

The 10 Year Health Plan for England: issues of concern

This document looks at [Fit for the future: The 10 Year Health Plan for England - executive summary](#); where reference is made to other parts of The 10 Year Health Plan for England, a page number is provided.

This is not a comprehensive appraisal of The 10 Year Health Plan for England. Instead, it raises issues of concern through a series of questions, some of which are for ministers, and others to prompt discussion.

Margaret Greenwood, November 2025

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The 10 Year Health Plan for England – key issues

- Hospitals will face cuts as a percentage of NHS budgets
- Outpatient care will end 'as we know it'
- Most outpatient care will be moved out of *publicly owned hospitals* and into people's homes, the community and neighbourhood health centres potentially funded through *public private partnerships*, subject to Treasury decision
- This carries unquantified risk to the delivery of urgent care in hospitals, and to NHS staff and student training
- The private sector will continue to be used for NHS patients, thus undermining the NHS by reducing the availability of NHS clinicians
- NHS trusts will be able to sell off NHS land and use the proceeds over multiple years
- An end to additional funding to cover deficits suggests that need will go unmet
- Changes in payment methods may well undermine both national collective bargaining and the collaborative ethos of the NHS
- Changes in payment methods could undermine the financial viability of some services
- League tables will turn the NHS into a health marketplace, with adverse consequences for some NHS providers
- League tables risk gaming and a repeat of serious failures, like that at Mid-Staffordshire
- Genomic testing will be introduced, bringing many ethical questions regarding consent and when to disclose unexpected health risks.

Aside from the plan

The Health Service Journal (HSJ) has reported that:

'Ministers have said they will back NHS leaders to make "tough decisions", including cutting services, as part of ending a "culture of routine overspending without consequences".'

'HSJ understands **ministers have agreed they will support unpopular service closures**, including in negotiations with unhappy local MPs, where they are persuaded these are necessary, and when other savings have been exhausted.'¹

¹ ['Culture of overspending' is over, NHS told | News | Health Service Journal](#)

Note, too, that **ICBs have been told to cut their running costs by 50%**.

A new operating model?

The 10 Year Health Plan for England is arguing for 'a new operating model'

Q. Does the NHS need another major upheaval?

No.

The *Rational Policy-Maker's Guide to Rebuilding the NHS* points out:

'The challenges facing the NHS today and its increasing failure to meet the needs of the UK population have caused some people to accept – without adequate questioning – the notion that its fundamental business model is unsuited to the needs of a 21st century population. But examination of the data – both international and historical comparisons – indicates the opposite: the fundamental business model of the UK NHS is better than that of any other in a high-income country.'²

It goes on to set out how the NHS has been the international gold standard.

This is important. In 2014, the Commonwealth Fund, based on data from the early 2010s, ranked the UK health system first out of 11 developed countries for efficiency and quality of care, and second for equity, despite having one of the lowest expenditure per capita.³

² [NHS-report-for-print.pdf](#) p.11

³ [NHS-report-for-print.pdf](#) p.44

What is the future of hospitals?

According to the Plan, most outpatients will move out of publicly owned hospitals and into people's homes, communities and neighbourhood health centres funded through public/private partnership – despite the stark warnings from previous uses of private finance, such as PFI.

The 10 Year Health Plan for England states:

‘We will reinvent the NHS through 3 radical shifts:

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

‘deliver more urgent care in the community, in people's homes or through NHCs [neighbourhood health centres], to end hospital outpatients as we know it by 2035’

The Plan states:

‘By 2035, most outpatient care will happen outside of hospitals.’

Outpatients account for around 85% of hospital activity⁴, excluding A&E, and typically is the source of between 25%-35% of a trust's income⁵.

It is therefore important to ask: what are the implications of the 10 Year Health Plan for England for NHS hospitals?

Clinicians have raised concerns that consultants working in the community will not be available to deal with emergencies in hospitals.

They have also raised concerns about the effect that this will have on staff training.

