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BRIEFING PAPER

Number 7281, 1 October 2018

NHS Key Statistics:
England, October 2018

By Carl Baker

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This briefing provides a summary of statistics for the **NHS in England**, in the following broad categories:

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

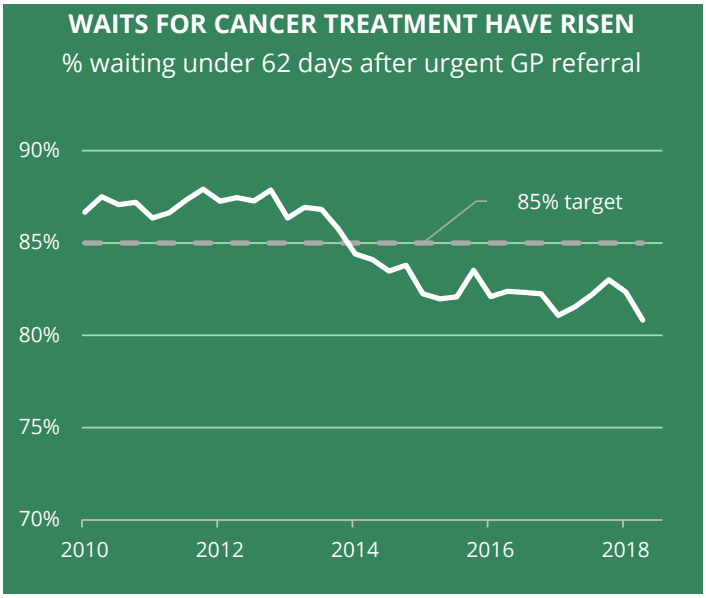
Information on funding and expenditure can be found in our briefing paper **NHS Expenditure**.

Most of the data in this briefing is sourced from statistical releases by **NHS England** and **NHS Digital**. Both organisations also publish data on a range of other indicators.

This briefing focuses mainly 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. Our briefing papers on specific health topics include data on all UK countries where available. Starting points for health data in the devolved nations are **ISD Scotland**, the **Welsh Government**, and the **NI Department of Health**.

THE NHS IN ENGLAND:
Demand, Performance, and Capacity



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

The number of emergency admissions to hospital has risen by 22% over five years.

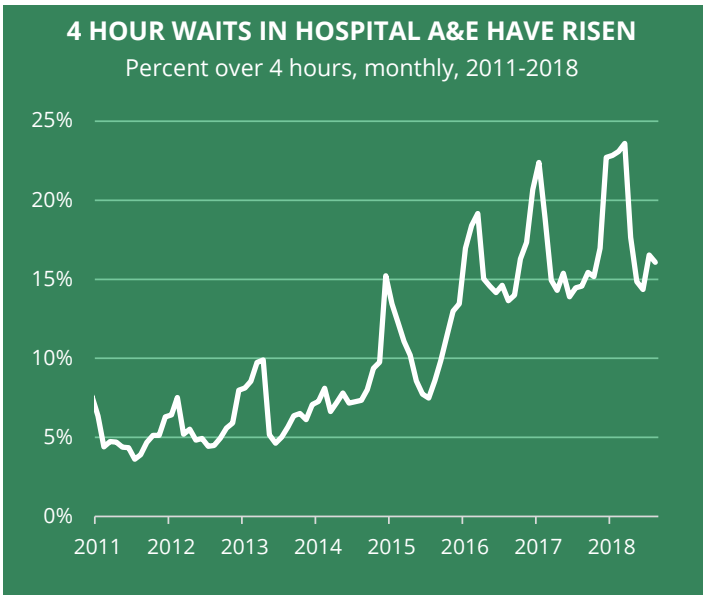
There are an average of 2,850 more hospital A&E attendances each day than there were five years ago.

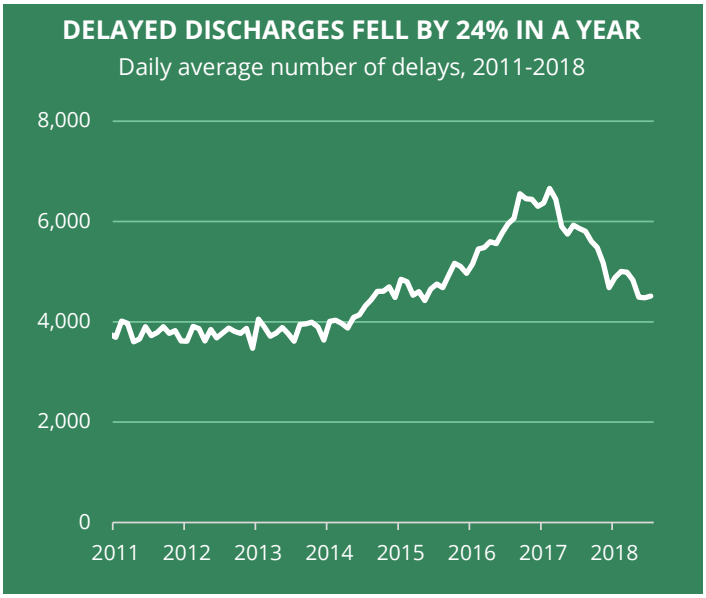
The waiting list for treatment has risen by 48% over the past five years.

Performance on many waiting times measures has declined.

One in six hospital A&E attendees spent longer than 4 hours in the department in 2017/18, compared with one in sixteen in 2012/13.

Waiting times for cancer have risen recently. Performance on the 14-day target for a consultant appointment after GP referral, & the 62-day target for treatment after GP referral, both hit record lows recently.





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

The number of delayed discharges has fallen by 24% in the past year, after a sustained rise between 2014 and 2016.

The number of hospital doctors has risen by 11% in the last five years, while nurse numbers have risen 3.6%. However, the number of GPs has fallen by 6% since 2015.

1. Accident & Emergency

In first eight months of 2018, an average of 67,000 people attended accident and emergency departments in England each day. This is 3.9% higher than the same period in 2017. At 'type 1' A&E departments – major hospital emergency departments with a 24-hour service – the increase was only 0.7% over this period. The increase was greater at 'type 3' departments, such as urgent care centres. Over the last five years, attendance at major A&E has risen 7.3% in the last five years, which amounts to almost 3,000 extra people attending each day. Including minor departments, the increase is just under 7,000 per day.

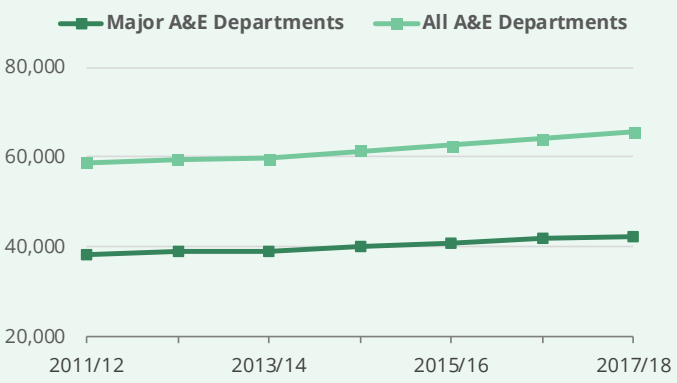
The chart below shows trends for full years up to 2017/18. It shows increases in attendances at major A&E ('type 1' emergency departments offering 24 hour consultant led service, i.e. services that are usually referred to as 'A&E'), as well as other 'minor' departments such as specialist units and minor injuries units.

MAJOR A&E ATTENDANCES INCREASED BY 0.8% IN 2017/18

Average attendances per day, England

	Major A&E	All A&E
2011/12	38,289	58,692
2012/13	39,047	59,558
2013/14	38,940	59,668
2014/15	39,958	61,246
2015/16	40,877	62,624
2016/17	41,816	64,006
2017/18	42,135	65,420
1-year change	*+0.8%*	*+2.2%*
5-year change	*+7.9%*	*+9.8%*

AVERAGE DAILY A&E ATTENDANCES WERE UP SLIGHTLY IN 2017/18, AND UP 8% OVER FIVE YEARS



During 2017/18 there was controversy over some trusts having included minor injury units run by other providers in their A&E data.[1] In addition, there has been a large increase in the number of attendances at 'minor' A&E departments such as walk-in centres and urgent care centres over the past two years. It is unclear how much of this is a genuine increase in the use of services, rather than the inception of new services or a different way of counting old services. Several large NHS trusts show a one-off sharp uptick in their minor attendances over the past 18 months, suggesting new services or different methods of counting rather than a genuine change in usage.

This means it is unclear to what extent the increase in 'minor' A&E attendances (also reflected in 'All A&E' above) reflects a change in demand. We recommend citing only data for 'major' (type 1) A&E

[1] BBC News, 'A&E stats may have to be recalculated', 22 January 2018. See NHS England's description of the case here, and commentary from the UK Statistics Authority here.

departments when discussing recent trends in attendances and waiting times.

A&E waiting times

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.[2] NHS England's current target is that 95% of attendances should last under four hours, measured from arrival to departure or admission. This means that not all the time is necessarily spent waiting, since time being treated in A&E counts against the four-hour target.

Further information on pressures facing urgent and emergency care can be found in our winter briefing: **NHS Winter Pressures 2017/18**

The graphic below is a colour-coded illustration of monthly A&E performance since 2011. Each row represents a year, with every month represented as a square. Green squares represent performance above the 95% 4-hour target and yellow & orange squares represent performance below the target. Reading from top to bottom 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.

Four-hour wait performance has fallen over several years. 2017/18 had the lowest annual performance in the current data series, with 11.6% of patients spending over 4 hours in A&E compared with 10.9% a year earlier and 4.1% five years ago. While performance tends to be worse in the winter months, waiting times in recent summers have been higher than those seen in any winter on record prior to 2014/15.

