# NHS’s 10-year plan to shift care from hospitals to neighbourhoods aims to end 'hospital by default'



The UK’s National Health Service (NHS) is poised for a radical transformation under a newly announced 10-year plan from the government, aiming to fundamentally restructure how healthcare is delivered across the country. At the heart of this strategy is a decisive shift away from hospital-centric care toward a model that brings essential services directly to people's neighbourhoods and homes. The plan, unveiled by Prime Minister Keir Starmer, emphasises three major changes: digitising the NHS, prioritising prevention over treatment, and relocating care from hospitals into community settings.

By 2035, the government anticipates most outpatient services—including eye care, cardiology, respiratory medicine, and mental health—to be provided outside traditional hospital environments. New “neighbourhood health services” will roll out nationwide, delivering diagnostic tests, post-operative care, nursing, and mental health support closer to patients. These services will operate beyond standard working hours, including evenings and weekends, with multidisciplinary teams comprising doctors, nurses, pharmacists, social care workers, and paramedics working together. Additional outreach efforts will include social support like debt advice, employment assistance, and services tackling smoking cessation and obesity—factors closely linked to health outcomes. The goal is to offer a comprehensive, integrated support system accessible in the community, reducing the need for hospital visits and easing pressure on emergency departments.

In tandem with these service shifts, efforts to enhance the availability of general practitioners (GPs) are underway, with plans to train thousands more doctors and end the notorious “8am scramble” for appointments. Leveraging technology, the NHS intends to adopt artificial intelligence to assist GPs by automating note-taking and speeding up responses to patient calls, freeing up valuable clinical time. Robotics and automation will also feature prominently, with ambitions to increase robot-assisted surgeries from the current rate of one in sixty to one in eight operations within a decade. These innovations aim to improve productivity and patient outcomes, although experts caution that funding constraints and concerns over data privacy remain significant hurdles.

The overhaul is being framed by government ministers as an essential step to tackle current NHS challenges, such as lengthy waiting lists— which reached 7.42 million in March—and workforce shortages. Health Secretary Wes Streeting has described the plan as one of the most fundamental changes in NHS care delivery in history, warning that the “status quo of hospital by default” must end if the health service is to serve future needs effectively. He highlighted that shifting care closer to home is crucial to reduce hospital waiting lists and prevent patients from “going from pillar to post” seeking treatment.

Despite the ambition, some health policy experts and professional bodies underscore significant concerns. The Royal College of Nursing stresses the critical need to address nursing shortages before the promised community-based care model can succeed. District nursing and health visiting teams, vital to home care, have seen steep declines, which could undermine the community care vision. Similarly, health think tanks note that while moving care closer to home is necessary, it often requires additional investment rather than cost savings, challenging the common perception that community care is inherently cheaper. The King's Fund, a leading healthcare charity, emphasises that lessons from past NHS strategies must be learned, questioning how soon improvements will be felt by patients and whether promises about easier GP access and improved mental health support will materialise.

The government’s plan also reflects innovative examples already in use, such as the Respiratory Same Day Emergency Care service in East Birmingham, where integrated teams provide more holistic care within local community hubs. This initiative has demonstrated reductions in GP visits and hospital bed occupancy, suggesting that such models could significantly alleviate pressure on the NHS if scaled appropriately. However, scaling requires systemic reforms including shared records, pooled funding, and incentive realignment, illustrating the complexity of the transformation ahead.

The sustainability of the NHS model itself remains a topic of debate. Public satisfaction is waning, with only one in five Britons considering the NHS well-run, the lowest level since the early 1980s. Younger generations increasingly turn to private healthcare for faster or more reliable services, highlighting a growing public frustration. While government officials advocate for the NHS’s existing tax-funded structure, some experts and commentators call for a reconsideration of funding mechanisms—such as adopting European-style social insurance models—to ensure long-term viability. However, careful stewardship rather than dismantling remains the predominant approach among policymakers committed to a publicly funded health system.

