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By Carl Baker

19 July 2023

NHS Key Statistics: England, July 2023

Summary: NHS pressures before and after the Covid-19 pandemic

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: prevalence, services and funding in England.

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

Pressures on England's NHS before and after the pandemic

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

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

The number of people on a **waiting list for hospital treatment** rose to a record of 7.5 million in May 2023. The waiting list rose consistently between 2012 and 2019 and has risen more quickly since early 2021. The 18-week treatment target has not been met since 2016.

The number of people visiting **A&E** in June 2023 was similar to pre-pandemic levels. The percentage of patients waiting over 4 hours in hospital A&E rose consitently 2015 and 2020. A new record high was reached in December 2022 but performance has subsequently improved slightly.

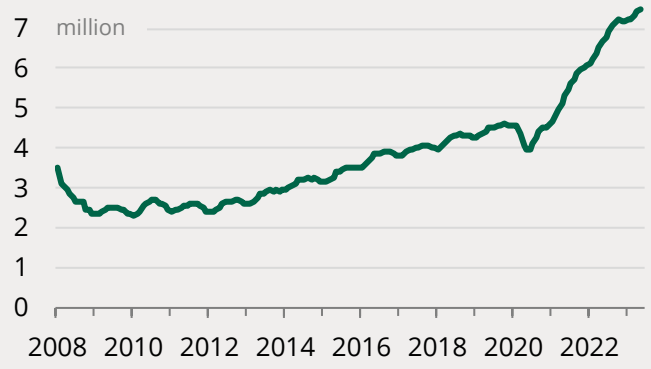
The 62-day waiting time standard for **cancer** (measured from urgent GP referral to treatment) has not been met in recent years. Performance declined between 2013 and 2018. Since the pandemic it has fallen further, with 54.7% of patients waiting under 62 days for treatment in January 2023 (target: 85%).

NHS staff numbers have increased, with 22% more doctors and 18% more nurses than five years ago.

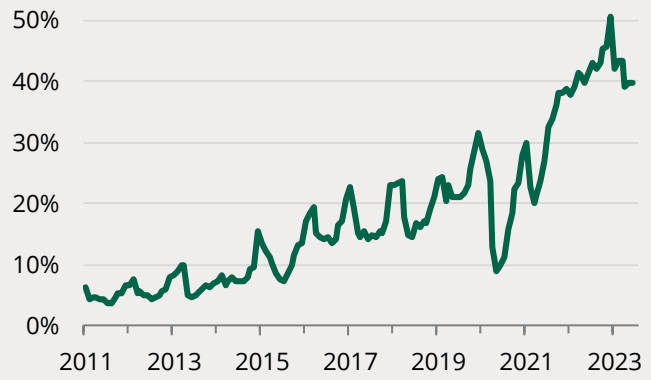
Ambulance response times have risen, with the average response to a Category 2 call at over 1 hour 30 minutes in December 2022, compared to a target of 18 minutes. Performance has subsequently improved but remains outside the target.

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

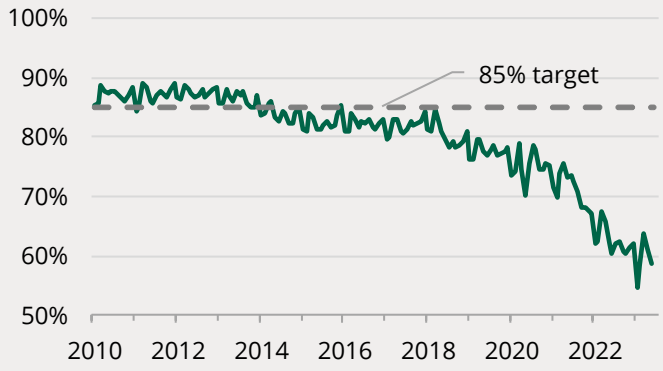
Waiting list for hospital treatment



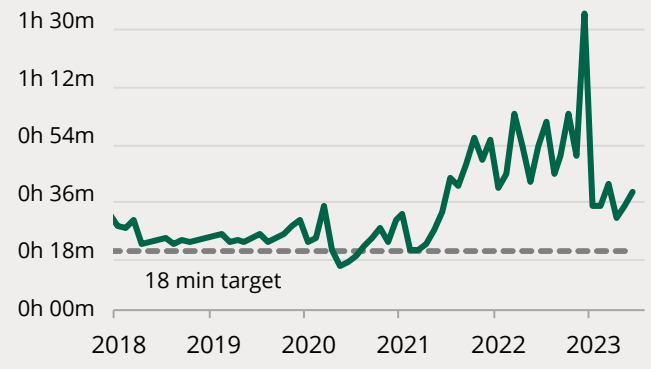
Patients spending over 4 hours in major A&E



Cancer: 62 days to treatment after GP referral



Ambulance responses (Category 2, average)



1 Emergency care: A&E and emergency admissions

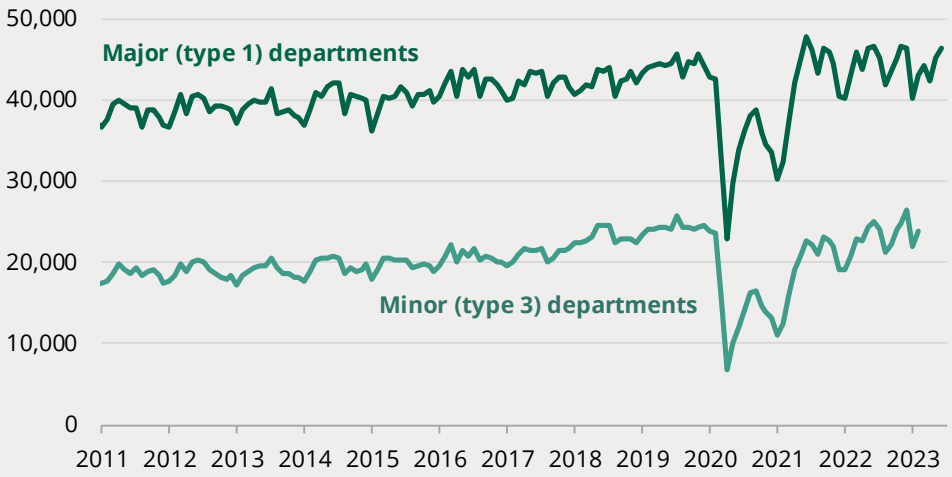
1.1 A&E attendances

In the three months to June 2023, an average of 44,626 people each day visited major hospital A&E departments in England. A further 25,224 people on average attended minor A&E facilities like walk-in-centres and minor injuries units each day.[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.

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 (+4,844 per day), while attendances at minor departments were 30% higher (+5,770 per day). The chart below shows these changes over time.

Recent A&E attendance is similar to pre-Covid levels

Average daily attendances in England, monthly data



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

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

[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.

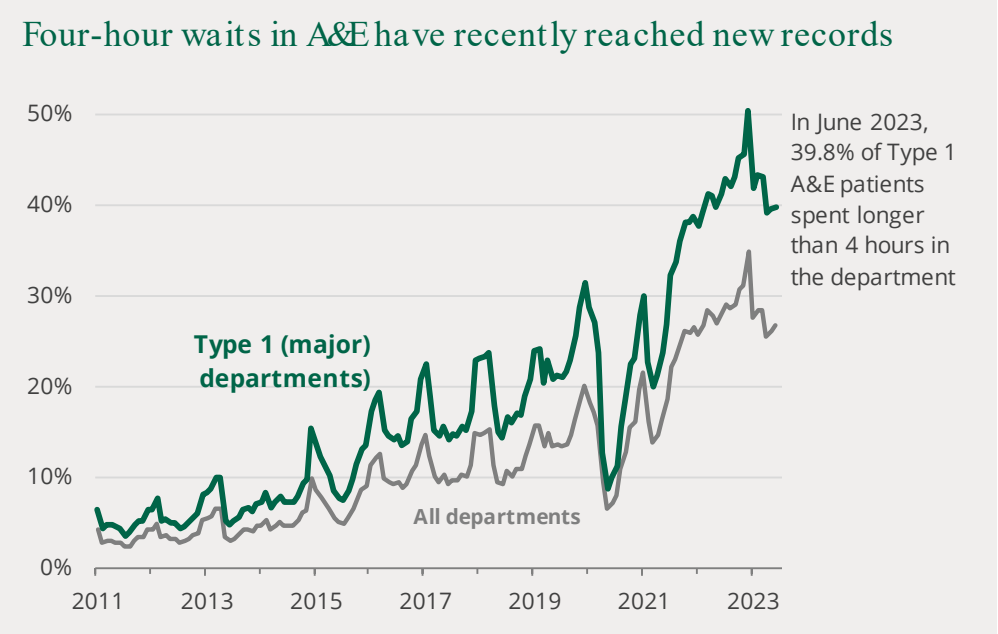
Over the last quarter, attendances at major A&E departments have been similar to their pre-pandemic levels four years ago (+0.7%).

