Department of Health & Social Care

NHS England

Change NHS: staff engagement

Shifting from analogue to digital - making better use of technology

Stimulus slides used in staff engagement events Feb-Mar 2025

CHANGE NHS

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Why are we here today?

We know you are working harder than ever to get services back on track, to get waiting lists down and consistently deliver the best care.

Yet too often we are struggling to provide the right care, in the right place and at the right time. This is no good for patients and it is demoralising for you.

We know change is needed. But we also know that many of the solutions we need are already here, working somewhere in the NHS today.

Your views, experiences and ideas will shape immediate steps and long-term changes: a new 10 Year Health Plan.

What is the 10 Year Health Plan?

September 2024: Lord Darzi's independent investigation into the state of the NHS.

Now we know what the issues are, the Government wants to build a plan to tackle the challenges.

10 Year Health Plan will launch in spring 2025

The plan will set out the vision and roadmap to deliver the Government's aim of an NHS fit for the future, which delivers the three shifts:

Hospital to Community

"Too many people end up in hospital, because too little is spent in the community."

Analogue to Digital

"Parts of the NHS are yet to enter the digital era."

Sickness to Prevention

"Many of the social determinants of health … have moved in the wrong direction."

The plan will consider:

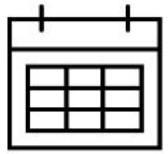
- what immediate actions are needed to get the NHS back on its feet and bring waiting lists down
- the long-term challenges to make the health service fit for the future.

This will be a team effort. We're going to listen to and co-design the plan with the public and staff. We want patients and staff to feel the difference in their daily lives.

Why now?

The NHS is in a critical condition, with public satisfaction with the health service at an all-time low. We need to do everything we can to get the NHS back on its feet.

Building an NHS fit for the future is one of this Government's five missions. By delivering a 10 Year Health Plan, the Government will best support the health service and get the nation's health thriving again.



The complexity of these issues, such as the rising number of people with multiple long-term conditions and the need for substantial reforms in the NHS, requires a long-term approach.

We want to make sure people using the system, staff, and health and care leaders are fully involved in this process and feel ownership of the plan.

The 10 Year Health Plan is…

Not the only part of Government's health mission

The wider determinants of health and some areas of health creation that need cross-government action (e.g. housing and education) will be outside the scope of the 10 Year Health Plan. This is part of the wider Health Mission.

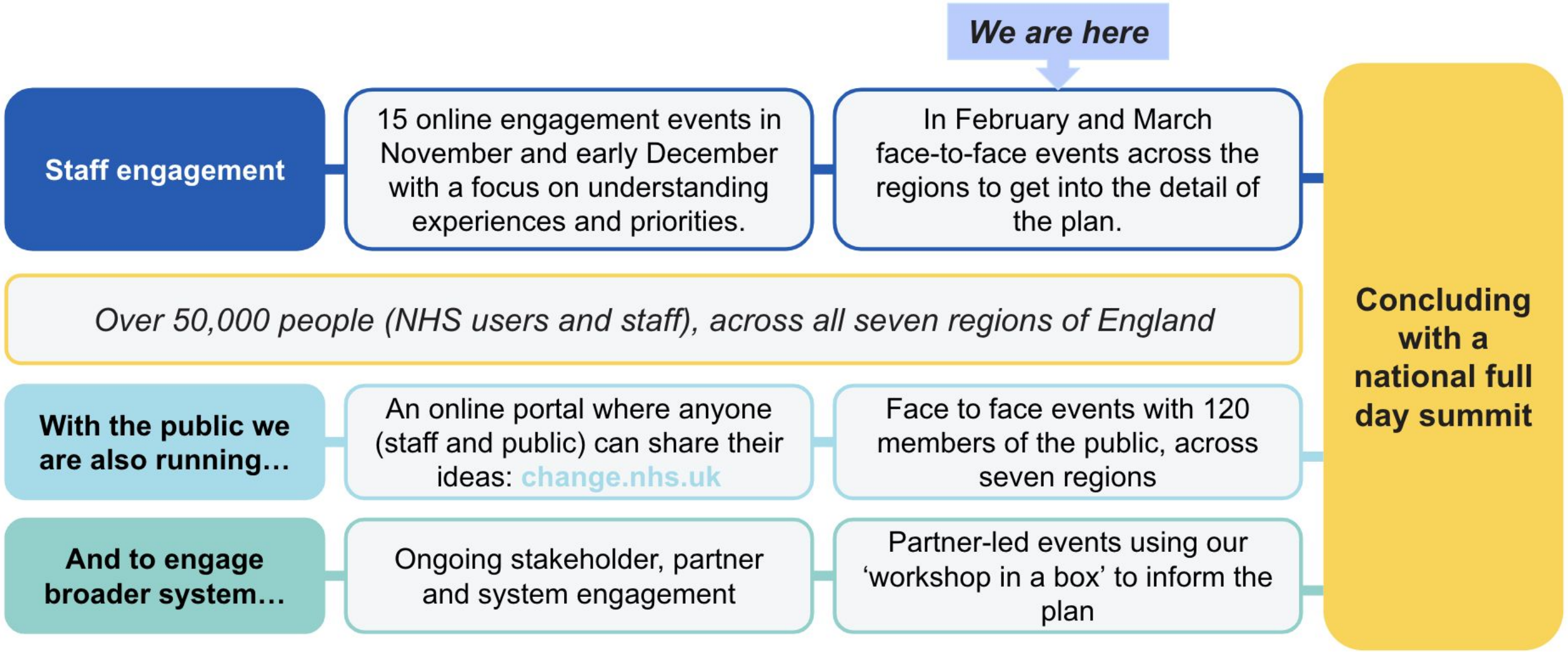
This plan will focus on secondary prevention - measures across the health and care system to help stop or delay the development or progression of disease in individuals and keep them in good health for longer.

