Fit For The Future: Summary of the 10-Year Health Plan for England

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July 2025

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1. Introduction

The Government's 10 Year Health Plan for the NHS begins with a frank assessment of the health service's current condition, drawing on the findings of the Darzi Review to underscore the urgent need for reform. It highlights a growing reliance on private medical insurance and a rapid rise in out-of-pocket healthcare spending, not as a solution, but as a sign of systemic failure. While some voices have begun to question the principle of care being free at the point of use, the Government firmly rejects this, instead arguing that without significant reform, the NHS risks becoming obsolete.

Central to the Plan is a recognition of four major pressures shaping the future of healthcare: an ageing population, the growing burden of long-term conditions, rising public expectations, and unsustainable costs. Each of these is framed as both a challenge and an opportunity to transform how care is delivered. The Government calls for a refashioning of services so that older people can receive end-of-life care at home; for empowering patients with chronic conditions to take greater control over their own health and care; for modernising how the NHS interacts with the public to reflect a more informed and digitally engaged population; and for driving greater efficiency to ensure financial sustainability. These ambitions underpin the three core shifts outlined in the Plan and set the stage for a far-reaching transformation of the health system.

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2. From Hospital to Community

The Plan sets out a radical new vision to reshape the delivery of NHS care in England by establishing a Neighbourhood Health Service, which the Government had announced earlier this week. This reform aims to move care out of large, centralised institutions and into local communities, creating a system that is more personal, coordinated, and accessible.

To aid these goals, digital triage tools will support more efficient navigation of services, and emerging technologies such as Artificial Intelligence (AI) will be drawn upon for both clinical administration and online advice.

Individuals with complex needs will benefit from a single, personalised care plan and have a named NHS contact responsible for coordinating their care. Social care professionals will be fully embedded in these teams, highlighting the critical link between social needs and health outcomes.

An integral component of the reform is the creation of integrated neighbourhood teams. These teams will be made up of GPs, nurses, pharmacists, mental health professionals, social workers, and voluntary sector organisations all working together to support people in a coordinated way.

To support this shift, the NHS will introduce two new types of contracts. First, single neighbourhood provider contracts will be awarded to organisations responsible for delivering services for groups with similar needs. These contracts will build on the primary care networks (PCNs) already being tested, using them as a foundation for more responsive, continuous support. Second, multi-neighbourhood provider contracts will operate across larger areas and focus on services that naturally span several neighbourhoods. This two-tier structure allows for both local responsiveness and efficient delivery of services at scale.

The NHS will devolve more control and accountability to local teams, giving them the flexibility to shape services around the real lives of the people they serve. For those working in social care or long-term condition management, the new contracts provide a route to formal partnership with the NHS at a local level.

3. From Analogue to Digital

The Plan marks a shift from analogue to digital, or "from bricks to clicks", with the Government committing to a fully digitised health service by 2035. Central to this transformation is the evolution of the NHS App, the new "front door" of the NHS. Year-on-year functionality will be added to build a fully integrated and intelligent health interface.

A key development is the introduction of the Single Patient Record (SPR), which will consolidate clinical, lifestyle, demographic and genomic data into one accessible record. Patients will have default access to this via the NHS App, and new legislation will mandate that all healthcare providers make patient data available. The SPR will first be rolled out in maternity care and eventually extended across the system.

AI also features heavily in the Government's plans. AI tools will offer patients 24/7 personalised guidance, help with self-referrals, and enable remote consultations. On the clinical side, ambient voice technology ('AI scribes') will reduce the administrative burden by automatically generating clinical notes, freeing up clinicians to spend more time with patients.

Patient feedback will become a central part of service improvement, with the app offering new opportunities to leave comments about clinical teams and providers. These responses will be stored, analysed by AI, and turned into actionable insights for system leaders and frontline staff.

The Government also commits to digital inclusion, with features such as British Sign Language interpretation, screen reader compatibility and local App Ambassadors to support adoption. A new NHS HealthStore will give patients access to NICE-approved digital tools, with central procurement as with medicines and technology.

It is not a coincidence that the Plan discusses the digital experience of online banking or TV streaming; the Government envisions a patient experience that is as intuitive and streamlined. If successful in its ambitions, digital access will become second nature, with a focus on personalisation, transparency, and convenience. The NHS of the future will be more connected, more proactive, and far less dependent on physical infrastructure.

