This article presents an overview of European Union (EU) statistics related to the availability and occupancy of hospital beds as well as the availability of long-term care beds in nursing and residential care facilities. Hospital beds include beds for curative care, long-term care and rehabilitative care.

This article is one of a set of statistical articles concerning healthcare resources in the EU which forms part of an online publication health statistics.

Hospital beds

In 2017, there were 2.6 million hospital beds available for use across the EU-28. Almost three quarters of these were for curative care, while the largest share of the remainder was beds for rehabilitative care, followed by beds for long-term care and beds for other purposes. Recent methodological changes in the classification of hospital beds have included psychiatric care beds among the various categories of beds (curative, rehabilitative, long-term care and other). However, a separate sub-total for psychiatric care beds (across all four categories) is also available (see Table 1).
Germany had the highest number of hospital beds relative to population size

An analysis of the number of hospital beds in relation to population reveals that there were, on average, 504 per 100 000 inhabitants across the whole of the EU-28 in 2017. Among the EU Member States, Germany recorded not only the highest number of hospital beds (661 000), but also the highest number relative to population size, with 800 hospital beds per 100 000 population (see Table 1); Bulgaria, Austria and Hungary also recorded more than 700 hospital beds per 100 000 inhabitants. Spain, Ireland (other than psychiatric care beds, excludes beds in the private health sector), Denmark, the United Kingdom (excludes beds in the private health sector) and Sweden recorded the lowest numbers of hospital beds relative to their population size in 2017, all under 300 per 100 000 inhabitants.

The share of curative care beds among all hospital beds was highest in Cyprus (100 %), while curative care beds accounted for more than 90 % of all hospital beds in Denmark, Portugal, Ireland (other than psychiatric care beds, excludes beds in the private health sector), Slovenia and Sweden; note that in Slovenia and Sweden the number of curative care beds includes all psychiatric care beds (whether curative or not). By contrast, less than two thirds of all hospital beds were for curative care in Croatia, Czechia, Hungary, Latvia and France (where the lowest share was recorded, at 51.7 %).

In most EU Member States (no data for Portugal or the United Kingdom), long-term care beds accounted for less than 15 % of the total number of hospital beds in 2017, with only Spain (17.1 %), Hungary (17.4 %),

Table 1: Hospital beds by type of care, 2017

Source: Eurostat (hlth_rs_bds)

