

# Devon 10 Year Health Plan engagement programme findings

July 2025



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## Foreword

It is with great pride that I introduce this report on Devon's 10-Year Health Plan engagement. Over the past few months, thousands of local people from across our communities have generously shared their views, experiences, and hopes for the future of health and care in Devon.

This incredible level of participation reflects the deep commitment we all share to building a healthier, more connected, and more resilient Devon.

Listening to our communities is at the heart of everything we do. The insights gathered through this extensive engagement will play a vital role in shaping the services and support in Devon, ensuring they truly meet the needs of our population now and the future.

We recognise that health and care is not just about treatment, but about prevention, wellbeing, and enabling people to live their best lives in the place they call home.

This report captures the voice of Devon's people and demonstrates our ongoing promise to work together – patients, families, staff, partners, and the public – to design a sustainable, compassionate, and effective health and care system.

The challenges we face are complex, but by harnessing the power of collaboration and community insight, I am confident we can create a future that is both innovative and inclusive.

I would like to extend our thanks to Healthwatch Devon, Plymouth and Torbay, and all our voluntary sector partners for their valuable contributions to the local engagement.

Their support in reaching out to communities and encouraging meaningful conversations has been vital to this process.

We are also deeply grateful to everyone who took the time to participate and share their views. Your insights and experiences are instrumental in shaping a health and care system that better reflects the needs of the people it serves.

Thank you all for your commitment and involvement.

**Steve Moore**

Chief Executive, NHS Devon and One Devon



## Healthwatch in Devon, Plymouth and Torbay supports this engagement report on Devon's 10-Year Health Plan

We played a central role in the Devon 10-Year Health Plan engagement by helping to reach over 3,000 people from every corner of our community.

We led community conversations, hosted focus groups, and supported a wide-reaching survey to ensure that the voices of patients, Carers, and the wider public were heard - especially those who often go unrecognised in traditional consultations.



We believe it is essential for the successful development and application of the Devon Plan that residents were involved in its design. We also believe that all communities should be empowered to have a critical role from the very beginning to stress test the design and implementation of positive change. We therefore welcome NHS Devon's commitment to putting people at the centre of service planning and thank everyone who took the time to share their views.

We are proud of the critical role Healthwatch played in supporting Devon's 10-Year Health Plan engagement and welcomed the opportunity to work with our close colleagues in the NHS and One Devon.

Our core message has always been that every decision should be made in partnership with service users and in real discussions with our communities. This process has evidenced that the NHS and One Devon similarly recognise the importance of true engagement, co-design, and co-delivery, alongside patients and carers.

The Government has described this as 'the biggest national conversation about the future of the NHS since its birth' and we were most appreciative of the opportunity to become part of the transformation of services. We consequently valued being included as a key component in progressing the 'three shifts' in both theory and practice.

We look forward to the ongoing implementation of these shifts and commend our colleagues in health and social care for their commitment to transforming and improving services for us all.

**Dr Kevin Dixon**

Chair, Healthwatch in Devon, Plymouth and Torbay

# Introduction

To support the development of the [Government 10 Year Health Plan for England: fit for the future](#), NHS Devon ran an extensive engagement programme with staff, patients, public and partners in Devon. The government described it as ‘the biggest national conversation about the future of the NHS since its birth’.

The focus of the engagement programme was to explore views in relation to the “three big shifts” in healthcare which will be at the foundation of the national 10-year health plan.

- Hospital to community
- Analogue to digital
- Sickness to prevention

The Devon engagement programme captured the views of our people and communities in Devon to inform local priorities and strategy development while supporting the national 10-year plan process.

It was co-designed in collaboration with Healthwatch Devon, Plymouth and Torbay and feedback was gained from the membership of the Devon Engagement Partnership (DEP).

To ensure the views of our people and communities were used to support the development of the national 10 Year Plan, NHS Devon aligned with the questions that were asked as part of the national programme.

The agreed objectives for the Devon 10 Year Plan engagement programme were:

- Target the right people, in the right places and at the right time to reach all people and communities in Devon.
- Work with key partners and trusted voices to reach the [Core20PLUS5](#) target population.
- Encourage sign-up for continuous engagement in Devon, to increase public involvement in NHS transformation and delivery now and into the future
- Drive uptake to the locally hosted version of the national survey.
- Minimise public confusion by keeping the engagement approach clear and straightforward, but creative in how people are reached.
- Work with NHS Cornwall and Isles of Scilly ICB and NHS Somerset ICB on the borders of Devon, Cornwall and Somerset.

The key to the success of this approach was collaborating with key partners and working as one team, utilising our respective networks and channels to spread the reach of our engagement across the county.



## Our approach

The three main engagement methods used for this programme were:

1. Online survey (workforce and public) – hosted on the One Devon website.
2. Workshop events (Devon version)
3. Engagement postcard

To ensure the findings in Devon could support the development of the national 10-year plan, the questions used in the online survey and workshops needed to mirror the national questions.

The workshop content was made relevant to our Devon communities to ensure the conversations were meaningful and participants were more informed as part of the discussions.

The survey was only available online, but Healthwatch Devon, Plymouth and Torbay also took responses over the phone and this was promoted in the materials.

The NHS Devon communications and engagement team led the engagement programme. This was supported by provider communications and engagement leads, local authorities, South Western Ambulance Services, Healthwatch Devon, Plymouth, the voluntary, community and social enterprise (VCSE) assembly and other local partners.

A communications toolkit was produced by NHS Devon and shared with key partners to raise awareness of the engagement opportunities within in their communities. The local survey and events were promoted heavily through digital marketing, social media, printed materials, TV screens and local community networks.

NHS Devon led five engagement days across the county to raise awareness, encourage people to complete the surveys, host workshops and support people to complete the engagement postcards. These were supported by Healthwatch, VCSE organisations and provider colleagues.



We heard from a broad range of communities across Devon, especially those more likely to experience health inequalities, core20PLUS5 and seldom heard communities by investing in the voluntary, community and social enterprise sector (VCSE). NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

The organisations that hosted workshops were:

[Yes Brixham](#) – Homelessness  
[Adventure Therapy](#) – Young people  
[Headway Devon](#) (x5) – Learning Disability/Acquired Brain Injury  
[Age Concern](#) – Carers and older people  
[Hikmat Devon](#) – Ethnically diverse communities  
[Citizens Advice](#) (x5) – People with physical disability  
[Devon Communities Together](#) – Coastal communities



The approach taken in Devon was considered as a leading example by regional colleagues and other organisations across the southwest followed the same approach.

Healthwatch Devon, Plymouth and Torbay have produced a summary video (below) that talks about the approach taken, what it felt like to be involved in the engagement programme from a participant perspective and the key points of discussions from the workshops.



## Key findings

More than  
**3,400**  
pieces of feedback

**2,353**  
survey responses

**50**  
workshops hosted  
– 10% of the total  
number nationally

**358**  
people attended the  
workshops

More than  
**700**  
written postcards  
completed

More than  
**220**  
people recruited to  
support continuous  
engagement.

There are specific findings from each of the engagement methods, **but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.**

People valued the  
NHS being free at  
the point of access

The NHS workforce  
is seen as the most  
valuable, but most  
vulnerable asset

People valued the  
wide range of  
services that were  
available and how  
they have  
personally helped

Address access to  
primary care and  
mental health and  
reduce waiting  
times in ED and  
elective care

The satisfaction  
levels of how the  
NHS is run is low,  
but this is aligned  
to the national  
picture

Funding the NHS  
sufficiently should  
be a priority



There were also some specific key themes that were identified to each shift.

### **Hospital to community**

There needs to more investment in front line services and a reduction in management costs.

When people access services – their experience is generally positive

### **Sickness to prevention**

To avoid people getting poorly in the first place – there needs to be better access to diagnostic and preventative services.

There needs to be more education and strategies in place to improve people's confidence in taking ownership for their own health and health and wellbeing.

### **Analogue to digital**

Advances in technology will support efficiency, help join up services and improve prevention, diagnostics and communication. However, there were high levels of mistrust in relation to AI and data safety, aligned to concerns about reliability and increasing health inequalities for those that do not access digital information.

There needs to be a more joined up approach across the different health and care services. There needs to be a more effective solution supported by good communication.

# Public survey - analysis

## Public survey – 1,408 responses

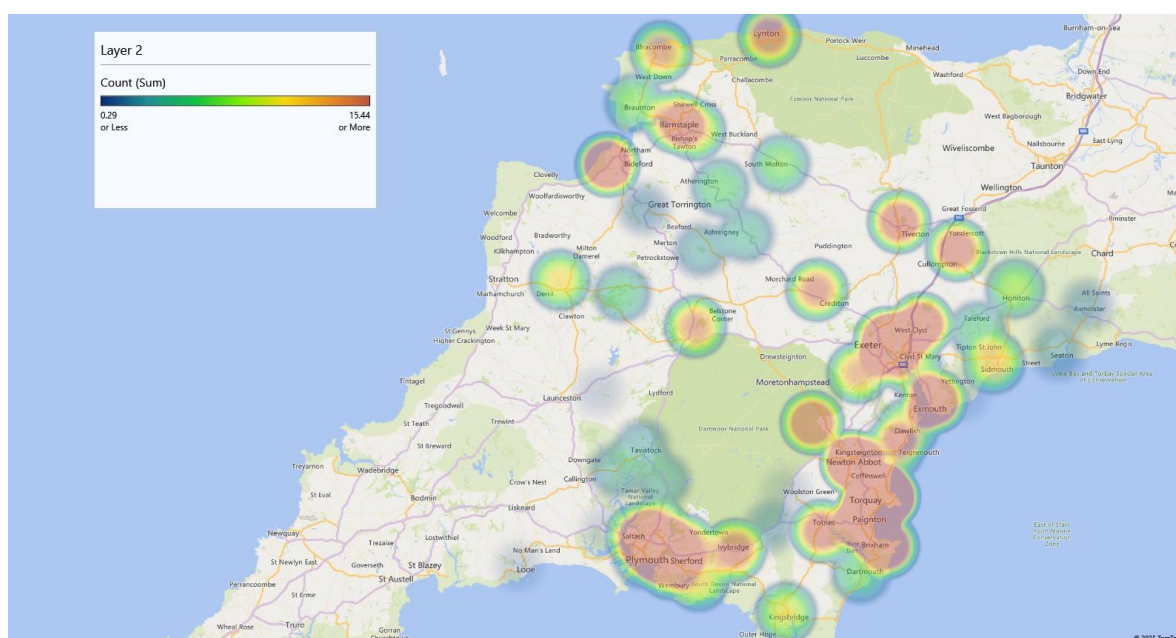
The Devon 10-year plan public engagement survey was hosted on the [One Devon website](#). This was the only public survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used had to replicate the national survey. When the Devon 10 Year Plan engagement programme was designed, we reviewed the national questions and cross referenced what we needed to find out in Devon. It was felt that the survey would provide the information needed to inform local priorities and programmes.

## Postcode region of survey responders

As part of the survey – participants were asked to provide the first part of their postcode. The below map shows the representation of survey responses across Devon.

As part of the targeted social media campaign, the locations of survey respondents were reviewed weekly. Where under representation was identified – targeted efforts were made to engage people from specific postcodes in the survey.

