

2024/25 priorities and operational planning guidance

On 27 March, NHS England (NHSE) published the [2024/25 priorities and operational planning guidance](#). In line with the 2023/24 guidance, the most immediate priority continues to be the recovery of core services and productivity following the pandemic, while making further improvements to access, quality and safety. The long-term ambition remains to transform the NHS to be fit for the future and to improve population health more broadly.

This briefing highlights the key points from the guidance document and includes NHS Providers' view.

2024/25 national priorities

The 2024/25 planning guidance reiterates the overall priority remains to be the recovery of core services and productivity, following the disruption caused by the pandemic. The key priorities are:

- Maintaining the collective focus on the **quality and safety of services** – with specific reference to maternity and neonatal services.
- An **improvement to ambulance response and accident and emergency (A&E) waiting times**.
- A **reduction in waits of over 65 weeks for elective care** and an improvement in **core cancer and diagnostic standards**.
- Improving **access to community and primary care services**, including dentistry.
- Improving **access to mental health services** for patients across all age groups.
- Improving **staff experience, retention and attendance**.
- Integrated care boards (ICBs), trusts and primary care providers to work together to **plan and deliver a balanced net system financial position**.

The guidance emphasises that, having increased capacity in recent years, the service must now “consolidate”, given the flat real terms financial settlement for 2024/25.

Planning for the future

The guidance also sets out a number of key areas where systems are asked to develop longer-term plans to meet the demands of the future:

- **Improving health and joining up care** – systems are asked to update their five-year joint forward plans (JFPs) by June 2024 and set out the steps they will take to better join up care and address the causes of morbidity and premature mortality.
- **Growing the workforce** – systems are asked to include workforce plans in their JFPs, outlining their staff and skill requirements to meet the needs of their populations.
- **Modernising infrastructure** – systems are asked to develop long term infrastructure strategies to underpin their JFPs, outlining a shared view of priorities for estates and capital investment. [Guidance on developing a 10-year infrastructure strategy](#) has also been published.
- **Harnessing data, digital and technology** – systems are asked to support improving provider digital maturity across all sectors, with a focus on deploying and upgrading electronic patient records and the use of the NHS App.

Funding and finances

NHSE published [two-year revenue allocations](#) for 2023/24 and 2024/25 in January 2023. The 2024/25 planning guidance confirms that [NHS England has updated revenue allocations](#) with a further 1% increase in baseline allocations to factor in additional pressures.

Capital allocations for 2024/25 [have already been published](#), with the financial incentive element operating in the broadly the same way as 2023/24 with up to £150m capital available. Supplementary guidance for 2024/25 is included in the [capital update for 2024/25](#). Capital allocations will be topped up by a further £150m nationally, in line with the incentive scheme for providers with a type 1 A&E department as announced in [a letter to trust and system leaders](#) last year.

The guidance confirms that the 2024/25 payment system will continue with the activity-based payment model for planned elective activity. Activity targets will be agreed through the planning process and we expect the revenue finance and contracting guidance for 2024/25 to set out further information. Further detail is available in the [revenue finance and contracting guidance for 24/25](#).

Integrated care boards (ICBs) and providers are expected to work together to meet the minimum 2.2% efficiency target and raise productivity levels. Systems are expected to:

- **Improve operational and clinical productivity** and make best use of the opportunities provided by Getting It Right First Time (GIRFT), the Model Health System and other benchmarking and best practice guidance.
- **Improve workforce productivity and reduce agency spend as a percentage of the total pay bill.**
- **Release efficiency savings** through reducing variation, optimising medicines value and complying with best value frameworks.

Systems are also asked to develop action plans to improve workforce productivity, identifying the rationale for increases in staffing since 2019/20, based on outcomes, safety, quality, or new service models.