1.2 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.



Source: NHS England, A&E Attendances and Emergency Admissions, Monthly Time Series (Adjusted).
Notes: Between May 2019 and May 2023, data excludes 12 trusts who were field testing new standards.

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

In early 2023 performance improved slightly In June 2023, 39.8% of patients spent longer than 4 hours in major A&E, compared with 41.2% in June 2022, 24.2% in June 2019, and 7.7% in June 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 that handle 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 June 2023.

Four hour waits at major A&E departments

Best and worst performing trusts, June 2023

Highest percentage waiting over 4 hours		Lowest percentage waiting over 4 hours	
University Hospitals Plymouth Trust	66.2%	Sheffield Children's Trust	7.5%
North Tees & Hartlepool Trust	59.3%	Maidstone & Tunbridge Wells Trust	13.2%
East & North Hertfordshire Trust	56.9%	Alder Hey Children's Trust	14.4%
York & Scarborough Teaching Hospitals Trust	55.5%	Birmingham Women's & Children's Trust	17.2%
United Lincolnshire Hospitals Trust	55.3%	Northumbria Healthcare Trust	20.8%
Nottingham University Hospitals Trust	55.0%	Homerton Healthcare Trust	23.3%
Torbay & South Devon Trust	54.5%	Harrogate & District Trust	23.4%
University Hospitals Of Derby & Burton Trust	54.3%	North Bristol Trust	24.8%
The Shrewsbury & Telford Hospital Trust	53.6%	South Warwickshire University Trust	25.0%
Barking, Havering & Redbridge Uni Hosp Trust	53.1%	Epsom & St Helier University Hospitals Trust	25.6%

Source: NHS England, A&E Attendances and Emergency Admissions, June 2023 A&E by provider

1.3 Emergency admissions

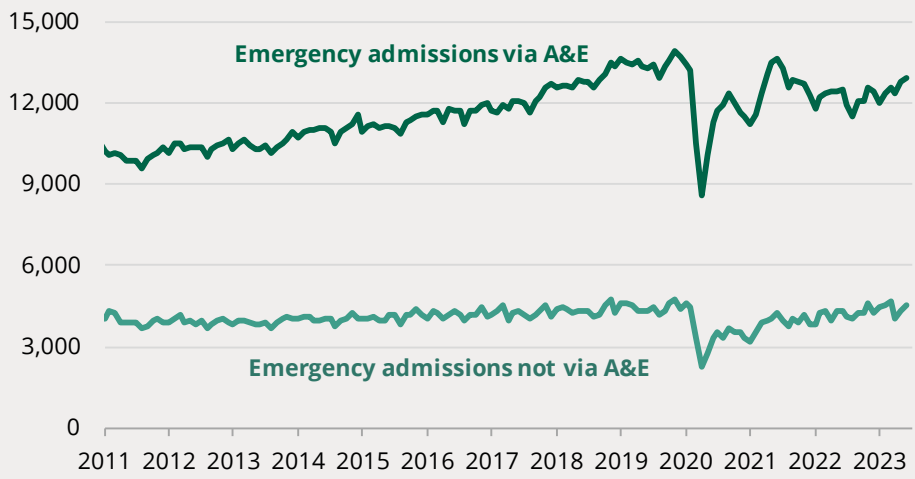
In June 2023 there were an average of 12,932 emergency admissions to hospital via A&E each day. There were a further 4,509 emergency admissions per day that did not come via A&E.

The number of emergency admissions via A&E rose substantially in the years before the Covid-19 pandemic. In the quarter ending August 2019 there were 20% more emergency admissions via A&E and 10% more emergency admissions not via A&E than in the equivalent quarter in 2011.

The number of admissions fell during the national lockdowns. In April 2020 there were 39% fewer emergency admissions than in April 2019. The number of admissions returned to pre-pandemic levels in summer 2021 but has since fallen. In the quarter ending June 2023 there were 3% fewer emergency admissions via A&E than the equivalent period four years ago.

Emergency admissions remain slightly below pre-Covid levels

Average daily emergency admissions in England, monthly data



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

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.

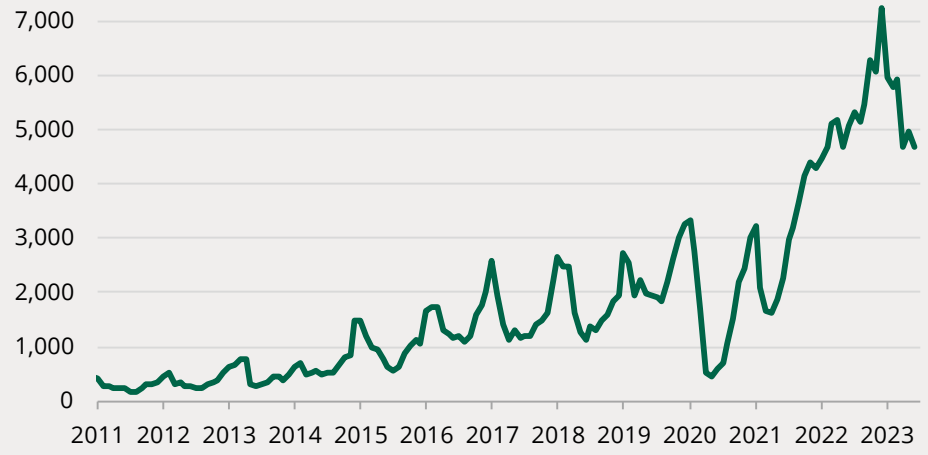
The number of people waiting over 4 hours for emergency admission after a decision to admit has increased substantially in recent years. In June 2023 there were an average of 4,679 people per day, compared with an average of 280 people per day in June 2013 – over 16 times higher. However, this was an improvement on December 2022, when there were 7,252 long waits per day.

The chart on the next page shows monthly data since 2011. 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 December 2022 was more than double this pre-pandemic record.

Long waits for admission tend to peak in the winter. In 2022 there was no substantial fall in the summer, but in 2023 there has been a fall since the winter highs.

Long waits for admission have risen substantially

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



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

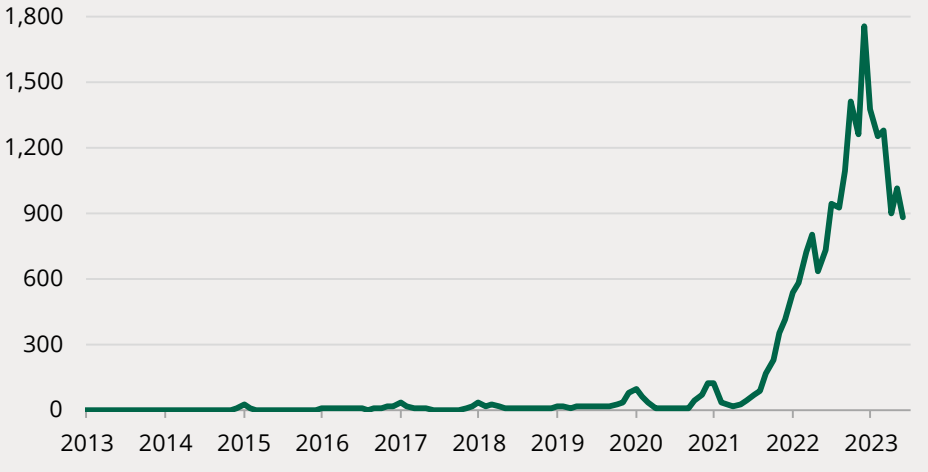
The chart below shows the number of patients that waited **12 hours** for admission after a decision to admit. Such occurrences were once rare – from 2011 to 2014 (inclusive) there were a total of 915 such cases in England. However, they have since become more common, and in the single month of December 2022 there were 54,532 such waits – 60 times more than the total for the four years spanning 2011-2014.

In the whole of 2014, there were 489 twelve-hour waits for admission, but in October 2022, there were an average of 1,759 such waits every day.

The number of 12-hour waits for admission fell in early 2023 but remained higher than in any month on record before April 2022.

