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Welsh Government

STATISTICS, DOCUMENT

Trends in NHS planned care activity: as at March 2023

Report summarising data on activity and performance in NHS planned care, including referral to treatment waiting lists, diagnostics and therapies, secondary care activity and cancer services, as at March 2023.

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Introduction

This statistical release provides a summary of scheduled care activity carried out by the NHS in Wales. The statistics presented within this release cover: NHS referral to treatment waiting lists, inpatient activity, outpatient referrals & activity, diagnostic and therapy waits, NHS beds and cancer services waiting times in Wales. Historical data are provided as far back as they are available and key changes affecting comparability over time are explained.

Scheduled care covers the services offered by the NHS for conditions/ailments where care is provided in hospital, generally after referral from a primary or community health professional.

Performance targets associated with scheduled care are monitored in the monthly [NHS activity and performance summary](#) and are not reported here. This publication focuses on longer term trends. A similar report on urgent and emergency care – ambulance calls and response times and emergency department activity and performance – has also been produced and is published separately.

Data for each topic area are also available in more detail on our [StatsWales](#) website.

Terminology and recurring notes

Activity is measured by ‘patient pathways’. Pathways are higher than the equivalent number of individual patients would be because some patients have multiple open pathways. More information on this is available in the [Chief Statistician's blog](#).

Where data are broken down by Local Health Board (LHB), this represents the

local health board where the service is provided, not necessarily where patients are resident. This particularly impacts on Powys, where there are significant differences in the number and type of services provided compared with other local health boards.

From 1st April 2019 health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf. The health board names changed, with Cwm Taf University health board becoming Cwm Taf Morgannwg University health board and Abertawe Bro Morgannwg University health board becoming Swansea Bay University health board. For more information, see [Written Statement: Health board boundary change for Bridgend](#).

Main points

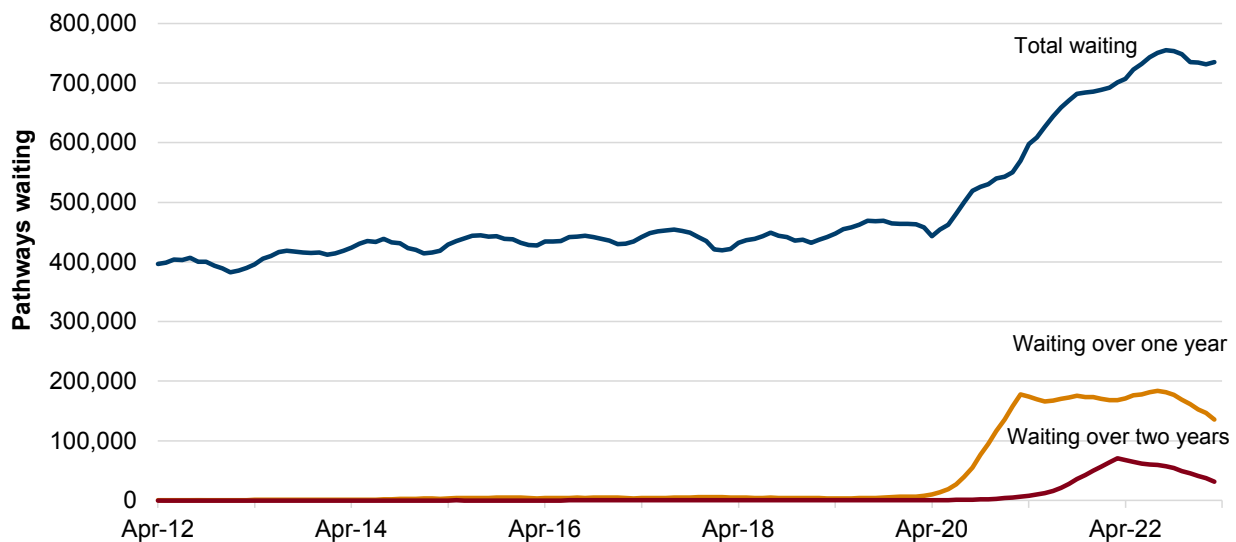
- The decade prior to the pandemic saw a gradual increase in pathways waiting on Referral To Treatment waiting lists. A reduction in planned care activity during the pandemic caused a significant increase in pathways waiting, from around 450,000 to around 750,000. Pathways waiting more than one and two years also increased significantly, having been close to zero prior to the pandemic.
- Median referral to treatment waiting times increased during the pandemic to around 29 weeks after a long period of relative stability and typically between 9 and 11 weeks. They subsequently recovered to around 20 weeks by March 2023.
- Pathways waiting for diagnostics and therapies were changeable prior to 2020, with no discernible long term trends. Following the COVID-19 pandemic they reached record levels by the end of 2022-23.
- Referrals for new outpatient appointments have increased over the last decade and reached a record level in 2022-23, following a significant dip during the pandemic.

- There has been a sustained reduction in available NHS beds and beds occupied since 1990, largely reflecting policy changes intended to treat more patients away from hospitals and technology advances resulting in shorter lengths of stay.
- The last decade has seen steady growth in activity on the suspected cancer pathway, with increases in patients informed they did not have cancer and patients starting definitive treatment.

Referral to treatment (waiting lists)

Referral to treatment time statistics show monthly data on waiting times for patient pathways following a referral by a GP or other medical practitioner to hospital for treatment in the NHS. Open pathways are those that remain on the waiting list for treatment, and closed pathways are those taken off the waiting list.

Figure 1: Pathways waiting to start treatment, April 2012 to March 2023



Description of Figure 1: A line chart showing a slight increasing trend in pathways waiting prior to the pandemic. The pandemic led to the number waiting increasing significantly. The number of patients waiting longer than one year and two years both increased sharply, but were falling towards the end of 2022-23.

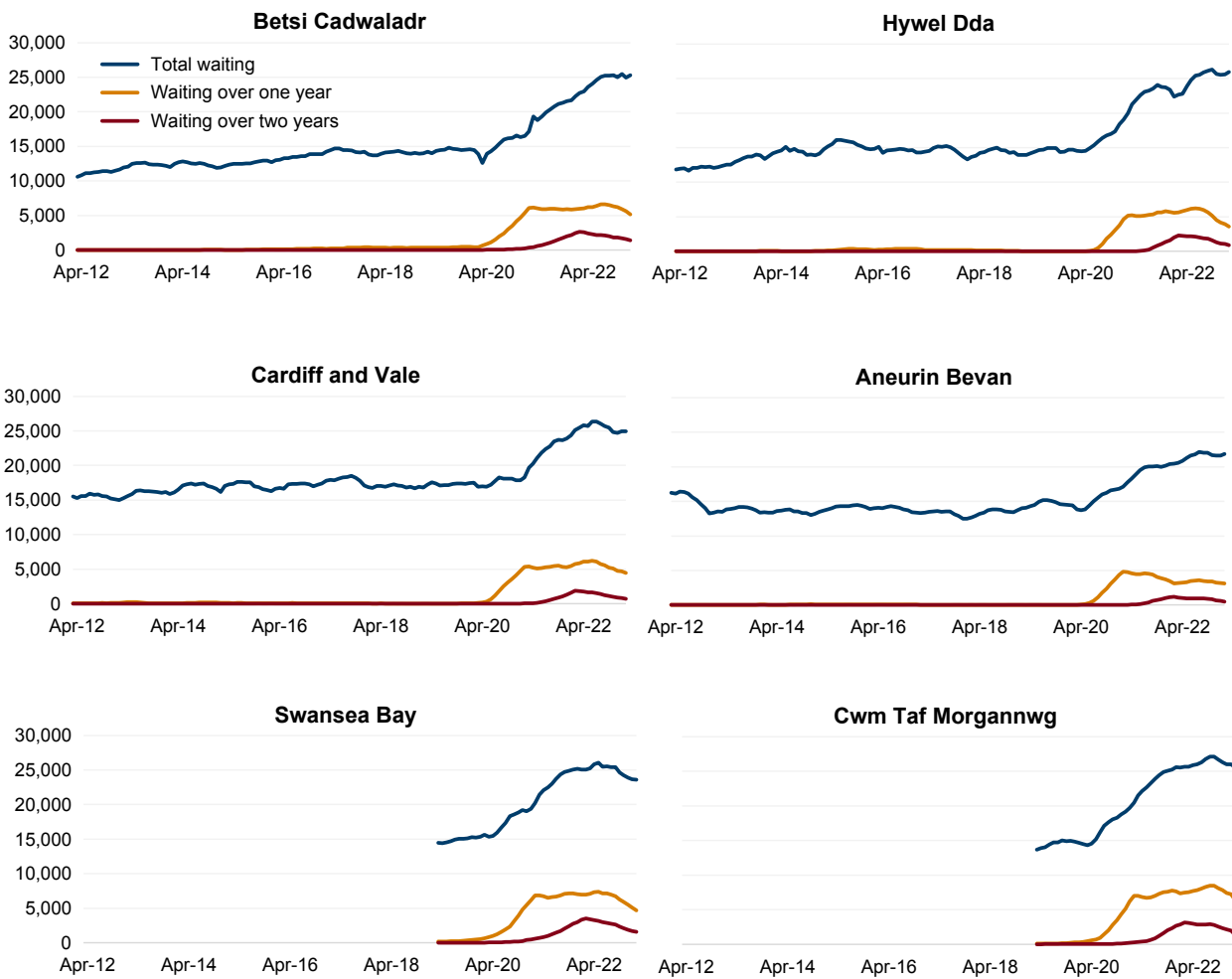
Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

Referral to treatment: StatsWales

The peak in pathways waiting to start treatment in September 2022 (755,000 pathways) was almost double the number of pathways waiting in January 2013 (383,000), the lowest number in the recorded series. Between 2012 and 2020 the number of pathways waiting more than one year increased from around one thousand to six thousand, before peaking at over 183,000 in August 2022. There were usually between one and two hundred pathways waiting more than two years until 2020, before rising to over 70,000 by March 2022. Numbers

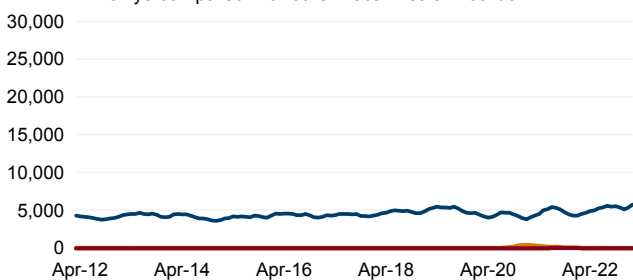
waiting more than one and two years have both subsequently turned downwards.

Figure 2: Pathways waiting to start treatment per 100,000 population by local health board provider, April 2012 to March 2023, [Note 1] [Note 2]



Powys

[Note 1]: Low levels in Powys reflect the fact that there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards.



Description of Figure 2: Line charts showing an increase in pathways per 100 thousand population waiting across all local health boards in Wales following the pandemic. For all local health boards, the number of patients waiting longer than

one year and two years rose sharply during the pandemic, but in most cases they have since turned downwards.