Not a plan for social care

The Government is developing a new national care service through a separate programme of work, which will complement the 10 Year Health Plan.

The 10 Year Health Plan will set the vision for what good joined-up care looks like for people with complex health and care needs and how we can support health and social care services to work together better to provide that care.

What is the overall programme of engagement?



Why have these shifts been so difficult to achieve to date? So far, staff have said:

Underinvestment has created infrastructure and capacity challenges	Medical model and public expectations reinforce hospital-centric care	Disconnected services that struggle to work together	Outdated technology and systems create barriers to modern healthcare
Underinvestment in community and prevention Workforce shortages and insufficient training infrastructure Facility and capacity gaps limiting service delivery	Healthcare system built around hospitals rather than communities, due to public and professional preference for hospital-based treatment Embedded resistance to prevention-focused approaches	Services developed in silos with poor integration Disconnect between health and social care Complex, bureaucratic organisational boundaries	Aging IT infrastructure not designed for integration Systems unable to support modern healthcare needs Outdated IT infrastructure limits digital transformation
“Overwhelming workload combined with staff shortages leading to burnout and compromised care standards”	"Deeply ingrained medical model of fixing problems rather than preventing them"	"Staff working in silos, acute and community seen as separate entities not a team approach"	"Systems are outdated and we lack the basic infrastructure to support new technology"

What are the current barriers to change?
So far, staff have said:

Insufficient resources prevent sustainable transformation	Staff shortages and disengagement hinder change delivery	Fragmented systems hinder effective coordination	Digital transformation risks leaving people behind
Insufficient protected time and resources Immediate care demands overshadow transformation Short-term funding cycles prevent long-term strategic investment	Recruitment and retention challenges across services Disconnect between leadership and frontline Limited capacity for staff development and engagement during change	Coordination needed across multiple stakeholders Poor integration between health and social care sectors Difficult to measure system-wide impact	Varying digital literacy creating barriers to adoption Risk of widening health inequalities through digital solutions Implementation challenges around access and security
"Implementing change without proper resources is setting up for failure"	"Poor engagement between senior leadership and those delivering/receiving care"	"Breaking down silos between primary, secondary and community care"	"Digital divide worsening health inequalities for those who lack access to the internet"

Department of Health & Social Care

NHS England

Making better use of technology

Building understanding of the shift

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Making better use of technology: summary

Why do we need to make better use of technology across health and care?

- Much of our current infrastructure and technology is not fit for purpose.
- Workforce is suffering without the right technology.
- There is disparity and variation in adoption of technology across the country.

See more on slide 13

We have an emerging vision for how we can achieve this shift…

- Improving access through technology and data.
- Digital and physical infrastructure to underpin change.
- Improving care with data and new technology, at the forefront of innovation and research.
- Releasing time for the workforce.
- Closing the digital divide.

See more on slides 14 and 15

What could be the impact of making better use of technology?

- Create efficiencies for financial sustainability.
- Improve day-today lives for the workforce.
- Transform healthcare services to best meet the needs of populations and improve patient outcomes.

See more on slide 16

Making better use of technology: summary

We are not starting from scratch…

… there are some great examples out there:

- Virtual care: Managing heart failure @Home
- AI-Powered Chest X-Ray Analysis
- Unified Electronic Health Records

See more on slide 17

What have staff told us about why this has been hard to deliver in the past?

The key feedback from the staff included:

- Need reliable foundational IT systems.
- Unified electronic health records are fundamental for progress.
- Virtual care delivery shows promise.

See more on slide 18

What are the public concerned about in delivering this shift?

The key feedback from the public included:

- Support technology that enhances rather than replaces human care.
- Basic infrastructure before advanced solutions.
- See potential for more efficient, coordinated care.

See more on slide 18

What do we need to make greater use of technology across health and care?

Much of our current infrastructure and technology is not fit for purpose

- In some places **technology is outdated**, for example the UK is far behind other countries in the levels of CT, MRI and PET scanners for its population.
- Much of NHS faces **siloed and inaccessible data and IT systems** with records inaccessible to patients and clinicians with data siloed between services and organisations.

Workforce is suffering without the right technology

- **49% of NHS staff** say that the standard of **technology is a source of stress.**
- **Underinvestment** in **technologies that could improve staff working lives,** for example, automated scheduling and rostering systems across all parts of the NHS.

There is disparity and variation in adoption across the country

- **Slow and uneven adoption** of new technology means access to the latest treatments often depends on where you live.
- There are many excellent examples of technology having an important impact, from virtual wards to the NHS app — **but they have not radically reshaped wider services and are not currently achieving their potential impact.**

Our emerging vision to support everyone to stay healthy for longer - by 2035…..

Using the power of digital technology and data to make it easier to access and navigate the NHS

Every patient will have a **single digital care record** and the **NHS App** will be expanded to provide a **'single digital front door'**.

There will be **no wrong door,** so that whatever the entry point, patients will be effectively triaged to the right care by harnessing AI technology.

Ensuring we have the digital and physical infrastructure to underpin change

Creating **one digital estate** and enabling the future of patient-centric care by putting in place **foundational technology infrastructure**.

The NHS will need to invest in **upgrading infrastructure**, **training staff** and implementing **robust cybersecurity protocols** so that digital systems are secure and resilient.

Transforming through data and improving care with new technology

Transitioning to fully integrated digital platforms that allow for **real-time updates, predictive and proactive outreach**, and **improved data accuracy**.

Employing **modern and innovative technology to deliver excellent care** including the application of AI and personalised medicine through the genome project.