12-hour admission waits were once rare but are now common

Average daily patients waiting 12+ hours after a decision to admit



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

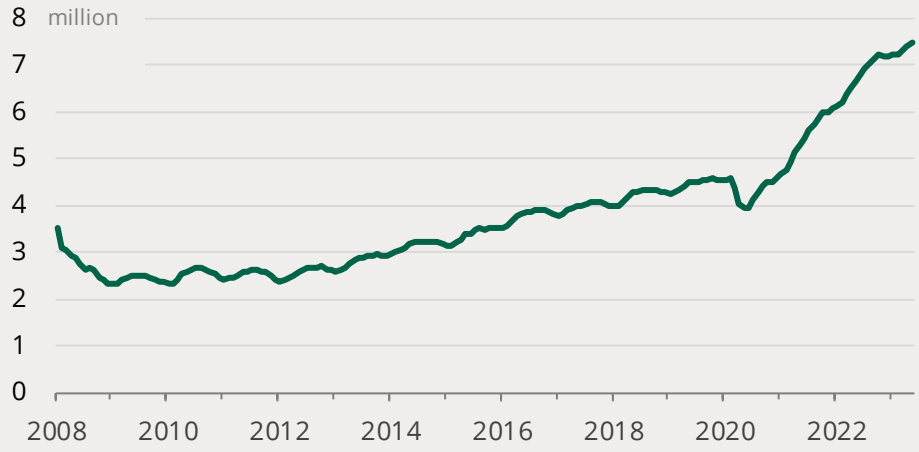
2 Waiting times for hospital treatment

2.1 Waiting lists for hospital treatment

As of May 2023, there were almost 7.5 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 waiting list for treatment rose consistently between 2012 and 2019, but has risen faster since the pandemic



Source: NHS England, Consultant-Led Referral to Treatment, RTT overview timeseries

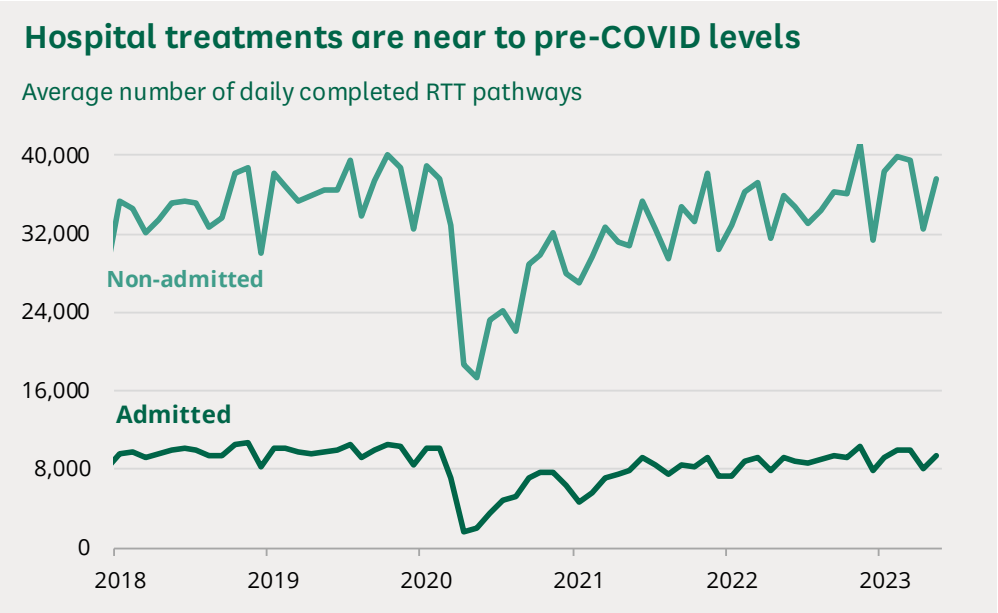
2.2 Treatment activity

Prior to the pandemic there were typically an average of 45,000 hospital treatments from the waiting list each calendar day, made up of 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 since recovered and are near pre-pandemic levels. In May 2023 there were 5% fewer admitted treatments (-530 per day) and 3% more non-admitted treatments (+1,130 per day) compared with May 2019. The chart below shows these trends.



Source: NHS England, Consultant-Led Referral to Treatment, RTT overview timeseries

2.3 Waiting times for hospital treatment

The Handbook to the NHS Constitution says that patients referred for consultant-led treatment should start treatment within 18 weeks.[2] 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.

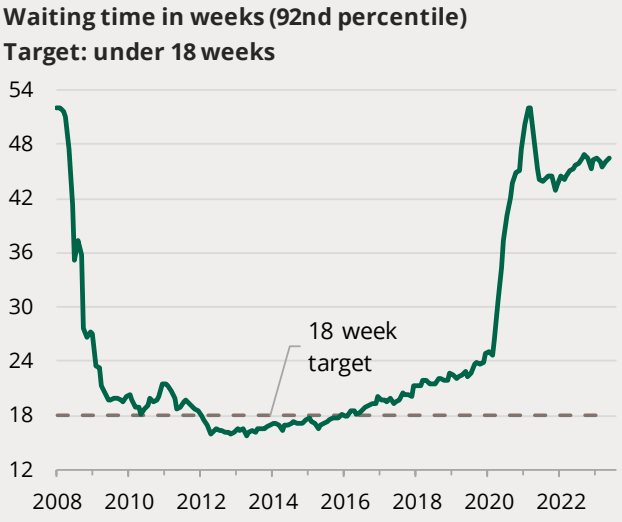
The charts on the next page shows trends on these measures since 2008. The left-hand chart shows the 92nd percentile waiting time for those waiting for treatment. An 18-week value on this measure is equivalent to 92% of patients waiting under 18 weeks.

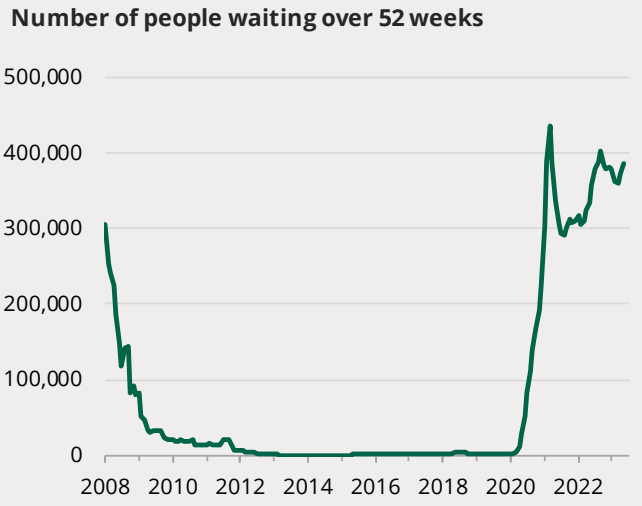
When the RTT 18-week target was introduced, waiting times were high, but began to fall quickly. The 92nd percentile waiting time fell below 20 weeks in June 2009, and the 18-week target was met continuously between January 2012 and November 2015.

[2] Department for Health and Social Care, Handbook to the NHS Constitution for England

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. After a slight recovery in 2021, they have remained high and have worsened in the last year. Like the waiting list for treatment, the phenomenon of rising waiting times predates the pandemic, but it has been worsened since.

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





Source: NHS England, Consultant-Led Referral to Treatment, RTT overview timeseries

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

The right-hand chart above shows the number of people waiting over 52 weeks for treatment. This fell sharply from a high level after the introduction of RTT targets. There was a rise to over 3,000 52-week waiters in 2018, before a successful drive to reduce numbers resulted in a fall to just over 1,000 in mid-2019.

The reduction in elective care activity during the pandemic led to a large rise in 52-week waits, with numbers peaking at 436,000 in March 2021. NHS England aims to eliminate 52-week waits by March 2025.[3]

The table on the next page shows the ten NHS trusts in England with the highest RTT waiting times as of May 2023.

[3] NHS England, Delivery plan for tackling the Covid-19 backlog of elected care, February 2022

NHS trusts with the highest RTT waiting times

92nd percentile waiting time, May 2023. Target: 18 weeks

Trust	Weeks
Derbyshire Healthcare Nhs Foundation Trust	61.4
Manchester University Trust	59.7
Cambridgeshire Community Services Trust	59.2
University Hospitals Birmingham Trust	56.1
Torbay & South Devon Trust	54.6
Norfolk & Norwich University Hospitals Trust	54.6
Liverpool Women's Trust	54.1
United Lincolnshire Hospitals Trust	54.1
Royal Devon University Healthcare Trust	54.1
Worcestershire Acute Hospitals Trust	54.0
Buckinghamshire Healthcare Trust	53.8

Source: NHS England, Consultant-Led Referral to Treatment, Incomplete Provider May 2023 file

