

The number of hospital beds provides an indication of the resources available for delivering services to inpatients in hospitals. This section presents data on the total number of hospital beds, including those allocated for curative care, psychiatric care, long-term care and other types of care. It does not capture the capacity of hospitals to provide same-day emergency or elective interventions.

Over the past ten years, the number of hospital beds per population has decreased in all European countries, except Greece and Turkey. On average across EU member states, the number fell by close to 2% per year, coming down from 6.5 beds per 1 000 population in 2000 to 5.3 in 2010 (Figure 3.5.1). This reduction in the number of hospital beds has been accompanied by a reduction in average length of stays (Indicator 3.7) and, in some countries, a reduction in hospital admissions and discharges (Indicator 3.6). The reduction in the number of hospital beds has been particularly pronounced in Latvia (coming down from 8.7 beds per 1 000 population in 2000 to 5.3 in 2010), Estonia, Italy and Norway.

In all countries, progress in medical technologies has enabled a move to same-day surgery and a reduced need for long hospitalisation. In many countries, the financial and economic crisis which started in 2008 also provided a further stimulus to reduce hospital capacity as part of policies to reduce public spending on health (European Observatory on Health Systems and Policies, 2012). For example, in Ireland, policies to reduce costs in the hospital sector in the aftermath of the crisis included a reduction in hospital beds, and incentives to reduce the length of stays in hospitals and increase day care (Thomas and Burke, 2012).

In 2010, Austria and Germany had the highest number of hospital beds per capita, with around eight beds per 1 000 population (Figure 3.5.1). The high supply of hospital beds in these two countries is associated with a large number of hospital admissions/discharges, as well as long average length of stays in Germany. Turkey had the lowest number of beds per capita, although their number increased markedly over the past decade. Ireland, Sweden and the United Kingdom also have a relatively low number of hospital beds (although the data in the United Kingdom and Ireland do not include beds in private hospitals).

More than two-thirds of hospital beds are allocated for curative care on average across EU member states (Figure 3.5.2). The rest of the beds are allocated for psychiatric care (15%), long-term care (8%) and other types of care (8%). However, in some countries, the share of beds allocated for psychiatric care and long-term care is much greater than the average. In Finland, a greater share of hospital beds is allocated for long-term care (32%) than for curative care (30%), because local governments (municipalities) use some beds in health care centres (which are defined as hospitals) for providing some institution-based long-term care (OECD, 2005).

The share of beds in private for-profit hospitals has increased in some countries over the past decade. In Germany, the share increased from 23% of all beds in 2002 to 30% in 2010, accompanied by a decrease in the share of beds in public hospitals from 45% to 41%. The remaining beds were in private not-for-profit hospitals (whose share also declined slightly). In France, the share of beds in private for-profit hospitals also increased during the past decade but to a lesser extent, from 20% in 2000 to 23% in 2010, while the proportion of beds in public hospitals decreased from 66% in 2000 to 63% in 2010 (OECD, 2012a).

In several countries, the reduction in the overall number of hospital beds has been accompanied by an increase in their occupancy rates. Since 2000, the occupancy rate of curative care beds increased significantly in Ireland (from 85% in 2000 to 91% in 2010), Norway (from 85% to 93%) and Switzerland (from 85% to 88%) (OECD, 2012a).

Definition and comparability

Hospital beds are defined as all beds that are regularly maintained and staffed and are immediately available for use. They include beds in general hospitals, mental health and substance abuse hospitals, and other specialty hospitals. Beds in nursing and residential care facilities are excluded.

