Do we need more hospital beds?

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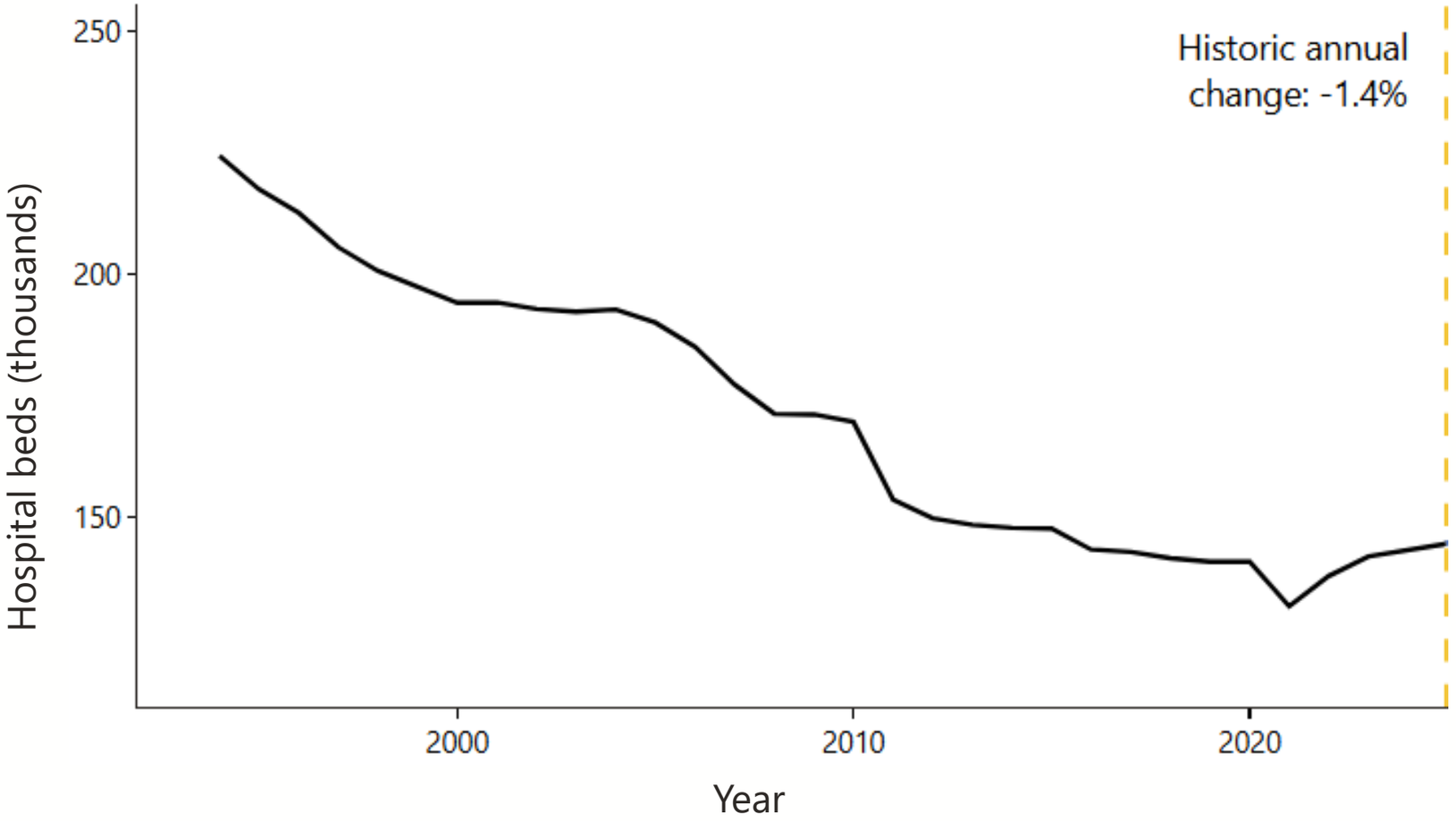
The Strategy Unit

