NHS Key Statistics: England, October 2021

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This briefing gives a summary of statistics for the NHS in England in the following broad areas:

- Demand for emergency and planned hospital care, general practice, and measures of NHS capacity

- Waiting times and other performance measures for acute care

- Staff numbers

Information on funding can be found in our briefing paper [NHS funding allocations](#). For mental health, see our briefing paper [Mental health statistics](#).

Data for Scotland, Wales and Northern Ireland is not included in this briefing. Health data is collected separately by each devolved nation and measures are not always strictly comparable. Starting points for accessing this data are [Public Health Scotland](#), [StatsWales](#), and [Department of Health NI](#).

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Pressures on England's NHS before and during the pandemic

In the years before 2020, the NHS in England experienced increased demand alongside declining performance on several key waiting time measures.

In many cases these pressures have increased following the COVID-19 pandemic.

The number of people on a waiting list for hospital treatment rose to a record of 5.6 million in July 2021. The waiting list rose consistently between 2012 and 2019 and has risen more quickly since early 2021. The 18-week target for treatment has not been met since 2016.

The number of people going to A&E is currently above pre-pandemic levels. 4-hour waits in hospital A&E became much more common between 2015 and 2020. While 4-hour waits usually peak in the winter, a new record high of 33.8% was reached in August 2021.

The 62-day waiting time standard for cancer (measured from urgent GP referral to treatment) has not been met in recent years. Performance declined between 2013 and 2018. Since the pandemic it has fallen further, with 72.8% of patients waiting under 62 days in July 2021 (target: 85%).

NHS staff numbers have increased during the pandemic. The number of hospital doctors was 10.6% higher in June 2021 than in June 2019, and the number of nurses was 7.5% higher. Meanwhile, bed capacity has fallen and is now 10% lower than a decade ago.
1 Emergency care: A&E and emergency admissions

Attendances

In the quarter ending August 2021, an average of 46,000 people went to major hospital A&E departments in England every day. A further 22,000 people each day on average went to minor A&E facilities like walk-in-centres and minor injuries units.\(^1\) Over the course of a year there are typically around 16 million attendances at major hospital A&E and 9 million at minor units.\(^2\)

A&E attendances have increased over time. In the most recent quarter, attendances at major departments were 18% higher than they were ten years ago (+7,130 per day), while attendances at minor departments were 17% higher (+3,194 per day). The chart below these changes over time.

During the COVID-19 national lockdowns, attendances fell at both major and minor A&E departments. This is visible above towards the right edge of the chart. In April 2020, type 1 attendances were 48% lower than the year before, and type 3 attendances were down 72%.

\(^1\) Major hospital A&E facilities, which are consultant-led and open 24 hours, are known as ‘Type 1’ departments. Minor facilities such as urgent care centres, which are intended for less serious cases, are known as ‘Type 3’. ‘Type 2’ refers to single-speciality A&E departments such as Moorfields Eye Hospital – these received an average of 1,300 attendances per day in the most recent quarter.

\(^2\) This data is for the year ending Feb 2020 – the last twelve-month period unaffected by COVID-19.
However, in recent months type 1 A&E attendances have risen above their pre-pandemic peak. In the quarter ending August 2021, attendances were 3.3% higher than the same period in 2019 (+1,480 per day). Attendances at type 3 departments remained 11% below peak (-2,600 per day).

**Four-hour waits in A&E**

The most common measure of A&E waiting times remains the “four hour wait” – the percentage of patients whose total time in A&E is four hours or more (measured from arrival to departure, admission or transfer). The current target is that 95% of attendances should last less than four hours.

Four-hour waits in A&E have become increasingly common in recent years. In 2011/12, 5.2% of patients attending major hospital A&E (type 1) spent longer than 4 hours in the department. In 2019/20, this had risen to 24.7%. The chart below shows monthly data since 2011. Peaks in 4-hour waits between 2011 and 2020 tend to correspond with the winter months. However, since 2016, even summer performance levels have been worse than the pre-2015 winter peaks.

During the first national lockdown in early 2020, when A&E attendances fell (see the previous page), four-hour wait performance improved. However, in recent months performance has declined to its worst level on record. In August 2021, 33.8% of patients at type 1 departments spent longer than 4 hours in A&E, compared with 21.7% in August 2019, and higher even than the previous winter record of 31.4% in December 2019.

