Change NHS: report of engagement in south east London

March 2025

Overview of Change NHS

- A joint DHSC and NHS England team was established to deliver a 10-Year Health Plan to be published in 2025.

- The plan will set out how we will deliver an NHS fit for the future, creating a truly modern health service designed to meet the changing needs of our changing population.

- It is focused around what the Government are calling 'the three shifts'
    Shift 1: moving more care from hospitals to communities
    Shift 2: making better use of technology in health and care
    Shift 3: focusing on preventing sickness, not just treating it

- The plan will be co-developed with the public, staff and patients through a thorough and detailed engagement exercise which started on Monday 21 October 2024.

- DHSC and NHSE asked ICSs across England to support the engagement of patients, staff and partners to contribute their thoughts on the three shifts.

Promoting Change NHS

- [National on-line portal](#) launched 21 October 2024
- Set up [Change NHS project on SEL let's talk on-line engagement platform](#) and promoted in October Get Involve newsletter onwards
- Promoted at a range of meetings including community champions coordinators, Engagement Assurance Committee, SEL Healthwatch Reference Group, Engagement Practitioners' Network as well as on the CS website and social media, stakeholder, GP & staff bulletins
- Face to face session with ICS clinical and care professional leads (incl VCSE)
- Two webinars organised to take place 20 January daytime and 5 February evening
- Working with South London Listens and Citizens UK to host a face to face round table discussion with their community and Be Well leaders

Change NHS webinars – participants and feedback

- There were a total of 151 bookings to attend the two webinars with 74 people attending.

- You can read the presentations that were used for the two webinars on the Change NHS let's talk page.

- 19 participants filled in evaluation forms:
  - 68% identified as female
  - 58% identified as White British, 6% as White British – African, 6% as Black British Caribbean
  - 12% were aged 35 – 44, 6% 45 – 54,12% 55 – 64, 24% 65-74, 47% 75+
  - 42% identified as carers.

- 95% found the introduction to the 10 Year Plan useful.

- 68% found the breakout discussion on moving more care from hospitals to communities useful.

- 74% found the breakout discussion on making better use of technology in health and care useful.

- 74% found the breakout discussion on focusing on preventing sickness, not just treating it useful.

- 74% stated they were able to feed in their views a lot.

Department of Health & Social Care

NHS

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Change NHS webinars - feedback

However, in the first webinar we had technical issues in moving people into the breakout rooms.
- "Unfortunately technical difficulties at your end meant a lot of hanging about and limited access to individuals sessions".
- "The staff were really polite and open but the problems with the technology really let the session down."
- "Our [breakout group] worked well once we'd given up on the technology – but by then … a few people … had left the meeting."

Participants noted that the following worked well:
- "Quality of written presentations and making them accessible".
- "Break out groups but not enough time."
- "The opportunity to ask questions and share views. The breakout groups were good and generally well facilitated."
- "Providing documents / info before hand and resharing it. Breaking up areas to discuss in further detail made sense and worked."
- "All suggestions received positively and I felt valued."

Participants noted the following could be improved:
- "Making sure the technology works, but still having a back up plan for when it doesn't."
- "Clarity in aims and intended outcomes vis-à-vis influencing national policy."
- "Ensuring smooth transition into breakout rooms."
- "More time clarifying context."
- "Less repetition of generic national aspirations, more specifics on south east London specific aims."
- "Smaller groups."
- "The structure and agenda is very much dictated… it would be good [to] ask … participants what aspects … they would like to give views on."

If the 10 year plan is a success what three words will describe how using the NHS will feel in the future?

Moving more care from hospitals to communities

Positive difference this would make to you:

- People would not have to travel so far to hospital which can be tiring and difficult especially if people are in pain

- Can mean better continuity of when care provided in community settings with smaller teams

- Support for keeping people out of hospital as older people can often leave hospital being more frail

- Good potential for linking more with wider services such as social prescribing, social care and voluntary, community and social enterprise sector (VCSE) services

Virtual wards

- Participants welcomed the scope for quicker discharge at hospital and that family members can hep with recuperation

Ambulance triage

- Positive if this can help people avoid A&E and go direct to older people's units for example

Community diagnostic centres (CDCs)

- Convenient as less travel and being ablet o have a range of tests in one place

- Enabling m ore timely access to tests resulting in better outcomes

- Appreciation if a more clam and less busy environment

Moving more care from hospitals to communities

Other considerations:

- The funding of social care and the VCSE as they have key roles in preventing hospital admission and supporting discharge

- Need to ensure that there is enough capacity and resource to ensure this shift and that it doesn't stretch existing capacity

- Working in community settings or people's homes is a cultural shift from working in hospitals and staff may need training to support the transition and to feel valued

- Some concern about the NHS estate if more care is shifted into community settings

Virtual wards

- Not everyone's home environment will be suitable for care so need to ensure people have choice

- Providers need to have access to complete, accurate and integrated care plans and ensure that the full package of care is being delivered

- Some concern was expressed about impact on family / carers particularly in relation to social care or housing needs

Community diagnostic centres (CDCs)

- Need to consider public transport routes, parking and disabled parking and that some people may still need hospital transport provided

- Need to consider access to communities in the inner south east London boroughs as many communities experiences the greatest health in equalities and would benefit from the convenience and ease of CDCs

Making better use of technology in health and care

Hopes and opportunities:

- That people have access to their digital records across providers and services integrated in one place such as the NHS App and shared records include social care and voluntary, community and social enterprise sector (VCSE) services

- That technology needs to easy and convenient for people to use so people have better access to results, appointments and being able to order on-line prescriptions

- That better joined up data can help with planning and developing services and that people can have a clear choice about opting out of data sharing

- That staff have easy to use integrated systems access multiple providers and are trained so are confident in using the technology to co-ordinate care for people with complex health conditions and multiple long-term conditions

- That services understand preferences of people who prefer face to face appointments rather than digital so that technology leads to improved equality in access and outcomes and people are supported to use digital tools

- That staff are trained and confident in using digital tools, and able to support people to effectively use these tools.

