Browne Jacobson

Health and life sciences: 2025 predictions

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With the NHS and social care being key government priorities, 2025 promises plenty of change in health and life sciences.

New legislation is expected to reform areas such as mental health, while an enhanced focus on adoption of emerging technologies and closer collaboration between the public and private sectors are expected.

Lawyers from Browne Jacobson's health and life sciences team outline their predictions and advice for the sector over the coming year.

Legal changes in healthcare

1. Mental health reform

Towards the end of last year, the government introduced a new Mental Health Bill, which introduces several significant changes to the Mental Health Act (MHA).

The government has said that the primary aims of the Bill are to strengthen the voice of patients subject to the Act, to add statutory weight to patients' rights to be involved in planning for their care and to inform choices regarding their treatment.

The reforms are designed to ensure that detention under the Act it is only used when, and for as long, as necessary and that the use of the Act to detain people with learning disabilities and autism is limited.

The Bill is currently progressing through Parliament and is expected to become law by summer 2025, with gradual implementation over several years.

Whilst the Bill will be subject to further scrutiny and amendment before it becomes law, mental health leaders and practitioners would be well advised to keep abreast of developments and review the proposed key changes, some of which are highlighted in our Mental Health Bill 2025 article.

2. Deprivation of liberty safeguards

Possible reforms to the deprivation of liberty safeguards (DoLS) are anticipated in 2025. Concerns have been raised about the effectiveness of the DoLS system for many years, with various reports highlighting the lack of understanding and poor implementation of the safeguards.

Further, there has been a huge increase in the volume of DoLS applications resulting in long processing delays, meaning thousands, in not tens of thousands, of individuals are being deprived of their liberty without the protection of the law.

The Liberty Protection Safeguards (LPS) were due to replace DoLS and it was anticipated they would address some of the problems with the DoLS system. However, their implementation was indefinitely postponed by the previous Conservative government in 2023.

The Labour government has yet to discuss LPS, raising questions about when the necessary community systems and safeguards will be in place, which in turn impacts the timeline for MHA reforms for individuals with autism or learning disabilities.

The Care Quality Commission has recently called for urgent action to ensure the system does not continue to fail people in the future, making a government update crucial this year.

3. Assisted dying

The Terminally Ill Adults (End of Life) Bill will continue to provoke ethical and passionate debates regarding assisted dying.

This Bill makes provision for an adult who is terminally ill and who meets certain eligibility criteria to request and be provided with assistance to end their own life, subject to certain safeguards and protections.

It stipulates that the individual must have a progressive illness, disease or medical condition that is not reversible by treatment, with death expected within six months.

The individual must have a clear, settled and informed wish to end their life, and their decision must be voluntary. They must also have capacity to make the decision.

An application to the High Court is required to confirm that the requirements of the Bill are fulfilled, including an assessment by two doctors.

While the Bill could have significant impact on end-of-life care, it is still in its infancy and anxieties have been expressed about its financial implications, practical implementation and the adequacy of safeguards to protect vulnerable individuals.

Specific concerns include allowing doctors to initiate discussions about assisted dying with patients, the reliability of capacity assessments, managing fluctuating capacity and the ability of the High Court to thoroughly review the assessments given its current workload.

4. Reports to Prevent Further Deaths

In a coronial context, we expect to see greater focus on Reports to Prevent Future Deaths (PFD reports).

A coroner must issue a PFD report if they have a concern that circumstances creating a risk of death will occur or continue to exist in the future.

The recipient of a PFD report has 56 days to respond, detailing the actions taken or planned (or explaining why not action is proposed).

However, a coroner cannot compel a response and has no power to sanction a recipient who does not respond.

There have been repeated calls for the establishment of a national oversight mechanism – an independent public body responsible for monitoring compliance with PFD reports. The charity INQUEST addressed this issue at the Labour party conference in September 2024.

During the same month, the new Chief Coroner, HHJ Alexia Durran, expressed support for such a mechanism at our Shared Insights session.

In the absence of such a system, the Chief Coroner has now started publishing a list of 'Non-responses to PFD reports'. The list can be found here on the Courts and Tribunals website, and includes the names of organisations that have not responded to a PFD within the 56-day deadline and the date when the response was due. Going forward, health and social care organisations should ensure that they respond to PFD reports within the stipulated timeframe, otherwise they risk being named on this list.

5. Reporting restriction orders on legal cases

We are awaiting the Supreme Court's decision in the case of Abbasi and another v Newcastle upon Tyne Hospitals NHS Foundation Trust (UKSC/2023/0052) and the linked case of Haastrup v King's College Hospital NHS Foundation Trust (UKSC/2023/0053).

In both of these tragic cases, court applications were made to authorise the withdrawal of treatment for two children, Isaiah Haastrup and Zainab Abbasi, who subsequently died. To protect the identities of the clinicians involved in their care, indefinite reporting restriction orders (RROs) were made.

