



BRIEFING PAPER

Number 7281, 17 January 2018

NHS Key Statistics: England, January 2018

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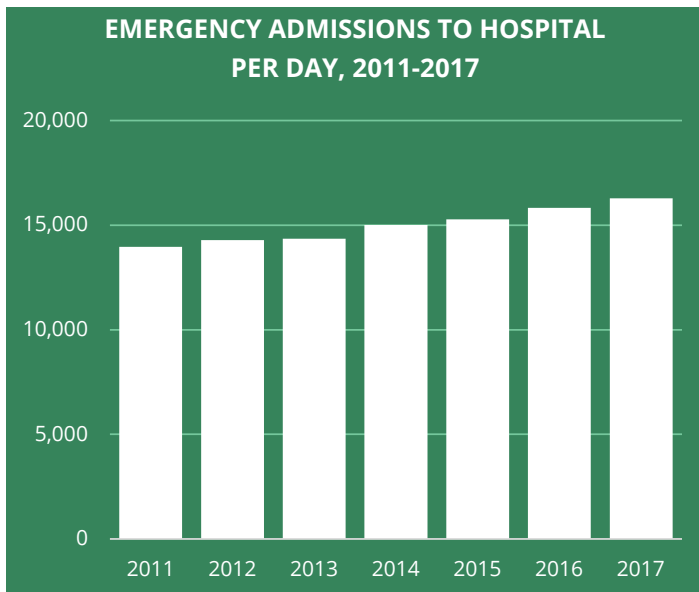
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THE NHS IN ENGLAND: Demand, Performance, and Capacity

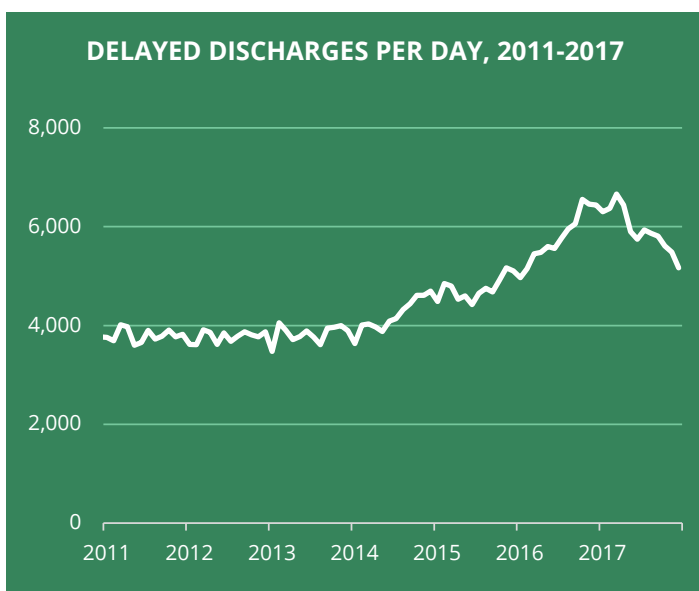


Performance on many waiting times measures has declined.

16.5% of hospital A&E attendees spent longer than 4 hours in the department in 2017, compared with 5.6% in 2012.

Waiting times for consultant-led treatment have been above the 18-week target since early 2016.

The number of 'trolley waits' for admission has quadrupled over five years.

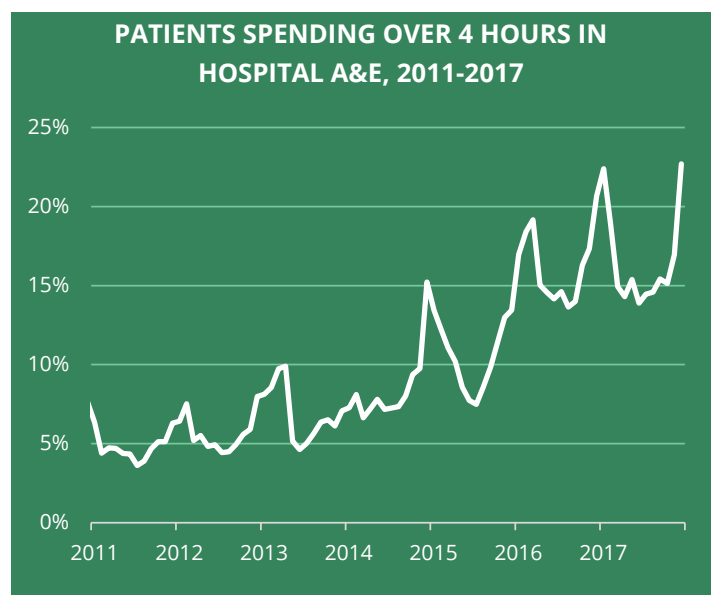


The NHS in England has experienced increased demand pressures in some areas in recent years.

The number of emergency admissions to hospital has risen by 16% over five years.

There are an average of 4,800 more A&E attendances each day than there were five years ago.

The waiting list for treatment has risen 47% faster than the population since 2012.



Improvement is evident on some measures, and staff numbers have increased in most categories.

The number of delayed discharges has fallen by 20% in the past year, after a sustained rise between 2014 and 2016.

The number of hospital doctors has risen by 9.5% since 2012.

The number of GPs and NHS nurses has fallen slightly over the past year.

1. Introduction

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

- Demand for emergency and planned care, and measures of NHS capacity
- Waiting times and other performance indicators
- Staff numbers

Information on funding and expenditure can be found in our briefing paper [NHS Expenditure](#).

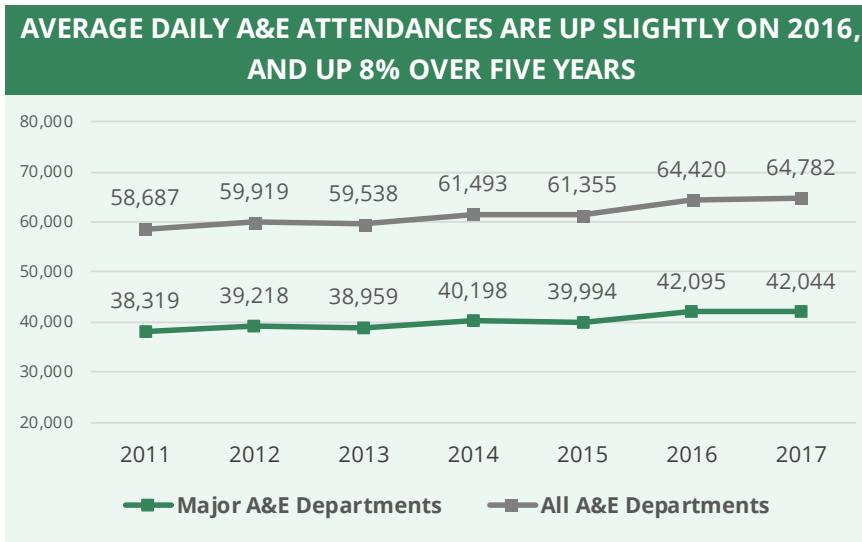
Most of the data in this briefing is sourced statistical releases by [NHS England](#) and [NHS Digital](#). Both organisation also publish data on a wide range of other indicators.

This briefing focuses on national 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 2017, an average of 64,782 people attended A&E each day. This is 0.5% more than in 2016. Attendance at 'type 1' A&E departments – major hospital emergency departments with a 24-hour service – was almost unchanged in 2017. However, attendance at major A&E has risen 7.2% in the last five years, which amounts to an extra 3,800 people attending major A&E each day. For all A&E departments, the increase is 4,800 per day.



The chart above shows increases in attendances at major A&E ('type 1' 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.

A&E waiting times – all departments

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.¹ NHS England's target is that 95% of attendances should last under four hours.

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

Patients spending 4+ hours in A&E, England, 2011-2017, all departments

	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%	10%
Oct	3%	4%	4%	6%	8%	11%	10%
Nov	3%	4%	4%	7%	9%	12%	11%
Dec	4%	5%	5%	10%	9%	14%	15%

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)

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

Performance has fallen on this measure over several years. 2017 had the lowest annual performance, with 11.0% of patients spending over 4 hours in A&E compared with 10.8% a year earlier and 3.7% five years ago.

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.

2.6 million people spent longer than 4 hours in A&E in 2017. This has risen from 820,000 in 2012. average of 4,752 more long waiters each day, which is equivalent to the increase in attendance in A&E over the equivalent period.

