NHS Key Statistics: England, November 2022

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Contents

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.

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

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Pressures on England's NHS before and during the pandemic

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

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

The number of people on a **waiting list for hospital treatment** rose to a record of over 7 million in September 2022. 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 going to **A&E** was above pre-pandemic levels in October 2022. Patients waiting over 4-hours in hospital A&E became much more common between 2015 and 2020. A new record high of 45.2% was reached in October 2022.

The 62-day waiting time standard for **cancer** (measured from urgent GP referral to treatment) has not been met in recent years. Performance declined between 2013 and 2018. Since the pandemic it has fallen further, with 60.5% of patients waiting under 62 days in September 2022 (target: 85%).

NHS staff numbers have increased, with doctor numbers up 14% and nurses up 11% over the past three years. However, the **NHS vacancy rate** rose from 7.6% to 9.7% over the past year.

Ambulance response times have risen, with the average response to a Category 2 call at over 1 hour in October 2022, compared to a target of 18 minutes.

Waiting list for hospital treatment
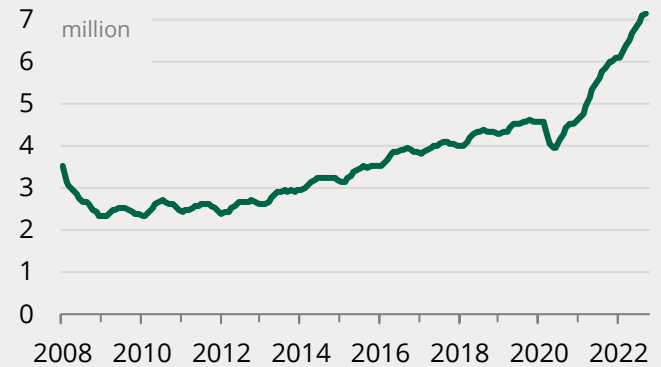
Patients spending over 4 hours in major A&E
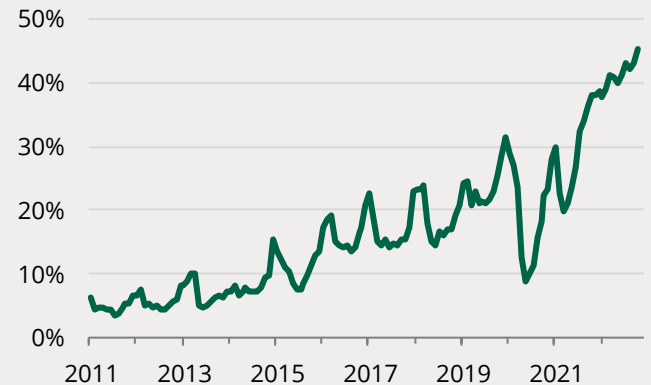
Cancer: 62 days to treatment after GP referral

Ambulance responses (Category 2, average)

1   Emergency care: A&E and emergency admissions

Attendances

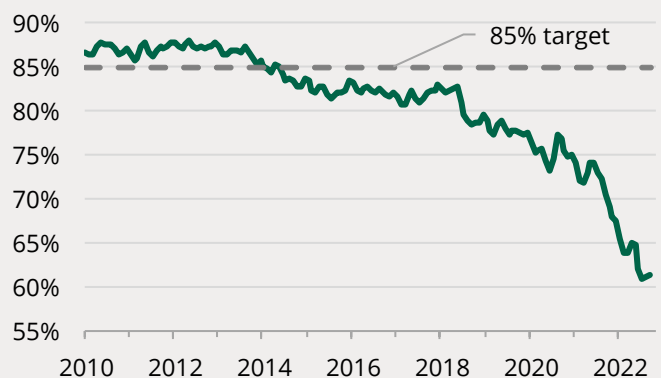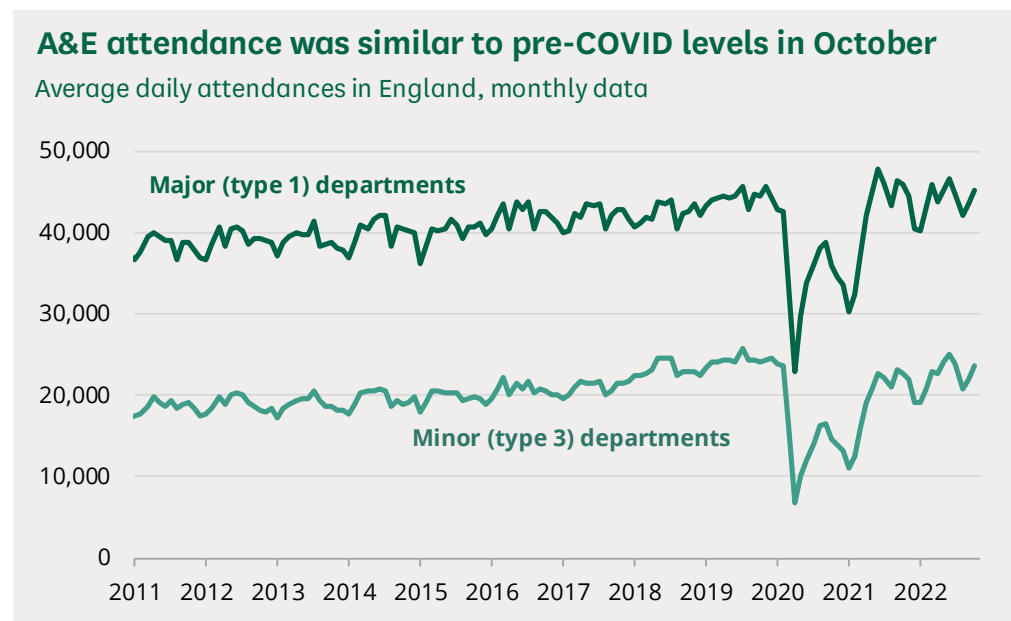In the three months to October 2022, an average of 43,552 people went to major hospital A&E departments in England every day. A further 23,557 people each day on average attended minor A&E facilities like walk-in-centres and minor injuries units.[1] Over the course of a year there are typically around 16 million attendances at major hospital A&E and 9 million at minor units.[2]

A&E attendances have increased over time. In the most recent quarter, attendances at major departments were 12% higher than they were ten years ago (+4,525 per day), while attendances at minor departments were 18% higher (+3,407 per day). The chart below these changes over time.

A&E attendance was similar to pre-COVID levels in October
Average daily attendances in England, monthly data

During the national lockdowns for COVID-19, attendances fell at both major and minor A&E departments, as the chart shows. In April 2020, type 1 attendances were 48% lower than in April 2019, and type 3 attendances were down 72%.

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

[2] This data is for the year ending Feb 2020 – the last twelve-month period unaffected by COVID-19.

As of October 2022, attendances at major A&E are slightly above their pre-pandemic levels (+1.7%). Attendances at minor A&E are slightly below their pre-pandemic levels (-1.9%).
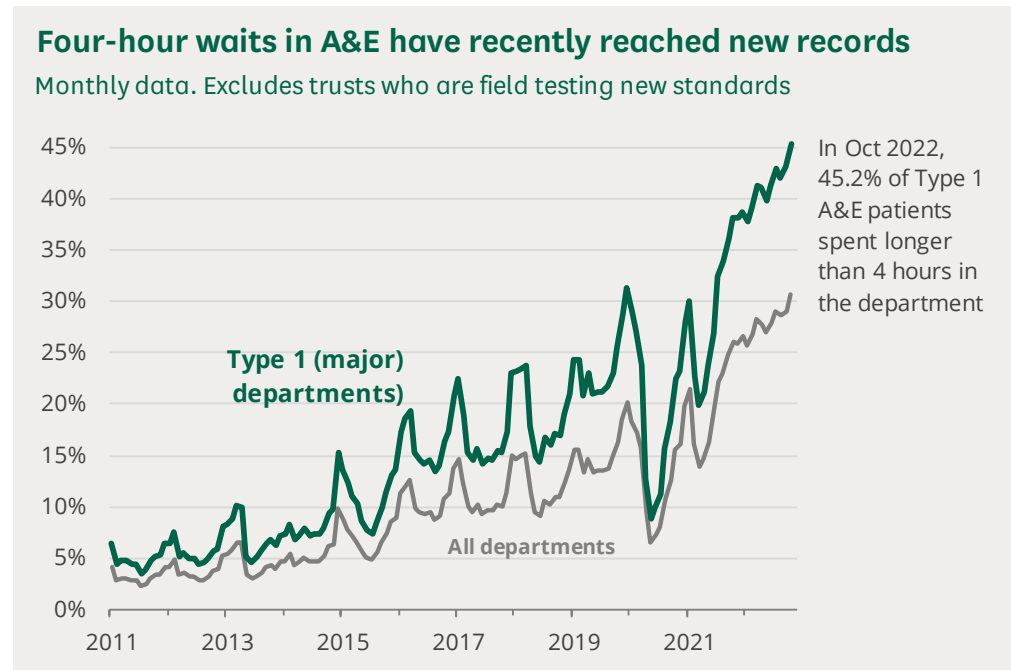
Four-hour waits in A&E

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

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

A&E waiting time measures might be changing

The four-hour wait measure is planned to be abolished soon and replaced with a new 'package of measures' for different parts of the emergency care system. You can read about the planned new standards in [this Nuffield Trust article](#).

Some NHS trusts are currently field testing the new standards and have not been included in 4-hour wait data since 2019.

