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## NHS key statistics: England



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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, and measures of NHS capacity, pressures, and backlogs
- Waiting times and other performance measures for acute care
- Staff numbers: doctors, nurses, GPs, and other staff groups, plus vacancies

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

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](#).

Cover page image: [NHS NNUH Entrance FrancisTyersCC-BY-SA 3.0](#) (modified)

# Pressures on England's NHS before and after the pandemic

**Before 2020, the NHS in England experienced increased demand alongside declining performance on its main waiting time measures.**

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

The waiting list for hospital treatment rose to a record of nearly 7.8 million in September 2023. The waiting list rose consistently between 2012 and 2019 and has risen more quickly since early 2021. The 18-week treatment target has not been met since 2016.

The number of people visiting A&E in winter 2023/24 was above pre-pandemic levels. The percentage of patients waiting over 4 hours in hospital A&E rose consistently 2015 and 2020. A new record high was reached in December 2022.

The 62-day waiting time standard for cancer has not been met in recent years. Targets have recently changed - see section 3 of the full briefing for details. Previously, the standard measured only waits after GP referral, but now other routes are included, covering around 43% more patients. The 85% target remains the same. In May 2024, on the new standard, 65.8% of patients were treated within 62 days of referral.

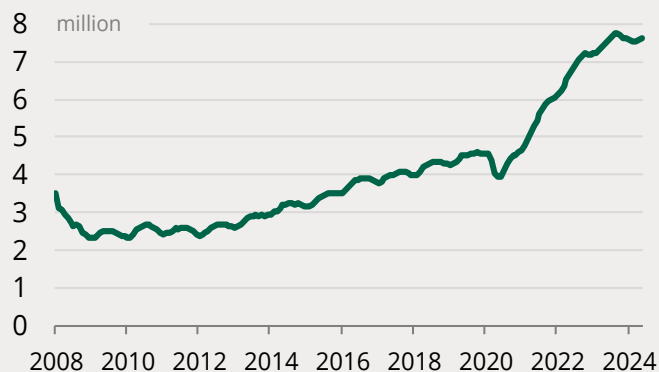
NHS staff numbers have increased, with 26% more doctors and 24% more nurses than five years ago.

Ambulance response times have risen, with the average response to a Category 2 call peaking at over 1 hour 30 minutes in December 2022, compared to a target of 18 minutes. Performance has subsequently improved but remains outside the target.

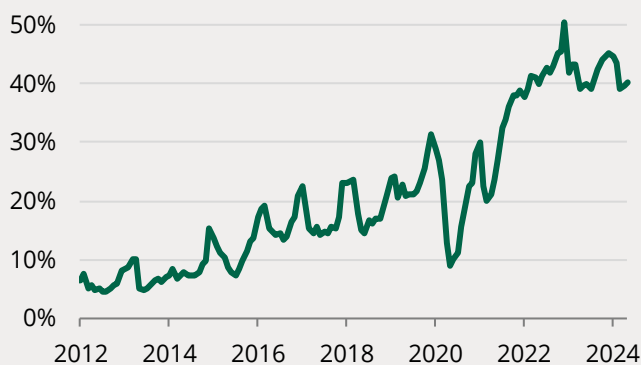
Sources:

NHS England: Consultant-Led Referral to Treatment Waiting Times, A&E Attendances and Emergency Admissions, Cancer Waiting Times, and Ambulance Quality Indicators. NHS Digital: NHS Workforce Statistics

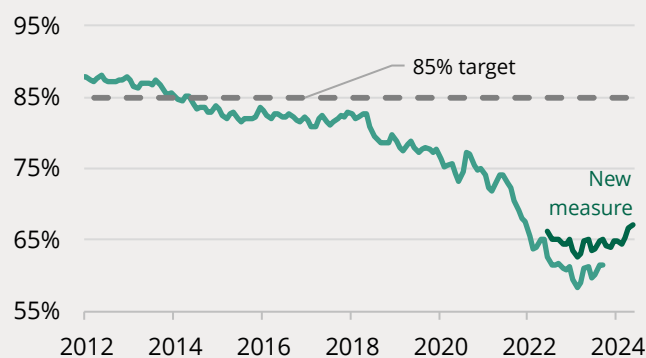
### Waiting list for hospital treatment



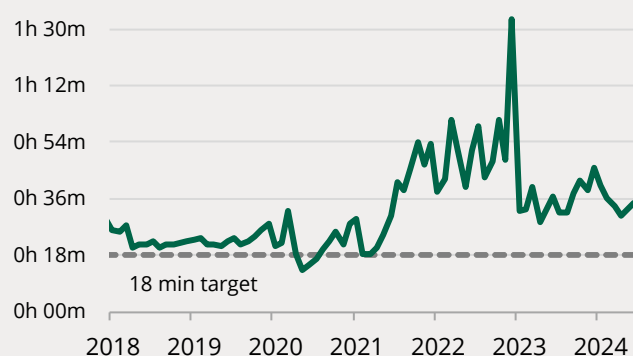
### Patients spending over 4 hours in major A&E



### Cancer: 62 days to treatment after referral



### Ambulance response times (Category 2)

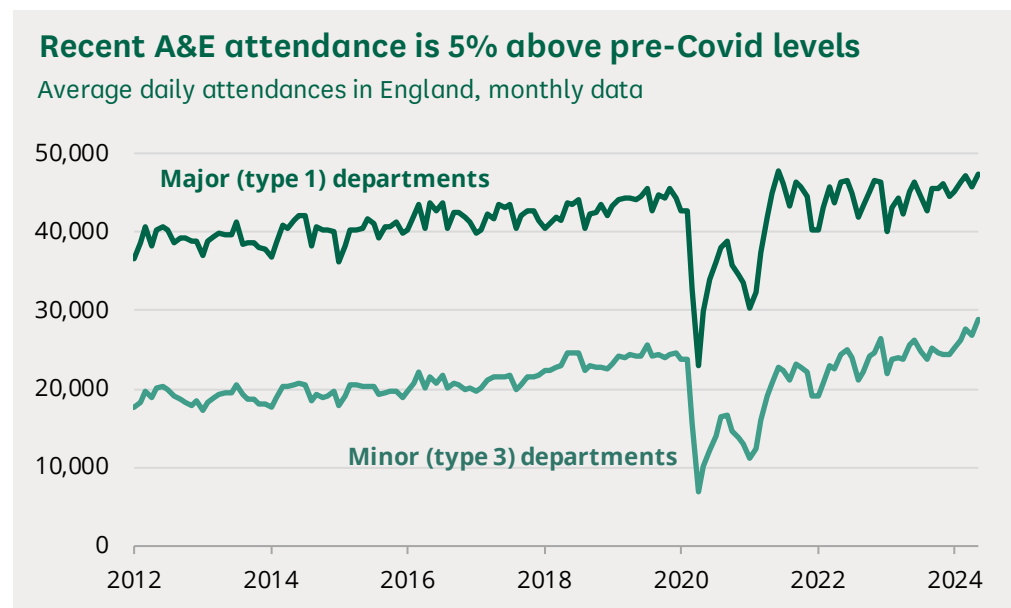


# 1 Emergency care: A&E and emergency admissions

## 1.1 A&E attendances

On average, 47,000 people each day visit major hospital A&E departments in England. A further 27,000 people on average attend minor A&E facilities like walk-in-centres and minor injuries units each day.<sup>1</sup> Over the course of a year there are typically around 16 million attendances at major hospital A&E and 9 million at minor units.<sup>2</sup>

A&E attendances have increased over time. In the most recent quarter, attendances at major departments were 14% higher than they were ten years ago (+5,800 per day), while attendances at minor departments were 36% higher (+7,300 per day). The chart below shows these changes over time.



Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted)

A&E attendance fell during the Covid-19 lockdowns, as the chart above shows. In April 2020, type 1 attendances were 48% lower than in April 2019, and type 3 attendances were down by 72%. In the most recent quarter, attendances at major A&E departments have been 5% above pre-pandemic levels from four years ago.

<sup>1</sup> These figures are based on data for the three month period ending February 2024.

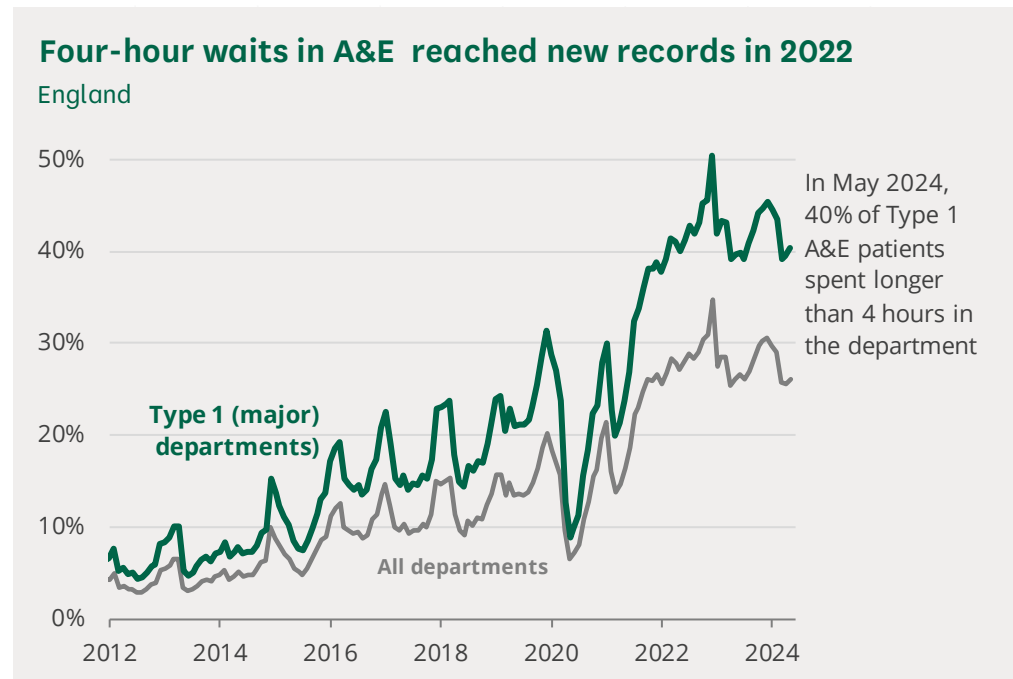
<sup>2</sup> Major hospital A&E facilities, which are consultant-led and open 24 hours, are known as 'type 1' departments. Minor facilities such as urgent care centres, which are intended for less serious cases, are known as 'type 3'. 'type 2' refers to single-speciality A&E departments such as Moorfields Eye Hospital – these received an average of 1,400 attendances per day in the most recent quarter.