THE PROPORTION OF PATIENTS SPENDING OVER 4 HOURS IN A&E IN ENGLAND HAS INCREASED SUBSTANTIALLY IN RECENT YEARS

PATIENTS SPENDING OVER 4 HOURS IN A&E (ALL DEPARTMENTS, ENGLAND)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2011	4%	3%	3%	3%	3%	3%	2%	3%	3%	3%	3%	4%
2012	4%	5%	3%	4%	3%	3%	3%	3%	3%	4%	4%	5%
2013	5%	6%	6%	7%	3%	3%	3%	4%	4%	4%	4%	5%
2014	5%	5%	4%	5%	5%	5%	5%	5%	5%	6%	7%	10%
2015	9%	8%	7%	7%	6%	5%	5%	6%	7%	8%	9%	9%
2016	11%	12%	13%	10%	10%	9%	10%	9%	9%	11%	12%	14%
2017	15%	12%	10%	10%	10%	9%	10%	10%	10%	10%	11%	15%
2018	15%	15%	15%	11%	10%	9%	11%	10%				

Key	
	2% - 3.5%
	3.5% - 5%
	5% - 7%
	7% - 9%
	9% - 12%
	Over 12%

During 2017 the percentage of 4-hour waits plateaued – for the first time in several years, the percentage of people waiting for four hours did not grow. However, waiting times worsened in winter 2017/18, with March 2018's performance being the worst on record.

[2] Other measures are discussed in our detailed briefing, Accident and Emergency Demand and Pressure in the UK.

2.8 million patients spent longer than 4 hours in A&E in 2017/18. This has risen from 900,000 in 2012/13, and is equivalent to an average of 5,143 extra 4-hour waits per day. Meanwhile the average daily attendance at A&E has risen by 5,730 (but see the note of caution on the previous page).

Four-hour waits in hospital A&E

98% of all four-hour waits happen in 'major' or 'type 1' emergency departments – those offering a 24-hour consultant-led service and usually located in a hospital. Only 0.8% of those attending minor A&E departments, such as minor injury units or walk-in centres, spend longer than 4 hours in A&E. Because of this, it is often more useful to consider 4-hour performance only for major departments rather than all departments to measure pressures on A&E.

The graphic below shows colour-coded 4-hour wait as above, but for major departments only. While there is no national waiting time target applying specifically to major departments, the same colour coding is used for consistency.

PATIENTS SPENDING OVER 4 HOURS IN A&E (TYPE 1 A&E ONLY, ENGLAND)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2011	6%	4%	5%	5%	4%	4%	4%	4%	5%	5%	5%	6%
2012	6%	8%	5%	6%	5%	5%	4%	4%	5%	6%	6%	8%
2013	8%	9%	10%	10%	5%	5%	5%	6%	6%	7%	6%	7%
2014	7%	8%	7%	7%	8%	7%	7%	7%	8%	9%	10%	15%
2015	13%	12%	11%	10%	9%	8%	7%	9%	10%	11%	13%	13%
2016	17%	18%	19%	15%	15%	14%	15%	14%	14%	16%	17%	21%
2017	22%	19%	15%	14%	15%	14%	14%	15%	15%	15%	17%	23%
2018	23%	23%	24%	18%	15%	14%	17%	16%				

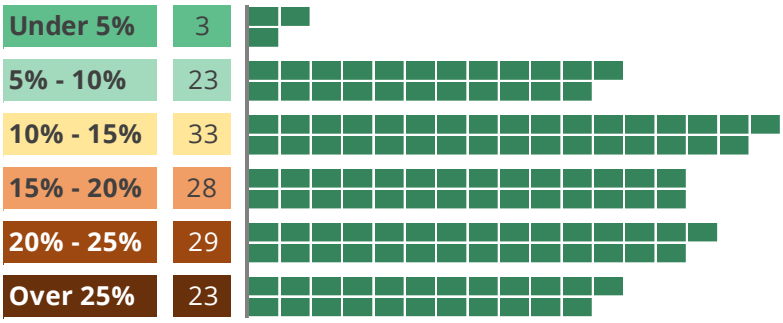
Key
2% - 3.5%
3.5% - 5%
5% - 7%
7% - 9%
9% - 12%
Over 12%

In major A&E departments, 17.6% of patients waited longer than 4 hours in 2017/18. This compares with 16.3% in 2016/17 and 6.2% in 2012/13.

Performance varies substantially at different hospitals. The chart below shows the number of NHS trusts in each performance category in the year to August 2018. Three trusts had less than 5% of patients spending longer than four hours in major A&E. At 23 trusts more, than a quarter of patients spent over 4 hours in the department.

AT 52 NHS TRUSTS, MORE THAN ONE IN FIVE PATIENTS SPENT LONGER THAN 4 HOURS IN HOSPITAL A&E IN THE YEAR TO AUGUST 2018

% OVER 4 HOURS; NUMBER OF TRUSTS; EACH SQUARE REPRESENTS A TRUST



The table below shows the NHS trusts with the highest and lowest major A&E waiting time performance in the year to August 2018. Not that some trusts on the left have substantially better performance on the 'all A&E departments' measure, since many of their attendances are not at major departments.

WAITING TIMES AT HOSPITAL A&E: BEST AND WORST PERFORMING, YEAR TO AUG 2018

HIGHEST PERCENTAGE WAITING OVER 4 HOURS	
Blackpool Teaching Hospitals NHSFT	44.7%
The Hillingdon Hospitals NHSFT	41.6%
Worcestershire Acute Hospitals NHST	35.2%
Lancashire Teaching Hospitals NHSFT	33.8%
Imperial College Healthcare NHST	32.6%
Shrewsbury & Telford Hospital NHST	32.1%
London North West University Healthcare NHST	31.4%
East Kent Hospitals University NHSFT	31.1%
East Lancashire Hospitals NHST	30.1%
United Lincolnshire Hospitals NHST	30.1%

LOWEST PERCENTAGE WAITING OVER 4 HOURS	
Luton & Dunstable University Hospital NHSFT	2.6%
Sheffield Children's NHSFT	2.7%
Yeovil District Hospital NHSFT	2.8%
Alder Hey Children's NHSFT	5.0%
South Tees Hospitals NHSFT	5.2%
Homerton University Hospital NHSFT	5.5%
Dorset County Hospital NHSFT	6.8%
South Tyneside NHSFT	6.9%
Harrogate & District NHSFT	6.9%
Surrey & Sussex Healthcare NHST	7.0%

Emergency Admissions

In the first eight months of 2018, an average of 12,700 people were admitted to hospital via A&E each day. This is up 7% on 2017 and 22% on five years ago. This amounts to an extra 2,300 emergency admissions in England each day.

It's been reported that the bulk of the growth in emergency admissions is due to 'zero-day admissions' i.e. those who are discharged without an overnight stay.[3] If correct, this suggests that the change in emergency admissions can't only be attributed to an increase in demand.

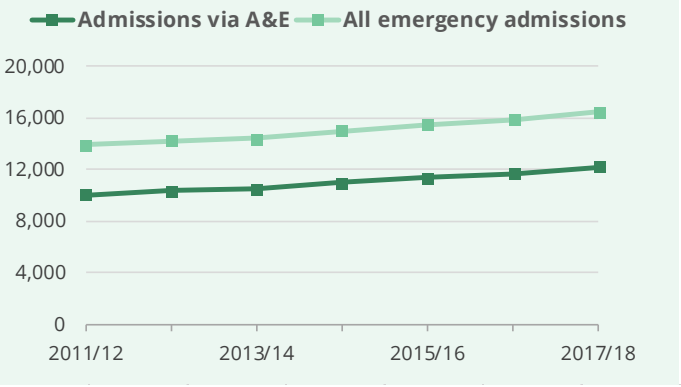
The table and chart below show trends for full years up to 2017/18.

[3] Health Service Journal, Revealed: 'Zero day' stays driving emergency admission growth, 26 February 2018

EMERGENCY ADMISSIONS VIA A&E ROSE BY ALMOST 5% IN 2017/18

	Admissions via A&E	All Emergency Admissions
2011/12	10,038	13,947
2012/13	10,360	14,245
2013/14	10,510	14,446
2014/15	11,014	15,021
2015/16	11,356	15,487
2016/17	11,680	15,891
2017/18	12,227	16,480
1-year change	*+4.7%*	*+3.7%*
5-year change	*+18.0%*	*+15.7%*

IN 2017/18 THERE WERE 2,200 MORE EMERGENCY ADMISSIONS PER DAY THAN IN 2012/13



Long waits for admission to hospital, or 'Trolley Waits'

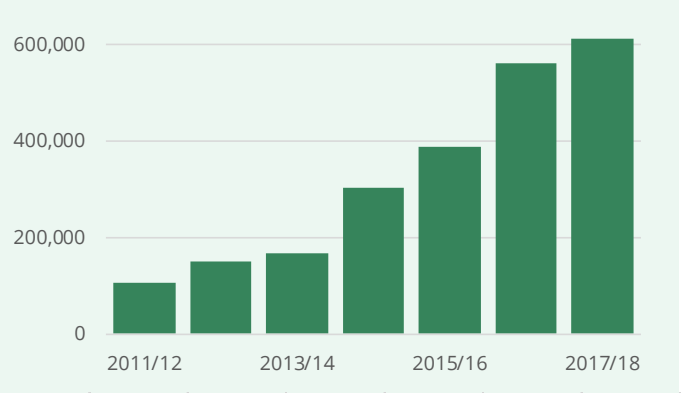
Data is recorded on patients who wait more than 4 hours to be admitted to a hospital bed after the decision to admit them to hospital has been made. These are sometimes known as 'trolley waits', but such patients won't necessarily be waiting on a trolley.

The number of long waits for admission has increased substantially in recent years. In 2017/18 there were over 600,000 cases where a patient waited longer than 4 hours for admission, which amounts to around 10% of all emergency admissions to hospital. The number of 12-hour waits for admission was slightly lower than in 2016/17, though the 1,054 twelve-hour waits recorded in January 2018 was a new monthly record. So far in 2018, 4+ hour waits for admission up 19% on 2017, while 12+ hour waits are up 54%. are around 19% higher than in 2017.

