

NHS secondary care: an overview

There are 209 NHS trusts and foundation trusts in England providing care for 57 million people, employing 1.5 million staff, with a combined turnover of £124 billion. This explainer details the size and structure of NHS trusts and foundation trusts, their performance and activity, and how they are perceived by the public and their regulators.

NHS Providers is the only membership organisation solely dedicated to supporting NHS foundation trusts and trusts. We occupy a distinctive place in the health sector and have 100% of England's ambulance, acute, mental health, community and integrated trusts and foundation trusts in voluntary membership.

NHS services can be divided into primary care, secondary care, and tertiary care. Primary care is often the first point of contact for people in need of healthcare, usually provided by professionals such as GPs, dentists and pharmacists.

Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture. Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services.

The 209 NHS trusts and foundation trusts in England can be broadly categorised by the type of care they provide:

- Acute trusts provide short-term hospital-based or emergency health services. There are 71 acute trusts in England and a further 15 acute specialist trusts, which focus on age, sex, clinical specialisms, or diseases or conditions.
- Ambulance trusts provide emergency access to healthcare. There are 10 ambulance trusts in England, each covering a specific region.
- Community trusts provide community services to NHS patients. In England, there are 14 community trusts mainly delivering care in people's homes (including care homes) along with community hospitals, intermediate care facilities, clinics and schools.
- Mental health trusts provide inpatient or community-based mental health services. There are 20 of these trusts in England.

- Many trusts also provide services for more than one of the four categories above. For example, there are 48 combined acute and community trusts, and 30 combined mental health and community trusts. There is one acute and ambulance trust in the Isle of Wight.

NHS finances

Government data show that in 2022/23, the most recent data available, acute services such as elective care, outpatient care, and A&E accounted for three quarters of spending by NHS trusts and foundation trusts, equivalent to £89.5bn. The remainder was spent on mental health (£17.3bn), specialist (£4.7bn), community (£3.8bn) and ambulance services (£3.7bn). This distribution occurs as acute services are more expensive to deliver than non-acute services. For example, acute trusts will often deliver the most high-cost treatments such as surgery and cancer treatment, and have the most expensive equipment, estates and facilities to maintain. It is not certain what the ideal balance across services should be. However, trust leaders frequently voice concern that the current level of spend on mental health, community and ambulance services is not enough to meet the levels of demand they currently face.

Over the past five years there has been growing recognition of the need to invest in NHS infrastructure, which will see the DHSC's capital budget rise from £5bn in 2014/15 to a planned £11.7bn in 2024/25. The New Hospital Programme (NHP) is a government scheme introduced in 2019 that has promised 40 new hospitals in England by 2030. Despite some progress, uncertainty over funding and shifting timetables risk delays to delivering the NHP. More than 100 trusts applied to join the NHP, which is indicative of the scale of underinvestment across the NHS estate: there is currently an £11.6bn backlog of essential repairs. Our five shared commitments explain that by investing in eliminating the maintenance backlog and the systematic renewal of our facilities, technology and estates, NHS trusts will be able to improve the quality and safety of patient care and deliver even greater value for money.

Regulation of the NHS

The main regulatory bodies overseeing the day-to-day operation of NHS trusts and foundation trusts are the Care Quality Commission (CQC) and NHS England (NHSE).

- CQC is responsible for the registration, inspection and monitoring of health and adult social care providers, including independent providers. CQC's role is to set out what good and outstanding care looks like, and to make sure services meet fundamental standards below which care must never fall. There are four ratings which CQC give trusts: outstanding, good, requires improvement

and inadequate. Currently out of 209 NHS trusts and foundation trusts: 11% are rated outstanding, 48% are rated good, 39% are rated requires improvement, and 1% are rated inadequate.

- Under the [Health and Care Act 2022](#) NHS England was given statutory responsibilities for regulation, oversight and improvement support for trusts. NHSE's oversight and performance management is primarily exercised through the [NHS oversight framework](#), which applies equally to providers and integrated care boards (ICBs). Under this framework, trusts and ICBs are allocated to one of four 'segments': segment one (maximum autonomy; 14% of trusts at present), segment two (the default segment to which trusts and ICBs are allocated and can be offered targeted support; 40% of trusts), segment three (receiving mandated support for significant concerns; 37% of trusts), and segment four (recovery support programme; 10% of trusts).