Questions:

- What assessment has the government made of the impact of moving outpatients out of hospitals on emergency care?
- How will NHS staff training be affected by fragmenting services and moving them from hospital to community settings?
- If all/most outpatients activity moves out of hospitals, what impact will that have on the ability of patients to access care, particularly

⁴ [outpatients-the-future-report.pdf](#) p. 6

⁵ Figure taken from an AI search using Copilot

those reliant on public transport? Will bus routes be laid on, just as they are to hospitals?

- What impact will the removal of outpatients have on hospital finances?
- Is there a risk that some hospitals will be downgraded?

Moving outpatients out of hospitals risks serious consequences:

- Loss of the huge efficiencies that having one set of equipment and staff in a hospital setting that can assess/treat hundreds of people a day provides
- Loss of NHS training opportunities
- Reduction in staff available to respond to emergencies in hospitals
- Loss of shared expertise in hospitals
- Loss of a very visible comprehensive NHS offer on which people rely.

Spending on hospitals will be cut as a share of NHS budgets:

The 10 Year Health Plan for England states:

‘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’

In other words, hospitals may well face cuts. They are already under great financial pressure. The Guardian reported on 8 April 2025 that ‘Hospitals in England could axe more than 100,000 jobs’⁶ as a result of the major reorganisation and cost-cutting by the government.

- What impact would cuts to hospitals have on the services they offer?

⁶ Hospitals in England could shed 100,000 jobs in response to cost-cutting orders | Hospitals | The Guardian

Finances

Strict financial limits and cuts to services

The 10 Year Health Plan for England says that the government will be

‘taking a different approach to NHS finances’

It says that the government will

‘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’

‘Deficit support funding will be phased out from financial year 2026-2027.’ p.133

This suggests that **need will not be met.**

The implications of this must be considered.

There are questions about *how* the NHS can move into surplus, particularly given the prevalence of deficits historically.

- Will it be through attacking staff pay and conditions?
- Will it be through rationing care?
- Will it be through increasing the amount of treatment provided to private paying patients?
- Will it be by increasing the costs of car parks, canteens and staff accommodation?
- Might the refusal to provide additional funding to cover deficits lead to the perverse outcome of theatres and diagnostic facilities lying idle towards the end of a tax year?

The 10 Year Health Plan for England states:

‘In 2010, we spent below the OECD average on healthcare and achieved above average outcomes’ P.20

- What assessment has the government made of the amount of NHS funding that is going into the pockets of shareholders?
Research by the Centre for Health and the Public Interest looked at the very rapid growth in private sector provision of NHS cataract care and found that the 5 companies who generate the majority of

their income from the NHS generated an estimated £169 million in profits (EBITDA) from providing NHS services in 2023/24.⁷

It has been demonstrated, as shown in the example regarding the use of private cataract clinics to deliver NHS services, that using the private sector is an expensive way to run a health service.⁸

- Will the government look at this issue?

The Plan also states:

‘it is now self-evident that more money has not always led to better care’ P. 130

While this sentence may be technically accurate, it is a very poor argument to use if the government wishes to put forward an argument for cuts and austerity. It is clearly the case, for example, that if funding is increased so that there are twice as many paediatricians in a unit, then twice as many children can be seen.

The Plan states:

‘Our aim over the next 10 years is to ‘bend the cost curve’ through a relentless focus on delivering value-based healthcare. Put simply, we will get far more out for what the taxpayer puts in ensuring every pound makes the maximum contribution to better outcomes, lower inequality and economic growth.’ P.131

Sell-off of public assets

The 10 Year Health Plan for England states that government will

‘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.’

This is concerning. It seems that trusts may sell off public assets rather than lobby government for adequate funding for the NHS.

Given that the government is going to stop providing extra funding for deficits, there are concerns that NHS land may be sold off to plug gaps in finances.

⁷ <https://www.chpi.org.uk/reports/out-of-sight-the-hidden-profits-and-conflicts-of-interest-at-behind-the-outsourcing-of-nhs-cataract-care>

⁸ [Out of Sight – the hidden profits and conflicts of interest behind the outsourcing of NHS cataract care. — Centre for Health and the Public Interest](#)

This is likely to increase regional inequalities of healthcare provision since land is far more valuable in the south of England than in the north or midlands.