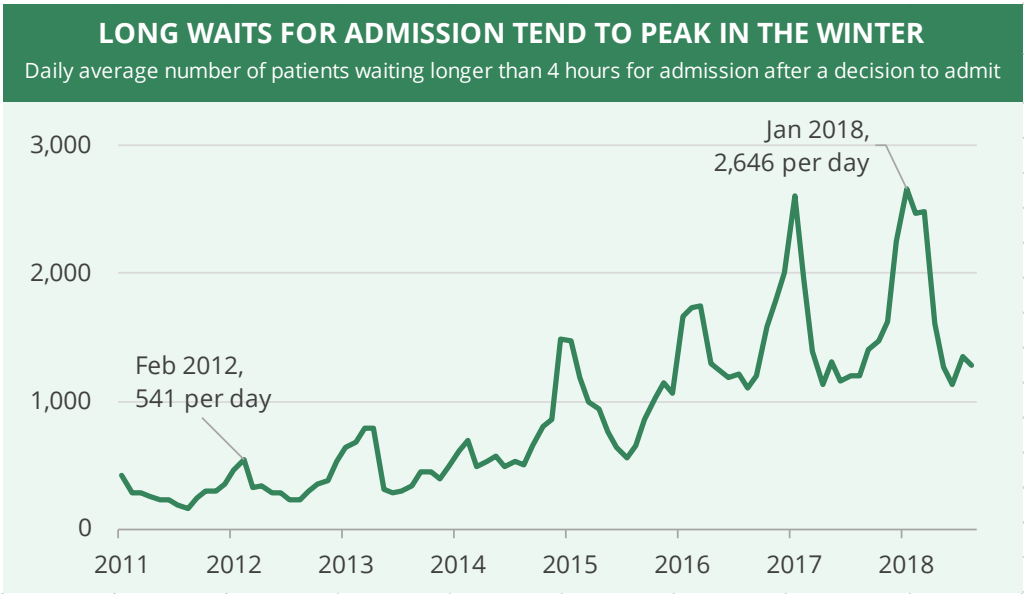
10% OF EMERGENCY ADMISSIONS WAITED OVER 4 HOURS FOR A BED

	4 hour waits for admission	12 hour waits for admission
2011/12	108,314	123
2012/13	152,584	170
2013/14	168,181	240
2014/15	304,292	1,243
2015/16	388,408	1,014
2016/17	560,093	3,502
2017/18	613,957	3,440
1-year change	*+9.6%*	*-1.8%*
5-year change	*+302.4%*	*+1923.5%*

THERE WERE FOUR TIMES AS MANY LONG WAITS FOR ADMISSION IN 2017/18 THAN 2012/13



The chart below shows monthly data since 2011. While numbers peak in winter, in the last three summers there have still been over 1,000 long waits for admission each day – which is higher than in any winter prior to 2014/15.



***Data frequency**:* monthly.

***Data source**:* NHS England A&E SitReps

2. Delayed Transfers of Care

A 'delayed transfer of care' occurs when a patient is in the wrong care setting for their current level of need – e.g. 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. These delays can cause problems with patient flow which affect a hospital's ability to admit new patients, so can contribute to longer waiting times. Delayed transfers rose substantially between 2013 and late 2016, but have fallen since early 2017.

In 2017/18 there were 1.98 million 'delayed days' due to delayed transfers of care – an average of 5,420 each day. This compares with 1.38 million in 2012/13 (3,782 per day) – an increase of 43%. However, delayed discharges have fallen in recent years. In July 2018, there were 24% fewer delayed days than in July 2017, but 25% more than in July 2013.

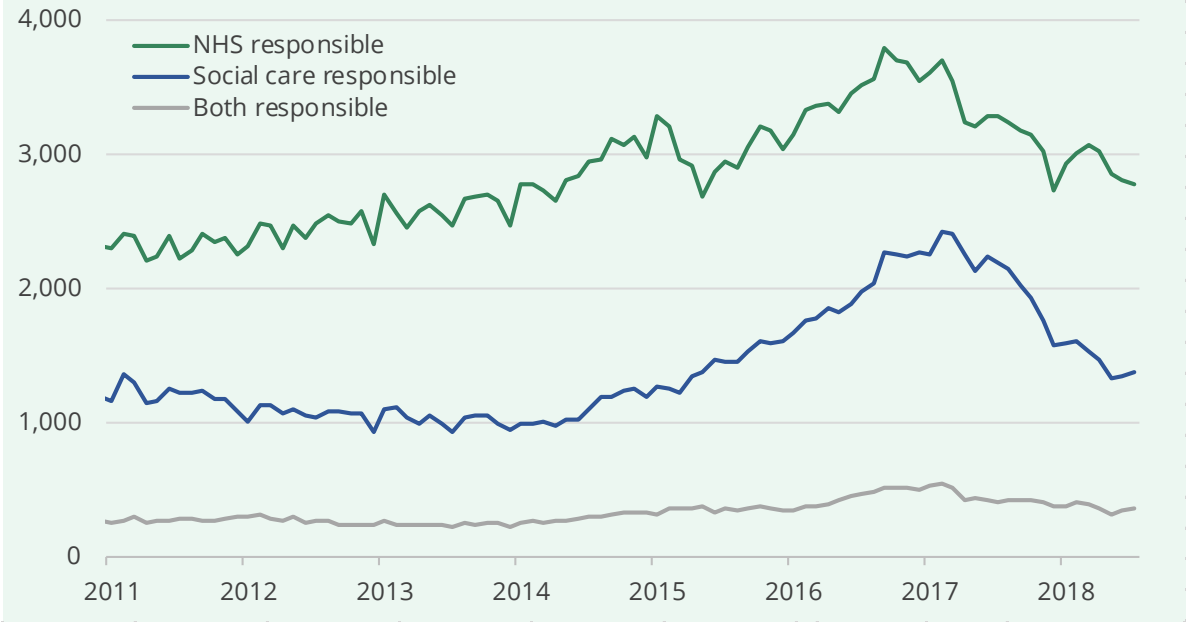
The increase in delays prior to 2017 was due to both NHS-related delays and social care-related delays. Between Oct 2012 and Oct 2016, delayed discharges caused by social care more than doubled, while delays caused by the NHS rose by 43%. Since Oct 2016, social care delays have fallen by 39% while NHS delays have fallen by 25%.

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 13% of delays are due to patient or family choice.

DELAYED DISCHARGES HAVE INCREASED BY 23% IN FIVE YEARS, BUT HAVE FALLEN BY 22% IN THE LAST YEAR

Chart shows the average daily delays by responsible organisation since 2011



The table below shows why delayed transfers occurred in May-July 2018. The table also shows how different reasons for delay have changed over a five-year period. There have been substantial increases in delays where people were awaiting a care package in their own home (143%) and awaiting nursing home placements (57%). Waits for residential home placements have also risen 28% in five years.

DELAYS DUE TO WAITS FOR HOME CARE HAVE MORE THAN DOUBLED OVER THE PAST FIVE YEARS

Total delayed days by reason in May-Jul 2018 compared with May-Jul 2013

Reason for delay	Total delayed days	Change
Awaiting care package in own home	85,797	+143%
Awaiting further non-acute NHS care	71,346	-4%
Awaiting nursing home placement or availability	56,951	+57%
Patient or family choice	53,417	+19%
Awaiting residential home placement or availability	48,724	+28%
Awaiting completion of assessment	46,944	-29%
Housing	16,833	+17%
Awaiting public funding	15,038	-24%
Awaiting community equipment and adaptations	12,265	+15%
Disputes	3,513	-31%

The level of delayed discharges varies substantially across the country. The table below shows which council areas had the highest rates of delayed transfers relative to population size in May-Jul 2018. The top

left table shows figures relative to the population aged 18+. The top right table shows figures relative to the population aged 65+.[4] Increases and decreases since May-Jul 2017 are also shown.

DELAYED TRANSFERS BY LOCAL AUTHORITY, MAY-JUL 2018

Highest (per 1,000 population aged 18+)	
City of London	26
Halton	21
Hampshire	20
Southampton	19
Cambridgeshire	18
Redcar & Cleveland	18
Cumbria	18
Oxfordshire	17
Stoke-On-Trent	16
Trafford	16

Highest (per 1,000 population aged 65+)	
Southampton	115
City of London	111
Manchester	108
Halton	91
Birmingham	90
Peterborough	81
Cambridgeshire	78
Tower Hamlets	77
Leeds	77
Nottingham	77

Largest increase in delays since May-Jul 2017	
Halton	+109%
Darlington	+93%
Rochdale	+88%
Westminster	+85%
Sunderland	+75%
Brent	+73%
Torbay	+65%
Havering	+58%
South Gloucestershire	+52%
Windsor & Maidenhead	+47%

Largest decrease in delays since May-Jul 2017	
Swindon	-71%
Salford	-62%
Bromley	-56%
Milton Keynes	-56%
Hounslow	-56%
West Berkshire	-54%
Warwickshire	-54%
Doncaster	-53%
Isle Of Wight	-52%
East Sussex	-52%

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. 4.4% of possible NHS bed days were lost to delayed transfers in September 2017. By July 2018, the rate had reduced to around 3.5%.

This percentage varies between different hospital providers. The table to the right shows the providers with the highest rate of bed days lost to acute delayed discharges in May-Jul 2018.

ACUTE DELAYED TRANSFERS: TRUSTS WITH HIGHEST PERCENTAGE OF BED DAYS LOST, MAY-JUL 2018

Wye Valley NHST	8.8%
University Hospital Southampton NHSFT	8.8%
Hampshire Hospitals NHSFT	7.2%
The Walton Centre NHSFT	7.2%
North West Anglia NHSFT	6.7%
Cambridge University Hospitals NHSFT	6.5%
East Kent Hospitals University NHSFT	6.1%
Oxford University Hospitals NHSFT	5.8%
Royal Devon And Exeter NHSFT	5.7%
South Tees Hospitals NHSFT	5.6%

These percentages are calculated using the total number of delayed days compared with recorded availability of overnight beds.

[4] Data for Wales shows that most of those whose discharges are delayed are aged 65 or over. No equivalent data is collected for England, but if the pattern is repeated then the 65+ population is likely to be more useful as a denominator than the 18+ population. Note that the age breakdown of delayed discharges might differ between local areas.

Data source: NHS England, Delayed transfers of care

Data frequency: monthly.

Further reading from the Library: Delayed transfers of care in the NHS

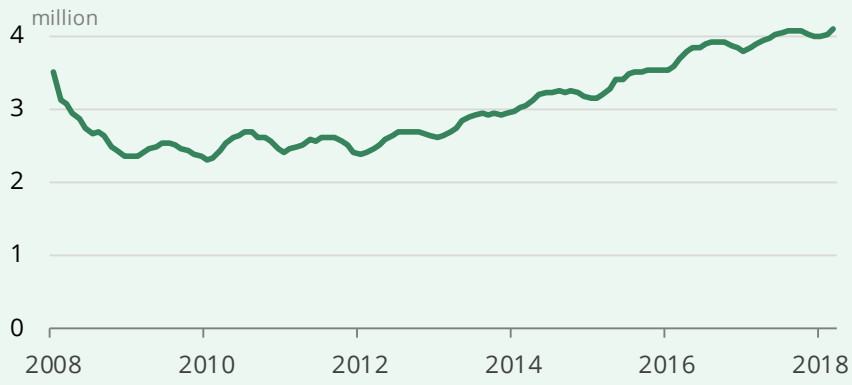
3. Waiting Times for Consultant-Led Treatment

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 at any given time should have been waiting for less than 18 weeks. There is also a 'zero tolerance' policy to patients waiting longer than 52 weeks.[5]

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

The waiting list for treatment has grown since 2012, as the chart overleaf shows. The recorded figure currently stands at 4.12 million (as of the end of July 2018), up 3% over one year and up 59% from 2.42 million at the end of March 2010. Once estimates for missing data are included, the waiting list is currently thought to be at 4.31 million – up 7% year-on-year and 42% over five years.

