DHSC Impact Statement: The 10-Year Health Plan for England *Published January 2026*

A Summary for LMCs

Purpose and Context

The statement outlines the rationale, anticipated impacts, and key risks associated with the proposed reforms within the 10-Year Health Plan for England. Emphasis is placed on the overall direction of travel rather than on firm commitments regarding implementation. The document is not intended to be a full options appraisal. It does not provide comprehensive costings; it reflects proposals at varying stages of development and anticipates that many decisions will be taken locally.

The Three Strategic Shifts

1. From Hospital to Community

What & How?	Hoped for Outcomes	Risks
Neighbourhood Health Services		
• Moving care from hospitals to community and primary care. • Serving ~50,000 people. • Integrates GP, community, mental health, social care, and voluntary sector. • Universal offer, phased rollout focusing on six priority groups.	• Improved patient access and experience closer to home. • Improved outcomes for long-term conditions and high emergency risk. • Fewer A&E attendances and non-elective admissions.	• Financial savings may take time and are uncertain. • Increased community activity may offset hospital savings. • Risk of variation between areas.
Expand Multidisciplinary Teams (MDTs)		
• Holistic, person-centred care at neighbourhood level to reduce duplication and improve coordination.	• Improved access and patient outcomes. • Reduced non-elective admissions and A&E attendance. • Strong evidence base of positive impact for frailty, care homes, severe mental illness.	• Benefits from MDT working often delayed. • Short-term rise in service use. • Limited evidence of benefit for some groups. • Cost savings uncertain.
Patient Empowerment		
• Personalised care and personal health budgets. • Choice Charter: patients have greater control over their data, direct diagnostics, choice of elective provider.	• Greater patient engagement in their care. • Care better aligned to individual needs.	• Risk of widening inequalities. • Increased system complexity and costs.
Hospitals		
• Focus on complex and urgent care. • More autonomy for high-performing providers. • Greater role for private, voluntary, and third sector.	• Better use of hospital capacity. • Reduced avoidable attendances and pressure on acute services.	• Financial instability during transition. • Coordination and accountability risks.
Delivery Approach		
• Careful resource allocation. • New financial incentives. • Test-and-learn implementation. • Expand GP capacity	• More sustainable NHS. • Models adapted to local need. • More GPs and reduced administrative burden.	• Implementation complexity. • Short-term disruption. • Workforce challenges.

2. From Analogue to Digital

What & How?	Hoped for Outcomes	Risks
Overview		
• Digital reform seen as central to service improvement and productivity. • Modernise care delivery using data and technology.	• Improved service efficiency and productivity. • More responsive and modern care models. • Patient engagement and empowerment.	• Benefits unevenly realised across the system.
Key Digital Proposals		
• Expanded use of the NHS App. • Use of de-identified patient data for research. • Automation of administration to improve productivity. • AI and data for care planning, risk stratification, diagnostics, analysis and drug discovery. • Use of data from wearables and smart devices, patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). • Shared interoperable records – creation of a Single Patient Record (SPR). • "Staff must be given sufficient protected time for training and ongoing support."	• Faster diagnosis and treatment. • More personalised care. • Accelerated research and innovation. • More capable and digitally confident workforce. • Better adoption of new tools. •Greater patient engagement through digital tools. •Wider economic benefits – attracting investment, exporting technologies.	• Increased workload interpreting data. • Risk of over-reliance on immature technologies. • Variation in digital maturity across organisations. • Slow or patchy implementation. • Staff resistance or skills gaps - workforce training and support required. •Significant financial investment needed to develop and deliver technology. • Data security and confidentiality breaches with loss of public trust. • Risk of digital exclusion for some patients. •Funding for investment displaces spending in other areas.