## 1.2

## Four-hour waits in A&amp;E

The usual measure of waiting times in A&E is 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 target is that 95% of attendances should last less than four hours.

The chart below shows monthly data since 2012.



Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted).

Notes: Between May 2019 and May 2023, data excludes 12 trusts who were field testing new standards.

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%.

When A&E attendances fell during the first national coronavirus lockdown, four-hour wait performance improved. However, since then performance has declined to its worst level on record. In December 2022, 50.4% of patients spent over 4 hours in major A&E departments – the first month on record where over half of patients had spent longer than 4 hours in major A&E.

In 2023 and 2024 performance improved slightly but remains worse than in years prior to 2022.

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 that handle less serious cases. Because of this, looking at type 1 figures only is often a more useful way to track trends.

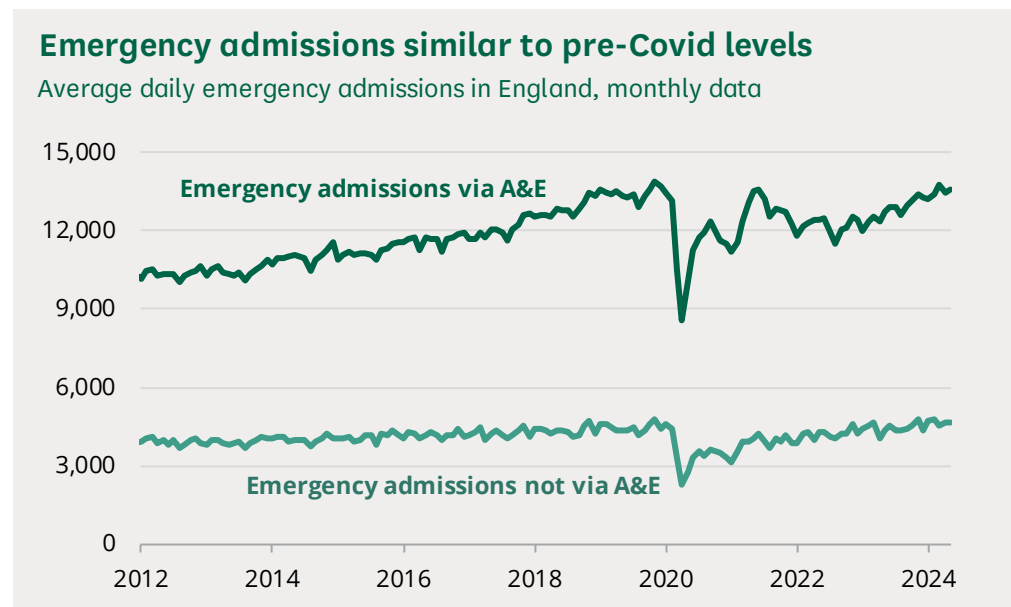
## 1.3

## Emergency admissions

In May 2024 an average of 13,555 people were admitted to hospital in an emergency via A&E each day. There were a further 4,661 emergency admissions per day that did not come via A&E.

The number of emergency admissions via A&E rose substantially in the years before the Covid-19 pandemic. In the quarter ending August 2019 there were 20% 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. The number of admissions returned to pre-pandemic levels in summer 2021 but has since fallen and remained below pre-covid levels. However, admissions have risen again recently and in the quarter ending May 2024 there were 1% more emergency admissions via A&E than the equivalent period four years ago.



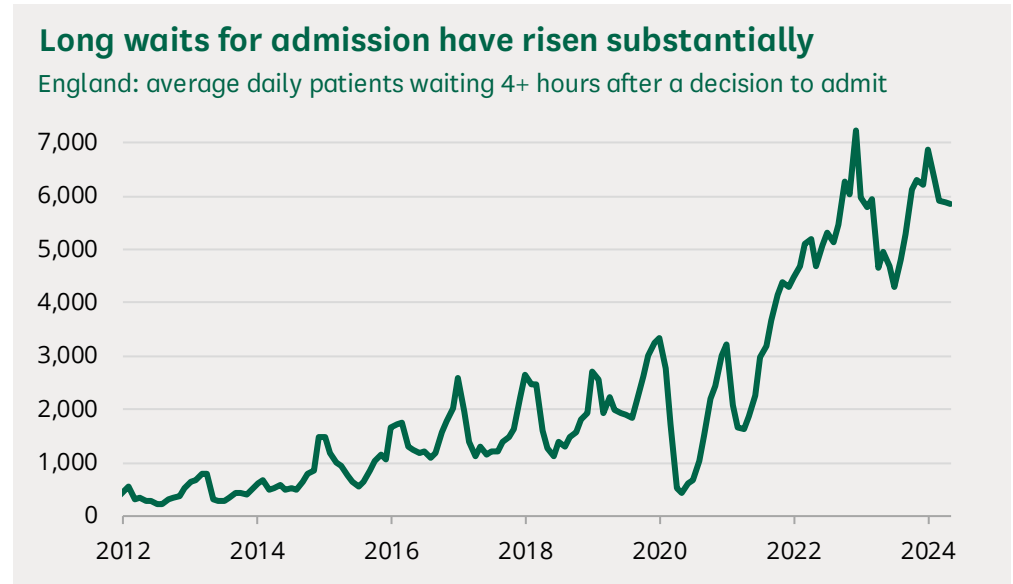
Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted)

### Long waits for admission to hospital ('trolley waits')

The number of people waiting over 4 hours for emergency admission after a decision to admit has increased substantially in recent years. In May 2024, 181,000 patients waited for longer than 4 hours for admission, compared with 13,500 in May 2020 and 18,000 in May 2014.

This is measured from the time that a decision to admit is made, which would not necessarily 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 wait in hospital before admission.

The chart below shows monthly data since 2012. Before 2022, the record high was in January 2020 when 103,000 people per day waited over 4 hours for admission. But the record figure for December 2022, at 225,000, was more than double this pre-pandemic record. This winter the peak number was lower, at 213,000 in January 2024.



Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted)

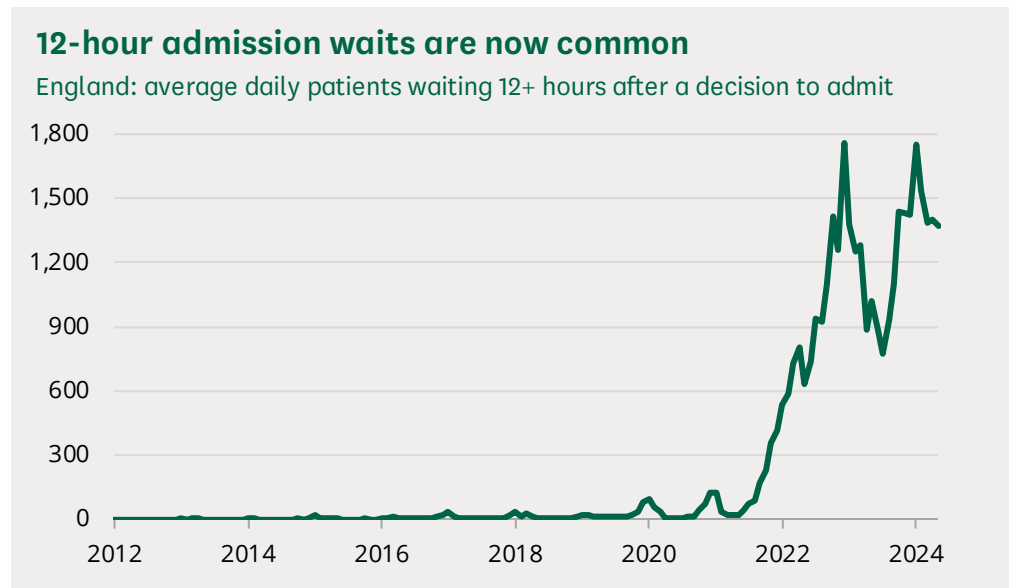
The chart overleaf shows the number of patients that waited **12 hours** for admission after a decision to admit. Such occurrences were once rare – from 2011 to 2014 (inclusive) there were a total of 915 such cases in England.

However, they have since become more common, and in the single month of December 2022 there were 54,532 such waits – 60 times more than the total for the four years spanning 2011-2014.

In the whole of 2014, there were 489 twelve-hour waits for admission, but in January 2024, there were an average of 1,760 such waits every day. Numbers have since fallen slightly but remain higher than pre-2002 levels.

In May 2024 there were an average of 1,370 twelve-hour waits for admission each day.

