PA

Plan will "rewire" NHS, Starmer vows

Keir Starmer launches the 10 year plan at Sir Ludwig Guttmann Health Centre, Stratford, London, on 3 July

A 10 year plan to transform the NHS in England has been unveiled by the government. It is underpinned by housing more services under one roof in community settings to relieve pressure on hospitals, boosting use of technology, and sharpening the focus on preventing ill health.

Central to the plan are "neighbourhood health centres" offering GP appointments, diagnostic and blood tests, scans, mental health support, postoperative care, and dentistry, alongside advice on debt, employment, smoking cessation, and weight management. The centres will open 12 hours a day, six days a week, with each covering around 250 000 people. Areas with the lowest healthy life expectancy will be prioritised, and, where possible, "poorly used" existing estate will be repurposed.

Two new contracts for GPs will also be introduced, with rollout starting next year, to allow GPs to work over wider geographic areas and lead new local providers.

The plan pledges to introduce a secure single patient record and an expansion of the NHS App to make it the "full front door to the entire NHS" by 2028. It will allow patients to book tests and vaccines directly, hold consultations, access information, upload health data and leave feedback on care. It will also include My NHS GP, an AI enabled tool to help patients better navigate services.

The prime minister, Keir Starmer, said, "Our 10 year health plan will fundamentally rewire and futureproof our NHS so it puts care on people's doorsteps, harnesses game changing tech, and prevents illness in the first place. It's reform or die."

The plan also focuses on preventing ill health, with an ambition to halve the gap in healthy life expectancy between the richest and poorest areas. It pledges more screening and early diagnosis, vaccinations, new standards for alcohol labelling, limits on junk food advertising, pharmacy led weight loss services, expansion of free school meals, and a wider rollout of weight loss medications.

BMA council chair Tom Dolphin said the plan's success "will hinge on whether it genuinely addresses the workforce shortages" and values and empowers staff.

Kamila Hawthorne, chair of the Royal College of General Practitioners, said the college supported the move to shift care into the community but warned, "Sufficient resources and numbers of GPs will need to follow to make this a reality."

EDITORIAL page 13, COMMENT pages 28-31

Adrian O'Dowd, Kent

Cite this as: *BMJ* 2025;390:r1394

LATEST ONLINE

- US government announces "largest healthcare fraud takedown in history"
- India's organ donation programme falling short amid funding and staffing crises
- Children's vaccinations to be reviewed in US, as RFK Jr defunds Gavi

MEDICAL NEWS

LUCY LETBY: Three arrested on suspicion of gross negligence manslaughter

Three former senior leaders at the NHS hospital where the neonatal nurse Lucy Letby worked have been arrested on suspicion of gross negligence manslaughter.

The three, who have not been named, were arrested as part of the police investigation into events surrounding the deaths of newborn babies at the Countess of Chester Hospital in 2015 and 2016. They have been bailed pending further inquiries.

Letby is serving 15 whole life terms in prison after being convicted of murdering seven babies and attempting to murder seven others, one of them twice, while working at the hospital. She has lost two appeals and is asking the Criminal Cases Review Commission, which looks into possible miscarriages of justice, to consider her case.

Detective Superintendent Paul Hughes of Cheshire police said, "In October 2023 Cheshire constabulary launched an investigation into corporate manslaughter at the Countess of Chester Hospital. This focuses on senior leadership and their decision making to determine whether any criminality has taken place concerning the response to the increased levels of fatalities. In March 2025 the scope of the investigation widened to also include gross negligence manslaughter. It is important to note this does not impact on the convictions of Lucy Letby."

Clare Dyer, *The BMJ* Cite this as: *BMJ* 2025;390:r1374

Artificial intelligence

Microsoft claims its tool can outperform doctors

The tech giant Microsoft is claiming it has developed an AI system that can solve complex diagnostic challenges better than most doctors. It said its initial research findings, yet to be submitted for peer review, showed that AI could be a powerful tool to help doctors in their jobs, rather than replace them. The method has not been approved for clinical use and will need to be subject to rigorous safety testing, validation, and regulatory review, it said. Microsoft's AI unit announced the experimental work in a blog called *The Path to Medical Superintelligence*.

Mental ill health

Adult prevalence is increasing in England

More people are experiencing mental illness, and less than half are receiving treatment, indicate NHS survey data. The proportion of 16-64 year olds identified with a common mental health condition rose from 18.9% in 2014 to 22.6% in 2023-24. The proportion being treated rose from 39.4% in 2014 to 47.7% in 2023-24. Lade Smith (below), president of the Royal College of Psychiatrists, said the fact that half were still not receiving treatment reflected "chronic underinvestment in mental healthcare."

ADHD

Supplement promotion breached rules

The Advertising Standards Authority ruled that a social media influencer was in serious breach of rules for "potentially harmful" promotion of a saffron based food supplement marketed to people with attention deficit/hyperactivity disorder. The regulator investigated a complaint lodged against Chantelle Knight, an internet personality with links to the ADHD community who promotes person centred coaching. The ASA reviewed a TikTok post on her account, neurodiverselife2, seen on 21 December 2024, and a paid-for Facebook post for SaffPro, dated 4 February 2025, that featured Knight discussing SaffPro products.

General practice

Scottish GPs move into dispute with government

The BMA's Scottish GP Committee has entered into a formal dispute with the Scottish government over a lack of progress in contractual negotiations. The committee has identified a £290m gap in funding for general practices and is calling for "full restoration" to keep practices afloat. It said the next step would be to ballot doctors on taking "disruptive action." In a joint statement committee chair Iain Morrison and deputy chairs Chris Black and Al Miles said doctors faced "significant challenges in delivering core services."

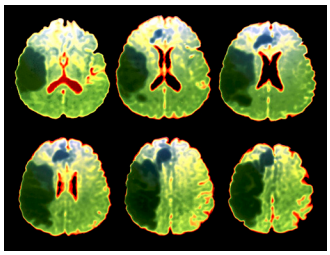
NHS England approves new GP IT system

A new IT system for general practice has been approved by NHS England, in a move described as the "first shake-up" of the GP IT market in 25 years. A new core clinical IT system created by Medicus Health has already been available in four early adopting sites, serving over 42 000 patients in total. It will now be available to practices across England. The cloud based technology will support the integration of primary care with other services such as care homes and vaccination centres and can be used on different devices, including tablets, said NHS England.

Stroke

Rise in investigations prompts warning to doctors

The parliamentary and health service ombudsman urged doctors to act quickly when they suspect a stroke, even if a patient presents with atypical symptoms, after a rise in investigations carried out. The watchdog saw a 25% rise in complaints related to stroke care between 1 April 2021 and 31 March 2025, from 318 in



2021-22 to 396 in 2024-25. The number of detailed investigations related to strokes rose by 65%, from 17 in 2021-22 to 28 in 2024-25. Ombudsman Rebecca Hilsenrath said there had been repeated failings in diagnosis, nursing care, communication, and treatment.

IN BRIEF

Covid-19

Virus origins remain inconclusive, says WHO

The origins of SARS-CoV-2 remain unsolved, the World Health Organization's Scientific Advisory Group for the Origins of Novel Pathogens has concluded. Despite more than three years of investigation, the 27 member panel said several hypotheses remain viable, because of missing data—particularly from China. "All hypotheses must remain on the table, including zoonotic spillover and lab leak," said WHO's director general, Tedros Adhanom Ghebreyesus. "We continue to appeal to China and any other country . . . to share that information openly."

Tedros Adhanom Ghebreyesus has appealed to China to be more open about covid's origins

Smoking

France imposes cigarette ban in public places

France has banned smoking in public places such as beaches and parks. The ban also applies to bus shelters and areas close to libraries, swimming pools, and schools but not to terraces of bars and restaurants. Health minister Catherine Vautrin said the move was another step towards the government's target of a "tobacco-free generation" by 2032.

Discrimination

NHS racism and sexism "alarmingly normalised"

Racism and sexism are "alarmingly normalised" within the structures and person-to-person interactions across the NHS, and the NHS has delayed acknowledging and learning from the evidence, a report from the BMJ Commission on the Future of the NHS concluded. The six expert authors concluded that NHS leaders and the public "must recognise that prioritising health equity is a proved strategic investment that leads to good patient outcomes, and better retention and recruitment rates of staff. It is also an ethical and legal imperative."

Diversity is increasing but NHS "must do better"

NHS data show its managers are becoming more diverse, but specific workforce problems remain, such as barriers in career progression and higher levels of bullying or abuse among staff from ethnic minorities. Saffron Cordery, deputy chief executive of NHS Providers, said, "Ethnic diversity among senior NHS managers has increased but once again has not kept pace with the overall diversity of the NHS workforce. The NHS must do better."

Loneliness

Social improvements could reduce risk of early death

Loneliness affects the health and wellbeing of one in six people worldwide, said a report from the WHO Commission on Social Connection. Besides living alone, causes of loneliness can include poor health, low income and education, inadequate community infrastructure, and digital tech. Solutions include raising awareness, strengthening social hubs such as parks, libraries, and cafés, and providing psychological interventions, WHO said.

