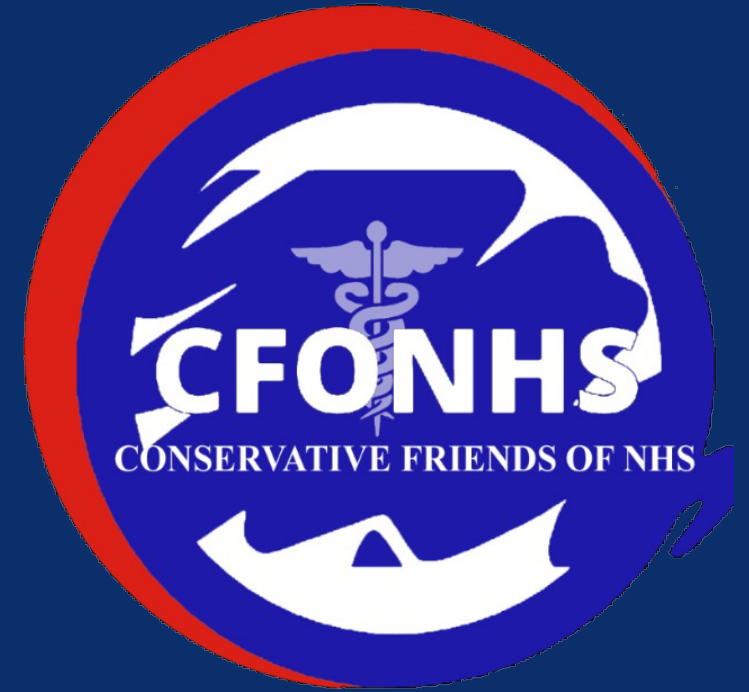


NHS Renewal Plan Proposed by Conservative Friends of the NHS to the Conservative Party



August 2026

Produced by Conservative Friends of the NHS

Presented by Dr Ashraf Chohan, Founder & Chairman, CFONHS



CFONHS



Purpose and record of work

CFONHS is a clinician-led Conservative movement committed to protecting the NHS by renewing and improving it. Its work combines political engagement, professional insight and public service campaigning.

- Conservative Friends of the NHS was founded by **Dr Ashraf Chohan in 2019**, during the General Election, to counter Labour propaganda that the Conservative Party was selling the NHS to American companies or privatising the NHS.
- Its membership started from 12 and now runs into thousands of doctors, nurses, consultants, GPs, allied health professionals and NHS supporters, providing a structured voice within the Conservative Party.
- It exists to show that Conservatives are pro-NHS and are working for NHS renewal to resolve the problems the NHS is facing now.
- Activities have included celebrating NHS birthdays every year, member engagement, political campaigning for Conservative candidates, policy discussions, Policy Connect-style calls during elections, raising NHS issues within the Conservative Party and helping party fundraising.
- CFONHS has supported Conservative Party activities including member recruitment, candidate selection, community engagement and health policy discussions with MPs, ministers, shadow ministers and ordinary members.
- The group has developed practical renewal proposals on waiting lists, DNAs, workforce retention, agency costs, red tape, GP access, medicines waste and frontline reinvestment.

Message: protect the NHS, respect staff, and deliver renewal.



- Orthopaedic surgeon; MBBS and FRCS; NHS service since 1988 and decades of work in healthcare delivery and patient-focused services.
- Founder and Chairman of Conservative Friends of the NHS, bringing NHS professionals and Conservative supporters together around practical renewal.
- Long-standing Conservative Party member, supporter and high-profile donor for around three decades, with active participation in Party events, campaigns and policy discussions.
- Current Chairman of Coombe Hill Ward Conservatives; supporter of Conservative Party leadership engagement and wider public-service activity.
- Former Director, Conservative Friends of Pakistan, before founding CFONHS; also involved in Conservative Asian Link and community engagement.
- Director of Rapid Medical Services UK, West End Medical Practice, Surrey Property Management Limited and other family business companies.
- Charitable and social contribution through Human Care Trust International, homeless support, youth and mental health work, interfaith/community activity and healthcare philanthropy.

Service - Leadership - Integrity

1. The NHS is valued, but under pressure

Waiting lists, A&E demand, DNAs, workforce shortages, agency costs, medicines waste and bureaucracy are weakening performance.

2. If left alone, the pressure compounds

Five-year and ten-year scenarios show higher waits, higher cost, more agency reliance, greater staff fatigue and reduced public confidence.

3. CFONHS offers a practical renewal package

The proposals are clinician-led, patient-focused, staff-supporting and designed to protect NHS founding principles.

