NHS England

2025/26 priorities and operational planning guidance

Publication reference: PRN01625

Foreword from the NHS Chief Executive

Our 76-year history is one of progress and transformation – as society, technology and medicine have changed, so has our health service. But the NHS currently faces twin challenges, managing today's very real pressures – a legacy of the historic context set out by the Darzi Review – while continuing to build momentum towards long-term solutions.

While headline performance is far from what any of us want to see, our staff have continued to deliver improvements in the services patients most value. You have done this in the face of rising costs and demand, unprecedented industrial action, and long-term underinvestment in capacity and productivity-improving technology. Thank you – I do not underestimate the effort this has taken from colleagues at all levels across the NHS.

NHS productivity also continues to improve, enabling us to deliver more care for patients. Over 2023/24, NHS providers delivered around 5% more activity year-on-year, for 0.12% more income. In the first 7 months of this year the acute sector improved productivity by over 2% – double the improvement rate pre-pandemic. The NHS is on track this year to surpass the £7 billion of efficiencies delivered in 2023/24 – achieved through innovation and reform, continuous improvement, investment in technology, data and new capacity, and better workforce retention. These steps provide the springboard for us to reimagine services as part of the 10 Year Health Plan.

But the timeliness and experience of care is still not good enough. While more people are completing treatment in A&E within 4 hours, a growing number are facing waits of 12 hours or more. In elective care – and in primary, community and mental health services – despite record activity, continued high demand means improvements are not yet nearly enough to allow everyone to access services in a timely or convenient way. And this impacts staff when they can't provide the quality and experience of care they, and their patients, want.

In 2025/26, we are giving systems greater financial flexibility to manage constrained budgets. The government has made difficult choices to provide additional funding. While this provides effective real-terms growth in the NHS budget, it must cover final pay settlements for 2025/26, increased employer national insurance contributions, faster improvement on the elective waiting list and new treatments mandated by NICE. Overall, this means NHS organisations will need to reduce their cost base by at least 1% and achieve 4% improvement in productivity, in order to deal with demand growth. NHS England will transfer

a higher proportion of funding than ever before directly to local systems and minimise ringfencing, allowing local leaders maximum flexibility to plan better and more efficient services. And, to be clear, all parts of the NHS must now live within their means.

Reflecting the Mandate from government and our evolving ways of working, we have also honed national priorities to increase local autonomy. This year's planning guidance is more focused – setting out a small set of headline ambitions and the key enablers to support organisations to deliver them, alongside local priorities. This reflects the direction of travel towards earned autonomy for systems, with support, oversight and intervention from NHS England based on their specific needs and performance. 2025/26 is a reset moment, and it starts with the planning process – with more autonomy and flexibility comes greater responsibility and accountability.

Difficult decisions will be needed, and we must meet this collective challenge together. To balance operational priorities with the funding available, while continuing to lay foundations for future reforms, the NHS will need to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others. Open and ongoing conversations will be needed with staff, the public and stakeholders at organisation, place and system level about what it's going to take to improve productivity, reduce waste and tackle unwarranted variation. We will back local leaders to take tough decisions, where they are clearly rooted in the needs of their populations and best use of available staff, and where all reasonable steps have been taken to maximise resources available for clinical services. Equally, we will challenge organisations who are not able to demonstrate a robust approach to prioritising patient care by bearing down on duplication and waste.

We are asking integrated care boards (ICBs) and providers to take a forensic look at their workforce and what they spend money on; NHS England is doing the same. Changes at NHS England have already generated nearly £500 million of savings to support frontline services, and an organisation almost 35% smaller than its predecessors. ICBs are similarly working to cut duplication, alongside reducing their running costs. We anticipate that both ICBs and providers will need to review their spend on non-frontline staff again for 2025/26 to prioritise frontline care. NHS England will do the same and, in line with the NHS Operating Model, will again become a smaller organisation this year, further reducing our headcount and reprioritising spend to allocate more funding to systems.

We will also change how we work; that will start with the planning process. We are streamlining the process to reduce the number of submissions from systems so that local focus can be on developing high quality submissions, underpinned by robust and realistic

delivery plans that are assured and approved by ICB and provider boards. Alongside a simpler process, we will continue to engage with you to evolve our operating model, and we will agree a 'compact' with each system, setting out how we will work together and what each organisation is committing to deliver, including how NHS England will support you.