Cite this as: *BMJ* 2025;390:r1395

CHRONIC ILLNESS

Non-communicable diseases remain the world's chief cause of death and disability, causing **1.8 million** avoidable deaths a year and costing $514bn (£375bn)

[Source: WHO]

SIXTY SECONDS ON . . . MELATONIN

SLEEPING IN?

Safety concerns have been raised about doses of the sleep-wake hormone melatonin in over-the-counter supplements that are often marketed to US parents as gummies they can give to their children.

NIGHTMARE TABLETS?

A large US study has found that doses can differ significantly from those stated on the label. Researchers at the Food and Drug Administration analysed 110 melatonin products marketed at children and found that doses varied from 0% to 667% of the amount stated. The dose was deemed accurate in only half of the products.

IS THIS ONLY AN AMERICAN DREAM?

Not exclusively. While use of the drug is more common in the US, with one in five children under 14 reported to be taking it, an investigation by the *Guardian* reported evidence of a UK black market.

ARE WE TALKING STREET DEALS?

Not exactly, but in the UK it's a prescription only medicine. When used for children, melatonin is typically reserved for those under specialist care. However, sleep difficulties in children with ADHD or autism, as well as long waiting lists for specialist support, may be pushing parents to seek supplements online or from abroad.

A KNOCKOUT DRUG?

Although melatonin is considered safe for children over 2 when prescribed appropriately, concerns have grown over overdose. From 2012 to 2021 paediatric melatonin ingestions recorded each year by US poison control centres rose by 530%.

ARE WE SLEEPING ON THE RISKS?

Incorrect dosing seems to be a problem. Although children are typically started on doses of 0.5 mg, some US supplements are as high as 20 mg, and some contain as much as 60 mg. It may not even be clear whether a product contains melatonin. A separate *Guardian* investigation found that a sleep supplement sold online contained undeclared melatonin. The MHRA has launched an investigation.

STILL IN THE DARK?

The International Pediatric Sleep Association recommends melatonin only if behaviour strategies fail. Even then, it says it should be used conservatively alongside behavioural interventions.

Elgan Manton-Roseblade, *The BMJ*

Cite this as: *BMJ* 2025;390:r1384

Extra training posts "won't touch the sides"

The government has pledged to "tackle bottlenecks in medical training pathways" by prioritising UK medical graduates for training places and creating 1000 additional specialty training posts within the next three years.

The commitments, outlined in the NHS 10 year plan, were a response to concerns over rising competition ratios for postgraduate training places—from 1.9 applicants per place in 2019 to nearly five in 2024.

"Unacceptable"

"While the NHS remains proud of its international workforce, we consider this an unacceptable way to treat doctors who are already serving and training in the NHS and whose education has had significant investment from taxpayers," the plan said.

It noted that, alongside UK graduates, doctors who have "worked in the NHS for a significant period" will also be prioritised for specialty training, while the additional training posts will be focused in areas "where there is greatest need."

THE NUMBER OF APPLICANTS PER POSTGRADUATE TRAINING PLACE ROSE FROM 1.9 IN 2019 TO 5 IN 2024

Responding to the announcement, the BMA's newly elected council chair, Tom Dolphin, said, "It's good to see Wes Streeting pledging in writing to give UK medical graduates and those who have worked for some time in the NHS priority for roles, something the BMA has lobbied long and hard for. But at the same time the additional 1000 specialty training places won't touch the sides of what's needed to tackle unemployment and underemployment once and for all."

Anthony Martinelli and Catherine Rowan, co-chairs of the Royal College of Physicians' resident doctors committee, said they "strongly welcome" the commitments. They said, "This increase of 1000 new specialty training places over three years must be just the beginning, and areas that are awarded these new posts must have the capacity to do training well.

"This plan identifies many of the right themes that are facing the future of medicine, but detail will be key. We will push for that detail and radical reform on training."

Elisabeth Mahase, *The BMJ*

Cite this as: *BMJ* 2025;390:r1413

General practices must not be "left to wither" in new health plans, leader warns

The creation of neighbourhood health centres, announced in the government's 10 year plan for the NHS, must not result in practices being "left to wither," the BMA's GP Committee chair has warned.

Katie Bramall welcomed the plan's focus on resourcing primary and community care but said more details were needed on how "untested" neighbourhood structures would be delivered and costed. She said, "The creation of neighbourhood health centres must not divert staff or resources from GP practices and must not come at the cost of ignoring dilapidated general practice estates that are being left to wither.

"Without a commitment to a guaranteed level of investment that protects and builds neighbourhood services embedded in general practice, there risks a serious mismatch between ambition and capacity.

"We have a burgeoning crisis of unemployed GPs today, so we need rapid solutions to hire those fully trained doctors looking for work now, ahead of expanding numbers tomorrow, lest there be no jobs to go to as practices lack funds to hire them."

The 10 year plan (see p 1, 6) outlines the government's intention to create a "neighbourhood health service" to shift care

We will encourage GPs to work over larger geographical areas
NHS 10 year plan

Patient safety regulation in England to be overhauled after review

The government is to streamline regulation of patient safety in England after a review concluded there is "considerable duplication and overlap" between organisations.

The review, by NHS England chair Penny Dash (below), examined six bodies set up to assure or improve the safety of care: the Care Quality Commission (CQC), Health Services Safety Investigations Body (HSSIB), the office of the patient safety commissioner, the National Guardian's Office (NGO), Healthwatch England and local Healthwatch organisations, and the patient safety learning aspects of NHS Resolution.

Overcrowded landscape

Many of their recommendations over the past decade have had good intentions, but there has been mixed progress in improving safety, the review concluded. The regulatory landscape has become overcrowded, with too many reviews, investigations, and recommendations issued to the NHS, most of which have lacked any cost-benefit analysis, it said.

Patients struggle to navigate the system, with more than 20 organisations offering them a place to share feedback, either formally or informally, it added.

The review recommends that the National Quality Board—set up within NHS England in 2009 to advise on embedding quality across the health service—be revamped so it is responsible for developing a comprehensive strategy to improve care quality in line with the aims of the NHS and the Department of Health and Social Care.

It recommends that the CQC remain the independent regulator across the health and care system but that it should be rebuilt and adopt tailored approaches to its assessments by sector and within sectors.

The HSSIB's role should be transferred to the CQC, while most safety investigations should continue to be managed within provider organisations and commissioners (integrated care boards), it said.

The patient safety commissioner's role should transfer to the MHRA, while broader work on patient safety should move to a new directorate for patient experience within NHS England, it added, and later move to the health department. The role of the NGO and local freedom to speak up guardians should move to commissioners and providers.

The government has accepted all the review's recommendations. Wes Streeting, the health secretary,

from hospitals into the community. The government said it would introduce two new contracts to encourage GPs to work over larger areas and lead new neighbourhood service providers.

The first contract will create "single neighbourhood providers" to deliver enhanced services for groups with similar needs over a "neighbourhood" of around 50 000 people. The plan says the existing primary care network footprint is well set up as a springboard for this type of working.

The second contract will create "multi-neighbourhood providers," covering 250 000 or more people, which will deliver types of care that require working across several areas—for example, care at the end of life.

Support for struggling practices

The plan intends that multi-neighbourhood providers will "actively support and coach individual practices who struggle with either performance or finances—including by stepping in and taking over when needed." It says in some places this role is already being played by GP federations, with excellent results.

Integrated care boards (ICBs) will be given powers to contract with other providers, including NHS trusts, for neighbourhood health services.

The document said, "Where the traditional GP partnership model is working well it should continue, but we will also create an alternative. We will encourage GPs to work over larger geographies by leading new neighbourhood providers. These providers will convene teams of skilled professionals, to provide truly personalised care for groups of people with similar needs."

To create the neighbourhood health service, the government said it will shift the pattern of spending, with more investment in care outside hospitals. The plan also reiterates the promise to train "thousands more GPs" in the coming years.

Kamila Hawthorne, chair of the Royal College of GPs, welcomed the commitments to shift care into the community and train more GPs but said the college was concerned that many who had already qualified or were shortly due to qualify were struggling to find jobs.

There risks a serious mismatch between ambition and capacity
Katie Bramall

Jacqui Wise, Kent
Cite this as: *BMJ* 2025;390:r1411

KEVIN NICHOLSON / ALAMY

who commissioned the review, said the changes "will help streamline the patient safety landscape, meaning fewer checkers and more doers, and put patient experience at the heart of the NHS."

Recommendations welcome

Daniel Elkeles, chief executive of NHS Providers, welcomed the recommendations. He said, "Right now, services are hampered by the sheer number of visits, inspections, audits, and reports by several different, not joined-up bodies, resulting in lots of separate recommendations requiring staff to check what others are doing—taking many doctors and nurses away from looking after patients."

Matthew Taylor, chief executive of the NHS Confederation, said that, while reducing duplication was welcome, the government should "not forget the failings" that led to the bodies being established in the first place. "Staff and patients will still need safe spaces where they can speak up," he said.

