



Department  
of Health &  
Social Care



Prime Minister's Office  
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Policy paper

# **Fit for the future: 10 Year Health Plan for England - executive summary**

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**Applies to England**

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The National Health Service (NHS) is at a historic crossroads. Lord Darzi's investigation revealed the sheer extent of its current failings - concluding the NHS was in 'critical condition'. He set out in stark terms that this government's inheritance is an NHS where:

- many cannot get a GP or dental appointment
- waiting lists for hospital and community care<sup>[footnote 1]</sup> have ballooned
- staff are demoralised and demotivated<sup>[footnote 2]</sup>
- outcomes on major killers like cancer lag behind other countries<sup>[footnote 3]</sup>

That is why the NHS now stands at an existential brink. Demographic change and population ageing<sup>[footnote 4]</sup> are set to heap yet more demand on an already stretched health service. Without change, this will threaten yet worse access and outcomes - and even more will opt out and go private if they can afford to. They will increasingly wonder why they pay so much tax for a service they do not use, eroding the principle of solidarity that has sustained the NHS. We will be condemned to a poor service for poor people.

The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model - or we can take a new course and reimagine the NHS through transformational change that will guarantee its sustainability for generations to come. This plan chooses the latter. It represents a break with the past.

That choice has been informed by the biggest conversation about the NHS in its history. Over the past 8 months, we have spoken to thousands of staff and members of the public and considered the 250,000 ideas submitted to our [Change NHS website \(https://change.nhs.uk/\)](https://change.nhs.uk/). The conclusion was clear: no one defends the status quo. Staff and patients are crying out for change.

This is a plan to create a new model of care, fit for the future. It will be central to how we deliver on our health mission. We will take the NHS's founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care so patients have real choice and control over their health and care.

Science and technology will be key to that reinvention. Today the NHS is behind the technological curve. This plan propels it to the front. The NHS of the future will be a service that offers instant access to help and appointments. One that predicts and prevents ill health rather than simply diagnosing and treating it. A patient-controlled system, in place of today's centralised state bureaucracy - and one where frontline staff are empowered to reshape services. A service with the core principles and values of the NHS but with the know-how of a wider network of technology,

life sciences, local government, civil society and third sector organisations, working in partnership to improve the nation's health.

It will be a service equipped to narrow health inequalities. Evidence shows that people in working class jobs, who are from ethnic minority backgrounds, who live in rural or coastal areas or deindustrialised inner cities, who have experienced domestic violence or who are homeless are more likely to experience worse NHS access, worse outcomes and to die younger<sup>[\[footnote 5\]](#)</sup>. This is an intolerable injustice. Our reimagined NHS will be designed to tackle inequalities in both access and outcomes - as well as to give everyone, no matter who they are or where they come from, the means to engage with the NHS on their own terms.

Despite the scale of the challenge we face, there are more reasons for optimism than pessimism. The NHS is the best placed system in the world to harness the advances we are seeing in artificial intelligence (AI) and genomic science. This plan describes how we will use these advantages to propel the NHS into a position of global leadership. When coupled with our country's excellence in science, innovation and academia, the UK can lead the world in developing the treatments and technologies of the future<sup>[\[footnote 6\]](#)</sup>.

This plan will put the NHS at the front of the global genomics revolution and make the NHS the most AI-enabled care system in the world. We will get upstream of ill health and make a reality of precision medicine. We will put the NHS on a sustainable footing by adopting a new value-based approach, that aligns resources to achieve better health outcomes. In turn, we will unlock broader economic benefits for the UK, helping to get people back into work and providing a bedrock for the industries of the future. This is a plan to transform the NHS into an engine for economic growth, rather than simply a beneficiary of it.

We will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

These will be the core components of our new care model. To support the scale of change we need, we will ensure the whole NHS is ready to deliver these 3 shifts at pace:

- through a new operating model
- by ushering in a new era of transparency
- by creating a new workforce model with staff genuinely aligned with the future direction of reform

- through a reshaped innovation strategy
- by taking a different approach to NHS finances

## **From hospital to community: the Neighbourhood Health Service, designed around you**

If the NHS does not feel like a single, co-ordinated, patient-orientated service, that is for a simple reason: it is not one. It is hospital-centric, detached from communities and organises its care into multiple, fragmented silos. We need to shift to a model able to provide continuous, accessible and integrated care.

