Department of Health & Social Care

NHS England

Change NHS: staff engagement

Shifting from sickness to prevention

Stimulus slides used in staff engagement events Feb-Mar 2025

CHANGE NHS

Help build a health service fit for the future

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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:

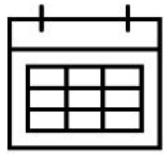
- what immediate actions are needed to get the NHS back on its feet and bring waiting lists down
- the long-term challenges to make the health service fit for the future.

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.

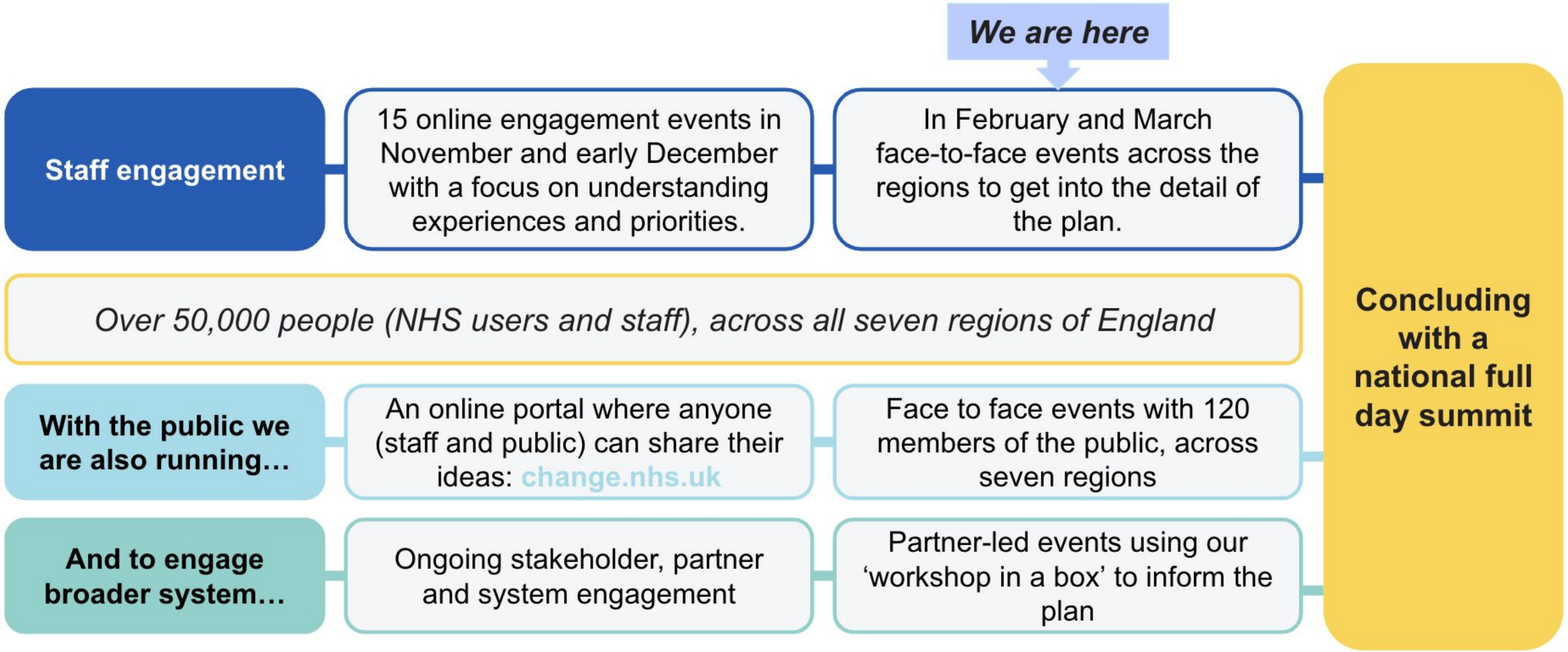
This plan will focus on secondary prevention - measures across the health and care system to help stop or delay the development or progression of disease in individuals and keep them in good health for longer.

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"

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Shifting from sickness to prevention

Building understanding of the shift

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Shifting from sickness to prevention: summary

The 10 Year Health Plan will focus on secondary prevention

To help stop or delay disease in individuals with their consent and keep them in good health for longer, focusing on interventions and support to:

- address behavioural risk factors
- detect disease early
- manage or prevent disease progression.

See more on slide 13

Why do we need a preventative approach to health and care?

- Health inequalities and adverse health trends are growing
- More people are living longer with multiple conditions
- Living with multiple health conditions impacts individuals, the economy and the health system

See more on slide 14

What could the impact be?

Applying known, evidence-based preventative interventions can:

- support individuals to live healthier for longer
- benefit the economy and the health system.

See more on slide 15

A range of experts and key interested parties strongly support this shift

The independent health think tank The King's Fund, for example, sees the shift to prevention as 'the ultimate prize as it will enable a truly transformational approach' to build a service fit for the future.

See more on slide 16

Shifting from sickness to prevention: summary

We are not starting from scratch…

There are some great examples out there:

- Social prescribing in Manchester
- Healthy eating initiative in Lambeth
- Integrated suicide prevention in the West Midlands

See more on slide 17

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

- Neighbourhood Health Services prevention focus
- Every contact an opportunity for prevention
- Identification and outreach to high-risk groups
- People as equal partners
- Staff development and upskilling
- Partnership working

See more detail on slide 18 and 19

According to staff, why has this shift been so difficult to deliver in the past?

