

BLMK System Insight Network

28 January 2025

The NHS 10-Year Plan



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1. Introduction

On 28 January 2025, we held the first System Insight Network in Bedfordshire, Luton and Milton Keynes, bringing together residents and partners from across our area to take part in a discussion about the future of the NHS.

The System Insights Network was established to ensure that real people, experiences and ideas from our partners and communities inform and shape health and care services in our area, helping with our mission to improve healthy life expectancy and reduce health inequalities in our communities.

Government's [Change NHS](#) consultation to develop a 10-Year Health Plan was the theme for the first System Insight Network and local people were invited to join two accessibly held discussions at the Rufus Centre in Central Bedfordshire.

More than 100 people including residents, VCSE organisations, health and care providers, clinicians and elected councillors (Full list of attendees provided in Appendix 1) attended the two events.

They were given the opportunity to share their views, hopes and fears on the three changes Government proposes to make, following [Lord Darzi's](#) independent report which was published in September 2024:

- Moving care from hospitals to communities
- Making better use of technology
- Preventing sickness, not just treating it.

Attendees were invited to join two facilitated discussions focused on the themes above and were asked to comment on a series of nationally set questions.

While attendees could choose the topic areas they wished to join, the communications and engagement team ensured there was an even split of lived experiences across all discussion groups to provoke a lively and balanced discussion.

The questions asked included:

Moving more care from hospitals to communities	<ul style="list-style-type: none">• What difference (good or bad) would this make to you?• Thinking about virtual wards, Community Diagnostic Centres and Ambulance Triage, what sounds good and what concerns do you have?
Making better use of technology	<ul style="list-style-type: none">• What do you think about how we use technology in the NHS, hopes and fears?• What is the technology you think we should prioritise in the NHS?
Preventing sickness, not just treating it	<ul style="list-style-type: none">• What difference good or bad would this to make to you?• What are the three forms of prevention you think should be prioritised?

2. Summary of insights

The debate was vibrant in the two sessions, with attendees sharing different views and experiences across the three topic areas. From the discussions, four common themes emerged including:

1. Patient centred care
2. Communication and language
3. Funding and capacity
4. Early intervention

Patient centred care – was a running theme throughout the Network, with attendees agreeing that care being provided in community settings could reduce anxiety, address transport concerns and increase access for people with additional needs. However, there was also consistent feedback that in some instances a two-tier approach would need to be adopted to ensure people did not experience digital exclusion based on economic circumstances, age and literacy.

Communication and language – Attendees fed back that more work was needed to address communications and language barriers if the NHS was serious about engaging local people on their own terms. This was also noted with reference to digital technology where more work was needed on the NHS App to make it more accessible i.e. including translation and different fonts to meet the Accessible Information Standard. In terms of prevention, attendees also fed back that there was fatigue within communities and that school-led communications did not land well with some groups who require communication in different ways than traditional leaflets and printed materials.

Funding and capacity – a major concern for all attendees was the availability of funding and capacity within the NHS to deliver the changes outlined in the ten-year plan. Attendees raised concerns about the impact that moving services to primary care would have on capacity and workforce, the availability of funding to provide community estates, and change in budget allocated to the hospitals.

Early intervention – There was widespread support for early intervention, which attendees believed was central to preventing poor health outcomes and delivering cost efficiencies in the NHS. Digital technology was considered to be key to early intervention, both in preventing poor health and using technology to connect with people and communities, while also harnessing Artificial Intelligence (AI) and other innovations to increase productivity in hospitals.

3. What we heard

3.1. Moving care from hospitals to communities

“It’s a good idea to move services into communities, but it will make it even harder to know where to go – am I at the hospital or in a leisure centre?”

The proposal to move more care from hospitals into community settings received mixed feedback from the Network, with attendees debating the advantages and disadvantages.

When asked what difference community care would make to them, attendees agreed that community settings could provide better patient-centred care for some people. For example, neurodivergent people who would benefit from more comfortable and familiar settings, older people and carers for whom transport issues could be addressed, and

people from underserved communities, where trusted locations could help break down barriers to access.

It was also recognised that community settings could be a less stressful environment than hospitals and provide a safer space for people to speak about sensitive health issues.

There was also agreement that transport and parking issues could be resolved by care being delivered out of hospital – as well as realising operational efficiencies with fewer appointment cancellations at peak times and the potential for reduced waiting times.

Conversely, there were concerns raised about the uncertainty of funding sources to meet the increase demand out of hospital, and the pressure this could put on primary care – both workforce and estates, which are already at capacity. Attendees also raised concerns about community estates and whether there was sufficient infrastructure to deliver the ambitions of the plan.