3 Cancer waiting times

3.1 Waiting lists and backlogs

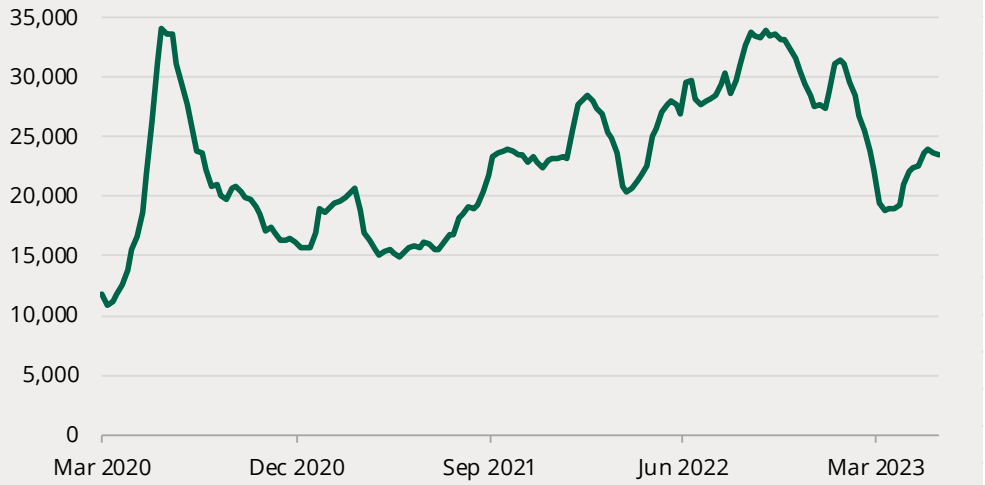
Most data on cancer diagnosis and treatment focuses on the time waited by people at the point that they start a course of treatment, not on those still waiting for treatment. This means that data is not routinely published on how many people are waiting for treatment (waiting lists or "backlogs").

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 people on the waiting list who had been waiting for under 62 days. The chart on the next page shows trends on this measure.

In early March 2020 the backlog of patients waiting over 62 days for cancer treatment was around 11,000. This rose to 34,000 by late May 2020. The backlog gradually fell back to around 16,000 by December 2020. The backlog rose in in late 2021 and then again in mid-2022.

As of late May 2023, the backlog was 23,499, down from a recent peak of 33,950 in September 2022, but up from the figure in March 2023.

Backlog of patients waiting over 62 days for cancer treatment after an urgent GP referral



Source: NHS England, Management Information on Cancer

3.2 Cancer waiting time standards

Urgent GP referrals for suspected cancer (2 week wait)

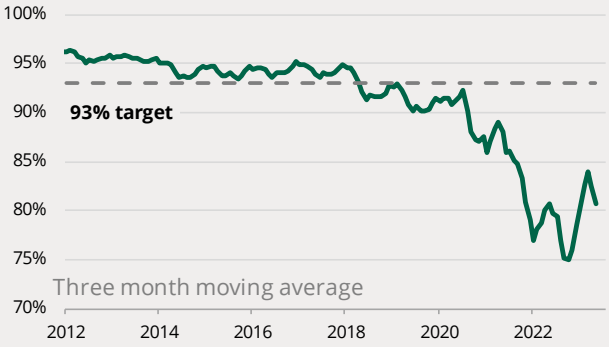
GPs urgently refer patients to a consultant if they suspect the patient has cancer. When this happens, the patient should have their first appointment within two weeks of the urgent referral. The waiting time target is that 93% patients should have their first consultant appointment within two weeks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

Performance on the 2-week cancer referral waiting time target has fallen

% waiting under 2 weeks from referral to consultant appt



Source: NHS England, Cancer Waiting Times, National time series with revisions

The number of urgent GP referrals has more than doubled over the past decade. Referrals fell sharply during the first national lockdown in 2020 – in

June 2020 there were 43% less referrals than in June 2019. However, referrals recovered and reached a new record high in November 2022, when referrals were 31% 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. In September 2022 it fell to its lowest level on record – 72.6% – but has since risen back to 80.8% as of June 2023.

First treatments for cancer after an urgent GP referral

When a person is diagnosed with cancer after an urgent GP referral, they should receive their first treatment within 62 days of the initial GP referral. This is an important 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 January 2023, 54.7% of patients were treated within 62 days of an urgent GP referral – a record low.

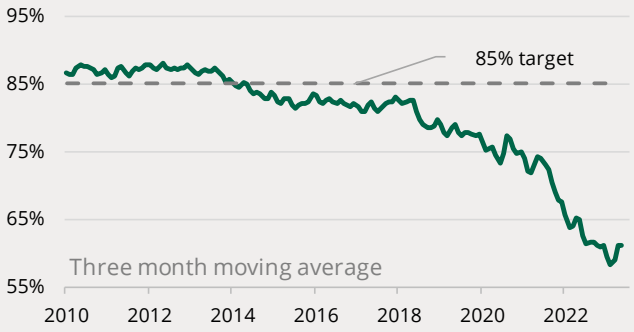
The charts below show trends on this measure for waiting times and the number of people treated after urgent GP referral.

Cancer treatments after GP referral have increased by 54% 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



Source: NHS England, Cancer Waiting Times, National time series with revisions

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 April and May 2023. Providers treating only a small number of patients have been excluded.

62-day waits for cancer treatment after urgent GP referral

Best and worst performing trusts, April and May 2023. Target: 85%

Lowest performance		Highest performance	
Guy's & St Thomas' Trust	36.8%	Sussex Community Dermatology Service	92.7%
The Royal Wolverhampton Trust	37.3%	Epsom & St Helier University Hospitals Trust	89.7%
Sheffield Teaching Hospitals Trust	37.6%	Calderdale & Huddersfield Trust	88.3%
University Hospitals Birmingham Trust	38.0%	East & North Hertfordshire Trust	85.5%
University Hospitals Of Leicester Trust	40.3%	Maidstone & Tunbridge Wells Trust	85.3%
North West Anglia Trust	40.7%	Royal Surrey County Hospital Trust	82.5%
The Princess Alexandra Hospital Trust	41.3%	Kingston Hospital Trust	81.4%
Royal Free London Trust	42.6%	St Helens & Knowsley Teaching Hospitals Trust	79.9%
Lancashire Teaching Hospitals Trust	43.0%	Wrightington, Wigan & Leigh Trust	79.6%
The Shrewsbury & Telford Hospital Trust	43.2%	Barnsley Hospital Trust	79.3%

Source: NHS England, Cancer Waiting Times, Apr 22 – Jan 23 data extract (provider)

First treatments for cancer (31-day wait)

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

This target was always met until 2019, when it was breached in five out of twelve months. The target has been breached in every month since January 2021, In May 2023, performance was at 90.3%

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% less treatments than in May 2019. In the last quarter, the number of treatments was 7% higher than before the pandemic.

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% of patients should be told within 28 days of referral. This standard has not yet been met. In May 2023, performance was 71.3%.

4 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 only been in place nationally since 2018, meaning that longer-term comparisons are not possible for ambulance response times.

4.1 Ambulance response times

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

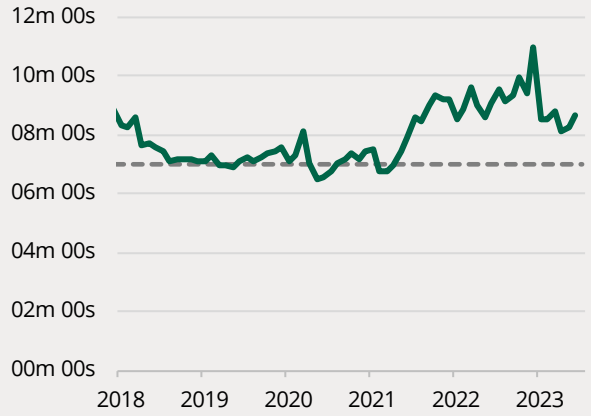
In the past year ambulance response times have worsened, with record high waiting times being recorded in the last year. In December 2022, the average response time for a category 1 call was 10 minutes 57 seconds – almost four minutes longer than the 7-minute target. In December 2022 the average response time for a category 2 call was nearly 1 hour 32 minutes – more than five times as long as the 18-minute target.

In the first half of 2023, ambulance response times recovered to the best level seen in over a year. However, most targets are not being met, and performance remains worse than before 2021 on most measures.

