# NHSE medium term planning framework 2026/27 to 2028/29 - Part 2: Underpinning enablers



There are some major changes outlined in the planning framework to deliver the three shifts set out in the 10 Year Health Plan: sickness to prevention, hospital to community and analogue to digital. These shifts will be underpinned by key enablers which will set the foundations for change to be delivered. Financial flows, data and digital, and leadership and workforce represent clear pillars of focus across the refreshed NHS organisational structure.

# The new organisational structure

### Centre

Sets outcomes, builds shared platforms, removes barriers.

## Regions

Oversees performance. finance. workforce, and quality; responsible for both support and accountability.

#### **ICBs**

Acts as strategic commissioners focusing on prevention, inequalities, and commissioning for value.

#### Providers

Drives collaboration, productivity, and quality; gain freedoms for strong performance.

#### New provider models

- **Integrated Health Organisation** contracts enable system-wide pathway redesign with efficiencies reinvested into better care.
- Neighbourhood teams deliver proactive, digitally enabled, community-based care and prevention with social care partners.

NHS Oversight Framework The backbone for fairness, transparency and consistency, introducing public performance rankings

# Financial flows

The multi-year planning framework provides a new financial approach that is underpinned by greater transparency and a move to longer term planning to implement sustained improvement.

#### Fairer distribution of funding

Review of funding formulas to aid fair distribution and resource allocation, with funding schemes to recover deficits

# Incentives and payment models

- Improved alignment of incentives to national strategies, encouraging long-term investment and robust delivery
- Proposed best price tariffs to incentivise shifts in delivery and efficient ways of working
- Introduction of UEC payment model to align financial incentives with performance, quality and efficiency

## A reformed capital regime

Maximise value from increased capital funding with new delegation limits

# ICS's should plan to:



Deliver a 2% annual **productivity** ambition



Break-even without deficit support (unless exempt) by 2028/29



Develop guidance for managing **change** and risk assessments

# Data and digital

Adoption of national systems to fundamentally digitalise the NHS:

## Starting from April 2026:

- 100% EPR coverage as per Digital Capabilities Framework.
- Adoption of all NHS App features: >95% of appointments digitally bookable post-triage and patient access to contact details, medicine management and waiting times.
- Deployment of ambient voice technology (AVT) and digital therapeutics for supportive and wrap-around care.

# End of 2027/28:

- Patients to be digitally connected to expert clinicians by establishing NHS Online.
- Implement core national products, including EPS, eRS APIs, and NHS. Net Connect.

#### End of 2028/29:

- All providers onboarded onto FDP and using core products
- Trusts use FDP for data warehousing and implement the canonical data model.
- Strategic commissioning guided by FDP PHM tools and ICBs use FDP System Coordination Centre
- All patient communication via NHS App push notifications.

# NHS App as patient interface:

- My NHS GP Al-assisted triage and appointment bookings.
- My Health targeted prevention services.

# Leadership and workforce

Empowered leadership and workforce transformation are key to realising the NHS Long Term Plan.

### **Empowering local leaders to** deliver the NHS vision

Power and decision-making will shift locally, enabling boards and leaders to act with freedom and innovation to deliver the three shifts.

# **Building consistent, standards**based leadership across the NHS

- The Management and Leadership Framework will set standards and competencies for ICBs and providers.
- A new National Leadership Curriculum and updated programmes will be introduced.
- Support and Peer Challenges will sustain high-quality leadership.

## Creating a safe, inclusive environment for staff and patients

- Leaders must foster inclusive, supportive cultures with zero tolerance for discrimination.
- Improve staff wellbeing to lower absence and enhance care.
- Address local staff issues using feedback to reduce discontent

## Reforming workforce models to increase productivity

- Cut agency use, aiming for elimination by Aug 2029 with trust-level limits.
- Build digital and new-model skills through the updated training framework.
- Reform consultant job planning to boost productivity and innovation by 2028/29.

Source: https://www.england.nhs.uk/wp-content/uploads/2025/10/medium-term-planning-framework-delivering-changetogether-2026-27-to-2028-29.pdf