Leading research, analysis and change from within the NHS

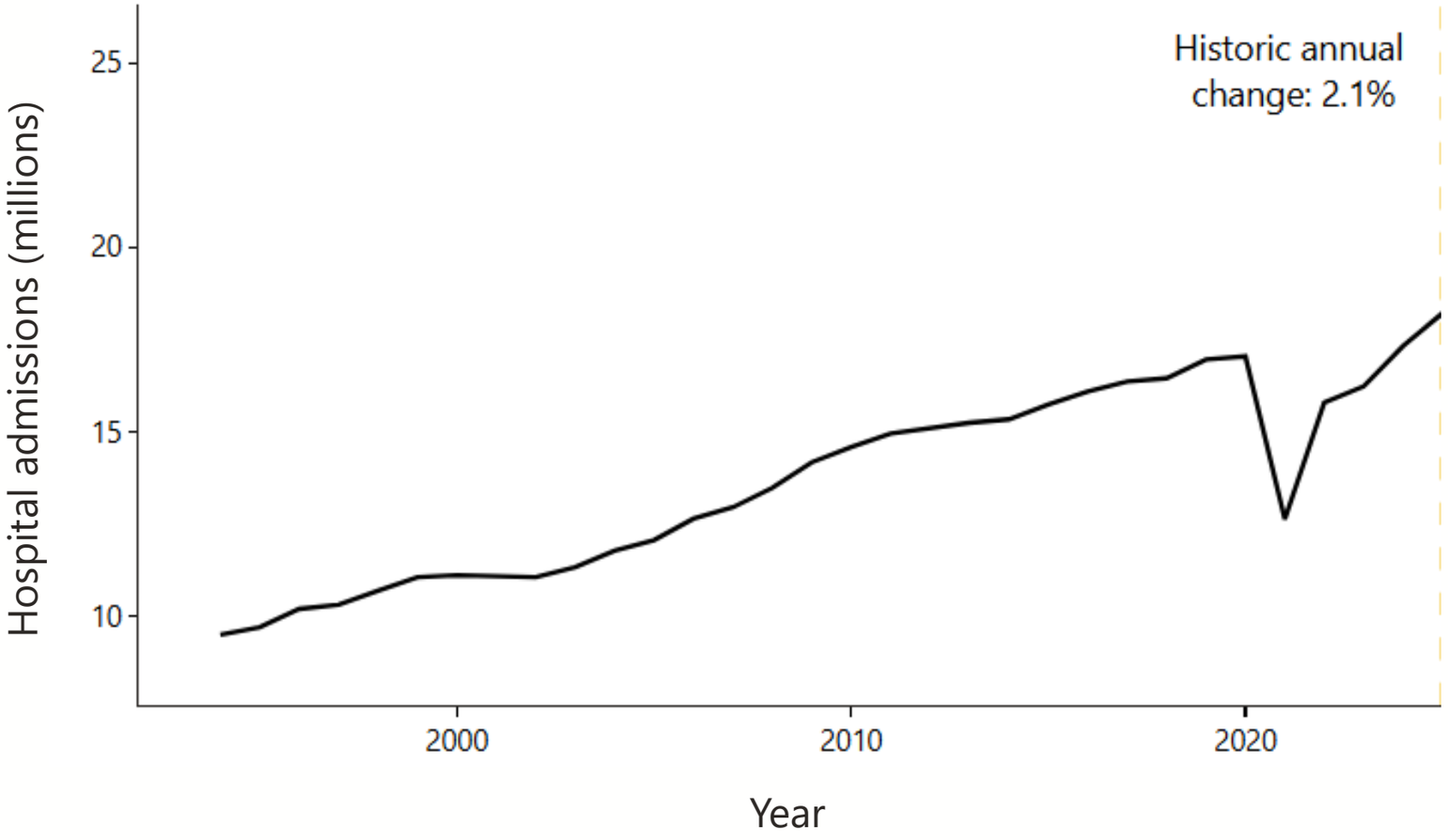
Historical bed numbers

For the last 30 years hospital beds having been falling slowly, by about 1.4% per year.



