techUK response to the NHS 10-Year Health Workforce Plan consultation

Introduction:

techUK, representing its health and care membership, has submitted evidence to NHS England's consultation on the 10-Year Health Plan to help shape a system that is more preventative, more community-based, and more digitally enabled. Our response draws on case studies, data and operational insight from suppliers working day-to-day with trusts, ICSs, local authorities and housing partners to deliver the very shifts set out in the consultation: moving care closer to home, scaling preventive and population-health approaches, and empowering frontline teams to improve services.

Members were clear that these ambitions are already being delivered in parts of the system; through virtual wards, remote monitoring, EPR-enabled workflow redesign, AI-supported triage, and integrated community models – but that progress is uneven and too often held back by legacy IT, fragmented data, and short-term funding. Our submission therefore focuses on what is working, the digital and workforce enablers behind it, and the policy changes needed to embed interoperability, invest in skills, and give ICSs the authority and tools to deliver at place level.

By publishing this response, techUK aims to share industry evidence with the wider health and care community, highlight the measurable productivity and workforce benefits of digital transformation, and support national policymakers as they finalise the plan.

Section 1: the 3 shifts

The NHS must change. Our 10 Year Health Plan makes clear our ambition to move from a centralised system to one where patients have greater control over their care and frontline staff are empowered to shape and improve services. We know that those working closest to patients understand best how local services can be delivered.

We want to hear from organisations, clinicians, staff groups and partners who are already driving change at a local level.

We are seeking evidence on how the 3 shifts are being implemented locally, and the impact on your workforce. Where possible, please support your submission with data and measurable outcomes, so we can learn from what is working well and apply those lessons across the NHS.

In this section, please submit evidence of:

- *where you have delivered or observed new digital initiatives that improved patient care*
- *where you have already seen or begun to deliver a shift from hospital-based care to community care*
- *where you have already seen or begun to deliver preventative care services*
- *which professions, roles and skills were critical to successful implementation for each example*
- *any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers*

techUK Response:

Across NHS organisations, digital innovation is reshaping patient outcomes and workforce experience. techUK members have demonstrated that intelligent automation of scheduling, referral management, and record workflows reduces administrative burden, improves efficiency, and allows clinicians to spend more time with patients. Technologies such as artificial intelligence and continuous monitoring enable earlier detection of health deterioration, preventing unnecessary GP appointments and hospital admissions. Evidence gathered from our members outlines that automation and workflow digitisation have delivered efficiency gains of around 25-35 per cent, freeing clinical staff for direct patient care[1]. Member consultations also emphasised that the implementation of EPRs should not be viewed as a simple technology deployment, but as a transformation in care delivery, requiring sustained change management and leadership engagement at every level[2].

techUK recommends sustained investment in digital transformation budgets, targeted replacement of legacy systems, and national leadership to embed interoperability and open standards across all NHS organisations[3].

Virtual wards exemplify how technology can reconfigure care delivery and workforce deployment. techUK members have enabled wearable-supported remote monitoring that allows patients to be safely treated at home, significantly reducing hospital bed days and improving satisfaction. Member outcomes show reductions of up to 30 per cent in in-person consultations and 15-20 per cent improvements in coordination efficiency[1], easing pressure on inpatient services and enabling redeployment of staff towards higher-value care.

techUK recommends the development of a unified data architecture, reform of procurement frameworks to prioritise interoperability, and investment in digital-skills development for all staff[3].

The transition from hospital to community-based care is being driven by digitally enabled neighbourhood health centres and local care hubs that integrate multidisciplinary teams closer to patients' homes. This model depends on secure digital infrastructure and mobile access to ensure continuity of care, particularly for underserved populations. Member evidence shows that modernisation of IT infrastructure at the community level, and enabling mobile and remote working, has increased staff flexibility and improved responsiveness, allowing services to be delivered more efficiently and equitably[2].

techUK recommends that ICSs be empowered with devolved budgets for digital investment, adopt interoperability-first architecture, and establish regional digital boards to coordinate delivery and data governance[4].

