



## BRIEFING PAPER

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# NHS Indicators: England, October 2017

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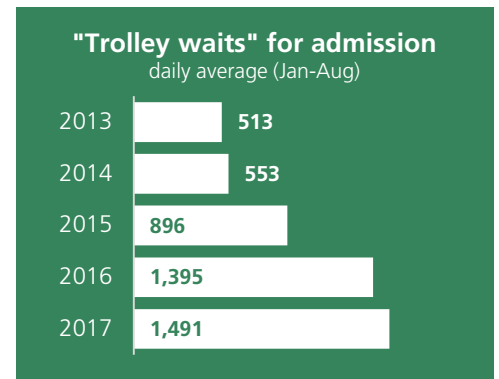
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## Summary

This briefing provides a summary of data on demand for and performance of NHS services in England, as well as information on the supply of beds and staff. In each case more information is available – either from NHS England, from more detailed Library briefings, or both. Links to further publications are provided. A new version of this document will be published in January 2018.

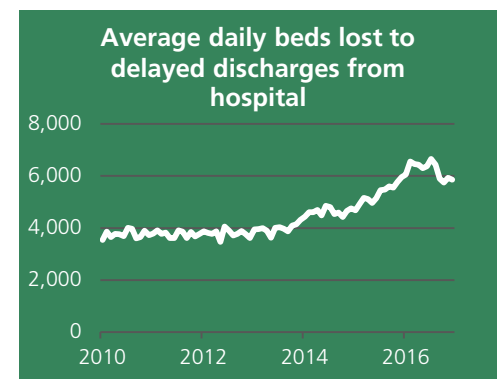
### The NHS in England is experiencing continuing pressure on demand and performance

- The waiting list for consultant-led treatment has risen to 3.85 million – 25% higher than it was three years ago.
- Long waits for emergency admission ('trolley waits' of over four hours after a decision to admit was made) have more than doubled over the past three years.
- Ambulance responses to life-threatening calls have risen by an estimated 22.5% over the past three years, and ambulance waiting time targets have not been met since 2015.



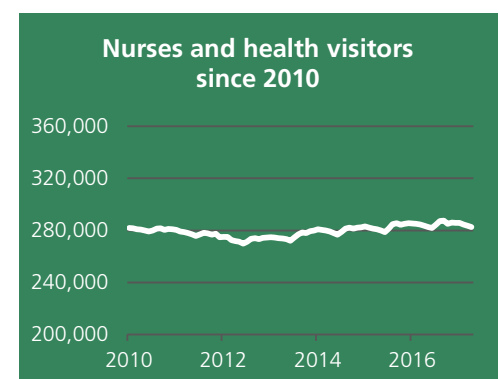
### There are signs of improvement & recovery on some measures

- The percentage of 4-hour waits in A&E stopped rising in early 2017, although waits are still higher than in years prior to 2016.
- The number of delayed discharges from hospital has fallen slightly in recent months. Delays attributable to the NHS are down on last year.



### Staff numbers in most categories continue to increase, but the number of GPs and nurses is down

- The number of hospital doctors rose by 2.6% in the last year. Ambulance staff are up 6.5%, and scientific staff are up 3.1%.
- There are 1,000 fewer nurses and health visitors than a year ago – a fall of 0.4%.
- The number of GPs is estimated to have fallen by 3% since September 2015



# 1. Introduction

This briefing provides a summary of statistical indicators for NHS England in the following broad categories:

- Demand for services and capacity
- Waiting Times and other Performance Indicators
- Staff Numbers

Most of the data in this paper is summarised from statistical releases by [NHS England](#) and [NHS Digital](#). Both sources also publish data on a wide range of other indicators.

This briefing summarises data for England as a whole. Further data is available for local NHS providers and/or Clinical Commissioning Groups for most indicators: you can obtain this data either from the original source, summarised in our other briefing papers, or (for MPs and their staff) via an enquiry to the Library's subject specialists.

Data for Scotland, Wales and Northern Ireland is not included in this briefing. Many of our briefing papers on specific health topics (e.g. [Accident and Emergency Statistics](#)) include data on all UK countries. Starting points for health data in the devolved nations are [ISD Scotland](#), the [Welsh Government](#), and the [NI Department of Health](#).

## 2. Accident & Emergency

In the first eight months of 2017, an average of 64,369 people attended A&E each day. This is very slightly down on last year, but is higher than previous years. Compared to 2012, five years ago, major hospital A&E departments are seeing an average of 2,670 more people each day – a 6.8% increase.

The table to the right shows increases in attendances at type 1 A&E (major emergency departments offering 24 hour consultant led service, i.e. services that are usually referred to as 'A&E'), as well as other 'minor' departments such as specialist units and minor injuries units.

Over the past two years, attendance levels at type 1 A&E departments has risen slightly faster than minor departments.

### A&E ATTENDANCES ARE SLIGHTLY DOWN ON LAST YEAR, BUT UP ON PREVIOUS YEARS

Average attendances per day, England

	Major A&E	All A&E
2011	38,319	58,687
2012	39,218	59,919
2013	38,959	59,538
2014	40,198	61,493
2015	39,994	61,355
2016	42,095	64,420
2017 (Jan-Aug)	41,888	64,369
1-year change	-0.5%	-0.1%
5-year change	+6.8%	+7.4%

The most commonly-cited measure of A&E performance is the ‘four hour wait’ - the percentage of patients whose total time in A&E is less than four hours.<sup>1</sup> NHS England’s target is that 95% of attendances should last under four hours. Performance has fallen on this measure over several years. 2016/17 had the lowest annual performance, with 10.9% of patients spending over 4 hours in A&E compared with 8.1% a year earlier. Considering major A&E departments only, 16.3% of patients spent longer than 4 hours in A&E in 2016, compared with 12.1% in 2015

The number of people spending longer than 4 hours in A&E was 37% higher in 2016/17 than 2015/16. This amounts to an average of 1,892 more long waiters each day, and is larger than the increase in attendance in A&E over the equivalent period. Over five years, the number of patients spending over 4 hours in A&E has risen 250%.

However, in 2017 the percentage of 4-hour waits has plateaued – for the first time in several years, the percentage of people waiting for four hours is not growing. Monthly performance has been comparable to 2016, albeit still worse than previous years.

The graphic to the right is a colour-coded illustration of monthly A&E performance since 2011. Each column represents a year, with every month represented as a square. Green squares represent performance above the 95% 4-hour target and orange squares represent performance below the target. Reading from left to right allows comparison of equivalent months in different years – so, for instance, the 95% target was met in December 2011 but not in December 2012. Note that the percentages shown are rounded to the nearest whole percentage.

**The percentage of four hour waits has grown substantially since 2011, but this year’s performance is comparable to last year**

	2011	2012	2013	2014	2015	2016	2017
Jan	4%	4%	5%	5%	9%	11%	15%
Feb	3%	5%	6%	5%	8%	12%	12%
Mar	3%	3%	6%	4%	7%	13%	10%
Apr	3%	4%	7%	5%	7%	10%	10%
May	3%	3%	3%	5%	6%	10%	10%
Jun	3%	3%	3%	5%	5%	9%	9%
Jul	2%	3%	3%	5%	5%	10%	10%
Aug	3%	3%	4%	5%	6%	9%	10%
Sep	3%	3%	4%	5%	7%	9%	
Oct	3%	4%	4%	6%	8%	11%	
Nov	3%	4%	4%	7%	9%	12%	
Dec	4%	5%	5%	10%	9%	14%	

Key	
2.0%-3.5%	Meeting target
3.5%-5.0%	
5.0%-7.0%	Breaching target
7.0%-9.0%	
9.0% - 11.0%	
11.0% or more	

Graphic shows the percentage of patients spending more than four hours in A&E (Monthly data, England, 2011-2017)