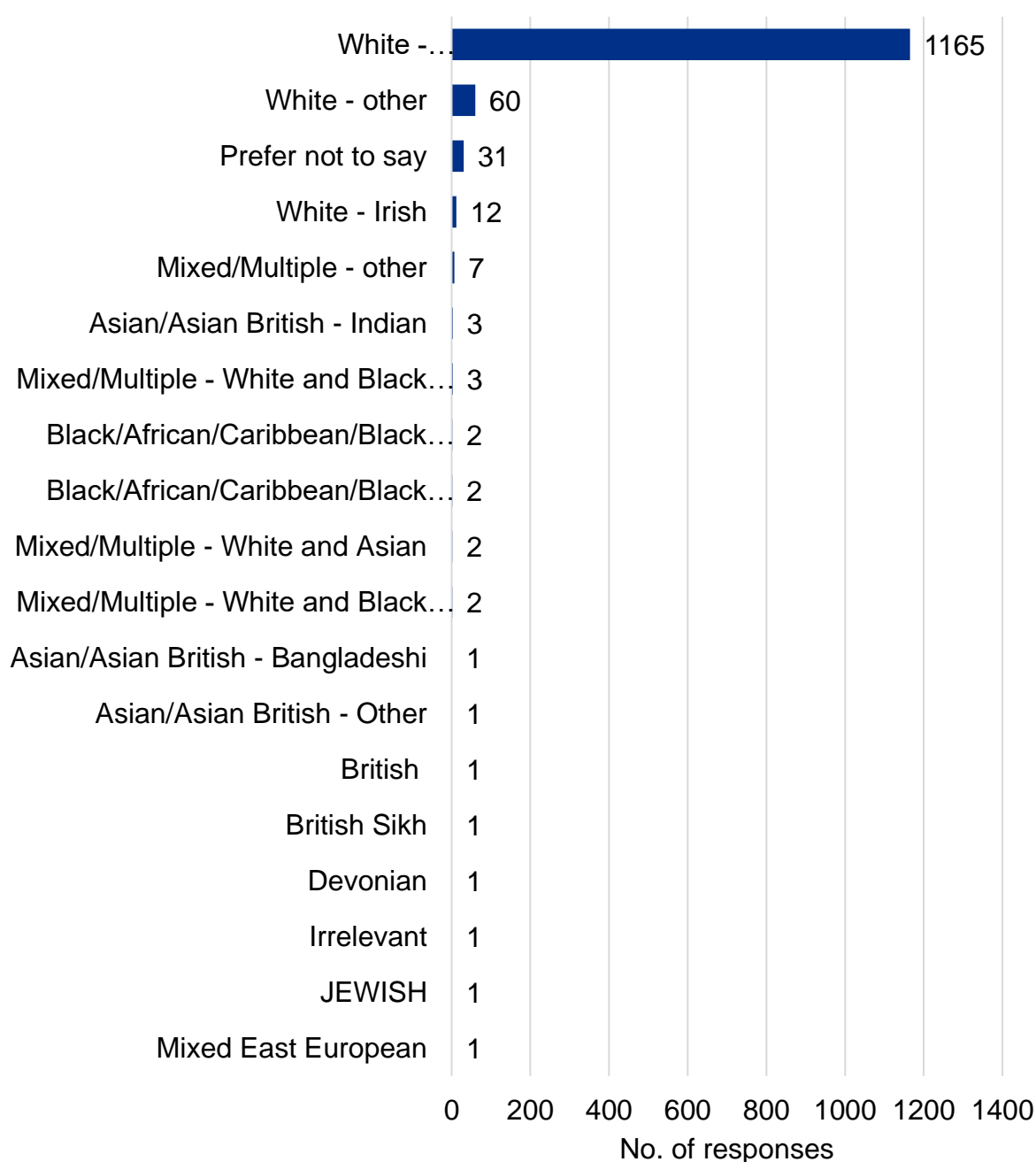


## Ethnicity of responders

### 1,297 of survey respondents completed this question

The Voluntary Community and Social Enterprise Sector (VCSE) in Devon were a key partner in reaching our ethnically diverse communities. This was also supported by targeted communication and social media campaigns.

As the survey was online – this was easily translatable and accessible. Although the below survey respondents aren't reflective of our Devon population – targeted workshops were undertaken with ethnically diverse communities which were facilitated by Hikmat Devon.



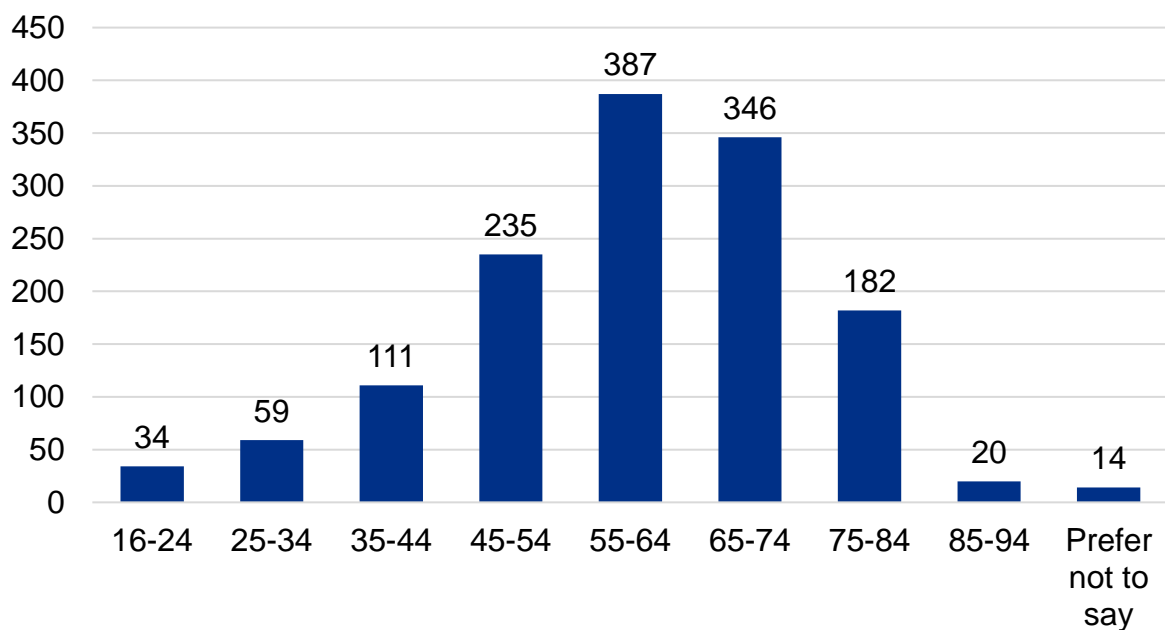
## Age of survey respondents

1,388 of survey respondents completed this question

The age of respondents is generally representative of our Devon population.

It was important that we targeted younger people as part of this programme and although the survey responses from those aged 34 and under – targeted efforts were made to engage young people in the completion of the engagement postcards and participation in the workshops.

Number of Survey Responders in Total



## What we heard

There are specific findings from each of the engagement methods but there were some overarching key themes that were consistent throughout the engagement programme across all the three shifts.

### People valued the NHS being free at the point of access

“It's free at point of use, no matter who you are”

### The NHS workforce is seen as the most valuable, but most vulnerable asset

“I believe the staff in the NHS are dedicated and work extremely hard to ensure patients get the best care”

“The level of dedication to patient care shown by hardworking, and often very overworked, staff at all levels. And that they do so despite, in too many instances, their pay having not kept up with the cost of living”

“The front-line staff. In the main, their commitment, care and compassion keep the services going/working. Without these fantastic humans the NHS would have already collapsed”

### People valued the wide range of services that were available and how they have personally helped

“The accessibility of different services to cover different health needs and the opportunity to be referred to and be seen by specialist services. Although not everyone gets the same opportunity and have different experiences. I think it's amazing that we have access to so much and that it's free”



**There is a need across Devon to address access to primary care and mental health services and reduce waiting times in A&E and for elective care**

**“Long waiting lists and early discharge leading to worse illness/injury which ends up costing more and leading to worse outcomes in the long run”**

**“Too much pressure on system; almost impossible to get a GP appointment and different services do not share medical notes”**

**“Early diagnosis, therefore more timely treatment. Early mental health interventions (way before people reach crisis point) could both be a literal lifesaver and also ease the pressure on acute mental health inpatient services”**

**The satisfaction levels of how the NHS is run is low but is aligned to the national picture**

**“Lack of joined up thinking and services, so very wasteful of resources”**

**“Demand is outweighing supply. Too many people need to use the NHS, and too few staff are working tirelessly to give them help. It cannot be sustained”**

**“Inefficient administration and management, admin processes are repeated over and over again wasting time and money - I had to cancel an appointment 4 times before they stopped sending me reminders for it, I have no idea whether that was reallocated or that appointment was wasted!”**

**“Use money in NHS more wisely. Begin with huge amount wasted on unused prescriptions”**

## Funding the NHS sufficiently should be a priority

“Whilst innovation and advancement in treatments, drugs etc is great, it seems there is not always enough funding available to keep pace with growing demand”

“The real question is whether the funding necessary to do this (and the training) will be put in WITHOUT reducing the funding still needed for the hospitals, to get those waiting lists down”

“GP surgeries and pharmacies are overstretched due to underfunding, lack of staff and difficulty of sourcing medicines. Unless there is a substantial investment in resources and financial support, these setbacks can't cope with extra demand”

## NHS Staff

We ask **staff working in health and care services across Devon**, three specific questions to help inform the development of our local plans.

### What are the best things about working at the NHS

- The people who work in the NHS and who want to make it better
- Being able to make a real difference to patient lives
- Free universal Healthcare - Pride in the NHS's core principle of free care at the point of delivery

“Working with amazing people who want to make an NHS system better”

“The people I work with”

“Supporting people to meet their full potential, satisfaction, going home knowing I have helped make a difference”

“Being able to make a real difference to patients' lives”

“Building a relationship with service users. The passion from staff to keep people safe. And the camaraderie between staff”

## What are the biggest challenges working in the NHS?

- Lack of capacity and funding to make changes.
- Lack of focus on prevention due to meeting day to day demand pressures
- High expectations on immediate service delivery
- Staffing levels not adequate for current workload
- Lack of joined up IT
- Often working longer than contracted hours
- Supporting people, we know have to wait a long time for care

“Often work longer than my contracted hours”

“Wanting to make changes for patients or NHS frontline staff and constantly being told no capacity or funding”

“Not having enough resources or staff which means we struggle to meet deadlines and receive complaints all the time. High expectations that everyone can have everything right away”

“Lack of focus on prevention - most funding goes to deal with the crisis end. Less effective use of our resources as used to firefight”

“IT for example we are 2 Trusts that have merged however we are still managed by 2 different IT departments. Both IT departments have different rules, so as a team we are not allowed the same IT access as we are managed by different departments”

“Staffing levels are a huge concern. Although we are nearly fully staffed that isn't enough to complete the work we have”

“Telling patients that the waiting list is so long when they are desperate to be seen and helped”

## We asked NHS staff which of these challenges do you think is the most important for the 10 Year Health Plan to address?

