NHS Key Statistics: England, February 2020

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 and other performance indicators for acute care**

- **Staff numbers**

Information on funding can be found in our briefing paper **NHS Funding Allocations**. The Library also maintains a separate briefing on **Mental Health Statistics**.

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**.

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Pressures on England's NHS in 2019

In 2019, demand for NHS hospital services in England continued to rise. At the same time, performance on many of the main waiting times measures fell.

Accident and emergency attendances rose by almost 5% in 2019. Waiting time performance reached record lows, with 31% of patients spending over 4 hours in major A&E in December 2019.

Waiting lists for treatment have risen to record levels. The proportion waiting less than 18 weeks for treatment is at its lowest level in a decade.

Cancer waiting times are the worst on record. On all eight measures recorded, annual performance in 2019 was lower than previous years.

Waits for diagnostic tests are at their highest level since 2008. 4.2% of patients have been waiting over 6 weeks to be tested - the target is <1%.

The capacity of the NHS has increased on some measures.

The number of overnight beds has stablised. After falling for several years, numbers are now static.

The NHS hospital workforce has grown in every category. The number of permanent qualified GPs continues to fall, but the number of GP trainees has risen.

Patients spending over 4 hours in major A&E
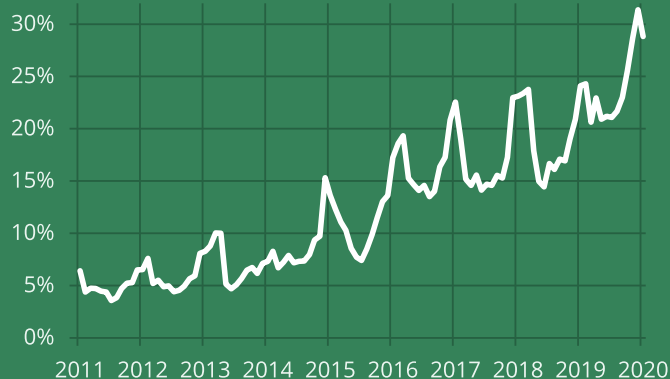
Waiting list for treatment
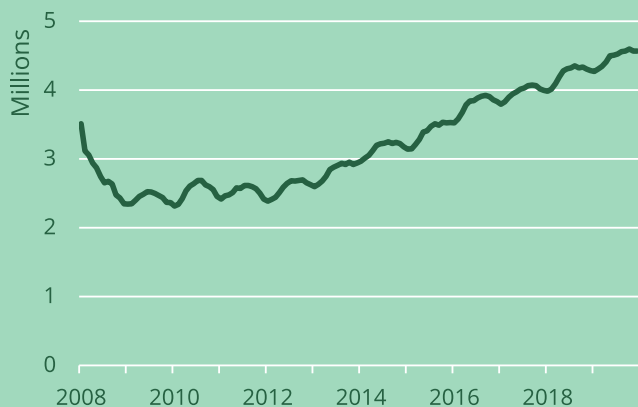
Change in doctors & nurses since 2010

Doctors

Nurses

Patients waiting 6+ weeks for diagnostic tests

1. Accident & Emergency

In 2019, an average of 70,231 people attended accident and emergency departments (A&E) each day in England. This is 4.8% higher than in 2018. At 'type 1' A&E departments – major hospital emergency departments offering a 24-hour service – the increase was similar, at 4.9%. Over the last five years, attendances at major A&Es have risen 10.6%, which amounts to over 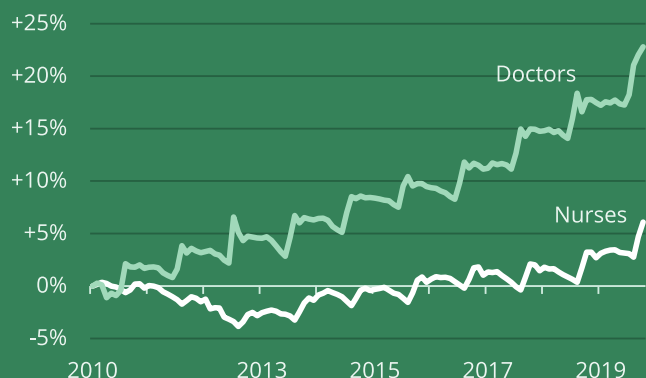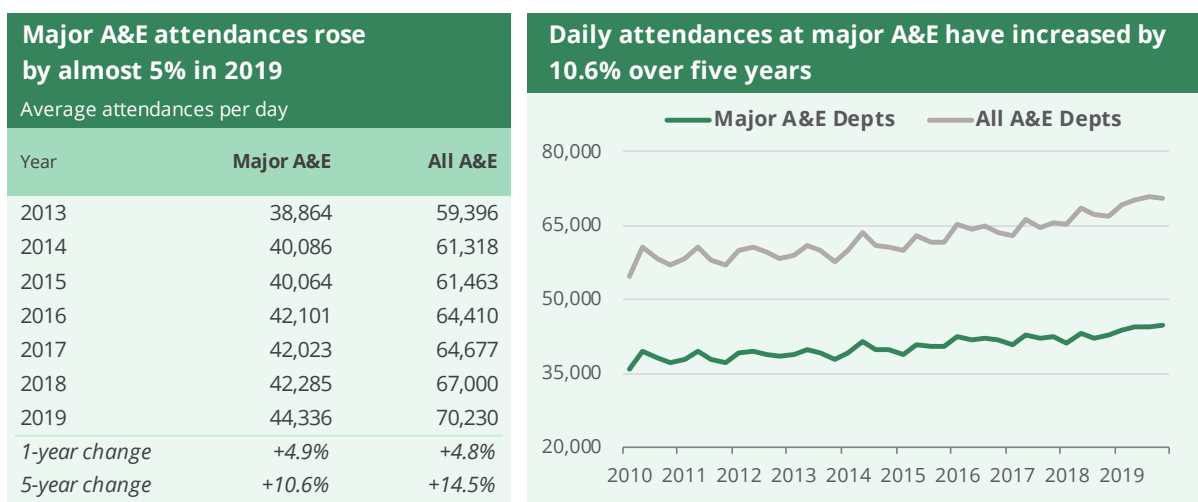4,000 extra people attending each day. Including minor facilities such as urgent care centres, the increase is almost 9,000 extra attendances per day across England.

The table below shows trends in the average daily number of attendances for calendar years up to 2019, and the chart shows quarterly data since 2010.

Major A&E attendances rose by almost 5% in 2019		
Average attendances per day		
Year	Major A&E	All A&E
2013	38,864	59,396
2014	40,086	61,318
2015	40,064	61,463
2016	42,101	64,410
2017	42,023	64,677
2018	42,285	67,000
2019	44,336	70,230
1-year change	*+4.9%*	*+4.8%*
5-year change	*+10.6%*	*+14.5%*

Daily attendances at major A&E have increased by 10.6% over five years

A&E waiting times: four-hour waits

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. NHS England's current target is that 95% of attendances should last less than four hours, measured from arrival to departure, admission or transfer. Not all the time measured is spent waiting, since time being treated in A&E counts against the four-hour target.

The graphic overleaf 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 purple 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 but are colour-coded based on the precise value – so e.g. January 2019's 15.6% performance is rounded to 16% but colour-coded as '12-16%'.

NHS waiting time measures and targets might be changing soon. Proposals include new targets for A&E. Find out more in NHS England's review of clinical standards and its note on May 2019 A&E data.

Because some NHS trusts are piloting potential new measures of A&E waiting times, **national** data on A&E performance from May 2019 onwards **does not cover all trusts in England.**

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%	11%	11%	12%	14%		
2019	16%	16%	13%	15%	13%	14%	14%	14%	15%	16%	19%	20%		
2020	18%													

Key
- 2% - 3.5%
- 3.5% - 5%
- 5% - 7%
- 7% - 9%
- 9% - 12%
- 12% - 16%
- Over 16%
- Over 24%

Th proportion of patients spending over 4 hours in A&E has risen in recent years. 2019 saw the worst annual performance on record, with **15.3% of patients spending over 4 hours in A&E compared with 11.9% a year earlier and 5.5% five years earlier**. The period from 2016 to 2018 saw relative stability in the waiting times measure – but in 2019 performance worsened again to the lowest level on record. Just under 3.5 million patients spent longer than 4 hours in A&E in 2019. This has risen from 1.1 million in 2014.

While A&E waiting times have risen at the same time as attendances have increased, the increase in 4-hour waits is cannot only be explained by changes in demand. For instance, **four-hour wait performance was worse in January 2020 than in January 2019, despite the number of attendances being lower in Jan 2020 than in Jan 2019.**

Performance tends to be worse in the winter months, but recent summers have seen worse performance than any winter on record prior to 2014/15, which emphasises the scale of the change in recent years.
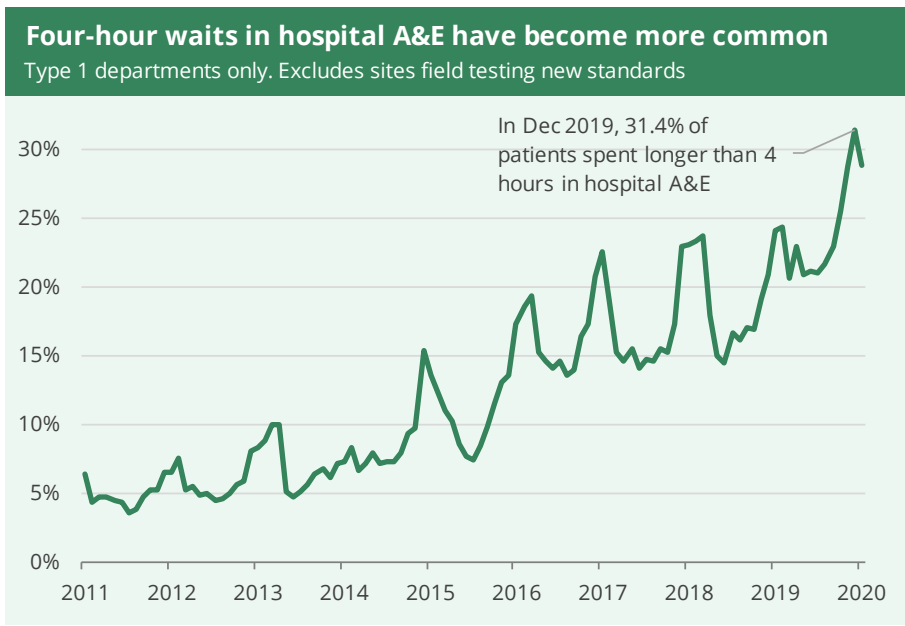
Four-hour waits in hospital A&E departments

The four-hour wait figures above count attendances at all kinds of A&E facilities – both major and minor. But 97% 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 1.3% 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, **4-hour performance in type 1 (major) departments is often a more useful measure than the overall 'all departments' figure.**

In major A&E departments, **23.8% of patients waited longer than 4 hours in 2019. This compares with 18.6% in 2018 and 8.5% in 2014**. This is equivalent to 6,300 more 4-hour waits in major A&E departments each day on average – while over the same period the average daily number of attendances has risen by 3,600.