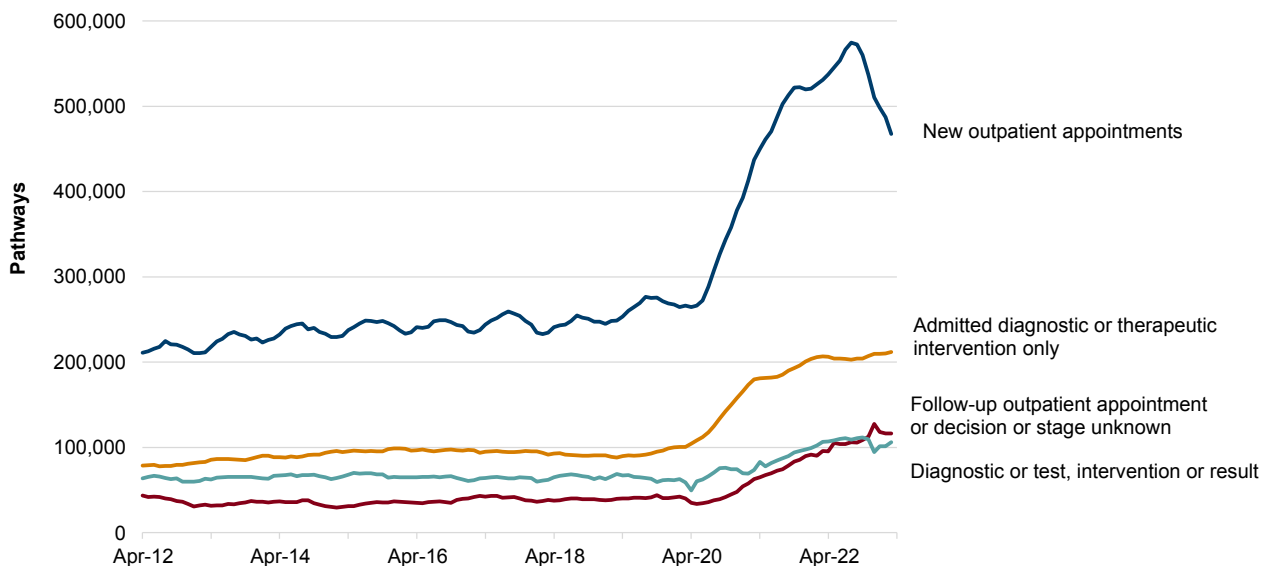
Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

[Note 1]: Low levels in Powys reflect the fact that there are significant differences in the number and type of services provided in Powys compared with other Local Health Boards.

[Note 2]: In 2019 changes to the boundaries of the Abertawe Bro Morgannwg and Cwm Taf Local Health Boards led to the creation of Swansea Bay and Cwm Taf Morgannwg.

Prior to the pandemic the highest number of pathways waiting, adjusted by population, was in Cardiff and Vale. However, while all health boards saw very significant increases during the pandemic, Cwm Taf Morgannwg had the sharpest rise, reaching the highest peak of all health boards at over 27 thousand per 100 thousand population. As at March 2023 overall waiting lists were still rising in Betsi Cadwaladr and Cardiff and Vale, while in Cwm Taf Morgannwg the overall list had been falling and the longest waits had reduced substantially.

Figure 3: Pathways waiting to start treatment by stage of pathway, April 2012 to March 2023

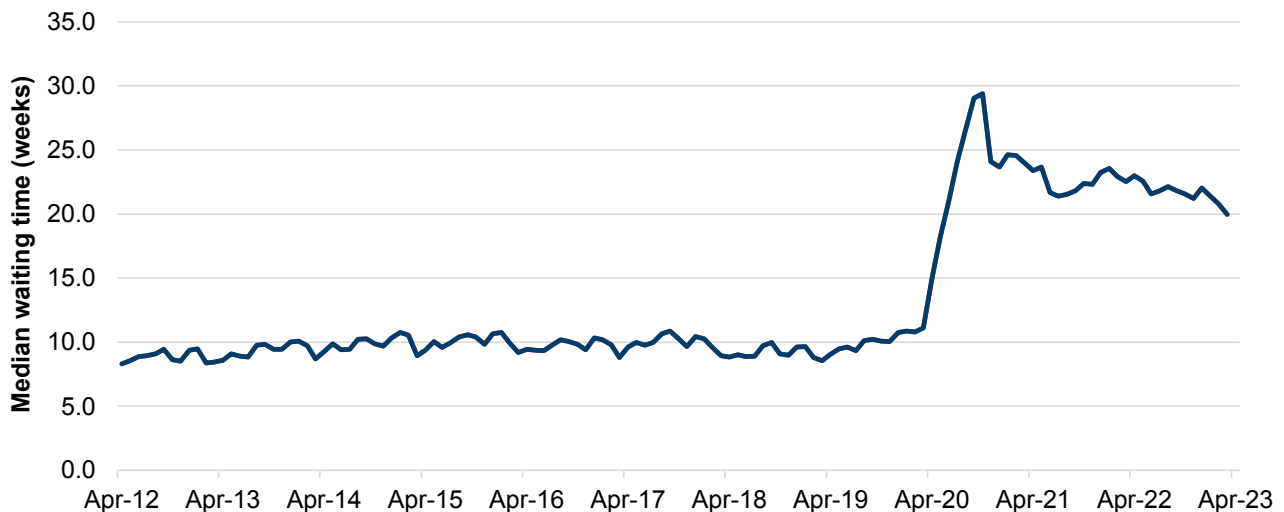


Description of Figure 3: A line chart showing numbers waiting at the four stages of patient pathway all increased significantly during or following the pandemic. Pathways waiting for a new outpatient appointment saw the sharpest rise initially, but started to fall after August 2022, unlike the other stages which stayed relatively flat.

Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

Before the COVID-19 pandemic, pathways waiting for a new outpatient appointment were on a slight upward trend, while pathways at all other stages were relatively stable. Comparing lowest levels to highest over the period, pathways in the ‘waiting for a follow-up outpatient appointment or decision or stage unknown’ stage saw the largest increase, with the peak over four times greater than the lowest point.

Figure 4: Median waiting time in weeks, April 2012 to March 2023



Description of Figure 4: A line chart showing a significant increase in median waiting times at the start of the pandemic.

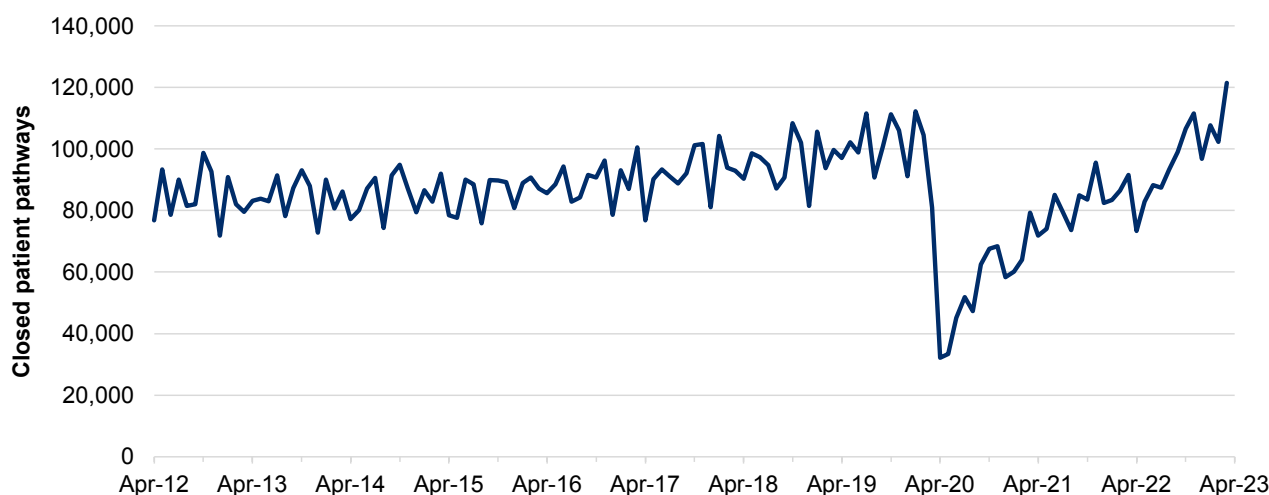
Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

In the years prior to 2020 median waiting times for RTT pathways were relatively stable, typically between 9 and 11 weeks. Between March and October 2020 median waits more than doubled to over 29 weeks, before falling sharply up to June 2021. By the end of 2022-23 waits remained well above the pre-pandemic medians, though there did appear to be a decreasing trend.

Median waits for referral to treatment times were relatively stable in most health boards in the years prior to 2020. After the increases seen in 2020, median waits fell in all health boards but remained longer than their pre-pandemic levels. By March 2023, median waits in Powys had fallen back to pre-pandemic levels and all other health boards were seeing decreasing trends. Over this period, the

longest average waiting time was seen in Swansea Bay where median waiting times reached 33.3 weeks in October 2020. October 2020 was the month where most health boards saw their longest average waiting times ([Median waiting time for referral to treatment, by local health board, September 2011 onwards \(StatsWales\)](#)).

Figure 5: Closed patient pathways, April 2012 to March 2023



Description of Figure 5: A line chart showing a generally increasing trend in the number of pathways closed, with a significant fall at the start of the COVID-19 pandemic.

Source: Referral to treatment times (RTT), Digital Health and Care Wales (DHCW)

Patient pathways close when patients are taken off waiting lists, most commonly because they start treatment. As such, to some extent they reflect the volume of activity being undertaken in the NHS in Wales. Closed pathways saw an increasing trend in the 2016 and 2020, frequently reaching over 100,000 per month. They fell significantly at the start of the COVID-19 pandemic, reflecting a

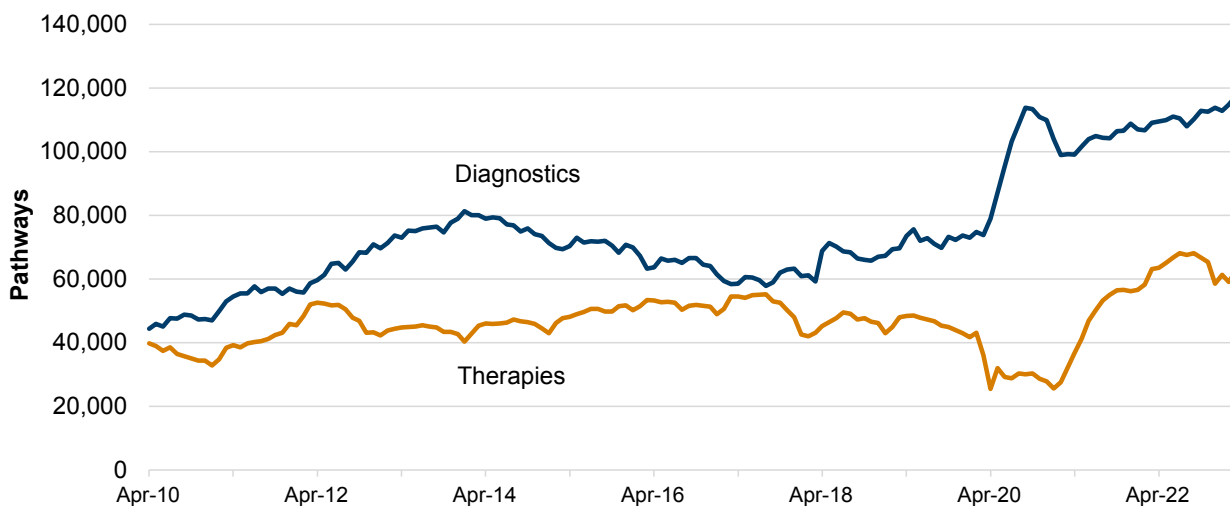
slow down in non-essential consultations and treatment. Following the record low in April 2020, there was a broadly consistent upward trend. By the end of the series the number of pathways being closed had returned to pre-pandemic levels, including reaching a record of high of over 121,000 in March 2023.

