

# The Month – July 2025

The strategic update for health and care leaders

## Contents

1-3 // Update from Sir James Mackey

3-4 // Streamlining patient safety for greater impact – Dr Penny Dash

4-5 // Primary care: the foundation of a sustainable NHS future – Dr Claire Fuller

5-6 // Recovering planned care – Mark Cubbon

6-7 // Delivering the Digital NHS – Dr Vin Diwakar

8 // Other updates



## Update from Sir James Mackey, CEO, NHS England

### Introduction

Welcome to the second edition of The Month, arriving hot on the heels of last week's publication of [Fit for the Future: 10 Year Health Plan for England](#).

The most important thing to say is that this plan has been shaped by the experiences and expectations of members of the public, patients, our health and care workforce and our partners.

Through the 'Change NHS' engagement exercise, we received over a million insights from patients and staff – including thousands from seldom heard groups. That includes many of you who will be reading this, and the people you work with.

These themes included: getting the care you need, when you need it; making healthcare seamless; fixing the basics; and making the NHS a great place to work. All of these themes, and more, are reflected in the final plan.

Hopefully you will all have had chance by now to read it and form your own opinions. Perhaps unsurprisingly, mine is that it's a really good plan – patient-centred and quality-focussed, which is reinforced by the Dash review published this week.

Throughout the many discussions I've had with colleagues over the last few months, the importance of returning to being more ambitious for our staff and patients has been a consistent theme. Fit for the Future provides the platform for us all to inspire our teams to be bold and impatient for change.

We now have to put exactly the same effort we've shown in creating the plan into delivering it.

You will have noticed that there isn't a named delivery section in the Plan, nor is there the usual ask for Pro-Formas to be filled out by the service in the next month. I've consistently said that our approach to delivery needs to be through and with the broader leadership community, so this week we're bringing the Chief Executive community from across the NHS together to co-design the implementation plan.

It's a pivotal moment, and we must be equal to it. We've all talked a lot about the three big shifts over the last 12 months – indeed, for years. Now the plan is published, we need to show we can fundamentally change the way we deliver care.

That change will only happen if we get the foundations right. So, our continued leadership focus on resetting how we work over the months ahead is crucial to creating the conditions and headspace we need to deliver change.

In the short term, prioritising financial discipline, delivery of our commitments and a relentless focus on preparing for winter this year will put us in good shape to push on with the ambitions set out in the 10 Year Health Plan.

For NHS England's part, we will now work to move us quickly to medium term planning, align how we work to support you, and simplify rules and accountability. We will do that in tandem with the DHSC, as we continue the transformation programme to deliver the new joint centre. But most importantly we will be working closely with you – through our leadership team - over the Summer to align all of these priorities and agree our collective delivery approach, focusing on those elements of the plan that will have the most immediate impact on our staff and patients, while looking ahead at the more

medium and long-term changes we need to make. I'm looking forward to moving that conversation forward with Trust and ICB leaders at our meeting later this week.

In the meantime, we are all aware of the very real challenges we face getting the NHS back to a place where our staff and public want and need it to be.

Fit for the Future gives us all an opportunity to galvanise energy and optimism about the future, and the need for your leadership in this has never been more important.

**Streamlining patient safety for greater impact - Dr. Penny Dash, Chair of NHS England and author of the Dash Reviews**

Yesterday marked the publication of the [independent review I was commissioned to lead into the patient safety landscape across health and care](#).



The findings are clear: despite significant investment and effort, the current system—comprising around 40 organisations with formal safety roles—has become overly complex, fragmented, and difficult to navigate. This has limited our collective ability to drive meaningful improvements in safety and quality.

The review sets out nine key recommendations, which helped inform – and should be read alongside – Chapter 6 of the 10 Year Health Plan, which sets out broader action to improve quality of care through greater transparency.

The recommendations include revitalising the National Quality Board to lead a coherent quality strategy, clarifying the roles of the CQC and HSSIB, and establishing a new directorate for patient experience within NHS England (and therefore, ultimately, the Department for Health and Social Care).

The review also proposes streamlining patient and staff voice functions, reinforcing provider accountability, and making far better use of technology and data to support real-time learning and improvement.

For senior leaders and clinicians, this is a pivotal moment. The review recognises the progress made through focused initiatives like PSIRF and LFPSE, but it also calls for a shift in how we lead and deliver quality.

We must move away from a system of excessive oversight and towards one that empowers clinical teams to do what it is they do best, values patient experience, and prioritises outcomes over process. Boards must take clear ownership of quality and safety - not only when things go wrong but in the day-to-day delivery of care.