The graphic below shows colour-coded squares for 4-hour wait percentages as above, but for major departments only. While there is no national percentage target applying specifically to major departments, the same colour coding is used for consistency. The chart below the graphic shows the same data on a standard line chart.

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%	17%	17%	19%	21%	
2019	24%	24%	21%	23%	21%	21%	21%	22%	23%	26%	29%	31%	
2020	29%												

Key

	2% - 3.5%
	3.5% - 5%
	5% - 7%
	7% - 9%
	9% - 12%
	12% - 16%
	Over 16%
	Over 24%

Four-hour waits in hospital A&E have become more common
Type 1 departments only. Excludes sites field testing new standards

In Dec 2019, 31.4% of patients spent longer than 4 hours in hospital A&E

Performance varies substantially at different hospitals. The chart overleaf shows the number of NHS trusts in each performance category in the three months ending December 2019. At one trust, less than 5% of patients spending longer than four hours in major A&E. **At 97 trusts, however, more than one in five patients spent over 4 hours in A&E.**

At 80% of NHS trusts, over than 1 in 5 patients spent 4+ hours in major A&E departments in the last quarter

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

Under 5%	1
5% - 10%	2
10% - 15%	5
15% - 20%	13
20% - 30%	44
Over 30%	53
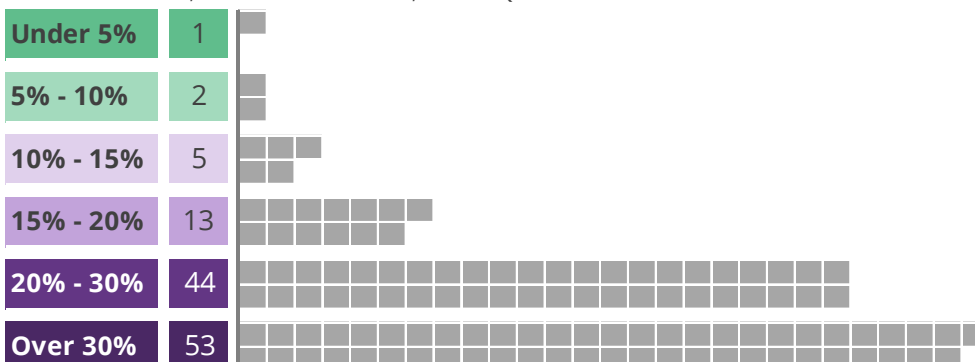
The first table below shows which NHS trusts had the highest and lowest major A&E waiting time performance in the three months to January 2020. These figures exclude the 14 trusts currently taking part in the pilot of new A&E performance measures.

The second table below shows year-on-year changes in A&E waiting times. Four trusts in England saw in improvement in their four-hour performance, while County Durham & Darlington trust saw a 25 percentage-point increase in four-hour waits compared with last year.

Waiting times at major A&E departments: best and worst performing, last 3 months

Highest percentage waiting over 4 hours		Lowest percentage waiting over 4 hours	
Barking, Havering and Redbridge UH NHS Trust	52.2%	Sheffield Children's NHS FT	4.2%
Blackpool Teaching Hospitals NHS FT	51.3%	Yeovil District Hospital NHS FT	6.4%
Croydon Health Services NHS Trust	50.0%	Homerton University Hospital NHS FT	7.3%
Lancashire Teaching Hospitals NHS FT	48.8%	The Newcastle Upon Tyne Hospitals NHS FT	12.3%
United Lincolnshire Hospitals NHS Trust	47.1%	Northumbria Healthcare NHS FT	12.8%
Isle Of Wight NHS Trust	46.3%	Western Sussex Hospitals NHS FT	13.7%
Norfolk & Norwich University Hospitals NHS FT	44.3%	Harrogate and District NHS FT	13.9%
County Durham and Darlington NHS FT	44.2%	Maidstone and Tunbridge Wells NHS Trust	14.6%
King's College Hospital NHS FT	44.1%	Barnsley Hospital NHS FT	15.6%
Shrewsbury and Telford Hospital NHS Trust	43.5%	Sherwood Forest Hospitals NHS FT	15.7%

Waiting times at major A&E departments: biggest changes year on year
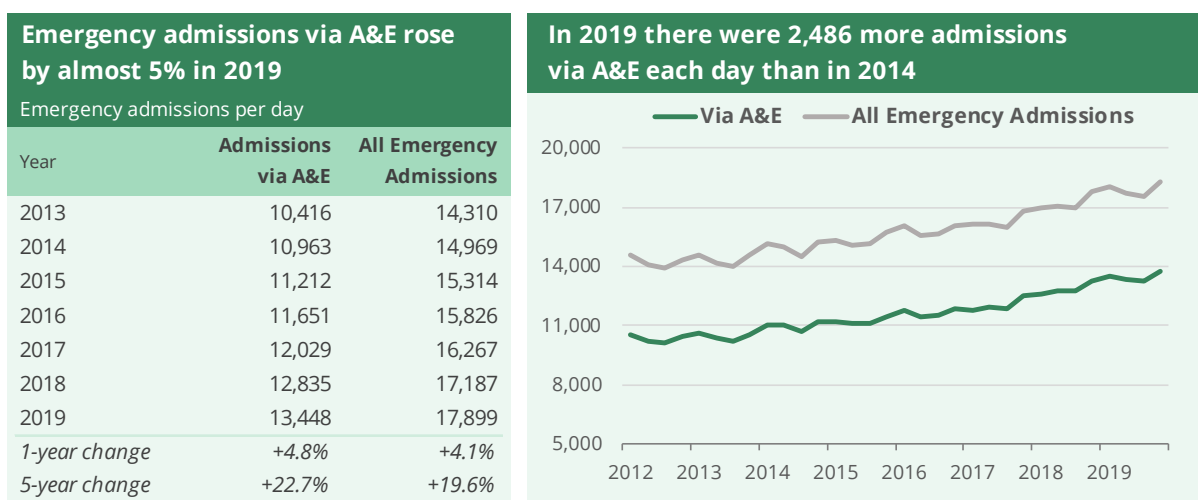Percentage-point change in patients spending longer than 4 hours in A&E

Largest decreases in 4-hour waits		Largest increases in 4-hour waits	
West Hertfordshire Hospitals NHS Trust	-6.0%	County Durham & Darlington NHS FT	+25%
Warrington & Halton Teaching Hospitals NHS FT	-1.3%	Chesterfield Royal Hospital NHS FT	+24%
Worcestershire Acute Hospitals NHS Trust	-1.2%	Tameside & Glossop Integrated Care NHS FT	+21%
Walsall Healthcare NHS Trust	-0.3%	Great Western Hospitals NHS FT	+21%
		Isle Of Wight NHS Trust	+20%
		York Teaching Hospital NHS FT	+19%
		Mid Cheshire Hospitals NHS FT	+19%
		UH Coventry & Warwickshire NHS Trust	+17%
		South Tees Hospitals NHS FT	+17%
		Barking, Havering & Redbridge UH NHS Trust	+16%

Emergency Admissions

In 2019, an average of 13,448 people were admitted to hospital via A&E each day. This is up 4.8% on 2018 and 22.7% on five years ago. This amounts to an extra 2,500 emergency admissions in England each day. The table below shows trends for calendar years since 2013, and the chart shows quarterly data.

It's been reported that some of the growth in emergency admissions is due to 'zero-day admissions' i.e. those who are discharged without an overnight stay.[1] If correct, this suggests that the change in emergency admissions doesn't only indicate an increase in demand.

Emergency admissions via A&E rose by almost 5% in 2019		
Emergency admissions per day		
Year	Admissions via A&E	All Emergency Admissions
2013	10,416	14,310
2014	10,963	14,969
2015	11,212	15,314
2016	11,651	15,826
2017	12,029	16,267
2018	12,835	17,187
2019	13,448	17,899
1-year change	*+4.8%*	*+4.1%*
5-year change	*+22.7%*	*+19.6%*

In 2019 there were 2,486 more admissions via A&E each day than in 2014

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. It's important to note that this measure time waited *after the decision to admit has been made* – patients would usually have spent time in A&E before this decision, so their total waiting time would be longer.

The number of long waits for admission has increased substantially in recent years. In 2019 there were 855,000 cases where a patient waited longer than 4 hours for admission, which amounts to over one in eight emergency admissions to hospital, was 33% higher than in 2018, and more than triple the figure for 2014. This was also the largest year-on-year increase on record.

The number of 12-hour waits for admission doubled in 2019 compared with 2018. Prior to November 2019, there had only been one month on record where more than 1,000 12-hour waits were recorded – 1,054 in January 2018 – but in December 2019 and January 2020 this winter there were over 2,000 such waits. January 2020 saw a new monthly record of 2,846 – higher than the annual figure for each year before

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

2018. In January 2020 alone, two separate trusts had more 12-hour waits than were recorded in England in the whole of 2013.

| 13% of emergency admissions waited over 4 hours for a bed in 2019		
Number of long waits after a decision to admit		
Year	4 hour waits for admission	12 hour waits for admission
2013	177,966	256
2014	244,932	390
2015	348,101	1,306
2016	540,729	2,594
2017	568,287	2,792
2018	641,963	4,049
2019	855,621	8,250
1-year change	*+33.3%*	*+103.8%*
5-year change	*+249%*	*+2015%*

There were almost five times as many long waits for admission in 2019 as in 2013
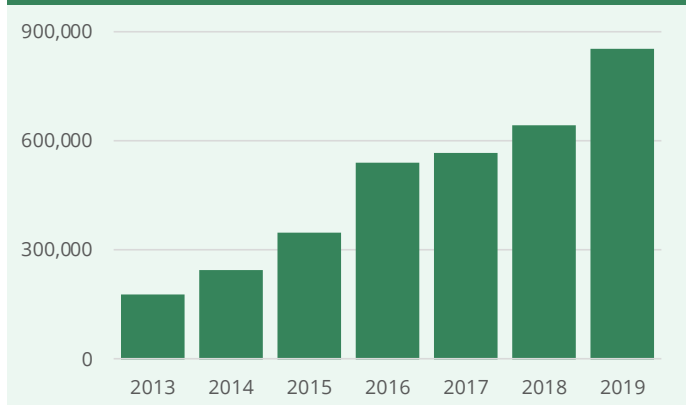
The chart below shows monthly data on 4-hour waits for admission since 2011. Numbers peak in winter, but in recent summers there have been over 1,000 long waits for admission each day. After 3 winters with similar peaks, this winter saw a further increase in long waits: in January 2020 there were 22% more trolley waits than in Jan 2019.

