

Research Briefing

17 October 2025

By Tom Powell

The 10 Year Health Plan for England

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Summary

The government's landmark [10 Year Health Plan for England, "Fit for the Future"](#), was published on 3 July 2025. It set out three strategic "shifts":

- from delivering care in hospitals to delivering care closer to home, in communities and in primary care
- to digital transformation of service delivery
- from a service treating sickness to one focused on preventing illness occurring in the first place

The government has committed a £29 billion real terms increase in day-to-day spending for the NHS in England, over the next three years (as announced in the June 2025 Spending Review) to fund reforms, service improvements and new technology.

In much of its initial communications the government has focussed on the 'left shift' to the community, and the plan's aims to create "[a neighbourhood health service](#)". The plan sets out how new and repurposed 'neighbourhood health centres' will bring together GPs and a range of other healthcare professionals under one roof, offering a range of services, and open at evenings and weekends.

Other aspects of the plan include workforce and leadership support, quality improvement, and measures which aim to boost patient experience and the productivity of services. It also includes proposals to reduce the number of bodies involved in regulating and assessing health services, as well as plans to improve public health and reduce health inequalities.

The plan sets out measures to promote research and innovation, and the adoption of new medical technology by the NHS.

The reforms to the health service are also taking place in a challenging context of demand and financial pressures, organisational change, and ongoing workforce issues. While many commentators have welcomed the aims of the 10 Year Health Plan, they have questioned how these will be achieved.

This briefing provides an overview of the plan, and some of the key stakeholder responses and analysis. It also notes some subsequent developments in the policy areas covered by the plan.

1 Introduction

1.1 A neighbourhood health service

In its press release announcing the 10 Year Health Plan the government focussed on the ‘left shift’ to the community, and the plan’s aims to create “a neighbourhood NHS”.¹

Under the plan, ‘neighbourhood health centres’ will house GPs and a range of other healthcare professionals, offering a range of services, and open at evenings and weekends. The plan states these centres will also offer services like debt advice, employment support and stop smoking or weight management services. The government has said a neighbourhood health centre will be established in every community, beginning with places where healthy life expectancy is lowest.²

The plan confirms the NHS will train “thousands more GPs”, to support a return to the family doctor model, and use new technology to support general practice.³

The document also commits to:

- improve access to NHS dentistry, improve children’s oral health and increase the number of NHS dentists working in the system
- increase the role of community pharmacy in the management of long-term conditions⁴

The plan says the move to a neighbourhood NHS will mean most outpatient care will take place outside of hospitals by 2035, with less need to attend appointments in hospital for ophthalmology, cardiology, respiratory medicine, and mental health.⁵

Personalised care plans for all those with complex needs and the introduction of 24/7 access to mental health support, is also promised as part of neighbourhood health services.⁶

¹ Gov.uk, [PM launches new era for NHS with easier care in neighbourhoods](#), 3 July 2025

² Department of Health and Social Care (DHSC), [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p10

³ As above.

⁴ As above.

⁵ As above, p39

⁶ As above, p10

1.2 Digital services

The government states the shift from analogue to digital “will transform the NHS from being a bricks and mortar service to a digitally led one, where patients can access care online and offline 24 hours a day, 365 days a year”.⁷ At the core of this shift is the government’s plans for an expanded NHS App, which it hopes will shift “power from ‘producer’ to patient.”⁸ By 2028, the plan states the NHS App will be a “full front door to the entire NHS”, making it easier for patients to book appointments and manage their care.⁹

The plan outlines there will be a new single patient record so patients will not have to repeat their medical history, and staff will have access to the key information they need to make safer, faster decisions. The Prime “Minister’s forward to the plan also states new technology “will liberate staff from time-wasting admin.”¹⁰ For example, the plan sets out how AI will be used to support task automation, including for clinical note taking.¹¹

1.3 Public health measures

The 10 Year Health Plan sets out the government’s mission to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing life expectancy for everyone, and “to raise the healthiest generation of children ever”.¹²

The plan aims to make it easier for people to make healthy choices by introducing:

- healthier sales reporting for large food retailers, along with targets for healthier sales
- restrictions on the advertising and promotion of less healthy foods, based on an update to the government’s 2004 nutrient profile model
- health and nutritional information on alcohol labels¹³

The plan also states the NHS will open up access to new weight loss services and treatments to tackle obesity, and introduce new screening programmes, including home kits to test for cervical cancer.¹⁴

⁷ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p22

⁸ As above, p49

⁹ As above, p11

¹⁰ As above, p7

¹¹ As above, p29

¹² As above, p11

¹³ As above, p12

¹⁴ As above, p12

1.4 Other measures included in the 10 Year Health Plan

Patient choice is a key theme running through the plan, with measures also aiming to improve patient experience. There is a focus on several other areas, including workforce strategy, tackling health inequalities, improving quality of care, technological innovation, and the efficiency and productivity of services. The plan sets out a new “financial foundation” for the NHS, including changes to the way resources are allocated.¹⁵

The document outlines major changes to local and national health and care organisations, with plans to abolish or relocate various bodies involved in planning, regulating and assessing NHS services in England. Many of these structural changes build on the March 2025 announcement that the government would abolish NHS England and reduce the running costs of integrated care boards (ICBs). Like the transfer of NHS England functions, some of the changes to statutory bodies outlined in the plan will require legislation to implement.

The plan proposes returning to a model of “earned autonomy” for NHS providers, with a revival of additional flexibilities for NHS Foundation Trusts (FTs), particularly around the financial freedom to reinvest surpluses, and to borrow for capital investment. The government proposes that the highest performing new FTs will be able to manage the entire healthcare budget for a local population, becoming “integrated health organisations” (IHOs).¹⁶

The 10 Year Health Plan does not include detailed strategy for specific health conditions but it refers to an upcoming national cancer plan, and also commits to the development of three ‘Modern Service Frameworks’ (for mental health, dementia and frailty, and cardiovascular disease), expected in 2026.¹⁷

1.5 The new operating model for the NHS

The 10 Year Health Plan sets out a new NHS operating model, “to deliver a more diverse and devolved health service”.¹⁸ This includes a smaller centre of the system, at Department of Health and Social Care (DHSC) and other national bodies, with a focus on fewer key priorities and mandated targets. The plan confirms seven NHS regions will remain, as part of DHSC performance management and oversight of providers. Integrated care boards are already being re-focused on strategic commissioning and

¹⁵ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p16

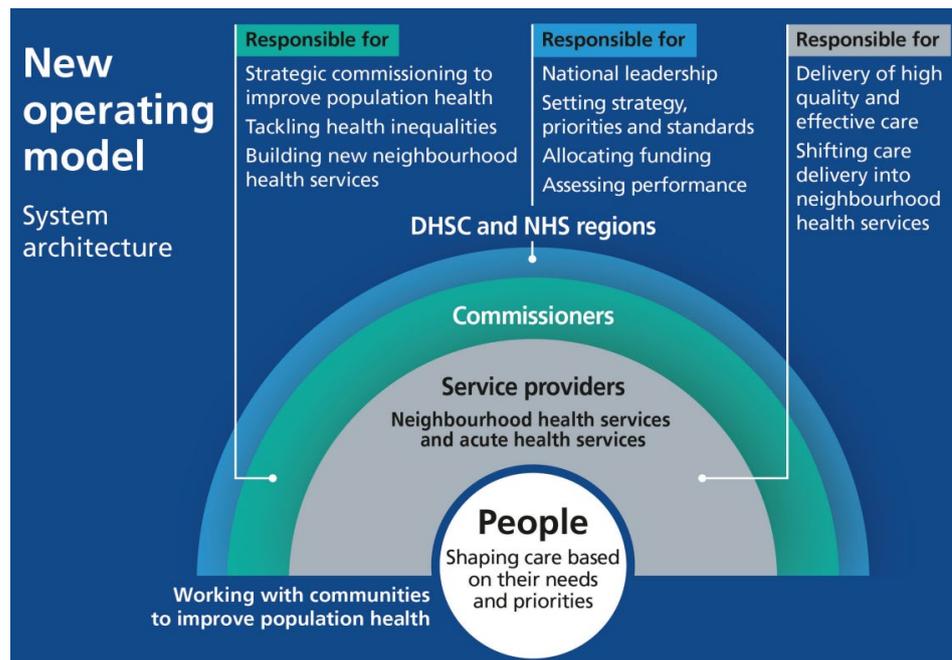
¹⁶ As above, p81

¹⁷ As above, p91

¹⁸ As above, p12

population health outcomes. There are also proposals for a new “failure regime” to address poor performers, and systems to reward the best performers, at individual and organisational level.¹⁹

Under this new operating model, the plan envisages greater use of multi-year budgets and financial incentives to enable investment in better outcomes. The government states that transparency, data and choice will be used to drive performance, with providers and commissioners measured against clear metrics and ranked on performance, with that information then provided to patients. They also want patient reported outcomes, experience and feedback to be used as measures of performance, and for patient choice to be supported by a new charter.²⁰



Source: DHSC, 10 Year Health Plan, 3 July 2025

1.6 Implementation

The publication of the 10 Year Health Plan was not accompanied by an implementation plan and further details are expected to emerge in subsequent NHS planning guidance, and other documents, including a new NHS Workforce Plan. The [NHS Confederation](#) has said that some detail on delivery will be essential to give local leaders enough information on how they will be supported and enabled to drive forward change.²¹

¹⁹ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p84

²⁰ As above, p78

²¹ NHS Confederation, [Key questions the ten-year plan will need to answer](#), 2 July 2025

The Health Service Journal has reported that a delivery plan might be incorporated into the NHS England planning guidance for 2026-27.²²

On 8 September 2025 NHS England published a new Planning Framework for the NHS in England, setting out the relationship between the centre, regions and ICBs.²³ This provides a guide for NHS bodies in developing their five-year plans, which the framework says should “deliver on local priorities as well as shared national ambitions for the NHS as set out in the 10 Year Health Plan”.²⁴

The Secretary of State for Health and Social Care provided an update on delivery, and announced the first 43 places selected for the deployment of neighbourhood health services, in a speech to the King’s Fund on 9 September 2025.²⁵

Some parts of the plan are expected to need primary legislation to implement, including changes to statutory responsibilities. For example, changes to statutory bodies, including the transfer of NHS England functions and changes to ICBs, are expected to require legislative change.

The plan includes some specific commitments to legislation, including:

- a legal duty to give people access to their single patient record
- establishing a statutory barring system for failing NHS managers, to prevent them working in the NHS again

These changes are likely to be subject to further public consultation and engagement with staff and other stakeholders.²⁶

1.7

Stakeholder response to the 10 Year Health Plan

The government’s press release for the plan quoted supportive comments from representatives of several health bodies and charities. Matthew Taylor, chief executive of the NHS Confederation, commented that “our members... are eager to work with the government to help turn this bold vision into lasting change”. He noted that the shift of more care into the community is a vital step towards a more preventative, community-based NHS. He also noted the importance of building on successes in local services, and investing in digital and estates:

²² Health Service Journal, [Exclusive: 10-Year Plan published without delivery chapter](#), 3 July 2025

²³ NHS England, [Planning framework for the NHS in England](#), 8 September 2025

²⁴ As above.

²⁵ Gov.uk, [Our shared commitment to creating a healthier, fairer Britain](#), 9 September 2025; see also; Gov.uk, [Millions of people to benefit from healthcare on their doorstep](#), 9 September 2025

²⁶ See for example [DHSC written statements HCWS873](#) [Consultation response on proposals to regulate NHS managers], 21 July 2025

Bringing care closer to people's homes through blended neighbourhood health teams recognises the complex and interconnected challenges many patients face, and it is the right direction for both improving outcomes and alleviating pressure on hospitals.

In many areas of the country, general practices working at scale through primary care networks and GP federations are already partnering alongside other organisations to deliver joined-up care. It will be important to build on these positive successes.

Delivering on this ambition will require sustained investment in digital and estates, support for the NHS's workforce, and a commitment to decentralise national control by empowering local leaders to do what is best for their populations.²⁷

In their initial response to the publication of the plan, Thea Stein, chief executive of the Nuffield Trust, said there was a lack of detail on how it should work, and warned the government that the shift to healthcare in the community and to new technology are not necessarily money-saving measures:

This plan contains a litany of initiatives and the belief that they will be the NHS's saviour, with little detail on how the ailing health service is to deliver these changes. (...)

This plan, like so many before it, assumes that technological advancement and preventing ill health will save money. Care closer to home doesn't mean care on the cheap and technology has a long history of costing health services more, not less. What's more, where previous plans have been backed by significant extra funds, the hope and prayer here is that the NHS can achieve this extraordinary transformation without much new money.²⁸

Sarah Woolnough, chief executive of the King's Fund, said there was plenty to welcome in the plan but what people would want to know is, why the plan would succeed when other similar policies had not, and how soon it would lead to better access to services:

When will it mean people can see a GP more easily, or get mental health support for their child, or not wait hours in A&E?

There is plenty to welcome in the details we've seen so far, with the biggest changes outlined being about how people access NHS services, with the rollout of new neighbourhood health centres and a much greater role for the NHS app.

At the King's Fund our call for a fundamental shift of care from hospital to community and a more people-first approach has been echoed by successive governments, so, whilst welcome, the vision itself is not new, the radical change would be delivering the vision.²⁹

²⁷ Gov.uk, [PM launches new era for NHS with easier care in neighbourhoods](#), 3 July 2025

²⁸ [Nuffield Trust response to the 10 Year Health Plan](#), 3 July 2025

²⁹ [The King's Fund comments on the government's forthcoming 10 Year Plan for health](#), 3 July 2025

Dr Jennifer Dixon DBE, chief executive of the Health Foundation, welcomed the broad ambitions of the 10-year health plan but said “these are not new ideas and questions remain about how they will be implemented and whether they will be backed by sufficient resources.”:

On the face of it, proposals to develop more integrated neighbourhood health services look similar to a long line of NHS policy initiatives, and it’s unclear whether past lessons have been learned to enable the latest versions to succeed. Plans to abolish or merge a swathe of NHS bodies and change the roles of many others might promise a less fragmented structure, but the NHS risks getting lost in organisational change when it should be focused on improving patient care.³⁰

The British Medical Association (BMA) said that “questions remained” on who would staff the new neighbourhood health services and how they would be funded. Dr Tom Dolphin, council chair of the BMA, said: “The success of the plan, and whether it will improve patients’ care and the public’s lives, will hinge on whether it genuinely addresses the workforce shortages, and values and empowers professionals on the front line, or just rearranges deck chairs on a sinking ship”.³¹

The Royal College of Nursing (RCN) said making the plan’s vision for the NHS a reality, a new fully funded plan is needed to grow the nursing workforce – especially in community roles.³²

In September 2025 the Health Foundation published detailed analysis of health and social care policy during Labour’s first year in power, up to the publication of the 10 Year Health Plan.³³ This provides an assessment of the government’s record across six themes:

- funding
- system reform and oversight
- funding flows and incentives
- workforce
- data, digital and technology
- improving and redesigning care.

The Health Foundation report notes that it is too early to assess the impact of reforms but that the government needs a coherent policy agenda to make their promises a reality. They conclude that the government’s broad vision for

³⁰ [The Health Foundation responds to the 10 Year Health Plan](#), 3 July 2025

³¹ [British Medical Association responds to publication of 10 Year Health Plan](#), 3 July 2025

³² Royal College of Nursing (RCN), [Reset needed for NHS 10 Year Health Plan in England to succeed](#), 3 July 2025

³³ The Health Foundation, [Labour’s first year: assessing the government’s record on NHS and social care policy so far](#), September 2025

change is welcome but detail on how this will happen is lacking and resources to deliver reform are limited.³⁴

On 30 September 2025 the [BMJ Commission on the Future of the NHS](#) published an article about the delivery of the 10 Year Health Plan, which also raised questions about how its ambitions will be achieved. The authors highlight the importance of focusing on top priorities, and engaging patients, the public, and the workforce in implementation.³⁵

Both the Health Foundation report and the BMJ Commission article say the government's plans for NHS reform lack a guiding theory for how the NHS should improve, and a clear theory of change needs to be developed and consistently applied. They also note the importance of also addressing wider structural determinants of health through a strategically led, committed, cross sector approach.³⁶

1.8 The response in Parliament

Commons statement, 3 July 2025

In response to the Commons announcement of the 10 Year Health Plan the then shadow health secretary Edward Argar welcomed its ambition, and noted the previous Conservative administration had made progress on some of the shifts in care, which have been longstanding aims of successive governments. However, he said the plan was “sketchy on some of the details of delivery”. Liberal Democrat health spokesperson Helen Morgan welcomed much of the plan for the NHS but said it “ignores the social care crisis”.³⁷

The acting chair of the Health and Social Care Select Committee, Paulette Hamilton, said “the plan represents a major opportunity for constructive reform of the health and social care system, and looked forward to Secretary of State coming to the Committee to be scrutinised on it. Wes Streeting acknowledged “We will not get everything right and we will make mistakes along the way. We will listen and always learn and reflect.” He said “It is now our responsibility to mobilise the more than 1.5 million people who work in the NHS, the more than 1.5 million people who work in social care and our whole country behind a national mission to get our NHS back on its feet, to make sure it is fit for the future and to make sure, fundamentally, that we attack the injustices that lead to ill health, so that we have a fairer Britain where everyone lives well for longer.”³⁸

³⁴ The Health Foundation, [Labour's first year: assessing the government's record on NHS and social care policy so far](#), September 2025

³⁵ Klaber B et al, [Delivering on the 10 year health plan for England](#). BMJ, 30 September 2025

³⁶ As above.

