

North Yorkshire Council

Scrutiny of Health Committee: NHS Change Consultation Working Group

24 January 2025

NHS Change Consultation Response

Making better use of technology

When you think about how we could use technology in the NHS, what are your hopes?

Members expressed a hope for reliability and integrity – technology offers efficiencies, but also vulnerabilities. These systems must be properly resourced with a long-term plan to ensure they do not create an unsustainable skills gap. Rollout of new technologies must include dedicated engagement to ensure the role of “scary” technologies like AI are properly communicated to the public, with clear boundaries and efforts made to highlight the benefits. The public need to see a tangible benefit to have confidence in the system.

When you think about how we could use technology in the NHS, what are your fears?

There are fears that an increased reliance on technology might lead to siloing of different systems that do not communicate with each other, in turn eating up the potential efficiencies. The increased training and retention burden will be considerable, as well as the demands on existing staff to adapt to new processes while already under pressure.

What technologies do you think the NHS should prioritise? Share why these were chosen in your workshop.

Everyday technologies, not necessarily for frontline use, need to not be left behind – administrative systems, screen, and data sharing between sites, need to be efficient and reliable.

What technologies are you worried about? Share why this was a concern in your workshop.

Some uncertainty persists around the use of AI – there is an awareness of some very successful AI-driven technologies, such as the AI-led physiotherapy pathway which has CQC approval, but these need to be better publicised and communicated, especially to an ageing population who might be more likely to come into contact with it, but less willing to accept it.

Moving more care from hospitals to communities

What difference – good or bad – would this make to you?

Members felt that steps to reduce the burden on hospitals were necessary and welcome. Implementing community care posed additional challenges for North Yorkshire because of the rurality – there is an opportunity for people living in remote communities to access care closer to where they live rather than having to make lengthy hospital journeys, but even comparatively short journeys can be challenging for residents. North Yorkshire has a higher average age than nationally, and the rural transport links can be adversely affected by weather conditions. The need to link in with public transport networks cannot be overemphasised.

Thinking about virtual wards, what sounds good?

The possibility of relieving pressure on hospitals is welcome, and the provision of intermediate care beds has not kept pace with rising demand. The ambition is positive.

Thinking about virtual wards, what concerns do you have?

Any move to virtual wards needs to have social care at its heart, to ensure joined-up working between the sectors and ensure that those that need dedicated hospital care don't miss out, in a future system where there is potentially less face-to-face contact to identify and pre-empt issues. Data handling needs to be seamless to ensure efficiency of patient care, and integrity of sensitive information.

Thinking about community diagnostic centres, what sounds good?

Members are supportive of the ambition to provide community diagnostics – in particular, standardising the ability of non-GP HCPs to directly refer to specialists is urgently needed, particularly since some areas of the country already have this in a limited way as a part of various trials, leading to inequalities.

Thinking about community diagnostic centres, what concerns do you have?

There were significant concerns that the proposed reforms to the NHS would focus on capital investment, without the necessary revenue increases associated with recruiting and retaining staff. There is an NHS Long Term Workforce plan, but none for social care staff, and there is a general concern that social care will not receive the same attention as the NHS.

Lord Darzi's report specifically made the point that it was difficult to quantify what services were being provided in the community. We need to better understand where and how people are employed, supporting patients at all stages of their treatment and recovery.

Thinking about ambulance triage, what concerns do you have?

Potentially, if ambulance statistics are being treated as a key metric of success for this NHS Change, a reduction in numbers might be seen as a positive but not actually reflective of an improvement in patient care – statistics need to be holistic and reflect the totality of patient experience, rather than being reduced to “waiting times”.

Preventing sickness not just treating it

What difference – good or bad – would this make to you?

The role of public health commissioning is a good example – health is a multifaceted issue with many opportunities to address wider determinants in health, such as improvements in housing, employment, transport, financial health, access to outdoor space etc, might yield significant savings through prevention. North Yorkshire has a great opportunity in the area of social prescription with high-quality outdoor spaces that should be employed to the full. Strongly feel that the restoration of the Public Health Grant would have a very positive effect, programmes like smoking cessation and weight management are vital.

What forms of prevention do you think the NHS should prioritise? Share why these were chosen in your workshop.

The role of AI in preventative medicine, tying in with genomics and allowing preventative interventions and advice to be delivered at an earlier stage of life. Public Health has a vital role to play in improving the general health of the population, obviating the need for costly health interventions.