

How will waiting times in community health services affect the shift towards neighbourhood health?

The UK government's [10 Year Health Plan for England](#) has three big shifts at its core: hospital to community, analogue to digital and sickness to prevention. Central to the first of these is a commitment to a 'neighbourhood health service' that will bring together professionals and provide integrated care in local communities, with the intention for care to be delivered locally, digitally by default, and in a patient's home or neighbourhood health centre wherever possible.

Neighbourhood health services will develop and expand the functions of *existing* community services, but it is striking that the Plan places very little focus on those. How have they been coping in an NHS that is in a ['critical condition'](#)?

Community health services see and treat over 2 million patients each month with over 8 million care contacts, accounting for around [13% of all daily activity in the NHS](#). They encompass a [broad range of services, provided in a multitude of settings](#), from district nurses providing end of life care to health visiting for children. In the run-up to the 10 Year Plan, Lord Darzi's [review of the NHS](#) in September 2024 found that waiting lists for community services had surged, that too little share of the NHS budget was being spent in the community, and that this was being reinforced by performance standards that are focused on hospitals. This lack of national targets focused on community services is partly a reflection of a lack of data on community services, which makes it difficult to track changes in activity, workforce, spending and quality of care.

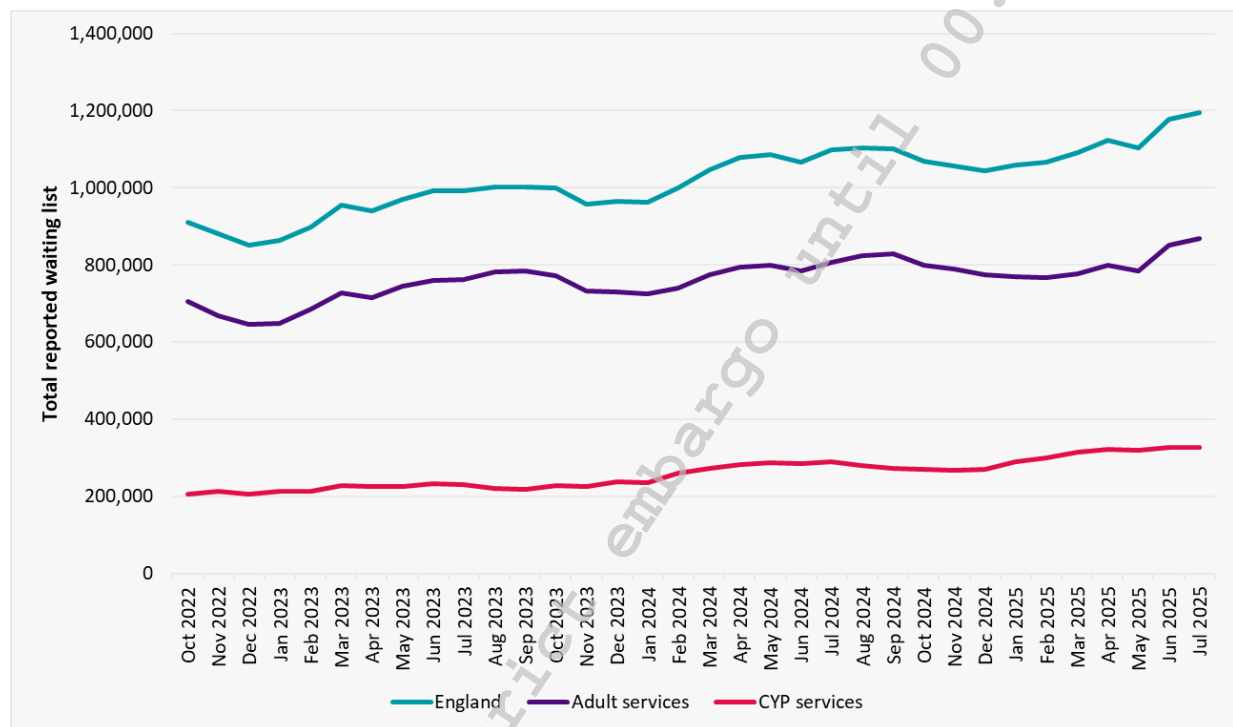
Community health services treat patients with a wide range of clinical needs that vary in urgency. For example, district nurses administer medications and provide wound care, palliative care, continence care and more, for patients with a relatively high level of urgency. In contrast, staff working in musculoskeletal services see patients with conditions such as back pain and joint pain, which often have lower clinical urgency. As such, it might be appropriate to measure waiting times for district nursing services in hours or days, but for musculoskeletal services in days or weeks.