Four-hour wait figures are measured for minor A&E departments (type 3) as well as for major hospital departments (type 1). However, over 95% of four-hour waits take place in major departments, and longer waits are far less
common in minor departments dealing with less serious cases. Because of this, looking at type 1 figures only is often a more useful way to track trends.

The table below shows the NHS trusts in England with the best and worst performance on the four-hour wait measure in major (type 1) departments in the quarter ending August 2021. At nine trusts, over 45% of patients spent longer than four hours in type 1 A&E departments. There were two trusts where the proportion of four-hour waits was under 10%.

### Four hour waits at major A&E departments

**Best and worst performing trusts, June to August 2021**

<table>
<thead>
<tr>
<th>Highest percentage waiting over 4 hours</th>
<th>Lowest percentage waiting over 4 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking, Havering &amp; Redbridge Trust</td>
<td>Sheffield Children's Trust 3.5%</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals Trust</td>
<td>Yeovil District Hospital Trust 8.5%</td>
</tr>
<tr>
<td>Norfolk And Norwich University Hospitals Trust</td>
<td>Surrey And Sussex Healthcare Trust 11.1%</td>
</tr>
<tr>
<td>Royal Cornwall Hospitals Trust</td>
<td>Homerton University Hospital Trust 11.9%</td>
</tr>
<tr>
<td>University Hospitals Of Derby And Burton Trust</td>
<td>University College London Hospitals Trust 12.2%</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals Trust</td>
<td>Northumbria Healthcare Trust 13.1%</td>
</tr>
<tr>
<td>Torbay &amp; South Devon Trust</td>
<td>St George's University Hospitals Trust 13.4%</td>
</tr>
<tr>
<td>St Helens &amp; Knowsley Teaching Hospitals Trust</td>
<td>Epsom &amp; St Helier University Hospitals Trust 14.1%</td>
</tr>
<tr>
<td>University Hospitals Of North Midlands Trust</td>
<td>Chesterfield Royal Hospital Trust 14.2%</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals Trust</td>
<td>George Eliot Hospital Trust 14.7%</td>
</tr>
</tbody>
</table>

### Emergency admissions

In the quarter ending August 2021 there were an average of 13,000 emergency admissions to hospital via A&E each day. In addition, there were a further 4,000 emergency admissions per day that did not come via A&E.
The number of emergency admissions via A&E has risen substantially in recent years. In the quarter ending August 2019 there were 30% more emergency admissions via A&E and 10% more emergency admissions not via A&E than in the equivalent quarter in 2011.

The number of admissions fell during the national lockdowns. In April 2020 there were 39% fewer emergency admissions than in April 2019. Unlike A&E attendances, the number of admissions has not returned to its pre-pandemic high. In the quarter ending August 2021, emergency admissions via A&E were 0.7% lower than in the same period in 2019, while emergency admissions not via A&E remained 8.4% lower.

**Long waits for admission (‘trolley waits’)**

Data is recorded on the time patients wait for emergency admission to hospital. This is measured from the time that a decision to admit is made, which would probably not be the same time as when they arrived at the A&E or hospital. This means that for many patients this measure is an underestimate of their total hospital wait.

The number of people waiting over 4 hours for emergency admission after a decision to admit has increased substantially in recent years. In the quarter ending August 2021 it was an average of 3,187 people per day, compared with an average of 307 people per day in the quarter ending August 2011.

Long waits for admission usually peak in the winter. The chart below shows the annual cycle. The record was in January 2020 when 3,336 people per day waited over 4 hours for admission. However, the figure for August 2021 was higher than any previous August (up 74% on August 2019) and not far below the winter records of previous years.

![Diagram showing long waits for admission have increased substantially](chart.png)

**Average daily patients waiting 4+ hours after a decision to admit**

- **Jan 2012:** 541 per day
- **Aug 2021:** 3,187 per day
The chart below shows similar data, but for patients waiting 12 hours for admission after a decision to admit. These used to be rare – between 2011 and 2014 (inclusive) there were a total of 915 such cases in England. However, they have since become more common, and in the single month of January 2021 there were 3,825 such waits – four times more than the total for the four years spanning 2011-2014.

12-hour waits for admission are no longer rare
Average daily patients waiting 12+ hours after a decision to admit

From 2015 onwards, 12-hour waits for admission have tended to spike in the winter. In 2017 and 2018, waits peaked at an average of 30 patients per day waiting over 12 hours for emergency admission after a decision to admit. In 2020 there was a larger spike, with 92 patients per day waiting over 12 hours in Jan 2020. A new record was set in Dec 2020 and Jan 2021, with over 120 patients each day experiencing 12-hour waits for admission in both months.