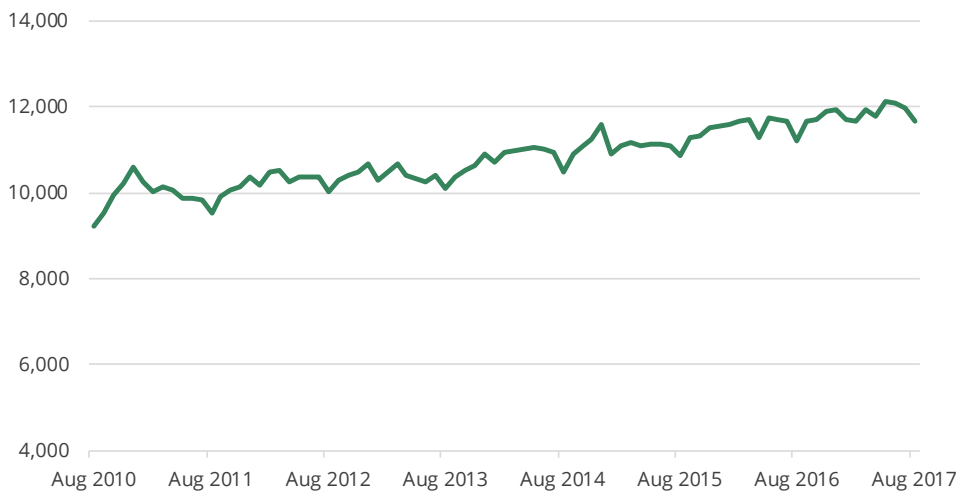
## Emergency Admissions

So far in 2017, the number of emergency admissions to hospital via A&E is 3% higher than last year. This is in contrast to A&E attendances, which as we saw above have not increased over the last twelve months.

Looking at a broader time period, emergency admissions to hospital have risen more quickly than population increases. In 2011/12 there were 69.0 emergency admissions per 1,000 population – in 2016/17 this had risen to 77.1 per 1,000, meaning that admissions have grown almost 12% faster than the population.

<sup>1</sup> Other measures are discussed in our detailed briefing, [Accident and Emergency Demand and Pressure in the UK](#).

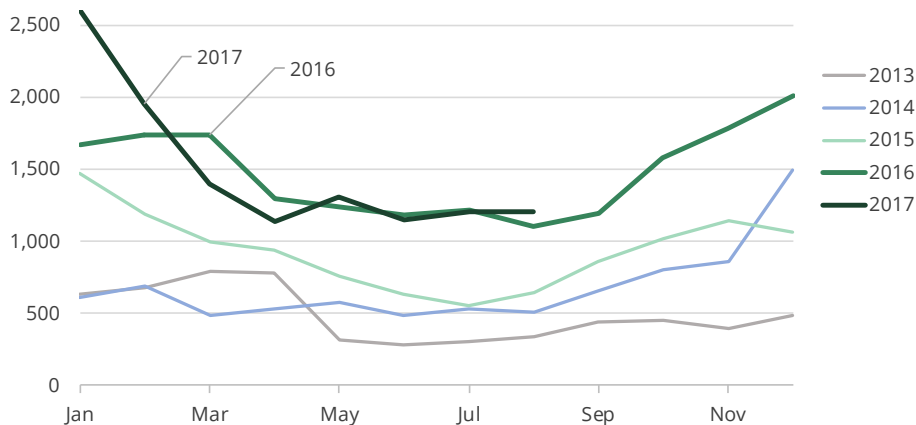
**SO FAR IN 2017, EMERGENCY ADMISSIONS ARE UP 2.6% ON LAST YEAR AND UP 19.3% ON 2011**  
 Chart shows average daily emergency admissions to hospital via A&E



**‘Trolley Waits’ – waits of over 4 hours for admission**

Data is recorded on patients who have to wait more than 4+ hours for a bed after a decision to admit to hospital had been made. These are commonly known as ‘trolley waits’. The number of trolley waits has increased substantially in recent years, as the chart below shows. In January 2017 there were over 2,500 four-hour waits for admission each day. As of summer 2017, rates have reduced to 2016 levels - but these are still four times higher than those experienced in summer 2013 and almost six times higher than in 2011.

**LONG WAITS FOR ADMISSION SO FAR IN 2017 ARE 6.9% HIGHER THAN IN 2016, AND ALMOST SIX TIMES HIGHER THAN IN 2011**  
 Daily average number of patients waiting longer than 4 hours for admission after a decision to admit



**Data frequency:** monthly.

**Data source:** [NHS England A&E SitReps](#)

**Further reading from the Library:** SN06964, [Accident and Emergency Care in the UK: Statistics](#)



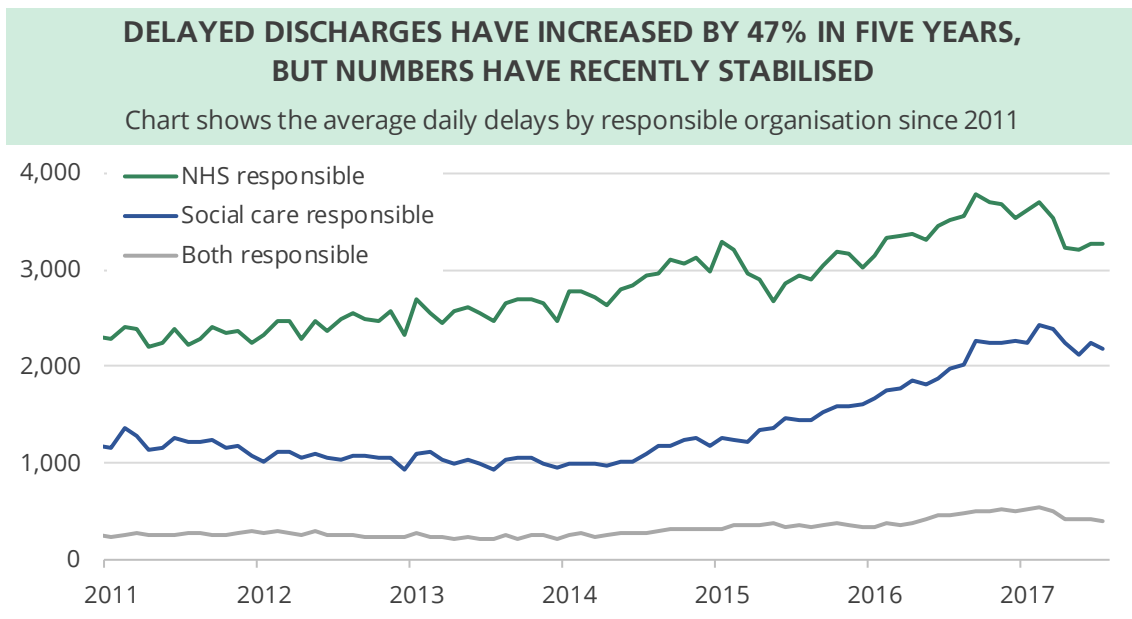
### 3. Delayed Transfers of Care

The ‘delayed transfers of care’ dataset identifies the number of patients who are in the wrong care setting for their current level of need. A delayed transfer occurs when a patient is ready to depart from their current care setting, but problems relating to their transfer mean that they are still occupying a bed. Delayed transfers have increased substantially over the past three years.

In 2016/17 there were 2.25 million ‘delayed days’ due to delayed transfers of care – an average of 6,177 each day. So far in 2017/18 (up to and including July) the number of delayed days is 2.4% higher than the previous year. Delays attributable to the NHS are 5% lower than the equivalent period last year, while delays attributable to social care are 17% higher. Social care delays have now plateaued, however, and have not increased substantially on a monthly basis since late 2016. Nevertheless, levels of social care delays are over twice as high as they were 2012-2014.

Delayed transfers of care are often referred to as ‘**delayed discharges**’. People whose discharge is delayed are sometimes referred to as ‘**bed blockers**’, but this term is derogatory and doesn’t reflect the fact that only 10% of delays are due to patient or family choice.

The chart below shows trends in delayed transfers since 2011.



The table overleaf shows a breakdown of delayed transfers in the most recent three months of data (May-Jul 2017) broken down by the reason for the delay. A comparison is given showing how different reasons for delays have changed over a two-year period. There have been substantial increases in delays where people were awaiting a care package in their own home (53%) and awaiting nursing home placements (35%). Waits for residential home placements have also risen 32% in two years.