Trusts are key partners in integrated care systems

Some trusts are known as foundation trusts. NHS foundation trusts were first set up in 2004, with the intention of enabling greater autonomy from central government, more localised governance and accountability structures, and increased financial flexibility. Due to changes to NHS funding and government policy over many years, it is now increasingly difficult to describe a clear distinction between foundation trusts and NHS trusts in terms of their autonomy or the role they play in the wider health and care system.

In the last 10 years, there has been a shift towards partnerships that bring together providers and commissioners of NHS services across a geographical area, with local authorities and other local partners, to collectively plan health and care services to meet the needs of their population. Today, these are called [integrated care systems \(ICSs\)](#).

There are 42 ICSs in England. Under the Health and Care Act 2022 ICSs were given statutory underpinning with the ambition to improve population health, drive value for money, tackle inequalities and help the NHS support broader social and economic development.

Each ICS has an integrated care board (ICB) which holds the local NHS budget and is responsible for overseeing the delivery of NHS care. Through these local systems, trusts and foundation trusts work in partnership with each other and other key local agencies including local government to plan and deliver care for their local communities.

NHS performance and activity at the time of the 2024 general election

NHS trusts and foundation trusts have been experiencing record levels of demand this year. Below are some illustrative statistics:

- May saw a record 2.41 million A&E attendances. It was also the busiest May ever for emergency admissions – nearly 565,000.
- For the ambulance sector, it was the busiest May on record for incidents related to life-threatening injuries and illnesses (category one) and emergency calls (category two).
- In April 2024, the total reported community health services waiting list in England was 1.1 million, which is the highest on record.
- Mental health referrals have increased by over a third in five years. In March 2024, there were 436,500 mental health referrals, compared to 321,000 in March 2019.

In the face of record demand, trusts have also been undertaking record levels of activity:

- This year saw the highest ever April figures for: cancer referrals (260,100); elective appointments including planned scans, operations and tests (1.48 million); diagnostic tests, checks and scans (2.33 million).
- As of March 2024, 84.3% of urgent community response referrals were met within the agreed two-hour standard for delivering services, exceeding the 70% target set out in the 2022-23 operational planning guidance.
- An extra 500,000 people are in contact with mental health services compared to before the pandemic with contacts rising from 1.4 million in February 2020 to 1.94 million in March 2024.

Despite continued record activity levels from trusts, performance is not meeting national targets:

- In urgent and emergency care, trust performance on A&E waiting times had improved in recent months, but with 74% of patients seen within 4 hours in May, trusts missed the 78% target set out in 2024/25 guidance and are well short of the 95% target set out in the NHS Constitution.
- Ambulance response times missed their targets for category one (seven minutes) and category two (30 minutes recovery target currently in place, working towards the 18-minute standard) incidents, after improvements in the previous four months.
- Although trusts met the 28-day faster diagnosis standard for the past two months, performance slipped below the 77% target in April (73.5%).

- The NHS Constitution sets out that 92% of people should not wait longer than 18 weeks from referral to first treatment for elective care. This standard has not been met since September 2015.

Activity, demand and performance all have an impact on waiting lists:

- After falling for six consecutive months, the waiting list for elective treatments rose slightly in April to 7.57 million from 7.54 million in March.
- The diagnostic waiting list was the highest on record in April at 1.64 million.
- The latest available data shows there were 1.52 million on the mental health waiting list in March – almost twice as many as at the beginning of the Covid-19 pandemic.

Public attitudes towards the NHS and funding

Trusts face an uphill battle to get performance back on track, and public satisfaction in the NHS has been falling rapidly. The British Social Attitudes (BSA) survey has revealed that satisfaction with the NHS is at its lowest since it began in 1983 – with 24% of people satisfied with the NHS in 2023. Research from the Health Foundation also suggests that the majority of people (54%) expect standards will decline over the next 12 months.

But, even with falling satisfaction and an uncertain future outlook, the BSA 2023 survey showed that a large majority of the public still agree with the founding principles of the NHS: when asked about whether the founding principles of the NHS should still apply today, 91% of people believed the NHS should be free of charge when you need to use it, 82% believed the NHS should primarily be funded through taxes and 82% said the NHS should be available to everyone.

The NHS is unique in England in terms of the size and scale of its operations and income, the population it serves, and the number of staff it employs. Not only is the NHS paramount to the health of the nation, it is essential to our economic and social prosperity. The government and the NHS must work together to deliver the next generation NHS and create a picture of health: we have outlined the [five shared commitments between government and the NHS](#) which will realise this vision.