Diagnostic and therapies

The diagnostic and therapy service statistics show monthly data on the number of pathways and the time those pathways have been waiting at the end of each month for specific services as reported by LHBs. Waiting lists include all pathways, irrespective of their area of residence, that are waiting for NHS-funded diagnostic and therapy services within Wales.

Diagnostic and Therapy waiting times: StatsWales

Figure 6: Patient pathways waiting for diagnostic and therapy services, April 2010 to March 2023

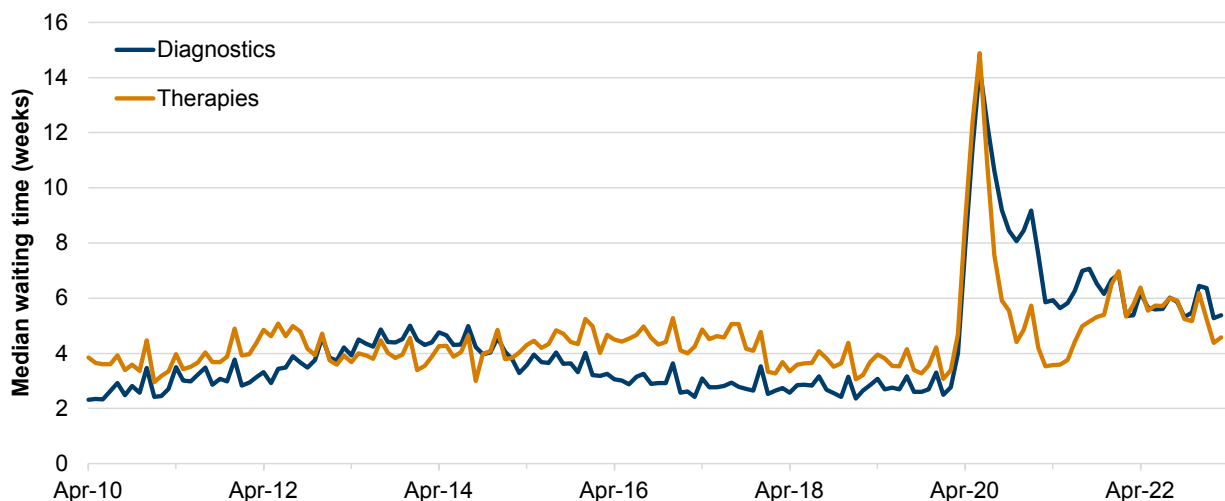


Description of Figure 6: A line chart showing diagnostics pathways have generally increased since 2010 and therapies were relatively stable until they increased after the COVID-19 pandemic.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Throughout the last twelve years there have always been more pathways waiting for diagnostics than therapies, though at times they have been close. Prior to 2020 numbers waiting for therapies were falling and numbers waiting for diagnostics were increasing. The impact of the pandemic initially was different, with diagnostics increasing sharply and therapies falling to a record low in April 2020 (25,500 pathways). Subsequently, both have generally increased and have reached record levels in recent months.

Figure 7: Median waiting times for diagnostic and therapy services, April 2010 to March 2023



Description of Figure 7: A line chart showing median waiting times for diagnostic and therapy services were relatively stable until the pandemic, when they increased significantly before recovering gradually.

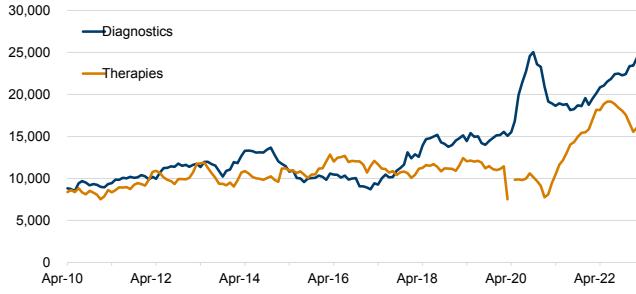
Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Prior to the pandemic, median waits for both therapies and diagnostics had fallen, with both broadly reflecting trends in the numbers waiting (Figure 7). They increased dramatically in the first few months of the pandemic as non-essential activity paused. Record highs of 14.3 weeks for diagnostics and 14.9 weeks for therapies were reached in June 2020. Therapy waits recovered quickly despite overall pathways increasing, and although there is some variation, have been close to pre-pandemic levels since early 2021. For diagnostics there has also been a recovery in waiting times, however it has been slower than for therapies and median waiting times are still around double the pre-pandemic levels.

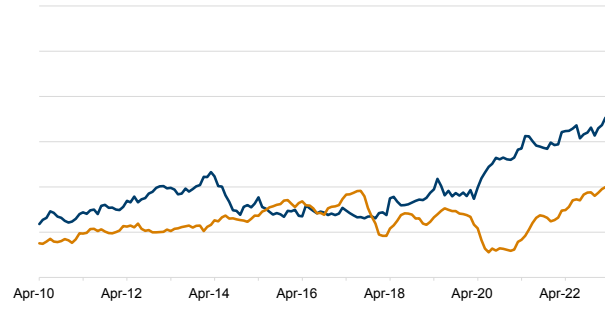
Figure 8: Patient pathways waiting for diagnostic and therapy services, by local health board, April 2010 to March 2023

Betsi Cadwaladr

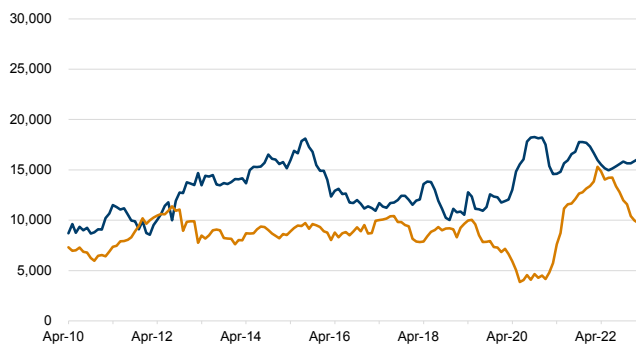
[Note 1]: Betsi Cadwaladr were unable to submit therapy data for April 2020



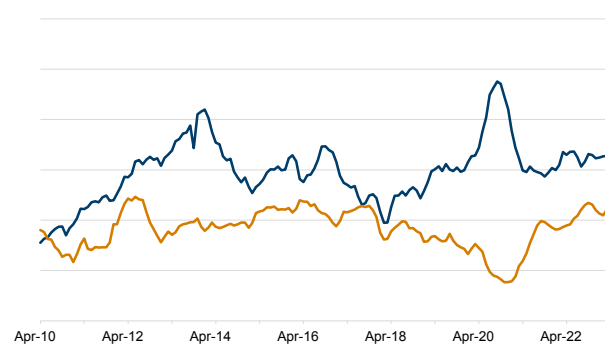
Hywel Dda



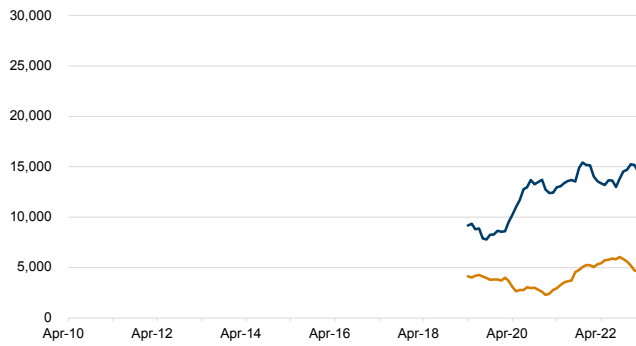
Cardiff and Vale



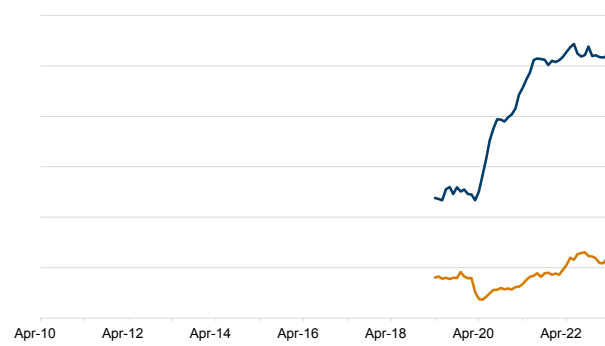
Aneurin Bevan



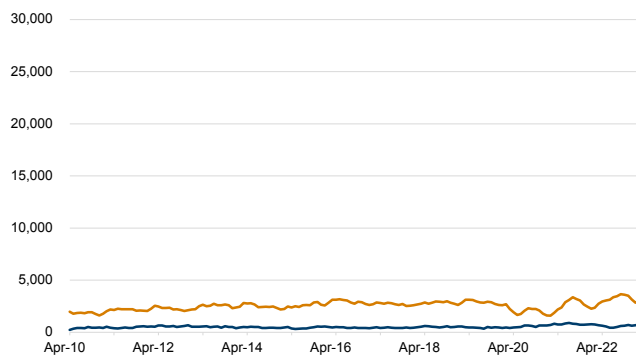
Swansea Bay



Cwm Taf Morgannwg



Powys



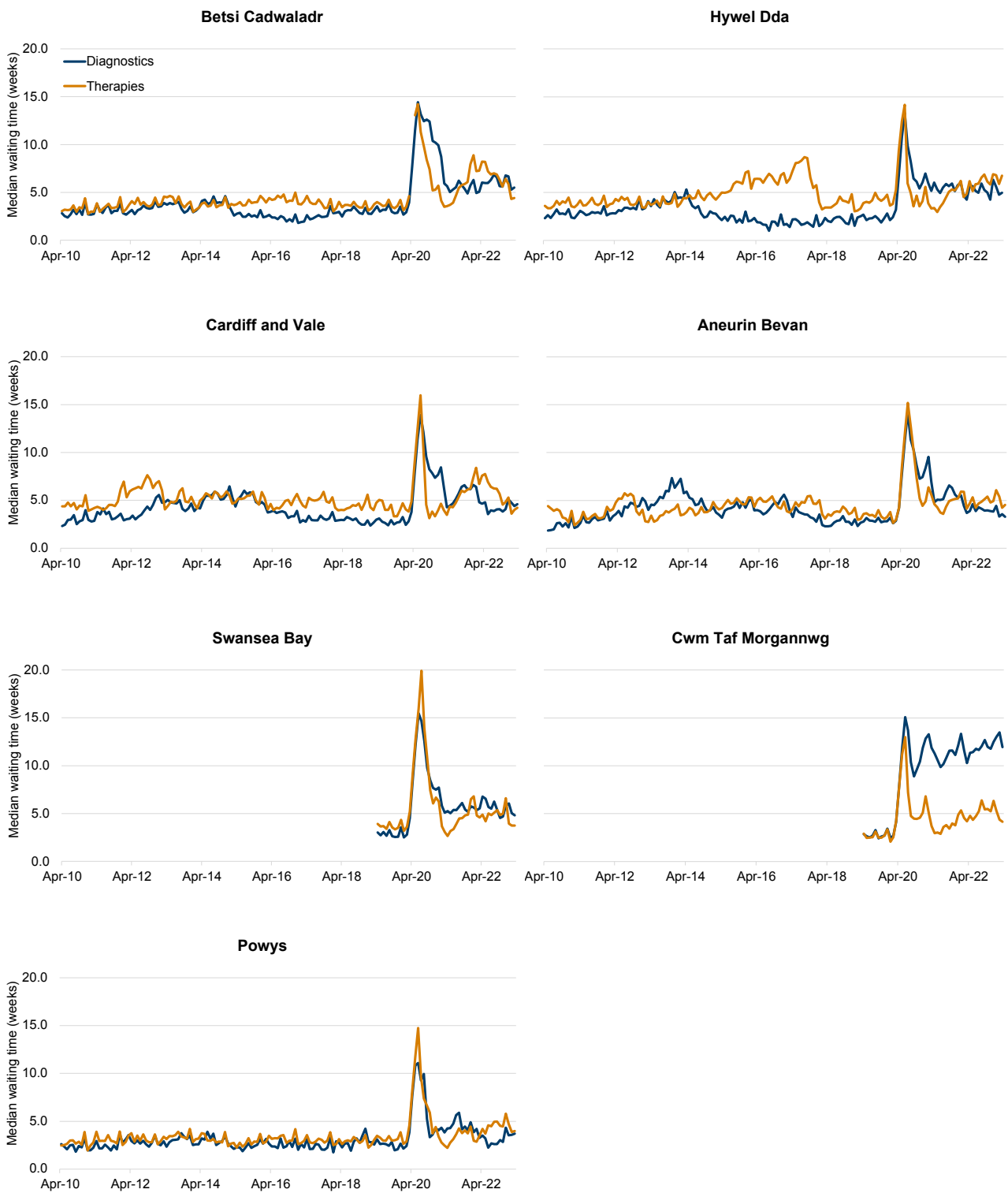
Description of Figure 8: Line charts showing changeable levels of pathways waiting for diagnostics and therapy services across the LHBs over the long term, with significant increases since the pandemic.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

