10 Year Health Plan

Ambulance Leadership Forum

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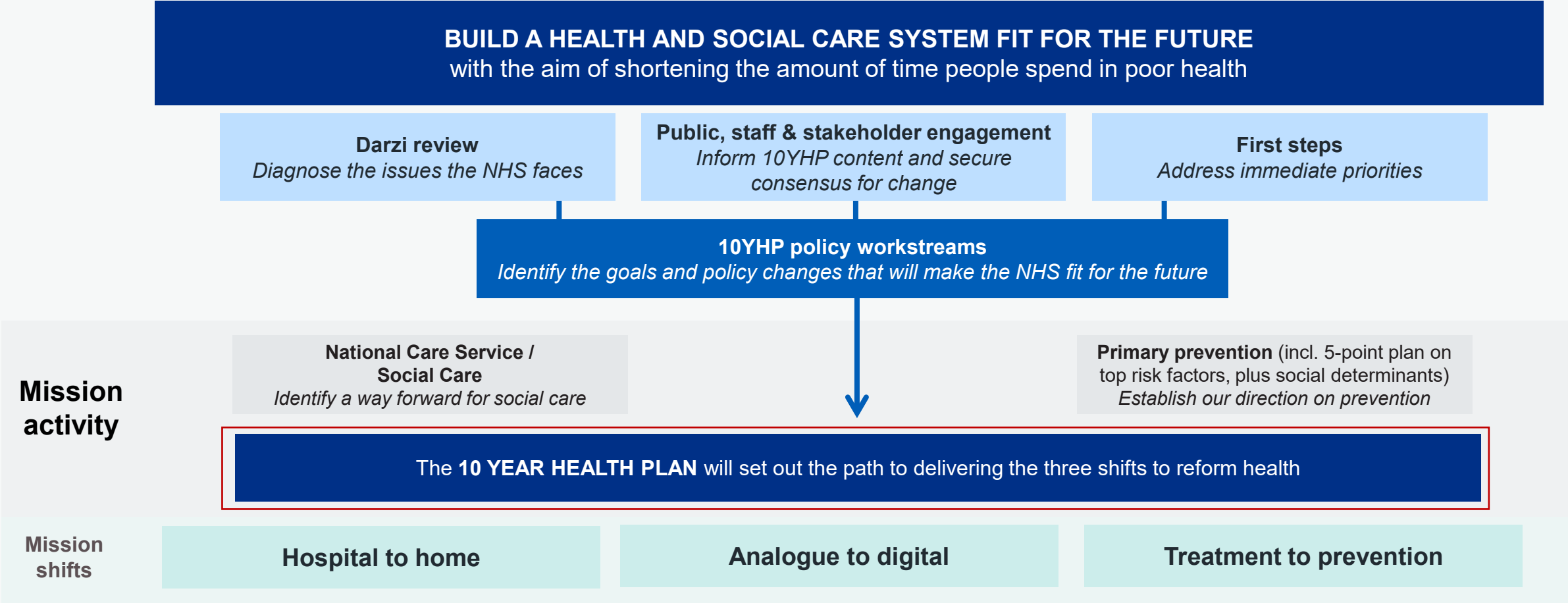
11th March 2025

CHANGE NHS

Help build a health service fit for the future

Get involved now, change.nhs.uk

The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future

BUILD A HEALTH AND SOCIAL CARE SYSTEM FIT FOR THE FUTURE
with the aim of shortening the amount of time people spend in poor health

Darzi review
Diagnose the issues the NHS faces

Public, staff & stakeholder engagement
Inform 10YHP content and secure consensus for change

First steps
Address immediate priorities

10YHP policy workstreams
Identify the goals and policy changes that will make the NHS fit for the future

Mission activity

National Care Service / Social Care
Identify a way forward for social care

Primary prevention (incl. 5-point plan on top risk factors, plus social determinants)
Establish our direction on prevention

The **10 YEAR HEALTH PLAN** will set out the path to delivering the three shifts to reform health

Mission shifts

| Hospital to home | Analogue to digital | Treatment to prevention |

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The 10 Year Plan will focus on making the big three shifts to transform healthcare

Hospital to Community

"Too many people end up in hospital, because too little is spent in the community."