Our emerging vision to support everyone to stay healthy for longer - by 2035…..

Releasing time for the workforce and improving day-to-day working lives

Empowering NHS staff to **save time, collaborate, and provide better care** through the deployment of **digital capabilities, automation and AI** throughout day-to-day working lives.

Closing the digital divide and addressing health inequalities and digital exclusion

All clinical pathways, products and services will need to be designed to be **more digitally inclusive**, ensuring that they are **accessible to everyone** regardless of digital literacy, connectivity or technology access.

New technologies have the power to make the NHS more inclusive by providing digital solutions that support people with their needs.

Ensuring the NHS is at the forefront of innovation and research

To be the best health system in the world, **undertaking research and design, developing and deploying innovations**.

Aiming to increase scale, diversity and pace of research, and foster innovation deployment at scale and pace.

What could be the potential impact of shifting from analogue to digital?

The shift from an analogue system to one transformed through digital will…

… create efficiencies for financial sustainability and improve lives for the workforce.

- Technology provides opportunities to **deliver care in new and efficient ways, and at a lower cost.**
- Improved digital platforms can **improve day-to-day working lives** for staff. Emerging evidence from digital platforms for rostering doctors was found to improve both the quality of hospital care and the wellbeing of doctors.
- Better technology can support **spread and scale of best practice**. Examples such as Buurtzorg Web have connected community care nurses across Netherlands.

… improve patient outcomes and transform healthcare services to meet population needs.

- Digital technologies can lead to better patient outcomes through **more effective treatments, reduced waiting times, and more personalised care.**
- Comprehensive and open data systems, such as the Federated Data Platform, can help local areas **understand population health needs** and p**rovide best healthcare services**.
- Artificial intelligence (AI) has the potential to transform care, **54% of NHS trusts are already using AI tools in radiology**.

There are great examples of digital innovation out there…

Virtual care: Managing heart failure @Home

Ten pilot sites across England transformed **home-based heart failure care** through **virtual monitoring technology, patient-centered planning, and support groups**.

This approach achieved a **33% reduction in GP visits** and significantly **decreased hospital admissions and clinic appointments**.

Remote monitoring enables e**arly intervention** when deterioration is detected, while patient education improves self-management. Results show markedly **improved patient satisfaction and quality of life** scores.

AI-powered chest X-ray analysis

East Suffolk and North Essex Foundation Trust implemented an **AI-powered chest X-ray analysis** system that flags potential abnormalities and prioritises urgent cases for rapid review.

The technology **integrates with existing radiology workflows**, reducing reporting times and **enabling faster diagnosis and treatment**.

The system **improved patient outcomes,** increased radiology productivity, and provided a safety net for potential missed findings.

Unified electronic health records

The Great North Care Record unified electronic health records across North East England, giving authorised **clinicians access to a patient's full medical history.**

Now serving over **2.6 million patients and over 25,000 professionals**, the system has **cut waiting times and enhanced continuity of care**, especially for those with complex conditions.

Robust data governance and a **collaborative regional approach** have been critical to the programme's success.

What have we heard from staff and the public about shifting from analogue to digital?

What we've heard from staff so far:

- Unified electronic health records are fundamental for progress
- Virtual care delivery shows promise
- Need reliable foundational IT systems
- Focus on workflow efficiency and automated processes
- Systems must be robust before adding complexity

"Systems need to be robust, reliable and fit for purpose before adding complexity"

What we've heard from the public so far:

- Support technology that enhances rather than replaces human care
- Want basic infrastructure before advanced solutions
- See potential for more efficient, coordinated care
- Value technology that enables personalised care delivery

"There should be more up to date technology for the staff...If you have a happier workforce it's a nicer place to work, patients can only benefit from that."

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Making better use of technology

Discussion Group 1: Getting the basics right

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What have we heard from staff about the barriers to getting the basics right?

Infrastructure and systems

- Poor existing infrastructure
- Limited system integration
- Lack of data sharing
- Inadequate WiFi and hardware infrastructure

"Fix the basics first - stable networks, working equipment, and reliable systems"

Leadership and change management

- Fragmented strategic vision
- Unclear implementation roadmaps
- Organisational resistance
- Cultural barriers to adoption

"Create a clear roadmap with proper resourcing to deliver sustainable change."

Resources and support

- Lack of sustained funding
- Limited technical support
- Inadequate training
- Staff digital literacy gaps
- Limited healthcare IT expertise

"Investment in the right people, skills and kit"

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Making better use of technology

Discussion Group 2: Transformative future potential and innovation

Exercise 1: Future potential

What have we heard from staff and the public about the long-term potential for technological innovation

What we've heard from staff so far:

- Enhancing clinical care and decision making through automation and predictive analytics.
- Improving patient experience, patient controlled healthcare records and virtual care.
- A connected and integrated health system through seamless information sharing.
- A digitally enabled workforce with reduced administrative burden and innovation-driven workplace.

"Integrated data systems that allow for seamless innovation implementation"

What we've heard from the public so far:

- Support for "behind the scenes" AI, particularly supporting clinical decisions and waiting list management.
- Technology to enhance and not replace staff work, augmenting human capabilities and maintaining personal oversight.
- Some concerns around technology reliance and the need for backup systems and skill retention.

"Over reliance of AI, replacement of the workforce. AI can be prone to errors. We should start with help, not replace."

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Exercise 2a: Thinking about how you use tech in other parts of your life – banking or shopping, for instance - How can the NHS mirror other industries that are digital-first to become more digitally driven?