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

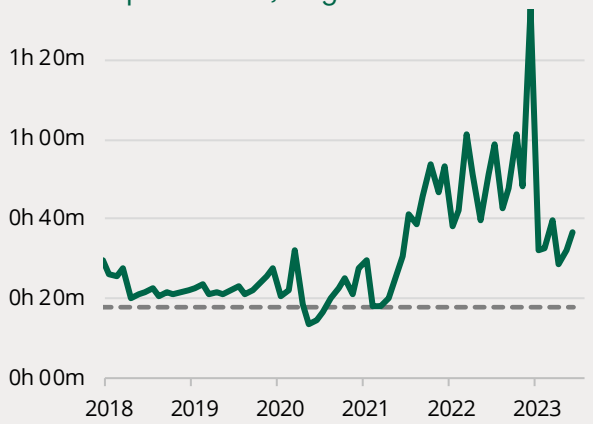
Life-threatening calls (Category 1)

Mean response time; target under 7 minutes



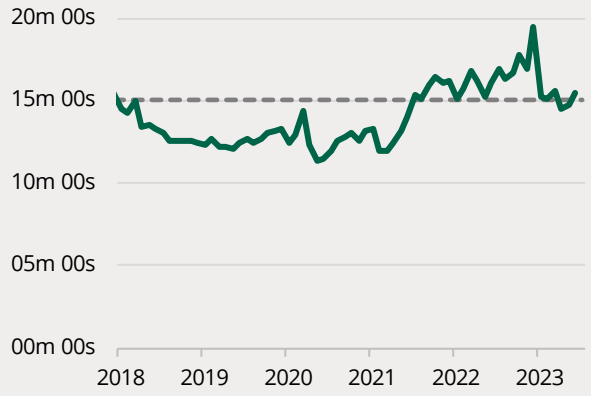
Emergency calls (Category 2)

Mean response time; target under 18 minutes



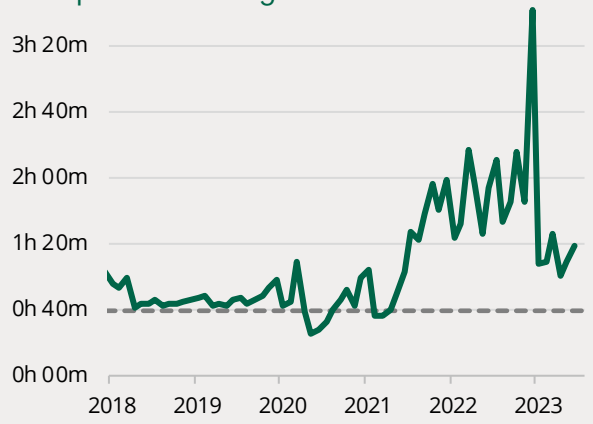
Life-threatening calls (Category 1)

90th percentile: target under 15 minutes



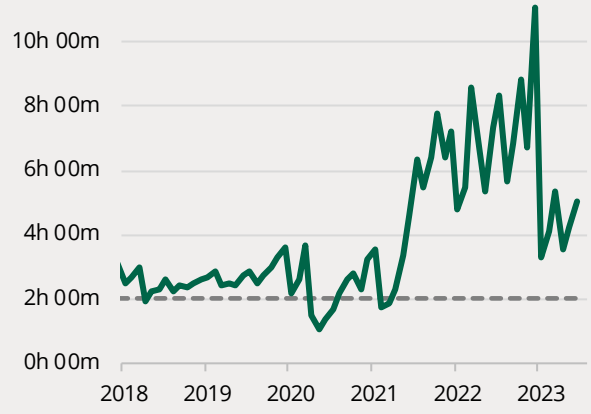
Emergency calls (Category 2)

90th percentile: target under 40 minutes



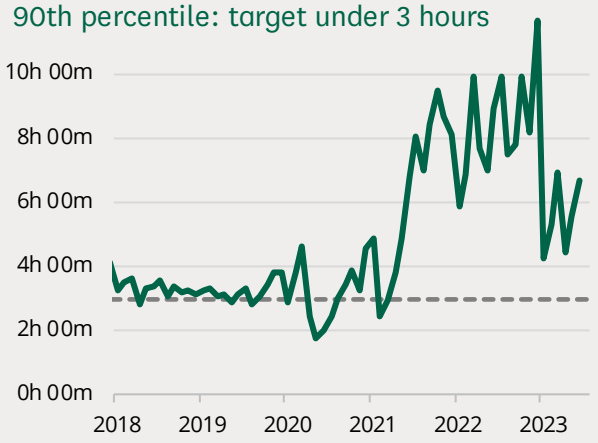
Urgent calls (Category 3)

90th percentile: target under 2 hours



Less urgent calls (category 4)

90th percentile: target under 3 hours



Source: NHS England, Ambulance Quality Indicators, AmbSYS time series

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

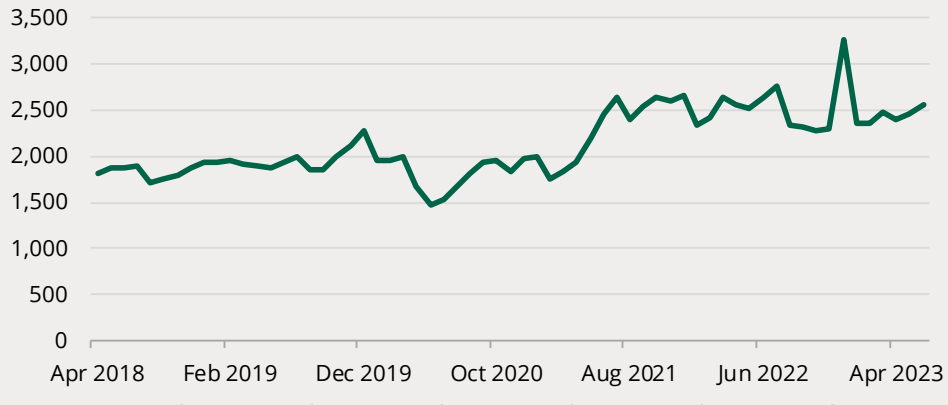
4.2 Demand for ambulance services

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

In June 2023 there were 2,569 category 1 incidents every day on average – up from 1,927 per day in June 2019.

There are 31% more of the most serious ambulance calls than 4 years ago

Average number of category 1 calls per day, monthly data



Source: NHS England, Ambulance Quality Indicators, AmbSYS time series

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

5 Diagnostic tests

5.1 Number of diagnostic tests

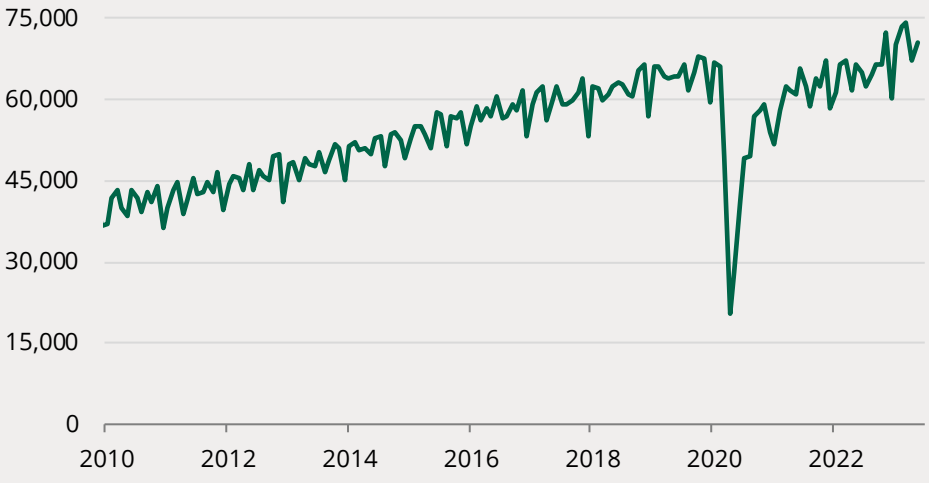
In 2019, before the Covid-19 pandemic, there were around 23.6 million diagnostic tests commissioned by the NHS in England. This was 48% higher than in 2010. Over this period the number of MRI (magnetic resonance imaging) tests rose by 84%, the number of CT (computed tomography) tests rose by 92%, the 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 risen above pre-pandemic levels.

The number of diagnostic tests performed has increased by 75% since 2010

Daily average number of tests, monthly data



Source: NHS England, Diagnostic Waiting Times and Activity, Time series – May 2023

5.2 Waiting times for diagnostic tests

The NHS target in England is that less than 1% of people should wait more than 6 weeks for a diagnostic test. 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.

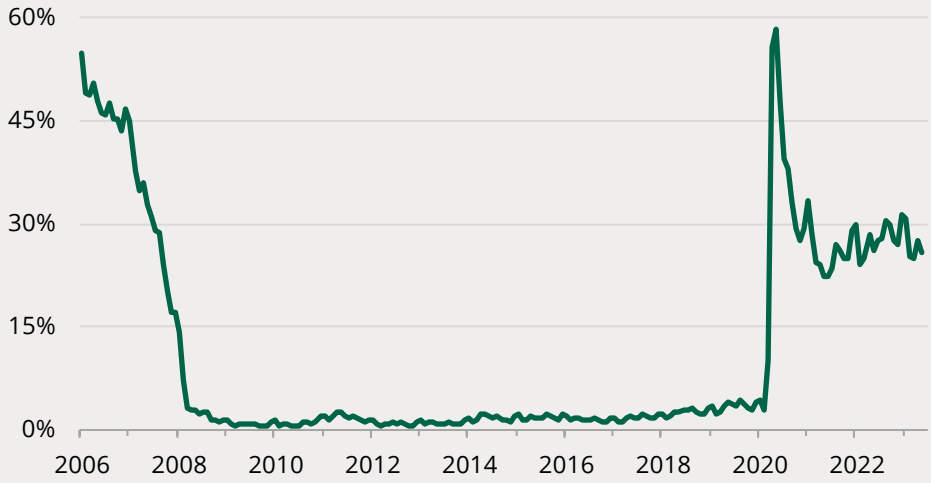
During the Covid-19 pandemic, waiting times increased substantially, rising to a peak of 58.5% of patients waiting over 6 weeks in May 2020. The proportion has fallen since then, reaching 22.1% in May 2021. It has since risen, and as of January 2023 30.8% of patients were waiting longer than 6 weeks.