The 10 Year Health Plan gives us reason to hope for a better future, but it doesn't give us licence to pause for breath. We have a rare opportunity to set out a bold vision for the future and chart an ambitious course for the coming years. But a relentless focus on improvement is needed now more than ever – to deliver services for patients who need them today, and to continue to lay the foundations on which a better future can be built.

NHS staff at all levels have shown we can be ambitious, and deliver, through challenge. They will, as always, be key to success this year. Taking the opportunities and rising to the challenges of this coming year will require exceptional leadership – something we have in spades across the NHS. As Lord Darzi said, there are effective solutions to the challenges we face already being delivered somewhere every day by our talented and committed staff.

We will support boards and other leaders to learn from each other, to share what works, to adopt and adapt for local circumstances and to continue to innovate and deliver for patients. We will also continue to ask and support you to make the NHS a better, fairer place to work for all our colleagues, and to give them the tools and permission they need to improve care.

And I end, as always, with genuine thanks for your continued efforts on behalf of our patients, our staff and taxpayers.

Amanda Pritchard

Introduction

The investigation by Lord Darzi makes clear that, despite the efforts of our dedicated staff, the NHS is facing major challenges in meeting the growing needs of an ageing population. Individuals are spending an increasing proportion of their lives in ill-health and too many patients cannot access timely care. To address these challenges and make the NHS sustainable now and for future generations, systems need to agree and deliver plans within the resources allocated that maximise productivity and start to implement the reforms needed to improve services for patients, shifting the system from hospital to community, analogue to digital, and sickness to prevention. At the same time, we will work with government to create the 10 Year Health Plan to transform the model of care.

The government mandate has reduced the number of essential objectives for the NHS. Consistent with these objectives, NHS England has reduced the number of national priorities for 2025/26, giving local systems greater control and flexibility over how local funding is deployed to best meet the needs of their local population. Systems are encouraged to shift their focus from inputs to outcomes for patients and local communities, supported by changes to the financial framework. We will continue to work with systems to deliver on the fundamentals of good care, maintaining our collective focus on the overall quality and safety of our services. By helping people to spend more years in good health, the NHS will also enable more people to stay in and return to work, supporting economic growth.

The government's investment in the NHS in October's Budget was welcome; however, 2025/26 will be a challenging year and we must all live within our means. It has never been more important that we continue to ensure taxpayers' money is spent wisely. This will require a relentless focus on operational performance, recovering productivity, tackling unwarranted variation, and reducing delays and waste. In many places radical reform and reprioritisation will be the right answer. We and government will stand behind local leaders to make the best choices to meet the needs of their local populations, including where this means reducing or stopping lower-value activity.

As the system leaders, integrated care boards (ICBs) will lead the process of planning and arranging services to deliver the expectations set out in this guidance, including ensuring the reforms are put in place to secure a sustainable health system in the future. In their role as strategic commissioners, they will drive more integrated care through the development of neighbourhood health services, as well as planning the arrangement of acute services to maximise productivity and value.

Boards of providers are responsible for maximising value and delivering against the priorities set out in this guidance within the allocated financial envelope. Boards of providers and ICBs should use the Insightful Board series to drive better outcomes, productivity and decisions. Collaboration between NHS organisations will form part of NHS England's assessment of providers and ICBs.

Beginning in 2025/26 we will move to a more devolved system where ICBs and trusts can earn greater freedom and flexibility and patients have more choice and control. In mature, highly performing systems, it is expected that providers will be able to take on more responsibility for leading the planning and transformation of local services within a strategic framework set by ICBs. Excellent leadership and management are key to delivering these changes. NHS England will support local systems with a programme to transform NHS leadership and management over the next 2 years. This includes co-producing a development programme for strategic commissioning with NHS leaders.

NHS England will have a direct relationship with both ICBs and providers to ensure they deliver on their respective roles. In support of the updated Operating Model, we will publish a new NHS Improvement and Assessment Framework that will set out how NHS England will assess the performance and capability of providers (NHS trusts and foundation trusts) and ICBs. A new performance, regulatory and improvement framework will link with the NHS Improvement and Assessment Framework and set out NHS England's approach to supporting delivery. We will make best practice available to all to support local decisions and provide targeted direct support where it is needed. Where there is clear evidence of what works, we will adopt a stronger 'comply or explain' approach for the key actions that will help deliver the smaller number of national priorities. These are clearly set out in the boxes in this guidance.