Productivity, payment systems and potential closures

The 10 Year Health Plan for England says that changes in payment methods will

‘move from national tariffs based on average costs to tariffs based on best clinical practice that maximises productivity and outcomes.’ P.16

‘Starting from next financial year, we will increase the number of new best practice tariffs year on year.’ P. 134-135

While best practice tariffs may bring benefits, there are real concerns that some services and hospitals could close as a result of their rapid introduction. It is vital that a risk assessment is carried out for each NHS provider in relation to this policy, so that the implications can be understood.

- What assessment has there been of the impact that this will have on services and hospitals?

It would be reasonable for MPs to meet with their local NHS trusts and ask them if they have concerns about the future viability of services, and whether any particular services are at risk from these changes in tariffs.

The 10 Year Health Plan for England says:

‘More care in the community is cheaper and more effective than care in hospitals.’

- Where is the evidence for this assertion? Is it true?

Good quality community-based care can bring real benefits and identify hidden need; however, the wisdom of aiming for most outpatients to be delivered in homes, the community and neighbourhood health centres needs to be questioned. A detailed risk assessment is needed.

The 10 Year Health Plan for England says the government 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’

- What does this mean in practice?

The 10 Year Health Plan for England says:

‘Payment for poor-quality care will be withheld and high-quality care will attract a bonus.’

- How will this work?
A provider (NHS or otherwise) needs to know how much they will be paid for treatment in advance of providing the treatment. If there will be some sort of payment by results, a) how will results be measured? b) won't this involve an increase in admin costs?
- Will this undermine national collective bargaining?
- Might this mean that payments will be skewed in favour of private providers who cherry pick less complex work and as a result may show 'better' results?

What transformation is being sought?

The 10 Year Health Plan for England says the government will:

‘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’

- Why are NHS organisations being *required* to reserve at least 3% of annual spend for one-time investments in service transformation? Why not simply *permit* them to?
- Is there not a risk that money will be spent on consultancies for the sake of meeting this requirement, and that the money may not be well-spent?
- What does 'service transformation' mean in practice?

Transformation can mean investment in technology to improve productivity.

However, it can also mean reducing staff numbers, attacking terms and conditions, and doing 'more for less'.

- Is it expected that money will be spent on consultancies to meet this requirement? Might this have negative unintended consequences?

Embedding the private sector in future healthcare delivery

The 10 Year Health Plan for England says government will:

‘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’

This is an extension of privatisation. PFI was excessively expensive.

- Why is the government seeking to continue using private sector finance?
- Why remove most outpatient activity from hospitals and thus create a need for new premises which aren't currently needed?

The government should be investing in rebuilding the NHS, not entering into public/private partnerships. Moreover, we have a situation where trusts may sell off parts of their estates to the private sector, and then enter into partnerships with the private sector to create neighbourhood health centres. It is not beyond the realms of possibility that the NHS could be having to pay market rate for land it used to own before it sold it off to the private sector.

- Is the creation of neighbourhood health centres in part about stripping assets from public ownership and replacing them with public/private facilities?
- Why not just use the publicly owned NHS hospitals instead?

The Plan states that in establishing NHCs:

‘Wherever possible, we will maximise value for money by repurposing poorly used, existing NHS and public sector estate.’

- What percentage of NHCs does the government expect will require new buildings?

The 10 Year Health Plan for England also states it will:

‘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’

- Why are private providers being used in disadvantaged areas? Is this just about selling the idea of the use of the private sector and trying to legitimise it?

The Plan goes on to give the following example:

‘For example, the NHS in Gloucestershire has significantly advanced the shift of eye care from hospitals to neighbourhood settings. Hospital eye care records and images are shared with primary care optometrists, such as those working in Specsavers. This has reduced unnecessary hospital referrals, led to a 14% reduction in waiting lists and improved convenience for patients.’ P.82

It is well established that the use of the private sector to deliver cataract operations for NHS patients is believed to be having a damaging impact on NHS ophthalmology services.