Banking

- Seamless switching between app, web, phone and branch services
- Clear user journeys for common tasks
- Strong identity verification systems
- 24/7 access to basic services
- Human support easily accessible when needed

- **First Direct's AI chatbot deals with 1 in 4 queries with a 92% approval rating.**
- **Banks have moved their service model to primarily digital channels. Nearly one quarter of consumers use a digital only bank.**

Retail

- Personalised user experiences and recommendations
- Click and collect combining digital and physical
- Easy appointment booking systems
- Clear availability information
- Simple returns/changes processes
- Integration across channels
- Digital support for store staff

- **Lush used its Marvin chatbot to achieve 60% first time call resolution despite increased Black Friday demand and postal strike disruption.**
- **Specsavers saw a 34% increase in appointments with a 23% lower acquisition cost by advertising appointment availability.**

Travel sector

- Self-service for routine processes
- Clear escalation routes for problems
- Mobile updates and notifications
- Digital check-in with physical backup
- Integration of multiple services (car hire, hotels)
- Easy rebooking options
- Digital plus human hybrid model

- **Hilton's Digital Key has been rolled out to 80% of Hilton's portfolio. It has been used 135 million times and reduced plastic waste by 125 tonnes.**

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Making better use of technology

Exercise 2b: Artificial intelligence has the potential to replace certain human functions in the future. How enthusiastically should the NHS embrace this and what are the risks and your fears?

What is AI?

Technology is already available to use that could help more people get the care they need earlier

Artificial intelligence (AI) is a set of technologies that enable machines to perform tasks typically requiring human intelligence. These tasks include:

- **Making predictions about the future** (e.g. is this person likely to develop cancer?)
- **Classifying images** (e.g. does this X-ray show signs of disease?)
- **Using fine motor skills** (e.g. robots that can perform keyhole surgery)
- **Using language** (e.g. chatbots that can talk to humans)

AI systems are trained on huge amounts of information and learn to identify the patterns in it in order to carry out tasks such as having human-like conversation or predicting a solution to common problems.

There is both optimism and concern about AI

- 54% of the public and 76% of staff say they **support the use of AI** for patient care.
- 65% of NHS staff think AI will make them **feel more distant from patients.**

What are the potential benefits and downsides of AI?

Potential benefits for AI…

- **Speed**: AI could complete certain tasks much quicker than humans. This includes a greater number of diagnoses per day and identifying risks of conditions earlier. It could save staff time by sharing key patient information more quickly.
- **Accuracy**: AI could make fairly accurate predictions and in some cases, more accurate than humans.
- **Patient care:** AI could offer personalised treatment plans based on individual data. Improvements in technology could lead to better data sharing between providers.
- **Simplicity**: AI could summarise large volumes of data to make it easier to understand.

Potential downsides for AI…

- **Bias**: It's important for the data to be checked for bias and trained in a way that does not introduce bias.
- **Error**: It is possible for AI models not to be trained on a complete data set, which could create a risk of errors such as misdiagnosis.
- **Privacy**: AI systems can be vulnerable to hacking and data breaches.
- **Trust**: Some people are uncomfortable with the use of AI in healthcare.
- **Inequalities**: Potential to widen inequalities in society – if only certain people (e.g. richer people, young people) use this tech.

AI reading of scans and tests

What is it?

At present, all scans for breast and lung cancer, for example, are reviewed by at least two radiologists. In future, **only one radiologist will be needed to review scans identified as low-risk by an AI**. This would reduce the workload of radiologists

Benefits

- If the AI is trained appropriately, it would be able to deliver more accurate and reliable screening. This could catch cancer that might be missed by the human eye
- Scan results would be available more quickly
- More patients could be tested
- Frees up clinician time so they can focus on other tasks (e.g. seeing more patients)

Considerations

- The NHS could not afford to have the technology everywhere immediately. Some patients will have to travel to access the service
- Potential for bias if the AI is not trained on diverse data. For example, the AI tool may make more errors in some patient groups
- Some may feel uncomfortable if the AI replaces one radiologist

AI health care assistant

What is it?

An AI assistant that **provides ongoing support to patients**. By using information about the patient from their record, it can review symptoms, detect early changes in patients' health, schedule appointments with healthcare professionals and give tips on how to manage their health and care.

Benefits

- Provides support for people who are managing multiple health conditions
- Helps people who might struggle to see a healthcare professional in person
- The AI would be able to answer questions from patients quickly and be available 24/7
- It would reduce demand for appointments with staff, freeing them up for those who need them

Considerations

- Expensive to roll out in the short term, but potential to save money in the long term
- It would be a big change in how services are delivered to patients, an 'always on' virtual assistant vs. a typical appointment with a e.g. nurse / GP
- Some may not want to use an AI assistant, and others may not be able to
- Will require oversight to ensure the AI makes the right decisions. It may be less clear about who is accountable if things go wrong
- Will require updates to regulations

AI assisted clinician decision making

What is it?

AI could be used to **analyse patient health records** (e.g. creating dashboard summaries). It could quickly create summaries of patient history; retrieve relevant cases and literature; and suggest lab tests, diagnosis and treatments.

Benefits

- Quicker for clinicians to read a summary of a patient's medical history, so they have more time to deliver care
- Potential to help hospitals run more efficiently by helping to identify when patients are ready for discharge
- Better outcomes for patients as information is more comprehensive

Considerations

- Staff training would be needed to use the tool
- It could be difficult to establish accountability if something goes wrong
- Regulation would need to be updated to ensure it is used safely

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Exercise 3: Enablers and barriers to innovation

What have been the key barriers to date that have prevented innovation?