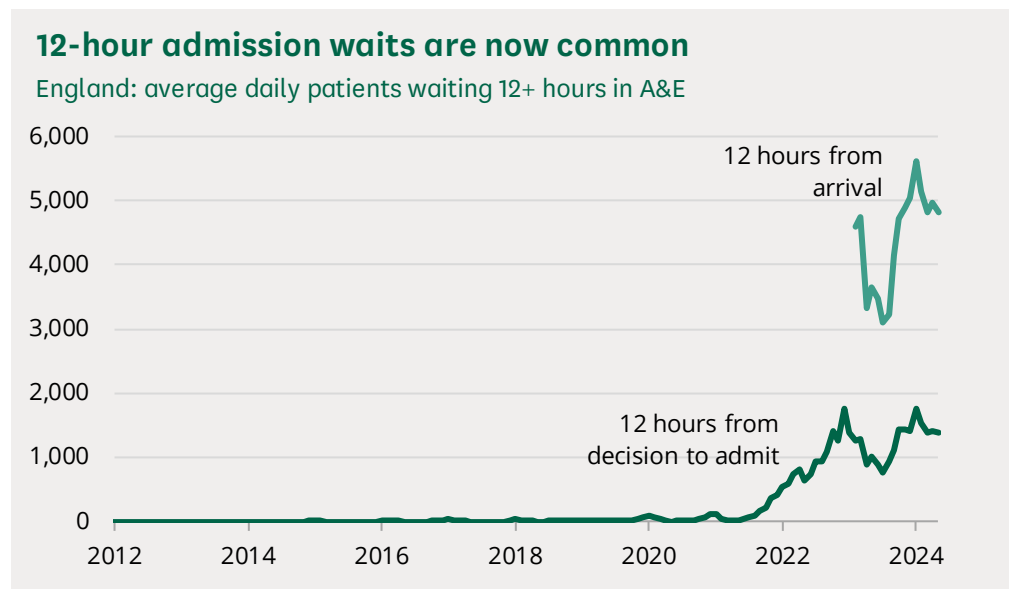




Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted)

In recent months, new data has been released on the number of patients who wait 12 hours in A&E from their time of arrival. This is substantially higher than the number of patients who wait 12 hours after a decision to admit.

In May 2024, an average of 4,800 patients each day waited longer than 12 hours in A&E. The chart below shows this new data as a lighter green line. The dark green line shows the same data series as shown in the chart above - ie numbers waiting over 12 hours after a decision to admit.



Source: NHS England, [A&E Attendances and Emergency Admissions](#), Monthly Time Series (Adjusted)

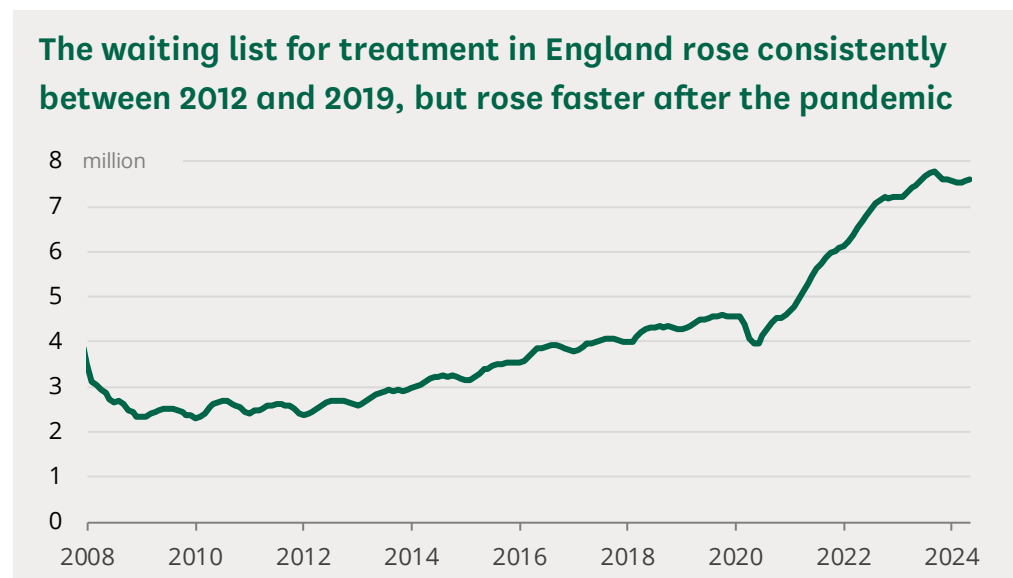
## 2 Waiting times for hospital treatment

### 2.1 Waiting lists for hospital treatment

As of May 2024, the waiting list for hospital treatment in England stood at over 7.6 million. This is sometimes known as the “elective care” waiting list or the “RTT” (referral to treatment) waiting list. There were 6.4 million unique patients waiting for treatment, indicating that some patients are waiting for more than one procedure.

The waiting list peaked at 7.8 million in September 2023, a record for the current series going back to 2007. It has since fallen by 2% but remains higher than at any point before summer 2023.

While the rise in waiting lists has been accelerated by the coronavirus pandemic, it was taking place for several years before. 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).



Source: NHS England, [Consultant-Led Referral to Treatment](#), RTT overview timeseries

### 2.2 Waiting times for hospital treatment

The Handbook to the NHS Constitution says that patients referred for consultant-led treatment should start treatment within 18 weeks.<sup>3</sup> 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

<sup>3</sup> Department for Health and Social Care, [Handbook to the NHS Constitution for England](#)

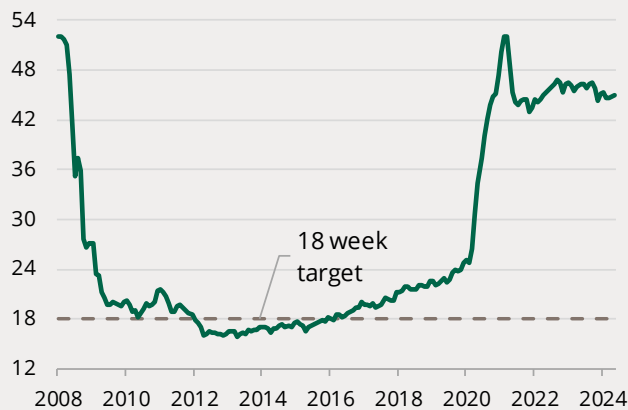
have been waiting for less than 18 weeks. There is also a ‘zero tolerance’ policy on patients waiting longer than 52 weeks.

The charts below show trends on these measures since 2008. The left-hand chart shows the 92<sup>nd</sup> percentile waiting time for those waiting for treatment. An 18-week value on this measure is equivalent to 92% of patients waiting under 18 weeks.

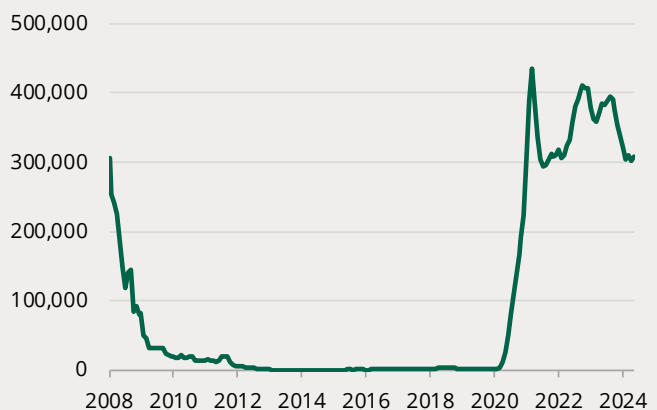
When the 18-week target was introduced, waiting times were high, but began to fall quickly. The 92<sup>nd</sup> percentile waiting time fell below 20 weeks in June 2009, and the 18-week target was met continuously between January 2012 and November 2015. From 2015 onwards, waiting times deteriorated. By January 2020, just before the pandemic, the 92<sup>nd</sup>-percentile waiting time had risen to 25 weeks – seven weeks higher than the target. Waiting times rose substantially when treatment activity reduced during the pandemic. After a slight recovery in 2021, they have remained high.

**The 18-week waiting time target in England has not been met since early 2016. Since the pandemic, waiting times have worsened further**

**Waiting time in weeks (92<sup>nd</sup> percentile)**  
Target: under 18 weeks



**Number of people waiting over 52 weeks**



Note that [guidance has recently been introduced](#) allowing trusts to record patients as waiting for zero weeks in certain circumstances, even where they remain on the waiting list. This could affect the comparability of data over time and the accuracy of waiting time data.

Source: NHS England, [Consultant-Led Referral to Treatment](#), RTT overview timeseries.

