

Fit for the Future: implications, opportunities and risks

Fit for the Future aims to move care from hospital to community through neighbourhood health services, elevates prevention as a national priority and commits to stronger workforce development. For nurses working in general practice, this creates opportunity: neighbourhood reform is located in and around general practice, and prevention priorities align with core general practice nurse (GPN) work in screening, immunisation and long-term condition management. However, the plan does not identify general practice nursing as a distinct workforce group, leaving role definition, staffing assumptions and development routes to local implementation. Without early engagement in neighbourhood design, GPNs risk limited influence on workforce models and uneven access to chapter 7's 'best employer' offer, particularly for practice-employed nurses. This article outlines the plan's implications and argues that visible nursing representation is essential to secure investment and progression pathways.

KEY WORDS:

- General practice nursing
- Fit for the Future
- NHS reform
- Primary care
- Workforce development

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On 3 July 2025, the UK Government published *Fit for the Future: The 10 Year Health Plan for England*, setting out a decade-long programme of reform (Department of Health and Social Care [DHSC], 2025a). For general practice nursing, understanding this document is vital: the general practice workforce in England includes 16,706 full-time equivalent (FTE) nurses as of 30 September 2025 (NHS England, 2025a), and the plan's neighbourhood agenda is already moving into local delivery. On 9 September 2025, the government announced 43 wave 1 sites for neighbourhood health services, backed by £10 million and beginning implementation immediately (DHSC, 2025b).

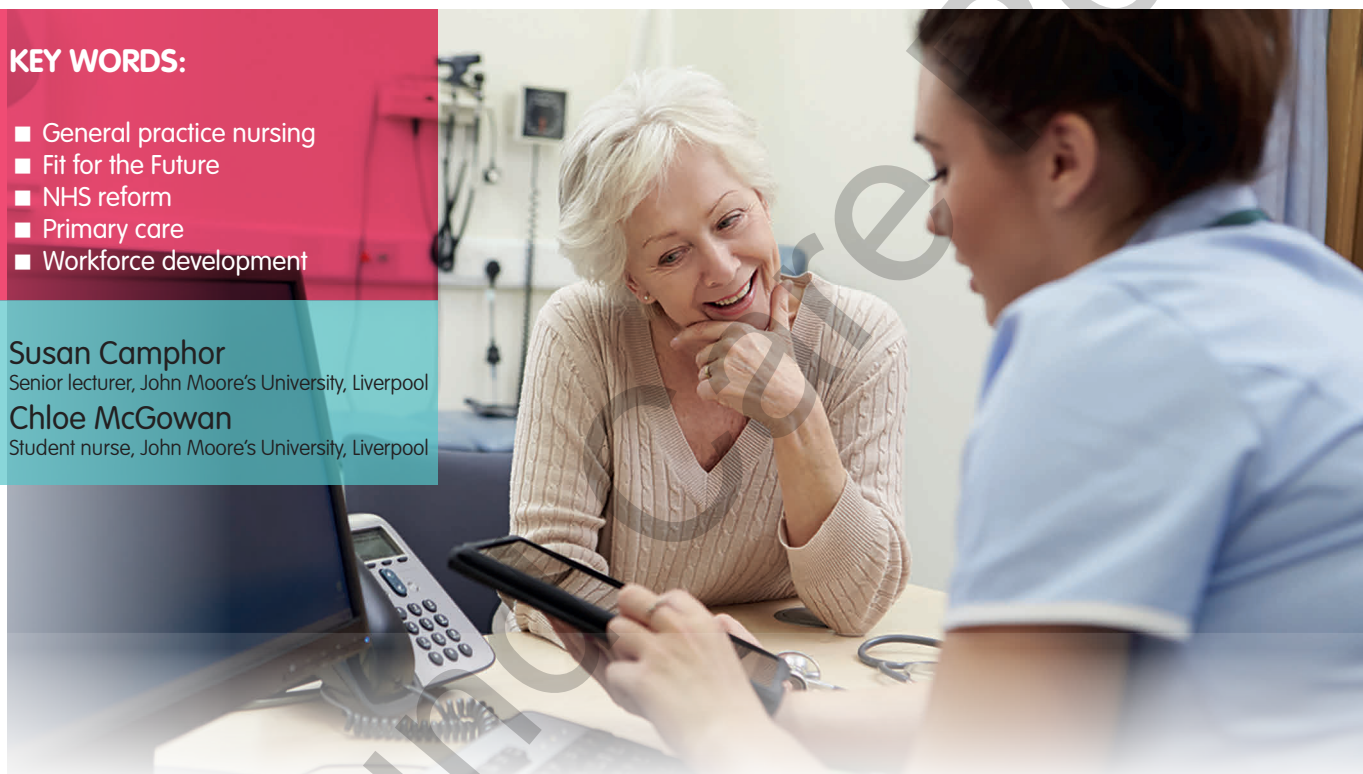
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WHY THIS PLAN EXISTS

Lord Darzi was commissioned to perform an independent investigation into the NHS as a diagnostic of NHS performance. Published in September 2024, it describes an NHS 'in serious trouble', pointing to worsening access to GPs, ballooning waiting lists, and slower progress on outcomes for major killers such as cancer (Darzi, 2024). Following this, the government consulted healthcare professionals and the public through the 'Change NHS' website, where over a quarter of a million people



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shared their experiences and ideas for change (DHSC, 2025a). Fit for the Future recognises that the status quo is no longer an option and sends a stark message: 'The choice for the NHS is stark: reform or die' (DHSC, 2025a).

