The Month – September 2025

The strategic update for health and care leaders

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Update from Sir James Mackey, CEO, NHS England

Introduction

Over the last few weeks we have had the result of the ballot on industrial action by the BMA Resident Doctors Committee and the first wave of planned walkouts. I'm extremely grateful to all colleagues who pulled together to manage the disruption, protect patients, and ensure the NHS remained open for care.

In planning for this action, we were determined to reduce harm and disruption to patients compared to previous strikes. We learned from previous strikes that harm was being caused to patients by just prioritising urgent and emergency care. Just because care is planned doesn't mean there's no consequence or harm to delays – in particular, in the case of cancer checks and treatment.

We also overhauled the patient safety mitigations process this time round, so that when we did have to ask the BMA to send doctors back to work to help ensure patient safety, this was based on a rigorous assessment by senior medics locally, regionally and nationally. The planning paid off. On the whole, hospitals were able to maintain the vast majority of activity, and fewer patients were cancelled. In part that was because more derogations were granted in this action than all the previous actions combined, and in part it was because more resident doctors chose to work.

Even so, it is still the case that thousands of patients were directly affected by this action, and we recognise it is draining for all those staff working to keep things going – before accounting for the financial and opportunity cost. As ever, we will learn from this round so that we can make further improvements in our approach for any future action.

We also can't forget in all this that resident doctors are a vital part of the NHS team. While pay is a matter for Government, we all know there are lots of other issues about how we treat them as colleagues that need to be fixed, and that we've collectively failed to fix fast enough. That has to change, and I've asked Meghana Pandit to lead a rapid piece of work over the coming months that moves us all forward on basic but important matters of fairness such as knowing their rotas ahead of time, being paid correctly and having access to rest areas and food on night shifts. Support from Trust senior leaders will be crucial in delivering this, and Meghana sets out the first steps below.

While we haven't let the impact of managing IA stop us from progressing important transformational work – see our stories from the last couple of weeks on the next stage of cancer vaccine trials and development of the NHS App as proof positive – there is no doubt that this hiatus also comes at a welcome time to allow us to also get on with the vital task of putting the 10 Year Health Plan into action.

David shares more about our work on this, with dozens of colleagues from across the NHS, below – with Glen and Claire expanding on how we are developing our operating model and plans for neighbourhood health, and Elizabeth sharing more on how this will all coalesce later in the Autumn in the framework to support you all as systems to develop your own local plans in partnership with each other and your communities.

So thanks again. There's no such thing as a quiet summer in the NHS, but I hope you have managed some rest ahead of renewed push in September.

Getting the basics right for resident doctors – Professor Meghana Pandit, National Medical Director (Secondary Care)

Resident doctors are a key part our clinical workforce, and essential to the future of the NHS. Yet, despite all that we ask of them, we have not consistently provided them with the working conditions they deserve.

We have heard their concerns time and again: payroll errors, poor rota management, lack of access to rest facilities and hot meals, and the unnecessary repetition of mandatory training. While there are improvements that could and should be made for other staff groups, there is no other cohort of our workforce which faces such a maddening combination of issues.

That must change. Today, we are launching a 10-point plan to improve resident doctors' working lives. This is not just a list of actions, but a commitment to get the basics right. And over the next 12 weeks, we will be working intensively with local leaders to make meaningful progress on issues we have collectively failed to resolve for too long.

I will lead this programme, working with regional medical directors, deans, and workforce leaders to ensure delivery, and reporting to the NHS England Board and Secretary of State. But we are clear that achieving meaningful improvement will require Trust Boards to take clear ownership.

That means appointing senior leads for resident doctor issues, conducting audits of facilities, and engaging directly with doctors to understand and address local concerns. It also means participating in national programmes to improve payroll systems, reform rotation management, and eliminate mandatory training duplication.

Nationally, we will also progress work to improve how annual leave is managed, and reduce the impact of rotations, including expanding the Lead Employer model. They will take longer to come to fruition, but these changes will make a real difference to resident doctors' day-to-day experience and professional development.

I know that many resident doctors will be sceptical, and I understand why. They have heard promises before. But this time, we must prove we mean it - through urgency, action and accountability. That means transparent reporting, locally and nationally through the NHS Oversight Frameowrk - not to name and shame, but to drive improvement and rebuild trust that as leaders we will do what we say we will.

This is a moment for leadership, and an opportunity to show our resident doctors that we value them - not just in warm words, but in the systems and support we provide. I look forward to working alongside you to make the NHS a better place for doctors to train, and to build a long and rewarding career.