The quality of care provided was also an area of debate, with some attendees concerned that they would not be able to access health professionals with the standard of qualifications and training out of hospital. Discussion also centred around potential gaps in continuity of care, and risks for those patients who did not have a support network around them.

Building on feedback from the Denny Review, some attendees noted that moving more care to different community locations would make the health care system more complex and difficult to navigate – resulting in the unintended consequence of people from underserved communities dropping out of the health care system.

When considering virtual wards, community diagnostic centres, and ambulance triage, the feedback is similarly mixed.

Virtual wards were acknowledged for providing a positive recovery experience – giving people the opportunity to recover at home in familiar, more therapeutic surroundings, but concerns were raised include about the additional pressure this approach has on families, carers and those who lack support at home.

Attendees were positive about Community Diagnostic Centres, recognising the important role they play in offering better access, easier parking, and reduced waits. However, the location of the Diagnostic Centres was debated, and attendees referenced the lack of access in rural areas compared to more urban centres. Additionally, as with concerns over the move to more community led approaches, attendees were concerned that less qualified staff would service the Community Diagnostic Centres, with quality of care affected.

Overall, ambulance triage was viewed positively by the Network – recognised for directing patients to the most appropriate care, freeing up GP time and paramedics being used in Primary Care Networks to provide specialist care, but negative news coverage in recent weeks had impacted perceptions with some attendees raising concerns about patients being left in corridors and the lack of interoperability between GP and ambulance systems.

3.2. Making better use of technology

“The NHS App could be improved by adding a chat bot so when you get worrying results you can get instant feedback on what it means. I deleted it because it caused me more anxiety.”

The use of technology in the NHS received a mixed response from attendees, who recognised the benefits that could be realised, but had concerns about the inequality gap

which could arise between more tech savvy residents and those who were digitally excluded because of economics or age.

There was a lively and inspiring debate about the benefits Artificial Intelligence (AI) could bring to the NHS, both in terms of reducing the administrative burden and speeding up diagnostic testing – for example in interpreting results and pathway signposting, particularly in radiology.

Attendees supported the use of technology in preventing poor health and members of the youth parliament encouraged the use of gamification and wearable technology in encouraging young people to be more aware of and become active participants in their own health.

There was strong support for improvements to be made to the NHS App, which while recognised as a means of improving access to health and care services was inconsistent, and cumbersome.

Attendees called for improvements to be made to photo uploading, the registration process via their GP practice, and steps to be taken to improve accessibility functions, recognising that a significant percentage of the population was unable to access the service because it was not delivered in alternative languages or in British Sign Language (BSL).

The use of apps however was considered a significant step forward, with hospital technology like bed sore prevention and home monitoring well received.

There was strong agreement across the Network that system integration between GPs, hospitals and other service providers outside of Bedfordshire, Luton and Milton Keynes needed urgent attention.

Attendees reflected on their own lived experiences of delayed or sub optimal care being provided because their health information was not shared across boundaries. They also discussed how different systems and apps for service providers make navigating the system difficult. One attendee recalled their experience in using multiple apps for appointments bookings for the services they use. There was strong consensus that bookings for all health and care services should be available via the NHS App.

While the discussion was largely positive and focused on the developments that could be made in technology to improve access to health and care services, security remained high on the agenda for many attendees – reflecting on concerns about hacking and cyber security – especially where personal and sensitive health information was stored.

Attendees also were keen to maintain human interaction in the delivery of health and care services, enforcing the idea that the NHS is first and foremost a people-based service.

When asked what areas should be prioritised, attendees listed three key areas for action:

1. Electronic Patient Records and Data Sharing Systems and better interoperability of digital systems across health and care providers;
2. Enhanced NHS App functionality for easier appointment booking and real-time information;
3. Artificial Intelligence and automation tools to speed up the process of interpreting test results and assisting with referrals.

3.3. Preventing sickness, not just treating it

“People need to see people like them running and getting involved in fitness. It must be community led. We need to lead the way and not be told to.”

There was widespread agreement across the Network that the population had become sicker since the pandemic and that the NHS needed to focus on prevention and early interventions to make the health service more financially sustainable in the long term.

Community leaders emphasised the importance of prevention being community led and the important role trusted relationships and representation have on people. They argued that more engagement with influencers is needed, and more content should be provided on You Tube/Tik Tok and on popular podcasts to help re-connect people to conversations about health.

There was also agreement that funding needed to be provided to engage parts of the population that could not afford expensive gym membership and wearables, and that work needed to be done to make prevention more accessible to everyone.