Analogue to digital

"Parts of the NHS are yet to enter the digital era."

Sickness to prevention

"Many of the social determinants of health … have moved in the wrong direction."

Department of Health & Social Care

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We want this engagement exercise to be different

We want the 10 Year Health Plan engagement exercise to mark a **step change in the relationship between the NHS, health staff, the public, and government.**

Despite broad consensus over the past two decades, the **three shifts have not been made. We need to try a different approach.**

1. **Put the public and health staff at the centre of the policy-making process**.
2. **Provide unprecedented levels of transparency.**
3. **Leave a local legacy.**
4. **Target under-represented communities**.

Change NHS is driving the largest ever national conversation on the future of the NHS

Over **75k** Survey responses

Over **11,000** Ideas submitted
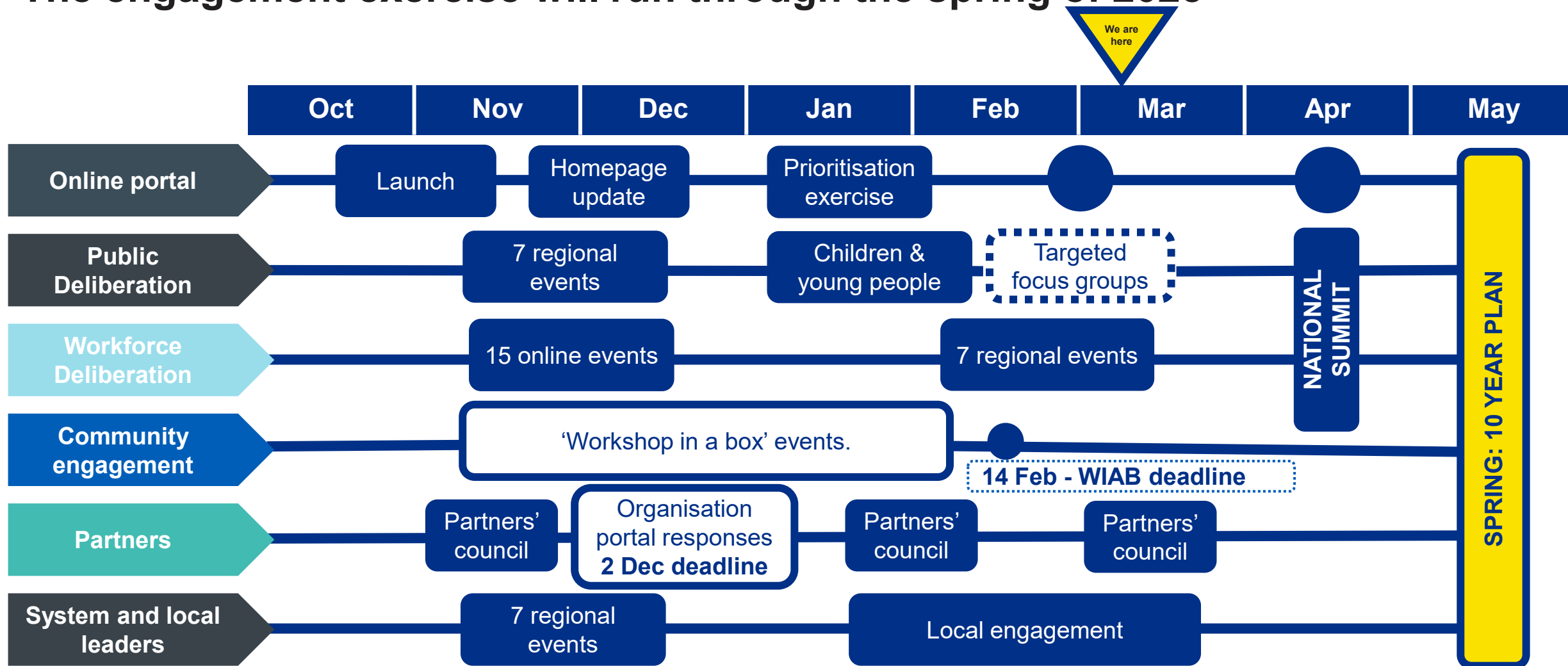
Over 1.5 million visits

