

Browne Jacobson submits recommendations and proposals to the government for England's 10 Year Health Plan

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In October 2024, the government announced that it was seeking views, experiences and ideas to help shape a new 10 Year Health Plan for England. The Health Plan is likely to be unveiled next spring, and is expected to focus on three key areas – moving care from hospitals to communities, making better use of technology in health and social care and identifying illnesses earlier and tackling the causes of ill health.

We know that many of the [health and social care](#) organisations we represent have strong views on how to improve the NHS and the elements to be included in the government's Health Plan. We therefore hosted a special Shared Insights forum on 25 November 2024, to gather thoughts and ideas. The session was open to our existing clients, as well as anyone currently working or having previously worked within or in collaboration with the NHS in England. Individuals from various different organisations attended, with attendees predominantly from NHS healthcare providers.

Following the session, we submitted a response to the government. This response incorporated the views and proposals shared by delegates and the panel of Browne Jacobson lawyers who facilitated the session, ensuring anonymity of all contributors. Our response is set out below.

1. What does your organisation want to see included in the 10-Year Health Plan and why?

- Improve and standardise referrals from primary care

A delegate proposed that the quality of referrals from primary care should be improved and standardised across the country. Referrals can be vague and unclear, and patients can also be “re-directed” rather than genuinely referred; this can occur when patients are dissatisfied with the referrer's advice, leading to the referrer redirecting the patient to “clear their desk.” These practices create an influx of patients into secondary care who may not actually require referral.

However, some NHS departments ensure each referral undergoes thorough triage before acceptance, including a review of the electronic patient record. Although this process can be time-consuming, it provides a comprehensive understanding of the patient's presenting issue and ensures that only patients who genuinely require secondary care are seen. Enhancing and standardising the quality of referrals, and allocating time and resources to the screening and triaging of referrals, would help prevent unnecessary additions to secondary care waiting lists.

- Investment in early intervention services in the community

A delegate proposed that investment should be directed towards early intervention services within the community. They observed by way of example that the reduction in funding for health visitor services has had substantial adverse effects in various areas, such as child health, parental [mental health](#), infant mortality rates, behaviour management, and immunisation uptake.

- Streamline the system

A delegate highlighted that the more convoluted and complex the NHS system becomes, the more difficult it is to manage. They pointed out that during the junior doctor strikes, when the consultant body took over, the system appeared to function more efficiently. This observation suggests that simplifying and streamlining the system could result in long-run benefits. By leveraging the expertise of senior medical staff and enhancing collaboration across different levels of care, the NHS might navigate its complexities more effectively and sustainably.

2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

In discussing this question, delegates considered the government's proposal for more health services to be provided at GP clinics. Delegates noted current issues with long GP waiting lists and challenges in securing appointments. Various digital solutions were proposed to address these problems, some of which are already in use. For instance, one delegate mentioned an app used by their GP practice which allows patients to provide information about their presenting complaint at any time. The GP practice reviews and triages the information to determine the appropriate action, such as issuing a prescription, making a phone call, or scheduling an appointment. This process has reduced the need for all patients to call GP practices in the morning and wait on hold for extended periods. This has improved patient access/experience and also freed up some clinical time. Another 24/7 app used by a GP practice in Manchester is consistently voted one of the best in the country. Given the success of such apps, there was consensus that it may be helpful to have a national approach rather than the somewhat patchwork approach at present with these types of digital solution only being used in certain areas.

A delegate noted that GPs play a crucial role in shifting care from hospitals to the community, however, there is a national shortage of GPs. Consequently, it was proposed that the NHS GP career path should be made more attractive. Other career paths, especially in the private sector, are often more appealing to new, debt-laden doctors. Additionally, it was mentioned that the status of GPs has diminished, and that salaried GPs earn significantly less than GP partners and hospital specialists.

The importance of effective community mental health services was highlighted, but current waiting lists for these services are lengthy. Delegates noted challenges in transitioning patients from acute hospitals to the community due to the insufficient availability of effective community services.

It was suggested that the existing community infrastructure is insufficient to support the transfer of care from hospitals, and significant investment is needed. Other delegates indicated that improved infrastructure, both physical and digital, is a necessity to improve the quality of patient care and outcomes.

3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

A delegate emphasised the need for a unified NHS IT system, as opposed to multiple separate systems that fail to integrate or communicate effectively. There was general consensus about this issue, which has been repeatedly highlighted by coroners. Fragmented IT systems can lead to critical information being unavailable or improperly communicated, potentially resulting in devastating consequences for patients. Numerous Prevention of Future Deaths reports issued by coroners over the years have stressed the risks associated with healthcare professionals not having immediate access to vital information due to disjointed IT systems. This underscores the need for a unified IT system within the NHS to ensure that vital patient information is available at all times and can be seamlessly communicated across different care settings.

A delegate also noted that, in their experience, data regarding outpatients is not consistently recorded in the same way as for inpatients. As a result, the data for a particular cohort of patients may be fragmented and unreliable.