What we've heard from staff so far:

- **Resource constraints:** Limited time, funding, and capacity to implement while maintaining daily operations
- **Technical issues:** Outdated systems and infrastructure limiting integration possibilities
- **Skills gap:** Insufficient technical expertise and training opportunities

"Innovation seen as 'nice to have' rather than essential for human care delivery"

What we've heard from the public so far:

- **Digital divide:** Concerns about accessibility and exclusion of certain groups
- **Security and privacy:** Worries about data protection and system vulnerabilities
- **Human touch:** Fear of losing personal interaction in healthcare delivery

"Concern with older people, people with learning conditions who cannot access [technology]...there can be other ways to access people."

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Making better use of technology

Discussion Group 3: Inclusion and addressing inequalities

What do we mean by digital inclusion and the digital divide

The digital divide represents a gap between people who can use and access digital technologies and those who cannot

Digital inclusion covers:

- **Digital skills**: Being able to use digital devices, such as computers or smartphones and the internet.
- **Connectivity:** Access to the internet through broadband, wi-fi and mobile.
- **Accessibility:** Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

There is a risk that some people **continue to be excluded from digital solutions**, including **older adults**, people in **lower income groups** and people with **additional needs** who typically use NHS services more frequently.

Health and care staff do not always have knowledge and confidence in using digital health resources themselves. This means that they are unlikely to act as digital champions and recommend digital tools to their patients.

Key facts

- **11.9 million people** (22% of the population) **do not have the digital skills** needed for everyday life in the UK.
- By 2030 it is predicted that **4.5m people** (8% of the population) will remain **digitally disengaged.**
- **People with a disability** are **35% less likely** to have **essential digital skills for life.**
- **At present, only 3% of people use the app to book appointments,** either because the provider does not enable them to, or the individual is not confident enough in the system to choose to do so.

What have we heard in the engagement in how we should address digital exclusion?

What we've heard from staff so far:

- Ensuring infrastructure and access including device loan schemes for staff and patients.
- Structured digital training and ongoing support for all staff levels.
- Adequate support systems and resources and ensuring support matches user needs.
- Design interfaces for all ability levels, incorporating accessibility standards, and consider cultural and language needs.
- Develop digital inclusion strategies and monitor access patterns and barriers.

"Systems must be designed for all ability levels"

What we've heard from the public so far:

- Concerns around creating a two-tier system protecting vulnerable groups, particularly the elderly and those with learning conditions
- Respect for patient preferences and maintaining choice and alternatives
- Proactive support and education, particularly for digitally excluded groups
- Ensuring equal quality of care regardless of digital access and preventing discrimination through technology.

"Concern around older people and people with learning conditions who cannot access [technology]. I think they need to bear in mind there can be other ways to access people."

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Change NHS: staff engagement

Cross cutting group 1: What does the NHS need to do differently as an employer, to be a great place to work?

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Staff perspectives so far on what the NHS needs to do differently as an employer, to be a great place to work

Building careers and nurturing talent	Supporting people to thrive at work	Providing tools for excellence	Fostering trust and innovation
Clear progression pathways and protected training time Mentoring and development Meaningful recognition and fair rewards	Proactive wellbeing and mental health support Sustainable staffing levels and workload Flexible working and adequate rest facilities	Modern facilities and IT systems Reliable tech with comprehensive support Workspaces that enable effective working	Transparent and compassionate leadership Meaningful staff input into changes Innovation and cross-team collaboration
"Support staff to develop new skills and take on new challenges"	"Look after staff wellbeing - happy staff provide better care"	"Poor IT infrastructure making simple tasks time-consuming." "Mobile devices for community staff transformed how we work"	"Less top-down management, more engagement with frontline staff"

How can the NHS offer more flexible working, while also providing a 24/7 and fully responsive service

Some parts of the NHS already offer more flexible working options while maintaining a 24/7 service. For example:

- **Implementing shift patterns with flexible working options.** Many community nursing teams offer options like compressed hours, part-time work and job sharing to accommodate staff needs.
- **Utilising technology to enable remote working.** NHS 111 relies heavily on a virtual workforce of call handlers, nurses and doctors who work remotely. This allows for 24/7 coverage with staff working flexible hours from various locations.
- **Self rostering.** The Royal Free London NHS Foundation Trust has implemented electronic self-rostering for many staff groups, allowing them to choose their shifts and working patterns, leading to improved staff satisfaction and retention.

According to the latest NHS Staff survey results…

There are improvements across all areas measuring 'work-life balance' since 2021:

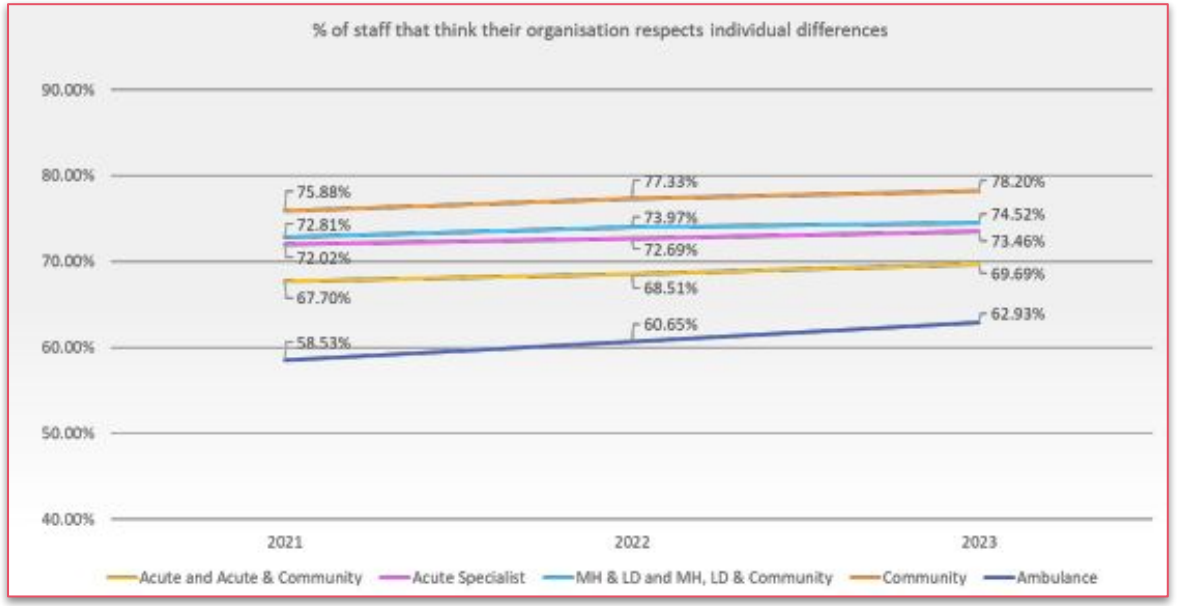
- Almost **50%** of staff said their **organisation is committed** to helping them **balance their work and home life.**
- **56%** of staff said they **achieve a good balance** between their work life and their home life.
- **71%** said they can approach their immediate **manager** to talk openly about flexible working.
- Overall, **staff satisfaction with the opportunities for flexible working patterns has improved** following a decline between 2020 and 2021 and is now at a five-year high.

