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Dear Noble Lords

22 July 2025

Thank you for taking a strong interest in the 10-Year Health Plan and for attending the statement repeat on Wednesday 9 July, in such numbers. This reinforces the message that getting the NHS back on its feet and making it fit for the future is one of our country's most significant priorities.

If the Government does not take urgent action now, we risk the NHS ceasing to exist as a publicly funded service, free at the point of use. However, if we seize the opportunities provided by new technology, medicines, and innovation, then we can deliver better care for patients - no matter where they live or how much they earn - and better value for taxpayers.

This plan is different to the NHS plans which have come before it. It is a roadmap for radical reform built on three fundamental shifts:

- From hospital to community — bringing care closer to home and making access to GPs faster and simpler.
- From analogue to digital — giving staff modern tools, and patients the kind of convenience and control they expect elsewhere in their lives.
- From sickness to prevention — reaching people earlier, tackling root causes of poor health, and making the healthy choice the easy choice.

This means there are not chapters or sections for individual conditions, or groups, setting top-down actions – all services and patients will benefit through successfully transforming how our entire health system works.

This plan is backed by £29 billion of extra investment – and crucially, by a drive to cut unnecessary bureaucracy, empower frontline staff, and give them the tools and time to do what they do best: caring for patients.

I will now address some of the issues I promised to write on in turn.

Single Patient Record

Lord Kamall asked about the single patient record. The Single Patient Record will be designed to integrate into existing systems and technologies to enhance care, acting as a new "data layer" that provides a unified view of patient information from various sources. No decisions have been taken yet as to how the single patient record will fit with other summary systems, but our approach will seek to balance avoiding duplication and preserving the functionality which works best for the NHS and its users.

Wearables and Data Security

People are already able to consent to share their information with third party Apps, where there is a health and care benefit. The information shared with the NHS App, as with any confidential information people share with a health or care service, and which is recorded on an NHS system or social care system, will be subject to strict rules governing access and use.

Data ownership will remain with the NHS or the patient, and any secondary uses, such as for approved research, will follow rigorous governance and privacy standards. Patients and people who use services will have control over whether their wearable data is shared with their care team, including the ability to decide when and how that data is used.

We have spoken to the public around the country in a series of independently facilitated engagement events, about how they want their data to be used. We heard their desire for a rigorous approach to privacy and security. People were supportive of data sharing, where it delivered benefits for patients, but wanted strict privacy and security safeguards. Continued public engagement will shape our approach to developing the single patient record and the NHS App.

Fracture Liaison Services

Lords Kamall and Shinkwin raised the issue of fracture liaison services. As Noble Lords will be aware, fracture liaison services have a demonstrable impact on keeping people well and providing both better outcomes for patients and better value for taxpayers.

That is why we have committed to ending the postcode lottery and rolling out fracture liaison services up and down the country by 2030.

Patients with osteoporosis will benefit from the more than 200 neighbourhood centres we're introducing as part of the plan. These will bring diagnostics, mental health, rehab and nursing all together under one roof – saving patients time by taking care closer to home and reducing the need for multiple appointments in different places.

We are also making life easier and care quicker by transforming the NHS App so people can directly book community services, including physiotherapy, without having to wait for a GP appointment.

Our investment in 13 high-tech DEXA scanners is also expected to provide an extra 29,000 scans so bone conditions are diagnosed faster, and treatment can begin sooner, reducing the risk of deterioration.

Taken together, the measures mean the 10 Year Health Plan will be transformational for osteoporosis patients, getting them diagnosed earlier, with faster, more preventative care.

Neighbourhood Health Plans

Lord Scriven asked about our plans for neighbourhood health and the related costs. The evidence is unequivocal that shifting more care into the community is cheaper and more effective for patients than defaulting to all care taking place in hospitals. However, neighbourhood health centres will not introduce dual running into the system as the Noble Lord suggested; rather they will help to enable the shift of care services and activity into the community. Wherever possible we will maximise value for money by repurposing poorly used, existing estate - with local areas determining the optimum solution for their communities based on their unique geography, population needs and existing infrastructure.