Four-hour waits in A&E have recently reached new records
Monthly data. Excludes trusts who are field testing new standards

In Oct 2022, 45.2% of Type 1 A&E patients spent longer than 4 hours in the department

When A&E attendances fell during the first national coronavirus lockdown (see the previous page), four-hour wait performance improved. However, since then performance has declined to its worst level on record. In October 2022, 45.2% of patients at type 1 departments spent longer than 4 hours in A&E, compared with 25.6% in October 2019, and 11.5% in January 2015.

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

The table below shows the NHS trusts in England with the best and worst performance on the four-hour wait measure in major (type 1) departments in October 2022.

Four hour waits at major A&E departments
Best and worst performing trusts, October 2022

Highest percentage waiting over 4 hours		Lowest percentage waiting over 4 hours	
Barking, Havering & Redbridge Trust	66.4%	Birmingham Women's & Children's Trust	2.5%
Manchester University Trust	65.1%	Sheffield Children's Trust	8.5%
Torbay & South Devon Trust	64.3%	Maidstone & Tunbridge Wells Trust	17.9%
West Hertfordshire Teaching Hospitals Trust	63.2%	Northumbria Healthcare Trust	20.6%
University Hospitals Of Derby & Burton Trust	62.0%	Homerton Healthcare Trust	22.9%
Chesterfield Royal Hospital Trust	61.8%	Alder Hey Children's Trust	24.8%
County Durham & Darlington Trust	61.2%	Epsom & St Helier University Hospitals Trust	26.3%
The Hillingdon Hospitals Trust	60.6%	George Eliot Hospital Trust	28.7%
Mid Cheshire Hospitals Trust	58.8%	The Royal Wolverhampton Trust	29.1%
The Shrewsbury & Telford Hospital Trust	58.8%	St George's University Hospitals Trust	29.3%

Emergency admissions

In October 2022 there were an average of 12,084 emergency admissions to hospital via A&E each day. In addition, there were a further 4,259 emergency admissions per day that did not come via A&E.

The number of emergency admissions via A&E has risen substantially in recent years. In the quarter ending August 2019 there were 20% more emergency admissions via A&E and 10% more emergency admissions not via A&E than in the equivalent quarter in 2011.

Emergency admissions rose 28% between 2011 and 2019
Average daily emergency admissions in England, monthly data
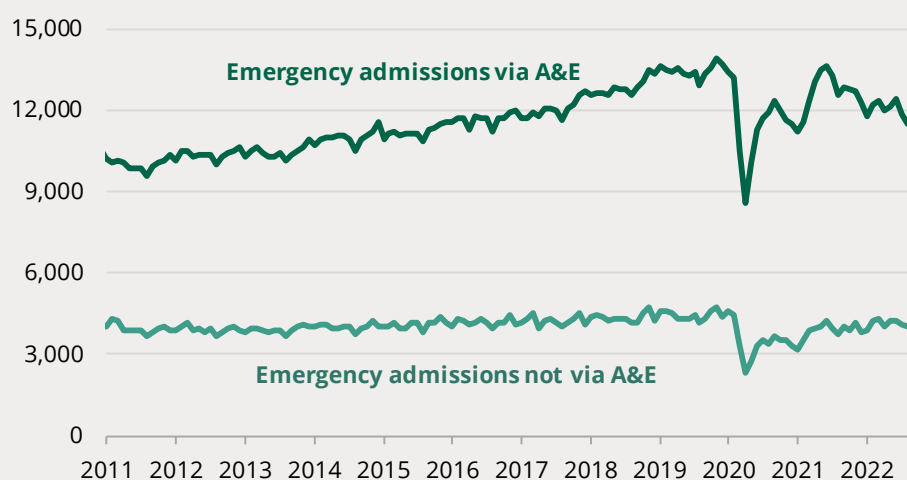
The number of admissions fell during the national coronavirus lockdowns. In April 2020 there were 39% fewer emergency admissions than in April 2019. The number of admissions returned to pre-pandemic levels in summer 2021 but has since fallen. In October 2022 there were 11% fewer emergency admissions via A&E than in October 2019.

Long waits for admission ('trolley waits')

Data is recorded on how long patients wait for emergency admission to hospital. This is measured from the time that a decision to admit is made, which would usually not be the same time as when they arrived at the A&E or hospital. This means that for many patients this measure is an underestimate of their total wait in hospital before admission.
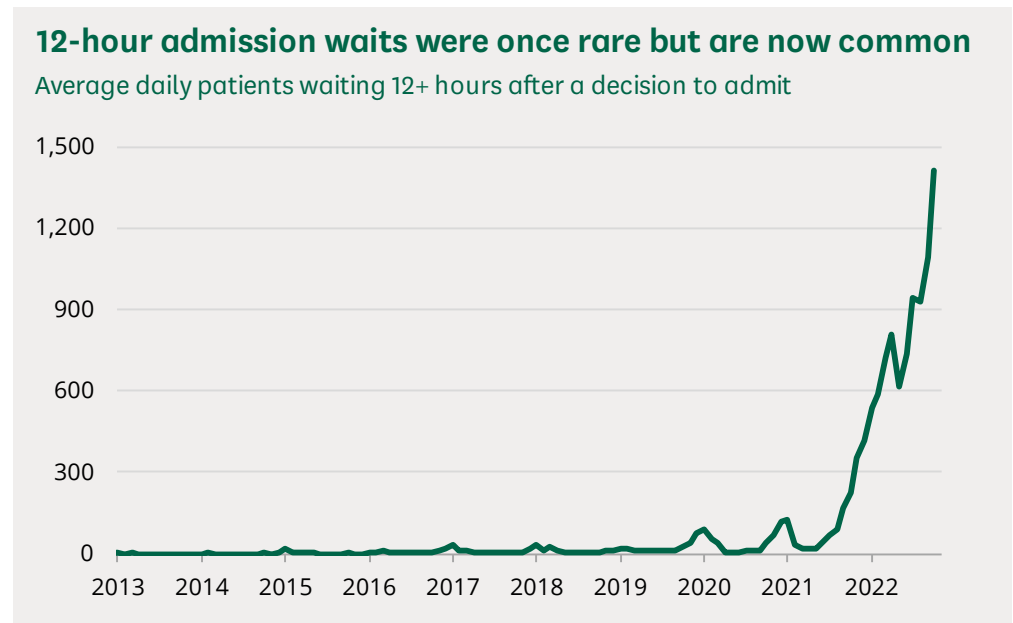
The number of people waiting over 4 hours for emergency admission after a decision to admit has increased substantially in recent years. In October 2022 it was an average of 6,281 people per day, compared with an average of 357 people per day in October 2012 – seventeen times higher.

Long waits for admission used to peak in the winter. The chart below shows the annual cycle. Before 2022, the record high was in January 2020 when 3,336 people per day waited over 4 hours for admission. But the figure for October 2022 was 88% higher and there was no substantial fall in summer 2022, unlike in previous years.

Long waits for admission continue to rise substantially
Average daily patients waiting 4+ hours after a decision to admit
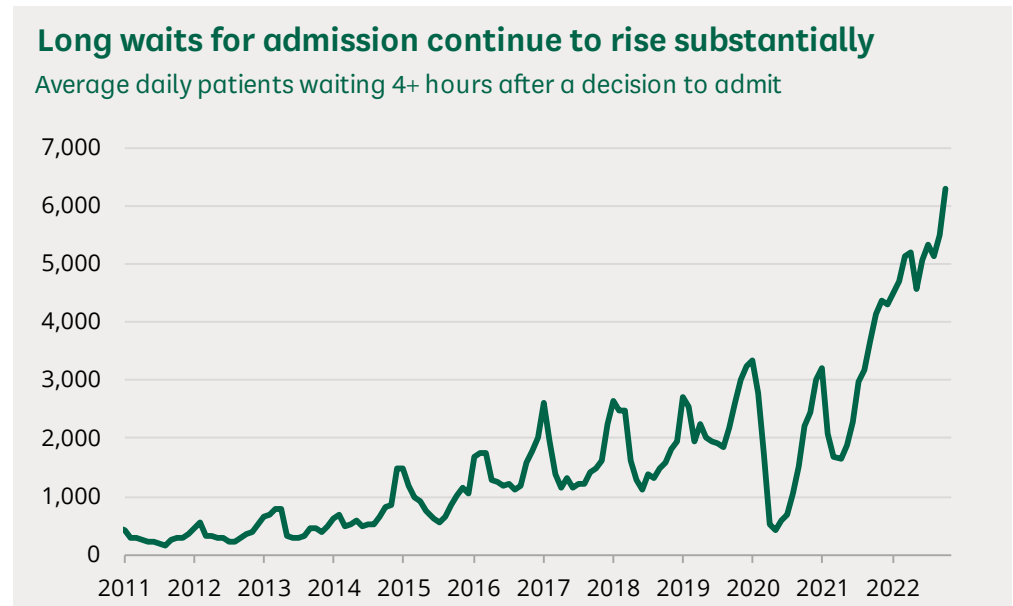
The chart below shows the number of patients that waited 12 hours for admission after a decision to admit. Such occurrences were once rare – between 2011 and 2014 (inclusive) there were a total of 915 such cases in England. However, they have since become more common, and in the single month of October 2022 there were 43,792 such waits – 48 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 October 2022, there was an average of 1,413 such waits every day.

12-hour admission waits were once rare but are now common
Average daily patients waiting 12+ hours after a decision to admit

At 51 NHS trusts, more than one in ten emergency admissions waited over 12 hours for a bed in October 2022. At both East Cheshire trust and Croydon trust, over one third of emergency admissions waited over 12 hours.

