Presented by:

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Forming a Strategic Vision: Adapting education to align with health system needs

*personal views
not organizational

NHS England

- Head of International Workforce Collaboration – NHS England
- Visting lecturer – Birmingham University (Health Care Leadership)
- Expertise in strategic workforce development and education Health Care and Wider Industry.
- Increasingly international in focus, working with the WHO and Global Partners

Founded in 1948 to guarantee healthcare as a public service, replacing fragmented charity and employer-based care.

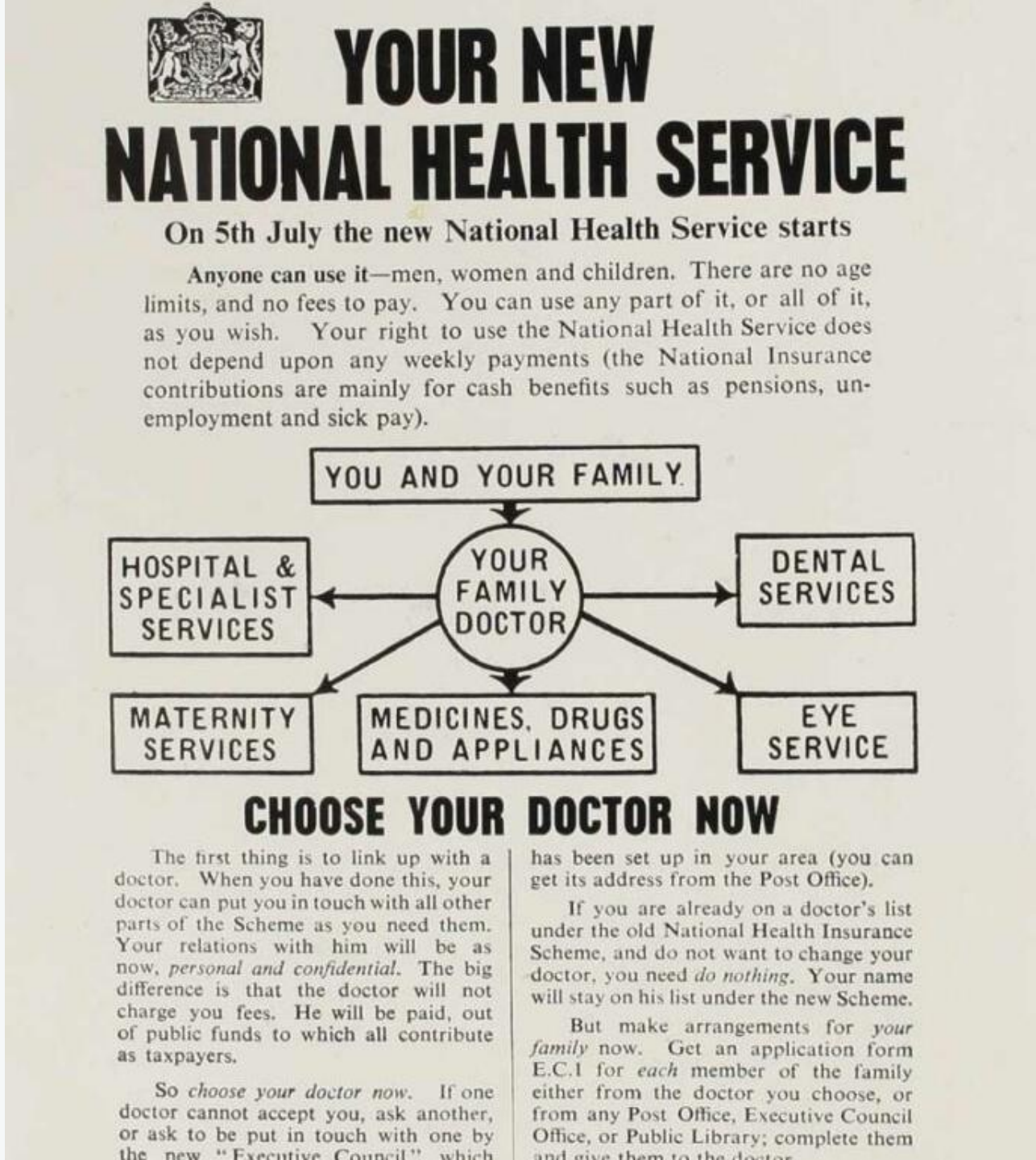
Universal coverage: everyone living in the UK is automatically covered

Care is free at the point of use, with access based on medical need rather than income or insurance status

Funded mainly through general taxation, not premiums or employer contributions

Functions as a single national risk pool, keeping administrative costs low and spreading financial risk across the population

Internationally distinctive compared with the US model: government-financed and largely publicly delivered, prioritizing equity and cost control, with trade-offs in waiting times rather than financial barriers.



YOUR NEW NATIONAL HEALTH SERVICE

On 5th July the new National Health Service starts

Anyone can use it—men, women and children. There are no age limits, and no fees to pay. You can use any part of it, or all of it, as you wish. Your right to use the National Health Service does not depend upon any weekly payments (the National Insurance contributions are mainly for cash benefits such as pensions, unemployment and sick pay).