The promotion of park runs, and awareness of support provided by social prescribers was recommended by the Network, and there was agreement that the focus should be on the range of measures which could improve wellbeing like steps to reduce social isolation – joining a choir, attending coffee mornings etc.

There was also a good debate about the challenges facing prevention, including funding issues and the lack of resources available from community and voluntary sectors to deliver effective community led approaches.

Attendees also questioned how success would be measured, given benefits are hard to quantify, and behaviour change would take longer than the length of the parliament and the plan.

Communication issues and cultural barriers were also discussed. Some attendees reflected that there is fatigue within communities and systemic barriers to open conversations with the NHS and government. Furthermore, more traditional methods of engagement on public health related campaigns were believed to have landed poorly, and there was little support for engagement via schools from some communities.

When asked what areas should be prioritised for prevention, attendees agreed that attention should be focused on four key areas including:

1. Early-years and family support,
2. Community-led health initiatives and long term, sustainable funding
3. Targeted age and condition-specific interventions,
4. Modern methods of communication including social media

3.4. Looking to the future

As part of the nationally set questions, attendees were asked which three words they hope they will feel when using the NHS in the future.

The words reflected the insights heard in the earlier discussions including accessible, comforting, efficient, focused, digital, proactive and reliable.

Attendees were also asked:

If the NHS 10 Year Health Plan is a success, what will feel the same?

We heard that:

- People will feel proud of the NHS, the care, compassion, and respect that are core to its service;
- The NHS will continue to face challenges as the population and demographics change, and that it will need to keep evolving and adapting;
- The NHS will be a reliable place to turn to in times of need and provide comfort that it's a service that you can count on.

If the NHS 10-Year Plan is a success, what will feel different?

We heard that:

- The NHS is likely to feel very different with residents having a better understanding of their healthcare and more say in it;
- Care will be delivered more locally, and people will know where to go for help, with more choices and rights;
- Staff retention will increase as stress reduces – and the workforce will be better able to treat patients the way they want to – more focus on people rather than hitting targets;
- There will be fewer admissions to hospital and A&E departments will be smaller with community and rehab clinics operating in the centre of communities;
- People will have more quality time with clinicians, because people are being treated in the right places by the right people; and
- Everyone will have faith in the NHS once more – with shorter waits and more responsive patient centred care being delivered.

4. How will we use the insights provided?

The insights provided as part of the System Insight Network have been produced into this detailed report and shared with the Department of Health and Social Care (DHSC), through the Change NHS national consultation website.

At the end of February/early March, Government will provide a summary to outline what they have heard from residents across England so far and this will be used to develop Government's Ten Year-Plan for Health, which we expect to be launched late spring, 2025.

While it is important that local voices influence national policy, it is equally important that the views from the System Insight Network are also reflected and included in local strategies. As such, insights from this report will inform the operational plans currently in development for the Integrated Care Board and included in the refresh of the Joint Forward Plan. Insights will also inform emerging strategies for neighbourhood working at place (borough) and system level.

The final report will be shared across our partnership, which includes organisations responsible for delivering health and care services in Bedfordshire, Luton and Milton Keynes and will be shared at the ICB's Quality and Performance Committee and Board.

5. Recommendations

From the insights heard during our meeting of the Network on 28 January, there are a series of recommendations that should be considered by the Quality and Performance Committee and ICB Board before being shared extensively with partners.

Recommendations include:

- Sharing insights from BLMK with the National Director for the NHS App – asking that steps be taken to improve accessibility of the app, to ensure it complies with the Accessible Information Standard.
- The communications and engagement plan for 2025/26 should review its approach to social media – engaging with new platforms, podcasts and influencers to encourage conversations on prevention.
- ICB prevention and inequalities team to work with the VCSE and community connectors to fund community-led approaches to tackle key areas of disease and risk.
- Information to be provided to communities in a range of methods to explain where health and care services can be accessed and to increase confidence in the quality of staff working in community-based settings.
- Seek opportunities for wearables and the gamification of health information to be developed and shared with residents to encourage active participation in health.
- Ensure residents are invited to join conversations about more care being delivered in community settings, to ensure confidence levels are high if/when services move settings.

End.

Appendix 1

Attendees

Afternoon and evening session attendees (details from online registration form).