As with the previous chart, August 2021 saw substantially worse performance than any previous August. In August 2019 there were 371 twelve-hour waits for admission – the highest of any August up to that point – but in August 2021 there were 2,794.

In August 2021, seven NHS trusts accounted for over half of all 12-hour waits for admission in England. Barking, Havering and Redbridge Trust alone accounted 14% of all such waits in the country.
2 Waiting times for hospital treatment

Waiting lists

As of July 2021, there were 5.6 million patients on the waiting list for consultant-led treatment in England - the highest waiting list in the current time series going back to 2007. This is sometimes known as the “elective care” waiting list or the “RTT” (referral to treatment) waiting list.

The waiting list has grown since the COVID-19 pandemic. However, as the chart shows, growth in the waiting list isn’t a recent phenomenon. The waiting list has been growing consistently since 2012. Before the pandemic, in December 2019, the waiting list was over 4.5 million – almost two million higher than it had been in December 2012, a 74% increase.

![The waiting list for treatment has risen consistently since 2012, but reached a new high in August 2021](chart)

Treatment activity

Prior to the pandemic there were typically an average of 45,000 hospital treatments from the waiting list each calendar day, including an average of 10,000 admitted treatments and 35,000 non-admitted treatments.

Activity fell substantially during the COVID-19 pandemic as NHS resources were diverted towards addressing the pandemic. In April 2020, treatments involving admission to hospital (‘admitted’) were 85% lower than the previous year and treatments not involving admission (‘non-admitted’) were down 50%.
Activity has recovered since but remains below pre-COVID levels. In July 2021 there were 17% fewer admitted treatments (-1,763 per day) and 15% fewer non-admitted treatments (-5,779 per day) than there had been in July 2019.

The chart below shows these trends.

![Hospital treatments remain below pre-COVID levels](image)

**Waiting times**

The NHS Constitution says that patients referred for consultant-led treatment should start treatment within 18 weeks. This would cover, for example, people referred to hospital for an operation. 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 on patients waiting longer than 52 weeks.  

As with A&E, potential new targets are currently being piloted to replace the 18-week standard. See NHS England’s [Clinical Review of Standards](https://www.england.nhs.uk/crs/).
The right-hand chart above shows the number of people waiting over 52 weeks for treatment. This also fell from a high level after the introduction of RTT targets. The number remained below 1,000 between January 2013 and March 2016. There was a rise to over 3,000 in 2018, before a successful drive to reduce numbers resulted in a fall to just over 1,000 in mid-2019. The reduction in elective care activity during the pandemic led to a large rise in 52-week waits, with numbers peaking at 436,000 in March 2021.

The table below shows the ten NHS trusts in England with the highest RTT waiting times as of July 2021.

<table>
<thead>
<tr>
<th>NHS trusts with the highest RTT waiting times</th>
<th>92nd percentile waiting time, July 2021. Target: 18 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Weeks</td>
</tr>
<tr>
<td>Buckinghamshire Healthcare Trust</td>
<td>75.4</td>
</tr>
<tr>
<td>Norfolk &amp; Norwich University Hospitals Trust</td>
<td>73.8</td>
</tr>
<tr>
<td>Lancashire Teaching Hospitals Trust</td>
<td>72.5</td>
</tr>
<tr>
<td>Hull University Teaching Hospitals Trust</td>
<td>72.1</td>
</tr>
<tr>
<td>Dorset County Hospital Trust</td>
<td>72.1</td>
</tr>
<tr>
<td>University Hospitals Birmingham Trust</td>
<td>71.6</td>
</tr>
<tr>
<td>Countess of Chester Hospital Trust</td>
<td>70.7</td>
</tr>
<tr>
<td>Bradford District Care Trust</td>
<td>69.2</td>
</tr>
<tr>
<td>University Hospitals of Leicester Trust</td>
<td>64.7</td>
</tr>
<tr>
<td>The Robert Jones &amp; Agnes Hunt Orthopaedic Trust</td>
<td>62.6</td>
</tr>
<tr>
<td>Stockport NHS Foundation Trust</td>
<td>61.4</td>
</tr>
</tbody>
</table>
Cancer waiting times

Waiting lists and backlogs

Most data on cancer waiting times focuses on the time waited by those starting a course of treatment. This means that data is not routinely published on how many people are waiting for treatment (waiting lists or “backlogs”). However, since the COVID-19 pandemic, NHS England have begun to publish ‘management information’ showing the backlog of patients who are waiting over 62 days for treatment after an urgent GP referral with suspected cancer. The chart below shows trends on this measure.

