

NHS Ten Year Health Plan Risks Long-Term Damage

The founding principle of the NHS in 1948 was simple yet profound: healthcare for all, free at the point of use, publicly funded, provided and accountable.

In stark contrast, the Labour government's new *Fit for the Future – 10 Year Health Plan for England* has moved away from that legacy and now heavily promotes partnership with the private sector.

Reliance on the private sector is a theme running through every section of the plan like a stick of Blackpool rock. And when you hear Alan Milburn, the architect of New Labour's pro-privatisation in the 2000s and the key influencer of the 10 Year Health Plan, you know why:

'The plan is very clear about one really big change, ... we've got to stop viewing the healthcare system in this country as being about a single institution that we happen to call the National Health Service and instead see it as being an ecosystem of very different providers – from telcos, techcos, of course private sector providers at the margins, the public sector – and that's what it is.'

Despite the urgency of current NHS challenges – over 7 million on waiting lists and over 16,000 avoidable deaths last year due to delayed urgent care, crumbling infrastructure and a workforce under severe strain – the immediate emergency is not seriously addressed. It proposes major reconfiguration now and 'transformation' of healthcare over 10 years. Abolishing NHS England, slashing and merging integrated care boards and imposing £6bn in cuts on NHS trusts means the loss of 100,000 jobs, whilst there is enthusiasm and investment for, and heavy reliance on AI and digital solutions.

2. The NHS Needs More Funding

The plan grandstands decades-old policies as innovative thinking. Better community care and effective prevention will remain aspirational without parallel investment. In addition, much needed investment in effective digital technology should be aimed at supporting rather than replacing staff. Transformational dreams will evaporate in the glare of shrinking hospital capacity, flat capital budgets, failing social care and a lack of investment in community and mental health services.

There is no credible workforce plan to address over 100,000 existing vacancies. Job cuts will compound this and 20,000 doctors face unemployment. Despite record levels of unmet need, the plan fails to commit to restoring services to 2009/10 levels – when the NHS was internationally regarded as the best performing and most cost-effective.

The importance of funding in the 2000s is denied, yet evidence shows that it was increasing this to levels close to European comparators that led to the NHS's longest sustained period of improvement – *not* New Labour's investment in the private sector.

The British Medical Association estimates that NHS funding has suffered a cumulative shortfall of £423 billion since 2009/10.

3. Partnership with the Private Sector Is a Mistake

The plan emphasises 'partnership' with the private sector, but the evidence to justify this direction is absent. There is no 'spare capacity' in the private sector that does not come at the expense of the NHS, diverting staff and funding to for-profit providers which fragments care, increases safety risks, evades accountability and undermines NHS care.

The plan outsources NHS patients to private companies, returns to private finance models for estate development, and promotes private firms in NHS commissioning, workforce planning, training, and research. This approach expands private influence at the heart of the NHS, and prioritises profit over patient care. Long-term experience – from PFI hospital schemes to unacceptable profit-taking from cataract surgery – shows private involvement inflates costs and reduces oversight without improving outcomes.

4. The Three Shifts

The 10 Year Plan's three strategic shifts – 'hospital to community', 'treatment to prevention', and 'analogue to digital' – are longstanding NHS goals. However, they require parallel investment, not cuts, and without pilots and evidence, there are unintended consequences.

Hospital to Community: Skilled community care benefits patients but will inevitably uncover unmet need. Effective *and safe* community-based care has to be founded on close cooperation between well-resourced community teams, GPs, and hospitals able to communicate and respond. Proposed job losses and chronic underfunding make such teamwork unfeasible.

Plans to replace outpatient departments with digital consultations and neighbourhood health centres – one per 250,000 people is not *local!* – are unrealistic. They ignore the complexity of care needs and the historical lessons from failed Darzi centres.

Treatment to Prevention: Preventive care is an essential part of the NHS but cannot replace acute services. The plan fails to address the current national emergency where delays in urgent care, unsafe staffing, severe bed shortages and the failed social care system causes over 16,000 avoidable deaths in a single year.

The proposal for mass genome sequencing of babies to detect hundreds of genetic disorders raises profound ethical and practical concerns. Only public debate and safeguarding measures can maintain trust and ensure families have adequate clinical support.

Analogue to Digital: The plan wrongly assumes that AI, apps, wearable gadgets and virtual hospital technology can replace skilled professionals. The push for digital transformation as the default care delivery model overlooks the needs of millions with limited literacy, disabilities, or without digital access. Over 6 million adults in England have very poor literacy, and many more face barriers due to age, disability, or poverty. Unless addressed, deepening health inequalities and exclusion will result for many millions.

5. Conclusion and What Is Needed

The 10-Year Plan promotes an experimental transformation promoting private sector interests, major tech and digital industry, and technologies untested in the field. It sets aside proven public healthcare principles and undermines the NHS as a universal, publicly provided service.

What's needed is a funded plan to restore the NHS as a publicly provided service: one that addresses the workforce crisis, invests in infrastructure, rebuilds community services, and restores trust. A high-functioning NHS remains the most cost-effective and equitable model. Rebuilding it is not a luxury – it is a necessity.