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2024/25 priorities and operational planning guidance

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Foreword from the NHS CEO

Over the past year, NHS teams have made significant progress delivering key priorities for patients, as we have continued our recovery from the pandemic, in the face of strong headwinds from industrial action, increased demand and pressures on budgets due to inflation.

We have improved against almost every headline objective of 2023/24 – we have either done what we set out to do, or made meaningful progress towards it. This is all thanks to the commitment, adaptability and professionalism shown by staff across the NHS. In particular, we have:

- Increased primary care access, with GPs and their teams delivering over 348 million appointments in 2023 – 19.4 million more than the previous year, which means nearly 1.4 million appointments have been provided every working day. We have introduced our Pharmacy First service so that people can now directly access advice and treatment from their local pharmacy for seven common conditions.
- Improved urgent and emergency care, with 4-hour A&E performance improving for the first time since 2009 (outside the first year of the pandemic). Average category 2 ambulance response times reduced by 17 minutes. This has been possible because we have more ambulances on the road, more beds, greater use of urgent community response and admission avoidance services, increasingly mature discharge hubs and over 11,000 virtual ward beds.
- Treated more elective patients and reduced long waits, with 17.3 million elective pathways starting in 2023 – despite the disruption of industrial action, an increase of over 1.3 million treatments compared to the year before. From one stop shops for checks in the heart of local communities to surgical hubs, NHS staff have shown real ingenuity and dedication to reduce the longest waits.
- Focused on meeting the growing need for mental health support, with more people than ever before now in contact with NHS services for support for their mental health, autism and/or learning disabilities. Almost five million patients have been in contact with services in 2022/23, an increase of nearly 300,000 compared to the year before. We are on track to expand our mental health support teams in schools to cover over 40% of pupils in the coming weeks so young people can get the support they need at an earlier stage.

- Made further inroads on early diagnosis and treatment of cancer, with almost 3 million people being seen for urgent cancer checks over 2023 – the highest on record, and over a quarter more since before the pandemic. Similarly, over 336,000 people started treatment for cancer in 2023 – again, the highest year on record – and thanks to initiatives such as Targeted Lung Health Checks we are now diagnosing more cancers at Stage 1 and 2 when cancer is easier to treat.
- Introduced a comprehensive and evidence-based approach to tackling health inequalities, with a focus on our Core20PLUS5 approach which, amongst other achievements, has helped increase the number of people from the most deprived communities access our Targeted Lung Health Checks.
- Continued to develop and adopt new and innovative treatments, such as liquid biopsy testing for patients with suspected lung cancer, carried out the UK's first womb transplant, and continued to roll out the latest diabetes technology to provide tens of thousands of people with lifechanging devices to manage their condition.

None of the progress we have made together has been easy, and none of it was guaranteed. It has taken careful planning, hard work and ingenuity – qualities that health service staff and our partners continue to demonstrate despite the daily pressures they face.

The outlook for 2024/25 is equally challenging. In the recent Spring Budget, the Chancellor announced £2.45 billion of extra funding for the next year, which covers the recurrent cost of the pay deal and gives the NHS flat real funding for 2024/25. This will help us continue to make important progress on the things that matter most for patients: improving waiting times and safety in urgent and emergency care, further reducing the longest waits for tests and treatment for cancer and elective care, making it easier for people to access primary care, and much more besides – benefiting the health and lives of millions of people.

Many of the ambitions for 2024/25 reflect the reality of the multi-year process of recovering from the impact of the pandemic and improving services for patients. We know that given the current context, many of them will be stretching.

We also know that achieving them will need a relentless focus on improvement, fewer delays and unnecessary processes so that we can provide better care for patients, and greater value for taxpayers. We go into this year with more capacity in hospitals, community services, primary care, ambulance and mental health services, better data flows and new safety reporting systems. It is imperative that we focus on consolidating these assets to make progress on our shared desire to deliver more for patients with the resources we have.

Despite the challenges we face, there are real reasons for optimism. We are already putting in place the building blocks for a better future. The £3.4 billon investment of capital in data and technology – from 2025/26 onwards – announced in the Spring Budget will allow us to roll out technology and digital services to improve access, waiting times and outcomes. Coming less than a year on from the NHS Long Term Workforce Plan, this investment has the promise to be transformational, for both patients and for our staff.

We also have increasingly mature partnerships in operation at ICP, ICB and place level – with an ageing population, and growing numbers of patients with multiple and complex conditions, the NHS and our partners must continue to adapt so that we can help people to live longer, healthier lives.

We cannot do this alone. As set out in the NHS Long Term Workforce Plan, to better meet patients' needs in the future, we will need fit for purpose estates, ongoing investment in social care, and a co-ordinated, ambitious approach to prevention. But we now have a stronger base on which to plan service improvement over the medium term, and we look forward to working with you on this over the coming months.

As has always been the case, progress next year will depend on the continued hard work of NHS staff. We must therefore continue to do everything we can to make the NHS somewhere that people want to join, want to stay part of, and want to give their all for. This guidance sets out some of the things we know can make, and are already making, a big difference to the working lives of our colleagues. But they should be seen as the floor, rather than the ceiling, of our collective ambition to be a better and more responsive employer.

The NHS, in common with advanced healthcare systems across the world, is facing major challenges in recovering services and meeting the growing needs of an ageing population. But this year the NHS has once again shown that it can rise to the challenge, and real improvement is possible even in the toughest of circumstances – so thank you for your continued efforts on behalf of our patients, our staff and taxpayers.

Amanda Pritchard

NHS Chief Executive

Our priorities for 2024/25

The overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standards
- make it easier for people to access community and primary care services, particularly general practice and dentistry
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention and attendance

We expect integrated care boards (ICBs), trusts and primary care providers to work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. We have invested in significant extra capacity over the last three years. With total NHS funding flat in real terms for 2024/25 we now need to consolidate. At the same time, we will lay the ground to improve and transform the health service for the rest of the decade, progressing the Long Term Workforce Plan (LTWP) and investing in technology.

Recovery of our core services

The recovery plans for elective care, urgent and emergency care (UEC), NHS dentistry and access to primary care set out the essential actions for all systems. These include continuing to develop services that shift activity to settings outside acute hospitals using funding from the Better Care Fund (BCF); increasing diagnostic capacity; shifting the balance of outpatient activity towards first appointments or for a procedure; improving the productivity of priority cancer pathways; investing in technology and improvement support

for GP practices; and increasing the use of community pharmacies. System plans should reflect the needs of all age groups, including children and young people (CYP).