In early March 2020 the backlog of patients waiting over 62 days for cancer treatment was around 11,000. This rose to 34,000 by late May 2020. The backlog gradually fell back to around 16,000 by December 2020. After rising during the early 2021 national lockdown, the backlog stabilised at around 15,000 until June 2021. However, in late July/early August it rose again, and as of 1st August stood at 19,147 – 62% higher than the figure for 1st March 2020.

Urgent GP referrals for suspected cancer

GPs can urgently refer patients to a consultant if they suspect the patient has cancer. When this happens, the patient should have their first appointment within two weeks of the urgent referral. The waiting time target is that 93%
patients should have their first consultant appointment within two weeks of referral. This target was almost always met until 2018 but has not been met consistently since then.

The number of urgent GP referrals has more than doubled over the past decade. In July 2021 there was an average of almost 7,200 urgent referrals with suspected cancer each calendar day, compared with 2,958 per day in July 2011. Referrals fell sharply during the first national lockdown in 2020 – in June 2020 there were 43% fewer referrals than in June 2019. However, in summer 2021 referrals have risen to a new record high. In July 2021, referrals were 7% higher than in July 2019.

Performance on the waiting time standard remained stable during the early part of the COVID-19 pandemic. However, it fell from August 2020 onwards and in recent months has been at its lowest level on record.

**First treatments for cancer after an urgent GP referral**

When a person is diagnosed with cancer after an urgent GP referral, there is a target that they receive their first treatment within 62 days of the initial GP referral. This is a key measure of cancer waiting times and it is expected that 85% of patients should be treated within 62 days of a GP referral.

This target has not been met since 2015, and performance has been below 80% since 2018. Performance declined in 2018 and 2019 before a further fall after the initial stages of the COVID-19 pandemic. In July 2021, 72.1% of patients were treated within 62 days of an urgent GP referral.

The charts overleaf show trends on this measure for waiting times and the number of people treated.
During the first COVID-19 lockdown, the number of treatments fell by 42% in May 2020 compared to the previous year. However, the number of treatments after urgent GP referral has been mostly at its pre-pandemic level since September 2020, except for a 10% dip in January 2021.

The table below shows the 10 NHS trusts in England with the best and worst performance on the 62-day measure in April-July 2021. Only trusts that have treated over 200 patients during this period are included. Of these trusts, 17 out of 110 met the 85% target during this period.

<table>
<thead>
<tr>
<th>Lowest performance</th>
<th>Highest performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospitals Birmingham Trust 44.3%</td>
<td>Kingston Hospital Trust 95.3%</td>
</tr>
<tr>
<td>Pennine Acute Hospitals Trust 47.1%</td>
<td>The Clatterbridge Cancer Centre Trust 92.3%</td>
</tr>
<tr>
<td>The Royal Wolverhampton Trust 52.5%</td>
<td>Calderdale &amp; Huddersfield Trust 91.5%</td>
</tr>
<tr>
<td>Sandwell &amp; West Birmingham Hospitals Trust 55.6%</td>
<td>Queen Victoria Hospital Trust 88.6%</td>
</tr>
<tr>
<td>Norfolk &amp; Norwich University Hospitals Trust 55.9%</td>
<td>East &amp; North Hertfordshire Trust 88.6%</td>
</tr>
<tr>
<td>Dartford &amp; Gravesham Trust 56.4%</td>
<td>Royal Cornwall Hospitals Trust 87.6%</td>
</tr>
<tr>
<td>Guy's &amp; St Thomas' Trust 56.9%</td>
<td>Harrogate &amp; District Trust 87.2%</td>
</tr>
<tr>
<td>North Middlesex University Hospital Trust 57.2%</td>
<td>London North West University Healthcare Trust 86.2%</td>
</tr>
<tr>
<td>University Hospitals Of Morecambe Bay Trust 58.6%</td>
<td>Epsom &amp; St Helier University Hospitals Trust 86.1%</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals Trust Trust 60.3%</td>
<td>Great Western Hospitals Trust Trust 86.0%</td>
</tr>
</tbody>
</table>

First treatments for cancer

When a patient is diagnosed with cancer, there is a target that they receive their first treatment within 31 days of diagnosis. The target is that 96% of patients should receive treatment within 31 days. This covers all routes to diagnosis, unlike the 62-day target discussed previously which only includes those urgently referred by their GP.
This target was always met until 2019, when it was breached in five out of twelve months. The target has been breached in every month of 2021, with performance being below 95% in all but one month.