<table>
<thead>
<tr>
<th>Available hospital beds (number of beds)</th>
<th>Psychiatric care beds</th>
<th>Curative care beds</th>
<th>Rehabilitation beds</th>
<th>Long-term care beds</th>
<th>Other beds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EU 28</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 813 370</td>
<td>1 905 305</td>
<td>1 022 363</td>
<td>56 307</td>
<td>2 111</td>
<td>1 921</td>
</tr>
<tr>
<td>Belgium (*)</td>
<td>56 927</td>
<td>56 307</td>
<td>56 307</td>
<td>2 111</td>
<td>1 921</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>52 445</td>
<td>56 307</td>
<td>56 307</td>
<td>2 111</td>
<td>1 921</td>
</tr>
<tr>
<td>Czechia</td>
<td>70 214</td>
<td>43 531</td>
<td>43 531</td>
<td>2 111</td>
<td>1 921</td>
</tr>
<tr>
<td>Denmark</td>
<td>15 037</td>
<td>14 921</td>
<td>14 921</td>
<td>13 305</td>
<td>1 921</td>
</tr>
<tr>
<td>Germany</td>
<td>661 648</td>
<td>497 182</td>
<td>497 182</td>
<td>4 686</td>
<td>1 921</td>
</tr>
<tr>
<td>Estonia</td>
<td>5 195</td>
<td>4 539</td>
<td>4 539</td>
<td>943</td>
<td>1 921</td>
</tr>
<tr>
<td>Ireland (*)</td>
<td>14 217</td>
<td>13 237</td>
<td>13 237</td>
<td>103</td>
<td>1 921</td>
</tr>
<tr>
<td>Greece</td>
<td>43 287</td>
<td>39 874</td>
<td>39 874</td>
<td>918</td>
<td>1 921</td>
</tr>
<tr>
<td>Spain</td>
<td>138 513</td>
<td>138 513</td>
<td>138 513</td>
<td>23 642</td>
<td>1 921</td>
</tr>
<tr>
<td>France</td>
<td>439 665</td>
<td>206 519</td>
<td>206 519</td>
<td>31 877</td>
<td>1 921</td>
</tr>
<tr>
<td>Croatia</td>
<td>23 978</td>
<td>14 475</td>
<td>14 475</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Italy</td>
<td>192 549</td>
<td>159 091</td>
<td>159 091</td>
<td>25 191</td>
<td>1 921</td>
</tr>
<tr>
<td>Cyprus</td>
<td>2 922</td>
<td>2 922</td>
<td>2 922</td>
<td>0</td>
<td>1 921</td>
</tr>
<tr>
<td>Latvia (*)</td>
<td>10 812</td>
<td>6 407</td>
<td>6 407</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Lithuania (*)</td>
<td>18 548</td>
<td>17 477</td>
<td>17 477</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>2 760</td>
<td>2 251</td>
<td>2 251</td>
<td>0</td>
<td>1 921</td>
</tr>
<tr>
<td>Hungary</td>
<td>69 702</td>
<td>41 903</td>
<td>41 903</td>
<td>11 625</td>
<td>1 921</td>
</tr>
<tr>
<td>Malta</td>
<td>2 099</td>
<td>1 496</td>
<td>1 496</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Netherlands</td>
<td>26 866</td>
<td>20 047</td>
<td>20 047</td>
<td>2 907</td>
<td>1 921</td>
</tr>
<tr>
<td>Poland</td>
<td>251 537</td>
<td>184 230</td>
<td>184 230</td>
<td>56 655</td>
<td>1 921</td>
</tr>
<tr>
<td>Portugal</td>
<td>34 953</td>
<td>33 447</td>
<td>33 447</td>
<td>56 655</td>
<td>1 921</td>
</tr>
<tr>
<td>Romania</td>
<td>134 999</td>
<td>102 999</td>
<td>102 999</td>
<td>19 512</td>
<td>1 921</td>
</tr>
<tr>
<td>Slovenia</td>
<td>9 294</td>
<td>8 085</td>
<td>8 085</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Slovakia</td>
<td>31 655</td>
<td>26 092</td>
<td>26 092</td>
<td>4 145</td>
<td>1 921</td>
</tr>
<tr>
<td>Finland</td>
<td>18 072</td>
<td>15 337</td>
<td>15 337</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Sweden (*)</td>
<td>22 377</td>
<td>20 477</td>
<td>20 477</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>United Kingdom (*)</td>
<td>147 448</td>
<td>139 447</td>
<td>139 447</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Iceland</td>
<td>1 052</td>
<td>992</td>
<td>992</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Norway</td>
<td>18 395</td>
<td>16 865</td>
<td>16 865</td>
<td>2 111</td>
<td>1 921</td>
</tr>
<tr>
<td>Switzerland</td>
<td>33 263</td>
<td>30 567</td>
<td>30 567</td>
<td>7 132</td>
<td>1 921</td>
</tr>
<tr>
<td>Montenegro</td>
<td>2 403</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Macedonia</td>
<td>9 879</td>
<td>9 237</td>
<td>9 237</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>San Marino (*)</td>
<td>3 997</td>
<td>3 997</td>
<td>3 997</td>
<td>1 921</td>
<td>1 921</td>
</tr>
<tr>
<td>Turkey</td>
<td>225 863</td>
<td>223 380</td>
<td>223 380</td>
<td>4 277</td>
<td>1 921</td>
</tr>
</tbody>
</table>

Note: The total number of available hospital beds is equal to the sum of all categories except for psychiatric beds; psychiatric beds are included in each of the other categories.

1) Curative care beds include all beds for psychiatric care; psychiatric care beds are excluded from rehabilitative care beds, long-term care beds and other beds.
2) Other than psychiatric care beds, excludes beds in the private health sector.
3) Other psychiatric care beds, excludes beds in the private health sector.
4) All long-term care beds in psychiatric hospitals are included in curative care beds.
5) Excludes beds in the private health sector.

Source: Eurostat (hlth_rs_bds)
Croatia (18.1 %), Estonia (19.5 %) and Czechia (29.5 %) reporting higher shares.

**Decreasing availability of hospital beds in most EU Member States**

Between 2012 and 2017, the number of hospital beds in the EU-28 decreased by 3.3 %. Across the vast majority of EU Member States, the total number of hospital beds also declined, sometimes at a rapid pace. The largest contractions in the number of hospital beds were recorded in Sweden, Denmark (2013-2017; note that there is a break in series), Estonia (there is a break in series), Lithuania and the Netherlands, where bed numbers fell by 12-20 % and Finland where the reduction in bed numbers was 37.0 %. There were six Member States where the number of hospital beds rose between 2012 and 2017: in three of these — Austria, Luxembourg and Romania — the gains were relatively modest (no greater than 2.0 %), whereas larger increases were recorded for Malta (up 6.2 %), Bulgaria (up 9.2 %) and Ireland (up 21.6 %; note that there is a break in series).