NHS IMPACT will support delivery of clinical and operational excellence, helping to develop the leadership and organisational capacity, capability and infrastructure to create the conditions for improvement. It will also deliver a small number of centrally led national programmes to drive adoption and local adaptation of operational processes and clinical pathways that are proven to improve quality and productivity. The focus for 2024/25 will be interventions that improve patient flow.

Our operating framework sets out how NHS England will work to empower and support local systems to deliver on their responsibilities. We will shortly engage with systems on a new oversight framework with the aim of providing further clarity on the role of NHS England and ICBs in oversight and ways of working with providers. During 2024/25, we will continue to support all ICBs in integrating the planning and commissioning of suitable specialised services with their wider population-level commissioning responsibilities, in line with their individual timeline for delegation. All systems are asked to make progress in transforming pathways of care in their priority areas.

Supporting our workforce

Our people are key to the everything we do, and our immediate priority remains improving staff experience, retention and attendance, drawing on best practice and learning from the national retention programme. The evidence is clear that improving staff engagement will help to improve patient outcomes and safety.

We expect employers to implement the new national pregnancy and baby loss people policy framework to establish a minimum expectation of support for staff who unfortunately lose a pregnancy. Further guidance on supporting women experiencing symptoms of the menopause will follow, building on improvements made following previous guidance in 2022.

We will also shortly be setting out changes to be made locally and nationally to improve the working lives of our staff, including junior doctors, by addressing some of the most widely felt frustrations that adversely impact their experience working in the NHS.

The NHS Staff Survey 2023 showed important improvements which organisations are asked to build on further, including embedding the NHS equality, diversity and inclusion (EDI) improvement plan. They also showed that far too many colleagues, particularly women, have been the target of unwanted behaviour of a sexual nature at work. So while we have seen a strong voluntary response to the first-ever NHS sexual safety charter, we

are now asking every organisation to implement the actions it sets out to improve safety at work.

Improving productivity

We all share the desire to deliver more for patients with the resources that we have. A relentless focus on improvement, reducing delays and unnecessary processes will be critical to delivering on the priorities of patients and balancing system finances. Key priorities include reducing temporary staffing spend and removing off-framework agency use; reducing the delay for patients who are still in hospital beyond their discharge ready date; and improving the adoption of and compliance with best value frameworks and contracts. We must also implement more productive and flexible working practices to make the most of the growth in workforce across the NHS in recent years. NHS England will report on productivity and supporting metrics at a national, ICB and trust level starting from the second half of 2024-25.

National NHS objectives for 2024/25

The table below sets out our national objectives for 2024/25. These will be the basis for how we assess the performance of the NHS alongside the local priorities agreed by ICSs.

Area	Objective
Quality and patient safety	• Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	• Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	• Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	• Improve community services waiting times, with a focus on reducing long waits
	• Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	• Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	• Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
	• Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	• Improve patient flow and work towards eliminating inappropriate out of area placements
	• Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)
	• Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery
	• Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025
	• Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025
	• Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	• Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025
	• Increase vaccination uptake for children and young people year on year towards WHO recommended levels
	• Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	• Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
	• Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	• Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	• Deliver a balanced net system financial position for 2024/25
	• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Planning for the future

As we focus on delivering for patients in 2024/25, we also need to plan for, and take steps towards, transforming the way we deliver care, and create stronger foundations for the future.

Improving health and joining up care

Our ambition is to improve health at every stage of life. This reflects the vision set out in most systems' inaugural 5-year joint forward plans (JFPs), and the triple aim of better health outcomes, better experiences for people and better use of resources.

We ask systems to work together to build on their initial JFPs and set out the steps they will take to address the most significant causes of morbidity and premature mortality, and improve the co-ordination of services to reflect the growing prevalence of multi-morbidity, including steps to:

- expand evidenced-based approaches to population health, focusing on a healthy start to life, prevention, self-care and better management of long-term conditions
- join up care closer to home including through integrated neighbourhood teams and place-based arrangements with local authorities and other system partners
- integrate and streamline UEC pathways, with a particular focus on the management of older people with complex needs and frailty
- continue to drive improvements in productivity and operational effectiveness

Systems are asked to take account of the forthcoming government's Major Conditions Strategy.

The NHS Long Term Workforce Plan

The NHS Long Term Workforce Plan sets out how the NHS will train more staff, retain our existing staff and reform the way we work. We ask systems to set out their workforce plans in their JFPs, describing how they will deliver the skill mix required to meet the needs of their population over the next 5 years, demonstrating how the 'one workforce' approach across health and social care is being developed.

Modernising our infrastructure

The NHS needs modern and sustainable infrastructure to deliver high-quality and efficient care and our net zero commitment. We ask systems to work together to develop

infrastructure strategies. We have published guidance and resources for developing these strategies, and we will support systems to do so by the end of July 2024.

Harnessing data, digital and technology

Strong digital foundations are essential for transformation, supporting access, quality and productivity. We ask systems to continue to support the levelling up of provider digital maturity across all sectors, with a focus on deploying and upgrading electronic patient record systems in line with the What Good Looks Like framework.

NHS England will continue to develop the NHS App as the digital front door to the NHS and is rolling the out the Federated Data Platform (FDP). We ask systems to keep connecting services to and championing the use of the NHS App, and to engage with the national FDP team to ensure planned investments are aligned with the FDP.

We will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/6. In support of this, we will improve the measurement and reporting of productivity across all sectors.

Planning assumptions

Funding and financial planning assumptions

NHS England has issued updated revenue allocations for 2024/25. Base growth has been increased by 1.0% to reflect additional pressures since the original 2024/25 allocations were published in January 2023. ICBs will continue to receive Service Development Funding (SDF) allocations to support the delivery of the national objectives set out in this guidance. The SDF for 2024/25 will continue to be bundled into high-level groupings. Further detail is set out in the Revenue finance and contracting guidance for 2024/25.

Baseline ICB capital allocations to 2024/25 have already been published and remain the foundation of capital planning for future years. For 2024/25, the finance incentive element will operate in broadly the same way as the 2023/24 scheme with up to £150m capital available. Further detail is set out in the Capital guidance update 2024/25. Capital allocations will be topped up with a further £150 million nationally, in line with the incentive scheme for providers with a Type 1 A&E department set out in Delivering operational resilience across the NHS this winter.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will continue to be to pay unit prices for activity delivered.