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
ACCM (UK)	Director	Bedford Borough
ACCM(UK)	Project support	Bedford Borough
Assemblies of the First Born (UK)	Minister of Religion	Luton
Assemblies of the First Born (UK)	Minister of Religion	Luton
Be Active	Health and Inequalities Officer	Bedford Borough Central Bedfordshire Luton
Bedford Borough Council	Engagement Lead	Bedford Borough Council
Bedford Borough Council Family Hubs	Family Hubs Project Coordinator	Bedford Borough
Bedford Borough Family Hubs and Childrens Centres	Childrens Centre Manager	Bedford Borough
Bedfordshire Fire & Rescue Service	Partnership and Engagement Manager	Bedford Borough Central Bedfordshire Luton
Bedfordshire Hospitals (Bedford and L&D)	Head of Charity and Volunteering	Bedford Borough Central Bedfordshire Luton
Bedfordshire Hospitals NHS Foundation Trust	Non Executive Director	Bedford Borough
Bedfordshire Hospitals NHS Trust/ Lea Vale medical group	Deputy Lead Governor / PPG Chair	Luton
Bedfordshire Hospitals Trust		Bedford Borough Central Bedfordshire Luton
Bedfordshire Hospitals Trust		Bedford Borough Central Bedfordshire Luton
Bedfordshire Hospitals Trust		Bedford Borough Central Bedfordshire Luton
Bedfordshire Luton and Milton Keynes (BLMK) ICB	NEM & Chair System Insights Network	Bedford Borough Central Bedfordshire Luton Milton Keynes

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Chief of Strategy and Assurance	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Deputy Chief of Strategy and Assurance	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Associate Director Communications, Engagement and Insight	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Senior System Engagement Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Engagement Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Engagement & Coproduction Coordinator	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Communications Officer	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Communications Officer	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Integrated Neighbourhood Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Integrated Neighbourhood Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Integrated Neighbourhood Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Integrated Neighbourhood Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Luton and Milton Keynes (BLMK) ICB	Head of Pharmacy and Medicines Optimisation	Bedford Borough Central Bedfordshire Luton Milton Keynes
Bedfordshire Rural Communities Charity	Social Prescriber	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity	Community & Wellbeing Manager - Social Prescribing	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity	Head of Community & Wellbeing	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity	Social Prescriber/Community Wellbeing Champion: Mental Health	Bedford Borough Central Bedfordshire

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedfordshire Rural Communities Charity	Community Connector	Bedford Borough
Bedfordshire Rural Communities Charity	Community Connector	Bedford Borough
Bedfordshire Rural Communities Charity	Social Prescriber	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity	Social Prescriber	Central Bedfordshire
Bedfordshire Rural Communities Charity	Community Wellbeing Champion / Social Prescriber	Bedford Borough Central Bedfordshire
Cambridgeshire Community Health Services	School Nurse	Central Bedfordshire
Carer on Carers Panel (Carers in Beds)	Carer / resident	Bedford Borough Central Bedfordshire
Carers in Bedfordshire	Operations Manager	Bedford Borough Central Bedfordshire
Carers MK	Adult Carer Service Manager	Milton Keynes
Castle Medical Group	Business Manager	Luton
Castle Medical Group		Luton
Central Bedfordshire Council	Councillor for the Houghton Regis West Ward	Central Bedfordshire
Central Bedfordshire Council	Youth Lead	Central Bedfordshire
Central Bedfordshire Council	Executive Member for Adult Social Care & Health	Central Bedfordshire
Central Bedfordshire Council		Central Bedfordshire
CHUMS	Operations Director	Bedford Borough Central Bedfordshire Luton
Communitas Clinics	Head of Service Development	Milton Keynes
East Bedford PCN	PCN Manager	Bedford Borough
East Bedford PCN	Clinical director	Bedford Borough

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Healthwatch Central Bedfordshire	CEO	Central Bedfordshire
Healthwatch Central Beds	Director	Central Bedfordshire
Healthwatch Luton	CEO	Luton
Healthwatch Luton	Chair	Luton
Healthwatch Milton Keynes	CEO	Milton Keynes
HUC NHS - IUC provider in Luton and Beds	Relationship Business Partner	Bedford Borough Central Bedfordshire Luton
ICB Central Beds Place Team	Transformation Programme Manager	Central Bedfordshire
Lilibeth Cousins Ltd	Registered Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Lilibeth Cousins Ltd	Registered Manager	Bedford Borough Central Bedfordshire Luton Milton Keynes
Luton All Women's Centre	Chief Executive	Luton
Luton Black Health Equity Steering Group	Chair	Luton
Luton Borough Council	Chair, HSCRG	Luton
Luton Borough Council	Youth Engagement Lead	Luton
Milton Keynes City Council	Deputy Family Centres Manager	Milton Keynes
Milton Keynes Council	Councillor for Monkston Ward (also at MKUK on Health Innovation)	Milton Keynes
Milton Keynes Council		Milton Keynes
Milton Keynes Council		Milton Keynes
Milton Keynes Sensory Services (BID Services)	Team Manager	Milton Keynes
Nexus MK PCN	PCN Manager	Milton Keynes