The latest NHS Staff Survey results

Staff survey and workforce data demonstrates we have more to do before we can say inclusive workplace environments are the norm…

- **Women make up 77% of the NHS workforce** but are under-represented at senior level.
- Just over **24% of the workforce are from black and minority ethnic backgrounds** but face discrimination across many aspects of their working lives, including **27.6% experiencing bullying, harassment or abuse.**
- **25% of disabled staff** have experienced **bullying from their colleagues**.
- **23.5% of our LGBT+ colleagues** face **bullying and harassment** at work compared with 17.9% of heterosexual staff.

However, staff are increasingly likely to feel their organisation respects individual differences such as cultures, working styles, backgrounds and ideas.

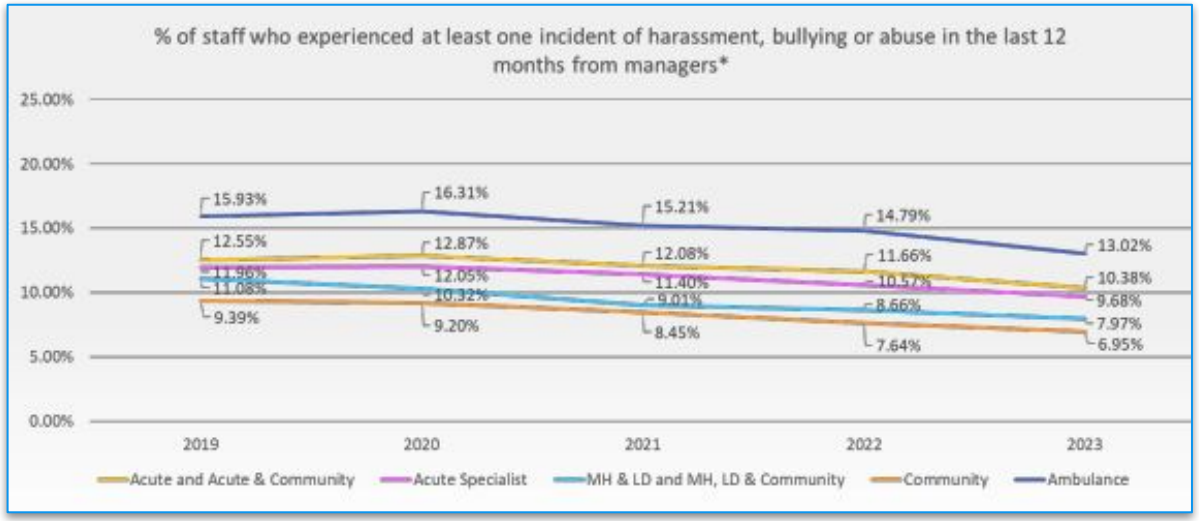


The latest NHS Staff Survey results

The proportions of staff saying they experienced harassment, bullying and abuse from patients, managers or other colleagues are all at a five-year low

Although at **25.15% of staff saying they experienced harassment, bullying and abuse from patients/service users, relatives or the public** is still high.

The level of harassment, bullying and abuse from managers experienced within the last 12 months has **continued to decrease**, showing consistent declines between 2020 and 2023 in all trust types.



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Change NHS: staff engagement

Cross cutting group 2: Should areas in the country that struggle to recruit get additional funding to offer higher salaries?

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The NHS faces a significant challenge in recruiting and retaining staff across the UK, but some areas struggle more than others.