THE THREE SHIFTS

The plan aims to modernise services through three radical shifts, namely:

- Hospital to community – moving care from hospital to community
- Analogue to digital – modernising the NHS from analogue to digital
- Sickness to prevention – rebalancing the system from treating sickness to preventing ill-health

(DHSC, 2025a).

Analogue to digital

Of the three shifts, the plan develops the analogue-to-digital agenda most fully and treats it as the mechanism through which other reforms will be delivered. For general practice and general practice nursing, the implications are practical rather than abstract. Digital triage, app-based access, automation and AI-enabled documentation are framed as ways to reduce administrative burden and release clinical time, while the single patient record is positioned to support continuity and coordination across neighbourhood teams (DHSC, 2025a). The opportunity is that these tools could make routine preventive and long-term condition work more efficient and more visible across organisational boundaries. However, the risk is that benefits will depend on implementation, interoperability and digital inclusion, which the plan acknowledges but does not fully operationalise at neighbourhood level.

Hospital to community

The hospital-to-community shift is framed as the route to both patient empowerment and NHS sustainability, with a clear 'local first' hierarchy: digital by default, care at home where possible, neighbourhood settings when needed, and hospital only when necessary.

The plan's central mechanism is the neighbourhood health service,

intended to address a system that does not feel like one coordinated service because it remains hospital-centric and organised in silos across primary care, community services, mental health, acute care and local government. This is less about moving individual services in isolation and more about redesigning pathways so that support is organised around patient need rather than organisational boundaries (DHSC, 2025a).

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In practice, this means a commitment to new neighbourhood health centres in every community, starting with areas where healthy life expectancy is lowest. These centres are described as a 'one-stop shop' and the base for multidisciplinary teams, with an expectation of extended opening (at least 12 hours a day, six days a week). The plan presents primary care networks (PCNs) as the existing delivery infrastructure on which neighbourhood delivery can be built. Due to the fact that PCNs already bring practices together at neighbourhood scale, they are positioned as the vehicle for coordinating multidisciplinary working and strengthening links between general practice, community services and wider local partners (DHSC, 2025a).

Within this model, general practice is explicitly positioned as the system's 'front door', and the plan links poor access directly to wider system pressure, arguing that A&E has become *de facto* primary care for some communities, particularly in more disadvantaged areas with fewer GPs per head. The plan's early priorities reflect

this. It commits to ending the '8.00am scramble' and 'bringing back the family doctor' by reducing bureaucracy and scaling approaches such as digital triage, AI scribes and the single patient record to reduce administrative burden and release clinical time (DHSC, 2025a).

The opportunity is that, if neighbourhood teams are properly resourced and systems genuinely reduce duplication, care could become more continuous, preventive and locally responsive. The risk is that, without matched workforce and capacity in primary, community and social care, 'hospital to community' displaces activity rather than reducing it, adding pressure to general practice and community services and potentially exacerbating existing access inequalities in the most deprived areas (King's Fund, 2024).

Treatment to prevention

The shift from treatment to prevention aims to halve the gap in healthy life expectancy between the most and least deprived while raising 'the healthiest generation of children ever'. Fit for the Future links this to improved health outcomes while also positioning prevention as central to the future sustainability of the NHS and to supporting economic growth.

The plan proposes a mix of clinical and population prevention measures, including expansion of screening and vaccination programmes, with an explicit commitment to eliminate cervical cancer by 2040, alongside tobacco measures (including a progressive increase in the age of sale) and restrictions on advertising unhealthy food and drinks to children. It also signals partnership approaches, including widening access to weight loss medicines and developing genomic-informed routes to earlier identification and intervention for common diseases (DHSC, 2025a).

Given the plan's stated aim to halve the healthy life expectancy gap, the effectiveness of these measures will be shaped by how they are implemented in areas of greatest deprivation.

WHAT DOES THIS MEAN FOR GPNs?

For general practice nursing, the most immediate opportunity is positional. Fit for the Future locates neighbourhood reform in and around general practice, with models designed locally through PCNs and wider neighbourhood partnerships. That places GPNs close to the point where new ways of working, pathways and roles will be defined, creating a realistic opportunity to shape how nursing contributes.

Prevention is framed as a national priority. While prevention is not the sole domain of general practice nursing, this emphasis aligns closely with routine GPN practice and strengthens the policy case for work already delivered at scale in primary care. Immunisation, screening and early detection (including cervical screening/cytology), structured long-term condition reviews, anticipatory risk management, supported self-management and sustained behaviour change conversations are core components of general practice nursing (Health Education England, 2017; NHS England, 2025b). The significance is not that the plan introduces new nursing work, but that it positions this existing activity as central to the wider reform agenda.