³⁷ Commons Hansard, [NHS 10 Year Plan](#), 3 July 2025

³⁸ As above.

Edward Argar, and Sir Bernard Jenkin, noted concerns about plans to transfer the Health Services Safety Investigation Body (HSSIB) into the Care Quality Commission (CQC), as part of a wider rationalisation of regulatory functions. Noting that HSSIB was not a regulatory body, and more akin to one of the independent investigatory bodies in the transport sector, Sir Bernard commented that the Public Administration Committee (as it was) had advocated for the establishment of HSSIB following a number of patient safety scandals.³⁹

Health and Social Care Select Committee

On 14 July 2025 the Committee took evidence from the Secretary of State, DHSC Director General for the 10 Year Health Plan, Sally Warren, and Sir Jim Mackey, Chief Executive of NHS England. Questions covered the delivery of the three shifts, and other aspects of the plan such as the workforce. Members also raised specific areas of care, including health inequalities in maternity services, and access to dentistry and palliative care. The Committee also raised concerns about patient safety and the future of Healthwatch.⁴⁰

On 9 September 2025 the Committee again took evidence from the Chief Executive of NHS England, Sir Jim Mackey, and other senior NHS leaders. The session covered plans for NHS England, as well as a number of questions about what the 10 Year Health Plan will mean for joint working between the NHS and local government, and for NHS regional accountability.⁴¹

³⁹ Commons Hansard, [NHS 10 Year Plan](#), 3 July 2025

⁴⁰ [Oral evidence to the Health and Social Care Committee on the 10-Year Health Plan, 14 July 2025](#)

⁴¹ [Oral evidence to the Health and Social Care Committee on the work of NHS England, 9 September 2025](#)

2 Background to the development of the 10 Year Health Plan

2.1 Change NHS: public and staff engagement

Eight months before the 10 Year Health Plan was published, the government launched [Change NHS](#), “a national conversation” to develop the plan. This was announced on 21 October 2024, in a written statement to Parliament.⁴²

In developing the plan, the government said it wanted to start by asking the public and staff what was most important to them. The Secretary of State for Health and Social Care said the plan “...will have patients’ and staff’s fingerprints all over it”.⁴³

The government ran a series of regional ‘deliberative events’ with the public and staff, to provide opportunities for open discussion and to hear from a variety of perspectives.⁴⁴

The engagement exercise also involved charities and national organisations, health and care providers, local government, and others. DHSC established 11 policy [working groups](#) to consider the future vision for the NHS, and the areas of the NHS that will need to change to achieve this.

The Change NHS website states that since its launch it has received more than 1.9 million visits, and public and staff engagement has included:

- Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions to get their views on how to deliver the three shifts.
- Over 1,600 responses from organisations, and meetings with partners to “channel the views of seldom-heard voices”.
- Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. “This included those whose voices are often underheard such as Gypsy, Roma and Traveller communities, people

⁴² DHSC written statement HCWS147, [10 Year Health Plan: Building a health service fit for the future](#), 21 October 2024

⁴³ Gov.uk, [Government issues rallying cry to the nation to help fix NHS](#), 21 October 2024

⁴⁴ Deliberative engagement is a widely used methodology that involves communities in decision-making.

with alcohol and drug dependence and people experiencing homelessness.”⁴⁵

A response to a parliamentary question on 1 September 2025 confirmed the total cost of the contract for delivering Change NHS was £3.3 million. This included some increases in costs due to the larger than expected number of responses received during the engagement exercise, and the ensuing analysis required. In total, the Department received over 270,000 contributions.⁴⁶

2.2

Labour’s health mission

The 10 Year Health Plan builds on Labour’s health mission, announced by Sir Keir Starmer in a speech in May 2023.⁴⁷ The headline ambitions are to “build an NHS fit for the future”, to target improvements in access to NHS services, in survival rates from “avoidable killers” (including cancer, cardiovascular disease and suicide), as well as better health and health equity (with a target to improve healthy life expectancy for everyone and halve gaps in healthy life expectancy between English regions).⁴⁸

To achieve its health mission, Labour’s 2024 election manifesto said it would prioritise preventing ill health, shifting NHS care out of hospitals and into the community, and expanding the health system’s capacity—including more staff and new technology. It also pledged to “tackle the social determinants of health”.⁴⁹

The Darzi report (September 2024)

The government published Professor Lord Darzi’s independent investigation of the NHS in England on 12 September 2024.⁵⁰ The Secretary of State for Health and Social Care had asked that the review should identify the major themes to be considered in the 10 Year Health Plan, including a focus on the “three shifts”. Lord Darzi recommended that the NHS should:

- re-engage staff and re-empower patients
- embrace new multidisciplinary models of care for “a neighbourhood NHS”, bringing together primary, community and mental health services

⁴⁵ [Change NHS](#)

⁴⁶ [PQ69703, 1 September 2025](#)

⁴⁷ The Labour Party, [Keir Starmer unveils Labour’s mission to create an NHS fit for the future](#), 22 May 2023

⁴⁸ As above.

⁴⁹ [Change, Labour Party Manifesto 2024](#) (PDF)

⁵⁰ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

- drive productivity in hospitals by fixing patient flow, through better operational management, and capital investment in modern buildings and equipment
- better contribute to the nation's prosperity, by supporting people back to work and by supporting British life science companies⁵¹

Just over a month after Darzi reported, the government launched Change NHS, its national conversation to develop the 10 Year Health Plan.

Plan for Change (December 2024) and the government's 2025 mandate to the NHS

On 5 December 2024 the government published [Plan for Change: Milestones for mission-led government](#). This confirmed the long-term direction of NHS policy towards the three shifts. It also set the target that by the end of this Parliament, 92% of patients will start consultant-led treatment for non-urgent health conditions within 18 weeks of referral.⁵² The government's plans and priorities for the NHS in England were further outlined in [Road to recovery: the government's 2025 mandate to NHS England](#), published in January 2025.

⁵¹ Gov.uk, [Independent investigation of the NHS in England \(the Darzi review\)](#), 12 September 2025

⁵² The government's waiting time commitments are set out in [Plan for Change](#), presented by the Prime Minister on 5 December 2024.

3 The three shifts

3.1 Hospital to community

Moving care from hospitals to the community and primary care (sometimes described as the ‘left shift’) has been a long-term policy objective for successive governments and NHS leaders. However, this has not led to a sustained shift of resources from NHS hospitals to community and primary care services.⁵³

The idea of a ‘neighbourhood health service’ is at the heart of the current government’s vision for the NHS. The term was used in Labour’s 2024 [election manifesto](#), as part of its commitment to deliver care closer to home. The development of integrated neighbourhood teams, bringing together a range of health and social care professionals and covering populations of 30,000 to 50,000, was also recommended by the [Fuller ‘stocktake’](#) in 2022.⁵⁴ Multi-disciplinary teams also formed one of the six core components described in [neighbourhood health guidance](#) published by NHS England in January 2025.

Community services can refer to a wide range of care, treatment and health promotion advice provided outside of hospital. Many of these services are focussed on the needs of children, older people and vulnerable patients, and involve partnership working across health and social care teams. Services are provided by a wide variety of professionals including community nurses, allied health professionals, district nurses, mental health nurses, therapists and social care workers.⁵⁵ When people refer to health services in the community, this often also includes services provided by mental health trusts, as well as GP practices, pharmacies and other ‘primary care’ providers.⁵⁶

The Darzi review said the shift of care closer to home would only succeed by “hardwiring” financial flows away from hospitals.⁵⁷ He noted that successive governments had promised to shift care away from hospitals and into the community but in fact the reverse has happened: both hospital expenditure

⁵³ The King’s Fund, [Neighbourhood health: The idea isn’t radical but implementing it would be](#), February 2025

⁵⁴ This Fuller stocktake was the final report by Dr Claire Fuller, then Chief Executive-designate of Surrey Heartlands Integrated Care System and a GP, and now Primary Care Medical Director of NHS England. The report considered models of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry). See [NHS England, Next steps for integrating primary care: Fuller stocktake report](#), 26 May 2022.

⁵⁵ [NHS England, What are community health services](#)

⁵⁶ The King’s Fund, [The Government Wants a ‘Neighbourhood Health Service’. The First Step is to Agree What That Means](#), 10 March 2025

⁵⁷ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

and hospital staffing numbers have grown faster than the other parts of the NHS⁵⁸, while staff numbers in some of key out-of-hospital services have declined (such as district nurses⁵⁹).

[NHS Providers](#) has noted that between 2006 and 2022 the share of the NHS budget spent on hospitals increased from 47% to 58%.⁶⁰ Lord Darzi noted the “status quo” on funding is reinforced by performance standards which are focused on hospitals, where pressures are often most apparent to ministers and the public.⁶¹

The government has said it will shift the pattern of health spending so that over the course of the plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out of-hospital care.⁶²

A neighbourhood health service

One of the central aims of the 10 Year Health Plan is to bring care closer to where people live, through a new neighbourhood health service, in order to deliver more proactive and personalised care. This could mean more care in people’s homes, bringing things like mental health support, post-op rehab, and nursing to “people’s doorsteps” (with community health workers and volunteers trialling “door to door” outreach), as well as an expansion of local services, such as neighbourhood health centres.

The plan states that “At its core, the neighbourhood health service will embody our new preventative principle that care should happen as locally as it can: digitally by default, in a patient’s home, if possible, in a neighbourhood health centre when needed, in a hospital if necessary”.⁶³

The section of the plan on neighbourhood health services includes specific commitments to increase personalised care, including:

- ensuring people with complex needs have an agreed care plan by 2027, and

⁵⁸ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

⁵⁹ In May 2025 the [Nuffield Trust](#) reported that between 2009 and 2024 the number of staff recorded in NHS district nurse roles fell by 43%, from 7,643 to 4,322. In comparison, over that period the number of adult nurses in hospitals increased by that same level (43%). The Nuffield Trust note that some of the decrease, from around 2011, may be attributed to a policy-led shift to provide more community services through voluntary and independent sector providers.

⁶⁰ NHS Providers, [Bringing care closer to home: making the shift to community a reality](#), 2 June 2025

⁶¹ [Summary letter from Lord Darzi to the Secretary of State for Health and Social Care](#), 15 November 2024

⁶² DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p137

⁶³ As above, p9

- at least doubling the number of people offered a Personal Health Budget by 2028/29, offering 1 million people a Personal Health Budget by 2030, and ensuring it is a universal offer for all who would benefit by 2035.⁶⁴

Neighbourhood health services also encompass plans for remotely monitoring patients at home (sometimes referred to as virtual wards), with the government committing to “undertake national procurement for a new platform available to all NHS provider organisations. This will include the ability to remotely monitor patients, with data flowing through to the NHS App and single patient record – enabling proactive management of patients to become the new normal.” The Health Service Journal has reported that this clarifies that virtual wards will be rolled out nationally.⁶⁵

The government has said neighbourhood health services will be designed in a way that reflects the specific needs of local populations, with “significant licence to tailor the approach to local need”, meaning they will look different in different communities.⁶⁶

Following publication of the plan, NHS England sought applications from areas to join their [neighbourhood health implementation programme](#). On 9 September 2025 the government announced the first parts of the country that had been selected to deploy neighbourhood health services. The government state that each of the 43 ‘wave 1 sites’ will be allocated a programme lead who will work with existing local services to set up a new neighbourhood health service. They will initially focus on supporting people with long-term conditions in areas with the highest deprivation. As the programme grows, the expectation is that these neighbourhood health services will expand to support other patient groups.⁶⁷

Stakeholder comment on neighbourhood health services

The King’s Fund has highlighted the importance of ensuring real co-design with communities, and the leverage of existing networks, in establishing neighbourhood health services. They say this will involve “recognising the voluntary, community and social enterprise (VCSE) sector not just as service providers (as is presented in this plan) but as a strategic partner, advocate and bridge to communities”.⁶⁸

⁶⁴ A Personal Health Budget is an amount of money that the NHS allocates to an eligible individual patient (or their representative), who can then work with the NHS to decide on how to spend this to support their health and wellbeing needs (see NHS website: [What is a personal health budget?](#))

⁶⁵ Health Service Journal, [National virtual ward system promised in 10-Year Plan](#), 3 July 2025

⁶⁶ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p35

⁶⁷ Gov.uk, [Millions of people to benefit from healthcare on their doorstep](#), 9 September 2025; further background can be found in the Health Service Journal article, [The Integrator: 141 Ten-Year Plan ‘test beds’](#), 12 September 2025

⁶⁸ The King’s Fund, [Truly Fit For The Future? The 10 Year Health Plan Explained](#), 5 July 2025

The King's Fund has also called for general practice and [community services](#) to be the cornerstones of neighbourhood health, while noting they currently lack capacity to lead this shift without significant support. They note that where NHS trusts assume responsibility for neighbourhood health services, this will need to be done in partnership with local organisations and with a focus on population health, rather than reducing the pressures on existing hospital services: "The neighbourhood health service must be fundamentally different and more than a local, smaller outpost of an NHS hospital."⁶⁹

In a letter to ministers, Katie Bramall, chair of the BMA General Practitioner Committee for England, warned that GPs were worried about being left behind as integrated care boards and NHS trusts work together to "secure influence at a neighbourhood level".⁷⁰

The NHS Confederation has published resources on their [neighbourhood working hub](#), including 'Delivering a neighbourhood health service: what the 10 Year Health Plan means for local integration', published on 26 August 2025.

Neighbourhood health centres

Neighbourhood health centres (NHCs) will co-locate multidisciplinary teams, including NHS, local authority and voluntary sector services "to help create an offer that meets population need holistically". The plan states that NHCs will bring historically hospital-based services such as diagnostics, post-operative care and rehabilitation into the community, while also "offering services like debt advice, employment support and smoking cessation or weight management services". The government promises NHCs will be established in every community, beginning with places where healthy life expectancy is lowest.⁷¹

Following his statement to the Commons on 3 July 2025, the Secretary of State said he hoped there would be 40-50 new NHCs established during this Parliament.⁷² It has been reported there will be around 200 new centres by 2035.⁷³ The plan states NHCs will be open at least 12 hours a day and six days a week.

The plan commits to rapidly develop a business case to use public-private partnerships (PPPs) for new NHCs, ahead of a final decision at the Autumn Budget.⁷⁴ The NHS Confederation and Community Health Partnerships (a DHSC owned company) have announced a programme of work to help the

⁶⁹ The King's Fund, [Truly Fit For The Future? The 10 Year Health Plan Explained](#), 5 July 2025

⁷⁰ [GPs must lead new neighbourhood health hubs, union demands, as nurses threaten strikes | The BMJ](#), 1 August 2025

⁷¹ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p36

⁷² Commons Hansard, [NHS 10-Year Plan](#), 3 July 2025

⁷³ BBC News, [PM says new plan will 'fundamentally rewire' the NHS](#), 2 July 2025

⁷⁴ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p16

development of NHCs through better use of existing community infrastructure and assets.⁷⁵

Some GPs are concerned that the current GP partnership model⁷⁶ may be undermined by NHCs being managed by NHS trusts. The BMA's General Practitioners Committee has described this as an “existential threat” to GPs.⁷⁷

Urgent and emergency care

The 10 Year Health Plan promises to deliver more urgent care in the community, either in people's homes or through neighbourhood health centres. It also commits to:

- Expand same day emergency care services and co-located urgent treatment centres.
- Enable patients to book into the most appropriate urgent care service via 111 or the NHS App, before attending (from 2028).
- Invest “up to £120 million to develop more dedicated mental health emergency departments, to ensure patients get fast, same-day access to specialist support in an appropriate setting”.⁷⁸

General practice

Improving access to general practice is one of the key priorities for the public. In February 2025 new public polling carried out by Ipsos showed that making it easier to get appointments at GP practices was the top public priority for the NHS.⁷⁹ One of the many new services promised by an expanded NHS App, according to the plan, will allow patients to book GP appointments, including same-day GP appointments, for people who need one.⁸⁰ On 1 October 2025 the government introduced a requirement for GP practices to keep online consultation and appointment booking systems open throughout the day, as an alternative having to call their surgery or visiting in person.⁸¹

The plan also pledges to train “thousands more GPs”, to support a return to the family doctor model (whereby patients will always see the same GP), and to use new technology to reduce time spent on admin. This includes extending the use of ambient voice technology (‘AI scribes’) to reduce the burden of

⁷⁵ NHS Confederation, [Supporting the development of neighbourhood health centres](#), 5 September 2025

⁷⁶ The GP partnership model is a business and legal structure in the UK where GPs work as independent, autonomous business partners, jointly owning a practice and sharing its resources, responsibilities, and profits. This model has been in place since before the start of the NHS.