Taking the next steps on Neighbourhood Health together – Dr Claire Fuller, National Medical Director (Primary Care)

As we move into the next phase of transforming our health system, I want to take a moment to thank our NHS leaders, clinicians, and teams for the incredible work you've done so far.

Your dedication is making a real difference, and the recent improvements in general practice access and patient satisfaction are a testament to that.

New data from the Office for National Statistics and the GP Patient Survey show that more patients are successfully contacting their practices, experiencing better care, and accessing more appointments than ever before – prompting this letter from the Secretary of State thanking GPs and their teams.

These improvements are not just numbers - they reflect the tireless efforts of multi-disciplinary teams across the country to deliver high-quality, accessible care.

This progress lays the foundation for the next big shift: the development of the Neighbourhood Health Service.

As outlined in the 10 Year Health Plan, we're moving from a hospital-centric model to one that is community-led, preventative, and personalised. Care will happen as locally as possible—digitally by default, in people's homes when appropriate, and in neighbourhood health centres when needed.

To support this transformation, we launched the National Neighbourhood Health Implementation Programme (NNHIP) immediately after the 10 Year Health Plan.

We set out to identify places across England to take part in the first wave, with a focus on multimorbidity and tackling health inequalities. We've had an excellent response to the expressions of interest stage which closed on Friday.

We're now working through those EoIs as quickly as possible. We will be looking particularly for those applicants who have embraced the call for this to be a whole-system effort, involving ICBs, trusts, primary and community care, local government, social care providers, and the VCFSE sector.

We hope to have selected the sites by next month, and be getting on with supporting them to test and learn - maybe in some cases failing, but failing fast and in a way which supports continuous improvement.

Delivering the 10 Year Health Plan for England – David Probert, Deputy Chief Executive

Since the publication of the 10 Year Health Plan, I've been part of an exciting and fast-paced effort to turn vision into reality.

NHS England and the Department for Health and Social Care have launched eight focused workstreams, each designed to tackle the key enablers that will shape the future of our health system. Those workstreams are:

- Neighbourhood Health
- Financial foundations and medium term planning
- Workforce
- Innovation and technology
- Quality
- Oversight, new Foundation Trusts and Integrated Health Organisations
- Genomics, life sciences and research
- Prevention

Each workstream is jointly led by colleagues from both organisations, as part of our ever-closer working arrangements. But what's really energising is the involvement of leaders from across the NHS. Following our call out for volunteers at our meeting of CEOs and GP leaders in July, we were inundated with offers to help.

From those volunteers, we have now formed six working groups of senior colleagues, bringing frontline insight and practical experience to ensure our plans are rooted in the reality of delivering care and making change happen. The calibre of people involved is inspiring, and it's a powerful reminder that change is a team sport.

Over the summer, these groups have been meeting regularly to undertake rapid design work and develop delivery plans. Once their outputs are aligned and cross-checked, they'll be shared and discussed with provider and ICB chief executives and GP leaders in a couple of weeks' time.

That's when we'll seek broad commitment to the plans, so that they can in turn shape how local systems will develop their own plans for the next five years and beyond – as Elizabeth describes below.

We know that the huge enthusiasm – even impatience - for change extends beyond our leadership community. It's complex, challenging, and ambitious - but it's also a privilege to be part of it, and I look forward to sharing in future editions how these plans evolve and take root in communities across England.

Setting ourselves up to succeed – Glen Burley, Financial Reset Director and Accountability Director

Since my last update in June, Chapter 5 of the 10 Year Health Plan has set out more detail on how a new operating model will support the broader aims of the Plan.

More importantly, many colleagues locally and nationally have continued to work at pace to make this a reality. A key part of our approach as a transition team will be to co-produce as much work as possible with colleagues from across the service.

This is a root and branch reform, but one that requires urgency – setting ourselves up to succeed as quickly as possible. That's why we are simultaneously progressing work on every part of the system:

- redesigning the centre – both the national HQ and regionally;
- renewing the role of Integrated Care Boards (ICBs) as strategic commissioners;
- reinventing the NHS Foundation Trust (FT) model and enabling the development of Integrated Health Organisations (IHOs), and;
- reforming the NHS Oversight Framework to provide a consistent, rules-based underpinning to how we all work together, and transparency on how we are doing.

While colleagues will recognise that need for urgency, I am conscious that the scale and pace of change is at a level not seen for a while, and for some that inevitably brings uncertainty.