Figures 1 to 3 provide an analysis of the change between 2012 and 2017 in the availability (relative to the size of population) for three specific types of hospital beds. These changes in the number of hospital beds can be compared with changes in the **average length of stays for in-patients and the number of hospital discharges** in order to analyse developments in the supply of and demand for hospital beds.

There were only 5 out of 27 EU Member States (incomplete data for the United Kingdom) that recorded an increase in their number of curative care beds in hospitals (relative to the size of their population) between 2012 and 2017: there was a relatively small increase in Spain, while bed numbers per 100 000 inhabitants rose at a faster pace in Romania (an increase of 36 beds per 100 000 inhabitants), Ireland (40 beds; other than psychiatric care beds, excludes beds in the private health sector), Bulgaria (57 beds) and Malta (68 beds; note that there is a break in series). During the period under consideration, Austria, the Netherlands and Lithuania (where the value includes all long-term care beds in psychiatric hospitals) saw their respective number of curative beds diminish by more than 50 beds per 100 000 inhabitants (see Figure 1).
Rehabilitative care beds accommodate hospital patients with the intent to stabilise, improve or restore impaired body functions and structures. During the period 2012-2017, the number of rehabilitative beds relative to population size increased in a majority (17) of the 26 EU Member States for which data are available (see Figure 2 for details of the data coverage); note that there were no rehabilitative care beds in Cyprus and that there was almost no change in the ratio for Slovenia. The number of rehabilitative care beds increased by more than 10 beds per 100 000 inhabitants in Romania, Poland, Bulgaria and Luxembourg (where the highest increase was recorded, an additional 55 beds per 100 000 inhabitants). By contrast, the number of rehabilitative care beds relative to population size decreased in seven Member States between 2012 and 2017. Reductions were generally no greater than 3 beds per 100 000 inhabitants, although a higher number of bed losses was reported for Malta (down 8 beds per 100 000 inhabitants between 2014 and 2017) and Germany (down 11 beds).
Among the 26 EU Member States for which information is available (no information for Portugal or the United Kingdom), there was a mixed development to the number of long-term care beds per 100 000 inhabitants during the period 2012 to 2017. Aside from Greece, for which no 2017 data are available, and the three Member States that did not have any long-term care beds in hospitals — Germany, Cyprus and Luxembourg — there were 12 which reported a decrease in their number of long-term care beds relative to population size and 10 where there was an increase. The largest fall in the number of long-term care beds per 100 000 inhabitants was recorded in Finland, dropping from 193 to 41 beds per 100 000 inhabitants between 2012 and 2017. The next largest reduction was recorded in Estonia, a decrease of 40 long-term care beds per 100 000 inhabitants (note that there is a break in series). By contrast, there were double-digit increases in long-term care bed numbers in Bulgaria (14 additional beds per 100 000 inhabitants), Austria (15 additional beds per 100 000 inhabitants) and Malta, where the number of long-term care beds in hospitals rose from 2 to 39 beds per 100 000 inhabitants (note that there is a break in series).
Most EU Member States reported an increase in the number of beds in for-profit private hospitals.

Table 2 provides an analysis of the number of hospital beds based on the type of hospital ownership. Publicly-owned hospitals are those under the ownership or control of a government unit or another public corporation. Privately-owned hospitals may be distinguished as either not-for-profit (no financial gain for the unit(s) that establishes, controls or finances them) or for-profit.
In 2017, at least 9 out of every 10 hospital beds in Lithuania, Slovenia, Croatia, Malta, Finland, Romania, Denmark and Estonia were in publicly-owned hospitals. At the other end of the range, all of the hospital beds in the Netherlands were in the private sector (not-for-profit), while a majority of the hospital beds in Germany (59 %) and Belgium (74 %) were in privately-owned hospitals. Aside from these three Member States, the lowest shares of beds in publicly-owned hospitals were found in Cyprus (55 %), France (62 %) and Greece (65 %).

In absolute terms, the largest number of hospital beds in for-profit private hospitals was in Germany where there were 201 000 such beds in 2017, more than double the next highest number, 97 000 in France; note that there are no data available for the United Kingdom. There were an additional 191 000 hospital beds in Germany in not-for-profit private hospitals, which was also the highest number recorded among the EU Member States, followed by the special case of the Netherlands, where the entire stock of hospital beds (57 000 beds) was in the not-for-profit private sector, and France (56 000 beds).