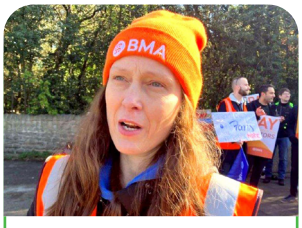
Henrietta Hughes, patient safety commissioner, said, "The public can be confident my role will remain independent. I will continue to amplify the voice of patients into the heart of government and effect change."

Adrian O'Dowd, Kent
Cite this as: *BMJ* 2025;390:r1420

Resident doctors vote for action on pay

Resident doctors in England have voted in favour of strike action in their campaign for full pay restoration, with 90% agreeing, on a 55% turnout.

In response to the result, the BMA's Resident Doctors Committee (RDC) urged the health secretary, Wes Streeting, to immediately negotiate a new pay deal, emphasising there was time to avert strike action.



In the ballot of resident doctors in England, 90% (26 766) voted to agree to take strike action, while 10% (2956) voted no. Turnout was 55% (29 741 of 53 766). Some 19 returned ballot papers were spoiled or otherwise returned invalid

The results give resident doctors a mandate for industrial action for six months, up to January 2026.

RDC co-chairs Melissa Ryan (below) and Ross Nieuwoudt said, "Doctors have spoken and spoken clearly: they won't accept that they are worth a fifth less than they were in 2008. Our pay may have declined but our will to fight remains strong.

"We now find ourselves at a crucial crossroads. Last year when in opposition Mr Streeting said that the solution to strikes was to talk to resident doctors. It is as true now as it was then. He made a point of acting quickly to grasp the issue and negotiate a solution. Only a few weeks ago he again said he wanted to get back round the table with us.

"Now we will see if he can once again make the right decision. He needs to come forward as soon as possible with a credible path to pay restoration. All we need is a credible pay offer and nobody need strike."

Danny Mortimer, chief executive of NHS Employers, said, "Resident doctors voting for more industrial action after the largest series of pay awards in the public sector is a troubling development. Further strikes are the last thing health leaders wanted and could result in tens, if not hundreds, of thousands of procedures being delayed or cancelled, leaving patients in pain or discomfort."

"Disappointing"

A Department for Health and Social Care spokesperson said, "While most resident doctors in the BMA did not vote to strike, it is disappointing the BMA is continuing to threaten strike action after a pay rise of 28.9% over the past three years.

"The secretary of state has been clear he wants to work constructively with all unions, including the BMA, to improve working conditions for NHS staff and avoid strike action, which can be hugely disruptive for patients."

Gareth Iacobucci, *The BMJ*
Cite this as: *BMJ* 2025;390:r1425

NEWS ANALYSIS

What is the Labour government promising and how will it be delivered?

Ministers have vowed that their Fit for the Future document will transform the health service in England. **Matthew Limb** examines its key pledges along with healthcare leaders

CLOSER TO HOME?

THE PLEDGE

"By 2035 the majority of outpatient care will happen outside of hospitals"

Hopes are pinned on around 200 new neighbourhood health centres to reduce pressure on hospitals in England. These could open 12 hours a day, six days a week. Teams of doctors, nurses, pharmacists, and other health professionals—often under one roof—will offer a "full range" of convenient health services, including appointments with GPs, diagnostic tests, scans, blood tests, postoperative care, mental health support, and rehabilitation. Community health workers and volunteers will also provide services such as debt advice and employment support.

What's the evidence?

The plan says schemes such as doorstep community outreach can detect early signs of illness and reduce pressure on GPs and emergency departments. In Derby, integrated teams led to 2300 fewer category 3 ambulance callouts and 1400 fewer short hospital stays among people aged over 65 in a year.

How will it happen?

Two new contracts will be rolled out from next year to encourage GPs to work over larger geographical areas and lead new neighbourhood providers. There will be new financial incentives to drive the neighbourhood health service. This will lead on prevention and support people to be active participants in their own care. Under a new standard, 95% of people with complex needs will have an agreed care plan by 2027. Over the life of the plan, the share of expenditure on hospital care is predicted to fall, with proportionally greater investment in care outside hospitals. Labour pledges to "deliver this shift in investment over the next 3-4 years as local areas build and expand their neighbourhood services."

What's the reaction?

Experts have long supported moving care to community settings and many welcome the government's ambition. But there are questions about how the new centres will be funded and staffed amid severe pressures on systems, how accessible the locations will be, and how soon patients will experience benefits.

"Done too quickly and without thorough thought it risks heaping pressure on both hospitals and primary care by taking resources away from one while piling work on to the other," said BMA council chair Tom Dolphin.

Kamila Hawthorne, chair of the Royal College of GPs, sees potential. "Many general practices across the country will already be working in ways similar to what is being described, alongside local community services. What will be key is that GPs are involved in decisions about the delivery of these plans," she said.

Done too quickly it risks heaping pressure on both hospitals and primary care Tom Dolphin

NHS WORKFORCE—FEWER BUT HAPPIER STAFF?

THE PLEDGE

"We will bring joy back to work so more people join, learn, and stay"

By 2035 there will be fewer staff overall than were projected by the 2023 long term workforce plan, a surprising admission ahead of the update to that plan later this year.

But staff will be better treated and "achieve much more," with action to tackle sickness rates, improve training, and personalise career and development plans within 10 years.

The experience of doctors working in the NHS, particularly resident doctors, has "deteriorated significantly" in recent years, the plan acknowledges.

The NHS's dependence on workers from overseas will fall from its current level—from 34% of new recruits having a non-UK nationality to less than 10% by 2035.

"Thousands more" GPs will be trained to "end the 8 am scramble for appointments" and, over the next three years, 1000 new specialty training posts will be created, focusing them where the need is greatest. The NHS will also look to have the "most AI enabled health workforce in the world."

How will it happen?

The plan promises minimum employment standards by 2026 that will support "healthy work," reduce violence against staff, and tackle racism and sexual harassment.

To facilitate the multidisciplinary working needed in the neighbourhood heath service, policies will be simplified to make training portable when staff move from one organisation to another.

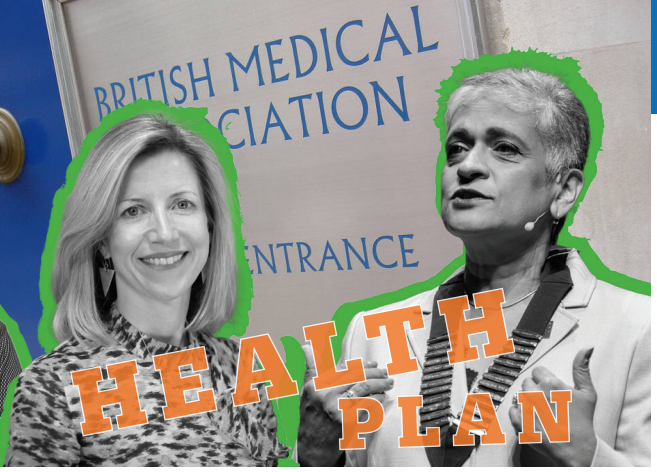
The government pledges to work with unions and employers to update and reform employment contracts and "start a big conversation on contractual changes that provide modern incentives and rewards for high quality and productive care."

The burden of mandatory but unnecessary training will be replaced with a more flexible approach to workforce development that is based on focused support for the skills staff need most.

What's the reaction?

Doctors' leaders welcomed recognition of the challenges facing NHS staff and the importance of career progression, training reform, and diversity in medicine.

But the Royal College of Physicians said the suggestion that staff numbers in 2035 will be lower than those projected two years ago was "concerning."



Greg Fell, Sarah Woolnough, and Kamila Hawthorne gave a cautious welcome to the long awaited plan

"We know we don't have enough staff currently to meet demand—AI and tech alone won't solve the problem of capacity," the college's president, Mumtaz Patel, said. She said it was vital the government maintained the commitment to expanding NHS medical school places and postgraduate training places.

"We also need to ensure that existing international medical graduates—an important and valued group in the NHS workforce—are supported with their education and career progression," Patel added.

Dolphin said the additional 1000 specialty training places "won't touch the sides of what's needed to tackle unemployment and underemployment."

Mumtaz Patel, RCP president: AI won't solve capacity problem

BETTING ON TECHNOLOGY—WILL MINISTERS' FAITH BE JUSTIFIED?

THE PLEDGE

"We will create the most digitally accessible health system in the world"

The plan extols the promise of digital technologies such as AI, better use of data, and scientific advances such as genomics to radically improve healthcare, empower patients, improve access, raise productivity, and save taxpayers money.

By 2028, the NHS app will be a "full front door to the entire NHS."

Through the app, patients will be able to access instant advice for non-urgent care, choose their preferred provider, based on quality data, book directly into tests where clinically appropriate, manage their medicines, book vaccines, and gain access to clinical trials. Patients will be able to leave feedback—AI will help "translate" it into actions for managers and clinicians. Staff are promised a single sign-on for NHS software to cut the clinical time lost on repeated calls to IT helpdesks to reset passwords.

How will it happen?

Tools to support GPs will be rolled out over the next two years, including technology such as AI scribes designed to reduce manual data entry and free up clinicians' time.

The government will also use digital telephony so that phone calls to general practices are answered quickly and people can get same day digital or telephone consultations if needed.

