

Research Briefing

8 January 2026

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NHS funding and expenditure



Summary

- 1 The NHS across the UK
- 2 NHS England

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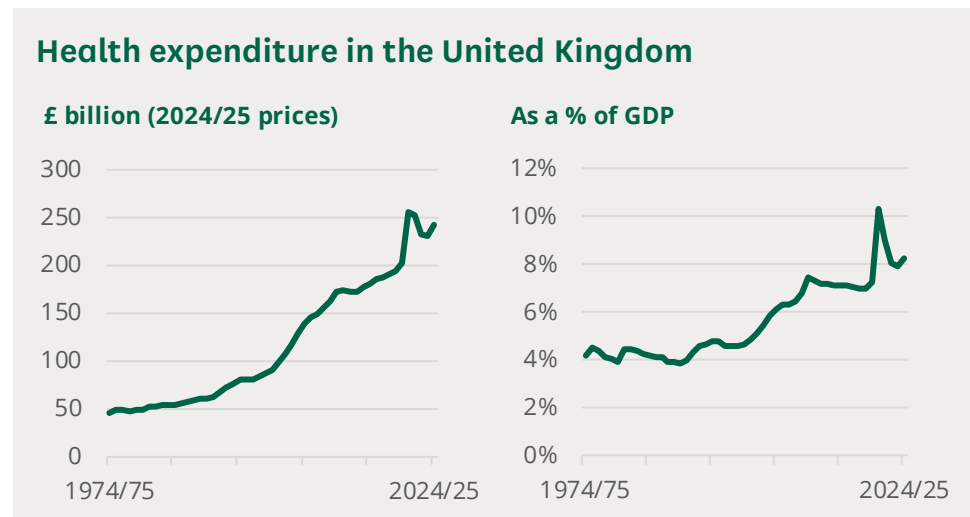
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Summary

Over the past 50 years, UK health expenditure has increased over five-fold in real terms, rising from around £45 billion in 1974/75 to £242 billion in 2024/25.¹ Real terms expenditure takes into account the impact of inflation on the purchasing power of a currency.

The average annual increase in expenditure between 1974/75 and 2024/25 was 3.6% in real terms. Between 2000/01 and 2004/05 average annual spending growth was 8.7%, higher than at any other time in the history of the NHS.



Responsibility for health services is devolved to the Scottish, Welsh and Northern Irish administrations. In 2024/25, health expenditure per head was highest in Wales (£3,758 per head) and lowest in England (£3,462 per head).²

This briefing covers NHS expenditure of the devolved administrations, the funding process of NHS England, as well as a breakdown of spending and spending during the covid-19 pandemic.

More details on the commissioning role of Integrated Care Boards and the organisation of the NHS in England can be found in the Library Briefing Paper: [The Structure of the NHS in England](#).

¹ [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 4.2

² [HM Treasury Country and regional analysis 2025](#), Tables A11 and A15

1 The NHS across the UK

1.1 Structure of the NHS

For more details on the current structure of the NHS, see our [briefing on the structure of the NHS in England](#)

The NHS was established on 5 July 1948, with the aim of providing a comprehensive range of health services to all UK citizens, financed by general taxation and free at the point of use.

In the late 1990s, health became a devolved area. Responsibility for providing and developing health services lies ultimately with:

- the Secretary of State for Health and Social Care in England
- the Cabinet Secretary for Health and Social Care for Scotland
- the Minister for Health and Social Services for Wales
- the Minister for Health, Social Services and Public Safety for Northern Ireland

The UK Government allocates a set budget for healthcare in England, whereas Scotland, Wales, and Northern Ireland receive a general block grant for public spending. This grant is distributed across all policy areas according to funding priorities decided by each devolved administration. More details on fiscal devolution can be found in the [Barnett formula and fiscal devolution briefing paper](#).

Each country has chosen to structure its National Health Service differently. However, a common theme of NHS funding across the countries is the allocation of a significant proportion of the NHS budget to local NHS bodies.

At the local level, integrated care boards (ICBs) in England, health boards in Scotland and Wales, and the health and social care board in Northern Ireland are responsible for commissioning or planning health and care services in their respective areas.

In each country, needs-based funding formulas determine how much funding is allocated to these organisations. The aim of these formulas is to achieve equal access to healthcare for people at equal risk.

1.2

Total UK health expenditure

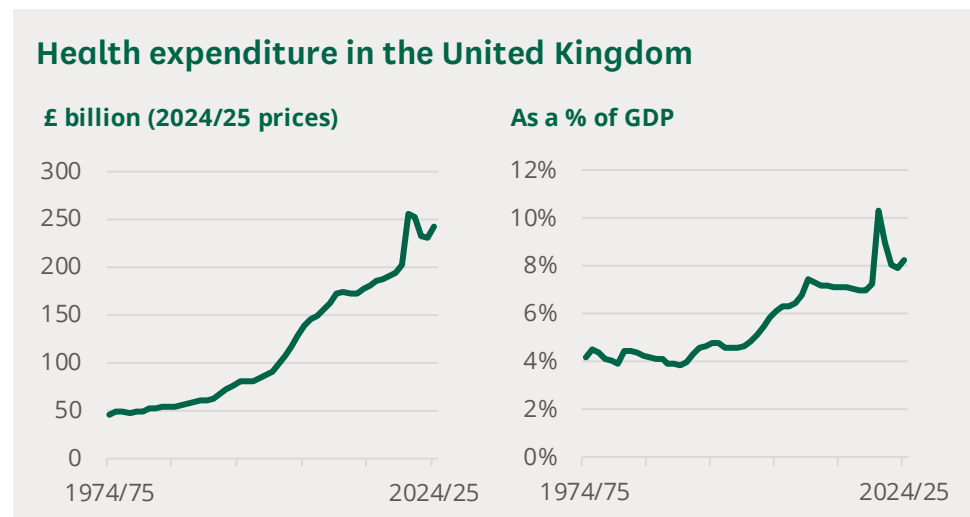
Figures for total UK health expenditure are based on the UN’s Classification Of the Functions Of Government (COFOG), as published in HM Treasury’s [Public Expenditure Statistical Analyses](#)

