NHS
Counter Fraud Authority

Health Service Counter Fraud Strategy 2026 to 2029

Summary

Purpose

The Health Service Counter Fraud Strategy 2026 to 2029 sets out how the NHS Counter Fraud Authority (NHSCFA) will lead and coordinate fraud prevention, detection and response across the health sector.

The NHSCFA will act as the central body for collating, assuring and reporting system-wide counter fraud savings, and provide leadership and oversight across the sector. £600 million in measurable savings will be delivered by in the next three years.

This strategy builds on strong foundations. Under the previous 2023 to 2026 strategy, the NHSCFA and the wider health system counter fraud community achieved £590 million in counter fraud savings.

The new strategy takes that momentum further by focusing resources where they will deliver the greatest impact, using evidence-led action to reduce fraud and strengthening counter fraud capability across the system.

Challenge

Fraud, bribery and corruption divert vital funding away from patient care and weaken the NHS's ability to deliver safe, high-quality services.

The scale of the challenge is significant: the estimated risk of fraud across the health system in 2024 to 2025 stood at £1.346 billion - equivalent to the cost of running a large hospital for an entire year. Despite this, only 2.6% of estimated fraud risk funding is currently available to tackle the problem.

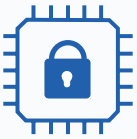
As the NHS moves forward under the 10 Year Health Plan, new and different fraud risks are emerging. Shifts in how the NHS operates, alongside increased use of digital systems, are creating new opportunities for fraud. These risks are made harder to manage by varied ways of working and inconsistent arrangements across NHS organisations.

This strategy sets out how the health sector can strengthen its counter fraud response alongside these developments, helping to reduce losses and ensure the NHS remains resilient to fraud.

Strategic focus

There are three core ambitions, each aligned with the direction of NHS reform set out in the 10-year Health Plan. They are as follows:

Embed fraud prevention within new and emerging models of healthcare delivery



Accelerate the transition from analogue to digital working through smarter use of data and technology

Shift from a reactive response to prevention by identifying fraud risks earlier and addressing them systematically

Implementation: counter fraud by design

The 2026 to 2029 strategy is built on the core principle of counter fraud by design. It will be delivered through five key plans, each with clearly defined outcomes.

1. Prevention by design

This plan focuses on embedding fraud-resilient design into all new healthcare models, ensuring that fraud prevention is a structural feature of delivery rather than an afterthought.

It will strengthen the response of health organisations to the failure to prevent fraud offence, build counter fraud culture and capability across the workforce, and improve benchmarking and fraud-prevention performance standards.

The expected outcomes are fewer opportunities for fraud, earlier action on vulnerabilities and a stronger fraud-aware culture across the system.

2. Digital, technology and data

The NHSCFA will use data analytics and artificial intelligence to prevent, detect and predict fraud, while shaping national NHS digital tools so that fraud resilience is built in from the outset.

This plan also includes conducting fraud loss measurement in high-risk areas and expanding and modernising the intelligence pipeline.

Faster detection, smarter prevention and more efficient operations are the intended results.

3. Embedding counter fraud in healthcare systems

Counter fraud will be integrated into commissioning and governance frameworks, with increased enforcement where responsibilities are not met.

This plan will strengthen standards, improve local leadership capability and enhance digital literacy and business intelligence for leaders across the system.

These efforts will create more resilient systems, establish clearer accountability and promote consistent practice in counter fraud work.

4. Strategic connections and partnerships

Working with the NHS, government and a range of regulators and partners, the NHSCFA will strengthen its leadership and position fraud resilience as an enabler of patient safety and financial sustainability. This plan supports improved governance and shared learning across the sector. The outcomes include better alignment across organisations, stronger awareness of fraud risks and more decisive enforcement and cultural change.

5. Sector resilience and performance

This plan will develop a future-ready operating model and focus effort on the highest risks. It will strengthen assurance and recovery powers and make the case for legislative change to reinforce those powers. The result will be measurable fraud reduction, clearer accountability and stronger national coordination of counter fraud activity.

By 2029, the strategy will deliver:

- Fraud resilient practice across the NHS
- Proactive, intelligence-led intervention
- Stronger investigations and enforcement
- Clear return on investment
- More unified counter fraud capability that protects patient resources across the wider counter fraud community

This strategy is a call to action for all those who design, commission and deliver NHS services. They will be supported to act with integrity, informed by high-quality intelligence and a skilled counter fraud community working in service of a safer, stronger health system.