

# Briefing on: ‘Fit for the Future: 10-year health plan for England’

## About this briefing:

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On 3<sup>rd</sup> July 2025, the UK Government published ‘[Fit for the Future: 10-year health plan for England](#)’, outlining its strategy to reform the NHS in England.

This briefing provides Carers UK’s initial view on the proposals in the plan and the impact the plan may have on unpaid carers. It also provides detail about the outcomes the NHS 10-year health plan should look to achieve in relation to unpaid carers, that we have identified through our research and engagement with carers.

As further detail emerges and we consult with unpaid carers, we will publish more detailed analysis in the coming months.

The briefing includes the following sections:

1. Executive summary
2. Summary of the NHS 10-year health plan
3. Implications for unpaid carers
4. Chapter-by-chapter analysis of the NHS 10-year health plan

For further information, please contact [policy@carersuk.org](mailto:policy@carersuk.org).

## Executive summary:

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- Unpaid carers play a vital role in supporting family and friends to remain healthy within the community, reducing pressure on the NHS. However, providing unpaid care often significantly harms carers’ own health, wellbeing, finances, and ability to participate in paid work. Evidence shows carers’ physical and mental health is worsening, with many unable to seek medical care or take breaks due to their caring responsibilities.
- Reform of the NHS is urgently needed, as current NHS pressures and record demand for adult social care are delaying carers’ access to healthcare and the support they need for their own wellbeing.
- Currently, there are systemic failures within the NHS to identify and support carers, with little recognition of caring as a social determinant of health. Every day, six hundred people leave paid employment to provide unpaid care, a decision often driven by a lack of coordination in NHS services and insufficient access to affordable, quality social care, making it difficult for carers to balance work and unpaid care.
- Caring is a social determinant of health and while carers value the NHS, many feel it could support them better to prevent deterioration in their own health.
- The Independent Review of the NHS by Lord Darzi (2024) highlighted the current lack of recognition and support for carers, calling for a “fresh approach” that treats carers as individuals with their own needs and as equal partners in care provision.
- Carers UK supports this call and welcomes many elements of the new 10-year NHS plan, which presents a key opportunity to improve how the NHS engages with and supports unpaid carers. For this fresh approach to succeed, carers must be actively consulted throughout implementation and delivery.

- The introduction of local Neighbourhood Health Service could help carers provide care closer to home but must include parallel investment in social care, including respite, to protect carers' wellbeing. Carers organisations must be closely involved in developing these services.
- Digital transformation, including the 'My Carer' function on the NHS App and a Single Patient Record, could help to reduce the administrative burden on carers. However, alternative non-digital options must remain for those who are digitally excluded, and national and local carer organisations should help shape these digital tools to ensure they meet carers' needs.
- With 1 in 3 NHS staff also being unpaid carers, a dedicated programme within the NHS workforce plan that is developed is essential to address the challenges that carers who are NHS employees currently face.
- Through our research and engagement with unpaid carers we have identified outcomes that we want the NHS 10-year plan to achieve:
  1. Fewer carers developing physical and mental ill health because of the stresses of caring.
  2. Systematic identification of unpaid carers across the NHS.
  3. Mandatory training for all NHS professionals on unpaid carers to help with systematic identification, signposting to support and advice.
  4. A clear carers' offer to the 1 in 3 members of the NHS workforce who are currently juggling work and care.
  5. Inclusion of visible messaging and narrative about unpaid carers – so that carers feel seen and heard.
  6. Investment in a programme of activities to improve carers' mental health.
  7. Upholding and further developing carers' rights, building on the Health and Care Act 2022.
  8. Recognition across the NHS that providing unpaid care is a social determinant of health, alongside programmes to prevent poor health outcomes for carers.
- The new NHS 10-year plan offers a critical chance for the NHS in England to systematically identify, support, and value unpaid carers – an opportunity that must not be missed. Previous NHS strategies have failed to deliver practical support for carers despite recognising their importance.

## **Summary of the NHS 10-year health plan:**

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**'Fit for the Future: 10-year health plan for England' sets out the Government's ambitions to reform the NHS in England in three main ways, including:**

### **1. Hospital to community:**

- The Government aims to bring care closer to people's homes through the introduction of a Neighbourhood Health Service and Neighbourhood Health Centres (NHCs) in every community – integrating GPs, nurses, physiotherapists, pharmacists, dentists, diagnostics, post-operative care, and social support under one roof.
- Stakeholders such as local government, voluntary organisations, hospitals, and social care providers, will work closely together to end fragmentation, reduce reliance on hospitals, and prevent illness.
- A key objective will be to shift the majority of the 135 million outpatient appointments from hospitals to community settings over time.
- There will be significant investment in primary care: thousands of additional GPs will be recruited; pharmacies will screen/manage long-term conditions, deliver weight-loss

support, obesity treatments, vaccinations; dental access is being reformed, with dentistry co-located in NHCs.

