Summary: NHS England Annual Report and Accounts 2025/26

NHS England's Annual Report and Accounts 2025/26 was laid before parliament on 3 September, covering the year to 31 March 2026. In the foreword, NHS England Chair Dr Penny Dash frames the year positively, noting that **"across almost every measure, the NHS is moving in the right direction,"** though the report is careful to acknowledge that significant challenges remain alongside the progress.

Much of the narrative is organised around the 10-Year Health Plan's three shifts, **from hospital to community, from analogue to digital, and from sickness to prevention,** with staff experience and financial sustainability running through as supporting themes.

The below summary brings together the headline performance data alongside the year's most significant strategic and policy developments, as well as an overview of what these findings mean in practice for organisations engaging with the NHS.

Elective care

Key statistics

- The elective waiting list fell by more than 312,000 patients over the year, the largest fall in sixteen years.
- 65.3% of patients were seen within 18 weeks of referral, achieving the target ambition of 65%.
- 79.4% of cancer patients received a diagnosis within 28 days (target 80%), and 72.8% started treatment within 62 days (target 75%).
- 30 million diagnostic tests were delivered, with the average waiting time falling to 2.9 weeks.

Other developments

- Continued rollout of targets guided by the Elective Reform Plan and further expansion of Community Diagnostic Centres (CDCs).

Urgent and emergency care

Key statistics

- 77.1% of A&E patients were seen within four hours, against a target of 78%.
- Category 2 ambulance calls were reached in an average of 30 minutes 4 seconds, against a 30-minute target.
- Ambulance handover delays (the wait to transfer a patient into A&E) fell to 29 minutes 55 seconds, down from 34 minutes 57 seconds.
- 17.9% of 999 calls were resolved over the phone without sending an ambulance, up from 15.8%.

Other developments

- Publication of the Model Emergency Department framework in February 2026, which set out expectations to standardise urgent and emergency care, reduce waiting times, and improve patient flow.

Patient access and mental health

Key statistics:

- GP practices delivered 1.55 million appointments a day by March 2026.

- 74.5% of patients said it was easy to contact their GP practice, up from 72.9%.
- Every GP practice now offers digital messaging, and 81% provide an online consultation.
- 1.8 million extra dental appointments were delivered, against a 700,000 target.
- Children and young people's access to mental health services rose 4.7% to 879,955.
- The number of patients placed out of their local area for mental health inpatient care fell to 276, down from a peak of 495.

Other developments

- GP contract requirements were updated to require online consultation access.
- Pharmacy First clinical pathways were expanded, delivering 3.05 million consultations.

Prevention and health inequalities

Key statistics

- Preventative care showed progress, with 69.5% of hypertension patients and 50.6% of those with high cholesterol treated to target.

Other developments

- Strengthened accountability for reducing health inequalities by embedding clearer and transparent metrics into the NHS Oversight Framework, aligned with the Core20PLUS5 approach.

Digital transformation and cybersecurity

Key statistics

- Electronic Patient Records (EPR) have been implemented in 94% of NHS trusts, and compliance with national minimum EPR capability standards rose from 41% to 76%.
- The NHS Federated Data Platform is now live in 113 NHS trusts (as of March 2026), and contributed to a 15% average reduction in unnecessary hospital days.
- NHS App users grew 21% over the year to 25.7 million.
- The volume of digital messages sent to patients rose 65% to 305 million.
- Patients viewed their own health records 230 million times, an increase of 54%.
- The NHS e-Referral service managed around 80,000 referrals every working day.
- Use of Advice and Guidance continued to grow, with 2.5 million requests and 66% of those resolved with advice alone.
- Digital communications for cervical screening replaced more than 4 million paper letters, sped up results and reduced administrative costs.
- AI-powered retinal image analysis in the Diabetic Eye Screening Programme covered over 200,000 screening encounters.
- There was an 80% reduction in cyber incident response deployments compared with previous years.

Innovation, research and life sciences

Key statistics

- 23 innovation use-cases were referred to NICE, with 12 considered for the National HealthTech Access Programme and 2 progressing to technology appraisal.

Other developments

- Innovation adoption continued at scale and included expansion of AI-enabled dermatology triage, digital therapeutics for mental health and musculoskeletal conditions, and planning for the large-scale adoption of innovative medicines affecting over 680,000 respiratory, cardiovascular and liver patients.