Key staff barriers include:

- Lack of staffing and resources
- System pressures trumping prevention
- Embedded cultural attitudes and medical model dominance

See more on slide 20

According to the public, what are the key concerns about this shift?

Key public concerns include:

- Social factors e.g. cost of healthy food
- Service accessibility
- Misinformation and lack of information sharing

See more detail on slide 20

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

Those preventative measures across the health and care system to help stop or delay disease in individuals with their consent and keep them in good health for longer.

Behavioural risk factors	Detecting disease early	Managing or preventing disease progression
• Smoking cessation services • Weight management services • Alcohol support and treatment services	• National lung cancer screening • Antenatal screening tests • Self-monitoring at home, e.g. blood pressure • Evaluate self-sample cervical screening tests	• Managing hypertension, cholesterol and atrial fibrillation • Diabetes prevention • Improve access to mental health services

Why do we need a preventative approach to health and care?

Health inequalities and adverse health trends are growing

- 19-year gap in "good" health between most and least deprived areas
- Widening inequalities in child obesity
- Increasing incidence of disease, for example 18.7% increase in under-40s with type 2 diabetes (2017-2022)

More people are living longer with multiple conditions

- 1 in 4 people have 2+ health conditions
- Two-thirds of over-65s expected to have multiple conditions by 2035

Living with multiple health conditions impacts individuals, the economy and the health system

- Patients with multiple conditions account for: 50% of hospital admissions, outpatient visits and primary care consultations; over 50% of the costs of of primary and secondary care; and 75% of the costs of primary care prescriptions.
- The three conditions (MSK, mental health and CVD) that contribute most to economic inactivity are largely preventable.
- 40% of ill health and early death linked to preventable factors (diet, tobacco, alcohol).

What could be the impact of a preventative approach to health and care?

Applying known, evidence-based preventative interventions can…

… support individuals to live healthier for longer

- Potential for 20+ extra healthy days per person annually - a 33% reduction in ill health.*
- Reduced risk of ill health. The NHS Diabetes Prevention Programme achieved a 40% reduction in type 2 diabetes risk for participants through tailored lifestyle education, supported weight loss, and dietary changes.

… benefit the economy and the health system

- £320 billion GDP increase over 20 years.*
- Evidence shows that **countries with strong primary care and preventive health focus tend to have lower overall healthcare utilisation**, including hospitalisations.**

*The independent report 'Making prevention everyone's business: a transformational approach to personalised prevention in England' published in May 2024
**Starfield B, Shi L, Macinko J. "Contribution of Primary Care to Health Systems and Health."

A range of expert organisations see this shift as vital for system sustainability

These include independent health think tanks and NHS membership organisations

The King's Fund

Views prevention as "the ultimate prize" for transforming healthcare to meet future needs. They argue that this shift will require activity including:

- reorientation of measurement and accountability at national and local level
- a managed rebalancing of resources
- embedding prevention in all contact with patients and upskilling staff to do this.

The Health Foundation

Calls for cross-government action to address wider determinants of health eg. housing, and prioritise primary prevention population level action on the leading risk factors for ill health.

Within the scope of this 10 year health plan, they argue that this shift will require:

- protected funding and long term investment cycles
- integrated care systems (ICS) action to improve population health and tackle inequalities in health.

The NHS Confederation

Views ICSs with their focus on collaboration and population health management as crucial for implementing effective prevention strategies, with leaders prioritising and ring-fencing funding for well-evidenced interventions.

They report that most ICSs have prioritised prevention, but those most impactful are driven by leaders who are able to ring fence funding towards well-evidenced preventative interventions. A shift in mentality, partnerships and workforce skills is essential.

We are not starting from scratch. There are great examples of prevention out there…

Social prescribing

Be Well is Manchester's integrated social prescribing service, linking residents to 1,000+ local support services.

They provide neighbourhood based wellbeing advisors connected to 80+ GP practices across the city.

So far, they have **supported over 15,000 Manchester residents, seen a 76% improvement in wellbeing scores and reduced GP appointments by 25%.**

Healthy eating

Lambeth Council has commissioned a Fruit and Vegetable on Prescription scheme targeted at low income residents at risk of high blood pressure.

The public health and voluntary sector worked with GP's, social prescribers and community health practitioners to deliver the vouchers, weekly health advice, wrap-around support.

This has seen an **increase in the variety and consumption of fruit and vegetables eaten and 40% reduction in GP visits.**

Mental health

West Midlands Combined Authority has integrated suicide prevention beyond health services.

Policing and health services work together to provide street triage and liaison and diversion from custody services, ensuring vulnerable people in contact with police see mental health nurses.

This has **reduced demand on emergency services, with fewer people going into A&E and fewer being detained in places of safety.**

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

Neighbourhood health services prevention focus

These services will focus on prevention and early identification; supporting adults and children to stay healthy; and treating physical and mental health equally.

Every contact an opportunity for prevention

There will be a whole person approach by default; staff will partner with patients on health priorities; and prevention will be embedded in all interactions.

Identification and outreach to high-risk groups

There will be proactive outreach and support, with priority for marginalised groups, targeting early multimorbidity and frailty.

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

People as equal partners

Personalised preventive care will be co-designed, with a deeper understanding of personal health risks and proactive access to guidance and support.

Staff development and upskilling

Staff will be upskilled for prevention focus to enable people to: build their ability and agency to stay healthy for longer; and take a more active role in self management of existing conditions.