4. From Sickness to Prevention

From sickness to prevention is the realisation of the Government's ambition to shift the NHS' focus from primarily treating illness to preventing it, by making healthy choices easier for people and harnessing new scientific advancements. The overall goal is to halve the gap in healthy life expectancy between the richest and poorest regions, increase it for everyone, and raise the healthiest generation of children ever.

The Government views the shift from treating illness to prioritising prevention as a crucial strategy for ensuring the long-term financial sustainability of the NHS. At present, health spending accounts for 8% of the UK's GDP. If current trends continue unchecked, this figure is projected to rise to 14.5% by 2073.

To deliver on its ambition of shifting the NHS from a sickness service to a prevention focused model, the government has set out six key public health priorities for targeted intervention over the next decade.

- Creating a smoke-free generation.
- Ending the obesity epidemic.
- Tacking harmful alcohol consumption.
- Tackling air pollution.
- Addressing health as a barrier for people finding work.
- Identifying and tackling the youth mental health crisis.

The shift from sickness to prevention is set to be delivered in three ways.

First, the government will increase emphasis on early prevention through screening, vaccinations, and diagnosis. Funding for the Medical Research Council and National Institute for Health and Care Research will be reoriented toward primary and secondary prevention, including long-term conditions. A commitment has also been made to deliver 10,000 cancer vaccines to trial participants within five years. The NHS will also work with universities and industry members to generate research and plans for the implementation of mRNA vaccines.

Second, the government will create a new Genomics Population Health Service to support predictive and personalised care. This includes a unified genomic record, integration with the Single Patient Record, routine pharmacogenomic testing, and the training of Neighbourhood Health Service staff in genomic counselling. As part of the Plan's focus on tackling health inequalities and social injustice in health, the Government aims to make genomic testing accessible to all by the end of the decade.

Finally, the NHS will be financially incentivised to prioritise population health outcomes over hospital activity, making prevention not only clinically essential but economically viable.

By embedding prevention at the heart of healthcare policy through legislative action, scientific innovation, and economic incentives, the Government aims to create a health system that not only extends healthy life expectancy and reduces inequalities, but also ensures the long-term sustainability of the NHS for future generations.

5. A Devolved and Diverse NHS

This section sets out a bold reconfiguration of how the health system is structured and run. The Plan signals a decisive shift away from centralised control, creating a model where local decision-making, provider autonomy and patient power form the foundation of service delivery.

At the heart of this transformation is the commitment to devolve power from Whitehall to Integrated Care Boards (ICBs), which will become the strategic commissioners of healthcare at the local level. This will be underpinned by the merging of NHS England and the Department of Health and Social Care, and a 50% reduction in central staffing. Every NHS provider is expected to become a Foundation Trust (FT) by 2035, gaining greater freedoms to manage budgets, reinvest surpluses, and borrow for capital. High-performing FTs will be supported to evolve into Integrated Health Organisations (IHOs), responsible for the entire health budget of their defined population, and expected to deliver more joined-up, preventative and community-led care.

For industry, this represents a significant strategic inflection point. The market is becoming more decentralised and dynamic, with real potential for innovation-led partnerships at the local level. Place-based commissioning means that engagement with ICBs and providers will require more locally tailored strategies, focused on demonstrating clear value in terms of health outcomes, cost-effectiveness, and equity of access. IHOs in particular will present new routes to partnership for those offering integrated or population-scale solutions.

There is also an emphasis on patient autonomy. The Government will introduce a new Patient Choice Charter and pilot 'patient power payments', where post-care feedback from patients could determine whether full reimbursement is made to a provider. These reforms suggest a future where provider performance is directly shaped by the quality of patient experience, access and outcomes. For industry, this strengthens the case for tools and interventions that support providers in capturing and improving patient-reported outcomes and satisfaction, particularly digital platforms that embed patient voice into care design and delivery.

Ultimately, this new model creates a mandate, and a commercial opportunity, for more collaborative, localised, and outcomes-focused partnerships. Industry will need to demonstrate how their technologies or therapies contribute to population health, workforce efficiency, or personalised care at scale.

6. A New Transparency of Quality of Care

This section outlines reforms to empower patients to make more informed choices about their care, which will be supported by improved access to data, routine collection of patient and staff feedback, stronger accountability measures, and investment in technology to support high-quality care.

Regulation will become more intelligence-led, and a new National Director of Patient Experience within DHSC will bring together the remit of Healthwatch England and the Patient Safety Commissioner. AI, piloted through the Federated Data Platform (FDP), will be used to simplify the complaints process for patients, whilst the timeframe for the Care Quality Commission (CQC) to bring legal action against a provider will also be reviewed.