Over the past 50 years, real-terms UK health expenditure has increased over five-fold, rising from around £45 billion in 1974/75 to £242 billion in 2024/25, as shown in the chart below. Real-terms expenditure figures are adjusted for the effects of inflation on the purchasing power of a currency.

The increase was particularly pronounced in 2020/21 when health spending rose by 26.6%. This was partly because of additional spending related to the covid-19 pandemic.

Health spending as a proportion of gross domestic product (GDP) also peaked in 2021/22, when 10.4% of GDP was due to health spending. Before this, health spending as a percentage of GDP had declined between 2010/11 and 2018/19.

GDP is the standard measure of the size of a country’s economy over a period of time (usually one quarter or one year). If the percentage of GDP increases, it indicates that more of a nation’s economy is being spent on healthcare.



Source: [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 4.2 (various years), ONS Annual Abstract of Statistics: 1990, Table 10.22, and earlier editions, [HMT GDP deflators and money GDP September 2025](#).

Over the past 50 years, real-terms changes in annual UK health spending as a percentage of GDP have mostly been increases. Negative change has occurred on just seven occasions.

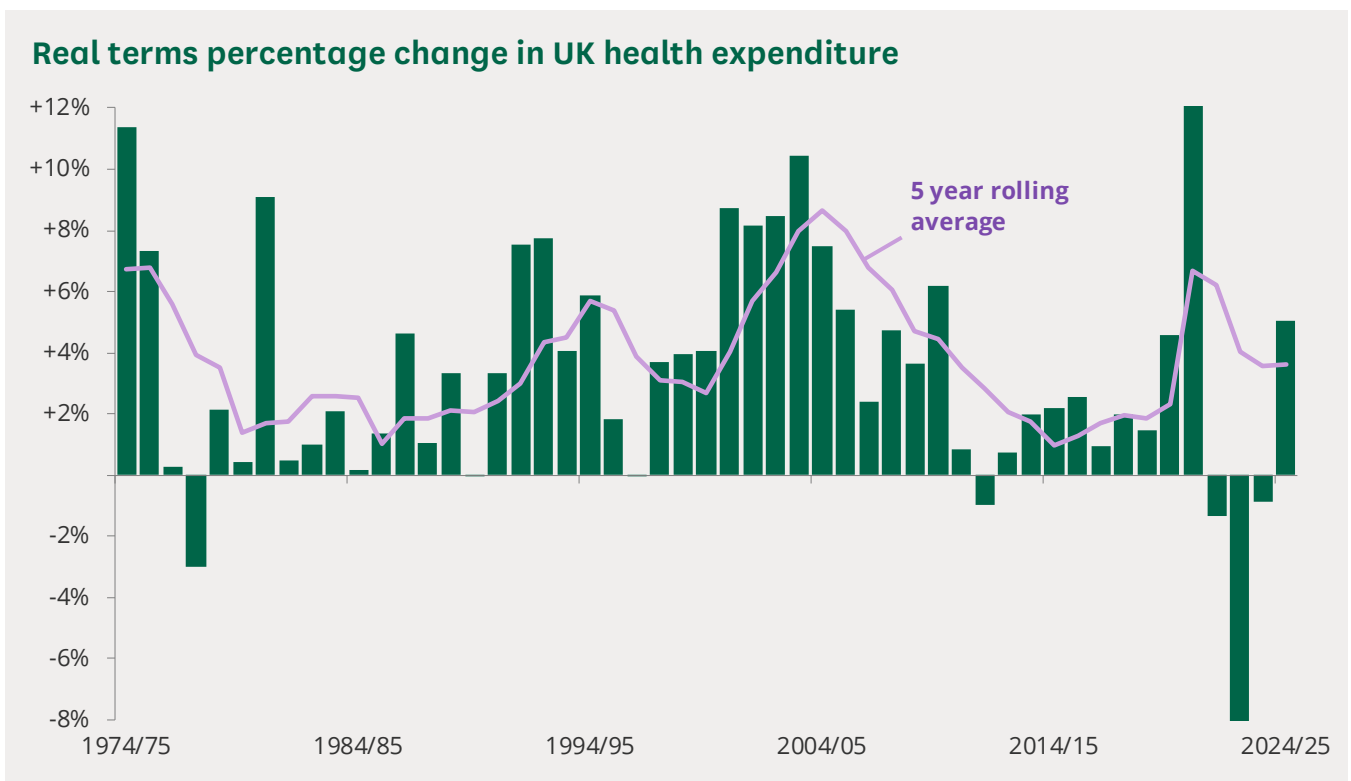
Covid-19-related spending contributed towards a 26.6% increase in overall health expenditure in 2020/21. Spending then decreased by a total of 10.1% over the following three years. This included an 8.1% decrease in 2022/23. Health spending has since increased by 5.0% in 2024/25 following a change of Government. Before 2022/23, the biggest decrease occurred in 1977/78 (-3.0%).