Partnership working

There will be collaboration with a range of statutory partners and voluntary and faith sectors to drive preventive intervention uptake and support healthy behaviours through positive messaging.

What have been the key barriers to date that have stopped progress in delivering the shift to prevention?

What we've heard from staff so far:

Staffing and resources

- Lack of secure and consistent funding and resources
- Recruitment and retention challenges
- Infrastructure limitations
- Inadequate development opportunities

System pressures

- Treatment prioritised over prevention
- Service fragmentation
- Embedded cultural attitudes and medical model dominance

"Deprived areas lack resources for prevention despite having highest need."

What we've heard from the public so far:

Social factors

- Cost of healthy food
- Housing quality
- Access to green spaces
- Work-life stress

Service accessibility

- Limited service availability
- Misinformation and lack of information sharing
- Need for individual choice
- Two-way dialogue preferred

"It's cheaper to be unhealthy, it leads to blame culture for people who can't make the choices to be healthy."

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Shifting from sickness to prevention

Discussion Group 1: Supporting patients to access preventative services

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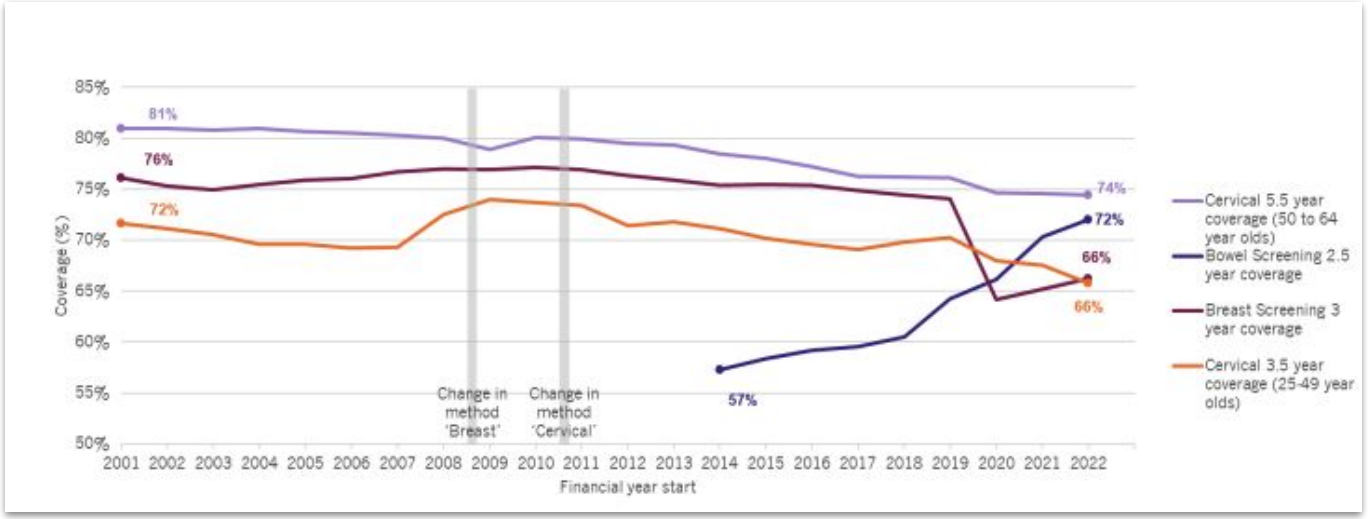
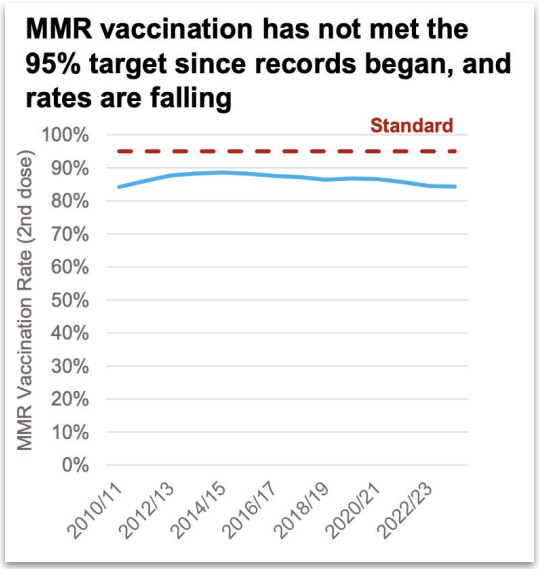
Uptake of public health interventions, including screening and vaccine coverage, is varied.

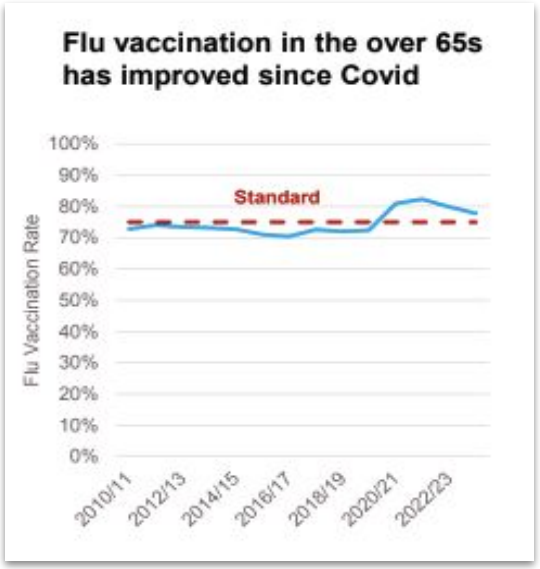
Bowel cancer screening has continued to increase uptake, however uptake for breast cancer screening has not met 70% since Covid, and cervical screening has fallen year on year since 2020.