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Nexus MK PCN	PCN Manager	Milton Keynes
Nexus MK PCN	Social Prescriber	Milton Keynes
NHS (Bell House Medical Centre)	Nurse	Luton
North Beds PCN	Senior care Co-ordinator	Bedford Borough
Nurses Network	Registered Nurse	Luton
Oasis PCN	PCN Manager	Luton
Oasis PCN	Care Coordinator	Luton
Penrose	Service manager	Luton
Public Health Bedford Borough, Central Bedfordshire and Milton Keynes	Public Health Consultant	Bedford Borough Central Bedfordshire Milton Keynes
Pulloxhill Parish Council / Independent Healthcare Advisor: Clinical Homecare Services	Chair / Senior Advisor / previously NHS Trust NED	Central Bedfordshire
School Nursing	School Nurse	Central Bedfordshire
Social Prescriber - BRCC	Social Prescriber	Bedford Borough Central Bedfordshire
Somali Voices Enabled	Director	Luton
St Albans Diocese - Church of England	Archdeacon of St Albans	Bedford Borough Central Bedfordshire Luton
The Bridge PCN	Social Prescriber	Milton Keynes
The Bridge PCN	Social Prescriber	Milton Keynes
The Disability Resource Centre	Self Directed Support Officer	Bedford Borough Central Bedfordshire Luton
University of Bedfordshire	Matron Acute Surgery	Luton
Watling Street Practice	Social Prescriber	Milton Keynes

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Watling Street Practice	Social Prescriber	Milton Keynes
YMCA MK	Youth and Community Manager	Milton Keynes
Youth Councillor - Central Bedfordshire Council	Young person / Youth Councillor	Central Bedfordshire
Youth Councillor - Central Bedfordshire Council	Young person / Youth Councillor	Central Bedfordshire
Youth Councillor - Central Bedfordshire Council	Young person / Youth Councillor	Central Bedfordshire
Youth Councillor - Central Bedfordshire Council	Young person / Youth Councillor	Central Bedfordshire
Youth Councillor - Luton Council	Young person / Youth Councillor	Luton
Youth Councillor - Luton Council	Young person / Youth Councillor	Luton
Youth Voices CIC	Youth Worker	Bedford Borough
N/A	Residents	Bedford Borough Central Bedfordshire Luton Milton Keynes

Registered attendees who were unable to join on the day

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Bedfordshire Hospitals NHS Foundation Trust	Associate Director of Corporate Governance	
Bedfordshire Hospitals NHS Trust	Governor	Luton
Bedfordshire Rural Communities Charity	Social Prescriber	Bedford Borough Central Bedfordshire
Bedfordshire Rural Communities Charity	social prescriber	Bedford Borough
BLMK ICB	Chief Pharmacist	Bedford Borough Central Bedfordshire Luton Milton Keynes
BLMK ICB	Senior Transformation Manager, Bedford Borough	Bedford Borough
BLMK ICB	Deputy Chief Medical Officer BLMK ICB	Bedford Borough Central Bedfordshire Luton Milton Keynes

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
bpha	Research & Insights Manager	Bedford Borough
bpha	Research & Insights Analyst (Health & Housing)	Bedford Borough
Carer on Carers Panel (Carers in Beds)	Carer / resident	Bedford Borough Central Bedfordshire
Deaf Access Bedfordshire - Deaf Community	Charity Manager	Bedford Borough Central Bedfordshire Luton
Hatters Health PCN	Social Prescriber	Luton
Hatters Health PCN	Social Prescriber and Health and Wellbeing Coach	Luton
HMPPS	Head of Business Assurance	Bedford Borough Central Bedfordshire Luton Milton Keynes
Luton Council	Improvement Business Partner	Luton
Luton Council	Community Network Programme Manager	Luton
Luton Council	Community Network Programme Manager	Luton
Milton Keynes City Council	Elected member	Milton Keynes
Milton Keynes City Council	councillor	Milton Keynes
MKCC - Family Centres	Family Centres Manager	Milton Keynes
MORELIFE	Service Lead	Bedford Borough Central Bedfordshire Milton Keynes
Nexus MK PCN	CLINICAL DIRECTOR	Milton Keynes
NHS (Bell House Medical Centre)	Gp	Luton
Nursing	Practice Development Nurse	Luton
Oakridge Park Medical / Nexus Clinical Director	Clinical Director	Milton Keynes
Oakridge Park Medical Centre Nexus Hub	Health and wellbeing coach	Milton Keynes
People Participation Group	Service User	Milton Keynes
SMART CJS	Interim CEO	Bedford Borough
SMART CJS / Homelessness	Senior Improvements Manager	Bedford Borough Central Bedfordshire
Social Interest Group	EDI Programme Manager	Luton