⁷⁷ Pulse Today, [Hospitals could take on contracts where GPs 'are not stepping up', says NHSE lead](#), 4 July 2025

⁷⁸ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p10

⁷⁹ Health Foundation, [GP access tops list of public concerns about the NHS](#), 25 February 2025

⁸⁰ House of Commons Library, [General Practice in England](#), March 2025

⁸¹ Gov.uk, [Online GP appointment requests available everywhere from today](#), 1 October 2025

clinical notetaking. It also states that new digital telephony will make it easier for patients to access appointments.

The government has said it will introduce two new GP contracts, as an alternative to the traditional partnership model, with roll-out beginning in 2026. The plan states these new neighbourhood primary care contracts will provide for a “single neighbourhood provider” and a “multi-neighbourhood provider”. These aim to encourage and allow GPs to work over larger geographies and lead new neighbourhood providers:

The ‘single neighbourhood provider’ contract is expected to deliver enhanced services for groups with similar needs over a single neighbourhood (c.50,000 people). The plan notes that in many areas, “the existing primary care network (PCN) footprint is well set up as a springboard for this type of working”.⁸²

The ‘multi-neighbourhood provider’ contract will cover areas of around 250,000 people, or larger populations. These larger providers will deliver care that requires working across several different neighbourhoods (for example, end of life care). Multi-neighbourhood providers will also be responsible for unlocking the advantages and efficiencies possible from greater scale.

Members of the British Medical Journal (BMJ)’s Commission on the Future of the NHS have welcomed the commitment to “bringing back the family doctor” but noted concerns that a neighbourhood contract at scale of 50,000 or more people “risks making care more remote and difficult to access, especially for those more disadvantaged (for example, in terms of transport and mobility) and those in more rural areas”.⁸³

The Chair of the BMA’s General Practitioners Committee (GPC) also welcomed the plan’s focus on resourcing primary and community care but cautioned that the creation of NHCs must not result in GP premises being “left to wither.” GPC Chair Katie Bramall said more details were needed on how “untested” neighbourhood structures would be delivered and costed. She said, “The creation of neighbourhood health centres must not divert staff or resources from local GP practices and must not come at the cost of ignoring dilapidated general practice estates...”.⁸⁴

The Royal College of General Practice (RCGP), the professional membership body for GPs, has also commented on the role of GPs in NHCs, saying that “Many GP practices across the country will already be working in ways similar to what is being described alongside local community services.” The RCGP

⁸² DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p32

⁸³ British Medical Journal (BMJ), [Delivering on the 10 year health plan for England, 30 September 2025](#)

⁸⁴ BMJ, [General practices must not be “left to wither” in new neighbourhood health plans, leader warns](#), 7 July 2025

state more detail is needed on how these centres will be delivered and funded.⁸⁵

The plan states that “Where the traditional GP partnership model is working well it should continue...”.⁸⁶ However, the BMA’s GPC has criticised the plan for not committing to a new core GP contract and opening the door to NHS trusts running more GP practices. The GPC has recommended GPs should rapidly start “collaborative discussions” with their peers about developing joint “models” to fit in with the government’s proposed development of neighbourhood health services.⁸⁷

Access to NHS dentistry

Under the “hospital to community” shift, the government has committed that “By 2035, the NHS dental system will be transformed.” The plan sets its aim to “improve access to NHS dentistry, improve children’s oral health and increase the number of NHS dentists working in the system by making the dental contract more attractive, and introducing tie-ins for those trained in the NHS”.⁸⁸

More specifically the plan sets out:

- A requirement for a “tie-in” for new dental graduates for a minimum period of NHS service of three years. This follows a consultation launched under the previous government (launched May 2024).
- That dental therapists and dental nurses will work as part of neighbourhood teams to provide integrated and proactive care. Dental therapists will undertake check-ups, treatment, and referrals, while dental nurses would lead individual and community oral health education efforts.
- Improved dental care access for children by “upskilling professionals to work at the top of their clinical potential” beginning in 2026 to 2027, building on the previously announced supervised toothbrushing scheme.
- A commitment to “improving the dental contract” in the short-term, for instance introducing payments to cover the cost of treating patients with higher needs.
- To “begin the process of more fundamental contract reform” this year.⁸⁹

⁸⁵ Royal College of General Practice (RCGP), [An encouraging vision but more details needed](#), RCGP responds to Government’s plans to roll out Neighbourhood Health Services, 2 July 2025. Further reaction for organisations representing GPs can be found here: [Live reaction to the government’s 10 Year Health Plan - Pulse Today](#)

⁸⁶ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p30

⁸⁷ Health Service Journal, [GPs urged to join forces to avoid ‘imposition’ of neighbourhood providers](#), 30 July 2025

⁸⁸ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p10

⁸⁹ As above, p31

On 9 July 2025, the Health and Social Care Committee held an evidence session on NHS dentistry. The Committee asked for clarity about how the tie-in would work in practice. The Minister confirmed that there will be a requirement for a percentage of new graduate's work to be undertaken in the NHS. It was confirmed by Ed Scully, Director for Community and Primary Care at DHSC, that 15-18% of new graduates, in the year after foundation training, don't do any NHS work at all.⁹⁰

At the same session, the Health Minister Stephen Kinnock confirmed that a "fully reformed contract" would be implemented in this Parliament, and that contract negotiations would begin after the "financial envelope" for dentistry in this Spending Review year is agreed, likely by the end of the summer.⁹¹

In the meantime, the Government announced a consultation on NHS dental contract "quality and payment reforms". The aim of the proposals is to navigate some of the features of the current contract dental teams find "frustrating to deliver". The consultation closed on 19 August 2025, with analysis of feedback currently underway.⁹²

3.2 Analogue to digital

The 10 Year Health Plan sets out an ambition for the NHS to become "digital by default". It aims to roll out new technologies and digital approaches to modernise the NHS, including bringing together a single patient record.

The government says it wants to use an expanded NHS App and other new digital tools, to empower people to manage their own health and care. The government has also said that successful adoption of digital health technologies across a range of clinical areas may also lead to improved patient outcomes, reduced waiting times and improved economic activity, by supporting people to stay in or return to work.⁹³

The plan states that improving services for public and patients through digital means could deliver a return of more than £6 on every £1 invested.⁹⁴

The plan sets out several examples of how new technology will be used:

- To allow patients to leave feedback on the care they have received - compiled and communicated back to providers, clinical teams and professionals in easy-to-action formats.

⁹⁰ [Health and Social Care Committee oral evidence on NHS dentistry, 9 July 2025](#)

⁹¹ As above.

⁹² Gov.uk, [NHS dentistry contract: quality and payment reforms - consultation document](#), accessed on 12 September 2025

⁹³ [DHSC written statement HCWS756 \[on preventing ill health\]](#), 30 June 2025; See also: article in The Times [Wes Streeting: the NHS must embrace a tech revolution to thrive](#) (29 June 2025)

⁹⁴ This is based on unpublished internal analyses from the DHSC, see DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p51

- For continuous monitoring to help make proactive management of patients the new normal, allowing clinicians to reach out at the first signs of deterioration to prevent an emergency admission to hospital.
- To build an online “Healthstore” where the public can access approved health apps, including those evaluated by the National Institute for Health and Care Excellence (NICE) to ensure clinical effectiveness for patients and cost-effectiveness for the NHS.⁹⁵

When launching the plan, the government outlined how it will help NHS staff benefit from administrative efficiencies from new technology, including the use of “AI scribes” to “end the need for clinical notetaking, letter drafting, and manual data entry to free up clinicians’ time to focus on treating patients”. The government claim that saving just 90 seconds on each GP appointment can save the same time as adding 2,000 more doctors into general practice.⁹⁶

Changes to the NHS App

The plan sets out that by 2028, the NHS App will act as a “full front door to the entire NHS” with new functionalities being introduced in every subsequent year of the next 10 years.⁹⁷

The plan states that, through the app, patients will be able to:

- get instant advice and help finding the most appropriate service
- choose their preferred provider, based on which delivers the best outcomes, has the best feedback or is closest to home
- book directly into tests where clinically appropriate, hold consultations, manage their medicines, and book vaccines
- manage a long-term condition, get extra care and support, and access and upload health data
- manage their children’s healthcare, or co-ordinate the care of others

The government outlines further features of specific new tools:

- The ‘My specialist’ tool will allow patients to make self-referrals to specialist care, “where clinically appropriate”, without the need for a GP referral. From the outset this is expected to include self-referral for musculoskeletal services, mental health talking therapies, and podiatry

⁹⁵ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p51-2

⁹⁶ Gov.uk, [PM launches new era for NHS with easier care in neighbourhoods](#), 3 July 2025

⁹⁷ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p49. Currently the NHS App can be used for services including: ordering repeat prescriptions, booking and manage appointments, and viewing parts of an individual’s health records (see [About the NHS App](#)).

and audiology services. This aims to speed up access and reduce pressure on GPs.

- The 'My Companion' tool “will help patients articulate their health needs and preferences confidently - providing information about a health condition if they have one, or a procedure if they need one. It will support patients to ask questions, including any they may have forgotten about or felt too embarrassed to raise at an in-person appointment”.⁹⁸
- 'My Consult' will allow patients to connect with a clinician for a remote consultation and will give patients the information about what each appointment is for.
- The 'My Care' tool is described as a “one-stop shop for managing [patient's] care” allowing patients to view their care plan, book and manage appointments, enrol on clinical trials, and access their single patient record. The ambition is that over time, My Care will “increasingly link to services outside the NHS” such as the voluntary sector, social enterprises, community groups and local government.
- 'My Medicines' will allow users to organise and manage repeat prescriptions, alongside reminding patients what medications they need to take and when. In the longer term, the plan states that My Medicines will be able to guide patients on drug interactions and help avoid adverse reactions, which is estimated to cost the NHS up to £2.2 billion per year.⁹⁹
- 'My Vaccines' will allow patients to see their vaccines are up to date and book appointments.
- 'My Health' will bring all health data into one place, including real-time data from wearables, biometric sensors or smart devices.
- 'My Children' will help parents collect their children's health information in one place, described as “a 21st century alternative to the 'red book'”.
- 'My Carer' will allow approved carers to access the app on their patient's behalf. For unpaid carers, this will allow them to book appointments and communicate with care teams. For carers, the government states “this will streamline their care responsibilities...giving them a means to seek advice or reassurance directly from a range of professionals when they need it”.

⁹⁸ Gov.uk, [NHS App overhaul will break down barriers to healthcare and reduce inequalities](#), 25 June 2025

⁹⁹ Osanlou R, '[Adverse drug reactions, multimorbidity and polypharmacy: a prospective analysis of 1 month of medical admissions](#)' (2022)

- ‘My GP’ will enable patients to book a remote or face-to-face appointment and receive personalised advice using a new AI tool.¹⁰⁰

The plan says “inclusion will be designed into the NHS App by default”, with health information tailored to the needs of people from different backgrounds. It promises people who may have lower digital literacy will be “proactively identified” so their support needs can be addressed. The plan also states “We will involve patient groups and patient organisations in the development and testing of new App functionality”.¹⁰¹

Single Patient Record

The plan proposes the introduction of a single patient record (SPR), to be available via the NHS App, from 2028.¹⁰² As announced in October 2024, the Secretary of State for Health and Social Care described the SPR as a means to consolidate patient health information, test results, and letters into one accessible record.¹⁰³

The plan says a legal duty will be placed “on every health and care provider to make the information they record about a patient, available to that patient... [and to] give patients access to their SPR by default”.¹⁰⁴ The SPR will be designated as national critical infrastructure, ensuring “it will be built and maintained to meet the highest levels of security, equivalent to those used for the UK’s most vital systems, such as energy and transport networks”.¹⁰⁵

The public wants “a rigorous approach to privacy and security” for their data, according to the government. The plan will inform a “redesign of the opt-out system”, and the legal framework will be reformed “to allow for health data to be used to improve the NHS and for research that benefits its patients...”.¹⁰⁶

For further background on the government’s proposal for an SPR, see [the NHS England website](#), and a blog by NHS England’s Chief Data and Analytics Officer, and interim Chief Digital and Information Officer ([Single Patient Record: insights from public and market feedback](#), 5 August 2025).¹⁰⁷

Artificial Intelligence

The 10 Year Health Plan outlines a range of uses for artificial intelligence (AI) within the NHS, as part of its wider shift from analogue to digital. This ranges

¹⁰⁰ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p50; see also Gov.uk, [Managing healthcare easy as online banking with revamped NHS App](#), 3 July 2025

¹⁰¹ As above, p51

¹⁰² As above, p47

¹⁰³ Gov.uk, [Government issues rallying cry to the nation to help fix NHS](#), 21 October 2024

¹⁰⁴ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p48

¹⁰⁵ Gov.uk, [Managing healthcare easy as online banking with revamped NHS App](#), 3 July 2025

¹⁰⁶ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p48

¹⁰⁷ Information on current arrangements for electronic patient records can be found in the Commons Library briefing [Patient health records: Access, sharing and confidentiality](#) (July 2025).

from administrative uses for staff, the provision of health information and advice via the NHS App, to its use in medical care and diagnostics. The plan also outlines how AI will be used by the CQC to monitor the safety of NHS services in real time.

The plan commits that, by 2035, all hospitals will be “fully AI enabled”, deploying AI for diagnostics, administrative tasks (for example, AI medical scribes) and clinical decision support to improve efficiency and patient care.

Following the publication of the 10 Year Health Plan, an article in the BMJ outlined some key structural barriers that must be overcome to achieve effective and scalable AI systems in the NHS.¹⁰⁸

Commenting on the plan, NHS Providers said that AI scribes are a key enabler to productivity and efficiency, noting they “have huge potential”. However, they also highlight NHS England guidance that warned of risks of using ambient voice technology, reminding NHS organisations it must be safely and appropriately rolled out, recognising and mitigating the risks associated with AI.¹⁰⁹

Investment in digitisation

Digitisation of the NHS has been a longstanding strategic goal but previous programmes have fallen short of expectations. A review by the Health and Social Care Select Committee’s Independent Expert Panel in 2023 identified insufficient and unstable funding as a key reason for this shortfall, with digital transformation programmes often cut back or deprioritised after initial commitments.¹¹⁰

The Darzi Review also highlighted the need for more capital investment in IT.¹¹¹ The 2025 Spending Review included a commitment to “invest up to £10 billion in NHS technology and digital transformation by 2028-29,” extending the use of the NHS App and delivering the single patient record.¹¹²

The Health Foundation’s May 2025 analysis of the cost of digitising the NHS and social care highlighted the need for significant and sustained investment to realise the government’s ambitions. The Health Foundation estimated the need for £5 billion capital spending, £3 billion one-off revenue, and an additional £1.5 billion recurring annual revenue spending. The report also emphasised the need for investment in implementation and ongoing support for training, maintenance and optimisation, not just initial rollout.¹¹³

¹⁰⁸ Strain D, et al ‘[NHS 10 year plan: Can using AI offer a solution to the NHS’ problems?](#), BMJ, 8 July 2025

¹⁰⁹ NHS Providers, [On the day briefing: 10-year health plan](#), 3 July 2025

¹¹⁰ Health and Social Care Committee, [Expert Panel: evaluation of Government commitment made on the digitisation of the NHS](#) (PDF), 17 February 2023

¹¹¹ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

¹¹² [Spending Review 2025, CP1336, June 2025](#)

¹¹³ The Health Foundation, [Digitising the NHS and adult social care](#), 8 May 2025

3.3 Sickness to prevention

The 10 Year Health Plan sets out a shift from treating illness to prevention. This includes measures designed to delay the onset of disease, reduce health inequalities and relieve the pressure on the NHS.