## **2. Analogue to Digital:**

- The government's vision is for the NHS to become the most digitally enabled healthcare service in the world. AI will be heavily utilised within the NHS to free up staff time and cut unnecessary administration.
- By 2028, the NHS App is to become the "front door" to health services, offering self-referral, appointment booking, medicine management, provider choice, AI-driven advice, and integration with wearable devices. The NHS app will act as a central point of information for patients, providing a 'doctor in your pocket,' with access to 24/7 virtual advice.
- Patients will have access to a 'Single Patient record' on the app, co-locating all their medical records, which will be accessible across any healthcare provider. This will unify all medical records, grant patients' rights to access them, and ease data sharing for care, research, and provider selection.
- New tech upgrades include AI scribes to transcribe patient appointments, single sign-on for staff, and a "Health Store" marketplace of approved NHS digital apps.

## **3. Sickness to prevention:**

- The government's strategy involves a move away from treating illnesses and towards preventing them. This will be achieved through policies to improve public health by preventing obesity, smoking, air pollution and alcohol addiction, as well as providing greater mental health support for young people and helping people back into work after sickness.
- Vaccinations, screening, and early diagnosis will be prioritised, along with the creation of a new genomics service which will predict and prevent common diseases.
- The plan also sets out ambitions to intensify efforts relating to early diagnosis and prevention through:
  - Genomics/genetic screening via a "Genomics Population Health Service" integrated from birth.
  - Expanded access to obesity jabs, weight-loss interventions, enhanced vaccination uptake, and legislation including a Tobacco & Vapes Bill to foster a smoke-free generation.
  - Health promotion in schools, healthy school meals, and an "NHS points" wellness programme.

***NOTE: We provide detailed information about each chapter in the NHS 10-year plan below, including our view on the proposals and deliverables in each.***

## **Implications for unpaid carers:**

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**The NHS 10-year health plan includes several references and deliverables in relation to unpaid carers. These include the following:**

### **Recognition and systematic inclusion of unpaid carers**

- The plan explicitly states unpaid carers will be actively involved in care planning. It will mirror family group conferencing practices where family, friends, and carers jointly agree on care decisions.

- *“Unpaid carers will also be actively involved in care planning. We will mirror the inclusive practices of family group conferencing, which are meetings where family, friends and carers agree decisions about care together.” – see page 34.*
- The plan commits to systematically capture information about unpaid carers to ensure their responsibilities are formally recognised and supported, rather than remaining invisible in care processes.
  - *“We will capture information about unpaid carers systematically, to ensure their responsibilities are recognised and supported.” – see page 34.*

### **Shift to neighbourhood and home-based care**

- The plan's Neighbourhood Health Service will move care closer to home, supporting people with long-term conditions to manage health at home, reducing hospital visits.
- Carers will likely experience less disruption due to fewer unplanned hospital admissions and can be part of a local, integrated care network including GPs, specialists, and community teams.

### **Use of the NHS App: Digital tools to support carers**

- The NHS App will gain a 'My Carer' functionality, allowing unpaid carers to:
  - Securely prove they are providing care for a family member.
  - Gain proxy access to the NHS App on behalf of the person they care for.
  - Book appointments and communicate directly on the cared-for person's behalf.
  - Seek advice and reassurance from professionals when needed.
- This aims to streamline carers' responsibilities and reduce the administrative and emotional burden by offering direct digital access to care management.
  - *“My Carer will allow people to securely prove they are providing care, often for an older family member, and gain access to the App on their behalf. It will help unpaid carers book appointments and communicate with their loved one's care team. For carers, this will streamline their care responsibilities significantly, while giving them a means to seek advice or reassurance directly from a range of professionals when they need it.” – see page 51.*

### **Personal Health Budgets (PHBs) and personalisation**

- The plan will expand Personal Health Budgets (PHBs), aiming to double the number by 2028/29 and reach one million people by 2030.
- Carers will be able to support their loved ones in making decisions on how PHBs are spent (e.g., therapies, mobility aids, community activities).
- This supports end-of-life care at home, empowering carers to help people die in the place of their choosing, with better support and resources.