4. Benefits are measurable

Millions of appointments can be released, hundreds of thousands of pathways accelerated, and billions of pounds of annual value redirected to frontline care.

The key question: can the NHS survive on its current path without renewal?

Problem	Current figure / evidence	Why it matters
Elective waiting list	7.11m waiting-list cases in March 2026	Large backlog; historic access problem
GP missed appointments	16m DNAs in 2025	Lost primary-care capacity
Outpatient DNAs	8.1m DNAs in 2024-25	Lost consultant / hospital capacity
A&E; attendances	27.4m attendances in 2024-25	Emergency system under pressure
Agency staff spend	Approx. £3bn in 2023-24	Money leaves frontline pay and retention
Medicines waste	Approx. £300m annually	Repeat-prescription waste is preventable
Estate backlog	£15.9bn in 2024-25	Buildings and equipment affect safety and productivity
NHS spending pressure	£204.9bn in 2024-25; planned £246.7bn by 2028-29	Higher funding cannot substitute for renewal

Source/note: NHS England, NHS Digital, DHSC/GOV.UK, NHS England pharmaceutical waste paper, The King's Fund and ERIC data.



7.11m

patients / waiting-list cases for planned NHS hospital care

March 2026, England

- The NHS waiting-list figure is best explained as patients or cases waiting for planned hospital treatment, appointments or procedures.
- Some patients may appear more than once if they are waiting for more than one treatment, but the headline figure still shows a very large backlog.
- Delay harms patient confidence, worsens symptoms, increases private healthcare pressure and demoralises staff.
- Waiting lists cannot be reduced sustainably without more clinical ownership, better use of appointments and additional theatre and diagnostic capacity.

Source/note: NHS England reported the overall waiting list at around 7.11 million in March 2026. CFONHS wording uses plain-language “waiting-list cases” for clarity.

27.4m

A&E attendances in 2024-25

73.9%

spent 4 hours or less in A&E in
2024-25

4.0%

increase compared with
2023-24

- Emergency departments cannot solve GP access, delayed discharge, bed shortage and social-care problems alone.
- Non-urgent attendances must be redirected safely to GP, pharmacy, NHS 111 and urgent treatment centres.
- The 4-hour standard is a visible public measure of NHS pressure and patient experience.
- Every unnecessary A&E attendance takes time away from patients who truly need emergency care.

16.0m

missed GP appointments in
2025

8.1m

outpatient DNAs in 2024-25

24.1m

combined missed GP +
outpatient appointments

- Missed appointments are not a small administrative issue; they are a major capacity problem.
- The NHS must make cancellation easy, but repeated non-attendance should carry proportionate responsibility.
- Recovered appointments can increase GP access, outpatient capacity and speed of referral into diagnosis/treatment.
- A DNA reduction programme is one of the fastest ways to release capacity without building new hospitals.

Source/note: NHS England reported 16 million GP DNAs in 2025; NHS Digital reported 8.1 million outpatient DNAs in 2024-25.

113k

staffing vacancies referenced by
DHSC

£3bn

agency staff spend in 2023-24

£2,000

reported maximum agency
nursing shift cost

- When permanent staff are exhausted or leave, the NHS pays more for temporary cover and loses continuity.
- Junior doctors, nurses and hard-pressed specialties need a career proposition that is better than leaving for abroad or agency work.
- Strike risk, staff fatigue and morale are not separate from waiting lists; they directly reduce capacity.
- Reducing agency dependence should fund improved pay, retention and extra NHS sessions in shortage specialties.

£300m

estimated annual prescribed
medicines waste

£15.9bn

estate maintenance backlog in
2024-25

£204.9bn

NHS spending in 2024-25

- Repeat prescription waste is visible, understandable and preventable through pharmacy-led reviews and digital controls.
- Good managers are needed, but duplicated bureaucracy and excessive reporting delay decisions and waste clinical time.
- Poor buildings and equipment weaken productivity, morale and patient safety.
- The NHS is already expensive; without renewal, more money risks buying the same delays.

Area	Current baseline	5-year risk if unchanged
Elective waiting list	7.11m pathways	8.0m - 9.0m pathways
GP DNAs	16.0m/year	18m - 20m/year
Outpatient DNAs	8.1m/year	9m - 10m/year
A&E; attendances	27.4m/year	30m - 32m/year
Agency spend	£3bn/year	£3.6bn - £4.2bn/year
Medicines waste	£300m/year	£350m - £400m/year
Estate backlog	£15.9bn	£20bn - £23bn
NHS spend	£204.9bn in 2024-25	£246.7bn by 2028-29 already planned

Source/note: Scenario based on current pressure trends and official baseline data. It shows direction of travel, not a guaranteed prediction.