By March 2026, the National Quality Board will publish a new quality strategy, which will be shaped by the royal colleges. Modern Service Frameworks - an update to the National Service Framework - will prioritise cardiovascular disease, mental health, dementia, and frailty. This will, amongst other things, set standards on how interventions for patients should be used, alongside a clear strategy to support and oversee uptake by clinicians and providers.

A national AI-led early warning system, using FDP data, will help trigger CQC inspections, while a new Maternity Outcomes Signal System will monitor stillbirths, neonatal deaths, and brain injuries in near real-time from November 2025. The upcoming Penny Dash review highlights the complexity of the current patient safety landscape. In response, the Patient Safety Commissioner's role will transfer from DHSC to the MHRA, meaning patient-centred roles will now be placed in both DHSC and the MHRA.

This could result in increased scrutiny through real-world data, stronger patient voice in regulation, and alignment with NHS digital platforms such as the FDP. Continuous monitoring and post market surveillance, as well as patient feedback will play a bigger role in procurement and compliance, requiring firms to invest in long-term data, patient safety evidence, and proactive stakeholder engagement.

7. An NHS Workforce Fit For The Future

The Government's vision for the NHS workforce is merely trailed in this plan, rather than confirmed. For the full details, we are left to wait for another NHS Long Term Workforce Plan to be published later this year. The NHS 10 Year Plan squarely takes aim at the 2023 NHS Long-Term Workforce Plan; admonishing its continued commitment to prioritising acute headcount and dismissing its 2036-37 ambitions to increase total NHS headcount by 60% as simply unachievable.

Beyond a Long-Term Workforce Plan later this year, the NHS 10 Year Plan reiterates the current work of the Chief Nursing Officer to publish a Nursing and Midwifery Strategy, outlining the development (in partnership with the Nursing and Midwifery Council) of revamped Advanced Practice models by 2027-28, and positioning them (alongside wider Allied Health Professionals) to play a critical role in the leadership of Neighbourhood Health Services. These models will fall alongside a wider review of education and training curricula across NHS staff (by the same deadline of 2028) to ensure that the training that NHS staff receive promotes AI confidence and prioritises generalist skills to support the development of neighbourhood health services.

The immediate workforce changes are restricted to removing friction and frustration with current NHS workforce structures and practice. These involves overhauling online HR systems, reducing nationally mandated unhelpful training, and promoting healthy working environments within NHS hospitals. This includes the development of new NHS staff standards with the Social Partnership Forum. By April 2026, there is also a commitment to standardise staff training policies to make movement between local NHS hospitals easier, and a commitment to work with Unions to build modern terms and conditions for NHS staff accounting for working hours and shift patterns.

Other wider commitments reiterate the Government's ambitions to invest £5 million of funding to 10 ICSs to support 1,000 young people and people from deprived communities into NHS employment; as well as delivering on the recommendation of the Messenger Review to deliver national and regional talent management systems to identify future NHS leaders by April 2026. Finally, the 10 Year Plan commits to establishing a College of Executive and Clinical Leadership, and to review options for UK registered healthcare professionals living overseas to work in the NHS remotely.

Finally, the Plan announces that by 2035, it will reduce its reliance on new overseas staff from 34% of the overall NHS annual recruitment to just 10% a year. This means that the Government will have to recruit tens of thousands additional UK doctors and nurses every year, rather than employing them from overseas. The details of how this will be achieved will have to wait for the NHS workforce plan at the end of the year.

8. Powering Transformation

The Plan sets out an ambitious and strategic vision of the future delivered through 'five big bets'. Recognising the NHS' struggle to keep pace with scientific and digital discovery despite the UK's competitive edge, the Plan identifies five areas that will represent the major drivers of healthcare reform over the next decade:

- Data to deliver impact.
- AI to drive productivity.
- Genomics and predictive analysis.
- Wearables to make care 'real time'.
- Robotics to support precision.

The vision portrayed in the Plan is one that the NHS has already begun to deliver. Through the Health Data Research Service, continuous glucose monitors, and robotic assisted surgery, the NHS has made a good start. But the Plan also recognises making these at-scale shifts will require the NHS to adapt, adopt, and trial innovations.

One example of how this might happen is through the creation of Regional Innovation Zones. These will empower health systems to experiment with ways to deliver innovation, and will be scaled over time. Supported by financial reform via multi-year funding models, these have the potential to unlock the freedoms of devolution.

