

10-year health plan: Reaction from Browne Jacobson's health and life sciences team

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The government has set out its vision to reform the NHS after unveiling its 10-year health plan today.

It aims to drive three systemic shifts in healthcare delivery – analogue to digital, hospital to community, and sickness to prevention.

Lawyers from Browne Jacobson's health and life sciences team react to key parts of the plan.

Shift from analogue to digital relies on data-sharing and effective AI governance

Gerard Hanratty, Head of Health and Life Sciences, said: *"The shift from analogue to digital requires a regulatory rethink on our approach to accessing and sharing personal health data with healthcare providers and other relevant bodies.*

"Healthcare can learn much from the banking industry's digital transformation journey, which has been underpinned by consumer acceptance – and enthusiasm – for sharing sensitive data that provides real-time metrics and intelligent insights to manage finances effortlessly.

"Replicating this model to create 'digital health wallets' – secure, user-controlled platforms for storing, managing and sharing health information – could revolutionise patient self-management and open the door to incentivisation initiatives that are fundamental to the move from sickness care to prevention.

"To achieve this, the NHS must address concerns around data security, patient privacy and the digital divide that could marginalise those without access to technology.

"This requires robust cyber security measures, widespread digital literacy campaigns and policies ensuring equitable access to digital health tools. The NHS must be clear with the public on the benefits of sharing personal data and for regulators to allow the use of anonymised data for research to address difficult health issues that people face.

"With AI earmarked for a major role in the 10-year health plan, it's vital the government also acknowledges the importance of striking good governance principles to harness the technology's potential while minimising risks.

"Establishing clear ethical guidelines and standards for AI development and deployment, underpinned by rigorous testing and evaluation, must be a priority in any regulatory framework."

Embrace concept of neighbourhood care in shift from hospital to community

Charlotte Harpin, Partner specialising in integrated care systems, said: *"Embracing the concept of neighbourhood-based care is essential to realising the ambitious shifts from hospital to community, and more broadly sickness to prevention.*

"We expect a new tranche of primary care hubs that bring together physical and mental health services, with community and primary care under one roof, easing stress on both GP practices and hospitals.

"While integrated care boards will commission these hubs, there must be greater acceptance of the role the private sector will play supporting and working with the NHS to achieve the ambition in the 10-year health plan."

"We expect that new primary care arrangements will be put in place at a national level to reform the way in which general medical services are commissioned."

"It is also expected the new neighbourhood approach will lead to access to care six days a week, making it much easier for people to get tests and receive treatment much closer to home."

PPUs have a big role to play in generating new revenue for NHS

Carly Caton, Partner in commercial healthcare, said: *"Giving trusts more freedom to spend their money could create new opportunities for innovation and generating commercial income, which improves financial resilience and improves patient outcomes by reinvestment into NHS operations."*

*"NHS trusts can **increase their commercial activity** either on their own in partnership with the private sector."*

"Opportunities exist in exporting their expertise internationally, collaborating with pharmaceutical and biotechnology firms to commercialise research projects, renting out unused space across the NHS estate, and leasing out high-value medical equipment or technology to other healthcare providers during periods of low usage."

"One of the most effective ways of creating new income streams is to increase patient private activity within NHS hospitals. Most trusts already run private patient units (PPUs) but, with the exception of a few, these tend to be relatively small, meaning they provide untapped potential in terms of raising additional income to plough back into NHS services."

"There are numerous ways of expanding PPUs and it doesn't necessarily require significant capital investment if a trust is willing to partner with a private provider. Partnership structures can extend from commercial agreements to developing some form of physical expansion to estates."

Data policies must be sufficient to unlock AI potential in clinical trials

Matthew Alderton, Partner specialising in health data regulation, said: *"The ability to synthesise large amounts of anonymised health data holds the key to speeding up clinical trials."*

"As AI applications in life sciences evolve to create reliable models on how a proposed treatment will affect vast populations, pharmaceutical firms must ensure their data policies are sufficiently comprehensive to cover how it will be used in clinical trials."