In 2019/20, 315,000 people in England had a first treatment for cancer. This was 32% higher than nine years earlier in 2010/11. Cancer treatments fell during the pandemic – in May 2020 there were 36% fewer treatments than in May 2019. As of July 2021, the number of treatments has risen back close to its pre-pandemic level.

**Faster diagnosis**

From April 2021 a new standard was introduced measuring the waiting time between referral and a patient being told they have cancer. The target, applying from September 2021, is that 75% should be told within 28 days of referral. This standard has not yet been met – in the four months of operation, performance has been above 72% but below 75%.

### 4 Ambulance response times and demand

There are four categories of severity for ambulance calls, as follows. Each has a different response time standard:

- **Category 1**: An immediate response to a life-threatening condition, such as cardiac or respiratory arrest. The average response time should be under 7 minutes and 90% of ambulances should arrive within 15 minutes.
- **Category 2**: A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport. The average response time should be under 18 minutes and 90% of ambulances should arrive within 40 minutes.
- **Category 3**: An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting. 90% of ambulances should arrive within 2 hours.
- **Category 4**: A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic. 90% of ambulances should arrive within 3 hours.

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Data sources for this section

NHS England, *Ambulance Quality Indicators*

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4 Category descriptions taken from North East Ambulance Service, [Understanding ambulance response categories](#).
These categories and standards have been in place nationally only since 2018, meaning that longer-term comparisons are not possible for ambulance statistics.

Response times

The charts below show the trends in average response times for each category of ambulance calls. The grey dotted line on each chart shows the target. The target is being met when the green line is below the target line.

Of these targets, one has been met for most of the time since 2018: the target that 90% of the most serious calls (category 1) should receive a response at
the scene in under 15 minutes. The mean response time for the most serious calls has been around its 7-minute target for most of the period.

In recent months ambulance response times have worsened, with the highest times being recorded in July 2021. The average response time for a category 1 call was 8 minutes 33 seconds – over one and a half minutes longer than the target. The 90th percentile response time for a category 1 call was 15 minutes 15 seconds – only the second time the target had been breached.

Waiting times for categories 2, 3 and 4 increased by a greater amount. Average response times for category 2 calls were more than double the target in July 2021, at 41 minutes. The 90th percentile response time for category 2 calls was 1 hour 27 minutes (target 40 minutes). Meanwhile the 90th percentile waiting times for category 3 and 4 calls were both over six hours, while the targets are two and three hours respectively.

**Demand**

In recent months the number of category 1 ambulance incidents (the most serious life-threatening category) has increased. In July 2021 there were 2,635 category 1 incidents every day on average – up from 1,993 per day in July 2019.

Meanwhile the number of category 2 incidents rose 11% from 12,734 per day in July 2019 to 14,152 in July 2021. The number of category 3 incidents fell, however, from 5,597 per day to 4,278 per day.

![The most serious ambulance calls increased by 32% in two years](chart.png)
5

Diagnostic tests

Activity

In 2019, before the pandemic, there were around 23.6 million diagnostic tests commissioned by the NHS in England. This was 48% higher than in 2010. Over this period the number of MRI (magnetic resonance imaging) tests rose by 84%, the number of CT (computed tomography) tests rose by 92%, the number of non-obstetric ultrasounds by 48%, and the total of all other tests rose by 35%.

Data sources for this section
NHS England, Diagnostic Waiting Times and Activity

The number of diagnostic tests performed increased by 48% between 2010 and 2019

During the first national lockdown, hospitals reduced the number of diagnostic tests to focus care on COVID-19. In April 2020 the number of tests was 68% lower than in April 2019. As of July 2021, test volumes had returned close to their pre-pandemic level.

Waiting Times

The NHS target in England is that less than 1% of people should wait more than 6 weeks for a diagnostic test. This target has not been met since 2013.
Between 2014 and 2017 the performance level was consistently between 1% and 2% of patients waiting over 6 weeks. Waiting times increased between 2018 and early 2020 – in January 2020, 4.4% of patients waited over 6 weeks.