THE NUMBER OF PEOPLE ON THE WAITING LIST FOR TREATMENT HAS RISEN BY 53% IN THE LAST FIVE YEARS

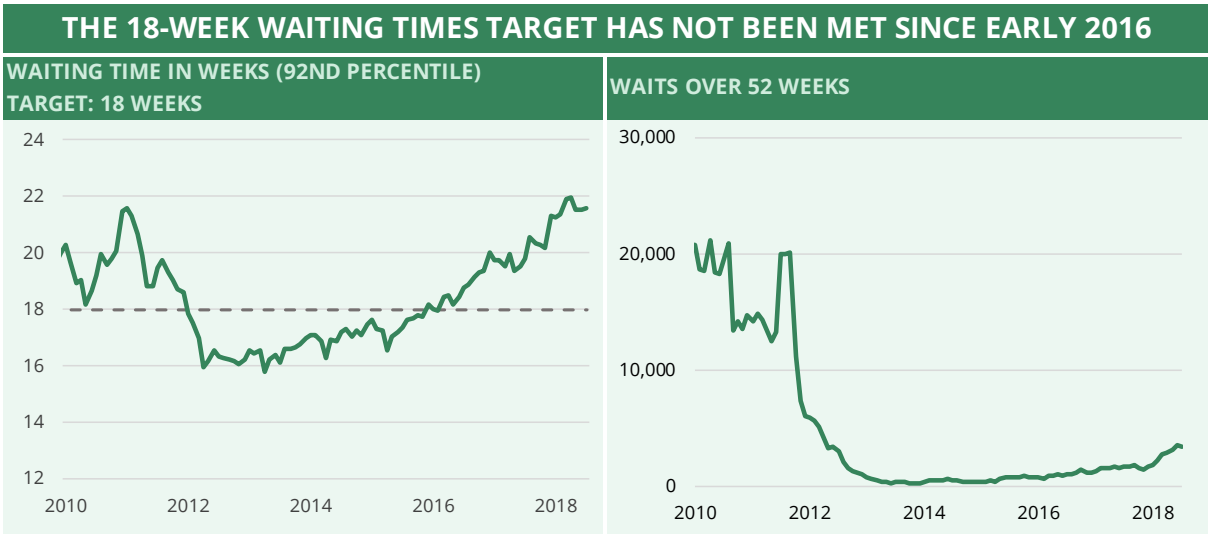


In winter 2017/18 there were planned reductions in elective treatment activity to free up capacity for urgent and emergency care. NHS England estimates that this reduced the number of treatments by 3%

[5] 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.

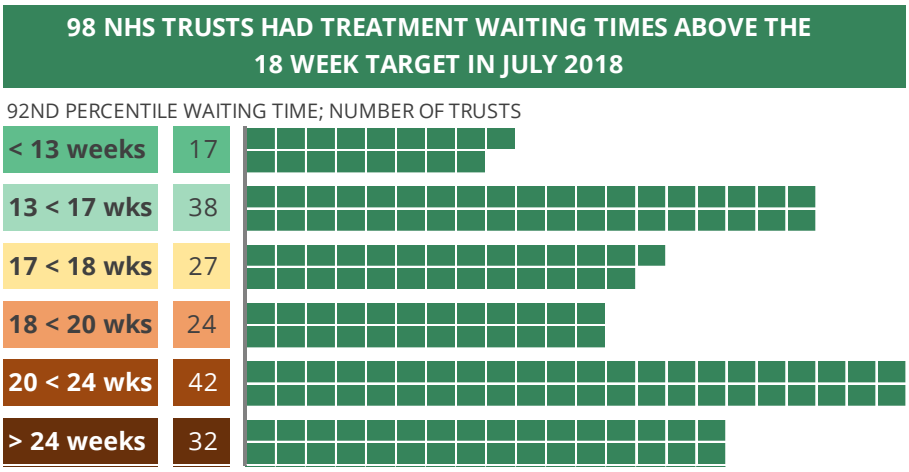
The 18-week target

The chart below shows performance against the 18-week waiting time target 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 July 2018. Currently, 92% of those on the list have been waiting for less than 21.6 weeks – almost 4 weeks longer than the target.



The number of patients on the waiting list for over 52 weeks has fallen dramatically over the past decade. In November 2007 the number was 415,000, but it fell to a low of 214 in November 2013. The current recorded number stands at 3,464, and has more than doubled in the past year. One-year waiters are at their highest level since April 2012.

Performance against the 18-week target between NHS trusts. The chart below shows the number of trusts in each waiting time band. 98 trusts were breaching the 18-week target at the end of July 2018, up from 81 in November 2017. The trusts with the longest 92nd percentile waiting times are currently North Lincolnshire & Goole (35 wks), Wye Valley (33 wks) and Queen Victoria Hospital (33 wks).



Data frequency: monthly.

Data source: NHS England, Consultant-led referral to treatment waiting times

4. Cancer Waiting Times

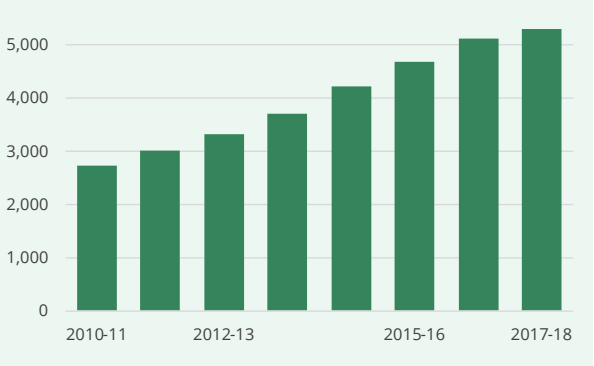
Urgent GP referrals for cancer *(waiting time standard: 14 days from urgent GP referral to first consultant appointment)*

The number of urgent GP referrals for suspected cancer has risen substantially in recent years. In 2017/18 there were 1.94 million referrals – an average of 5,300 per day. This is 3.6% higher than in 2016/17 and 59% higher than 2012/13. So far in 2018, referrals are 10% higher than in the first 7 months of 2017.

The waiting time target is that 93% patients should have their first consultant appointment within two weeks of referral. This target was met until recently. However, since April, the target has been missed and a record low performance has been observed.

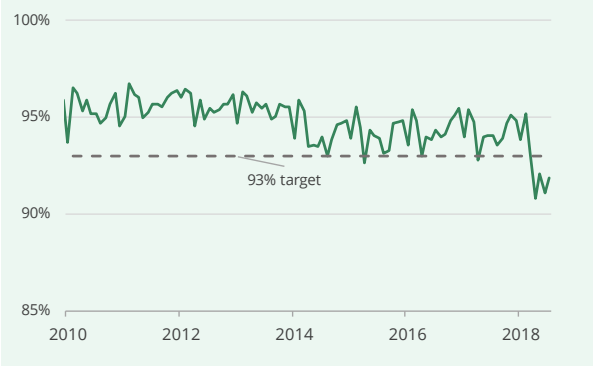
URGENT GP CANCER REFERRALS HAVE ALMOST DOUBLED SINCE 2010

Chart shows the average number of referrals per day in England



THE 2-WEEK WAITING TIME TARGET FOR GP REFERRALS HAS NOT BEEN MET IN RECENT MONTHS

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



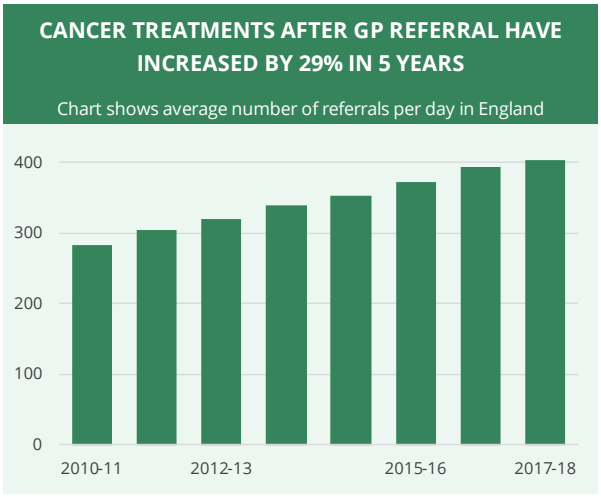
First treatments for cancer *(waiting time standard: 31 days between decision to treat and first treatment)*

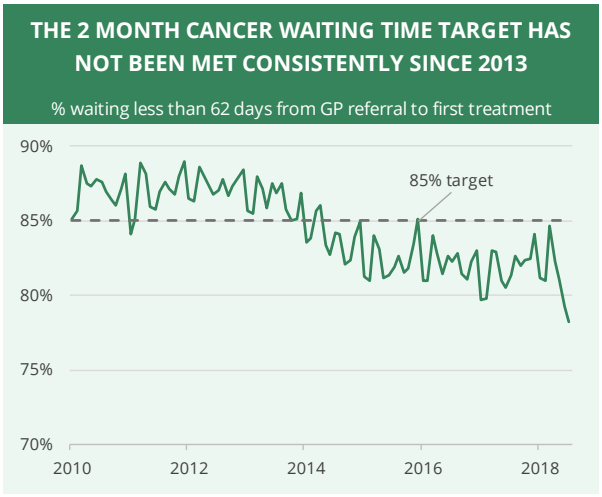
In the year to July 2018, 296,330 patients had a first treatment for cancer – an average of 812 per day. This is 3% higher than the previous year, and 16% higher than five years ago. In July 2018, 97.1% of patients were treated within 31 days of a decision to treat – above the target of 96%. This target has never been missed at a national level.