The King’s Fund describes prevention as a wide range of actions aimed at keeping people healthy by avoiding illness or slowing its progression. It involves reducing risk factors such as smoking, poor diet, and pollution, while also promoting protective factors like good housing, education and strong social support. Prevention is typically classified into four levels:

- Primordial prevention targets the social and environmental conditions that lead to health risks, such as poverty or lack of access to green spaces.
- Primary prevention aims to reduce individual exposure to risk factors or increase resistance, such as through vaccinations or smoking cessation.
- Secondary prevention focuses on early detection and halting disease progression, such as screening programmes.
- Tertiary prevention involves managing established diseases to prevent further disease progression. In this sense, certain types of treatment are a form of prevention.¹¹⁴

The plan sets an overall goal “to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever.”¹¹⁵ To achieve this, the document outlines three prevention priorities:

- Making better use of immediate prevention opportunities such as vaccination, screening and early diagnosis.
- Developing a genomics-based population health service for more predictive and personalised prevention; and
- Changing NHS incentives to reward population health outcomes rather than simply increased hospital activity.¹¹⁶

The increasing importance of secondary prevention is also highlighted for addressing the rising prevalence of long-term conditions, by identifying and managing disease earlier. The plan also lists actions that other parts of government is taking, such as reducing air pollution and tackling poor housing conditions, particularly damp and mould. The document also notes projects to encourage physical activity, through active travel and support for

¹¹⁴ The King’s Fund, [What Is Prevention In Health?](#), 18 June 2025

¹¹⁵ DHSC, [Fit for the future: 10 Year Health Plan for England - executive summary](#), 3 July 2025, p11

¹¹⁶ As above, p71

sports. There are also commitments in the plan to continue collaboration between the NHS and partners to support patients with health conditions to return to work.¹¹⁷

The government proposes piloting new models of secondary prevention delivery through the neighbourhood health service. To tackle inequities and variation in uptake, the plan also promises to launch “Prevention Accelerators”. These pilots, to be run in selected integrated care boards, will aim to improve access to ‘high-impact’ interventions for conditions like cardiovascular disease and diabetes.¹¹⁸

The document commits to pivoting research and development funding towards prevention, detection and treatment of multiple long-term conditions. The government also aims “to mobilise both public and private investment to improve health and prosperity”.¹¹⁹

Vaccination, screening, and early diagnosis

Key actions outlined in the plan include scaling up vaccination uptake, in particular human papillomavirus (HPV) vaccinations to help eliminate cervical cancer by 2040, and expanding childhood immunisation through community partnerships and improved access via the NHS App. It also commits to invest in emerging mRNA technology, with a goal to deliver 10,000 personalised cancer vaccines in clinical trials over the next five years.¹²⁰

Focusing on early diagnosis, the plan emphasises wider access to screening services, including a full roll-out of lung cancer screening for those with a history of smoking and postal cervical screening kits for women who do not wish to attend an in-person appointment.¹²¹

Genomics-based population health service

The plan outlines a focus on integrating genomic medicine and predictive analytics into population health. The [NHS Genomic Medicine Service](#), introduced in 2018, provides a national framework for genomic testing, including whole genome sequencing, across a network of seven genomic laboratory hubs. The service currently delivers over 850,000 tests annually, covering areas such as rare and inherited conditions, cancer and [pharmacogenomics](#). The plan proposes building on this infrastructure to develop a genomics population health service, intended to be accessible to all by the end of the decade.¹²²

¹¹⁷ The government set out its actions on preventing ill health in a written statement on 30 June 2025 ([DHSC written statement HCWS756 on preventing ill health](#))

¹¹⁸ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p72

¹¹⁹ As above.

¹²⁰ As above, p71

¹²¹ As above, p72

¹²² As above, p73

This proposed service would combine genomics, diagnostics, AI and predictive analytics to support earlier risk identification and more tailored interventions. Specific elements include:

- Universal newborn genomic testing, subject to consent, to support early identification of health risks.
- Expanded use of [polygenic](#) risk scores to assess individual risk for common diseases.
- Integration of cancer genomics, allowing for molecular profiling to inform treatment.
- Incorporation of pharmacogenomics into routine care to optimise medication and reduce adverse reactions.¹²³

The plan outlines steps to link genomic data with clinical records via the single patient record, enabling individuals to view and manage their health risks through the NHS App. A trial using integrated risk scores, combining genomic and non-genomic data, is expected to begin with cardiovascular conditions through the Our Future Health programme, with potential expansion to other areas.¹²⁴

From 2026 proposed actions include:

- Scaling up whole genome sequencing in high-burden disease areas (for example, cardiovascular, renal, diabetes).
- Integrating pharmacogenomic profiles into the NHS Health Check for over-40s.
- Monitoring uptake and outcomes across different population groups.
- Expanding testing for inherited risk of diseases such as cancer and familial cardiovascular conditions.¹²⁵

The plan notes that ethical and consent considerations are central to implementation, with advisory input to be sought from existing governance bodies, including the NHS Genomic Medicine Service, Genomics England, and Our Future Health. The government state this approach will emphasise informed choice, public engagement, and transparency in data use.¹²⁶

Commenting on plans for universal newborn genomic testing, the Royal College of Paediatrics and Child Health said it is essential to prioritise data protection and informed consent, particularly in the context of predictive testing:

The voices of children and young people must be included in these decisions, especially when genomic testing is being considered on their behalf.

¹²³ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p73

¹²⁴ As above, p74

¹²⁵ As above.

¹²⁶ As above.

Additionally, the plan should go further and incorporate provisions for access to genomic counselling later in childhood, when the full implications of the genomic information can be better understood.¹²⁷

Early intervention and child health

The 10 Year Health Plan states that ensuring every child has the best start in life is essential to future health and education outcomes. It notes that Family Hubs and Start for Life programmes have already started to bring together children's services, NHS, and public health with a focus on the first 1,001 days of a child's life. The plan states that, through local commissioning, neighbourhood health services will work in partnership with family hubs, schools, nurseries and colleges to offer timely support to children, young people and their families including those with Special Educational Needs and Disabilities (SEND).¹²⁸ It states that Start for Life services will be extended to the whole conception to age five range, enabling additional health visitor and speech and language support for children and their families.¹²⁹

To support the poorest families and tackle child poverty, the plan commits to increase the value of the Healthy Start scheme from 2026 to 2027.¹³⁰ It also notes existing work to expand free school meals from September 2026, and to continue to roll out mental health support teams in schools and colleges.¹³¹

The plan notes existing measures to support children and young people's mental health, including:

- Young Futures Hubs, alongside a wellbeing offer, to ensure there is no 'wrong front door' for people seeking help
- A commitment to recruit 8,500 mental health staff focussed on reducing long waits for both children and adults.
- Working with local authorities to ensure that children with the most complex mental health needs in residential care get the treatment and support they need to avoid even more expensive hospital admissions and repeated emergency department visits.¹³²

On 7 July 2025 the Department for Education published [Giving every child the best start in life](#), its strategy for improving child development. This said neighbourhood health services will build on, and coordinate with, Best Start Family Hubs and Start for Life services to support:

- maternity and newborn care

¹²⁷ Royal College of Paediatrics and Child Health (RCPCH), [10 Year Health Plan for England - member briefing on the published plan](#), 14 July 2025

¹²⁸ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p37

¹²⁹ As above.

¹³⁰ Under the Healthy Start scheme, eligible pregnant women and children aged one or older but under 4 will each receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50).

¹³¹ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p70

¹³² As above.

- health visiting services
- childhood vaccinations
- healthy eating
- tackling tooth decay

The forthcoming schools white paper, due in autumn 2025, is expected to detail the government’s approach to SEND reform. The Department for Culture, Media and Sport is also expected to publish a new national youth strategy, setting out how government will support young people in all aspects of their lives including, support for mental health and wellbeing. The plan further notes that DHSC is working with the Department for Education to implement a single unique identifier for every child, to improve safeguarding, and preventative and joined up care.¹³³

Professor Steve Turner, president of the Royal College of Paediatrics and Child Health said the plan “offers a vital opportunity to reimagine how we deliver care to children and families”. He welcomed its emphasis on prevention, early intervention and integrated care. He highlighted the importance of embedding paediatric expertise within neighbourhood health teams, alongside mental health professionals, health visitors and community workers, which he said could be “transformative for children – especially those with complex or long-term conditions”. He added that:

Fundamentally, the success of this plan will also depend on sustained investment in the paediatric workforce. Children’s needs are unique, and these new models of care must be underpinned by adequate staffing, training, and support for professionals working in community settings, alongside equitable funding between children’s and adult’s services.”¹³⁴

Professor Andrew Morris, president of the Academy of Medical Sciences, also welcomed the plan’s focus on prevention and the recognition that it begins with children and young people. He said this “aligns strongly with our evidence that the early years provide a crucial window to improve lifelong health outcomes and deliver significant economic returns”.¹³⁵

Incentives to support work and economic activity

The 2024 Autumn Budget announced £45 million in funding to establish a “world leading trial” creating ‘Health and Growth Accelerators’ in South Yorkshire, Northeast and Cumbria, and West Yorkshire, which aim to boost people’s health alongside tackling the conditions that most impact people’s ability to work.¹³⁶ The 10 Year Health Plan states that if these accelerator pilots are successful, the government will expect all integrated care boards to

¹³³ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p70

¹³⁴ [RCPCCH calls 10-Year Health Plan a unique opportunity for children](#), 3 July 2025

¹³⁵ Academy of Medical Sciences, [Academy responds to 10-Year Health Plan for England](#), 3 July 2025

¹³⁶ [NHS England, World leading NHS trial to boost health and support people in work](#), 5 December 2024

work with local government partners to establish specific and measurable targets to reduce economic inactivity and unemployment based on these pilots.¹³⁷

The plan refers to the ‘Get Britain Working’ white paper, which sets out how the government aims to join up support from across the work, health and skills systems to address the complex challenges that stop people finding and staying in work.¹³⁸

The 10 Year Health Plan explains how the government intends to build on existing schemes to provide work coaching and advice to people with long-term health conditions. It says there will be pilots of “the integration of employment advisers and work coaches into the neighbourhood health service, so that working age people with long-term health conditions have an integrated public service offer”.¹³⁹

The plan says the government will continue to expand the provision of ‘Individual Placement and Support’ schemes to help people with severe mental illness or drug and alcohol addiction find good work, by providing employment support through primary care and offering employment advice to those accessing talking therapies.¹⁴⁰

Healthy behaviours: Action on alcohol, diet and smoking

The 10 Year Health Plan emphasises public health reforms that will make it easier for people to make healthy choices. These include commitments to:

- Introducing new standards for alcohol labelling.
- Working with food retailers to report on, and set targets for, healthier food sales by the end of this Parliament.
- Expanding NHS weight management support programme by doubling its referral capacity, to support an additional 125,000 people per year.
- Engaging with businesses about the introduction of a digital ‘NHS points’ reward scheme to incentivise healthy behaviour.
- Increasing the value of Healthy Start payments by 10%, supporting those on low incomes to purchase healthy foods.
- Tackling tobacco and youth vaping through the Tobacco and Vapes Bill.

¹³⁷ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p68

¹³⁸ Gov.uk, [Get Britain Working White Paper](#), 26 November 2024

¹³⁹ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p68

¹⁴⁰ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p68

Alcohol and labelling

The plan notes that the estimated total societal cost of alcohol harm in England was £27.4 billion per year in 2021/22, equivalent to 1.2% of GDP.¹⁴¹ It outlines measures to replace the current voluntary guidelines for alcoholic drinks to display consistent nutritional information and health warning messages, with a mandatory requirement to do so. This would bring alcohol labelling in line with existing health and nutritional labelling requirements for tobacco, food and alcohol-free drinks.¹⁴²

In late June 2025, a number of charities, including the World Cancer Research Fund, as well as the Association of Directors of Public Health, wrote to the Prime Minister calling for a national alcohol strategy in England. They said the strategy should introduce a public health licensing objective, mandatory alcohol product labelling with health warnings, marketing restrictions on alcohol and minimum unit pricing to help reduce the risk of cancer and other harms caused by alcohol.¹⁴³

There had been reports in the media about last minute wrangling over whether the 10 Year Health Plan would commit to minimum unit pricing for alcohol, as is the case in Scotland, and further restrictions on advertising of alcohol.¹⁴⁴

Tobacco and vapes

The plan outlines that the Tobacco and Vapes Bill 2024-25 is set to prevent children who turn 16 this year, and those younger than them, from ever legally being sold tobacco. The government states this bill will also strengthen the existing ban on smoking in public places, reducing the harms of passive smoking, particularly around children.¹⁴⁵

The Tobacco and Vapes Bill will halt the advertising and sponsorship of vapes and other nicotine products. It will also provide the government with powers to restrict point of sale displays, packaging and flavours of vapes, particularly those that appeal to children. The plan states that the government will consult on these regulations following Royal Assent.¹⁴⁶ In June 2025, the government also introduced a ban on disposable vapes.¹⁴⁷

The 10 Year Health Plan confirmed the launch, later in 2025, of a programme designed to “help people take greater control of their health, including smoking and vaping habits”.¹⁴⁸ The plan says that third party stop smoking tools will be made available through the HealthStore online marketplace for

¹⁴¹ DHSC, [10 Year Health Plan for England: fit for the future](#), 3 July 2025, p66

¹⁴² As above.

¹⁴³ Association of Directors of Public Health, [Time for a new strategy to fight alcohol harm, 25 June 2025](#)

¹⁴⁴ See for example, The Times, [Alcohol advertising ban dropped after industry backlash](#), 1 July 2025; The Times, [Pubs brew up a battle over plan to restrict alcohol advertising](#), 27 June 2025

¹⁴⁵ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p61

¹⁴⁶ As above.

¹⁴⁷ Gov.uk, [Single-use vapes banned from 1 June 2025](#), 31 May 2025

¹⁴⁸ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p61

health apps. It also recommits to delivering the government’s manifesto pledge for current smokers to be offered “opt-out smoking cessation interventions in all routine care within hospitals”.¹⁴⁹

Obesity

The plan refers to obesity as one of the leading causes of poor health, and a leading cause of cancer, cardiovascular disease and type 2 diabetes. It further notes the UK has one of the highest obesity rates in Europe, and that rates have doubled in the past 30 years.¹⁵⁰

The plan outlined various actions to tackle obesity:

- Updating food school standards legislation to ensure all schools provide healthy and nutritious food. The government estimates that if all schools met these higher standards, childhood obesity could fall by 1.8%.¹⁵¹
- Increasing the value of the Healthy Start scheme from 2026 to 2027. Pregnant women and children aged between one and four will receive £4.65 per week (up from £4.25) with children under one receiving £9.30 per week (up from £8.50).
- Updating the food advertising and promotion restrictions, which currently use the 2004 nutrient profile model to categorise healthy foods. The government estimates this change could reduce adult obesity cases by nearly 170,000.¹⁵²

The plan also reiterated previously announced measures, including:

- The expansion of free school meals so all children in receipt of Universal Credit become eligible for free school meals from September 2026, saving parents up to £495 per year per child.
- Reaffirming the manifesto commitment to “restrict junk food advertising targeted at children, ban the sale of high-caffeine energy drinks to under-16-year-olds, and use our revised National Planning Policy Framework to give local councils stronger powers to block new fast-food outlets near schools”.
- Continuing working with the soft drinks industry, with the government’s [Strengthening the Soft Drinks Industry Levy consultation](#) setting out proposals to drive further reformulation, including ending the exemption for milk-based drinks and reducing maximum sugar thresholds.¹⁵³

Shortly prior to the publication of the 10 Year Health Plan, the government announced its partnership with food retailers and manufacturers to introduce

¹⁴⁹ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p62

¹⁵⁰ As above, p11

¹⁵¹ As above, p63

¹⁵² As above, p63

¹⁵³ Gov.uk, [Strengthening the Soft Drinks Industry Levy consultation](#), 28 April 2025

a new healthy food standard. At that time the Secretary of State for the Environment, Steve Reed MP said:

Our food strategy will bring together the health plan, food producers and retailers to make sure we can feed the nation more healthily while growing the economic success of our food sector.¹⁵⁴

The plan outlines a “world-first” introduction of mandatory health food sales reporting for all large companies in the food sector by the end of this Parliament.¹⁵⁵ The plan says this would provide a “robust baseline [for] future policies” and allow the government to set new targets to increase the healthiness of sales. Under this scheme, businesses would be given the freedom to meet the standards through reformulation, changing store layouts, offering discounts on healthy foods, or changing loyalty schemes to promote healthier options. The government say the policy would see big food businesses report on what food they are selling, with targets then set to increase the healthiness of sales.¹⁵⁶

The government hopes that a new standard for retailers will introduce a level playing field, so there isn’t a first mover disadvantage (where an individual company risks changes hitting their bottom lines if their competitors don’t act at the same time).¹⁵⁷

Ravi Gurumurthy, CEO of Nesta, the innovation body that recommended this approach, has said that new standards for food retailers “could send obesity rates down by a fifth.” The government also quoted Which? Research, showing that people want retailers to do more to support them in making healthier choices, and that 60% of consumers support the government introducing health targets for supermarkets.¹⁵⁸

The government states that “Major investment firms have already signalled that they would be keen to invest more in healthier products, if they were given due prominence and promotion by food retailers”.¹⁵⁹

As part of considerations around mandatory healthiness targets, the previous administration brought together the [Food Data Transparency Partnership \(FDTP\)](#), a shared programme of work across the Department of Health and Social Care, the Department for Environment, Food, and Rural Affairs, and the Food Standards Agency. The health strand of the FDTP was paused at the 2024 general election, to be reviewed alongside other obesity policies.¹⁶⁰

¹⁵⁴ Gov.uk, [Healthy food revolution to tackle obesity epidemic](#), 29 June 2025

¹⁵⁵ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p64

¹⁵⁶ As above.