Vaccinations are mixed. MMR vaccination has not met 95% since records began and rates are falling. However, flu vaccinations in the over 65s has improved since Covid.

Additionally, the percentage of people invited who take up the NHS Health Check has decreased between 2013 and 2023 from 49% to 40%.





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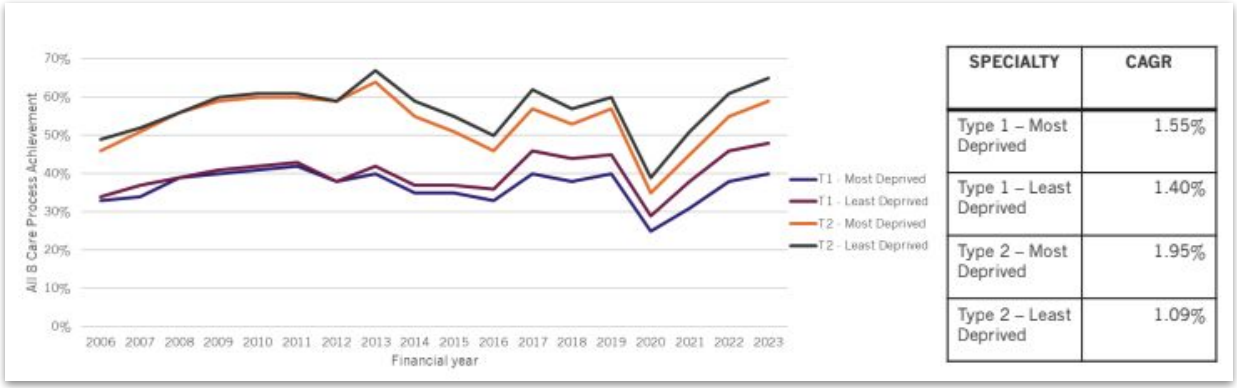
KALEIDOSCOPE
Health and Care

The gap in preventative intervention uptake between the most and least deprived areas of the country is widening

Poorer and socially disadvantaged people who face particular barriers to accessing preventive care (eg, screening or health check-ups), are less likely to be referred for specific specialist investigations and more likely to experience worse outcomes.

People with type 1 and type 2 diabetes in the most deprived areas are less likely to receive full care than people in the least deprived areas. This gap has widened since 2012/13.



SPECIALTY	CAGR
Type 1 – Most Deprived	1.55%
Type 1 – Least Deprived	1.40%
Type 2 – Most Deprived	1.95%
Type 2 – Least Deprived	1.09%

Between 2007 to 2008 and 2019 to 2020 the inequalities gap in Year 6 child obesity was widening each year. While the gap between the most and least deprived areas in 2023 to 2024 has reduced, it is still larger than in pre-pandemic years.

Childhood obesity prevalence is markedly higher in those most deprived, with children in Reception and Year 6 in the most deprived group being more than twice as likely to be obese than those in the least.

Supporting patients to access services - staff perspectives from engagement so far

Community integration is critical	Services must adapt to patient needs	Balance digital innovation with accessibility	Location and accessibility are crucial barriers	Cultural competency is essential
Leverage existing community structures Partner with trusted local organisations Co-design services with communities	Extend service hours Offer mobile and pop-up services Create adaptable appointment systems	Develop inclusive digital solutions Maintain traditional access routes Digital skills support Create hybrid service models	Satellite clinics Transportation support Offer home visits where needed Use community venues strategically	Multi-language resources Community health champions Culturally sensitive services and competency training
"Community involvement right from the outset and this will ensure sustainability"	"Services need to be where people are, not where it's convenient for the system"	"Keep multiple access routes open - not everyone can use digital"	"Transport and distance are major barriers for many people accessing services"	"Community health champions from diverse backgrounds breaking down cultural barriers"

Supporting patients to access services - public perspectives from engagement so far

Early education and tackling misinformation	Expanded community access to care	Prioritise root cause interventions	Two way dialogue with healthcare staff	Addressing social determinants
Education starting from a young age Focus on addressing misinformation, particularly around interventions like vaccines	Delivering prevention outside healthcare settings Services accessible in the community Better promotion to increase awareness of available services	Strong emphasis on mental health services as a root cause of other health issues Strong support for screening services	The public want conversations about individual benefits and risks Some sensitivity around targeted interventions for specific groups	A holistic approach to prevention Address barriers like food costs, housing quality, access to green spaces, and work-life balance
"Knowing…effects of unhealthy choices and living with disease"	"Responsibility of the NHS to make sure people know what is available"	"So many other diseases linked to poor mental health."	"It's about positive encouragement."	"It's cheaper to be unhealthy"

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NHS England

Shifting from sickness to prevention

Exercise 1a) In your experience what helps to improve patient uptake of preventative services? (inc support to increase patient agency)

Examples of how local areas have sought to increase patient uptake of preventative services

MAGIC shared decision making programme at Collingworth Surgery, North Shields

Encouraging shared decision-making between patients and healthcare professionals to empower patients to take ownership of health

The GP practice enhanced patient engagement through brief decision aids covering key conditions like carpal tunnel syndrome, smoking cessation, menorrhagia, contraception, and benign prostatic hyperplasia.