The right-hand chart above shows the number of people waiting over 52 weeks for treatment. This fell sharply from a high level after the introduction of RTT targets. There was a rise to over 3,000 52-week waiters 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 number has been falling consistently since September 2023 and NHS England aims to eliminate 52-week waits by March 2025.<sup>4</sup>

<sup>4</sup> NHS England, [Delivery plan for tackling the Covid-19 backlog of elected care](#), February 2022

## 3 Cancer waiting times

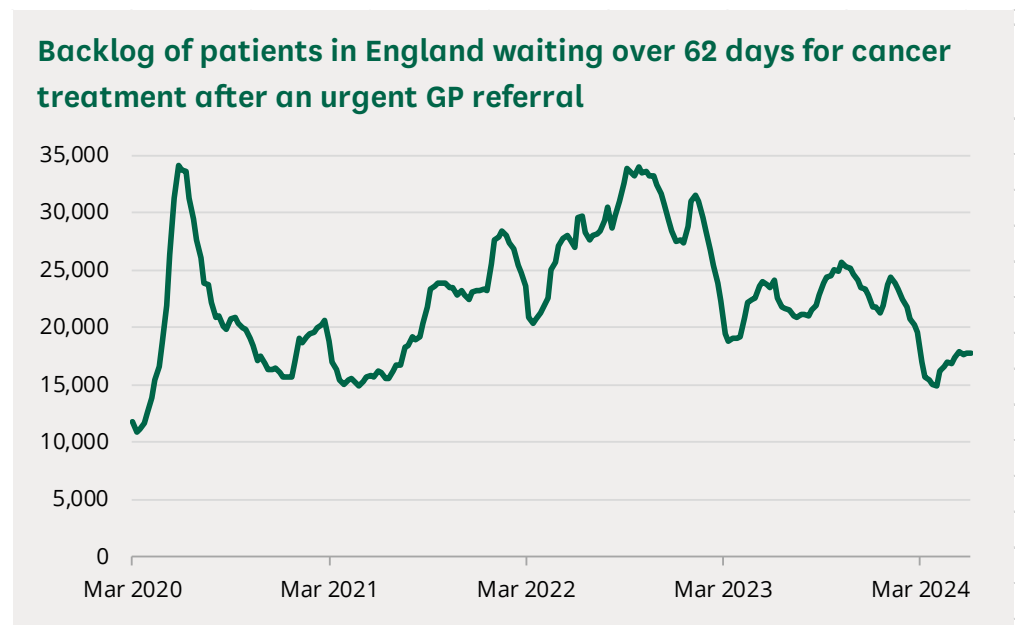
### 3.1 Waiting lists and backlogs

Most data on cancer diagnosis and treatment focuses on the time waited by patients at the point that they start a course of treatment, but not on the waiting times of those who are still waiting for 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. This does not include people on the waiting list who had been waiting for under 62 days. The chart on the next page 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. The backlog rose in in late 2021 and then again in mid-2022.

As of late May 2024, the backlog was 17,799, down from the recent peak of 33,950 in September 2022, and also lower than the figure for May 2023 (23,499).



Source: NHS England, [Management Information on Cancer](#)

## 3.2

# Cancer waiting time standards

NHS England has recently changed the standards and targets for cancer waiting times. There are now three targets:

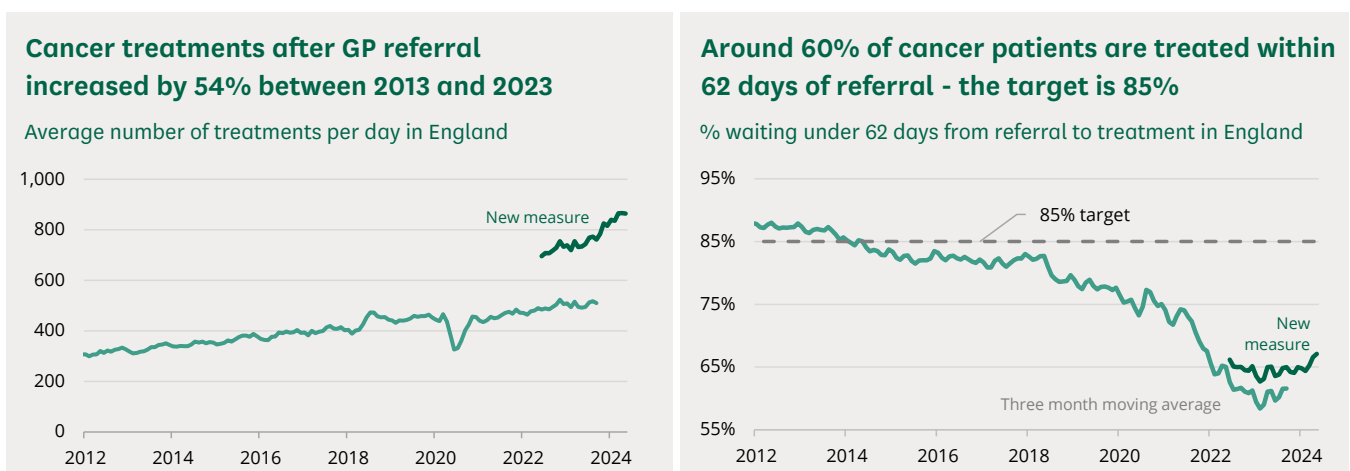
- 28-day Faster Diagnosis standard: patients should wait 28 days or less between an urgent referral for suspected cancer and either (a) a diagnosis or (b) cancer being definitively ruled out. The target is 75%. This measure has been in place since September 2021.
- 31-day treatment standard: patients should be treated within 31 days of a decision to treat. The target is 96%. While this is a new standard, it joins together several previous similar targets.
- 62-day treatment standard: patients should be treated within 62 days of referral. The target is 85%. While this is a new standard, it joins together several previous similar targets.

### 62-day treatment standard after referral

85% of patients should be treated within 62 days of referral. Previously, the standard measured only waits after GP referral, but now other routes are included, covering around 43% more patients. The 85% target remains the same. In practice, including other routes in addition to GP referral improves performance by several percentage points compared with the old standard, so the performance target has effectively been eased slightly.

The previous target was not met after 2015, and performance was below 80% since 2018. Performance declined in 2018 and 2019 before a further fall after the initial stages of the Covid-19 pandemic. In January 2023, 54.7% of patients were treated within 62 days of an urgent GP referral – a record low.

In May 2024, on the new standard, 65.8% of patients were treated within 62 days of referral. The chart below compares the old and new series.



Source: NHS England, [Cancer Waiting Times](#), National time series with revisions

## 31-day treatment standard after decision to treat

When a patient is diagnosed with cancer, they should receive their treatment within 31 days of a decision to treat. The target is that 96% of patients receive treatment within 31 days of that decision. This target covers all routes to diagnosis and the new target includes subsequent treatments as well as first treatment.

The new target includes around twice as much patient activity as the old one (since it includes subsequent treatments). However, performance is similar on the old and the new target, with less than one percentage point gap between the two measures between April 2022 and September 2023.

The old target was always met until 2019, when it was breached in five out of twelve months. The target has been breached in every month since January 2021.

As of January 2024, performance was at 87.5%, which is the lowest on record. Performance subsequently improved and in May 2024 91.8% of patients received treatment within 31 days of a decision to treat.<sup>5</sup>

## Faster diagnosis standard

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% of patients should be told within 28 days of referral. This standard was met for the first time in February 2024 when performance was 78.1%.<sup>6</sup> Performance was also above 75% in March 2024 (77.3%) and May 2024 (76.4%).<sup>7</sup>

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<sup>5</sup> NHS England, [Cancer Waiting Times](#), National Time Series Oct 2009 – May 2024 with Revisions; Legacy National Time Series Oct 2009 – Sep 2023 with Revisions

<sup>6</sup> In February 2023, 174,271 of 232,393 patients were diagnosed or had cancer excluded within 28 days. This amounts to 75.0% to the nearest 1 decimal place, but the unrounded figure is 74.9898%, so the standard was not met.

<sup>7</sup> NHS England, [Cancer Waiting Times](#), National Time Series Oct 2009 – Jan 2024 with Revisions

## 4 Ambulance response times and demand

There are four categories of severity for ambulance calls, as follows. Each has a different response time standard:<sup>8</sup>

- **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.

The current categories and standards have been in place nationally since 2018, meaning that longer-term comparisons are not possible for ambulance response times.

### 4.1 Ambulance response times

The charts on the next page 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 met if the green line is below the grey target line.

Record waiting times for ambulance responses were recorded in winter 2022/23. In December 2022, the average response time for a category 1 call was 10 minutes 57 seconds – almost four minutes longer than the 7-minute target. In December 2022 the average response time for a category 2 call was nearly 1 hour 32 minutes – more than five times a the 18-minute target.

In winter 2023/24, response times were improved on the previous winter, but target response times were not met for most measures and this pattern has continued into spring 2024. The mean average response time targets for category 1 and category 2 calls are not currently being met. The 90<sup>th</sup> percentile response time target for category 1 calls is met in some months, but those for category 2, 3 and 4 calls are not.

<sup>8</sup> Category descriptions taken from North East Ambulance Service, [Understanding ambulance response categories](#).

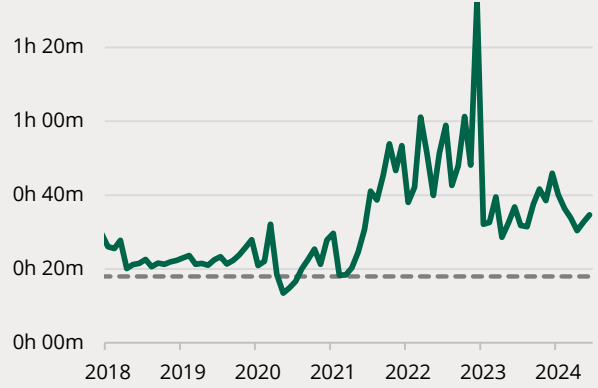
### Life-threatening calls (Category 1)

Mean response time; target under 7 minutes



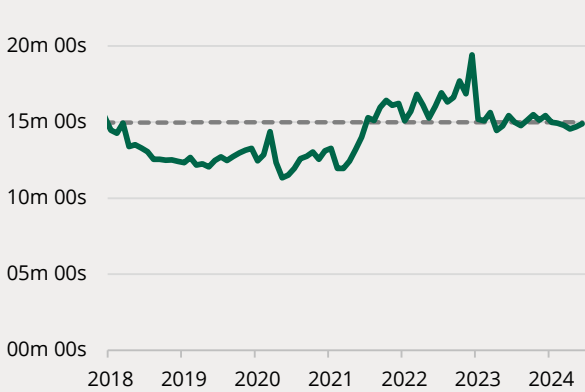
### Emergency calls (Category 2)

