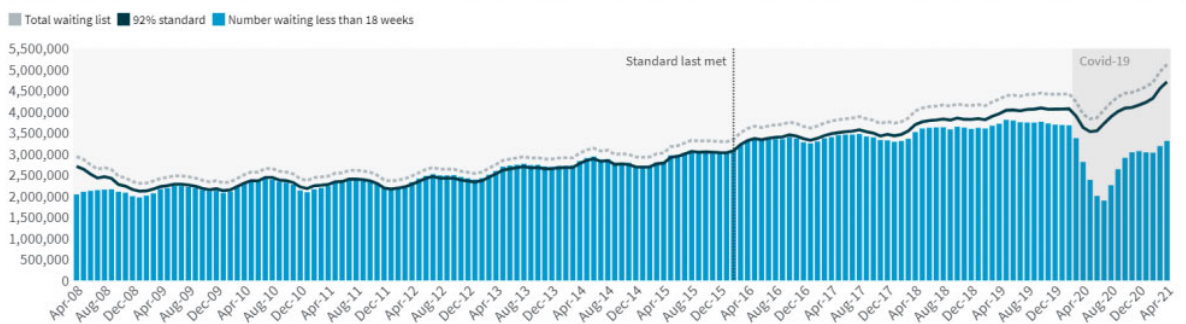
Waiting times consistently rank as one of the public's main concerns with the NHS and have a big impact on patient experience of the service. Here we explore how long patients are waiting for treatment and what impact Covid-19 has had on the numbers.

Meeting the RTT standard

The NHS constitution sets a standard that 92 per cent of people waiting for elective (non-urgent) treatment, for example, cataract surgery or a knee replacement, should wait no longer than 18 weeks from their referral to their first treatment. The standard was last met in February 2016, since when performance has declined steadily until the Covid-19 pandemic when it deteriorated rapidly.

To meet the RTT standard 92% of people on the waiting list need to have been waiting less than 18 weeks, but current performance is significantly below that

Number of people on the RTT waiting list



Source: NHS England Consultant-led Referral to Treatment Waiting Times

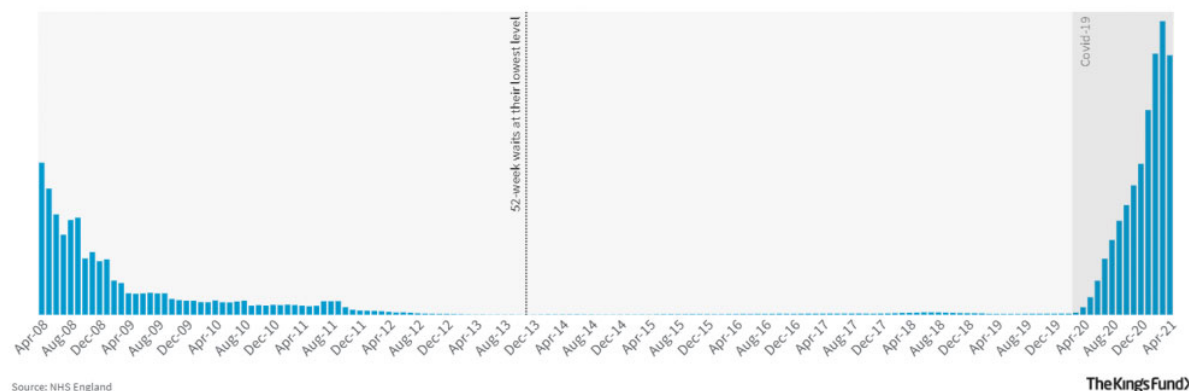
The number of long waits

In addition to the 18-week standard, to prevent very long waits for treatment, NHS England introduced a policy in 2013/14 that said no one should wait more than 52

weeks from referral to first treatment. The number of people waiting more than a year was maintained at a low level for a long period of time but has never reached zero. Long waits started to creep up again in 2018, and then climbed significantly during the Covid-19 pandemic. Additional data released for April 2021 showed that almost 3,000 people had been waiting more than 2 years (104 weeks) for treatment.