Performance in major A&E departments

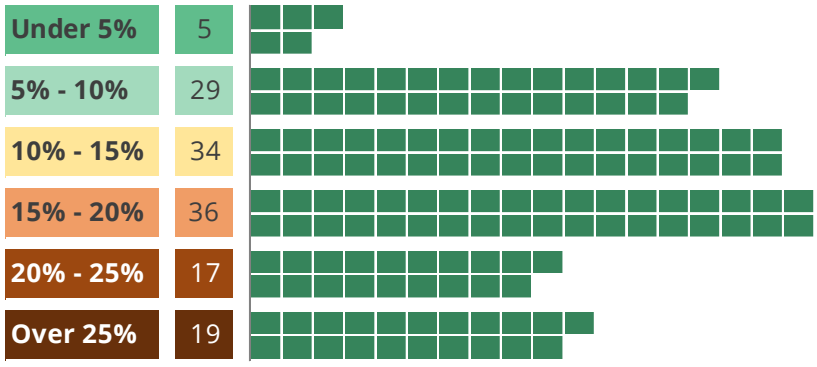
98% of all four-hour waits take place in major or ‘type 1’ emergency departments – just 0.7% of those attending minor A&E departments spend longer than 4 hours in the department. Because of this, it can be useful to look at 4-hour performance for major departments only in order to measure pressures on A&E. The graphic to the right shows the same data as on the previous page, but for major departments only. While there is no national target applying just to major departments, the same colour coding is used for clarity.

In major A&E departments, 16.5% of patients waited longer than 4 hours in 2017. This compares with 16.2% in 2016 and 5.6% in 2012.

Performance varies substantially at different hospitals. The chart below shows the number of NHS trusts in each performance category in 2017. 5 trusts had less than 5% of patients spending longer than 4 hours in major A&E, while 19 trusts had more than a quarter spending 4 hours.

AT 36 NHS TRUSTS, MORE THAN ONE IN FIVE PATIENTS SPENT LONGER THAN 4 HOURS IN HOSPITAL A&E IN 2017

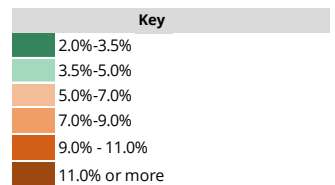
PERCENT OVER 4 HOURS; NUMBER OF TRUSTS



The table overleaf shows which NHS trusts had the highest and lowest percentage of patients spending longer than 4 hours in type 1 A&E departments in 2017.

Patients spending 4+ hours in A&E, England, 2011-2017, major A&E only

	2011	2012	2013	2014	2015	2016	2017
Jan	6%	6%	8%	7%	13%	17%	22%
Feb	4%	8%	9%	8%	12%	18%	19%
Mar	5%	5%	10%	7%	11%	19%	15%
Apr	5%	6%	10%	7%	10%	15%	14%
May	4%	5%	5%	8%	9%	15%	15%
Jun	4%	5%	5%	7%	8%	14%	14%
Jul	4%	4%	5%	7%	7%	15%	14%
Aug	4%	4%	6%	7%	9%	14%	15%
Sep	5%	5%	6%	8%	10%	14%	15%
Oct	5%	6%	7%	9%	11%	16%	15%
Nov	5%	6%	6%	10%	13%	17%	17%
Dec	6%	8%	7%	15%	13%	21%	23%



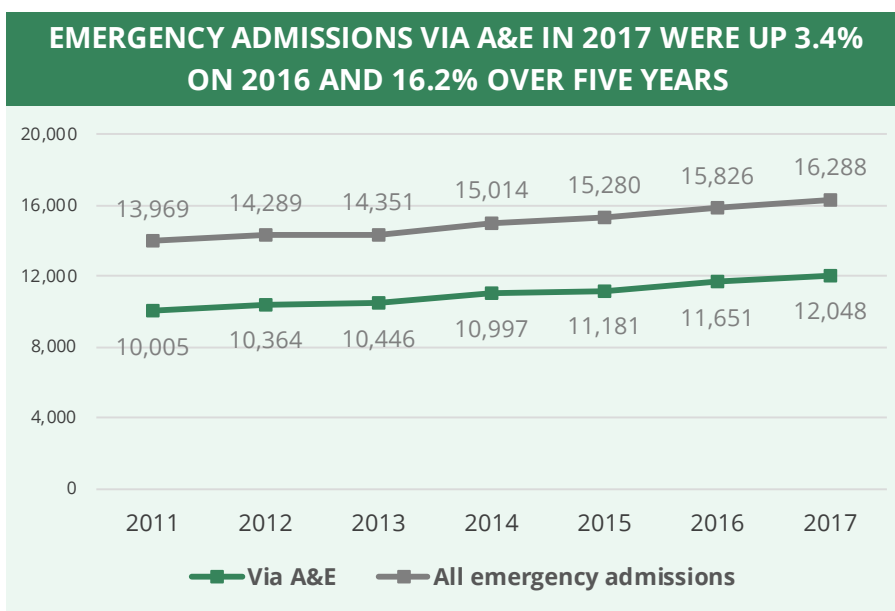
Graphic shows the percentage of patients spending more than four hours in major A&E departments (Monthly data, England, 2011-2017)

WAITING TIMES AT MAJOR A&E DEPARTMENTS: BEST AND WORST PERFORMING TRUSTS IN 2017			
HIGHEST PERCENTAGE WAITING OVER 4 HOURS		LOWEST PERCENTAGE WAITING OVER 4 HOURS	
London North West Healthcare NHS Trust	37.4%	Luton And Dunstable University Hospital NHS FT	2.0%
Blackpool Teaching Hospitals NHS Foundation Trust (FT)	36.6%	Yeovil District Hospital NHS FT	2.6%
East Kent Hospitals University NHS FT	34.8%	Sheffield Children's NHS FT	2.7%
The Hillingdon Hospitals NHS FT	34.0%	Dorset County Hospital NHS FT	4.2%
Aintree University Hospital NHS FT	32.1%	Alder Hey Children's NHS FT	4.6%
Portsmouth Hospitals NHS Trust	30.5%	Harrogate And District NHS FT	5.1%
Worcestershire Acute Hospitals NHS Trust	29.8%	Homerton University Hospital NHS FT	5.2%
University Hospitals Of North Midlands NHS Trust	29.4%	Royal Surrey County Hospital NHS FT	5.2%
Walsall Healthcare NHS Trust	29.3%	South Tees Hospitals NHS FT	5.5%
East Lancashire Hospitals NHS Trust	28.6%	South Tyneside NHS FT	5.5%

Emergency Admissions

In 2017, the number of emergency admissions to hospital via A&E reached a new high, and was 3.4% higher than in 2016. This is much larger than the increase in A&E attendances in 2017.

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.



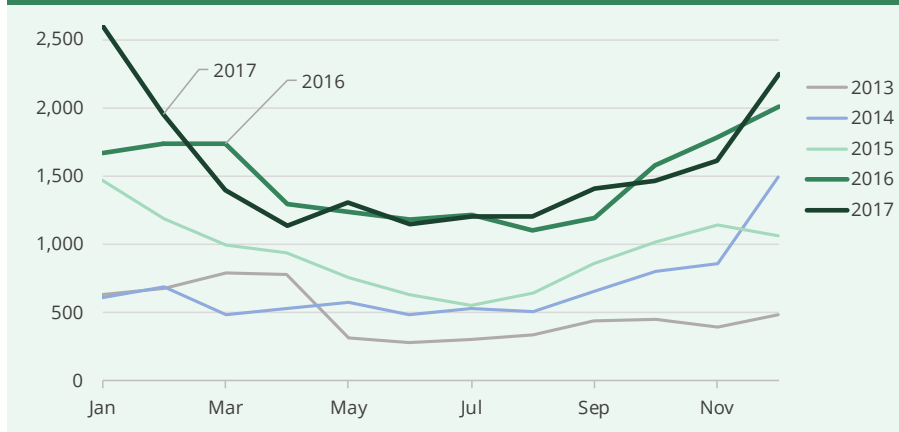
'Trolley Waits' – waits of over 4 hours for admission

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. For much of 2017, rates were equivalent to 2016 levels - but in

December 2017 the number of trolley waits was still 50% higher than in 2014 and 320% higher than in 2012.