The Neighbourhood Health Service is our alternative. It will bring care into local communities, convene professionals into patient-centred teams and end fragmentation. In doing so, it will revitalise access to general practice and enable hospitals to focus on providing world-class specialist care to those who need it. Over time, it will combine with our new genomics population health service to provide predictive and preventative care that anticipates need, rather than just reacting to it.

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 (NHC) when needed
- in a hospital if necessary

To make this possible, we will:

- shift the pattern of health spending. Over the course of this plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out-of-hospital care. This is not just a long-term ambition. We will also deliver this shift in investment over the next 3 to 4 years as local areas build and expand their neighbourhood health services
- end the 8am scramble by training thousands more GPs and building online advice into the NHS App. People who need one will be able to get a same day GP appointment

- introduce 2 new contracts, with roll-out beginning next year, to encourage GPs to work over larger geographies and lead new neighbourhood providers
- support people to be active participants in their own care by ensuring 95% of people with complex needs will have an agreed care plan by 2027
- at least double the number of people offered a personal health budget (PHB) by 2028 to 2029, offer one million people a PHB by 2030, and ensure it is a universal offer for all who would benefit by 2035
- through the NHS App, allow patients to book appointments, communicate with professionals, receive advice, draft or view their care plan and self-refer to local tests and services
- establish an NHC in every community, beginning with places where healthy life expectancy is lowest - a 'one stop shop' for patient care and the place from which multidisciplinary teams operate. NHCs will be open at least 12 hours a day and 6 days a week
- increase the role of community pharmacy in the management of long-term conditions and link them to the single patient record
- 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
- deliver more urgent care in the community, in people's homes or through NHCs, to end hospital outpatients as we know it by 2035
- end the disgraceful spectacle of corridor care and restore the NHS constitutional standard of 92% of patients beginning elective treatment within 18 weeks
- expand same day emergency care services and co-located urgent treatment centres. We will support patients to book into the most appropriate urgent care service for them, via 111 or the NHS App before attending, by 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
- free up hospitals to prioritise safe deployment of AI and harness new technology to bring the very best of cutting-edge care to all patients. All hospitals will be fully AI-enabled within the lifetime of this plan

**From analogue to digital: power in your hands**

Modern technology has given us more power over our everyday lives. But that same scale of change has yet to come to the NHS. This plan will take the NHS from the 20th century technological laggard it is today, to the 21st century leader it has the potential to be.

To do this, we will use the unique advantages of the NHS's healthcare model - world-leading data, its power in procurement, its means to deliver equal access - to create the most digitally accessible health system in the world. Patients will have a 'doctor in their pocket' in the form of the NHS App, while staff will be liberated from a burden of bureaucracy and administration.

By harnessing the digital revolution, we will be able to:

- ensure rapid access for those in generally good health
- free up physical access for those with the most complex needs
- help ensure the NHS's financial sustainability for future generations

To make the move 'from bricks to clicks' we will:

- for the first time ever in the NHS, give patients real control over a single, secure and authoritative account of their data - a single patient record - to enable more co-ordinated, personalised and predictive care
- transform the NHS App into a world-leading tool for patient access, empowerment and care planning. By 2028, the app will be a full front door to the entire NHS. Through the app, patients will be able to:
  - get instant advice for non-urgent care, and help finding the most appropriate service first time, through My NHS GP
  - choose their preferred provider, whether because it delivers the best outcomes, has the best feedback or is simply closer to home, through My Choices
  - book directly into tests where clinically appropriate through My Specialist, and hold consultations through the app with My Consult
  - manage their medicines through My Medicines and book vaccines through My Vaccines
  - manage a long-term condition through My Care, access and upload health data through My Health or get extra care support through My Companion
  - manage their children's healthcare through My Children, or co-ordinate the care of a loved one or relative through My Carer
- 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

- use 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
- build 'HealthStore' to enable patients to access approved digital tools to manage or treat their conditions, enabling innovative businesses to work more collaboratively with the NHS and regulators
- introduce single sign on for staff, and scale the use of technology like AI scribes to liberate staff from their current burden of bureaucracy and administration, freeing up time to care and to focus on the patient

## From sickness to prevention: power to make the healthy choice

People are living too long in ill health, the gap in healthy life expectancy between rich and poor is growing<sup>[footnote 7]</sup>, and nearly 1 in 5 children leave primary school with obesity<sup>[footnote 8]</sup>. Our overall goal is 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. This will boost our health, but also ensure the future sustainability of the NHS and support economic growth.