Long waits for admission tend to peak in the winter
Daily average number of patients waiting longer than 4 hours for admission after a decision to admit

Jan 2020: 3,336 per day

Feb 2012, 541 per day
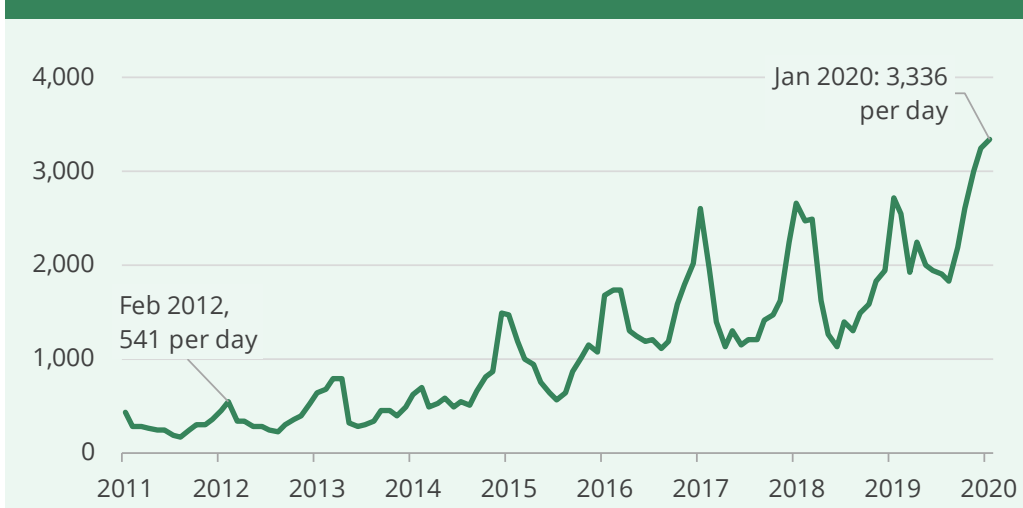
Note that the '12-hour wait' category is counted from a decision to admit and not from the time of arrival. It also only counts patients who are admitted to hospital. This means that the number of people who spend over 12 hours in A&E is much higher, at 330,000 in 2018/19.

Data frequency*: monthly.*

Data source*:* NHS England, A&E Attendances and Emergency Admissions

2. Waiting Times for Consultant-Led Treatment

The NHS constitution states that patients referred by their GP 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.[2]

On average there are 1.3 million completed treatment 'pathways' for 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 current waiting list as of December 2019 is estimated at 4.57 million – up 6.6% year-on-year and up 44% compared with five years ago. NHS England had an ambition to keep the waiting list stable during 2018-19 (see 3.7 here), but this was not met.

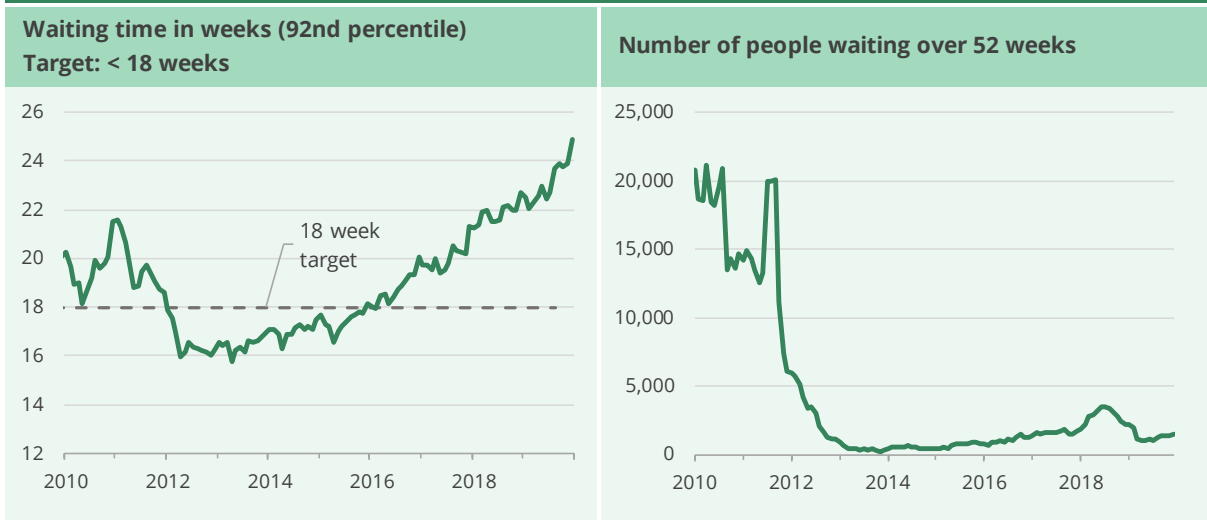**The number of people on the waiting list for treatment has risen by 44% in the last five years**

The 18-week target

The chart below shows performance against the 18-week waiting time target mentioned above. **The target for 92% to have been waiting for less than 18 weeks has not been met since March 2016, and performance has continued to decline in 2019**. As of December 2019, 92% of those on the list have been waiting for less than 24.9 weeks – almost seven weeks longer than the target, and only one week less than six months.

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[2] As with A&E, potential new targets are currently being piloted. See NHS England's Review of Clinical Standards.

The 18-week waiting times target has not been met since early 2016

**Waiting time in weeks (92nd percentile)
Target: < 18 weeks**

**Number of people waiting over 52 weeks**

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 1,467. Following an increase to over 3,000 in 2018, numbers fell again during late 2018 and 2019. This means that NHS England met its ambition to halve 52-week waiters during 2018-19.

Performance against the 18-week target varies between NHS trusts. The chart below shows the number of trusts in each waiting time band. 112 trusts were breaching the 18-week target at the end of December 2019. The number of trusts with waits over 25 weeks has increased from 42 to 59 since August. The trusts with the longest 92nd percentile waiting times are currently Brighton & Sussex University Hospitals (36.4 weeks), Basildon & Thurrock University Hospitals (35.4 weeks), and Dorset County Hospital (33.4 weeks).

67% of NHS trusts had treatment waiting times above the 18 week target in December 2019

92ND PERCENTILE WAITING TIME; NUMBER OF TRUSTS

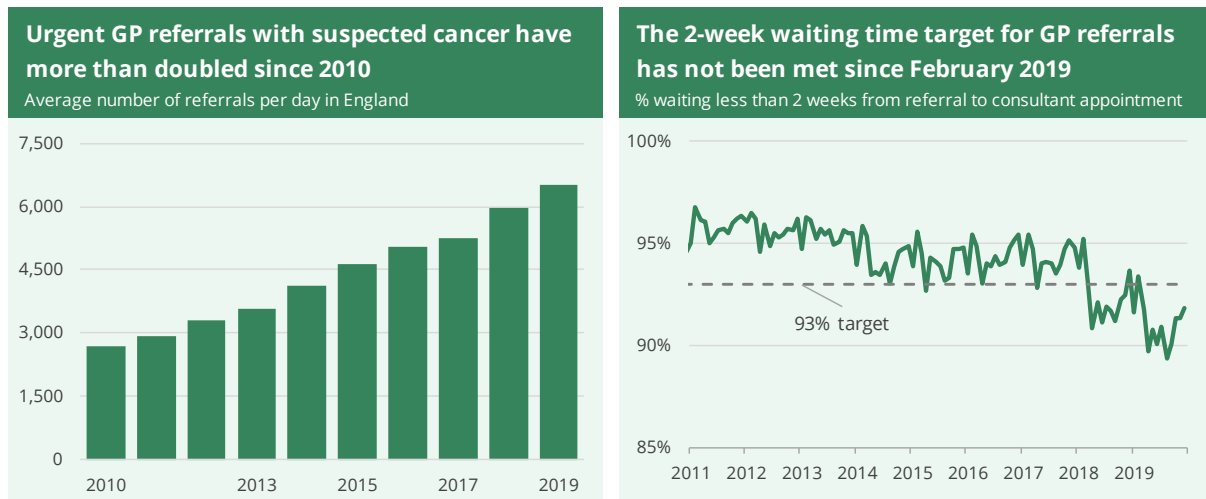| Band	Number
< 13 weeks	13
13 < 17 wks	21
17 < 18 wks	21
18 < 21 wks	21
20 < 25 wks	32
> 25 weeks	59
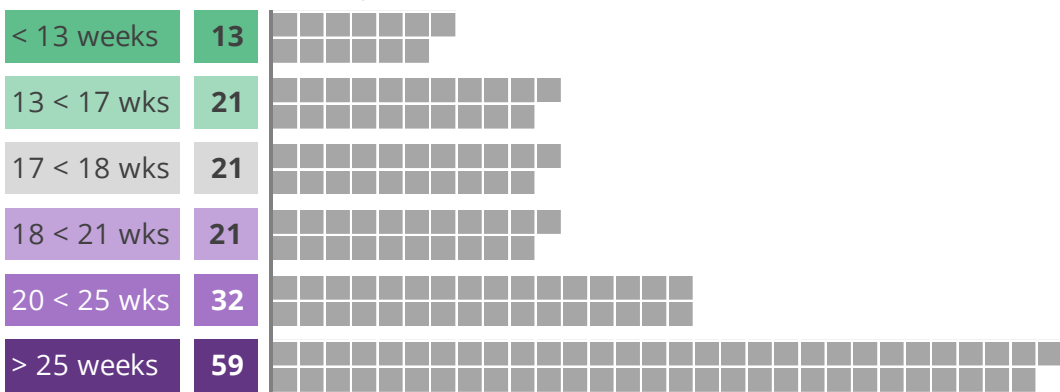
Data frequency: monthly.

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

3. 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 2019 there were 2.38 million referrals – an average of 6,135 per day. This is 9% higher than in 2018 and almost double the number of referrals in 2012. Few other NHS activity measures have seen such a rapid increase this decade.

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. Since then performance has fallen, and as of December 2019 the target has not been met for ten months. August 2019 saw record low performance on this measure, at 89.4%.

