Rural Lens Review

10 Year Health Plan

RURAL SERVICES NETWORK

Published October 2025

Executive Summary

The 10 Year Health Plan for England seizes the opportunities provided by new technologies, medicines, and innovations to deliver better care for all patients – wherever they live and whatever they earn – and better value for taxpayers.

It is making 3 big shifts to how the NHS works:

- From hospital to community: more care will be available on people's doorsteps and in their homes
- From analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- From sickness to prevention: will reach patients earlier and make the healthy choice the easy choice

RSN View at a glance

It is extremely disappointing that the plan does not attempt to address the huge social care issues faced by the country. A health plan without a care plan cannot possibly succeed.

In respect of the roll-out of Neighbourhood Health Centres it is interesting to note rural areas described in the 10-Year Plan as having the worse performing outcomes and yet the roll-out of Neighbourhood Health Centres is to be based on prioritising healthy life expectancy. This is a 'blunt instrument'. There are concerns that rural areas will be 'at the end of the queue' despite the myriad of challenges that are faced in accessing healthcare and in the social infrastructure which can impact on health outcomes. These must be addressed in determining the roll-out programme.

We welcome the fact that the Government is to ask the Advisory Committee on Resource Allocation to review the findings of the Chief Medical Officer's recent reports on health across different communities and in an ageing society. In developing the proposals in this 10-Year Plan the Government – across Governmental Departments – must take into account in full all the concerns expressed by the Chief Medical Officer in his 2021 and 2023 reports relating to rural and coastal areas.

It will be essential that the metrics which are used in that review reflect rural circumstances and needs – including the extra costs of providing services across rural areas. A clear need exists for greater granularity in the data and evidence (and the levels at which it is analysed and reported on) relating to rural needs to understand the factors driving health inequalities and ensure the services are appropriately funded. It is not possible to identify areas of rural need for health care without knowing the extent of health- related socio- economic needs of rural communities within available datasets.

The rural dimension of the workforce recruitment and retention issues must be fully reflected as the issues are addressed.

From Hospital to Community, the Neighbourhood Health Service designed around you

At its core, the Neighbourhood Health Service will embody our new preventative principle that care should happen:

- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre (NHC) when needed
- in a hospital if necessary

RSN View

This is clearly to be welcomed, and when it happens, it should be of significant benefit to rural residents in accessing the healthcare they rely on.

It is encouraging that the Government acknowledges that **'one size fits all' "misses the distinct needs of women, people from ethnic minority backgrounds or people who live in more rural communities, among many others".**

We also welcome the Government's statements that "While we will be clear on the outcomes we expect, we will give significant licence to tailor the approach to local need. While the focus on personalised, coordinated care will be consistent, that will mean the service offer will look different in rural communities, coastal towns or deprived inner cities"; and
"There are already innovative models demonstrating what a neighbourhood approach can look like in rural and coastal areas - demonstrating the wide applicability of its principles".

However, there are no definitions of what is meant by 'Community.' Many of the access issues faced by rural communities will still be there in terms of accessing the Neighbourhood Health Centres .

The Plan states "They will begin with the areas where healthy life expectancy is the lowest." How 'healthy life expectancy' is measured will dictate how a programme will roll out. There are concerns that rural areas will be 'at the end of the queue' despite the myriad of challenges that are faced in accessing healthcare and in the social infrastructure which can impact on health outcomes.

In Chapter 5 (A devolved and diverse NHS - a new operating model). It is stated "Our priority will be to address underperformance in the areas with the worst health outcomes, such as rural and coastal communities, where we know access is often particularly poor. During 2025 to 2026, regions will draw up action plans for each failing provider in these areas and begin the process of turning them around".

It is interesting to note rural areas as having the worse performing outcomes and yet the roll-out of Neighbourhood Health Centres is to be based on prioritising healthy life expectancy.
Rural England C.I. C's State of the Rural Services Report 2025
shows that "issues of elderly populations, spatial mobility and closure of service provision are also major concerns in relation to rural health care.