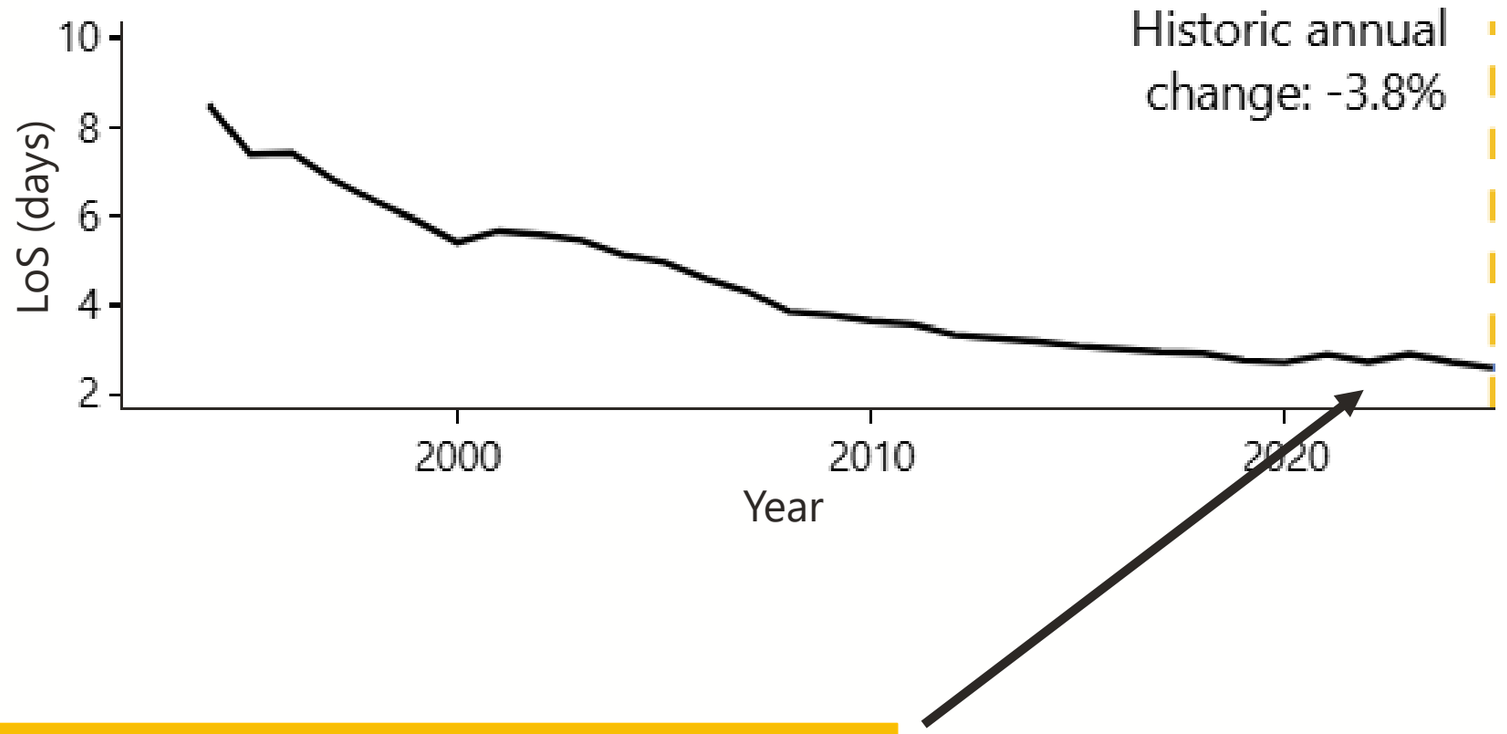
Historical admissions

Over the same period hospital admissions have been slowly rising, by on average 2.1% per year.



Historical Length of Stay (LoS)

Reduction in beds has primarily been enabled by a huge reduction in LoS, from around 8.5 days in 1994 to 2.6 days today.