Over **1,600** Organisation responses

Over **8,000** Staff & patient experiences

The engagement exercise will run through the spring of 2025

We are here

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May

Online portal
- Launch
- Homepage update
- Prioritisation exercise

Public Deliberation
- 7 regional events
- Children & young people
- Targeted focus groups

Workforce Deliberation
- 15 online events
- 7 regional events

Community engagement
- 'Workshop in a box' events.
- 14 Feb - WIAB deadline

Partners
- Partners' council
- Organisation portal responses 2 Dec deadline
- Partners' council
- Partners' council

System and local leaders
- 7 regional events
- Local engagement

NATIONAL SUMMIT

SPRING: 10 YEAR PLAN

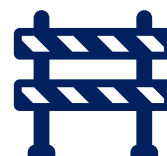Department of Health & Social Care

NHS

Emerging themes from the public and staff

The ideas outlined here are indicative and do not reflect a commitment that they will be covered in the 10 Year Health Plan

People are **proud** of the NHS and support its core principles, but it is not getting the basics right.

The most cited challenge amongst the public is **access**, particularly to GP services, A&E and dentists.

Those who have a greater interaction with the NHS often feel that their care is **un-coordinated**

Staff feel that growing demands and **limited resources** affect their wellbeing and ability to maintain professional standards.

While there is general consensus around the three shifts, there is concern about how they'd be delivered

Hospital to community	Analogue to Digital	Sickness to Prevention
Requires careful implementation: Effective triage processes, shared clinical records and sustainable funding	Prioritise the foundations before more innovative solutions: shared digital records and up to date tech for staff	Taking a wider approach: interventions in non-healthcare settings and tackling root causes of poor health

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Key themes from Ambulance Services & Leaders

Ambulance Delays & System Bottlenecks
Handover delays at hospitals are causing ambulance backlogs, leading to slower response times and patient safety risks. Addressing this requires better hospital flow and social care investment.

Rethinking Ambulance Service Commissioning
A shift towards hear-and-treat and see-and-treat models would improve efficiency and reduce unnecessary hospital admissions.

Improving Workforce Wellbeing
Ambulance staff face high physical and mental health demands. Proactive staff health measures, career development, and support systems are essential for a sustainable workforce.

Fair Access to Capital Investment
Ambulance services struggle to secure capital for infrastructure, fleet renewal, and NetZero commitments. A fairer capital allocation process would support long-term sustainability and services.

NB: This reflects a snapshot of the data we've received at this time. It's not a complete synthesis of all data gathered nor necessarily reflective of commitments that will be made in the 10 Year Health Plan.

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Key themes from Ambulance Services & Leaders: Hospital to Community

01

Public Understanding & Access to Care
Many patients call 999 or visit A&E due to a lack of awareness about alternative services. Public education and clearer pathways into community care are key to reducing demand on emergency services.

02

Consistent Access to Alternative Pathways
Community care options vary widely by location and time of day. Standardising access to virtual wards, urgent care teams, and social care would improve patient outcomes and system efficiency.

03

Paramedics as Key Community Providers
Expanding paramedics' roles, including prescribing and advanced diagnostics, would allow them to treat more patients at home, reducing unnecessary hospital visits and improving localised care.