### **Access to advice, guidance, and training**

- Carers will benefit indirectly from the focus on self-care support via the NHS App, providing access to clear guidance and direct communication with professionals.
- There will be partnerships with charities to deliver structured support, which can help carers in managing new diagnoses and supporting daily living.

### **Potential impact on carer well-being**

- By reducing complexity and centralising health information, carers may experience reduced stress and administrative burden.
- With care moved to the community and enhanced support, carers could find it easier to balance their caring role with personal needs, employment, or respite.

- However, increased formal recognition of carers' roles may also raise expectations of their involvement in care planning, which could add responsibilities if not matched with practical support and breaks.

## **Detailed analysis of the NHS 10-year health plan:**

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*The below section provides a detailed overview of each chapter within the NHS 10-year health plan, and Carers UK's view on how each will impact upon unpaid carers.*

### **Chapter 1: Change or bust, we choose change**

- In this chapter the government highlights why reform of the NHS is urgently needed. Consultation with NHS staff, patients, community groups and other stakeholders has revealed public satisfaction is low due to long waiting lists, late diagnosis, and understaffed services, suggesting radical reform is necessary.
- Change will be delivered through three main shifts, with the purpose of putting more power into patients' hands.
- The shift from hospital to community aims to move away from a hospital centred system and provide more care in the community through an integrated community-based model, with local services working together.
- The move from analogue to digital will involve greater use of AI within the sector and updates to the NHS app, allowing patients to access and manage their care online.
- The shift from sickness to prevention will be achieved through partnering with local organisations to help people back into work and improve their health.
- The three main ways these shifts will be delivered are:
- Transferring power to local communities through a devolution model. Patients will be given more choice and the performance of healthcare organisations will be scrutinised.
- A new workforce model will encourage innovation among NHS staff encouraging nurses to undertake more direct patient care to free up doctors' time.
- Embracing collaboration with local partners such as councils and universities.

### **Carers UK's view:**

*Carers UK agrees that reform of the NHS is urgently needed. The huge pressures placed across the NHS, resulting in delays in obtaining both primary and secondary health care appointments, together with the record levels of demand for social care services, means many carers are not getting the support they need to look after their own health and wellbeing. Our [State of Caring 2024 report](#) shows more than half (57%) of carers responding said they feel overwhelmed 'often' or 'always'. Over a third (35%) said they have 'bad' or 'very bad' mental health, compared to 27% in the previous year's survey.*

*Carers' experiences suggest there are systemic failures within the NHS to identify and support carers, and a distinct lack of understanding of caring being a social determinant of health. Carers have worse health outcomes than people without caring responsibilities and Directors of Social Services are finding that there is a rising number of carers who are experiencing carer breakdown.*

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## **Chapter 2: From Hospital to Community**

- In this chapter, the government outlines their ambition to bring care into communities through the introduction of a Neighbourhood Health Service, ending fragmentation and disjointed working across services.
- There will be a greater focus on rehabilitation and prevention, and services will bring together stakeholders such as local government, the voluntary sector, hospitals, and social care providers, who will work in new neighbourhood teams.
- Neighbourhood Health Centres will be introduced in every community, open 12 hours a day, 6 days a week. They will bring traditional hospital-based services into the community with the aim of reducing hospital admissions, waiting times, and increasing access to GP services.
- Outpatient services will be redesigned and will happen within the community. Patient initiated follow up will become the standard and the NHS will provide GP and consultant services virtually, to further reduce reliance on hospitals.
- Urgent and Emergency Care services will be transformed in hospitals, as same day emergency services and urgent treatment centres will utilise digital tools to improve patient flow and discharge.
- Dedicated 24/7 mental health emergency departments will be created, and pharmacies will also play a bigger role, with more autonomy to prescribe and manage long term conditions.
- The government aims to reform GP services to further reduce pressure on hospitals, using AI to free up staff time.
- An alternative to regular GP practices will see GPs work over larger geographies and lead new neighbourhood providers, consisting of teams of professionals providing care for those with similar needs.
- There will be 'single neighbourhood providers' (50,000 people) and 'Multi neighbourhood providers (250,000+ people). Multi neighbourhood providers will support struggling GP practices and take over if needed.
- Integrated care boards (ICBs) will have the freedom to contract other providers for neighbourhood health services, including NHS Trusts.
- New roles will be created, involving experts by experience, such as community health workers, peer support workers and volunteers, who will help manage care.
- The creation of a National Care Service will support better integration of health and care services.
- The government outlines their ambition to provide more personalised, patient-centred care, with patients being actively involved in the delivery of their care.
- This will be achieved by increasing uptake of care plans for those with complex needs, which will be cocreated with patients, and increasing uptake of Personal Health Budgets.
- Unpaid carers are specifically highlighted as a group who will be actively involved in care planning. The practicalities of this will mirror that of family group conferencing, where carers, families and friends come together to make joint decisions about care. Data on unpaid carers will be captured systematically so their responsibilities are recognised and supported.
- The Neighbourhood Health Service will be digitally enabled and lead on prevention by utilising genomic technologies and predictive analytics to predict and prevent common diseases.