A 2024 survey by the Royal College of Ophthalmology found that ‘67% of clinical leads in NHS ophthalmology departments reported that the impact of independent sector provision on patient care has been negative... Clinical leads were most likely to say the impact of independent sector providers on their ophthalmology department had been negative when it came to training opportunities (73%), funding of their department (58%), available workforce (50%) and their ability to deliver comprehensive services (48%)’.⁹

It has been reported in Kent Online that: ‘NHS patients with complex eye conditions risk losing their sight because of treatment delays linked to clinicians prioritising simpler and better paid procedures, according to medical professionals and campaigners.’

‘Dr Ben Burton, the president of the Royal College of Ophthalmology, said the system is on the brink of collapse, while surgeon-turned Labour MP Dr Peter Prinsley said parts of the country could become “ophthalmic deserts” over a lack of coverage.’¹⁰

- In the light of the experience in NHS ophthalmology, why is the government seeking to use private providers to treat NHS patients?

The Plan adds:

‘However, in working with independent providers, we will neither tolerate ‘gaming’ the national payment tariff to cherry pick the simplest, most profitable cases, nor any quality shortcomings. ICBs will be expected to monitor this, and act decisively where they identify problems as part of a wider duty to safeguard and ensure value for taxpayer money.’ P.82

⁹ [Contribute your views to the government's 10-year plan for the NHS | The Royal College of Ophthalmologists](#)

¹⁰ [Eye patients could lose sight as clinicians opt for simpler and better-paid procedures](#)

- How much time and money does the government expect ICBs will spend each year on monitoring and taking action on this? Private companies have a duty to maximise profits for shareholders. How can ICBs prevent 'cherry picking'?
- What level of success does the government expect ICBs to have in addressing 'problems' once contracts with private providers have been signed?'

The 10 Year Health Plan states that the government will:

'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'

- How would that work? It sounds like something that would have an array of unintended consequences.

It is obvious that those who are prosperous will have better outcomes.

- Does this not have the risk of increasing health inequalities as some private providers may have a bias towards wealthier and generally healthier patients?
- Will there be a 'balance sheet' for each patient?
- Might that facilitate a move to an individualised payment system in which there are limits to the amount of healthcare an individual can receive?

The 10 Year Health Plan states that new multi-neighbourhood providers will:

'be responsible for unlocking the advantages and efficiencies possible from greater scale, working across all GP practices and smaller neighbourhood providers in their footprint... They will be large enough to create new commercial partnerships, including clinical trials, so that the Neighbourhood Health Service becomes a hotbed for innovation' P. 32

- The creation of commercial partnerships may undermine the NHS in some instances. When private companies go into 'partnership' with the NHS, they can also become competitors with the NHS – as has been seen with the growth of the use of private cataract clinics. What steps will the government take to ensure that the NHS is rebuilt rather than undermined?

See, too, the permissions to support SMEs and start ups under IHOs.

Integrated Health Organisations (IHOs)

The 10 Year Health Plan for England also states that the government will

‘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.’

The 10 Year Health Plan for England states that the government will:

‘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’

- Will there be surpluses going forward given that there will be tight financial discipline?

The 10 Year Health Plan for England states:

‘For the very best NHS FTs ... we will create a new opportunity to hold the whole health budget for a local population as an Integrated Health Organisation (IHO). If they provide highquality care efficiently, they will be allowed to keep the savings to reinvest in better patient care, new capital projects, digital transformations, new partnerships or even commercial support for start-ups and SMEs with significant promise.’ P.81

- Why are senior healthcare managers going to be allowed to provide commercial support for start-ups and SMEs?
- What percentage of senior healthcare managers have the knowledge and expertise to do this?
- Will this not impact on the choice of senior healthcare managers going forward, to the detriment of patients who need a senior manager dedicated to the complex business of delivering health services?
- Isn't there a risk of NHS funding being wasted?
- Isn't there a risk of conflicts of interest if there's a situation where an NHS employee or their relative or partner is involved in the SME or start-up?
- Surely this work would be better placed with the Department for Business and Trade?

Raiding pensions?

The 10 Year Health Plan for England also says it will

‘explore a new mechanism for the NHS to access low risk pension capital’

This idea is highly questionable and may put at risk the value of people’s pensions.

- Wouldn’t it be better to introduce a wealth tax to fund the NHS?