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2   Waiting times for hospital treatment

Waiting lists

As of September 2022, there were over 7 million patients on the waiting list for consultant-led treatment in England - the highest waiting list in the current time series going back to 2007. This is sometimes known as the "elective care" waiting list or the "RTT" (referral to treatment) waiting list.

Since the COVID-19 pandemic, the waiting list has grown at its fastest rate on record. However, as the chart shows, growth in the waiting list isn't a recent phenomenon: the waiting list has been growing consistently since 2012. Before the pandemic, in December 2019, the waiting list was over 4.5 million – almost two million higher than it had been in December 2012, a 74% increase. In other words, while the rise in waiting lists has been accelerated by the pandemic, it was also taking place for several years before the pandemic.

The waiting list for treatment rose consistently between 2012 and 2019, but has risen faster since the pandemic

Treatment activity

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

Activity fell substantially during the COVID-19 pandemic as NHS resources were diverted towards treating COVID-19. In April 2020, treatments involving admission to hospital ('admitted') were 85% lower than the previous year and treatments not involving admission ('non-admitted') were down 50%.

Activity has recovered since but remains below pre-COVID levels. In September 2022 there were 6% fewer admitted treatments (-569 per day) and 3% fewer non-admitted treatments (-1,273 per day) compared with September 2019. The chart below shows these trends.

Hospital treatments remain below pre-COVID levels

Average number of daily completed RTT pathways
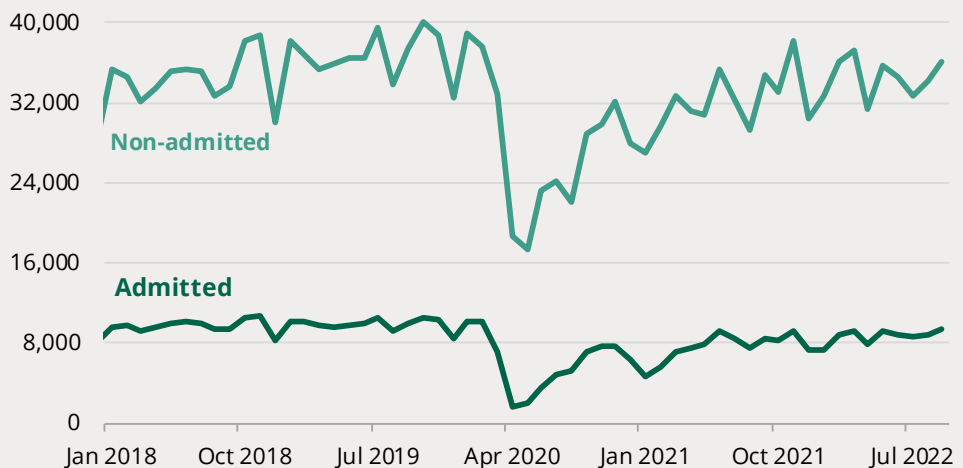
Waiting times

The NHS Constitution says that patients referred for consultant-led treatment should start treatment within 18 weeks. This would cover, for example, people referred to hospital for an operation. The waiting time target is that 92% of those on the waiting list at any given time should have been waiting for less than 18 weeks. There is also a 'zero tolerance' policy on patients waiting longer than 52 weeks. [3]

The chart overleaf shows trends on these measures since 2008. The left-hand chart shows the 92nd-percentile waiting time for those waiting for treatment. An 18-week value on this measure is equivalent to 92% of patients waiting for under 18 weeks. When the RTT 18-week target was introduced, waiting times were high, but began to fall quickly. The 92nd 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 the 92nd-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, have remained high since, and have worsened for the last year. As with the number waiting for treatment, the phenomenon of rising waits for treatment predates the pandemic, but has been worsened since.

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

Waiting time in weeks (92nd percentile)
Target: < 18 weeks
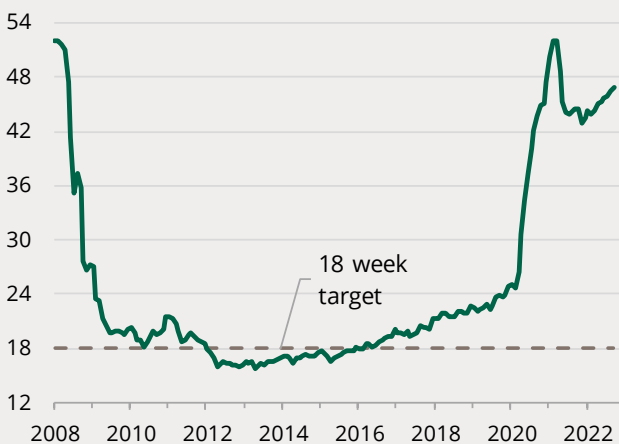
Number of people waiting over 52 weeks

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

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[3] As with A&E, potential new targets are currently being piloted to replace the 18-week standard. See NHS England's Clinical Review of Standards.

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. **NHS England aims to eliminate 52-week waits by March 2025.**

The table below shows the ten NHS trusts in England with the highest RTT waiting times as of September 2022.

| NHS trusts with the highest RTT waiting times 92nd percentile waiting time, September 2022. Target: 18 weeks	
Trust	Weeks
University Hospitals Birmingham Trust	70.8
Cambridgeshire Community Services Trust	63.6
University Hospitals Of Leicester Trust	63.4
Norfolk & Norwich University Hospitals Trust	61.9
The Robert Jones & Agnes Hunt Orthopaedic Hospital	61.7
Manchester University Trust	60.4
Lancashire Teaching Hospitals Trust	60.3
Liverpool Women's Trust	59.3
Worcestershire Acute Hospitals Trust	59.2
Liverpool University Hospitals Trust	59.1
Torbay & South Devon Trust	58.8

3 Cancer waiting times

Waiting lists and backlogs

Most data on cancer diagnosis and treatment focuses on the time waited by those starting a course of treatment, rather than those 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 those on the waiting list who had been waiting for under 62 days. The chart below shows trends on this measure.

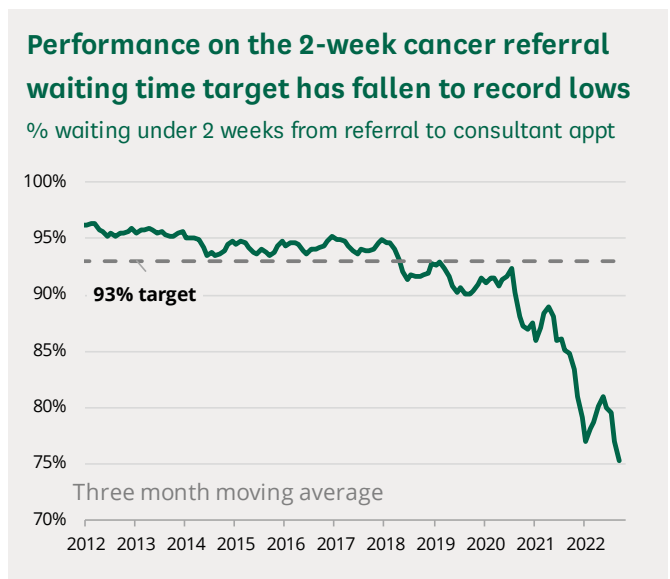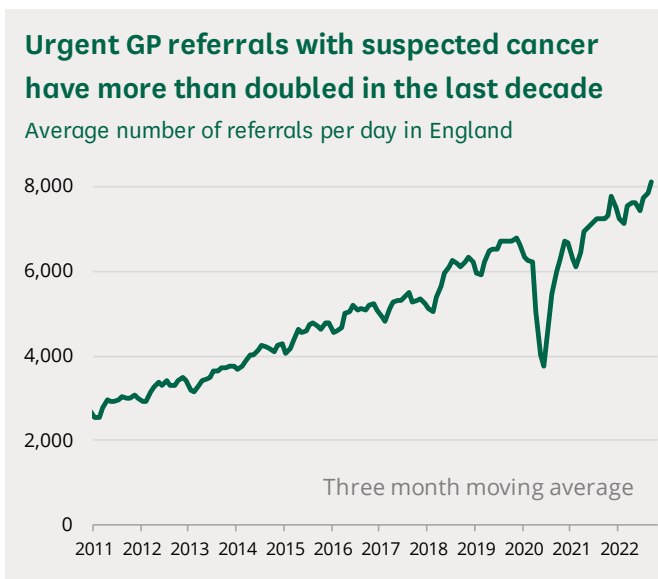In early March 2020 the backlog of patients waiting over 62 days for cancer treatment was around 11,000. This rose to 34,000 by late May 2020. The backlog gradually fell back to around 16,000 by December 2020. After rising during the early 2021 national lockdown, the backlog stabilised at around 15,000 until June 2021. The backlog rose in August and September, plateaued, and then rose to 27,618 in early January – over double the pre-

pandemic level. After stabilising in the summer, the backlog rose to around 33,500 in October 2022.