¹⁵⁷ Gov.uk, [Healthy food revolution to tackle obesity epidemic](#), 29 June 2025

¹⁵⁸ As above.

¹⁵⁹ As above.

¹⁶⁰ [PQ51051, 19 May 2025](#)

Legislation introduced by the previous government implementing restrictions on the volume price promotions retailers can offer, including a ban on buy-one-get-one-free deals on unhealthy food, came into force on 1 October 2025.¹⁶¹

On 2 September 2025 the government launched a consultation on measures to restrict the sale of high-caffeine energy drinks to under-16s.¹⁶²

Other measures to tackle obesity in the plan include an ambition to expand access to weight-loss medications, such as semaglutide, liraglutide, and tirzepatide, which are currently available via private prescription, so they are free at the point of need.¹⁶³ On 12 August 2025 the government announced an £85 million competition to fund the design and delivery of new community and primary care weight management pathways to support access to interventions such as weight loss medications.¹⁶⁴

The plan also commits to a “place-based approach to physical activity,” with investment of £250 million in 100 places by Sport England, and “at least £400 million of investment into local community sport facilities; new partnerships on school sport, and local health plans”. The plan also note that the Department for Culture, Media and Sport is expected to produce a new strategy for physical activity “in due course”.¹⁶⁵

Stakeholder commentary on prevention measures

Health think-tanks broadly welcomed the 10 Year Health Plan’s renewed focus on secondary prevention and the changes to incentives, accountability, and commissioning for population health such as changes to the NHS payment systems to incentivise prevention. However, while supportive of the overall strategy, the King’s Fund criticised the failure to take more action on alcohol and air pollution, and the lack of a wider commitment to a significant increase in preventive spending:

It is truly disappointing that the government has ducked out of anything that will shift and target harmful alcohol consumption such as minimum unit pricing, as recommended by Public Health England in 2016. There is also less on air pollution than many were expecting, and fewer overall signs of the role of other government departments than there needed to be, where we know much of the policy that drives our health sits.¹⁶⁶

The Health Foundation also called for more co-ordinated action on the wider social and economic causes of ill health.¹⁶⁷ The King’s Fund and the Health Foundation repeated their concerns about the lack of radical action on harms

¹⁶¹ Gov.uk, [Less healthy food or drink: advertising and promotions restrictions](#), updated 1 October 2025

¹⁶² Gov.uk, [Banning the sale of high-caffeine energy drinks to children](#), 3 September 2025

¹⁶³ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p65; see also House of Commons Library, [Weight loss medicines in England](#) (April 2025)

¹⁶⁴ Gov.uk, [New help for patients battling obesity through pharmacies and community access](#), 12 August 2025

¹⁶⁵ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p65

¹⁶⁶ The King’s Fund, [Truly Fit For The Future? The 10 Year Health Plan Explained](#), 5 July 2025

¹⁶⁷ See for example: [The Health Foundation responds to the 10-year Health Plan](#), 3 July 2025

linked to unhealthy food, alcohol and air pollution, in a joint statement on 5 September 2025.¹⁶⁸

The Association of Directors of Public Health welcomed commitments to reducing obesity and improving mental and physical health and wellbeing for children and young people. However, it said “whether the outlined plans will deliver on the government’s promise to halve the gap in healthy life expectancy between the richest and poorest regions remains to be seen”.¹⁶⁹

The Office of Health Economics has also published a blog looking at the prevention measures in the plan, highlighting the importance of consistent prioritisation and funding of preventative measures over multiple political and budget cycles so outcomes are fully realised.¹⁷⁰

Further background on measures to address health inequalities in the 10 Year Health Plan can be found in section 1.5 of the Commons Library briefing on [Inequalities in life expectancy](#).

¹⁶⁸ The King’s Fund and the Health Foundation, [A Prevention Revolution Or Another Missed Opportunity?](#), 5 September 2025

¹⁶⁹ “Prognosis uncertain”: ADPH Responds to 10-year health plan, 4 July 2025

¹⁷⁰ Office for Health Economics, [Prevention in the NHS 10 Year Health Plan: Promise, limits, and the path forward](#), 17 September 2025

4 Integrated care boards

4.1 Strategic commissioning

Integrated care boards (ICBs) are statutory bodies responsible for the provision of NHS services and developing a plan for meeting the health needs of the population within its area. The 10 Year Health Plan describes how ICBs should focus on their role as strategic commissioners.

In the report of his independent investigation of the NHS, Lord Darzi highlighted that there have been differing interpretations of the roles of ICBs since their establishment in 2022, and that alongside the system leadership and commissioning roles they were set up with a range of delivery functions. His report, published in September 2024, concluded that responsibilities of ICBs needed to be clarified to provide more consistency and better enable the strategic objectives of redistributing resource and integrating care.¹⁷¹ The Secretary of State for Health and Social Care gave a speech in November 2024 saying he wanted ICBs to focus on their job as strategic commissioners, and be responsible for the development of new neighbourhood health services.¹⁷²

The chief executive of NHS England wrote to NHS leaders on 1 April 2025 highlighting the role ICBs will play in the future system, and confirming a decision the previous month that ICBs would need to reduce their running costs by 50%.¹⁷³ The letter issued a model to redesign ICBs and lower running costs: the draft '[model ICB blueprint](#)'. This blueprint states that ICBs will focus on providing system leadership for population health, setting evidence-based and long-term population health strategy and working as healthcare commissioners to deliver this.

Addressing the need for ICBs to cut administrative costs by half, [NHS England](#) said “Most savings will come from streamlining approaches, identifying efficiency opportunities...and at scale opportunities through greater collaboration, clustering and where appropriate, eventual merger of ICBs”.¹⁷⁴

¹⁷¹ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

¹⁷² Gov.uk, [Our ambition to reform the NHS: the Health and Social Care Secretary’s speech to the NHS Providers annual conference 2024, in Liverpool](#), 13 November 2025

¹⁷³ [NHS England, Working together in 2025/26 to lay the foundations for reform](#), 1 April 2025

¹⁷⁴ [NHS England, Update on the draft Model ICB Blueprint and progress on the future NHS Operating Model](#), 28 May 2025

A briefing from NHS Providers, published on 1 August 2025, highlights the role providers can play in strategic commissioning, and identifies key opportunities to resolve long-standing system challenges.¹⁷⁵

Commissioning Support Units

The 10 Year Health Plan says that as ICBs take on their role as strategic commissioners, the government will rationalise commissioning support functions and drive efficiency. To this end the plan states that Commissioning Support Units (CSUs) will be closed.

CSUs were established in 2013 to share commissioning functions across regions but they have consolidated down to four remaining CSUs. They operate across the whole country, supporting ICBs, NHS trusts, national organisations, local authorities and non-NHS bodies, and have a total workforce of around 7,000 people.

CSUs had already been under review by NHS England and cost-cutting had led to an expectation that their functions might be brought back in-house by ICBs. In January 2024 the Health Service Journal (HSJ) reported NHS England was planning to consolidate CSU leadership, and considering mergers of the four remaining CSUs.¹⁷⁶ The HSJ noted that the four remaining CSUs were formed from mergers of what were initially over 20 CSUs. The original idea had been to float them off as stand-alone businesses but this was abandoned and they have been “steadily disbanded or merged since”.¹⁷⁷

4.2 Mergers, boundary changes and clusters

The plan proposes that ICBs re-align boundaries alongside local government changes, with the aim they should be coterminous with strategic authorities “wherever feasibly possible”.¹⁷⁸ Aligning ICB boundaries with strategic authorities, where these are in place, would involve a substantial redrawing of boundaries in a number of areas, with further areas of England expected to become strategic authorities in the future.¹⁷⁹

Final ICB merger decisions will depend on the reform of local government areas and where their future boundaries end up lying. However, NHS England is already proposing several new ICB footprints, mergers and boundary

¹⁷⁵ NHS Providers, [Making commissioning strategic](#), 1 August 2025

¹⁷⁶ Health Service Journal, [NHSE launches review of CSU leadership and structure, 29 January 2024](#)

¹⁷⁷ As above. See also The King’s Fund, [What Is Commissioning And How Is It Changing?, 20 July 2023](#)

¹⁷⁸ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p82

¹⁷⁹ The [English Devolution and Community Empowerment Bill](#), which had its second reading on Tuesday 2 September, aims to standardise the structures of English devolution, with the intention of creating a new tier of ‘strategic authorities’ covering the whole of England. It also proposes new duties for strategic authorities in England to reduce health inequalities. [The Commons Library paper on the bill](#) provides further background.

changes to come into effect in April 2026, with further ICB changes expected in April 2027. This was set out in a [Written Ministerial Statement](#) on 9 September and NHS England published further guidance on 23 September 2025.¹⁸⁰

[Clustering arrangements for ICBs have also been agreed by NHS England's Executive team and by ministers](#), and the NHS Confederation has also provided further information about [ICB clusters and mergers](#).

4.3

The relationship between the NHS and local government

In addition to aligning ICB boundaries with emerging strategic authorities, the 10 Year Health Plan says strategic authority mayors (or their delegated representative) will sit on ICB boards. The government says it will also amend legislation so that service provider organisations no longer sit on ICB boards. This is intended, according to the plan, “to best align the opportunities for strategic planning between the NHS and the renewed commitment within local government to support the strategic authority as a key body for growth and prosperity”.¹⁸¹

The government proposes the abolition of integrated care partnerships,¹⁸² noting that the multitude of local plans and committees have resulted in confusion. In future, they state neighbourhood health plans are to be drawn up by local government, the NHS and its partners at single or upper tier authority level. The plan says this will be led by local Health and Wellbeing Boards, incorporating public health, social care, and the Better Care Fund. The ICB would then bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform its commissioning decisions.¹⁸³

The plan states that the government will work with the Local Government Association to consider democratic oversight and accountability in light of the new NHS operating model, the role of elected mayors and reforms to local government.

¹⁸⁰ [NHS England, Implementing integrated care board mergers and boundary changes to take effect in April 2026 and 2027](#), 23 September 2025

¹⁸¹ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p80

¹⁸² Currently, the integrated care partnership (ICP) forms a joint committee representing those with a key role in improving local health, care and wellbeing. They may include social care providers, the voluntary, community and social enterprise sector, and others such as education, housing, employment or police and fire services. ICPs were established, alongside ICBs, under the Health and Care Act 2022. Under this legislation, each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the ICS area.

¹⁸³ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p83

4.4

Previous reforms to regional NHS structures

The Health Foundation has noted that the proposed merger of ICBs, along with other changes to local and national bodies, is “...not the first time NHS administrative bodies have been tasked with amalgamating”. Regular reconfigurations of management structures since the early 1970s include the period from the late 1990s, with the introduction of around 90 regional health authorities in 1996, and their replacement in the early 2000s by 28 larger [strategic health authorities](#) (SHAs) and some 300 Primary Care Trusts (PCTs) across England. Periods of consolidation include the decision in 2005 [to reduce the number of SHAs and PCTs](#). By October 2006, [303 PCTs had merged into 152 larger trusts](#), with an average population of just under 330,000; SHAs were reduced from 28 to 10.¹⁸⁴

PCTs were themselves replaced by around 200 clinical commissioning groups (CCGs) from April 2013. CCGs underwent restructuring and in November 2018 their administrative budgets were [cut by a fifth](#) and by February 2020 the total number of CCGs had [reduced to 135](#).

The Health Foundation states that the proposed ICB mergers follow the pattern set by their predecessors, reflecting a broader restructuring effort aimed at improving efficiency, streamlining decision-making and saving money. They note the impact of structural change is likely to be uneven and will introduce several challenges. [They state there is little evidence](#) over the past 50 years to suggest that any one of the experiments in NHS structure has been the ‘right one’, but “there is consensus that this [treadmill of change](#) has limited the ability of NHS organisations to develop and deliver services for patients”.¹⁸⁵

¹⁸⁴ The Health Foundation, [Merging integrated care systems: risks and implications](#), 1 July 2025

¹⁸⁵ As above.

5

Foundation trusts and Integrated Health Organisation

The 10 Year Health Plan proposes returning to a model of “earned autonomy” for NHS providers, with a revival of [foundation trust’s](#) (PDF) (FT’s) additional flexibilities, particularly around the financial freedom to reinvest surpluses, and to borrow for capital investment. There will also be additional flexibilities around governance, with FTs no longer required to have governors, and with public and staff membership also replaced by more “dynamic” ways of reflecting their views. The plan states the first new FTs would be approved in 2026, with an ambition that, by 2035, every NHS provider should be an FT.¹⁸⁶

Commenting shortly before the publication of the plan, NHS Providers noted that clarity will be needed on how earned freedoms for FTs will be assessed and granted or removed.¹⁸⁷

The plan states the highest performing new FTs will be able to manage the entire healthcare budget for a local population. It states these FTs would become “integrated health organisations” or IHOs. It argues this approach will help encourage investment in preventative care because the cost and benefit of investment will – for the first time – accrue to the same organisation.¹⁸⁸

The plan states the government’s intention to designate a “small number of IHOs in 2026, with a view to them becoming operational in 2027”. The document says “all new IHOs will be put through a rigorous authorisation process and will be overseen in a proportionate, rules-based way by their NHS region”. Perhaps recognising previous concerns about the introduction of US-inspired ‘Accountable Care Organisations’, the plan states that IHOs “will always and only ever be NHS organisations”.¹⁸⁹

¹⁸⁶ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p81

¹⁸⁷ NHS Providers, [Ministers are promising to reinvigorate FTs. Here’s what they need to think about](#), 30 June 2025

¹⁸⁸ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p124

¹⁸⁹ The King’s Fund, [Accountable Care Explained](#) (2018)

6

NHS England and the Department of Health and Social Care

On 13 March 2025, the Prime Minister announced that NHS England (NHSE) would be merged with the Department of Health and Social Care (DHSC).¹⁹⁰ Following the announcement, the Secretary of State for Health and Social Care gave [further detail in a statement to the House of Commons](#), noting that, over the next two years, NHS England would be “brought into the Department entirely”.¹⁹¹ He also noted that NHSE currently has 15,300 staff and the DHSC has 3,300 and the changes will reduce the overall headcount by 50%. The Secretary of State said, “The exact figures will be determined by the precise configuration of staff,” and that the House will be kept updated about this. He added that while much of the change could be delivered without primary legislation, some changes to primary legislation would be required.¹⁹²

On 14 May 2025, the Public Accounts Committee (PAC) published a report on the DHSC Annual Report and Accounts 2023-24, which commented on the NHS structural changes, as part of its consideration of NHS finances more generally. The PAC noted several areas where the government needed to provide more clarity, including on:

- How structural and operational changes will impact key services and targets to improve patient care
- How DHSC and NHSE will achieve significant headcount reductions, and the costs involved
- How the reductions fit in with the 10 Year Health Plan
- How savings made from reducing NHSE staff costs help frontline services¹⁹³

Further background on the decision to abolish NHS England can be found in the Health Foundation briefing [Bringing NHS England back under closer political control: lessons from history](#) (August 2025).