[Note 1]: Betsi Cadwaladr were unable to submit therapy data for April 2020

Over the long term, trends in diagnostics and therapies have not been the same for all local health boards. The pandemic caused increases in all health boards but there are differences in the recoveries since, with Cardiff and Vale and Aneurin Bevan now seeing numbers close to pre-pandemic levels, while other health boards continue to see higher volumes waiting. Betsi Cadwaladr and Hywel Dda have seen increases in diagnostics from 2017, but Cwm Taf Morgannwg reached the highest level by March 2023, at over 25,000 pathways waiting.

Figure 9: Median time waiting for diagnostic and therapy services by local health board, April 2010 to March 2023

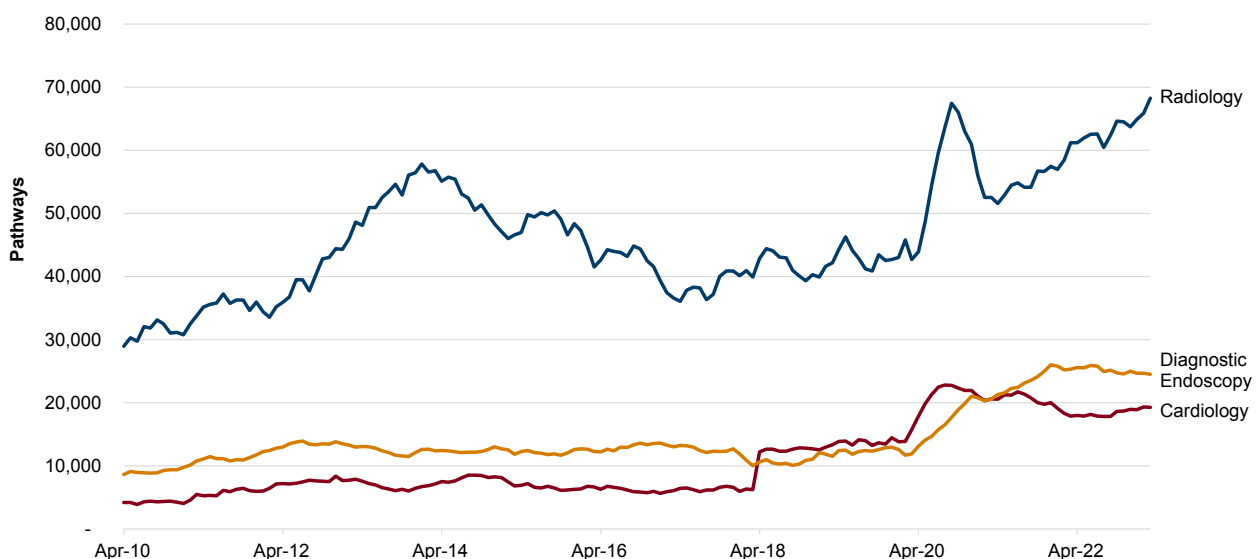


Description of Figure 9: Line charts showing differing trends in in median waiting times for both diagnostic and therapy services across the health boards until 2020, with sharp increases in the initial months of the pandemic.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Median waits for diagnostics and therapies were relatively stable in most health boards in the years prior to 2020. After the increases seen in 2020, waits in most health boards recovered relatively quickly to levels close to pre-pandemic. Cwm Taf Morgannwg has seen the slowest recovery, with diagnostic waits in particular still significantly longer than previously. This may be related to the increase in pathways, which was the most significant of the LHBs.

Figure 10: Patient pathways waiting for radiology, diagnostic endoscopy and cardiology diagnostics, April 2010 to March 2023, [Note 1]



Description of Figure 10: A line chart showing variable trends in pathways

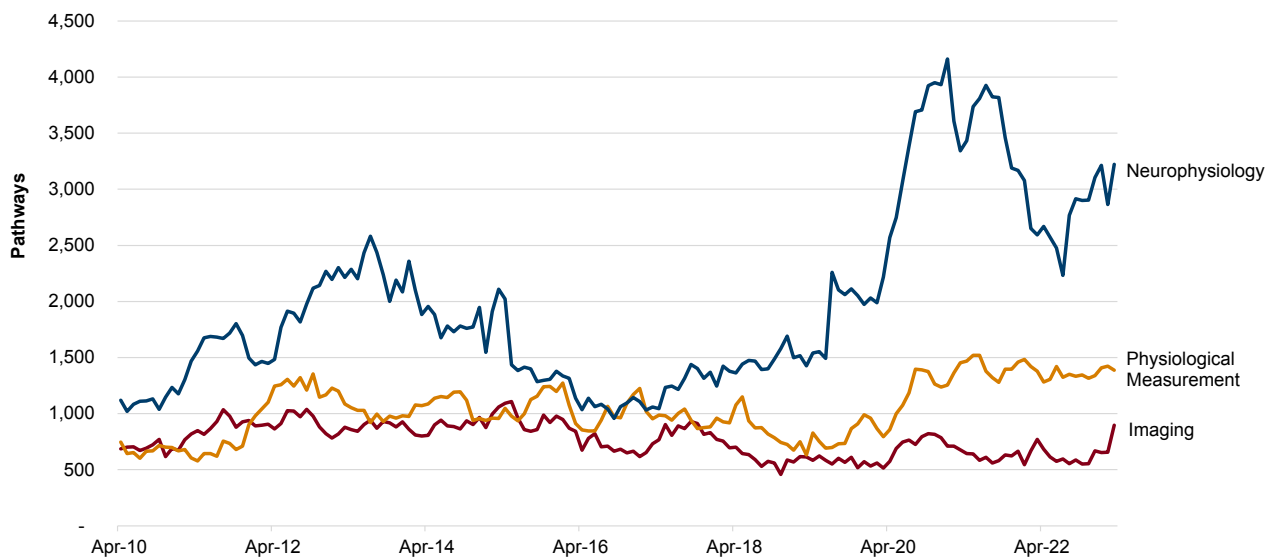
waiting before 2020, with increases subsequently.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

[Note 1]: Additional diagnostics tests were included in the cardiology data from April 2018

Pathways waiting for radiology, diagnostic endoscopy and cardiology account for around 95% of all diagnostics. The largest number of pathways waiting is in radiology, which exhibited changing trends between 2010 and 2020 and has seen a significant increase since. In March 2023 there were over 68,000 radiology pathways waiting, 49% higher than before the pandemic and the highest figure on record. Pathways in cardiology and diagnostic endoscopy were relatively flat in the decade before the pandemic, but both saw increases from 2020.

Figure 11: Patient pathways waiting for neurophysiology, physiological measurement and imaging diagnostics by specialty, April 2010 to March 2023



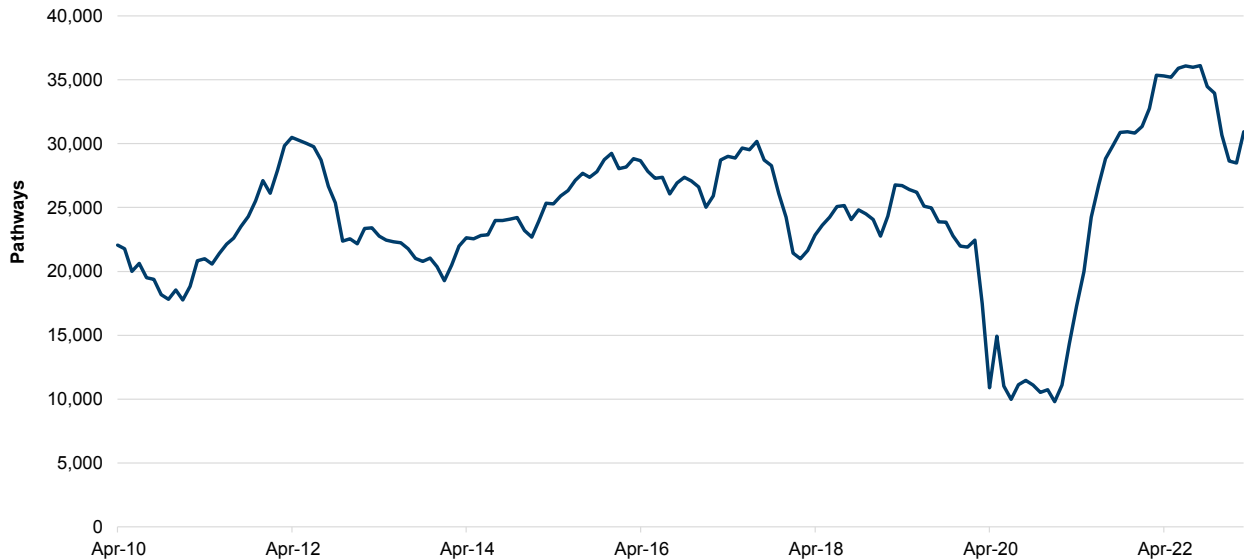
Description of Figure 11: A line chart showing variable trends in pathways waiting before 2020, with different trends emerging since.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Pathways waiting for imaging, neurophysiology and physiological management only account for around 5% of all diagnostics pathways. Trends in the decade before 2020 were changeable, but neurophysiology and physiological measurement then saw substantial relative increases with latest figures well over the pre-pandemic levels. Pathways in imaging have not exhibited a discernible trend at any point during this series.