"Without such policies, the power of big data could be limited in teaching AI models when developing diagnostic tools for early disease detection – a core ingredient in driving the shift from sickness care to prevention."

Innovator passports could make UK more appealing to MedTech businesses

Philip Pugh, Partner in the corporate team specialising in healthcare, said: *"The introduction of innovator passports should slash red tape and speed up the rollout of MedTech applications across the NHS."*

"Currently, MedTech businesses will often be asked for the same data by different NHS trusts. Eliminating multiple compliance assessments and duplication should therefore make the UK more appealing as a base for their operations."

"As a result, NHS patients would benefit by having greater and quicker access to the latest treatments, without falling victim to the 'postcode lottery' that has favoured those living in trusts that have made breakthroughs with such treatments."

"However, scepticism will remain about how the innovator passport is rolled out via the digital platform MedTech Compass. This is because the affluence, diversity and genetics of patients in one area may be different to those in another location."

"Therefore, safeguards will be required on compliance processes from a patient safety and data protection perspective."

"The government must also recognise that not all trusts are at the same stage of digital maturity, as outlined by NHS Confederation CEO Matthew Taylor. Investment in technology will be crucial as cost-cutting measures won't turn around the NHS."

Renewal of the FT model presents opportunities for NHS groups

Rebecca Hainsworth, Partner specialising in NHS provider governance and group models, said : *“The changes signalled in the 10-year health plan for England present potentially the biggest shift in the NHS provider landscape since the introduction of the NHS foundation trust (FT) model in the early 2000s.*

“The intention that all NHS providers will become FTs by 2035, a core stipulation of the 2012 reforms, has been reintroduced with the opportunity for high-performing NHS trusts to be part of the first wave of new FTs authorised by the Department of Health and Social Care in 2026.

“Conversely, the weakest performing providers, as identified by the seven regional teams in 2025-26, will face de-authorisation with a renewal of the trust administration regime that facilitates the replacement of leadership and takeover of services.

“While there is little explicitly mentioned regarding NHS groups, the strong focus on the reintroduction of earned autonomy, partnership working and looking beyond organisational boundaries will be welcomed by those trusts already working in group models.

“Given the announcement that the requirement for FTs to have a council of governors will be removed, it will also be interesting to see what new dynamic arrangements FTs will develop to take account of patient, staff and stakeholder insight.

“Changes to commissioning arrangements will also facilitate at-scale commissioning of new provider networks or chains, potentially allowing groups to cover wider geographies.

“Those FTs that are the highest performers, judged in part by their ability to work in partnership and deliver population health outcomes, could hold whole health budgets for a local population as an integrated health organisation (IHO) from as early as 2027.”

High stakes for social care

James Arrowsmith, Partner specialising in social care, said: *“Though Baroness Casey’s commission on adult social care won’t complete its work until 2028, the NHS 10-year plan sets out a clear vision of the way in which health and care will work together. It will also put in place systems into which future care will have to fit.*

“The data platform and enhanced NHS app, which will support patient access to digital records and services, will create a model for future digital social care. Social care can also be expected to benefit from and build on use of tech such as AI and wearables to support independence, and keep people safe in their homes.

“One-stop access to services through neighbourhood health centres will include access to social care and other council services. We will probably see early co-location of services where this is possible. Care delivered in communities is familiar territory for professionals in social care, who will be able to support the success of the new centres.

“Strides on prevention and public health could reduce demand on social care by addressing underlying causes of care need and avoiding the added cost of preventable co-morbidities, but these are long-term returns. In the short term, it will be hoped that technology will provide efficiencies that help balance the books.

“There remain many knotty questions for Baroness Casey to examine. Some are specific to social care, including how social care is funded, and the role of friends and family in care. There are others that could have been examined in the NHS plan but were not. These include where we expect to live as we age, and trust data systems and AI.

“The plan sets out a bold vision for health, which can be extended to social care. However, the hard conversations, compromises and challenges in delivery are yet to come. For social care, a very great deal may rest on this.

“Successful progress by 2028 might build the platform and momentum needed for a reform project in social care. A lack of success may sap the political will for national social care transformation, leaving Casey’s another report on a shelf.”

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