Using published data that is available from October 2022 onwards, this briefing takes a closer look at the waiting list for NHS commissioned community services to better understand what patients are waiting for, and for how long. It provides useful context and increases awareness of existing pressures on community health services as policy-makers and health care staff make plans to implement neighbourhood health services.

How has the waiting list for community health services changed over time?

In July 2025, the waiting list for community services in England was [almost 1.2 million](#). This may include some people who have multiple referrals to one or more services (see [Data notes](#)). The waiting list for adult services was around 870,000 and the list for children and young people's services was 326,000.

Total reported waiting list for community health services



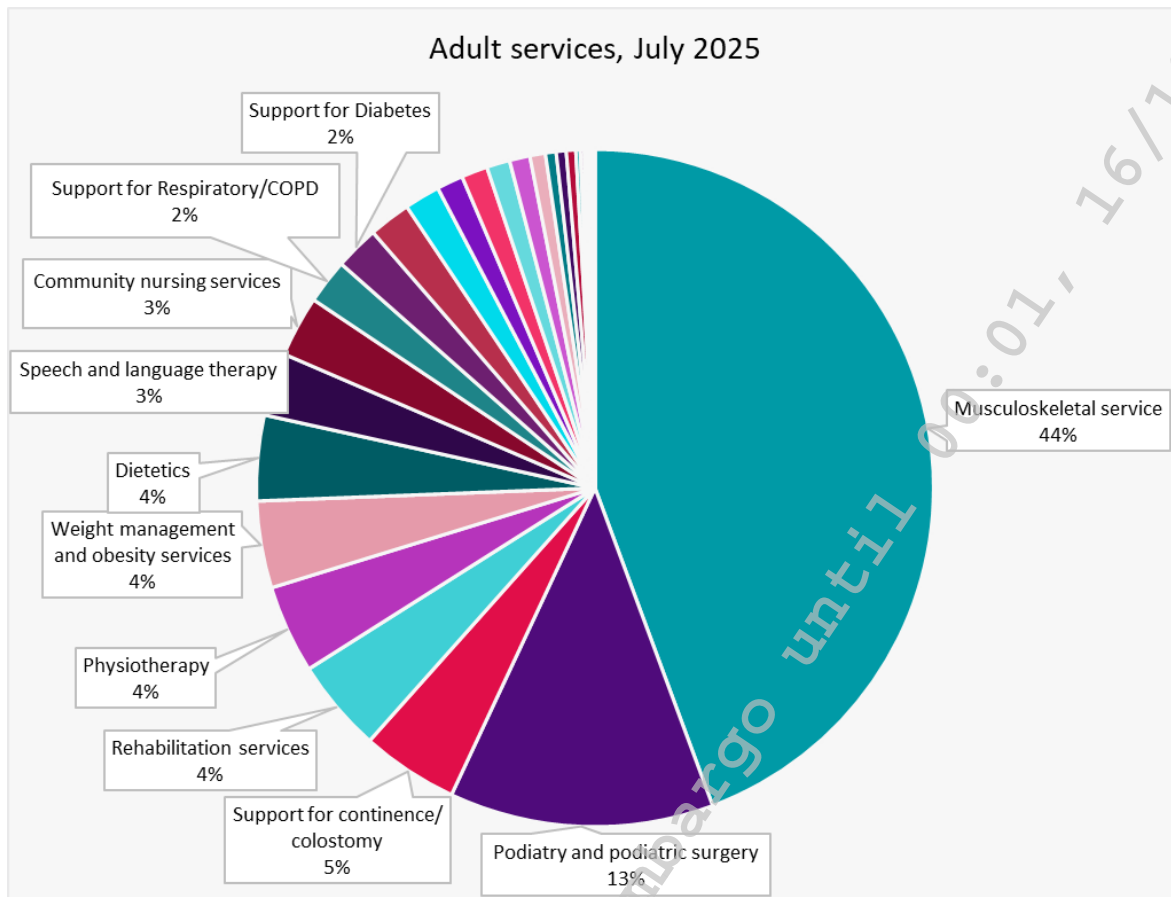
Note: Data is submitted at provider level and aggregated up to a national level. Variation in the number of providers submitting each month could cause a small amount of variation in the reported waiting list.