Across the 19 EU Member States for which data are available for both 2012 and 2017 (see Table 2 for coverage), the development of the number of hospital beds in for-profit private hospitals was mixed. There was an expansion in the number of beds in eight Member States, most notably in Bulgaria and Romania, where the number of hospital beds in for-profit private hospitals increased by 60 % or more, while there was also relatively fast growth in the number of beds in such hospitals in Portugal (up 22 %). In absolute terms, the largest increases in bed numbers were also recorded in Bulgaria and Romania where for-profit private hospitals added respectively 4 900 and 2 700 beds between 2012 and 2017.

Highest curative care beds occupancy rates in Ireland
Among the EU Member States, the occupancy rate of curative care beds in 2017 was often situated within the range of 65% to 82% (see Figure 4 for data availability). A higher rate was recorded in Ireland (94.9%; other than psychiatric care beds, excludes beds in the private health sector). The lowest occupancy rates were recorded in Slovakia (67.8%), Portugal (66.8%), Hungary (65.5%) and the Netherlands (65.4%).

There was no clear pattern among the EU Member States with respect to the change in occupancy rates of curative care beds between 2012 and 2017. Among the 20 Member States for which data are available (see Figure 4 for data availability) 11 recorded an increase, while there were eight that saw their rates decline and there was no change in Czechia. In percentage point terms, the largest increase in occupancy rates between 2012 and 2017 was recorded in the Netherlands (an increase of 19.8 percentage points), while the largest decrease was in Hungary (-3.7 percentage points).

**Figure 4: Curative care bed occupancy rate in hospitals, 2012 and 2017 (%)**

Source: Eurostat (hlth_co_bedoc)

Long-term care beds in nursing and residential care facilities

The number of long-term care beds in nursing and residential care facilities relative to population size increased in most EU Member States

While the analysis presented so far has focused on beds in hospitals, this final section looks at beds in nursing and residential care facilities. In 2017, there were approximately 3.7 million long-term care beds in nursing and
residential care facilities in the 24 EU Member States where data was available (no recent information or no data available for Belgium, Denmark, Cyprus and Portugal). Relative to population size, the highest numbers of long-term care beds in such facilities in 2017 were recorded in Sweden and the Netherlands, each with 1 400 beds per 100 000 inhabitants (see Figure 5), while Finland, Luxembourg, Germany, Malta and Slovenia also recorded in excess of 1 000 long-term care beds per 100 000 inhabitants; older data indicate that there was also a high number of such beds in Belgium. In most of the remaining Member States for which data are available, the number of long-term care beds in nursing and residential care facilities ranged from 400 to 1 000 per 100 000 inhabitants. There were six Member States that reported fewer than 400 such beds, with Greece (39 beds per 100 000 inhabitants) and Bulgaria (31 beds per 100 000 inhabitants) recording by far the lowest ratios.

Figure 5: Long-term care beds in nursing and residential care facilities, 2012 and 2017 (per 100 000 inhabitants)

Source: Eurostat (hlth_rs_bdsns)

A comparison between 2012 and 2017 reveals that there was an increase in long-term care bed numbers per 100 000 inhabitants in most of the EU Member States for which data are available. Relative to population size, the number of long-term care beds in nursing and residential care facilities fell marginally in Malta, while the reductions in Bulgaria (note that there is a break in series), the United Kingdom and the Netherlands were larger, while the biggest reduction was recorded in Latvia (note that there is a break in series and the data excludes beds for palliative care), where there were 101 fewer beds per 100 000 inhabitants in 2017 than in 2012. Among the 19 Member States which reported an increase between 2012 and 2017 in their number of long-term care beds in nursing and residential care facilities relative to population, there were increases of more than 100 additional beds per 100 000 inhabitants in Luxembourg (note that there is a break in series), Estonia and Lithuania.
Source data for tables and graphs

- Healthcare resources — beds: tables and figures

Data sources

Key concepts

Hospitals comprise licensed establishments primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing, and other health services to in-patients and the specialised accommodation services required by in-patients. Hospitals may also provide out-patient services as a secondary activity. Speciality hospitals, including mental health and substance abuse hospitals, are also covered.

Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. Beds in nursing and residential care facilities are recorded separately from hospital beds.