3. From Sickness to Prevention

What & How?	Hoped for Outcomes	Risks
Overview		
• Shift the focus from treating illness to preventing it. • Address modifiable risk factors driving premature mortality. • Embed prevention in neighbourhood services. • Primary care to lead on risk identification, early intervention, behavioural change.	• Fewer avoidable deaths. • Improved population health and life expectancy. • More productive workforce. • Local, personalised prevention. • Better targeting of high-risk groups.	• Benefits take time to be realised. • Competes with short-term treatment pressures. • Workforce capacity and skills constraints. • Risk of inconsistent delivery.
Prevention Priorities		
• Diet, obesity, physical activity. • Tobacco and alcohol. • Mental health teams in schools. • Cancer screening & early diagnosis. • Genomics & population risk identification. • Cleaner air & greener transport.	• Reduced burden of long-term conditions. • Earlier detection. • Narrower health inequalities. • Clearer accountability. • Better use of data to track impact.	• Variable impact across populations. • Reliance on cross-government action. • Previous prevention efforts have had limited success. • Barriers: unclear objectives, misaligned resources, weak monitoring, short-term planning. • Prevention deprioritised without incentives.

Workforce Considerations

⚠ Challenges include:

- ⚠ Rising demand driven by an ageing population and increasing multimorbidity
- ⚠ High levels of staff sickness absence and low morale
- ⚠ Acute sector productivity in 2024/25 still 8% below pre-pandemic levels
- ⚠ 700 fewer GPs but 8 million more registered patients

Planned responses include:

- ✓ Development of a new 10-Year Workforce Plan (delayed)
- ✓ Greater use of digital technology, automation and AI to release clinical time
- ✓ Expansion of non-medical roles across services
- ✓ Changes to education, training and appraisal
- ✓ Measures to improve staff wellbeing and retention, including more flexible working arrangements.

Workforce experience is explicitly linked to service quality and productivity. The impact statement recognises that delivering these changes will require sustained investment and will carry associated costs.

Funding and Financial Reform

Funding reform has significant implications for general practice

The plan signals faster movement towards 'fair shares' funding, reform of allocation formulae, and greater weighting for deprivation and multimorbidity. This could benefit practices serving more deprived or complex populations but may also result in substantial redistribution of resources. The age of the Carr-Hill formula means changes to practice income are likely to be significant, and a potential future shift to a needs-based model would represent a major structural change.

Reform of Allocation Formulae

- Faster convergence of ICB funding towards 'fair shares'.
- Moving away from Carr-Hill formula or reforming it with greater weighting for deprivation and multimorbidity.

New Payment Mechanisms

- Introduction of year-of -care payments.
- Reduced reliance on block contracts in Trusts.
- Models for UEC designed to unlock funding for neighbourhood health as acute demand reduces.

Incentivising Quality and Experience

- Increased linkage between patient experience and provider payments.
- Incentives to reduce avoidable activity and reinvest in new services.

The Office for Budget responsibility (OBR) identifies rising health spending as the largest driver of long-term increases in government debt. At the same time, research suggests that every £1 invested in the NHS generates around £4 in gross value added for the wider economy.

Risks and Challenges:

- Substantial redistribution of resources required to support "Left shift".
- Financial instability if transition is poorly phased.
- Unintended behaviours if incentives poorly designed.
- Productivity ambition of 2% growth per year is double the NHS's historic average.

Overall Implications for General Practice

Opportunities	Pressures
Stronger strategic role within the NHS	Greater responsibility and risk
Improved integration with partners	Transitional workload increase
Potential for fairer funding	Financial uncertainty

Summary

The 10-Year Health Plan places general practice at the heart of a reconfigured NHS, reflecting continuity, prevention and care close to home.

However, delivery is challenged by:

- Lack of sufficient investment in the GMS Contract and support for the partnership model
- Protecting A&E at all costs and managing Acute Trust deficits
- A depleted workforce and low staff morale
- Increased patient demand, an ageing population and multimorbidity.

- *Realistic phasing of change*
- *Workforce support & protected time*
- *Sustainable long-term funding*