There have been some reports that there could be delays in setting up redundancy schemes, and that it could also take longer than anticipated to

¹⁹⁰ BBC News, [NHS England to be scrapped as role returns to government control](#), 13 March 2025

¹⁹¹ [Commons Hansard, NHS England update, 13 March 2025](#)

¹⁹² As above.

¹⁹³ Public Accounts Committee, [DHSC Annual Report and Accounts 2023-24](#) (HC639 2024-25, 14 May 2025)

implement the required legislative changes involved in abolishing NHS England.¹⁹⁴

6.1 Regional teams

The 10 Year Health Plan confirms there will continue to be seven regional teams, covering the same areas as the current NHS England regions. These will be part of DHSC, with no separate authorities being established (as was the case with regional health authorities and strategic health authorities before).

On 8 September 2025 a ‘model region blueprint’ was sent to NHS leaders, to explain the role of the seven regions as the interface between central government and local health systems, overseeing strategy, managing performance and coordinating improvement and intervention. These regional teams are also expected to oversee service changes across all the systems they cover and to create plans to tackle the most challenged NHS providers in their region.¹⁹⁵ Although the blueprint was not published, details have been set out in briefings from the NHS Confederation and NHS Providers.¹⁹⁶

The NHS Confederation say the document suggests an enhanced and expanded role for regional teams, with strategic leadership responsibilities including:

- Identifying and supporting candidates for new foundation trust assessment and integrated health organisation (IHO) development.
- Supporting the future development of regional innovation zones to support research and innovation.
- Providing whole-system strategic workforce planning to deliver the forthcoming ten-year workforce plan.¹⁹⁷

The NHS Confederation notes some remaining areas of uncertainty and that the blueprint does not clarify what functions are being transferred elsewhere and which are additional. For example, they highlight further national work is underway to determine where emergency preparedness, resilience and response best sits.¹⁹⁸ NHS Providers note that the final model of regional

¹⁹⁴ See for example, Health Service Journal, [‘No rush’ to transfer NHSE staff as abolition faces delay | News](#), 2 October 2025

¹⁹⁵ Further details can be found in NHS England [Planning framework for the NHS in England](#), 8 September 2025

¹⁹⁶ See NHS Providers, [Model region blueprint sent to NHS leaders](#) (9 September 2025) and NHS Confederation, [The model region blueprint: what you need to know](#) (11 September 2025).

¹⁹⁷ NHS Confederation, [The model region blueprint: what you need to know](#), 11 September 2025

¹⁹⁸ As above.

governance and responsibilities will be subject to forthcoming health legislation.¹⁹⁹

The NHS Confederation also state that by April 2027, regions will transfer all commissioning responsibilities – including specialised services, health and justice, vaccinations, screening and delegated primary care – to integrated care boards (the planned delegation of specialised and public health commissioning started in 2022 and was originally scheduled to be complete by April 2025).²⁰⁰

¹⁹⁹ NHS Providers, [Model region blueprint sent to NHS leaders](#) (9 September 2025)

²⁰⁰ NHS Confederation, [The model region blueprint: what you need to know](#), 11 September 2025

7 Quality of care and patient choice

7.1 Quality and safety

The 10 Year Health Plan commits to more transparency for patients on quality of care, and a data driven approach to safety. There are specific commitments to:

- publish easy-to-understand league tables of providers of NHS services, starting this summer, that rank providers against key quality indicators
- allow patients to search and choose providers based on quality data on the NHS App, including length of wait, patient ratings and clinical outcomes. The App will also show data on clinical teams and clinicians
- use patient reported outcome measures and patient reported experience measures to help patients choose providers
- set up a national independent investigation into maternity and neonatal services, and establish a national maternity and neonatal taskforce, chaired by the Secretary of State for Health and Social Care, to inform a new national maternity and neonatal action plan, co-produced with bereaved families
- reform the complaints process and improve response times to patient safety incidents and complaints
- reform the National Quality Board (NQB) with other bodies, including Royal Colleges, feeding into it. The government will task the NQB with developing a new quality strategy as well as the development of modern service frameworks. The plan states that early priorities will include cardiovascular disease, mental health, frailty and dementia.
- give NHS providers new flexibilities to make additional financial payments to clinical teams that have consistently high clinical outcomes and excellent patient feedback or are significantly improving care
- make sure persistent poor-quality care results in the decommissioning or contract termination of services or providers
- review how to improve patients' experience of clinical negligence claims

On 30 June 2025 the government had already set out some detail about the use of AI systems to provide a data-driven early warning system for possible safety concerns at NHS providers.²⁰¹

Following proposals to extend use rankings of NHS providers against key quality indicators and financial performance, NHS England published the first league tables on 9 September 2025, with separate league tables for acute, non-acute and ambulance trusts. The government state that the league tables deliver its key commitment in the plan to improve transparency, reward high performance and intervene in cases of poor performance across the NHS. They also state that by summer 2026 the tables will expand to cover integrated care boards.²⁰²

The Care Quality Commission

The plan states that trust and confidence in the Care Quality Commission (CQC) has declined “precipitously” over the past 6 years, with new leadership and a major change programme now underway to make “it the most effective, modern and patient orientated regulator in the world”. The government state this change will be achieved through “a new intelligence-led model, supported by expansive new access to data”, with the CQC given statutory powers to access all NHS and publicly held datasets relating directly or indirectly to care quality.²⁰³

The plan also committed to change the time limit for the Care Quality Commission (CQC) to bring legal action against a provider.

Identifying poor performance

The 10 Year Health Plan states that NHS regions will use “a rules-based process to determine where intervention and support to address poor performance is needed”. This will be backed by a “new failure regime, based on a new diagnostic process to better understand why persistent under-performance is taking place.”²⁰⁴

As part of the wider shift from analogue to digital, the government has also said the NHS is set to become the first health system in the world to use AI to monitor NHS systems in real time, triggering more timely CQC inspections. An announcement on 30 June 2025 said a new-AI driven early warning system would be rolled out across NHS trusts from November 2025, with an initial focus on maternity care. The government said the system will be able to use “near real-time data to flag higher than expected rates of stillbirth, neonatal death and brain injury”.²⁰⁵

²⁰¹ Gov.uk, [World-first AI system to warn of NHS patient safety concerns](#), 30 June 2025

²⁰² Gov.uk, [Landmark NHS league tables launched to drive up standards](#), 9 September 2025

²⁰³ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p87-8

²⁰⁴ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p80

²⁰⁵ Gov.uk, [World-first AI system to warn of NHS patient safety concerns](#), 30 June 2025

7.2 The Dash review of patient safety

The 10 Year Health Plan set out the government's aim to overhaul the wider patient safety landscape, which it notes has become an overly complex and uncoordinated system of oversight. Further detail was provided by the report of the [Dash review of patient safety across the health and care landscape](#), published on Monday 7 July 2025.²⁰⁶

The Dash review was commissioned by the Secretary of State for Health and Social Care, following a review into the operational effectiveness of the CQC in summer 2024. As well as recommending the enhanced role for the National Quality Board (NQB), it made several other recommendations for existing bodies involved in patient safety. These include:

- The Care Quality Commission (CQC) to remain but with tailored approaches to assessments within different sectors.
- The Health Services Safety Investigation Body should become a discrete branch within CQC.
- The Patient Safety Commissioner's functions around medicines and medical devices will move into the Medicines and Healthcare products Regulatory Agency (MHRA). Other aspects of the Commissioner's safety work will transfer into the DHSC.
- Healthwatch functions locally should be folded into integrated care boards, with the national functions moving into a new directorate for patient experience in DHSC.²⁰⁷
- The [National Guardian's Office](#), which supports whistleblowers, will be effectively removed, with responsibilities moving to commissioners and providers.

These recommendations were already largely reflected in the 10 Year Health Plan, which was published the week before the report of the Dash Review.

Mathew Taylor, chief executive of the NHS Confederation, supported the aim of reducing duplication of functions but urged the government not to forget the failings that led to additional regulatory bodies being set up.²⁰⁸

Some further background on the role of the Health Services Safety Investigations Board (HSSIB), the Patient Safety Commissioner, Healthwatch, and the National Guardian's Office can be found below.

²⁰⁶ Gov.uk, [Review of patient safety across the health and care landscape](#), 7 July 2025

²⁰⁷ 150 local Healthwatch offices, and Healthwatch England working at national level, were established in 2013 to advocate on behalf of patients.

²⁰⁸ BBC News, [Hundreds of NHS quangos to be scrapped in 10-year health strategy. 28 June 2025](#)

Healthcare Services Safety Investigations Board (HSSIB)

HSSIB was established on 1 October 2023 as an independent arm's length body of DHSC. It investigates patient safety concerns across the NHS in England and in independent healthcare settings where safety learning could also help to improve NHS care. It has recently carried out investigations into maternity services and the impact of ambulance delays.

HSSIB was established by the Health and Care Act 2022, and had previously, since April 2017, operated as the [Healthcare Safety Investigation Branch](#) (HSIB).

HSIB had been set up following recommendations from the House of Commons Public Administration Committee (as it then was) and a subsequently established expert advisory group. Both recommended that a new body should be focused on investigating and learning from incidents affecting patient safety.²⁰⁹

Patient Safety Commissioner

The Patient Safety Commissioner was established in 2022, under the [Medicines and Medical Devices Act 2021](#), to promote patient safety in relation to medicines and medical devices and to act as a voice for patients.

The establishment of the Commissioner's post was recommended by the Cumberlege review, which reported in 2020. The review investigated issues relating to the use of pelvic mesh, and two other medicines primarily used by women that had serious side effects. It was commissioned because women impacted had not had their concerns acknowledged or acted upon. Baroness Cumberlege's report, [First Do No Harm](#), highlighted the need to better protect and listen to patients.²¹⁰

Healthwatch

Healthwatch England is a statutory committee of the CQC that represents the views of people who use health and social care services, and provides information, advice and signposting services. The Healthwatch England committee provides leadership, guidance, and support to local Healthwatch organisations. It can also escalate concerns about health and social care services to the CQC.

²⁰⁹ Public Administration Select Committee, [Investigating clinical incidents in the NHS](#) (PDF), (27 March 2015, HC886, 2014-15); Gov.uk, [Report of the Expert Advisory Group, Healthcare Safety Investigation Branch](#) (May 2016)

²¹⁰ Gov.uk, [Independent Medicines and Medical Devices Safety Review report](#), July 2020

Healthwatch England has a duty under the Health and Social Care Act 2012 to provide advice to NHS England, English local authorities, and the Secretary of State.²¹¹

Local authorities have a statutory duty to commission a local Healthwatch organisation, which in turn has a set of statutory duties, such as gathering local views and making these known to providers and commissioners, and monitoring and scrutinising the quality of provision of local services.

The [Local Government and Public Involvement in Health Act 2007](#), along with the [Health and Social Care Act 2012](#), require local Healthwatch organisations to carry out particular activities. These include promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.²¹²

The National Guardian's Office

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report [Freedom to Speak Up](#), published in 2015.

These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The office leads, trains and supports a network of Freedom to Speak Up Guardians in England and conducts speaking up reviews to identify learning and improve the speaking up culture of the healthcare sector.

There are over 1,200 guardians in NHS and independent sector organisations, national bodies and elsewhere. The National Guardian's Office also provides challenge and learning to the healthcare system as a whole as part of its remit.²¹³

7.3 Patient choice and experience

The Secretary of State for Health and Social Care, and NHS England's chief executive, have both referred to the existential threat faced by the NHS unless it reconnects with the public. Health Secretary Wes Streeting has argued that

²¹¹ Healthwatch England was established in October 2012, with Local Healthwatch organisations established from April 2013. Both Healthwatch England and Local Healthwatch are established under the [Health and Social Care Act 2012](#). Further information can be found on the Healthwatch England webpage '[our history and functions](#)'.

²¹² The [NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012 \(SI 2012/3094\)](#) established the statutory powers of Local Healthwatch."

²¹³ [National Guardian's Office website: about us](#)

a failure to listen to patients has led to public frustration with NHS and contributed to a series of care scandals.²¹⁴

NHS England's chief executive, Sir Jim Mackey, and other NHS leaders have referred to the 2025 results of the annual survey of public satisfaction with the NHS and social care (published 2 April 2025, and carried out by the National Centre for Social Research in late 2024). The survey reported that, in 2024, six in ten people (59%) said they were 'very' or 'quite' dissatisfied with the NHS in England, up from 52% in 2023. This is the highest level of dissatisfaction with the health service since the British Social Attitudes survey began in 1983. [The Nuffield Trust and the King's Fund have produced some joint analysis](#) looking at the detail, with [a blog from Mark Dayan and Dan Wellings](#) concluding that the public are "dismayed at the state of the NHS, keen for more to be spent on it, yet uncertain about whether it would be wasted and divided on whether they are willing to see taxes raised to support it".²¹⁵

Patient voice

The plan aims to give people more say in how their care is delivered and where. It says it will fulfil Nye Bevan's commitment in 1948 that the NHS would put a "[megaphone in the mouth](#)" of every patient.

Specifically, the plan commits to giving patient voice a greater profile within the Department of Health and Social Care, with the creation of a new National Director of Patient Experience. As set out in chapter 5 of the plan, individual NHS provider boards will also be asked to ensure they have "robust mechanisms" in place to collect and use patient feedback.²¹⁶

With the abolition of local Healthwatch bodies, the plan sets out that their work "will be brought together with ICB and provider engagement functions," while local authorities will take up local Healthwatch social care functions. Healthwatch England's national functions will move into the new directorate for patient experience at the Department.²¹⁷

When the plans to close Healthwatch were announced, Louise Ansari, the chief executive of Healthwatch England, commented:²¹⁸

Over the past twelve years, we've helped millions of people raise concerns, access vital advice, and influence real change in the services they rely on. Our focus now is on ensuring a smooth transition of our functions to the NHS and

²¹⁴ The Guardian, [NHS hospital funding in England to be tied to patient ratings, ministers say](#), 28 June 2025; The Times, [Wes Streeting: the NHS must embrace a tech revolution to thrive](#), 29 June 2025

²¹⁵ The King's Fund and the Nuffield Trust, [Tell me the worst: public opinion on the NHS leaves little choice but honesty for the government](#), 2 April 2025

²¹⁶ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p89

²¹⁷ The abolition of Healthwatch is also part of to overhaul wider patient safety landscape, which it notes has become an overly complex and uncoordinated system of oversight. Further detail was provided by the report of the [Dash review of patient safety across the health and care landscape](#), published on 7 July 2025.

²¹⁸ BBC News, [Hundreds of NHS quangos to be scrapped in 10-year health strategy](#), 28 June 2025

government, so that the voices of patients and the public continue to be heard.²¹⁹

Some patient groups are concerned that the plan's focus on patient reviews and feedback, via the NHS App, will be an insufficient replacement to the loss of advocacy from Healthwatch.²²⁰

Choice and control

The Secretary of State for Health and Social Care has said the 10 Year Health Plan “will give people real choices, faster responses and a say in how their care is delivered and where”. He has also said the unequal relationship between patients and doctors needs to be reset by giving people more power and control over their care, with the NHS App central to the government's plans to do this.²²¹

The plan's defining goal is described as “a patient-controlled NHS, that provides real choice, real control and real convenience for patients”. It commits to introduce a new “Choice Charter,” which will be rolled out progressively across England, starting in the areas of highest health need. It will have five new mechanisms:

- Making NHS funding flows and performance appraisal increasingly sensitive to patient voice, choice and feedback. This includes the trialling of new patient power payments (see below).
- Extending patient's power over how they use NHS resources - through expansion of personal health budgets.
- Enabling patients to exercise greater control over their health and care through the NHS App, and to rate GP and hospital services on the app.
- Allowing patients to directly refer themselves to more diagnostic services over time, where safe and clinically appropriate.
- Supporting patients to have an informed choice of different providers of elective treatment, with information available on journey times, waiting times, quality, outcomes and patient experience.²²²

Patient power payments

The plan says it will trial “patient power payments” in several areas. Patients will be able to decide whether hospitals get the full payment for their treatment. Under the proposals, patients would be contacted several weeks

²¹⁹ Healthwatch, [Government plans around the future of Healthwatch](#), 28 June 2025

²²⁰ The BMJ, [Patient leaders condemn plans to replace NHS safety bodies with app feedback](#), 1 July 2025

²²¹ The Guardian, [In 1948 a Labour government founded the NHS. My job now is to make it fit for the future \(article by Wes Streeting, Secretary of State for Health and Social Care\)](#), 3 July 2025

²²² DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, pp83-4

after their treatment and asked if the full price for their care should be paid to the provider which treated them.