Organisation / Group/ Community being represented	Job title / role	Place(s) service provided or live (if attending as a resident or group representative)
Sue Ryder	Service Manager	Bedford Borough Central Bedfordshire
Sue Ryder St John's Bedford	Head of Wellbeing and Community Support	Bedford Borough Central Bedfordshire
Sundon Park Baptist Church	Reverend	Luton
Titan Primary Care Network	Wellbeing Lead	Central Bedfordshire

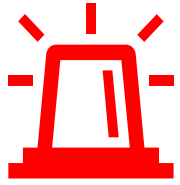
Welcome to the System Insight Network

#BLMKSystemInsights

Network: _Rufus-Guest
Password: RufusGuest24

Lorraine Mattis
Chair of the System Insight Network

Housekeeping



There are no fire alarms planned today, so if you hear the alarm sound, please use the exits and make your way to the car park.



Toilets are at the back of the room and through the reception there are unisex and accessible facilities.



Tea and coffee is available for you to access throughout the session, so please help yourself.



Photographs will be taken, so please let us know if you do not want to be included.

Michelle Summers
Associate Director
Communications, Engagement and
Community Insight

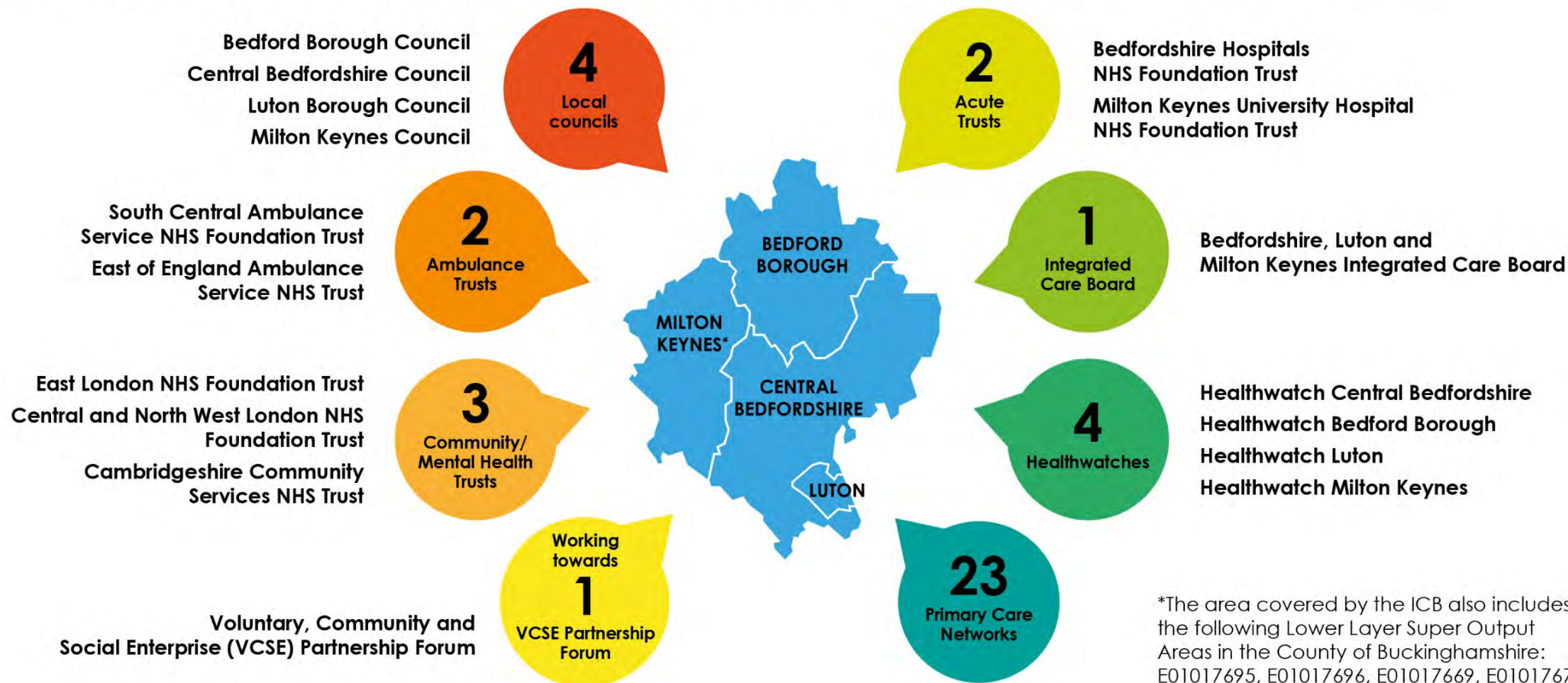
Purpose of our Network discussion

To listen to your lived experiences,
ideas and insights ...