**Delays due to home care have increased by 53% over the past two years.  
Nursing care delays have increased 35%**

Total delayed days by reason in May-Jul 2017 compared with May-Jul 2015

Reason for delay	Total delayed days	Change
Awaiting care package in own home	110,585	+53%
Awaiting further non-acute NHS care	88,134	+14%
Awaiting completion of assessment	86,784	+17%
Awaiting nursing home placement or availability	74,130	+35%
Patient or family choice	61,807	+16%
Awaiting residential home placement or availability	59,831	+32%
B) Awaiting public funding	21,116	+22%
Housing – patients not covered by NHS & Community Care Act	14,718	+10%
Awaiting community equipment and adaptations	13,940	+27%
Disputes	5,254	-5%

**Data source:** NHS England, [Delayed transfers of care](#)

**Data frequency:** monthly.

**Further reading from the Library:** [Delayed transfers of care in the NHS](#)

## 4. Waiting Times for Consultant-Led Treatment

Patients referred by their GP for consultant-led treatment should, in line with NHS standards, start treatment within 18 weeks. The waiting time target is that 92% of those on the waiting list should have been waiting for less than 18 weeks. There is also a 'zero tolerance' policy to patients waiting longer than 52 weeks.<sup>2</sup>

On average there are 1.3 million completed 'pathways' for routine treatment each month – around 60,000 per working day. Of these, around 0.3 million involve admission.

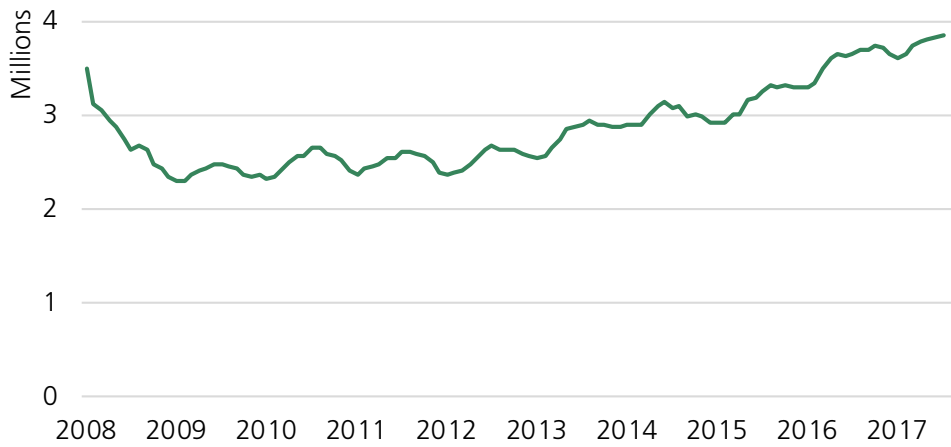
The waiting list for treatment has grown since 2012, as the chart overleaf shows. The recorded figure currently stands at 3.85 million people (as of the end of July 2017), up from 3.66 million at the end of July 2016 and 2.66 million at the end of July 2010.<sup>3</sup> Between June 2012 and June 2016, the waiting list grew 33% faster than population increases.

<sup>2</sup> Two former targets – that 90% of patients whose 'pathway' involves admission to hospital should be treated within 18 weeks, and that 95% of non-admitted patients should be treated within 18 weeks – have now been retired since they discouraged the treatment of long waiters.

<sup>3</sup> A number of trusts currently aren't reporting waiting list data, It's estimated that the waiting list is just over 4 million patients with the non-reporting trusts included.

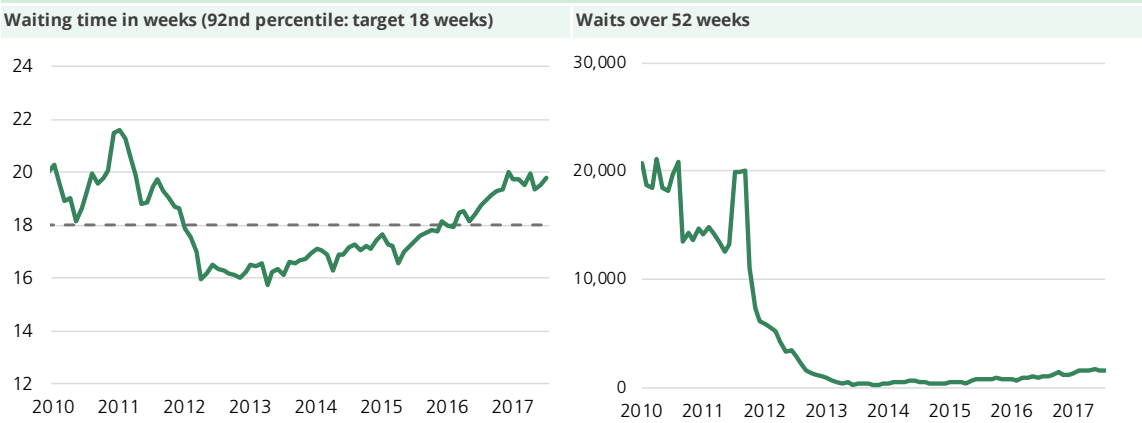


**THE NUMBER OF PEOPLE WAITING FOR ELECTIVE TREATMENT HAS RISEN BY 25% IN THE LAST THREE YEARS**



The chart below shows performance against the waiting times targets mentioned above. In December 2015, the target of 92% of those on the list to have been waiting for less than 18 weeks was not met for the first time since December 2011. The target was met in the following two months but was missed again in March 2016 and in each month up to and including December 2016. Currently, 92% of those on the list have been waiting for less than 20 weeks – 2 weeks longer than the target.

**THE 18-WEEK WAITING TIMES TARGET HAS NOT BEEN MET SINCE EARLY 2016**



The number of patients on the waiting list who have been waiting for over one year fell dramatically over the past decade. In November 2007 it was 415,000, and a low of 214 was reached in November 2013. The current recorded number stands at 1,630 – its highest level in five years. The number of one-year waiters is equivalent to around 0.1% (one thousandth) of the number of completed pathways each month.

**Data frequency:** monthly.

**Data source:** NHS England, [Consultant-led referral to treatment waiting times](#)

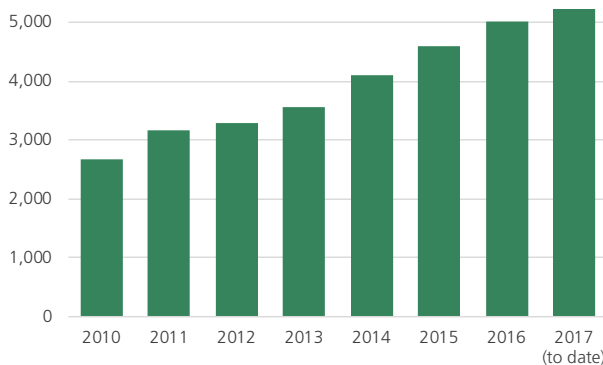
## 5. Cancer Waiting Times

**Urgent GP referrals for cancer** (*waiting time standard: 14 days from urgent GP referral to first consultant appointment*)

So far in 2017 (up to July) there have been 1.1 million urgent GP referrals for suspected cancer – around 5,200 per day. This is 4.3% higher than in 2016 and 59% higher than 2012. In July 2017, 94% of these patients had their first consultant appointment within two weeks of referral – above the target of 93%. This target has been met in all but two months over the past few years.