Preventive and population-level care remain central to workforce transformation. techUK members have shown that remote monitoring and predictive analytics reduce complications in long-term conditions and support early intervention. Member organisations delivering these services reported a 42 per cent reduction in risk of care-home admissions, 13 per cent fewer ambulance callouts, 32 per cent fewer emergency admissions, 23 per cent fewer inpatient stays, and a 27 per cent fall in unnecessary emergency-department attendances[2]. Predictive analytics and telehealth deployments also improved self-management adherence by approximately 25 per cent, correlating with fewer unplanned contacts and reduced clinician time[1].

techUK recommends the creation of a dedicated prevention-focused innovation fund, the expansion of patient-generated data through the NHS App, and the introduction of interoperable population-health dashboards to enable secure, system-wide data sharing across health and social care[4].

Delivering the three shifts will require new roles, skills, and professional-development pathways. techUK supports the expansion of roles such as digital-health strategists, clinical informaticians, and data scientists, while embedding digital capability across all professions. Continuous professional-development programmes should be standardised nationally and supported by leadership training and the establishment of a digital workforce observatory to coordinate data on skills, vacancies, and demand[2]. Evidence from our members indicates that targeted retraining in analytics, automation, and AI safety increased staff digital readiness by more than 20 percentage points on internal digital-confidence indicators following training, demonstrating measurable gains in both competence and morale[1].

techUK recommends a national framework for continuous digital upskilling and leadership training, supported by long-term investment in analytics, automation, and AI safety education[2].

Persistent barriers, including legacy IT, fragmented data systems, and variable digital literacy, continue to impede digital transformation. Member consultations identified resistance to change and lack of alignment between housing, health, and technology teams as recurring obstacles, which members have overcome through joint transformation workshops, compliance training, and cross-sector design sessions[2].

techUK recommends the introduction of a mandatory interoperability register for NHS systems, multi-year funding to eliminate technical debt, and the alignment of commercial frameworks to encourage adoption of open standards[5].

To plan and manage the workforce effectively, the NHS must have access to real-time, activity-level data linking clinical, operational, and workforce metrics. A unified national data infrastructure under consistent governance would allow the NHS to model workforce demand dynamically, anticipate evolving needs, and allocate resources more efficiently[4].

techUK recommends the development of an integrated national data platform that links workforce, financial, and patient-outcome metrics to inform planning and enable real-time productivity analysis[4].

Integration between reactive and proactive digital-care systems is driving new cross-sector models of support. techUK members have developed unified platforms combining alarm response with predictive monitoring and environmental sensors, providing real-time intelligence to health and social care teams. Early pilots with local authorities and housing associations have shown up to 20 per cent reductions in crisis interventions, improved resident independence, and stronger cross-sector coordination[2].

techUK recommends the expansion of joint-investment frameworks and procurement pathways that enable shared data use across health, housing, and social care, ensuring that preventive digital care becomes embedded within everyday service delivery[4].

Section 2: modelling assumptions

The workforce we build today will determine whether we can deliver the ambitions of the 10 Year Health Plan. That means challenging old assumptions, testing new ideas and being honest about what the future demands.

Big changes are coming. Artificial intelligence, breakthroughs in genomics and an ageing population will transform the way care is delivered. We need to capitalise on these shifts now or the NHS risks being left behind.

We need the insight of those who see, every day, what really works for staff and citizens - be that in the NHS, in other sectors or in other healthcare systems around the world. Your evidence will help us build a workforce that is ready, resilient and capable of delivering world-class care.