Area	Current baseline	10-year risk if unchanged
Elective waiting list	7.11m pathways	9.5m - 11m pathways
GP DNAs	16.0m/year	21m - 24m/year
Outpatient DNAs	8.1m/year	10.5m - 12m/year
A&E; attendances	27.4m/year	34m - 37m/year
Agency spend	£3bn/year	£4.5bn - £5.5bn/year
Medicines waste	£300m/year	£420m - £500m/year
Estate backlog	£15.9bn	£26bn - £32bn
NHS funding pressure	£204.9bn in 2024-25	Potentially £280bn - £320bn+

Source/note: CFONHS scenario modelling for discussion. The purpose is to show risk if demand, costs and inefficiency continue compounding.

- The NHS can survive, but not by simply asking taxpayers to fund the same model with the same inefficiencies.
- If waiting lists, DNAs, A&E pressure, vacancies and agency reliance continue to grow, access will deteriorate and private healthcare dependence will widen.
- If doctors and nurses do not see a credible future in the NHS, retention will worsen and more staff will consider Australia, Canada, the Gulf, private practice or agency work.
- Repeated strikes and morale crises increase cancellations, lengthen waiting lists and weaken confidence.
- The Conservative answer should be: protect the NHS by renewing and improving it - clinically led, efficient, fair and focused on patients.

More money without renewal is not enough. Renewal without compassion is not acceptable.

- 1. Consultant-led waiting-list boards in every department.
- 2. Reduce management duplication and red tape, while protecting essential operational management.
- 3. Reduce DNAs through reminders, one-click cancellation and patient responsibility.
- 4. Introduce a safeguarded £4.99 appointment responsibility pilot for selected first appointments only.
- 5. Reduce unnecessary A&E attendance through clinical streaming and urgent care alternatives.
- 6. Replace agency dependence with permanent NHS value and flexible internal staff banks.
- 7. Reinvest savings into junior doctors, nurses, consultants, GPs and shortage specialties.
- 8. Reduce medicines waste and repeat-prescription loss.
- 9. Improve GP access, primary care and community triage.
- 10. Use independent-sector capacity and tax-efficient private insurance where appropriate.

- Each department should have a consultant-led board supported by a small administrative team.
- Weekly review of long-waiters, urgent cases, duplicates, diagnostic delays and patients treated elsewhere.
- Consultants should have authority to move suitable patients to diagnostics, day surgery, independent capacity or alternative pathways.
- This changes waiting lists from passive administrative registers into active clinical management tools.

Impact level	Effect on 7.11m pathways
2% impact	142,000 pathways improved
3% impact	213,000 pathways improved
5% impact	356,000 pathways improved

Expected benefit

- Faster diagnosis and treatment planning.
- Fewer duplicates and outdated referrals.
- Improved clinical safety for urgent cases.

- CFONHS should not attack all managers. The NHS needs managers who improve patient flow, discharge, safety, staffing and theatre use.
- The renewal target is duplicated reporting, slow sign-off, overlapping national/ICB/trust functions and processes that delay clinical decisions.
- Savings should be visibly redirected to frontline staff, diagnostics and additional clinical sessions.
- Clinicians must have authority to unblock pathways quickly rather than waiting for prolonged administrative cycles.

Illustrative saving	Annual renewal value
1% of staff-cost model	£817m
2% of staff-cost model	£1.63bn
3% of staff-cost model	£2.45bn

Defence of proposal

- This is not anti-management.
- It is anti-duplication and pro-frontline.
- The goal is faster decisions and more money for care.

- CFONHS proposes an evidence-based pilot of a small, refundable or exemptible £4.99 responsibility contribution for selected first appointments only.
- It should apply only after strong reminder and one-click cancellation systems are in place.
- It must not apply to true emergencies, children, vulnerable patients, low-income patients, cancer, maternity, mental health crisis or serious illness.
- It should be refunded or waived where a patient attends, cancels appropriately or has a reasonable explanation.
- Revenue must be ring-fenced for frontline staffing, diagnostics and waiting-list reduction.

Chargeable share after exemptions	Approx. net after 10% admin
25%	£617m/year
50%	£1.23bn/year
75%	£1.85bn/year

Political defence

- Not a charge for NHS treatment.
- A responsibility mechanism to stop wasted appointments.
- Vulnerable patients and genuine emergencies protected.

- Automatic NHS App and SMS reminders.
- One-click cancellation by app, text or phone.
- Rapid reallocation of cancelled slots.
- Target repeated non-attendance, not genuine hardship.
- Virtual follow-up and patient-initiated follow-up where clinically safe.
- Consultant review of unnecessary repeat follow-ups.