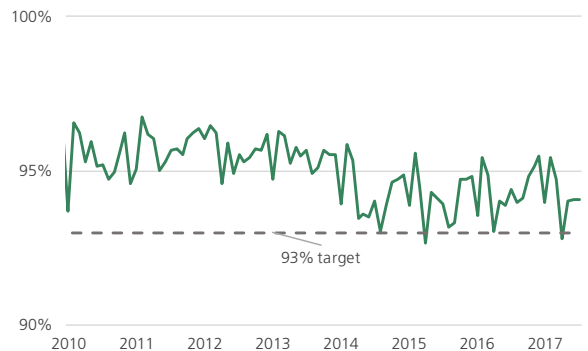
### URGENT GP CANCER REFERRALS HAVE ALMOST DOUBLED SINCE 2010

Chart shows the average number of referrals per day in England



### THE 2-WEEK WAITING TIME TARGET FOR GP REFERRALS IS USUALLY MET

% waiting less than 2 weeks from GP referral to consultant appointment



**First treatments for cancer** (*waiting time standard: 31 days between decision to treat and first treatment*)

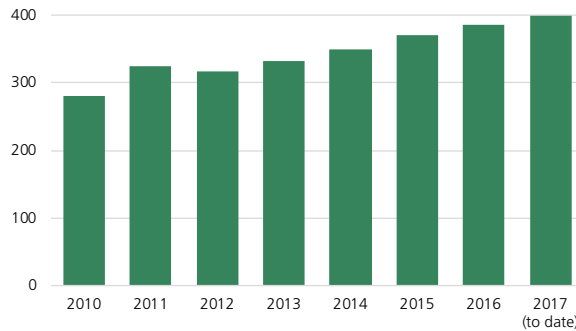
So far in 2017 (up to July), 167,000 patients had a first treatment for cancer – an average of 787 per day. This is 4.3% higher than in 2015/16, and 13.7% higher than in 2011. In July, 97.7% of patients were treated within 31 days of a decision to treat – above the target of 96%.

**First treatments for cancer after an urgent GP referral** (*waiting time standard: 62 days between GP referral and first treatment*)

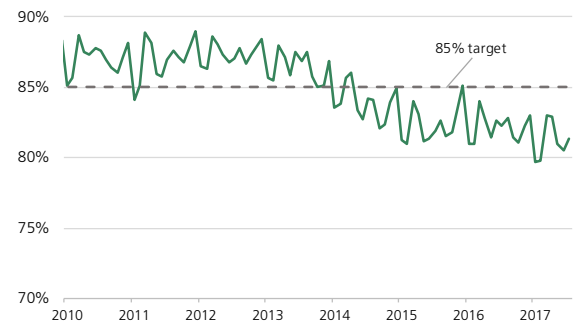
So far in 2017 (up to July), 84,856 patients were treated for cancer after having been urgently referred by their GP. This is 5.3% higher than in 2016, and 27.5% higher than in 2012. In July, 81.4% of patients were

treated within 62 days of urgent GP referral. The target of 85% has been missed for all but one month in the past three years, as the chart below shows.

**CANCER TREATMENTS AFTER GP REFERRAL HAVE INCREASED BY 27% IN 5 YEARS**  
 Chart shows average number of referrals per day in England



**THE 2 MONTH CANCER WAITING TIME TARGET HAS NOT BEEN MET CONSISTENTLY SINCE 2013**  
 % waiting less than 62 days from GP referral to first treatment



**Data frequency:** quarterly.

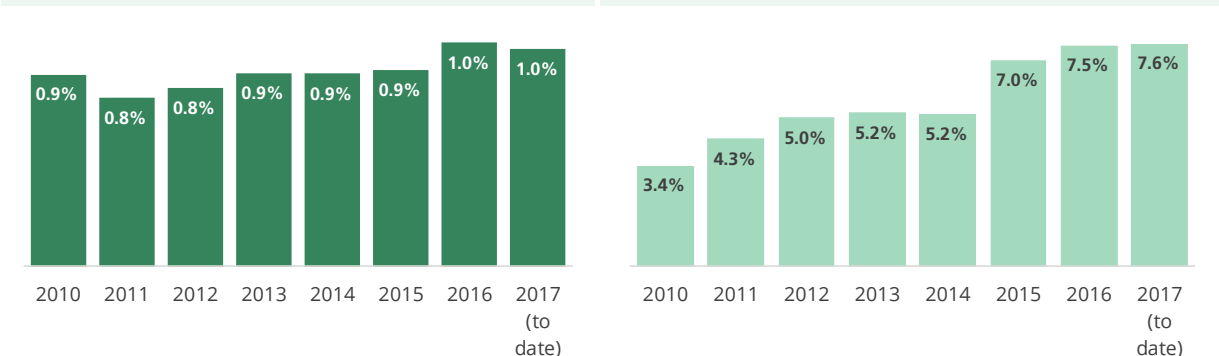
**Data source:** NHS England, [Cancer Waiting Times](#).

## 6. Cancelled Operations

In the first half of 2017, 39,971 elective operations were cancelled for non-clinical reasons on the day the patient was due to arrive. Of these, 3,025 were not treated within 28 days of their cancellation. The number of cancellations, as well as the percentage of operations cancelled, has fallen slightly compared with 2016.

The percentage of cancellations not treated within 28 days of cancellation has trended upwards, as the right-hand chart below shows. So far in 2017, 7.6% of cancelled operations were not treated within 28 days of cancellation, compared with 5% in 2012.

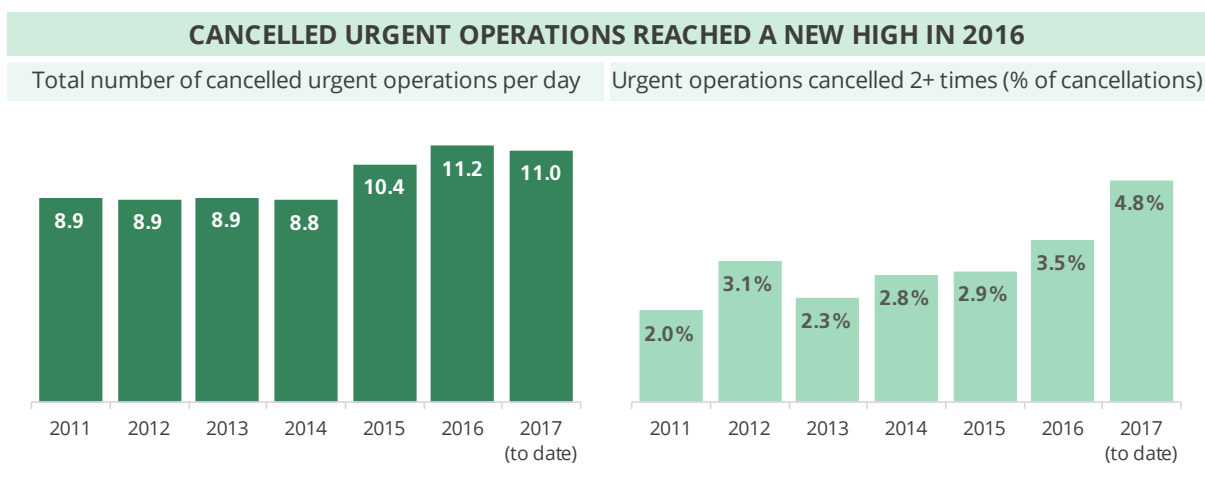
**AROUND 1% OF ELECTIVE OPERATIONS ARE CANCELLED ON THE DAY. THE PERCENTAGE OF CANCELLATIONS NOT TREATED WITHIN 28 DAYS HAS RISEN IN RECENT YEARS**



So far in 2017 (up to August), 2,683 urgent operations have been cancelled. This is 2.9% higher than 2016, and 22.7% higher than in

2011/12. The left-hand chart below shows the average number of cancellations per day.

So far in 2017 (up to August), 131 urgent operations were cancelled for the second time. This compares with 98 in the same period in 2016 and 60 in the same period in 2012. The chart below shows this as a percentage of all urgent operations cancelled. In the first eight months of 2017, 4.8% of cancelled urgent operations have been cancelled for at least the second time.