In this section, please submit evidence of:

- *specific assumptions you use in workforce modelling - for example, how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff*
- *how that impacts on workforce supply and demand, including career and training pathways*

Please provide clear examples and, where possible, support them with data.

techUK Response:

techUK members highlighted that current workforce planning assumptions often fail to capture the impact of technology-driven role evolution. The introduction of intelligent automation, AI triage, and virtual care pathways has reduced the need for administrative and repetitive clinical tasks, freeing staff to focus on patient-facing care and higher-value work. In parallel, genomics and personalised medicine are expanding demand for data scientists, genetic counsellors, and clinical informaticians[2]. This evolution requires that workforce modelling frameworks account for shifting professional boundaries and the creation of new hybrid roles across clinical, technical, and data domains[3].

techUK recommends that NHS workforce models incorporate technology's impact on skill demand by embedding new hybrid roles and career structures into all workforce forecasts. These should recognise the convergence between clinical and digital domains and enable continuous reskilling in AI, genomics, and data-driven care[3].

Service redesign is also reshaping workforce deployment. As virtual wards and remote-monitoring systems become more common, workforce models must reflect the redistribution of staff into community and home-care settings. Member evidence from digitally enabled reablement services shows that sensor-based supervision of residents with dementia and learning disabilities reduced the need for routine night-time visits, improved sleep quality, and released staff capacity for higher-value interventions[2]. Similarly, data analytics from primary care networks have shown that the use of 'demand-and-capacity' planning tools enables real-time visualisation of appointment flow and workforce utilisation, allowing practices to reallocate staff proactively based on patient need[2].

techUK recommends that workforce models integrate operational data from virtual wards, remote monitoring, and community-care pilots to forecast demand and redeployment needs dynamically. Adaptive rostering informed by predictive analytics should be embedded into planning tools to ensure workforce flexibility and equitable service access[4].

Member evidence supports these findings, demonstrating that automation, digital scheduling, and telemonitoring collectively increase service efficiency by 25-35 per cent and reduce average patient waiting times by up to 20 per cent[1]. These measurable productivity gains must be built into workforce planning models to forecast staff distribution and capacity requirements accurately.

techUK recommends that algorithm-driven rostering and real-time capacity modelling become standard practice across NHS trusts and ICSs, enabling data-led responses to demand surges and localised workforce pressures[4].

Assumptions about workforce composition must also reflect demographic trends. An ageing population increases demand for chronic-disease management, requiring expanded multidisciplinary teams and upskilling in remote and digital care. Member consultations emphasised that community-based roles such as telecare technicians, digital coordinators, and early-intervention specialists are essential to supporting independence, particularly among older and high-needs populations[2]. This aligns with member pilot data showing that remote monitoring and predictive analytics reduced emergency admissions by 32 per cent and inpatient stays by 23 per cent, directly easing demand on acute services[1].

techUK recommends that national workforce planning incorporate demographic modelling and population health trends, ensuring training pathways prioritise the community workforce and digital support roles essential for integrated, preventive care[1].

Workforce supply assumptions must also integrate flexible training and career pathways. NHS modelling should account for new entry routes such as apprenticeships and degree apprenticeships in digital health, mid-career transitions into analytics, and rotational posts across hospital, community, and virtual environments. Member feedback indicates that training demand is often underestimated when new digital models of care are introduced, underscoring the need for continuous digital-literacy programmes rather than one-off training cycles[2].

techUK recommends embedding continuous learning within NHS People Plans, with dedicated funding for digital literacy, modular training frameworks for new entrants, and incentives for mid-career reskilling in high-demand digital roles[4].

Private-sector data platforms provide further insight into the potential of dynamic workforce modelling. Business-intelligence systems operating across private hospitals analyse millions of clinical and operational transactions annually, enabling organisations to forecast workforce needs by speciality, case mix, and technology utilisation. Integrating comparable real-time analytics across NHS systems could allow more accurate workforce planning and data-driven deployment decisions, particularly within integrated-care settings[2].

techUK recommends the adoption of cross-sector analytics partnerships that enable NHS trusts and ICSs to access real-time workforce intelligence dashboards, improving agility in planning and reducing regional workforce imbalances[4].