Our national priorities for 2025/26

The national priorities to improve patient outcomes in 2025/26 are:

- **reduce the time people wait for elective care**, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. Systems are expected to continue to improve performance against the cancer 62-

day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026

- **improve A&E waiting times and ambulance response times** compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26
- **improve patients' access to general practice,** improving patient experience, **and improve access to urgent dental care,** providing 700,000 additional urgent dental appointments
- **improve patient flow through mental health crisis and acute pathways,** reducing average length of stay in adult acute beds, **and improve access to children and young people's (CYP) mental health services**, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

In delivering on these priorities for patients and service users, ICBs and providers must work together, with support from NHS England, to:

- **drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future**. For 2025/26 we ask ICBs and providers to focus on:
  - reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
  - making full use of digital tools to drive the shift from analogue to digital
  - addressing inequalities and shift towards secondary prevention
- **live within the budget allocated, reducing waste and improving productivity**. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity
- **maintain our collective focus on the overall quality and safety of our services**, paying particular attention to challenged and fragile services including maternity and

neonatal services, delivering the key actions of the ‘Three year delivery plan’, and continue to address variation in access, experience and outcomes

Local prioritisation and planning

2025/26 needs to mark a financial reset. Systems must develop plans that are affordable within the allocations set, exhausting all the opportunities to improve productivity and tackle waste (see below), and take decisions on how to prioritise resources to best meet the health needs of their local population. To help systems meet the focused set of national priorities we are increasing the freedoms systems have to allocate their resources by releasing most funding ring fences. Service Development Funding (SDF), which is already deployed to frontline service providers, is rolled into core allocations. Further detail is set out in the Revenue finance and contracting guidance. We will also consult on changes to the national and local quality requirements in the NHS Standard Contract to align with this approach.

To deliver the goals set out above and live within budget, providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25. This represents a step change across all services. ICBs and providers must demonstrate that all productivity and efficiency opportunities have been exhausted before considering where it is necessary to reduce or stop services, taking account of each organisation’s own legal duties. Given the more focused set of national priorities, the Department of Health and Social Care (DHSC) and NHS England will reduce in size and reprioritise resources to support frontline services and improvements in productivity.

In deciding how to prioritise resources to best meet the health needs of their local population, ICB and provider boards are expected to explicitly consider both the in-year and medium-term quality, financial and population health impacts of different options (see Annex: Principles for local prioritisation). Plans should reflect the needs of all age groups and explicitly children and young people (CYP).

Delivering our national priorities

Reduce the time people wait for elective care

NHS England has published an elective reform plan to meet the NHS constitutional elective care standards for adults and CYP by the end of the Parliament. The plan specifies the actions we expect systems and providers to take in 2025/26 on the journey towards the 18-week standard. They include delivering activity levels consistent with the national value weighted activity target of 118%, effective demand management, driving pathway reform, maximising utilisation of existing capacity (including in the independent sector), and giving patients choice and control over their care. All systems must:

- optimise referral management including through use of high quality specialist advice and guidance, triage, patient initiated follow-up (PIFU) and straight-to-test pathway approaches
- provide patients with more choice and control by making at least 70% of elective care appointments (across specialties) available for citizens to view and manage via the NHS App
- validate patients on a referral to treatment (RTT) waiting list after 12 weeks and then every 12 weeks in line with good practice and published guidance, maximising the use of digital tools for both patient contact and data quality
- minimise unwarranted diagnostic referrals to create capacity for appointments and tests that truly benefit patient outcomes.
- implement the Further Faster methodology to drive optimisation of outpatient clinic processes and clinic utilisation
- improve the experience and reduce the inequalities of care for patients receiving elective care. As part of the development of an NHS Quality Strategy we will set out plans on how the NHS will increase its focus on listening to, learning from and working with patients, carers and communities to drive improvements in the experience of all people using our services

The contract default between ICBs and providers for most planned elective care will continue to pay unit prices for activity delivered in line with funded levels. Further detail is set out in the Revenue finance and contracting guidance.