Figure 12: Patient pathways waiting for physiotherapy,

April 2010 to March 2023

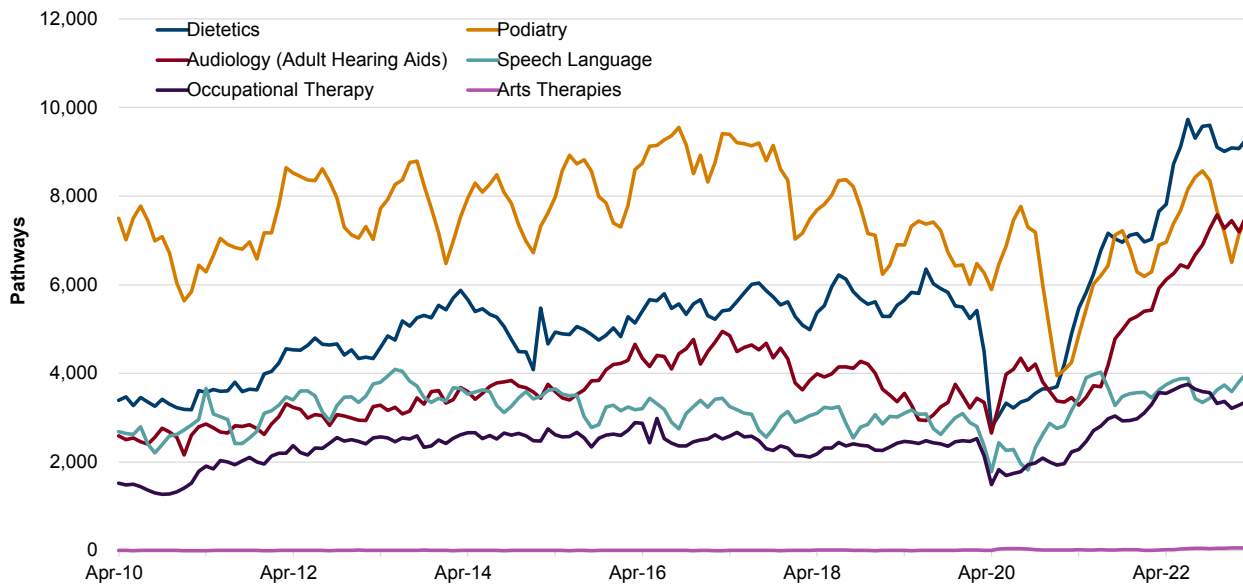


Description of Figure 12: A line chart showing pathways waiting for physiology have been changeable since 2010.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Physiology accounts for around half of all pathways waiting for therapies. Trends were very changeable between 2010 and 2020, before a significant fall at the start of the pandemic. They then quickly increased to record levels and remained over the pre-pandemic level in March 2023.

Figure 13: Patient pathways waiting for physiotherapy by specialty, April 2010 to March 2023



Description of Figure 13: A line chart showing pre and post-pandemic trends in pathways waiting are somewhat different for the various therapy specialties.

Source: Diagnostics and Therapies (DATS), Digital Health and Care Wales (DHCW)

Six other therapies account for the remaining therapies pathways. There were quite different trends in pathways waiting for the various therapy specialities between 2010 and 2020, and most specialties saw a fall in pathways waiting at the onset of the pandemic. After the initial dip, all specialties subsequently saw increases over the pre-pandemic levels. Compared with the pre-pandemic levels, podiatry and audiology saw the largest relative increases.

Outpatients

An outpatient appointment is an appointment, often at a hospital or clinic, where the patient does not need to stay at hospital overnight.

Outpatient referrals

Outpatient referrals statistics show monthly data on the number of referral requests for a first outpatient appointment received by local health boards in Wales, regardless of area of residence. These data include referrals made in Wales to hospitals located outside of Wales but not referrals made to hospitals in Wales for people resident outside Wales.

The referral date is the date when the local health board receives the referral and not the date on which the referral was sent.

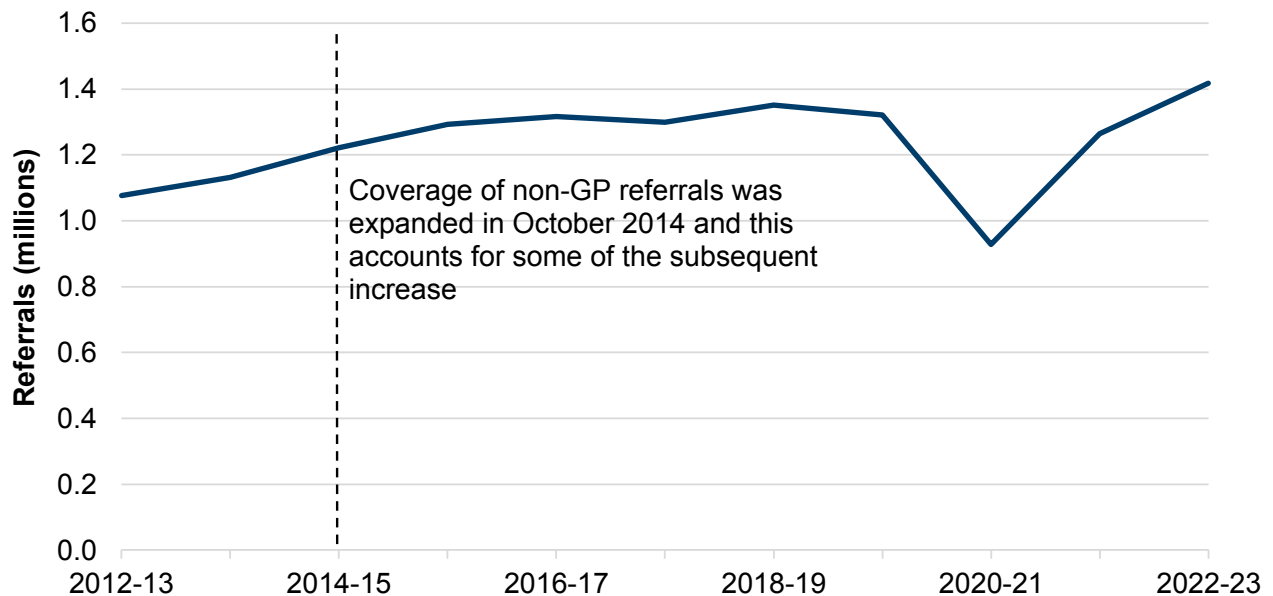
Outpatient referrals on StatsWales

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Figure 14: Referrals for first outpatient appointment, by financial year from 2012-13 to 2022-23



Description of Figure 14: A line chart showing an upward trend in the number of referrals for first outpatient appointments, with the exception of 2020-21.

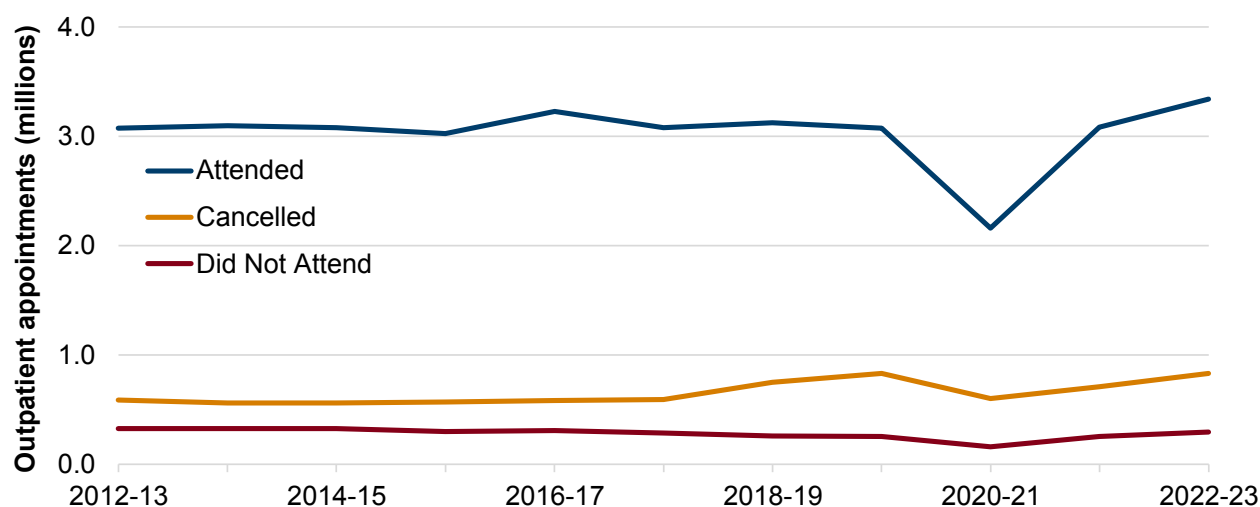
Source: Outpatient Referral Dataset, Digital Health and Care Wales (DHCW)

In 2022-23 over 1.4 million referrals for first outpatient appointments were made in Wales, the highest figure on record and 32% higher than in 2012-13 (though some of this increase is attributable to improved data coverage of non-GP referrals). Though individuals can have multiple referrals, this would equate to around 45 referrals for every one hundred people. The dramatic reduction in 2020-21 reflects the cessation of non-essential activity during the pandemic, and though there was a significant increase in 2021-22, referrals did not reach pre-pandemic levels. The record level in the latest year probably reflects some referrals for conditions not reported or referred during the pandemic, at least to some extent.

Outpatient activity

Secondary Care Dashboard, Digital Health and Care Wales

Figure 15: Outpatients appointments by attendance category, April 2012 to March 2023, [Note 1]



Description of Figure 15: A line chart showing outpatient attendances were relatively stable until the pandemic, while cancelled attendances had been increasing and appointments not attended were falling.

Source: Admitted Patient Care, Outpatients Data Set, Digital Health and Care Wales (DHCW)

[Note 1]: Does not include unknown appointment outcomes, though these usually account for less than 1% of all records.

from 2012-13 to 2019-20 the number of outpatient appointment attended was stable at slightly over three million per year. In 2022-23 there were a record number of outpatient appointments attended (3.34 million), following a significant

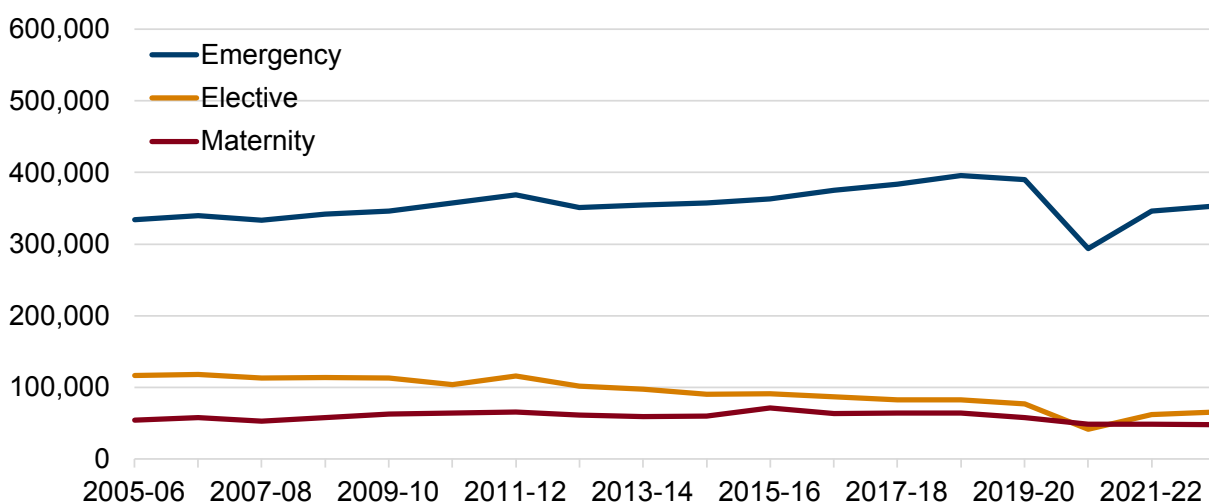
drop off during the pandemic. Cancelled appointments increased by 40% in the two years to 830,000 in 2019-20 and were very close to that level again in the latest year (829,000). Appointments where the patient did not attend were generally falling before the pandemic, from 326,000 in 2013-14, to 254,000 in 2019-20. In the latest year around 293,000 appointments were not attended.