The parents of both children appealed against these orders, arguing that they prevent them from meaningfully discussing or writing publicly about the circumstances surrounding their children's treatment and death, and restrict mainstream media from doing so.

The imposition and continuation of these RROs involved a balancing exercise between the competing rights under Article 8 (right to privacy) of the hospital staff and Article 10 (right to freedom of expression) of the parents.

The Court of Appeal decided to discharge the RROs, but the hospital trusts subsequently appealed to the Supreme Court to determine whether the Court of Appeal's decision was correct. The outcome is still pending.

This decision will be significant for families, healthcare professionals and the media, and will set a precedent for future cases where parents or carers wish to publicly discuss the circumstances surrounding their child's medical treatment and death.

Closer public-private sector collaboration

The Prime Minister has outlined his ambition for a “new agreement” to expand the relationship between the NHS and the private healthcare sector.

He says this will enable the spaces and resources of the private healthcare sector to be made available to the NHS, where it is needed most.

While this policy is primarily to help clear the NHS waiting list backlog, we expect to see a drive for longer-term partnerships being forged across the public and private sectors in order to improve patient outcomes, drive innovation and add new revenue streams for NHS trusts, which face various financial pressures.

Utilising the private sector's knowledge and expertise to increase private patient activity within NHS hospitals themselves is one way of further developing collaboration between the public and private sectors.

This is already happening but we anticipate more of this, and also greater transparency over Right to Choose rules for patients.

Most trusts already run private patient units (PPUs) but, with the exception of a few, these tend to be relatively small, meaning they provide untapped potential in terms of raising additional income to plough back into NHS services.

Therefore, we anticipate more trusts beginning to explore how to expand their PPUs by partnering with independent healthcare providers. Also, that a patient’s ability to choose their provider for elective care will be made much clearer.

Workforce trends

It is quite clear that 2025 is going to be a year of severe financial pressure with a pressing need to reduce costs and achieve efficiencies. Nowhere is that likely to be more keenly felt than by the NHS workforce.

NHS employers will need to achieve efficiencies through workforce change – redesigning roles, reducing unnecessary levels of management, streamlining workforces and reducing reliance on expensive shift working.

But this has to be in the right areas as the demand for services continues to grow at a rapid pace.

Over the next 15 years, the population of England is projected to increase by 4.2%, but the number of people aged over 85 will grow by 55%. By 2037, it is expected that that two-thirds of those over 65 will have multiple health conditions and a third of those people will also have mental health needs.

And all this comes in a landscape of significant anticipated change in employment rights, as well as a generation coming into the workforce that views things very differently and has much greater expectation of a work-life balance.

Hospital infrastructure

The recent announcement over the timeline for the New Hospitals Programme (NHP) means some NHS bodies will need to review how they currently use their estate, and extend the life for buildings that it had been anticipated would be replaced.

This will bring into focus the estate maintenance backlog that has built up across the NHS and mean decisions will need to be made over how to prioritise addressing this backlog.

It is also expected this will lead NHS bodies to look at how they work with other public and private bodies to address infrastructure issues over the next decade.

Life sciences trends

1. Compliance and regulation

Life sciences companies are predicted to face significant compliance challenges in key areas, including emerging regulations related to artificial intelligence (AI) and ESG measures.

It is also apparent that there is a drive to enable cross-jurisdictional working, so we will see more agreements to accept the decisions of other countries on such as product safety for medical devices.

Additional compliance concerns include cyber security vulnerabilities and adherence to competition laws, which it is expected the government will look to address.

2. Competition and collaboration

A predicted increase in M&A activity, joint ventures and collaborative R&D efforts are likely to attract heightened regulatory scrutiny regarding competition.

So, it will be interesting to see how the government addresses these issues and how new procurement laws are applied across the public sector.

Also, issues surrounding exclusivity agreements, intellectual property (IP) rights, patents, and their intersection with AI technologies are anticipated to grow.

3. Research and development

Collaborative R&D initiatives are expected to expand, fuelled by market confidence and expedited development.

Equally, it is apparent from the work done during Covid that organisations coming together to undertake research and develop new ways to tackle the issues being faced can lead to faster solutions being made available.

Furthermore, a rise in novel drug approvals in 2024 suggests an acceleration to the pace of approved new medicines.

4. Artificial intelligence

AI is pervasive across all these issues and is expected to drive regulatory changes, influence R&D workflows, and raise questions regarding the ownership and management of AI-generated discoveries.

It is inevitable that the government will need to address AI regulation in health and life sciences, as well as more generally.

We would expect to see an increase in disputes over the use of data, when used as the source learning material, and increased scrutiny of data privacy policies when used in the AI context.

5. Health tech development

Interest in developing virtual healthcare solutions and new diagnostic technologies, such as AI, indicates a continued focus on advancing health tech.

This is expected to complement and further the growing trend of personalised medicine and genomics within healthcare provision.

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