Although the plan signals a significant departure from previous NHS strategies focused primarily on hospitals, its delivery is subject to both practical and political challenges. Financial pressures mean that initial years are likely to prioritise reducing waiting lists and stabilising services rather than rapid transformation. Full roll-out of these reforms may not occur until midway through the plan’s timeline, reflecting the scale of change and resource demands involved. Nonetheless, the government maintains that these shifts are essential to preserving the NHS as a comprehensive, accessible service that fits around patients’ lives rather than forcing patients to navigate a fragmented system.

In summary, the NHS faces a pivotal moment as it embarks on what is described as one of its most ambitious reform projects in decades. The vision centres on decentralised, prevention-focused care enabled by digital innovation and new community services. Yet success will hinge on resolving workforce shortages, securing sustained funding, and managing the complexity of transforming entrenched healthcare structures—challenges that will require collaboration and long-term commitment. The plan embodies hope for a revitalised NHS that meets the evolving health needs of the UK while also inviting scrutiny about how and when these lofty goals will be realised.

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* Paragraph 1 – [[1]](https://www.independent.co.uk/life-style/health-and-families/health-news/nhs-reform-gp-appointments-training-b2781338.html), [[6]](https://www.ft.com/content/1e71c913-4dea-4088-878e-4d3e2889b875), [[7]](https://www.reuters.com/world/uk/uk-pm-starmer-promises-10-year-plan-fix-health-service-crisis-2024-09-11/)
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## Bibliography