CHOOSE YOUR DOCTOR NOW

The first thing is to link up with a doctor. When you have done this, your doctor can put you in touch with all other parts of the Scheme as you need them. Your relations with him will be as now, *personal and confidential*. The big difference is that the doctor will not charge you fees. He will be paid, out of public funds to which all contribute as taxpayers.

So *choose your doctor now*. If one doctor cannot accept you, ask another, or ask to be put in touch with one by the new "Executive Council", which has been set up in your area (you can get its address from the Post Office).

If you are already on a doctor's list under the old National Health Insurance Scheme, and do not want to change your doctor, you need *do nothing*. Your name will stay on his list under the new Scheme.

But make arrangements for *your family* now. Get an application form E.C.1 for *each* member of the family either from the doctor you choose, or from any Post Office, Executive Council Office, or Public Library; complete them

A resilient system, with challenges – according to international comparisons

Consistently among top-performing health systems overall in major international comparisons of high-income countries, particularly for equity, access, and efficiency (e.g. Commonwealth Fund, “Mirror, Mirror 2024”)

In the Commonwealth Fund’s latest rankings, the **UK/NHS places in the top tier (top 3–4 of 10 systems)**

Strengths: universal coverage, strong financial protection, low administrative costs, and relatively good value for money compared with peer systems

Weaker performance on some health outcomes, including life expectancy trends and certain cancer survival measures, where the NHS now performs around middle of the pack internationally

Resource-constrained: among the lowest levels of health spending per capita and fewer doctors and hospital beds than many OECD peers, shaping capacity and waiting times

Challenges – rapid shifts and responses

Rising demand and complexity

An ageing population and growth in long-term, multi-morbid and mental health conditions are driving sustained increases in service demand.

Workforce pressure

Ongoing shortages, skills gaps, and post-pandemic burnout are constraining capacity and productivity across services.

Higher public expectations

Patients now expect faster access, personalised care, and service standards comparable with other sectors, including digital access and transparency.

Financial constraints

Demand continues to outpace funding growth, creating pressure to deliver improved outcomes, efficiency, and value within fixed budgets.

The ‘big’ policy response -

3 shifts to how the NHS works:

from hospital to community: more care will be available on people’s doorsteps and in their homes

from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online

from sickness to prevention: we’ll reach patients earlier and make the healthy choice the easy choice

Of course – how does this really playout in the real world.

Taking the long view and

“Any system that doesn't take the long run into account will burn itself out in the short run.”
Charles Woodruff Yost

Foresight – challenging the form of education and training

Scenario planning: explores multiple plausible futures to test how today’s decisions might perform under different conditions.
Horizon scanning: systematically looks for emerging trends, risks, and opportunities that could shape the future environment.
Backcasting: starts with a desired future outcome and works backward to identify the actions needed to get there.

Future Doctor (2023)

Overall message: the future doctor is not defined by specialty alone, but by flexibility, collaboration, and system impact.

- Doctors as adaptable generalists – able to work across settings and specialties in response to changing population and system needs.
- Patient-centred partners – focusing on shared decision-making, compassion, continuity, and outcomes that matter to patients.
- Team-based leaders – contributing expertise within multidisciplinary teams, leading when needed and supporting others when appropriate.
- Population- and value-focused – understanding prevention, population health, sustainability, and stewardship of finite resources. Digitally and data enabled

… the tyranny of the urgent

Local innovations – under the STAR framework

Multidisciplinary Team (MDT) Toolkits

Co-designed regional toolkits that promote collaborative care models, especially for managing long-term conditions, breaking down silos across health and social care.

Introduction of New Roles & Skill Mix Expansion

Deployment of roles like Nurse Associates, Advanced Clinical Practitioners, and Physician Associates to align workforce skill mix with evolving service needs. Increased use of Allied Health Practitioners (Pharmacists, Physios, Podiatrists other therapists in meeting needs.

Digital & E-learning Upskilling Programmes

Access to over 300 HEE-run digital training modules—including webinars and toolkits—focusing on digital health, leadership, and service innovation.

CLEAR Workforce Redesign Method

Use of CLEAR (Clinically-Led Activity & Workforce Redesign) to re-engineer clinical workflows in acute and primary care, optimize staff deployment, and improve efficiency.

The rise of ‘Blended Learning’ in the NHS

What it is – a structured mix of online learning, face-to-face teaching, and workplace-based experience.

How it’s used – clinical training, leadership development, digital skills, simulation, and continuing professional development.

Why it matters – supports rapid skill development at scale while maintaining clinical quality and safety.

System impact – enables workforce transformation by supporting new roles, new ways of working, and lifelong learning.

Benefits – greater flexibility for staff, improved access and equity, faster rollout of new skills, and better use of clinical time.

Culture, people and psychological safety

Culture Eats Strategy for Breakfast

Tools, techniques are good and get you so far –

Good relationships enabled by Good Leadership can get you further