Development of integrated system plans

We ask ICBs and their partner trusts and foundation trusts to work with wider system partners to develop plans to meet the national objectives set out in this guidance and the local priorities agreed by ICSs. To assist them in this, the annex identifies the most critical, evidence-based actions that we ask systems and NHS providers to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

System plans must be triangulated across activity, workforce and finance, and signed off by ICB and partner NHS trust and foundation trust boards. NHS England has separately set out the requirements for plan submission.

We ask ICBs and their partner trusts to work with local authorities and other system partners to further develop their JFPs[1] addressing the priorities set out in this guidance. To provide the opportunity for this, NHS England is setting 30 June 2024[2] as the date for ICBs to publish and share their plan with us, their integrated care partnerships and health and wellbeing boards.

[1] NHS England has published updated guidance to support the refreshing of JFPs.
[2] ICBs and their partner trusts have a duty to prepare a JFP before the start of the financial year.

Annex

This annex sets out the key evidence-based actions that will help deliver the objectives set out above. We ask all systems to develop plans to implement these. To support implementation NHS England will provide an operational update on progress against the recovery plans for elective care, UEC and access to primary care. To assist systems in developing their plans, a summary of other guidance, best practice, toolkits and support available from NHS England is available on FutureNHS.

1. Quality and patient safety

To improve patient outcomes and experience we must continue to maintain our collective focus on the overall quality and safety of our services, based on the approach set out in A shared commitment to quality and The NHS Patient Safety Strategy. This includes applying the Patient Safety Incident Response Framework (PSIRF) in the development and maintenance of patient safety incident response policies and plans.

Key actions in addition to those set out across this guidance are:

- complete the NHS IMPACT self-assessment (ICBs and providers) and use this to create a shared, measurable plan for embedding improvement, systematically using improvement as the approach to deliver key priorities. Specific actions include:
    - supporting board and executive development, focused on adopting and embedding improvement
    - building staff capability, including across system partners where appropriate
    - putting in place the infrastructure (within the provider, or across the system – at neighbourhood, place or ICS level) to support an improvement approach
    - applying best practice in the design and delivery of improvement programmes that include tackling flow, safety, productivity
    - participating in national programmes such as improvement collaboratives and peer learning networks
- ensure each organisation has robust governance and reporting frameworks in place. NHS England will shortly publish The Insightful Board guidance to help boards identify and use the information needed to ensure effective internal reporting to support them in their role
- embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)

- improve the engagement of patients and families in response to incidents
- use the new Learn From Patient Safety Events (LFPSE) service to support learning
- support the uptake of training under the NHS Patient Safety Syllabus, the first system-wide standardised approach to training and education in patient safety across the NHS
- ensure the insight patients bring is embedded by appointing at least 2 patient safety partners to safety-related governance committees

In 2024/25, NHS England will begin implementing Martha's Rule. We will support participating provider sites to devise and agree a standardised approach to all 3 elements of Martha's Rule.

2. Recover our core services

2A. Urgent and emergency care (UEC) and urgent community services

The Delivery plan for recovering UEC services sets out the actions that systems are asked to continue to focus on in 2024/25, to meet the 2 headline ambitions: improving A&E waiting times and improving Category 2 ambulance response times. Systems are also asked to reduce the proportion of waits over 12h in A&E compared to 2023/24. We will operate an incentive scheme for providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering over 80% A&E 4-hour performance by the end of the year[3].

We ask systems to focus on 3 areas:

I. maintaining the capacity expansion delivered through 2023/24

II. increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes

III. continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge

I. With additional funding in 2023/24 made recurrent in 2024/25 we ask systems to:

- maintain acute G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24

[3] NHS England will set out details of the scheme separately.

- improve access to virtual wards by ensuring utilisation is consistently above 80%, with a focus on frailty, acute respiratory infection, heart failure and CYP. This should be done in line with Getting It Right First Time (GIRFT) guidelines and national clinical standards, and supported by remote monitoring technology and rapid access to diagnostics (including point of care testing). Relevant services and partners are asked to work closely together to increase the proportion of virtual ward beds accessed from home (step up virtual wards) and maximise the impact on system flow. This includes directing patients to a virtual ward from emergency departments and same day emergency care (SDEC) following initial assessment where appropriate
- expand bedded and non-bedded intermediate care capacity, through the additional £400 million distributed via the Better Care Fund (BCF),[4] to support improvements in hospital discharge and enable step-up care in the community
- maintain ambulance capacity and support the development of services that reduce ambulance conveyance to acute hospitals where appropriate. This includes increasing clinical assessment of calls in ambulance control centres to ensure the sickest patients are prioritised for ambulances. Patients who do not need a face-to-face response from the ambulance service should be transferred quickly to services more appropriate for their needs, including urgent community response, urgent treatment centres, SDEC and primary care. We ask ambulance trusts to focus on embedding culture improvement alongside the delivery of operational targets, by implementing the recommendations set out in the culture review of ambulance trusts.

II. To improve flow and therefore waiting times and clinical outcomes we ask that you focus on reductions in:

- admitted and non-admitted time in emergency departments, and in particular arranging appropriate services for mental health patients requiring urgent care
- the number of patients who are still in hospital beyond their discharge ready date, as well as the length of delay. Systems are asked to:

[4] Systems are expected to consider the capacity set out in BCF plans as part of wider UEC demand and capacity plans, and consider how this aligns with wider local authority commissioning and planning. An update to the BCF policy framework, BCF planning requirements and technical guidance will set out further information on aligning estimates for capacity and demand for intermediate care across ICB, BCF and local authority plans. ICBs and local authorities are expected to jointly review the use of the £1 billion Discharge Fund against final requirements and allocations. NHS funding (including the additional Adult Social Care Discharge Funding) should be focused on increasing intermediate care capacity to free up G&A beds.