The average real-terms annual expenditure increase between 1974/75 and 2024/25 was 3.6%. Between 2000/01 and 2004/05 average annual spending growth was 8.7%, higher than at any other time in the history of the NHS, as shown in the chart below.³

1 Health spending during covid-19

The government increased the budget of the Department of Health and Social Care in response to the covid-19 pandemic. Additional funding was used to deliver programmes such as NHS Test and Trace and vaccination roll-out as well as to procure personal protective equipment (PPE) and other materials.

Over £80 billion was spent on covid-19 related expenditure in England alone between 2020 and 2022.



Source: [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 4.2 (various years), ONS Annual Abstract of Statistics: 1990, Table 10.22, and earlier editions, [HMT GDP deflators and money GDP September 2025](#). Note: Average is the geometric mean.

³ Data going back to 1948 can be found in Table 1 of the accompanying excel spreadsheet.

1.3

Sources of income

The vast majority of NHS funding comes from central UK taxation. Within the block grant allocated to each devolved administration (via the [Barnett formula](#)), Scotland, Wales and Northern Ireland are free to decide how much to spend on the NHS.

The NHS can also raise income from patient charges, sometimes known as ‘co-payments’ (such as a standard charge for prescription medicines). Devolved administrations have control over the level at which these are set.

Prescription charging

In England, around 11% of prescriptions involve a prescription charge, currently £9.90 per item⁴. Wales, Scotland and Northern Ireland have abolished prescription charging.

In 2024/25, England raised £730 million through the prescription charge (around 6% of the total £13 billion cost of the NHS prescription service).⁵

Dental charging

All UK countries charge for NHS dental treatment, although exemptions differ.

In England, patients pay between £27.40 and £326.70 depending on the complexity of work performed.⁶ In Wales, the range is £20 to £260.⁷

In Northern Ireland, patients pay 80% of the cost of treatment, up to £384.⁸ Scotland operates a similar system with charges applied up to a maximum of £384.⁹

Income raised through dental charges was £797 million in England in 2024/25;¹⁰ in Wales, the figure was £25.5 million;¹¹ and in Northern Ireland £22.7 million.¹² An estimate for Scotland is not available.

⁴ HM Treasury, [Chancellor freezes charges to keep prescriptions under a tenner](#), 21 November 2025

⁵ Department of Health and Social Care (DHSC), [Department of Health Annual Report and Accounts 2024/25](#), table 44

⁶ NHS, [How much will I pay for NHS dental treatment in England?](#), 13 March 2025

⁷ Welsh Government, [NHS dental charges and exemptions](#), 1 April 2024

⁸ NI Direct, [Health Service dental charges and treatments](#), (accessed 24 November 2025)

⁹ NHS Inform, [Receiving NHS dental treatment in Scotland](#), 6 November 2025

¹⁰ DHSC, [Department of Health Annual Report and Accounts 2024/25](#), table 44

¹¹ Welsh Government, [Patient charge for Courses of Treatment by local health board, patient type and treatment band](#), 20 November 2025

¹² Health and Social Care Northern Ireland, [General Dental Services Statistics](#), Table 1.20, 19 June 2025

Other sources of income

The NHS also receives income from other streams such as:

- charging overseas visitors and their insurers for the cost of NHS treatment.
- revenue from car parking charges and patient telephone services.
- NHS trusts' earned income from treating patients privately.

Data is not available on income from charging overseas visitors.

In 2024/25, £192 million was generated from patient and visitor parking in England, and £79 million from staff parking¹³. Data is not routinely published for Northern Ireland, and parking fees there are due to be [abolished in May 2026](#). Patients, visitors and staff are not charged parking fees in Scotland and Wales¹⁴.

In 2024/25, NHS trusts in England generated £783 million in income from private patients.¹⁵ In Wales, the figure was £6.2 million.¹⁶ Estimates for Northern Ireland and Scotland are not available.

1.4

Expenditure by devolved administrations

Responsibility for health services is devolved to the Scotland, Wales and Northern Ireland. In 2024/25, health expenditure per person was highest in Wales (£3,758 per person) and lowest in England (£3,462).

As shown in the table below, England has spent less per person, and as a percentage of gross value added (GVA), than other nations over the past five years. These figures are not adjusted for any difference in demand for health services.

GVA measures the contribution to the economy of each individual producer, industry or sector. GDP is a key indicator of the state of the whole UK economy and includes GVA plus taxes on profits, minus subsidies on profits. GDP figures are only available for the UK as a whole.

Wales has had the highest spending as a percentage of GVA over the last five years, followed by Northern Ireland, and Scotland has had the lowest.

¹³ [Estates Returns Information Collection, Summary page and dataset for ERIC 2024/25](#)

¹⁴ See the [NHS hospital car parking policies in the UK](#) library briefing for more.