The top three issues (most selected) by all respondents to the survey were:

1

**Reducing waiting times**

2

**Staff shortages**

3

**Primary care access**



# Reaching our communities

We reached out to a range of communities in Devon, especially those more likely to experience health inequalities, CORE20PLUS5 and seldom heard communities by investing in the Voluntary Community and Social Enterprise Sector (VCSE).

NHS Devon hosted a small grants scheme process for VCSE organisations to bid for a small amount of funding to hold workshops with their communities to understand what was important to them when developing the national 10 Year Health Plan.

These are some of the key themes from the workshops run by local organisations:

## Technology

- Using AI to check scans – Many were fearful of the repercussions. What if there was a technology blip or something important missed?
- Some patients will get left behind, especially older people who do not use IT and still want/need face-to-face appointments
- Having to use technology adds a further layer of confusion to already difficult situations when you have trouble understanding what is being said to you and what you are being asked to do
- the NHS app which is easy to use and accessible for patients to book appointments. This could reduce receptionist admin and increased communication between NHS services and service users

## Hospital to community

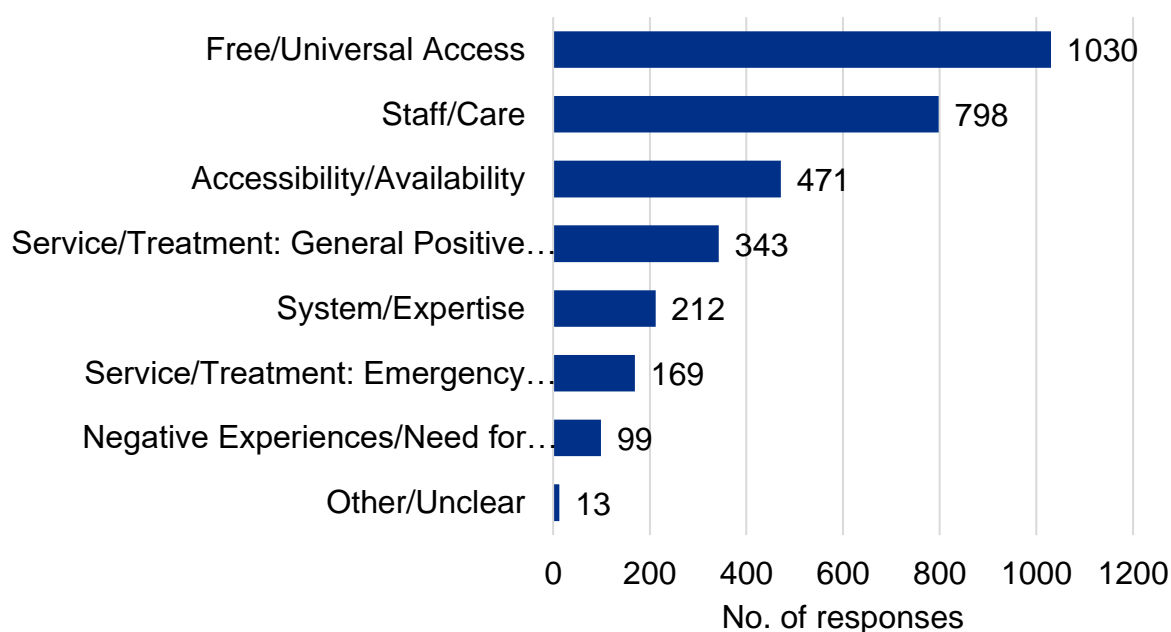
- Getting more support from pharmacists is good. More accessible and quicker solution
- More convenient, reducing hospital waiting lists and lead to early detection of health conditions
- Integrated Care Information: Ensure community care information is connected to electronic patient records to prevent gaps

## Prevention

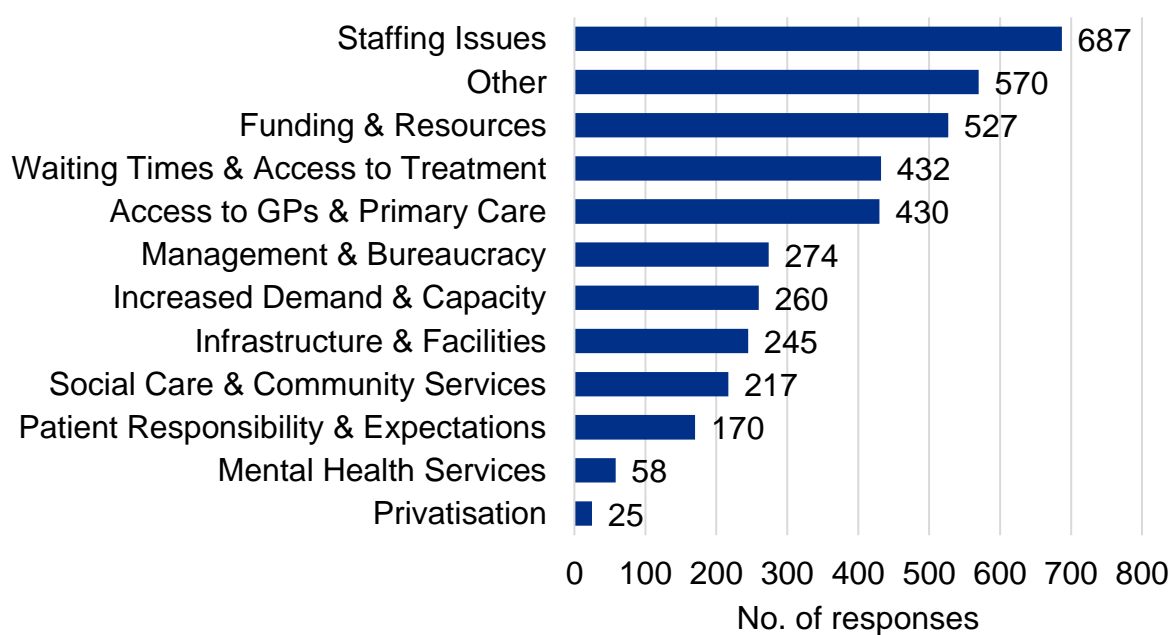
- Prevention is a good idea, but they need more education in schools
- People should also feel empowered through accurate and helpful information through advertisements
- Mental health support in schools. Early intervention [is good] for mental health but were concerned about where the staffing would come from
- Listening to Youth: Pay attention to teenagers' concerns to catch issues early, reducing treatment needs and costs.



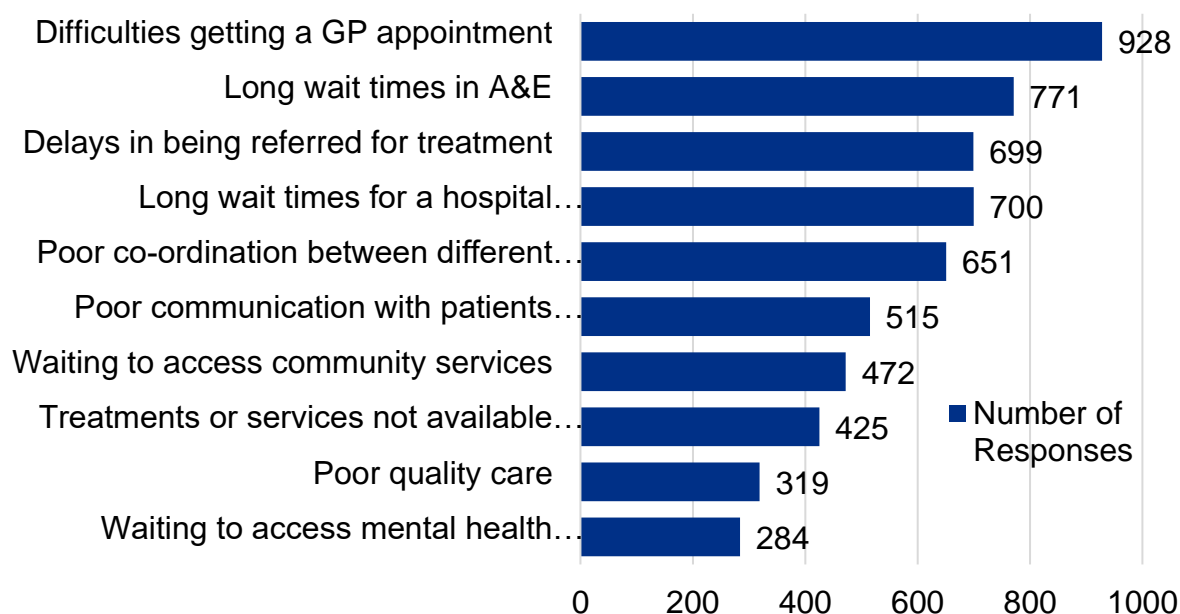
## Question 1. Three best things about the NHS?



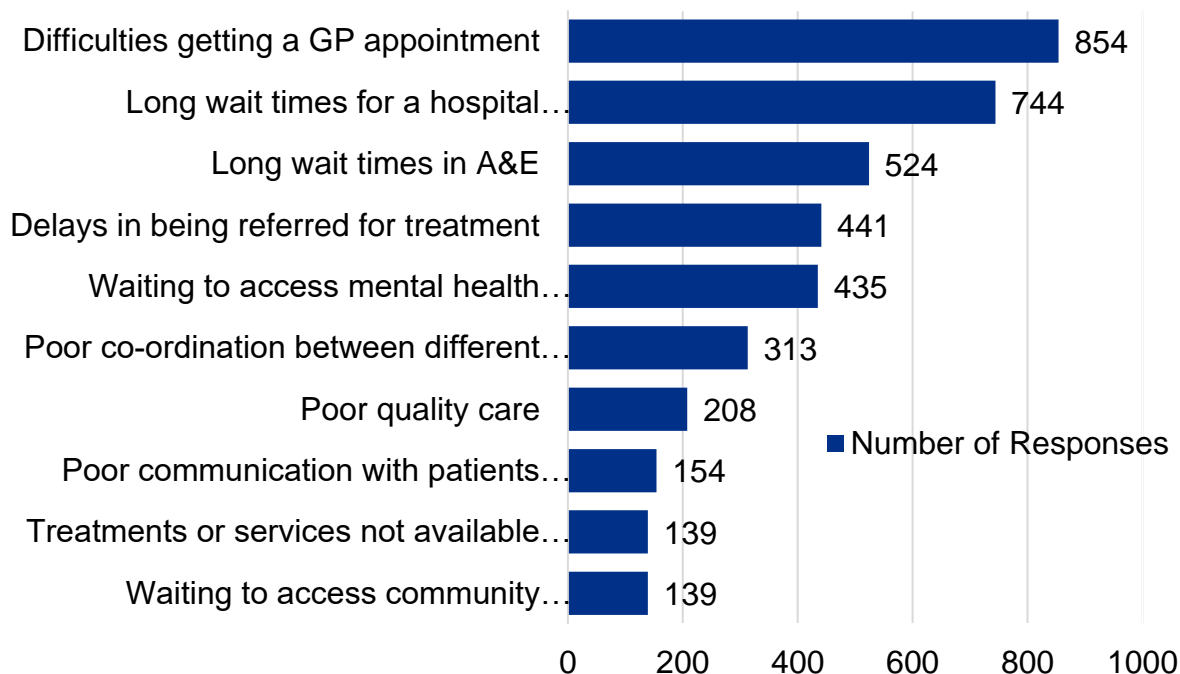
## Question 2. Three biggest challenges facing the NHS?