- address process issues and capacity (NHS-only and those at the interface of NHS and social care), including improving the effectiveness and impact of care transfer hubs, working in partnership with local authorities
- implement a discharge to assess (D2A) model where going home (pathways 0 and 1) is the default, with appropriate assessment to take place for people who cannot go straight home (pathways 2 and 3)

- ambulance handover delays
- length of stay in community beds

Systems are asked to maintain clinically-led system co-ordination centres to effectively manage risk, and ensure that all trusts are consistently and accurately recording key metrics including the Discharge Ready Date, SDEC activity in the Emergency Care Data Set (ECDS), and the Ambulance Data Set; and sharing this data centrally to support delivery of new discharge metrics and the wider UEC recovery plan

III. We will continue to consolidate and integrate services that support admission avoidance and hospital discharge, and support ambulance response times, by treating people in the most appropriate setting for their level of need. This includes urgent community response (UCR), virtual wards, acute frailty services, intermediate care and SDEC. We ask systems to:

- Increase referrals to and the capacity of UCR services, whilst still ensuring a timely response, with a particular focus on developing and standardising referrals from 999, 111, clinical assessment services and care homes
- ensure all Type 1 providers have an SDEC services in place at least 12 hours a day, 7 days a week and an acute frailty service in place at least 10 hours a day, 7 days a week
- bring together multidisciplinary teams to create a single point of access to provide an integrated care co-ordination (ICC) service. Where possible ICCs should provide health and social care professionals with access to urgent care services such as UCR, acute respiratory infection hubs and falls services. In some areas, systems may wish to extend this option to include SDEC, acute frailty services or virtual wards. ICCs will support GPs and integrated neighbourhood teams to manage the escalation of patients with urgent and complex needs at home (including care homes), avoiding unnecessary hospital admissions. There should be clear pathways from 111, 999 and other services into each ICC, and ambulance crews should be supported to embed call before convey in local practice. We will publish

further advice and guidance on the key principles of ICCs shortly and share early learning from ongoing evaluation models in spring 2024.

Systems are also asked to:

- continue to make progress on the 10 UEC high impact initiatives which will support delivery of the headline UEC objectives and key actions set out in this guidance. We will evaluate and work with systems to implement the most impactful actions
- ensure that patients with mental health needs and CYP are explicitly included in the plans to recover services. For CYP, this includes paediatric virtual wards, paediatric SDEC and implementation of the standardised Paediatric Early Warning System (PEWS) across inpatient settings. For mental health patients, this includes continued improvement of local crisis mental health pathways, roll out of new specialist mental health response vehicles and integration of 24/7 crisis text lines
- expand coverage of high intensity use services as a cost-effective intervention to both manage A&E demand and address health inequalities

2B. Primary care and community services

Continuing to improve timely access to primary care and community health services is a core part of NHS recovery, and central to delivery of the ambitions set out in the Delivery plan for recovering UEC services and the Delivery plan for recovering access to primary care.

Key actions for systems will continue to focus on:

- empowering patients, including encouraging the use of community pharmacies for lower acuity and common conditions through increasing uptake of the new Pharmacy First service, and expanded blood pressure and oral contraception services, alongside other services within the Community Pharmacy Contractual Framework. ICBs are asked to also continue to support practices to expand patient choice at the point of referral
- implementing Modern General Practice Access, including supporting practices to ensure people can more easily contact their GP practice. We expect all practices to:
  - use high-quality digital tools to enhance digital access, information gathering, navigation, prioritisation and practice allocation of appointments
  - have high-quality cloud-based telephony in place and utilise its functionality, including call-back function

- building capacity, including establishing a full understanding of demand and capacity in primary care

The 2024/25 GP contract changes will support delivery of these priorities and NHS England will publish detailed guidance to support implementation. We ask ICB boards to regularly review progress and act on feedback from patient surveys.

To support recovery of primary care and community services, systems are also asked to:

- develop a comprehensive plan by June 2024 to reduce the overall waiting times for community services, including reducing waits over 52 weeks for children's community services. We will work with ICBs and providers to set a specific ambition and improve data capture
- support the implementation of faster data flows, submitting timely, accurate data to provide a better understanding of long waits
- implement annual sight tests within special day and residential schools and dental checks within special residential schools during 2024/25, following engagement and market testing. Specific funding has been made available to support this

As a step to building integrated neighbourhood teams and to support the integration of primary care and community services, we ask systems to help improve the alignment of relevant community services to the primary care network footprint. The initial focus should be on delivering proactive care to the most complex and vulnerable patients with the aim of reducing avoidable exacerbations of ill-health and improving the quality of care for older people. This includes continuing to deliver proactive support for people living in care homes, in line with the latest enhanced health in care homes guidance.

The plan to recover and reform NHS dentistry sets out actions to make dental services faster, simpler and fairer. For 2024/25 this includes a new patient premium to support dentists to take on new patients, golden hello incentives to encourage dentists into under-served areas and support those practices with the lowest rates of payment for their work, and new dental vans to bring dental care to our most isolated communities.

We ask ICBs to take all necessary steps to support delivery of the recovery plan, continue to identify areas with challenged dental access, and work with local partners to recover activity to pre-pandemic levels, demonstrating a significant improvement in access. We have developed guidance to support local commissioning by ICBs, including on how UDA rates can be addressed locally to support better delivery of dental care for patients.

We will apply a ringfence to NHS dentistry budgets for 2024/25, and collect monthly returns from all ICBs to establish current and planned spend against the ringfenced dental

allocations budget. We will also work with ICBs to identify opportunities to support contractors to deliver additional capacity beyond their existing contractual requirements.

2C. Primary-secondary care interface

Streamlining the patient pathway by improving the interface between primary and secondary care is an important part of recovery and efficiency across healthcare systems. As recommended by the Academy of Medical Royal Colleges, all trusts are expected to deliver on the 4 key areas set out in the access to primary care recovery plan:

- onward referrals
- complete care (fit notes and discharge letters)
- call and recall
- clear points of contact

Every trust should have a designated lead for the primary–secondary care interface and we ask ICB boards to regularly review progress.

2D. Elective care

Industrial action has had a significant impact on elective recovery. All providers and systems must now eliminate 65-week waits by 30 September 2024 (except where patients choose to wait longer or in specific specialties). Recognising that we cannot continue to reduce long waiters while the overall waiting list grows, systems are asked to also focus on reducing the overall list size and improve productivity.