Mean response time; target under 18 minutes



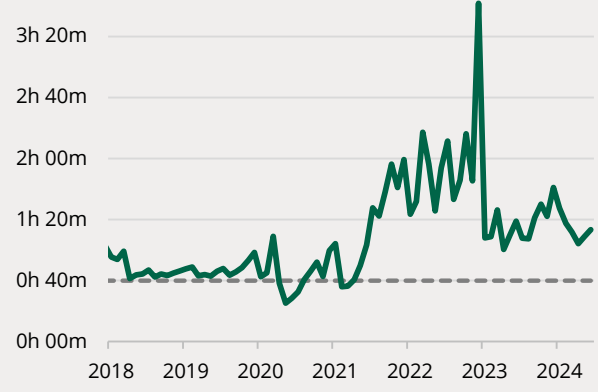
### Life-threatening calls (Category 1)

90th percentile: target under 15 minutes



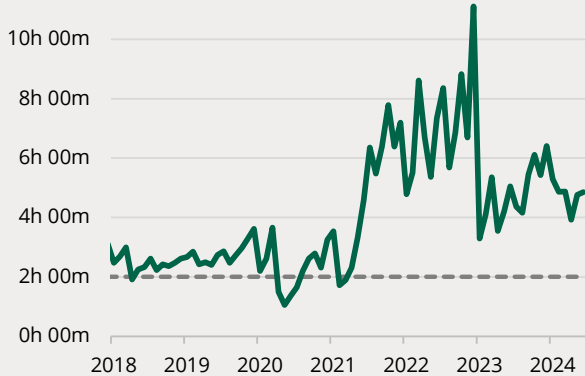
### Emergency calls (Category 2)

90th percentile: target under 40 minutes



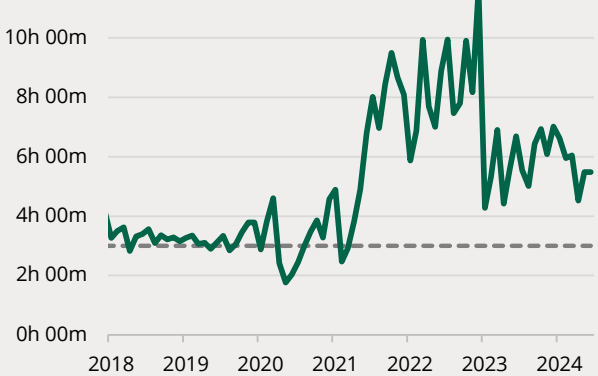
### Urgent calls (Category 3)

90th percentile: target under 2 hours



### Less urgent calls (category 4)

90th percentile: target under 3 hours



Source: NHS England, [Ambulance Quality Indicators](#), AmbSYS time series

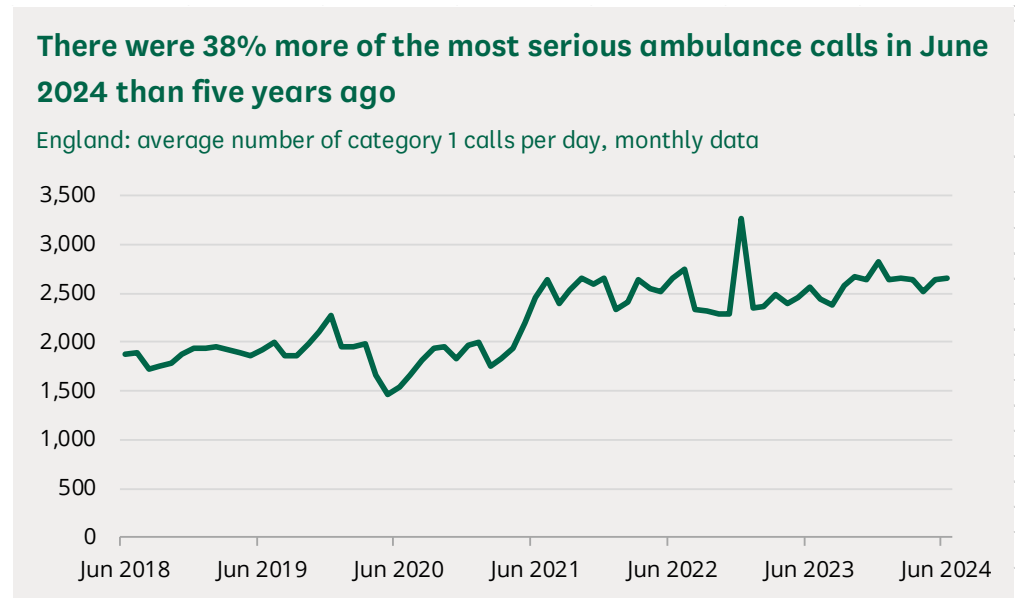


## 4.2

## Demand for ambulance services

In the last few years, the number of category 1 ambulance incidents (the most serious category) has increased.

In June 2024 there were 2,652 category 1 ambulance incidents every day on average – up from 1,927 per day in June 2019.



Source: NHS England, [Ambulance Quality Indicators](#), AmbSYS time series

Meanwhile the number of category 2 ambulance incidents per day in June 2024 was similar to pre-pandemic levels.

## 5 Diagnostic tests

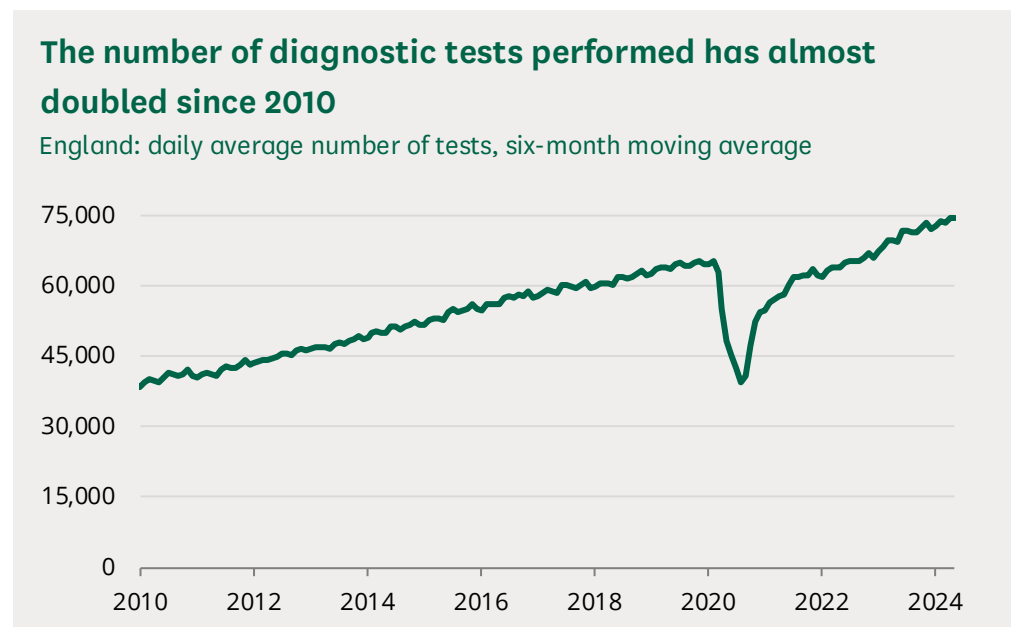
### 5.1 Number of diagnostic tests

In 2019, before the coronavirus pandemic, there were around 23.6 million diagnostic tests commissioned by the NHS in England. This was 48% higher than in 2010.

Between 2010 and 2019, 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%.

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.

In 2023, diagnostic activity rose above pre-pandemic levels. In May 2024 there were 21% more diagnostic tests performed than in May 2019.



Source: NHS England, [Diagnostic Waiting Times and Activity](#), Time series file

## 5.2

### Waiting times for diagnostic tests

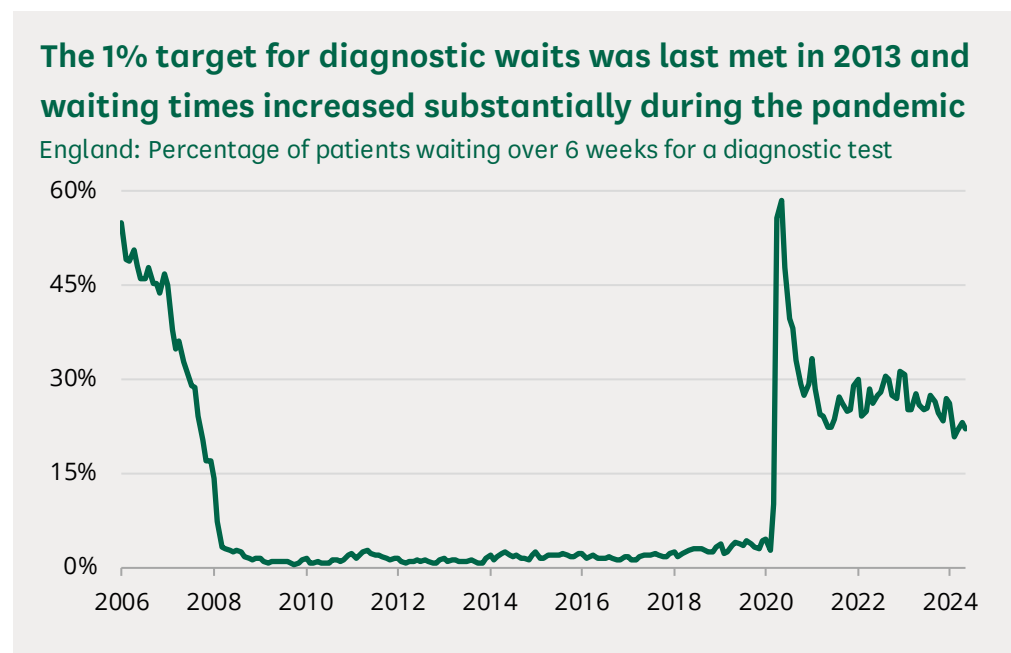
The NHS target in England is that less than 1% of people should wait more than 6 weeks for a diagnostic test. The chart below shows trends for diagnostic waiting times since 2006.