Since the dataset began in October 2022, the waiting list has increased by 23% for adult services and 58% for children and young people's services. We previously [explored](#) the impact of the Covid-19 pandemic on growing waiting lists for children and young people's care. This community health services data may signal that waits for children have continued to worsen. However, it could also relate to changing demand for the types of community services that are available, which we turn to next.

What community services are patients waiting for?

Adult services

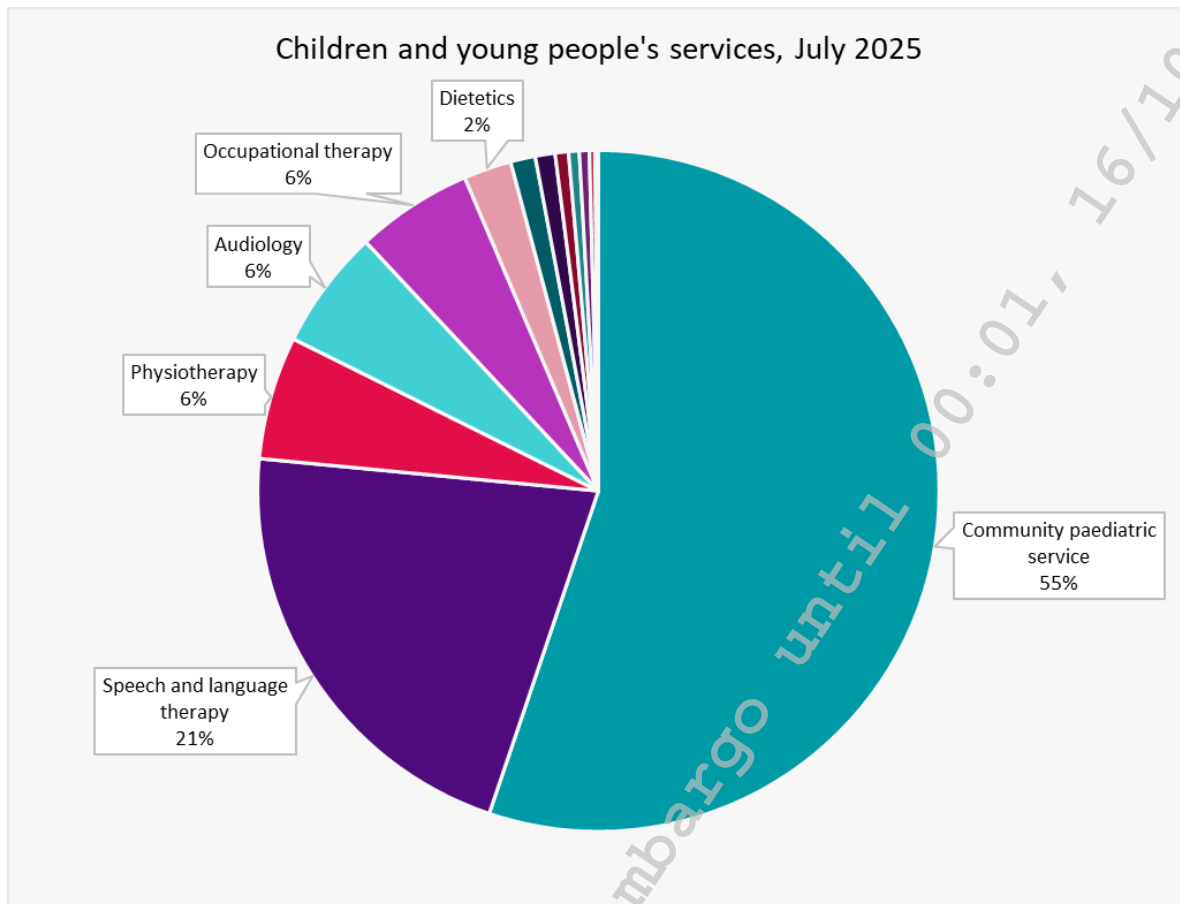
44% of adults on the community waiting list are waiting for musculoskeletal services. These services assess and treat conditions relating to bone, joint or muscle pain (see [Data notes](#) for more information). 13% of adults are waiting for podiatry (foot health) services and 5% are waiting for nursing support for continence/colostomy. The remaining adult services individually make up less than 5% of the total community services waiting list.