LONG WAITS FOR ADMISSION IN 2017 WERE 5% 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

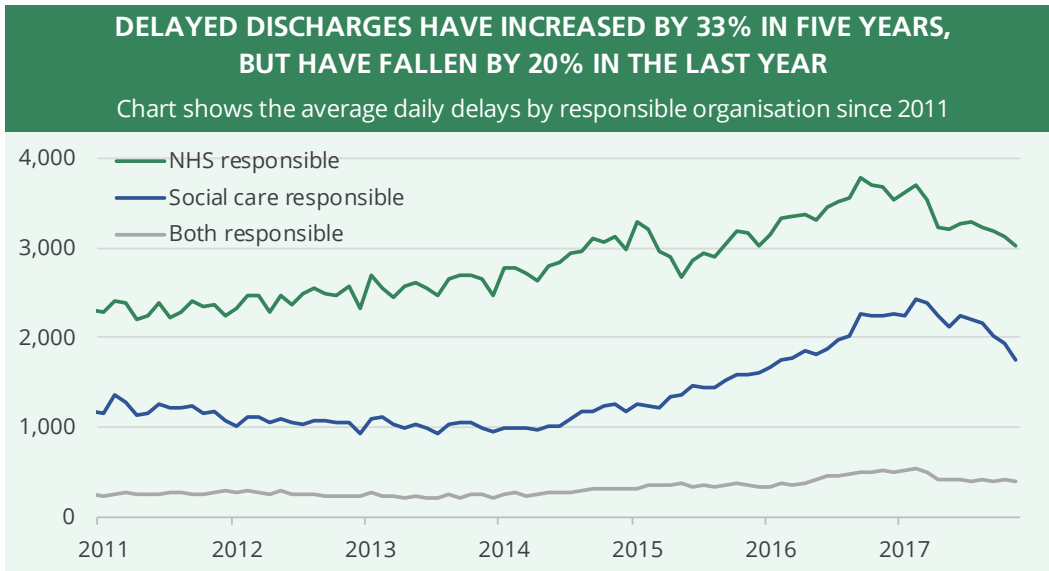
The 'delayed transfers of care' dataset identifies the number of patients who are in the wrong care setting for their current level of need. A delayed transfer occurs when a patient is ready to depart from their current care setting, but problems relating to their transfer mean that they are still occupying a bed. Delayed transfers rose substantially between 2013 and late 2016, but have fallen gradually in 2017.

In the first eleven months of 2017 there were 1.97 million 'delayed days' due to delayed transfers of care – an average of 5,904 each day. This compares with 1.26 million in the first eleven months of 2012 (3,773 per day) – an increase of 56%. However, delayed discharges have fallen in recent months. In November 2017, there were 20% fewer delayed days than in November 2016.

The increase in delays over the past five years has been due to both NHS-related and social care-related delays. Delays due to social care doubled over this period, while delays due to the NHS rose by 35%. Over the past year, social care delays have fallen faster than NHS delays.

The chart below shows trends in delayed transfers since 2011.

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.



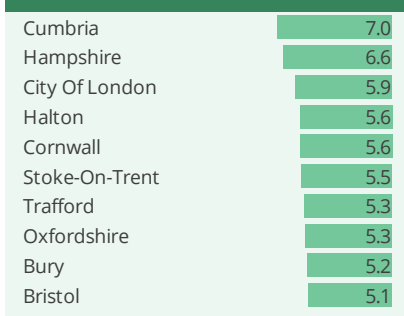
The table below shows a breakdown of delayed transfers in the most first eleven months of 2017 broken down by the reason for the delay. A comparison is given showing how different reasons for delays have changed over a two-year period. There have been substantial increases in delays where people were awaiting a care package in their own home (153%) and awaiting nursing home placements (53%). Waits for residential home placements have also risen 44% in three years.

DELAYS DUE TO WAITS FOR HOME CARE HAVE INCREASED BY 153% OVER THE PAST THREE YEARS

Total delayed days by reason in Jan-Nov 2017 compared with Jan-Nov 2014

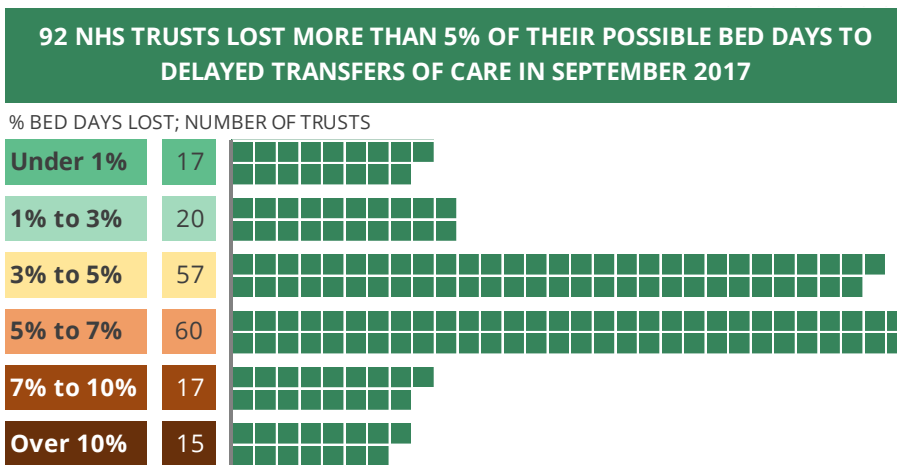
Reason for delay	Total delayed days	Change
Awaiting care package in own home	410,234	+153%
Awaiting further non-acute NHS care	330,676	+16%
Awaiting completion of assessment	309,194	+16%
Awaiting nursing home placement or availability	281,960	+53%
Patient or family choice	219,720	+8%
Awaiting residential home placement or availability	219,449	+44%
Awaiting public funding	73,511	+15%
Housing – patients not covered by NHS & Community Care Act	52,072	+9%
Awaiting community equipment and adaptations	50,153	+28%
Disputes	19,131	+9%

DELAYED TRANSFERS PER 1,000 POPULATION, NOVEMBER 2017



The level of delayed discharges varies substantially across the country. The chart to the left shows which council areas had the highest rates of delayed transfers relative to population size in November 2017.

The [Government's mandate for the NHS in 2017/18](#) contained an aim to reduce delayed transfers, to 3.5% of possible bed days lost, by September 2017. The latest data suggests that 4.4% of possible NHS bed days were lost to delayed transfers in September. By November, the rate reduced to around 4%. This figure varies substantially between different trusts, as the chart below shows. 15 trusts lost over 10% of possible bed days to delayed transfers in September.



The table below shows the trusts with the highest rate of bed days lost to delayed discharges in September 2017. The left-hand table shows all trusts, showing that trusts offering community services have the highest rates of delayed transfers. The right-hand table shows which acute trusts have the highest rates of delays.

TRUSTS WITH THE HIGHEST PERCENTAGE OF BED DAYS LOST TO DELAYED DISCHARGES, SEP 2017			
ALL TRUSTS		ACUTE TRUSTS ONLY	
Cumbria Partnership NHS Foundation Trust (FT)	45%	Wye Valley NHS Trust	12%
Lincolnshire Community Health Services NHS Trust	38%	North Cumbria University Hospitals NHS Trust	11%
Worcestershire Health And Care NHS Trust	32%	Milton Keynes University Hospital NHS FT	10%
Dorset Healthcare University NHS FT	25%	Hampshire Hospitals NHS FT	9%
Cornwall Partnership NHS FT	24%	Lancashire Teaching Hospitals NHS FT	9%
Norfolk Community Health And Care NHS Trust	24%	Burton Hospitals NHS FT	9%
Birmingham Community Healthcare NHS FT	20%	University Hospital Southampton NHS FT	8%
Berkshire Healthcare NHS FT	18%	Oxford University Hospitals NHS FT	8%
Staffordshire And Stoke On Trent Partnership NHS Trust	14%	Kettering General Hospital NHS FT	8%
Southern Health NHS FT	14%	North West Anglia NHS FT	7%

These percentages are calculated using the total number of delayed days compared with [recorded availability of overnight beds](#).

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

Data frequency: monthly.

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

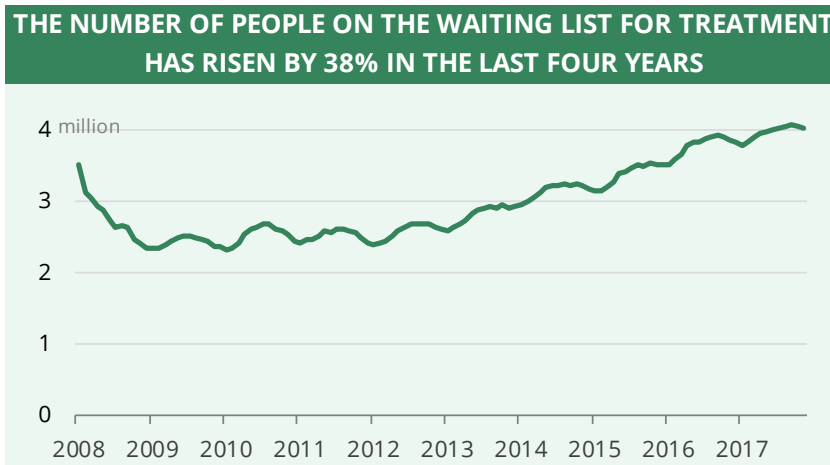
4. Waiting Times for Consultant-Led Treatment

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.²

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 3.72 million (as of the end of Nov 2017), unchanged from Nov 2016 but up from 2.52 million at the end of Nov 2010.³ Including estimates for missing data, the waiting list is currently thought to be at 4.02million.