As part of a £50m investment, more test results, screening invitations, and appointment reminders will be sent directly to smartphones.

What's the reaction?

Analysts said that strengthening the NHS app would help more people to manage their health better and could be a "game changer" if implemented properly. Staff and patients must be involved in design and roll out, they said.

Sarah Woolnough, King's Fund chief executive, emphasised that there is also an "urgent need to get the basics right first. Much of the health service is plagued by basic IT woes and outdated equipment."

The Society for Acute Medicine said digital first and self-management approaches may "disproportionately benefit the most engaged and well resourced patients" and equity would have to be built in. "If we are not careful with this approach we will create systems that work best for those who need them least," it said.

PREVENTION FIRST—BUT WILL ACTION MATCH COMMITMENTS?

THE PLEDGE

"We will achieve our goals by harnessing a huge cross-societal energy on prevention"

People are living too long in ill health, the gap in healthy life expectancy between rich and poor is growing, and nearly a fifth of children leave primary school with obesity.

The government aims to halve the gap in healthy life expectancy between the richest and poorest regions while increasing it for everyone and improving children's health. It said this would help to make the NHS more sustainable and support economic growth.

How will it happen?

Measures include expanding access to weight loss drugs and to free school meals, placing mental health support teams in schools and colleges, and tackling harmful alcohol consumption by introducing new standards for alcohol labelling.

"We will restrict junk food advertising targeted at children, ban the sale of high caffeine energy drinks to those under 16, reform the soft drinks industry levy to drive reformulation, and—in a world first—introduce mandatory health food sales reporting for all large companies in the food sector," the plan says, adding that the government will use that reporting to set new mandatory targets on the average healthiness of food sold. Other measures include increasing uptake of HPV vaccine among young people who have left school.

What's the reaction?

The Royal Society for Public Health said the plan failed to live up to previous promises and the challenge set by Ara Darzi in his review of the NHS and should go much further, focusing on the causes of ill health rather than the consequences. The society's deputy chief executive, Matthew Bazeley-Bell, said, "The changes require increased spending on upstream preventative services."

Greg Fell, president of the Association of Directors of Public Health, said the government should take a tougher stance against all the industries behind harmful products, including alcohol and gambling. "That means not just setting targets and improving labelling, all of which is needed and welcome, but applying the same types of hard hitting and wide reaching restrictions we know have reduced deaths from tobacco to other industries," he said.

"Only then will we see a real reduction in the availability, affordability, and attractiveness of the harmful products that are currently contributing to 89% of all deaths in England."

Matthew Limb, London

Cite this as: *BMJ* 2025;390:r1405

MHRA to study GLP-1RAs after acute pancreatitis side effect cases

The UK drug regulator is to study possible serious side effects of GLP-1 receptor agonists, including semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro).

Data from the MHRA show that hundreds of cases of acute and chronic pancreatitis, including 10 deaths, have been reported in people taking the drugs, which are used to treat weight loss and diabetes by mimicking a natural hormone released after eating, although it is not certain that the drugs are the cause of the cases.

According to the MHRA's yellow card scheme there have been 574 reported reactions of acute and chronic pancreatitis from the time of the drugs' licensing up until 13 May 2025, of which 10 cases were fatal (table). The MHRA is encouraging anyone who has been admitted to hospital with acute pancreatitis suspected to be linked to GLP-1 agonists to report it to the yellow card scheme and is urging clinicians to report similar cases they have seen in their patients.

Patients will be invited to take part in the yellow card biobank project,

We believe many adverse reactions have a genetic cause
Matt Brown

launched by the MHRA and Genomics England, to investigate whether there is a potential genetic reason that pancreatitis might be linked to taking the drugs.

Alison Cave, MHRA chief safety officer, said information submitted to the project "will help us to better predict those most at risk of adverse reactions—enabling patients across the UK to receive the safest medicine for them, based on their genetic makeup."

Matt Brown, chief scientific officer of Genomics England, said, "GLP-1 drugs like Ozempic and Wegovy have been making headlines, but like all medicines there can be a risk of serious

REPORTS TO YELLOW CARD SCHEME OF PANCREATITIS LINKED TO GLP-1RAS

GLP-RA	No of reported reactions	No of deaths	Year of licensing
Dulaglutide	52	0	2015
Exenatide	101	3	2007
Liraglutide	116	1	2017
Lixisenatide	11	0	2013
Semaglutide	113	1	2023
Tirzepatide	181	5	2023

MARTHA'S RULE: A fifth of calls lead to change or escalation

The rollout of Martha's rule in England is having a "significant impact," NHS leaders have said, after figures were published from the first six months of the scheme.

Data from 143 hospitals where the programme is being piloted showed that almost one in five calls led to a change or urgent escalation of patient care. Under the programme, patients, families, and staff can request a rapid review if they are worried that a patient's deterioration is not being dealt with.

The programme is named after Martha Mills, who died aged 13 in 2021 from sepsis. An inquest concluded it was likely that she would have survived if moved to intensive care earlier. Her family campaigned for "Martha's rule" after highlighting that their concerns about her condition had not been listened to.

Around the clock

At hospitals where the service is being trialled it is available around the clock, using a phone number provided on posters placed on hospital wards.

Figures show that from September 2024 to February 2025 a total of 2389 calls were made under Martha's rule to raise concerns. Of these, 73% were from families seeking help and 47% related to acute deterioration, said NHS England.

DATA from 143 hospitals show that almost one in five calls led to a change or urgent escalation of patient care

As a result of such calls, 129 potentially "lifesaving interventions" were triggered in the six months, including 57 urgent transfers to high dependency or intensive care units and 60 transfers to specialist services, including

The scheme is having a transformative effect
Meghana Pandit (below)

returning the patient to theatre. In another 336 cases a change was made to care, which could include a new medicine such as an antibiotic.

Hospitals taking part in the trial also received calls that were unrelated to acute deterioration but "were improving patient care," NHS England said. These included 340 that led to clinical concerns such as medicine delays being tackled and 448 calls that "resolved communication issues."

The proportion of cases resulting in a change or escalation of care has increased as the scheme has gone on, rising from one in eight when the first month's figures were released to one in five after six months.

Meghana Pandit, NHS England's co-national medical director for secondary care, said the scheme was "having a transformative effect in improving patient safety."

John Dean, clinical vice president of the Royal College of Physicians, said a full evaluation of the scheme was important, "so we can maximise the benefits, ensure clinicians are listening to patients and families, and reduce the need for patients and families to use this mechanism."

Emma Wilkinson, Sheffield

Cite this as: *BMJ* 2025;390:r1380

side effects. We believe there is potential to minimise these, with many adverse reactions having a genetic cause."

A spokesperson for Novo Nordisk, which manufactures Ozempic and Wegovy, said, "Patient safety is of the utmost importance to Novo Nordisk. Like all medications, side effects can occur and vary from patient to patient. We continuously collect safety data on our marketed GLP-1 medicines and work closely with the authorities to ensure patient safety."

A spokesperson for Eli Lilly, manufacturer of Mounjaro, said, "Patient safety is Lilly's top priority. We take reports regarding patient safety seriously and actively monitor, evaluate, and report safety information for all our medicines.

"Adverse events should be reported under the MHRA's yellow card scheme, but may be caused by other factors, including pre-existing conditions. The Mounjaro patient information leaflet warns that inflamed pancreas (acute pancreatitis) is an uncommon side effect, which may affect up to 1 in 100 people."

Adrian O'Dowd, London

Cite this as: *BMJ* 2025;389:r1344

Sepsis diagnosis remains "urgent and persistent safety risk," safety body warns

Recognition of sepsis remains an "urgent and persistent safety risk" despite extensive national initiatives and awareness campaigns, England's patient safety watchdog has warned.

The Health Services Safety Investigations Body (HSSIB) published three new reports on individual patient safety incidents and urged NHS trusts to learn lessons about the "devastating impact of sepsis."

It said the cases of patients whose sepsis was not diagnosed soon enough—two who died and one who had to have a leg amputated—highlighted the difficulty of diagnosing sepsis in its early stages and how quickly someone could deteriorate.

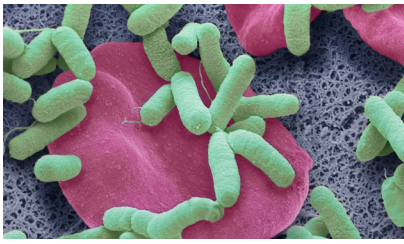
They also emphasised the importance of confusion as a warning sign and the need for health professionals to listen to concerns raised by patients' families about any changes they notice in the patient.

"These findings must be shared widely," said Melanie Ottewill, the HSSIB's senior safety investigator. "Each report contains detailed analysis and practical insights, offering a significant body of learning for improving patient safety and conducting effective investigations."

The UK Sepsis Trust estimates that 48 000 people a year die from the infection.

The HSSIB examined three cases: Barbara, a patient with diabetes and a foot infection, Lorna, with severe abdominal pain, and Ged, an older patient with a urine infection.

Ged, who was in a care home in 2024, was not given prescribed antibiotics in a timely manner. His family's concerns about his confusion were not documented or acted on. He



was admitted to hospital with sepsis and died the same day.