Working with Cancer Alliances, systems are also expected to continue to focus on performance against the cancer waiting time standards, driving further improvement by:

- maximising care for low-risk patients in non-cancer settings, including maintaining the faecal immunochemical test (FIT) in lower GI pathways, low-risk pathways for post-HRT bleeding, and breast pain only pathways
- improving the productivity in cancer pathways including teledermatology in urgent suspected skin cancer and nurse or allied health professional (AHP)-led local anaesthetic biopsy in the prostate cancer pathway

Improve A&E waiting times and ambulance response times

Urgent and emergency care (UEC) performance remains a long way from a resilient or acceptable position. NHS England will work with systems to improve levels of performance across the UEC pathway, including through embedding and expanding neighbourhood health services. The immediate task for 2025/26 is to apply the learning from our best performing systems in 4 key areas:

1. **Reduce avoidable ambulance dispatches and conveyances, and reduce handover delays by:**
    - working towards delivering hospital handovers within 15 minutes, with joint working arrangements that ensure that no handover takes longer than 45 minutes
    - improving access to urgent care services at home or in the community including urgent community response (UCR) and virtual ward (also known as hospital at home) services
    - improving 'hear and treat' rates, increasing the proportion of Category 2 calls, and ensuring all 3 and 4 calls[1] are clinically navigated, validated and where appropriate triaged in ambulance control centres, or in single points of access in line with existing guidance
2. **Improve and standardise urgent care at the front door of the hospital by:**

[1] other than nationally agreed exclusions

- increasing the proportion of patients seen, treated and discharged in 1 day or less using the principles of same day emergency care (SDEC)
- optimising the urgent care offer to meet the needs of their local population, including the use of urgent treatment centres (UTCs)

3. **Reduce length of stay in hospital and ensure that patients are cared for in the most appropriate setting by:**

- increasing the percentage of patients discharged by or on day 7 of their admission in line with existing guidance
- working across the NHS and local authority partners to reduce average length of discharge delay in line with the Better Care Fund (BCF) policy framework. ICBs should review BCF commitments to ensure they represent the best use of resources, and plan sufficient intermediate care capacity to meet demand, including through surge periods across the year

To support this NHS England will:

- publish guidance to support ICBs in their commissioning of ambulance services in 2025/26, and publish a new ambulance commissioning specification in 2025/26 to enhance decision-making capacity and capability across all ambulance services, and drive consistency across the country. This will support ICBs in their commissioning of ambulance services in 2026/27
- make new capital available to increase the number of co-located urgent treatment centres (UTCs) in 2025/26 (working towards having a collocated UTC with every Type 1 ED) and support the expansion of SDEC capacity. Systems need to set out their approach to improvement, where they think capacity is required, and the first set of investments they propose to start in 2025

More detail on the expectations in relation to the BCF, and the support available to local teams, is available for the NHS and local authorities in the BCF planning requirements.

4. **Set the foundations of the neighbourhood health model** by continuing to embed, standardise and scale core components of existing practice. This includes taking a consistent, system-wide population health management approach to patient

segmentation and risk stratification. NHS England has published guidelines to support this.

Improve patients' access to general practice and improve access to urgent dental care

ICBs are expected to continue to support general practice to enable patients to access appointments in a more timely way and improve patient experience. ICBs should ensure that all GP practices inform patients, on the day they first make contact, how their request will be handled, as stipulated in the GP contract. All ICBs are expected to:

- put in place action plans by June 2025 to improve contract oversight, commissioning and transformation for general practice, and tackle unwarranted variation
- continue to support the delivery of modern general practice and target support to practices based on their ability to provide access and a good overall experience for patients
- improve access to dental care by commissioning additional urgent appointments to deliver their share of the government's manifesto commitment to an additional 700,000 appointments

NHS England will support this by providing general practice teams and primary care commissioners with national guidance, evidence-based content and support tools and consulting on reforms to the dental contract to deliver longer-term improvements in dental access. We will also support trusts to work with primary care to streamline the patient pathway, improving the interface between primary and secondary care, with clear recommendations through the 'Red Tape Challenge'. This is due to report to the Secretary of State and NHS England Chief Executive in early 2025.