¹⁵ DHSC, [Department of Health Annual Report and Accounts 2024/25](#), Departmental group detail – income table

¹⁶ [NHS Summarised Accounts for Wales 2024/25](#)

Health expenditure by country of the UK

	2020/21	2021/22	2022/23	2023/24	2024/25
Total expenditure £ billion					
England	182.9	179.2	175.8	187.7	202.9
Wales	10.2	10.7	10.3	11.0	12.0
Scotland	18.1	19.0	16.8	18.2	19.6
Northern Ireland	6.6	6.5	6.2	6.9	7.1
Expenditure £ per head					
England	£3,248	£3,169	£3,076	£3,240	£3,462
Wales	£3,291	£3,444	£3,279	£3,480	£3,758
Scotland	£3,349	£3,517	£3,085	£3,297	£3,539
Northern Ireland	£3,475	£3,425	£3,240	£3,568	£3,659
Expenditure as % GVA					
England	11.2%	10.2%	9.1%	8.9%	9.6%
Wales	15.7%	15.7%	13.7%	13.5%	14.7%
Scotland	12.8%	12.5%	10.1%	9.9%	10.7%
Northern Ireland	15.7%	14.0%	12.2%	12.2%	12.6%

Source: [HM Treasury Country and regional analysis 2025](#), Tables A11 and A15 and [ONS Regional GVA](#).

Note: GVA as in calendar year matching first part of financial year. 2024/25 data uses 2023 GVA due to data availability.

2 NHS England

2.1 Funding process

Government health services budget

Funding for health services in England comes from the budget of the Department of Health and Social Care (DHSC). In 2024/25, the total DHSC budget was £204.7 billion for England. Around £193 billion was resource budget, which covers the day to day running of services and administration costs.¹⁷

The majority of the DHSC resource budget (expected £187 billion for 2024/25¹⁸) is currently transferred to NHS England¹⁹, with the remainder divided between DHSC's other agencies and programmes, including funding for arm's-length bodies like the Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE).

NHS England's budget is then used to support and oversee the commissioning of health services. It allocates this budget to different parts of the NHS.

The Government has announced [plans to abolish NHS England and bring its functions into DHSC](#). This means the current funding structure is likely to change soon.

Integrated care boards

As outlined in the library's [NHS Integrated care board \(ICB\) funding in England briefing](#), most of the NHS England budget goes to integrated care boards (£124.5 billion in 2024/25)²⁰.

ICBs use their funding to commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, primary care services (general practice), medicines and community care.

¹⁷ HM Treasury, [Budget 2025](#), 28 November 2025

¹⁸ HM Treasury, [Spending review 2025](#), 30 June 2025

¹⁹ NHS England is an NHS England is an executive non-departmental public body, which leads and oversees the funding, planning and delivery of healthcare in England. For more information, see our [The structure of the NHS in England](#) briefing paper.

²⁰ NHS England, [ICB allocations 2023/24 to 2024/25 \(all funding streams, spreadsheet\)](#), 10 April 2024

ICBs came into existence on 1 July 2022 when they replaced clinical commissioning groups. While ICBs have taken on many of the functions of clinical commissioning groups, they are intended to be a different type of decision-making body, bringing in a wider range of partners, with a greater focus on population health.

The Library research briefing [The structure of the NHS in England](#) provides further details on the current organization of the NHS and the role of ICBs. ICBs are [undergoing structural changes](#), meaning their funding and role may change soon also.

Remaining NHS England resources

From the remaining resources (around £62 billion in 2024/25) NHS England directly commissions certain services at a national level. For example, in 2024/25 NHS England spent £27 billion to directly commission 'specialised' services (such as treatments for rare conditions and secure mental health care)²¹. The organization also commissions military and veteran health services and health services for people in prisons.

The remainder of NHS England's budget is spent on centrally administered projects and services, such as national immunisation and screening programmes.

2.2

Overall health expenditure in England over time

The latest outturn figures from DHSC show that health expenditure in England totalled £193.2 billion in 2024/25.

The table below gives details of expenditure since 2012/13. The largest annual real-terms increase was between 2021/22 and 2022/23, when spending increased by 10.9% from £178.9 billion to £198.4 billion, related to covid-19.

Figures for recent years do not include additional covid-19-related expenditure (see section 3 of this briefing for details of covid-related spending).

²¹ NHS England, [Annual Report and Accounts 2024/25](#), 30 October 2025

Health expenditure in England

£ billion: Total managed expenditure (excluding covid-19 spending)