The NHS recovery plan aims to reduce the proportion of people waiting 6 weeks or more to 5% by March 2025.[6]

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



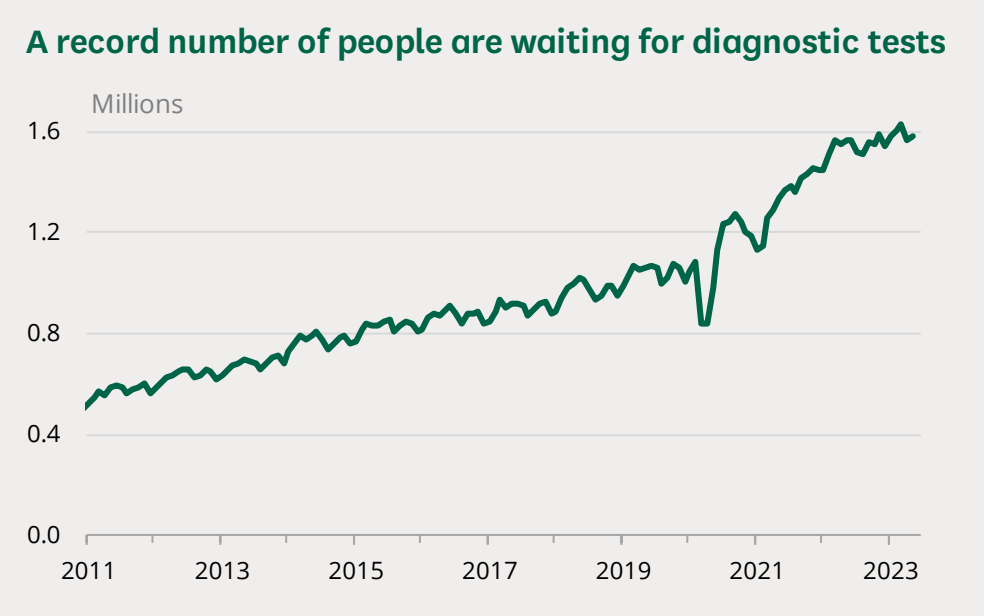
Source: NHS England, Diagnostic Waiting Times and Activity, Time series – May 2023

5.3 Waiting lists for diagnostic tests

As of May 2023, 1.58 million people are on the waiting list for a diagnostic test – close to the record levels reached in March 2023. Three years ago, in January 2020, the waiting list was 1.05 million.

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

[6] NHS England, Urgent and Emergency Care Daily Situation Reports



Source: NHS England, Diagnostic Waiting Times and Activity, Time series – May 2023

6 Workforce levels and vacancies

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

6.1 GPs

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

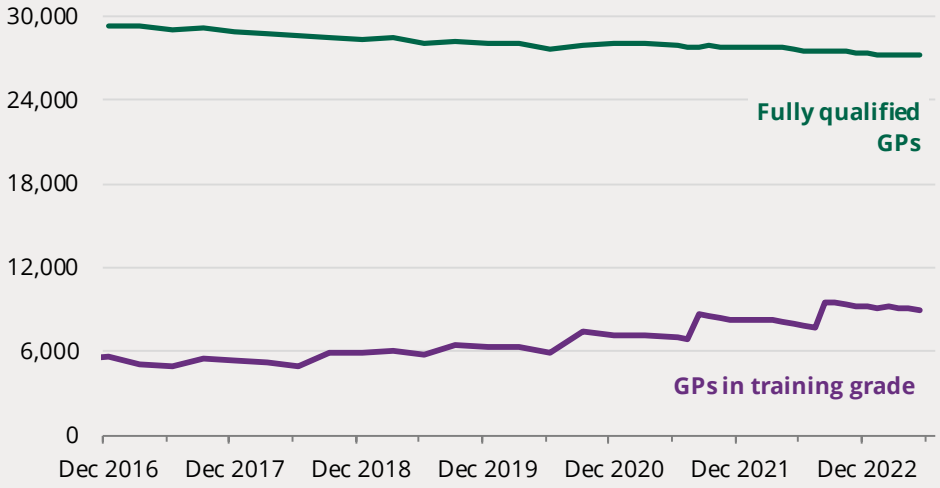
Between December 2016 and May 2023, the number of fully-qualified GPs in England has fallen by 7%, from 29,230 to 27,199. The number of GPs in training has risen from 5,625 in December 2016 to 8,994 in May 2023.

Combining all categories such as trainees, locums and retainers, the total number of FTE GPs has risen from 34,946 in December 2016 to 36,194 in May 2023.

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

The number of fully qualified GPs has fallen 7.2% since 2016. The number of trainees has risen in recent years

Full time equivalent GPs, quarterly data until Sep 2021, then monthly



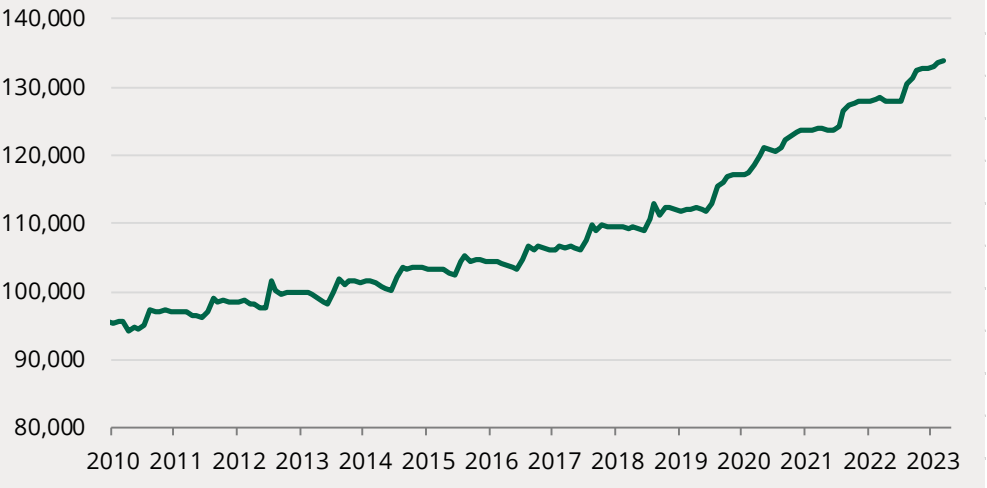
Source: NHS Digital, General Practice Workforce May 2023, Bulletin Tables

6.2 Hospital doctors

As of March 2023, there were 133,807 doctors in England's hospital and community health services. This is 22% higher than five years ago and 34% higher than ten years ago. The chart below shows trends since 2010. Numbers rose substantially during 2020.

There are 22% more hospital doctors than five years ago

FTE doctors in NHS hospital and community health services



Source: NHS Digital, NHS Workforce Statistics March 2023, England and Organisation

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

The table below shows trends in particular medical specialties. Emergency medicine has seen the largest percentage increase in doctors since 2010, at +99%, followed by radiology at +64%. Psychiatry had the smallest rise, at +15%.