We will achieve our goals by harnessing a huge cross-societal energy on prevention. We will work with businesses, employers, investors, local authorities and mayors to create a healthier country together. Specifically, we will:

- deliver on our world-leading [Tobacco and Vapes Bill](https://www.gov.uk/government/collections/the-tobacco-and-vapes-bill-2024) (<https://www.gov.uk/government/collections/the-tobacco-and-vapes-bill-2024>), which will mean that children turning 16 this year (or younger) can never legally be sold tobacco. The number of 11 to 15-year-olds who regularly vape has doubled<sup>[footnote 9]</sup> in the last 5 years, and to crack down on this unacceptable trend, we will also halt the advertising and sponsorship of vapes and other nicotine products
- launch a moonshot to end the obesity epidemic. We will restrict junk food advertising targeted at children, ban the sale of high-caffeine energy drinks to under 16-year-olds, reform the soft drinks industry levy to drive reformulation, and - in a world first - introduce mandatory health food sales reporting for all large companies in the food sector. We will use that reporting to set new mandatory targets on the average healthiness of sales
- restore the value of Healthy Start from the 2026 to 2027 financial year, expand free school meals so that all children with a parent in receipt of



Universal Credit are eligible, and update school food standards to ensure all schools provide healthy, nutritious food

- harness recent breakthroughs in weight loss medication and expand access through the NHS. We will negotiate new partnerships with industry to provide access to new treatments on a 'pay for impact on health outcomes' basis
- encourage citizens to play their part, including through a new health reward scheme to incentivise healthier choices. We will also work with the Great Run Company to set up a campaign to motivate millions to move more on a regular basis
- tackle harmful alcohol consumption by introducing new standards for alcohol labelling. We will support further growth in the no- and low-alcohol market.
- join up support from across work, health and skills systems to help people find and stay in work. We will work with all integrated care boards (ICBs) to establish Health and Growth Accelerators models
- expand mental health support teams in schools and colleges and provide additional support for children and young people's mental health through Young Futures Hubs
- increase uptake of human papillomavirus (HPV) vaccinations among young people who have left school, to support our ultimate aim to eliminate cervical cancer by 2040. We will fully roll out lung cancer screening for those with a history of smoking
- create a new genomics population health service, accessible to all, by the end of the decade. We will implement universal newborn genomic testing and population-based polygenic risk scoring alongside other emerging diagnostic tools, enabling early identification and intervention for individuals at high risk of developing common diseases

## **A devolved and diverse NHS: a new operating model**

To realise the ambition of this plan, we will create a new NHS operating model, to deliver a more diverse and devolved health service. Today, power is concentrated in Whitehall, rather than distributed among local providers, staff and citizens.

Our reforms will push power out to places, providers and patients, underpinned by an explicit goal to make the NHS the best possible partner and the world's most collaborative public healthcare provider. To achieve this, we will:

- combine NHS England, the headquarters of the NHS, with the Department of Health and Social Care (DHSC), reducing central headcount by 50%
- make ICBs the strategic commissioners of local healthcare services. We will build ICB capability and close commissioning support units
- introduce a system of earned autonomy and where local services consistently underperform, step in with a new failure regime. Our priority will be to address underperformance in areas with the worst health outcomes. Our ambition over a 10-year period is for high autonomy to be the norm across every part of the country
- reinvent the NHS foundation trust (FT) model for a modern age. By 2035, our ambition is that every NHS provider should be an FT with freedoms including the ability to retain surpluses and reinvest them, and borrowing for capital investment. FTs will use these freedoms and flexibilities to improve population health, not just increase activity
- create a new opportunity for the very best NHS FTs to hold the whole health budget for a defined local population as an integrated health organisation (IHO). Our intention is to designate a small number of these IHOs in 2026, with a view to them becoming operational in 2027. Over time they will become the norm
- set higher standards for leaders - with pay tied to performance, and good work rewarded
- continue to make use of private sector capacity to treat NHS patients where it is available and we will enter discussions with private providers to expand NHS provision in the most disadvantaged areas
- work in closer partnership with local government and other local public services. We will streamline how local government and the NHS work together and make ICBs coterminous with strategic authorities by the end of the plan wherever feasibly possible
- introduce a new patient choice charter, starting in the areas of highest health need. This will ensure the NHS is receptive and reactive to patient preference, voice and choice
- trial new patient power payments, which are an innovative new funding flow in which patients are contacted after care and given a say on whether the full payment for the costs of their care should be released to the provider