Children and young people's services

Over half of children and young people on the waiting list are waiting for community paediatric services (55%). These services are largely provided by community paediatricians and are for children with developmental problems or disabilities and associated health problems. Part of their role is to carry out neurodevelopmental assessments, which may include diagnosing and managing conditions including autism and ADHD. This may partly explain the overall growth in the waiting list for children and young people's services, as we have previously [reported](#) a surge in demand for referrals and assessments for these conditions.

21% of children and young people on the waiting list are waiting for speech and language therapy services. These provide treatment and support for children experiencing difficulties with communication, eating, drinking and swallowing. 6% of children on the waiting list are waiting for physiotherapy, 6% for audiology services and 6% are waiting for occupational therapy.

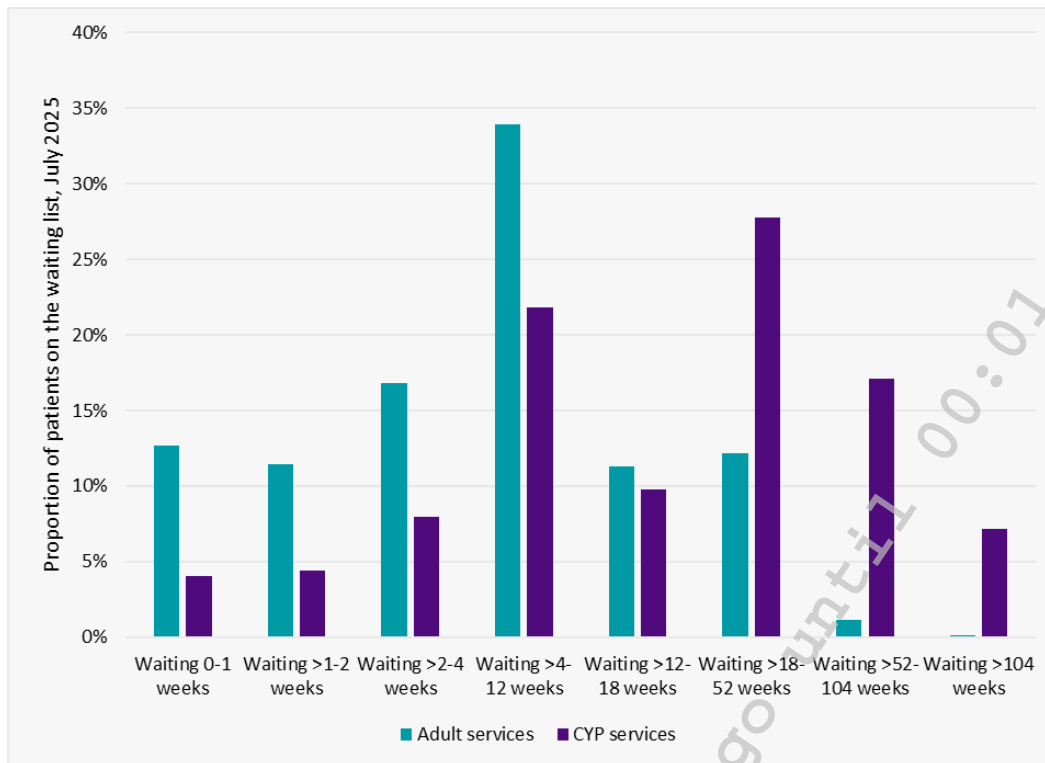


How long have patients been waiting for community health services?