Inpatient and day cases

Inpatient appointments are those where the patient stays in hospital overnight and day cases are appointments where patients return home on the same day.

[Secondary care dashboard, Digital Health and Care Wales](#)

Figure 16: Inpatient appointments by type of admission, April 2005 to March 2023 [Note 1]



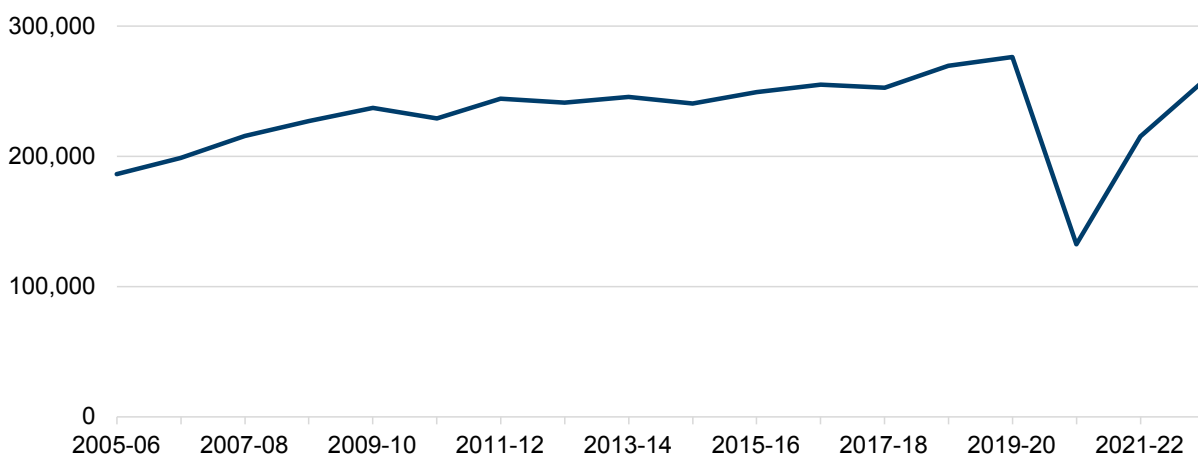
Description of Figure 16: A line chart showing emergency inpatient appointments were generally increasing in before the pandemic, while elective inpatient appointments were falling and maternity appointments were changeable.

Source: Admitted Patient Care, Outpatients Data Set, Digital Health and Care Wales (DHCW)

[Note 1]: Does not include unknown appointment outcomes, though these account for a small proportion of records

Total inpatient appointments ranged between 500,000 and 550,000 in the fifteen years before the pandemic and fell to 384,000 in 2020-21. In 2022-23 there were around 467,000 inpatient appointments. Emergency appointments increased by 17% between 2005-06 and 2019-20, and usually account for around 70% of all inpatient activity. Elective inpatient appointments have been falling for some time and were 44% lower in 2022-23 than in 2005-06. Maternity inpatient activity is changeable but usually between 50,000 and 70,000 appointments per year.

Figure 17: Elective day case admissions, April 2005 to March 2023 [Note1]



Description of Figure 17: A line chart showing elective day case admissions were increasing up to 2019-20 and fell sharply during the pandemic.

Source: Admitted Patient Care, Outpatients Data Set, Digital Health and Care

Wales (DHCW)

[Note 1]: Does not include unknown or maternity admission categories, though these account for a small proportion of records.

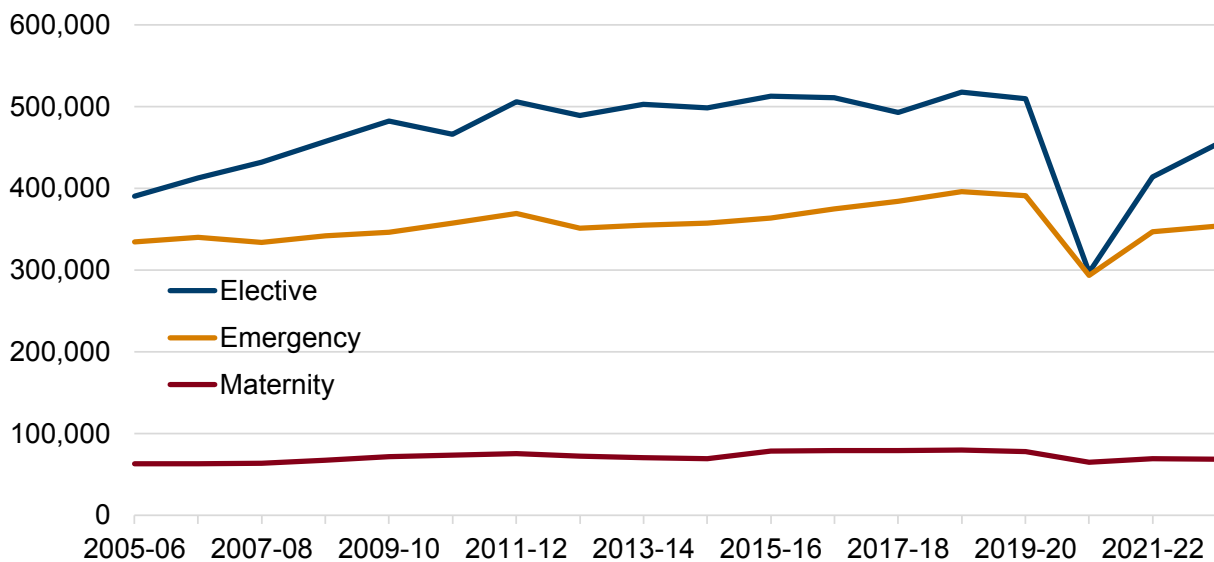
Elective day case admissions increased by 48% between 2005-06 and 2019-20 to reach a peak of 276,000. They fell to 132,000 in 2020-21 and have since climbed close to pre-pandemic levels.

All admissions

Figures for total admissions include the inpatient and day case attendances covered above, but also admissions that are part of a regular planned sequence (e.g. for radiotherapy) and admissions for women using delivery facilities.

[Secondary Care Dashboard, Digital Health and Care Wales](#)

Figure 18: Admissions to hospitals, April 2005 to March 2023 [Note 1]



Description of Figure 18: A line chart showing total elective and maternity admissions were relatively stable in the years prior to the pandemic, while emergency admissions had been generally increasing.

Source: Admitted Patient Care, Outpatients Data Set, Digital Health and Care Wales (DHCW)

[Note 1]: Does not include unknown admission categories, though these account for a small proportion of records

Total admissions increased from around 788,000 in 2005-06 to a peak of 993,000 in 2018-19. The pandemic caused a significant (33%) reduction in 2020-21, and elective and emergency admissions had not yet returned to pre-pandemic levels in 2022-23.

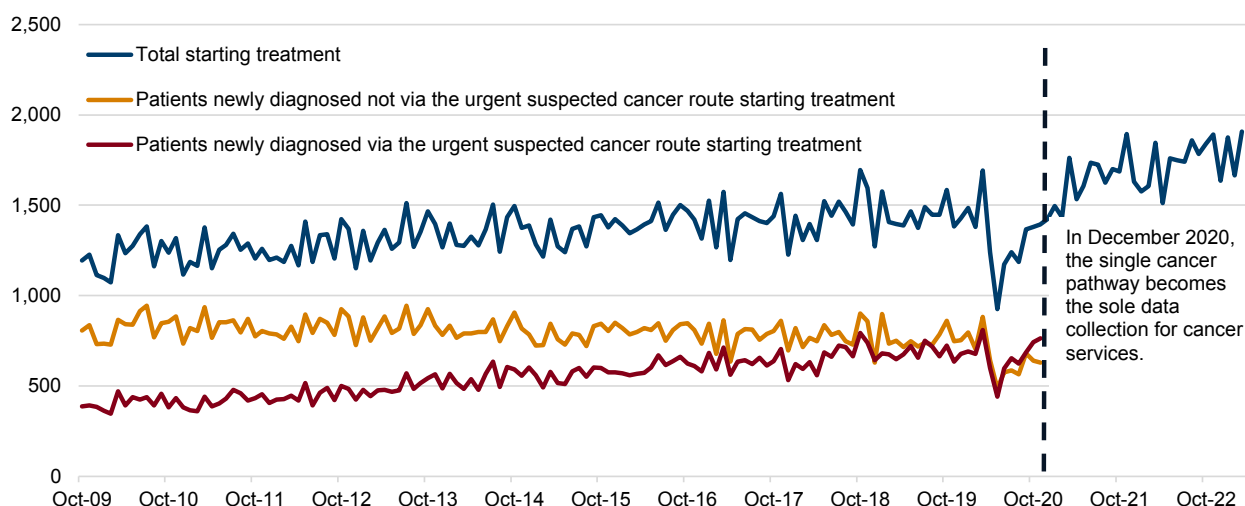
Cancer services

Data is captured by the suspected cancer pathway, which measures the time on the cancer pathway from the point a patient was suspected of having cancer (for example when a GP makes a referral).

A pathway opens from the first point of suspicion. The open pathway data include all new patient pathways entering the suspected cancer pathway regardless of their source of suspicion. Pathways are closed, and the waiting time ends, when patients start their first definitive treatment or are informed they do not have cancer (downgraded). Pathways where patients die or choose not to have treatment are also closed, but are not included in the closed pathways data, because the statistics are intended to capture NHS 'activity'.