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 November in 2010, 2018 and 2023

Specialty	Mar 2010	Mar 2018	Mar 2023	Change 2010-2023	
General medicine	25,445	29,824	38,037	+12,593	+49%
Surgical	20,406	23,040	27,048	+6,642	+33%
Anaesthetics	11,118	13,611	16,641	+5,524	+50%
Psychiatry	8,877	8,819	10,225	+1,348	+15%
Paediatric	7,186	8,265	9,763	+2,577	+36%
Emergency Medicine	4,827	6,598	9,614	+4,787	+99%
Obstetrics & gynaecology	5,198	5,848	7,132	+1,934	+37%
Radiology	3,317	4,281	5,430	+2,114	+64%
Pathology	3,707	4,222	4,846	+1,139	+31%
Dental	2,004	2,356	2,625	+621	+31%
Clinical oncology	1,022	1,310	1,638	+617	+60%
Public health & community	2,391	1,173	808	-1,583	-66%
Total	**95,496**	**109,346**	**133,807**	**+38,311**	**+40%**

Source: NHS Digital, NHS Workforce Statistics March 2023, Doctors by Grade and Specialty

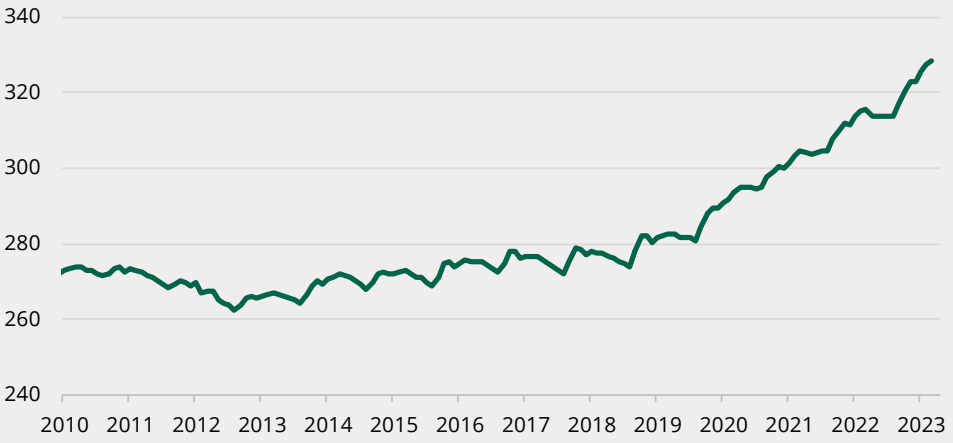
6.3 Nurses

In March 2023 there were 328,445 nurses in England's hospital and community health services. This is 15.8% higher than five years ago.

Between 2010 and 2013, the number of nurses fell. By 2015 it had recovered to 2010 levels, after which numbers began to rise. In 2020 there was a large increase in the number of nurses corresponding with the Covid-19 pandemic, and this increase continued into 2022 and 2023.

The number of nurses has grown by 18.3% in five years, and by 4.1% in the past year

FTE, Hospital and Community Health Services, thousands



Source: NHS Digital, NHS Workforce Statistics March 2023, Staff Group, Care Setting and Level

The table below shows the change by area of work since 2010. The bulk of the increase has been in adult and general nurses (+32%), which is the largest category of nurses. The number of nurses for children and young people has risen by 29%. The number of mental health nurses fell between 2010 and 2016, and has risen since, but remains below the 2010 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	Mar 2010	Mar 2018	Mar 2023	Number	Percentage
Adult and general	162,672	175,902	214,632	+51,959	+32%
Mental health	40,849	36,053	40,060	-789	-2%
Community services	38,999	33,085	37,071	-1,928	-5%
Children & young people	15,062	17,043	19,483	+4,422	+29%
Maternity and neonatal	6,629	8,154	9,270	+2,640	+40%
Learning disabilities	5,460	3,305	3,015	-2,445	-45%
School nursing	3,012	2,292	1,995	-1,017	-34%
Other	1,336	1,739	2,928	+1,592	+119%
Total	**274,020**	**277,573**	**328,455**	**+54,435**	**+20%**

Source: NHS Digital, NHS Workforce Statistics March 2023, Staff Group, Care Setting and Level

6.4 Changes since 2010 in major staff groups

The chart and table below summarise changes in different hospital staff groups between 2010 and 2023. They show 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.

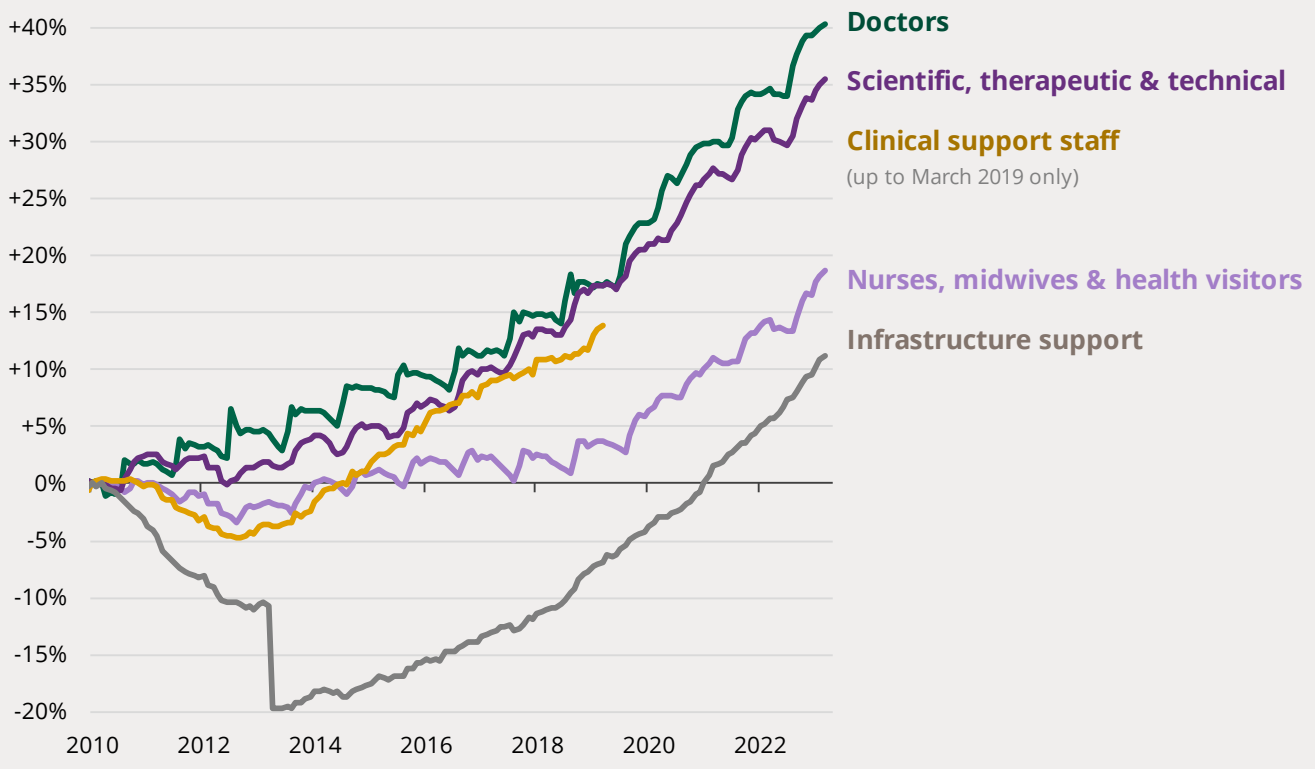
The number of infrastructure support staff (e.g. managers, central functions) fell between 2010 and 2014, but has recently risen above 2010 levels.

Note that a change in the classification of ambulance staff means that the "qualified ambulance staff" and "clinical support" categories from April 2019 onwards are 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.

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

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

Cumulative percentage change since January 2010 by staff group, FTE, England



Source: NHS Digital, NHS Workforce Statistics March 2023, England and Organisation

Overall there are 26% more hospital staff than in 2010

FTE hospital and community health staff by category

Staff Category	Mar 2010	Mar 2018	Mar 2023	*Change since 2010*	
Doctors	95,496	109,346	133,807	*+38,311*	*+40%*
Nurses, midwives & health visitors	301,399	307,535	356,440	*+55,041*	*+18%*
Qualified scientific, therapeutic & technical staff	120,389	136,549	163,015	*+42,627*	*+35%*
Qualified ambulance staff			18,681	*Not comparable*	
Support to clinical staff			398,200	*Not comparable*	
NHS infrastructure support	188,716	167,617	209,674	*+20,958*	*+11%*
Central functions	92,919	82,649	109,771	*+16,851*	*+18%*
Hotel, property & estates	57,432	52,380	62,340	*+4,908*	*+9%*
Senior managers	12,318	10,233	13,152	*+835*	*+7%*
Managers	26,048	22,355	24,411	*-1,637*	*-6%*
Total	**1,015,642**	**1,064,283**	**1,280,350**	***+264,708***	***+26%***

Source: NHS Digital, NHS Workforce Statistics March 2023, England and Organisation

6.5 Vacancies

The latest data on NHS staff vacancies in England relates to March 2023.[7]

The total number of NHS vacancies in March 2023 was 112,498– a vacancy rate of 8.0%. This is an increase from the previous year, when the number of vacancies was 105,855 and the rate was 7.9%.

Vacancies vary by region – from a high of 10.8% in London to a low of 6.7% in North West England

The vacancy rate for nursing staff was 9.9% (40,096 vacancies), up from 10.0% a year earlier.