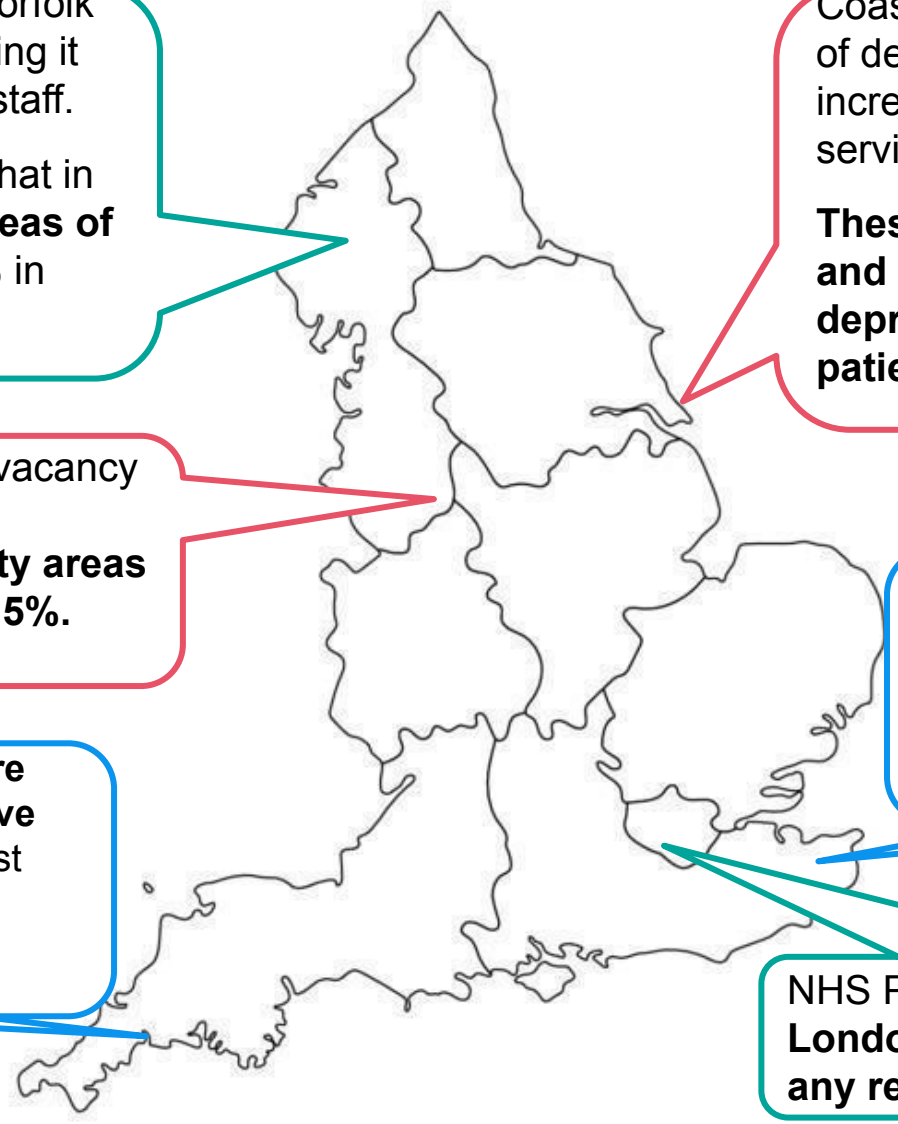
Counties like Cumbria, Cornwall and Norfolk often have dispersed populations, making it difficult to provide services and attract staff.

The British Medical Association found that in **2023, the GP vacancy rate in rural areas of England was 7.7%**, compared to 5.4% in urban areas.

Coastal communities often have higher rates of deprivation and health inequalities, increasing the demand for healthcare services but making it harder to recruit staff.

These areas have 15% fewer consultants and 7% fewer nurses per patient, while deprived areas have fewer GPs per patient.

2023 NHS Digital data showed that vacancy rates for nurses were higher in more deprived areas, **with some inner-city areas having vacancy rates exceeding 15%.**



Kent and Medway Integrated Care Board have offered relocating GPs £15,000 to join local practices, including the coastal areas of Thanet, where health inequalities are greater.

NHS Cornwall and the Isles of Scilly are offering a 'golden hello' bonus incentive payment of £20,000 for every new dentist who accepts a post within an NHS dental practice that has been approved for the scheme.

NHS Providers reported in 2022 that **London has the highest vacancy rate of any region in England, at 11.5%.**

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Cross cutting group 3: What cultural change is needed to deliver change across the shifts?

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Key themes of staff perspectives so far on what cultural changes are required to deliver the three shifts?

Collaborative culture across departments and organisations	Environment that encourages innovation and learning	Ensure patient needs and outcomes drive all transformation efforts	Collaborative leadership approaches that enable transformation
Cross-departmental teams and projects Shared objectives across services Collaborative decision-making processes Knowledge sharing	Safe spaces for testing new approaches and controlled risk-taking Systematic learning capture and sharing Recognise and celebrate innovation attempts	Embed patient voice in decision-making and measure what matters Design services around patient journeys Build community partnerships	Collaborative leadership Local decision-making Visible support for change Clear accountability frameworks
"Working across organisational boundaries needs to become normal"	"Build culture where learning from mistakes is valued"	"Real co-production with communities, not just consultation"	"Leaders need to walk the talk and demonstrate new behaviours"

Of the key themes identified, there was some nuance between different staff groups and which sector they worked within on what cultural changes are required to deliver the three shifts…

Collaborative culture across departments and organisations

Different staff groups highlighted differing professional integration challenges:

- Doctors focusing on bridging the primary / secondary care divide.
- Nurses highlighted hierarchical barriers between professions.
- Other clinical staff emphasised cross-disciplinary learning needs.
- Administrators and managers concentrated on removing organisational barriers
- Social care workers pointed to poor health/social care interface.

"Get rid of primary/secondary care divide (and change mindset that the 'other' is the problem)" (Doctor)

"More collaboration meetings between community and hospital teams" (Nurse)

"Breaking down barriers between teams and organisations" (Manager)

Staff working in different sectors described differing organisational integration challenges:

- Primary care and community services striving to maintain local identity while integrating with broader systems.
- Mental health services particularly struggled with bridging the mental/physical health divide.
- ICS/ICB staff grappled with complex governance issues.
- Local authorities and public health highlighted service gaps.