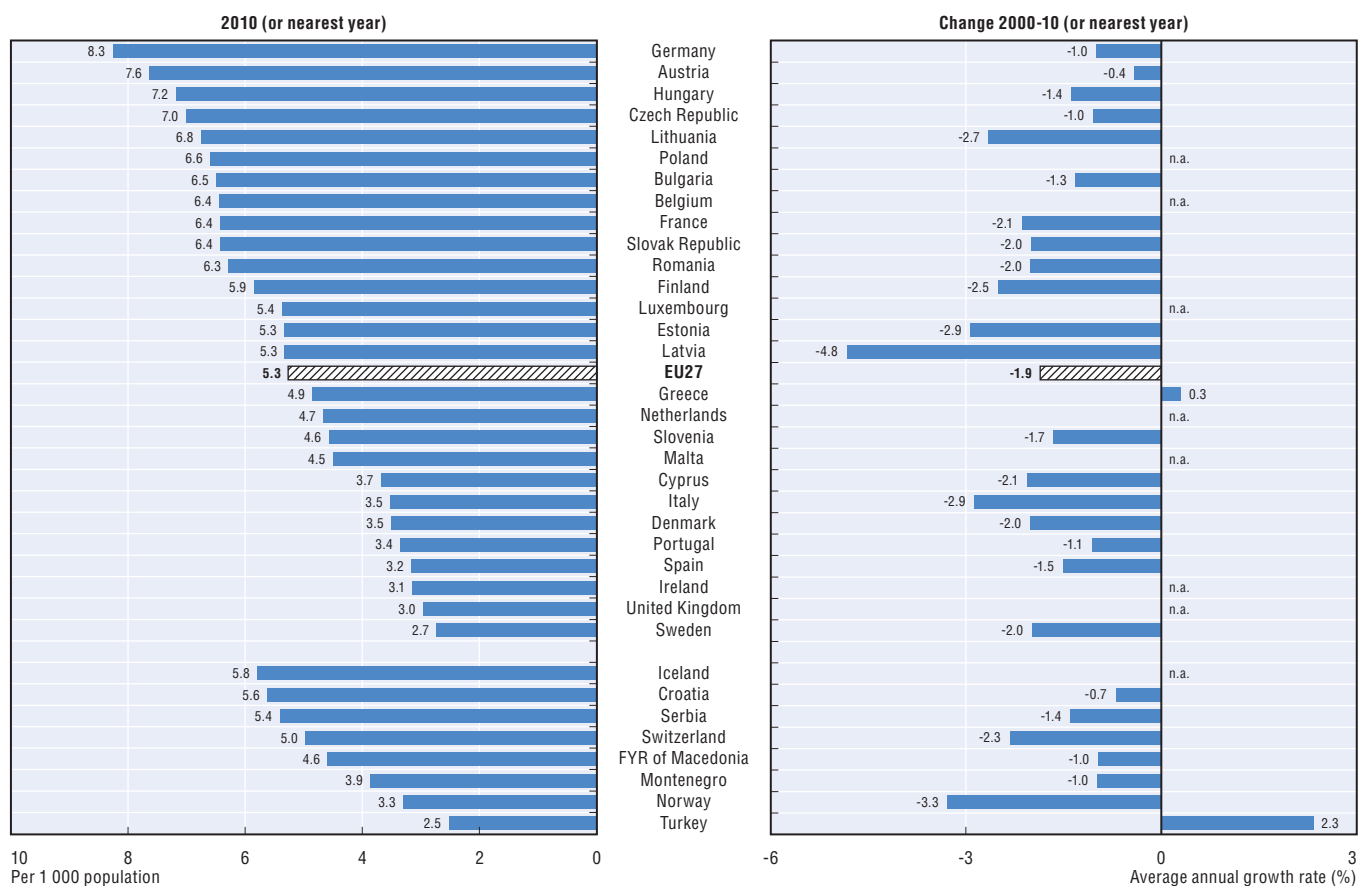
Curative care beds are beds accommodating patients where the principal intent is to do one or more of the following: cure physical illness or provide definitive treatment of injury, perform surgery, relieve symptoms of physical illness or injury (excluding palliative care), reduce severity of physical illness or injury, protect against exacerbation and/or complication of physical illness and/or injury which could threaten life or normal functions, perform diagnostic or therapeutic procedures, manage labour (obstetric).

Psychiatric care beds are beds accommodating patients with mental health problems. They include beds in psychiatric departments of general hospitals, and all beds in mental health and substance abuse hospitals.

Long-term care beds are hospital beds accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. They include beds in long-term care departments of general hospitals, beds for long-term care in specialty hospitals, and beds for palliative care.

Data for some countries do not cover all hospitals. In Ireland and the United Kingdom, data are restricted to public or publicly-funded hospitals only.

3.5.1. Hospital beds per 1 000 population, 2010 and change between 2000 and 2010

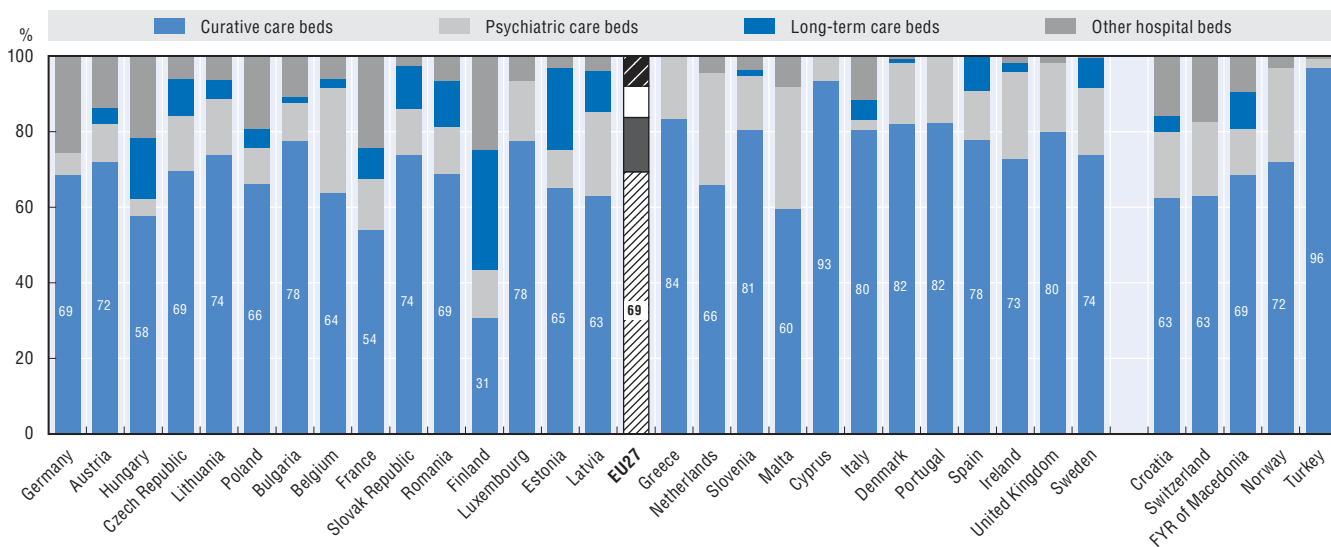


Source: OECD Health Data 2012; Eurostat Statistics Database; WHO European Health for All Database.

StatLink <http://dx.doi.org/10.1787/888932704380>

3.5.2. Hospital beds by function of health care, 2010 (or nearest year)

Countries ranked from highest to lowest number of total hospital beds per capita



Source: OECD Health Data 2012; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932704399>