The practice pharmacist extended this approach to NHS Health Checks and long-term condition management. Through the MAGIC programme, clinicians discovered gaps in their existing shared decision-making practices, leading to more meaningful patient involvement.

Surrey Growing Health Together neighbourhood health

Expanding provision in underserved areas, such as through mobile services and community-based initiatives

The Surrey Growing Health Together initiative improves healthcare access in deprived areas through community-led solutions. GPs actively listen to residents about neighborhood health barriers, building relationships to enable local interventions.

This model, emphasising community empowerment and upstream prevention, resulted in reduced GP consultations for 62% of participants.

Examples of how local areas have sought to increase patient uptake of preventative services

Waveney Wellness on Wheels bus

Addressing practical barriers to access, such as transport, childcare, flexible appointments

Norfolk and Waveney's Wellness on Wheels bus delivers mobile healthcare services, including vaccinations, health checks, screening and financial advice.

The service specifically targets underserved groups including homeless individuals, sex workers, vulnerable and forced migrants (those with no recourse to public funds), Gypsy, Roma, Traveller and Boater communities, and those in deprived areas who face barriers accessing traditional healthcare settings.

Cervical screening project in Coventry

Tailoring services to meet diverse needs, such as offering women-only screening sessions or providing translation

Foleshill Women's Training partnered with their ICB to increase cervical screening uptake among ethnic minority women in low-participation areas. The award-winning programme employed bilingual staff and volunteers to deliver culturally-sensitive education, focusing on women aged 25-64.

Their approach combined language support, health education, and myth-busting to address cultural barriers and fears. Community workers engaged directly with hard-to-reach populations, providing essential healthcare information in accessible formats.

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Shifting from sickness to prevention

Exercise 1b) How would you feel about the NHS being more proactive in encouraging people to access prevention services like vaccines and screening?

Financial incentives and penalties - Australia's child benefits requirements

Australia

No jab, No pay - a child must meet immunisation requirements for the family to receive Family Tax Benefit or childcare fee assistance.

- In order to claim Family Tax Benefit or childcare fee support, all children younger than 20 years of age must meet the Department of Health and Aged Care's **age appropriate early childhood vaccination schedule,** or be on an approved catch-up schedule.
- Medical exemptions are permitted but not on the grounds of vaccine objection. If a scheduled vaccine is missed, there is a 63 day grace period to rebook.
- Vaccine record is held on individuals' Medicare Card, synchronised with the Australian Immunisation Register.

Education and access - Denmark's eHealth portal

Denmark

Sundhed.dk is a public, internet-based portal that collects and distributes health care information among citizens and health care professionals.

It is unique in bringing the entire Danish health care sector together on the internet and providing an accessible setting for citizens and health care professionals to meet and efficiently exchange information.

- sundhed.dk serves as a **single point of national entry** where patients can access their health data provided by the hospital, GP and municipal health service.
- It offers 24-hour access to **personal health data** and **general information about health preventio**n and diseases for citizens and health professionals, and offers free, evidence-based information
- A tool for both citizens and health professionals, the portal enables greater **cooperation and empowerment** for individuals in their care.

Social and cultural strategies - Japan's community health volunteers

Japan

The Japanese health system has taken health services out of hospitals and into communities, using community health volunteers, and has made regular annual health checks the foundation of everything it does.

- Annual health checks **empower patients to monitor their own health** routinely by offering preventative services, including diagnostic point-of-care testing and screening, in community health centres and mobile facilities.
- A typical check entails a low-dose chest X-ray, urine test, girth, height and weight measurements, blood pressure check and various blood tests.
- Attending annual health checks at local screening centres or in mobile vans has become an **ingrained feature of Japanese society** and helps to keep patients out of hospital.

Structural approaches - New Zealand's Māori-led health services

New Zealand

Māori-led health services in New Zealand include programmes that improve access to care, provide culturally safe care, and support whānau (extended family).

These services are designed to address the specific health needs of Māori and reduce health disparities, including through preventative care.

- Disparities in health between Maoris and non-Maoris are longstanding, large and widening. These are due to a complex mix of factors associated with **socioeconomic and lifestyle characteristics, discrimination and access to health care.**
- Maori-led programmes designed to improve health care access are taking a 2-fold approach that supports both the development of Maori provider services and the enhancement of mainstream services **through provision of culturally safe care.**
- Maori provider organisations and cultural safety education are examples of initiatives that have emerged not in isolation but within a context of macro-level government policies.

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Shifting from sickness to prevention

Exercise 1c) How can we better support marginalised groups to better access preventative services?

Mobile cancer screening to move care to where people need it

What is this service?

- The NHS's Targeted Lung Health Check Programme **aims to diagnose lung cancer early,** when chances of survival are much better.
- **Scanning trucks move around and visit convenient community sites.** This includes supermarket car parks, sports stadiums, town centres. Advice to help people stop smoking is also provided to those who attend.
- The trucks **deliver in-depth lung health checks** in areas of deprivation. More than a third of people diagnosed with lung cancer from the most deprived fifth of England were diagnosed at stage one or two in 2022 (34.5%) – up from 30% in 2019.

Who uses the service?

- The focus is on **past and current smokers**, who are at far higher risk of lung cancer than non-smokers.
- The initiative has **run in parts of England with the highest rates of lung cancer, and lowest lung cancer survival rates.**

Targeted health education and advocacy for people with Caribbean or African backgrounds

What is this service?