The distribution of how long patients have been waiting varies between adult and children and young people's community services. Waits for children and young people are much longer than is the case for adults, with almost 1 in 4 waiting over a year and 1 in 15 waiting over two years for children and young people's services. Of the patients waiting over a year for children and young people's services, 88% are waiting for community paediatric services and 8% are waiting for speech and language services.

In comparison, just over 1% of adults have been waiting over a year for community health services. The longest waits are for audiology and weight management and obesity services.

It can be difficult to compare overall waits for adult and children's community services, because they get referred for a different mix of clinical conditions. There is also huge variation within adult and children and young people's services in the types of care needed, clinical skills required, and the level of urgency. Nevertheless, the fact that thousands of children and young people have been waiting over a year for support is unacceptable, especially because [long waits not only impact health but also their future life chances](#).



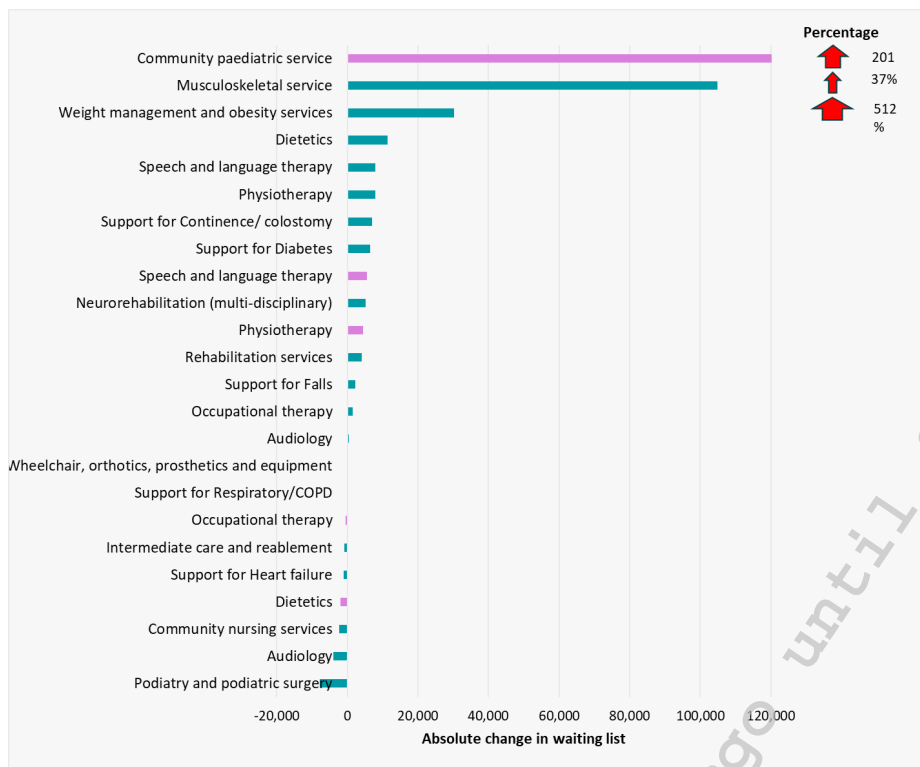
Which services have contributed most to the growing waiting list?