Key actions for systems to support this are:

- make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using GIRFT and moving procedures to the most appropriate settings
- continue to shift the balance of outpatient activity towards clock-stopping, ensuring that the wait to first appointment continues to reduce. To support this, we have introduced a new metric measuring the proportion of all outpatient attendances that are for first or follow-up appointments attracting a procedure tariff (the proportion of activity that is pathway completing). To meet the national ambition of 46% we are asking systems to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%[5].The clinical capacity to deliver this improvement will be released from continuing to implement outpatient

[5] Where this is less than H1 2023/24 performance systems are asked to at least maintain this level

transformation approaches, including patient initiated follow-up (PIFU) and remote monitoring. We will spread and scale the further faster approach to support this, sharing learning and actions in key specialties

- ensure every ICB has an established approach to ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G) to avoid unnecessary referrals and allow patients to receive the appropriate advice or intervention more quickly
- improve patient and list management, including consistent application of the referral to treatment (RTT) rules suite, utilisation of the national access policy and a strong focus on validation, so that at any time at least 90% of patients waiting over 12 weeks are validated
- continue the significant expansion of patient choice at the point of referral, with patients offered a choice of 5 providers where appropriate, actively encouraging access to non-local NHS providers or the independent sector where this can shorten wait times for patients (measured by patient survey). This will be supported by the introduction of capacity alerts in the NHS e-Referral Service (eRS) to facilitate informed choice for patients

Individual system activity targets are the same as those agreed for 2023/24[6], consistent with the national value weighted activity target of 107%. To fully cover the costs of increased activity, the contract default will be to pay for most elective activity delivered (including ordinary, day and outpatient procedures and first appointments but not follow-ups) at unit prices. Within total funding, which is flat in real terms, NHS England will allocate the Elective Recovery Fund (ERF) to ICBs and regional commissioners on a fair shares basis. Further details are set out in the accompanying Revenue finance and contracting guidance and Capital guidance update.

2E. Cancer

In August 2023, alongside announcing changes to cancer waiting times standards that came into effect from 1 October 2023, we stated the intention to shift focus away from the 62-day backlog and towards 62-day performance based on reducing the backlog to manageable levels. Systems need to retain the progress made. We also announced the FDS target rising from 75% to 80% by March 2026. This year systems need to reach 77% as an interim step towards that milestone, ensuring they also reduce month-to-month variation.

[6] Before adjustments to account for the impact of industrial action

Key actions for systems to improve standards and continue recent progress on early diagnosis are:

- improve productivity in priority pathways; lower GI (at least 80% of referrals accompanied by a FIT result), skin (accelerate the adoption of teledermatology) and urological cancers (continued implementation of nurse-led biopsy and implementation of risk-stratification tools in prostate cancer)
- establish, where not already in place, breast pain pathways and unexpected bleeding pathways for women receiving HRT, to effectively manage patients who do not require a full clinical assessment on an urgent suspected cancer pathway
- ensure the transfer of funding responsibility from Cancer Alliances to ICBs for the recurrent commissioning of key services, which will underpin progress on early diagnosis,[7] where this has not already happened
- support the delivery of NHS-wide early diagnosis programmes, including the expansion of targeted lung health checks (TLHC), by ensuring sufficient CT-guided biopsy, endobronchial ultrasound (EBUS) and treatment capacity to diagnose and treat people identified with cancer, and commissioning the required phlebotomy capacity to support implementation of the Multi-Cancer Blood Test Programme in participating areas
- work with Cancer Alliances and providers to implement a regular demand and capacity assessment of systemic anti-cancer therapy services and ensure that, as part of provider multi-year capital plans, they have replacement plans for radiotherapy equipment

As in previous years, the Cancer Alliance planning pack will support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans. Cancer Alliances will receive £266m of place-based SDF funding, as well as targeted funding for specific initiatives such as TLHCs, to support delivery of these actions.

In 2024/25, we will continue to extend the NHS Bowel Cancer Screening Programme to additional cohorts (50 to 52-year olds) and increase MRI capacity for the NHS Very High Risk Breast Screening programme. We will also continue to support the development of the TLHC Programme into a fully operational national screening programme for lung cancer.

[7] This includes non-specific symptom pathways, testing for Lynch syndrome and improved surveillance scanning for those at increased risk of liver cancer.

Key actions for systems are:

- ensure NHS screening programme workforce and diagnostic requirements are included in planning
- work with regions to increase screening colonoscopy capacity, by optimising ways of working across the symptomatic GI and screening services
- work with regions to increase contrast-enhanced MRI capacity for the Very High Risk NHS Breast Screening Programme
- work with the NHS England regions to support initiatives that increase uptake and coverage of NHS screening programmes; use of community diagnostic centres and women's health hubs should be explored

2F. Diagnostics

Timely access to diagnostics is critical to providing responsive, high-quality services and supporting elective recovery and early cancer diagnosis. With most capital investment cases now approved, ICBs are expected to complete the opening of this new capacity to deliver planned additional activity, improve waiting times and support the delivery of targets across elective and cancer care.

The NHS has delivered record diagnostic activity in 2023, supported by the new capacity that systems have installed to date. However, the new elective capacity in community diagnostic centres is being partly offset by an unprecedented increase in unscheduled diagnostic activity in acute trusts. Systems are asked to continue to work towards the elective care recovery plan target of 95% of patients receiving their tests within 6 weeks. We will agree individual improvement trajectories with systems through the planning process.

Key actions for systems are:

- complete the opening of all new and upgraded community diagnostic centres, as well as new acute imaging and endoscopy capacity
- complete the planned digital diagnostics investments including digital pathology, LIMS and MRI acceleration, improving productivity in pathology and imaging networks
- utilise this new capacity to commission a significant expansion in GP direct access, ensuring GPs do not need to refer patients into secondary care because they cannot access core diagnostics directly. This includes direct access to diagnostics for patients with symptoms that may suggest cancer but who do not meet the

threshold for an urgent suspected cancer referral, in line with our guidance, and patients requiring spirometry, fractional exhaled nitric oxide, and the N-terminal pro B-type natriuretic peptide test

- focus wider new capacity on specialties with significant waiting lists, seeking to implement one stop diagnostic testing ahead of first outpatient appointments wherever possible and ensuring a maximum 10-day turnaround time from referral to report for urgent suspected cancer patients

2G. Maternity and neonatal services and women's health

In March 2023 NHS England published a Three year delivery plan for maternity and neonatal services. For 2024/25 and the following 2 years, we ask systems and services to implement the key actions related to the plan's 4 high-level themes and use the success measures to monitor outcomes and progress.