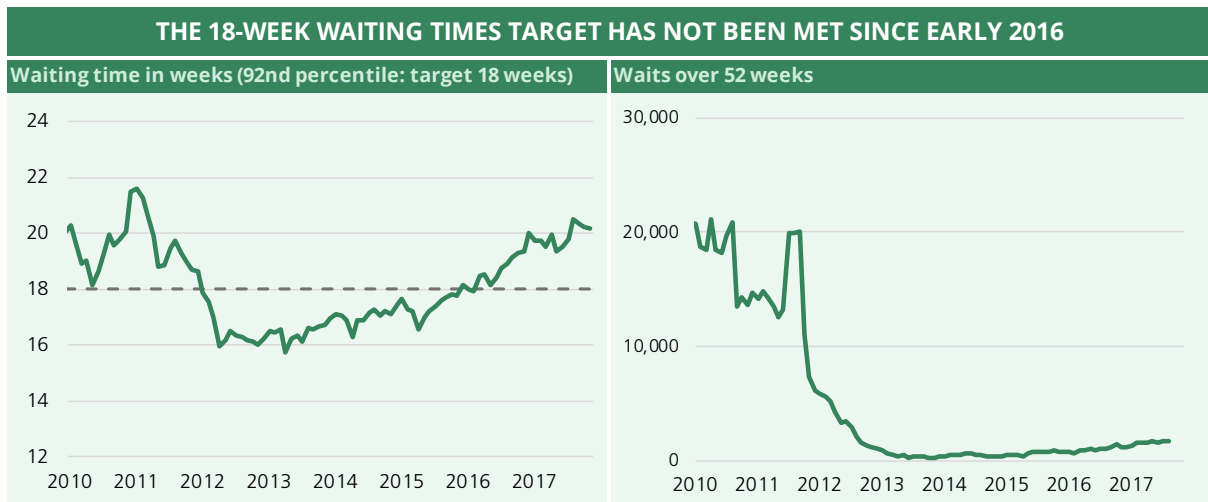
Between June 2012 and June 2017, the waiting list grew 47% faster than population increases.



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 breached 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 November 2017. Currently, 92% of those on the list have been waiting for less than 20 weeks – 2 weeks longer than the target.

² 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.

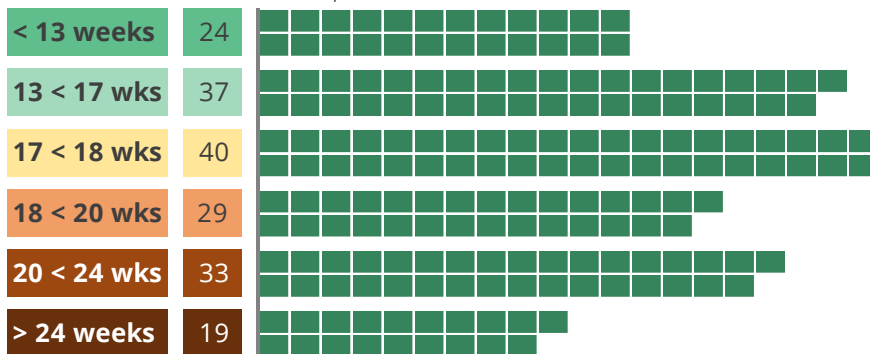
³ A number of trusts currently aren't reporting waiting list data, It's estimated that the waiting list is just over 4 million patients with the non-reporting trusts included.



Performance against the 18-week target varies by NHS trust. The chart below shows the number of trusts in each waiting time band. 81 trusts were breaching the 18-week target at the end of November 2017. Trusts with a small number of patients on the waiting list are excluded.

81 NHS TRUSTS HAD TREATMENT WAITING TIMES ABOVE THE 18 WEEK TARGET IN NOVEMBER 2017

92ND PERCENTILE WAITING TIME; NUMBER OF TRUSTS



The number of patients on the waiting list for over 52 weeks has fallen dramatically over the past decade. In November 2007 it was 415,000, and fell to a low of 214 was reached in November 2013. The current recorded number stands at 1,452. The number of one-year waiters is equivalent to around 0.1% (one thousandth) of the number of completed pathways each month.

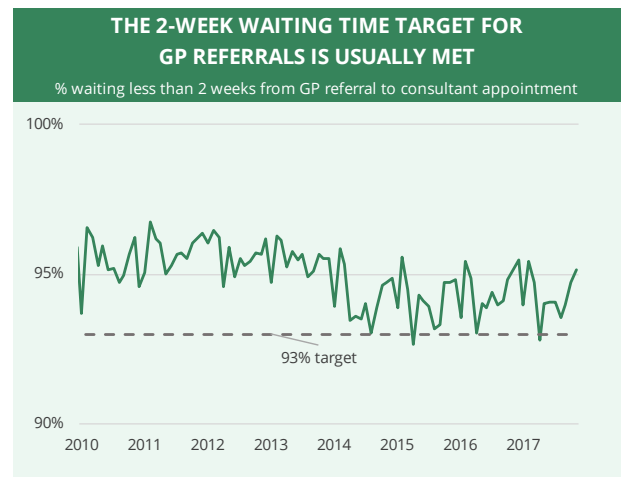
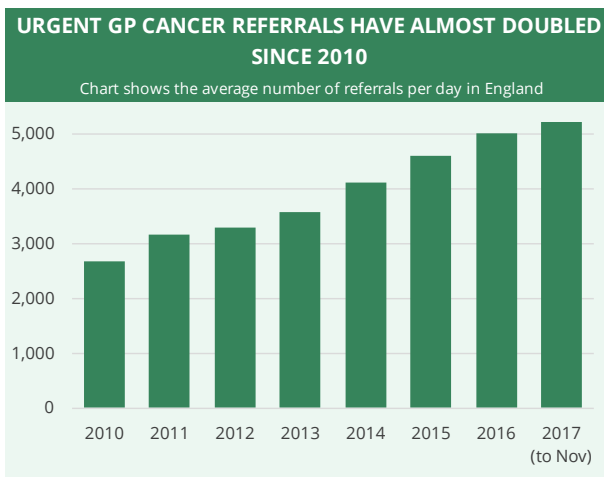
Data frequency: monthly.

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 November) there have been 1.66 million urgent GP referrals for suspected cancer – around 5,280 per day. This is 5.1% higher than in 2016 and 60% higher than 2012. In July 2017, 95% 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 eight years.

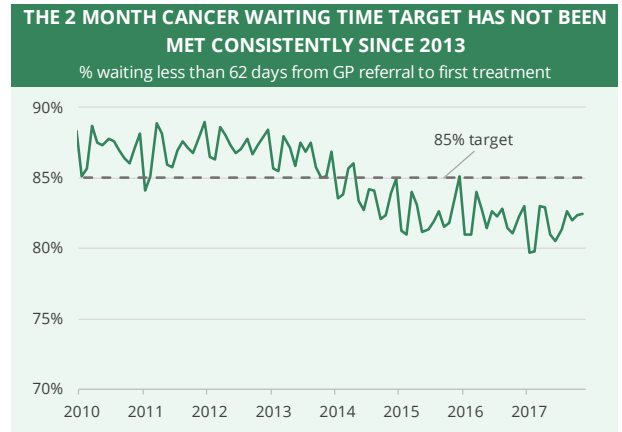
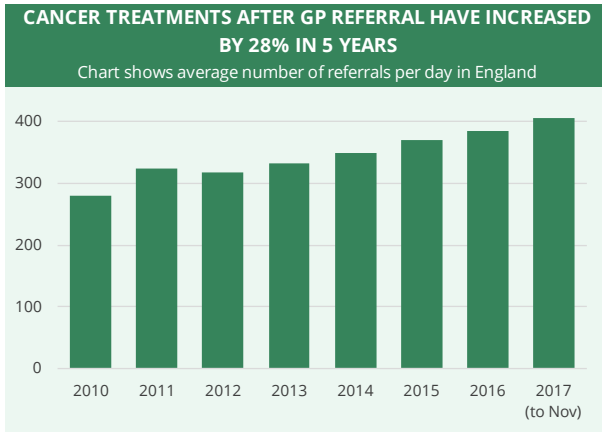


First treatments for cancer *(waiting time standard: 31 days between decision to treat and first treatment)*

So far in 2017 (up to November), 267,000 patients had a first treatment for cancer – an average of 799 per day. This is 4% higher than in 2016, and 17% higher than in 2011. In November, 97.6% 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)*

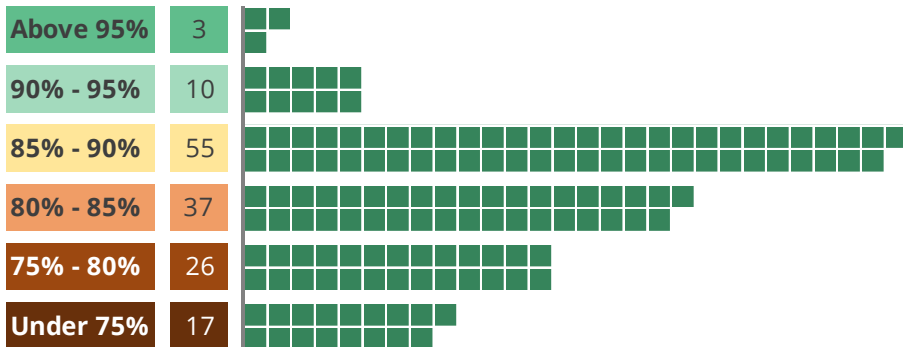
So far in 2017 (up to July), 137,700 patients were treated for cancer after having been urgently referred by their GP. This is 4.6% higher than in 2016, and 37.4% higher than in 2011. In July, 82.5% of patients were treated within 62 days of urgent GP referral. The target of 85% has been missed for all but one month since April 2014, as the chart below (right) shows.