Quality and patient safety

The guidance restates the need for trusts and systems to maintain a focus on the quality and safety of all services provided, with a requirement to apply the Patient Safety Incident Response Framework (PSIRF) to all patient safety incident response policies and plans. Additionally, trusts and systems are expected to:

- Complete the NHS Impact self-assessment to create and embed a shared and measurable improvement approach to delivery.
- Ensure a robust governance and reporting framework is in place drawing on the forthcoming The Insightful Board guidance.
- Embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision making.
- Improve the engagement of patients and families in incident responses.
- Use the Learn from Patient Safety Events (LFPSE) service to support learning.
- Support the uptake of training under the NHS Patient Safety Syllabus
- Appoint at least two patient safety partners to safety-related governance committees.

The guidance says NHSE will begin implementing **Martha's Rule over 2024/25**. NHSE have invited expressions of interest to participate in the first phase of the programme, and participating provider sites will be supported with a standardised approach to all three elements of Martha's Rule.

Recovering core services and productivity

Urgent and emergency care (UEC) and urgent community services

The guidance restates the focus on delivering the urgent and emergency care (UEC) recovery plan, focused on improving A&E waits and category 2 ambulance response times. This includes an ask that **a minimum of 78% of patients are seen in A&E within 4 hours** in March 2025.

NHSE will also operate an incentive scheme (with details to be set out separately), rewarding providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering 80% against the four-hour target by the end of 2024/25.

Systems are asked to:

1. Maintain expanded capacity

- a. Maintaining acute G&A beds at 2023/24 levels.
- b. Ensure utilisation of virtual ward beds is consistently above 80%.
- c. Expand intermediate care capacity.
- d. Maintain ambulance service capacity and support reducing ambulance conveyance to acute hospitals.

2. Improve productivity, efficiency and clinical outcomes to maintain or improve length of stay.

Achieved through reducing admitted and non-admitted time in emergency departments, reducing the length of stay for patients medically fit to be discharged, reducing ambulance handover delays, and using more community beds to improve hospital flow.

3. Continue to develop services that shift activity from hospitals to more clinically appropriate settings.

The guidance aims to increase referrals to urgent community response services (with an increase to their capacity). Type 1 providers have a same day emergency care service in place for 12 hours a day, 7 days a week, and an acute frailty service in place for 10 hours a day, 7 days a week.

Primary care and community services

The guidance calls for increased use of community pharmacies for lower acuity and common conditions through the new Pharmacy First service, and on improving access to GP services through the use of digital tools and cloud-based telephony. Systems are asked to develop a full understanding of demand and capacity in primary care across their local populations. They are also asked to:

- Develop **plans to reduce waiting times** for community services, including waits of over 52 weeks for children's community services, by June 2024.
- Support the adoption of **faster data flows** to help improve the understanding of care backlogs.

- Implement **annual sight and dental checks for special day and residential schools** during 2024/25 – specific funding will be made available for this.

Trusts should **appoint a designated lead for the primary-secondary care interface**, responsible for tackling the four key areas set out in the primary care recovery plan.

Systems will also be expected to implement the actions set out in the plan to **recover and reform NHS dentistry**. NHSE will ringfence NHS dentistry budgets for 2024/25 and will monitor ICBs' current and planned spend.

Elective care

NHSE recognises the impact that industrial action has had on the ability to deliver the elective recovery plan. The immediate priority is to eliminate 65-week waits by 30 September 2024, with systems also asked to reduce the overall size of the waiting list and improve productivity. Key actions include:

- **Increasing productivity** by making improvements towards the **85% day case and 85% theatre utilisation expectations, using GIRFT**, and moving procedures to the most appropriate settings.
- **Ensuring robust procedures are in place to avoid unnecessary referrals to secondary care.**
- **Significantly expanding patient choice at the point of referral** by actively encouraging access to non-local NHS providers or the independent sector where this can shorten waiting times.
- **Continuing to reduce waits for first outpatient appointments**, including through bringing in a metric, measuring the proportion of outpatient attendances that are first or follow up appointments against a nation ambition of 46%.
- **Improving patient and list management** including via a strong focus on validation – with an expectation that 90% of patients waiting over 12 weeks are validated.

The contract default for elective activity will continue to pay unit prices for actual activity delivered. NHS England will allocate £3.2bn of elective recovery funding to ICBs on a fair shares basis.