The number of long waits has increased significantly during the Covid-19 pandemic

Number of people who have been waiting more than 52 weeks since referral

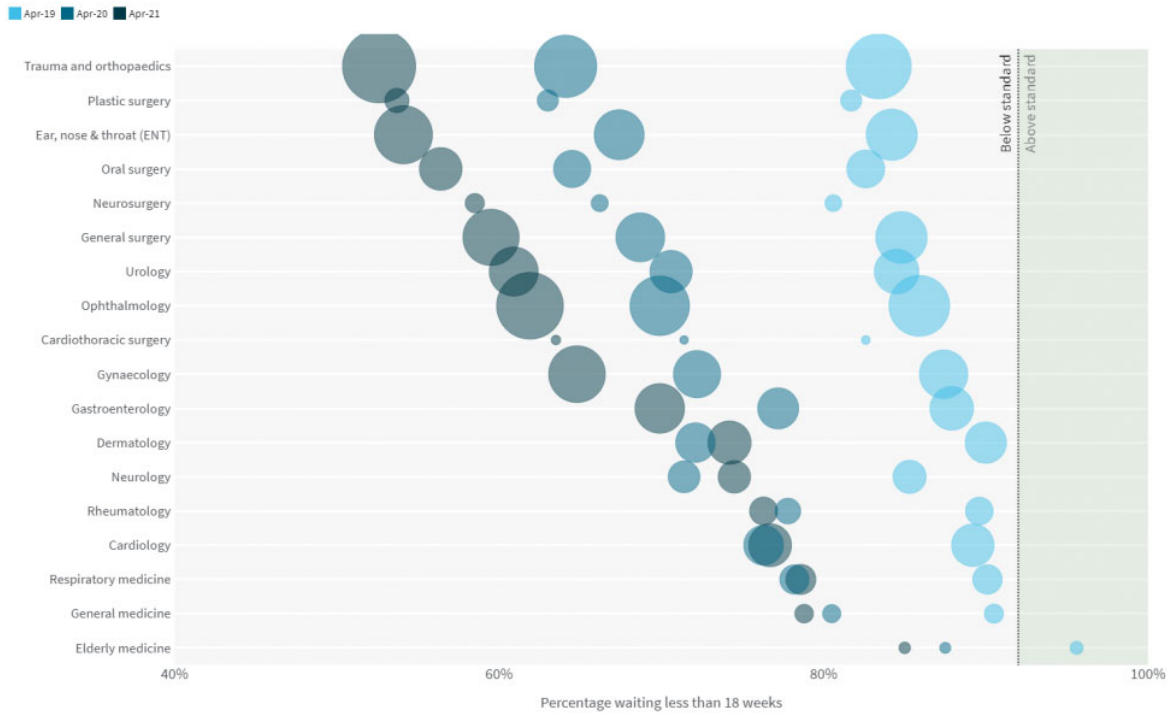


Specialty RTT performance

Over the past two years all specialities have seen a fall in performance, and none of them are currently meeting the RTT standard. As of April 2021, the largest single waiting list was for trauma and orthopaedics, which had more than 600,000 people waiting for treatment. Trauma and orthopaedics also had the highest proportion of people waiting more than 18 weeks. The impact of long waiting times on patients is not [regularly captured](#) (<https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/1750/175006.htm>), but can mean patients waiting in pain for longer and the possibility of their condition deteriorating.