Urgent GP referrals with suspected cancer have more than doubled since 2010
Average number of referrals per day in England

The 2-week waiting time target for GP referrals has not been met since February 2019
% waiting less than 2 weeks from referral to consultant appointment

First treatments for cancer (waiting time standard: 31 days between decision to treat and first treatment)
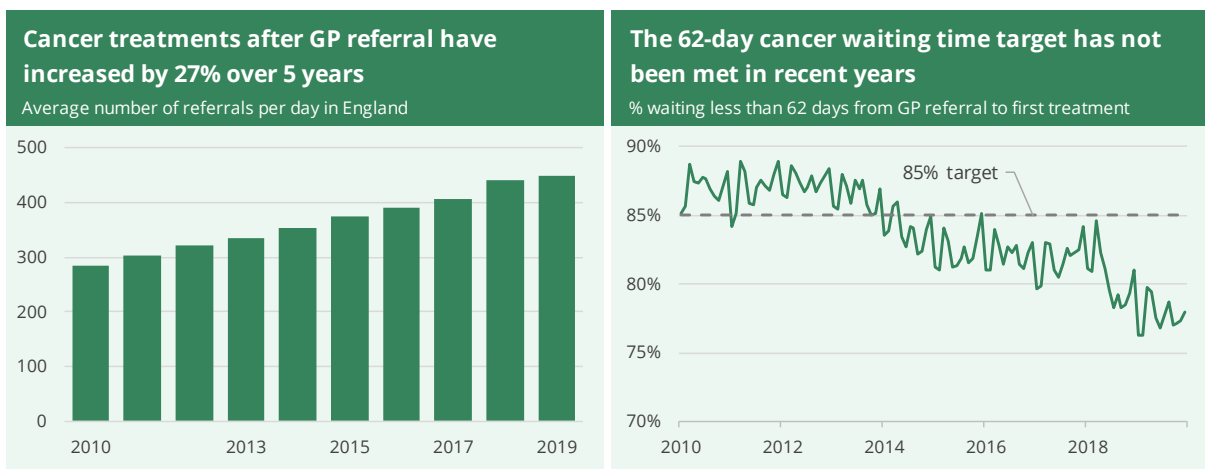
In 2019, 310,310 patients had a first treatment for cancer – an average of 850 per day. This is similar to the previous year, and 14.2% higher than five years ago.

The waiting time target is that 96% of patients should receive their first treatment within 31 days of a decision to treat. In December 2019, performance was 95.97% of patients were treated within 31 days of a decision to treat. This target has traditionally always been met, but was breached in five out of twelve months in 2019.
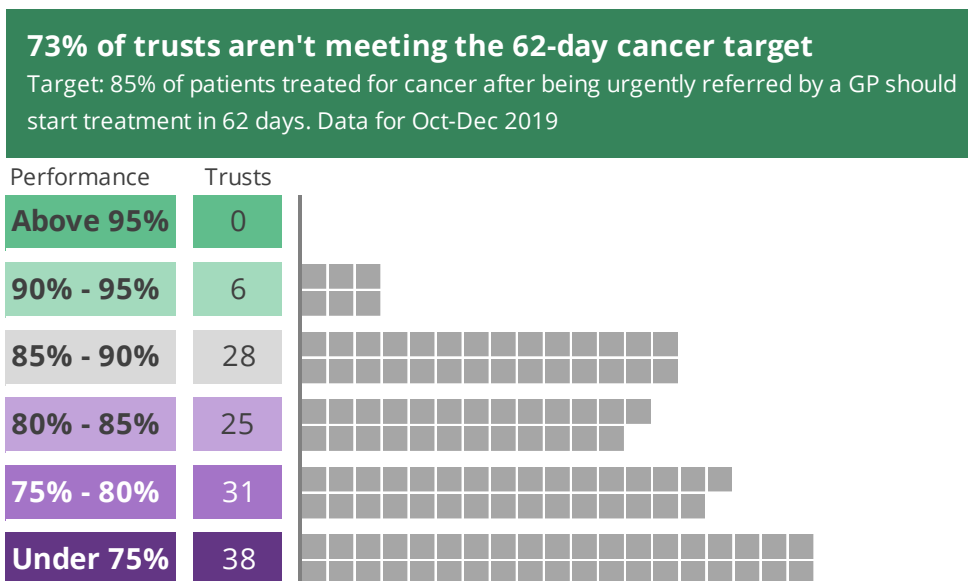
First treatments for cancer after an urgent GP referral *(waiting time standard: 62 days between GP referral and first treatment)*

In 2019, 163,614 patients were treated for cancer after having been urgently referred by their GP. This is 1.7% higher than the previous year, and 26.6% higher than 5 years ago.

Unlike the two targets mentioned above, it has been some time since the 62-day 85% target on this measure has been met. In December 2019, 77.5% of patients were treated within 62 days of urgent GP referral. During 2018 and 2019 record low performance against this target was recorded. The target of 85% has been missed for all but one month since April 2014, as the chart below (right) shows.

Cancer treatments after GP referral have increased by 27% over 5 years
Average number of referrals per day in England

The 62-day cancer waiting time target has not been met in recent years
% waiting less than 62 days from GP referral to first treatment

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 in the last three months of 2019. Trusts with few patient pathways are excluded.

73% of trusts aren't meeting the 62-day cancer target
Target: 85% of patients treated for cancer after being urgently referred by a GP should start treatment in 62 days. Data for Oct-Dec 2019

Performance	Trusts
Above 95%	0
90% - 95%	6
85% - 90%	28
80% - 85%	25
75% - 80%	31
Under 75%	38

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. In previous editions, two specialist cancer trusts – Christie Hospital and Clatterbridge Hospital – have featured among the worst-performers. Both improved their performance in 2019-20.

Lowest performance against 85% cancer target % waiting less than 62 days after GP referral, Oct-Dec 2019	
The Royal Wolverhampton NHS Trust	58%
University Hospitals Birmingham NHS FT	60%
Mid Essex Hospital Services NHS Trust	62%
Oxford University Hospitals NHS FT	64%
United Lincolnshire Hospitals NHS Trust	65%
North West Anglia NHS FT	66%
Northern Lincolnshire and Goole NHS FT	66%
The QE Hospital King's Lynn NHS FT	67%
Pennine Acute Hospitals NHS Trust	67%
Norfolk & Norwich University Hospitals NHS FT	67%

Data frequency: monthly

Data source: NHS England, Cancer Waiting Times.

4. 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 hospital, 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 fell between early 2017 and mid 2019. However, numbers rose slightly in late 2019 – especially for delays with social care responsibility.

In December 2019 there were 148,000 'delayed days' due to delayed transfers of care – an average of 4,777 each day. This compares with 3,633 per day in December 2013, an increase of 31%. However, since August 2016, the number of delayed discharges has fallen by 24% from 6,305 per day.

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 is not apt given that only 12% of delays are due to patient or family choice.

Delayed discharges have fallen by 24% in the last three years, but remain 31% higher than six years ago

Average daily delays by responsible organisation since 2011
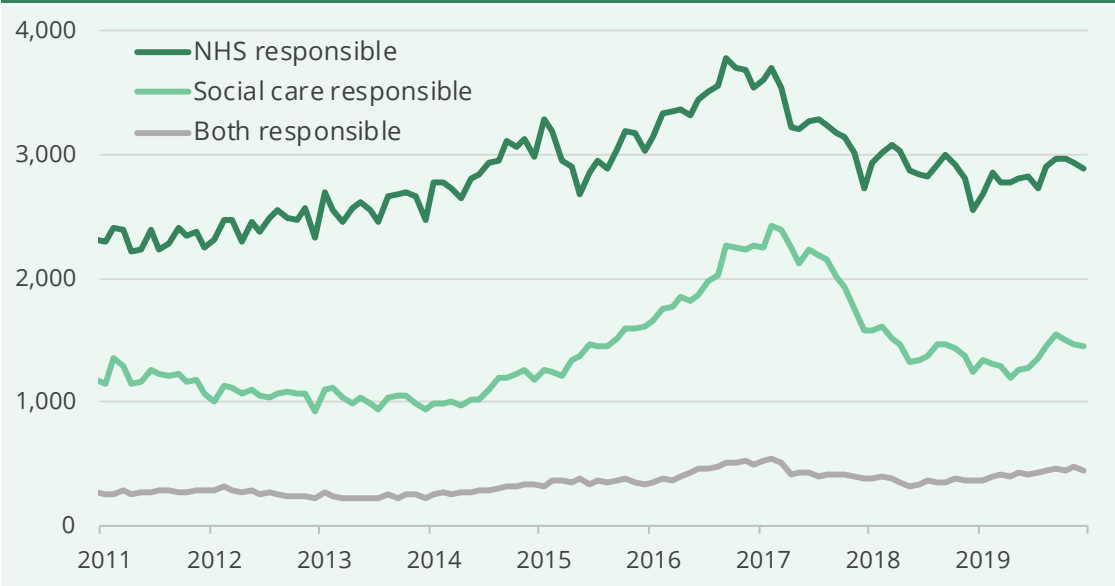
The increase in delays up to 2017 was due to both NHS-related delays and social care-related delays. Between Oct 2012 and Oct 2016, delayed discharges caused by social care more than doubled, while delays caused by the NHS rose by 43%. Between Oct 2016 and Dec 2018, social care delays fell by 45% while NHS delays fell by 31%.

The first table overleaf shows the most common recorded reasons for delayed discharges in 2019. The table also shows how different reasons for delay have changed over a six-year period. There have been substantial increases in delays where people were **awaiting a care package in their own home** (135%) and **awaiting nursing home placements** (44%). Waits for **residential home placements** have also risen 30% in five years. Meanwhile, delays caused by patients awaiting completion of assessment have fallen 24%.

The second overleaf below shows which council areas had the highest rates of delayed transfers relative to population size in 2019. The top left table shows figures relative to the population aged 18+. The top right table shows figures relative to the population aged 65+.[3] Increases and decreases since 2017 are also shown.

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[3] Data for Wales shows that most of those whose discharges are delayed are aged 65 or over. No equivalent data is collected for England. Note that the age breakdown of those subject to delayed discharges may differ between local areas, so some differences on each measure will be due to the differing age structures of different local authorities.

Delays due to waits for home care have more than doubled over the past six years

Total delayed days by reason in 2019 compared with 2013

Reason for delay	Total delayed days	Change
Awaiting care package in own home	349,348	+135%
Awaiting further non-acute NHS care	303,113	+2%
Awaiting nursing home placement or availability	225,296	+44%
Awaiting residential home placement or availability	205,671	+30%
Patient or family choice	203,403	+8%
Awaiting completion of assessment	202,692	-24%
Housing - patients not covered by Care Act	71,969	+30%
Awaiting community equipment and adaptations	47,757	+20%
Awaiting public funding	47,323	-35%
Disputes	12,753	-34%

Delayed transfers of care by local authority, 2019

Highest (per 1,000 population aged 18+)

Cumbria	86
Manchester	80
Cornwall	74
Trafford	72
Oxfordshire	72
City of London	69
Southampton	69
Birmingham	67
Hampshire	66
Redcar & Cleveland	65

Highest (per 1,000 population aged 65+)

Manchester	668
Southampton	411
Birmingham	387
Islington	361
Bristol	359
Nottingham	350
Tower Hamlets	333
Lambeth	330
Trafford	315
Hackney	311

Largest increase in delays since 2018

Salford	+160%
Isle of Wight	+89%
Southwark	+85%
Lewisham	+76%
Sunderland	+60%
Rotherham	+59%
Manchester	+57%
West Berkshire	+54%
Doncaster	+49%
Lambeth	+45%

Largest decrease in delays since 2018

Darlington	-58%
Hartlepool	-55%
Sandwell	-50%
Sheffield	-49%
North Tyneside	-49%
Herefordshire	-38%
Peterborough	-37%
Blackpool	-36%
Windsor & Maidenhead	-35%
Halton	-34%

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, but by December 2018, the rate had reduced to around 3.3%.