During the COVID-19 pandemic, waiting times increased substantially, rising to a peak of 58.5% of patients waiting over 6 weeks in May 2020. As of July 2021 the percentage remains higher than normal, at 23.5%.

The chart below shows trends since 2006. Waiting times for diagnostic tests reduced substantially between 2006 and 2009, with the 1% target being met for the first time in February 2009.

### Diagnostic waiting times increased substantially during the pandemic, and the 1% target has not been met since 2013

Percentage of patients waiting over 6 weeks for a diagnostic test

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### Waiting Lists

As of July 2021, just under 1.9 million people are on the waiting list for a diagnostic test. This is a record high. Two years ago in July 2019, the waiting list was 1.4 million.

After a dip during the early stages of the pandemic, the waiting list began to rise to unusually high levels in January 2021. Since then the rise has continued, although in June and July there have been signs that it is plateauing.

The chart below shows trends since 2010.
6 Staffing levels and trends

Staff numbers in this section are presented on a full-time equivalent (FTE) basis, which takes into account whether staff work full-time or part-time. For example, someone working half of a normal 37.5 hour working week would count as 0.5 in this data, while a full time staff member would count as 1.

GPs

GP numbers can only be compared back to December 2016. While data is available from 2015 onwards, when changes were made to the way that figures are measured and recorded, recent revisions to the data mean that NHS Digital advises caution when using data for Sep 2015, Mar 2016 and Sep 2016 as they are likely to be underestimates.

Since December 2016 the number of permanent qualified GPs in England has fallen by 4%, from 27,889 to 26,778 in June 2021. Meanwhile, the number of GPs in training has risen from 5,591 in Sep 2015 to 6,975 in June 2021.

When other categories such as locums and retainers are included, the total number of FTE GPs has risen from 34,410 in September 2015 to 34,726 in June 2021. The chart overleaf shows trends since 2015 for permanent qualified GPs and trainees.
Hospital doctors
As of June 2021 there are 123,737 doctors in England’s hospital and community health services. This is 20% higher than five years ago and 29% higher than ten years ago. The chart below shows trends since 2010. Numbers rose substantially during 2020. The chart shows an annual cycle, with numbers increasing each autumn with a new intake of doctors before remaining stable for the rest of the year.
The table overleaf shows trends in particular medical specialties. Emergency medicine has seen the largest percentage increase in doctors since 2011, at 72%, followed by clinical oncology at +45%. Psychiatry had the smallest rise, at +12%. Note that the fall in public health & community health staff reflects in part the transfer of public health services to local authorities in 2013.

### Changes in hospital medical staff since 2011, by specialty

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General medicine</td>
<td>25,313</td>
<td>27,632</td>
<td>34,090</td>
<td>+8,777</td>
</tr>
<tr>
<td>Surgical</td>
<td>20,817</td>
<td>22,263</td>
<td>25,583</td>
<td>+4,766</td>
</tr>
<tr>
<td>Anaesthetics</td>
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<td>Psychiatry</td>
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<td>8,597</td>
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<tr>
<td>Paediatric</td>
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<tr>
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<td>Pathology</td>
<td>3,803</td>
<td>4,006</td>
<td>4,553</td>
<td>+750</td>
</tr>
<tr>
<td>Dental</td>
<td>2,037</td>
<td>2,259</td>
<td>2,646</td>
<td>+608</td>
</tr>
<tr>
<td>Clinical oncology</td>
<td>1,007</td>
<td>1,232</td>
<td>1,456</td>
<td>+449</td>
</tr>
<tr>
<td>Public health &amp; community</td>
<td>2,082</td>
<td>1,264</td>
<td>822</td>
<td>-1,260</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96,162</strong></td>
<td><strong>103,286</strong></td>
<td><strong>123,727</strong></td>
<td><strong>+27,565</strong></td>
</tr>
</tbody>
</table>

### Nurses

In June 2021 there were just over 300,000 nurses in England’s hospital and community health services. This is 11% higher than five years ago.

Between 2010 and 2013, the number of nurses fell. By 2015 it had recovered to 2010 levels, after which numbers began to rise. In 2020 there was a large increase in the number of nurses corresponding with the COVID-19 pandemic.
As with doctors, the chart shows a typical annual cycle: a new intake of nurses in the autumn and following a slight drop in the summer months.