All specialties have seen a fall in performance against the RTT standard between April 2019 and April 2021

Dots scaled to show the size of the waiting list



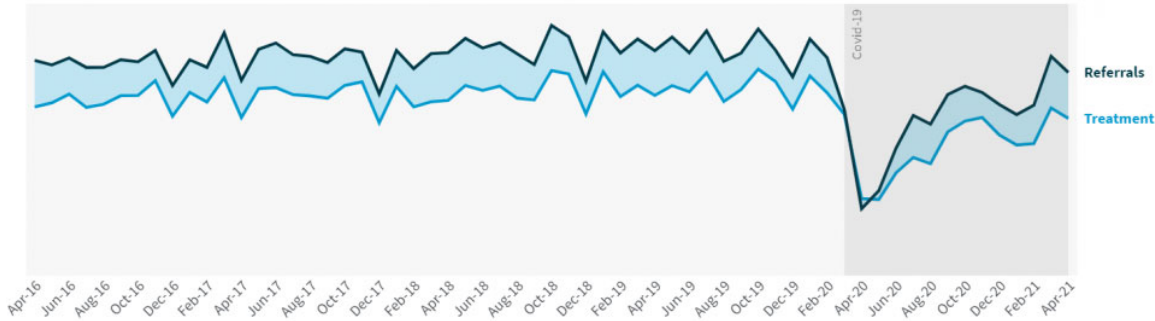
Source: NHS England
Excludes 'other', x-axis truncated to show trend more clearly.

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Referrals higher than treatments

In simple terms, the waiting list is growing because people are joining it (being referred) at a faster rate than people are leaving it (being treated). This has led to the elective waiting list growing to its highest level since 2008 with more than five million, or one in eleven, people now waiting for treatment. There are lots of factors that can contribute to this, for example, a growing population leading to more demand, and workforce shortages in the NHS meaning capacity to deliver treatment is limited.

Since April 2016, the number of people joining the RTT waiting list (referrals) has been higher than the number of people leaving it (treatment) in every month except one



Source: NHS England
The difference between the number of people joining the waiting list (referrals) and the number leaving (treatment) is smaller as patients can also leave the RTT waiting list for non-treatment reasons, for example, if treatment is no longer clinically appropriate, if the patient declines treatment, or if they are offered an appointment but do not attend.

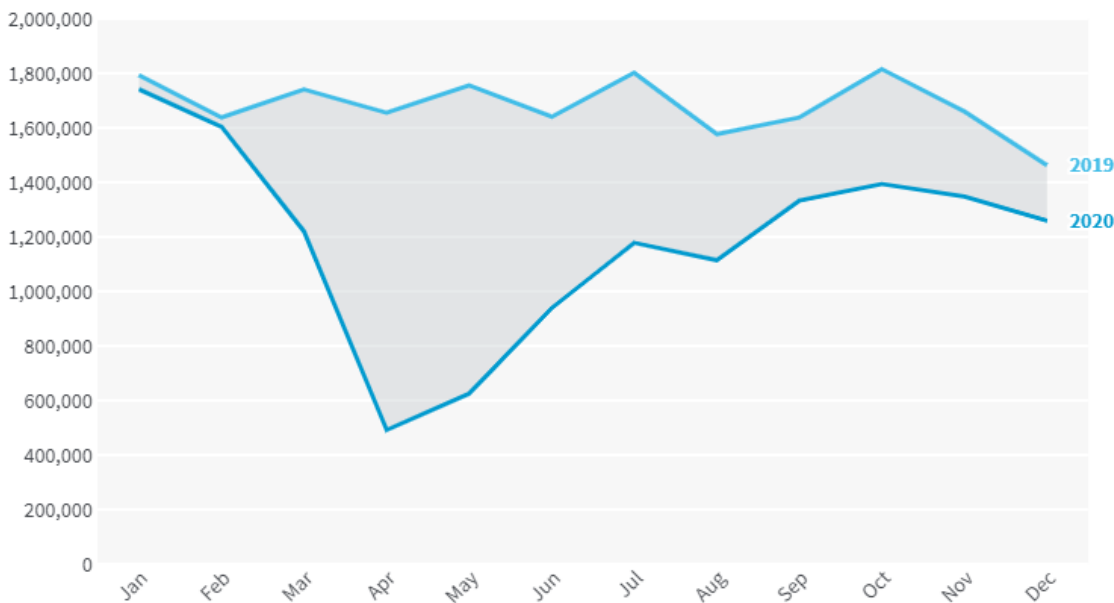
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Referrals compared to 2019