**Carers UK's view:**

*Carers UK is pleased to see a proposal for the introduction of a Neighbourhood Health Service and a focus on more localised care, as unpaid carers have told us that this will allow them to provide more care closer to home. However, unpaid carers also say this could result in them having to provide more care. As carers are already time stretched and under supported, there must be a commitment alongside these changes to increase practical support for unpaid carers, through increased training and access to respite care.*

*For the government's vision to become a reality, local carers' support needs to be firmly built into local plans for the development of Neighbourhood Health Centres, alongside sufficient funding. It will also require real integration between health systems and social care, with the appropriate funding.*

*We are pleased to see there will be processes in place to improve identification of carers within the NHS and that carers will be routinely involved in care planning, which must be a systematic process. There has not been systematic identification of unpaid carers within the NHS to date; as a result, we have missed opportunities to improve health outcomes for carers and the people they care for.*

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**Chapter 3: From analogue to digital**

- This chapter lays out the government's ambition to transform the NHS into the most digitally enabled health service in the world.
- This will be achieved through updates to the NHS app, which will function as a central point of information for patients, who can access advice 24/7, powered by AI.
- Patients will also have access to a 'Single Patient Record' showing all their health data and medical records in one place. They will be able to add their own data and access their records anywhere in the country.
- On the NHS app, patients will be able to book/cancel/move appointments, contact health professionals, manage medicines, draft their care plan, access remote consultations, self-refer where appropriate and book vaccines. Patients will be able to give feedback the app and choose their provider.
- The 'My Care' section in the app will allow those with long term conditions and complex needs to see their care plan and manage their care in one place.
- A dedicated section for unpaid carers called 'My Carer' will allow unpaid carers to prove they are providing care and allow them to gain access to the app on behalf of the person they care for.
- Unpaid carers will be able to book appointments and communicate with care teams, giving them a means to seek advice directly from a range of professionals.
- AI will be used to improve NHS staff experiences and reduce administration and free up staff time. It will also allow for NHS organisations to remotely monitor patients and create care plans.
- NHS staff working in the community and in people's homes will have access to safety features such as GPS tracking and emergency help buttons.

**Carers UK's view:**

*Carers UK believes there is significant potential for greater adoption of digital technologies to enhance unpaid carers' experiences within the NHS, and support clinicians and professionals to help carers to better manage their caring responsibilities. However, this will only be effective if appropriate checks are in place to ensure accuracy and that digital*

*technology is fit for purpose. Clinicians must review care plans for example, to ensure they fully reflect carers' needs.*

*It is vital that carers are fully involved in the development of the NHS app, in particular the 'My Carer' function. It is also important that there are alternative options provided to avoid any digital exclusion of carers who are not digitally literate.*

*It is critical that there is cross-Government action to tackle digital poverty – with digital by default, this will become vital to ensure that both people needing care and support and unpaid carers have access to the technology and data they need to be able to manage their health and wellbeing.*

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## **Chapter 4: From sickness to prevention**

- This chapter outlines the shift from treating to preventing illness, with the aim of improving public health and life expectancy and reducing inequalities between rich and poor regions.
- Specific aims include creating a smoke free generation, through the Tobacco and Vapes Bill, so children turning sixteen this year (2025) or younger, will never legally be able to buy tobacco.
- The government aims to end the obesity epidemic, through policies such as restricting junk food advertising targeted at children, banning the sale of energy drinks to under sixteens, updating school food standards, and introducing mandatory healthy food sales reporting by big companies.
- Other areas of focus include tackling harmful alcohol consumption and cleaning up air pollution, through decarbonisation of transport and cleaner transport technologies.
- The plan highlights the link between sickness and employment and aims to make keeping people in work after sickness a priority within the NHS. The government will also partner with employers and local government to achieve this.
- NHS providers will be supported and held accountable for getting people into work through Health and Growth Accelerator programmes. Where these programmes are successful, Integrated Care Boards will create targets based on this model.
- The government will expand support schemes to support those with severe mental illness and drug and alcohol addiction into work.
- The government will make early prevention a priority and mental health support for children will be rolled out in schools and colleges. A new National Youth strategy will be developed and Young Future hubs introduced.
- The government believes patients should take responsibility for improving their health and employment and patients' employment goals will be part of their care plans.
- Prevention within the NHS will be achieved initially through three main ways: vaccination, screening, and early diagnosis.
- Longer term, the government will create a new genomics population health service, which will harness predictive analysis and AI to predict people's chances of developing diseases and allow for preventative, personalised care.