Although the national target is not being met, performance differs across the country. The chart below shows the number of trusts in each performance band. Some trusts with a small number of patients undergoing treatment are excluded.

85% of patients treated for cancer after being urgently referred by a GP should start treatment in 62 days.
THIS TARGET WAS MISSED AT 80 TRUSTS IN JAN-SEP 2017

% WAITING UNDER 62 DAYS; NUMBER OF TRUSTS



The table below shows the ten trusts with the lowest performance on the 62-day measure in the first nine months of 2017. Trusts with very small numbers of patients treated are excluded.

LOWEST PERFORMANCE AGAINST 85% TARGET
 % WAITING UNDER 62 DAYS AFTER GP REFERRAL, JAN-SEP 2017

The Clatterbridge Cancer Centre NHS Foundation Trust (FT)	61%
University College London Hospitals NHS FT	66%
Guy's And St Thomas' NHS FT	66%
Basildon And Thurrock University Hospitals NHS FT	68%
University Hospitals Birmingham NHS FT	68%
The Christie NHS FT	69%
East And North Hertfordshire NHS Trust	70%
United Lincolnshire Hospitals NHS Trust	70%
Maidstone And Tunbridge Wells NHS Trust	71%
Worcestershire Acute Hospitals NHS Trust	71%

Data frequency: monthly

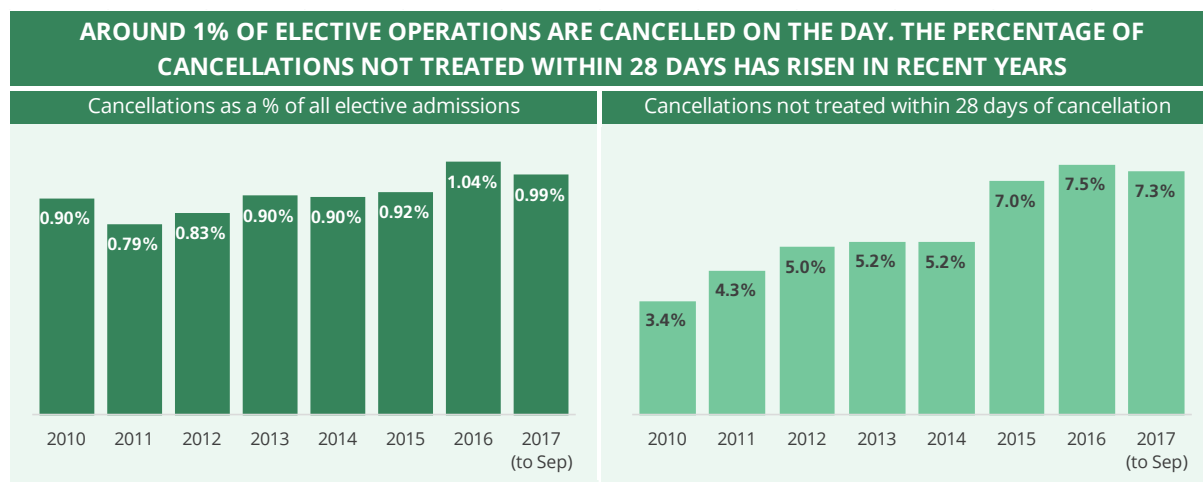
Data source: NHS England, [Cancer Waiting Times](#).

6. Cancelled Operations

Elective Operations

In the first nine months of 2017, 58,559 elective operations were cancelled for non-clinical reasons on the day the patient was due to arrive. Of these, 4,287 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. **Note that this dataset only measures operations cancelled at the last minute. Planned cancellations, such as those reported in winter 2017/18 in England, will not typically be counted.**

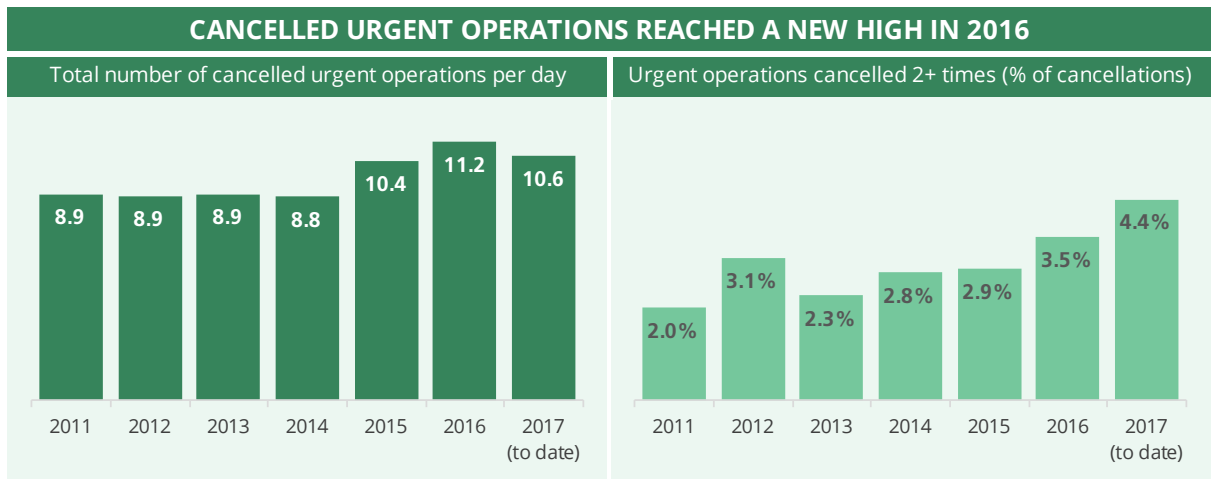
The percentage of cancellations not treated within 28 days of cancellation has trended upwards in the past few years, as the right-hand chart below shows. In the first nine months of 2017, 7.3% of cancelled operations were not treated within 28 days of cancellation, compared with 5% in 2012.



Urgent Operations

So far in 2017 (up to November), 3,533 urgent operations have been cancelled. This 5% lower than 2016, but 19% higher than in 2012. The left-hand chart below shows the average number of cancellations per day.

So far in 2017 (up to November), 145 urgent operations were cancelled for the second time. This compares with 133 in the same period in 2016 and 93 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, 4.4% of cancelled urgent operations have been cancelled for at least the second time.

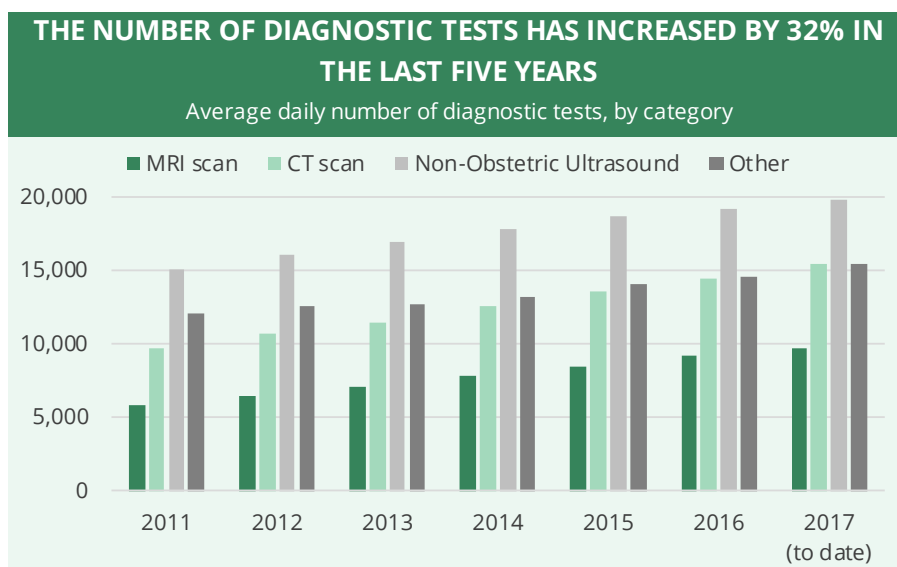


Data frequency: monthly (urgent), quarterly (elective).