- Continued backing for innovation infrastructure, including £13 million investment through Small Business Research Initiative Healthcare to develop new technologies.

Quality and safety

Key statistics

- The Patient Safety Strategy reached its seventh year, and is estimated to save around 1,000 lives and over £100 million in case costs annually.
- Martha's Rule received 13,481 escalation calls between September 2024 and March 2026, with 45% leading to a change in treatment.
- Over 3 million patient safety incidents are recorded annually.

Other developments

- The National Quality Board was refreshed with updated terms of reference and renewed membership
- A new Quality Strategy was published in July 2026 that re-established three domains of quality: patient safety, clinical effectiveness, and patient experience.

System working: ICBs and commissioning

Key statistics

- 6 new ICBs were established, with one existing boundary widened, on 1 April 2026, through the abolition of 12 existing ICBs.
- 32 of the 42 ICBs are now in clustering arrangements with shared executive teams, ahead of forming larger ICBs.

Other developments

- The Strategic Commissioning Framework was published in November 2025, backed by a new 2-year national commissioning development programme starting in 2026/27 to strengthen commissioning capability and provide practical support.
- The Advanced Foundation Trust programme launched, with the first 6 candidate trusts assessed in March 2026 and an ambition for all trusts to reach AFT status by 2035.
- The first Integrated Health Organisation (IHO) candidates, which will hold budgets for a local population, were announced in November 2025, with contracts due to go live from April 2027.

Workforce

Key statistics

- Secondary care (hospital) staffing reached 1.49 million full-time equivalent staff, 1.3% above plan.
- Agency staff spending fell 43.2%, from £2.1 billion to £1.2 billion.
- Staff engagement, which is scored out of 10, fell from 6.85 to 6.75.
- Staff sickness absence rose to 5.14%, up from 4.9%.

Other developments

- The 10-Year Workforce Plan is due to be published in 2026, alongside new national staff standards aimed at improving staff experience and consistency.

Finance and productivity

Key statistics

- The NHS ended the year with a system-wide deficit of £563 million, a £400 million improvement on the prior year.
- £10.2 billion of efficiency savings were delivered, an increase of 17% from 2024/25.

- Acute hospital productivity grew 2.8% (3.4% including non-acute providers), against a 2.0% government target.
- Nearly 80% of NHS organisations delivered against their financial plan, up from 70%.

Other developments

- The Medium Term Planning Framework was published, which set out national priorities, productivity benchmarking data and best-practice operational improvement guides for 2026/27-2028/29.

What this means for organisations engaging with the NHS

The report contains several strategic takeaways for external organisations looking to engage with the NHS:

- **Reinforces the 10-Year Health Plan:** solutions aligned with the three foundational transitions of the 10-Year Health Plan (hospital to community, analogue to digital, sickness to prevention) will continue to receive greater traction.
- **Scaling the "digital front door":** there is a clear push towards consolidating patient-facing tools around the NHS App.
- **Outpatient transformation and productivity are key drivers:** a major focus is resetting outpatient care alongside maintaining productivity gains, so evidence that a technology releases capacity, reduces unnecessary activity, moves care closer to home, improves workforce productivity, reduces variation, or smooths patient flow is likely to make an adoption case considerably stronger.
- **Structural consolidation means navigating new stakeholders:** policy, strategy and operational leadership are combining, which should reduce duplicated national sign-offs, while ICBs remain the primary vehicle for local commissioning.
- **Commissioning is being rebuilt:** the new Strategic Commissioning Framework and the first national investment in commissioning capability over a decade suggests ICBs may be more receptive to structured engagement over the next couple of years, even as boundaries and staff continue to shift.
- **New provider models are emerging:** Advanced Foundation Trusts and Integrated Health Organisations, both due to scale further from 2026/27, point to a small but growing set of providers taking on direct budget-holding responsibility.
- **Diagnostic and testing capacity is a continuing area of investment:** with a record 30 million tests delivered and further CDC expansion planned, diagnostics is set to remain a priority for NHS funding and demand.
- **Prevention efforts are increasingly targeted:** NHS England's focus on the Core20PLUS5 approach to close inequality gaps suggests that propositions which can evidence impact on underserved populations specifically may be well-placed.
- **Workforce pressure creates an opening for staff-supporting solutions:** with agency costs falling but engagement and sickness absence both moving in the wrong direction, technologies and services that ease pressure on staff experience and retention are likely to remain relevant.