Barbara had to undergo an amputation below the knee to gain control of a foot infection and had a complex recovery. The incident report raised concerns that she should have been transferred earlier.

Lorna arrived at A&E with severe abdominal pain and a fast heart rate. She was admitted to an acute assessment unit for monitoring and tests but continued to become unwell. She died two days after admission.

Matthew Limb, London

Cite this as: *BMJ* 2025;389:r1339

Medical academics urge UK to help end "campaign of annihilation" in Gaza

A group of medical researchers has urged the government to act decisively to end the "horror" that continues to unfold in Gaza, including ensuring aid can safely be delivered to the territory.

In an open letter published in *The BMJ* (*BMJ* 2025;390:r1367) researchers from the London School of Hygiene and Tropical Medicine noted that Israel's military bombardment of Gaza had resulted in the deaths of more than 56 000 people, a third aged under 18. More than 470 000 people are now at risk of famine, the letter added.

On 18 June the UN reported that more than 400 Gazans had been killed by Israeli forces while trying to obtain food and other aid since the US and Israel backed Gaza Humanitarian Foundation began distributing food.

The academics wrote, "What is unfolding in Gaza bears historical and global significance beyond the tragedy itself. It threatens to set the most dystopian of precedents demonstrating a brazen disregard for international humanitarian and military law; an exercise of power without accountability; and the deliberate destruction of the fundamentals of life—healthcare, shelter, energy, food, and water."

"Placating public outrage"

The UK has taken some steps in response, including imposing travel bans on Israeli ministers and suspending trade negotiations, but the letter said these gestures were "symbolic at best, aimed at placating public outrage, rather than having real-world impact."

DOAA ALBAZ/GETTYIMAGES

More than 400 Gazans have been killed by Israeli forces while trying to obtain food

The group has set up a petition urging the government to "immediately suspend all direct and indirect military exports, training programmes, and intelligence cooperation with Israel." The petition also asks ministers to publish a formal response to a May 2025 letter from UK lawyers and legal experts, which concluded that "genocide is being perpetrated in Gaza or, at a minimum, there is a serious risk of genocide occurring," and that "war crimes, crimes against humanity, and serious violations of international humanitarian law are being committed in the occupied Palestinian territory."

The government should also track and publicly report on all UK funded humanitarian aid that is denied entry into Gaza or cannot be distributed as intended, the letter said. The signatories also urge the government to call for the full reinstatement of UNRWA and other UN agencies in Gaza.

They demand an independent scientific assessment of the effects on public health of Israel's war tactics, including the destruction of health infrastructure, obstruction of aid, and associated excess mortality and morbidity. This, they say, would provide evidence for the reconstruction of healthcare in Gaza.

Gareth Iacobucci, *The BMJ*

Cite this as: *BMJ* 2025;390:r1369

THE BIG PICTURE

BMA marks the 7/7 bus bomb

BMA leaders mark the 20th anniversary of the 7 September 2005 suicide bombings in a private ceremony in the BMA garden for survivors, families who lost a loved one, and emergency service staff. This was followed by the laying of wreaths (inset) on the railings outside the BMA and at the memorial in Tavistock Square.

Four bombs exploded on the London Underground and on a bus in Tavistock Square outside the BMA headquarters, causing a total of 52 deaths and injuring more than 770 people.

After the explosion on the bus around 15 doctors who were in BMA House helped look after the injured people, and the building was turned into a mini-hospital before patients were transferred elsewhere.

GP Peter Holden, BMA treasurer, who was one of the doctors who responded that day, said, "It's a testament to the medical community's commitment that so many risked their own safety to care for others."

Adrian O'Dowd, Kent

Cite this as: *BMJ* 2025;390:r1416

SARAH TURTON/BMA

EDITORIAL

Can a digital NHS be equitable?

Infrastructure and inclusion are key to the rollout of AI

Crisis aversion for the NHS lies in the greater use of technology, according to the UK government. This includes greater use of AI, to shift the NHS from inefficient, reactive hospital care to efficient proactive community care.

Yet this technological shift unfolds against a backdrop of prolonged austerity, which has worsened health, eroded the social determinants of health, and widened inequalities.[2] Cuts to local services, from libraries to youth centres, have deepened digital exclusion, particularly among those already facing poor health.[3 4] Without tackling these structural barriers, the transition to a digital, AI enabled NHS risks undermining rather than strengthening its commitment to equality.

AI enabled tools such as remote monitoring, teleconsultations, and health apps are facilitating community based care, while predictive analytics and early detection algorithms, such as Mia (mammography intelligent assessment) for breast cancer screening, support prevention and earlier intervention. At the operational level, AI is being applied to streamline administrative tasks, optimise clinical coding, and improve logistics and resource forecasting.

While these AI applications offer genuine opportunities to overcome workforce constraints and improve outcomes, their integration poses significant risks. Regulation and guidance are struggling to keep pace with technological advancement.[5] For example, 20% of general practitioners surveyed in 2024 were already using generative AI to help generate differential diagnoses and produce documents, despite limited guardrails being in place.[6] However, the greatest risk is that AI efficiency gains may come at the cost of equity, fundamentally undermining the NHS's founding principles.[7]

MARK THOMAS

Around 1.6 million people in the UK remain offline

Jessica Morley, associate research scientist, Yale University, New Haven, CT, USA
jessica.morley@yale.edu

Eleanor Barry, clinical research fellow, Nuffield Department of Primary Care Health Sciences, Oxford, UK

Lucinda Hiam, Clarendon scholar, University of Oxford, Oxford, UK

Embedded inequity

The hope for AI enabled care rests on three flawed assumptions: universal digital access, algorithmic neutrality, and technological sufficiency.

First, digital exclusion undermines the assumption of universal digital access. Around 1.6 million people in the UK remain offline, and adults on very low incomes are more than twice as likely as the general adult population not to have home broadband.[4] This disproportionately affects already underserved populations such as older adults, disabled people, those experiencing homelessness, and migrant populations[3 8]—entrenching existing health inequities and restricting access to AI enabled care.[9]

Second, assumptions of AI neutrality ignore the systemic biases embedded in training data. Factors such as race, ethnicity, sex, gender, and class are routinely under-represented, while social determinants are far less likely to be recorded than biomedical variables or clinical transactions.[10] These biases affect the real world performance of AI and can result in harm or denial of care. One US risk stratification algorithm was found to significantly underestimate the care needs of black patients because it used past healthcare costs as a proxy for future need—failing to recognise that lower spending reflected reduced access, not better health.[11]

Third, the belief that technological innovation alone can improve health conflates individualised prevention with meaningful primary prevention through population health protection and promotion.[13] The push for "personalised risk prediction" blurs the boundary between wellness and health, offering behavioural advice (eg, eat better or exercise more) while ignoring the social causes of illness. For example, AI is used to identify people at risk of type 2 diabetes and suggest personalised behavioural interventions—but rarely to model how policy reforms in food pricing or urban design could reduce population risk. The focus on individual action diminishes the state's obligation to foster health promoting environments, offering a convenient rationale for austerity driven underinvestment in the social, economic, and political foundations of health.[2 14] Communities facing the greatest deprivation therefore experience the worst social determinants of health, the highest disease burden, and the least access to emerging digital solutions.

Engaging diverse communities through participatory research is essential to ensure that patient facing AI tools reflect people's needs and uphold cultural safety, acceptability, and transparency.

The research ecosystem must evolve to keep pace with rapid technological development, ensuring timely and rigorous evaluation of AI. Research systems need adaptive study designs, faster ethics pathways, and stronger collaboration with developers to enable ongoing assessment as tools evolve.

The success of AI depends, therefore, not only on technological innovation but on reversing austerity, investing in digital inclusion, and in rebuilding the foundations of society needed for health such as housing, education, and income security.

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EDITORIAL

Government's 10 year plan for the NHS

Familiar ambitions; familiar questions about delivery

The Labour government published its 10 year health plan on 3 July.[1] Life expectancy in the UK has stalled,[2] and public satisfaction with the NHS is the worst on record.[3] The government's prescription is for "radical change."

The plan fleshes out the government's proposed "shifts" for NHS services: "hospital to community," "analogue to digital," and "sickness to prevention." New "neighbourhood health services" will become "one stop shops" for care in every community—including some outpatient services. The NHS will focus on helping people manage their health and keeping them out of hospital.

Better data and new technology will—we are told—do almost everything: help identify and manage people's health risks, provide advice and support, help people access services, and more. Much of this will be provided through the NHS app—the "front door" for the new NHS. A mix of policy changes are proposed to make it all happen, including new contracts for local services, changes in how the NHS is organised, and an updated workforce plan.

Boosting primary care, strengthening prevention, and coordinating care around people's needs are all good priorities. But these ambitions have appeared in a long line of NHS plans over decades.[4]

Plans for neighbourhood health look a lot like previous initiatives to integrate health and care services.[5] Evidence suggests these may improve access and patient satisfaction, but new care models take time and investment to deliver—and bringing services under one roof doesn't automatically make them better.[6 7]

Behind the rhetoric, it's hard to believe the power of hospitals will be dented. High performing NHS trusts will be given more freedoms—for instance, to retain and reinvest surpluses. The plan's commitment to increase the share of investment in primary and community services is vague.