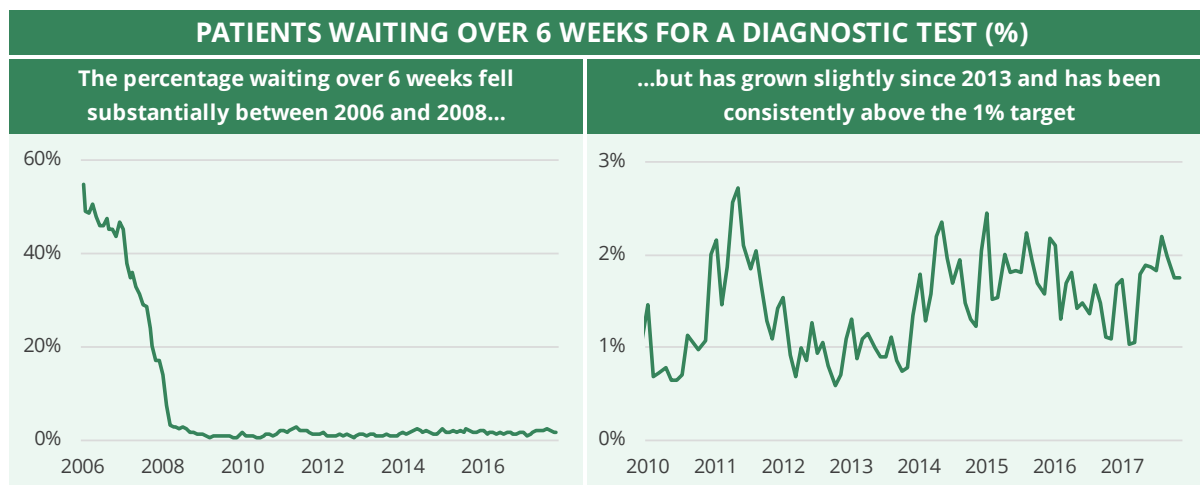
Data source: NHS England, [Cancelled operations](#); NHS England, [Urgent operations cancelled](#)

7. Diagnostic Tests: Activity and Waiting Times

So far in 2017 (up to November) there have been 20.25 million diagnostic tests performed in England’s hospitals. This is 5.6% higher than in 2016, and 32.7% higher than in 2011/12. The number of MRI tests has increased by 50% in this five-year period, the number of CT scans by 45%, and the number of non-obstetric ultrasounds by 24%. So far in 2017 an average of 60,627 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).



Over the last year the proportion of patients waiting over 6 weeks for a diagnostic test has varied from 1.04% to 2.20% - all above the target of 1%. This performance is 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.



The table below shows the providers with the highest proportion of patients waiting over 6 weeks for diagnostic tests as of November 2017. Providers with a very small number of patients have been excluded.

PATIENTS WAITING 6+ WEEKS FOR DIAGNOSTIC TESTS	
BY PROVIDER, NOVEMBER 2017	
Cambridgeshire Community Services NHS Trust	29%
Royal Liverpool & Broadgreen University Hospitals NHS Trust	23%
Cornwall Partnership NHS Foundation Trust	21%
The Outside Clinic HQ	19%
Manchester Surgical Services LTD	18%
Northern Devon Healthcare NHS Trust	15%
East Cheshire NHS Trust	12%
Mid Essex Hospital Services NHS Trust	10%
Dorset County Hospital NHS Foundation Trust	10%
Plymouth Hospitals NHS Trust	9%

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

The NHS has recently changed the way it measures ambulance response times. The changes are described [here](#), and include:

- More time for call handlers to assess calls that aren't immediately life-threatening
- A new categorisation for the severity of calls
- The "life threatening calls" category is now wider. The average response time for these calls should be 7 minutes
- The less severe "emergency calls" category has a target of 18 minutes average response time
- There is an aim, where necessary, to get patients to hospital or a specialist unit quicker by sending specialist vehicles – e.g. for strokes

This new data collection has been introduced in phases across the country. This means that it is not currently possible to provide a comprehensive view of recent ambulance response time trends or demand in England.

Response time performance on the new measures

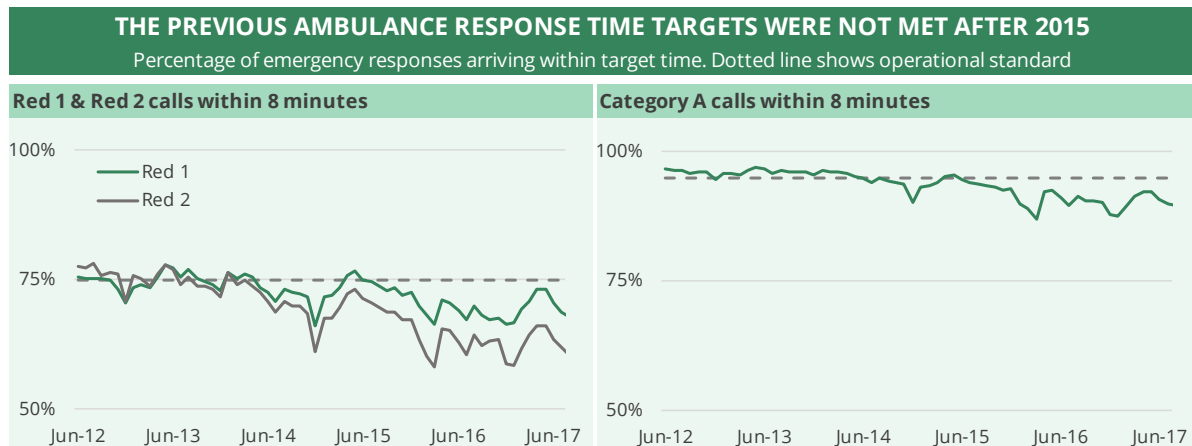
In December 2017, almost all ambulance trusts were reporting data according to the new framework. At a national level, the new standards were not met, as the table below shows. For life-threatening calls, the average time for any vehicle to arrive at the scene was 8m52s against a target of 7 minutes.

NEW AMBULANCE RESPONSE TIME STANDARDS WERE NOT MET IN DECEMBER				
	Response times		Targets	
	Average	90th Percentile	Average	90th Percentile
Life-threatening (first vehicle arrival)	8m 52s	15m 25s	7 mins	15 mins
Life-threatening (transportation)	13m 44s	26m 11s	-	-
Emergency calls	29m 41s	63m 14s	18 mins	40 mins
Urgent calls	78m 47s	186m 35s	-	120 mins
Less urgent calls	106m 16s	247m 35s	-	180 mins

Ambulance response time performance on the historical measures

One previous performance target was that ambulances to respond to 75% of Red 1 and Red 2 calls (life-threatening) within 8 minutes. Another was that 95% of all Category A calls (the sum of Red 1 and Red 2) should have an emergency response at the scene within 19 minutes. The chart below shows trends on these measures up to mid-2017.

Note that from early 2016 onwards these figures do not include West Midlands, Yorkshire or South West ambulance trusts, as they were trialling the new measures.



Data frequency: monthly.

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

9. Doctors, Nurses and other staff

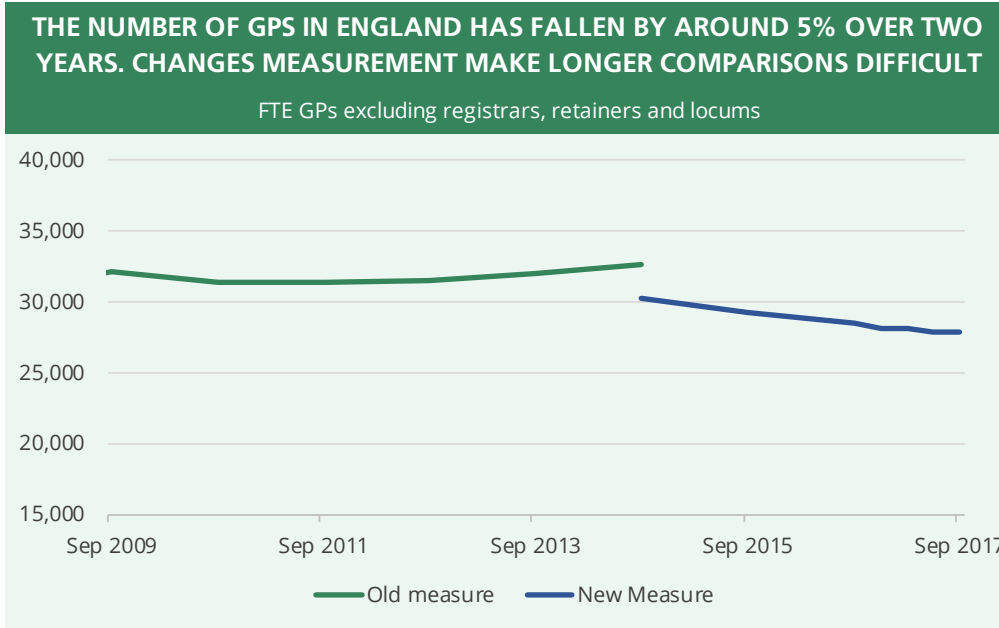
The number of people employed by NHS hospital and community health services rose by 1.5% (17,439) between September 2016 and September (headcount). In full-time-equivalent terms, which take into account whether people work part-time or full-time, the workforce rose by 1.5% (15,909). Unless otherwise 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 from 2015 onwards 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 27,836 GPs in England in June 2017 (excluding locums, trainees and those undertaking only a small amount of clinical work). This is 2.2% lower than the estimated figure for September 2016, and 4.8% lower than in September 2015.⁴

⁴ 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](#).