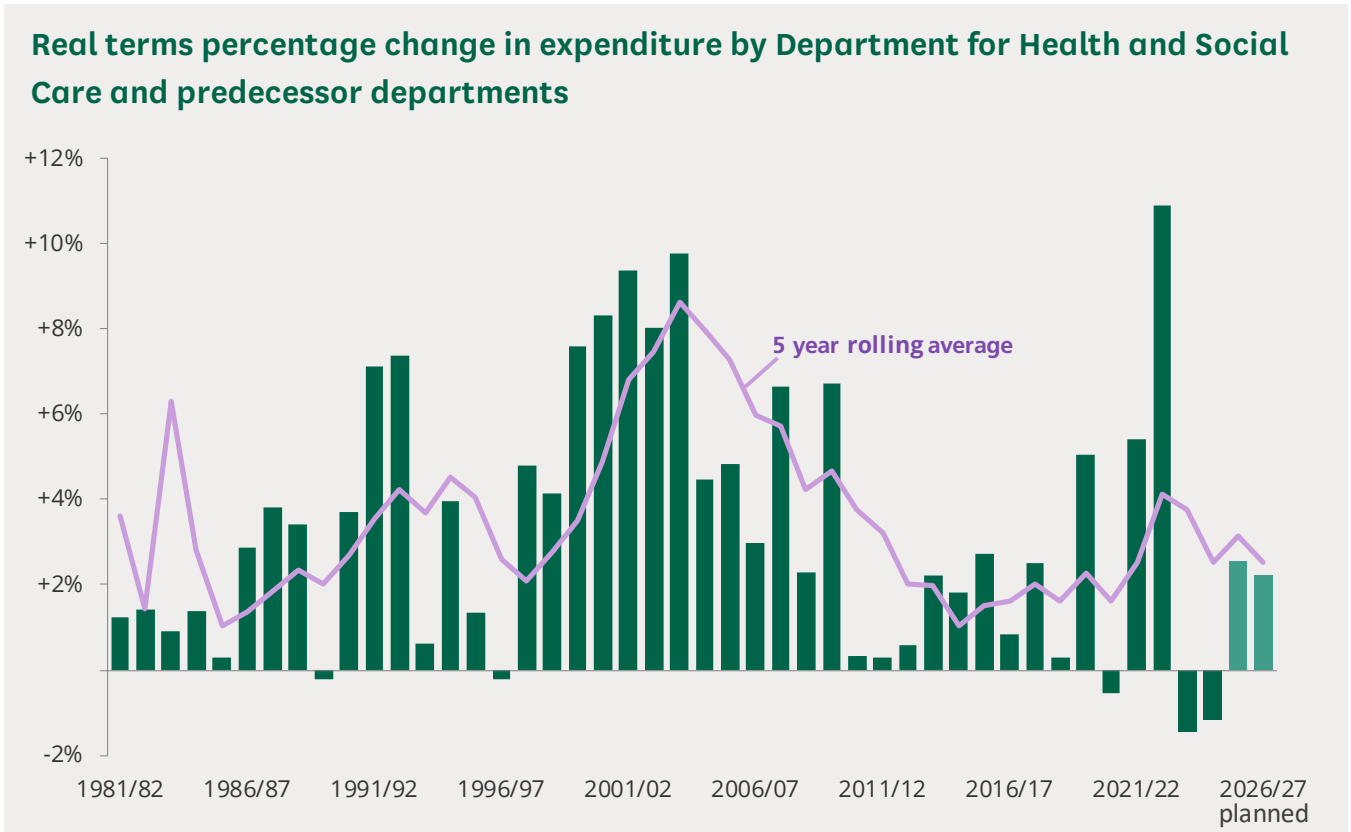
	Cash		2024/25 prices	
	£ billion	Annual % change	£ billion	Annual % change
2012/13	105.2		146.6	
2013/14	109.8	4.3%	149.8	2.2%
2014/15	113.3	3.3%	152.5	1.8%
2015/16	117.2	3.4%	156.7	2.7%
2016/17	120.6	2.8%	158.0	0.8%
2017/18	125.2	3.8%	161.9	2.5%
2018/19	128.4	2.6%	162.4	0.3%
2019/20	138.5	7.8%	170.6	5.1%
2020/21	144.9	4.7%	169.7	-0.5%
2021/22	153.1	5.7%	178.9	5.4%
2022/23	181.7	18.7%	198.4	10.9%
2023/24	188.5	3.7%	195.5	-1.5%
2024/25	193.2	2.5%	193.2	-1.2%
2025/26 planned	203.4	5.3%	198.1	2.6%
2026/27 planned	211.4	3.9%	202.6	2.2%

Source: Pre 2020/21 expenditure - [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 10.1 (various years); Post 2020/21 expenditure [Autumn Statement 2022](#), [Spring Budget 2024](#), [Autumn Budget 2024](#), [Budget 2025](#); [HMT GDP deflators and money GDP March 2024](#)

Changes in departmental responsibilities, accounting procedures and devolution issues prevent consistent comparisons of spending in England over longer time periods. However, we can gain an impression of the relative change in health spending by looking at year-on-year real-terms increases. The chart below shows annual real-terms changes along with a moving five-year average.

Following the largest annual real-terms increase of 10.9% in 2022/23, planned expenditure fell in real terms in 2023/24 and 2024/25. It is then expected to rise in real terms in the following two years.

The largest growth in the five-year moving average in real terms (+8.6%) occurred between 1999/2000 and 2003/04.



Source: Pre 2020/21 expenditure - [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 10.1 (various years); Post 2020/21 expenditure [Autumn Statement 2022](#), [Spring Budget 2024](#), [Autumn Budget 2024](#), [Budget 2025](#); [HMT GDP deflators and money GDP March 2024](#)

Notes: Lighter green bars indicate that 2025/26 and 2026/27 figures relate to planned spend. Earlier years show outturn expenditure. Averages are the geometric mean.