## **A new transparency of quality of care**

The NHS's history is blighted by examples of systematic and avoidable harm. The commonality in these tragedies has been a fundamental lack of

transparency. We will make the NHS the most transparent healthcare system in the world. From this foundation, we will introduce a new, rigorous focus on high-quality care for all. Specifically, we will:

- publish easy-to-understand league tables, 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 when choosing their provider on the NHS App
- set up a national independent investigation into maternity and neonatal services. We will also 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
- change the time limit for the Care Quality Commission (CQC) to bring legal action against a provider and review how to improve patients' experience of clinical negligence claims
- reform the National Quality Board (NQB) with all other bodies, including royal colleges, feeding into it. We will task it with developing a new quality strategy, as well as the development of modern service frameworks. Early priorities will include cardiovascular disease, mental health, frailty and dementia.
- give all 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
- reform CQC towards a more data-led regulatory model. When concerns are identified, CQC will rapidly assemble inspection teams of highly qualified staff to assess service quality in greater detail
- make sure persistent poor-quality care results in the decommissioning or contract termination of services or providers, no matter:
  - the setting
  - whether the provider is in the NHS or independent sector
  - whether they are a GP practice or an individual NHS trust

## **An NHS workforce, fit for the future**

It will be through the workforce that our 3 shifts are delivered. Because healthcare work will look very different in 10 years' time we will need a very different kind of workforce strategy.

While, by 2035, there will be fewer staff than projected in the 2023 Long Term Workforce Plan, those staff will be better treated, more motivated, have better training and more scope to develop their careers. The NHS will be not only the country's biggest employer but its best. To achieve this, we will:

- ensure every single member of NHS staff has their own personalised career coaching and development plan, to help them acquire new skills and practice at the top of their professional capability
- make AI every nurse's and doctor's trusted assistant, saving them time and supporting them in decision making. Over the next 3 years we will overhaul education and training curricula to future-proof the NHS workforce
- work with the Social Partnership Forum to develop a new set of staff standards, which will outline minimum standards for modern employment. We will introduce these standards in April 2026 and publish data on them at the employer level every quarter
- continue to work with trade unions and employers to maintain, update and reform employment contracts and start a big conversation on significant contractual changes that provide modern incentives and rewards for high-quality and productive care
- reduce the NHS's sickness rates from its current rate of 5.1%<sup>[\[footnote 10\]](#)</sup> - far higher than the average in the private sector<sup>[\[footnote 11\]](#)</sup> - to the lowest recorded level in the NHS
- give leaders and managers new freedoms, including the power to undertake meaningful performance appraisals, to reward high-performing staff and to act decisively where they identify underperformance
- develop advanced practice models for nurses and other professionals, and work across government to prioritise UK medical graduates for foundation and specialty training
- increase the number of nurse consultants, particularly in neighbourhood settings
- over the next 3 years, create 1,000 new specialty training posts with a focus on specialties where there is greatest need
- accelerate delivery of the recommendations in General Sir Gordon Messenger's review of health and care leadership<sup>[\[footnote 12\]](#)</sup> and establish a new college of executive and clinical leadership to define and drive excellence
- introduce 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 patient expectations on timeliness of care or effective financial management

- reorientate the focus of NHS recruitment away from its dependency on international recruitment and towards its own communities, to ensure sustainability in an era of global healthcare workforce shortages. It is our ambition to reduce international recruitment to less than 10% by 2035
- create 2,000 more nursing apprenticeships over the next 3 years, prioritising areas with the greatest need. Expansion of medical school places will be focused on widening access to talented students from underprivileged backgrounds

## **Powering transformation: innovation to drive healthcare reform**

Our aim is to be in the driving seat of the biggest industrial revolution since the 19th century as we harness technology to create a new model of care in the NHS. We will use the UK's competitive edge - NHS data, life sciences prowess and world-leading universities - to lead the world on the innovation that will most accelerate reform.