### **Carers UK's view:**

*Carers UK welcomes the shift towards prevention. Caring has been identified as a social determinant of health. Unpaid carers often experience poor mental health due to the demands of caring. This is evidenced by recent statistics from the [2025 GP Patient Survey](#) which show that the disparity in health outcomes for unpaid carers has increased. 72% of carers said they have a physical or mental health condition(s) or illness(es) lasting, or*



*expected to last, 12 months or more, up from 70% in 2024. It is critical that carers are consulted closely as part of these plans.*

*Support provided by unpaid carers already prevents people's health and wellbeing from getting worse, helping to keep people's health on track or optimised. Carers do this in a multitude of ways, and it is important that they are treated as equal partners in care when looking at prevention services, whilst ensuring that carers' own health and wellbeing needs are considered and supported.*

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## **Chapter 5: A devolved and diverse NHS**

- The government aims to move the NHS away from a centralised system to a more devolved, diverse service. Power will be redistributed to patients, staff, and local providers on the frontline.
- This will be achieved through a new Choice Charter for patients. Providers and commissioners will be measured against clear metrics, including patient reported outcomes, experience and feedback and ranked on performance. Patients will then be able to view these rankings and choose their provider. Leaders pay will also be tied to these measures.
- Patient Power Payments will allow patients to decide if the payment for the costs of their care should be released to providers.
- In some instances, patients will have the ability to self-refer themselves and they may be able to access test results via the app in future.
- The NHS headquarters and the Department of Health and Social Care will be combined. NHS England will be abolished and many of its functions will become part of the department, to reduce duplication.
- The centre in Whitehall will be smaller and focused on developing strategic frameworks and building partnerships with investors, industry, local government, employers, and voluntary organisations.
- The centre will still have seven NHS regions, and working with Integrated Care Boards (ICBS), be responsible for overseeing providers.
- ICBs will be strategic commissioners of local health services, responsible for all but the most specialised commissioning, financial sustainability and patient and public engagement. The number of ICBs will be reduced, with some combining functions.
- A new national programme will support ICBs through a new commissioning framework and commissioning support units will be closed.
- ICBs will be able to combine commissioning arrangements for at scale commissioning and will prioritise quality of care. They will be able to decommission services when providers deliver poor quality care.
- Legislation will ensure provider organisations no longer sit on ICBs. Strategic authority mayors will become ICB board members rather than local authority representatives.
- A system of earned autonomy will be introduced, with high performing providers rewarded with greater freedom to innovate and develop services with central control.
- A new failure regime will help identify the reasons behind underperformance of local services and NHS region will be able to intervene and support, replace leadership, or take providers into administration.
- The government's aim is for every NHS provider to be a Foundation Trust by 2035. The new Foundation Trust (FT) model will have a greater focus on partnership working and on population health outcomes. They will have financial and borrowing freedoms

and freedoms over board composition and performance issues. Foundation Trusts will no longer be required to have Governors.

- The authorisation process will be led by a new function in the Department of Health and Social Care. FTs applying for reauthorisation of their status must demonstrate excellent waiting times, quality of care and financial management.
- The best performing FTs will be able to hold the whole health budget for a local population as an Integrated Health Organisation and keep and reinvest savings.
- Innovation within ICBs will be encouraged, with choice over the arrangement of services. For example, GPs running hospitals.
- The NHS will work much more closely with local government and other public services. ICBs will be encouraged to adjust their boundaries to match those of new combined authority boundaries to help achieve this.
- A neighbourhood health plan will be drawn up by local government, the NHS, under leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The ICB will bring together these local neighbourhood plans into a population health improvement plan to inform commissioning. Integrated Care Partnerships will be abolished.
- The government will work with the Local Government Association to consider democratic oversight and the role of mayors and local government.
- The government will work with strategic authorities as prevention demonstrators to trial new approaches to prevention.
- Local authorities will be expected to participate in external public health peer reviews.
- The public health grant will see a real-terms increase and the Better Care Fund will be reformed, with consistent funding for essential services.