Improve patient flow through mental health crisis and acute pathways and access to CYP mental health services

To support the national mental health objectives for 2025/26, we expect ICBs to meet the Mental Health Investment Standard (MHIS) and work with providers to:

- deliver the 10 high impact actions for mental health discharges and ensure that system discharge plans include mental health acute pathways to reduce average lengths of stay in the adult acute mental health pathway, improve local bed availability and reduce the need for inappropriate out of area placements
- reduce waits longer than 12 hours in A&E through:
  - maximising the use of crisis alternatives, including 111 mental health option, crisis resolution and home treatment teams, and community mental health services to keep people well at home
  - robust system oversight, implementation of the mental health OPEL framework and use of the mental health UEC action cards
- improve productivity by reducing unwarranted variation in the numbers of CYP accessing services and the number of contacts per whole time equivalent hours worked
- reduce unwarranted variation in the numbers of CYP accessing services by improving productivity and increasing the number of direct and indirect contacts per whole time equivalent hours worked
- reduce local inequalities in access to CYP mental health services, between disadvantaged groups and the wider CYP population
- expand mental health support teams consistent with the government's aim of reaching 100% coverage by 2029/30

Ring-fenced funding is available to support the delivery of effective courses of treatment within NHS Talking Therapies and reduce ill-health related inactivity, through access to individual placement support (IPS).

To continue to reform and improve mental health services and improve value for money in the NHS, all mental health providers will be asked to submit, implement and report against a plan to improve productivity during 2025/26.

In line with the proposed Mental Health Act reform, ICBs should work with local system colleagues to ensure that there is high quality and accessible community infrastructure in place for people with a learning disability and autistic people. They should also ensure that

admissions to a mental health hospital are for assessment and treatment that can only be delivered in an inpatient setting.

Address inequalities and shift towards prevention

It remains critical that ICSs explicitly agree local ambitions and delivery plans for vaccination and screening services and services aimed at addressing the leading causes of morbidity and mortality such as cardiovascular disease and diabetes. ICBs and provider trusts are expected to work together to reduce inequalities in line with the Core20PLUS5 approach and ensure plans reflect the needs of all age groups, including CYP.

NHS England intends to continue to prioritise prevention and proactive care as part of effective population health management through the GP contract, including increasing the focus on the prevention of cardiovascular events by supporting GPs to treat more people to target levels of blood pressure and lipid control.

Making the shift from analogue to digital

In addition to continuing to improve digital maturity, systems are asked to prioritise actions that support the delivery of our priorities to improve patient outcomes or have been shown to reduce costs or release staff time to deliver patient care. We expect that:

- all providers proactively offer NHS App-first communications to patients (with due regard to digital inclusion), by default through the NHS Notify service
- all GP practices have enabled all core NHS App capabilities. These include health record access, online consultations, appointment management, prescriptions management, online registration, and patient messaging
- all systems adhere to the ‘Federated Data Platform (FDP) First’ policy, connecting their own digital and data infrastructure to the FDP. NHS England will support adoption of the FDP to 85% of all secondary care trusts by March 2026
- all providers shift to the national collaboration service NHS.Net Connect where feasible

- all systems complete planned electronic patient record (EPR) system procurements and upgrades, and all trusts without an EPR continue to work to procure and implement one as quickly as is safely possible
- all providers deploy the Electronic Prescription Service wherever possible
- all providers integrate systems with the NHS e-Referral Service
- all providers achieve and maintain compliance with the NHS Multi-Factor Authentication Policy and act to strengthen their cyber security
- all systems mitigate against digital exclusion, including by implementing the framework for NHS action on digital inclusion

Live within our means, reducing waste and maximising productivity

As set out above, 2025/26 needs to mark a financial reset, in particular in systems and providers that have not lived within planned allocations. While NHS productivity has increased at around twice the historical rate since 2021/22, there remains scope for a further step change. Across the NHS we are seeing around 14% more patient contacts than pre-pandemic, but we also have 19% more staff. As part of reducing unwarranted variation and exhausting all possible realistic in-year productivity and efficiency opportunities, ICBs and providers must:

1. **Reduce spend on temporary staffing and support functions by:**

   - achieving close to 100% delivery of planned core capacity before accessing premium capacity, including the use of agency and premium bank rates, waiting list initiatives, and insourcing arrangements, managing to tariff prices as a guide
   - reducing agency expenditure, as far as possible as part of optimising cost and productivity. As a minimum all systems are expected to deliver a 30% reduction based on current spending, with further reductions over the Parliament
   - reducing bank use, with all systems expected to deliver a minimum 10% reduction. Bank rates should be optimised as far as possible with collaborative arrangements in place across and between systems
   - conducting a robust review of establishment growth and reduce spend on support functions to April 2022 levels