What is less clear is how the plan converts this direction of travel into a defined workforce model for primary and community care. General practice nursing is not identified as a distinct workforce group in Fit for the Future; instead, the plan relies on umbrella terms such as ‘frontline staff’, ‘professionals’ and ‘multidisciplinary teams’. As a result, it signals the intended shift in where care is delivered and what the operating model should look like, but leaves role definition, local workforce assumptions and development routes to neighbourhood implementation. It does not set out a practice nursing workforce narrative or specify how general practice nursing will be built and sustained locally.

The ambition for neighbourhood health centres to operate at least 12 hours a day, six days a week (DHSC, 2025a) illustrates the extent to which the plan sets direction while leaving key operational questions to local design. Even as an end-state, it raises immediate questions about workforce configuration: what elements of extended access will be delivered through neighbourhood

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hubs versus individual practices, and how practice-based nursing roles will be defined across those settings. In the authors’ clinical opinion, the implication for general practice nursing is straightforward: in the absence of clearer role specification, local neighbourhood implementation will determine the setting, scope and expectations of GPN practice.

One of the most significant opportunities for GPNs comes in *chapter 7*. Fit for the Future positions the workforce as the primary means through which the plan’s reforms will be delivered. It articulates an ambition for the NHS to become not only the country’s largest employer, but also its best. It describes a strengthened ‘employer offer’, alongside a more structured approach to development through ‘skills escalators’ and the expectation that, by 2035, every member of NHS staff will have a personalised career coaching and development plan. For nursing, the chapter also signals a clearer leadership trajectory within neighbourhood delivery, including commitments to develop advanced practice models and to increase

the number of nurse consultants, particularly in neighbourhood settings (DHSC, 2025a).

For general practice nursing, these workforce commitments are potentially significant. Clearer expectations around staff experience, a more explicit development offer, and the stated intention to expand senior nursing roles could, in principle, strengthen recruitment, retention and progression in primary care. The critical question is whether this ‘best employer’ offer will be available to GPNs in the same way – given that many are employed directly by GP practices rather than by NHS provider organisations – and what mechanisms will ensure equitable access to staff standards, occupational health support and the career coaching described in the plan. Without such mechanisms, practice-employed nurses may experience a weaker or more variable offer, despite their contribution to neighbourhood delivery through general practice.

SO, WHAT CAN GPNs DO?

Fit for the Future is explicit that delivery will be realised locally through neighbourhood design, and influence is likely to follow representation. For general practice nursing, the immediate priority is therefore visibility in the forums where neighbourhood models are being shaped. Within PCNs, federations/provider collaboratives and integrated care board (ICB) programmes, it is reasonable to ask where general practice nursing sits within the neighbourhood workforce model and decision-making structures. If neighbourhood health centres become a base for multidisciplinary teams, greater clarity is needed on the intended contribution of GPNs to leadership of clinical pathways, care planning and continuity for people with complex and long-term needs.

A second priority is to press for a credible, structured development offer that aligns with the plan’s senior nursing ambitions. *Chapter 7* sets out a clearer approach to career development and positions nursing

leadership within neighbourhood delivery through advanced practice models and an increased number of nurse consultants. If nurse consultants are to be central to neighbourhood delivery, general practice nursing needs to be visible within routes to those roles, with progression pathways that explicitly include GPNs rather than being shaped around employment models outside general practice. Locally, the case is straightforward: investment in developing the existing GPN workforce supports retention and builds capability for prevention and long-term condition management, without duplicating roles that are already embedded within general practice (NHS England, 2017; Health Education England, 2017).

CONCLUSION

Fit for the Future is a bold, forward-looking programme of reform that repositions the NHS around community-based, prevention-oriented care. General practice sits at the heart of this vision, and the success of neighbourhood delivery will be determined largely by what happens in primary care.

For general practice nursing, the plan presents both opportunity and risk. The opportunity is to be recognised as central to prevention and long-term condition delivery, and to secure clearer development routes and senior nursing roles within neighbourhood settings. The risk is that, because general practice nursing is not named explicitly, it may be overlooked when neighbourhood workforce models and the *chapter 7* workforce offer are translated into local plans – particularly for practice-employed nurses. The question now is whether general practice nursing remains implied in the background, or whether GPNs make the case – clearly and consistently – to be recognised as central to neighbourhood planning, delivery and investment. **GPN**

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Key points

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- For nurses working in general practice, this creates opportunity: neighbourhood reform is located in and around general practice, and prevention priorities align with core general practice nurse (GPN) work in screening, immunisation and long-term condition management.
- The plan aims to modernise services through three radical shifts.
- Fit for the Future positions the workforce as the primary means through which the plan's reforms will be delivered.
- General practice nursing is not identified as a distinct workforce group in Fit for the Future; instead, the plan relies on umbrella terms such as 'frontline staff', 'professionals' and 'multidisciplinary teams'.
- Without early engagement in neighbourhood design, GPNs risk limited influence on workforce models and uneven access to *chapter 7*'s 'best employer' offer, particularly for practice-employed nurses.

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