2.3 Breakdown of NHS spending

The DHSC published a breakdown of spending from NHS England’s commissioning budget in 2023. The table below shows a comparison between 2015/16 and 2023/24.²²

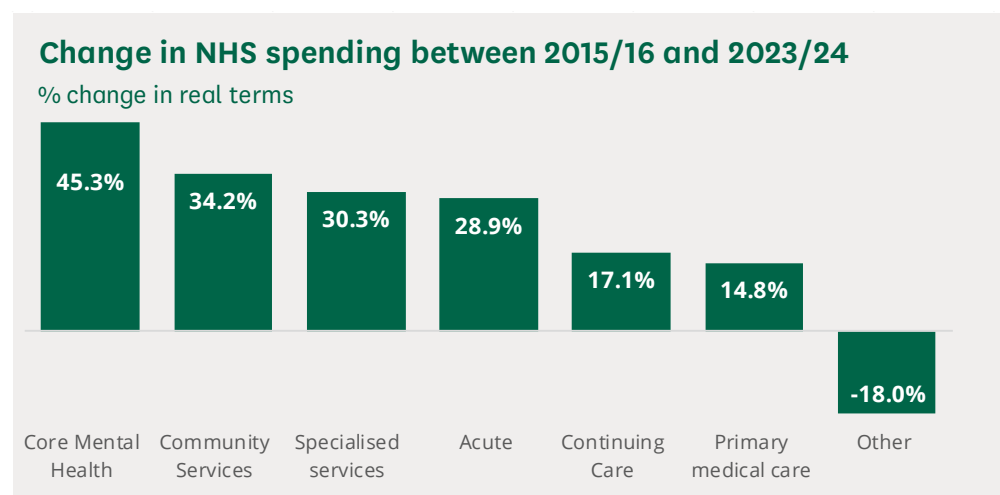
²² Figures in this section relate to resource budget allocations used to commission NHS services in England. These totals will differ to those provided in section 2.2 which relate to total expenditure (resource budget and capital budget). PQ 2419 [on [NHS Expenditure](#)], 21 December 2023

Breakdown of NHS spending				
£ Billion: real terms 2023/24 prices				
	2015/16	2023/24	Change over period	
			£ billion	%
Acute	49.3	63.6	+14.3	+28.9%
Specialised services	19.1	24.9	+5.8	+30.3%
Core mental health	9.4	13.7	+4.3	+45.3%
Primary medical care	11.2	12.9	+1.7	+14.8%
Community services	9.2	12.3	+3.1	+34.2%
Continuing care	5.6	6.5	+0.9	+17.1%
Other	24.4	20.0	-4.4	-18.0%
Total	128.4	153.8	+25.4	+19.8%

Source: PQ 2419 [on [NHS Expenditure](#)], 21 December 2023

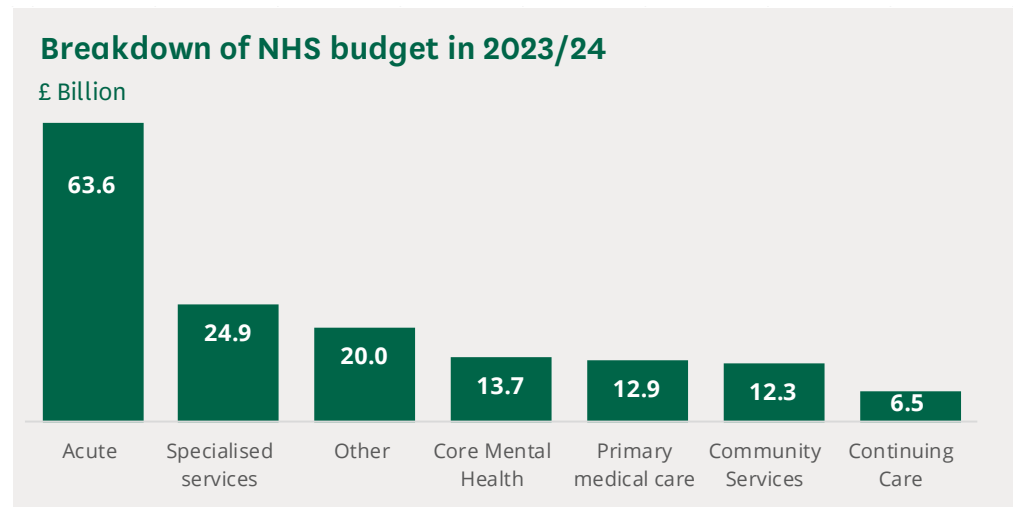
Overall NHS spending has increased in real terms since 2015/16. This has been driven by a £14.3 billion increase in spending on acute care, which accounts for over half of the overall increase in spending (£25.4 billion) over this time period.

As shown in the chart below, the largest percentage increase in spending since 2015/16 was in core mental health services, which rose from £9.4 billion to £13.7 billion, a 45% increase.



Source: PQ 2419 [on [NHS Expenditure](#)], 21 December 2023

The chart below shows a breakdown of planned spending in 2023/24 by category. The largest expenditure category was acute services (£63.6 billion), followed by specialised services (£24.5 billion).