The Plan also commits to a strategic approach to medicines and tech adoption. NICE will play a role in 'retiring' existing innovations to make space for new ones, hinting at a ruthless but strategically driven ecosystem. A more permissive operating model will be introduced for providers and commissioners, where they are judged on innovation adoption but can draw on newly aligned investment and savings models and multi-year funding to achieve innovation goals. The centre will focus on 'things done once', whilst building partnerships with companies based on pathways not products.

More positive news also comes on regulation and clinical trials, with the Plan committing to:

- Regulatory bodies continuing to develop agile, risk-proportionate pathways and alignment to international standards.
- A new joint process between MHRA and NICE launched by April 2026 to speed up decisions and improve information sharing.
- Full implementation of the O'Shaughnessy Review and transparency on performance via a monthly scorecard for overall NHS performance on clinical trials.
- The full integration of 'Be Part of Research' into the NHS App.
- The introduction of a standardised contracting and approvals process to prevent duplication across organisations.

Finally, the Plan makes commitments to transform procurement and the spread of innovation. A new Innovator Passport will provide a single source of information on technologies to avoid repeated assessments. Meanwhile, a Single National Formulary will be introduced for medicines within two years, demonstrating the Plan's commitment to reducing unnecessary bureaucracy and duplication on innovation adoption and, in theory, making uptake simpler.

From April 2026, the NHS will nationally procure productivity-boosting products via an internal marketplace and expand NICE's appraisal process to include selected devices, diagnostics, and digital tools. This will enable mandated NHS funding, commercial support, faster access to infrastructure for evidence generation, and intensive adoption and pathway transformation for high-impact innovations.

9. Productivity and a New Financial Foundation

In one of the most important sections of the Plan, the Government sets out a major reset in NHS finance strategy to drive productivity and long-term financial sustainability.

Over the past decade, spending has increased; but - as outlined in the Darzi report - standards have slipped considerably, productivity has declined, and waiting lists have increased. As well as announcing funding in the Comprehensive Spending Review for the NHS over the next 3 years, this Plan promotes a shift toward value-based care, and incentivising outcomes, not simply activity or maintaining the status quo.

However, this sits within the wider challenging financial position of the UK, and the challenges faced by the Chancellor of the Exchequer in balancing the books and boosting growth.

Its first steps will be:

- A restoration of financial discipline.
- A shift to long term financial planning.
- A new focus on rewarding positive change through sharper incentives.
- A fairer distribution of funds.
- A new approach to capital investment.

Deficit support will be phased out from 2026-27, with most NHS providers expected to operate in surplus by 2030. Quality, not activity, will be rewarded and providers will be paid for effective care and financially penalised for poor outcomes.

Funding flows will shift towards community-based care through new models such as Year of Care Payments which allocate capitated budgets for a patient's care, encouraging proactive service delivery. The NHS will also pilot mechanisms allowing patient experience and quality ratings to influence provider payments.

Technology is central to this transformation. The plan commits to freeing up clinical time through innovations like ambient voice tech, and removing outdated treatments via strengthened NICE powers.

Capital budgets will become more flexible, devolved, and predictable - allowing room for tech and estate transformation. One of the more welcome parts of the Strategy will be the shift to a new longer-term mindset in capital budgets.

The Government has pledged to:

- Introduce multi-year capital budgets, set on a rolling 5-year basis aligned with broader government capital allocations. These budgets will outline allocations up to 2029-30.
- Devolve more control over capital budgets to the frontline with fewer restrictions on what providers can spend their capital on and greater flexibility to spend funding between financial years.
- Require all organisations to reserve at least 3% of annual spend for one-time investments in service transformation.

Further, public-private investment models (e.g. PPPs) will be explored for assets like accommodation, car parks, and green infrastructure "where there is a revenue stream, appropriate risk-transfer can be achieved, and value for money for taxpayers can be secured".

For the MedTech, Digital Health and Pharma sectors, this will mean:

- The shift to value-based care and Year of Care budgets is creating space for prevention-focused, tech-enabled models, including remote monitoring, virtual wards, and digital tools that support patient self-management.
- Success will depend on being able to demonstrate real-world impact to meet the bar set by NICE and secure local uptake via ICBs.
- Reforms to capital rules and procurement models are encouraging co-investment in digital infrastructure, diagnostic capacity, and low-carbon assets, opening up new routes for collaboration.
- Commercial conversations will need to go beyond individual product benefits, showing how innovations support redesigned care pathways and help systems improve efficiency and resilience.

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