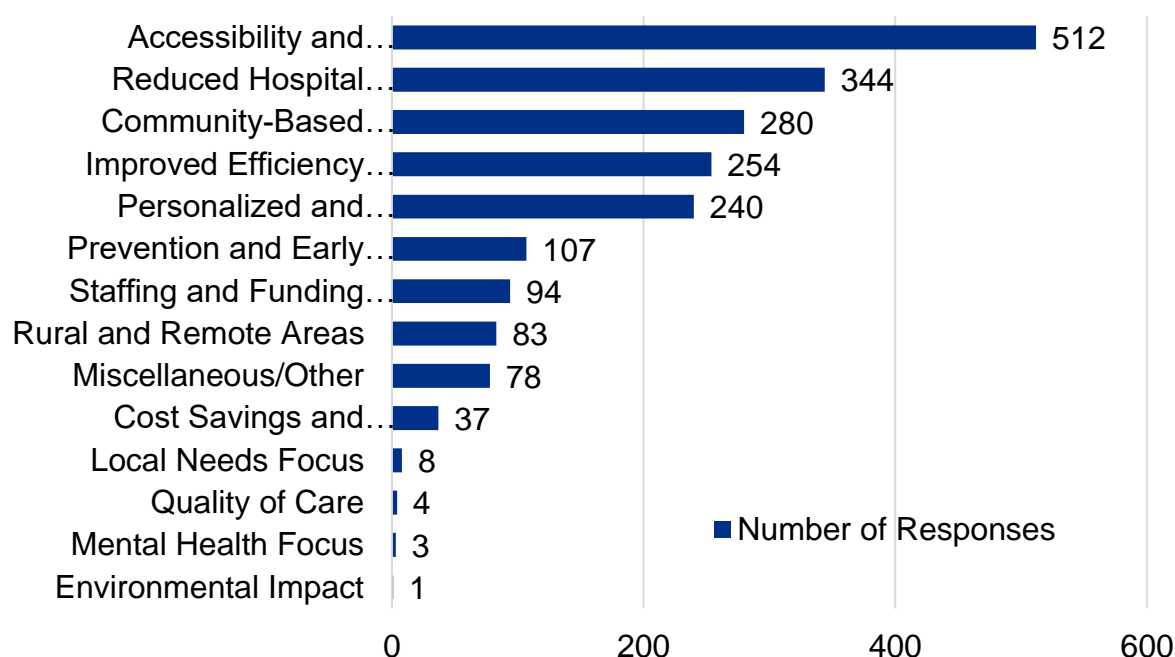
### Question 3. Which, if any, of the following have you personally experienced?



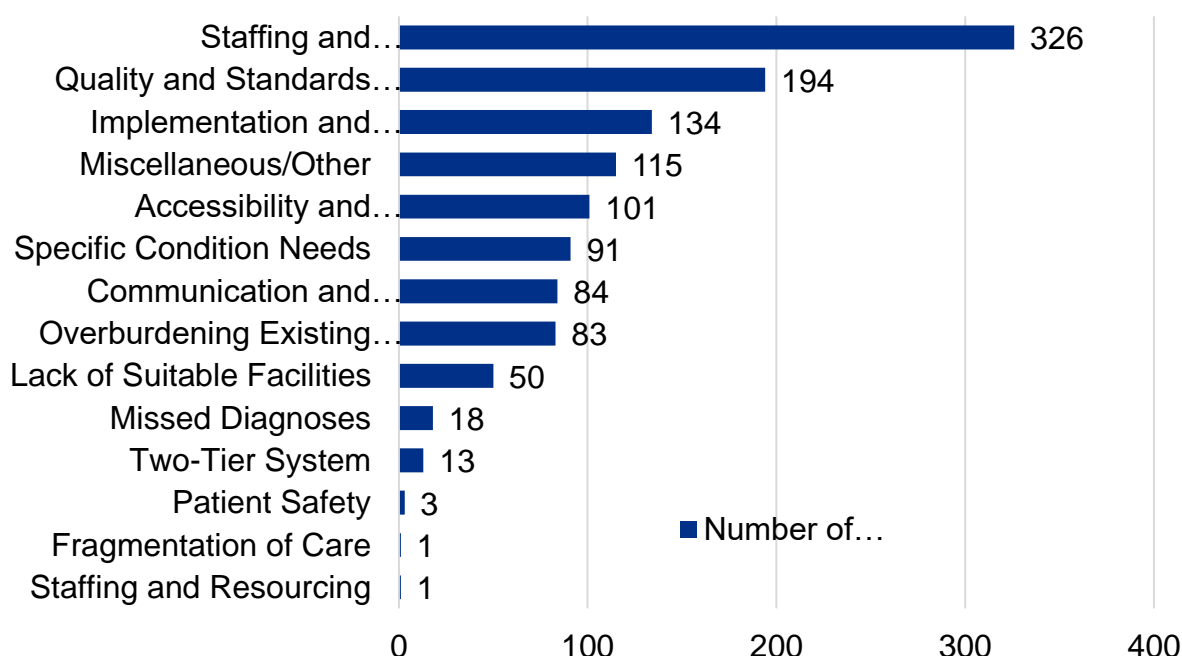
### Question 4. Which of these challenges do you think is most important for the 10 Year Health Plan to address?



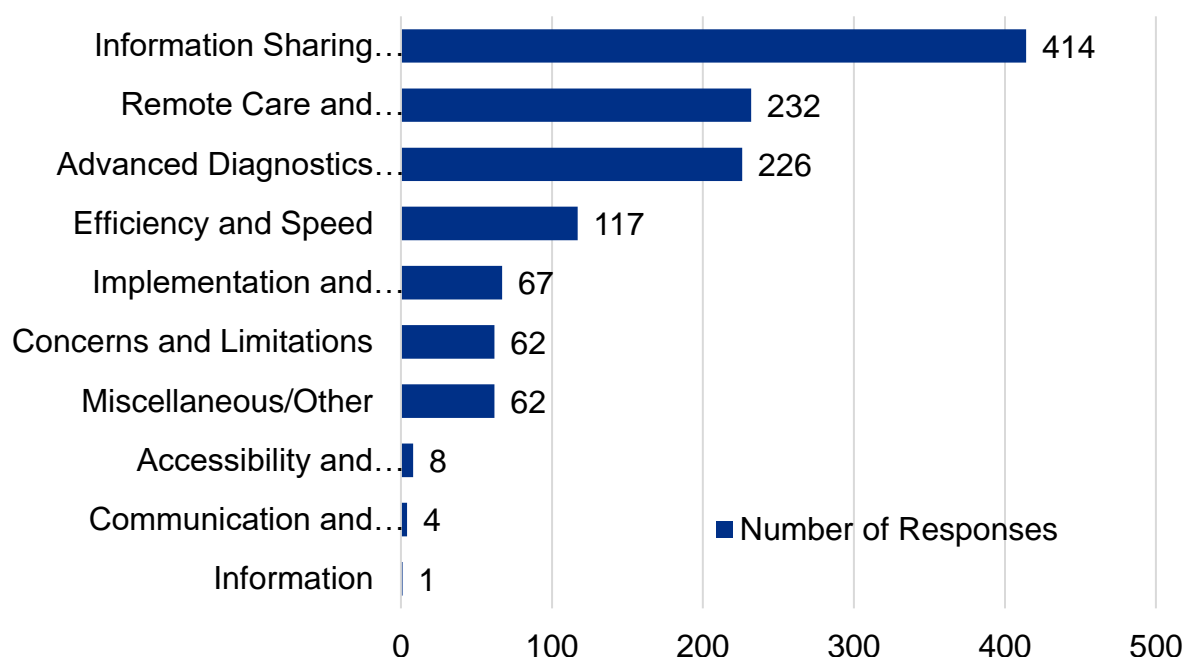
**Question 5. In what ways, if any, do you think that delivering more care in the community could improve health and care? (optional)**



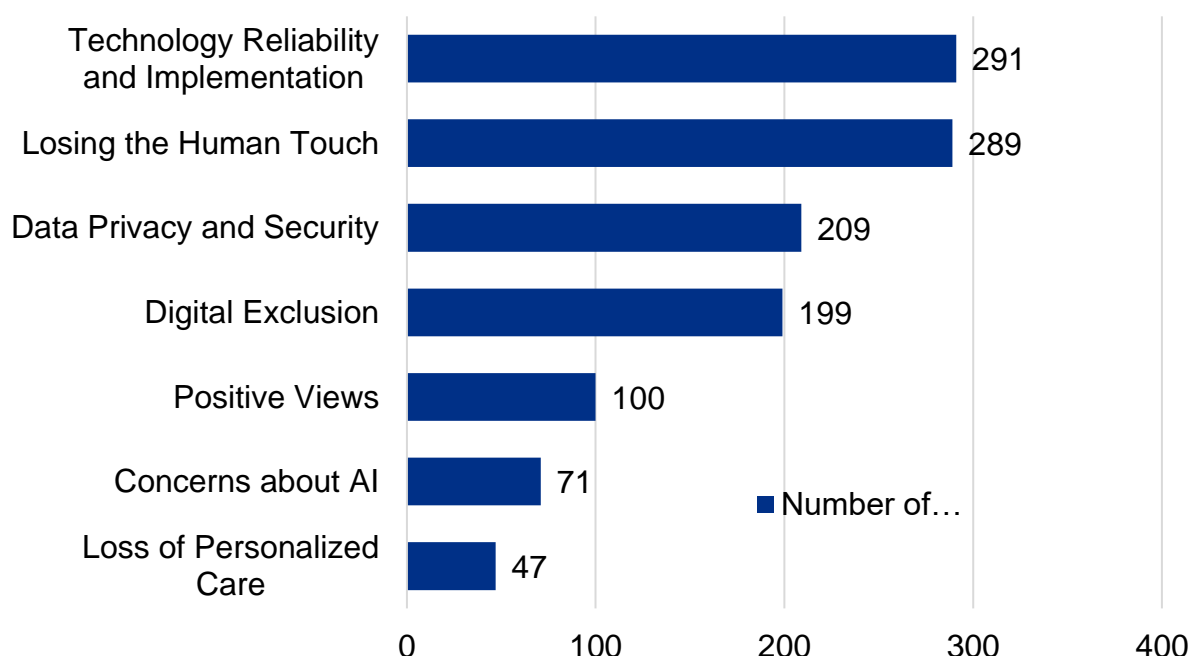
**Question 6. What, if anything, concerns you about the idea of delivering more care in the community in the future? (optional)**