The percentage of bed days lost to delayed discharges 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 the

first quarter of 2019. These percentages are calculated using the total number of acute delayed days compared with [recorded availability of overnight beds](#).

Acute delayed transfers: trusts with the highest percentage of bed days lost, Oct-Dec 2019	
North Cumbria Integrated Care NHS FT	10.3%
Oxford University Hospitals NHS FT	8.0%
University Hospital Southampton NHS FT	7.4%
Hampshire Hospitals NHS FT	7.3%
North Bristol NHS Trust	7.3%
Lancashire Teaching Hospitals NHS FT	7.2%
Great Western Hospitals NHS FT	7.1%
East Kent Hospitals University NHS FT	6.9%
Isle of Wight NHS Trust	6.5%
Homerton University Hospital NHS FT	6.1%

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

Data frequency: monthly.

5.   Cancelled Operations

Elective Operations

In 2019, 86,364 elective operations were cancelled for non-clinical reasons on the day the patient was due to arrive. This is 1.05% of all elective admissions – similar to previous years. The percentage not treated within 28 days of cancellation fell from from 9.8% in 2018 to 8.8% in 2019.

Note that this dataset only measures operations cancelled at the last minute. Cancellations in advance will not typically be counted.
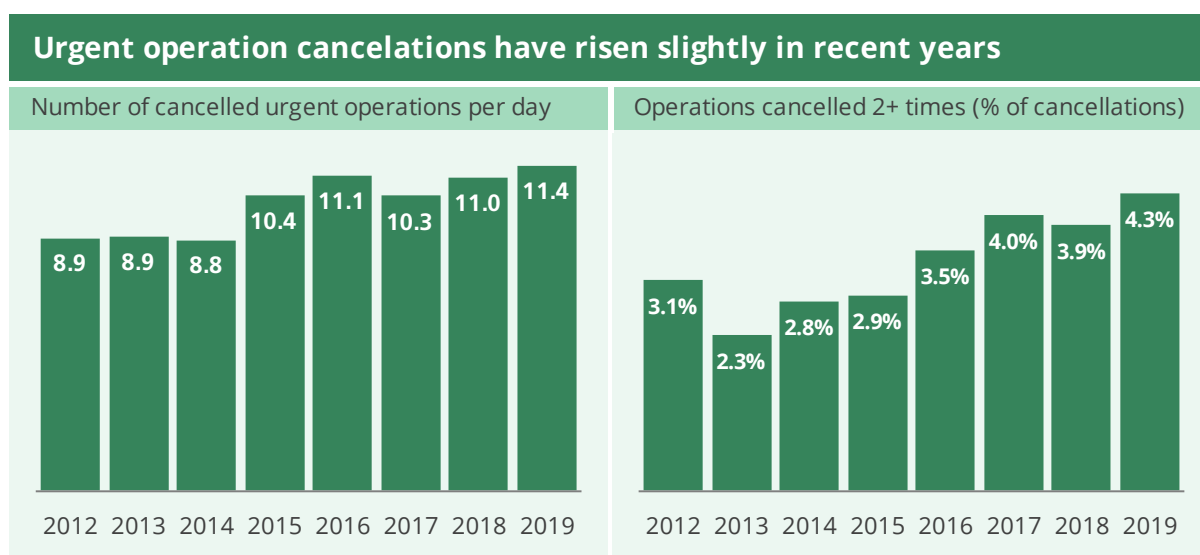
Around 1% of elective operations are cancelled on the day.
The percentage of cancellations not treated within 28 days has increased in recent years

Cancellations as a % of all elective admissions

0.83%	0.90%	0.90%	0.92%	1.05%	1.02%	1.06%	1.05%
2012	2013	2014	2015	2016	2017	2018	2019

Cancellations not treated within 28 days of cancellation

5.0%	5.2%	5.2%	7.0%	7.5%	7.3%	9.8%	8.8%
2012	2013	2014	2015	2016	2017	2018	2019
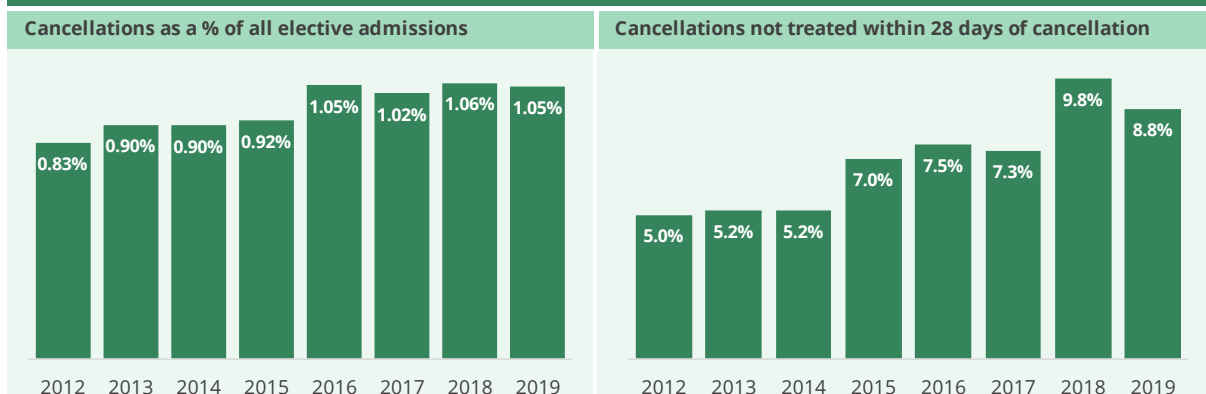
Cancellations not treated in 28 days are relatively concentrated by location, with ten hospital providers accounting for 37% of all cases in the last quarter of 2019.

Urgent Operations Cancelled

4,166 urgent operations were cancelled in 2019, and 181 were cancelled for the second time (or more) These were both record highs. The number of operations cancelled 2+ times was 16% higher in 2019 than in 2018.

Urgent operation cancelations have risen slightly in recent years

Number of cancelled urgent operations per day	Operations cancelled 2+ times (% of cancellations)

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

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

6. Diagnostic Tests: Activity and Waiting Times

In 2019 there were **23.6 million diagnostic tests** performed in England's hospitals. This is 4.4% higher a year ago, and 26% higher than five years ago. The number of MRI tests has increased by 29% in this five-year period, the number of CT scans by 38%, and the number of non-obstetric ultrasounds by 20%. In 2019 an average of 64,664 tests were performed each day, up from 51,446 per day in 2014. The chart overleaf shows trends for the three most common tests for full years up to 2019, plus the total of all other tests (e.g. echocardiography, audiology, gastroscopy and colonoscopy).

The number of diagnostic tests has increased by 26% over the past five years

Average daily number of diagnostic tests, by category
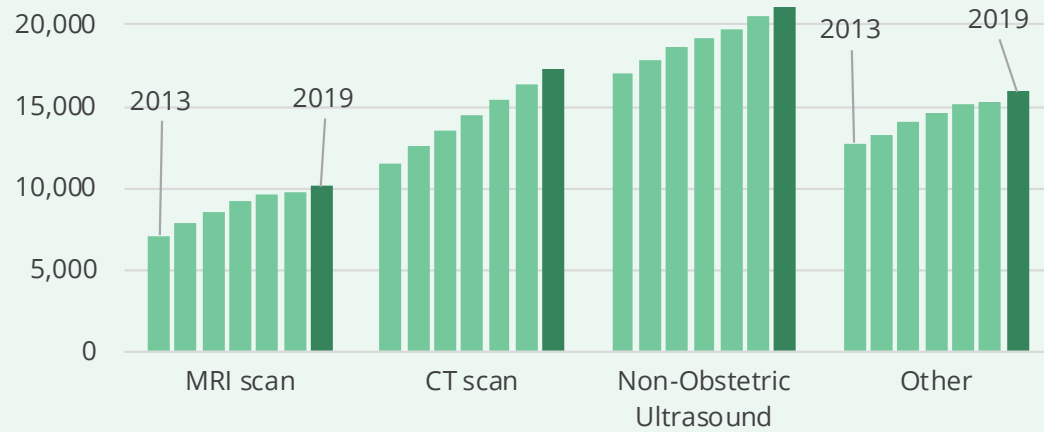
The waiting time target for diagnostic tests is that less than 1% of patients should have been waiting longer than 6 weeks. Performance on this measure has declined over the past two years. **As of December 2019, 4.2% of patients had been waiting over 6 weeks for a diagnostic test**.

However, current performance is much better than longer-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, and the 1% target has not been met since November 2013. August 2019's performance was the worst recorded since 2008.

 The charts below show trends from 2006-2019 (on the left) and from 2009-2019 (on the right). Note the different vertical scales on these two charts, which emphasise the sharp fall in waiting times between 2006 and 2008.

Patients waiting over 6 weeks for a diagnostic test

The percentage waiting over 6 weeks fell substantially between 2006 and 2008...
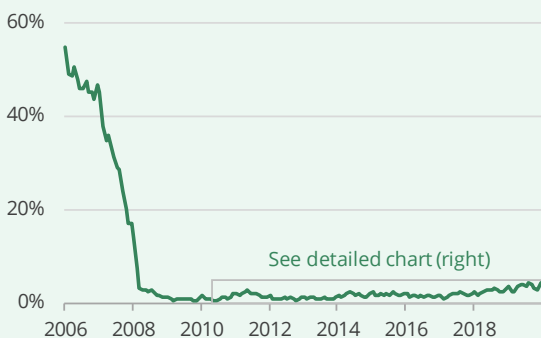
...but has grown since 2013 and has been consistently outside the 1% target
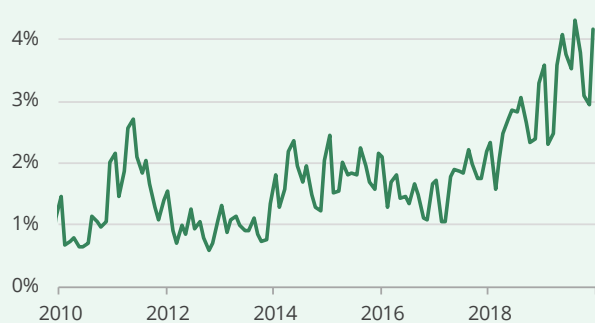
The table below shows which areas of the country had the highest proportion of patients waiting over 6 weeks for diagnostic tests as of August 2019.