Waiting times for diagnostic tests reduced substantially between 2006 and 2009, with the 1% target being met for the first time in February 2009. The last time the target was met was November 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 May 2024, 22.1% of patients were waiting longer than 6 weeks. The NHS recovery plan aims to reduce the proportion of people waiting 6 weeks or more to 5% by March 2025.<sup>9</sup>



Source: NHS England, [Diagnostic Waiting Times and Activity](#), Time series – May 2023

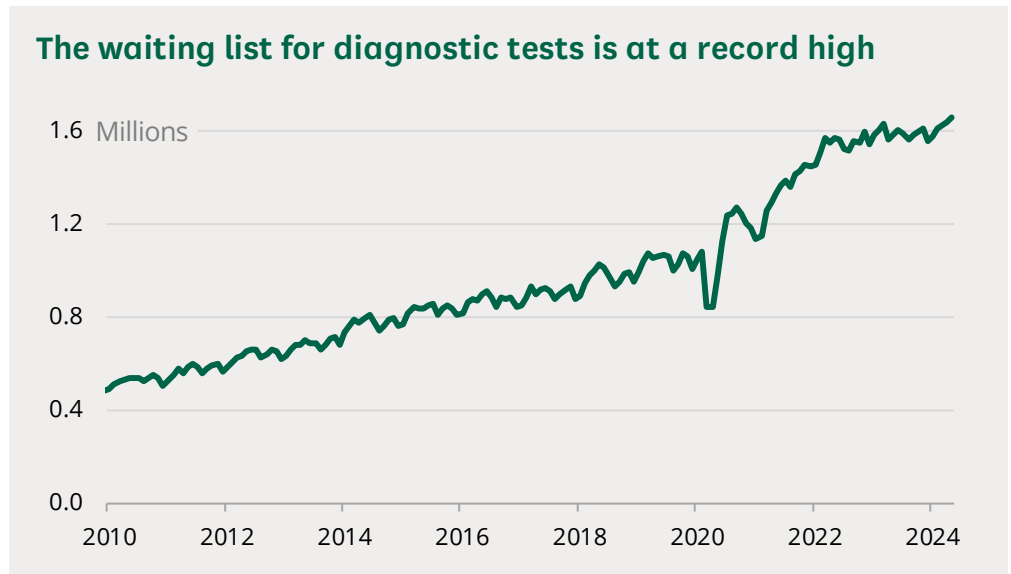
## 5.3

### Waiting lists for diagnostic tests

As of May 2024, 1.66 million people are on the waiting list for a diagnostic test – the highest figure since the current data series began in January 2006. Five years ago, in May 2019, the waiting list was 1.06 million.

<sup>9</sup> NHS England, [Urgent and Emergency Care Daily Situation Reports](#)

After a dip in the waiting list during the early stages of the pandemic, there was a rise from 2021 onwards. The chart below shows trends since 2010.



Source: NHS England, [Diagnostic Waiting Times and Activity](#), Time series

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## 6 Workforce levels and vacancies

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 FTE in this data, while a full-time staff member would count as 1 FTE.

These figures do not take into account changes in activity or demand.

### 6.1 GPs

GP numbers can only be compared back to December 2016. While the current data series goes back to 2015 (when changes were made to the way that figures are measured and recorded), recent revisions mean that NHS Digital advises caution when using data for September 2015, March 2016 and September 2016 as they are likely to be underestimates.

Between December 2016 and May 2024, the number of fully qualified GPs in England has fallen by 6%, from 29,320 to 27,649. Notably, however, the number has slowly risen since mid-2023 for the first time in a number of years.

The number of GPs in training has risen from 5,625 in December 2016 to 9,493 in May 2024.

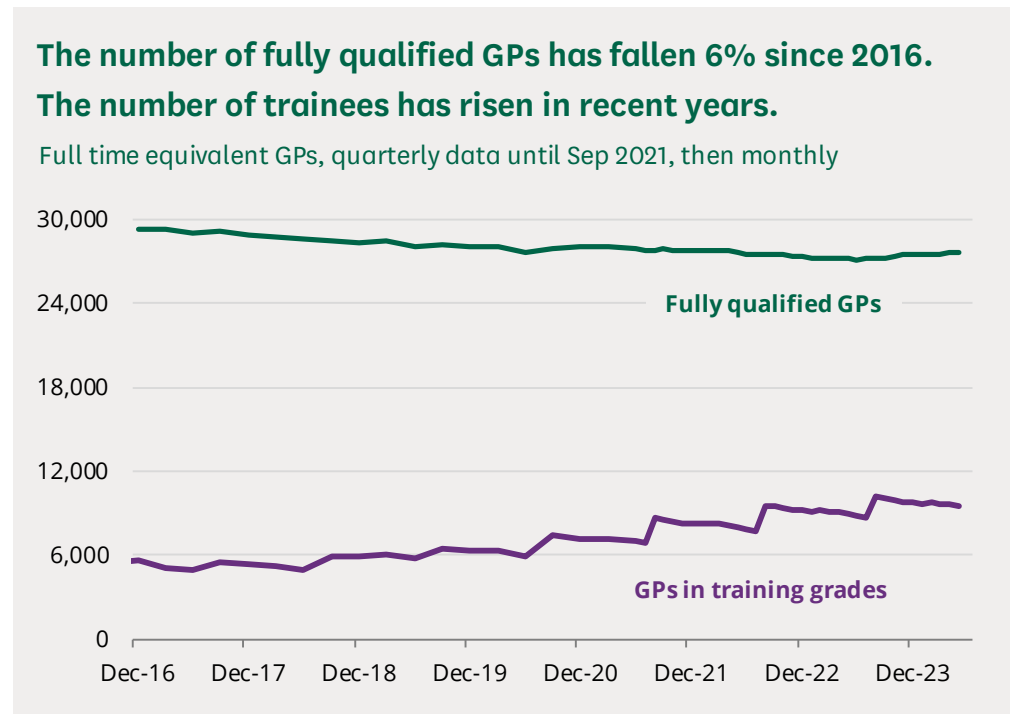
Combining all categories such as trainees, locums and retainers, the total number of FTE GPs has risen from 34,946 in December 2016 to 37,142 in May 2024.<sup>10</sup>

The chart below shows trends since 2016 for permanent qualified GPs and trainees. Other GP practice staff such as nurses are not included.

You can view local information on GPs on our interactive dashboard [Constituency data: GPs and GP practices](#)

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<sup>10</sup> Locums are GPs providing temporary cover, while retainers do a limited amount of general practice to maintain their skills.

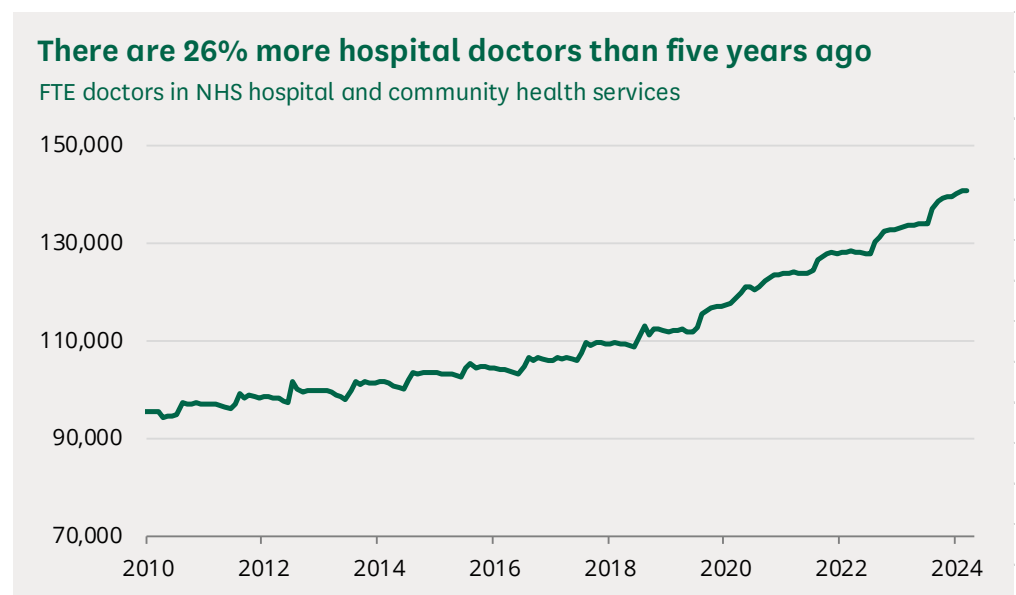


Source: NHS Digital, [General Practice Workforce](#), Bulletin Tables – May 2024, Table 1a

## 6.2

### Hospital doctors

As of March 2024, there were 140,774 doctors in England’s hospital and community health services. This is 26% higher than five years ago and 39% higher than ten years ago. The chart below shows trends since 2010. Numbers have risen faster since 2020 compared with earlier years.



Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), England and Organisation data file

The chart shows an annual cycle, with a new intake of doctors each autumn causing a sharp rise before figures stabilise for the rest of the year.

