

- To:
- NHS trust and foundation trust:
 - chief executives
 - chairs
 - chief operating officers
 - medical directors
 - chief nurses
 - improvement/transformation leads/directors
 - Integrated care board:
 - chief executives
 - chairs
 - medical directors
 - chief nurses
 - primary care leads
 - improvement/transformation leads/directors
 - Primary care network leads

NHS England
Wellington House
133-155 Waterloo Road
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- cc.
- Regional directors
 - Regional medical directors
 - Regional chief nurses
 - Regional heads of primary care

Dear colleagues

Publication of the plan to reform elective care for patients

Over the almost 3 years since we published the Delivery plan for tackling the COVID-19 backlog of elective care, you and your teams have worked tirelessly – in the face of significant challenges – to reduce long waits for planned treatment.

Thanks to your combined efforts, the NHS is now delivering more elective care than ever before, and long waits are coming down; two-year waits have been all but eradicated, and 18-month waits have been reduced by 96%.

Despite this progress, we all recognise that many patients are yet to feel a benefit, and too many are still waiting too long for care. Since February 2022, the total waiting list has grown by over 1.3 million pathways, and while the proportion of those waiting for more than a year has almost halved, the proportion waiting for longer than the 18-week constitutional standard has increased.

So today, with the government, we have published [Reforming elective care for patients](#). This plan sets out our shared approach to delivering the commitment made in the government's

Plan for Change document to meet the NHS Constitution access standard for elective care by March 2029, as well as continuing progress on cancer diagnosis and treatment. Crucially, we are determined to improve both the timeliness and experience of care for patients – making full use of the capacity, technology and good practice available to offer greater choice and convenience.

The plan sets out the streams of work which will enable us to deliver over the coming months. This will include agreeing revenue and capital allocations for April 2026 to March 2029 as part of the Spending Review. We will continue to discuss these with you. This letter provides steps to be taken now, and planning assumptions required for 2025/26.

First steps

We will write to you shortly setting out the approach to the remainder of financial year 2024/25, reflecting the funding adjustments set out by the Chancellor in her Autumn Budget.

Ahead of the next financial year, we are asking all ICBs and acute trusts to take the following steps:

- name an existing director who will be responsible for improving the experience of care, and the experience of waiting for care
- review and improve operational processes that affect how patients and their carers receive correspondence and access information on wait times
- make customer care training available to non-clinical staff with patient-facing roles, and ensure take up of training already available on the e-Referral Service to support effective referral, booking and waiting list management processes

Additionally, we will continue to work with those providers and systems receiving capacity upgrades – in particular, community diagnostic centres and surgical hubs – to ensure maximum possible benefit within the relevant system's financial plans.

Planning for 2025/26

As a first step, by March 2026 the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. Every trust will need to deliver a minimum 5 percentage point improvement by March 2026.

This should be funded from within total system allocations, and plans for doing so should form part of system plans for the financial year, which will need to be assured by all provider boards. We continue to work with the Department of Health and Social Care to publish the broader Operational and Financial Priorities and Planning Guidance for 2025/26, as well as allocations and supporting information, as soon as possible.

To support this, NHS England will work with you to:

- support the optimisation of Advice and Guidance, including by implementing changes to the payment scheme to support GP practices to manage in the community those who do not need secondary care
- continue to roll out patient initiated follow-up and remote monitoring in appropriate pathways, to avoid unnecessary attendances

- extend adoption of the Federated Data Platform to 85% of all secondary care trusts, to maximise the benefits seen in early adopters from waiting list validation, scheduling and theatre optimisation
- support more consistent use of the independent sector to increase capacity and choice for patients
- continue working towards greater connectivity between the e-Referral System, patient engagement portals and the NHS App, so patients have more control over their appointments and to improve the productivity of clinic booking
- continue to support the delivery of new community diagnostic centres and surgical hubs, including working with you to optimise their productivity

At the same time, NHS England will continue to realign its resources to support productivity and operational improvement, including:

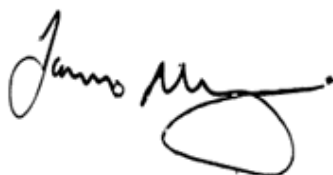
- updating the finance and payment scheme to reflect elective priorities
- running a capital incentive scheme for providers who improve the most in meeting RTT standards
- further developing the NHS IMPACT Clinical and Operational Excellence Programme, to provide training for at least 8,000 clinical and operational leaders, and to spread proven improvement approaches for elective reform
- strengthening elective performance oversight, including through tiering and the new NHS Oversight and Assessment Framework
- developing clear standards and metrics for the administrative and operational delivery of elective care
- developing expectations for local clinic templates and job planning, to clearly set out the types and balance of activity clinicians should be undertaking, including sessions within the community

We do not underestimate the scale of the challenge to return to constitutional standards for elective care, nor what it has taken over the last three years to recover long waits. Thank you again for those huge efforts made to date, which have meant that hundreds of thousands of people have received care more quickly than they otherwise would. We know you will all share our ambition, and that of the government, to complete the recovery, and give our patients the timely, modern, high quality care that they deserve.

Yours sincerely



Dame Emily Lawson
Chief Operating Officer
NHS England



Sir James Mackey
National Director of Elective Recovery
NHS England