Patients waiting 6+ weeks for a diagnostic test	
10 CCGs with highest percentage, December 2019	
Vale of York CCG	18%
North Lincolnshire CCG	17%
North East Lincolnshire CCG	17%
North Cumbria CCG	15%
Scarborough and Ryedale CCG	14%
Brighton and Hove CCG	14%
Devon CCG	14%
Castle Point and Rochford CCG	13%
Kingston CCG	13%
Sutton CCG	12%

Waiting times vary for different kinds of tests. In December 2019, no tests were meeting the 1% target. 1.1% had been waiting over 6 weeks for DEXA scans. By comparison, 16.3% had been waiting over 6 weeks for urodynamics tests and 13.1% for colonoscopies.

Data source: NHS England, Diagnostic waiting times and activity

Data frequency: monthly.

7. Ambulance Response Times

In recent years the NHS changed the way it measures ambulance response times. The changes are described here. There are four categories of severity for ambulance calls which have different response time standards:[4]

- **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.
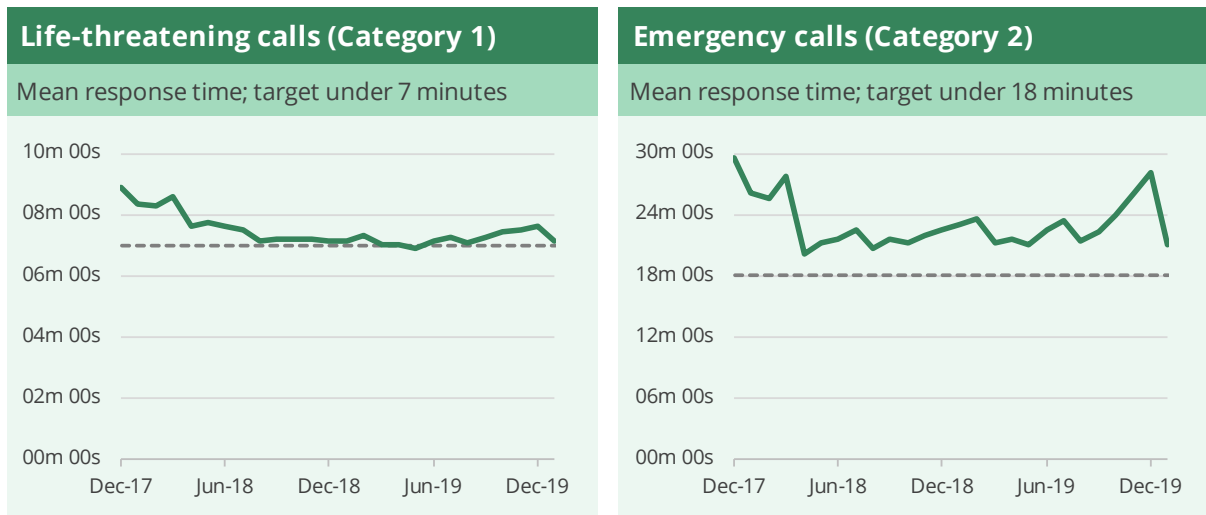
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[4] Category descriptions from North East Ambulance Service, Understanding ambulance response categories.

- **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 data below shows performance against the new targets since late 2017. Because of the recent change, historical comparisons can't be made.

Ambulance performance: average response times

The target for the Category 1 calls – immediately life-threatening cases - to receive a response within 7 minutes hasn't been met in most months. However, performance is usually only a few seconds outside the target. For Category 2 calls, the target is for an average of 18 minutes, but national performance has not met this target and is yet to be under 20 minutes. In December, the average response time was 21 minutes 5 seconds.
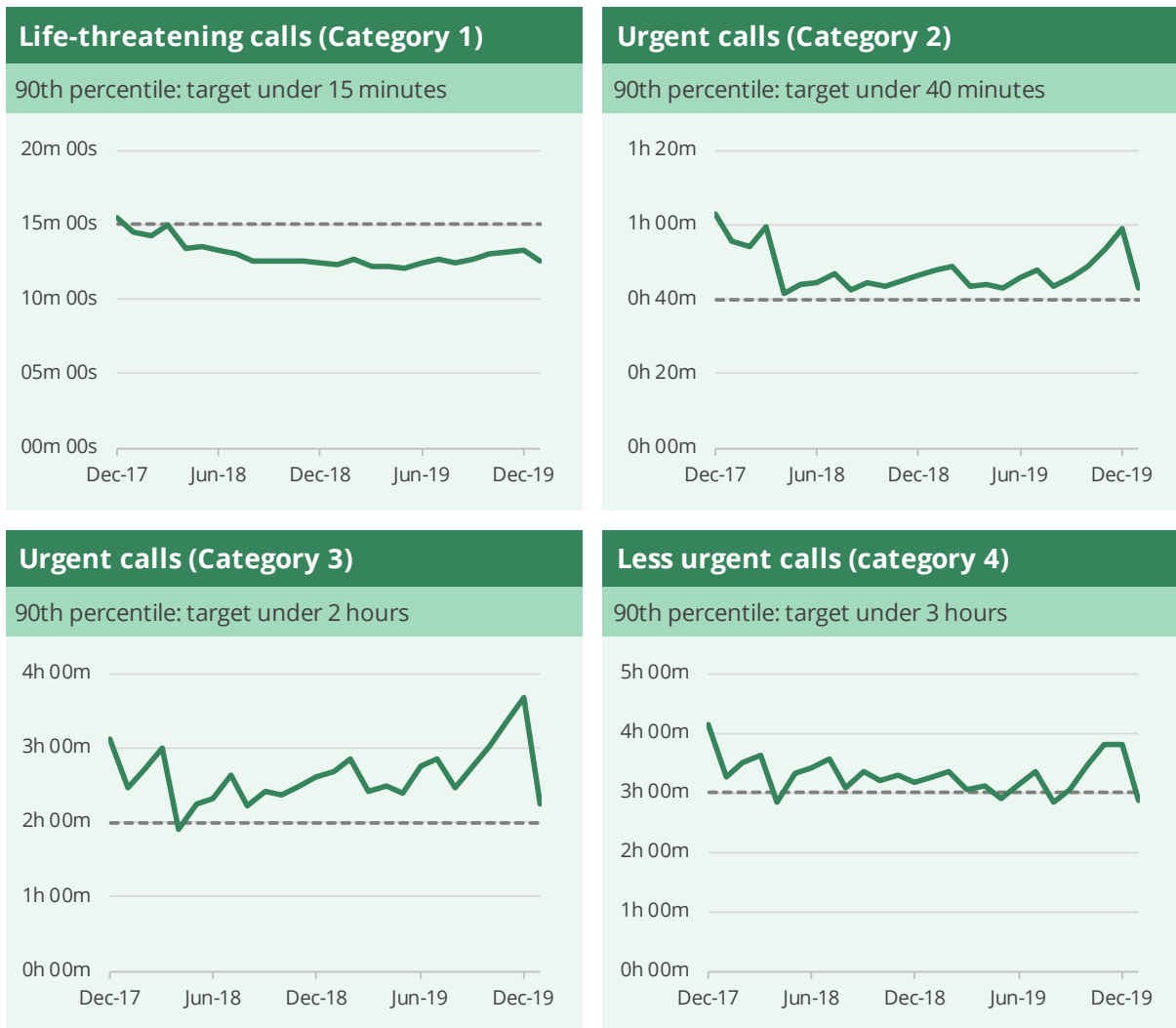
Life-threatening calls (Category 1)

Mean response time; target under 7 minutes

Emergency calls (Category 2)

Mean response time; target under 18 minutes

Ambulance performance: 90th percentile response times

For Category 1 calls, the 90th percentile waiting time standard of 15 minutes has been met for most of the last two years. In December 2019, 90% of ambulances responding to Category 1 calls arrived within 12m 30s.

For Category 2 and 3 calls, the 90th percentile targets have typically not been met. For Category 4 calls, performance has been close to the 3 hour target and sometimes within the target.

Several measures saw a sharp increase in response times in November and December 2019, followed by a recovery in January.

Life-threatening calls (Category 1)

90th percentile: target under 15 minutes

Urgent 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

Data frequency: monthly.

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

8. Doctors, nurses, and other staff numbers

The number of people employed by NHS hospital and community health services rose by 3.4% (42,121 people) between October 2018 and October 2019. In 'full-time-equivalent' terms, which take into account whether people work part-time or full-time, the workforce rose by 3.6% (38,563). All subsequent staff numbers in this section are given on this full-time equivalent (FTE) basis, because it provides the best measure of the workforce strength available to deliver services. Please see the source statistical releases for staff numbers on a headcount basis.
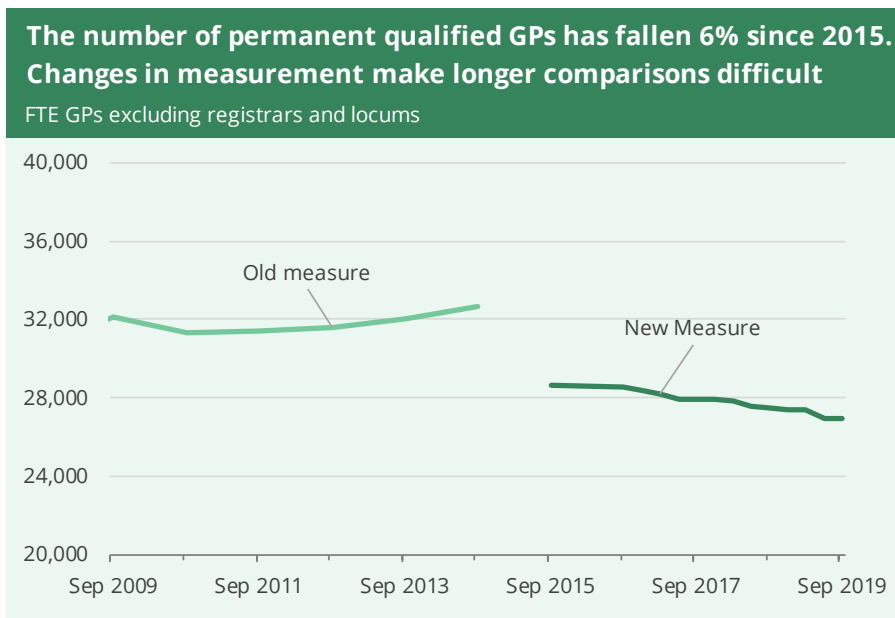
For information on the nationality of NHS staff, including numbers from other EU countries, see our briefing **'NHS Staff from Overseas'**

8.1 GPs & GP Practice Staff

GP numbers can only be compared back to 2015, when changes were made to the way that the figures are measured and recorded. **Since 2015, the number of GPs in England has fallen**. The most recent data shows that there were 26,958 qualified permanent GPs in England in September 2019 (excluding locums & trainees).[5] This is 1.8% (489) lower than in September 2018, and 5.8% (1,673) lower than in September 2015.