The table below shows trends in particular medical specialties. Emergency medicine has seen the largest percentage increase in doctors since 2010 at +116%, followed by radiology at +72%. Psychiatry had the smallest rise at +23%.

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

Changes in hospital medical staff since 2010, by specialty					
FTE, England, as of March in 2010, 2017 and 2024					
Specialty	Mar 2010	Mar 2017	Mar 2024	Change 2010–2024	
General medicine	25,445	28,732	40,227	+14,783	+58%
Surgical	20,406	22,659	28,264	+7,859	+39%
Anaesthetics	11,118	13,349	17,117	+5,999	+54%
Psychiatry	8,877	8,732	10,911	+2,034	+23%
Emergency medicine	4,827	6,261	10,408	+5,581	+116%
Paediatric	7,186	7,993	10,401	+3,215	+45%
Obstetrics & gynaecology	5,198	5,723	7,474	+2,276	+44%
Radiology	3,317	4,120	5,710	+2,393	+72%
Pathology	3,707	4,083	5,075	+1,369	+37%
Dental	2,004	2,319	2,729	+725	+36%
Clinical oncology	1,022	1,229	1,678	+656	+64%
Public health & community	2,391	1,231	780	-1,612	-67%
<b>Total</b>	<b>95,496</b>	<b>106,430</b>	<b>140,774</b>	<b>+45,278</b>	<b>+47%</b>

Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), Doctors by Grade and Specialty data file

## 6.3

### Nurses

In March 2024 there were 349,675 nurses in England's hospital and community health services. This is 23.8% 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, and this increase has continued into since then.

## The number of nurses has grown by 23.8% in the past five years and by 6.5% in the past year

FTE, Hospital and Community Health Services, thousands



Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), Staff Group, Care Setting and Level data file

The table below shows the change by area of work since 2010. The bulk of the increase has been in adult and general nurses (+41%), which is the largest category of nurses. The number of nurses for children and young people has risen by 37%.

The number of mental health nurses fell between 2010 and 2017 and has risen since. In recent months it has risen back above the 2010 level for the first time.

The number of learning disability nurses and school nurses has fallen.

## Changes in nursing staff by area of work since 2010

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

Area of work	Number of nurses			Change since 2010	
	Mar 2010	Mar 2017	Mar 2024	Number	Percentage
Adult & general	162,672	175,662	229,940	+67,268	+41%
Mental health	40,849	35,688	42,832	+1,983	+5%
Community services	38,999	32,937	38,317	-683	-2%
Children & young people	15,062	16,625	20,583	+5,521	+37%
Maternity & neonatal	6,629	8,161	9,819	+3,190	+48%
Learning disabilities	5,460	3,444	3,064	-2,396	-44%
School nursing	3,012	2,505	2,015	-997	-33%
Other	1,336	1,785	3,105	+1,769	+132%
<b>Total</b>	<b>274,020</b>	<b>276,806</b>	<b>349,675</b>	<b>+75,655</b>	<b>+28%</b>

Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), Staff Group, Care Setting and Level data file



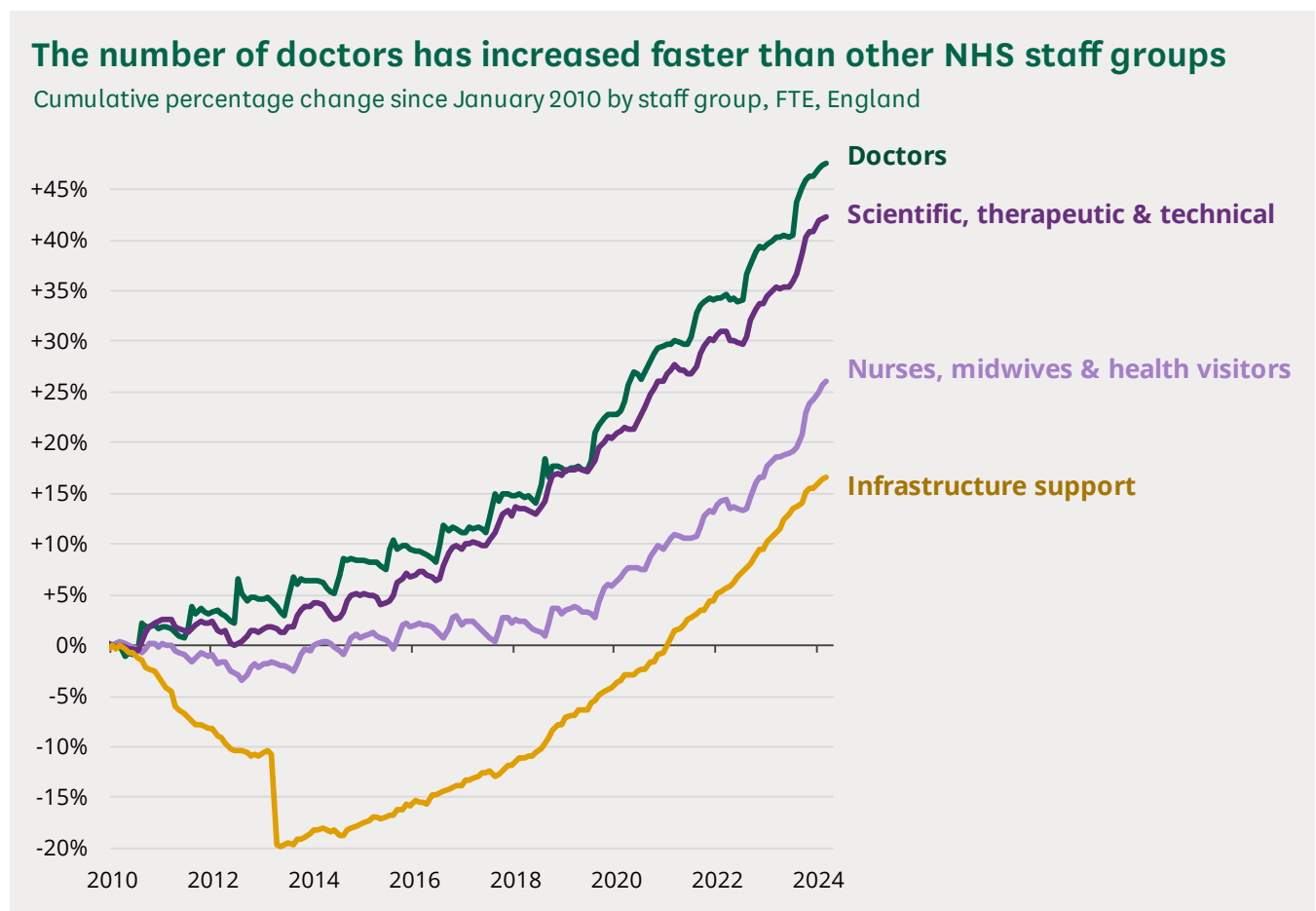
## 6.4 Changes since 2010 in different staff groups

The chart and table overleaf summarise changes in different hospital staff groups between 2010 and 2024. They show that the number of doctors has risen faster than other NHS staff groups since 2010, with scientific, therapeutic and technical staff (for example allied health professionals such as physiotherapists, radiographers and occupational therapists) close behind.

The number of infrastructure support staff (for example managers and 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 are not comparable with previous data. The table below shows the latest figures for both categories. These staff groups are excluded from the chart.

These figures do not take into account changes in activity or demand.



Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), England and Organisation data file

## Overall there are 32% more hospital staff than in 2010

FTE hospital and community health staff by category

Staff Category	Mar 2010	Mar 2017	Mar 2024	Change since 2010	
Doctors	95,496	106,430	140,774	+45,278	+47%
Nurses, midwives & health visitors	301,339	307,491	378,972	+77,633	+26%
Qualified scientific, therapeutic & technical staff	120,389	132,673	171,319	+50,930	+42%
Qualified ambulance staff	-	-	20,052	Not comparable	
Support to clinical staff	-	-	413,733	Not comparable	
NHS infrastructure support	188,716	163,845	219,725	+31,009	+16%
Central functions	92,919	80,871	113,392	+20,472	+22%
Hotel, property & estates	57,432	51,862	66,471	+9,040	+16%
Senior managers	12,318	9,974	13,585	+1,267	+10%
Managers	26,048	21,139	26,277	+230	+1%
<b>Total</b>	<b>1,015,642</b>	<b>1,047,679</b>	<b>1,345,047</b>	<b>+329,405</b>	<b>+32%</b>

Source: NHS Digital, [NHS Workforce Statistics - March 2024](#), England and Organisation data file

## 6.5 Vacancies

The latest data on NHS staff vacancies in England relates to March 2024.<sup>11</sup>

The total number of NHS vacancies in March 2024 was 100,658 – a vacancy rate of 6.9%. This is a decrease from March 2023, when the number of vacancies was 112,498 and the rate was 8.0%.

The vacancy rate for nursing staff was 7.5% (31,294 vacancies), down from 9.9% a year earlier.

The vacancy rate for medical staff was 5.7% (8,796 vacancies), down from 5.8% a year earlier.

These figures do not indicate where vacant roles are filled by temporary staff.