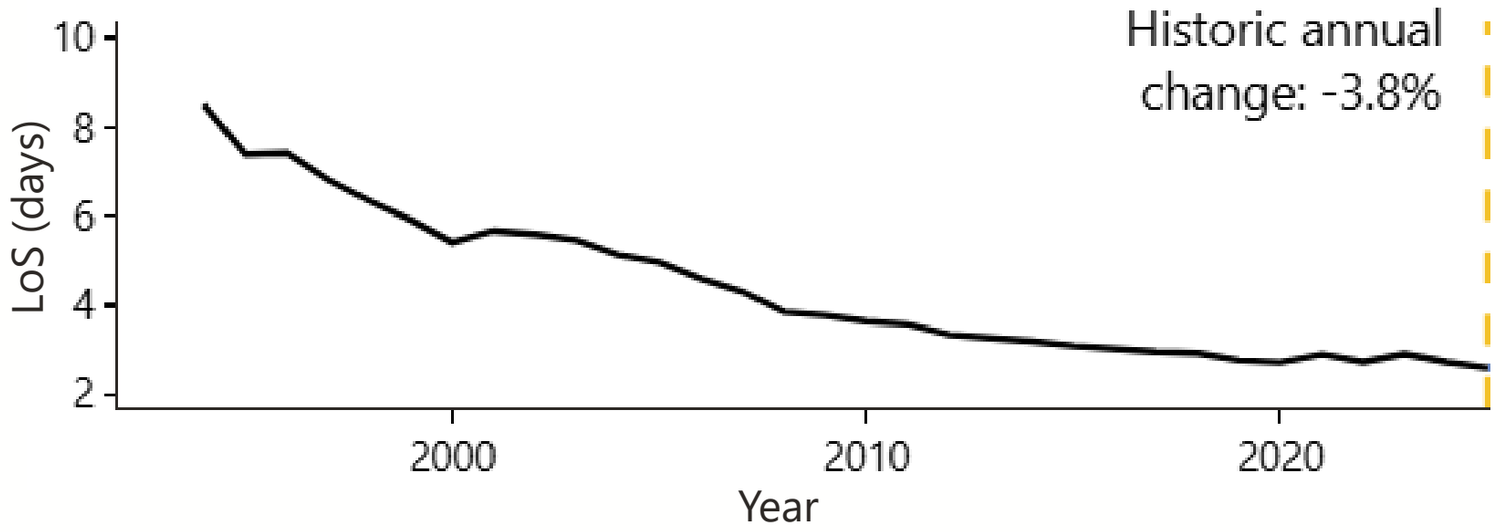
But is this well about to run dry?

Historical Length of Stay (LoS)

As we try to reduce low acuity admissions through 'left shift' those remaining will become on average higher acuity i.e. longer LoS

This reduction in LoS was never set out in a plan, it is the result of medical and service innovation.

But there is a limit to this reduction as seen in the levelling off of LoS over recent years.