The NHS DDaT framework provides an essential foundation for a modern workforce, but its recruitment model remains too slow and inflexible to meet the needs of a rapidly evolving digital health ecosystem. techUK member evidence shows that recruitment cycles often exceed three months, with rigid pay structures and outdated role classifications limiting the ability to attract and retain digital specialists. These inefficiencies undermine responsiveness to operational pressures and weaken competitiveness with the private sector. Around 70 per cent of health technology SMEs identify NHS recruitment bureaucracy as a major obstacle to scaling digital capability, particularly where DDaT roles remain categorised as administrative rather than strategic[1]. Members also report that prolonged onboarding and the absence of market-responsive pay mechanisms contribute to high turnover and reliance on short-term contractors[2].

techUK recommends a modernisation of the NHS DDaT recruitment framework to prioritise dynamic salary benchmarking and accelerated recruitment cycles aligned with the speed of digital transformation.

A critical enabler of this modernisation is the establishment of two-way secondment pathways between the NHS and private industry. These exchanges would allow NHS staff to gain new technical and leadership experience, while enabling industry professionals to understand clinical workflows and governance standards. This cross-sector mobility would foster mutual learning, accelerate digital capability transfer, and cultivate a workforce culture that is adaptable and collaborative across integrated care systems.

Legacy IT and infrastructure constraints remain a critical variable in workforce modelling.

techUK recommends that digital-maturity assessments be fully integrated into workforce forecasts, ensuring that operational readiness is a key determinant of workforce planning. Modernising infrastructure and de-risking system outages are prerequisites for flexible deployment and for expanding hybrid-care pathways[6].

techUK recommends establishing a national digital-workforce observatory to coordinate forecasting data across the NHS, academia, and industry. This observatory should integrate workforce, financial, and patient-outcome data to track the impact of emerging technologies and inform long-term workforce strategy[4].

Finally, sustainable modelling requires predictable investment signals. techUK's budget submissions advocate for protecting and extending dedicated digital funding so that trusts and ICSs can plan multi-year skills pipelines, modernise legacy IT, and scale proven digital pathways that relieve frontline pressure[7].

techUK recommends embedding long-term, ringfenced investment for digital capability within national workforce funding settlements, ensuring that digital transformation planning is stable, evidence-led, and strategically aligned across health and care systems[7].

Section 3: productivity gains from wider 10 Year Health Plan implementation

In his independent investigation of the NHS in England, Lord Darzi said:

Falling productivity doesn't reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems, such as ringing around wards desperately trying to find available beds.

To deliver transformational change, we must improve productivity. This does not mean asking staff to work harder; it means changing the way we deploy staff in response to other developments, making it easier for them to do their jobs and bringing back their enjoyment of work.

In this section, please provide evidence of:

- *the top digital initiatives you have delivered - in the NHS, other sectors or internationally - that have successfully increased workforce productivity or reduced demand*
- *actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts*
- *policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups)*
- *where you have managed changing expectations and increased patient participation in their care through digital tools and, where applicable, you have adjusted workforce planning to reflect this (for example, increased training to deliver new approaches to diabetes management to reflect new digital tools)*

Please provide specific examples, supported by data where available.

techUK Response:

Across NHS Trusts and integrated systems, automation of appointment scheduling, referral management, and documentation has reduced administrative overhead and released clinical time back to patient care. Evidence from member pilots shows that automation and AI-driven process optimisation achieved productivity gains between 25-35 per cent, freeing several hours per clinician per week and reducing manual handovers in patient pathways[1]. This reduction in administrative burden has correlated with higher job satisfaction and lower reported burnout, notably where organisations identified digital champions to support adoption[2]. Redesigning digital workflows also freed up to £57,000 per department annually and eliminated thousands of unnecessary in-person appointments[8].

techUK recommends that productivity metrics from automation pilots be embedded in NHS digital-transformation performance frameworks, ensuring measurable workforce benefits are captured in future planning cycles. The NHS should also incentivise the designation of local 'digital champions' to drive adoption and morale across departments.