- That technology provides ease of access to people with mental health needs and mobility issues and, with auto-translate, to people who do not speak English

- That people can use on-line consultation options without having to wait till the GP surgery opens

- That AI brings advantages in improving diagnoses and the speed of diagnoses

Making better use of technology in health and care

Other considerations:

- Data confidentiality and security and which organisations data is shared with as well as fear of cyber attacks and the acknowledgement that security such as authenticator apps can present barriers despite making things safer

- Accuracy of patient records / data particularly if more easily shared

- That technology remains or becomes more fragmented across the NHS

- Exacerbating to health inequalities and leaving people behind
  - That people may be asked to do things beyond their digital literacy and confidence
  - Cost of technology and kit and maintaining it can be prohibitive for individuals
  - Speed of technology developments

- Increased reliance on technology so it becomes more and more difficult to speak to a person and fewer people to scrutinise the data

- Lack of technological support for staff who often could support patients in their technological issues

- Concerns about cost of implementing technological solutions which don't always work and can sometimes only be a temporary technology.

Focusing on preventing sickness, not just treating it

Hopes / positive differences:

- Focusing on different approaches to address prevention such as creative health initiatives is key

- Importance of having a focus on children and young people and mental health and wellbeing as this may prevent future more serious issues and the need to work with schools

- Importance of having targeted mental health interventions within communities experiencing the greatest needs and acknowledge and address the impact of loneliness on wellbeing

- Working with carers to support their health was seen as important

- The need to work more closely with local authorities and the wider role of government was seen as important to address wider factors impacting on health such as housing, air quality, worklessness, and transport

- More outreach and provision in different settings including barber shops, places of worship, libraries including working with the VCSE and community champions / health ambassadors and the role of social prescribing.

- The need for longer term support in some areas to support long term and long-term behaviour change in such areas as weight management, smoking cessation and alcohol use and culturally tailored programmes

- The role of technology and apps is important to support people in prevention and behaviour change

Focusing on preventing sickness, not just treating it

Priorities identified:

- Tailored, culturally relevant support to help with long term behaviour change with facilitate group sessions to provide space for peer support when needed

- Children and young people's mental health and wellbeing

- Smoking cessation support

- Weight management: addressing wider factors and longer-term support

- Support for carers to manage their own health needs as well as the person they are caring for

- Vaccinations and immunisation programmes

- Cancer screening

South London Listens: face to face round table discussion with Citizens UK champions

- South London Listens is a partnership between the NHS, local communities, and local authorities, in with Citizens UK (CUK) as the lead delivery partner.

- CUK hosted a round table discussion in south east London on the evening of 22 January 2025 with over 35 community leaders and be Well champions.

- Key words that people used to describe the NHS of the future include: prevention, less waiting, better funded, efficient, inclusive, co-ordinated, access and community based.

Prevention:

- Key themes emerged around addressing social determinants on health, education, support and community-based initiatives such as housing, insecure work and racialised communities.

- The importance of community engagement, health education, targeted programmes an earlier in life prevention were raised.

Moving care into communities:

- Benefits were seen as increased and extended access, continuity of care, better relationships with care givers, less strain on hospitals and being able to leverage community support such as gyms and pharmacies.

- Risks were seen as funding, ensuring accessibility including language and for people with no Recourse to Public Funds (NRPF), consistency of offer across different areas, raising awareness and building trust in the community based offer and avoiding additional burden on community leaders and carers through training and support.

Hopes:

- Increased efficiency in processes like scanning and diagnostics.
- Transparent and accessible medical records.
- Filling gaps in hard-to-recruit jobs and making more information readily available.
- Remote treatment options and personalised health tracking through apps.
- Medical advancements and research opportunities.
- Streamlined administrative processes.
- Alleviate administrative burden for GPs.
- Improved translation services.
- Improved Imaging & radiology
- Enhanced teaching and learning opportunities.
- Better resource allocation

Fears:

- Racial bias & lacking cultural sensitivity in AI.
- Technological failures or inaccuracies.
- Widening health disparities.
- Mental health implications for replacing human interaction for socially isolated or vulnerable people.
- Digital exclusion and inaccessibility.
- Ethical concerns around data sharing and consent with private companies.
- Training and infrastructure gaps in NHS staff and services.
- Cybersecurity threats.
- Equity in implementation across the NHS.
- Possible reduced quality of care and support.
- Job displacement of NHS staff.

You can read the full Citizens UK report at on our Change NHS Lets talk engagement platform.

Next steps

- Feedback from all events was submitted to the national team via the national portal by 14 February 2025.

- The national 10 Year Plan will be published later in 2025.

- This report and the Citizens UK report is published at
  - Change NHS: help build a health service fit for the future | Let's Talk Health and Care South East London and at
  - What we've heard from local people and communities - South East London ICS.

- We will publicise the findings via the monthly Get Involved newsletter.

- Insight will be shared with local teams and programmes to inform local service and pathway design and developments.