Data extracted in September 2017. Most recent data: Further Eurostat information, Main tables and Database. Planned article update: October 2018.

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 on health statistics.

Main statistical findings

Hospital beds

In 2015, there were 2.6 million hospital beds available for use across the EU-28. Approximately three quarters of these were for curative care, while the largest share of the remainder were 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 beds among the various categories of beds, however, in most countries they are also accounted for separately (see Table 1).

Germany had the highest number of hospital beds relative to population size

Among the EU Member States, Germany recorded not only the highest number of hospital beds (664 thousand) in 2015, but also the highest number relative to population size, with 813 hospital beds per 100 000 population — see Table 1. Austria and Bulgaria also recorded more than 700 hospital beds per 100 000 inhabitants, while Hungary and Lithuania were just below this rate. The average for the EU-28 as a whole was 515 hospital beds per 100 000 inhabitants. Spain, the United Kingdom (excludes beds in the private health sector), Ireland (other than psychiatric care beds, also excludes beds in the private health sector), Denmark and Sweden recorded the lowest numbers of hospital beds relative to their population size, all under 300 beds per 100 000 inhabitants.

The share of curative care beds among all hospital beds (no data for the United Kingdom) was highest in Cyprus (100%), while curative care beds accounted for more than 90% of all beds in Denmark, Portugal, Ireland, Slovenia (note the value for curative care beds includes all psychiatric care beds), Sweden and Belgium. By contrast, less than two thirds of all hospital beds were for curative care in France, the Czech Republic, Croatia, Hungary and Latvia (where the lowest share was recorded, at 59.5%). In most EU Member States (no data for Portugal and the United Kingdom), long-term care beds accounted for 20% or less of the total number of hospital beds, with the Czech Republic (24.1%), Hungary (25.6%) and Finland (27.5%) reporting higher shares.
Decreasing availability of hospital beds in most EU Member States

Between 2010 and 2015, the number of hospital beds in the EU-28 decreased from 2.72 million to 2.62 million, a relative decrease of 3.6 %. Across the vast majority of EU Member States (no data for the Netherlands), the total number of hospital beds also generally declined, sometimes at a rapid pace. The largest contractions in numbers of hospital beds were recorded in Italy and Slovakia (where bed numbers fell by around 10 %), Finland and Denmark (where bed numbers fell by around 25 %). There were five Member States where the number of hospital beds rose between 2010 and 2015: in three of these — Poland, Luxembourg and Austria — the gains were relatively modest, whereas larger increases were recorded for Bulgaria (up 6.1 %) and Malta (up 8.9 %).

Figures 1 to 3 provide an analysis of the change between 2010 and 2015 in the availability (relative to the size of population) for three 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 five EU Member States (incomplete data for Croatia and no 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 2010 and 2015; there was a marginal increase in Greece (note there is a break in series), while bed numbers per 100 000 inhabitants rose at a faster pace in Romania (an increase of 17.9 beds), Bulgaria (48.9 beds), Malta (54.6 beds; note there is a break in series) and the Netherlands (76.6 beds for the period 2010-2013; note there is also a break in series). During the period under consideration, Slovakia, the Czech Republic and Denmark (note there is a break in series) 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. The number of rehabilitative beds relative to population size increased in a majority (13) of the 22 EU Member States for which data are available (see Figure 2 for details of the data coverage) during the period 2010-2015; note there were no rehabilitative care beds in Cyprus in either 2010 or 2015. The number of beds increased by more than 10 beds per 100 000 inhabitants in Lithuania (note the data excludes psychiatric care beds), Poland (note there is a break in series), Austria, Bulgaria, Latvia and Romania (where the highest increase was recorded, an additional 19.9 beds per 100 000 inhabitants). By contrast, the number of rehabilitative care beds relative to population size decreased in eight Member States between 2010 and 2015. Reductions were generally no greater than 4.0 beds per 100 000 inhabitants, although a higher number of bed losses was reported in Hungary (-7.0 beds) and Germany (-8.0 beds).
Among the 24 EU Member States for which information is available (incomplete data for Greece and Croatia; no data available 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 2010 to 2015. Aside from 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 nine where there was an increase. The largest fall in the number of long-term care beds per 100 000 inhabitants was recorded in Finland, where this ratio was almost halved, dropping from 235 beds in 2010 to 120 beds in 2015. There were also relatively large reductions recorded in Estonia (a decrease of 24 long-term care beds per 100 000 inhabitants; note there is a break in series) and Slovakia (-17 long-term care beds). By contrast, there were double-digit increases in long-term care bed numbers in Romania (13 additional beds per 100 000 inhabitants during the period 2010-2015) and in Austria (23 additional beds), while long-term care beds were introduced to hospitals in Malta and the Netherlands during the period under consideration and they too recorded sizeable increases in bed numbers.
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, control or finances them) or for-profit.