The table below shows the change by area of work since 2011. The bulk of the increase has been in adult and general nurses (+20.6%). The number of nurses for children and young people has also risen by 24.7%. The number of mental health nurses fell between 2011 and 2016, and has risen since, but remains below the 2011 level. The number of learning disability nurses has fallen.

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Number of nurses</th>
<th>Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and general</td>
<td>162,073</td>
<td>+33,385 +20.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>39,397</td>
<td>-1,109 -2.8%</td>
</tr>
<tr>
<td>Community services</td>
<td>37,371</td>
<td>-1,865 -5.0%</td>
</tr>
<tr>
<td>Children and young people</td>
<td>15,017</td>
<td>+3,710 +24.7%</td>
</tr>
<tr>
<td>Maternity and neonatal</td>
<td>7,356</td>
<td>+1,100 +15.0%</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>4,775</td>
<td>-1,661 -34.8%</td>
</tr>
<tr>
<td>Other</td>
<td>1,350</td>
<td>+939 +69.6%</td>
</tr>
<tr>
<td>School nursing</td>
<td>2,930</td>
<td>-883 -30.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>270,268</strong></td>
<td><strong>+33,616 +12.4%</strong></td>
</tr>
</tbody>
</table>

There are more adult nurses but fewer mental health and learning disability nurses than in 2011

Changes since 2010 in major staff groups

The chart and table overleaf summarise changes in different hospital staff groups between 2010 and 2021. It shows that the number of doctors has risen faster than other NHS staff groups since 2010, with scientific, therapeutic and technical staff (e.g. allied health professionals such as physiotherapists, radiographers and occupational therapists) close behind.

The number of infrastructure support staff (e.g. managers, central functions) fell between 2010 and 2014, but has recently risen above 2010 levels.

Note that a change in the classification of ambulance staff means that the “qualified ambulance staff” and “clinical support” categories from April 2019 onwards is not comparable with previous data. The table below shows the latest figures for both categories. The “clinical support” line in the chart overleaf stops in March 2019.
The number of doctors has increased faster than other NHS staff groups
Percentage change since January 2010 by staff group, FTE, England

Overall there are 20% more hospital staff than ten years ago
FTE hospital and community health staff by category

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Jun 2011</th>
<th>Jun 2016</th>
<th>Jun 2021</th>
<th>Change since Jun 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>96,162</td>
<td>103,286</td>
<td>123,727</td>
<td>+27,565</td>
</tr>
<tr>
<td>Nurses, midwives &amp; health visitors</td>
<td>297,871</td>
<td>305,030</td>
<td>332,341</td>
<td>+34,469</td>
</tr>
<tr>
<td>Qualified scientific, therapeutic &amp; technical staff</td>
<td>122,184</td>
<td>128,170</td>
<td>152,722</td>
<td>+30,538</td>
</tr>
<tr>
<td>Qualified ambulance staff</td>
<td>-</td>
<td>-</td>
<td>17,684</td>
<td>Not comparable</td>
</tr>
<tr>
<td>Support to clinical staff</td>
<td>-</td>
<td>-</td>
<td>374,494</td>
<td>Not comparable</td>
</tr>
<tr>
<td>NHS infrastructure support</td>
<td>175,940</td>
<td>160,897</td>
<td>193,400</td>
<td>+17,460</td>
</tr>
<tr>
<td>Central functions</td>
<td>87,078</td>
<td>78,661</td>
<td>99,581</td>
<td>+12,503</td>
</tr>
<tr>
<td>Hotel, property &amp; estates</td>
<td>56,157</td>
<td>52,021</td>
<td>59,913</td>
<td>+3,755</td>
</tr>
<tr>
<td>Senior managers</td>
<td>10,400</td>
<td>9,507</td>
<td>11,882</td>
<td>+1,482</td>
</tr>
<tr>
<td>Managers</td>
<td>22,305</td>
<td>20,709</td>
<td>22,025</td>
<td>-280</td>
</tr>
<tr>
<td>Total</td>
<td>995,780</td>
<td>1,026,601</td>
<td>1,195,225</td>
<td>+199,445</td>
</tr>
</tbody>
</table>
In the quarter ending May 2021, the NHS in England had an average of 123,707 beds open overnight. This was around 10% lower than ten years ago.

Bed availability fell 6% between 2011 and 2019. There was a further fall at the beginning of the pandemic due to measures put in place in hospitals to limit the spread of COVID-19.