### **Carers UK's view:**

*Carers UK welcomes the shift towards providing more power to stakeholders on the front line, including unpaid carers. However, this must not come at the expense of overburdening already time poor carers, many of whom are providing very substantial levels of care already. It is critical that carers' existing rights within current NHS structures are upheld and strengthened in the restructures of bodies including ICBs and with NHS England being abolished. Carers must continue to be fully involved in the commissioning of services at a local level. It is vital that the routes for commissioning carers' support are clear, transparent and that unpaid carers' support is made a priority.*

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## **Chapter 6: New transparency of quality of care**

- This chapter focuses on increasing transparency within the NHS, improving quality of care and giving patients a voice. Patient choice and feedback will be used to measure quality of care and incentives will reward leaders who deliver these principles best.
- Quality measures from all providers will be published in easy-to-understand league tables every quarter, ranking providers.
- ICBs will be required to routinely publish information on quality of care and data from national audits on quality of care will be available to the public.
- Patient reported outcome measures (PROMs) will be used to supplement quality metrics and patient reported experience measures will be collected.
- The My Choices section on the NHS app will allow patients to choose their provider based on data on quality of care such as waiting times. Patients can leave feedback on the app which will be translated into actions for clinicians.

- Patient voice will be brought 'in house' within the Department of Health and Social Care. A new National Director of Patient Experience will have responsibility for collecting and distributing feedback from patients and carers to the public. It will incorporate the role of Healthwatch England and work on patient experience by the Patient Safety Commissioner (PSC).
- The work of local Healthwatch bodies relating to healthcare will combine with ICB and provider engagement functions. Provider boards will have systems for collecting and communicating patient feedback to clinicians.
- Local authorities will take up local Healthwatch social care functions.
- The plan references the confusion carers face when making a complaint and difficulties getting a response to concerns, aiming to improve these processes.
- Complaints regulation will be updated and new standards set, with AI used to increase the speed of complaint capture and response times.
- Complaints processes will be handled within patient experience and patient complaints teams rather than PALS (Patient Advice and Liaison service) or external services.
- The time limit of 3 years for the Care Quality Commission (CQC) to bring legal action against providers will be changed.
- Staff concerns will be acted on more quickly. The work of the National Guardian for Freedom to Speak up in the NHS, will align with other staff voice functions. The specific role of Freedom to speak up guardians who encourage employees to share concerns about patient safety, will be removed.
- A core role of the CQC will be to assess whether providers and later ICBs, have effective freedom to speak up functions and skills and training in this area.
- The National Quality Board (NQB) will develop a new quality strategy. It will be responsible for oversight of quality measurement, transparency, and improvement, as well as creating outcome measures to assess clinical quality. The aim is for outcome measures to become the standard across providers.
- The NQB will also oversee new service frameworks to progress conditions with significant potential for improving quality of care, based off previous National Service Frameworks.
- The frameworks will establish a long-term goal, identify intervention and how they should be used, set out challenge areas and plan partnerships.
- Boards will be accountable for ensuring organisations measure and manage quality of care.
- NHS providers will have the ability to financially reward teams of clinicians who are consistently achieving excellent patient feedback and outcomes.
- Commissioners such as ICBs and NHS Regions will be responsible for decommissioning services providing consistently poor care.
- The government aims to improve regulation of quality of care by transforming the Care Quality Commission (CQC). It will shift to a new intelligence-led model and have statutory powers to access all NHS and public datasets on or related to care quality.
- An AI-led warning system, building on the Federated Data Platform will allow for data analysis to identify where quality issues are in the NHS, triggering a CQC inspection.
- The CQC will have two main operating models, rapid response inspections and routine planned inspections on a 3–5 year cycle. Inspections may be announced or unannounced.
- There will be a more consistent focus by the CQC, who will provide recommendations to the NQB.
- The inspection model will be peer led, involving senior leaders across the NHS and those with lived experience of care.

- The government aims to reduce the large number of bodies involved in regulation of patient safety, by combining the functions of regulatory bodies. Legislation will transfer Health Services Safety Investigations Body (HSSIB) functions to the CQC, and it will remain independent and operate as a distinct unit.
- The hosting arrangement of the Patient Safety Commissioner (PSC) will be transferred to the Medicines and Healthcare products Regulatory Agency (MHRA).