Virtual-ward and remote-monitoring programmes have demonstrated some of the most significant productivity outcomes. Wearable-enabled patient monitoring, supported by interoperable data platforms, has allowed safe management of patients in community and home settings. This shift has produced measurable results, including a 28 per cent reduction in in-person consultations, 20 per cent improvement in coordination efficiency, and 32 per cent reduction in emergency admissions. These programmes also reduced ambulance callouts by 13 per cent and inpatient stays by 23 per cent, while increasing both patient satisfaction and clinician confidence in remote care[1]. Other

member evidence shows hospital admissions down 33 per cent, A&E attendances down 32 per cent, and GP face-to-face appointments down 55 per cent. Digital virtual-ward pathways further shortened hospital stays by 6.3 days on average and cut ICU admissions from 8.2 to 3.6 per cent[8]. These outcomes translate directly into released workforce capacity and reduced inpatient pressure.

techUK recommends that the national roll-out of virtual wards and remote-monitoring services be prioritised within NHS England's productivity framework, with dedicated capital funding for interoperability and staff training to sustain efficiency gains.

Productivity has also improved through the deployment of real-time analytics in primary and community care. techUK members have implemented 'demand-and-capacity' planning tools that visualise appointment flows, identify unmet demand, and reallocate staff in real time. At one London practice, this approach enabled dynamic workload balancing, aligning clinical resources with patient need and reducing waiting times to under 24 hours[2]. The ability to forecast peaks in demand also supported better use of the Additional Roles Reimbursement Scheme.

techUK recommends embedding real-time analytics platforms within integrated-care infrastructure, enabling predictive workforce planning and agile deployment across primary and community settings.

Member feedback emphasised that digital training must be continuous and tailored, not a one-off exercise. Team-based learning, shared ownership of change, and identification of 'super users' have proven essential to embedding digital systems effectively. Staff who participated in structured digital-literacy programmes reported confidence increases of over 20 points on readiness indicators and lower stress when adapting to new tools[1]. Members also showed that fostering team learning cultures accelerates adoption and supports retention by building shared progress and professional pride[2].

techUK recommends that digital-skills programmes be designed as continuous professional-development pathways, supported by mentorship and recognition frameworks for early adopters. Workforce-transformation funding should explicitly cover team-based learning and peer-training models to strengthen retention.

Digital inclusion and community engagement have also driven measurable workforce and morale gains. Programmes co-designed with communities increased participation among underserved groups by over 30 per cent, strengthening local links and improving staff pride[1]. Digital collaboration tools and virtual engagement platforms enabled greater co-production of care models, particularly in lifestyle-change and prevention services. Member organisations delivering integrated lifestyle programmes showed that recruiting staff with local connections and lived experience, within social-value frameworks, increased participation and completion rates[2].

techUK recommends expanding NHS commissioning guidance to include co-production and social-value criteria in digital-health procurements formally. This would strengthen community relationships, improve staff engagement, and enhance recruitment and retention in underserved areas.

Digital self-management tools have further improved patient outcomes and workforce efficiency. Member evidence demonstrates that patient-facing platforms supporting condition management, such as weight management and smoking cessation, improved adherence by 24-26 per cent, reducing follow-up demand and enabling clinicians to focus on complex cases[1]. These platforms also reduced patient anxiety and improved continuity of care by involving families and carers through secure digital channels[2].

techUK recommends that digital-self-management tools be integrated within NHS App functionality, supported by clear funding and training for clinicians to embed them into standard care pathways.

The private sector provides additional insight into sustaining productivity improvements. Data-infrastructure platforms managing clinical operations, pre-authorisation, and tariff management across private hospitals have enabled precise workforce and cost control. Integrating similar systems within NHS frameworks could enhance forecasting accuracy, improve efficiency, and establish shared digital standards that support cross-sector collaboration[2].

techUK recommends developing a cross-sector interoperability framework that aligns NHS and private-sector data standards, enabling the NHS to leverage proven analytics systems for dynamic workforce modelling and cost optimisation.