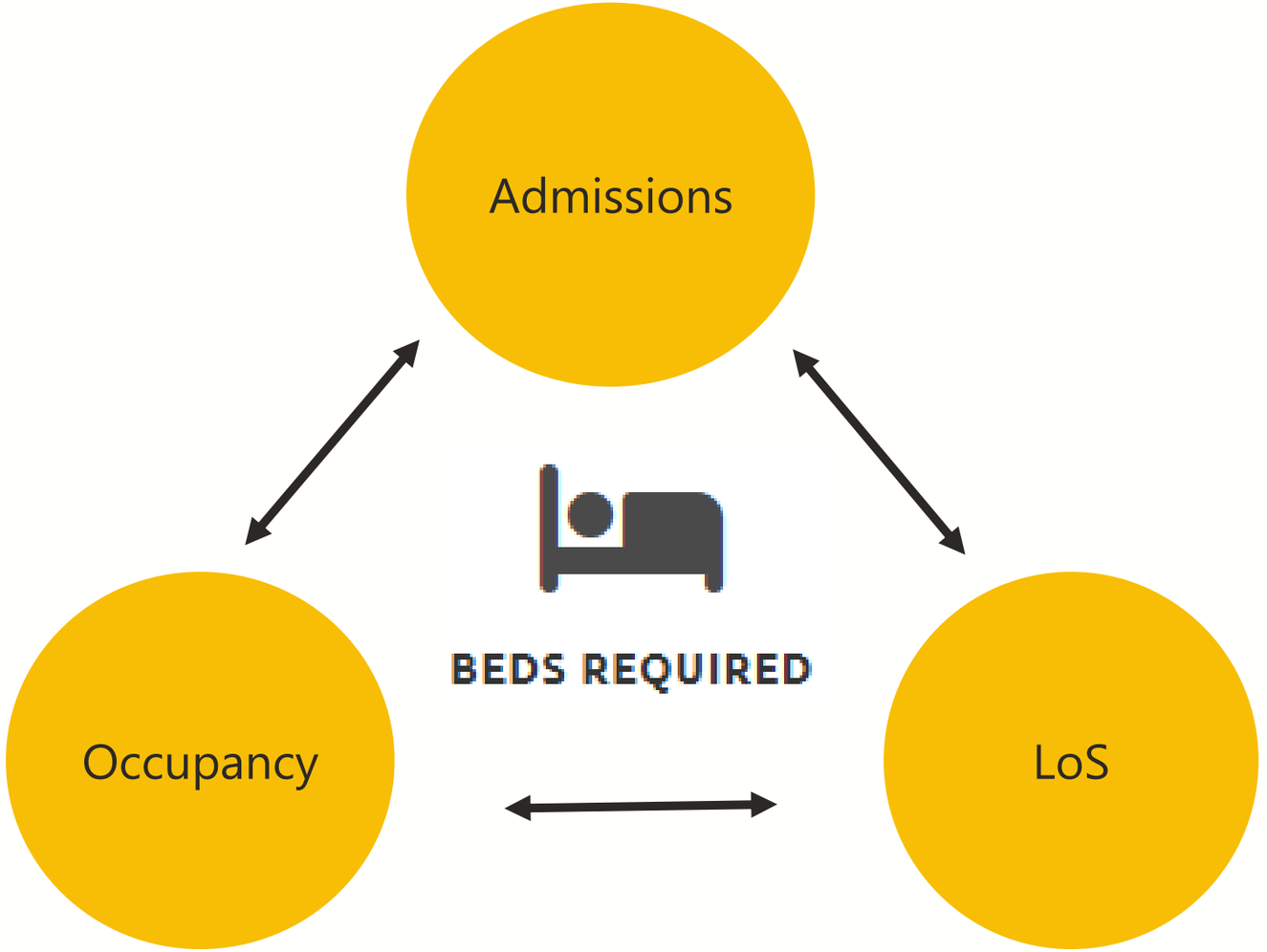


So, what are our options?

What drives the number of hospital beds we need?

If we don’t think we can add to the hospital estate, we have three options:

- Continue to reduce LoS
- Increase Occupancy
- Reduce admissions

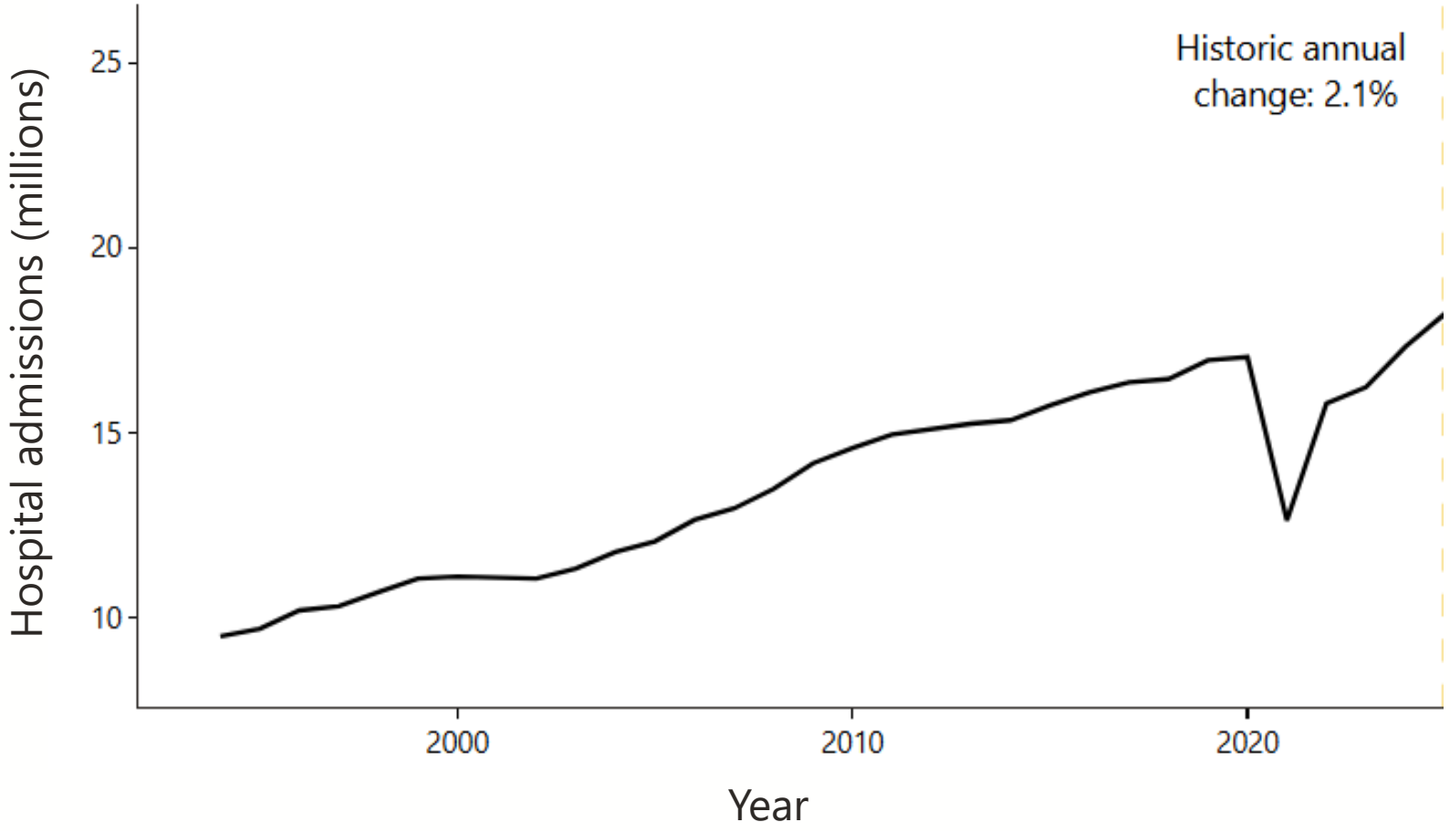


The app

Do we need more hospital beds?

Hospital admissions - what can we do?

Despite policy intentions, reduction of admissions has not been achieved at population level to date. In fact, they continue to rise.



In Lord Darzi's most recent review of the NHS, analysis showed resources and activity shifting "from community to hospital", rather than the other way round.

Hospital admissions - what can we do?

HSJ Article – here
Paper - here

This is an opportunity!

Recently the Strategy Unit alongside colleagues in the New Hospital Programme examined explanations for growth in hospital activity and found "non-demographic growth" to be the primary driver of many areas of activity

		Growth attributable to…			
	Growth per annum	**…population size**	**…age-sex structure**	**…population health status**	**…non-demographic changes**
Outpatient attendance	4.51%	0.61%	0.46%	-0.02%	3.41%
Non-elective admission	2.69%	0.59%	0.25%	0.18%	1.65%
Elective admission	2.29%	0.88%	0.69%	-0.03%	0.73%
ED attendance	1.29%	0.27%	0.09%	0.09%	0.84%
Maternity admission	-0.70%	0.41%	-0.08%	0.00% (NA)	-1.02%