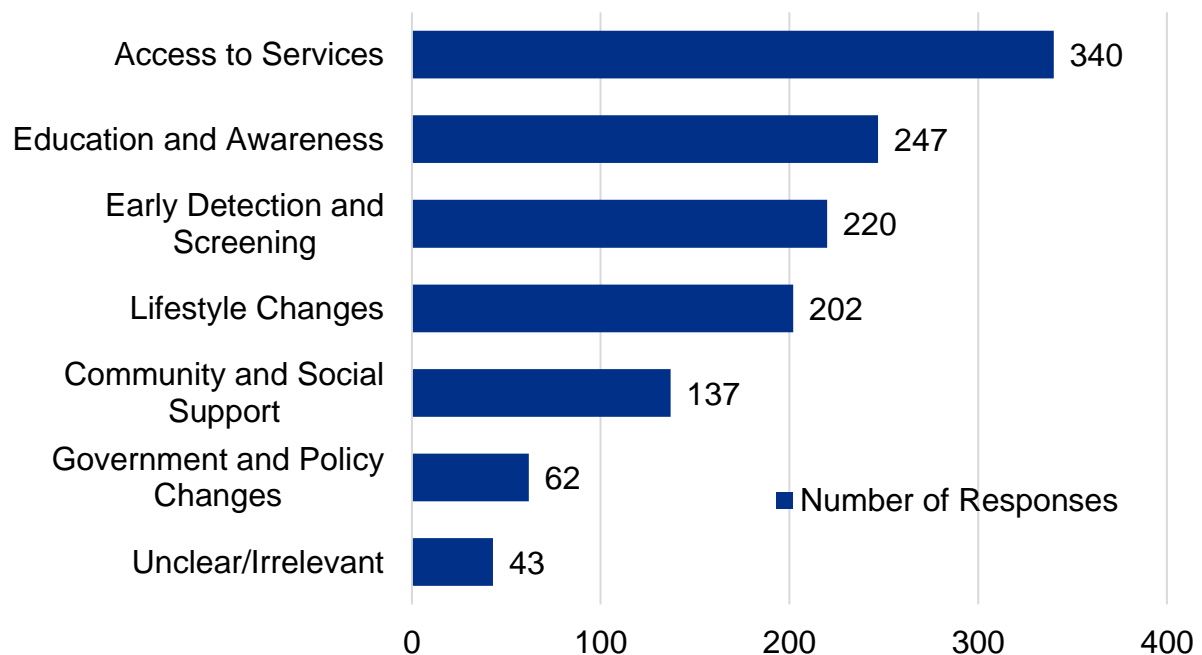
**Question 7. In what ways, if any, do you think that technology could be used to improve health and care? (optional)**



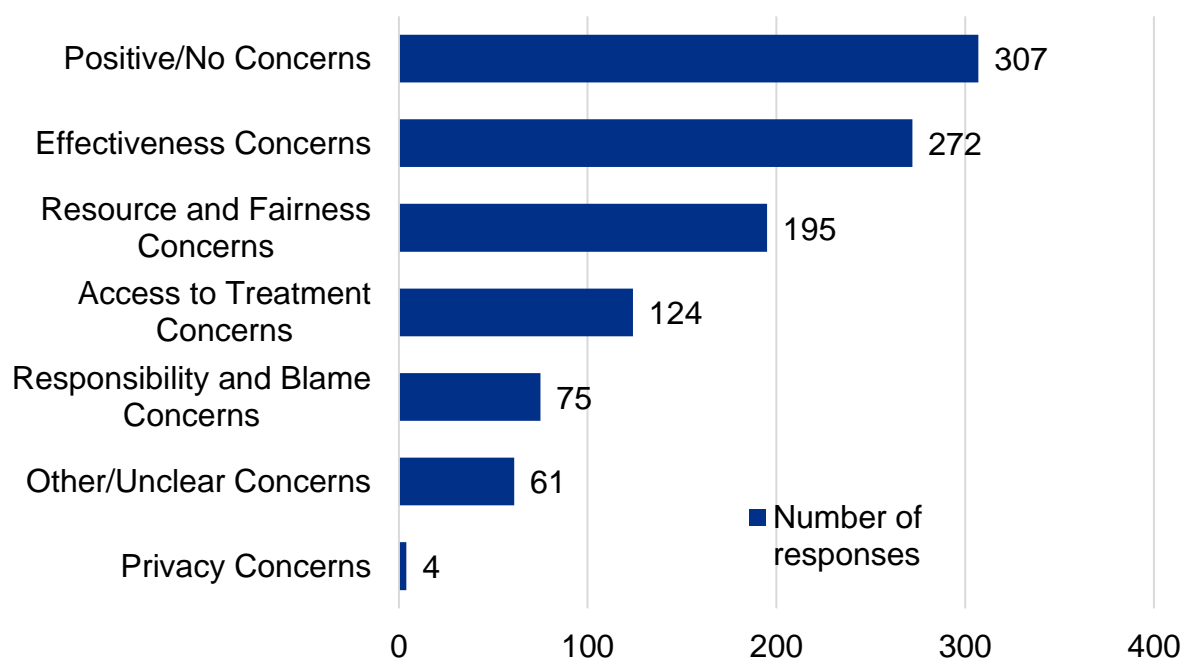
**Question 8. What, if anything, concerns you about the idea of increased use of technology in the future? (optional)**



**Question 9. In what ways, if any, could an increased focus on prevention help people stay healthy and independent for longer?**

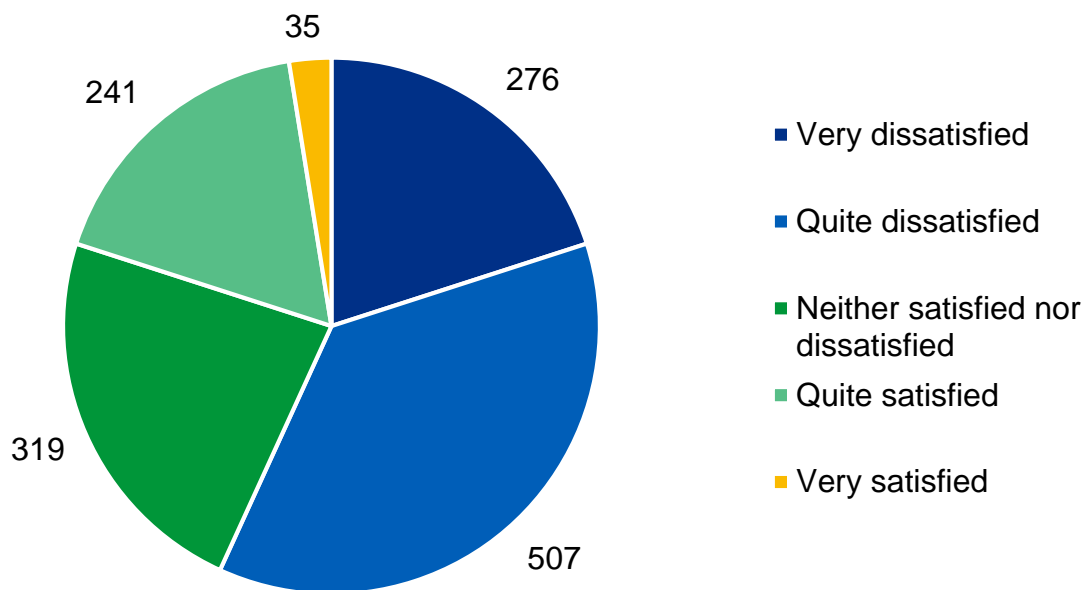


**Question 10. What, if anything, concerns you about the idea of an increased focus on prevention in the future? (optional)**

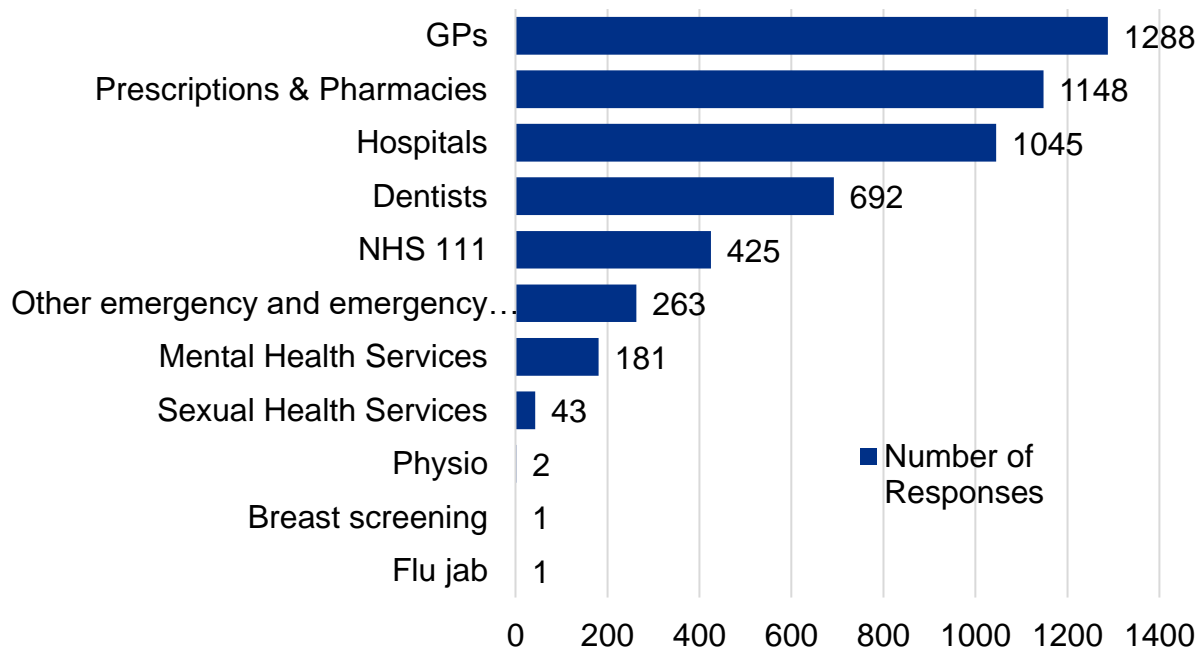




**Question 11. How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?**



**Question 12. In the last 12 months, which of the following NHS services have you personally engaged with, if any?**



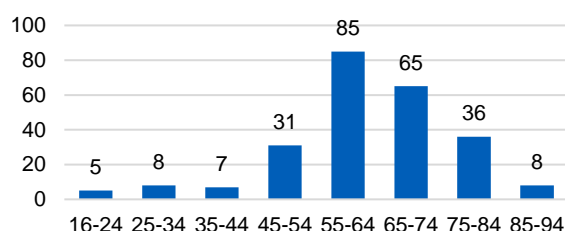
# Public survey – locality responses

The NHS Devon locality teams were key stakeholders in the delivery of the 10 Year Plan programme and reaching all our communities across North, East, South and West Devon. These are referred to as Locality Care Partnerships (LCPs).

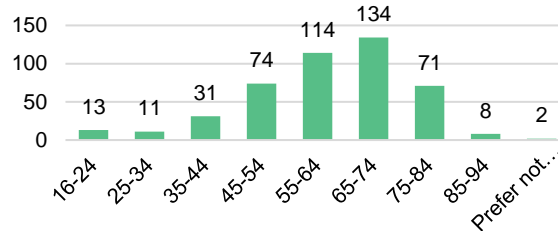
The 10-year plan findings will play an important role in informing local programmes of work. Where there were variants in responses by locality compared to the overall response, these have been highlighted in red.