- The **Caribbean and African Health Network**, a **Manchester** based charity operating across England, offers a range of services to overcome barriers to better health and health service use.
- One offer is their **weekly one hour long, online health education sessions** addressing health issues. Talks cover issues such as cancer, mental health, women's health, and diabetes. Qualified clinicians host Q&A and provide advocacy support for people struggling with access.
- **Proactive outreach projects** work in partnership with community organisations and champions, commissioned by different councils and NHS organisations, aiming to make screening and preventative services more accessible to marginalised communities.

Who uses the service?

- Members of the **Caribbean and African communities in Greater Manchester** and beyond, who have questions about their health, or who are unaware of services or consider them 'not for people like them'.
- Evaluations show that the organisation reaches people that do not usually show up to preventative services.

Door knocking for your most deprived members of the community

What is this service?

- **Westminster Community Health and Wellbeing Workers** are non clinical staff, attached to primary care and the council, who are tasked with making contact with the most deprived households on their patch on a regular basis.
- They are expected to **contact around 125-150 households each**, once per month, **pro-actively engaging residents in conversations about health** and anything that might get in the way of them accessing services.
- The team is hosted by a local voluntary organisation, the Abbey Centre.

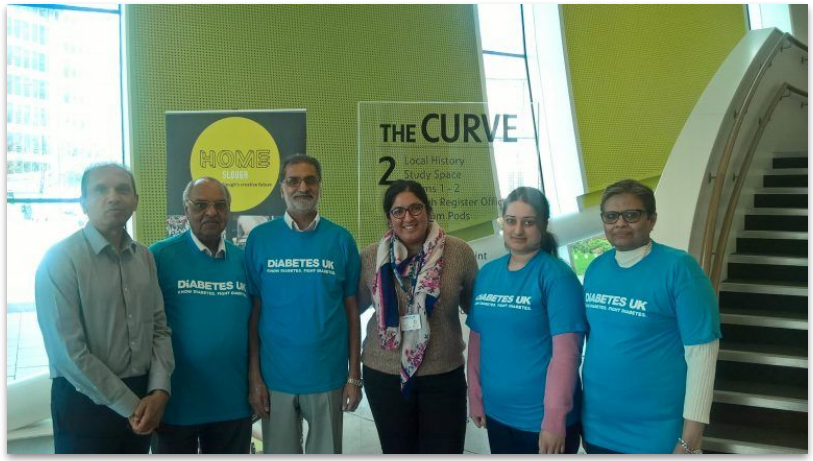
Who uses the service?

- **The service is targeted at households in the 20% most deprived postcodes**.
- The programme has evaluated very well and has **increased uptake of vaccinations and screening**, but has also tackled manifold problems holistically.
- Rolling this out to every household in England would cost £2 billion, but focussing on the 20% most deprived across the whole country would cost only £300 million.

Working with the community to help people with diabetes in Slough

What is this service?

- Community champions are helping to make a difference across Slough by increasing awareness, prevention and self-management of diabetes. The champions, who are all from ethnic minority backgrounds, have been recruited as part of a community project, commissioned by East Berkshire CCG and run by Diabetes UK.
- The champions bridge the gap between local communities and healthcare settings and their role is to help to educate and raise awareness of diabetes by organising local events, and delivering presentations and talks.
- They also inspire others to help reduce their risk of diabetes, or to manage their diabetes better.



Who uses the service?

- Slough has the highest prevalence of diabetes in the South East, with 8.9% of people living with a diagnosis. Slough also has a high proportion of people from South Asian, African and Caribbean communities – who are two to four times more likely to develop Type 2 diabetes than White Europeans.

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Shifting from sickness to prevention

Exercise 1d) If we are to shift funding from acute care delivery to prevention, what should the NHS stop doing?

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Shifting from sickness to prevention

Discussion Group 2: Training and support for the workforce

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Staff confidence on engaging patients with preventative services - staff perspectives from engagement so far

Comprehensive skill development	Robust support infrastructure needed	Protected time and capacity essential	Organisational culture shapes confidence	Regular feedback and monitoring
Practical training e.g. motivational interviewing and health coaching Peer learning networks Regular skills updates	Standard protocols and pathways Ready to use resource libraries Specialist networks Digital risk assessment tools	Realistic appointment lengths Ensure follow-up capacity Workload management and protected time policies	Professional identity evolution Prevention champions Cultural transformation plan Team innovation	Regular outcome feedback systems Data collection for effectiveness and monitoring Share successes and case studies
"Practice-based learning sessions where staff share successful approaches to engaging resistant patients"	"Having clear referral pathways makes staff more confident in suggesting preventative services"	"Realistic appointment lengths enabling thorough prevention discussions"	"Professional identity built around fixing rather than preventing"	"Data showing impact of prevention work motivating staff to engage more"

What training is currently available to develop skills in prevention?

There are a number of training activities currently available to develop different skills to support the delivery of a preventative model of care.

This includes:

- Training in **behaviour change techniques** and/or **health promotion techniques**: shared decision making, motivational interviewing, use of the patient activation measure etc
- Understanding of **social determinants of health**
- Skills in **population health management**
- Competency in **preventive interventions**

You can find more resources through the All Our Health programme.

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Shifting from sickness to prevention

Exercise 2a) Engaging patients on preventative services

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What do we mean by engaging patients on preventative services?