The vacancy rate for medical staff was 5.8% (8,549 vacancies), similar to the 5.6% rate a year earlier.

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

[7] NHS Digital, NHS Vacancy Statistics, 25 May 2023

7 Bed availability and discharges

7.1 Bed availability and occupancy

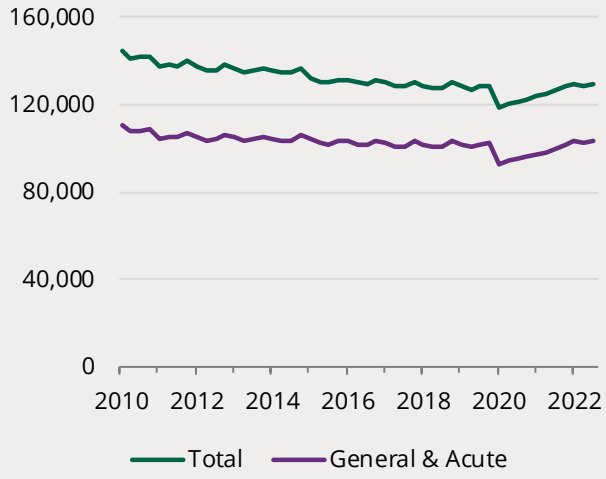
In the quarter ending March 2023, the NHS had an average of 130,863 beds available in England, of which 104,542 were general and acute beds.[8] This is a fall of around 5% overall compared with ten years ago, and a fall of 2% for general and acute beds.

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 and occupancy have now returned to pre-pandemic levels. In the quarter ending March 2023, an average of 92.3% of general and acute beds were occupied – the highest in five years.

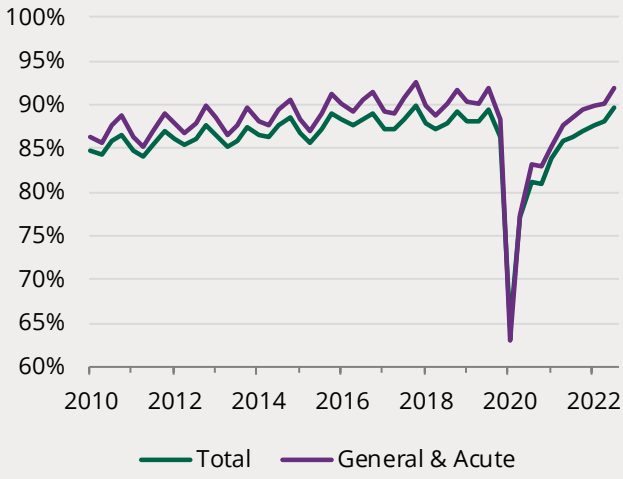
The charts below show trends in availability and occupancy since 2010.

NHS bed capacity has recovered after the pandemic

Total number of beds open overnight



Average occupancy, beds open overnight



Source: NHS England, Bed Availability and Occupancy, Beds available overnight time series (adjusted for missing data)

The fall in NHS bed availability is not a recent phenomenon. The total number of hospital beds has been in gradual decline for many years (NHS England publishes a time series back to 1987).[9] 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).

[8] These figures refer to beds on wards that are open overnight. A further 12,070 beds were available on wards that are open only during the day. See NHS England, Bed Availability and Occupancy.

[9] NHS England, Bed Availability and Occupancy, Beds Times Series 1987–88 to 2009–10.

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.[10]

In June 2023 there were between 12,000 and 13,000 patients remaining in hospital each day who did not meet the criteria to reside. This represents around one in eight general and acute beds in England.

Between 2010 and 2020, NHS England published data on delayed discharges from hospital, but this collection has been discontinued.[11] The new data on discharge delays cannot be compared with the old data.

8 GP appointments

In May 2023 there were estimated to be 27.7 million GP appointments in England. This is around 15% more appointments per working day than in May 2019. The chart below shows the average number of appointments per working day on a monthly basis since 2019.[12] These figures do not include Covid-19 vaccination activity.

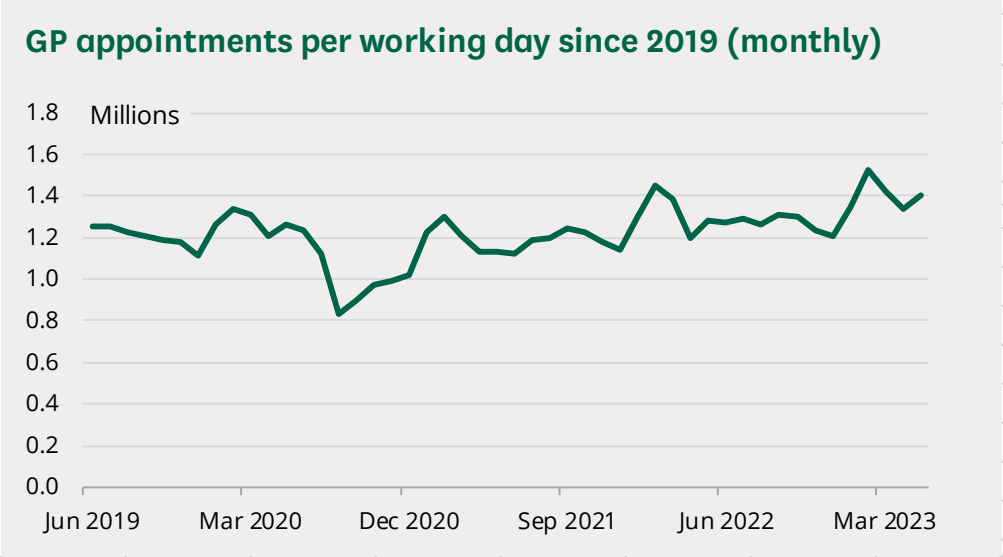
During the early stages of the Covid-19 pandemic, GP appointments fell. In April 2020 the number of appointments was 32% lower than in April 2019. Activity rose above pre-pandemic levels consistently from mid-2021 onwards.

The figures shown in this chart are adjusted to add estimates for practices that did not submit data. The chart includes all appointments in general practice (including with staff who are not GPs) but does not include Covid-19 vaccine appointments.

[10] NHS England, Discharge Delays (Acute)

[11] NHS England, Delayed Transfers of Care

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



Source: NHS Digital, Appointments in General Practice May 2023, Summary tables

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

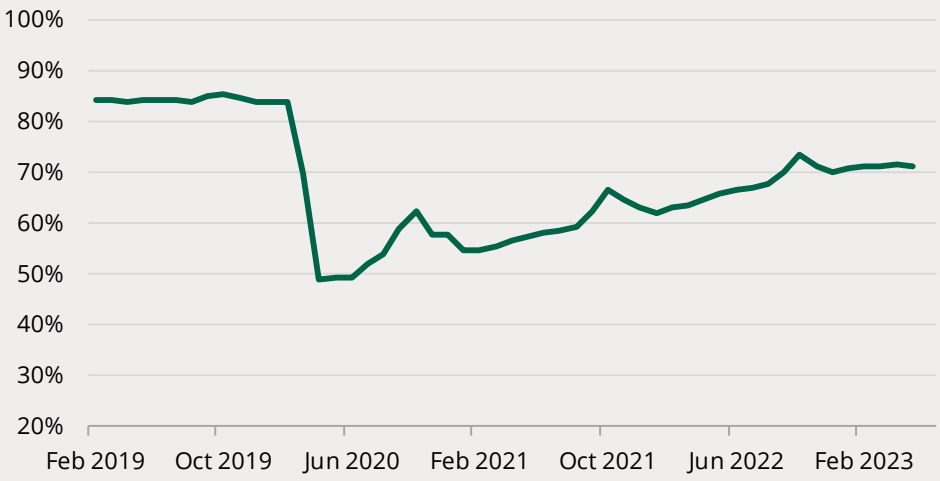
8.1 Face-to-face appointments

Data is recorded on the 'mode' of appointments in general practice (for example whether they take place face-to-face or on the telephone, etc). Prior to the Covid-19 pandemic, around 84% of appointments were face-to-face. This fell to around 50% in the early stages of the Covid-19 pandemic. After rising back to 60% before the January 2021 national lockdown, it fell again.

The proportion of face-to-face appointments has risen steadily since 2021 and has plateaued at around 71.5% as of May 2023.

Proportion of GP appointments that were face-to-face

Monthly, England. Excludes appointments where the mode was not known



Source: NHS Digital, Appointments in General Practice May 2023, Summary tables

Please note that around 2% of appointments are recorded with an 'unknown' mode. Unknown appointments are excluded from the percentage shown above. The proportion of unknown mode appointments has fallen since 2019, which may have a small impact on the overall trend.

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

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

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

- Cancelled elective operations
- Mixed-sex accommodation breaches

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

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