Hospital beds are those beds which are regularly maintained and staffed and immediately available for the care of admitted patients; both occupied and unoccupied beds are included. Excluded are recovery trolleys and beds for same day care (day care and out-patient care), provisional and temporary beds. The following descriptions refer to the classification of hospital beds by type of care:

Total hospital beds = curative (acute) care beds + rehabilitative care beds + long-term care beds + other hospital beds

- **Curative care** beds in hospitals are for patients where the principal clinical intent is to do one or more of the following: manage labour (obstetric), perform surgery, cure or treat (including relieving symptoms, reducing severity, or protecting against exacerbation and/or complication) non-mental illness or injury, perform diagnostic or therapeutic procedures. They include beds for psychiatric and non-psychiatric curative (acute) care, from general hospitals, mental health hospitals and other specialised hospitals. Beds for palliative and long-term nursing care are recorded under long-term care.

- **Rehabilitative care** beds in hospitals are beds accommodating patients with the principal intent to stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation and prevent impairments, medical complications and risks. They include beds for psychiatric and non-psychiatric curative (acute) care, from general hospitals, mental health hospitals and other specialised hospitals.

- **Long-term care** beds in hospitals are for patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living, including palliative care. They include beds for psychiatric and non-psychiatric curative (acute) care, from general hospitals, mental health hospitals and other specialised hospitals.

- **Other** beds include all other beds in hospitals not elsewhere classified.

- **Psychiatric care** beds in hospitals are for patients with mental health problems. Included are all beds in mental health and substance abuse hospitals, as well as beds in psychiatric departments of general and specialty hospitals. Beds for long-term nursing care in mental health and substance abuse hospitals are recorded under psychiatric care beds. Beds for palliative care are recorded under long-term care. Until recently these beds where classified in a separate category within the data collection on hospital beds. As of July 2016 all published data referring to psychiatric beds are included in the other categories according to the healthcare that each patient receives (curative, rehabilitative, long-term care or other), although the aggregate for all psychiatric hospital beds continues to be published separately.

Healthcare resources and activities

Statistics on healthcare resources (such as beds in hospitals as well as nursing and residential care facilities) are documented in this background article which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

For country specific notes on this data collection, please refer to these background information documents:

- hospital beds by type of care;
• hospital beds by hospital ownership;
• beds in nursing and residential care facilities.

Symbols

Note on tables:
• a colon ':' is used to show where data are not available;
• a dash '–' is used to show where data are not applicable/relevant.

Context

Indicators concerning the number and type of hospital beds complement information on hospital personnel and equipment to provide an overview of the resources available for delivering healthcare in hospitals. The European core health indicators (ECHI) shortlist includes an indicator on 'hospital beds' by type of bed in the chapter on health services. It should be noted that the information on hospital beds only covers beds for in-patient care: many hospitals also provide day care and out-patient care and beds used for these services are excluded from the information presented.

In many areas, technological developments have reduced the average length of stay for in-patient procedures or replaced procedures requiring in-patient care with ones that can be provided to day care or out-patients. As such, it is commonplace to find the total number of available hospital beds being reduced across most of the EU Member States.

Other articles

Online publications
• Health in the European Union — facts and figures
• Disability statistics

Healthcare resources
• Physicians
• Nursing and caring professionals
• Dentists, pharmacists and physiotherapists
• Medical technology

Methodology
• Healthcare non-expenditure

General health statistics articles
• Health statistics introduced
• Health statistics at regional level
• The EU in the world — health

Main tables
• Health (t_hlth)

Health care (t_hlth care)
Database

- Health (hlth)

Health care (hlth_care)
  - Health care resources (hlth_res)
  - Health care facilities (hlth_facil)
    - Hospital beds by type of care (hlth_rs_bds)
    - Hospital beds by hospital ownership (hlth_rs_bds2)
    - Hospital beds by NUTS 2 regions (hlth_rs_bdsrg)
    - Long-term care beds in nursing and residential care facilities by NUTS 2 regions (hlth_rs_bdsns)
  - Health care activities (hlth_act)
    - Curative care bed occupancy rate (hlth_co_bedoc)

Dedicated section

- Health

Methodology

- Healthcare resources (ESMS metadata file — hlth_res)

External links

- European Commission — Directorate-General for Health and Food Safety — European core health indicators (ECHI)
- European Commission — Directorate-General for Health and Food Safety — Health Systems Performance Assessment
- European Commission — Directorate-General for Health and Food Safety — Public health
- OECD — Health policies and data
- WHO Global Health Observatory (GHO) — Mortality and global health estimates
- World Health Organisation (WHO) — Health systems

View this article online at https://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_reso...