RURAL SERVICES NETWORK

From Hospital to Community, the Neighbourhood Health Service designed around you

RSN View

Rural areas as a whole have higher proportions of **elderly residents**, who tend to have higher healthcare needs and declining spatial mobility. Given this, it is concerning that many forms of primary and emergency healthcare appear to be quite concentrated in urban areas and selected types of rural areas. GPs, whilst being relatively higher in number in relation to the residential populations in rural areas compared to urban ones, are quite concentrated in less sparse rural areas, as are also dentists and pharmacies, who both also tend to be located in Town and Fringe settlements.

It is also evident that there has been a net **decline in the number of GP surgeries** in rural areas, and although this has been significantly less than the reductions in the number of urban surgeries, it is likely to have significantly increased the distances that many people in rural areas will have to travel to access a GP.

Closures, along with reductions in opening hours and an increase in temporary closures, have been identified as **impacting pharmacy provisions** in England, albeit with evidence that rural areas may have been impacted rather more than urban areas.

The number of hospitals in rural areas appears to have declined by 35% over the last 15 years, with only 75 hospitals being rurally located in England as of November 2024. The majority of these are again located in less sparse Town and Fringe Areas, with these including both small, non-acute/non-specialist Community, District and Cottage hospitals, and some large acute and specialist hospitals constructed on greenfield sites with good transport links. Despite such links, in general, both travel and **ambulance response times** in rural areas are significantly longer than in urban areas.

Given the extended travel and ambulance response times, localised access to defibrillators is potentially of considerable significance in rural areas. It appears that these are indeed widely distributed across rural England and its various settlement types, although less widespread within areas classified as sparse.

There is a lack of spatially differentiated data related to **mental health** and associated healthcare facilities, which makes examination of the rural dimensions of both extremely difficult. Studies have highlighted issues of anxiety and depression within households involved in the agricultural sector, particularly amongst women, and also issues of isolation and loneliness within wider rural communities.

Attention has been drawn to the **difficulties of accessing mental health services** and support within rural areas, and how limitations in public transport and internet access can act as barriers to engagement with these services.

It is clear that many rural areas lack any healthcare-related infrastructure, be this a GP surgery, a dentist, a chemist or pharmacy, a care home or a defibrillator, let alone a hospital. Even in town and fringe areas, where much of the rural healthcare infrastructure is located, many settlements have none. This means that many rural residents and workers are reliant on travelling to other locations to access healthcare services or have to make use of digital or other modes of remote delivery.

RURAL SERVICES NETWORK

From analogue to digital: Power in your hands

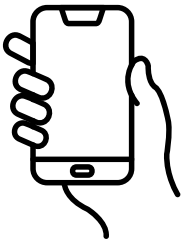
The plan says:
By harnessing the digital revolution, the Government will be able to:

- ensure rapid access for those in generally good health
- free up physical access for those with the most complex needs
- help ensure the NHS's financial sustainability for future generations

To make the move 'from bricks to clicks' the Government will:

- for the first time ever in the NHS, give patients real control over a single, secure and authoritative account of their data - a single patient record - to enable more co-ordinated, personalised and predictive care
- transform the NHS App into a world-leading tool for patient access, empowerment and care planning. By 2028, the app will be a full front door to the entire NHS.

RSN View



Accessing digital health services in rural areas depends heavily on both reliable internet connectivity and the digital literacy of the local population.

Ofcom figures from January 2025 indicates that 57% of rural residential properties in England have access to Gigabit capable broadband compared to 86% nationally.

10% of rural areas still lack access to superfast broadband, compared to just 1% of urban areas. This disparity will limit the effective use of digital healthcare services in rural areas.

The Government will need to ensure that Project Gigabit and the Shared Rural Network deliver increased digital access to our most remote communities.

Users will also need to feel confident when accessing health services digitally. Any use of digital access will require the appropriate support mechanisms for users who lack digital literacy or the necessary device when using digital services

A clear road map and government funding for connecting very hard to reach premises should be created and implemented as soon as possible.

Without it rural residents will not benefit from the proposed changes from analogue to digital under this 10-Year Plan.

RURAL SERVICES NETWORK

From sickness to prevention: Power to make the healthy choice

The Government's overall goal is to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever.

