

NHS 10 Year Plan Engagement

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board Summary Report



April 2025

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Purpose

The purpose of this report is to summarise the outputs from the NHS 10 Year Plan engagement activities undertaken within Bristol, North Somerset and South Gloucestershire.

In addition to us meeting the national ask of supporting Change NHS, these findings provide some current insights from communities which may be helpful in informing the development of local work.

If you would like to discuss this work, share your views or receive documents in an alternative format, please contact us: bnssg.communications@nhs.net.

Background

In response to Lord [Darzi's independent investigation report](#), released in September 2024, the Government is developing a 10 Year Plan for Health.

This is a key part of the government's mission – “to build an NHS fit for the future” and responds directly to the Darzi report.

On 21 October 2024 a national conversation was launched called [Change NHS – Help build a health service fit for the future](#). The conversation plays a key role in the development of the 10 Year Health Plan, which will be launched in summer 2025.

The focus for feedback was on three key shifts. These shifts are big changes to the way health and care services work, but changes that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England. The three shifts are:

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

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



Summary overview

We heard from 900 people and held 30 engagement sessions with members of the public, voluntary, community and social enterprise (VCSE) organisations and health and care staff.

We listened and heard that:

Shift 1: Hospital to community – People are generally supportive of moving more care into the community, but it needs to be done with appropriate resource and funding.

Shift 2: Analogue to digital – People welcome digital improvements, particularly if it means organisations are better connected and it will result in more holistic care. However, there are concerns about digital exclusion, risk of losing human interactions, and data security.

Shift 3: Sickness to prevention – People felt that strengthening partner and community relationships is key to ensuring a supportive and positive approach to preventative care. This would require greater focus on educational resources, community assets and easy access to screening programmes.

Public and staff feedback from our Bristol, North Somerset, and South Gloucestershire communities offers valuable insights into local experiences and expectations for the future of healthcare services in the region. The feedback reflects a diverse range of perspectives and concerns, all aimed at shaping a system that is more accessible, efficient, and responsive.

Feedback strongly emphasises that the public values the NHS for being free at the point of use, universally accessible, and delivered by compassionate, hardworking staff. However, significant challenges persist, and people in our area have highlighted the need for inclusivity, proper investment, and careful coordination to ensure changes are successful and sustainable.



Methodology

In addition to encouraging public and staff feedback via the national NHS change portal, local systems were asked to hold localised engagement events to help widen involvement.

NHS England provided a 'workshop in a box' toolkit as the basis for local events. We tailored this information to best meet the needs of our local audiences within Bristol, North Somerset and South Gloucestershire.

Events were held either in-person or online for between one to two hours. A localised survey was also created which was targeted primarily at staff.

In addition to localised events focusing on the three shifts, we were also asked to give some specific focus to targeted engagement with some of our Core20PLUS5 audiences.

Feedback was used to populate a set spreadsheet, and this was then submitted via the Change portal for national collation and consideration.

Local approach and activities

Audiences included:

1. Bristol, North Somerset and South Gloucestershire residents
2. Health and care workforce
 - NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board
 - ICB staff
 - Voluntary, Community and Social Enterprise sector
 - Wider health and care staff across the Healthier Together area
3. Targeted community and Core20Plus5 discussions, including:
 - Restore Trust
 - Southmead Development Trust
 - Unseen
 - Bristol Refugee Rights
 - Gypsy, Roma and Traveller Groups
 - Nilaari
 - VOSCUR

We delivered a total of 30 public, staff and voluntary, community and social enterprise (VCSE) events between December 2024 and February 2025. This included:

- Six face-to-face events for the general public, including afternoon and evening sessions in Thornbury, Weston-super-Mare and Bristol.
- One online event for the general public and two in-person engagement sessions for VCSE organisations.
- 12 targeted events for Core20PLUS5 groups or organisations that represent those audiences, including victims of modern slavery, people that have been through the criminal justice system and Gypsy Roma Travellers.
- ICB staff events, including all-staff meeting, directorate discussions, ICB Board workshop, ICB Non-Executive Directors workshop.

- System partner events, including System Executive Group discussion and a session led by South Gloucestershire Council and Sirona care & health for staff.
- Staff surveys.
- Communications activities, including: development of a landing page on the Healthier Together website, newsletter copy, press release and social media posts across our channels.
- Press coverage included articles by the [Weston Mercury](#) and [North Somerset Times](#).
- Social media content included paid advertising across Facebook and Meta which reached 63,352 accounts with 1,088 link clicks.

North Somerset residents invited to share views on NHS

16TH JANUARY HEALTH



By Declan O'Reilly

Trainee Reporter

<https://x.com/decoreilly>

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NORTH Somerset residents have been invited to share their experiences of the NHS.