The Spending Review prioritised health, with NHS day-to-day spending increasing by £29 billion in real terms by 2028-29 compared to 2023-24. We are preparing the first multi-year planning round for the NHS in more than half a decade, which will confirm budget allocations enabling delivery teams to carry out effective long-term planning.

Delivery Roadmap for the 10-Year Plan

Lord Scriven also asked for the Government to publish a delivery road map for the implementation of this Plan. While I am unable to make such a commitment, the government will be asking all NHS organisations to prepare robust and realistic 5 year plans and demonstrate how financial sustainability will be secured over the medium term. Initial priorities and expectations for the NHS will be set out in planning guidance in the autumn, but implementation will be an ongoing process over the coming years.

Our delivery plans will build on the work already underway at local and national levels to achieve the three shifts and simplify the health and care system.

Over the next 12 months, DHSC and NHS England will also work with system leaders, wider government and our partners to accelerate, re-focus or initiate work as necessary to ensure all the foundations of the Plan are in place. This will include:

- Advancing the neighbourhood health agenda, including developing a neighbourhood health specification, commissioning arrangements, contracts and financing.

- Development of the NHS app to provide more functionality; and developing the proof of concept for the single patient record.
- Revitalising the National Quality Board and developing a new quality strategy.
- Publishing a new 10 Year Workforce Plan.
- Developing the new Foundation Trust (FT) regime to provide more freedoms and flexibilities to existing FTs and support a new wave of FTs.
- Implementing the refreshed NHS oversight framework for 2025/26, and developing the oversight framework for next year.
- Continuing the work to bring together DHSC and NHS England, develop the 'Model Region' and implement the 'Model ICB'.

Palliative Care

Baroness Finlay asked about the role of Palliative Care. I can assure her that we want to create a society where every person receives high-quality, compassionate care from diagnosis through to the end of life. As I mentioned earlier in my letter, we deliberately did not include chapters or sections for different types of care, but rather have set out to rewire the NHS so that local systems are more able to respond to both local need and what patients want.

Palliative care and end of life care services, including hospices, will have a big role to play in the move to shift more care out of hospitals and into the community, to ensure patients and their families receive personalised care in the most appropriate setting.

We want to see variation in access and quality being reduced, while recognising that more autonomy to local systems, will mean that there will inevitably be some appropriate variation to reflect both innovation and the needs of local populations.

Mental Health Investment Standard

In response to Baroness Tyler's points around the importance of mental health spending, let me say that mental health is and remains a priority for the NHS, backed by the Mental Health Investment Standard, which continues in 2025/26 to ensure that mental health funding is ring-fenced to support delivery of our commitments, including those outlined in the NHS Planning Guidance.

All integrated care boards are expected to meet the Mental Health Investment Standard in 2025/26 by increasing their investment in mental health services in line with their overall increase in funding for the year.

The Secretary of State will set out expectations for mental health funding beyond 2025-26, including the share of overall NHS expenditure, in due course.

Cancer Plan

Baroness Morgan asked about the interaction between the 10-Year Plan and the National Cancer Plan. The 10-Year Plan sets out how we will fight cancer on all fronts, from prevention to diagnosis to treatment, to improve survival and reduce the lives lost to one of the biggest killers.

Rolling out lung cancer screening will detect cancers earlier, when lung cancer can be treated more effectively. With a commitment to eliminate cervical cancer by 2040, we are harnessing innovations - such as cervical self-sampling kits, and access to the HPV vaccine through community pharmacies - to detect cancer sooner and ensure fairer access to life-saving treatment. The 10 Year Health Plan also commits to delivering 10,000 cancer vaccines to patients in clinical trials in the next 5 years, as we build on the success of the Cancer Vaccine Launch Pad.

The National Cancer Plan, to be published later this year, will set out in more detail how we will increase survival from cancer through earlier diagnosis and access to the best quality treatment, and how we will move care into the community to support patients living with and beyond cancer.

Once again, I would like to thank Noble Lords for all the interest shown in our 10-Year Health Plan and look forward to keeping the House informed as it is implemented.

I am sending a copy of this letter to all those Peers who spoke in the statement and I will deposit a copy of this letter in the libraries of both Houses.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Judith', with a stylized flourish at the end.

Baroness Blake of Leeds CBE