**Carers UK's view:**

*Carers UK supports the move towards greater transparency and providing greater choice for patients. It is important that carers can choose a provider that understands and supports the role of carers, and it is easy for carers to make complaints that are actioned quickly when care services do not meet these standards.*

*We welcome that unpaid carers' experiences of the NHS will be captured and look forward to seeing Government's further plans for this. We also want to see carers visibly and clearly enshrined in legislation so that there is strong leadership and recognition that capturing carer experience will also help to build better outcomes for everyone. We are concerned about the changes to Healthwatch and want to see an independent voice is maintained.*

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**Chapter 7: An NHS workforce fit for the future**

- This chapter outlines a new workforce strategy which focuses on increasing support and training for NHS staff, rather than increasing recruitment, which the government believes is unsustainable. A 10-year workforce plan will be published later this year.
- AI technology, such as AI scribes and automation, will be used to reduce administration and free up staff time to care. This will also be achieved through streamlining AI regulation and developing a new national procurement platform.
- A digital HR strategy will automate processes such as booking annual leave and there will be a new payroll system for staff. A new NHS staff app will be created.
- Technology will be used to increase capacity, through UK professionals providing remote services abroad, for example.
- Staff will be trained in AI and there will be big reforms to reduce centrally controlled mandatory training. Staff will be 'trained to task' instead of 'trained to role,' where safe.
- The government will partner with technology firms and education providers to create a new digital platform for education, skills, and training.
- 'Skills escalators will provide staff with pathways for career progression, and all NHS staff will have a personalised career coaching and development plan.
- Professional regulators have been asked to renew revalidation systems (the process to check whether a doctor is fit to practice in the UK) and consider continuous skill development and real time feedback.
- The Department for Health and Social Care will develop modern appraisal agreements with trade unions for staff.
- The government will work with education providers and regulators to renew training curricula to reflect the modern healthcare system. This will include training in digital tools and AI and skills needed in the Neighbourhood Health Service.
- The government aims to shift toward lifelong rather than static learning.

- Clinical placement tariffs will be reformed to target funding towards training needed to modernise delivery and training in community settings.
- The government wants to improve training and development for nurses and doctors, and postgraduate medical education will be modernised. UK trained graduates will be prioritised for foundation training roles.
- More specialty training posts will be created, and the government will work with the General Medical Council to create streamlined pathways to allow experienced doctors to become consultants.
- Research, development and innovation will be made a core pillar of clinical practice and new collaborations will allow for more funding for clinical academic roles.
- The NIHR School for Primary Care and the Primary Care Commercial Research Delivery Centres will open in 2026.
- The NIHR Research Delivery Network will ensure research, evidence and innovation underpin the community healthcare model.
- To improve staff experiences in the NHS, the government will work with the Social Partnership Forum to develop a new set of staff standards, including areas such as flexible working and occupational health support.
- Data on these standards will be published every quarter and poor performance in relation to staff will act as a warning signal for CQC.
- The government aims to reduce sickness absence rates by introducing staff treatment hubs, supporting staff with issues such as poor mental health.
- The government will work with trade unions to modernise terms and conditions for staff, to give them more choice and control and reform current employment contracts.
- Through a focus on flexible working, the government hopes to reduce reliance on expensive extra contractual work and remove agency staffing in the NHS by the end of this parliament. The primary route for temporary staffing will be staff banks.
- Healthcare leaders will be given new freedoms, such as to reward high performing staff and act on underperformance.
- New national and regional talent management systems will be introduced, to support staff into leadership roles and the graduate management trainee scheme expanded.
- A new Management and Leadership Framework will be introduced, with a code of practice and standards for staff, as well as a national development curriculum.
- A new College of Executive and Clinical Leadership will operate outside of government and define excellence.
- Senior leaders will receive pay rises for good performance and pay rises will be withheld from executive leadership teams who underperform.
- The government will legislate to prevent senior leaders who are dishonest or cover up unsafe practice from ever taking on roles again.
- The government will shift the focus of NHS recruitment from abroad to local communities. To support this, staff data will be published, broken down by factors such as socio-economic status or sex.
- More funding will be allocated to integrated care systems to recruit more people from deprived communities. Universities will also be required to publish data on the background of university students.
- The government aims to improve access to working in medicine for those from disadvantaged backgrounds, through exploring further financial support.