Backlog of patients waiting over 62 days for cancer treatment after an urgent GP referral
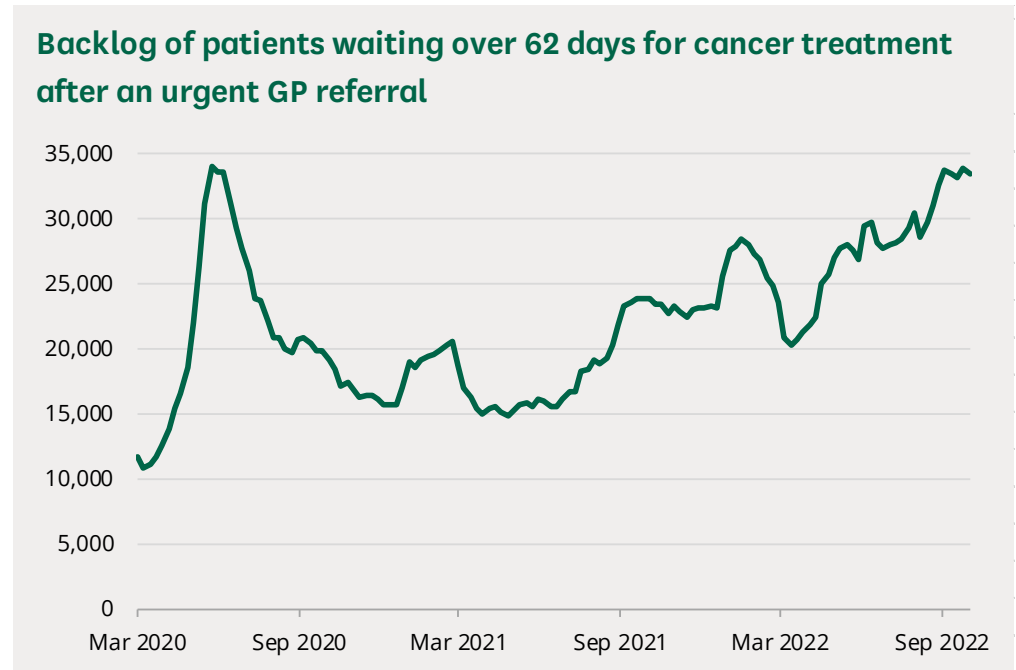
Urgent GP referrals for suspected cancer (2 week wait)

GPs urgently refer patients to a consultant if they suspect the patient has cancer. When this happens, the patient should have their first appointment within two weeks of the urgent referral. The waiting time target is that 93% patients should have their first consultant appointment within two weeks of referral. This target was almost always met until 2018 but has never been met consistently since then.

Urgent GP referrals with suspected cancer have more than doubled in the last decade
Average number of referrals per day in England

Three month moving average

Performance on the 2-week cancer referral waiting time target has fallen to record lows
% waiting under 2 weeks from referral to consultant appt

93% target

Three month moving average

The number of urgent GP referrals has more than doubled over the past decade. In September 2022 there was an average of 8,399 urgent referrals with suspected cancer each calendar day, compared with 3,128 per day in December 2011. Referrals fell sharply during the first national lockdown in 2020 – in June 2020 there were 43% fewer referrals than in June 2019. However, referrals have now risen to a new record high. In September 2022, referrals were 29% higher than in September 2019.
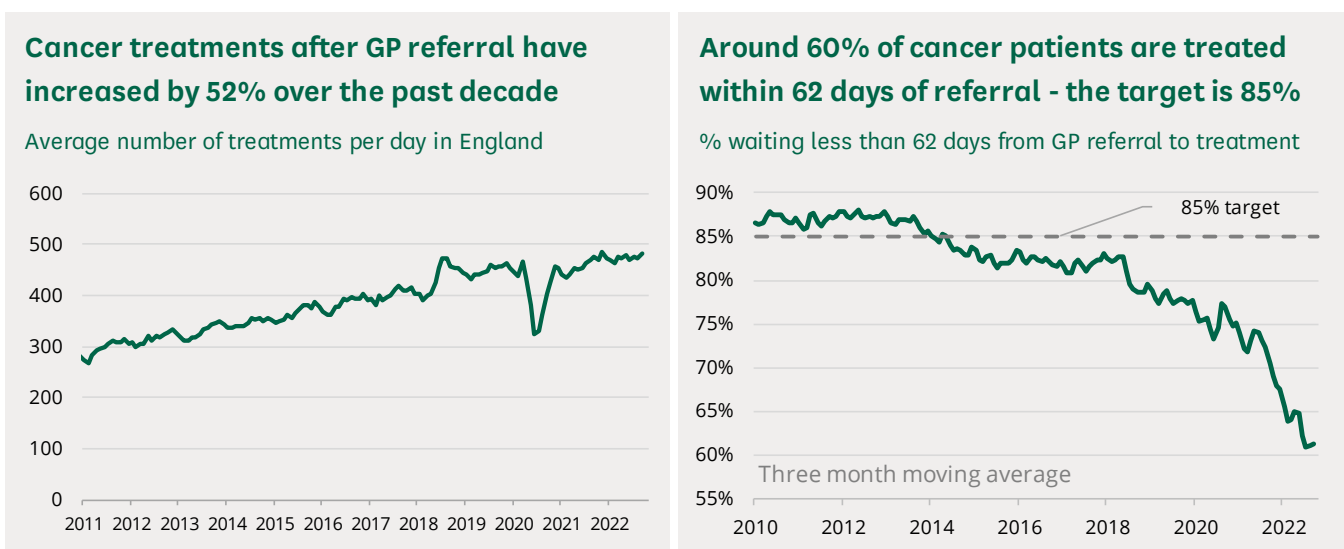
Performance on the two-week waiting time standard remained stable during the early part of the COVID-19 pandemic (albeit mostly below the 93% target). However, it fell from August 2020 onwards. Despite signs of recovery in early 2022, in recent months it has fallen to its lowest level on record – 72.6% in September 2022.

First treatments for cancer after an urgent GP referral

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

This target has not been met since 2015, and performance has been below 80% since 2018. Performance declined in 2018 and 2019 before a further fall after the initial stages of the COVID-19 pandemic. In July 2022, 60.5% of patients were treated within 62 days of an urgent GP referral – a record low.

The charts below show trends on this measure for waiting times and the number of people treated after urgent GP referral.

Cancer treatments after GP referral have increased by 52% over the past decade

Average number of treatments per day in England

Around 60% of cancer patients are treated within 62 days of referral - the target is 85%

% waiting less than 62 days from GP referral to treatment

The number of treatments after urgent GP referral fell by 42% in May 2020 compared to the previous year. However, the number of treatments has been mostly at its pre-pandemic level since September 2020, except for a 10% dip in January 2021, and has been above pre-pandemic levels in recent months.

The table below shows the 10 NHS trusts in England with the best and worst performance on the 62-day measure in July-September 2022. Only trusts that have treated over 100 patients during this period are included.

62-day waits for cancer treatment after urgent GP referral
Best and worst performing trusts, July to September 2022. Target: 85%

Lowest performance		Highest performance	
University Hospitals Birmingham Trust	38.7%	Sussex Community Dermatology Service	93.9%
Manchester University Trust	40.9%	Queen Victoria Hospital Trust	89.3%
Worcestershire Acute Hospitals Trust	41.1%	Epsom And St Helier University Hospitals Trust	85.8%
Mid And South Essex Trust	41.1%	Calderdale And Huddersfield Trust	85.8%
Lancashire Teaching Hospitals Trust	42.0%	Kingston Hospital Trust	84.7%
Leeds Teaching Hospitals Trust	42.4%	Medway NHS Foundation Trust	83.5%
The Royal Wolverhampton Trust	42.4%	East And North Hertfordshire Trust	83.3%
North Cumbria Integrated Care Trust	43.3%	The Clatterbridge Cancer Centre Trust	82.6%
North West Anglia Trust	43.9%	Maidstone And Tunbridge Wells Trust	81.1%
Northern Care Alliance Trust	45.8%	Bolton NHS Foundation Trust	80.9%

First treatments for cancer (31-day wait)

When a patient is diagnosed with cancer, there is a target that they receive their first treatment within 31 days of diagnosis. The target is that 96% of patients should receive treatment within 31 days. This covers all routes to diagnosis, unlike the 62-day target discussed previously which only includes those urgently referred by their GP.

This target was always met until 2019, when it was breached in five out of twelve months. The target was breached in every month of 2021 and 2022 (so far), with performance being below 95% in all but one month. In September 2022, performance was 91.1%.

In 2019/20, 315,000 people in England had a first treatment for cancer. This was 32% higher than nine years earlier in 2010/11. Cancer treatments fell during the pandemic – in May 2020 there were 36% fewer treatments than in May 2019. As of September, treatments had risen back above pre-pandemic levels by 7%.

Faster diagnosis

From April 2021 a new standard was introduced measuring the waiting time between referral and a patient being told they have cancer. The target, applying from September 2021, is that 75% should be told within 28 days of referral. This standard has not yet been met. In September 2022, performance was 67.2%.