## Age of respondents

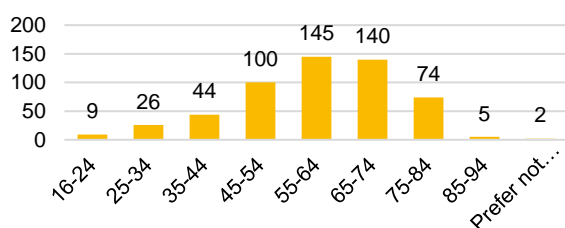
Number of Survey Responders (North LCP)



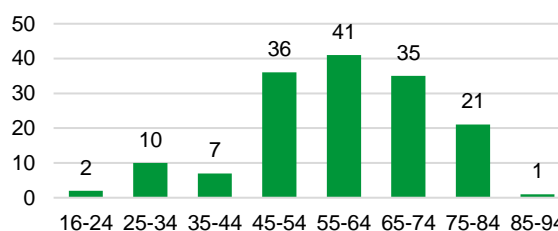
Number of Survey Responders (East LCP)



Number of Survey Responders (South LCP)

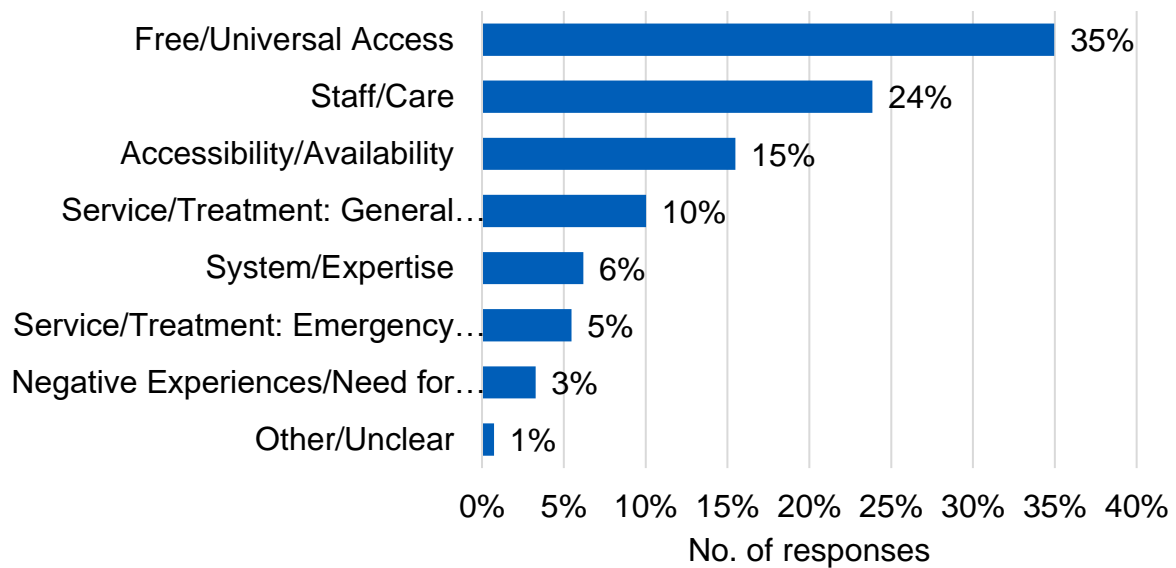


Number of Survey Responders (West LCP)

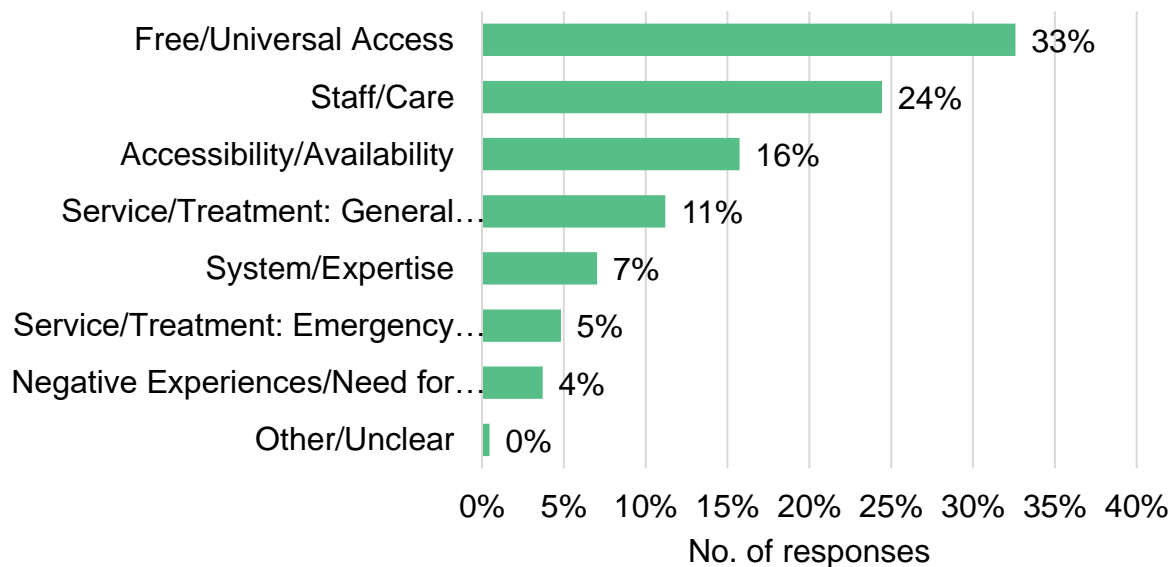


## Best things about the NHS

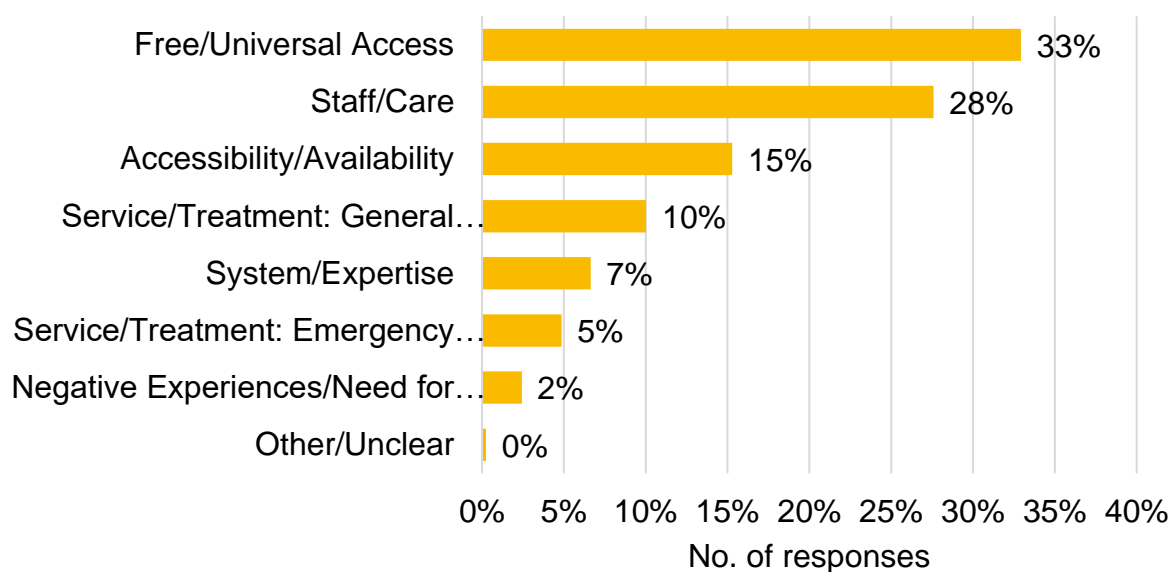
### Best thing about the NHS - North LCP