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

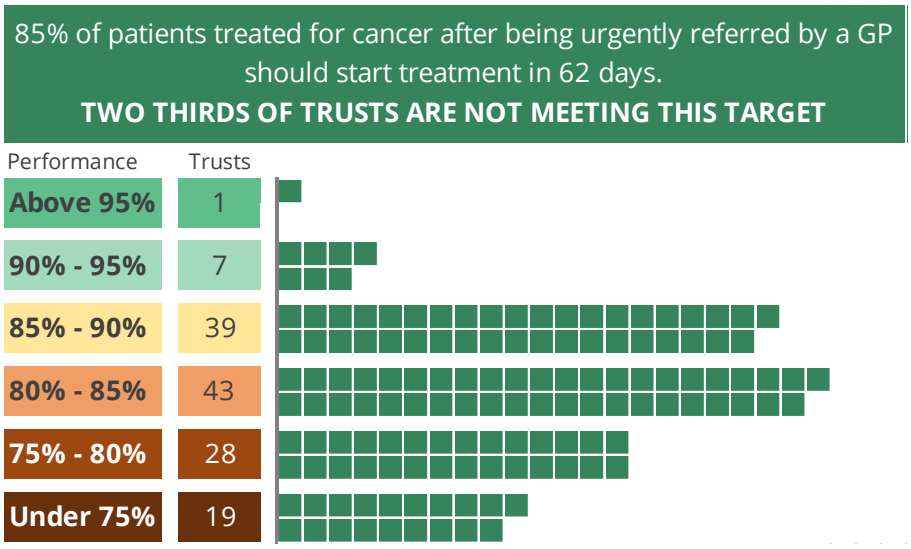
In the last year, 153,115 patients were treated for cancer after having been urgently referred by their GP. This is 5% higher than the previous

year, and 29% higher than 5 years ago. In the July 2018, 78.2% of patients were treated within 62 days of urgent GP referral. This is a record low on this performance target. 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. Trusts with few patient pathways are excluded.



The table below shows the ten trusts with the lowest performance on the 62-day measure in the most recent quarter. Trusts with very small numbers of patients treated are excluded. Two of the three worst-performing trusts are specialist cancer trusts.

LOWEST PERFORMANCE AGAINST 85% TARGET % WAITING <62 DAYS AFTER GP REFERRAL, APR-JUN 2018	
Maidstone & Tunbridge Wells NHST	57%
The Clatterbridge Cancer Centre NHSFT	59%
The Christie NHSFT	61%
The Royal Wolverhampton NHST	66%
East Kent Hospitals University NHSFT	66%
Bradford Teaching Hospitals NHSFT	67%
East & North Hertfordshire NHST	69%
Hull & East Yorkshire Hospitals NHST	69%
Isle Of Wight NHST	71%
Northern Lincolnshire & Goole NHSFT	72%

Data frequency: monthly

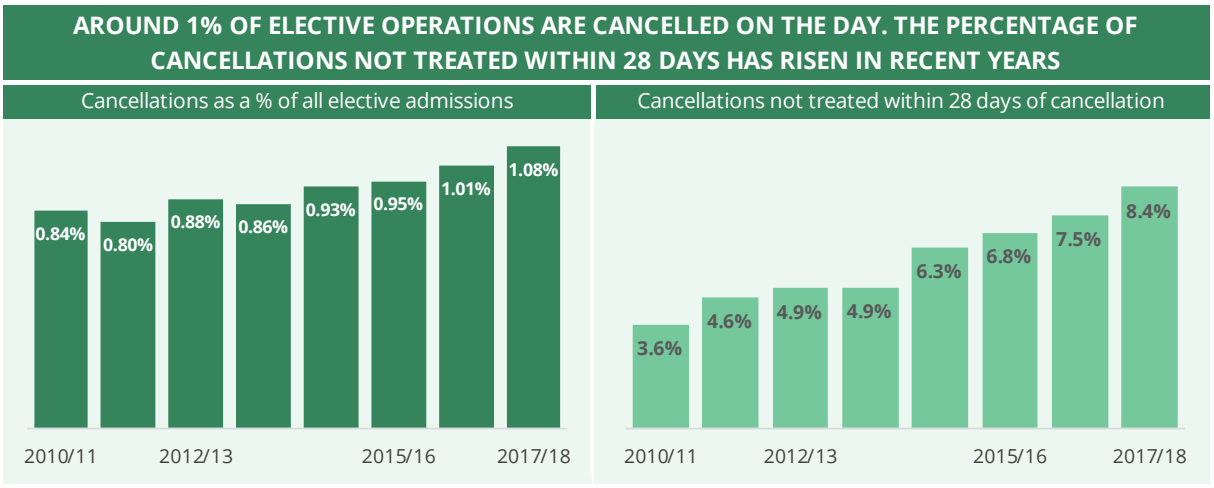
Data source: NHS England, Cancer Waiting Times.

5. Cancelled Operations

Elective Operations

In the year to June 2018, 84,881 elective operations were cancelled for non-clinical reasons on the day the patient was due to arrive. This is 5% higher than in the previous year. Of those who had their elections cancelled, 7,821 were not treated within 28 days of their cancellation – up 35% on the previous year. The percentage not treated within 28 days of cancellation rose from 7.2% to 9.2%. The charts below show full-year periods up to 2017/18.

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



Note that this dataset only measures operations cancelled at the last minute. Cancellations planned in advance, such as those reported in winter 2017/18 in England, will not typically be counted. Despite this**,** Data for the first quarter of 2017/18 showed a marked increase in cancelled operations. There were 20% more last-minute cancellations than a year before, and 77% more cases where a cancellation was not treated within 28 days.

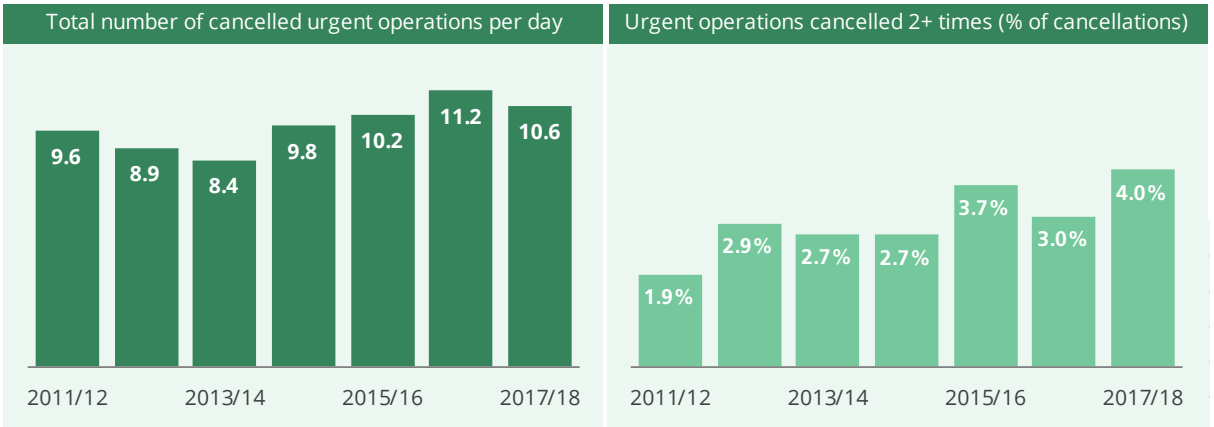
Cancellations not treated in 28 days are relatively concentrated by location, with 35% of all cases in the second quarter of 2018 taking place in ten hospital providers. Lancashire Teaching Hospitals had the highest number, at 121 – 45% of all cancellations.

Urgent Operations Cancelled

Despite the rise in elective cancellations, the number of urgent operations cancelled fell slightly in the last year, from 3,980 in the year ending July 2017 to 3,845 this year. However, the number of urgent cancellations was 12% higher than five years ago.

In the year to July 2018, 149 urgent operations were cancelled for the second time (or more). This is the same as the previous year, but has risen from 92 since 2013. The chart below shows data for full years up to 2017/18.

THE NUMBER OF CANCELLED URGENT OPERATIONS FELL SLIGHTLY IN 2017/18



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

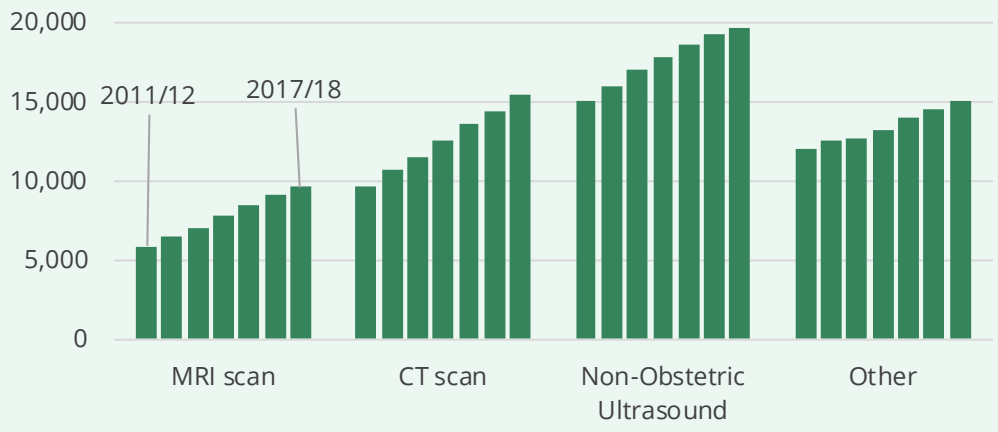
Data source: NHS England, Cancelled operations; NHS England, Urgent operations cancelled

6. Diagnostic Tests: Activity and Waiting Times

In the year to July 2018 there were 22.2 million diagnostic tests performed in England's hospitals. This is 3% higher a year ago, and 29% higher than five years ago. The number of MRI tests has increased by 42% in this five-year period, the number of CT scans by 43%, and the number of non-obstetric ultrasounds by 20%. In 2017/18 an average of 59,843 tests were performed each day. The chart below shows trends for the three most common tests for full years up to 2017/18, plus the total of other tests (e.g. echocardiography, audiology, gastroscopy and colonoscopy).