JACK HILL/AP/ALAMY

The plan borders on techno-optimism

The plan also proposes that the best NHS trusts become "integrated health organisations," responsible for managing all health services in their area. The idea seems to draw inspiration from accountable care organisations (ACOs) in the US. But evidence suggests Medicare's physician-led ACOs and those with a larger proportion of primary care providers tend to do better than hospital-led models.[11 12]

Meantime, the prime minister's big NHS pledge is to meet the waiting time target for routine hospital care.[13] Making it happen will be tough,[15 16] and waiting times will be the over-riding focus of top-down political management of the NHS.

More hope than substance

New technology offers hope—for instance, in reducing administration for clinicians[17]—and government is right to try to harness it. But the plan borders on techno-optimism. For example, giving patients more information and choice through the NHS app is expected to reduce inequalities in care.[18] But more information will not tackle the structural issues that shape inequalities—for instance, some patients being unable to afford to travel further for treatment.[19]

The guiding ideas behind the plan are muddy. A mix of measures rely on competition and choice to stimulate improvements—for instance, by encouraging a "plurality" of providers and asking patients to shop around between them. Yet large integrated providers will become the "norm." And some measures look destined for perverse effects. For example, a scheme where patients will be asked to rate their care and decide whether the provider gets reimbursed in full is likely to result in already struggling NHS hospitals being penalised for issues beyond their control, such as crumbling buildings.

Government had already announced plans to abolish NHS England and cut spending in NHS integrated care systems.[21] But now these systems will be reorganised too—merged across larger areas, with changes in their role and governance. This is not radical: it is part of the constant cycle of "redisorganisation"[22] that characterises NHS policy making. Evidence suggests it won't help.[23]

The rhetoric in the plan will soon meet the reality of the resources on offer to deliver it. Health spending will grow by 2.8% a year in real terms between 2025-26 and 2028-29—lower than the historic average (3.7%) and much lower than during Labour's last period in government in the 2000s (6.8%).[24] Capital investment—in new buildings, equipment, and technology—will grow by just 1% a year.

The plan rightly talks about social and economic conditions shaping health, and includes some tougher measures on obesity. But stronger action on other major health risks, such as alcohol, is lacking. Improving the NHS may be Labour's best route to re-election, but it will not be enough to improve the nation's health.

Hugh Alderwick, director of policy, Health Foundation, London, UK
Hugh.Alderwick@health.org.uk

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PUBLIC HEALTH

Junk food industry "avoids advertising regulation" in its elite UK sports sponsorship deals

A BMJ investigation finds more than 90 deals between sporting entities and food and drink brands high in fat, salt, or sugar, amid concern over the impact on the UK's obesity crisis. **Sophie Borland** reports

These sports personalities are kids' idols
Beth Bradshaw

Junk food companies have a broad presence across top level UK sport with sponsorship deals that public health experts say undermine government efforts to curb junk food advertising and tackle the UK's obesity crisis. *The BMJ* has found more than 90 current partnerships that top British sporting stars, teams, and organisations have with companies and brands that sell food or drink that is high in fat, salt, or sugar (HFSS).

The brands include Cadbury, PepsiCo, KP Snacks, Walkers, and Kellogg's. The deals are most prolific in football but extend across at least six of the UK's other most popular sports, including cycling, golf, and cricket. As the 2025 UEFA women's football championship kicks off in Switzerland this month, our investigation finds that female football stars are a major new focus for junk food advertising, with Cadbury securing key players.

The scale of HFSS advertising and sponsorship of sport found by *The BMJ* is "staggering," says Labour MP and GP Simon Opher, and "an urgent call to action" for politicians. In response to the findings, he tabled a parliamentary question asking the government whether it plans to ban sponsorship of sports events by unhealthy food brands.

The food industry has a long history of sponsoring sports, and experts tell *The BMJ* that the marketing has become more "pervasive" and "prominent" than ever—now with huge digital marketing campaigns in the run-up to events and brands being able to target fans through sports stars' social media accounts. The value of the European sports sponsorship market has increased by 15% since 2019 and was valued at a record £20bn in 2024.

Academics tell *The BMJ* that junk food sponsorship of sports avoids advertising regulations that other junk food marketing has to follow, despite growing concern over obesity and food related ill health and evidence that such deals are worsening the crisis. "Sports sponsorship by food companies is a significant gap in food advertising regulation," says Mike Rayner, a professor of population health at the University of Oxford.

In January 2026 the government is due to bring in legislation banning television advertising of HFSS products before the 9 pm watershed. This regulation has been repeatedly delayed by food industry lobbying, having initially been planned for late 2022. In May this year the planned implementation date was shifted from October 2025 to next year.

The *BMJ* investigation exposes the extent to which sports sponsorship deals will swerve this new regulation to enable HFSS products to appear on daytime television, including Hula Hoops on England women cricket shirts, Red Bull logos beside football pitches, and Kit Kat branding on Formula 1 circuits.

Beth Bradshaw, policy and advocacy manager at Food Active, part of the charity Health Equalities Group, tells us, "It's so important because it's kids. Some of these sports personalities, these football stars, these rugby stars . . . They are kids' idols."

The investigation's searches

For football, the UK's most popular sport, we looked for deals among the national men's and women's teams, and among clubs in the Premier League, the Championship, and the Scottish Premiership for the 2024-25 season, including the women's teams within those clubs. Among the UK's other most popular sports, for Olympic disciplines—including cycling and athletics—we looked for deals among active UK sportspeople who have won Olympic medals or world championships. For cricket, we searched for deals among national teams, players, and tournaments. For rugby union, we looked for deals among the four national teams. For motorsports, we included Formula 1. We included deals with sports' governing bodies and deals we found with companies called "official suppliers."

MICHAEL STEELE/GETTY IMAGES

Deals include those between Cadbury and women's football (far left), Red Bull and cricketer Ben Stokes (centre left), Snickers and footballers Luka Modrić and Bukayo Saka (below left), and KP Hula Hoops with England women's cricket team (below)

95 junk food deals

The BMJ aimed to investigate the reach of junk food brands across the UK's most popular sports, high profile teams, and sporting stars. We conducted an internet search for current sponsorship deals between sporting entities and companies and brands that sell HFSS food or drink.

As there is no other central repository or record of these deals, our findings might not be exhaustive. We searched for the "partners," "partnership," "sponsors," or "sponsorship" sections of the official websites of teams and governing bodies (box opposite). We also searched for recent news stories in the marketing trade press announcing deals with sporting stars and then cross referenced this with their personal Instagram or TikTok accounts to check for adverts.

Our search identified 95 deals with individuals, teams, and official bodies. These include a partnership between the England and Wales Cricket Board and KP Snacks that sees Hula Hoops and Tyrrells crisps advertised on the T20 and test cricket kits, respectively, for both the men's and women's teams. Pringles has a deal with Cole Palmer, who plays football for England's men's team and Chelsea; Snickers has partnered with his national teammate Bukayo Saka, who also plays for Arsenal. The energy drink brand Red Bull has deals with England cricket captain Ben Stokes, cyclist Tom Pidcock, and pole vaulter Molly Caudery, as well as six Premier League football clubs.

Official sponsors of the Euro 2025 women's football championships in Switzerland include Just Eat Takeaway, Hellmann's, and PepsiCo. The organisers, UEFA, forecast that the championships will be watched by 500 million people around the world—and those HFSS brands will be featured prominently on LED boards beside pitches and on interview backdrops during press conferences.

Other junk food brands have been capitalising on the tournament's build-up. Cadbury and PepsiCo have launched major marketing campaigns around women's football stars—including England's Leah Williamson and Lauren James, who each have deals with both brands.

PepsiCo started ramping up its advertising campaign in April, with the launch of a squad of global women's football stars

Footballer Lauren James has deals with PepsiCo and Cadbury, while the crisp brand Tyrrell's advertises on the kits of London Spirit cricketers Heather Knight and Deepti Sharma as part of The Hundred tournament (below)

wearing Pepsi kits, featuring in TV adverts, on special edition cans, and on giant billboards in north and west London. Cadbury has launched an advertising campaign featuring four England and Ireland women's football stars; buying chocolate bars offers fans a chance to win a meeting with these players.

Health halo effect

Emma Boyland, professor of food marketing and child health at the University of Liverpool, tells *The BMJ*, "The rise of digital media has meant an extra level of integration for food marketing campaigns through sport. Previously the marketing would have been limited to in and around the events themselves. Now campaigns start ramping up in advance of events in concerted ways across [the internet], television, outdoor [advertising], competitions… The tie-ins are more prolific now, and it's such a prominent form of exposure."

Experts say sports sponsorship gives junk food firms a "health halo effect" by making their products seem more acceptable and less harmful to consumers. This is supported by research that shows it improves children's opinions of unhealthy brands. "Brands are associated with positive health attributes that they typically do not deserve, which is misleading for consumers, especially children," Boyland says.