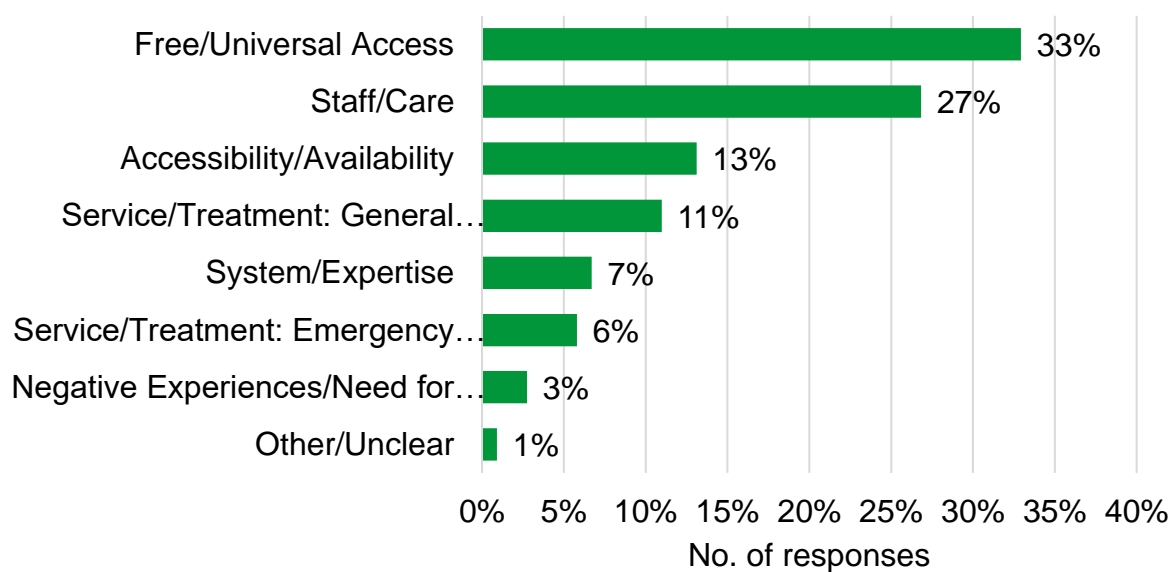
### Best thing about the NHS - East LCP



### Best thing about the NHS - South LCP

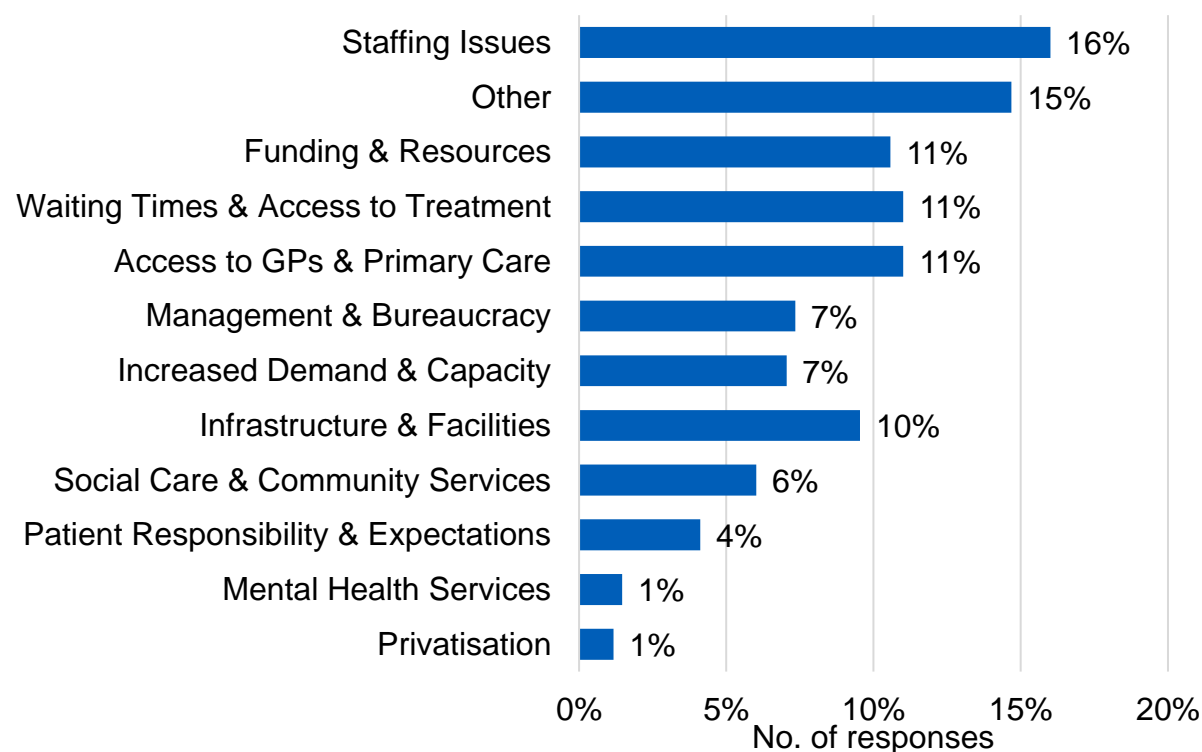


### Best thing about the NHS - West LCP

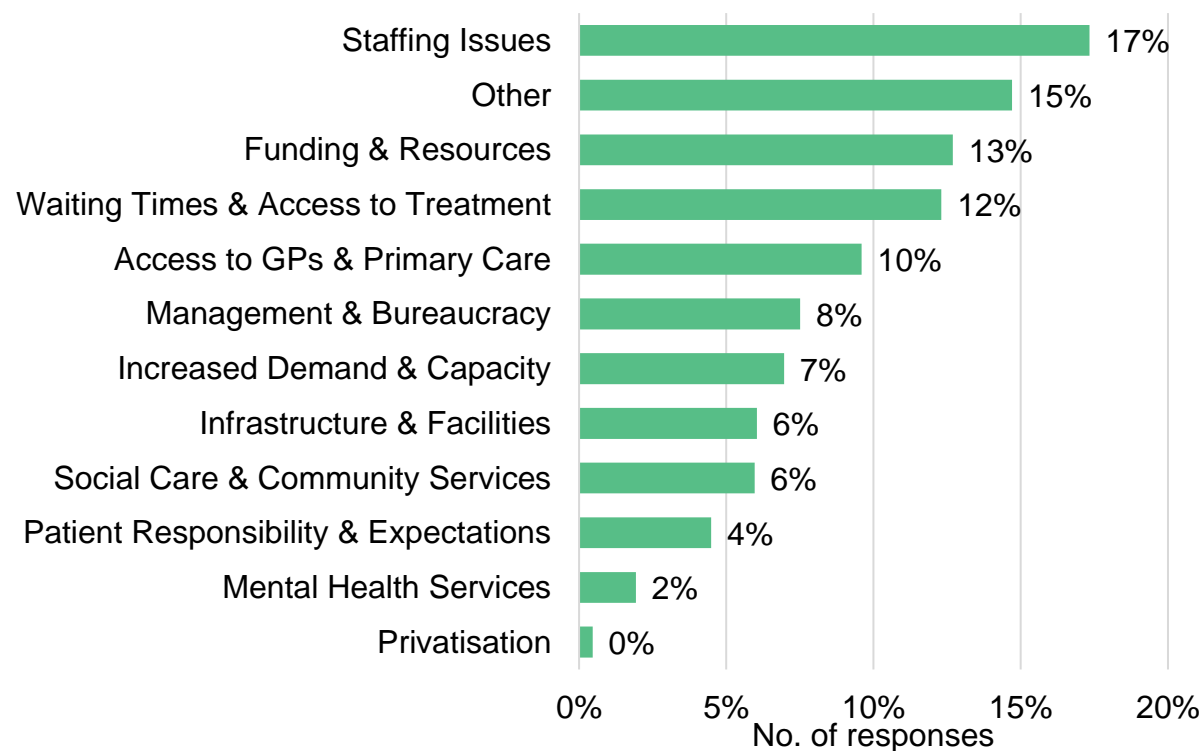


# Biggest challenges facing the NHS

## North LCP

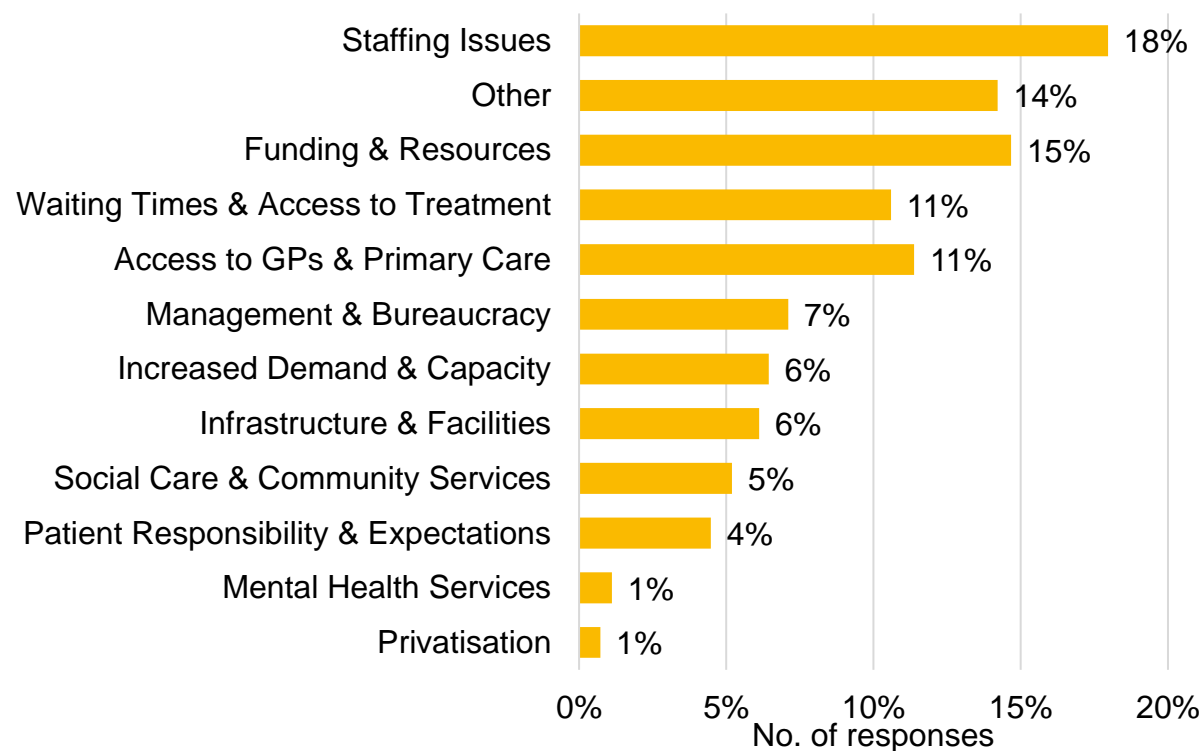


## East LCP

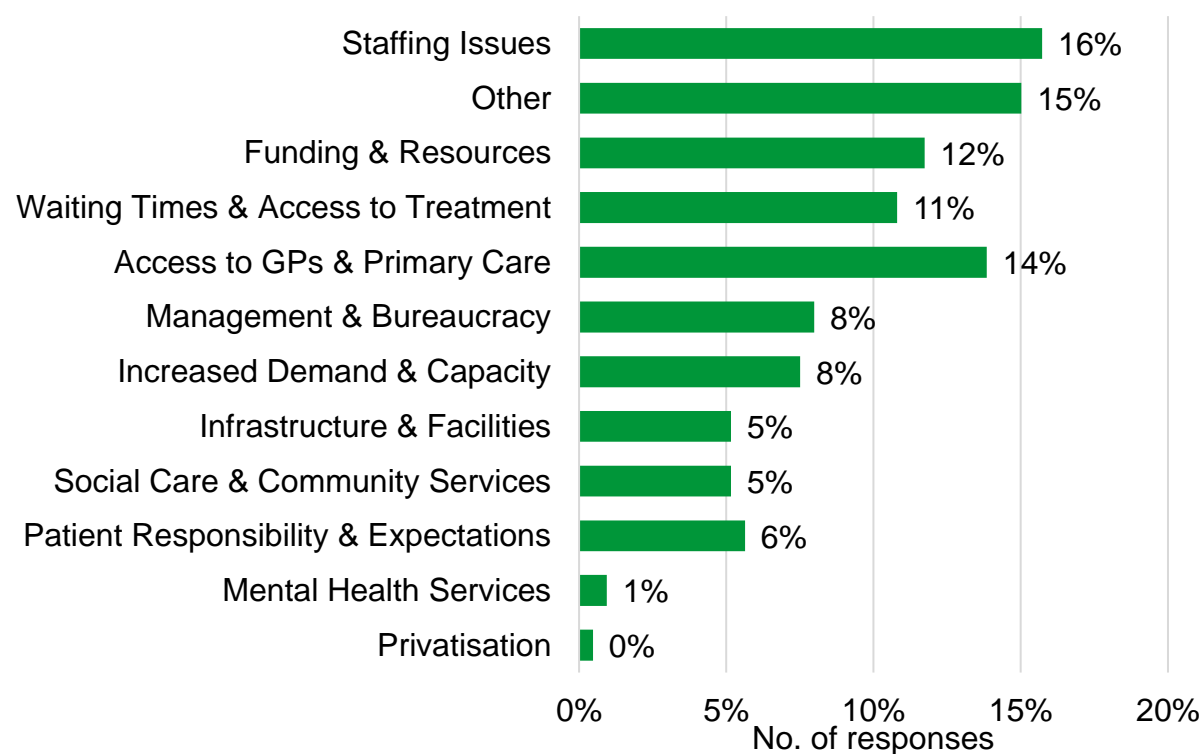