Suspected cancer pathway on StatsWales

Figure 19: Patients starting cancer treatment by pathway, October 2009 to March 2023, [Note 1]



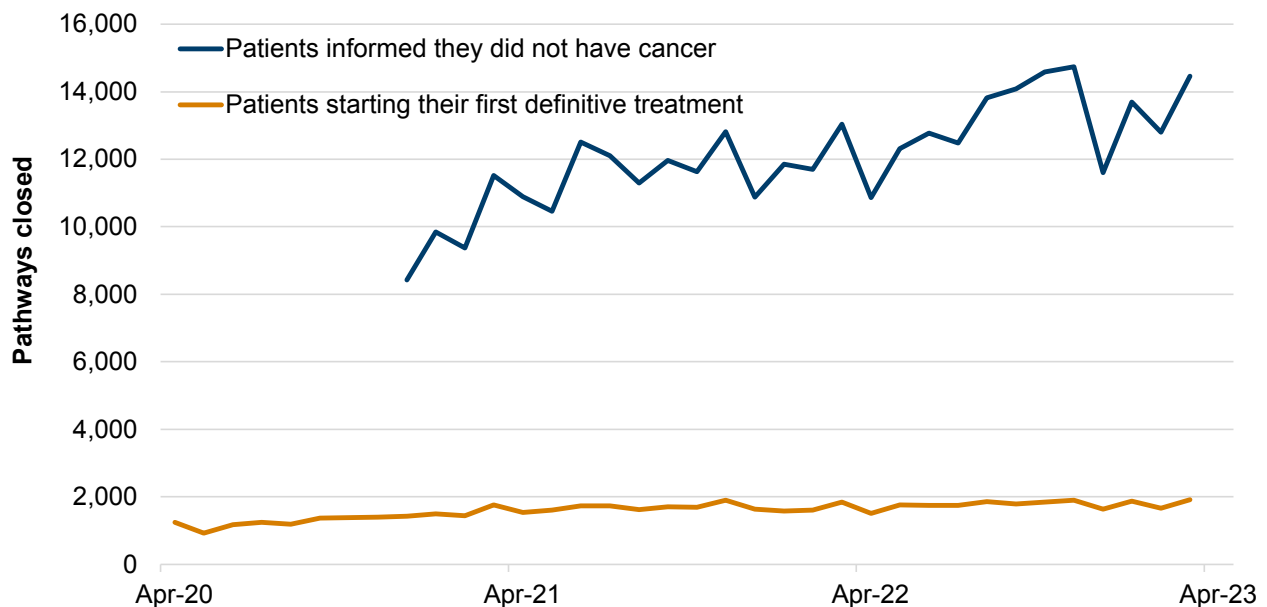
Description of Figure 19: A line chart showing an increase in patients starting cancer treatment since 2009.

Sources: October 2009 to November 2020: Cancer waiting times data, Welsh Local Health Boards; December 2020 onwards: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

[Note 1]: Data for totals starting treatment are comparable for the full series, however in December 2020 the single suspected cancer pathway became the sole data collection, meaning figures for urgent and non-urgent cancers were not available subsequently.

The number of patients starting treatment for cancer has increased over the last 13 years. There was a sharp fall in activity at the onset of the pandemic, but numbers picked up quickly and have reached record levels since. In the 12 months to March 2023 over 21,000 patients started cancer treatment, 44% more than in the first 12 months of this series. This is a far greater increase than the corresponding population change over the same period (3%). In the decade to November 2020 there had been a 63% increase in the number of patients starting treatment on the urgent suspected cancer route and a 19% fall in patients starting treatment for non-urgent cancers.

Figure 20: closed suspected cancer pathways, by reason for closure, April 2020 to March 2023



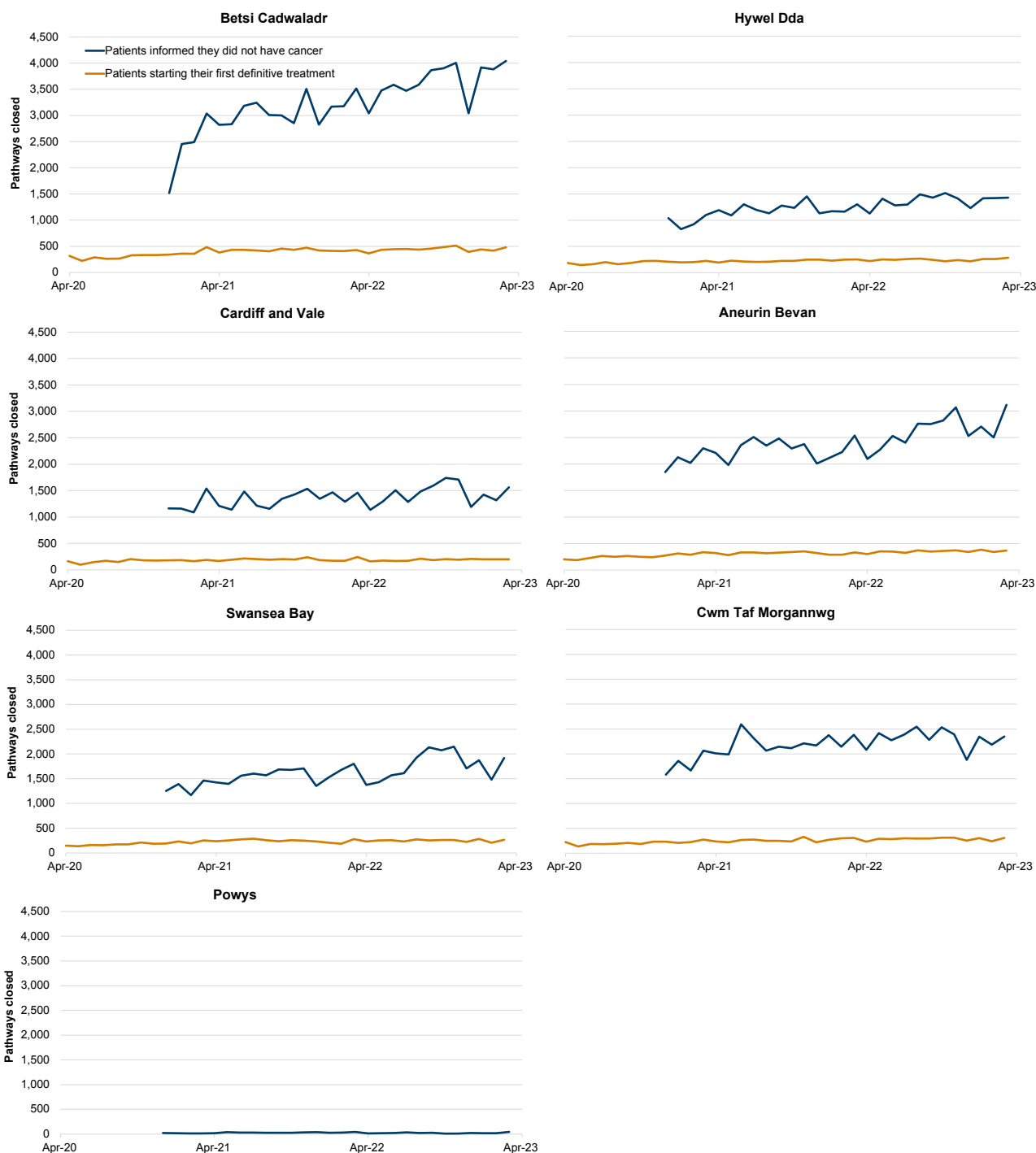
Description of Figure 20: A line chart showing an increasing trend in the latest two years in the number of pathways closed where the patient was informed they did not have cancer, and a similar trend for patients starting their first definitive treatment.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Data for the single suspected cancer pathway are available from 2020 onwards. In 2022-23 21,200 patients started their first definitive treatment for cancer and 158,200 people were informed they did not have cancer. Some of the recent increase in activity may reflect additional demand after a reduction in activity during the pandemic.

Figure 21: Closed suspected cancer pathways, by reason

for closure and local health board, April 2020 to March 2023

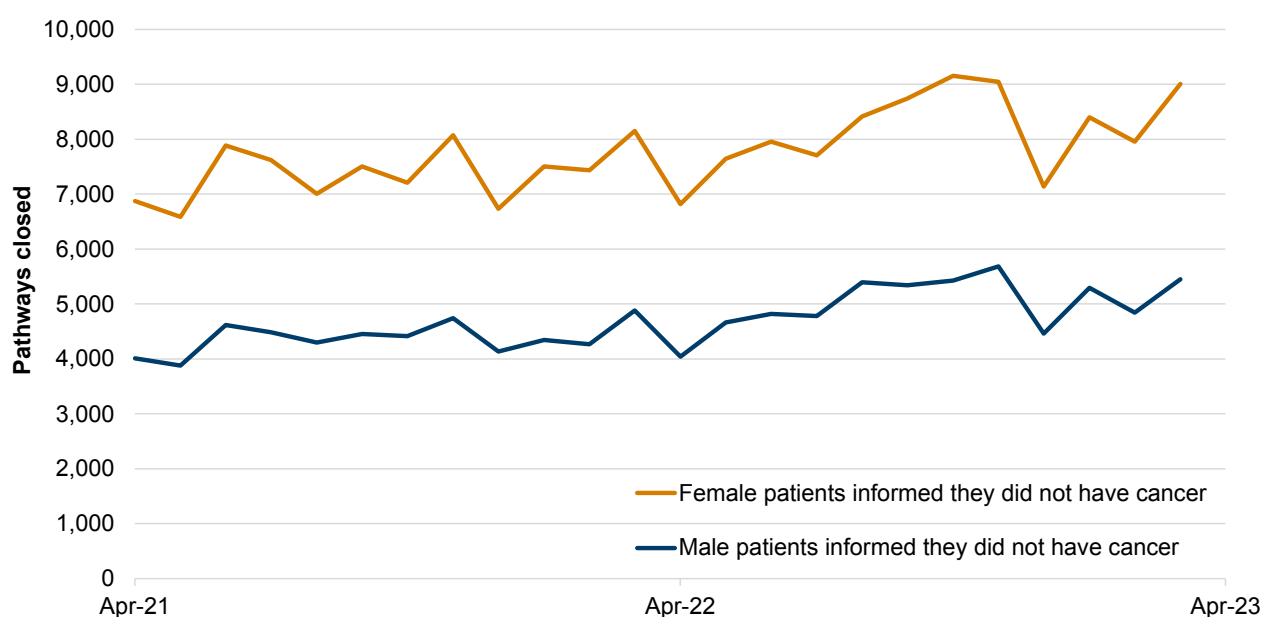


Description of Figure 21: Line charts showing either level or upwards trends across the local health boards for both patients starting treatment and those being informed they did not have cancer. The largest increase in activity was in

Betsi Cadwaladr.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Figure 22: Pathway closures where the patients were informed they did not have cancer by sex, April 2020 to March 2023

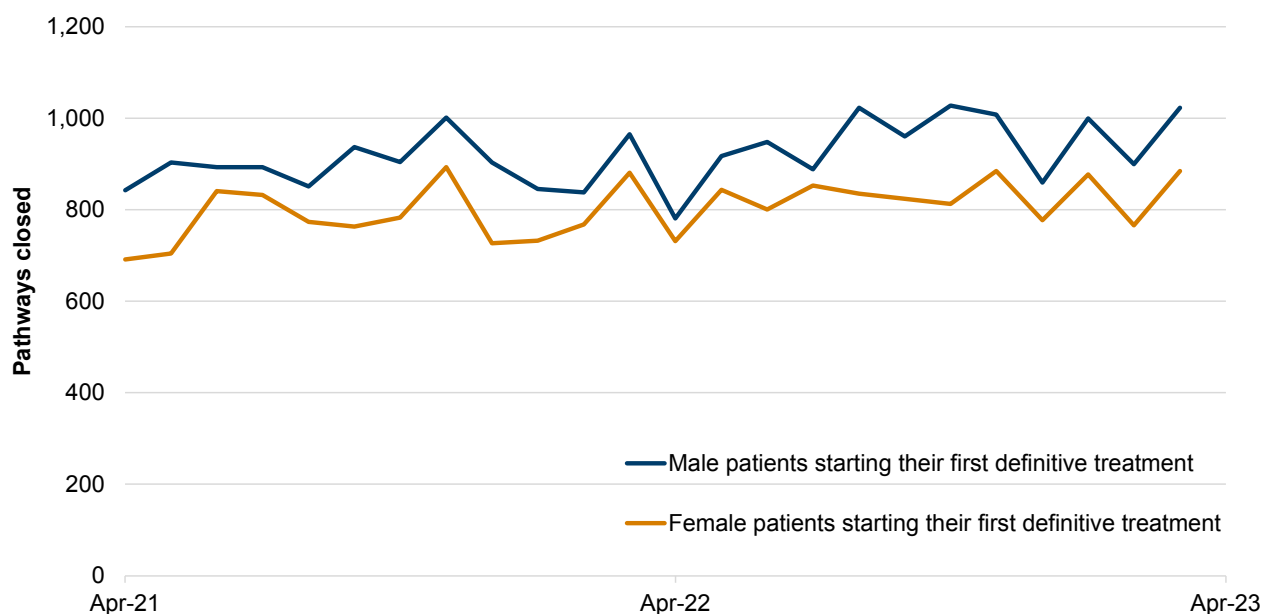


Description of Figure 22: A line chart showing significantly more female patients were informed they did not have cancer than males, with similar trends in recent years.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Figure 23: Pathway closures where the patients started their first definitive treatment by sex, April 2020 to March