Our commitment to you is to do this all as openly and collaboratively as possible, and it's been particularly exciting to see how local leaders have stepped up to the challenge. In the spirit of this continuing, I thought it would be helpful to provide an update on where everything is at and what you can expect over the coming month.

Firstly, since the last time I wrote one of these updates, the Department of Health and Social Care and NHS England have shared with its own staff an indicative high level strategic operating model for the new organisation, including confirming directorates and priority programmes. The process of confirming leaders across these to-be directorates is underway.

As part of that structure, and further confirmed in the 10 Year Health Plan, the single organisation will continue to have seven regional teams, reporting into the NHS Chief Executive. Work is at an advanced stage on a Model Region blueprint to set out how they will lead oversight, strategy, and improvement across their geographies, supporting NHS organisations to both improve the fundamentals and drive reform.

This new regional model is designed to reduce the burden of central oversight, replacing fragmented regulation with a consistent, rules-based approach. It has been designed with regional, Trust and ICB colleagues, and we will be doing final testing over the next few weeks before taking it to the NHS England Board to agree.

In parallel, the Model ICB provides a framework for ICBs to act as strategic commissioners, improving population health and tackling inequalities. I wrote last time about the incredible response from ICB leaders to the challenge of working through this shift and the reduction in running costs at pace, and that has continued to be the case.

We have now crossed the next gateway in this process, confirming footprints and clustering arrangements agreed locally, and confirming Chair appointments – allowing CEOs to be confirmed over the coming days so colleagues can crack on with making the changes you have identified.

As David mentions above, we have also most recently started rapid work on how we will deliver the provider level reform set out in the 10 Year Health Plan, specifically finalise and publish the revised Foundation Trust licensing model, and early scoping of the integrated health organisation model – getting us closer to the ambition of giving local leaders and teams more freedoms and flexibilities with which they can make real change happen for patients.

Alongside the other delivery workstreams, we will be testing the output of this work with colleagues in mid-September.

The NHS Oversight Framework (NOF) underpins this new way of working, enabling regions to assess performance on what matters most, support improvement, and enact regulatory interventions where needed – in a way which is predictable, proportionate and enabling for provider teams.

Importantly, it will also be transparent, for the public and our colleagues alike. We will shortly be launching the NOF dashboard with data and segmentation for Q1 25/26, allowing anyone with an interest to understand how a particular provider ranks relative on each metric and on an aggregate basis. And last week we published the provider capability assurance guidance and resources to ensure it is clear to all colleagues how we will be applying capability ratings alongside Q2 data in late November.

Within all this there will be changes which many colleagues have wanted to make for years. But it's all of our responsibility to ensure that together it adds up to more than the sum of its parts, and is as much a cultural change as a structural one.

So I would once again urge colleagues to lead boldly - working across boundaries, embracing new ways of working, and challenging us to keep up with the pace and creativeness of the improvements you want to make to delivering better and more sustainable services for our communities.

Planning for transformation: how we will support systems to deliver– Elizabeth O'Mahony, Chief Financial Officer

As we move into a new era for the NHS, it's clear that our approach to planning must evolve. The scale of change required to meet the needs of our population and deliver on national ambitions demands a more strategic, integrated, and long-term mindset.

David, Glen and Claire have set out how we are developing the foundations of delivery now, with colleagues from across the NHS playing an active role in that work. Shortly, it will be over to you – systems and providers – to grab the reins and develop your own plans.

We will shortly be asking NHS organisations to begin preparing for a five-year planning horizon that will shape services from 2026/27 to 2030/31. This means developing plans that are not only financially sustainable but also aligned across workforce, quality, and operational priorities. These plans must be grounded in evidence, shaped by multidisciplinary teams, and informed by the voices of patients and communities.

Between now and October, when we will bring all the delivery plans David described together to issue the framework for those plans, systems should focus on laying the groundwork. This includes:

- Establishing integrated planning teams and governance structures
- Reviewing clinical strategies to ensure alignment with national direction
- Building a clear picture of financial baselines and cost drivers
- Identifying opportunities for service redesign and productivity improvement
- Assessing demand and capacity planning maturity across organisations

This preparation will be important in ensuring you are ready to go on developing plans and finalising them by the end of the calendar year, leaving ample time to begin preparing to hit the ground running in April 2026.