MP and GP Opher says that *The BMJ*'s findings demonstrate "genuine sportswashing. It mirrors the tobacco industry activity in the 1970s, when it deliberately targeted sport."

Last October a House of Lords report urged the government to ban the sponsorship of sports events by unhealthy food brands as part of a series of recommendations to tackle obesity and diet related diseases. The government acknowledged the request but didn't commit to it, saying, "We will continue to review evidence of the impacts on children of advertising for less healthy food and drink products and will consider whether further action is needed."

One of the most glaring examples *The BMJ* found was KP Snacks' partnership with The Hundred, a cricket tournament aimed at families that sees eight regional teams from England and Wales compete in fast paced matches, which begins in August. Each team has a different KP brand on its shirt, including Pom Bears, Butterkist, Skips, and McCoys. The tournament is screened by the BBC and Sky Sports during the daytime in August, when children are on school holidays.

RICHARD SELLERS/PA/ALAMY

Cadbury's marketing is particularly calculated and pernicious
Matthew Philpott

Cadbury corners football

Cadbury's deals with four top England and Ireland women's footballers are part of a major marketing campaign capitalising on the Euro 2025 championships. The players—England's Jill Scott and Ireland's Kate McCabe in addition to Leah Williamson and Lauren James—star in TV adverts featuring Cadbury Fingers, Dairy Milk, and Hot Chocolate, where they are seen thanking family members for their support.

They have all been promoting Cadbury on their Instagram accounts; Williamson recently posted a video of herself making an ice cream sundae, topped with what seem to be Cadbury Giant Buttons and a Twirl.

Food Active's Bradshaw says, "You can't underestimate how much some kids idolise those players. These players are in absolute peak physical condition, and they are unfortunately promoting products that just do not generally feature in athletes' diets."

Cadbury also has partnerships with eight football clubs (which have men's and women's teams) in the England and Scotland Premier Leagues. Its deals with six Premier League football clubs began in 2020 and involve them promoting charitable causes, such as deaf awareness and sign language with

Brands are associated with positive attributes they don't deserve
Emma Boyland

Arsenal and helping older football fans with Manchester United.

Matthew Philpott, executive director of the public health charity Health Equalities Group, is sceptical of Cadbury's motives. He describes it as a "particularly calculated and pernicious example" of brands marketing HFSS products while at the same time targeting specific groups.

The deals also enable Cadbury to promote its brand on the clubs' Facebook accounts, to have advertising boards at the grounds, and to sell special edition chocolate bars with wrappers displaying the various football clubs.

The brand previously sponsored the Premier League for three years from 2017, in its first football partnership. A European Sponsorship Association awards case study says Cadbury's sponsorship of female football stars was prompted by the "challenge of having less in-store visibility due to new HFSS regulations." Legislation introduced in 2022 restricted the location and promotion of HFSS products in stores.

"It simply should be banned"

Experts tell us that junk foods' sponsorship of sports should be banned, owing to the level of exposure it gives to brands and the potential effect on children's health. The new HFSS advertising rules have been heavily contested and delayed by the industry. The government said the delay would enable it to consult on how some adverts that highlight the overall brand rather than individual HFSS products could be exempt from the new rules.

But we have identified sponsorship deals in sports that would enable junk food firms to advertise HFSS products on TV throughout the day. Nestlé has

Energy drinks expand from extreme sports with "aggressive" move into football

Robin Ireland, honorary research fellow at Glasgow University's School of Health and Wellbeing, says energy drink brands are using tobacco-style tactics to target youngsters through sport, despite health concerns over their high sugar and caffeine content and research linking them with an increased risk of mental health problems among this audience.

The brands include Red Bull and Monster Energy, which until recently focused on high risk and adrenaline fuelled "extreme" sports. Red Bull owns a Formula 1 racing team and has deals with climber Tony Roberts, road and cyclocross cyclist Zoe Backstedt, BMX cyclist Kieran Rielly, and snowboarder Txema Mazet-Brown. Monster Energy sponsors Formula 1 driver Lando Norris, free skier James Woods, and snowboarder Mia Brookes. The climbing and winter sports deals are not included in *The BMJ*'s figures because they are not among the UK's most popular sports, but they show the extent of the brands' reach across multiple disciplines.

Last year Red Bull expanded its strategy and secured deals with six top English football clubs in what media analysts describe as an "aggressive" move into the sport. The clubs include Leeds United, which featured the Red Bull logo on the front of its shirts for the 2024-25 season (below). The deals with the other teams—Crystal Palace, Everton, Newcastle, Nottingham Forest, and West Ham—enable Red Bull to display adverts beside the pitch and through the clubs' social media.

Monster Energy currently has deals with four football clubs—Brentford, Brighton and Hove Albion, Southampton, and Tottenham Hotspur—having first moved into football in 2019.

Ireland tells *The BMJ*, "The key learning from tobacco is that, if you're a marketer and you're promoting your brand, you want to encourage young consumers—because if you encourage young consumers you may have them for life. There is an absolute assumption among many teens that you have to have an energy or sports drink to take part in sport."

A 250 ml can of Red Bull contains 27.5 mg of sugar—above the total recommended daily intake for children (24 mg)—and 80 mg of caffeine, just below the average of a cup of coffee. A 500 ml can of Monster Energy contains 55 mg of sugar and 160 mg of caffeine. NHS advice is that children should avoid caffeine entirely.

Last year research by Fuse, the Centre for Translational Research in Public Health, linked energy drinks with an increased risk of mental health problems, including anxiety, stress, depression, and suicidal thoughts, among children and young people aged up to 21. Lead researcher Amelia Lake, professor of public health nutrition at Teesside University, says, "These drinks are marketing and advertising a particular message, and there is nothing in place policy-wise to say this is not a good idea because the health consequences of these drinks, particularly for children and young people, are quite marked.

"It's crying out for a more upstream approach, where it's signalling to everyone that actually these are not appropriate, and we should not be promoting them with sport because that sends a mixed message."

The government's *10 Year Health Plan for England*, published last week, recognises the issues with the products themselves, with a pledge to ban the sale of high caffeine energy drinks to under 16s—but does not mention their advertising.

Figures from Ampere, a data and analytics company, show that energy drinks' total spend on UK football sponsorship increased by 17% between 2023 and 2024. Other deals include the Thai brand Carabao, which sponsors the English Football League Cup (a tournament between the top four leagues) and five UK football teams.

Each team in The Hundred cricket tournament, which begins in August, has a different KP brand on its shirts

confirmed that, from October, when the Mexico Grand Prix takes place, Kit Kat adverts will appear beside Formula 1 race tracks as part of a multiyear deal.

"We need to have some morals and ethics about the types of products we associate with sport," says Robin Ireland, honorary research fellow at Glasgow University's School of Health and Wellbeing.

"It's an essential part of many people's lives. The kind of exposure sport gives you, it's like Hollywood. It's big, it's glamorous, and companies want to be associated with it. But we should not be allowing food brands to be using sport to promote consumption of their unhealthy products to young people.

Referring to the advertising of HFSS foods in sports, Ireland adds, "It simply should be banned. We should not be allowing it to be associated in the way it currently is."

The Health Equalities Group's Philpott says, "Why do we feel this is a problem? It's because it is something that has gone under the radar for quite a long time, and this kind of commercial determinant of health is directly contributing to the obesity related health crisis in the UK.

"Considering the disproportionate levels of overweight and obesity we have in the UK compared with other countries in Europe and the need to very significantly turn the tide on this, I would suggest that some sort of ban on marketing of HFSS products through sports channels and assets is something to be looked at with some urgency."

It's crying out for a more upstream approach
Amelia Lake

The exposure sport gives you is like Hollywood: big and glamorous
Robin Ireland

But Joan Walmsley, who chaired the House of Lords' Food, Diet and Obesity Committee, tells us that the 9pm watershed and total online ban on advertising of HFSS products should be "monitored" before any extension of the legislation to sport is considered.

She adds, "In the meantime, I'd like to encourage sports people and event organisers to choose different sponsors other than those selling less healthy food. Sport and health should go together."

In response to *The BMJ*'s findings, Opher tabled a parliamentary question to ask the health secretary "whether he plans to bring forward legislative proposals to ban sponsorship of sports events by unhealthy food brands." The government responded that it had "no current plans to ban the sponsorship of sports events by food brands associated with less healthy food or drink products or ban the advertising of less healthy food or drink products at sports events." It added, "We continue to review the evidence of the impacts on children of less healthy food or drink product advertising and will consider where further action is needed."

Rayner thinks it isn't clear how big a problem junk food advertising in sport is, relative to wider junk food advertising.

He says, "I think we should just restrict the advertising of all HFSS products to adults wherever you find it, and that would solve a lot of the problems for me, before you tackle sports sponsorship. Most advertising is aimed at adults, quite frankly—not at kids, because kids don't have the money to buy those products. Why not ban the advertising of HFSS to adults and be done with it?"