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[illegible]

Hearing from 900 individuals we know that:

Shift 2: Analogue to digital – People welcome digital improvements, particularly if it means organisations are better connected and it will result in more holistic care. However, there are concerns about digital exclusion, risk of losing human interactions, and data security.

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Findings in more detail

Shift 1: Moving more care from hospitals to community

Participants generally supported the idea of shifting care to the community, noting benefits such as convenience, quicker access to services, and reduced pressure on hospitals. There was enthusiasm for community diagnostic centres and ambulance triage systems that prevent unnecessary hospital visits. However, concerns were raised about the need for adequate resources, trained personnel, and the risk of fragmented care without clear communication channels.

From a staff perspective, colleagues see considerable potential in moving care out of traditional hospital settings and into the community. They felt this shift could ease pressure on hospitals and improve access to care locally. However, they also noted the complexity of this change. Many stressed the need for a more widespread understanding of how these new models of care work, both among the public and professionals.

People acknowledged the convenience of virtual wards, but support was tempered by worries over patient safety and the need for robust support systems at home. While some saw it as a way to improve comfort and reduce hospital stays, others feared it might be used to offload care responsibilities without sufficient support, including acknowledgement of support for carers.

Staff see virtual wards as a promising innovation, but also raised concerns about public perceptions.

Feedback on community diagnostic centres was more consistently positive – particularly with regards to offering such services closer to home, with more flexible hours and a less intimidating environment. They were also seen as a way to reduce health inequalities, especially when implemented as mobile services or located near existing community hubs.

“It doesn’t always
need to be a medic
that helps someone”

“I didn’t know
community diagnostic
centres were a thing,
if it speeds up
diagnosis then great”

“Anything to avoid
A&E is positive so I
like the idea of
ambulance triage”

Shift 2: Making better use of technology

Participants expressed hope that technology could streamline care, enable better data sharing, and reduce administrative burden. Priorities included electronic forms, improved appointment systems, and real-time data sharing between NHS services.

However, there was noticeable apprehension about data privacy, especially around AI and centralised data usage. Some were concerned that reliance on technology could reduce human interaction and be exclusionary to those without digital literacy or access, suggesting a need for more public education and discussion around how AI might be used in NHS care.

Staff shared a strong sense of optimism about the potential of technology to transform the NHS, particularly in improving the way information is shared across services. There was a hope for more integrated, outcome-focused systems that support patient care efficiently. Participants emphasised that while investment in technology is important, it must be matched with investment in training to ensure staff are equipped to use new systems effectively.

When asked about which technologies should be prioritised, staff frequently mentioned consistent access to data/ records across different parts of the NHS. There was enthusiasm for tools that promote patient self-access, such as digital booking systems and online results, as well as interest in the use of AI to support diagnostics. Improvements to the NHS App were also suggested, alongside live reporting tools that could enhance real-time decision-making.

However, these hopes were tempered by some concerns. Many staff expressed unease about the potential for overdiagnosis and overtreatment enabled by advanced technologies. A recurring theme was the importance of protecting patient data, with worries about who owns it, how it's used, and whether it could be misused. Some were also wary that technology, if poorly implemented, could undermine the human aspects of care or inadvertently increase inequality by excluding those less comfortable with digital tools.

“Technology doesn’t ask or know how you are feeling – what about human contact and connection?”

“We all need to be embracing technology more – it could help how organisations work together and speed things up.”

“I’m not very good with online forms and I know some of my friends don’t like doing things on their mobile phones either.”

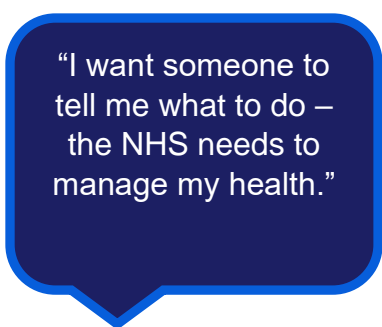
Shift 3: Preventing sickness rather than just treating it

The shift towards prevention was welcomed, particularly when tied to local and accessible services like health checks, education, and support for healthy lifestyles. Ideas included greater focus on cardiovascular health, nutritional guidance, and early interventions.

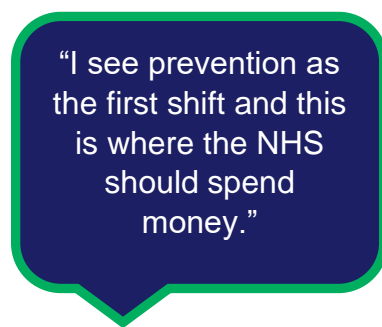
Challenges highlighted included the complexity of changing long-term behaviours, particularly among underserved communities, and the need for culturally competent outreach.