They will achieve their goals by harnessing a huge cross-societal energy on prevention. They will work with businesses, employers, investors, local authorities, and mayors to create a healthier country together.

The focus will be on:

- Prevention
- Smokefree generation
- Obesity
- Alcohol consumption
- Clean air
- Employment and working conditions
- Young people
- Genomics population health service

RSN View

The capacity of rural councils and the fair funding issues are relevant here. Urban councils receive 40% more in Government Funded Spending Power per head compared to rural councils (2025-2026). They have greater capacity and resources to target the wider determinants of good health.

For example, ensuring that people live in an affordable, warm home and have access to employment and parks and leisure facilities are all important areas of work carried out by local authorities.

Access to healthy and affordable food is a key component of preventative healthcare. Reliance on convenience store shops may limit access to healthy options and increased prices can contribute to negative health outcomes. This may be compounded in more deprived rural areas, where uptake of preventative healthcare tends to be lower, and barriers such as stigma or mistrust of healthcare services can further lead to poorer health outcomes.

Rural England C.I.C's State of Rural Services Report 2025 states "there is evidence of a fall in the number of independent retail stores in the last couple of years, and that isolated convenience stores - where there is only one shop in a locality – have figured significantly within shop closures.

RURAL SERVICES NETWORK

An NHS Workforce fit for the future

It will be through the workforce that the 3 shifts are delivered. Because healthcare work will look very different in 10 years' time the Government will need a very different kind of workforce strategy.

While, by 2035, there will be fewer staff than projected in the 2023 Long Term Workforce Plan, those staff will be better treated, more motivated, have better training and more scope to develop their careers.

The NHS will be not only the country's biggest employer but its best.

RSN View

Accessing digital health services in rural areas depends heavily on both reliable Internet connectivity and the digital literacy of the local population. Ofcom figures from January 2025 indicates that 57% of rural residential properties in England have access to Gigabit capable broadband compared to 86% nationally. 10% of rural areas still lack access to superfast broadband, compared to just 1% of urban areas. This disparity will limit the effective use of digital healthcare services in rural areas.

The other issues referred to in this document such as fair funding, affordable housing, transport, cost-of living etc. all impact on workforce recruitment and retention.

Medical, nursing and health professionals also raise concerns about access to quality post-16 education in some rural areas.

Research has identified several workforce (or recruitment and retention) issues that particularly impact rural areas, including difficulties with:

- Recruiting a range of staff, including doctors and consultants, to posts in rural settings, including at smaller hospitals.
- Maintaining consultant hospital teams with all the required skills, given the trend towards sub-specialisms; and
- Ensuring that health professionals have sufficient access to training, networking, and compulsory development opportunities.

Shortages within the social care workforce may explain (at least, in part) the higher rate of delayed patient transfer from hospitals found in rural areas. Many of these will be people requiring a care package when returning home.

An NHS Workforce fit for the future

RSN View

The following has been taken from the National Centre for Rural Health and Care's assessment of the NHS Long Term Workforce Plan:

"Rural and coastal communities experience significant additional workforce challenges by virtue of their particular circumstances. With **growing rural populations and associated ageing and morbidity**, rural communities are often **distant to services**; their hospitals regularly **struggle to recruit** to characteristically small teams and experience greater costs by virtue of their size. This can lead to less equitable health and care provision.

Rural primary care, whilst also experiencing significant workforce challenges, plays a unique part in supporting the local health and care system, with development of extended skills, an emphasis on generalism, and multidisciplinary integrated working. This enhanced role can and should be harnessed to support health and care provision in rural communities.

Generalist skills, extended practice and competency-based teams will need to be at the heart of approaches across both primary and secondary care. The geographical narcissism that has viewed rural clinical practice as inferior to its urban counterparts must be addressed through training, with development of Rural Clinical Schools which recruit from local communities, links to (or creation of rural) academic campuses, 'in-reach' attachments, universal opportunities for rural experience, and potential for additional rural qualifications.