**Data frequency:** monthly (urgent), quarterly (elective).

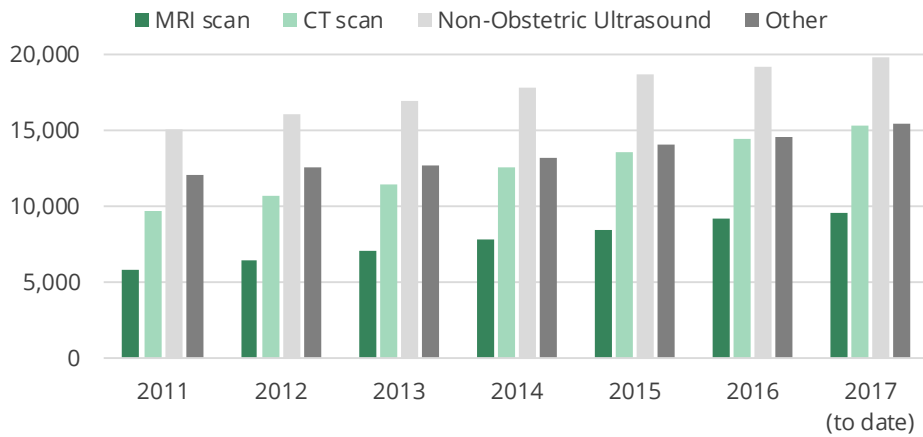
**Data source:** NHS England, [Cancelled operations](#); NHS England, [Urgent operations cancelled](#)

## 7. Diagnostic Tests: Activity and Waiting Times

So far in 2017 (up to July) there have been 12.75 million diagnostic tests performed in England's hospitals. This is 4.8% higher than in 2016, and 31.7% higher than in 2011/12. The number of MRI tests has increased by 49% in this five-year period, the number of CT scans by 44%, and the number of non-obstetric ultrasounds by 23%. So far in 2017 an average of 60,141 tests have been performed each day. The chart below shows trends for the three most common tests, plus the total of other tests (e.g. echocardiography, audiology assessments, gastroscopy and colonoscopy).

### THE NUMBER OF DIAGNOSTIC TESTS HAS INCREASED BY 31.7% IN THE LAST FIVE YEARS

Average daily number of diagnostic tests, by category

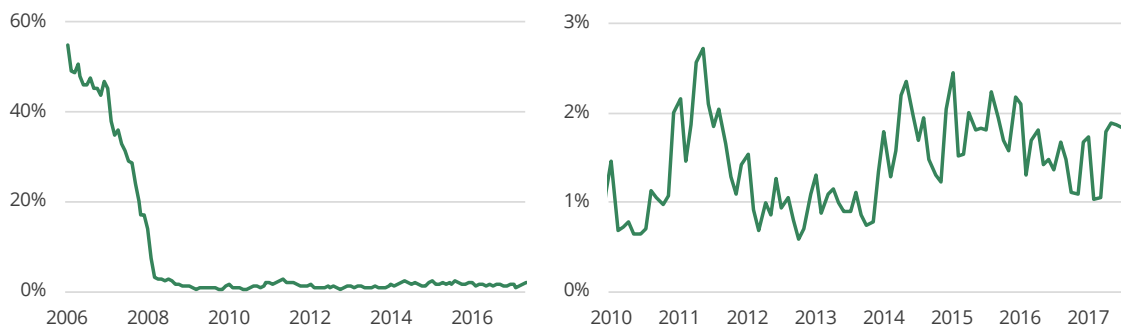


Over the last year the proportion of patients waiting over 6 weeks for a diagnostic test has varied from 1.04% to 1.89% - all above the target of 1%. This performance is slightly better than in 2015/16, and much better than long-term trends. At the start of 2006, over 50% of patients were waiting for over 6 weeks. The charts below show trends from 2006-2016 (on the left) and from 2009-2016 (on the right). Note the different scales on these two charts, which emphasise the sharp fall in waiting times between 2006 and 2008.

### PATIENTS WAITING OVER 6 WEEKS FOR A DIAGNOSTIC TEST (%)

The percentage waiting over 6 weeks fell substantially between 2006 and 2008...

...but has grown slightly since 2013 and has been consistently above the 1% target



There is some variation between waiting times for different kinds of tests. In April 2017, 0.5% of patients waited more than 6 weeks for barium enemas and 0.7% for non-obstetric ultrasounds. On the other hand, 6.8% of patients waited over 6 weeks for colonoscopies, 6.3% waited over 6 weeks for cystoscopies, and 10.0% waited over 6 weeks for urodynamics tests.

**Data source:** NHS England, [Diagnostic waiting times and activity](#)

**Data frequency:** monthly.

## 8. Ambulance Response Times

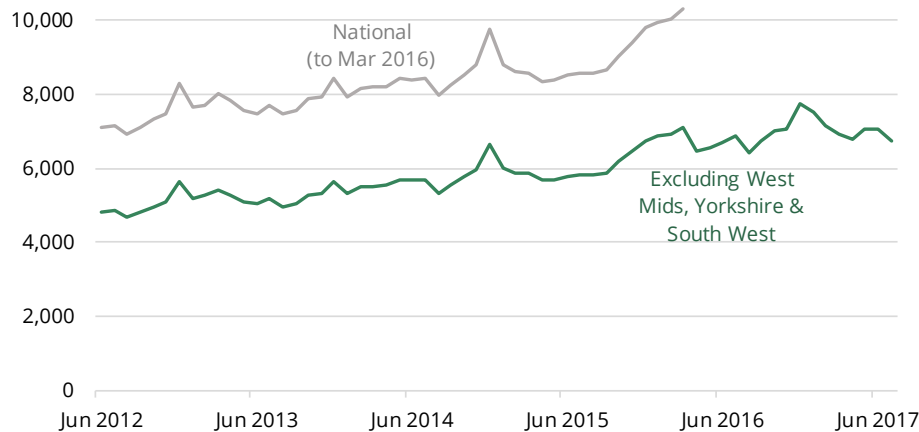
Ambulance emergency responses are categorised by the seriousness and urgency of the case. 'Red 1' calls are those where the case is immediately life-threatening (e.g. cardiac arrest or respiratory failure), while 'Red 2' covers all other life-threatening cases. The sum of Red 1 and Red 2 calls is known as 'Category A'.

However, three ambulance trusts are currently involved in a clinical coding trial meaning they are not reporting calls according to this taxonomy. **This means that it is currently not possible to say how many serious/life-threatening ambulance calls are made in England each month.** To account for this, the chart below shows the number of Category A calls per day for all England's ambulance services (up to March 2016 – the grey line) and with the three relevant ambulance trusts excluded (the green line). This allows us to estimate national trends.

So far in 2017 (up to July) there have been a daily average of 7,036 Category A ambulance calls in England (excluding Yorkshire, West Midlands and South West). This is 3.6% higher than in 16 – an average of 250 more calls each day. Compared with 2012, ambulance services are now responding to an extra 2,000 life-threatening calls per day – an increase of 44%.

### URGENT AMBULANCE RESPONSES HAVE INCREASED BY 44% IN FIVE YEARS

Chart shows the average number of Category A calls per day

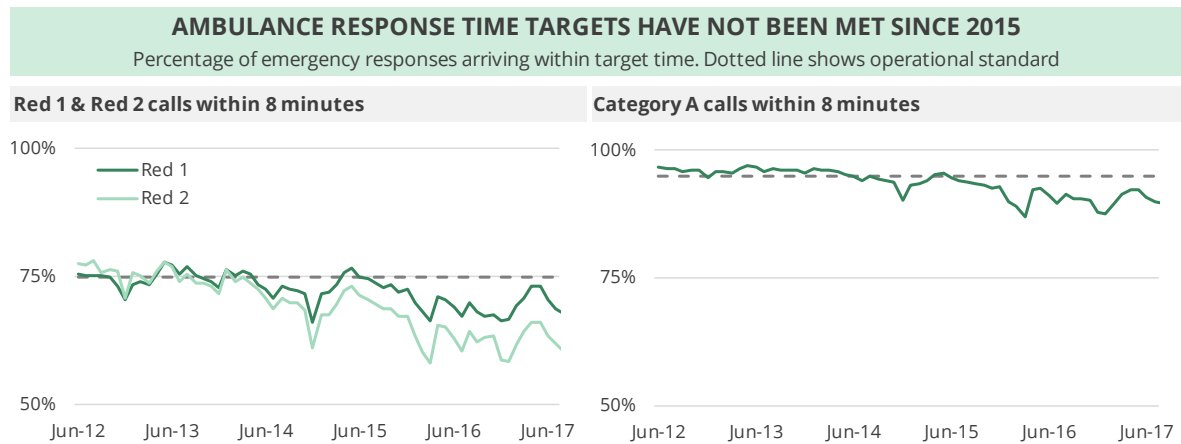


### Ambulance Response Time Performance

The performance target is for ambulances to respond to 75% of Red 1 and Red 2 calls **within 8 minutes**. Also, 95% of all Category A calls should have an emergency response at the scene **within 19 minutes**. The chart below shows trends on these measures. Performance has trended downwards. Neither the Red 1 target nor the Category A target has been met since May 2015. In recent months, however, performance has included. April 2017's performance was the highest seen for 18 months, but performance has since slipped back.