And recommend ways to improve
health and care services nationally,
and across BLMK.

First, a brief introduction to us...

Proud to be working together for better, more integrated services in Bedfordshire, Luton and Milton Keynes Integrated Care System



*The area covered by the ICB also includes the following Lower Layer Super Output Areas in the County of Buckinghamshire: E01017695, E01017696, E01017669, E01017670

We've already started to make a difference, but there's more to do...

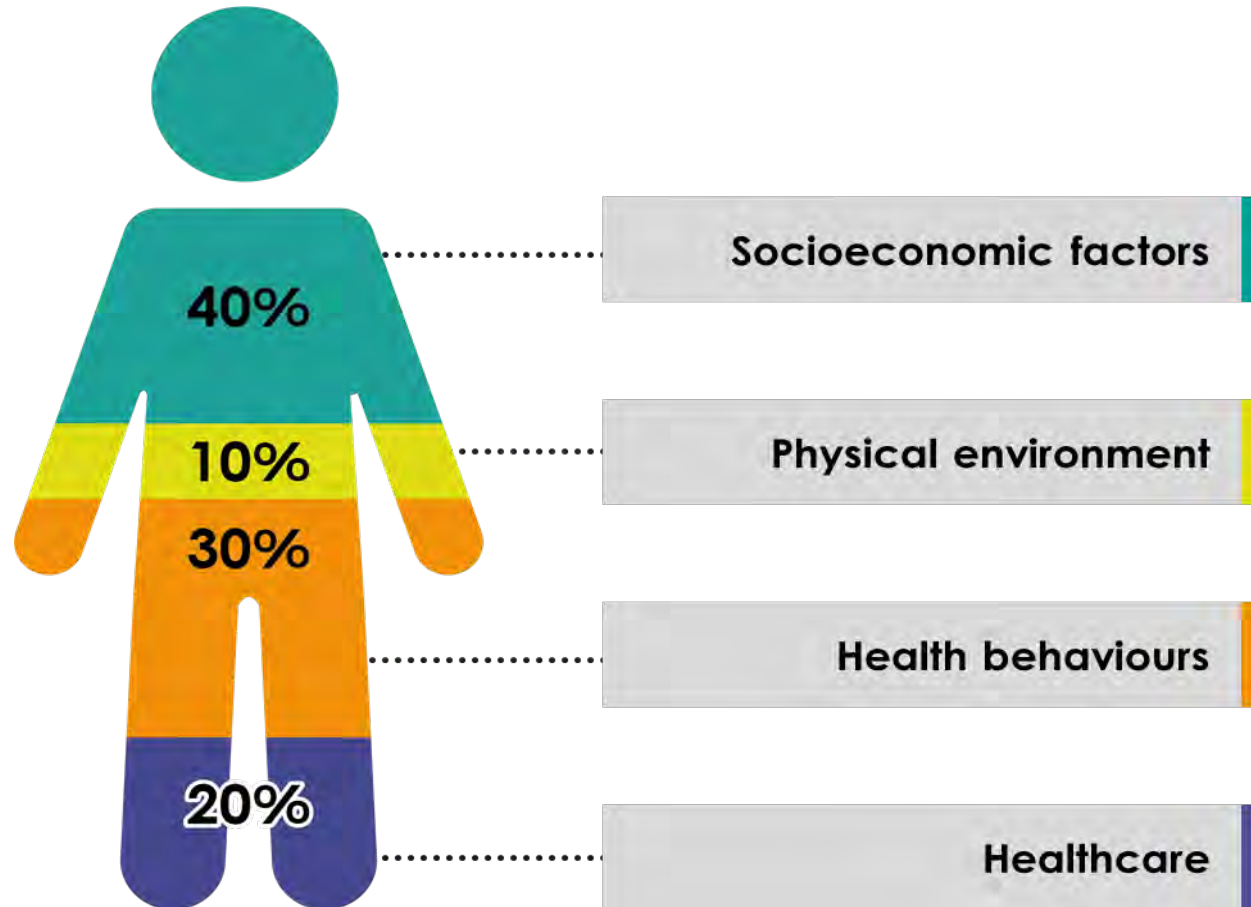
	<p>Increased the number of appointments in Primary care by 247,564 in the last year.</p>		<p>Invested an additional £65,000 for dentists who seeing NHS patients, funded weekend and evening clinics and increased payments for NHS dentists.</p>
	<p>Recruited pharmacists, paramedics, prescribing nurses and other clinicians to increase appointments in primary care.</p>		<p>Introduced Cloud Based Telephony into more GP surgeries to help more people to get through to their surgery.</p>
	<p>Introduced Pharmacy First and delivered 20,000 consultations for minor illnesses in just five months. Reducing pressure of general practice.</p>		<p>Reduced the number of people who are waiting to be treated by more than 5,000 in just a few months. No one is waiting over two years for an operation.</p>
	<p>Co-designed MSK services to improve service for the 80,000 people who access our services.</p>		<p>Introduced Virtual wards for people who have heart and breathing problems – to avoid unnecessary admissions. BLMK achieved 80% of the national target.</p>