Direct comparisons can't be made between periods under the old measure and periods under the new measure.

Around 53.5% of GPs were male as of 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.

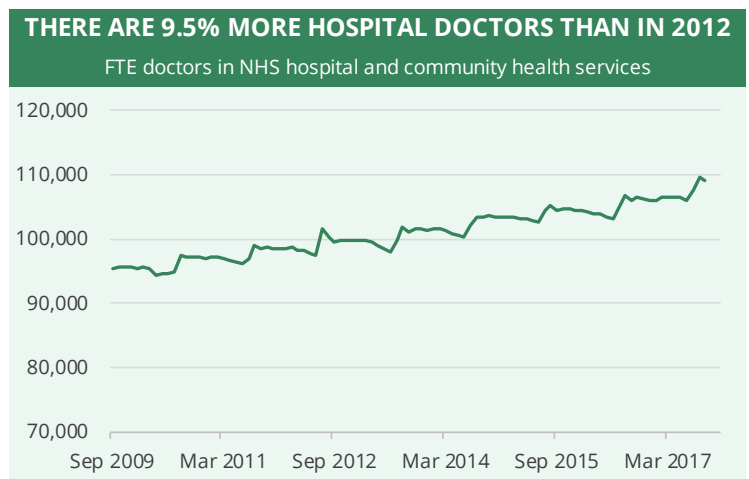
As of September 2015, 79.8% of GPs gained their primary medical qualification in the UK, while 11.8% were qualified in Asia, 4.2% in the European Economic Area, and 4.1% elsewhere.

9.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 2.7% in the year to September 2017 – an increase of 2,871 full-time equivalent doctors. Over five years, the increase is 8.7% - 8,724 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%.

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

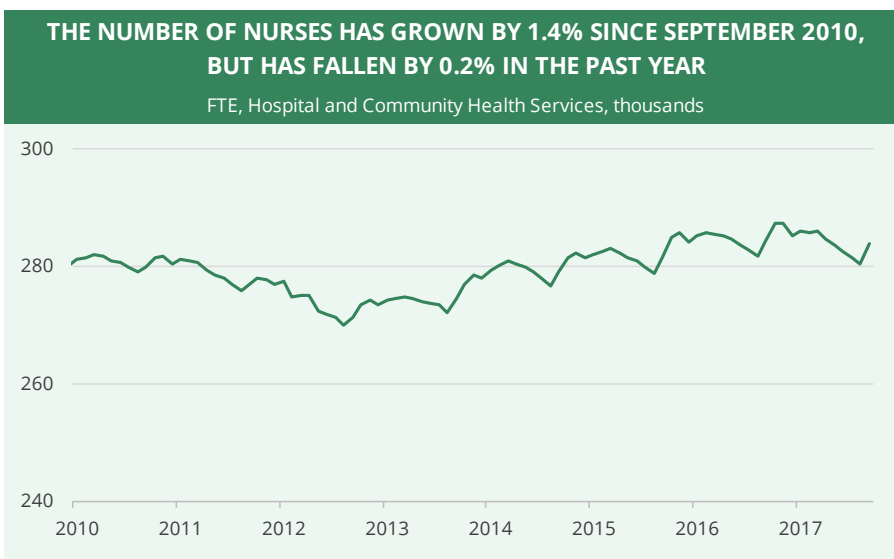


CHANGES IN HOSPITAL MEDICAL STAFF SINCE 2010				
FTE staff, by speciality				
Speciality	Jun-10	Jun-17	Change	Change %
General medicine	24,896	28,657	+3,761	+15%
Surgical	20,417	22,488	+2,071	+10%
Anaesthetics	11,061	13,278	+2,217	+20%
Psychiatry	8,717	8,778	+61	+1%
Paediatric	7,062	7,904	+841	+12%
Emergency 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%
Total	94,538	106,027	+11,488	+12%

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 0.2% (around 400 fewer nurses). Since September 2010, the number of nurses has increased by 1.4%. As the chart below shows, number fell between 2010 and 2012 but rose between 2013 and 2016.



As the chart shows, there is an annual “rhythm” to nurse numbers, with falls in the summer and rises in the autumn. This means that you

should only compare data year-on-year – so it is inappropriate, for instance, to compare data from September 2017 with May 2010.

Between 2010 and 2017, the number of nurses per million population has fallen from 5,330 to 5,080.⁵ The bulk of this fall took place between 2010 and 2012 – there was then a slight increase in nurse numbers relative to the population between 2012 and 2014. Between 2016 and 2017, there was a slight fall.

Changes in nurse numbers have varied in different areas of work, as the table below shows. Education staff have risen by 30% since 2010. Acute, elderly & general nurses have risen by 7.7% since 2010, while paediatric nurses have risen by 12%. Other areas have seen falls. In September 2017, there were 23.8% fewer nurses in other (non-community) psychiatry than in March 2010, 47.3% fewer in other (non-community) learning disabilities and 23.5% 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, community services, school nursing and other learning disability nurses.

CHANGE IN THE NUMBER OF NURSES BY AREA OF WORK, SINCE 2010							
FTE nurses & health visitors by area of work, Hospital and Community Health Services, England							
Speciality	Number of nurses			Change since 2010		Change since 2016	
	Sep 2010	Sep 2016	Sep 2017	Number	Percentage	Number	Percentage
Acute, Elderly & General	161,878	173,829	174,343	+12,465	+7.7%	+514	+0.3%
Community Services	46,304	42,797	41,501	-4,803	-10.4%	-1,296	-3.0%
Other Psychiatry	24,581	19,269	18,719	-5,862	-23.8%	-551	-2.9%
Paediatric Nursing	15,100	16,264	16,891	+1,791	+11.9%	+627	+3.9%
Community Psychiatry	15,666	16,218	16,672	+1,006	+6.4%	+453	+2.8%
Maternity & Neonatal	6,857	8,122	8,263	+1,406	+20.5%	+141	+1.7%
School Nursing	2,933	2,570	2,400	-533	-18.2%	-170	-6.6%
Community Learning Disabilities	2,508	1,966	1,919	-590	-23.5%	-47	-2.4%
Education Staff	1,208	1,524	1,564	+356	+29.5%	+40	+2.6%
Other Learning Disabilities	2,628	1,476	1,386	-1,242	-47.3%	-90	-6.1%
Other learners	218	252	195	-23	-10.7%	-57	-22.5%
ALL NURSES	279,883	284,288	283,853	+3,970	+1.4%	-435	-0.2%

9.4 Other hospital staff

The table below shows changes in the level of other non-medical hospital staff between September 2010 and September 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.

⁵ Estimated using ONS [Population Estimates](#) and [Population Projections](#) for England.

OVERALL THERE ARE 4% MORE HOSPITAL STAFF THAN IN 2010					
FTE hospital and community health staff by category					
Staff Category	Sep 2010	Sep 2016	Sep 2017	<i>Change since Sep 2010</i>	
Doctors	97,130	106,131	109,002	+11,872	+12.2%
Nurses & health visitors	279,883	284,288	283,853	+3,970	+1.4%
Qualified scientific, therapeutic & technical staff	121,880	131,268	134,990	+13,110	+10.8%
Qualified ambulance staff	17,441	19,114	20,258	+2,817	+16.2%
Support to clinical staff	288,144	309,143	314,592	+26,447	+9.2%
NHS infrastructure support	184,636	161,737	164,584	-20,051	-10.9%
Central functions	92,136	79,108	80,739	-11,396	-12.4%
Hotel, property & estates	57,281	52,036	51,890	-5,391	-9.4%
Senior managers	11,107	9,606	10,282	-825	-7.4%
Managers	24,112	20,986	21,673	-2,438	-10.1%
Total	1,012,217	1,037,054	1,052,963	+40,746	+4.0%