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Ambulance response times and demand

There are four categories of severity for ambulance calls, as follows. Each has a different response time standard: [4]
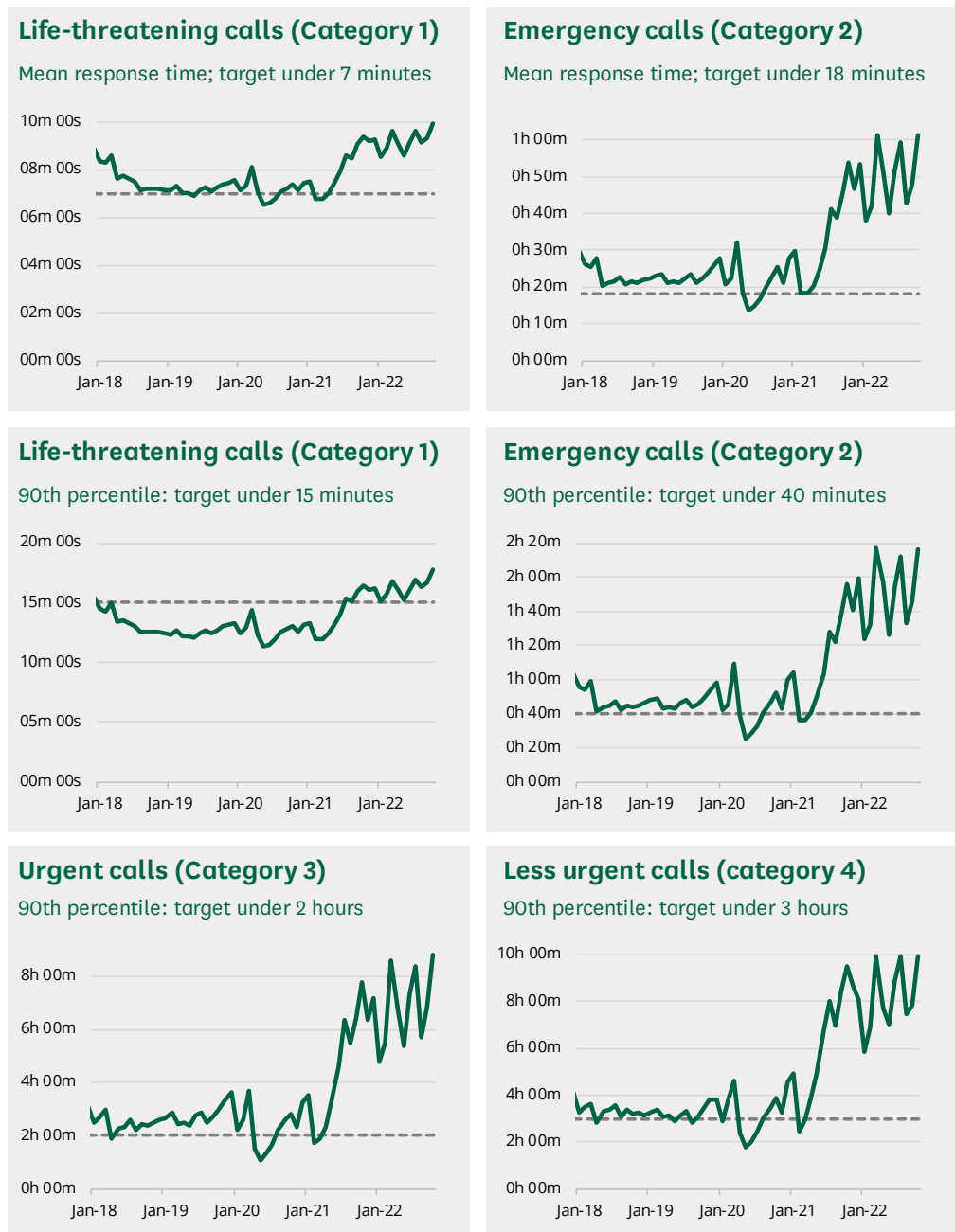
- **Category 1**: An immediate response to a life-threatening condition, such as cardiac or respiratory arrest. The average response time should be under 7 minutes and 90% of ambulances should arrive within 15 minutes.
- **Category 2**: A serious condition, such as stroke or chest pain, which may require 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.
- **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 only since 2018, meaning that longer-term comparisons are not possible for ambulance response times.

Response times

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

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[4] 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

In the past year ambulance response times have worsened, with record high waiting times being recorded in recent months. In October 2022, The average response time for a category 1 call was 9 minutes 56 seconds – almost three minutes longer than the 7 minute target. In October 2022 over one hour – more than three times as long as the 18-minute target. The 90th percentile response time for a category 2 call reached two hours sixteen minutes in October, compared with a target of 40 minutes.

Please note that figures for October 2022 do not include London Ambulance Service.

Data on ambulance handover delays at hospitals is routinely published only during the winter months.[5]

Demand

In the last two years the number of category 1 ambulance incidents (the most serious life-threatening category) has increased. In October 2022 there were 2,709 category 1 incidents every day on average – up from 1,957 per day in October 2019.

The most serious ambulance calls increased by 36% in 3 years
Average number of category 1 calls per day, monthly data

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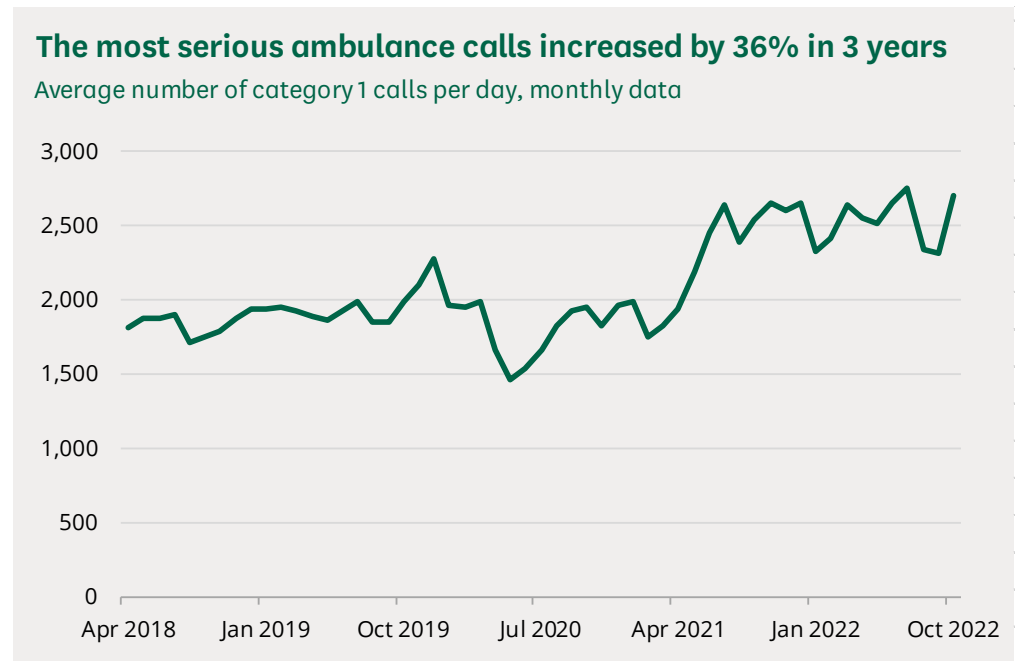
[5] NHS England, Urgent and Emergency Care Daily Situation Reports
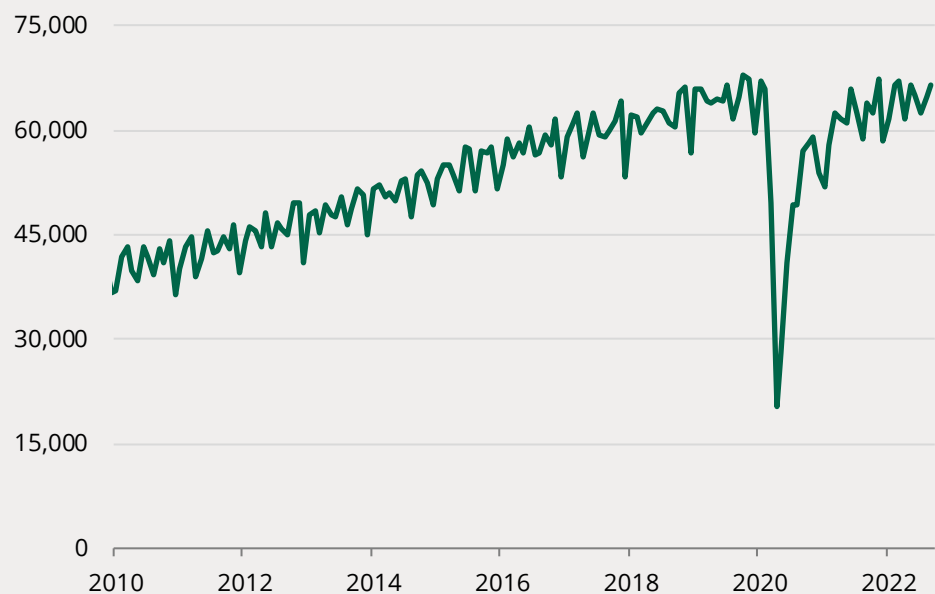
5 Diagnostic tests

Activity

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

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 recent months, activity has returned to pre-pandemic levels.

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

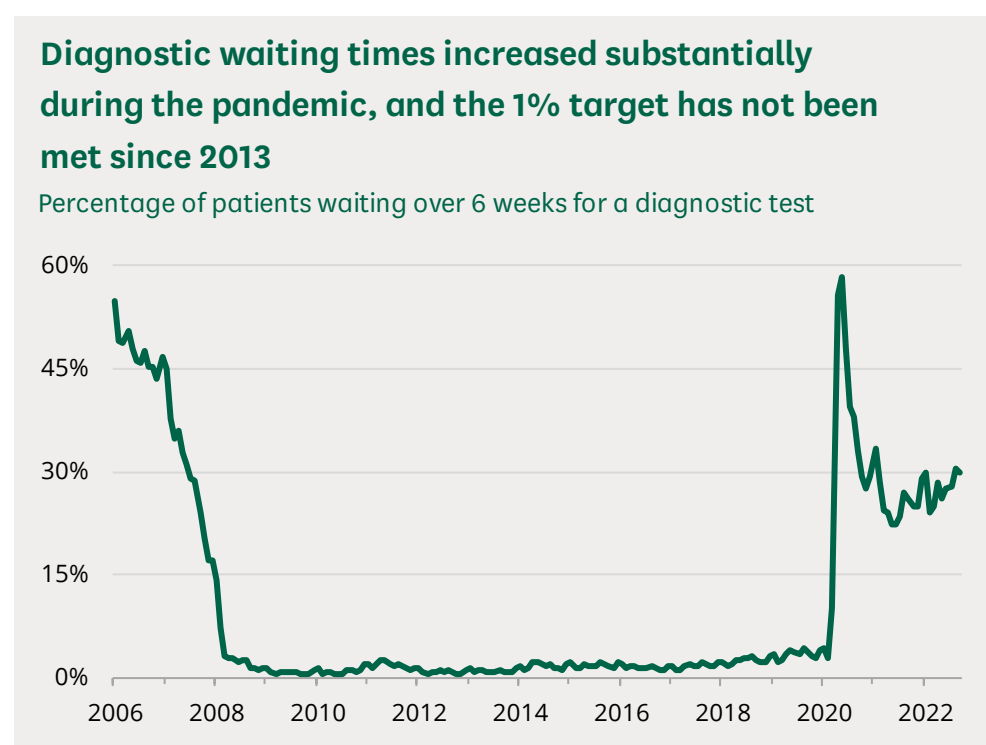Daily average number of tests, monthly data

Waiting Times

The NHS target in England is that less than 1% of people should wait more than 6 weeks for a diagnostic test. This target has not been met since 2013. Between 2014 and 2017 the performance level was consistently between 1%

and 2% of patients waiting over 6 weeks. Waiting times increased between 2018 and early 2020 – in January 2020, 4.4% of patients waited over 6 weeks.