If a low rating is given a proportion of the payment, around 10%, could be diverted to a regionally-held NHS improvement fund, rather than paid to the hospital itself. The plan states the scheme would only be introduced where there had been a track record of very poor service and evidence that patients are not being listened to. Payments could also be influenced by data on users' satisfaction and is part of a wider driver to give greater weight to patients' experience and wishes.²²³

²²³ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p136

8 Workforce and leadership

8.1 Workforce planning and training

The 10 Year Health Plan notes that some of the proposals in the 2023 NHS Workforce Plan for staff numbers in 2035 were unrealistically high. The 10 Year Health Plan anticipates there will be fewer staff in the NHS by 2035 than the 2023 plan had projected, but states that “those staff will be better treated, more motivated, have better training and more scope to develop their careers”.²²⁴ The government states the 2023 workforce plan “did little more than extrapolate from past trends into the future: concluding there was no alternative than continuation of our current care model, supported by an inexorable growth in headcount, mostly working in acute settings”.²²⁵

Instead of a refresh of the 2023 plan, the government says that later this year it “will publish a 10 Year Workforce Plan that takes a decidedly different approach”. Rather than asking ‘how many staff do we need to maintain our current care model over the next 10 years?’, the government will ask “given our reform Plan, what workforce do we need, what should they do, where should they be deployed and what skills should they have”.²²⁶ It has been suggested that the new workforce plan will emphasise the need to shift more training to areas like general practice, rather than further boosting the numbers of hospital doctors.²²⁷

The King’s Fund has said the “government is placing a large bet on technology and automation freeing up enough clinician time so that fewer frontline staff will be needed in the future. If that bet doesn’t pay off the NHS could face an even larger staffing crisis”.²²⁸

On 3 September 2025 a coalition of 74 health and care organisations wrote to the Secretary of State for Health and Social Care, outlining the need for robust stakeholder engagement in the development of the 10 Year Workforce Plan.²²⁹

²²⁴ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p14

²²⁵ As above, p97

²²⁶ As above, p96

²²⁷ The Times, [British doctors to get priority for jobs to make NHS ‘self-sufficient’](#), 30 June 2025

²²⁸ [The King’s Fund Comments On Specific Topics Within The Government’s 10 Year Plan For Health](#), 3 July 2025

²²⁹ NHS Providers, [Letter to the Secretary of State for Health and Social Care on the 10-year workforce plan](#), 3 September 2025

On 26 September 2026 the government published a call for evidence to help develop the new workforce plan, which closes on 7 November 2025.²³⁰

Further background can be found in the NHS Employers briefing, [Understanding the workforce implications in the 10 Year Health Plan \(4 July 2025\)](#).

8.2 NHS staff contracts

The plan proposes the introduction of a new NHS staff employment contract, which non-medical staff could choose to “opt-in” to, as an alternative to the long-established Agenda for Change contract.²³¹ The aim is for the new contract to enable more virtual, remote and on-demand employment, helping to deliver seven-day working across the NHS. It would also enable the introduction of performance-related pay via bonus payments based on improving productivity and quality of care, or developing skills, or involvement with research or wider service development.

NHS managers

The Secretary of State for Health and Social Care has set out plans to give hospital bosses who cut waiting times bonuses of 10% on their salary, while those who fail will be refused pay rises. The plan confirms the introduction on “new arrangements for senior managers’ pay to reward high performance and to withhold pay increases from executive leadership teams who do not meet public, taxpayer and 14 patient expectations on timeliness of care or effective financial management”.²³²

The plan also commits to establish a new system to disbar senior NHS managers in cases of serious misconduct - whether through dishonest behaviour, silencing whistle-blowers or covering up unsafe practice - preventing them from ever taking leadership roles in the NHS again. This follows a commitment in Labour’s 2024 manifesto.²³³

On 21 July 2025 DHSC published its response to the 12-week consultation on options for the regulation of NHS managers. The government response says it will bring forward legislation, when parliamentary time allows, to provide the

²³⁰ Gov.uk, [10 Year Workforce Plan - call for evidence document](#), 26 September 2025

²³¹ Staff directly employed by the NHS generally have their pay, and terms and conditions, set by the national [Agenda for Change \(AFC\)](#) contract, which covers staff directly employed by the NHS (apart from doctors, dentists, and some very senior managers, who have their own nationally agreed contracts).

²³² DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p108

²³³ As above.

Health and Care Professions Council with the powers to run a statutory barring system for NHS board level leaders and their direct reports.²³⁴

8.3 Prioritising UK trained medical graduates

The 10 Year Health Plan pledges to give priority for NHS jobs to UK-trained doctors, amid warnings of doctor unemployment and increasing competition from overseas-trained medics.²³⁵ The plan says the government “will prioritise UK medical graduates for foundation training, and to prioritise UK medical graduates and other doctors who have worked in the NHS for a significant period, for specialty training”.²³⁶

There are concerns that NHS specialist training positions have not kept up pace with increases in medical school places, leading to an increase in number of applicants for every specialist training job.²³⁷ The plan criticises an expansion of medical school places “without a commensurate expansion in postgraduate training places, compounded by the 2020 decision to open competition for post-graduate medical training to international trainees on equal terms”. Given that numbers of specialist training opportunities have been constrained, to control costs, the plan commits, over the next three years, to 1,000 new speciality training posts “with a focus on specialties where there is greatest need”.²³⁸

The plan’s long-term aim is to reduce reliance on overseas recruitment so that, by 2035, less than 10% of new NHS staff should be internationally recruited, focusing recruitment on local UK-trained professionals instead (the plan states that currently around a third of new NHS recruits have a non-UK nationality).²³⁹

8.4 Introduction of new staff roles

The 10 Year Health Plan describes how new models of care, particularly neighbourhood health services, will involve new mixes of skills and

²³⁴ Gov.uk, [Health bosses won't be rewarded for failure under new regulations](#), 21 July 2025; and [DHSC written statements HCWS873](#) [Consultation response on proposals to regulate NHS managers], 21 July 2025

²³⁵ See for example, the Times, [British doctors to get priority for jobs to make NHS 'self-sufficient'](#), 30 June 2025

²³⁶ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p102

²³⁷ See for example, the Times, [British doctors to get priority for jobs to make NHS 'self-sufficient'](#), 30 June 2025

²³⁸ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p102; see also the Lords Library briefing, [Competition for specialist training programmes in the NHS: Sector views and the government's plans for resident doctor training posts](#), 10 July 2025

²³⁹ As above, pp108-9

professions in different clinical teams. The plan commits to learn the lessons from the [independent review of physician associates and anaesthesia associates](#), led by Professor Gillian Leng. While Professor Leng has highlighted the importance of multidisciplinary teams for the long-term sustainability of the NHS, she also identifies weaknesses in how this has been implemented, including a lack of clarity around roles, responsibilities, and accountability.²⁴⁰

The government has said it will build on the Leng Review to ensure the safe and effective introduction of new or expanded roles, so it is done in a way which ensures public, patient, and professional confidence is maintained and which learns the lessons from the introduction of medical associate roles.²⁴¹

8.5 Local recruitment

The 10 Year Health Plan includes a commitment to £5 million for a new NHS recruitment scheme aimed at those who historically face barriers into employment. This ‘Widening Access Demonstrators Programme’ would be used to fund 1,000 people nationally to enter health or social care roles. The 2025/26 funding would be allocated to ten integrated care systems and would focus on people from working class communities disproportionately affected by unemployment and economic inactivity. The plan also proposes a new duty for NHS providers to employ staff from their local areas, in an effort to tackle poverty and boost employment in deprived areas.²⁴²

8.6 Staff wellbeing

Evidence from the annual NHS Staff Survey, and other sources, shows that the NHS is not always an attractive career, with many staff reporting feeling undervalued and overstretched.²⁴³

The 10 Year Health Plan says the government will work with the Social Partnership Forum to develop a new set of staff standards, which will for the first time outline minimum standards for NHS employment. They will cover access to nutritious food and drink at work, reducing violence against staff, tackling racism and sexual harassment, standards of ‘healthy work’ and occupational health support, and support for flexible working. The

²⁴⁰ Gov.uk, [Independent review of the physician associate and anaesthesia associate roles: final report](#), 24 July 2025

²⁴¹ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p99

²⁴² [Written Statement HCWS738 \[on reducing health inequalities in England\]](#), 25 June 2025

²⁴³ The King’s Fund, [What Does The NHS Staff Survey 2024 Really Tell Us?](#), March 2025

government says it will introduce these standards in April 2026 and publish data on them at the employer level every quarter.²⁴⁴

The plan aims to reduce sickness absence in the NHS and commits to “roll out Staff Treatment Hubs, a high-quality occupational health service for all NHS staff”.²⁴⁵

The plan further commits to implement the recommendations of the Messenger Review to improve the culture of the NHS to help it recruit and retain staff, and proposes to establish a new College of Executive and Clinical Leadership “to define and drive excellence”.²⁴⁶

²⁴⁴ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p105

²⁴⁵ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p105

²⁴⁶ As above, p107

9

Life sciences, research and innovation

The 10 Year Health Plan aims to harness technology to drive health reforms, and this is also one of the three pillars of the government's [Life Sciences Sector Plan](#), published on 16 July 2025. The sector plan sets out how life sciences will support both the nation's economy and the nation's health, in alignment with the commitments set out in the 10 Year Health Plan. The sector plan says life sciences will be supported over the lifetime of the Spending Review by government funding of over £2 billion.²⁴⁷

Both plans focus on the following headline actions, as set out in the life sciences sector plan:

- Realising a Health Data Research Service (HDRS): Up to £600 million investment from Government alongside the Wellcome Trust, to create the world's most advanced, secure, and AI-ready health data platform. It will unite genomic, diagnostic, and clinical data at population scale, turning NHS and wider healthcare data into a magnet for global trials and AI investment.
- Slashing trial set up times to under 150 days: By implementing the O'Shaughnessy reforms²⁴⁸, updating the NIHR governance and placing a dual health and growth mandate on the NIHR, we will cut delays that deter investors and aim to double commercial interventional trial participants by 2026, and again by 2029.
- Backing manufacturing with up to £520 million: The Life Sciences Innovative Manufacturing Fund (LSIMF) will bring globally mobile manufacturing investments to the UK. This will help build and maintain the UK's critical sovereign capability across the sector, creating high-value jobs nationwide, and strengthen domestic health resilience and supply chain security. The Government will also develop a new, bespoke approach to supporting investments over £250 million.
- Streamlining regulation and market access: Supporting the Medicines and Healthcare products Regulatory Agency (MHRA) to become a faster, more agile regulator, and giving industry a clearer route to market through joint advice and parallel approvals with the National Institute for Health and Care Excellence (NICE), alongside a route for international reliance for medicines and medical devices so patients benefit sooner from cutting-edge innovation.
- Introducing low-friction procurement: Streamlining the route to procurement, ensuring it is clearer and less bureaucratic, giving industry low-friction access to the NHS through a Rules Based Pathway (RBP) for

²⁴⁷ Gov.uk, [Life Sciences Sector Plan](#), 16 July 2025, p7

²⁴⁸ Department of Health and Social Care, Department for Science, Innovation and Technology and Office for Life Sciences, [Commercial clinical trials in the UK: the Lord O'Shaughnessy review](#), 2023

MedTech and an NHS ‘Innovator Passport’, enabling innovative MedTech products to reach patients more quickly.²⁴⁹

The sector plan also states the government will use a combination of policy and legislative change to speed up access to health data for research and other purposes.²⁵⁰

9.1 Faster access to new treatments

The 10 Year Health Plan states that the National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) will work together, under a new regulatory team, to reduce the time it takes to approve new treatments. Both bodies play a role in regulating access to new medicines, with the MHRA licensing regime ensuring the safety and efficacy of medicines for use in the UK, while NICE decides which medicines will be available to NHS patients, based on efficacy and value for money. A new framework will create a joint task force between the agencies to approve medicines, meaning MHRA licensing and NICE patient access decisions are made at the same time.²⁵¹ The change is also expected to cut the cost of market entry for companies.

The move is not expected to lead to a merger between the two regulatory bodies but rather it will be a collaboration to share information and scientific advice. NICE and the MHRA have further explained how they will work together, and how they expect the 10 Year Health Plan to lead to faster access to new medicines for NHS patients in England.²⁵²

NICE’s process for assessing new medicines will also be expanded to cover med-tech (medical technology). Dr Samantha Roberts, chief executive of NICE, said: “We have long advocated for the expansion of our medicines evaluation programme to cover devices, diagnostics and digital products... It means these life-changing technologies will now attract the same funding guarantees as medicines...”.²⁵³

The plan also proposes a new ‘Innovator Passport’ to speed up the roll-out of new technology in the NHS, where this has proven to be effective. The passport scheme would ensure new med-tech only requires a single NHS compliance assessment, and companies would only have to submit data on safety and effectiveness once, rather than for every NHS organisation considering using their new technology. The DHSC has developed a digital platform called ‘MedTech Compass’ so that NHS trusts can see what has been

²⁴⁹ Gov.uk, [Life Sciences Sector Plan](#), 16 July 2025, p8

²⁵⁰ As above.

²⁵¹ The Times, [Patients to get new drugs sooner under plan to slash NHS red tape](#), 1 July 2025

²⁵² National Institute for Health and Care Excellence (NICE), [Patients to receive medicines three to six months faster under 10 Year Health Plan](#), 6 August 2025

²⁵³ The Times, [Patients to get new drugs sooner under plan to slash NHS red tape](#), 1 July 2025

approved for use, and the evidence underpinning it, so they don't have to run their own checks before purchasing.²⁵⁴

9.2 Access to the most clinically and cost-effective treatments

The 10 Year Health Plan sets out that the NHS will move to a single national formulary (SNF) for medicines within the next two years, to replace what it describes as the “needlessly complicated” process by which each local area decides which drugs are available on the NHS. The plan notes local formularies create a “postcode lottery” and “do not make sense in a universal service that should provide a core standard of high-quality care to everyone”.²⁵⁵ The government will create a new formulary oversight board, supported by NICE, responsible for sequencing products included in the formulary based on clinical and cost effectiveness. Local prescribers (such as clinicians and pharmacists) will be encouraged to use products ranked highly in the SNF but will retain clinical autonomy as long as they prescribe in line with NICE guidance.

NICE is expected to be given new powers to withdraw treatments that are no longer cost-effective, to ensure NHS resources are used where they deliver the greatest value. The plan states this change will allow the NHS to redirect funding from outdated interventions to more effective care.²⁵⁶

Richard Torbett, Chief Executive of the Association of the British Pharmaceutical Industry (ABPI), welcomed measures to reduce bureaucracy and inefficiencies in the system, and to speed equitable adoption of medicines. However, he said “moves that push prescribers into adhering to set treatment rankings, alongside tasking NICE with identifying innovations that can be retired, risks restricting patient and clinician choice.”²⁵⁷

9.3 Focus on five ‘transformative’ technologies

The 10 Year Health Plan identifies five transformative technologies that the government believes will be integral to delivering a new model of care for the NHS, and where they hope to stimulate greater innovation and more rapid delivery. The plan sets these out as follows:

²⁵⁴ Gov.uk, [‘Innovator passports’ set to accelerated cutting-edge NHS care](#), 2 July 2025

²⁵⁵ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p127

²⁵⁶ As above, p132

²⁵⁷ [Association of the British Pharmaceutical Industry \(ABPI\) response to NHS 10 Year Health Plan](#), 3 July 2025

- data to deliver impact: high-quality, interoperable health data, is the lifeblood for AI algorithms, the raw material for genomic discovery, and the context for wearable insights
- AI to drive patient power and productivity: AI will support patient choice, liberate the front line from admin and support a more sustainable future for the NHS. It will also be our means to interpret genomic data to deliver personalised prevention, precision care and enhance the effectiveness of diagnostics and robotics
- genomics and predictive analytics for pre-emptive, personalised care: personalised care and treatment, informed by genomics, dictates the most effective interventions, which can then be delivered or monitored by AI, wearables, or even robotic systems - as well as care teams. It will also give us a better understanding of each patient's health risk, helping personalise care
- wearables to make care 'real-time': wearables bring the insights from data, AI, and genomics directly to the patient or clinician, enabling continuous monitoring, pre-emptive interventions, and more personal care delivery
- robotics to support precision: robotics have transformed surgery in recent decades. In the future, they will also transform patient care and support - from continuous monitoring, to rehabilitation, to prosthetic limbs to support recovery from neurological or musculoskeletal injuries.²⁵⁸

The plan notes the importance of other technologies, including quantum computing and engineering biology, but notes its "5 big bets" represent the most direct and impactful technological levers for delivering the 3 shifts in healthcare.