Sophie Borland, freelance journalist, Hertfordshire
sophie.borland@googlemail.com
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CAREERS

WHY I... quilt

Respiratory medicine consultant Kathryn Gow tells **Erin Dean** about how quilting can make order from chaos

Constantly foraging and rescuing pieces of fabric led to Manchester based respiratory medicine consultant Kathryn Gow building up an impressive pile of scraps. Wondering what to do with them, she started cutting them into hexagons and gradually began creating her first patchwork quilt.

"Any fabric that was lying around was fair game and got cut up," Gow says. "Worn out jeans, tote bags, old clothes, tea towels, socks—anything that didn't really have any other use."

Her first quilt took two years to complete, with Gow working on it in the evenings and weekends. "Quilting is quite an investment of time," she says. "It wouldn't take me that long now, but there's a lot to learn at the beginning."

All the fabric was already owned by Gow, who loves to reuse material and give it a new purpose, rather than send it to landfill.

"It's like it was made from pieces of me," she says. "I see connections and memories in the different bits of material. I can remember what podcast I was listening to when I sewed a piece. Quilting makes order from the chaos of a bag of scraps."

Quilting is just one strand of Gow's sewing hobby, which she took up about 12 years ago. In stark contrast to her work, there is little risk involved. "There is no jeopardy," she says. "If I make a mistake I can either undo it or incorporate it into the end result, and no real harm is done either way. And when the needle lands exactly on a target, it's just as satisfying as it is at work."

Patchwork quilts sometimes become works of art and Gow's have been displayed in local art exhibitions. Through sewing she has come across the fascinating history connecting textiles to protest, such as suffragette sashes, union banners, and memorial quilts to celebrate and remember those who have died from AIDS or by suicide.

"I stitch a lot of myself into a blanket, often without realising," Gow says. "When I was having a difficult time at work, I made a style of patchwork that uses random shapes, instead of the regular hexagon patterns or squares. When I looked at it finished, I saw a mix of the chaos and uncertainty that I felt at the time, even colours from NHS scrubs and picket line placards."

Gow finds that the absorbing, repetitive movements of sewing offer a soothing distraction from work. "There's something quite meditative about it, you do really have to concentrate. When I'm quilting by hand, it's really portable. I can take it on trains or do it on the sofa while the television is on."

Quilting and sewing have brought her into touch with a community of people who sew both locally and around the country, who she meets at sewing workshops, courses, and retreats.

Instagram has been invaluable for comparing notes and swapping resources. "People say social media is toxic, but my Instagram is just full of people sharing what they've sewn, giving their advice and experience. It is a lovely thing and very inspiring."

Erin Dean, *The BMJ*

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HOW TO START QUILTING

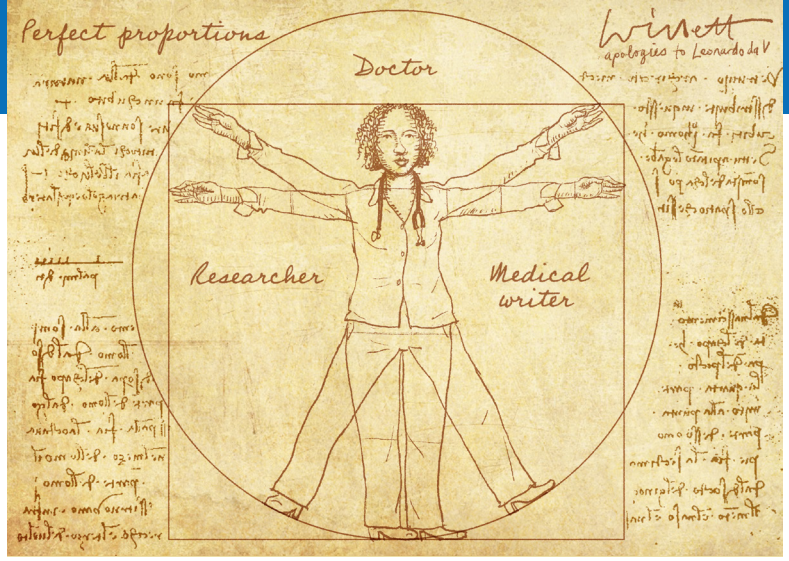
- Gather or rescue lots of scraps of fabric. Save the covers from journals, magazines, or takeaway menus—they're the ideal weight for cutting into templates
- Look online for geometric shapes to use as templates, and use graph paper to plan your design
- Carve out space for a sewing room or corner if possible, having somewhere to keep everything set up makes it much easier to sit down and get going
- Find a community—there is a wealth of enthusiastic quilters who will share tips. Look on Instagram, and seek out local sewing hubs and shops which may host communal sewing sessions. Repair cafes often have a friendly sewing enthusiast in the team
- Expect to make mistakes—it's a learning curve, but remember other people won't notice the tiny wobble you can't take your eyes off
- Celebrate your creations—put the quilt on your sofa or bed where you can see it and enjoy your achievements

CORRECTION

This correction notice addresses instances of plagiarism in the Careers Clinic article "How should I deal with a rude colleague" (issue 8456, 8-15 February, p 132). After publication, concerns were raised to *The BMJ* that some of the text provided by one of the article's contributors, Rakesh Patel, had been copied, without attribution, from an article by Amy Gallo published in the *Harvard Business Review* in 2022. A review of the text in *The BMJ*'s article and the article from the *Harvard Business Review* showed that some of the wording and ideas contained within Patel's contribution in the original article's "Be compassionate with yourself" section had been taken from Gallo's article without citation. This contribution has now been removed from the article online.

How can a portfolio career boost my wellbeing?

Many doctors are turning to portfolio careers to reduce burnout and improve morale, **Elisabeth Mahase** hears



Regain control of your career

Patrice Baptiste, portfolio GP

"My portfolio career was born out of a desperate need to keep my non-clinical interests alive. I burnt out as a foundation doctor and like many trainees I decided I needed a break and took a year out of training. I seriously considered leaving medicine as I struggled immensely with the thought of returning to full time clinical training in the NHS.

"I explored other non-clinical roles and was offered a job in medical writing—but I turned it down because I realised that I still wanted to pursue a medical career. I decided that I would return to full time training as a GP and maintain my interests in my spare time.

"Portfolio careers can help to reduce burnout and improve work-life balance, in addition to creating additional income streams—which all contributes to wellbeing. For me, writing was therapeutic; I started during my time out of training. I began writing regularly for *GP Online* and nine years later I still am. This is in addition to several other publications.

"Developing a portfolio career can boost your wellbeing by allowing you to regain control over your career.

"I created a six step framework for my book *Portfolio Careers for Doctors*, as there wasn't a guide when I considered starting a portfolio career. Arguably, the most important step is understanding exactly who you are—your interests and your values and beliefs. This step shouldn't be overlooked; building a strong foundation for your career will ensure you start off and stay in the right direction, remain fulfilled, and achieve career success—whatever that may look like for you."

Make a bigger impact

Jahangir Alom, emergency medicine registrar and Institute of Public Policy Research (IPPR) board member

"When working in a broken society it's easy to feel a sense of helplessness when listening to some of the conditions our patients are living in. After all, no medication can rid a poorly built house of mould and damp. Nor can you surgically fix the conditions for a gig worker who doesn't get adequate sick leave. Over time, this can demoralise you and impact your wellbeing.

"Portfolio careers are becoming more popular, and they're often an antidote to a clinical career. That's the case for me, anyway. I spend around 80% of my week as an emergency medicine registrar in east London and the rest of my time trying to influence decision makers to improve the conditions in which my patients live. During a recent week I worked three clinical shifts, spent two days attending meetings on emergency care in the NHS at the House of Commons, and met with the IPPR to discuss how we can shape government health policy.

"You'd be surprised how many transferable skills you have that can contribute to these roles—teamwork, communication, and anticipating problems, to name a few. At first, it can be overwhelming when you're seeking opportunities. A paid role would mean you'd have to dedicate protected time regularly. Voluntary roles are more flexible and easier to come by, particularly if you're a resident doctor. I would start by looking up trustee and school governor roles where you can make the most impact by bringing the insights of a public service worker and those of the patients you serve."

Chance to refresh

Lynsey Threlfall, acute medical consultant and honorary senior lecturer at Newcastle University

"Portfolio careers allow you to build variety into your work by combining different roles and interests. This may be with your current employer or through more than one employer. Once you complete your training and take up a permanent role, these are often positions we will work in for many decades. Thinking about the things that challenge and excite you may motivate you to diversify your working life and give you ideas of other spaces you may also want to work in.

"I've been fortunate enough to be able to build a portfolio career where my various roles all positively feed into one another. In an average week I might spend one day doing research, two and a half days doing clinical work, half a day as a college tutor, and one day doing digital work. Rarely will two of my weeks look the same, however. Being away from the pressures of direct clinical care offers me a chance to refresh myself and my perspective. I can acquire and build on new and diverse skill sets that I can use to boost my enthusiasm for clinical practice.

"I'm still finding my way and learning that the one crucial skill you need when combining roles and employers is the ability to say no, so that you don't over commit. You need to have strong time management skills and the ability to maintain boundaries.

"Developing a portfolio career is not always easy and it may take a few attempts to get the right mix of roles and jobs before you find the one that works for you. Getting it right, however, can give you variety, new expertise, and a greater sense of fulfilment."

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