A streamlined system will enable us to focus our collective efforts where they matter most—on improving outcomes for patients and supporting staff to deliver their best work. I encourage all leaders to read the full report and reflect on how its recommendations can be embedded in your organisation’s strategy.

While I was commissioned for all three reviews I have now undertaken on this theme before I took up the position of Chair of NHS England (indeed, the first – into the performance of the CQC specifically - before the change of Government), I am now looking forward to playing my part in delivering on the ambitions I have set out.

And most importantly, to working with you all, because together, we can create a simpler, more effective system that delivers safer, higher-quality care for all.

**Primary care: the foundation of a sustainable NHS future –**  
**Dr Claire Fuller, Co-National Medical Director (Primary**  
**Care)**

Primary care remains the cornerstone of the NHS. Every day, GPs and their teams deliver vital care, spanning prevention, early diagnosis and condition management - while dentists deliver essential and preventative oral health services, pharmacists deliver more and more tests and checks alongside dispensing and medicines management, and optometrists help people stay in work and maintain quality of life, while also spotting major conditions.



All of them, working incredibly hard - but we know it’s not enough. The 10 Year Health Plan recognises that we are at a pivotal moment. With people living longer—often with multiple, complex conditions—and health inequalities widening, the demands on primary care are intensifying now, and will continue to do so.

To meet these challenges, we must reimagine how care is delivered. The plan introduces two new optional contracts for GPs: one for ‘neighbourhood providers’—multidisciplinary teams serving populations of around 50,000—and another for ‘multi-neighbourhood providers’, who will support integration, digital transformation, and estate strategy across larger footprints. These models are designed to offer flexibility, preserve the strengths of the partnership model where it works well, and create new pathways for those that want to work differently.

But this transformation goes beyond general practice. Community pharmacies will take on a greater role in managing long-term conditions, supported by access to the Single Patient Record. NHS dentistry will be revitalised through contract reform and workforce

incentives. Mental health services will be expanded, with same-day access and dedicated urgent care hubs.

Neighbourhood Health Centres will become the new front door to the NHS - open 12 hours a day, six days a week, and co-locating a range of primary care services, some services currently delivered by hospital, community and mental health providers, and non-clinical services from local authorities and the voluntary sector, like employment and housing advice.

This is a bold and necessary shift. But to succeed, we need the support and leadership of system partners across the NHS. Together, we can build primary care that is not only sustainable but central to a modern, integrated neighbourhood health service.

Now is the time to act—collaboratively, strategically, and with ambition. And in that spirit we will be setting out the next steps very soon.

#### Case study – Primary Care Sheffield

Primary Care Sheffield is a social purpose organisation supporting the 69 GP Partnerships and 16 primary care networks in the city. Its 442 staff are able to deliver a broad range of additional services – including diagnostics and home visiting - and support both value and resilience through shared functions and flexible capacity.

#### **Recovering planned care – Mark Cubbon, Director for Elective Care, Cancer and Diagnostics**

The NHS 10 Year Health Plan sets out real ambition for health and care over the next decade. Restoring the 18 week RTT standard by March 2029 is a key milestone on that journey.

As both National Director and a trust CEO, I see both the scale of our ambition and the realities on the ground. That perspective gives me a real understanding of the challenges we face and the tools needed to overcome them together.



At the heart of this transformation is the reimagining of outpatient care, which will be critical to delivering the shifts outlined in the plan. We will move decisively toward straight-to-test pathways, reducing unnecessary appointments and accelerating diagnosis. This will be complemented by the expansion of one-stop services, enabling patients to receive consultation, testing, and treatment in a single visit—minimising delays and improving experience.

Technology will be a key enabler. From AI-supported triage to interoperable patient records, we will harness tech-enabled solutions to streamline care and empower patients. The NHS App will evolve into a true digital front door, offering more convenient access to services, results, and personalised health information.

A new model of working across primary and secondary care will underpin these changes. Integrated neighbourhood teams will collaborate across boundaries, supported by shared data and aligned incentives. This will ensure patients receive the right care, in the right place, at the right time. We will join up care for patients with multiple long-term conditions.

Cancer care remains a top priority. A 10-year cancer plan is in development, building on recent progress in early diagnosis and treatment. We have seen sustained improvements in cancer access, with performance against the Faster Diagnosis Standard and 62-day treatment targets rising steadily. That momentum must continue.

Community Diagnostic Centres (CDCs) and digitised diagnostics networks will continue to play a central role, working closely with Integrated Neighbourhood Teams (INTs) to deliver diagnostics closer to home. This partnership will be vital in supporting both elective recovery and the shift to prevention.

This is a moment to be ambitious. The plan challenges us to think differently, act boldly, and deliver care that is truly fit for the future. I look forward to working with you to bring this vision to life.