The charts below show trends in availability and occupancy since 2010.

Bed occupancy levels rose gradually between 2010 and 2018, with higher levels recorded in the winter months. During the pandemic, average occupancy fell. NHS England caution against simplistic comparisons involving this data during the pandemic:

Hospital capacity has had to be organised in new ways as a result of the pandemic to treat Covid and non-Covid patients separately and safely in meeting the enhanced Infection Prevention Control measures. This results in beds and staff being deployed differently from in previous years in both emergency and elective settings within the hospital. As a result caution should be exercised in comparing overall occupancy rates between this year and previous years. In general hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case.
The fall in NHS 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).

The table below shows availability and occupancy data comparing 2011, 2016 and 2021.

### Bed Availability and Occupancy, 2011-2021

<table>
<thead>
<tr>
<th>Period</th>
<th>Beds Open Overnight</th>
<th>Day Only</th>
<th>All beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>General &amp; Acute</td>
<td>Learning Disabilities</td>
</tr>
<tr>
<td>Apr-Jun 2011</td>
<td>137,354</td>
<td>104,574</td>
<td>1,721</td>
</tr>
<tr>
<td>Apr-Jun 2016</td>
<td>131,282</td>
<td>103,249</td>
<td>1,248</td>
</tr>
<tr>
<td>Apr-Jun 2021</td>
<td>123,707</td>
<td>96,998</td>
<td>816</td>
</tr>
<tr>
<td>Change ’11-’21</td>
<td>-9.9%</td>
<td>-7.2%</td>
<td>-52.6%</td>
</tr>
<tr>
<td>AVERAGE OCCUPANCY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr-Jun 2011</td>
<td>84.8%</td>
<td>86.4%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Apr-Jun 2016</td>
<td>88.2%</td>
<td>90.2%</td>
<td>73.2%</td>
</tr>
<tr>
<td>Apr-Jun 2021</td>
<td>83.8%</td>
<td>85.4%</td>
<td>70.8%</td>
</tr>
</tbody>
</table>

Since November 2019, NHS England has published regular data showing the number of acute beds occupied by COVID-19 patients and other patients. During parts of January 2021, over 30% of acute beds were occupied by COVID-19 patients. This fell below 1% by May 2021. However the proportion has since risen, and since late July has remained at around 5% of acute beds.
GP appointments

In August 2021 there were estimated to be just under 24 million GP appointments in England. This is 2% higher than the equivalent figure for August 2019. The chart below shows the average number of appointments per working day on a monthly basis since 2019. This data collection is only recent, so a long-term time series is not available.

During the early stages of the COVID-19 pandemic, GP appointments fell. In April 2020 there were 32% fewer appointments than in April 2019.

The figures shown in this chart are adjusted to add estimates for practices that did not submit data. The chart includes all appointments in general practice (including e.g. those with practice nurses) but does not include COVID-19 vaccines appointments.

The data source only contains information about activity captured on GP practice systems. NHS Digital advise that there is substantial variation between areas in how activity is recorded, so caution is required in interpreting the data. In addition, COVID-19 has led to changes in business practices within general practice, so the variation in approach to appointment management between practices is likely to be greater than usual.

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5 Working days (Monday-Friday) are used here because the data source provides information on which day of the week GP appointments take place. Only 1 in every 200 GP appointments takes place at the weekend.
Face-to-face appointments

Data is recorded on the 'mode' of appointments in general practice (e.g. face-to-face, telephone). Prior to the pandemic, around 84% of appointments were face-to-face. This fell to around 50% in the early stages of the COVID-19 pandemic. After rising back to 60% before the January 2021 national lockdown, it fell again. As of August 2021, 59.4% of appointments were recorded as being face-to-face.

Please note that around 3% of appointments are recorded with an ‘unknown’ mode. Unknown appointments are excluded from the percentage shown above. The proportion of unknown mode appointments has fallen since 2019, which may have some small impact on the overall trend.
9 Data currently not being collected due to COVID-19

Some data collections that were previously included in this publication are not currently being published, because the collections were suspended due to the COVID-19 pandemic. These include:

- Delayed transfers of care
- Cancelled elective operations
- Cancelled urgent operations
- Critical care capacity
- Mixed-sex accommodation breaches.

To read information about previous statistics in these areas, please see the archived February 2020 version of this publication.

Updates from NHS England on when these collections may resume can be found here.
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