

10 July 2025

This document provides a brief initial summary of the key emerging implications for general practice within the Government's [10 Year Health Plan](#) (10YHP), published 3rd July 2025.

The Royal College of General Practitioners' work to date on the 10YHP and our policy recommendations are [summarised on our website](#), and will be updated in due course. We have also published a number of [press statements](#) in response to coverage of the plan, including an [initial response](#) on 3rd July.

The plan describes the Government's vision to achieve their three shifts for the NHS: hospital to community, analogue to digital, and sickness to prevention. Although there are a lot of ambitions and actions set out in the Plan, there is still much more detail required about how this will be delivered. The RCGP will continue to engage with policymakers and other key partners to represent the profession's voice as implementation plans develop.

Neighbourhood Services

In the short term, [health leaders](#) are being encouraged to develop proposals for 'neighbourhood health services' in their local areas. In the medium to longer term, the plan outlines an intention to set up physical Neighbourhood Health Centres (NHC) in every community, with rollout beginning in areas with the lowest healthy life expectancy. These centres are described as 'one stop shops' co-locating local authority, voluntary sector services and NHS care closer to home, including diagnostics, rehab, mental health and outpatient care. They will be open at least 12 hours a day, six days a week, though it is not yet clear how this will interact with general practice and GP out-of-hours services.

Two new contracts: Single and multi-neighbourhood providers

Alongside a commitment to retain the GP partnership model "where it is working well", two new contracts are proposed: single neighbourhood provider contracts, which are expected to serve a population of around 50,000 people and likely to align with existing Primary Care Network (PCN) footprints; and multi-neighbourhood provider contracts, covering populations of 250,000, responsible for at scale functions such as end-of-life care and digital transformation.

GP involvement

Whilst these new models present potential opportunity to strengthen integrated, place-based care, our key concern is ensuring a strong general practice voice within them. The plan suggests a central role for general practice in NHCs, rightly acknowledging that general practice is already embedded in local communities and well-placed to lead neighbourhood-level care. However, resourcing and support will be required to allow GPs to take on these roles leading development and delivery, and details of the funding available are still to be determined.

Integrated Care Boards (ICBs), as strategic commissioners, will also have the flexibility to contract a wider range of providers to deliver neighbourhood services, including secondary care trusts, and there is a focus on the role of revitalised Foundation Trusts. While collaboration between providers is important, the RCGP does not support trusts running general practice. We will continue to emphasise that any new models of neighbourhood care are built with GPs as core partners, not just participants.

Changes to financial flows and the NHS operating model

The plan sets out changes to financial flows and is clear that investment must result in improved outcomes. Positively for general practice, it commits to a gradual shift of resources

away from hospitals and into primary and neighbourhood services over the course of the plan, and particularly over the next three to four years. There is also a focus to fairer geographical distribution of funding, and a commitment to review the Carr-Hill formula - something the College has been campaigning for.

There is a move away from block contracts to flows which link budgets together across providers. The plan also proposes a trial of 'patient power payments', where patients have a say on whether full payment for their care should be released to the provider, or if a proportion should go to a regional improvement fund. We are concerned about how these proposals would work and whether it would apply to general practice and will be seeking further clarity.

The importance of capital investment to successful delivery of the plan is acknowledged, however much of the focus is on wider community infrastructure and the College will continue to call for greater investment and support for upgrading general practice premises.

Digital ambitions and the NHS App

Digital transformation is a central feature of the plan, with the NHS App expected to become the main route into NHS services and a range of new features planned. These changes aim to streamline care and reduce pressure on general practice, but the impact on workload and clinical risk will need careful consideration. We have commented in the press to be clear that the name 'My NHS GP', which has been proposed for an AI health advice function, risks confusion and that GPs cannot be replaced by AI.

A single patient record, accessible to all healthcare professionals and controlled by the patient, is set to be introduced by 2028, and there will be a greater emphasis on sharing data for planning and research, including potential new legislation to support this. Greater interoperability and data sharing is critical for improving care. However, the RCGP will be seeking assurances regarding the safeguards in place to protect patient data and safeguard vulnerable patients. We also have concerns about the lack of consideration of ensuring compatibility between systems across the nations of the UK.