<sup>11</sup> NHS Digital, [NHS Vacancy Statistics – April 2015 to March 2024](#), 30 May 2024

# 7 Bed availability and discharges

## 7.1 Bed availability and occupancy

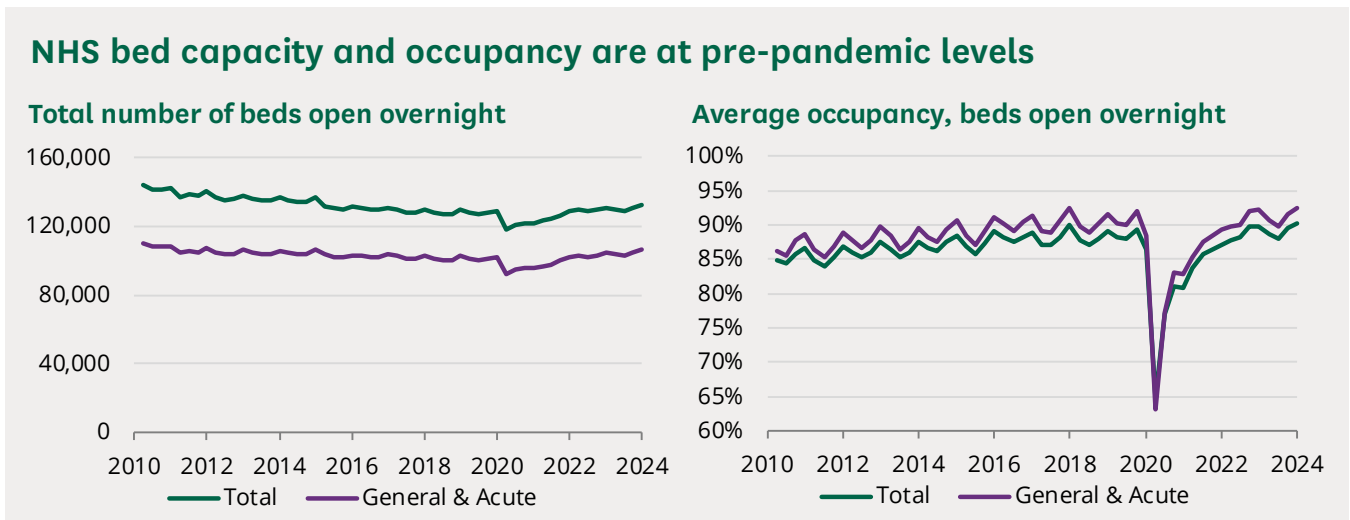
In the quarter ending March 2024, the NHS had an average of 132,520 beds available in England, of which 106,475 were general and acute beds.<sup>12</sup> Overall, this is a fall of around 3% compared with ten years ago. However, the number of general and acute beds has increased by 2% compared with a decade ago.

General and acute beds cover around 80% of hospital beds in England, with 13% mental health, 6% maternity and 1% learning disability beds.

General and acute bed availability fell by 9% 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.

Bed numbers and occupancy returned to pre-pandemic levels by the end of 2023. In the quarter ending December 2023 there were 104,454 beds available, compared with 101,598 in the same quarter in 2019. 91.6% of these beds were occupied compared with 92.0% in December 2019.

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



Source: NHS England, [Bed Availability and Occupancy](#), Beds available overnight time series 2010-11 onwards (adjusted for missing data)

In general, NHS bed availability has been falling for several decades. NHS England publishes a [time series back to 1987](#).<sup>13</sup> This trend should be interpreted in the context of increased use of day surgery and a shift to

<sup>12</sup> These figures refer to beds on wards that are open overnight. A further 12,705 beds were available on wards that are open only during the day. See NHS England, [Bed Availability and Occupancy](#).

<sup>13</sup> NHS England, [Bed Availability and Occupancy](#), Beds Times Series 1987-88 to 2009-10.

increased care in the community (outside of hospitals).

## 7.2 Patients who no longer meet the criteria to reside in hospital

Since 2022, NHS England has published daily information on the number of patients discharged from hospital each day, as well as the number remaining in hospital who no longer meet the criteria to reside in hospital.<sup>14</sup>

In February 2024 there were between 11,800 and 12,500 patients remaining in hospital each day who did not meet the criteria to reside. This represents around one in nine general and acute beds in England.

Between 2010 and 2020, NHS England published data on delayed discharges from hospital, but this collection has been discontinued.<sup>15</sup> The new data on discharge delays cannot be compared with the old data.

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## 8 GP appointments

In May 2024 there were estimated to be 30.5 million appointments at GP surgeries in England. This is around 21% more appointments per working day than in May 2019 (pre-pandemic).<sup>16</sup> The chart below shows the average number of appointments per working day each month since 2019.<sup>17</sup>

During the early stages of the Covid-19 pandemic, GP appointments fell. In April 2020 the number of appointments was 32% lower than in April 2019. Activity rose above pre-pandemic levels consistently from mid-2021 onwards.

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 with staff who are not GPs) but does not include Covid-19 vaccine appointments.

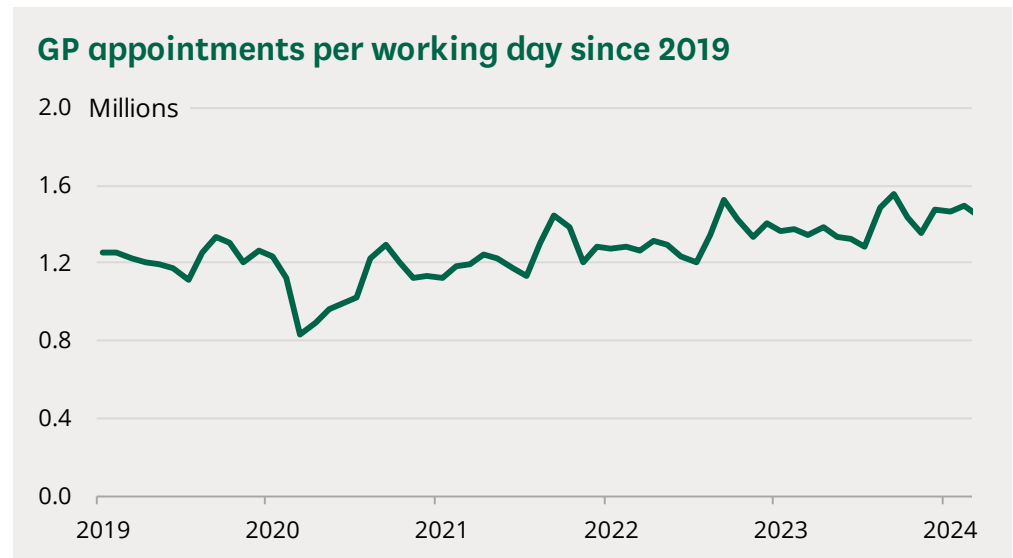
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<sup>14</sup> NHS England, [Discharge Delays \(Acute\)](#)

<sup>15</sup> NHS England, [Delayed Transfers of Care](#)

<sup>16</sup> NHS Digital, [Appointments in General Practice, May 2024](#), Summary tables

<sup>17</sup> 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.



Source: NHS Digital, [Appointments in General Practice, May 2024](#), Summary table 1a

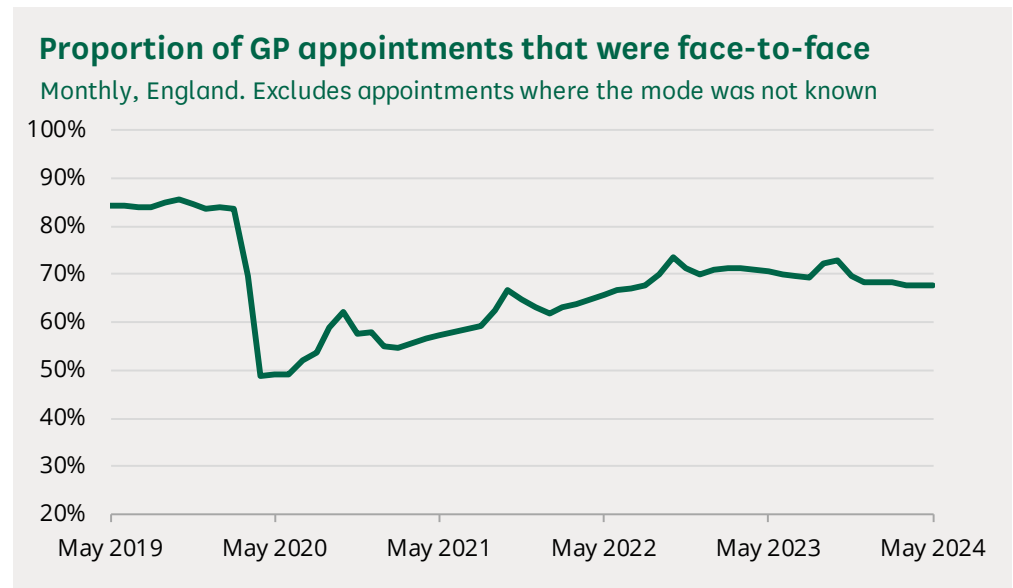
The data source only contains information about activity captured on GP practice systems. NHS Digital advise that there is substantial variation between areas in how activity is recorded, so caution is required in interpreting the data. In addition, Covid-19 has led to changes in business practices within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

## 8.1

### Face-to-face appointments

Data is recorded on the 'mode' of appointments in general practice (for example whether they take place face-to-face or on the telephone, etc). Prior to the Covid-19 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.

The proportion of face-to-face appointments rose steadily between 2021 and 2023. However, in recent months it has fallen and stands at 67.6% in May 2024.



Source: NHS Digital, [Appointments in General Practice, May 2024](#), Summary table 1a

Please note that around 2% 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 a small impact on the overall trend.

## 9

### Data that has not been collected since the Covid-19 pandemic

Some data collections that were previously included in this publication were suspended during the Covid-19 pandemic. These include [delayed transfers of care](#), [cancelled urgent operations](#), and [critical care capacity](#).

Other datasets have now resumed collection but are not currently included in this publication:

- [Cancelled elective operations](#)
- [Mixed-sex accommodation breaches](#)

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

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