Covid-19 has had a big impact on elective waiting times. To prioritise hospital capacity for Covid-19 and emergency patients the NHS paused elective (non-urgent) treatment in April 2020 meaning waiting times grew quickly. However, during the national lockdowns fewer people were referred for treatment so the overall number of people on the waiting list remained fairly stable. We don't yet know if there will be a backlog of people who will seek treatment as restrictions continue to be lifted.

There were almost 6 million fewer referrals on to the RTT waiting list in 2020 than there were in 2019

Number of new RTT periods by month



Source: NHS England

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The King's Fund view

Waiting times consistently rank as one of the [public's main concerns](https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-social-care-2019) (<https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-social-care-2019>) with the NHS and have a big impact on patient experience of the service. The Covid-19 pandemic has caused elective waiting times, and the overall size of the waiting list, to grow substantially; with recent warnings that it could [get a lot worse](https://www.bbc.co.uk/news/uk-57793122) (<https://www.bbc.co.uk/news/uk-57793122>) before it gets better. However, the NHS was already missing these key waiting time standards before the pandemic started. It will take considerable time and resources to reduce waits for routine NHS care. Building on the collaboration seen during the pandemic, there is an opportunity to think about how services can be provided in more innovative, more efficient ways that reach those most in need, address health inequalities and can sustainably meet the waiting-time standards, for elective care and more widely across the NHS.

Now read this...

NHS waiting times: our position

Performance against key national waiting time standards has deteriorated in recent years, leaving many people waiting longer for care; there is little prospect of recovery in the foreseeable future.

[\(/projects/positions/nhs-waiting-times\)](/projects/positions/nhs-waiting-times)

Lessons from the 2000s: the ambition to reduce waits must be matched with patience and realism

As a result of Covid-19 waiting times for NHS treatment, already an issue before the pandemic, have grown to historic highs – or have they? Richard Murray compares current waiting times to those seen in the 2000s – and asks what we can learn from the last time the NHS tackled long waits.

By Richard Murray - 29 July 2021 17-minute read

[\(/publications/nhs-waiting-times\)](/publications/nhs-waiting-times)

Accident and emergency (A&E) waiting times

Accident and emergency (A&E) waiting times are one of the most high-profile indicators of how hospitals are performing. How is A&E performance measured and what influences how long people wait?

The NHS in a nutshell

[\(/projects/nhs-in-a-nutshell/waiting-times\)](/projects/nhs-in-a-nutshell/waiting-times)

More NHS in a nutshell

The NHS in a nutshell

Essential facts and figures to understand how the NHS works

[\(/projects/nhs-in-a-nutshell\)](/projects/nhs-in-a-nutshell)

The NHS budget and how it has changed

The total budget for the Department of Health and Social Care in England and how it has changed since 2007/08.

The NHS in a nutshell

[\(/projects/nhs-in-a-nutshell/nhs-budget\)](/projects/nhs-in-a-nutshell/nhs-budget)

How the NHS is funded

The NHS is mainly funded from general taxation and National Insurance contributions.

The NHS in a nutshell

[\(/projects/nhs-in-a-nutshell/how-nhs-funded\)](/projects/nhs-in-a-nutshell/how-nhs-funded)

The number of hospital beds

Over the past three decades the number of hospital beds has been declining in England. This is a result of medical advances and a shift in policy towards providing treatment and care outside hospital.

The NHS in a nutshell

[\(/projects/nhs-in-a-nutshell/hospital-beds\)](/projects/nhs-in-a-nutshell/hospital-beds)