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

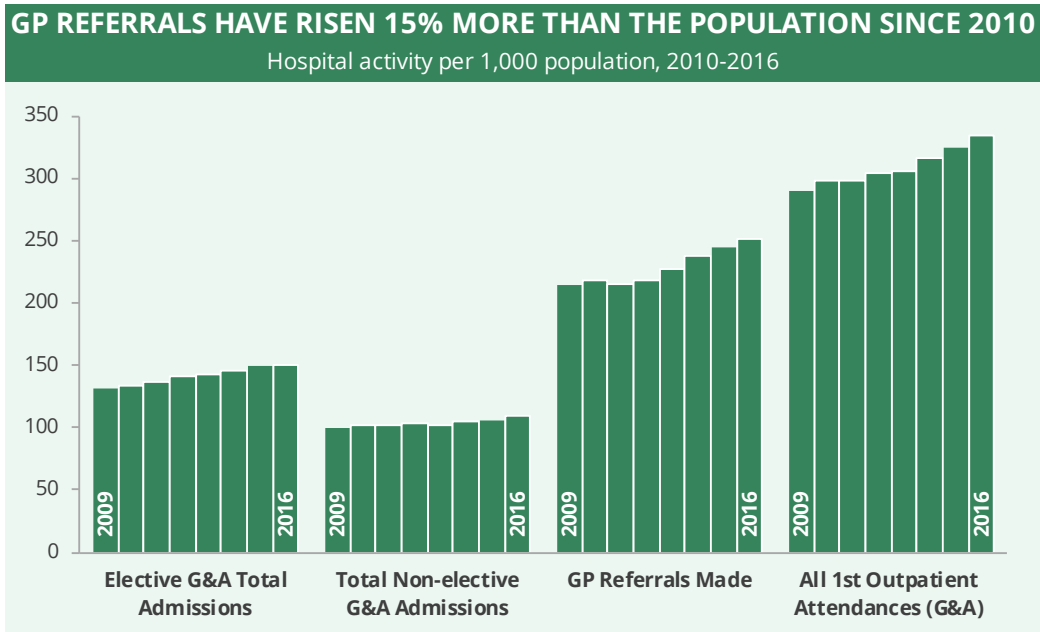
Data frequency: quarterly (GPs), monthly (HCHS).

10. Hospital inpatient and outpatient activity

The chart below shows 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.

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 CONDITIONS
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](#)

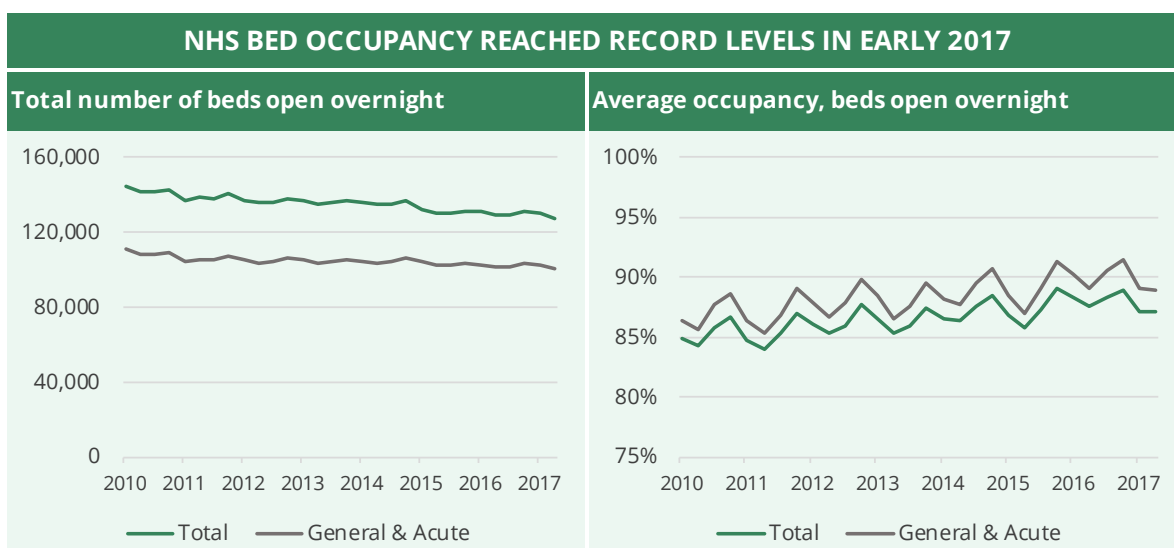
Data frequency: Monthly (hospital activity); Annual (finished consultant episodes).

11. Bed Availability and Occupancy

The chart and table below show the average number of beds available and occupied each quarter. Since 2011, the number of beds available overnight has fallen by 10,900 (a fall of 6.7%). Meanwhile there are 860 extra beds open day only (an increase of 7.5%). Over the last twelve months, 1,800 overnight beds have closed.

Meanwhile, general & acute occupancy has risen from 85% in Jun-Sep 2011 to 89% in Jun-Sep 2017. Occupancy in the quarter ending

September 2017 was, however, slightly lower than in the equivalent quarter in 2016. The first quarter of 2017 saw the highest level of bed occupancy on record.

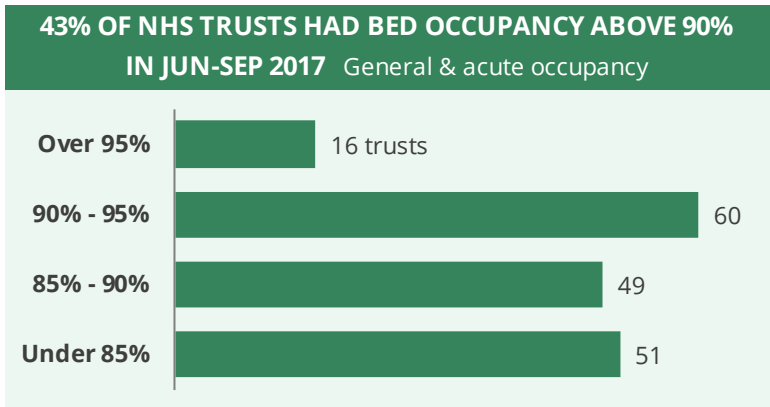


BED AVAILABILITY AND OCCUPANCY, 2011-2017

Period	All beds	Beds Open Overnight					Open Day Only
		Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	Total
AVERAGE BEDS AVAILABLE							
Jun-Sep 2011	149,985	138,525	105,545	1,784	7,987	23,208	11,460
Jun-Sep 2016	141,938	129,458	101,589	1,228	7,821	18,820	12,480
Jun-Sep 2017	139,935	127,614	100,466	1,099	7,696	18,353	12,321
Change 2011-2017	-6.7%	-7.9%					+7.5%
AVERAGE OCCUPANCY							
Jun-Sep 2011	84.1%	84.0%	85.3%	79.1%	60.6%	86.8%	84.7%
Jun-Sep 2016	87.3%	87.5%	89.1%	72.2%	61.1%	90.8%	85.8%
Jun-Sep 2017	87.0%	87.1%	88.9%	71.5%	61.0%	89.2%	85.5%

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).

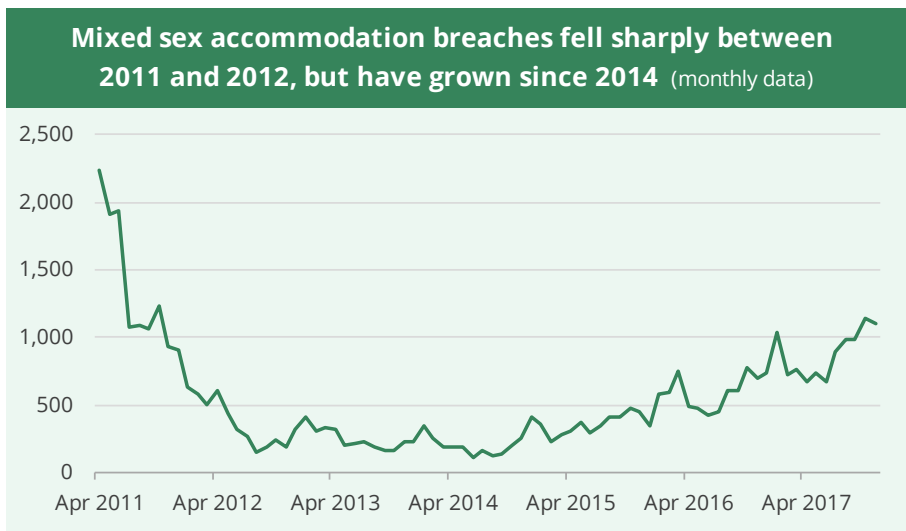
Bed occupancy varies substantially in different NHS trusts. The table below shows the most recent quarterly data for individual trusts. 16 trusts (just under 1 in 10) had occupancy over 95%, while 51 trusts (just under 3 in 10) had occupancy under 85%. Four trusts had occupancy over 98%: United Lincolnshire Hospitals, Bedford Hospital, Milton Keynes University Hospital, and Kettering General Hospital.



Note that this data offers only a snapshot of bed occupancy at a midnight, on one day in each quarter, and does not necessarily tell us what average or typical bed occupancy is.

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 (up to November) there have been 9,712 breaches, which is 51% higher than 2016 but still 72% lower than figures for the equivalent period in 2011.



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

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