Note that from early 2016 onwards these figures do not include West Midlands, Yorkshire or South West ambulance trusts, as explained above



**Data frequency:** monthly.

**Data source:** [NHS England Ambulance Quality Indicators \(Systems Indicators\)](#)

## 9. Doctors, Nurses and other staff

The number of people employed by NHS hospital and community health services rose by 1.8% (22,603) between March 2016 and March 2017 (headcount). In full-time-equivalent terms, the workforce rose by 1.8% (18,545). Unless otherwise indicated, all subsequent staff numbers in this section are given on a full-time equivalent (FTE) basis. Please see the [source statistical releases](#) for staff numbers on headcount and role count bases.

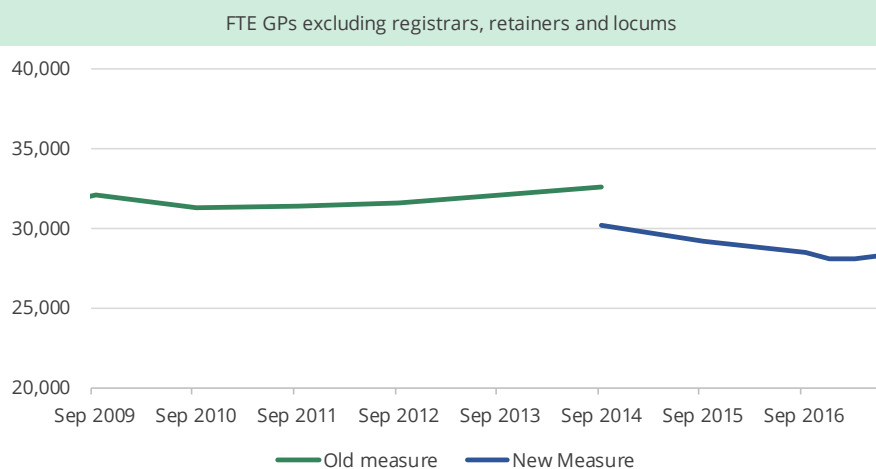
For information on the nationality of NHS staff, including numbers from other EU countries, see our briefing '[NHS Staff from Overseas](#)'

### 9.1 GPs

Recent changes to the data source mean that statistics on GP numbers in 2015 are not comparable with earlier years. However, an estimate of GP numbers for 2014 has been made using the updated data source, allowing some limited comparison. More recent data shows that there were 28,332 GPs in England in June 2017 (excluding trainees and those undertaking only a small amount of clinical work). This is 0.5% lower than the estimated figure for September 2016, and 3.1% lower than in September 2015, but represents a small rise on the previous quarter.<sup>4</sup>

<sup>4</sup> Further information on the changes to the statistics is available in the following publication from the Health and Social Care Information Centre: [General and Personal Medical Services, England](#).

**THE NUMBER OF GPs IN ENGLAND HAS FALLEN SLIGHTLY IN RECENT YEARS. A CHANGE IN MEASUREMENT MAKES LONGER COMPARISONS DIFFICULT**



Around 53.5% of GPs were male in March 2017. 46.5% were female. Over the last decade the proportion of female GPs has increased; in 2004 there were 1.87 male GPs for every female GP.

As of September 2015, 79.8% of GPs gained their primary medical qualification in the UK, while 11.8% were qualified in Asia, 4.2% in the European Economic Area, and 4.1% elsewhere.

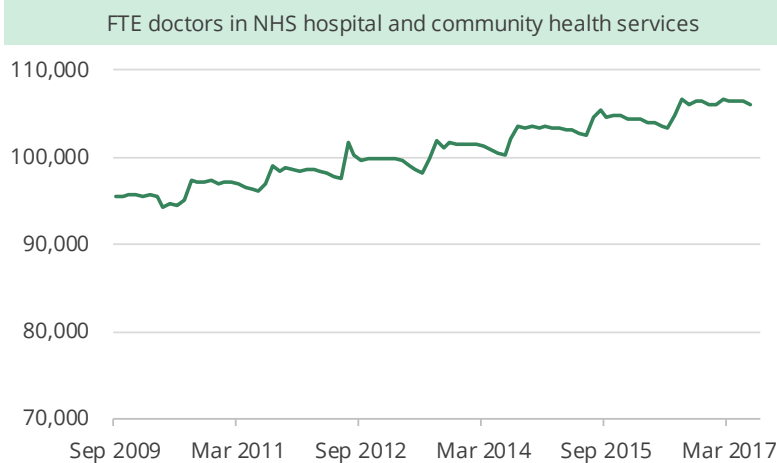
Between 2010 and 2014 the number of nurses in GP practices increased by 2.9% from 14,600 to 15,000. In September 2015 there were 15,400 nurses in GP practices, although changes to the data source means that this figure is not comparable with earlier data.

## 9.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 2.7% in the year to June 2017 – an increase of 2,740 full-time equivalent doctors. Over five years, the increase is 8.8% - 8,530 doctors.

The table overleaf show trends since 2010 in the number of doctors with each medical speciality. The largest increase was in emergency medicine, with a 31% increase in seven years. The radiology group increased in number by 23%, clinical oncology (cancer) by 21%, and anaesthetics by 20%.

**THERE ARE 8.7% MORE HOSPITAL DOCTORS THAN IN 2012**



Note that the fall in public health & community health services staff reflects the transfer of public health services to local authorities in 2013.

### Changes in hospital medical staff since 2010 FTE staff, by speciality

Speciality	Jun-10	Jun-17	Change	Change %
General medicine	24,896	28,657	+3,761	+15%
Surgical	20,417	22,488	+2,071	+10%
Anaesthetics	11,061	13,278	+2,217	+20%
Psychiatry	8,717	8,778	+61	+1%
Paediatric	7,062	7,904	+841	+12%
Emergency Medicine	4,799	6,293	+1,494	+31%
Obstetrics & gynaecology	5,180	5,716	+536	+10%
Pathology	3,718	4,065	+347	+9%
Radiology	3,331	4,099	+768	+23%
Dental	2,005	2,299	+294	+15%
Public health & community	2,332	1,219	-1,114	-48%
Clinical oncology	1,019	1,232	+212	+21%
<b>Total</b>	<b>94,538</b>	<b>106,027</b>	<b>+11,488</b>	<b>+12%</b>

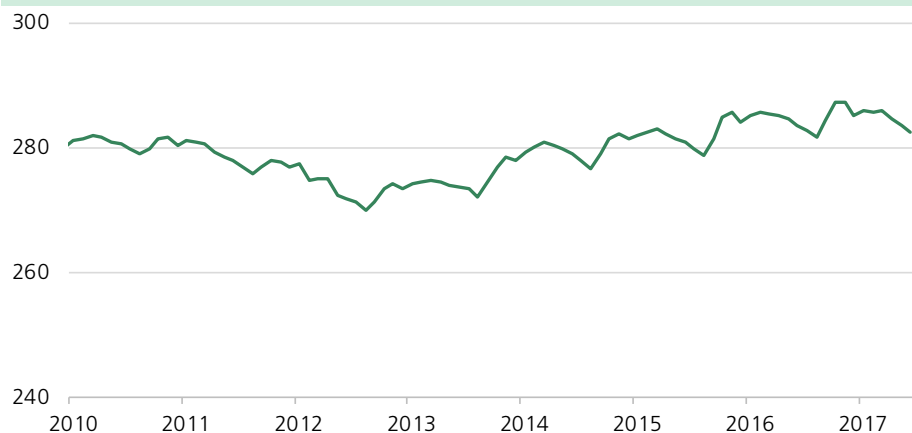
61.7% of hospital medical staff (by headcount) gained their primary medical qualification in the UK. Of those qualified outside the UK, just under a third were qualified in India.