**Carers UK's view:**

*To achieve the government's aim of ensuring an NHS workforce that is fit for the future and reduce sickness rates, unpaid carers must be a pillar of this strategy, as the latest NHS Staff Survey found that a third of NHS staff have unpaid caring responsibilities.*



*Systematic identification of carers in the NHS workforce will allow for tailored support, to improve wellbeing and improve staff retention. Unpaid carers tell us they are often not involved in the decision making of the person they care for and their role is not recognised by NHS staff. It is crucial that the reforms to training for all key NHS staff and senior leaders includes training on unpaid carers.*

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## **Chapter 8: Powering transformation – Innovation to drive reform**

- This chapter outlines the government's approach to drive innovation, research, and growth in the NHS. This aim will be delivered through five transformative technologies:
  - Data to deliver impact.
  - AI to boost patient power and productivity.
  - Genomics and predictive analytics for personalised care.
  - Wearables to make care 'real time.'
  - Robotics to support precision.
- The technologies will offer three main benefits. For patients this will include more personalised care, precise prevention, and more active participation in care. The NHS will benefit from a more modern, productive service through streamlined operations. For the economy, supporting innovators will secure private investment and create jobs.
- Key goals include:
  - Creating a new Health Data Research Service (HDRS) in partnership with the Wellcome Trust (backed by up to £600 million of joint investment).
  - Make the UK a world leader in health data research and the NHS the most AI-enabled health system globally by investing in AI infrastructure.
  - Publishing a new regulatory framework for medical devices including AI.
  - Employing whole genome sequencing for newborns to develop personalised prevention plans and identify rare genetic conditions earlier.
  - By 2035, half of all healthcare interactions will be informed by genomic insights and other predictive analytics.
  - Our Future Health will become the largest longitudinal health research cohort and clinical trials resource in the world.
  - Launching personalised obesity prevention studies using genomics.
  - Standardising wearables in preventative, chronic and post-acute NHS treatment by 2035, prioritising high-need areas for free provision.
  - Wearables will monitor vital signs and alert care teams to any problems, enabling virtual wards where people manage conditions at home and are remotely monitored by their care team.
  - Within three years, the government will expand hospital at home programmes and expand National Institute for Health and Care Excellence's (NICE) digital programme to consider more medical-grade wearables. Wearables and biosensors will also connect to the NHS app.
  - In time, people will be able to citizens will be able to input data from smartwatches and other devices, into their Single Patient Record.
  - Expanding surgical robotics in line with NICE guidelines.
  - A new bidding process will be run for new Global institutes to drive research and innovation.
  - Establishing Regional Health Innovation Zones, to encourage innovation.
  - Introduce a standard value-based procurement guidance for devices and digital products in the NHS.
  - Reducing clinical trial setup times to 150 days by March 2026.

- Expanding NICE's technology appraisal process to cover some devices, diagnostics, and digital products.

**Carers UK's view:**

*Carers UK welcomes the steps the government is taking to ensure the NHS is fit for the 21st century, through innovations such as virtual wards. Virtual wards present a real opportunity for patients and carers, but evidence also shows that there is a risk that if delivery is not effective it can result in negative outcomes for unpaid carers if they are not fully involved and supported.*

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**Chapter 9: Productivity and a new financial foundation**

- This chapter describes the government's new value-based approach to deliver better outcomes for the money invested in the NHS.
- Taking the view that more funding will not necessarily lead to better care, the government aims to prioritise other public services such as housing and education to ensure long term sustainability of the NHS.
- It includes the following goals:
  - The NHS to deliver a 2% year-on-year productivity gain. A new Productivity Index will be created to assess providers.
  - The National Institute for Health and Care Excellence will have new powers to withdraw treatments that are no longer cost-effective.
  - End the practice of providing additional funding to cover provider and commissioner deficits, with most providers expected to generate a surplus by 2029 - 30.
  - Require organisations to prepare a 5-year plan to secure financial sustainability.
  - Move from national tariffs based on average costs, best clinical practice.
  - Deconstruct block contracts, where providers are paid irrespective of quality of care, moving to value-based, outcomes-aligned payments.
  - Introduce "year of care" payments from 2026/27.
  - Move NHS closer to distributing funding based on local health need.
  - Make the patient voice more central to how funding is allocated.
  - Reduce the share of expenditure on hospital and increase investment in out of hospital care.
  - Introducing multi-year capital budgets and giving more control over budgets to the frontline.
  - Align financial incentives to make better use of existing infrastructure.
  - Consider the use of Public-Private Partnerships in certain projects and sectors.
  - Investigate low risk pension fund capital as a funding mechanism.

**Carers UK's view:**

*Carers UK will not be taking a view on some of these changes, but there are others that we welcome such as patient funding models rewarding outcome improvements and patient involvement.*

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## About Carers UK:

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Carers UK is a charity set up to help the millions of people who care for family or friends. We are a membership organisation of carers, run by carers, for carers. We provide information and advice about caring alongside practical and emotional support for carers. We also campaign to make life better for carers and work to influence policy makers, employers, and service providers, to help them improve carers' lives.

## Contact us:

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