The overall growth in the waiting list for adults (23%) and children and young people (58%) is largely due to a small number of community service types. The community paediatric service waiting list grew by over 120,000 patients, tripling between October 2022 and July 2025. This rapid growth is partly being driven by an increase in demand for neurodevelopmental assessments.

Musculoskeletal services for adults saw the second largest absolute growth in the waiting list, increasing by over 100,000 patients between October 2022 and July 2025. The Chartered Society of Physiotherapy has previously [said](#) that the number of physiotherapy posts in the NHS is not keeping up with the ageing and increasingly obese population. In contrast, the number of patients waiting for adult audiology services fell by 18% between October 2022 and July 2025, a drop of almost 4,000 patients.

The largest percentage increase of any community service occurred in weight management services for adults (512%). Although the absolute increase was not as high as for community paediatric or musculoskeletal services, the rapid change is worth noting, as it may relate to the recent surge in demand for GLP-1 medicines like Mounjaro and Ozempic for weight loss.

Finally, there has been a growth in the waiting list for both adult and children and young people's speech and language services, by 44% and 9% respectively. The Royal College of Speech and Language Therapists has previously commented on the high vacancy rates for speech and language therapy posts, particularly for those supporting people with learning disabilities.



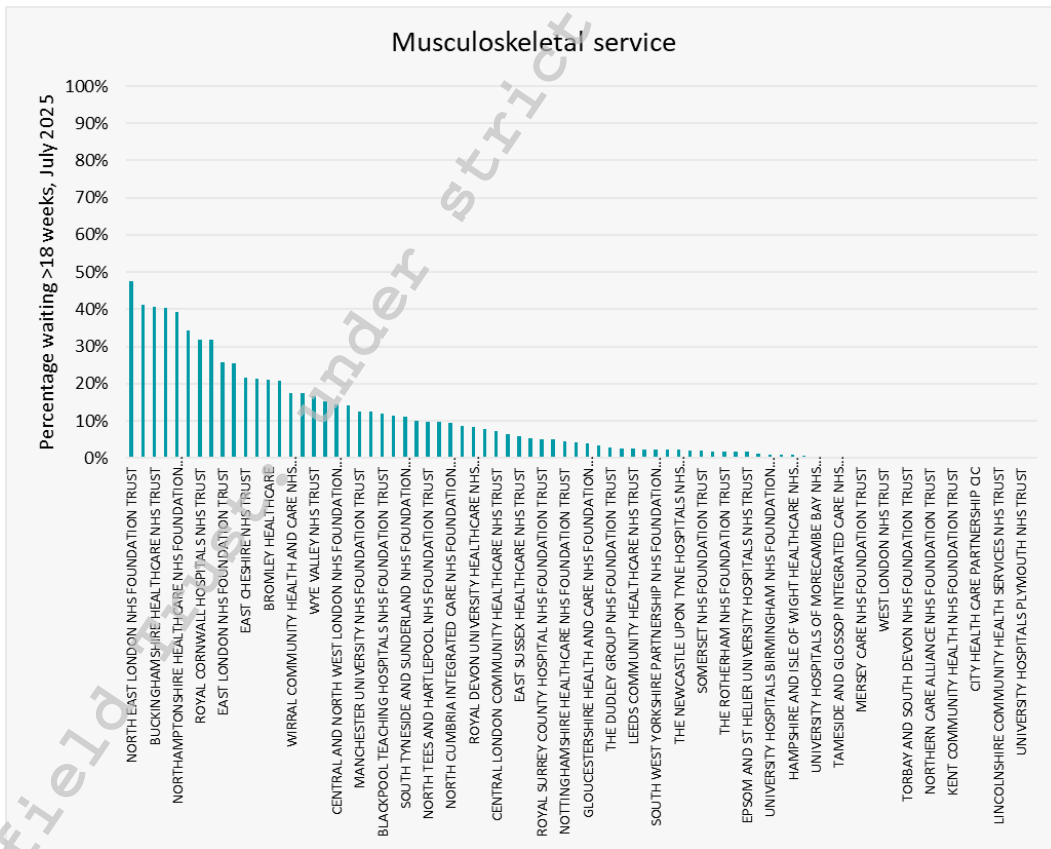
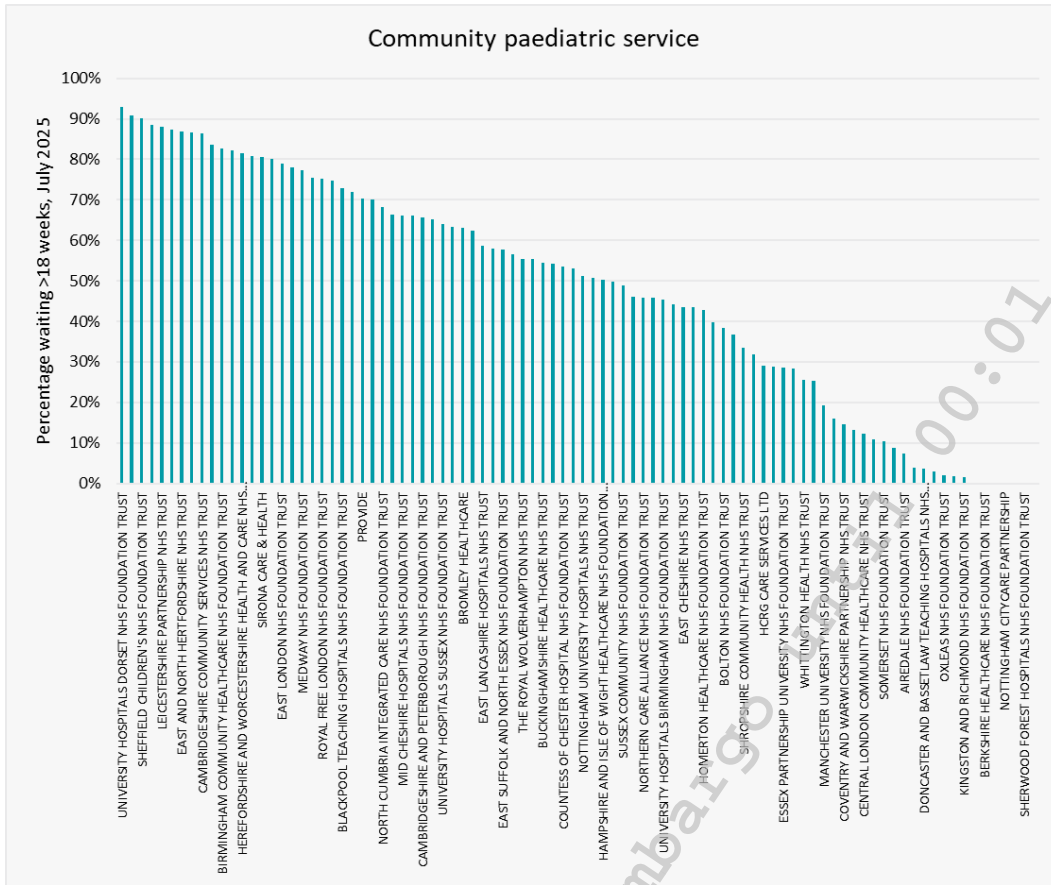
Note: Data is submitted at provider level and aggregated up to a national level. Variation in the number of providers submitting each month could cause a small amount of variation in the reported waiting list.

How do community service waiting times differ across local areas?

Taking the two community service types with the longest waiting lists – musculoskeletal services for adults and community paediatric services – we explored what percentage of patients have been waiting over 18 weeks to start treatment for each provider that submitted data. Choosing to measure waits of this length is pertinent: in elective hospital care, there is a maximum waiting time target to start planned consultant-led treatment within 18 weeks of referral.