THE NUMBER OF DIAGNOSTIC TESTS HAS INCREASED BY 31% IN THE LAST FIVE YEARS

Average daily number of diagnostic tests, by category

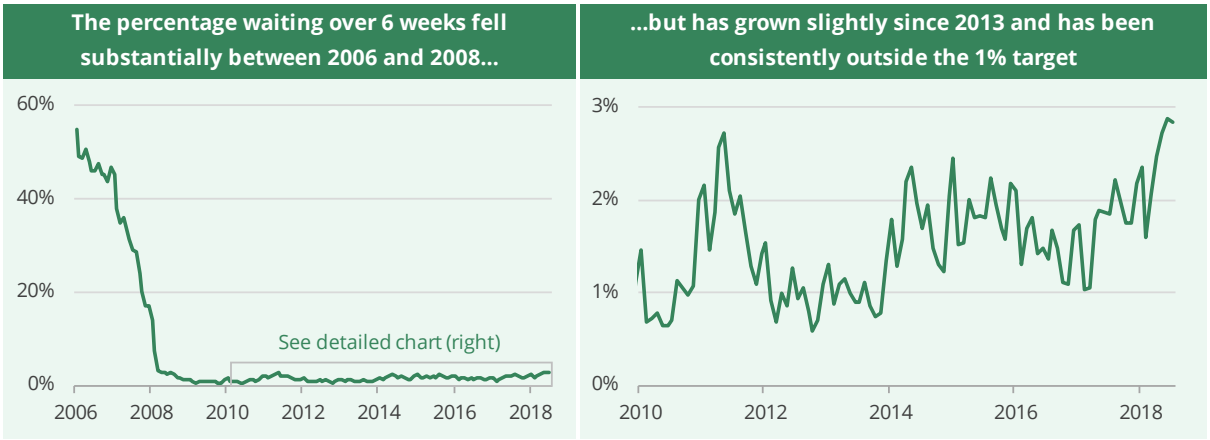


There is a target that less than 1% of patients should have been waiting longer than 6 weeks for a diagnostic test. Performance on this measure has declined over the past year. The percentage waiting over 6 weeks has not fallen below 2% since November.

However, this performance is much better than long-term trends. At the start of 2006, over 50% of patients were waiting for over 6 weeks. By September 2008 this had fallen below 2%. However, recent performance has shown a decline - average performance in 2017/18 was worse than in 2017/18 – and the 1% target has not been met since November 2013.

The charts below show trends from 2006-2018 (on the left) and from 2009-2018 (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 table below shows which areas of the country had the highest proportion of patients waiting over 6 weeks for diagnostic tests as of July 2018.

PATIENTS WAITING 6+ WEEKS FOR DIAGNOSTIC TESTS BY CCG, JULY 2018	
Somerset	20%
Northern, Eastern & Western Devon	19%
Swindon	17%
North East Lincolnshire	15%
Kernow	12%
Wyre Forest	12%
Eastern Cheshire	11%
South Worcestershire	11%
North Lincolnshire	11%
Redditch & Bromsgrove	10%

There is variation between waiting times for different kinds of tests. In July 2018, 1.3% were waiting over 6 weeks for electrophysiology tests, 1.4% for non-obstetric ultrasounds, and 1.2% for barium enemas. By contrast, 9.6% were waiting over 6 weeks for colonoscopy tests, 8.8% for urodynamics tests, ,and 6.4% for flexi sigmoidoscopy.

Data source: NHS England, Diagnostic waiting times and activity

Data frequency: monthly.

7. 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 (category 1) is now wider. The average response time for these calls should be 7 minutes
- The less severe "emergency calls" category (category 2) 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 possible to provide a comprehensive view of ambulance response time trends or demand in England over recent years.

Response time performance on the new measures

All ambulance trusts were reporting data according to the new framework. At a national level, the new standards for average response times have not been met, as the table below shows. In August, for life-threatening calls (category 1), the average time for any vehicle to arrive at the scene was 7m 17s against a target of 7 minutes. For emergency calls (category 2), the average time was 20m 42s against a target of 18 minutes.

AVERAGE AMBULANCE WAITING TIMES

	Life-threatening	Emergency
Month	*Target 7 mins*	*Target 18 mins*
Dec-17	08m 52s	29m 36s
Jan-18	08m 19s	26m 05s
Feb-18	08m 16s	25m 34s
Mar-18	08m 22s	27m 07s
Apr-18	07m 38s	20m 15s
May-18	07m 45s	21m 17s
Jun-18	07m 37s	21m 38s
Jul-18	07m 37s	22m 41s
Aug-18	07m 17s	20m 42s

By contrast, the 90th percentile waiting times standards are (as of August 2018) all being met or close to being met, as the table overleaf

shows. These standards measure waiting times for the 10% of patients who had to wait the longest for an ambulance response.

90th PERCENTILE AMBULANCE WAITING TIMES				
	Life-threatening	**Emergency**	**Urgent**	**Less Urgent**
Month	*Target 15 mins*	*Target 40 mins*	*Target 2 hours*	*Target 3 hours*
Dec-17	15m 24s	1h 02m	3h 06m	4h 08m
Jan-18	14m 29s	55m 36s	2h 28m	3h 15m
Feb-18	14m 17s	53m 57s	2h 41m	3h 29m
Mar-18	14m 36s	57m 38s	2h 58m	3h 39m
Apr-18	13m 26s	41m 42s	1h 55m	2h 43m
May-18	13m 33s	44m 04s	2h 16m	3h 10m
Jun-18	13m 18s	44m 34s	2h 20m	3h 15m
Jul-18	13m 15s	47m 10s	2h 38m	3h 22m
Aug-18	12m 46s	42m 34s	2h 15m	2h 56m

Data frequency: monthly.

Data source: NHS England Ambulance Quality Indicators (Systems Indicators)

8. Doctors, Nurses and other staff

The number of people employed by NHS hospital and community health services rose by 1.5% (18,011) between June 2017 and June 2018 (headcount). In full-time-equivalent terms, which take into account whether people work part-time or full-time, the workforce rose by 1.6% (16,471). All subsequent staff numbers in this section are given on a full-time equivalent (FTE) basis as this provides the best measure of the 'workforce strength' available to deliver services. 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'**

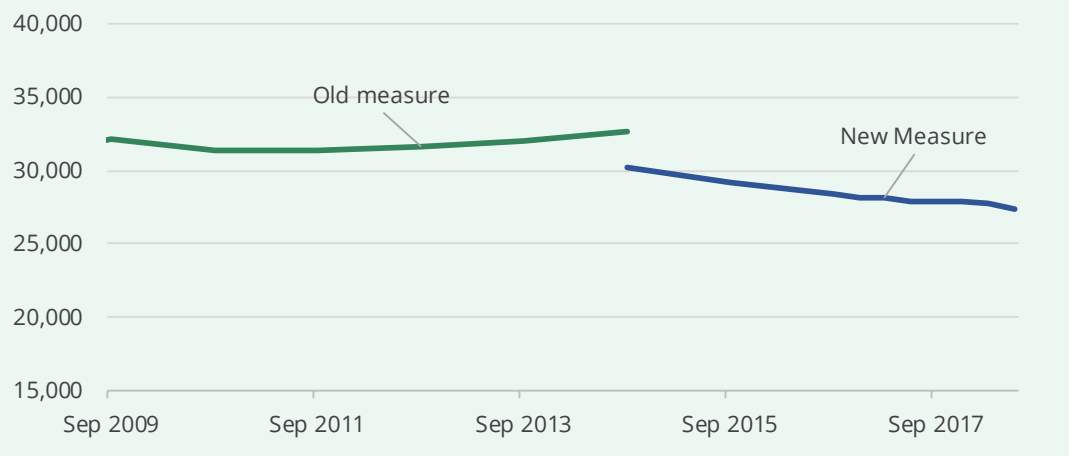
8.1 GPs

Recent changes to the way data is gathered mean that statistics on GP numbers from 2015 onwards are not comparable with earlier years. Since 2015, however, the number of GPs has fallen. The most recent data shows that there were 27,396 GPs in England in June 2018 (excluding locums, trainees and those undertaking only a small amount of clinical work). This is 1.7% lower than the estimated figure for June 2017, and 6.3% lower than in September 2015. This has been mainly driven by an 11% fall in the number of GP providers.

The chart below shows trends. Direct comparisons can't be made between periods under the old measure (the green line) and periods under the new measure (the blue line).[6]

THE GP WORKFORCE IN ENGLAND HAS FALLEN BY 6% OVER THREE YEARS. CHANGES IN MEASUREMENT MAKE LONGER COMPARISONS DIFFICULT

FTE GPs excluding registrars, retainers and locums

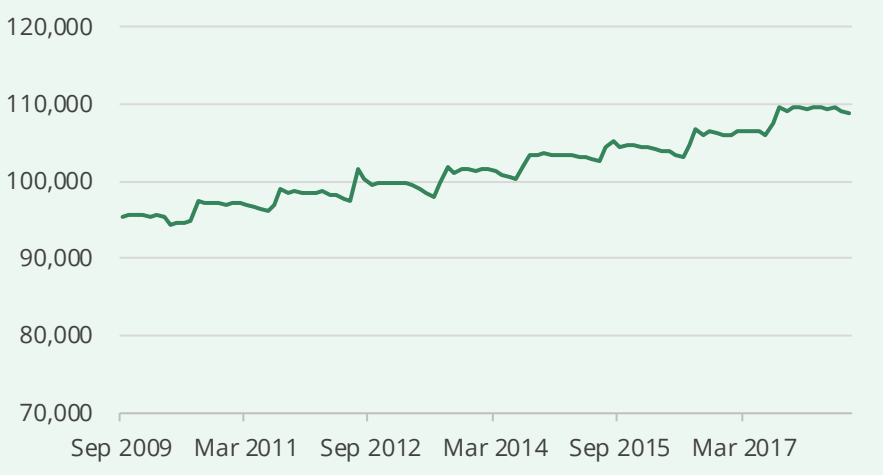


8.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 2.6% in the year to September 2017 – an increase of 2,786 full-time equivalent doctors. Over five years, the increase is almost 11% - 10,700 doctors.

THERE ARE 11% MORE HOSPITAL DOCTORS THAN IN 2013

FTE doctors in NHS hospital and community health services



The table below shows trends since 2010 in the number of doctors with each medical speciality. The largest increase was in emergency

[6] 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.

medicine, with a 37% increase over eight years. The radiology group increased in number by 30%, clinical oncology (cancer) by 28%, and anaesthetics by 23%.