During the COVID-19 pandemic, waiting times increased substantially, rising to a peak of 58.5% of patients waiting over 6 weeks in May 2020. The proportion has fallen since then, reaching 22.1% in May 2021. It has since risen, and as of September 2022, 29.9% of patients were waiting longer than 6 weeks.

The NHS recovery plan aims to reduce the proportion of 6-week waiters to 5% by March 2025.

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.

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

Percentage of patients waiting over 6 weeks for a diagnostic test

## Waiting lists

As of September 2022, 1.55 million people are on the waiting list for a diagnostic test – close to the record levels reached in March 2022. Three years ago in December 2019, the waiting list was 1.02 million.

After a dip during the early stages of the pandemic, the waiting list began to rise to unusually high levels in January 2021. The chart overleaf shows trends since 2010.

A record number of people are waiting for diagnostic tests

1.6 Millions

1.2

0.8

0.4

0.0

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022
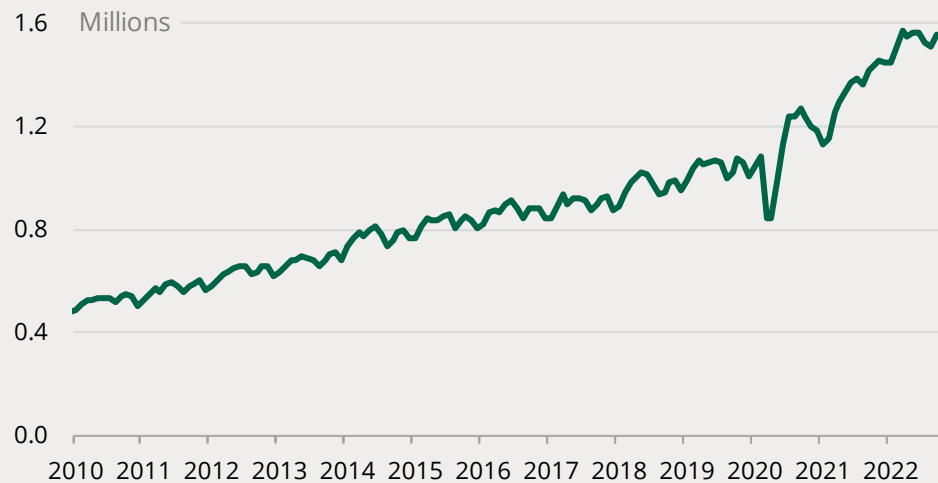
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Workforce levels and vacancies

Data sources for this section

NHS Digital, General Practice Workforce

NHS Digital, NHS Workforce Statistics

NHS Digital, NHS Vacancy Statistics

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

GPs

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

Since December 2016 the number of permanent qualified GPs in England has fallen by 5.4%, from 28,375 to 26,867 in September 2022. Meanwhile, the number of GPs in training has risen from 5,625 in Dec 2016 to 9,470 in Sep 2022.

When other categories such as locums and retainers are included, as well as trainees, the total number of FTE GPs has risen from 34,946 in December 2016 to 37,026 in September 2022. The chart overleaf shows trends since 2016 for permanent qualified GPs and trainees.

The number of permanent qualified GPs has fallen 5.4% since 2016. The number of trainees has risen in recent years

Full time equivalent GPs, quarterly data
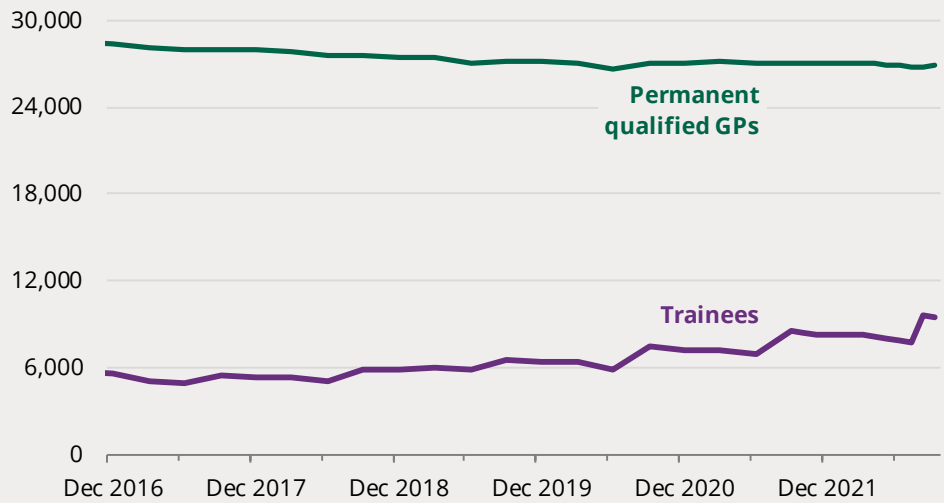
Hospital doctors

As of June 2022, there are 127,808 doctors in England's hospital and community health services. This is 20% higher than five years ago and 31% higher than ten years ago. The chart below shows trends since 2010. Numbers rose substantially during 2020. The chart shows an annual cycle, a new intake of doctors each autumn causing a sharp rise, before figures remain stable for the rest of the year.

There are 20% more hospital doctors than five years ago

FTE doctors in NHS hospital and community health services
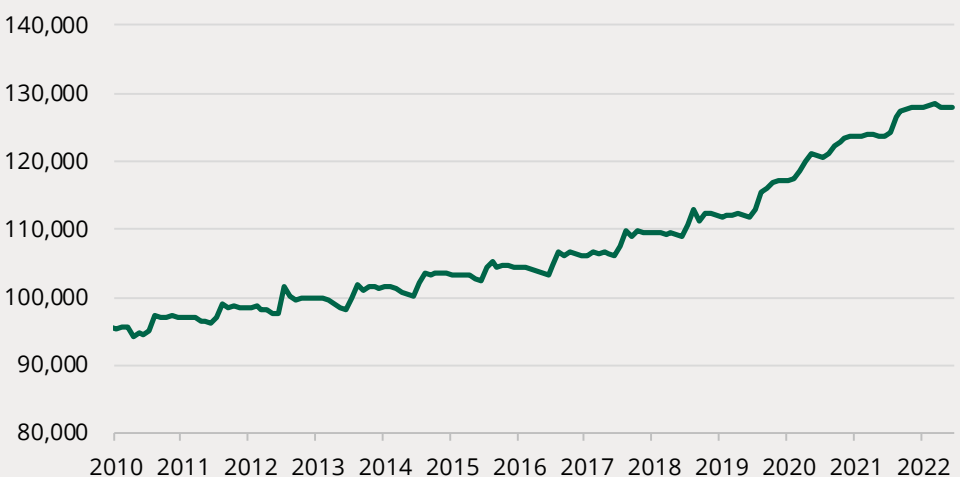
The table overleaf shows trends in particular medical specialties. Emergency medicine has seen the largest percentage increase in doctors since 2011, at 91%, followed by clinical oncology at +48%. Psychiatry had the smallest rise,

at +13%. 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
FTE, England, as of June in 2010, 2017 and 2022

| Specialty	Jun 2010	Jun 2017	Jun 2022	Change 2010-2022	
General medicine	24,896	28,657	35,962	+11,066	+44%
Surgical	20,417	22,488	25,966	+5,549	+27%
Anaesthetics	11,061	13,278	15,978	+4,917	+44%
Psychiatry	8,717	8,778	9,841	+1,124	+13%
Paediatric	7,062	7,904	9,476	+2,413	+34%
Emergency Medicine	4,799	6,293	9,172	+4,373	+91%
Obstetrics & gynaecology	5,180	5,716	6,713	+1,533	+30%
Radiology	3,331	4,099	5,132	+1,801	+54%
Pathology	3,718	4,065	4,691	+973	+26%
Dental	2,005	2,299	2,608	+603	+30%
Clinical oncology	1,019	1,232	1,506	+487	+48%
Public health & community	2,332	1,219	763	-1,569	-67%
Total	**94,538**	**106,027**	**127,808**	**+33,270**	**+35%**

Nurses

In June 2022 there were 313,553 nurses in England's hospital and community health services. This is 14.4% 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 continued into 2022.

As with doctors, the chart shows a typical annual cycle: a new intake of nurses in the autumn and following a slight drop in the summer months. The growing workforce since 2020 makes this less visible.