These will be your plans, but you are not on your own. We are committed to enabling success through clear national priorities and allocations, and practical tools and resources. This will be coupled by regional support and assurance – not marking your homework as has been the case in the past, but enabling and supporting thorough planning which is grounded in local reality but with the ambition required to deliver on our commitments to patients in the 10 Year Health Plan.

This is a collective effort. Success will depend on strong leadership, robust governance, and meaningful collaboration across organisations and with communities. We look forward to working with you on building plans that will deliver better outcomes, greater value, and a more resilient health service for the future.

Recovering elective, cancer and diagnostics – Mark Cubbon, Elective Care, Cancer and Diagnostics Director

I want to take a moment to thank everyone across the NHS for your continued commitment to delivering our elective care ambitions this year.

We've seen some remarkable progress—most notably, the first reductions in waiting lists in April and May for 17 years (excluding the pandemic), and RTT performance improving to 61.5% in June.

These are significant milestones, and I'm grateful for the hard work that's made them possible.

However, we must acknowledge that progress is slowing in some areas.

While some providers are making headway on long waits, performance towards treating 65% of patients within 18 weeks by March 26 is beginning to slip in a number of providers.

It's clear that we need a renewed operational focus to get back on track.

To support this, we've brought forward the Capital Incentive Scheme into H1, and we plan to run a similar scheme in H2.

This offers trusts the chance to earn substantial additional capital—£2 million for the 10 most improved RTT performers between March and September 2025.

The full eligibility criteria are outlined here.

The tiering process will continue alongside the NHS Oversight Framework.

This will allow us to track weekly performance more dynamically and intervene early where plans are off course.

I encourage ICBs to work closely with providers to ensure activity plans are aligned with RTT commitments and that system capacity is being used effectively.

We'll be reviewing Q1 activity levels and looking at what mitigation is in place where plans have fallen short.

Advice and Guidance will need to be used more consistently, with regular scrutiny of utilisation data and response times.

It is important that Outpatient capacity reflects new patient demand, supported by an increased use of PIFU across major specialties.

I'm aware that some ICBs have set minimum waiting times above 18 weeks.

This is not acceptable given our commitment to the Constitutional Standard.

These ICBs have been asked to urgently review their approach and work with providers to ensure patients can be treated sooner.

Improving diagnostic performance is critical to elective care and cancer delivery as we know.

We are working with the Academy of Medical Royal Colleges to provide guidance to support the reduction in use of 12 low-value tests, with a campaign launching this autumn.

Finally, cancer performance needs our collective and urgent attention.

June's 28-day FDS was 76.8%—over 1% below plan—and 62-day performance was 67.1%, nearly 4% below target.

It's important we get our plans back on track to deliver 80% and 75% respectively by March 2026.

Your Cancer Alliance is ready to support you, and we've provided a checklist of 10 key actions to help drive improvement within your organisations/systems.

If there is anything we can do to support you, please do contact me directly on mark.cubbon@mft.nhs.uk

Thank you again for your on-going support.

Other updates

In case you missed it

- The Independent review of the physician associate and anaesthesia associate roles: final report was published.
- The Secretary of State and Sir James Mackey wrote a letter of thanks to all those working over the industrial action period.
- New proposals set out by DHSC will mean any leader who silences whistleblowers or behaves unacceptably will be banned from returning to a health service position. A supporting Management and Leadership Framework will launch in the autumn.
- A Health and Social Care Select Committee hearing on the 10YHP explored key aspects of the plan including the three shifts, from analogue to digital, sickness to prevention, and hospital to community.
- Mutually Agreed Resignation Schemes (MARS) guidance - Updated guidance for trusts and ICBs. Supporting documentation includes a checklist, application templates and flow diagrams denoting the approval and review process.
- Read the latest operational performance statistics. The GP Patient Experience Survey, provides the latest official statistics from the GP Patient Survey.
- Changes to the Waiting List Minimum Dataset (WLMDS) mean that data is now split by demographic categories. The data is broken down by age, sex, ethnicity and deprivation.
- National Cancer Patient Experience Survey – the latest official statistics, monitoring national progress on cancer care help provide information to drive local quality improvements.

Coming up this month

- 1 September - BMA consultant and SAS doctors indicative ballot closes
- 1 September - Commons and Lords return from summer recess
- 2 September - Publication of the LeDer Review
- 9 September - Health and Social Care Committee session on operating model
- 11 September – Public Accounts Committee session on elective care
- TBC - Medical Training Review update
- TBC - Launch of the NHS Oversight Framework segmentation tool
- TBC - Govt-led 'back to school' campaign for routine school-aged immunisations

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.