## 9.3 Nurses and health visitors

Over the past few years the number of nurses has increased, but at a slower rate than the number of doctors. Over the twelve months to June 2017, however, the number of FTE nurses and health visitors fell by 0.4% (around 1,000 fewer nurses). Since June 2010, the number of nurses has increased by 0.7%. As the chart below shows, number fell between 2010 and 2012 but rose between 2013 and 2016.

### THE NUMBER OF NURSES HAS GROWN BY 0.7% SINCE JUNE 2010, BUT HAS FALLEN BY 0.4% IN THE PAST YEAR

FTE, Hospital and Community Health Services, thousands



Between 2010 and 2016, the number of nurses per million population has fallen from 5,330 to 5,133. The bulk of this fall took place between 2010 and 2012 – subsequently there was been a slight increase in nurse numbers relative to the population. Although population figures for 2017 are not yet available, the increase is unlikely to be sustained given the fall in nurse numbers.

Changes in nurse numbers have varied in different areas of work, as the table below shows. Education staff have risen by 36% since 2010. Acute, elderly & general nurses have risen by 7.4% since 2010, while paediatric nurses have risen by 9.7%. Other areas have seen falls. In May 2017, there were 24.6% fewer nurses in other (non-community) psychiatry than in March 2010, 51.2% fewer in other (non-community) learning disabilities and 22.3% fewer in community learning disabilities.

Looking at changes over the past year – the number of neonatal nurses, community psychiatry nurses, and education staff have risen. However there have been falls in other psychiatry nurses, maternity services, school nursing and other learning disability nurses.

<b>CHANGE IN THE NUMBER OF NURSES BY AREA OF WORK, SINCE 2010</b>							
FTE nurses & health visitors by area of work, Hospital and Community Health Services, England							
Speciality	Number of nurses			Change since 2010		Change since 2016	
	May 2010	May 2016	May 2017	Number	Percentage	Number	Percentage
Acute, Elderly & General	162,565	173,863	174,548	+11,983	+7.4%	+684	+0.4%
Community Services	46,447	43,175	41,463	-4,985	-10.7%	-1,713	-4.0%
Other Psychiatry	25,118	19,646	18,943	-6,176	-24.6%	-703	-3.6%
Community Psychiatry	15,512	15,913	16,519	+1,008	+6.5%	+606	+3.8%
Paediatric Nursing	15,103	16,185	16,572	+1,468	+9.7%	+386	+2.4%
Maternity Services	6,513	2,903	2,723	-3,791	-58.2%	-181	-6.2%
Neonatal Nursing	0	5,163	5,350	+5,350	N/A	+187	+3.6%
School Nursing	2,987	2,630	2,433	-554	-18.5%	-197	-7.5%
Community Learning Disabilities	2,512	1,973	1,951	-561	-22.3%	-22	-1.1%
Other Learning Disabilities	2,856	1,529	1,394	-1,463	-51.2%	-136	-8.9%
Education Staff	1,129	1,455	1,536	+407	+36.0%	+81	+5.6%
Other learners	207	216	195	-13	-6.2%	-22	-10.0%
<b>TOTAL</b>	<b>280,950</b>	<b>284,652</b>	<b>283,624</b>	<b>+2,674</b>	<b>+1.0%</b>	<b>-1,028</b>	<b>-0.4%</b>

## 9.4 Other hospital staff

The table below shows changes in the level of other non-medical hospital staff between March 2010 and March 2017. Scientific, therapeutic and technical staff levels have risen by 10%. Support to clinical staff, including healthcare assistants, rose by 9%.

There was a fall of 11.9% in infrastructure support staff between June 2010 and June 2017, including a reduction of 16% in managers. However, over the past year numbers have risen in these categories.

**OVERALL THERE ARE 3.4% MORE HOSPITAL STAFF THAN IN 2010**  
 FTE hospital and community health staff by category

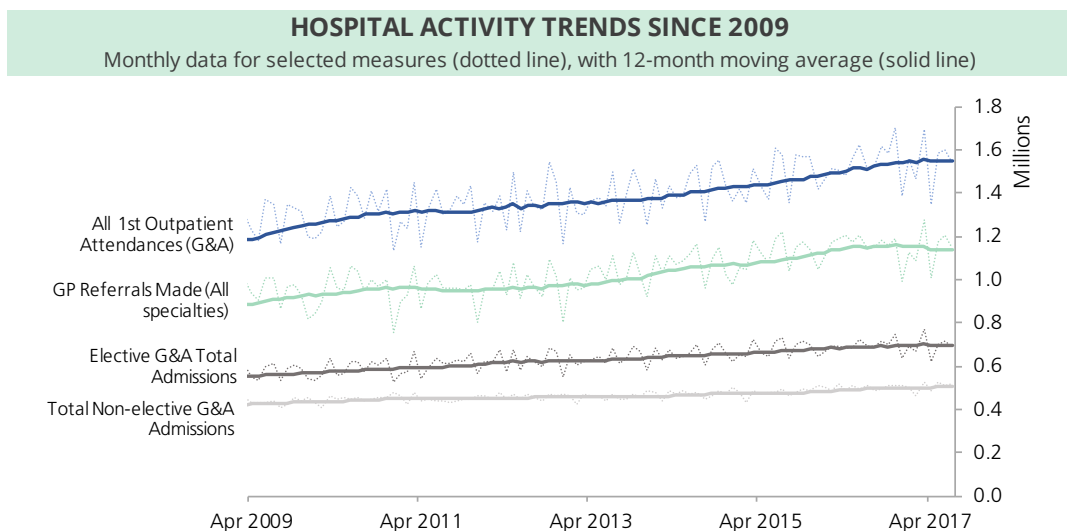
	Jun 2010	Jun 2016	Jun 2017	Change since Jun 2010	
Doctors	94,538	103,286	106,027	+11,488	+12.2%
Nurses & health visitors	280,620	283,674	282,603	+1,983	+0.7%
Qualified scientific, therapeutic & technical staff	119,917	128,170	132,149	+12,232	+10.2%
Qualified ambulance staff	17,508	18,704	19,927	+2,419	+13.8%
Support to clinical staff	287,822	306,557	313,882	+26,060	+9.1%
NHS infrastructure support	187,225	160,897	165,002	-22,223	-11.9%
Central functions	93,002	78,661	80,763	-12,238	-13.2%
Hotel, property & estates	57,130	52,021	52,754	-4,376	-7.7%
Senior managers	11,674	9,507	10,149	-1,525	-13.1%
Managers	25,419	20,709	21,336	-4,083	-16.1%
<b>Total</b>	<b>1,010,569</b>	<b>1,026,601</b>	<b>1,045,146</b>	<b>+34,577</b>	<b>+3.4%</b>

**Data sources:** NHS Digital, [General and Personal Medical Services](#), [NHS Workforce Statistics](#)

**Data frequency:** quarterly (GPs), monthly (HCHS).

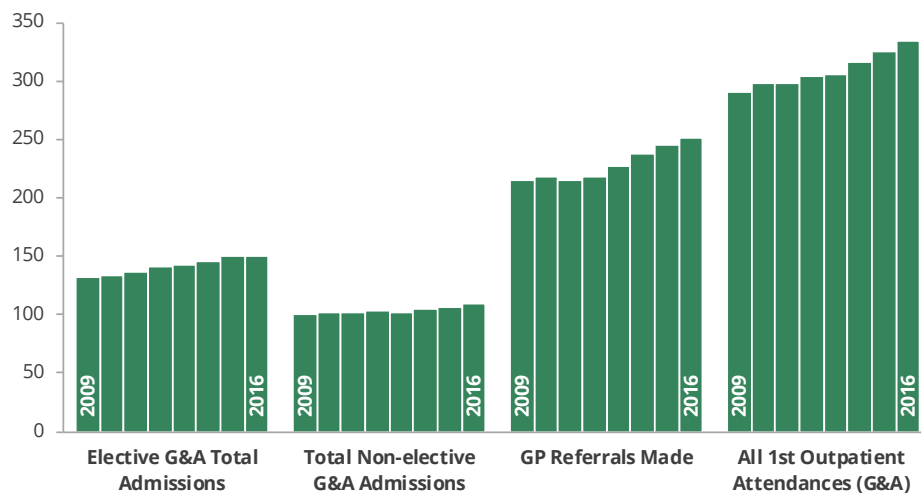
## 10. Hospital inpatient and outpatient activity

The charts below show trends in inpatient and outpatient activity at hospitals in England. Comparing 2016/17 with 2015/16, non-elective admissions to hospital for general & acute (G&A) specialities have increased by 2.4%. Meanwhile, there were 2.3% more GP referrals and 4.2% more first outpatient attendances at hospitals for G&A specialities.