Working in partnership with patients to maximise their agency in managing their own health

Being inquisitive about the context of their patients' lives and how they can support them to address factors that are impacting their health.

Understanding what stops them, and providing support to unblock these barriers - in partnership with other public services, voluntary sector and community groups.

Shared decision-making about preventive interventions

Sharing evidence about available interventions and benefits/risks, understanding the patient's preferences, values and circumstances.

Joint discussion of options and likely outcomes, and agreement on action plan that fits patient's life.

Using personalised approaches based on individual needs and preferences

By understanding the whole person, not just their condition - but also

- their personal goals and priorities
- any cultural or religious needs
- access barriers
- health literacy and digital capability

to tailor the best approach for them.

What do we mean by engaging patients on preventative services?

Supporting behaviour change and healthy lifestyle choices	Supporting patients to engage with digital tools for self-monitoring and management (where appropriate)	Being liberated as a member of staff to be able to act
Using evidence-based methods such as motivational interviewing, habit formation strategies and self monitoring tools. Understanding what stops them, and providing support to unblock these barriers - in partnership with others (including levels of activation and readiness to change). Using peer and social support networks, digital tracking tools and regular progress reviews	Understanding levels of digital capability and what tools might work for their circumstances and needs. Putting in place any support required including any education sessions or information.	To be able to respond to the individual needs of patients. For example to be able to: ● bring together the right clinical and non-clinical team, and ● be empowered to design and deliver a coordinated package of patient centred care for an individual, irrespective of which organisation colleagues work for.

Department of Health & Social Care

NHS England

Shifting from sickness to prevention

Exercise 2b) What does a culture of prevention look like in practice?

What does a culture of prevention look like in practice?

Working in partnership with patients to maximise their agency in managing their own health	Shared decision-making about preventive interventions	Using personalised approaches based on individual needs and preferences
Being inquisitive about the context of their patients' lives and how they can support them to address factors that are impacting their health. Understanding what stops them, and providing support to unblock these barriers - in partnership with other public services, voluntary sector and community groups.	Sharing evidence about available interventions and benefits/risks, understanding the patient's preferences, values and circumstances. Joint discussion of options and likely outcomes, and agreement on action plan that fits patient's life.	By understanding the whole person, not just their condition - but also their personal goals and priorities; any cultural or religious needs, access barriers, health literacy and digital capability, to tailor the best approach for them.

What does a culture of prevention look like in practice?

Supporting behaviour change and healthy lifestyle choices	Supporting patients to engage with digital tools for self-monitoring and management (where appropriate)	Being liberated as a member of staff to be able to act
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Department of Health & Social Care

NHS England

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:

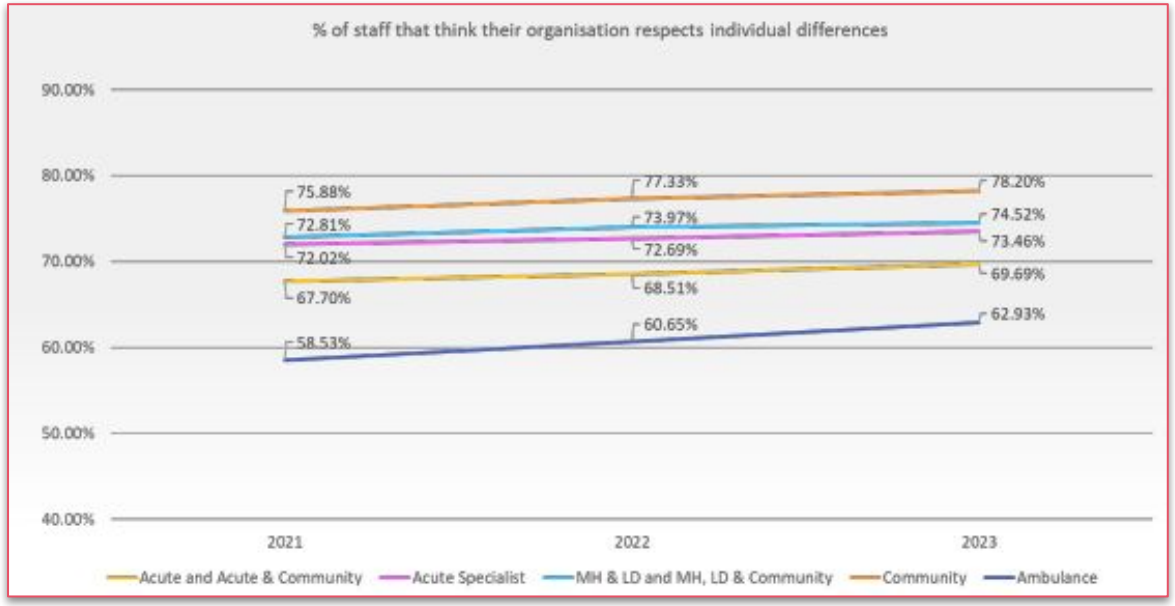
- Almost **50%** of staff said their **organisation is committed** to helping them **balance their work and home life.**
- **56%** of staff said they **achieve a good balance** between their work life and their home life.
- **71%** said they can approach their immediate **manager** to talk openly about 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.