Special rural GP training programmes will promote the opportunities as a rewarding career. Widened access into medical professions that consider rural needs will ensure sustainable success. Appropriate training facilities and training, support and recompense for tutors are essential. **Shared-learning, flexible working practices and peer support** including use of comprehensive clinical networks will all be important in retaining health and care professionals in rural areas.

Dental access needs particular attention with consideration given to the potential for redistribution of longitudinal integrated training programmes and further development of a multi-professional dental workforce with associated rural training opportunities.

We would be pleased to advise and provide expertise from our organisation, members and via our wider national and international networks to aid this and ensure that the excellent opportunities outlined in the National Workforce Plan are fully realised for rural and coastal communities."

A key issue in recruitment terms is the need for spouses, partners, and/or family members to access work (or education/training) to meet their needs. It isn't just about the person needed to fill the vacancy.

RURAL SERVICES NETWORK

Productivity and a new financial foundation

The era of the NHS' answer always being 'more money, never reform' is over. It will be replaced with a new value-based approach focused on getting better outcomes for the money we spend. Our new financial flows will incentivise innovation to support the flow of money from hospital into community and reward best practice across the NHS.

The 3 shifts provide route to secure financial sustainability:

- More care in the community is cheaper and more effective.
- A digitally enabled health service will mean better care, delivered more productively, for cheaper.
- Prevention will tackle major causes of illness that cost the NHS billions a year.

RSN View

We welcome the fact that the Government is to ask the Advisory Committee on Resource Allocation to review the findings of the Chief Medical Officer's recent reports on health across different communities and in an ageing society.

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RURAL SERVICES NETWORK

Summary of key health issues for rural communities

People living in rural areas of the UK often get a worse deal when it comes to health and public services.

Analysis by the Rural Services Network shows that for 2025/26, when compared with their predominantly urban counterparts:

- Predominantly Rural County councils receive some 12.8% less grant funding per head to pay for social care services.
- In respect of Public Health Grant funding Predominantly Urban Councils get 52% (£25.74) per head more than Predominantly Rural.
- Overall Government Funded Spending Power per head is 40% more for Predominantly Urban authorities,
- Rural residents will pay on average 20% per head more than their urban counterparts in Council Tax due to their Councils receiving less Government grant. The above is despite the fact that it costs more to deliver services across rural areas and the cost of living is higher.

Rural hospitals also face challenges. Many are small and far apart, which makes them more expensive to run and harder to keep open. Some tourist areas see **big population increases** in summer, putting extra pressure on health services and making it harder to manage patients who aren't registered locally.

Rural areas have a **growing older population** with quarter of rural residents over 65, and this is expected to grow rapidly in the next 15 years—especially those aged over 85, who often need more complex care. Older people in the countryside can struggle to reach doctors, hospitals, or even shops. Ambulances can take longer to arrive, and there are fewer activities and social opportunities to help prevent illness and loneliness. The Chief Medical Officer has warned that if the UK doesn't plan properly for this, older rural populations will suffer from more preventable ill health in the future.

Housing Affordability is a key issue. Homes in rural areas cost more, but wages are lower, and many houses are being turned into holiday lets. This makes it hard for local families and key workers—like nurses, teachers, and police officers—to afford to live there. A lack of affordable homes also breaks up families and support networks that are vital for community wellbeing.

Transport options are limited too. Many villages have lost their bus services, leaving residents dependent on cars, which are expensive to run. Older people who can't drive are at risk of isolation. Poor broadband and mobile coverage add to the problem by making it harder to access online health and care services.

Mental health services are often too far away, and people in rural areas can wait up to three times longer for an ambulance. The cost of living is also higher: nearly 16% of rural households are in fuel poverty, with much larger heating cost gaps compared to cities.

Finally, there isn't enough **detailed data** about rural health and wellbeing. National averages hide local problems, so rural areas don't always get the attention or resources they need. Experts are calling for more local data and research to help design better policies and services for these communities.

In summary, rural communities face unfair disadvantages when it comes to funding, healthcare, housing, transport, and living costs. To fix this, government and local services must plan and invest based on the real needs of rural communities so that everyone, no matter where they live, can live healthy, fulfilling lives.