As the chart below shows, activity has risen faster than population growth. Between 2009 and 2016 GP referrals rose 15% faster than population growth, elective G&A admissions 12% faster, non-elective G&A admissions 6% faster, and first outpatient attendances 12% faster.

**GP REFERRALS HAVE RISEN 15% MORE THAN THE POPULATION SINCE 2010**  
Hospital activity per 1,000 population, 2010-2016



At present, there are around 1.5-1.6 million first outpatient attendances each month, along with 1.1 million GP referrals made, 700,000 elective G&A admissions, and around 500,000 non-elective G&A admissions. Of elective G&A admissions, around 80% are day-cases. This proportion has grown from around 75% in 2008.

The table below shows the annual number of finished admitted episodes for selected primary diagnoses, along with changes over the period shown.

**Hospital episodes for cancer, heart failure and other diseases**  
Selected years 2002-2017

*Thousands by selected primary diagnosis*

	Total, millions	Cancer	Heart failure	Ischaemic heart disease	Stroke	Influenza, pneumonia
2002/03	12.8	1,099	110	417	152	132
2007/08	15.4	1,294	104	424	180	203
2014/15	18.7	1,608	146	394	198	476
2015/16	19.2	1,687	161	394	204	514
2016/17	19.7	1,749	170	396	206	585
<i>Change 2002-2016</i>	+54%	+59%	+54%	-5%	+35%	+345%

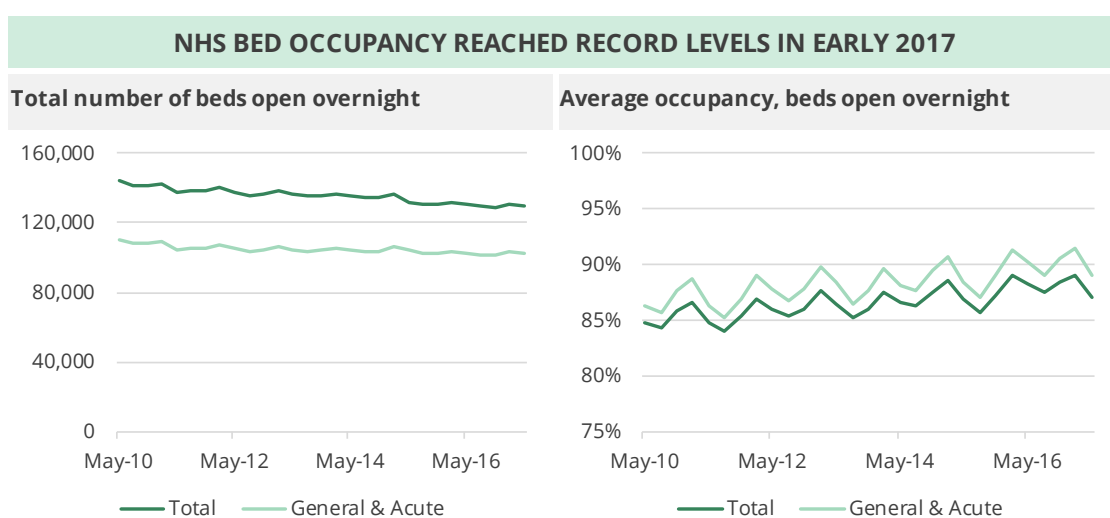
**Data source:** NHS England, [Monthly Hospital Activity Data Returns](#)

**Data frequency:** Monthly (hospital activity); Annual (finished consultant episodes).



## 11. Bed Availability and Occupancy

The chart and table below show the average number of beds available and occupied each day. Since 2011, the number of beds available overnight has fallen by 7,400 (a fall of 5.4%). Meanwhile there are 1,650 extra beds open day only (an increase of 15.5%). Over the last twelve months, 800 overnight beds have closed. Meanwhile, general & acute occupancy has risen from 86.4% in Apr-Jun 2011 to 89.1% in Apr-Jun 2017. Occupancy in the quarter ending June 2017 was, however, slightly lower than in the equivalent quarter in 2016.



**BED AVAILABILITY AND OCCUPANCY, 2011-2017**

Period	All beds	Beds Open Overnight					Open Day Only
		Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	Total
<b>AVERAGE BEDS AVAILABLE</b>							
Apr-Jun 2011	<b>148,046</b>	137,354	104,574	1,721	7,805	23,253	10,692
Apr-Jun 2016	<b>143,217</b>	130,774	102,802	1,249	7,797	18,927	12,443
Apr-Jun 2017	<b>142,326</b>	129,978	102,609	1,131	7,789	18,450	12,348
Change 2011-2017	<b>-3.9%</b>	-5.4%	-1.9%	-34.3%	-0.2%	-20.7%	+15.5%
<b>AVERAGE OCCUPANCY</b>							
Apr-Jun 2011	<b>84.8%</b>	<b>84.8%</b>	86.4%	77.9%	59.1%	86.8%	<b>84.7%</b>
Apr-Jun 2016	<b>88.1%</b>	<b>88.3%</b>	90.2%	73.2%	60.4%	90.4%	<b>86.1%</b>
Apr-Jun 2017	<b>87.0%</b>	<b>87.1%</b>	89.1%	71.1%	58.9%	89.1%	<b>85.9%</b>

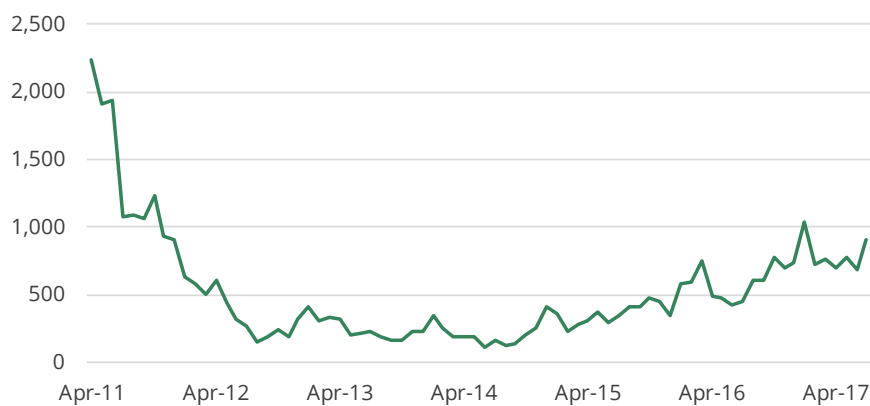
The fall in bed availability is not a recent phenomenon – the total number of hospital beds available has been in gradual decline for many years. This trend should be interpreted in the context of increased use of day surgery and a shift to increased care in the community (i.e. outside of hospitals).

Further information about winter bed occupancy is available in our publication [NHS Winter Pressures: Weekly Update](#).

## Mixed-Sex Accommodation Breaches

NHS providers are expected to eliminate mixed-sex accommodation except when it is in the overall best interest of the patient. Flat-rate fines are built into organisations' contracts. The chart below shows the number of unjustified mixed-sex breaches in relation to sleeping accommodation each month since April 2011. So far in 2017 there have been 5,955 breaches, which is 58% higher than 2016 but still 80% lower than figures for the equivalent period in 2011.

**Mixed sex accommodation breaches fell sharply between 2011 and 2012, but have grown since 2014** (Chart shows monthly data)



**Data source:** NHS England, [Bed Occupancy and Availability](#); and [Mixed Sex Accommodation Breaches](#). **Data frequency:** Quarterly (beds); monthly (MSAB).

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