04

Care Coordination Hubs
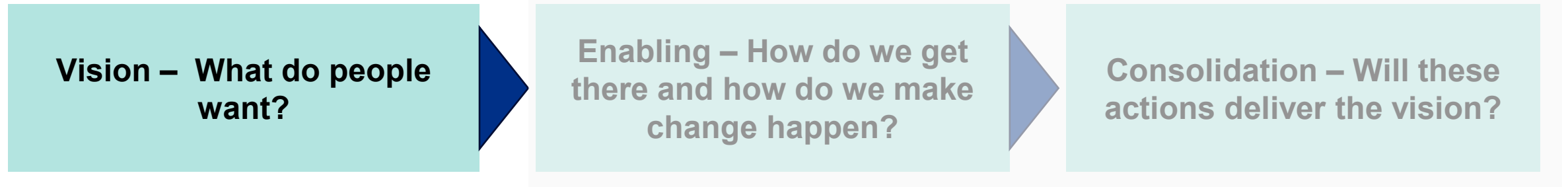Multi-agency hubs integrating ambulance, primary, and community care would reduce hospital admissions and improve patient transitions across services.

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Policy approach

| Vision – What do people want? | → | Enabling – How do we get there and how do we make change happen? | → | Consolidation – Will these actions deliver the vision? |

Vision workstreams

Vision Working Groups submitted their final reports to DHSC on 20 Dec.

1 **I can stay healthy and manage my health in a way that works for me**

(Ravi Gurumurthy, Nesta & Dr Jeanelle de Gruchy, DHSC)

2 **I can access the high-quality and effective care I need, when and where I need it**
(Louise Ansari, Healthwatch & Dr Dame Emily Lawson, NHSE)

3 **My care is integrated around my needs, and I am listened to**

(Caroline Abrahams, Age UK & Dr Claire Fuller, NHSE)

4 **I am treated in a fair and inclusive way, irrespective of who I am**

(Jacob Lant, National Voices & Professor Bola Owolabi, NHSE)

Common themes of change from vision working groups

increased patient agency, empowering people to better manage their own health, and incentivising the system to prioritise this

maximising the use of technology, including expansion of the NHS app to support increased patient control and choice, and maximising use of shared data for both patients and staff

a more equal partnership between clinicians and patients, enabling a fundamentally different and modern relationship between citizens and health services