In 2015, more than 9 out of every 10 hospital beds in Slovenia, Lithuania, Croatia, Romania, Malta, Finland, Denmark, Estonia and Latvia were in publically 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 (59%) of the hospital beds in Germany were in privately owned hospitals. Aside from these two countries, the lowest shares of beds in publically owned hospitals were found in Cyprus (53%), 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 200 thousand such beds in 2015, more than double the next highest number, 97 thousand in France (no information for the United Kingdom). There were an additional 193 thousand 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 (70 thousand beds) was in the not-for-profit private sector, and France (57 thousand beds).

Across the 19 EU Member States for which data are available for both 2010 and 2015 (see Table 2 for coverage), the development of the number of beds in for-profit private hospitals was mixed. There was an expansion in the
number of beds in 10 Member States, most notably in Romania (where the number of hospital beds in for-profit private hospitals more than doubled), Bulgaria and Croatia, while there was also relatively fast growth in the number of beds in Lithuania, Latvia, Portugal, Austria and the Czech Republic (2009-2015). In absolute terms, the largest increases in bed numbers were in Bulgaria and Romania where for-profit private hospitals added 5.1 and 3.8 thousand beds between 2010 and 2015.

Table 2: Hospital beds by type of ownership, 2010 and 2015

Source: Eurostat (hlthrsbds2)

Highest curative care beds occupancy rates in Ireland

Among the EU Member States (see Figure 4 for data availability), the occupancy rate of curative care beds in 2015 ranged from 64 % in Portugal to 82 % in Malta, with the Netherlands (53 %; 2010 data) below this range and the United Kingdom (84 %; 2010 data) and Ireland (95 %) above it. There was no clear pattern among the Member States with respect to the change in occupancy rates between 2010 and 2015. Among the 19 Member States for which data are available: 10 recorded an increase, while the other nine saw their rates decline. In percentage point terms, the largest increase in occupancy rates between 2010 and 2015 was recorded in Ireland, while the largest decrease was in Cyprus (note there is a break in series).
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 hospital, this final section looks at beds in nursing and residential care facilities. In 2015, there were 3.6 million long-term care beds in nursing and residential care facilities in the 23 EU Member States where data was available (2014 data for Slovakia, 2013 data for France; no recent data available for Belgium and Denmark; no data available for Cyprus, Portugal and Slovenia). Relative to population size, the highest numbers of long-term care beds in such facilities were recorded in Finland, Luxembourg, Belgium (2010 data), Sweden and the Netherlands, with 1.2-1.3 thousand beds per 100,000 inhabitants (see Figure 5), while Germany and Malta also recorded in excess of one thousand beds per 100,000 inhabitants. 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 400-1,100 per 100,000 inhabitants. There were six Member States that reported fewer than 400 such beds per 100,000 inhabitants, with Bulgaria (33 beds per 100,000 inhabitants) and Greece (17 beds per 100,000 inhabitants) reporting the lowest ratios.

A comparison between 2010 and 2015 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 the United Kingdom, while the reductions in Latvia and Bulgaria were somewhat larger. However, by far the biggest reduction in long-term care beds was recorded in Sweden (note there is a break in series), where there were 141 fewer beds per 100,000 inhabitants in 2015 than in 2010. Among the 18 Member States which reported an increase be-
tween 2010 and 2015 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 there is a break in series), Spain (excludes beds for palliative care), the Netherlands (break in series), Estonia, Slovakia (2010-2014) and Germany (2009-2015).

Figure 5: Long-term care beds in nursing and residential care facilities, 2010 and 2015 (per 100 000 inhabitants)
Source: Eurostat (hlthrsbdsns)

Data sources and availability

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 were 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

Note on tables: the symbol ‘:’ is used to show where data are not available.

**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
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.

**See also**

**Online publications**
- Health — online publication
- Disability statistics — online publication

**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

**Further Eurostat information**

**Main tables**
- Health care (thlthcare)

**Database**
- Health care (hlthcare)

Health care resources (hlthres)
- Health care facilities (hlthfacil)
- Hospital beds by type of care (hlthrsbds)
- Hospital beds by hospital ownership (hlthrsbds2)
- Hospital beds by NUTS 2 regions (hlthrsbdsrg)
- Long-term care beds in nursing and residential care facilities by NUTS 2 regions (hlthrsbdsns)
- Health care activities (hlthact)
- Curative care bed occupancy rate (hlthcobedoc)

**Dedicated section**
- Health
- Health care
Methodology / Metadata

- Healthcare resources (ESMS metadata file — hlthres)

Source data for tables and figures (MS Excel)

- Beds: tables and figures

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

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