Cancer and diagnostics

The national objectives for 2024/25 focus on reducing cancer waiting times and supporting faster diagnosis, including:

1. Improving performance against the 62-day standard to 70% by March 2025.

2. Improving performance against the 28-day Faster Diagnosis Standard to 77% by March 2025.
3. Increasing the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
4. Increasing the percentage of patients receiving a diagnostic test within 6 weeks towards the target of 95% by March 2025.

To achieve those aims, systems are expected to:

- **Improve productivity in priority pathways** for lower GI, skin and urological cancers.
- **Establish breast pain pathways and unexpected bleeding pathways for women receiving HRT**
- **Support the delivery of key early diagnosis programmes**, including the expansion of targeted lung health checks and an extension of the NHS bowel cancer screening programme.
- **Prioritise the opening and maximisation of new capacity of community diagnostic centres (CDCs).**
- **Complete the planned digital diagnostics investments** to improve productivity in pathology and imaging networks.
- **Commission a significant expansion in GP direct access** to ensure GPs can refer patients to core diagnostics directly.

Maternity, neonatal services and women's health

Alongside making progress towards the national safety ambition in reducing stillbirth and improving mortality rates, systems and services will be required to improve the personalisation of care, reduce inequalities in experience and outcomes, and grow and retain the maternity and neonatal workforce.

Systems and services are asked to support the delivery of a Maternity Safety Package, which was [announced in the Spring Budget](#).

ICBs have also been asked to work with local authorities to establish and develop at least one women's health hub in every system by the end of December 2024.

Mental health, learning disability and autism

Over 2024/25, systems are expected to meet the Mental Health Investment Standard. Additional funding, announced last year, has been allocated to grow the workforce and expand services to support delivery of the NHS Long Term Plan mental health commitments. The reduction of out of area placements is highlighted as a key opportunity to improve quality and value for money.

An additional £70m of service development funding will be used to support children and young people's (CYP) services, including eating disorder services, and dementia services. Systems are also asked to focus on reducing long waits in CYP, adult UEC and community mental health services. NHS England will work with systems to develop baselines and improvement trajectories for waits over 104 weeks in autumn 2024.

Other key actions for systems include: improving flow and lengths of stay in adult acute wards; supporting improvements in quality and safety of all-age inpatient care; embedding digital technology; and improving the timeliness and quality of data. Systems are also asked to develop and deliver a mental health workforce plan and implement the [patient and carers race equality framework](#) by the end of 2024/25.

Systems must also focus on improving autism diagnostic assessment pathways, reduce the number of people with a learning disability and autistic people in mental health inpatient settings, and ensure health action plans accompany annual health checks. They are also asked to develop learning disability and autism workforce plans and ensure staff training in learning disability and autism.

Transforming the way we deliver care and create stronger foundations for the future

Prevention and health inequalities

The guidance reiterates that systems' allocations include an adjustment to weight resources to areas with higher avoidable mortality, and that £200m allocated specifically to address health inequalities was made recurrent in 2023/24. Systems are asked to demonstrate how they are using this funding to target the areas of highest need in line with the CORE20PLUS5 approach (for both [adults and children and young people](#)). Systems are also asked to publish joined up action plans by the end of June 2024 to address health inequalities, outlining their delivery plans against the [five strategic priorities for health inequalities](#) and Core20PLUS5. The joined up plans should also consider NHSE's [inclusion health framework](#), [digital inclusion framework](#), and increasing understanding of health inequalities among the workforce. As part of the plans, there should be 100% coverage of high intensity use services by December 2024.

Systems are advised to update plans for the prevention of ill-health and incorporate these into their Joint Forward Plans. This should focus on:

- Providing a suite of lifestyle programmes and behavioural interventions to address inequalities in cardiovascular disease prevention; smoking and alcohol cessation; diabetes prevention and remission; and weight management.
- **Supporting people to stop smoking** through opt-out treatments for patients in hospital and as part of maternity pathways;
- **Maximise vaccination uptake** and increase uptake and coverage of NHS screening programmes.
- **Collaborate with local authorities and family hubs to support the Healthy Child Programme** framework and stronger parent-infant relationships.