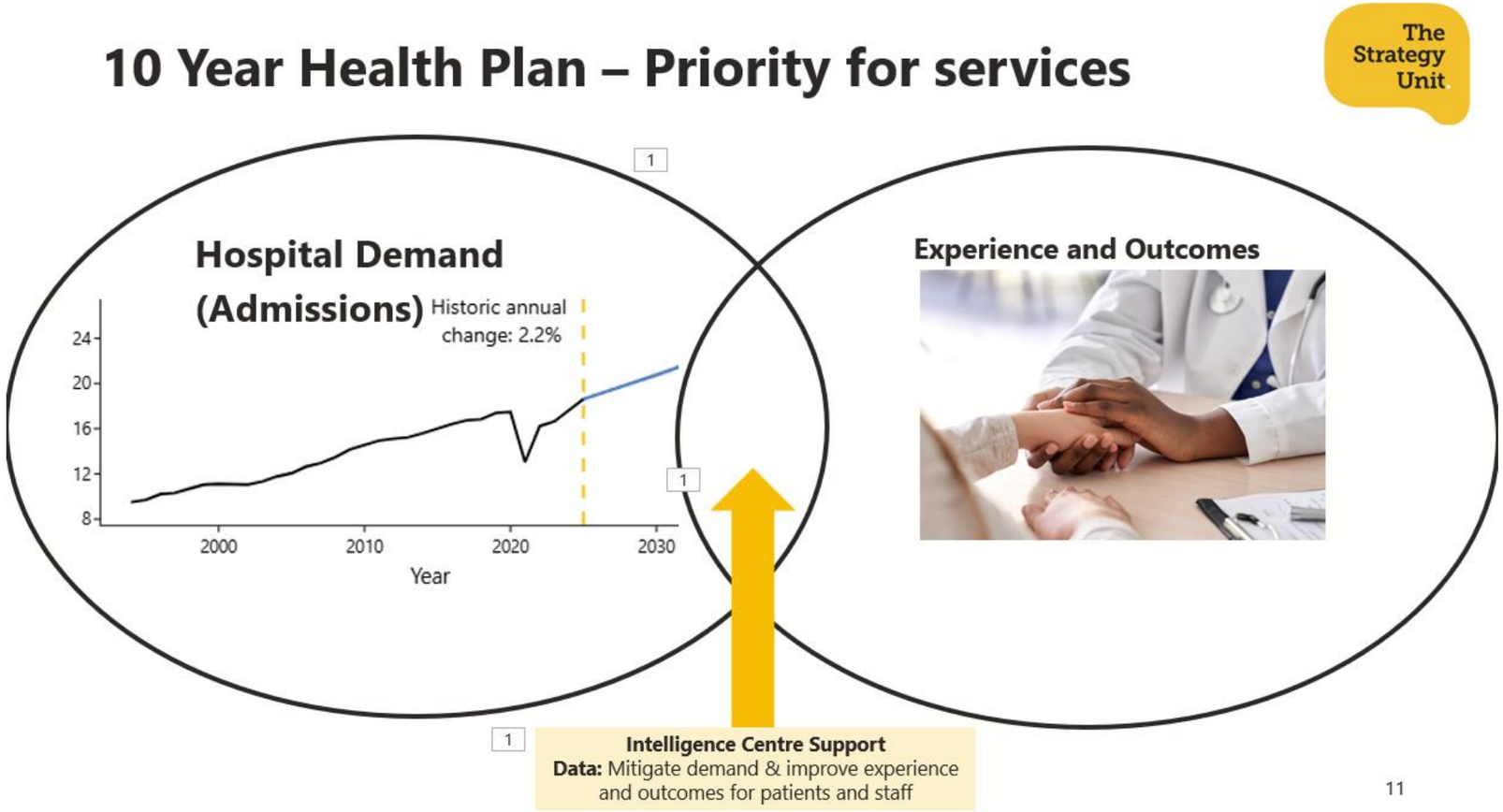
Non-demographic growth - residual growth not explained by demographic factors (population growth, age and sex of the population and health status). This includes medical advances, innovations in diagnosis and treatment, changes in what patients expect, policy and funding, etc.

Hospital admissions - what can we do?

The 10 Year Health Plan for England focuses on both innovation and community-based care.