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 group

Speciality	Jun 2010	Jun 2014	Jun 2018	Change	*Change %*
General medicine	24,896	26,674	29,702	+4,805	*+19%*
Surgical	20,417	21,747	22,888	+2,471	*+12%*
Anaesthetics	11,061	12,228	13,510	+2,449	*+22%*
Psychiatry	8,717	8,544	8,801	+84	*+1%*
Paediatric	7,062	7,500	8,158	+1,095	*+16%*
Emergency Medicine	4,799	5,573	6,656	+1,857	*+39%*
Obstetrics & gynaecology	5,180	5,593	5,845	+665	*+13%*
Radiology	3,331	3,710	4,276	+945	*+28%*
Pathology	3,718	3,940	4,171	+453	*+12%*
Dental	2,005	2,134	2,350	+345	*+17%*
Clinical oncology	1,019	1,169	1,294	+274	*+27%*
Public health & community	2,332	1,457	1,163	-1,170	*-50%*
Total	**94,538**	**100,270**	**108,813**	**+14,275**	***+15%***

61% of hospital medical staff (by headcount) gained their primary medical qualification in the UK. Of those qualified outside the UK, more than a quarter were qualified in India.

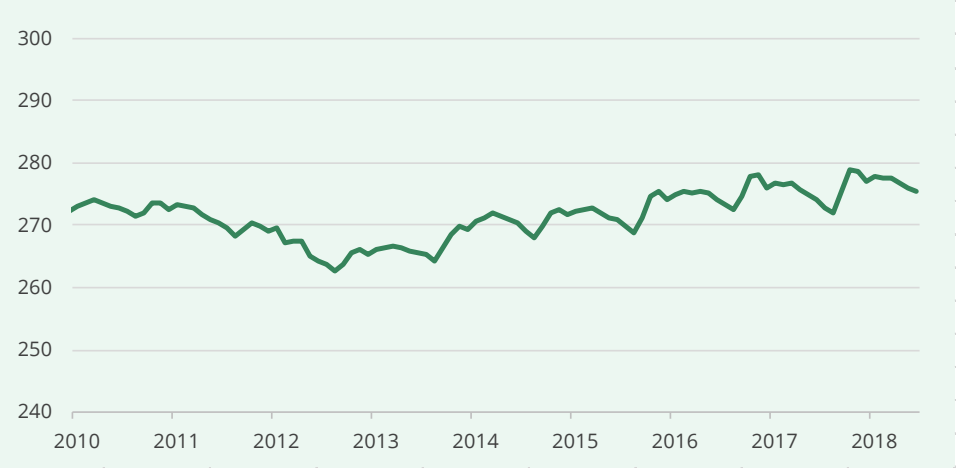
8.3 Nurses

Over the past few years the number of nurses has increased, but at a slower rate than other NHS staff groups. Between June 2017 and June 2018 the number of FTE nurses increased by 0.5% (1,402). Since June 2010 the number has increased by 0.9% (2,613).

The chart below shows these trends. There was a fall in nurse numbers between 2010 and 2012, followed by a gradual rise. As the chart shows, there is an annual cycle 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.

THE NUMBER OF NURSES HAS GROWN BY 1% SINCE JUNE 2010, AND BY 0.5% IN THE PAST YEAR

FTE, Hospital and Community Health Services, thousands



Between 2010 and 2018, the number of nurses per million population has fallen from 5,182 to 4,918.[7] The bulk of this fall took place between 2010 and 2012. Since then the rate has been relatively static, although there has been a 1% fall in nurses relative to the population over the last two years.

Changes in nurse numbers have varied between different areas of work, as the table below shows. Education staff have risen by 40% since 2010. Acute, elderly & general nurses (the largest group) have risen by 7.6% since 2010, while paediatric nurses have risen by 12.2%. Other areas have seen falls. In June 2018, there were 26.2% fewer nurses in other (non-community) psychiatry than in June 2010, 53.3% fewer in other (non-community) learning disabilities and 24.2% fewer in community learning disabilities. Note that this table includes health visitors (unlike the figures above).

CHANGE IN THE NUMBER OF NURSES & HEALTH VISITORS BY AREA OF WORK, SINCE 2010

FTE nurses & health visitors by area of work, Hospital and Community Health Services, England

	Number of nurses			Change since 2010		Change since 2017	
Speciality	**Jun 2010**	**Jun 2017**	**Jun 2018**	**Number**	***Percentage***	**Number**	***Percentage***
Acute, Elderly & General	162,392	173,917	174,802	+12,410	*+7.6%*	+885	*+0.5%*
Community Services	46,426	41,393	40,737	-5,689	*-12.3%*	-656	*-1.6%*
Other Psychiatry	24,998	18,795	18,449	-6,549	*-26.2%*	-346	*-1.8%*
Community Psychiatry	15,549	16,531	17,225	+1,676	*+10.8%*	+694	*+4.2%*
Paediatric Nursing	15,065	16,490	16,904	+1,839	*+12.2%*	+414	*+2.5%*
Maternity & Neonatal	6,569	8,030	8,031	+1,461	*+22.2%*	+1	*+0.0%*
School Nursing	2,984	2,424	2,248	-735	*-24.6%*	-176	*-7.3%*
Community Learning Disabilities	2,489	1,947	1,888	-601	*-24.2%*	-59	*-3.0%*
Education Staff	1,147	1,543	1,606	+459	*+40.1%*	+63	*+4.1%*
Other Learning Disabilities	2,794	1,381	1,304	-1,490	*-53.3%*	-77	*-5.6%*
Other learners	206	152	133	-72	*-35.1%*	-18	*-12.0%*
ALL NURSES & HEALTH VISITORS	**280,620**	**282,603**	**283,327**	**+2,707**	***+1.0%***	**+724**	***+0.3%***

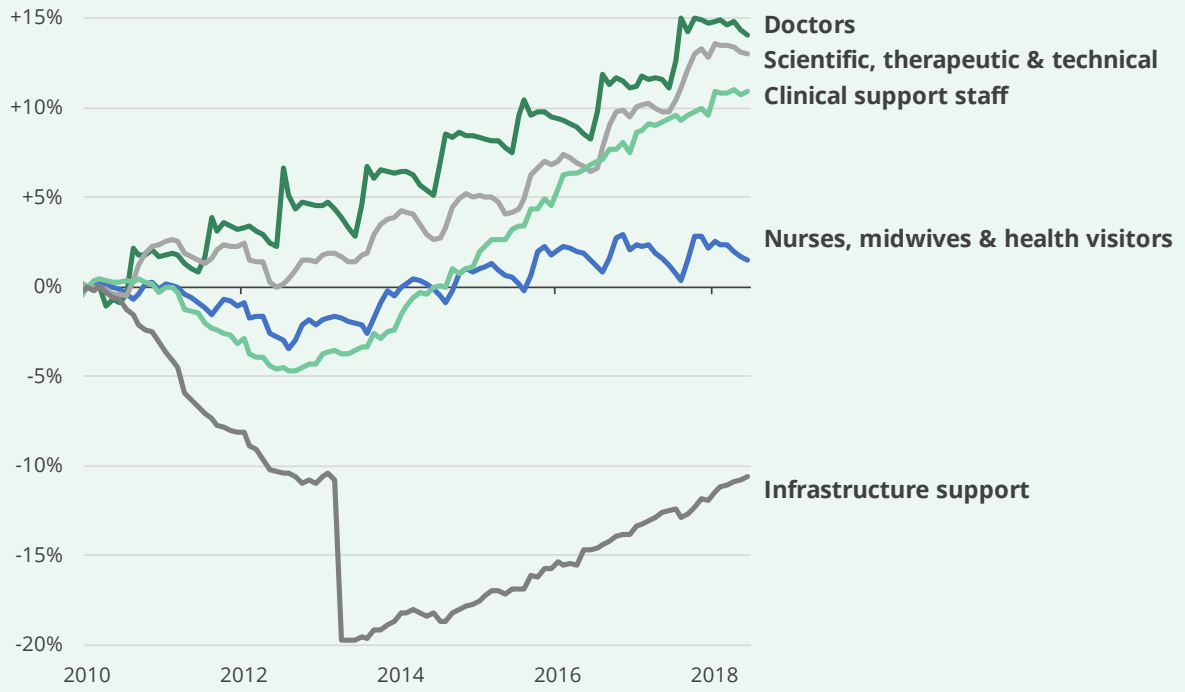
[7] Estimated using ONS Population Estimates and Population Projections for England.

Looking at changes over the past year – the number of community psychiatry nurses, education staff, and paediatric nurses saw the largest increases. The growth of acute, elderly and general nurses was below the overall growth rate of nurses & health visitors.

8.4 How have NHS staff numbers changed since 2010?

The chart and table below shows changes in the level of other non-medical hospital staff between January 2010 and June 2018. Scientific, therapeutic and technical staff levels have risen by 13.6%. The number of clinical support staff, including healthcare assistants, rose by 10.9%. The number of ambulance staff rose by 18%.

THE NUMBER OF DOCTORS HAS INCREASED FASTER THAN OTHER NHS STAFF GROUPS
Percentage change since January 2010 in each staff group, FTE, England



There was a fall of 10% in infrastructure support staff between January June and June 2018, including a reduction of 12% in managers. However, over the past year numbers have risen in these categories.

This chart illustrates the annual cycle of rise and fall in some staff groups, which is why caution is required when comparing staff numbers for different times of year.