Staff also showed strong support for a preventative focus, with colleagues feeling if the NHS could do more to prevent illness, it would free up capacity to care for those most in need and help create a healthier society overall. It was stressed that prevention must be approached systemically and realistically. Several pointed out that policies aimed at saving money can sometimes create barriers to accessing preventative services, and that a genuine shift to prevention must be built in from the very start—especially in areas like childhood health, nutrition, and public education.

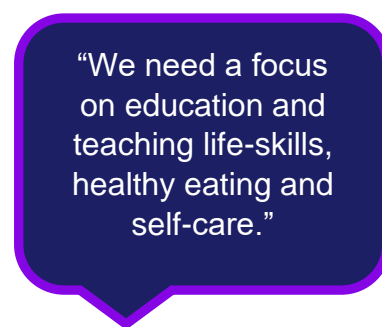
Suggestions for areas of focus included improving the quality of housing, addressing structural inequality in health screening, and prioritising holistic approaches that recognise the social determinants of health. Misinformation was identified as a major barrier, as was a perceived erosion of trust between the public and the health system. Some noted that the NHS must lead by example in its prevention work and push for broader policy changes, such as supporting school meal programs or implementing sugar taxes. Ultimately, participants recognised that many of the most effective forms of prevention extend beyond the NHS, requiring joined-up action across government, education, and communities.



“I want someone to tell me what to do – the NHS needs to manage my health.”



“I see prevention as the first shift and this is where the NHS should spend money.”



“We need a focus on education and teaching life-skills, healthy eating and self-care.”

Thinking locally

Where time allowed, we also expanded our lines of questioning to ask people to think about local services more specifically. Feedback received suggested a mixed experience. While hospital care was generally viewed positively, local systems like appointment scheduling and inclusive communication still faced criticism. Language barriers and digital exclusion were mentioned as persistent issues, especially for non-native speakers or those without internet access.

Some respondents suggested upskilling nurses and expanding community roles to increase efficiency and trust. Others reiterated the need for holistic planning, not just technical solutions.



Recommendations to the NHS

Based on all of our listening exercises and review of feedback, recommendations to the NHS can be broadly summarised into six key themes:

1. Prioritise investment and strengthen support for community-based care

- Expand services that allow care to be delivered closer to home, such as community diagnostic centres and virtual wards.
- Ensure sufficient staffing and training for community-based services to prevent overburdening patients and carers.
- Improve awareness of available services so the public can make informed choices about their care options.

2. Use technology to streamline, not complicate, care

- Prioritise data-sharing systems that allow NHS teams to access and update patient records across services securely.
- Introduce user-friendly tools like electronic forms, appointment reminders, and improved communication platforms. But, ensure equal access to services for those with limited digital skills or internet access, through non-digital alternatives and local support.
- Avoid over-reliance on AI or digital systems without clear safeguards, human oversight, and public trust.

3. Focus on prevention through community engagement

- Invest in preventative healthcare, especially in schools, families, and high-risk groups.
- Promote healthy lifestyle education, routine health checks, and mental health support.
- Collaborate with local authorities and community groups to tailor interventions to specific population needs.

4. Improve fairness and inclusion in local services

- Design appointment systems and local services that reflect diverse community needs, including language support and cultural sensitivity.
- Ensure all patients—regardless of language, income, or background—can access timely and respectful care.

5. Coordinate services around people, not systems

- Encourage joined-up care across hospitals, GPs, community services, and social care.
- Make it easier for patients to navigate services without repeating information or facing unnecessary delays.

6. Engage the public continuously

- Keep engaging with communities and act on local feedback to shape services.
- Build trust by involving patients in service design and being transparent about changes and outcomes.

Conclusions, thanks and next steps

On the whole people are in favour of change and appreciate the need for the three shifts, but unsurprisingly there are concerns primarily centred around: patient experience, access, resources and funding.

Education at an early age was a strong theme throughout the shifts. Supporting people to understand and own their own health is seen as key to ultimately alleviating the pressure on NHS services. The need for well-funded and well-resourced localised services/ hubs was also a recurrent theme across the three shifts.

Throughout all of our conversations there was clear support for the NHS and health and care workforce. Staff and communities valued the opportunities to have their say and to influence, and we must continue to build on this to help further strengthen our relationships and reach and to ensure changes to the NHS can be designed and delivered in partnership.

We would like to thank everyone who supported our localised engagement activities across Bristol, North Somerset and South Gloucestershire – from the staff helping to coordinate and facilitate events, to the many hundreds of people that took the time to have their say.

All feedback was submitted nationally, and we will use these local insights to help inform our response to the Government's 10 Year Health Plan which is due to be published this summer.

Contact us

This report was created by the NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board Communications & Engagement Team.

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