

Press release on behalf of Keep Our NHS Public, Just Treatment, EveryDoctor and the Socialist Health Association – part of the SOS NHS coalition - FOR IMMEDIATE RELEASE

NHS Ten Year Health Plan Risks Long-Term Damage: “Not recovery, but managed decline”, say campaigners

As the government unveils its much-awaited NHS 10 Year Health Plan, some key members of the 50-strong *SOS NHS* coalition - made up of frontline NHS workers, patients, campaigners and public interest groups [1] - warn that the strategy appears reliant on workforce cuts and new technology to solve all the problems, while sidestepping the real crisis of underfunding and understaffing.

Despite a reported funding shortfall estimated by the British Medical Association at £423 billion since 2009/10 [2], the plan leans heavily on three assumptions: that community care, prevention, and digital technology can solve the crisis without any significant new investment.

But the numbers tell a different story: fewer beds, fewer staff, flat capital budgets, and no boost to community services. With record waiting lists, worsening health inequalities, and a workforce on the brink, the plan includes no increase in capital investment, no proper funding for community-based services, and no dedicated, credible workforce strategy.

In 2022 the RCEM estimated that 13,000 more beds and tens of thousands more staff were urgently needed [3], the plan prioritises elective operations in the private sector. This risks accelerating the exodus of NHS professionals into private providers, on top of the damaging cuts imposed on trusts, causing them to cut tens of thousands of staff.

The plan highlights a growing reliance on the private sector to deliver elective care - a model that reduces NHS capacity while leaving complex, costly cases to already overstretched NHS teams. Staffing shortages, already crippling the system, will deepen further. Professor Allyson Pollock’s recently published research [4] shows that outsourcing elective care worsens health inequalities yet this plan doubles down on failed models.

It postpones any meaningful shift of resources into primary or community care until the end of the plan period (c.2035), and fails to put forward a coherent plan for recruiting

and retaining NHS staff. These omissions fatally undermine the credibility of its ambitions.

In addition, the plan concedes that for the first three years, it will focus mostly on reducing the elective waiting list. Much of the proposed transformation is deferred until after 2029, leaving future governments to grapple with implementation and consequences.

The plan also makes a deeply flawed claim: that NHS care in 2010 delivered quality services despite below-average European funding - implying that increased investment is neither needed nor desirable. This flies in the face of well-established evidence. Blair-era investment to match EU averages delivered the longest sustained improvement in NHS history. Campaigners warn that reversing this approach now, after a pandemic and a decade of austerity, is a betrayal of both patients and staff.

Its reliance on innovative medicines and AI and digital tools - like the NHS App replacing GPs or “virtual hospitals” bypassing primary care - signals an untested experiment with no clinical evidence base which seems to be motivated in large part by a desire to fuel economic growth and meet the demands of big tech and pharmaceutical corporation lobbyists. It gambles the future of patient care on unproven systems, without serious reflection on the likely costs of this tech, and despite major concerns about accuracy, bias and safety, while ignoring social care entirely. It also proposes mass genome sequencing of babies, raising deep ethical and practical questions as well as undermining tried and tested approaches to screening. Without public debate or consent, the government risks creating a privately run genetic surveillance system that could increase inequalities, damage trust, and divert resources from essential child health services as well as leave families without adequate clinical support post diagnosis.

This is a plan that talks up transformation but retreats from the values that underpin the NHS: universal, comprehensive, publicly funded and publicly provided care. *SOS NHS* members are calling for a real plan, one that confronts the workforce crisis, invests in infrastructure and public health, fixes social care, and puts patients - not profits - at the centre of care.

Dr Tony O’Sullivan, Co-Chair of *Keep Our NHS Public* [5] and retired Consultant Paediatrician, said:

“We’re on the brink of disaster. Everyone knows the NHS urgently needs rebuilding—from staff morale and workforce numbers to crumbling buildings and outdated equipment. Everyone, it seems, except the Labour government. Wes Streeting

thinks AI and robotics can replace skilled health professionals. But the NHS runs on people, not apps. Technology should support staff, not substitute them. You can't fix a capacity crisis with clever reorganisation or slogans about prevention. Safe community care often costs more in the short term and relies on skilled staff working alone in people's homes—often uncovering unmet need. Prevention doesn't replace the duty to treat. Delays to care are already causing over 16,000 avoidable deaths a year. Meanwhile, there is no 'spare' capacity in the private sector that doesn't drain staff and funding from the NHS. Shifting work to for-profit providers fragments care and undermines equity. This plan isn't about recovery—it's about managed decline. A 10-year roadmap for a more commercialised, underfunded and undemocratic NHS."