The 1.8% fall in FTE qualified permanent GPs over the past year comes despite an 1.1% *increase* in headcount – indicating that GPs are, on average, working fewer hours.

The chart below shows trends. Direct comparisons can't be made between periods under the old measure (the pale line) and periods under the new measure (the dark line).

The number of permanent qualified GPs has fallen 6% since 2015. Changes in measurement make longer comparisons difficult

FTE GPs excluding registrars and locums

Between September 2018 and September 2019 there was an 11.3% increase in the number of trainee GPs (registrars) from 5,880 to 6,547. These are not included in the chart or figures above.

While the number of GPs has fallen, the number of other staff working for GP practices has increased. Over the past year the number of practice nurses has increased by 1.8% and the number of 'direct patient care' staff (e.g. healthcare assistants, dispensers, pharmacists) has increased by 8.0%.

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[5] NHS Digital, General Practice Workforce

8.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 4.3% in the year to October 2019 – an increase of 4,802 full-time equivalent doctors. Over four years, the increase is 11.9% - 12,430 more doctors.[6] While numbers have increased consistently, the annual increase between 2018 and 2019 was larger than in other years.

There are 13% more hospital doctors than five years ago
FTE doctors in NHS hospital and community health services
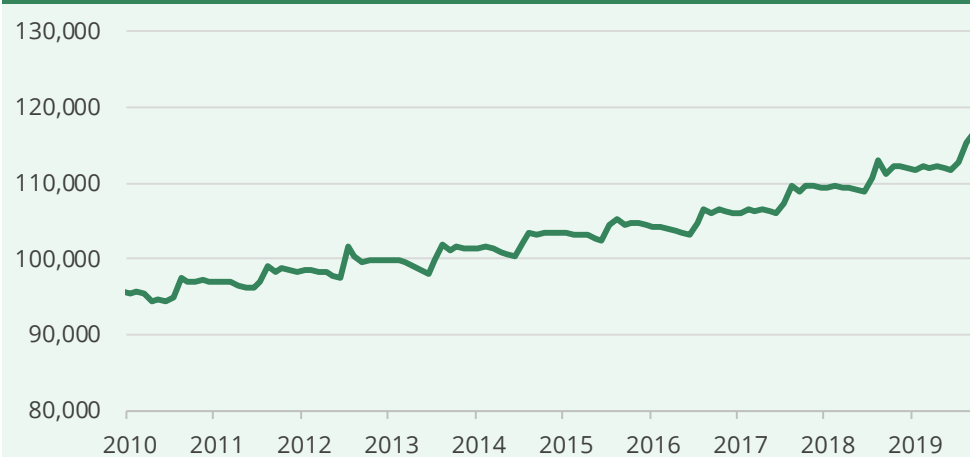
The table below shows trends since 2010 in the number of doctors within each medical specialty. The largest increase was in emergency medicine, with a 51% increase over nine years. The radiology group increased in number by 36%, clinical oncology (cancer) by 30%, and anaesthetics by 27%.

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 2010, by specialty

Specialty	Oct 2010	Oct 2015	Oct 2019	Change 2010-2019	
General medicine	25,628	27,977	31,766	+6,138	+24%
Surgical	20,797	22,379	24,848	+4,051	+19%
Anaesthetics	11,508	13,078	14,605	+3,097	+27%
Psychiatry	8,818	8,788	9,248	+430	+5%
Paediatric	7,276	7,815	8,857	+1,580	+22%
Emergency medicine	5,047	6,014	7,632	+2,584	+51%
Obstetrics & gynaecology	5,384	5,636	6,370	+986	+18%
Radiology	3,466	4,018	4,699	+1,232	+36%
Pathology	3,848	4,071	4,379	+531	+14%
Dental group	2,058	2,283	2,551	+493	+24%
Clinical oncology	1,038	1,252	1,345	+307	+30%
Public health & community	2,235	1,410	850	-1,386	-62%
Total	**97,103**	**104,719**	**117,149**	**+20,046**	**+21%**

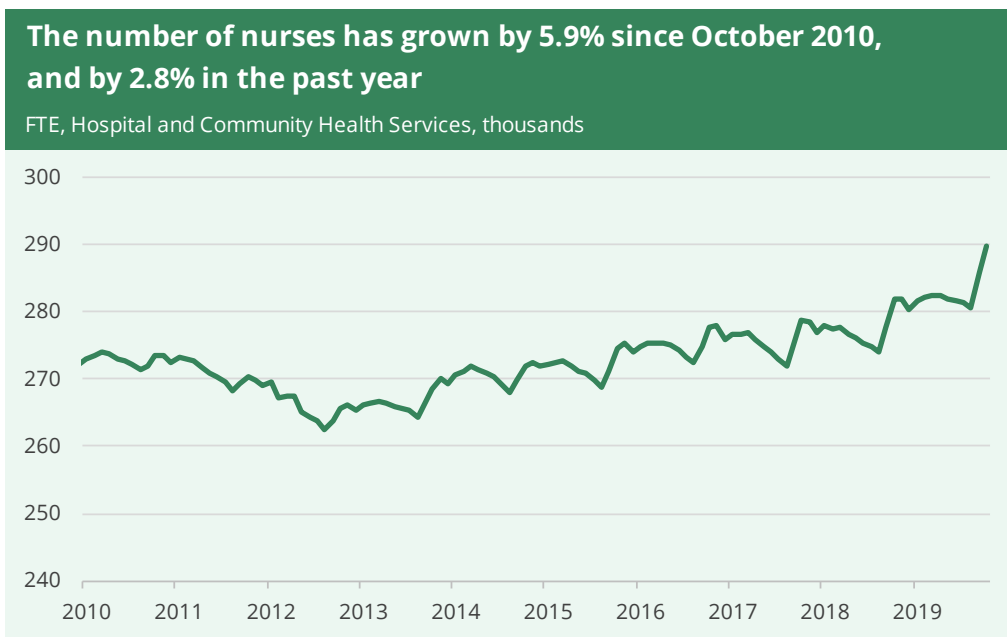[6] Source: NHS Digital, NHS Workforce Statistics

8.3 Nurses

In recent years the number of nurses has increased, but at a slower rate than other NHS staff groups. Between October 2018 and October 2019, the number of FTE nurses increased by 2.8% (7,832 nurses). Since October 2010 the number has increased by 5.9% (16,141).[7]

The chart below shows trends since 2010. 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 October 2019 with May 2010.

The number of nurses has grown by 5.9% since October 2010, and by 2.8% in the past year

FTE, Hospital and Community Health Services, thousands

Between 2010 and 2018, the number of nurses per million population in England fell from 5,196 to 5,035 (-3.1%).[8] However, over the past year this figure has risen to 5,143, taking it to its highest level since 2010.

Nurses in different areas of work

Changes in nurse numbers have between different work areas, as the table below shows. The number of 'adult & general' nurses (the largest category) has risen by 13.4% since 2010, and there are 16.7% more paediatric nurses ('children & young people'). Other areas have seen falls. In October 2019, there were 7.5% fewer mental health nurses than in October 2010, with falls concentrated in hospital mental health services rather than community services. There were also 36.5% fewer learning disability nurses.[9]

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[7] Note that these figures exclude health visitors.
[8] Estimated using ONS Population Estimates and Population Projections for England.
[9] Note that this table includes health visitors, which is why the total change since 2010 (+5.4%) differs from the number given in the chart above (+5.9%).
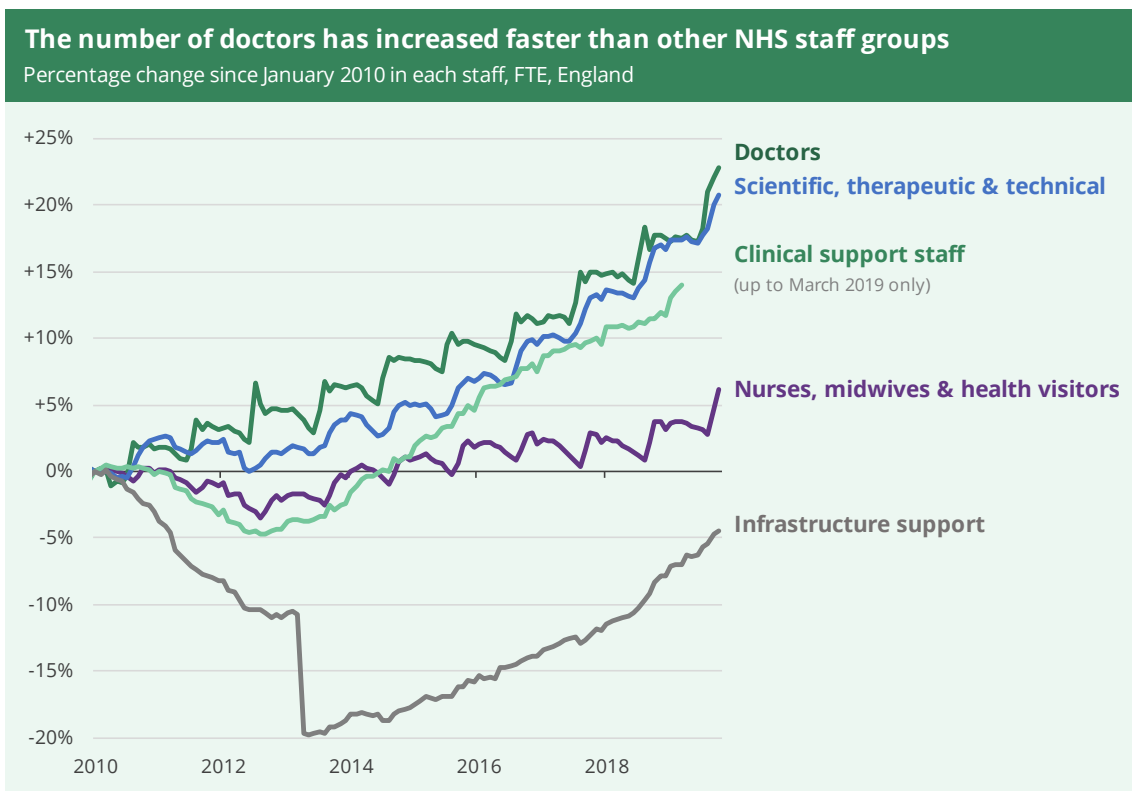
The number of mental health nurses fell until 2017 but has begun to grow since then. The number of learning disability nurses continues to fall, albeit at a slower rate than in recent years.