We have identified 5 transformative technologies - data, AI, genomics, wearables and robotics - that will personalise care, improve outcomes, increase productivity and boost economic growth. We will:

- create a new Health Data Research Service (HDRS) in partnership with the Wellcome Trust and backed by up to £600 million of joint investment
- make the NHS the most AI-enabled health system in the world with AI seamlessly integrated into clinical pathways
- support the Generation Study as it sequences the genomes of 100,000 newborn babies. This study will inform our longer-term ambition to make genomic sequencing at birth universal
- launch a new large-scale study to sequence the genomes of 150,000 adults this year and assess how genomics can be used in routine preventative care. A new globally unique set of studies will explore personalised prevention of obesity, applying genomic and other insights to identify people who are at the highest risk of developing obesity
- make wearables standard in preventative, chronic and post-acute NHS treatment by 2035. All NHS patients will have access to these technologies, which will be part of routine care. We will provide devices for free in areas where health need and deprivation are highest

- beginning next year (2026), expand surgical robot adoption in line with National Institute for Health and Care Excellence (NICE) guidelines
- establish new global institutes with the ambition to help the UK lead the world on science and innovation and speed up clinical trial recruitment. By March 2026, clinical trials set-up time will fall to 150 days
- expand NICE's technology appraisal process to cover devices, diagnostics and digital products. NICE will also be given a new role to identify which outdated technologies and therapies can be removed from the NHS to free up resources for investment in more effective ones
- introduce multi-year budgets and require NHS organisations to reserve at least 3% of annual spend for one-time investments in service transformation, to help translate innovations into practice more rapidly
- expand the role life sciences and technology companies can play in service delivery. We will streamline procurement of technology, and we will move to a single national formulary (SNF) for medicines within the next 2 years

## Productivity and a new financial foundation

Today the NHS accounts for 38% of day-to-day government spending - a figure projected to rise to 40% by the end of the Parliament<sup>[footnote 13](#)</sup>. While the NHS will need investment in the future, it is now self-evident that more money alone has not always led to better care.

The era of the NHS's answer always being 'more money, never reform' is over. It will be replaced with a new value-based approach focused on getting better outcomes for the money we spend. Our new financial flows will incentivise innovation, support the flow of money from hospital into community and reward best practice across the NHS.

Our 3 shifts each help secure financial sustainability. More care in the community is cheaper and more effective than care in hospitals. Digitisation, as in other industries, will deliver far more productively for far lower cost. Prevention bends the demand curve. We will:

- urgently resolve the NHS's productivity crisis. For the next 3 years we have set the NHS a target to deliver a 2% year-on-year productivity gain
- restore financial discipline by ending the practice of providing additional funding to cover deficits. Over time, our aim is for the NHS to move into surplus with the majority of providers achieving that by 2030

- break the old, short-term cycle of financial planning, by asking all organisations to prepare robust and realistic 5-year plans, demonstrating how financial sustainability will be secured over the medium term
- deconstruct block contracts - paid irrespective of how many patients are seen or how good care is - with the intention of realigning the activity delivered and funding being provided by an ICB. Payment for poor-quality care will be withheld and high-quality care will attract a bonus. In addition, we will introduce new incentives for the best NHS leaders, clinicians and teams
- move from national tariffs based on average costs to tariffs based on best clinical practice that maximises productivity and outcomes. We will also test the development of 'year of care' payments (YCPs) starting in the 2026 to 2027 financial year. This will drive the shift of activity and resource from hospital to community
- distribute NHS funding more equally locally, so it is better aligned with health need. In the meantime, we will target extra funding to areas with disproportionate economic and health challenges
- ensure all trusts have the authority to retain 100% of receipts from the disposal of land assets they own, and are able to use proceeds from disposals across multiple financial years
- develop a business case for the use of public private partnerships (PPPs) for neighbourhood health centres, ahead of a final decision at the autumn budget
- explore a new mechanism for the NHS to access low risk pension capital
- in the longer term, move to a new NHS financial model where money will increasingly follow patients through their lifetime. Providers will be rewarded based on how well they improve outcomes for each individual, as well as how well they involve people in the design of their care - not solely on whether they provide episodic instances of care on demand

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