1. <https://www.independent.co.uk/life-style/health-and-families/health-news/nhs-reform-gp-appointments-training-b2781338.html> - Please view link - unable to able to access data
2. <https://www.ft.com/content/4a002865-508b-4fa5-9a71-0747a49c2317> - The UK's National Health Service (NHS) is facing critical challenges, prompting widespread public dissatisfaction and fears about its future. Stories like that of former skier Megan Riley—who sought private diagnostic care after receiving inadequate NHS advice—highlight the consequences of underfunding, staffing shortages, and aging infrastructure. Public confidence is waning, particularly among younger generations who increasingly turn to private healthcare for faster, more reliable service. Only one in five Britons believes the NHS is well-run, the lowest since 1983. Health Secretary Wes Streeting aims to overhaul the 'broken' NHS through a 10-year recovery plan emphasizing prevention, digitization, and community-based care. However, persistent governance issues, political churn, and inconsistent policy direction have hampered reform efforts. There is growing debate on whether to replace the NHS's tax-funded model with European-style social insurance. While some view private sector normalization as inevitable, experts warn against dismantling the NHS’s core principles. Many still defend the existing model, citing its benefits as a single-payer system and advocating smarter stewardship, not system replacement. The path to recovery is narrow, but reform advocates remain hopeful that the NHS can be revitalized to meet modern demands.
3. <https://www.ft.com/content/73345cdb-a77d-46a7-8ded-fa15b44b74a6> - A novel NHS initiative in East Birmingham is revolutionizing patient care by integrating services traditionally separated into hospitals, GP surgeries, and community care. The Respiratory Same Day Emergency Care service, staffed by consultants, GPs, and nurses in a single community hub, provides an accessible and welcoming environment for patients like Chris Little. This model supports preventative, community-based care and emphasizes collaboration via integrated neighborhood teams serving populations of 30,000 to 50,000. These teams include various health and social care professionals addressing both medical and non-medical needs, such as mental health and social isolation. The project has led to measurable benefits, including a 30% reduction in GP visits and a 14% decrease in hospital bed occupancy. However, scaling the approach nationwide will require systemic changes, including shared records, altered funding strategies, and cohesive incentives. Leaders like Richard Kirby advocate for a capitation funding model and pooled resources to enhance efficiency and collaboration. The initiative serves as a proof of concept that community-centered care can reduce hospital dependency, and it could shape the future direction of the NHS under the forthcoming 10-year government plan focused on preventive healthcare.
4. <https://www.ft.com/content/2760c043-5b9c-4cb6-b55e-73ef8eed60e5> - UK Health Secretary Wes Streeting has announced that robotic technology will be central to the government's forthcoming 10-year plan to reform the NHS. The plan aims to improve productivity and patient outcomes by mandating increased use of robot-assisted surgeries—targeting that one in eight operations will be robot-performed within a decade, up from the current one in sixty. Hospitals that do not adopt this technology risk financial penalties under an expanded 'best practice tariffs' system. Robotics will be introduced across various specialties including urology, gynaecology, and ENT. The strategy also includes deploying automation in NHS pharmacies and administrative tasks. Additionally, ambient voice technology powered by AI will be rolled out to assist doctors in clinical documentation, potentially boosting productivity by 20%. However, concerns about data privacy and non-compliant software use persist. A new workforce strategy will follow, focusing on adapting skills and deployment in line with these technological reforms. Despite excitement over innovation, health leaders caution that flat capital funding may hamper implementation, and stress the need for central investment to avoid widening disparities across NHS trusts. Streeting emphasized that these reforms are critical to preserving the NHS as a viable, publicly funded service.
5. <https://www.ft.com/content/0a39e5b6-87bc-4e40-9f94-d962cbe376d2> - Reforms aimed at overhauling the NHS in England are expected to be delayed, with full implementation unlikely before the fourth year of a new 10-year health plan. Internally referred to as the 'three-seven' plan, the first three years will focus on reducing long waiting lists and laying groundwork for future changes. Financial constraints have refocused priorities on service recovery over immediate transformation. Though the Department of Health and Social Care denies any delays, insiders suggest limited short-term ambitions stem from fiscal realities. Prime Minister Keir Starmer and Health Secretary Wes Streeting are promoting initiatives like expanded surgical hubs and diagnostic centres to improve patient access. Still, the increasing waiting list, which hit 7.42 million in March, raises doubts about achieving NHS targets, such as treating 65% of patients within 18 weeks by March 2026. Critics warn delayed reforms may weaken political gains ahead of the next general election in 2029. Streeting’s strategic vision includes decentralizing care, digitizing services, and prioritizing prevention. Chris Thomas now leads the drafting of the 10-year plan, replacing Tom Kibasi.
6. <https://www.ft.com/content/1e71c913-4dea-4088-878e-4d3e2889b875> - Wes Streeting, the UK's health and social care secretary, outlined three critical shifts required for the NHS's sustainability during a speech at the Financial Times' Weekend festival. These shifts include moving treatment from hospitals to community settings, transitioning from analogue to digital systems, and focusing on sickness prevention rather than treatment. These changes aim to modernize NHS care, diagnose and treat illnesses faster, and emphasize prevention to reduce hospital pressures and improve long-term health. Currently, the NHS faces significant challenges, including lengthy waiting lists, a high number of vacancies, and strike actions. Streeting emphasized the necessity of good social care, although funding remains a significant issue, particularly in light of a £30bn shortfall for elderly care cost caps. Despite immediate challenges, Streeting asked for time to address more complex future issues and to enhance collaboration between the NHS and the life sciences sector.
7. <https://www.reuters.com/world/uk/uk-pm-starmer-promises-10-year-plan-fix-health-service-crisis-2024-09-11/> - British Prime Minister Keir Starmer has committed to a 10-year plan to reform the National Health Service (NHS), which is currently in a critical state, struggling with long backlogs, COVID-19 impacts, and industrial actions. Starmer insists that fundamental reform is necessary to manage the increasing costs of an ageing population without raising taxes, rejecting 'sticking plaster solutions.' His Labour Party, which recently won a significant election victory, aims to shift the NHS from analogue to digital, emphasize community care, and focus on preventing illnesses. An independent report by Ara Darzi highlighted that the NHS's resilience was at an all-time low entering the COVID-19 pandemic due to prior mismanagement and lack of investment. The poor health of the nation adversely affects the economy, with 2.8 million people unable to work due to long-term sickness. The Conservative Party agrees on the need for both investment and reform but criticizes Starmer for not presenting a detailed plan.