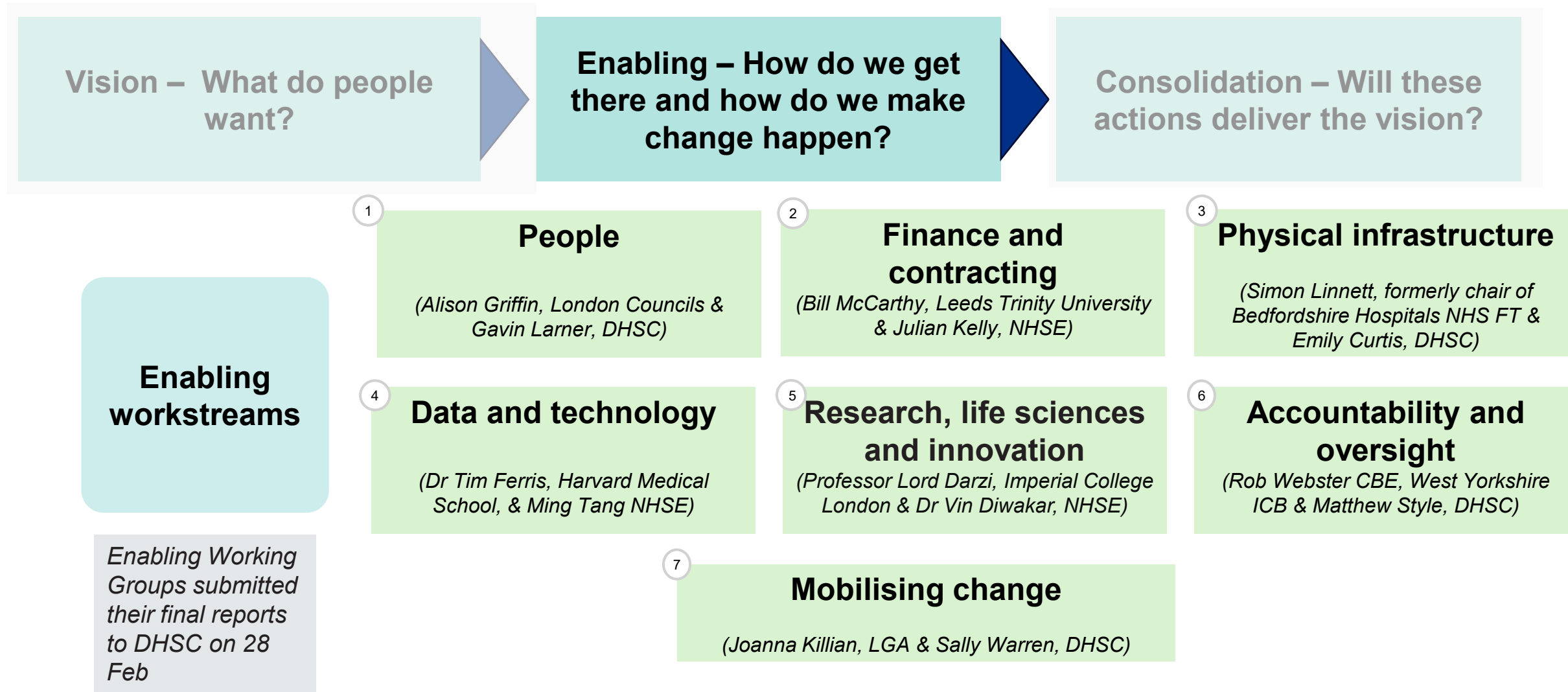**an expanded role of the VCSE in service delivery**, to support a genuine shift of services, resources and workforce out of hospital and into the community

delivering equity as a reality, increasing our focus on the most deprived areas where we know health inequalities are greatest, and involving organisations from a wide range of communities to better meet patient needs.

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Policy approach

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│ Vision – What do people│ ▶  │ Enabling – How do we   │ ▶  │ Consolidation – Will   │
│ want?                  │    │ get there and how do we│    │ these actions deliver  │
│                        │    │ make change happen?    │    │ the vision?            │
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Enabling workstreams

Enabling Working Groups submitted their final reports to DHSC on 28 Feb

① People

(Alison Griffin, London Councils & Gavin Larner, DHSC)

② Finance and contracting

(Bill McCarthy, Leeds Trinity University & Julian Kelly, NHSE)

③ Physical infrastructure

(Simon Linnett, formerly chair of Bedfordshire Hospitals NHS FT & Emily Curtis, DHSC)

④ Data and technology

(Dr Tim Ferris, Harvard Medical School, & Ming Tang NHSE)

⑤ Research, life sciences and innovation

(Professor Lord Darzi, Imperial College London & Dr Vin Diwakar, NHSE)

⑥ Accountability and oversight

(Rob Webster CBE, West Yorkshire ICB & Matthew Style, DHSC)

⑦ Mobilising change

(Joanna Killian, LGA & Sally Warren, DHSC)

There will be a continuous feedback loop between the working groups and the engagement exercise to ensure the plan has strong public legitimacy

Engagement activity

Policy working groups

NHSE and DHSC policy and operational leads

Be informed

Have access to a repository for insights, supported by an AI tool to ask specific questions of the data collected.

Test and iterate ideas

Commission the engagement team to test or seek further insight i.e. run a focus group with the public

Give weight to insights

Co-chairs are expected to attend regional deliberative events where possible

Engage policy teams

Working groups will work closely with policy and analytical teams to keep them actively involved.

Be updated

Receive insight reports every 3 weeks with rolling summaries of emerging issues structured by topics specific to the working group.

Final plan must outline how engagement insights have been considered in development of the vision

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Thank You

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