The number of nurses has grown by 14.4% in five years, and by 3.2% in the past year

FTE, Hospital and Community Health Services, thousands
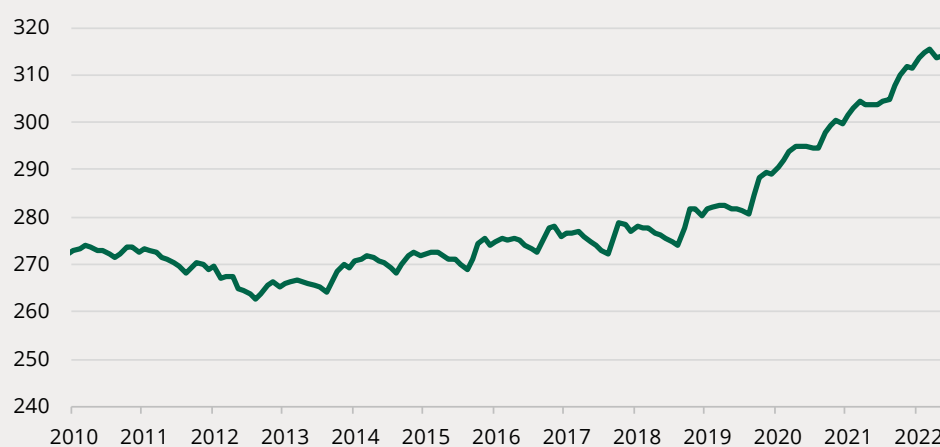
The table below shows the change by area of work since 2011. The bulk of the increase has been in adult and general nurses (+25.9%). The number of nurses for children and young people has also risen by 25.0%. The number of mental health nurses fell between 2011 and 2016, and has risen since, but remains below the 2011 level. The number of learning disability nurses has fallen.

There are more adult nurses but fewer mental health and learning disability nurses than in 2010

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

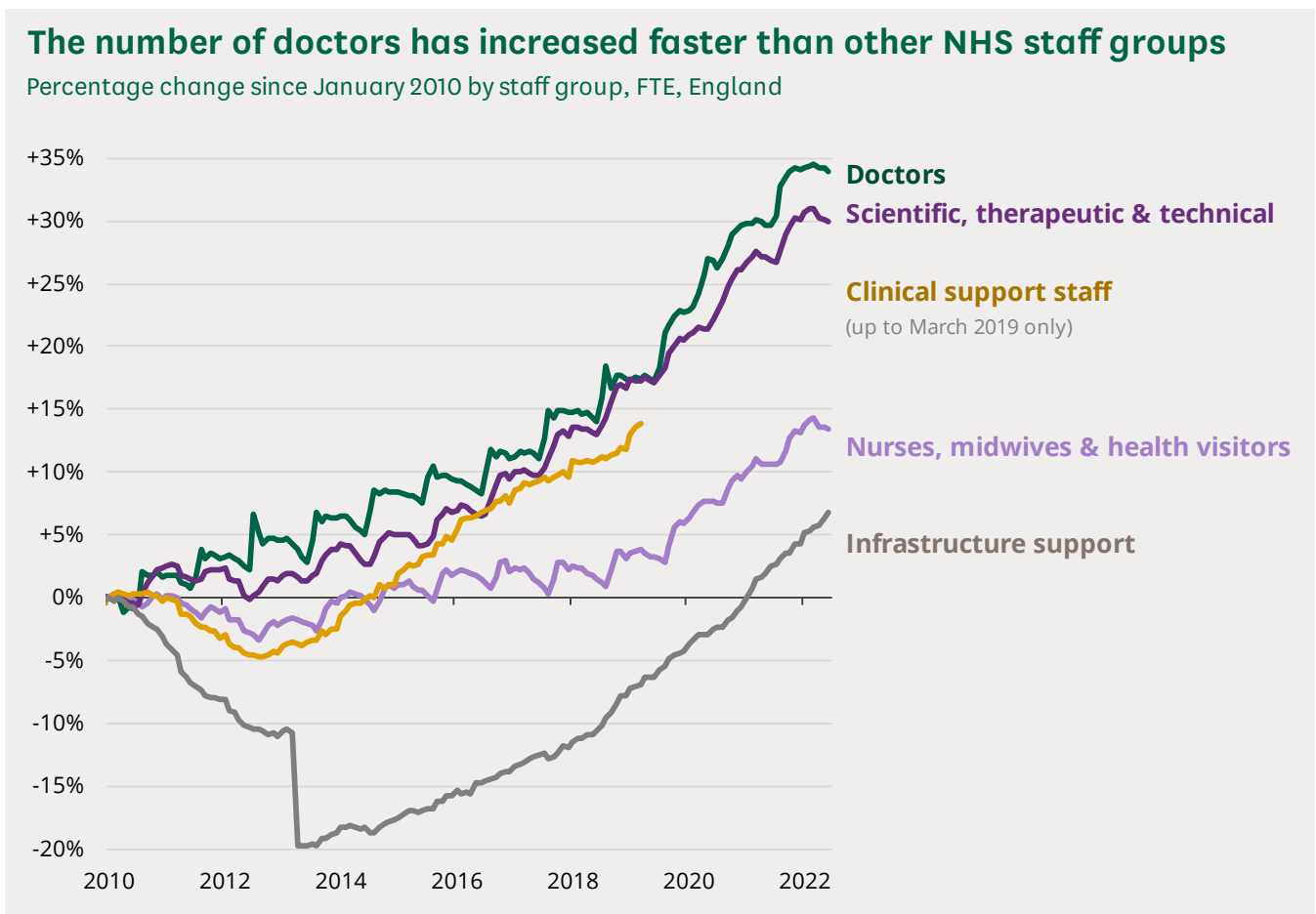|	Number of nurses			Change since 2010	
Area of work	Jun 2010	Jun 2017	Jun 2022	Number	*Percentage*
Adult and general	162,392	173,917	204,431	+42,039	*+25.9%*
Mental health	40,547	35,326	38,355	-2,192	*-5.4%*
Community services	38,611	32,805	35,694	-2,916	*-7.6%*
Children & young people	15,065	16,490	18,833	+3,768	*+25.0%*
Maternity and neonatal	6,569	8,030	8,648	+2,078	*+31.6%*
Learning disabilities	5,284	3,328	3,034	-2,249	*-42.6%*
School nursing	2,984	2,424	1,999	-985	*-33.0%*
Other	1,353	1,695	2,558	+1,205	*+89.1%*
Total	**272,804**	**274,015**	**313,553**	**+40,748**	***+14.9%***

Changes since 2010 in major staff groups

The chart and table overleaf summarise changes in different hospital staff groups between 2010 and 2022. It shows that the number of doctors has risen faster than other NHS staff groups since 2010, with scientific, therapeutic and

technical staff (e.g. allied health professionals such as physiotherapists, radiographers and occupational therapists) close behind.

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

Note that a change in the classification of ambulance staff means that the "qualified ambulance staff" and "clinical support" categories from April 2019 onwards is not comparable with previous data. The table below shows the latest figures for both categories. The "clinical support" line in the chart stops in March 2019 for this reason.

The number of doctors has increased faster than other NHS staff groups

Percentage change since January 2010 by staff group, FTE, England

Overall there are 21.2% more hospital staff than in 2010
FTE hospital and community health staff by category

Staff Category	Jun 2010	Jun 2017	Jun 2022	Change since 2010	
Doctors	94,538	106,027	127,808	+33,270	+35.2%
Nurses, midwives & health visitors	300,071	304,015	341,023	+40,952	+13.6%
Qualified scientific, therapeutic & technical staff	119,917	132,149	156,367	+36,450	+30.4%
Qualified ambulance staff	-	-	17,847	Not comparable	
Support to clinical staff	-	-	379,881	Not comparable	
NHS infrastructure support	187,225	165,002	201,332	+14,107	+7.5%
Central functions	93,002	80,763	104,823	+11,821	+12.7%
Hotel, property & estates	57,130	52,754	60,556	+3,426	+6.0%
Senior managers	11,674	10,149	12,485	+811	+6.9%
Managers	25,419	21,336	23,469	-1,951	-7.7%
Total	**1,010,569**	**1,045,146**	**1,224,739**	**+214,170**	**+21.2%**

Vacancies

The latest data on NHS staff vacancies in England is from June 2022.

The total number of NHS vacancies in June was 132,139 – a vacancy rate of 9.7%. This is an increase from the previous year, when the number of vacancies was 98,827 and the rate was 7.6%.

Vacancies vary by region – from a high of 12.5% in London to a low of 7.9% in North East and Yorkshire.

The vacancy rate for nursing staff was 11.8% (46,828 vacancies), up from 10.3% a year earlier.

The vacancy rate for medical staff was 7.3% (10,582 vacancies), up from 7.0% a year earlier.