Workforce

Systems are asked to improve retention and staff attendance by ensuring that plans embed a focus across all elements of the NHS People Promise, as well as implementing the actions set out in the [retention hub](#) and aligning with the latest [Core Skills Training Framework](#) by the end of June 2024.

Systems should implement actions focused on retention, including those in the [Growing Occupational Health and Wellbeing Strategy](#). Systems must also embed the six high impact actions as stipulated in the NHS equality, diversity and inclusion improvement plan, and the 10 principles and actions from the [sexual safety charter](#).

NHSE also expects systems to support workforce growth in line with the Long Term Workforce Plan by: delivering their share of increased education places for new roles, and work with NHSE to plan for the necessary workforce expansion. Systems must also develop multi-professional education and training investment plans, aligned with JFPs.

For the first time, the planning guidance explicitly asks for a “significant reduction in temporary staffing costs” and a “reconciliation of staff increases since 2019/20”. In previous years, planning guidance comment on workforce growth has focussed on productivity improvements expected as a result of any growth.

Digital

- Providers should aim to have deployed their electronic health record system by March 2025;
- Support and prioritise the implementation of the Federated Data Platform – this is due to be rolled out across 70 organisations in 2024/25.
- Continue to connect services to the NHS App.

- Improve core enterprise IT suites to remove the barriers created by legacy technology.

System working

The planning guidance recognises the work systems have undertaken to consider the best model of delivery to implement their JFPs, including integrated neighbourhood teams, place partnerships, and provider collaboratives.

Systems are asked to develop their population health management capabilities via using joined up primary and secondary care data, to support proactive care. NHSE will work with ICBs to ensure that systems develop plans that will demonstrate how new models of delivery will work over the next three years.

NHS Providers view

Trusts' ability to plan with their ICBs has been impacted by the three-month delay to this year's planning guidance, caused by the impact of ongoing, unresolved industrial action and the NHS coming under increasing political and financial scrutiny. The effects of this delay will likely be felt in the months to come, for example impacting planning cycles later in the year.

Last year we welcomed the streamlined approach to the planning guidance, with fewer priorities and more local determination on how priorities should be met: we note that this year's document is more prescriptive, particularly around elective recovery. The renewed recognition and prioritisation this year of quality and safety is welcome, as is the discussion of making the NHS' workforce, digital technology and physical infrastructure fit for the future.

We welcome the tone NHSE has struck in setting this year's priorities – in particular the acknowledgement of trusts' and systems' achievements in extremely challenging circumstances. Trusts will share Amanda Pritchard's view that many of the targets in the guidance are below what we would collectively like to deliver. At the same time, they will view these targets as stretching for the year ahead: for example, reducing agency spend has been a shared goal for some years but has been difficult to achieve in a context of staff shortages, operational pressures, and ongoing industrial action. Likewise, recovery of core operational standards has been extremely difficult in 2023/24 and is likely to continue to be in 2024/25.

We appreciate that NHSE has done what it can to communicate key elements in the guidance – particularly financial assumptions – with systems in advance of today's publication. For example key

themes around operational performance, productivity, financial balance, and quality and safety and are already high priorities for trusts and their system partners.

Trust leaders are keen to improve and recover services in the year ahead: this will be a joint effort, as many of the key performance asks will require cross-system action to bring about improvements. Systems will continue to struggle to improve operational performance and meet the needs of some of the most vulnerable members of their populations as long as the difficulties facing the social care sector remain unaddressed.

Regarding the focus on productivity, it is now vital that this is understood as a whole-system issue, and that a real step change would require further investment in technology and facilities. It will be important to ensure that scrutiny around productivity does not focus disproportionately on acute performance: the contribution of community, mental health and ambulance trusts to productivity both within their own organisations and across the NHS needs to be understood and acknowledged. Similarly it must be borne in mind that the revised A&E performance target depends on the contributions of the whole system, including social care.

Our press release can be found [here](#).