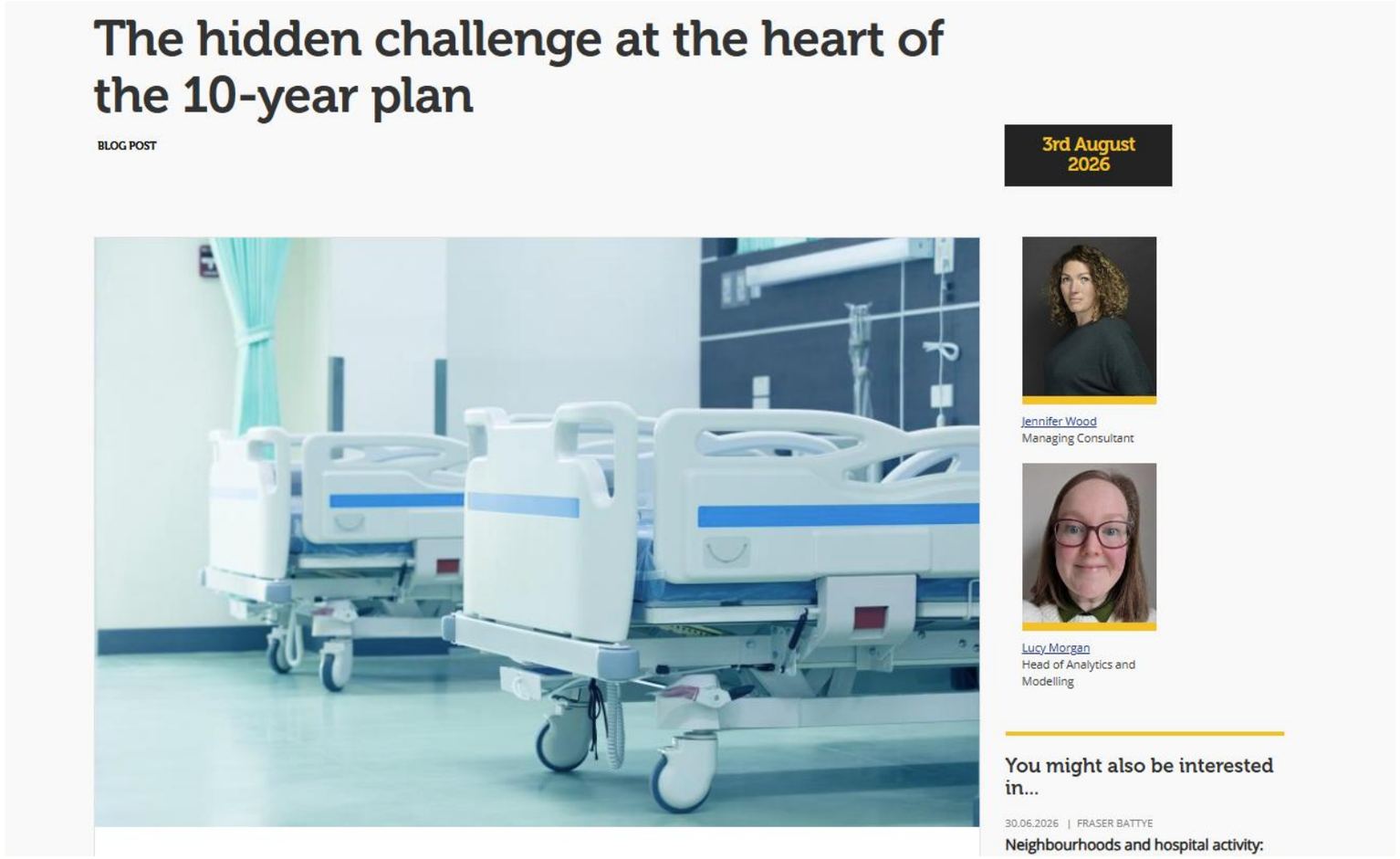
Attempts to reduce hospital admissions have been unsuccessful, but this is now critical.

This suggests a trade off is needed…



***What** is needed to deliver 'left shift'?*

For the longer read see our SU blog – Thank you!



The hidden challenge at the heart of the 10-year plan

BLOG POST

3rd August 2026

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