Diarmaid McDonald, Director at Just Treatment [6], said:

"Wes Streeting thinks the NHS crisis will be solved by taking even more power and control from staff and patients, and handing it over to private companies. New tech can play an important role in improving outcomes, but the techno-utopianism on display in these plans betrays a failure to properly address the threats they can also pose to an effective and equitable health system. Private health, big tech and big pharma companies will never truly have patients' interests at heart - their primary motivation is profit, yet right now the government is re-writing NHS policies and plans to make our health service a playground for tech and pharma bros. Instead of funnelling ever-increasing sums of taxpayer's money to these private corporations, the government should be delivering urgently needed increased investment into rebuilding our NHS infrastructure and workforce."

Dr Julia Patterson, founder and CEO of EveryDoctor [7], said:

"This Labour government came to power saying they'd rebuild the NHS. In its current state, I can't see how this plan will do that. Social care isn't addressed, there's insufficient funding to realise these goals, and we need a robust workforce plan. The public deserves better than this; because every patient deserves to access safe, timely care in the NHS, and every staff member deserves to be properly supported."

Muge, NHS Patient Leader at Just Treatment, said:

"I nearly died after a 12-hour A&E wait, and I fear that this plan will do very little to stop this happening to other patients. We have fewer hospital beds than any other western healthcare system, alongside critical staffing shortages and a broken social care system - where is the investment to address these fundamental threats and overcome 15 years of chronic underfunding? This government likes to pay lip service to the patient voice, yet they're also abolishing the bodies that are supposed to advocate for patients, further

stripping away the few meaningful routes we have to make ourselves heard. Patients expect this government to restore our NHS as a world-beating public healthcare system. On this evidence, that is not going to happen.”

Mark Ladbrooke, Secretary of the Socialist Health Association [8], said:

"Labour's proudest achievement was the creation of the NHS. This government has a choice; either rebuilding it as a public service including community care, tackling the social causes of ill health and using the best technology available or, alternatively, turning it into a market place for unaccountable inefficient and costly corporate interests. Time and time again labour movement organisations, including the Labour Party itself, have demanded the former - we fear much in these proposals will simply promote a £200bn market for unaccountable business interests."

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Spokespeople are available for further comment or broadcast interview. Contact Samantha Wathen, Press Officer for Keep Our NHS Public press@keepournhspublic.com or call/WhatsApp: 0777 6047472

Notes to Editors:

1. SOS NHS is a coalition of unions, health workers, patients, campaigners and academics fighting to defend and restore the NHS as a publicly owned, publicly funded and publicly provided service. **SOS NHS is calling for:** A fully funded, publicly delivered NHS, with investment to match rising demand, a real workforce plan based on need, not ideology., urgent investment in primary care, mental health, and social care, robust regulation and oversight of tech and private sector involvement in healthcare, policies grounded in evidence and equity, not profit or political convenience. <https://sosnhs.co.uk/>
2. The BMA estimates the real-terms NHS funding gap since 2009/10 stands at **£423 billion:** <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/funding/health-funding-data-analysis>
3. RCEM (Royal College of Emergency Medicine) has called for an increase of 13,000 beds to address the current crisis. <https://rcem.ac.uk/new-report-shows-13000-staffed-beds-required-across-the-nhs-to-drive-meaningful-change-and-improvement/>
4. Pollock et al. (2024) show that outsourcing elective surgery to private providers **increases health inequalities**, contrary to the NHS's legal duty: <https://journals.sagepub.com/doi/10.1177/27551938251336949>

5. Keep Our NHS Public is an independent organisation campaigning for a well funded and fully public NHS www.keepournhspublic.com
6. Just Treatment is a patient led campaigning organisation
<https://justtreatment.org/>
7. EveryDoctor is a campaigning organisation fighting for patients, staff and the future of the NHS <https://everydoctor.org.uk/>
8. The Socialist Health Association is Labour's health affiliate
<https://sochealth.co.uk/>