Staff

The 10 Year Health Plan for England states the government will:

‘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’

- How many thousands more GPs will there be, and when will they be in post?

The 10 Year Health Plan for England states the government will:

‘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

- Does this have the potential to break up national collective bargaining?
- How can this approach be fair when different patient groups have such different outcomes?
- Does this have the potential to deepen health inequalities, given that low literacy levels – which will impact on the quality of the feedback received - are related to poverty levels?
- Given that some private providers may cherry pick patients with less complex needs, is there not a risk that outcomes may be skewed towards private providers presenting better outcomes?
- The Plan says that there will be ‘sensitivity to care mix (i.e. complexity of patient need)’. How feasible is it to adequately measure this?

The 10 Year Health Plan for England states:

‘by 2035, there will be fewer staff than projected in the 2023 Long Term Workforce Plan’

- How many fewer?

The 10 Year Health Plan for England states:

- ‘Later this year, we will publish a 10 Year Workforce Plan that takes a decidedly different approach. Instead of asking ‘how many staff do we need to maintain our current care model over the next 10 years?’, it 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?’

The government's 'Call for evidence' for the 10 Year Workforce Plan was announced in September 2025, after the publication of the 10 Year Health Plan.

- In the event that the evidence submitted demonstrates that the NHS will need more, rather than fewer, staff than projected in the 2023 Long Term Workforce Plan, will the government ensure that that need is met?
- What progress does the government expect to make in filling the over 100,000 vacancies in the NHS over the course of the next one, two and three years?
- Why does the Plan suggest that GPs could run hospitals? (p.82)
They have a completely different skill set to hospital managers.

The 10 Year Health Plan for England says the government will:

'... start a big conversation on significant contractual changes that provide modern incentives and rewards for high-quality and productive care'

- Is there not a risk that this will threaten national pay scales and national collective bargaining?
- What changes does the government want to see to NHS staff contracts?
- Won't this undermine the collaborative ethos of the NHS where the focus is on caring, by pitting worker against worker?
- Won't it lead to collaboration being replaced with competition?

The 10 Year Health Plan for England says that the government will:

'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'

- Again, doesn't this threaten national pay scales and the future of collective bargaining? And doesn't it pave the way for cronyism and threaten to damage the collaborative nature of care?
Meaningful appraisals already take place in the NHS.

The 10 Year Health Plan for England states, under the heading 'Developing skills in research, innovation and system change':

'Analysts, commercial staff and change management experts will all be integral in the future, not least in supporting our new operating model.' P.103

- Why will change management experts be needed?
- Is this a commitment to constant reorganisation?
- Is there not a risk that lack of certainty and stability will further demotivate staff - as has happened with the huge amount of uncertainty and upheaval over the last 15 years?

Patients

The 10 Year Health Plan for England states government will

‘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’

- Is this wise? What will be the impact on demand if patients are self-referring for tests and services? How will patients know which tests and services they should refer themselves to? Will we see an increase in people requesting tests that they don’t actually need? And how will patients be able to understand the meaning of the results of tests? Might it risk driving up demand for GP appointments unnecessarily?
- What provision is being made for those who struggle to read and write? There are around 6.6 million adults in England—or 18% of the adult population aged 16 to 65— who are functionally illiterate.
- Over 2 million people do not have internet access. What provision is being made for them?

Patient choice

The 10 Year Health Plan for England states that patients will be able to

‘choose their preferred provider, whether because it delivers the best outcomes, has the best feedback or is simply closer to home, through My Choices

- Is there a risk that there will be a sharp increase in the number of treatments in the private sector with increased costs to the NHS as a result of this?
- Is it not the case that private providers have a culture of commercialism and marketing that will put them at an advantage in relation to this?
Introducing a culture of commercialism and marketing within the NHS would be damaging, impacting on patient expectations and their interactions with staff.
- How does patient choice impact on the delivery of a public NHS?
Most people want a good service in their local hospital.

Hospitals that are struggling to recruit and retain staff may find it impossible to turn the situation around.

The 10 Year Health Plan for England says that the service will

‘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

- How would this work in practice? That suggests that clinicians will be constantly monitoring patients’ health. How could that be possible?