Key actions for systems are:

- make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- reduce inequalities in experience and outcomes for the groups who experience the greatest inequalities (Black, Asian and mixed ethnic groups and those living in the most deprived areas)
- increase fill rates against funded establishment by growing and retaining the maternity and neonatal workforce, and continue to invest in the skills and capacity to provide high-quality care
- agree safe staffing levels for the obstetric workforce in trusts, and support trusts to achieve them through action on recruitment and retention
- ensure all women and families have personalised and safe care, with every woman offered a personalised care plan and being supported to make informed choices
- consistently implement best practice, including the revised National Maternity Early Warning Score (MEWS) and Newborn Early Warning Trigger and Track (NEWTT-2) tools
- continue to develop a positive safety culture, including regular board-level review of the progress of a focused plan to improve and sustain culture

As announced at Spring Budget 2024, a Maternity Safety Package has been agreed for delivery over three years. For 2024/25 and the following two years, systems and services are

asked to support implementation of the package, which includes rollout of the reducing brain injury programme, training an additional 6,000 midwives in neonatal resuscitation, nearly doubling the number of clinical staff receiving specialist training in obstetric medicine, funding 160 new midwife posts over three years, and funding to support the rollout of maternity and neonatal voice partnerships.

ICBs are also asked to work in partnership with local authorities to:

- establish and develop at least one women's health hub in every ICB by the end of December 2024 in the line with the core specification, improving access, experience and quality of care. NHS England will work with ICBs to ensure that at least 75% have a hub in place by July 2024 that meets minimum requirements, including a virtual option.
- support and develop universal services for pregnancy and beyond in family hubs

2H. Mental health

To support delivery of national and local priorities, we expect ICBs to continue to meet the Mental Health Investment Standard. NHS England has allocated funding to grow the workforce and expand services to support delivery of the NHS Long Term Plan mental health commitments, including the additional funding announced in the 2023 Spring Budget and Autumn Statement to expand individual placement and support (IPS) services and support the digitisation and expansion of NHS Talking Therapies.

Nationally, the number of inappropriate out of area placement (OAPs) has been rising since the start of 2022/23, despite strong progress in reducing these in some systems. OAPs are detrimental to patient safety, experience and outcomes. Their significant reduction represents a key opportunity to improve quality and value for money in the mental health sector in 2024/25.

Workforce constraints and increased acuity have impacted delivery of our ambitions for CYP access, perinatal access and dementia diagnosis in 2023/24. In 2024/25 we must focus on recovering performance and improve performance on the existing waiting time standards for CYP Eating Disorder services. This will be supported by an additional £70m of SDF for CYP services, training new CYP staff in critical roles, and a communications and engagement programme to raise the national profile of dementia. Systems are also asked to focus on reducing long waits in CYP and adult UEC and community mental health services and develop local plans to support this, including by improving data quality. We will work with systems to develop an agreed baseline and improvement trajectories for waits over 104 weeks in autumn 2024, based on new metrics reported from April 2024.

Key actions for systems are:

- improve patient flow and reduce average length of stay in adult acute mental health wards, delivering more timely access to local beds. The mental health discharge challenge identified 10 high impact actions to drive improvements in flow and reduce delayed discharge. We ask systems to focus their improvement resources on those initiatives that will drive the biggest improvements locally
- support improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the mental health inpatient commissioning framework by June 2024
- embed digital technology to transform mental health care pathways, provide more personalised and joined-up care, improve clinical productivity, and support improvements in access, waiting times and outcomes. NHS England will work with mental health service providers to ensure Frontline Digitalisation objectives are met, including optimising electronic patient records (EPRs) and increasing digital maturity
- improve timeliness and quality of mental health activity, outcomes and equality data to evidence the expansion and transformation of mental health services, and the impact on population health. This includes improving data flows into the Mental Health Services Data Set (MHSDS) from partner organisations, including primary care and the voluntary, community and social enterprise (VCSE) sector

In addition, we ask systems to:

- review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge
- put systems in place to monitor performance and effectiveness of 111 *2 for mental health NHS crisis line services being rolled out in April 2024, including unanswered calls, wait times and patient feedback by Q2 2024/25
- work closely with ICS partners, including primary care, provider collaboratives and the VCSE sector, to develop and deliver a workforce plan that supports the system's mental health and NHS Long Term Workforce Plan growth ambitions. This includes actions to build supervisory and placement capacity, retain existing staff, and improve productivity
- implement the patient and carers race equality framework (PCREF) by the end of 2024/25, including establishing the governance structure and reporting metrics at

trust level to monitor the access, experience and outcomes of ethnic minority groups and build organisational competencies

2l. People with a learning disability and autistic people

While we have made considerable progress in reducing the learning disability mental health inpatient population, we have seen significant growth in the numbers of autistic people in a mental health inpatient setting. We must therefore continue to focus on making sure that people with a learning disability and autistic people are admitted into a mental health inpatient setting only for the purpose of care and treatment of mental health conditions, and that they receive the right model of care and support in this setting.

Key actions for systems are:

- reduce admissions of autistic people into mental health inpatient care and increase discharges into community settings so that the overall number of autistic people in hospital is lower
- continue to discharge people with a learning disability with the longest lengths of stay into community settings and continue to make progress on reducing the number of people with a learning disability in hospital
- ensure that each learning disability annual health check is accompanied by a health action plan

Other key actions are:

- develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance (using the 2022/23 workforce baseline exercise to inform plans)
- ensure training for staff includes training in learning disability and autism, appropriate to their role, in accordance with the requirements of the Oliver McGowan Code of Practice,[8] and support delivery and uptake of wider learning disability and autism workforce initiatives such as the National Autism Trainer Programme
- improve autism diagnostic assessment pathways through implementation of the national framework

[8] The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training developed for this purpose and is DHSC's and NHS England's preferred and recommended training for health and social care staff.

- continue to improve the accuracy and increase the size of GP learning disability registers
- support delivery and use of the reasonable adjustment digital flag to reduce the health inequalities of people with a learning disability and autistic people

3. Transform the way we deliver care and create stronger foundations for the future

3A. Embedding measures to improve health and reduce inequalities

Vaccination, immunisation and screening

Vaccination saves lives and protects communities. Through the implementation of the national vaccination strategy we will continue to work with regions and local systems to build on the successes of the COVID-19 Vaccination Programme as well as our established routine and seasonal immunisation programmes.