#### Case study – RAIDR

Developed in the North East, the RAIDR platform integrates waiting list and primary care data to allow anaesthetists and other clinicians to undertake richer preoperative assessments, supporting risk stratification as well as interventions to improve the health of those on the waiting list – reducing health inequalities as well as surgery cancellation or postponement.

#### **Delivering the Digital NHS – Dr Vin Diwakar, National Director of Transformation, NHS England**

As a clinician and now National Director of Transformation, I've seen how digital innovation can transform care.

The 10 Year Health Plan sets out a bold vision: to move from analogue to digital, delivering more personalised, equitable, and efficient services for patients—and a better working environment for staff.



At the heart of this transformation is the NHS App. Already used by over 75% of the population, it will evolve into the primary interface for patients to manage their health—booking appointments and vaccinations, accessing care plans and talking therapies, and even bypassing GPs for MSK and audiology services.

New features like My Companion and My Choices will empower patients with trusted information and transparent provider comparisons, helping them make informed decisions and engage more confidently in their care.

This is not just about convenience. It's about equity. We must ensure that digital tools work for everyone—regardless of background, location, or digital literacy. That means designing services that reflect the diverse needs of our communities and actively addressing the digital divide.

For clinicians, the benefits are equally significant. The NHS App will serve as the digital front door to the forthcoming Single Patient Record—offering a unified, secure view of each patient's health across primary, secondary, and eventually social care. This will reduce duplication, improve safety, and free up time for care.

There is lots more in the Plan to be excited about. For patients, it's creating new feedback mechanisms, making greater use of wearable and other monitoring devices to help them stay well at home, and building a new library of approved digital tools to manage or treat their conditions.

And for our colleagues, it's investing in solutions – like a single sign on and technology like AI scribes – which make their working lives less frustrating, and more rewarding.

But technology alone won't deliver transformation. Success depends on leadership.

Senior managers must champion this agenda—embedding digital into operational planning, investing in digital skills, and fostering a culture of continuous improvement. We must also ensure that our digital, data, and technology professionals are fully integrated into service design and delivery.

This is a once-in-a-generation opportunity to reshape the NHS for the better. The tools are ready. The vision is clear. Now we need collective action to make it real for our patients.

### Case study – Cancer 360

Cancer 360 is a module of the Federated Data Platform which creates a digital patient tracking list from disparate information sources, providing important insights and streamlining workflows. It supported the team at Chelsea and Westminster were to increase the percentage of patients receiving a diagnosis within 28 days rising from 71.5% to 84.7% over two years, despite increasing numbers of urgent referrals.



## **Other updates**

### **In case you missed it**

- **Patient Safety Commissioner annual report 2024 to 2025**
- **Experiences of NHS healthcare services in England: 19th June 2025** - Analysis from the Health Insight Survey which looks at patients' experiences of accessing healthcare.
- **National maternity investigation launched to drive improvements** - The rapid national investigation into NHS maternity and neonatal services will provide truth to families suffering harm, and urgently improve care and safety.
  - **Supporting letter from Sir James Mackey and Duncan Burton to ICBs and Trusts**
- **NHS Oversight Framework 2025/26** - NHS England's approach to oversight of integrated care boards and trusts. Further information on the NHS oversight framework can be found on our [NHS oversight framework page](#).
- **Quality impact assessment – framework and tool** - Good practice principles and guidance for undertaking quality impact assessments as part of the decision-making process for planning, approving and implementing changes to or commissioning new health and care services.
- **Report of the independent ADHD Taskforce** - Part 1 of the Taskforce's report is now available. Work continues on a final report later in 2025, and to align recommendations with other work across Government.
- **Very senior managers pay award for 2025/26** - Letter from Dr Navina Evans formally confirming the 2025/26 annual pay increase for very senior managers.

### **Coming up this month**

- **10<sup>th</sup>** – Publication of monthly operational performance statistics including the launch of a new dashboard and GP Patient Experience Survey.
- **14<sup>th</sup>** – Health and Social Care Select Committee hearing on the 10YHP
- **17<sup>th</sup>** – NHS England Board meeting
- **17<sup>th</sup>** – Royal College of Nursing Annual General Meeting
- **17<sup>th</sup>** – National Cancer Patient Experience Survey 2024
- **22<sup>nd</sup>** – House of Commons rises for Summer recess
- **TBC:** Result of the BMA resident doctors ballot
- **TBC:** Launch of the NHS Oversight Framework segmentation tool for providers
- **TBC:** Publication of the Leng Review into Medical Associate Professionals

**Your feedback matters.** Our aim is to make these bulletins as useful as possible for you. If you have any feedback, please email [england.leadersupdate@nhs.net](mailto:england.leadersupdate@nhs.net)