There are more adult nurses but fewer mental health nurses than in 2010
FTE nurses & health visitors by area of work, Hospital and Community Health Services, England

Specialty	Number of nurses			Change since 2010		Change since 2015	
	Oct 2010	Oct 2015	Oct 2019	Number	Percentage	Number	Percentage
Adult and General	163,115	172,854	184,949	+21,833	+13.4%	+12,094	+7.0%
Community Services	46,142	43,593	40,883	-5,259	-11.4%	-2,710	-6.2%
Mental Health	40,228	36,074	37,211	-3,018	-7.5%	+1,137	+3.2%
Children and Young People	15,377	16,145	17,944	+2,568	+16.7%	+1,800	+11.1%
Maternity and Neonatal	7,133	8,263	8,410	+1,277	+17.9%	+147	+1.8%
Learning Disabilities	5,120	3,616	3,252	-1,868	-36.5%	-364	-10.1%
School Nursing	2,937	2,725	2,083	-854	-29.1%	-642	-23.6%
Other	1,425	1,600	1,965	+541	+38.0%	+365	+22.8%
Total	**281,477**	**284,870**	**296,697**	**+15,221**	**+5.4%**	**+11,827**	**+4.2%**

8.4 How have NHS staff numbers changed since 2010?

The chart below summarises changes in different hospital staff groups between 2010 and 2019. The chart again 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.

The number of doctors has increased faster than other NHS staff groups
Percentage change since January 2010 in each staff, FTE, England

The table below summarises data for staff categories, including those not discussed in detail above.

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 above stops in March 2019.

Overall there are 10.7% more hospital staff than in 2010					
FTE hospital and community health staff by category					
Staff Category	**Oct 2010**	**Oct 2015**	**Oct 2019**	**Change since Jun 2010**	
Doctors	97,103	104,719	117,149	*+20,046*	*+20.6%*
Nurses, midwives & health visitors	301,089	306,321	318,969	*+17,879*	*+5.9%*
Qualified scientific, therapeutic & technical staff	122,591	128,350	145,309	*+22,718*	*+18.5%*
Qualified ambulance staff	-	-	16,513	*Not comparable*	
Support to clinical staff	-	-	341,193	*Not comparable*	
NHS infrastructure support	184,046	158,062	180,236	*-3,811*	*-2.1%*
Central functions	92,207	78,148	90,038	*-2,169*	*-2.4%*
Hotel, property & estates	57,218	50,254	56,118	*-1,101*	*-1.9%*
Senior managers	11,001	9,276	10,865	*-136*	*-1.2%*
Managers	23,621	20,384	23,215	*-405*	*-1.7%*
Total	**1,013,474**	**1,018,787**	**1,121,752**	**+108,277**	**+10.7%**

Data sources: NHS Digital, General Practice Workforce, 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 relative to changes in the population. Over the five years to 2019, the number of non-elective admissions to hospital for general & acute (G&A) specialities has increased by 18.7%. Meanwhile, there were 5.4% more GP referrals and 9.2% more elective G&A admissions than five years ago.

Over this period, hospital activity has grown faster than the population, as the chart below shows – though increases appear to have plateaued in the last two years.

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.

Hospital activity trends since 2011
Number of episodes per 1,000 population
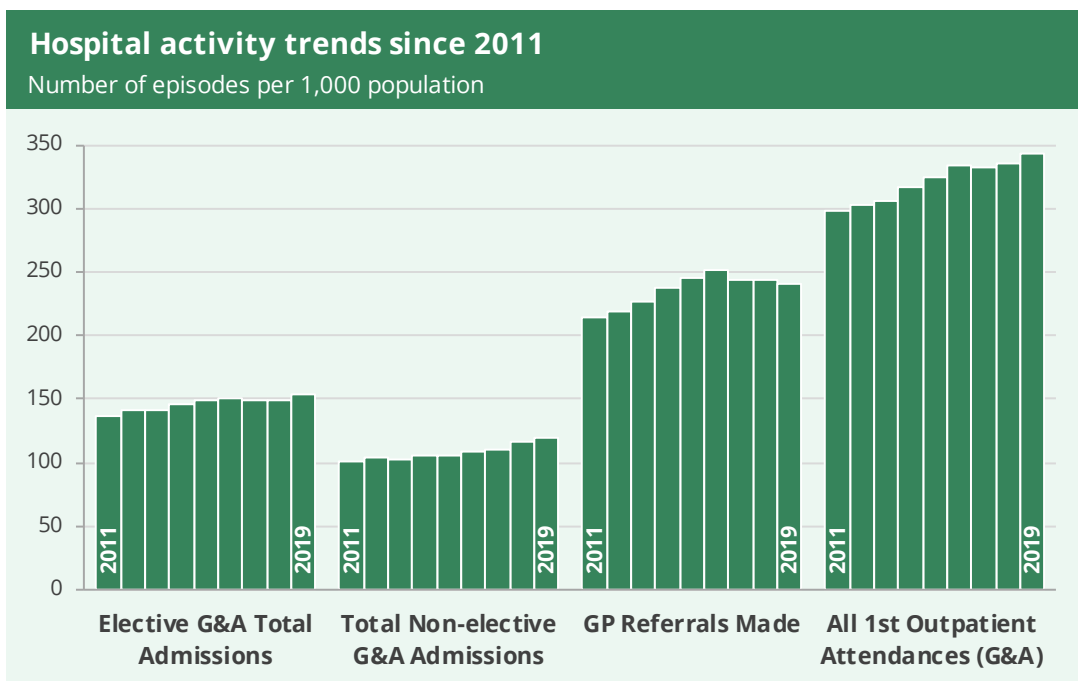
The table below shows the annual number of finished admitted episodes for selected primary diagnoses, along with changes over the period shown.

Hospital episodes for cancer, heart failure, and other conditions
Selected years 2002-2019

	Total, millions	Thousands by selected primary diagnosis				
		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
2016/17	**19.7**	1,749	170	396	206	585
2017/18	**20.0**	1,776	181	398	211	604
2018/19	**20.7**	1,826	189	400	215	626
Change 2002-2018	*+62%*	*+66%*	*+72%*	*-4%*	*+41%*	*+375%*

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 2010, the number of beds available overnight has fallen by 14,253 (a fall of 10.1%). Meanwhile there are 1,967 extra beds only open during the day compared with 2010 (an increase of 17.9%). Over the last twelve months the number of overnight beds fell by 153, although the number of maternity beds rose.

Meanwhile, general & acute bed occupancy has risen from 85.6% in the quarter ending September 2010 to 90.0% in the quarter ending September 2019.

NHS bed occupancy reached record levels in early 2018

Total number of beds open overnight

Average occupancy, beds open overnight
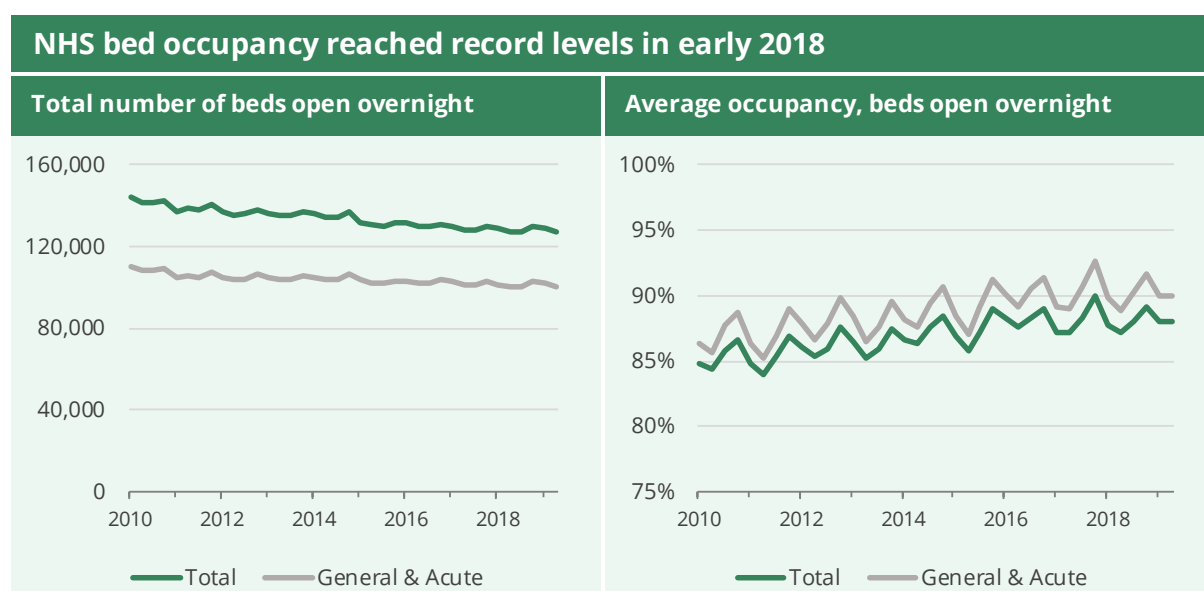
Bed Availability and Occupancy, 2010-2019

Period	Beds Open Overnight					Day Only	ALL BEDS
	Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	*Total*	
AVERAGE BEDS AVAILABLE							
Jul-Sep 2010	*141,477*	108,349	2,237	7,962	22,929	*10,990*	**152,467**
Jul-Sep 2018	*127,378*	100,454	1,017	7,597	18,311	*12,486*	**139,864**
Jul-Sep 2019	*127,225*	100,406	957	7,682	18,179	*12,957*	**140,181**
Change '10-'19	*-10.1%*	*-7.3%*	*-57.2%*	*-3.5%*	*-20.7%*	*+17.9%*	***-8.1%***
AVERAGE OCCUPANCY							
Jul-Sep 2010	*84.3%*	85.6%	78.9%	61.3%	86.7%	*76.5%*	**84.3%**
Jul-Sep 2018	*87.1%*	88.9%	77.3%	59.5%	89.7%	*85.1%*	**86.9%**
Jul-Sep 2019	*88.0%*	90.0%	73.0%	59.7%	89.6%	*84.3%*	**87.7%**

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 chart below summarises the most recent quarterly data. There is no agreed ideal threshold for bed occupancy. NHS England advises that trusts should keep bed occupancy below 92%. 85% is sometimes cited as the maximum safe level of occupancy, but the evidence for this threshold is unclear.

58 trusts had general & acute bed occupancy above 92% in the quarter ending September 2019. Eight trusts recorded occupancy above 98% in this period, and one – North Middlesex – recorded 100% occupancy. 126 of 170 trusts had occupancy above 85%.

Note that this data offers only a snapshot of bed occupancy at a given time in the day, so it does not necessarily capture the full picture of bed occupancy levels. As shown in the chart above, bed occupancy is cyclical, and tends to be higher in the winter months.

Half of NHS trusts had bed occupancy above 90% in Jul-Sep 2019
General & acute occupancy

Over 95%	27 trusts
90% - 95%	59
85% - 90%	40
Under 85%	44