In the community paediatrics service there is a very large level of variation between providers. 16 providers (out of 92 that submitted data) reported that over 80% of children and young people had been waiting over 18 weeks to start treatment in July 2025. Meanwhile, 22 providers said that less than 20% of children and young people had been waiting this long. This extreme variation indicates that the experience of waiting for these services varies considerably across the country.

The picture is less stark for adult musculoskeletal services, although this may partly be due to shorter waiting times overall. 14 providers (out of 80 that submitted data) reported that over 20% of adults had been waiting more than 18 weeks to start treatment, but 24 providers said less than 1% had been waiting this long. While this is a smaller level of variation, it still signals that there is unequal access for community NHS care across the country.



Why is this important, and what should happen now?

While there is a great national focus to reduce the waiting list for planned hospital care, waits for community health services should not be forgotten. This is especially important given government's intentions to shift more care into the community via neighbourhood health services.

Reducing the long waits for children and young people's community services is vital. Waits of over a year have become commonplace and a dedicated strategy should be put in place as part of the implementation of the 10 Year Health Plan.

In contrast to the numerous performance standards for hospital services, there are limited national targets for community health services. In a system where targets tend to increase visibility of key issues, introducing a waiting time target for community services should be considered, to increase political focus on the sector. However, increasing the priority of community services will only become a reality if there is a commensurate shift in resources, along with realistic workforce and service plans to drive faster access for patients and reduce variation across local areas.

Increasing numbers of staff working in community settings will be key if the 'hospital to community' shift is to be successful. Between 2010 and 2025, the number of nurses working in community settings [increased](#) by only 1%, while the number of adult hospital nurses increased by 42% and children's hospital nurses increased by 93%. The number of community health visitors decreased by 30% over the same time period. Addressing this imbalance should form a part of the upcoming NHS workforce plan.

It is worth mentioning that the community services waiting list data that we present in this briefing is collected by NHS England on a rapid turnaround basis, and minimal validation is taking place. The statistics date back to October 2022 and a large proportion of providers are currently not submitting data for particular service types. NHS England says it is working with regional leads to improve providers' data quality; this will become increasingly important over time as community services take on new roles.

The increasing number of people living with long-term conditions together with our ageing population mean that people are more likely to need support from community health services in the coming years. The government intends to shift more care into communities, but some existing community services are struggling to keep up with demand as things stand. Attention must be paid to how to improve access to these services while rolling out new initiatives from the 10 Year Health Plan.

Data notes

Data source: NHS England's [Community health services waiting lists](#)

The Community Health Services SitRep collects monthly data on waiting lists and waiting times for children and young people's and adult community health services. The SitRep includes a broad range of services but may not cover all services in some systems. The data is collected on a rapid turnaround basis, with only minimal validation taking place.

Definitions

A waiting time starts from when the service receives the referral. A waiting time ends if, following assessment, a clinician decides no treatment is necessary; a patient decides they do not want to be treated; or when treatment/care begins.

Patients who are receiving treatment/support and are waiting for a follow-up appointment are not included.

The number of referrals to a given service are counted rather than the number of unique patients on the waiting list. A patient is included multiple times if they have multiple 'open' referrals to one or more services.

Data quality

Data is submitted at provider level and aggregated up to a national level. Therefore, variation in the number of providers submitting each month could cause variation in the reported waiting list.

In February 2024, new guidance was introduced which resulted in 13 new providers coming into scope of the SitRep. This contributed to the increase in waits reported for community paediatric services.

What do adult musculoskeletal services cover?

Most community musculoskeletal services have a triage function (an interface service to support diagnosis and referrals) and a therapies function (to help people manage long-term conditions and rehabilitate those recovering from surgery).

Therapies can include physiotherapy, biomechanical podiatry, hand therapy and osteopathy.