OVERALL THERE ARE 5% MORE HOSPITAL STAFF THAN IN 2010 FTE hospital and community health staff by category					
Staff Category	Jun 2010	Jun 2017	Jun 2018	*Change since Jun 2010*	
Doctors	94,538	106,027	108,813	*+14,275*	*+15.1%*
Nurses, midwives & health visitors	300,071	304,015	304,844	*+4,774*	*+1.6%*
Qualified scientific, therapeutic & technical staff	119,917	132,149	136,066	*+16,149*	*+13.5%*
Qualified ambulance staff	17,508	19,927	20,664	*+3,155*	*+18.0%*
Support to clinical staff	287,822	313,882	318,208	*+30,386*	*+10.6%*
NHS infrastructure support	187,225	165,002	168,569	*-18,656*	*-10.0%*
Central functions	93,002	80,763	83,060	*-9,942*	*-10.7%*
Hotel, property & estates	57,130	52,754	52,709	*-4,421*	*-7.7%*
Senior managers	11,674	10,149	10,195	*-1,480*	*-12.7%*
Managers	25,419	21,336	22,606	*-2,814*	*-11.1%*
Total	**1,010,569**	**1,045,146**	**1,061,617**	***+51,048***	***+5.1%***

Data sources: NHS Digital, General and Personal Medical Services, NHS Workforce Statistics

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

9. Hospital inpatient and outpatient activity

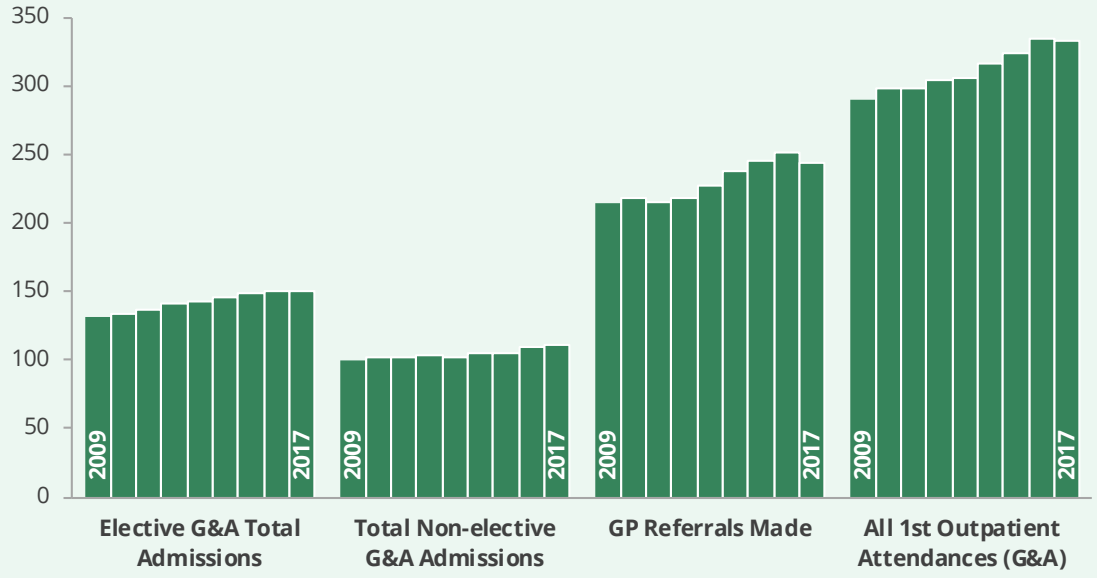
The chart below shows trends in inpatient and outpatient activity at hospitals in England. Comparing 2017 with 2016, non-elective admissions to hospital for general & acute (G&A) specialities have increased by 1.9%. Meanwhile, there were 2.1% fewer GP referrals and 0.2% fewer G&A admissions than the previous year – a reversal of recent trends.

As the chart below shows, activity rose faster than population growth prior to 2017. 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.

GP REFERRALS AND OUTPATIENT ATTENDANCES FELL IN 2017

Hospital activity per 1,000 population, 2010-2017



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
2017/18	**20.0**	1,776	181	398	211	604
Change 2002-2018	*+57%*	*+62%*	*+64%*	*-5%*	*+39%*	*+359%*

Data source: NHS England, Monthly Hospital Activity Data Returns

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

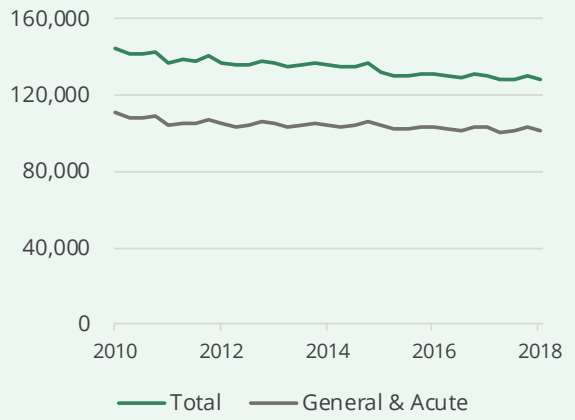
10. Bed Availability and Occupancy

The chart and table below show the average number of beds available and occupied each quarter in England's hospitals. Since 2011, the number of beds available overnight has fallen by 8,906 (a fall of 6.5%). Meanwhile there are 1,800 extra beds open day only compared with 2011 (an increase of 16.7%). Over the last twelve months, 1,849 overnight beds have closed.

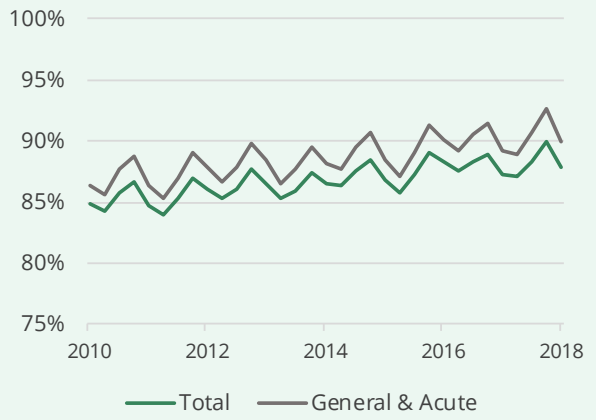
Meanwhile, general & acute occupancy has risen from 86.4% in Apr-Jun 2011 to 89.9% in Apr-Jun 2018. The first quarter of 2018 saw the highest level of general & acute bed occupancy on record.

NHS BED OCCUPANCY REACHED RECORD LEVELS IN EARLY 2018

Total number of beds open overnight



Average occupancy, beds open overnight



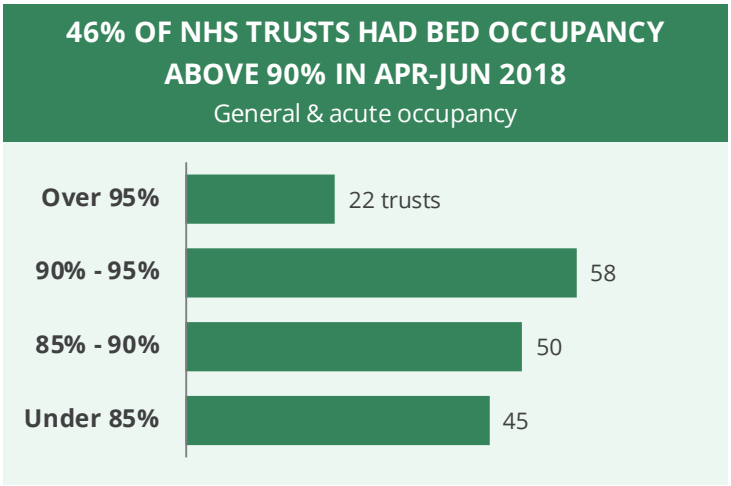
BED AVAILABILITY AND OCCUPANCY, 2011-2018

Period	All beds	Beds Open Overnight					Open Day Only
		Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	*Total*
AVERAGE BEDS AVAILABLE							
Apr-Jun 2011	**148,046**	*137,354*	104,574	1,721	7,805	23,253	*10,692*
Apr-Jun 2017	**142,648**	*130,297*	102,898	1,121	7,818	18,460	*12,351*
Apr-Jun 2018	**140,928**	*128,448*	101,259	1,077	7,718	18,394	*12,480*
Change 2011-2018	***-4.8%***	*-6.5%*	*-3.2%*	*-37.4%*	*-1.1%*	*-20.9%*	*+16.7%*
AVERAGE OCCUPANCY							
Apr-Jun 2011	**84.8%**	***84.8%***	86.4%	77.9%	59.1%	86.8%	***84.2%***
Apr-Jun 2017	**87.1%**	***87.2%***	89.1%	71.1%	59.0%	89.3%	***86.9%***
Apr-Jun 2018	**87.6%**	***87.9%***	89.9%	76.1%	58.1%	89.8%	***86.7%***

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 at different NHS hospitals. The table below shows the most recent quarterly data for individual trusts. 22 trusts had occupancy over 95%, while 45 trusts had occupancy under 85%. Two trusts had occupancy over 99%: Bedford Hospital NHS Trust and Oxford Health NHS Foundation Trust. More information on winter bed occupancy can be found in our briefing **NHS Winter Pressures 2017/18**.



Note that this data offers only a snapshot of bed occupancy at a midnight each day, so it does not necessarily capture the full picture of bed occupancy levels.

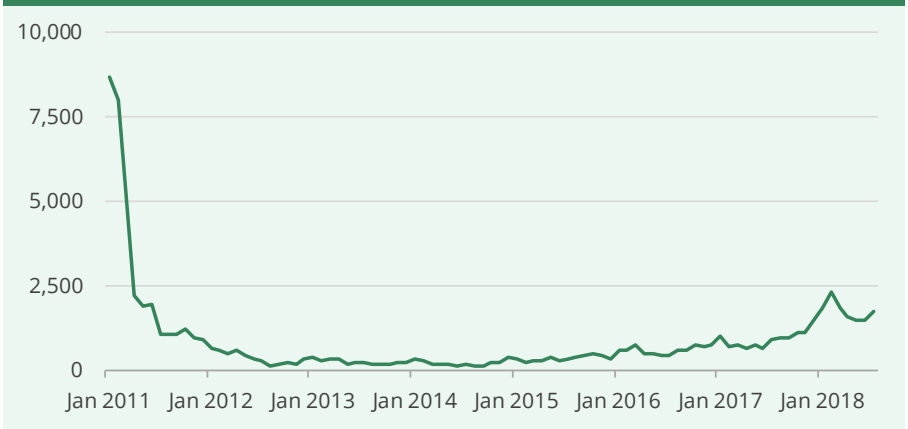
Mixed-Sex Accommodation Breaches

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.[8] The chart below shows the number of unjustified mixed-sex breaches in relation to sleeping accommodation each month since January 2011. Numbers fell sharply between 2011 and 2012. There was a gradual rise in breaches from 2014 onwards, followed by a sharp rise in winter 2017/18 which rose to levels not seen since 2011.

The number of breaches in the three months to July 2018 was 4,746 - more than double the number in the equivalent period in 2017.

[8] NHS England, Mixed Sex Accommodation Breaches

MIXED SEX ACCOMMODATION BREACHES FELL SHARPLY BETWEEN 2011 AND 2012, BUT ROSE LAST YEAR



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

BRIEFING PAPER
Number 7281
1 October 2018

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