2023

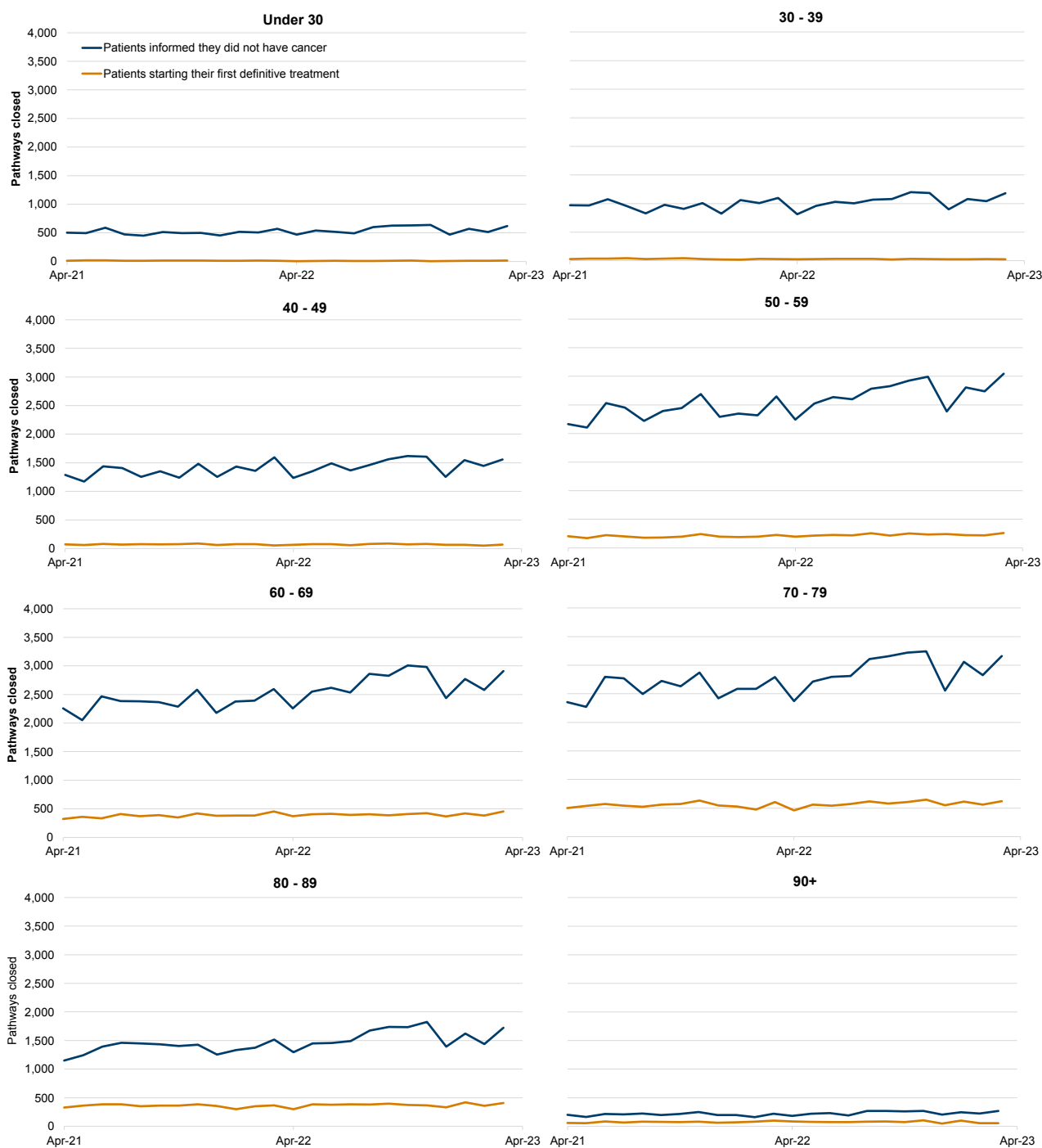


Description of Figure 23: A line chart showing gradual increases in male and female patients starting their first definitive treatment for cancer in recent years.

Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

Despite significantly more females than males being referred on the suspected cancer pathway, around 10-15% more males are treated for cancer. This means that a higher proportion of suspected cancers in men are ultimately identified as cancer.

Figure 24: Closed suspected cancer pathways, by reason for closure and age group, April 2020 to March 2023



Description of Figure 24: Line charts showing activity on the suspected cancer pathway varies greatly by age.

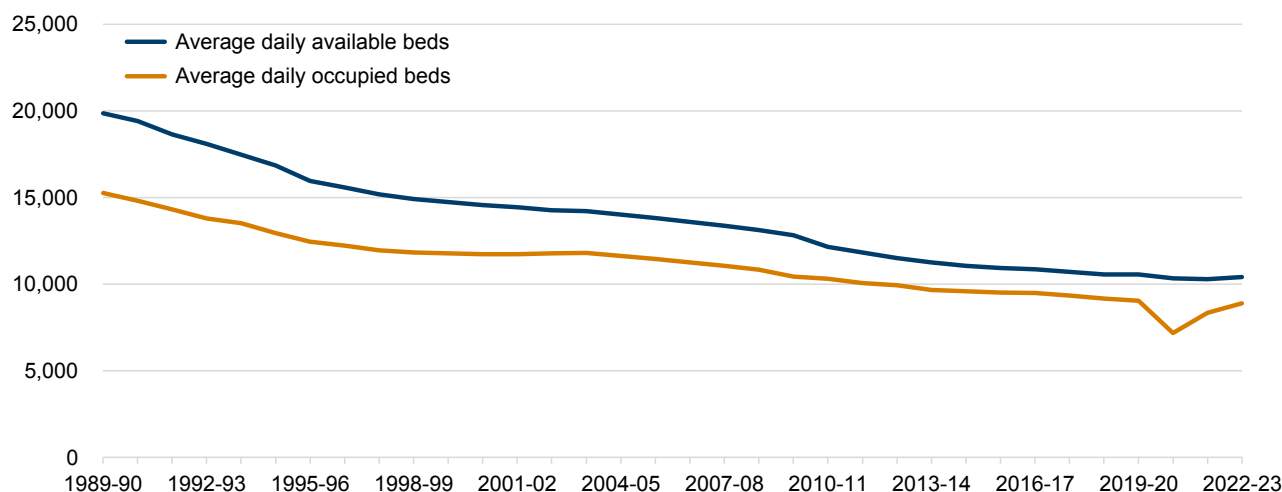
Source: Suspected Cancer Pathway, Digital Health and Care Wales (DHCW)

In general, more patients are treated for cancer or are informed they do not have cancer in the older age groups. The age groups between 50 and 79 see similar numbers of people informed they do not have cancer, but the 70-79 group has the highest numbers of patients starting treatment. The volume of activity in the 90+ age group is low, reflecting its smaller population compared with the other groups.

NHS Beds

Data on bed capacity and use in NHS hospitals in Wales from 1989-90.

Figure 25: Average beds available and beds occupied, 1989-90 to 2021-23



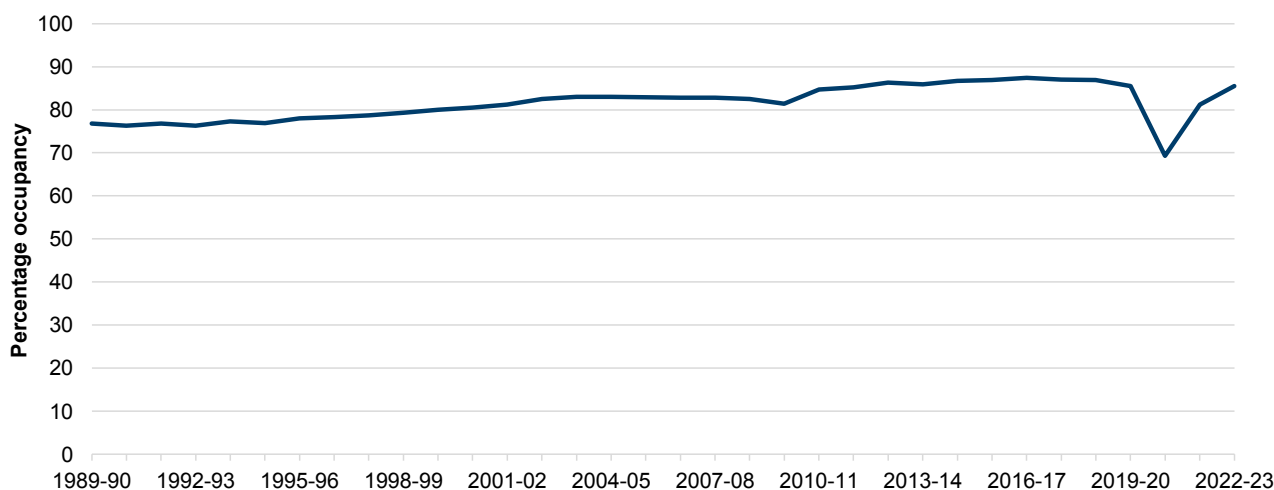
Description of Figure 25: A line chart showing sustained long term decreases in the number of beds available and the number occupied since 1989-90.

Source: Digital Health and Care Wales (DHCW)

Numbers of available beds have fallen by almost half since 1989-90. Though the number of beds occupied has followed a similar trend, it has been slightly less pronounced (down 42%), meaning that the percentage occupancy increased gradually over a number of years (Figure 18), from around 77% to around 85%. It is important to note that the long term strategy for healthcare in Wales is to provide care closer to home by increasing community and GP services and reducing the need for hospital stays. More detail on this can be found in '[A healthier Wales: the long term plan for health and social care](#)'. Advances in healthcare technology have also resulted in shorter lengths of stay and more day surgery. Data on average length of stay is available from [PEDW Data online \(Digital Health and Care Wales\)](#).

During the pandemic planned operations and non-urgent admissions were significantly reduced, meaning that, despite large numbers of COVID-19 patients occupying beds at some times, there was an overall fall in occupancy. In recent years the number of beds available has stabilised somewhat and in 2022/23, there was an average of 10,400 beds available, of which an average of 8,888 (85.5%) were occupied.

Figure 26: Average percentage occupancy of NHS beds, 1989-90 to 2022-23



Description of Figure 26: A line chart showing the proportion of NHS beds occupied increased gradually in the 20 years prior to the pandemic, before falling sharply in 2020-21.

Source: Digital Health and Care Wales (DHCW)

Quality and methodology information

Further quality and methodology information relevant to this statistical release can be found in the [NHS activity and performance summary quality report](#).

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that

must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales.

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