DNA reduction	GP appointments recovered	Outpatient slots recovered
25%	4.0m	2.0m
40%	6.4m	3.2m
50%	8.0m	4.05m

Additional first consultant appointments

- If 25% of recovered outpatient slots are used for first appointments, 500,000 to 1.0m first consultant appointments could be enabled annually.

- Clinical streaming at the front door of A&E.
- Strengthened urgent treatment centres near emergency departments.
- Better same-day GP and pharmacy access for non-emergency conditions.
- NHS 111 and digital triage with human support for vulnerable patients.
- A&E responsibility pilot must never deter urgent or emergency care.

Reduction in avoidable A&E; attendance	Attendances avoided
2%	548,000
5%	1.37m
10%	2.74m

Aim

- Emergency departments reserved for emergencies.
- Minor and non-urgent cases treated faster in the right setting.
- Lower pressure on staff and safer care for seriously ill patients.

- Expand internal staff banks so existing NHS staff have first access to extra shifts.
- Offer flexible contracts to keep doctors and nurses inside the NHS.
- Convert repeated agency demand into permanent posts.
- Target pay and retention support at hard-to-staff specialties and high-pressure departments.
- Fund extra NHS elective and diagnostic sessions using permanent staff before buying external cover.

Agency reduction	Annual saving
20%	£600m
30%	£900m
40%	£1.2bn
50%	£1.5bn

Purpose

- Reduce strike risk.
- Improve retention and morale.
- Make NHS careers competitive with private, agency and overseas options.

- Regular medication reviews for all repeat prescriptions.
- Pharmacist-led medicines optimisation in GP practices and care homes.
- Digital alerts for early ordering, duplicate ordering and stockpiling.
- Patient education: only order what is needed.
- Review prescribing of OTC items where clinically appropriate.
- Savings should be ring-fenced for frontline clinical staffing and prescribing support.

Medicines waste reduction	Annual saving
20%	£60m
35%	£105m
50%	£150m

Political message

- This is not rationing medicine.
- It is stopping avoidable waste while protecting clinically necessary treatment.
- Every saved pound should support staff and patient care.

- Increase homegrown doctors, nurses and allied health professionals through training places, apprenticeships and career progression.
- Improve retention through pay, respect, rota safety, pensions/tax review, flexibility and professional dignity.
- Use independent-sector capacity for diagnostics and elective care where it reduces NHS waits without draining NHS staff.
- Explore tax-efficient private medical insurance for higher earners as a separate policy option, while preserving NHS entitlement for all.
- Make NHS careers attractive enough that doctors and nurses want to stay in the UK rather than leave for Australia, Canada, the Gulf or agency work.

A sustainable NHS must be a place where staff can build a career with dignity.

Collective Effect of CFONHS Proposals

The combined case is stronger than any single measure

Impact area	Conservative	Moderate	Ambitious
GP + outpatient appointments released	6.0m	9.6m	12.1m
Recovered OPD slots	2.0m	3.2m	4.05m
First consultant appointments enabled	500k	800k	1.0m
Waiting-list pathways improved	142k	213k	356k
Fewer A&E; attendances	548k	1.37m	2.74m
Agency saving	£600m	£900m	£1.2bn
Bureaucracy value released	£817m	£1.63bn	£2.45bn
Medicines waste saving	£60m	£105m	£150m
£4.99 pilot net revenue	£617m	£1.23bn	£1.85bn

Source/note: CFONHS modelling; all figures should be validated before publication as formal Party policy.

- Under a moderate scenario, CFONHS modelling suggests around £3.86bn of annual renewal value could be redirected to frontline care.
- Reinvestment should focus on junior doctors, nurses, GPs, consultants delivering extra sessions, hard-to-staff specialties and diagnostic/theatre capacity.
- Reducing agency reliance must not mean cutting staff; it means paying NHS permanent staff more fairly and building stable teams.
- Visible reinvestment can help reduce strike risk, improve morale and show the public that renewal benefits staff and patients.

Moderate scenario funding source	Potential value
Agency saving	£900m
Bureaucracy value released	£1.63bn
Medicines waste saving	£105m
£4.99 pilot net revenue	£1.23bn
Total potential annual value	£3.86bn

- Clinically led: consultants, GPs, nurses and AHPs own pathways and unblock delays.
- Faster access: millions of recovered appointments and shorter waits for diagnosis and treatment.
- Lower waste: fewer DNAs, better repeat prescribing and less unnecessary bureaucracy.
- Better workforce deal: less agency dependence, better retention, better pay in shortage areas and stronger morale.
- Better emergency flow: A&E protected for emergencies, with non-urgent patients treated faster in the right place.
- Financially more credible: renewal value reinvested in care rather than absorbed by waste and temporary staffing.
- Politically defensible: compassionate, evidence-based renewal that protects vulnerable patients and preserves NHS principles.