Key actions for systems are:

- continue to work with NHS England to:
  - implement local MMR vaccination improvement plans to increase uptake in unvaccinated cohorts through national call/recall and expansion of alternative operational delivery models that increase access to vaccination
  - establish collaborative working arrangements for vaccination commissioning for 2024/25, ensuring ICBs are fully engaged in preparation for delegation of functions in April 2025
- put plans in place to:
  - maximise uptake of childhood vaccinations and flu vaccinations for CYP, achieving the national KPIs in the Section 7a public health functions agreement, including reducing inequalities
  - deliver any other vaccination programmes required by DHSC as informed by advice or recommendation from the Joint Committee on Vaccination and Immunisation (JCVI)

Systems are also asked to work with NHS England to support initiatives to increase uptake and coverage of NHS screening programmes, including by exploring the use of community diagnostic centres and women's health hubs.

Key actions for systems are:

- implement the updated NHS Fetal Anomaly Screening Programme (FASP) clinical guidance
- support the evaluation and implementation of newborn screening for severe combined immunodeficiency (SCID) as part of the Newborn Blood Spot Screening Programme
- implement optical coherence tomography (OCT) as part of the NHS Diabetic Eye Screening Programme, to reduce unnecessary referrals to hospital eye services and improve the quality of the screening service
- support the development and improvement of Child Health Information Services (CHIS) IT systems

Prevention of ill-health and tackling health inequalities

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality, and the £200m of additional funding allocated for health inequalities was made recurrent in 2023/24. ICBs are expected to demonstrate how they are using this funding to target areas of highest need and premature morbidity and mortality in line with the Core20PLUS5 approach and in collaboration with primary care and VCSE colleagues.

Key actions for systems are:

- update plans for the prevention of ill-health and incorporate them in JFPs, with a particular focus on improving outcomes for the Core20PLUS5 populations and NHS England's high impact interventions for secondary prevention, developed jointly with the DHSC's Office for Health Improvement and Disparities and The National Institute for Health and Care Excellence (NICE). Plans should include a focus on:
  - continuing to provide a suite of lifestyle programmes and behavioural interventions to address inequalities in cardiovascular disease (CVD) prevention; smoking and alcohol cessation; diabetes prevention; weight management; and diabetes remission, with improved participation rates in the most deprived quintiles of the population
  - supporting people to stop smoking, including through implementing opt-out treatment for patients in hospital and as part of maternity pathways

  - collaborating with local authorities and family hubs to support the Healthy Child Programme framework and stronger parent–infant relationships

- Continue to deliver against the 5 strategic priorities for tackling health inequalities and, by the end of June 2024, publish joined-up action plans to address health inequalities and implement the Core20PLUS5 approach. These plans should:
  - address long-term conditions with a particular focus on secondary prevention actions as set out in the Core20PLUS5 approach
  - build on NHS recovery plans for elective care, UEC and primary care
  - take actions to address inequalities facing CYP and reflect the Core20PLUS5 approach to reducing health inequalities for CYP in plans
  - meet the needs of inclusion health groups through implementation of the inclusion health framework and mitigate against digital exclusion, including by implementing the framework for NHS action on digital inclusion
  - increase the capacity and capability of the workforce to understand their role in reducing healthcare and wider inequalities

Systems are also asked to sustain efforts to combat antimicrobial resistance (AMR) in line with the UK 20-year vision for effective containment, control and mitigation of AMR, particularly with regard to reducing the proportion of antibiotics used from the World Health Organization watch and reserve categories. We expect government to update the 2019 to 2024 UK action plan in due course.

3B. Supporting our workforce

Our collective focus should be supporting our current staff and those in education and training, to improve staff experience, retention and attendance. Evidence shows higher engagement among staff who feel supported, and that this improves productivity, patient outcomes and safety.

Key actions are:

- implement the set of actions and best practice made available through the retention hub, including from the People Promise Exemplars. Employers are asked to:
  - undertake the retention self-assessment tool
  - implement the 5 High Impact Actions for all staff
  - use Model Health System Retention Compartment to benchmark and learn
  - engage in the national People Promise Communities of Practice.

- provide work schedules in advance, with compassionate on-call rostering and leave request management so that doctors are not asked to work shifts that clash with major life events. NHS England will review the lead employer model with a view to wider rollout, and review and strengthen the role of guardians of safe working
- align with the latest Core Skills Training Framework by the end of June 2024 and implement the free eLearning for Healthcare packages and shorter e-assessments by end of October 2024
- implement the growing occupational health and wellbeing strategy and the improving attendance toolkit to improve sickness absence
- embed the 6 high impact actions in the NHS equality, diversity and inclusion (EDI) improvement plan to improve performance against the metrics described in this plan
- commit to the 10 principles and actions of the sexual safety charter and act on the feedback to the NHS Staff Survey
- fully implement the Fit and Proper Person Test framework and guidance including adoption of the leadership competency framework for board members

System workforce numbers must be aligned to service priorities and the financial resources available. Providers are expected to be able to demonstrate robust establishment control measures and to review any significant change with their ICB. We expect to see a significant reduction in temporary staffing costs.

In June 2023, NHS England published the first NHS Long Term Workforce Plan, which sets out how the NHS will address the workforce challenges in meeting healthcare demand from a growing and ageing population over the next 15 years.

Key actions for systems, working with higher education institutions and placement providers, to support growth in the longer term are:

- deliver their share of the agreed increase in education places in 2024/25 for nursing associates, advanced clinical practitioners and physician associates. This includes ensuring sufficient, high-quality clinical placement and educator/training capacity
- complete the clinical expansion planning process and agree plans by clinical profession with NHS England to ensure alignment with system strategies and NHS Long Term Workforce Plan ambitions
- work with NHS England to plan for the necessary workforce expansion in every system from 2025, and utilise the education tariff to implement the Educator Workforce Strategy

3C. Digital and data

Systems are asked to continue to deliver on the commitments set out in the strategic plans for the digitisation of services to support integration and service transformation: A plan for digital health and social care and Data Saves Lives (see also: Data Saves Lives – one year on).