9.4 Supporting clinical research and innovation

The 10 Year Health Plan aims to boost involvement in clinical trials, via the NHS App, and to monitor the performance of NHS trusts in clinical research. The plan sets out how the regulatory system should change to support innovation, with the Medicines and Healthcare products Regulatory Agency (MHRA) - which makes sure that medicines and healthcare products available in the UK are safe and effective - more focussed on the most complex and potentially transformational new treatments (like individually personalised cancer vaccines).²⁵⁹

The document commits to continuing to fund the 15 regional Health Innovation Networks and also to establish new "Regional Health Innovation

²⁵⁸ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, pp114-5

²⁵⁹ Gov.uk, [Unprecedented boost for clinical trials under 10 Year Health Plan](#), 16 June 2025

Zones, to give health systems the permission and flexibility they need to be more radical and forward-looking on innovation.”²⁶⁰

The plan also says NHS organisations will be required to reserve at least 3% of their budget for one-time investments in service transformation that saves money and improves outcomes, “to support longer-term strategic thinking”.²⁶¹

9.5

Stakeholder comment

Richard Torbett, Chief Executive of the Association of the British Pharmaceutical Industry (ABPI) said “Parts of the NHS 10 Year Plan, such as boosting the NHS’s offer on genomic medicine, and accelerating clinical trials, are exactly right and very welcome. This will transform patients’ lives and take better advantage of the precision medicines and benefits of research that our sector can offer”. However, he said successful implementation “will require a fundamental shift in how the UK approaches innovative medicines and vaccines... The UK must reverse decades of disinvestment in innovative medicines that is increasingly preventing NHS patients from accessing medicines that are available in other countries”.²⁶²

Commenting on the plan’s commitment to reverse the decline in clinical academic roles, Professor Andrew Morris, President of the Academy of Medical Sciences, said this “recognises that research must be embedded across all parts of the healthcare workforce to drive the continuous improvement needed for this transformation”. He added that:

the scale of transformation requires more than aspiration – it demands clear accountability mechanisms, robust implementation plans and crucially cross-government coordination. While we see encouraging commitments to embed research throughout the NHS, we would like to see more detail on how the health service will be further supported in this vital mandate, particularly how Integrated Care Boards will be equipped and resourced to fulfil their research responsibilities during this period of significant change.²⁶³

Commenting on the plan’s ambition for the use of AI, Danielle Hamm, director of the Nuffield Council on Bioethics, said:

Government is placing science and technology at the core of transforming treatment, prevention, and patient experience. However, delivering on this ambition will require a shift in how we approach innovation—placing ethical thinking at the heart of delivery, from the design of a new genomic health service to the use of AI and NHS patient data.

Recent history has shown that failing to do so can lead to costly mistakes and failure to secure public support. Embedding ethical approaches to

²⁶⁰ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p123

²⁶¹ As above.

²⁶² [ABPI response to NHS 10-Year Health Plan](#), 3 July 2025

²⁶³ Academy of Medical Sciences, [Academy responds to 10 Year Health Plan for England](#), 3 July 2025

polycymaking as the NHS develops over the next decade will be vital to ensure innovation tangibly improves people's lives and the that the benefits reach everyone.²⁶⁴

Following concerns about pharmaceutical companies' investment in major research and manufacturing sites in the UK, the Science, Innovation and Technology Select Committee has launched a call for evidence on UK life sciences competitiveness. This followed an initial oral evidence session, on 16 September 2025, where it heard from representatives from MSD and AstraZeneca, as well as the ABPI, and from officials and ministers, including Minister for Science, Research and Innovation, Lord Patrick Vallance. The committee's call for written evidence will examine the competitiveness of the UK's life sciences sector, barriers to innovation for medicines in the UK, issues with pricing uptake and access, and the impact of other countries' policies.²⁶⁵

²⁶⁴ Science Media Centre, [Expert reaction to Government's 10 Year Health Plan](#), 3 July 2025

²⁶⁵ [Life sciences investment call for evidence – Science, Innovation and Technology Committees](#), September 2025

10 Productivity and financial governance

10.1 NHS productivity

A central element of the government's financial strategy for the NHS is a target of 2% annual productivity growth across the NHS over the next three years. This is intended to reverse the 20–25% decline in productivity seen during the covid-19 pandemic, which has not yet been fully recovered. The Bank of England has also identified NHS productivity as a factor influencing the UK's wider economic performance.²⁶⁶

To support its productivity goals, the government has commissioned a review by Andy Haldane, former chief economist at the Bank of England. The review will assess historical trends and the NHS's current strategy, informing the development of a new NHS Productivity Index to track performance at national, regional and provider levels. Findings are expected in autumn 2025.²⁶⁷

The government has also set a target of £9.1 billion in annual efficiency savings by 2028–29, with £8.95 billion expected to come from year-on-year productivity gains of 2%. This marks a substantial increase from the NHS's pre-pandemic average of 0.6% annual productivity growth and has been described by the Public Accounts Select Committee as an “extremely optimistic assumption”.²⁶⁸

The plan's target to improve NHS productivity by 2% year-on-year is not new. The Autumn Budget, on 30 October 2024, committed the NHS to achieving a 2% productivity growth target in 2025/26.

[The Darzi report](#) also included a number of references to productivity in the NHS being too low, and that improving the flow of patients through hospitals and out into social care will be essential to improving productivity. Lord Darzi emphasised the need to invest in technology in the NHS, including AI, digital health records, and patient-facing digital tools, both to improve NHS productivity and patient outcomes.²⁶⁹

NHS Providers has highlighted that [trusts have already been working hard on improving productivity](#), through local initiatives. They note the key focus will now shift to how government and national bodies can support trusts, “by

²⁶⁶ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p132

²⁶⁷ As above.

²⁶⁸ [Public Accounts Committee, NHS financial sustainability, 29 January 2025](#)

²⁶⁹ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

targeting investment towards the long-term enablers of productivity growth – capital investment, embedding technology, right-sizing the NHS workforce and reforming social care”.²⁷⁰

On 22 September 2025 the government reported new data showing NHS productivity for acute trusts had increased by 2.7% between April 2024 and March 2025 - exceeding the government’s 2% year-on-year target.²⁷¹

Further background can be found in the [Commons Library briefing on NHS productivity](#) (July 2025).

10.2 Change to the financial model of the NHS in England

The 10 Year Health Plan sets out that over the next three years, the NHS will begin implementing changes aimed at establishing a new financial foundation. The government claims the current financial framework has become overly complex due to years of incremental modifications and short-term fixes resulting in a system that is misaligned with strategic objectives and, in some cases, financially incoherent.²⁷²

The plan outlines five key priorities for reforming the NHS’ financial framework:

- Restoration of financial discipline
- Transition to long-term financial planning
- Introduction of stronger incentives to support positive change
- Fairer allocation of funding
- A revised approach to capital investment

More broadly, the plan aims to shift NHS payment systems to rewarding better patient outcomes and experience rather than activity.²⁷³

Lord Darzi and others have said new financial flows, incentives and targets need to be “hardwired” into the financial model of the NHS to achieve the three shifts set out in the 10 Year Health Plan.²⁷⁴ [The King’s Fund](#) has suggested more radical steps to lock in the shifts to community care and prevention could include a target to reduce the share of spend on acute

²⁷⁰ NHS Providers, [On the day briefing: 10-year health plan](#), 3 July 2025

²⁷¹ Gov.uk, [Patients treated more quickly as NHS productivity rises over year](#), 22 September 2025

²⁷² DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p132

²⁷³ As above.

²⁷⁴ Gov.uk, [Independent investigation of the NHS in England \(Darzi review\)](#), 12 September 2024

hospital spending to below 50% of overall NHS expenditure, or re-setting investment standards towards preventive spending.²⁷⁵

Action on deficits

In 2024-25, 136 of 211 NHS trusts recorded a deficit, up from slightly more than 100 the previous year.²⁷⁶ The 10 Year Health Plan commits to restoring the NHS to financial health, with the majority of NHS providers operating in surplus (ending the era of routine deficits) by 2030, as part of an aim to move the whole NHS back into financial balance.

The plan states that “the NHS has developed an addiction to deficits” and, to restore financial discipline, the government says it will end the practice of providing additional funding to cover commissioner and provider deficits. This year, £2.2 billion of expected deficit support funding will not go to systems that fail to meet their agreed financial plans. The plan says further deficit support funding will be phased out from financial year 2026 to 2027. The government say this will free up funding for areas of higher health need, supporting health services in deprived areas.²⁷⁷ Details of this policy including the redistribution of deficit support funding, is expected to form part of the medium-term planning guidance published this autumn.

The Department is introducing the following new initiatives that it hopes will improve “financial discipline”:

- Mandatory compliance with NHS planning guidance, with no exceptions
- Introduction of a transparent financial regime, requiring detailed cost and activity tracking
- Enhanced regulatory oversight, with interventions for non-compliance
- Potential statutory financial controls, including legally capped budgets

The long-term goal is for most NHS providers to generate financial surpluses by 2029–30, which would be reinvested in innovation and service improvements.

Transition to Long-Term Financial Planning in the NHS

As part of its financial reform agenda, the NHS is moving away from short-term fixes toward a more strategic, long-term planning model. This shift is

²⁷⁵ The King’s Fund, [Five tests for the NHS 10 Year Health Plan](#), 23 June 2025

²⁷⁶ Health Service Journal, [Patients to decide hospital payments under 10-year plan proposals](#), 24 June 2025

²⁷⁷ Gov.uk, [Landmark plan to rebuild NHS in working-class communities](#), 25 June 2025

designed to improve financial sustainability, support service transformation, and enable better alignment between funding and delivery.

Key changes include:

- **Mandatory five-year financial plans:**
All NHS bodies will be required to produce and regularly update five-year plans focused on achieving medium-term financial sustainability.
- **3% transformation funding requirement:**
“Over time”, organisations must reserve 3% of their annual budgets for transformation and innovation, addressing the historic underfunding of change initiatives.

Changes to NHS incentives

The government is reforming how NHS providers are paid, moving away from block contracts towards a system that ties funding more closely to the quality of care, patient outcomes and experience. For example, emergency care will move away from block contracts to a new payment model which encourages a move away from hospital care. Under this new funding model, around half of funding for urgent and emergency care would be dependent on delivering safety and quality metrics, such as avoiding long waits or promoting “neighbourhood health” to avoid unnecessary A&E visits. The remaining half would continue to be paid via block contracts.²⁷⁸

A central feature of these reforms is the introduction of outcome-based payments. Providers will be financially rewarded for delivering high-quality, effective care, while poor performance may result in penalties. To support this, integrated care boards (ICBs) will be equipped with improved data tools to carry out service reviews and agree on best practice care pathways with providers.

Other changes to payment systems that will be piloted from 2026 include:

- Year of care payments (YCPs)

The plan commits to piloting a single annual budget per patient, tailored to their health needs. From 2026, local NHS systems will receive a single sum per individual across hospital and community services, with the aim of incentivising providers to keep patients out of hospital.

- Patient power payments

²⁷⁸ Under block contracts an annual fee is paid to the provider in return for access to a defined range of services and may be based on the historical or expected spend of a particular service. Under payment by results (sometimes also referred to as the ‘National Tariff’ payments), providers are funded on the basis of the work they undertake. Block contracts became more widely used during the pandemic but there are concerns they do not incentivise innovation or productivity.

New trials will explore how patient feedback can influence provider payments. In some areas, patients will be asked whether their provider should receive full payment or if part should be redirected to a local improvement fund — giving patients a more direct role in shaping NHS spending.

These reforms will begin piloting in 2026–27, with a phased roll-out informed by evidence from early adopters.

The NHS Confederation has warned that ‘patient power payments’ would have to be carefully designed to stop hospitals being penalised for issues beyond their immediate control such as difficulties recruiting staff and the poor state of some hospital buildings.²⁷⁹ NHS Confederation chief executive, Mathew Taylor, noted that “None of our members have raised this idea with us as a way of improving care and, to our knowledge, no other healthcare system internationally adopts this model currently”.²⁸⁰

Fairer distribution of funding

The NHS aims to implement a more equitable funding model from 2026–2027, prioritising areas with high unmet health needs. An independent review and updated evidence will guide the pace of change. In the interim, additional support will be directed to the most disadvantaged regions and national funding formulas will be reassessed.²⁸¹

To enable this, £2.2 billion in deficit support funding will be phased out, allowing redistribution of resources. Over the next three to four years, spending will shift from hospitals to primary and community care, aiming to strengthen local services and reduce health inequalities.²⁸²

Capital investment strategy

The plan describes the current system of capital funding as dysfunctional, with a historical backdrop of significant underinvestment in NHS buildings and technology. It sets out a capital investment programme to modernise NHS infrastructure and support the transition to community-based, digitally-enabled care. It responds to a prolonged period of underinvestment in buildings, equipment and technology and a capital regime that has limited long-term planning and hindered productivity.²⁸³

The government proposes to introduce a new capital strategy, with a number of reforms to the capital funding system, providing greater flexibility. Specific measures include:

²⁷⁹ BBC News, [Hundreds of NHS quangos to be scrapped in 10-year health strategy](#), 28 June 2025

²⁸⁰ NHS Confederation, [Patient empowerment is crucial but leaders will be keen to understand new proposals](#), 27 June 2025

²⁸¹ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, pp132-3

²⁸² As above.

²⁸³ As above.

- Rolling five-year capital budgets (with allocations to be set out up to 2029/30) that are intended to provide long-term financial stability.
- Devolution of capital control to local NHS providers, giving them more flexibility and autonomy.
- Streamlined approvals processes to reduce delays in project delivery.
- Greater use of existing estate, including the sale and reinvestment of surplus land.
- Exploration of modern public private partnerships (PPPs) to fund new infrastructure, particularly neighbourhood health centres in underserved areas.
- Potential private financing for revenue-generating assets (for example, staff accommodation, car parks) and green energy projects.
- Reform of public dividend capital charges to remove barriers to investment.²⁸⁴

These measures form part of a broader [10 Year Infrastructure Strategy](#) aimed at integrating health, social care and economic planning for the first time. This is designed to give greater certainty to the NHS and industry on projects and programmes across the country and allow better coordination of industry and supply chains across government.

The government's infrastructure strategy, published on 19 June 2025, committed to “£70 billion from 2025-26 to 2029-30 for targeted infrastructure replacement, maintenance, critical safety and the wider DHSC portfolio...”. This includes allocating “up to” an additional £49 billion from 2030-31 to 2034-35 for the New Hospital Programme, wider repair of hospital infrastructure, and the eradication of RAAC (reinforced autoclaved aerated concrete) from the NHS estate. The strategy also said the government will explore the feasibility of using new PPP models for certain types of taxpayer funded health infrastructure, “in very limited circumstances where they could represent value for money”.²⁸⁵

In line with this, the plan commits to preparing a business case to use PPPs for new neighbourhood health centres, ahead of a final decision at the Autumn Budget. The government says it will start using public capital now, to update and refurbish existing, under-used buildings, to provide centres in the most deprived communities. Where new facilities need to be developed the government says it will “co-develop” a new approach to harnessing investment with the National Infrastructure and Service Transformation

²⁸⁴ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p138

²⁸⁵ Gov.uk, [10 Year Infrastructure Strategy](#), 19 June 2025

Authority, “building on the successful NHS Local Improvement Finance Trust” (LIFT) programme used in primary care.²⁸⁶

Non-NHS providers

The 10 Year Health Plan says ICBs should encourage a “plurality” of providers of NHS services, and use competition and more robust contracting to strengthen the market.

The plan says the NHS “will continue to use private providers to improve access and reduce waiting times”, and the government “will not let spare capacity go to waste on ideological grounds. It further commits to “enter discussions with private providers to expand NHS provision in the most disadvantaged areas”.²⁸⁷

²⁸⁶ DHSC, [Fit for the future: 10 Year Health Plan for England](#), 3 July 2025, p139

²⁸⁷ As above, p142

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