Section 4: culture and values

The 10 Year Health Plan made it clear that great culture and great leadership go hand in hand with better quality care. When staff feel valued and supported, patients see the benefits.

We are committed to empowering leaders and managers at every level of the NHS to do better - to focus relentlessly on access, experience and outcomes for patients and communities. We know the best ideas often come from those already driving change on the ground.

We want your evidence and experiences on what works in building a positive culture where leadership is strong, the quality of care is high, and staff are supported to thrive - and what must change to make that the norm everywhere.

In this section, please provide evidence of:

- *policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)*
- *approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery*
- *systems or practices that ensure leaders at all levels actively listen to staff feedback - particularly from underrepresented groups - and act on it*

Please provide specific examples, supported by data where available.

techUK Response:

Embedding a positive workforce culture and strong leadership across the health system is fundamental to improving both staff experience and patient outcomes. techUK's evidence shows that thriving organisational culture depends on empowering teams through digital inclusion, shared purpose, and social value–driven innovation. Member evidence demonstrates that digital transformation succeeds when leadership emphasises collaboration, transparency, and compassion. Across health and social care, our members have supported leaders in fostering open, data-informed decision-making, leading to average improvements of 18-25 per cent in job satisfaction and engagement where staff are actively involved in transformation planning. This shows that embedding values-based leadership correlates with measurable gains in retention and workforce morale[1].

techUK recommends that leadership-development programmes across NHS organisations embed digital-transformation principles, focusing on inclusive communication, data-informed decision-making, and values-based management. Leadership accountability frameworks should explicitly measure the impact of digital engagement on staff morale and retention.

A positive workforce culture also relies on embedding social value at the heart of digital change. Projects integrating social-value metrics such as local recruitment, volunteering, and inclusive design have strengthened staff purpose and community relationships[4].

techUK recommends that NHS England and ICSs adopt mandatory social-value reporting for digital programmes, ensuring that local recruitment, diversity, and community engagement are tracked as part of transformation outcomes.

Systems for listening to staff feedback are central to building trust and improving culture. Digital communication platforms, feedback dashboards, and anonymous reporting tools have enabled faster responses to workforce concerns, particularly from underrepresented groups, allowing managers to act within days rather than months.

Members report that regular Q&A sessions and open digital forums foster transparency, enabling staff to see how their input translates into tangible organisational change[2].

techUK recommends that all NHS organisations adopt real-time digital feedback mechanisms to strengthen staff engagement, with transparent reporting loops so employees can see how feedback informs organisational improvement.

Systems that connect workforce data, wellbeing metrics, and community engagement enable leaders to track morale, measure inclusion, and share learning across regions. This creates a consistent environment where staff feel heard, supported, and empowered to deliver compassionate, high-quality care[5].

techUK recommends the creation of a unified digital workforce-insight dashboard across NHS regions, integrating wellbeing data and engagement indicators to identify cultural risks early and coordinate targeted support interventions.

Embedding a positive and sustainable workforce culture also requires recognising and rewarding digital expertise as integral to healthcare delivery. The NHS increasingly depends on DDaT professionals to enable data-driven care, automation, and innovation, yet these roles remain undervalued relative to private-sector equivalents. techUK member evidence shows that outdated pay structures and limited career progression continue to affect morale and retention among digital staff whose expertise is essential to transformation[2]. Organisations that more closely aligned compensation and benefits for digital specialists with private-sector benchmarks achieved up to 15 per cent higher retention and 20 per cent greater engagement, underscoring the link between fair pay, motivation, and performance[1].

techUK recommends that NHS England modernise DDaT pay frameworks to reflect the value of digital expertise, using real-time private-sector benchmarking to ensure competitive compensation and retention of critical digital talent. Expanding the NHS People Promise to include digital workforce incentives and innovation-focused benefits, such as sabbaticals, digital secondments, and continuous learning pathways, to build a culture of long-term capability and adaptability.

Sustaining progress will require NHS leaders to treat culture and morale as measurable components of workforce planning, on par with productivity and efficiency.

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