Key actions for systems are:

- level up the digital maturity of provider organisations, across all sectors. NHS trusts and foundation trusts with a completed outline business case should aim to have deployed their electronic health record system by March 2025
- use the latest What Good Looks Like digital maturity assessment to ensure plans are improving adherence to standards for well led – digital leadership, and will deliver a smart foundation for basic digital infrastructure
- support both national and regional activity within the NHS Research Secure Data Environment Network, actively enabling the secure availability of linked, research-ready data. Systems should leverage nationally co-ordinated investment in the Sub-National Secure Data Environment teams as the default route through which access to data for research purposes is granted
- support and prioritise the implementation of the Federated Data Platform (FDP) to support elective recovery, care co-ordination (including optimising discharge), population health management and vaccination programmes. We plan to roll out the FDP to at least 70 organisations in 2024/25, and those looking to optimise scheduling processes for theatres, waiting list validation and discharge are invited to come forward. Systems are asked to work with the national FDP team to align their data architecture and consider the potential of the FDP in planning investments. Licences and the deployment of the core platform will be funded by the FDP programme
- continue to connect services to and champion use of the NHS App and website as the digital front door to the NHS, to help people get and stay well and manage their own health, and maximise adoption of the patient engagement portal services
- continuously improve core enterprise IT suites to remove the constraints of legacy technology

We will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/6.

We expect ICBs to have a system-wide plan for maintaining robust cyber security, including development of centralised capabilities to provide support across all organisations.

3D. Use of resources

We expect ICBs and providers to work together to develop impact assured plans that meet the minimum 2.2% efficiency target and raise productivity to levels that will deliver on the objectives set out in this guidance within allocated resources. Plans should fully triangulate across activity, workforce and finance.

Actions for systems include:

- improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance
- improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25
- release efficiency savings through reducing variation, optimising medicines value and improving the adoption of and compliance with best value frameworks

ICBs are expected to work with acute trusts to complete a full analysis of current productivity compared to that in 2019/20 and put in place improvement plans. We expect all acute trusts to recover productivity towards pre-pandemic levels (adjusted for structural factors, case mix changes and uncaptured activity) and make use of national guidance, best practice and toolkits.

NHS England will share core productivity and efficiency metrics with benchmarked opportunities, initially for all acute providers but with the intention to expand this to primary, community and mental health services. This will increase transparency and help providers and systems compare their performance with relevant peers to identify their biggest productivity and efficiency opportunities. The core metrics will include measures of overall productivity at trust level, measures of operational and clinical productivity (for example, no criteria to reside rate, capped theatre utilisation, diagnostic utilisation rate and turnaround time), workforce productivity (for example, outpatient appointments per consultant, care hours per patient day, bank and agency spend as a proportion of pay costs), and efficiency metrics (for example, national medicines optimisation opportunity delivery). The initial set of draft metrics will be tested and further developed with systems and acute trusts.

Key actions for systems include:

Operational and clinical productivity:

- deliver the key actions set out in the service-specific sections of this annex to improve whole system flow, transform elective care, and improve productivity in priority cancer pathways and diagnostics
- implement best practice service models in community services to improve patient outcomes and secure better value, implementing evidence-based service changes (for example, preventing and improving the care of leg ulcers)
- leverage opportunities such as digital therapy to provide more high-quality care within existing capacity in mental health services
- reduce low value interventions in line with evidence-based interventions guidelines

Workforce productivity:

- conduct a robust workforce establishment review and develop an action plan to improve workforce productivity. Plans should include a reconciliation of staff increases since 2019/20, identifying the rationale for increases based on outcomes, safety, quality or new service models. All acute providers are asked to use the national diagnostic tool we have developed to inform the development of their 2024/25 plans
- adopt best practice workforce deployment processes and tools, including e-rostering and e-job planning, and improve meaningful use standards attainment by a minimum of one level through regular reviews and robust governance
- reduce temporary staffing costs and increased use of collaborative temporary staffing approaches across systems. The NHS reserve contingent staffing model should continue to be embedded as part of wider system resilience approaches
- improve agency price cap compliance and eliminate off-framework agency use (where this exceeds national framework rates). By July 2024, trusts are expected to end the use of all off-framework agencies, and in the intervening period all off-framework use must be signed off at chief executive level or through a designated deputy. We ask ICBs to support trusts to deliver this requirement and put in place governance arrangements for assuring plans and monitoring delivery
- collaborate and share data on agency pay rates to improve agency price cap compliance and effective bank use, making use of the supporting toolkits.

Efficiency savings:

- optimise all-age continuing care placement pricing by reducing unwarranted variation through standardised complex care specification(s), improved sharing of placement data and integrated 'at scale' commissioning practices
- optimise medicine value through:
  - monthly review of prescribing trend data and action plans through trust and ICB medicines optimisation governance structures
  - increasing adoption of new generics and biosimilars for priority molecules to a minimum of 80% within 6–12 months
  - delivering against at least 5 of the national medicines optimisation opportunities alongside locally identified priorities. For example, as a minimum 80% of prescribing of blood glucose and ketone meters, testing strips and lancets should be in line with national commissioning guidance
- make full use of published benchmarking data and improvement tools to reduce the cost of running corporate services per £100m turnover, including through standardisation, consolidation, collaboration and digitisation at scale
- optimise energy value by channelling demand through a new national contract developed with Crown Commercial Services (CCS). We will expect all trusts to procure energy through this route going forward, with CCS providing Energy Bureau services
- drive procurement and commercial efficiencies and value by working to accepted operating models and commercial standards, making full use of the consolidated supplier frameworks agreed through NHS Supply Chain and procuring from frameworks operated by an accredited framework host (where goods, services and works are available via that route). NHS England has published the Host Accredited Framework List

3E. System working

Systems across the country are making solid progress in considering the best model of delivery to respond to their JFP. Each system is developing its approach to building the components of system working: integrated neighbourhood teams, development of place-based partnerships, provider collaboratives and changes to commissioning and planning.

Key actions for systems are:

- continue to develop core population health management capabilities including risk stratification and using joined-up data between primary and secondary care to support the implementation of the proactive care framework
- continue to develop local system architecture to support the delivery of JFPs. We will work with ICBs to ensure that each system has a plan that shows over 3 years how:
  - primary care and community organisations will work to shape integrated neighbourhood teams
  - place-based partnerships will develop. It is particularly important that NHS leaders work through their health and wellbeing boards and integrated care partnership arrangements to ensure the wider public sector and non-statutory partners are included in these arrangements
  - provider collaborative arrangements will work. We expect all NHS trusts and their boards to be working in at least one collaborative, and that these collaboratives will have a focus on fully realising the benefits of scale (including greater resilience, efficiency and reductions in unwarranted variation) as well as transforming services for the future

NHS England will support ICBs to describe how they plan to strategically commission and resource these arrangements with their partners. This should include an explicit development plan to work with the VCSE sector to drive the transformation.