We want to shape the future of the NHS

- Following the Darzi Review, Government launched a consultation to ask the public how they thought they could change the NHS for the better.
- Lord Darzi said that there are three changes that need to be made:
 - Moving more care from hospitals to communities ,
 - Making better use of technology
 - Preventing sickness, not just treating it.
- Government has asked the NHS to listen to residents and share the feedback into a national portal.
- Ideas and insights from residents will inform the Government's 10-Year Plan for Health and Care, which will be published in the spring.



We know that the services we provide are a small part of a person's health...



And changes will need to be made to help us make a difference...

Moving more care from hospitals to communities

Moving care from hospitals into homes, closer to the places people live and their community.



Making better use of technology

Using digital technology promises faster, higher-quality, more connected care.



Preventing sickness, not just treating it

Preventing rather than simply treating sickness will keep people healthier for longer.



We want to know your thoughts on how we can prevent sickness, and not just treat it..

What is the challenge?

More could be done to help the nation stay healthier for longer, for example:

- Smoking is the cause of 25% of cancer deaths
- More than half of our nation is overweight or living with obesity
- Levels of poor mental health have risen – this is now the main cause of people being off sick from work

What might this include?

- More screening services to identify early stages of diseases
- More support for those wanting to quit smoking and prevent the development of lung cancer
- Weight management programmes to encourage people to live healthier lifestyles and prevent obesity

What impact might it have?

- Preventing ill health might cost the NHS less in the long-term
- People will also live healthier lives for longer and be able to work and engage in society for longer
- This will reduce costs to the public sector overall and allow more people to contribute to the economy for longer

... How we can make better use of technology in health and care...

What is the challenge?

- Some parts of the NHS still rely on paper and pagers, fax machines, slow computers and outdated software
- Access to the latest treatments often depends on where you live
- Keeping talented staff is difficult without the technology they need

What might this include?

- Investing in digital technology such as imaging machines and scanners
- Using shared electronic records
- Investing in AI tools to predict possible health outcomes
- Virtual appointments with healthcare professionals

What impact might it have?

- Spotting and diagnosing illnesses earlier
- Improvements in patient care, for example, avoiding having to explain details many times
- Less administration for staff, so they can have more time to care for patients

And how we can move care from hospitals to communities.

What is the challenge?

- People are living longer but with more complicated health conditions.
- Treating people in hospital is expensive – and this is where most of the NHS budget is spent, but it is also often not the safest or most effective place for patients to be treated.
- There are longer waiting lists for A&E, hospital treatments and mental health services.

What might this include?

- Moving from delivering lots of care in hospitals, to delivering more care in communities (e.g. GPs, pharmacists) and in people's homes.

What impact might it have?

- More care in communities increases the NHS' ability to provide ongoing, long-term support.
- Fewer people going to hospital means hospitals can focus on emergency and specialist care.
- Patients say they have better outcomes if they are treated closer to home.

We're listening...

Discussion Area	Questions
Moving more care from hospitals to communities	<ul style="list-style-type: none">• What difference (good or bad) would this make to you?• Thinking about virtual wards, Community Diagnostic Centres and Ambulance Triage, what sounds good and what concerns do you have?
Making better use of technology	<ul style="list-style-type: none">• What do you think about how we use technology in the NHS, hopes and fears• What is the technology you think we should prioritise in the NHS.
Preventing sickness, not just treating it	<ul style="list-style-type: none">• What difference good or bad would this to make to you?• What are the three forms of prevention you think should be prioritised?

And our facilitators will help you make your voice heard...



There are no silly questions or comments

Please ask if you aren't sure about something.



We'll respect each other's views

Not everyone here will think the same thing. If you disagree with someone, please share that but always be respectful.



We'll allow time for everyone to speak

We will make sure we finish on time and cover everything we are here to talk about. We might politely move the conversation on if we are short of time, or if we would like to hear what others have to say.

Feedback session

Summary

**Thank you.
Safe journey home...**