2. **Improve procurement, contract management and prescribing by:**

   - working to accepted operating models and commercial standards, making full use of the consolidated supplier frameworks agreed through NHS Supply Chain
   - optimising medicines value and improving the adoption of and compliance with best value frameworks in medicine and procurement
   - reducing unwarranted variation in prescribing, implementing the guidance on 'Low value prescribing' and ensure that patients are prescribed the best value biological medicine where a biosimilar medicine is available.
   - reducing unwarranted variation in all age continuing care spend and placement pricing through standardised complex care specification(s), improved sharing of placement data and integrated 'at scale' commissioning practices
   - optimising energy value. Trusts are expected to procure energy through the new national contract developed with Crown Commercial Services (CCS) and use green plans to identify and achieve savings from sustainable energy funding

NHS England will work with individual systems to identify support to realise these savings.

3. **Drive improvements in operational and clinical productivity. Providers are expected to:**

   - develop plans that address the activity per WTE gap against the pre-Covid level
   - avoid duplication and low-value activity, including a renewed focus on minimising inappropriate spend against evidence-based intervention (EBI) procedures. Commissioners are expected to work with providers to ensure that payment depends on meeting the relevant criteria
   - systematically implement all elements of the People Promise to improve the working lives of all staff and increase staff retention and attendance and implement the 6 high impact actions to improve equality, diversity and inclusion. The evidence is clear that engaged, motivated staff improve productivity and patient outcomes

A full list of resources to support benchmarking and to identify the areas for local improvement can be found on the Productivity and Efficiency Improvement Hub. NHS IMPACT will continue to help develop the leadership and organisational capacity, capability and infrastructure to create the conditions for improvement. As part of this, NHS England's

Clinical and Operational Excellence Programme will support organisations to deliver the priorities in this guidance.

Next steps and plan submission

We ask ICBs, in their role as strategic commissioners, to work with their partner trusts and wider system partners to develop plans by the end of March to meet the national objectives set out in this guidance and the local priorities agreed by ICSs. Plans should be calibrated against the quality objectives laid out in this document and triangulated across activity, workforce and finance. Plans must be fully owned and signed off by ICB and partner NHS trust and foundation trust boards. NHS England will separately set out guidelines and supporting materials for plan development, submission and review. Boards will be asked to confirm how these have been used to inform the development and assurance of plans.

ICBs and their partner trusts have a duty to prepare a plan setting out how they propose to exercise their functions in the next 5 years [the 'Joint Forward Plan' (JFP)]. We expect that ICBs and trusts will wish to perform a limited refresh of existing plans before the beginning of the new financial year given the anticipated publication of the 10 Year Health Plan in the spring of 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025. We will work with systems to develop a shared set of expectations and timetable for a subsequent more extensive revision of JFPs aligned to wider reform of nationally co-ordinated NHS planning processes. This will include a shift from single to multi-year operational and financial planning.

National priorities and success measures for 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

[2]Against the November 2024 baseline, with all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%

Annex: Principles for local prioritisation

Systems will need to take difficult decisions about how to prioritise their resources. All organisations must review their existing governance and reporting frameworks to proactively manage quality, and mitigate, manage and escalate risks and concerns. ICBs and providers must work together to:

- put in place a robust clinically led process to support local prioritisation decisions, taking account of the 6 key principles for delivering quality care set out in 'A Shared Commitment to Quality'
- produce impact assessments and test all changes with boards as well as consider what changes require involvement, whether by consultation or otherwise, with the public, patients, staff groups and local authorities

Provider and ICB boards must:

- embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)

In addition to considering matters required by applicable legal duties, we ask that boards consider the following principles when making local prioritisation decisions:

- safeguard the quality and safety of services, paying particular attention to challenged and fragile services
- protect access to essential services, prioritising urgent and emergency care, and those patients with the greatest clinical need
- wherever possible take actions that are consistent with narrowing existing health inequalities including inequalities in access
- take account of the medium-term quality, financial and population health impacts alongside in-year impacts