The Plan says:

‘Our reforms will also reduce the need for patients to physically attend appointments – for example, by facilitating ‘straight to test’ pathways, or through digital preassessment forms. This will free up appointments for those who need them and reduce costs’ p.47;

and

‘For those who prefer or rely on in-person care, that choice will remain - indeed, we anticipate digital making their access far better.’ P.56

- Can the government be clear that patients will not have to fill in digital pre-assessment forms if they are unable to or do not want to?
- How will the outcomes of these reforms be monitored? The digital pre-assessment will surely be affected by the patient’s ability to describe their own symptoms in an un-supported environment. What will the impact of the loss of an examination by a doctor be on patients?
- What will the impact of the use of digital pre-assessment forms be on patients with mental health issues?

The 10 Year Health Plan for England states the NHS will

‘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’

- If single sign on is possible for staff, they would welcome it.
- How will the use of new technologies be monitored?

The 10 Year Health Plan for England says the government will

‘encourage citizens to play their part, including through a new health reward scheme to incentivise healthier choices.’

- How will it do that? What will be the implications for those patients who are deemed not to have made healthier choices? And what will be the impact on their relationship with their clinician?
- Will the government take radical action to address poverty?

The 10 Year Health Plan for England says the government will

‘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’

This is a matter of very real concern. It is turning the NHS into a consumer organisation. Treatments always carry risk; it is in the nature of healthcare. And how on earth would this work? The provider needs to know what they will be paid in advance of providing the treatment, not afterwards. Some private providers cherry pick the easier cases; in so doing, they may be perceived as delivering better care. Ultimately, this approach may undermine NHS services.

The 10 Year Health Plan for England says the NHS 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.’

This is likely to have a negative impact on morale in hospitals and services which do not score well and so make it less likely staff will want to move to work there, thus compounding the problem.

It could lead to reputational and staffing problems.

Again, this is turning the NHS into a ‘marketplace’.

Health and work

The 10 Year Health Plan for England says government will

‘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’

- What are doctors going to be asked to do?

- Will the trust between patient and doctor be impacted because the patient will know that the doctor is involved in an agenda beyond their health?

While there is value in healthcare settings signposting people to other services, these are real concerns; the plan raises serious ethical questions.

The 10 Year Health Plan for England says:

'We will further pilot the integration of employment advisers and work coaches into the neighbourhood health service, so that working age people with longterm health conditions have an integrated public service offer. A patient's employment goals will be part of care plans, to support more joined up service provision.' (p.69)

- What research has been done into the impact that this might have on whether or not patients will continue to access health services? They may be put off by this approach.

The 10 Year Health Plan for England says:

'In Pathways to Work, we proposed a shift to a fundamentally more active system for those out of work due to ill health, where a guarantee of work, health and skills support is matched by an expectation to engage with conversations about work and health.' (p.69)

This raises ethical concerns. People should be able to access health care regardless of their employment status. There is the potential for this to damage the doctor/patient relationship. It also has the potential to deter people who are far from the jobs market from seeking medical help.

Genomic testing and technology

The 10 Year Health Plan for England says:

'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'

This raises an array of serious ethical issues since it may reveal unexpected health risks, such as risks of cancer or Alzheimer's, and because it can also reveal information about a person's relatives.

There is particular concern about the psychological effect of discovering serious health risks where no cure is available.

- What is the point of informing the parents of a new born baby that their child may develop an incurable disease at an early age?
- What will the impact on travel insurance costs be?
- How meaningful can consent be when the issues are so complex?

The 10 Year Health Plan for England states:

We want to enable AI developers to build more intelligent models, that are able to integrate directly with electronic patient records in clinical settings.

- Will US companies be eligible to bid for this work? If so, who will own the data? What protection will there be of that data under UK law? Where will the data be held?
- There have been reports of serious failings in IT systems linked to deaths of patients and 100 instances of serious harm.¹¹ What control will the Department of Health and Social Care have over the quality of systems if this work is contracted out? What measures will be put in place to ensure high quality?

¹¹ <https://www.bbc.co.uk/news/articles/c4nn0vl2e78o>