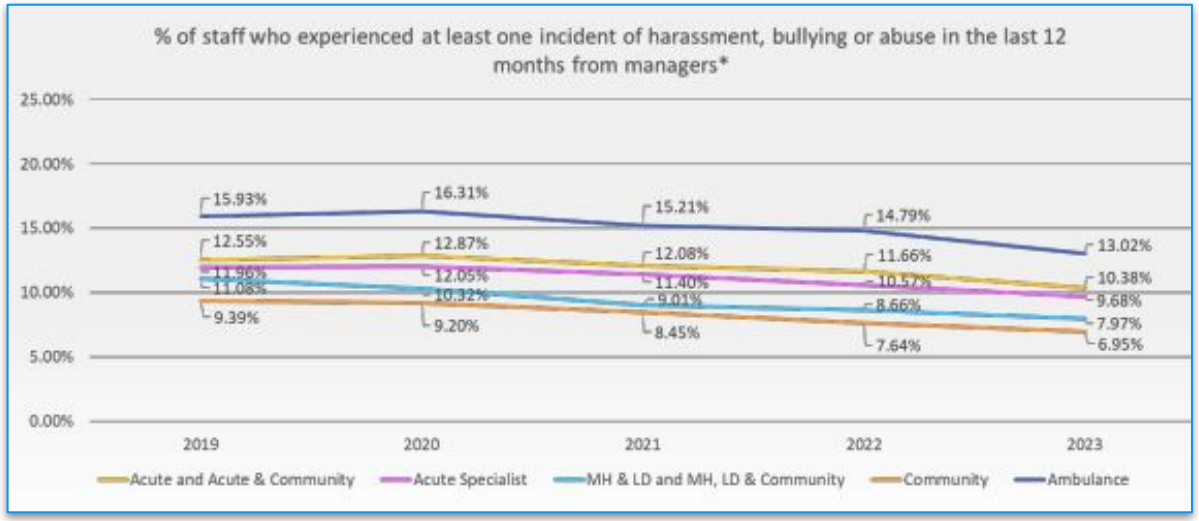


The latest NHS Staff Survey results

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.



Department of Health & Social Care

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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.

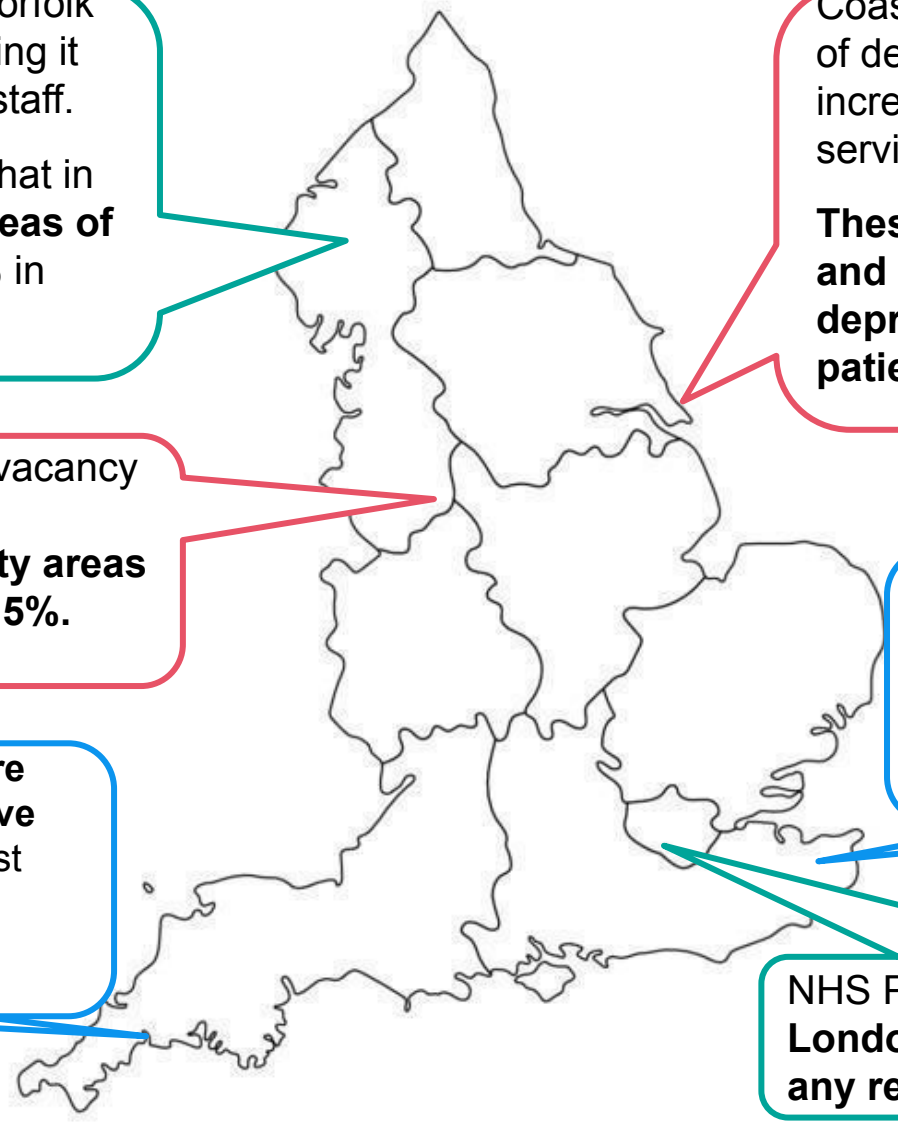
Counties like Cumbria, Cornwall and Norfolk often have dispersed populations, making it difficult to provide services and attract staff.

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%.**

Department of Health & Social Care

NHS England

Change NHS: staff engagement

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.

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.

"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)

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"