Transparency and patient choice

There is a clear ambition around transparency and prioritising patient voice and experience. Quality measures from all providers will be published which may raise some concerns around league tables. Functions in the NHS App will allow patients to see wait times and outcomes, choose providers and leave public feedback. For general practice, this will mean increased public reporting of quality and access data. Practices will be asked to respond to patient feedback in real time and there is likely to be closer public scrutiny of performance data. There will also be a new National Director of Patient Experience and an opportunity for RCGP, alongside other Colleges, to feed into a new quality strategy due by March 2026.

The Care Quality Commission (CQC) is expected to play a significantly expanded role, using a data and AI-led model to inspect and regulate care. While this could support a more responsive and risk-based approach, there are concerns about the scope of data access, the use of AI, and the potential impact on culture and staff wellbeing. In line with our Council position, the College will be seeking assurance that new models of oversight are proportionate and support continuous improvement rather than punitive enforcement.

Workforce

The plan restates a commitment to publish a revised Long-Term Workforce Plan (LTWP) later this year, something the RCGP successfully lobbied for. It states that by 2035 there will be fewer staff than originally projected in the 2023 LTWP but acknowledges the need for

thousands more GPs. There will be a greater emphasis on automation and multidisciplinary teams. There is also a commitment to increased training flexibility, reduced bureaucracy, career development and modernised appraisal systems. We will be pushing to ensure that general practice is fully included in these initiatives.

Changes to education and training are planned over the next three years including updated curricula to cover digital and generalist skills, efforts to address training bottlenecks, prioritisation of UK graduates for entry to specialty training, and expansion of educator capacity and clinical placements. Further clarity is needed on the details and implications of these changes for general practice and patients.

The plan also sets out new workplace standards covering healthy working environments, protection from harm, and more flexible working options to be in place by April 2026. It is not yet clear how these standards will apply in general practice. A welcome focus on research includes support for GPs to lead and participate in clinical trials. Leadership development is also prioritised, with a new College of Executive and Clinical Leadership to prepare staff for leading integrated teams.

Prevention

The plan reaffirms the Government's commitment to halve the gap in healthy life expectancy between the richest and poorest areas, which the RCGP continues to support. There is a focus on strengthened public health legislation, including restrictions on junk food marketing and energy drink sales to children.

NHS-specific measures include expanded access to weight loss treatments, a new digital points scheme to incentivise behaviour change and to fully roll-out lung cancer screening for those with a history of smoking. We will [continue to highlight](#) that these will need to be carefully resourced and evaluated.

New initiatives link health with employment, including pilots where NHS systems are held accountable for reducing economic inactivity. Proposals to integrate work coaches into neighbourhood health services are promising but we have been clear GPs must be able to focus on health and wellbeing – see our [submissions to recent DWP consultations](#).

There are also plans for significant expansion of genomics and pharmacogenomics. This will have major implications for general practice, particularly in prescribing, clinical decision-making and care pathways, but relies on appropriate training, resourcing and implementation.

Health inequalities and the climate emergency

As outlined above, the plan sets out some strong ambitions to address health inequalities. It also notes the need to tailor services and ensure accessibility. It reiterates existing NHS net zero commitments but is concerningly quiet on wider efforts to mitigate and adapt to the climate emergency, which RCGP will continue to highlight the need for.

How to get involved

To get involved in your local neighbourhood health service, speak to your Clinical Director as part of your local Primary Care Network to find out more, and/or contact your local Primary Care Director / Integrated Care Board.

The RCGP will provide further updates as further details emerge and seek to engage with members on the Plan. We welcome your views and insights – if you would like to share views or experiences relevant to the plan, please contact: policy@rcgp.org.uk.

We are also keen to hear your experiences and examples of innovation, you can submit these via [RCGP Bright ideas: sharing good practice and innovation](#).