- We support the NHS.
- We respect NHS staff.
- We believe the NHS must remain available according to clinical need.
- We also believe the NHS cannot be protected by defending every inefficiency in the current model.
- CFONHS asks the Conservative Party to adopt a clinician-led renewal programme focused on patients, staff, productivity, accountability and sustainability.

NHS renewal is not a slogan. It is the way to strengthen and protect the NHS.

- NHS England: elective waiting list fell to 7.11 million in March 2026 and down 515,000 since July 2024.
- NHS England: 16 million missed GP appointments in 2025, 1 in 23 appointments, 4.3%.
- NHS Digital: Hospital Outpatient Activity 2024-25, 146.1 million appointments and 8.1 million DNAs.
- NHS Digital: Hospital Accident & Emergency Activity 2024-25, 27.4 million A&E attendances and 73.9% within 4 hours.
- DHSC/GOV.UK: approx. £3bn NHS agency staff spend in 2023-24, 113,000 vacancies referenced, and agency nursing shifts reported up to £2,000.
- NHS England pharmaceutical waste reduction paper: estimated £300 million of prescribed medicines wasted each year.
- NHS Digital ERIC / Parliamentary research briefing: NHS England estate maintenance backlog approx. £15.9bn in 2024-25.
- The King's Fund: NHS spending approx. £204.9bn in 2024-25 and planned £246.7bn by 2028-29.
- All 5-year, 10-year and renewal-impact figures are CFONHS illustrative scenario modelling. They should be independently validated before publication or adoption as formal Conservative Party policy.

Private Insurance for Higher Earners

Proposal

- **Encourage higher earners - particularly households above £100,000 - to take private medical insurance through a capped tax-efficient allowance.**
- Frame this as voluntary encouragement or phased auto-enrolment, not removal of NHS entitlement. Emergency care and core NHS protections remain universal.
- Tax relief should focus on policies covering diagnostics, outpatient specialist review, elective procedures, physiotherapy and mental health support.

Expected effect on NHS workload

- Private insurance will not replace the NHS, but it can shift some routine diagnostics, outpatient consultations and elective procedures away from NHS waiting lists.
- It would release NHS appointments for patients who cannot afford private care and help protect timely treatment for all.
- The greatest benefits are likely in orthopaedics, ENT, dermatology, general surgery, imaging, physiotherapy and outpatient diagnostics.

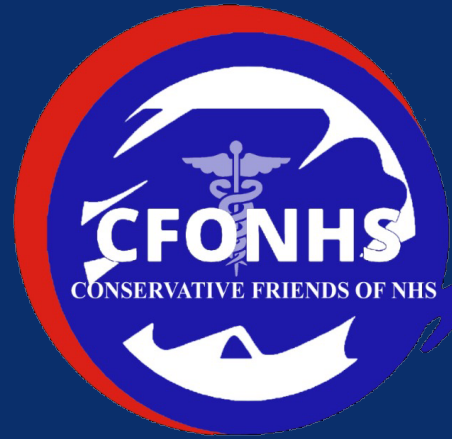
Illustrative impact model - workload shifted away from NHS

Scenario	New/active PMI policies among >£100k earners	NHS contacts shifted per policy	Approx. NHS workload released	Potential waiting-list benefit
Conservative	400,000	0.5 per year	200,000 appointments / episodes	Faster access in pressure specialities
Moderate	800,000	0.75 per year	600,000 appointments / episodes	Material reduction in outpatient / diagnostic pressure
Ambitious	1.2 million	1.0 per year	1.2 million appointments / episodes	Significant elective and outpatient capacity release

Safeguards and fiscal discipline

Tax relief should be capped and reviewed by Treasury. NHS entitlement must remain universal; the objective is to release capacity, not create a two-tier NHS.

Evidence: FCA Financial Lives 2024 estimated 14% of UK adults held PMI; LaingBuisson reported 8.43m people with private medical cover in 2025. England >£100k figures are CFONHS modelling estimates.



Thank you for considering the NHS Renewal Plan

as part of future Conservative Party health policy.

Conservative Friends of the NHS stands ready to support the Party with
clinician-led ideas to reduce waiting lists, cut waste, support staff
and renew public confidence in the NHS.



Conservative Friends of the NHS

Produced by CFONHS | Presented by Dr Ashraf Chohan, Founder & Chairman, CFONHS