It was acknowledged that the NHS Federated Data Platform marks progress towards achieving an integrated records system, yet considerable work remains to be done. Public concerns regarding the handling and sharing of health data frequently pose barriers to progress in this area and an open public discussion is needed to find the right balance between protecting privacy rights and facilitating

more effective, integrated use of data solutions in health and care settings. It was suggested that the NHS could also learn from other sectors where successful widespread digital adoption has occurred, e.g. the banking sector.

It was noted that NHS IT systems are often clunky and not user-friendly, which significantly hampers the efficiency of healthcare staff who already face immense time pressures. The complexity and lack of intuitiveness in these systems can lead to frustration and errors, and valuable time that could be spent on patient care is instead wasted navigating through cumbersome digital interfaces. One delegate gave an example of just one NHS Trust having four different IT systems relating to different sets of clinical records. Simplifying, unifying and modernising these IT systems would not only enhance user experience but also free up critical time for healthcare professionals to focus on their primary duties.

One delegate indicated that a number of Chief Clinical Information Officers view the introduction of technology that uses AI for ambient listening as essential to keeping medical records up-to-date and reducing the time that doctors spend updating medical records.

It was queried whether the NHS could engage with and learn more from external technology companies. It was noted that some major technology firms are already offering technological services to the NHS, but they do not necessarily provide 24/7 support, which is essential in the healthcare sector. Consequently, if external technology companies are to be involved, they must ensure round-the-clock support. Additionally, the importance of due diligence and cyber-security was highlighted.

4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Delegates noted that many prevalent health issues are preventable so improving prevention is a key factor in improving patient outcomes. Obesity was identified as a major preventable condition. Delegates observed that there appears to be limited community support for addressing the underlying causes of obesity, resulting in the NHS treating its effects instead. In some areas, paediatric weight management clinics require the presence of two health complications before a child can be seen, resulting in some children being left untreated and the missing of an opportunity to ensure effecting change early in a person's life.

It was noted that a difficult but significant barrier to tackling obesity is poverty. Recent statistics indicate that child poverty is at an all-time high, with 4.3 million children living in relative poverty. This socioeconomic condition limits access to healthy food options and children in impoverished areas may lack safe environments for physical activities, which are crucial for preventing obesity. It was discussed that addressing child obesity therefore requires comprehensive strategies that not only focus on individual behaviour changes but also tackle the broader social and economic determinants of health. Suggested examples included food banks providing fresh food and conducting cookery sessions.

It was observed that NHS payment mechanisms are not set up for prevention of illnesses, but rather focus on treatment of diseases. It was discussed that incentives are required for providers to invest in prevention services for this to be effective. This could for example include financial rewards for reducing the incidence of chronic conditions through early intervention and lifestyle programmes. Or fostering strong partnerships with local communities and organisations could enhance preventive measures. It was felt that by working closely with schools, workplaces, and local councils, the NHS could promote healthier lifestyles and encourage physical activity and nutritious diets.

A delegate noted that some medicines are not always available which seems to have increased as an issue post Brexit. If a patient cannot access their medication regularly or easily, it may lead to a crisis and the need for emergency or inpatient services which could be preventable. Effective community treatment and prevention of ill-health depend on regular access to necessary medications.

It was also suggested that, for earlier diagnoses, the public should be encouraged to consult their GP at the earliest opportunity, rather than relying on internet research and self-diagnosis of their symptoms. Additionally, increased investment in research could facilitate earlier detection of illnesses, as it could provide deeper insights into the symptoms and risk factors associated with various conditions.

Elsewhere in the world we are aware of health systems developing an incentivised health digital wallet approach to healthcare, which offers patients rewards for taking action to improve their health and wellbeing – an approach which seeks to move from curative to preventative health provision.

5. What are your specific policy ideas for change? Please include how you would prioritise these and what timeframe

you would expect to see this delivered in, for example:

- Quick to do, that is in the next year or so
- In the middle, that is in the next 2 to 5 years
- Long term change, that will take more than 5 years

Delegates noted that, with the Mental Health Bill progressing through Parliament, immediate action is required concerning the Deprivation of Liberty Safeguards (DoLS) system. The Care Quality Commission (CQC) recently highlighted this as an area of concern in its annual assessment of the state of health and social care in England. CQC identified that local authorities are often severely under-resourced to process the increasing volumes of DoLS applications, resulting in excessive waiting times for authorisation and leaving vulnerable individuals without legal protection. CQC pointed out that the DoLS system has been in need of reform for over a decade. The Liberty Protection Safeguards (LPS) were intended to replace DoLS and address many of the systemic issues; however, their implementation was indefinitely postponed by the Conservative government in April 2023 and has yet to be addressed by the new Labour government. Without significant intervention, the current challenges within the system are likely to worsen. This issue should be addressed urgently to ensure adequate legal protections for individuals who lack capacity and are detained in the community. The issues with the current DoLS system can be a factor that contributes to lengthy delayed discharge cases for complex patients awaiting court approval for their community package, with such patients sometimes blocking multiple acute in-patient beds for months at a time.

Delegates questioned current commissioning arrangements and whether commissioners are working closely and effectively enough with providers to implement and deliver effective care pathways. One delegate felt that improved integrated commissioning decision making was needed.

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