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

7 Bed availability and discharges
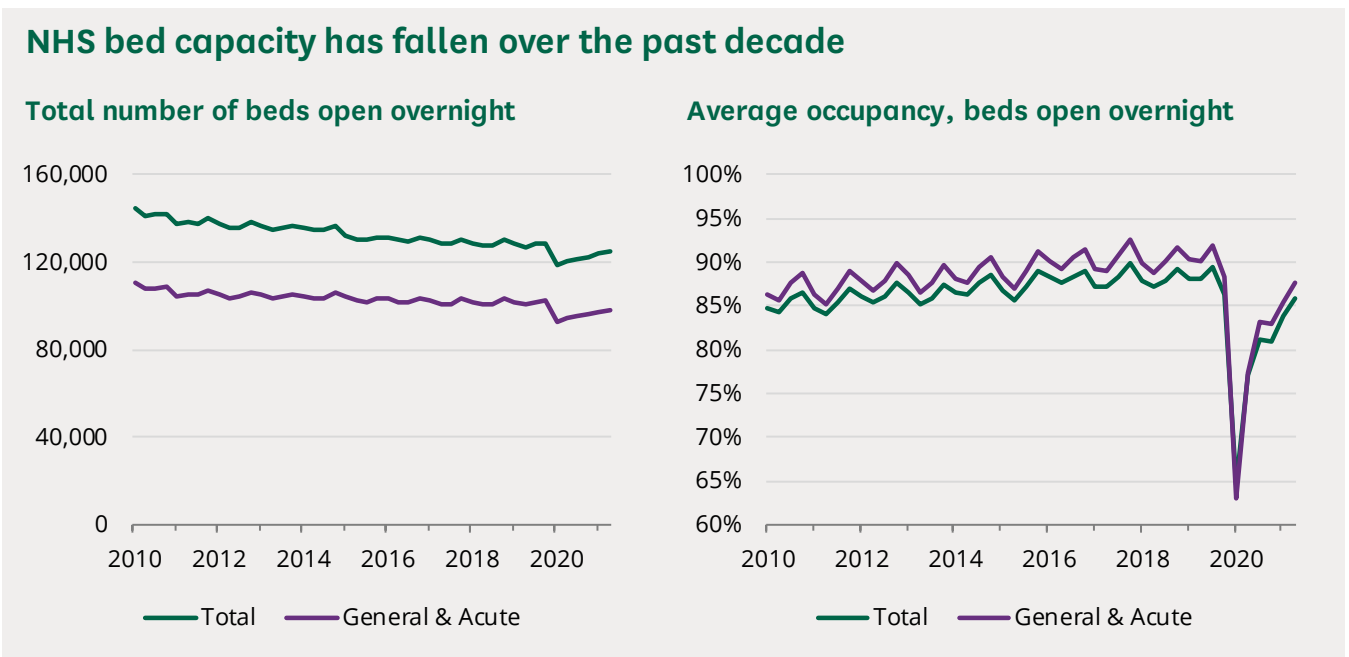
7.1 Bed availability and occupancy

Data sources for this section

NHS England, [Bed availability and occupancy](#)

In the quarter ending June 2022, the NHS in England had an average of 124,903 beds open overnight, of which 103,184 are general and acute beds. This is around 6% lower than ten years ago.

Bed availability fell 6% between 2011 and 2019. There was a further fall at the beginning of the pandemic due to measures put in place in hospitals to limit the spread of COVID-19. Bed numbers have since recovered to pre-pandemic levels. Bed occupancy remains slightly below pre-pandemic levels.

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

NHS bed capacity has fallen over the past decade

Total number of beds open overnight

Average occupancy, beds open overnight

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

> "Hospital capacity has had to be organised in new ways as a result of the pandemic to treat Covid and non-Covid patients separately and safely in meeting the enhanced Infection Prevention Control measures. This results in beds and staff being deployed differently from in previous years in both emergency and elective settings within the hospital. As a result caution

should be exercised in comparing overall occupancy rates between this year and previous years. In general hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case."

The fall in NHS bed availability is not a recent phenomenon. The total number of hospital beds available has been in gradual decline for many years (NHS England publishes a [time series back to 1987](#)). 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).

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.[6]

In most days of October 2022, there were between 13,000 and 14,000 patients remaining in hospital each day who did not meet the criteria to reside. This represents just under one in seven general and acute beds in England.

Between 2010 and 2020, NHS England published data on delayed discharges from hospital, but this collection has not resumed after the pandemic.[7]

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[6] NHS England, [Hospital Discharge Data](#)
[7] NHS England, [Delayed Transfers of Care](#)

8 GP appointments

In September 2022 there were estimated to be over 25 million GP appointments in England. This is around 7 more appointments per working day than in September 2019. The chart below shows the average number of appointments per working day on a monthly basis since 2019. [8] This data collection is only recent, so a long-term time series is not available. These figures do not include COVID-19 vaccination activity.

During the early stages of the COVID-19 pandemic, GP appointments fell. In April 2020 there were 32% fewer appointments 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 e.g. those with practice nurses) but does not include COVID-19 vaccine appointments.

**GP appointments per working day since 2019 (monthly)**
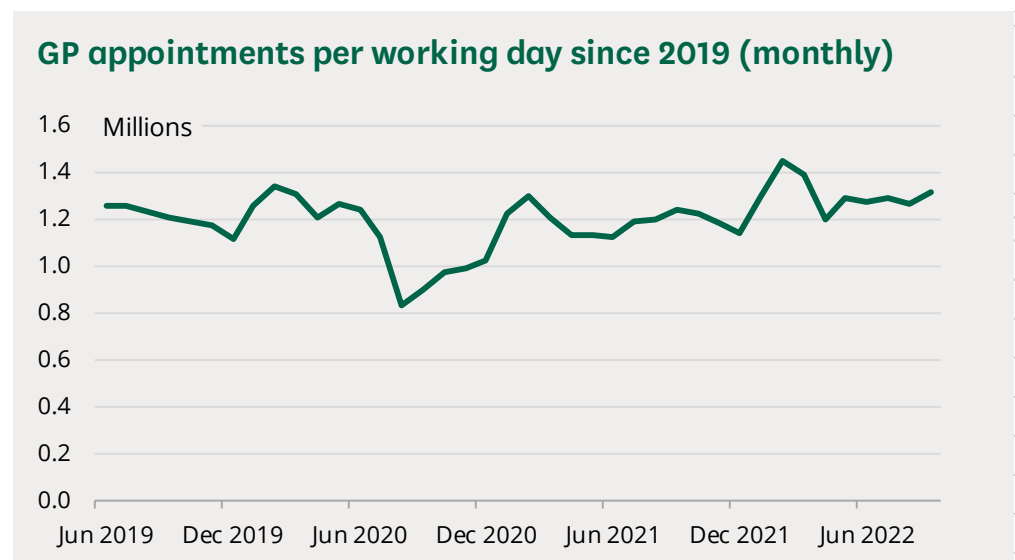
The data source only contains information about activity captured on GP practice systems. NHS Digital advise that there is substantial variation between areas in how activity is recorded, so caution is required in interpreting the data. In addition, COVID-19 has led to changes in business practices within general practice, so the variation in approach to appointment management between practices is likely to be greater than usual.

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

Face-to-face appointments

Data is recorded on the 'mode' of appointments in general practice (for example whether they take place face-to-face, on the telephone, etc). Prior to the pandemic, around 84% of appointments were face-to-face. This fell to around 50% in the early stages of the COVID-19 pandemic. After rising back to 60% before the January 2021 national lockdown, it fell again. The proportion of face-to-face appointments has risen steadily since 2021 and stood at 70% in September 2022.

Proportion of GP appointments that were face-to-face
Monthly, England. Excludes appointments where the mode was not known
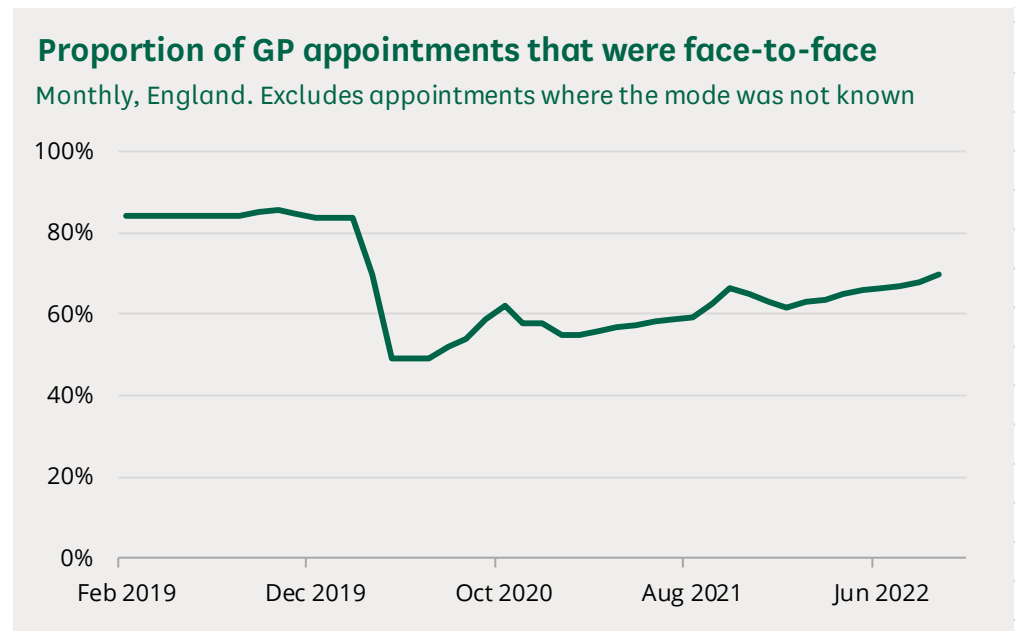
Please note that around 3% of appointments are recorded with an 'unknown' mode. Unknown appointments are excluded from the percentage shown above. The proportion of unknown mode appointments has fallen since 2019, which may have some small impact on the overall trend.

9 Data currently not being collected due to COVID-19

Some data collections that were previously included in this publication were suspended during the COVID-19 pandemic. These include:

- Delayed transfers of care
- Cancelled urgent operations
- 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.

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

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