Source: PQ 2419 [on [NHS Expenditure](#)], 21 December 2023

2.4 Capital expenditure

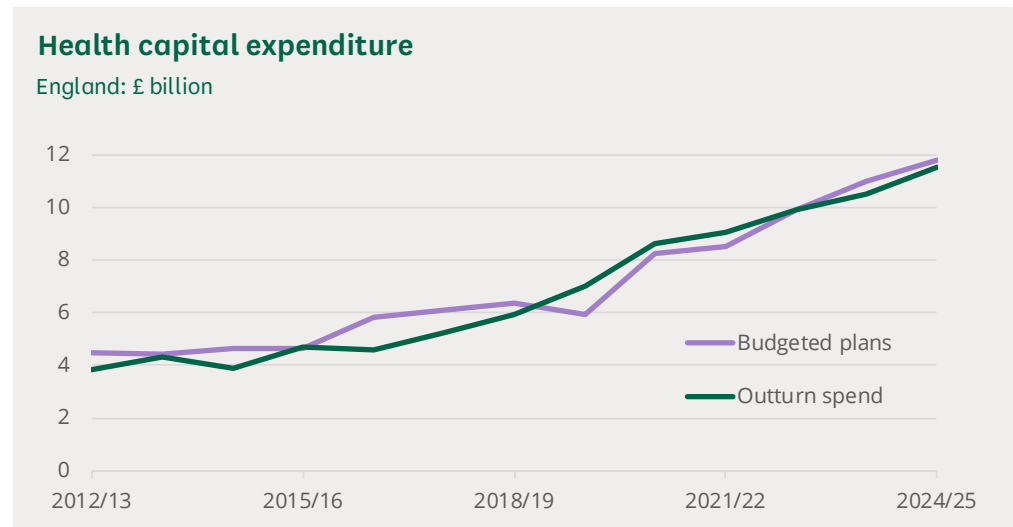
Capital expenditure is used to invest in longer-term assets such as buildings and medical equipment.

The most recent outturn figures show capital expenditure of £11.5 billion in 2024/25. The planned capital budget for health in 2025/26 was £13.6 billion (a 11.2% real-terms increase on the previous budget).²³ The [2025 Budget](#) also announced £300 million in capital funding for NHS technology to improve productivity, as well as developing 120 new Neighbourhood Health Centres by 2030 by upgrading existing buildings.

Between 2010/11 and 2018/19, most financial years involved an underspend against the budgeted amount of capital expenditure, with around £4.3 billion transferred from the capital budget into revenue spending between 2014/15 and 2018/19.²⁴ From 2019/20 to 2022/23 capital expenditure exceeded or matched budgeted amounts. Budgeted amounts have exceeded expenditure more recently.

²³ [Budget 2025](#), 3 December 2025, table C.2

²⁴ NHS Providers, [No more sticking plasters: repairing and transforming the NHS estate](#). March 2023



Source: Pre 2020/21 expenditure - [HMT Public Expenditure Statistical Analyses \(PESA\)](#) Table 1.8 (various years); Post 2020/21 expenditure - [Autumn Statement 2022](#), [Spring Budget 2024](#), [Autumn Budget 2024](#), [Budget 2025](#)

Maintenance backlog

Although increases in parts of the NHS capital budget have been welcomed, concerns remain that they do not fully reflect the investment needs of the NHS²⁵.

The level of the maintenance backlog and ageing infrastructure are likely to reduce the ability to develop the NHS estate and this could affect the potential for productivity improvements.

The NHS [estates return information collection \(ERIC\)](#) data shows an increase in the cost to eradicate the 'backlog maintenance' across the NHS estate. This is a measure of how much needs to be invested to restore assets to suitable working condition. The backlog refers to work that should already have taken place.

The latest ERIC publication shows that the total cost to eradicate the NHS maintenance backlog in England was £15.9 billion in 2024/25, more than double the real-terms cost a decade earlier (£5.0 billion in 2014/15, equivalent to £6.7 billion in 2024/25).

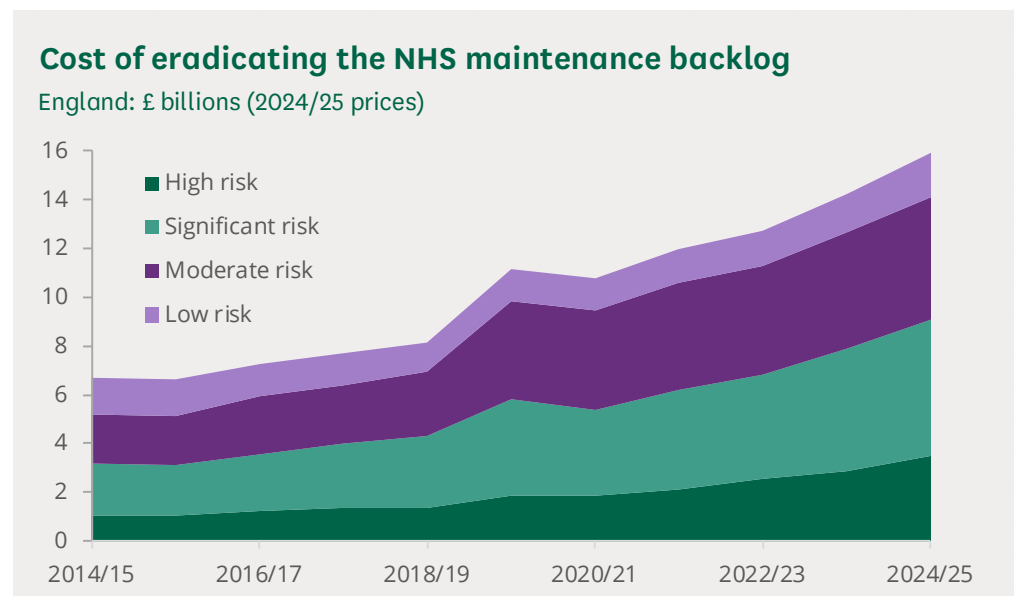
The ERIC data also groups costs according to the severity of the need to address backlog maintenance:

²⁵ The King's Fund, [Capital investment in the NHS](#), 29 January 2024, Health Foundation, [Health Foundation responds to Autumn Budget 2025](#), 26 November 2025, The King's Fund, [What does the Autumn Budget 2025 mean for health and care?](#), 27 November 2025, Health Foundation, [What does the 2025 spending review mean for the NHS](#)

- High risk: repairs/replacement must be addressed with urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.
- Significant risk: repairs/replacement require priority management and expenditure in the short term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- Moderate risk: repairs/replacement require effective management and expenditure in the medium term through close monitoring so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- Low risk: repairs/replacement require to be addressed through agreed maintenance programmes or included in the later years of an Estates Strategy.

Over the past decade, the real-terms cost of eradicating the low-risk maintenance backlog has remained between £1.2 billion and £1.8 billion, as shown in the chart below. However, increases have occurred in other areas.

Between 2014/15 and 2024/25 the high-risk backlog rose from £1.0 billion to £3.5 billion in 2024/25 costs (+236%), significant-risk from £2.1 billion to £5.6 billion (+165%) and moderate-risk from £2.0 billion to £5.0 billion (+146%). Potential changes in data definitions between years mean these figures should be treated with caution.



Source: [Estates Returns Information Collection - NHS England Digital](#).

New Hospital Programme

Capital funding for health includes The New Hospital Programme (NHP), established in 2020. This programme combined eight hospital building projects that were already under construction or pending final approval, with a pledge for 40 more, which were to be completed between 2021 and 2030.

The Treasury initially allocated £3.7 billion for the NHP at the [2020 Spending Review](#) for the four years to 2024/25.

In 2023, seven hospitals that needed rebuilding because they contained [reinforced autoclave aerated concrete \(RAAC\)](#) were also brought into the programme.

The new Government has [confirmed they will continue the programme](#), though it will conclude later than 2030. Under the new [plan for implementation](#), construction has begun on seven hospitals, a further 16 will begin before 2030, nine will then begin construction between 2030 and 2034, and a final nine would begin between 2035 and 2039. This will receive £15 billion funding over a 15-year period.

2.5

Spending on non-NHS providers

The NHS spends a portion of its budget purchasing healthcare services from non-NHS providers, such as local authorities, charitable organisations, and private sector providers. This happens when the NHS is unable to meet high levels of demand on the healthcare system.

In 2024/25 the NHS in England spent around £20.4 billion on non-NHS providers. This amounted to 10.3% its resource budget for that year²⁶, higher than the 9.5% of the resource budget in 2014/15 but lower than this proportion from 2015/16 to 2019/20.²⁷

Most of the spending on non-NHS providers relates to the private sector, as shown in the table below. Around £14.1 billion was spent on private sector providers in 2024/25 (69% of non-NHS provider spend). The percentage spent on private-sector providers has decreased from 7.4% in 2014/15 to 7.1% in 2024/25, although figures were lower at 5.9% in 2021/22.

Spending on voluntary sector and local authority provision increased over the past decade, from 2.1% of the resource budget in 2014/15 to 3.1% in 2024/25. This spending was proportionally highest in 2017/18 and 2018/19, at 3.6%.

²⁶ [Department of Health and Social Care Annual Report and Accounts 2024/25](#)

²⁷ [Department of Health and Social Care Annual Report and Accounts 2015/16](#)

NHS spending on non-NHS providers

England

	Private-sector providers		Voluntary sector, local authorities etc		Total spend on non-NHS providers	
	£ billion	% of resource budget	£ billion	% of resource budget	£ billion	% of resource budget
2014/15	8.1	7.4%	2.3	2.1%	10.4	9.5%
2015/16	8.8	7.8%	3.4	3.0%	12.2	10.8%
2016/17	9.0	7.7%	3.7	3.2%	12.7	10.9%
2017/18	8.8	7.3%	4.3	3.6%	13.1	10.9%
2018/19	9.2	7.3%	4.6	3.6%	13.7	11.0%
2019/20	9.7	7.2%	4.7	3.5%	14.4	10.8%
2020/21	12.1	6.7%	6.2	3.4%	18.4	10.1%
2021/22	10.9	5.9%	6.2	3.4%	17.0	9.3%
2022/23	11.0	6.2%	5.6	3.2%	16.6	9.4%
2023/24	12.4	6.8%	5.7	3.1%	18.1	9.9%
2024/25	14.1	7.1%	6.2	3.1%	20.4	10.3%

Source: [Department of Health and Social Care Annual Report and Accounts 2022/23, 2024/25](#)

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