Disconnected IT systems preventing efficient working with lack of joined-up working with community services" (Primary Care)

"Poor integration with physical health services creating fragmented care pathways" (Mental Health)

"Complex governance arrangements and organisational boundaries limiting integration" (ICS/ICB)

Of the key themes identified, there was some nuance between different staff groups and which sector they worked within on what cultural changes are required to deliver the three shifts…

Environment that encourages innovation and learning

- Doctors emphasised reducing risk aversion, while nurses focused on learning from incidents.
- Other clinical staff prioritised service innovation opportunities
- Administrators emphasised developing a process improvement culture
- Social care workers highlighted inadequate support for innovative approaches.

"Limited support for innovation initiatives" (Doctor)

"No time for improvement projects" (Nurse)

"Lack of improvement culture" (Manager)

- Acute services focused on overcoming risk-averse culture.
- Community and primary care highlighted workload as a barrier to innovation.
- Public health emphasised the need for evidence-based approaches.
- Local authorities stressed resource limitations as a key constraint.

"Risk-averse culture affecting development with resistance to change" (Acute)

"Poor support for innovation in community settings limiting service development" (Community)

"System-wide prevention strategy required but challenging to implement" (Public Health)

Of the key themes identified, there was some nuance between different staff groups and which sector they worked within on what cultural changes are required to deliver the three shifts…

Ensure patient needs and outcomes drive all transformation efforts

- Doctors worried about targets overshadowing patient experience, while nurses struggled with documentation burden limiting patient interaction time.
- Clinical staff emphasised service flexibility, while administrators focused on developing meaningful metrics
- Social care workers advocated for truly person-centred care over process adherence.

Different sectors approached patient-centred care differently:

- Primary care and community services emphasised population health management.
- Mental health focused on holistic care approaches.
- Public health stressed addressing health inequalities.
- Local authorities emphasised prevention and wellbeing initiatives.

"Targets prioritised over patient experience" (Doctor)

"Documentation preventing patient interaction" (Nurse)

"Making targets meaningful to staff and patients" (Manager)

"Step away from the sickness model towards prevention and wellbeing" (ICS/ICB)

"See patients are people who are all just trying to get by, not just conditions" (Mental Health)

"Focus on prevention and wellbeing in communities rather than just services" (Local Authority)

Of the key themes identified there was some nuance between different staff groups and which sector they worked within on what cultural changes are required to deliver the three shifts…

Collaborative leadership approaches that enable transformation

Role-based views showed different leadership needs:

- Doctors emphasised clinical leadership in change processes.
- Nurses called for more compassionate leadership, and other clinical staff stressed the importance of innovation support.
- Administrators emphasised the value of system-wide experience.
- Social care workers sought stronger senior leadership support.

Perspectives on leadership revealed varying priorities in different sectors:

- ICS/ICB emphasised system-wide governance.
- Primary care and community services advocated for local autonomy.
- Mental health stressed accountability.
- Public health highlighted the need for consistent leadership support.

"Clinical leadership needs to be at the forefront of change" (Doctor)

"More compassion from senior managers" (Nurse)

"Managers to have experience across the system" (Manager)

"Develop collaborative leadership models across the whole system" (ICS/ICB)

"Top-down impositions limiting local solutions and innovation" (Primary Care)

"System-wide prevention strategy needs consistent leadership support" (Public Health)

Department of Health & Social Care

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Change NHS: staff engagement

Cross cutting group 4: What would need to be true to enable you to innovate or change things in your role?

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Staff perspectives so far on what would need to be true to enable them to innovate or change things in their role

Protected space for innovation	Building a safe-to-try culture	Enabling local decision making	Developing innovation capabilities
Innovation time in job plans and schedules Adequate staffing levels with ring-fenced improvement resources Reduce administrative burden to create capacity for innovation work	Visible leadership support with innovation strategy Safe spaces for experimentation and "smart failure" Recognition to celebrate improvement efforts	Delegate decision-making authority to local teams with clear risk frameworks Streamline approval processes to enable rapid testing of ideas Pathways for scaling successful innovations	Training in improvement methodologies Networks for sharing learning and expertise Mentoring programmes and accessible expert support
"Innovation needs time - can't do it in margins of the day job"	"Culture where it's safe to try things and learn from mistakes"	"Autonomy to implement changes in our area"	"Learning from others who have innovated successfully"

Staff perspectives so far on what inefficiencies they see in their day-to-day lives that should be tackled

Unifying fragmented digital systems	Reducing administrative burden	Efficient allocation of available resources	Enhancing service integration
Implement single sign-on across all systems Automate routine data sharing between platforms Modernise core technology infrastructure	Streamline approval processes and documentation requirements Automate routine administrative tasks Standardise core operational procedures	Implement real-time equipment and space tracking Develop efficient staff scheduling systems Create streamlined inventory management processes	Establish standardised communication protocols Create unified care pathways across services Implement structured handover processes
"Multiple systems that don't talk to each other creating double work"	"Multiple levels of approval for simple decisions"	"Wasteful use of supplies due to poor stock management"	"Information not being passed between teams effectively"

Staff perspectives so far on what innovations should be led nationally and what should be done locally

Consistent national infrastructure while enabling local flexibility	Enable delivery of locally focused care	Central coordination with local autonomy in resource management	A connected national system that spreads innovation effectively
Unified technical infrastructure and data standards Flexible frameworks that support local adaptation Clear governance structures for system-wide coordination	Local service design and implementation authority Rapid, community-specific innovation cycles Flexible operational workflows based on local needs	Clear national resource frameworks with local decision rights Shared resource pools with flexible access Integrated workforce planning and development systems	Knowledge-sharing platforms and networks Clear pathways for scaling successful innovations Active learning communities across organisations
"Core infrastructure should be nationally led to avoid fragmentation"	"Local freedom to design services that meet community needs"	"Local decision-making on resource use"	"Learning networks across all areas"