## South LCP

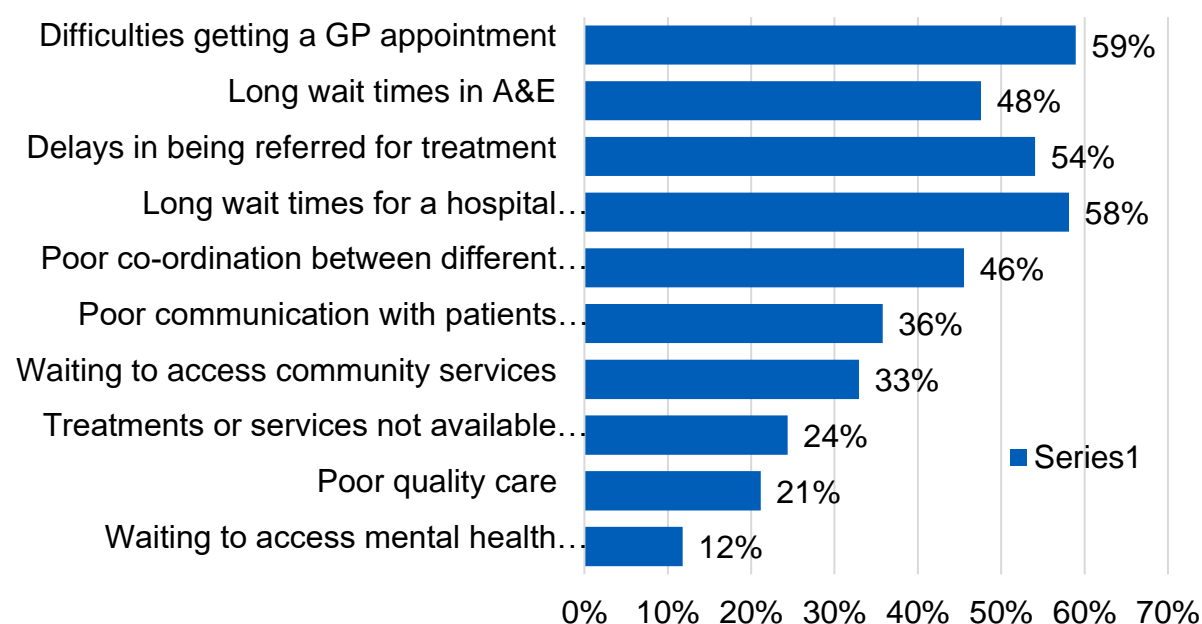


## West LCP

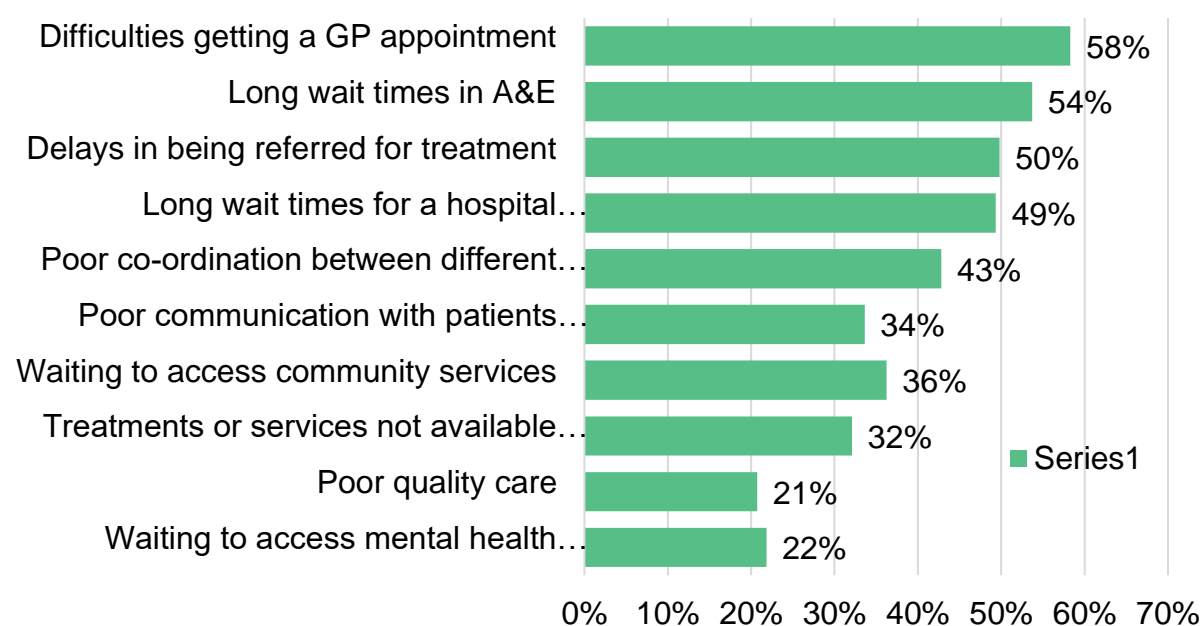


## Which of these have you personally experienced?

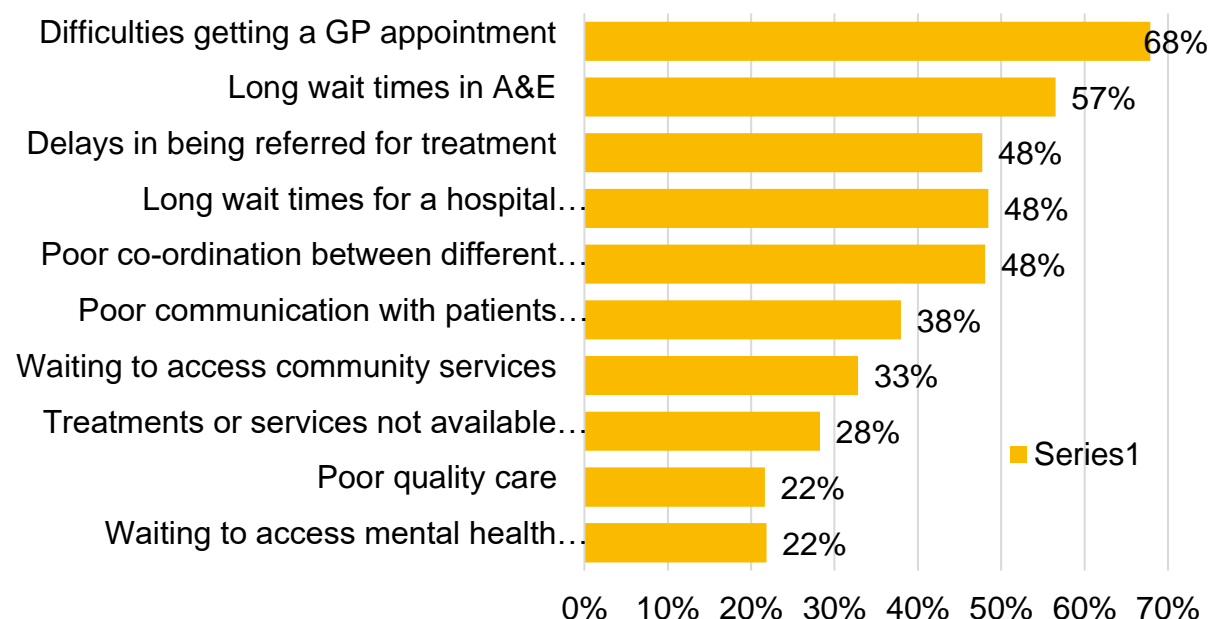
### North LCP



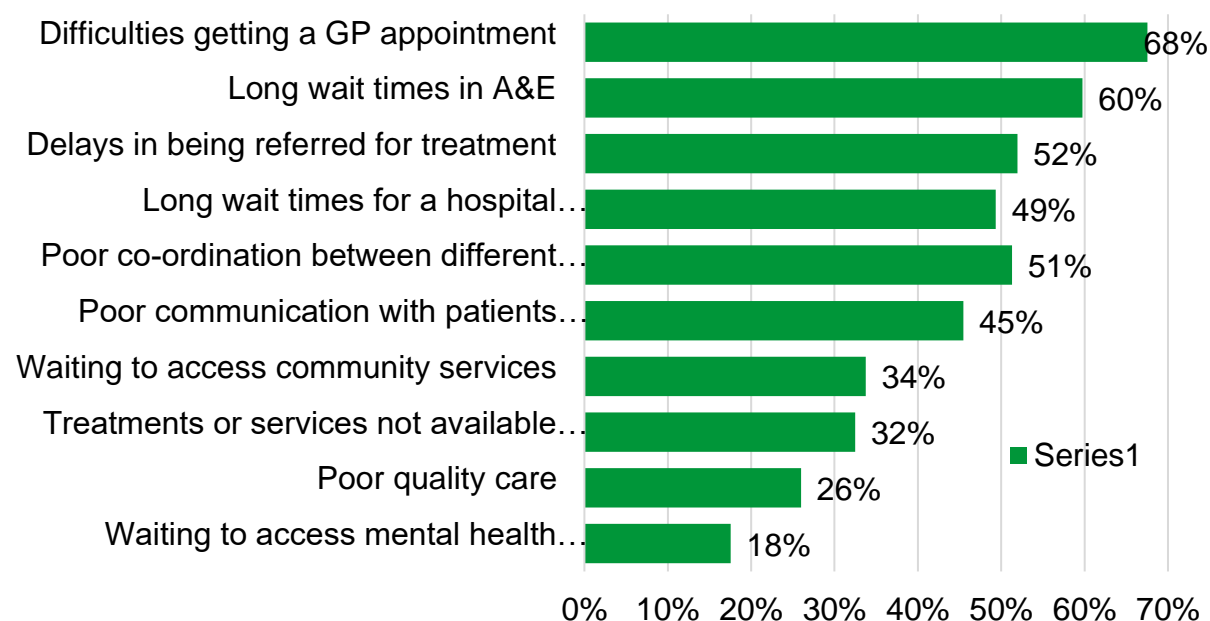
### East LCP



## South LCP

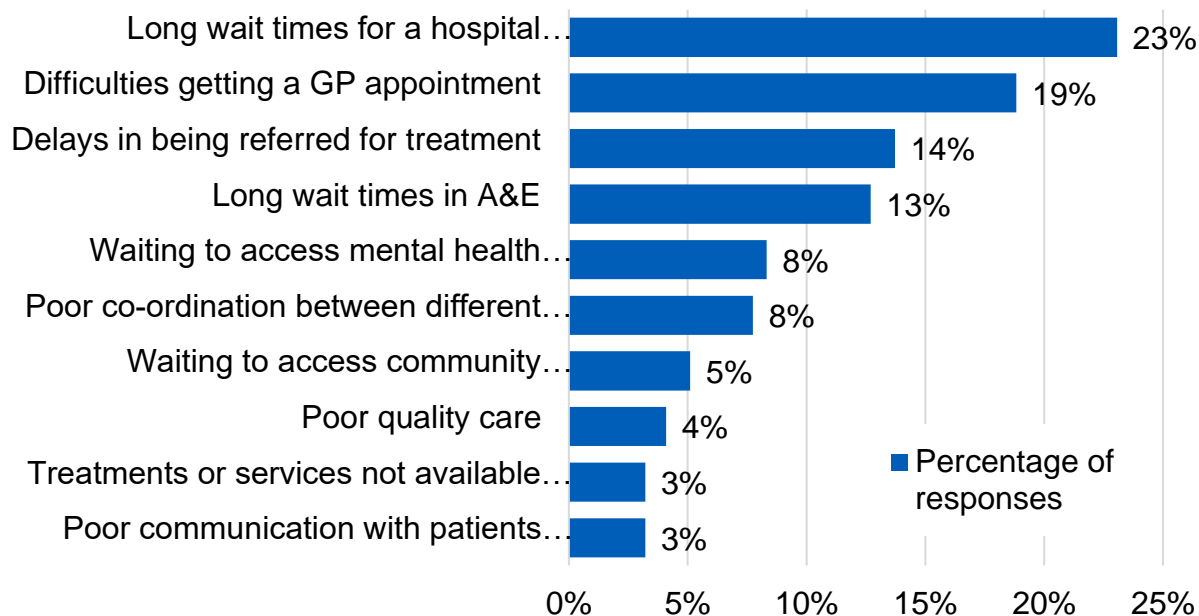


## West LCP

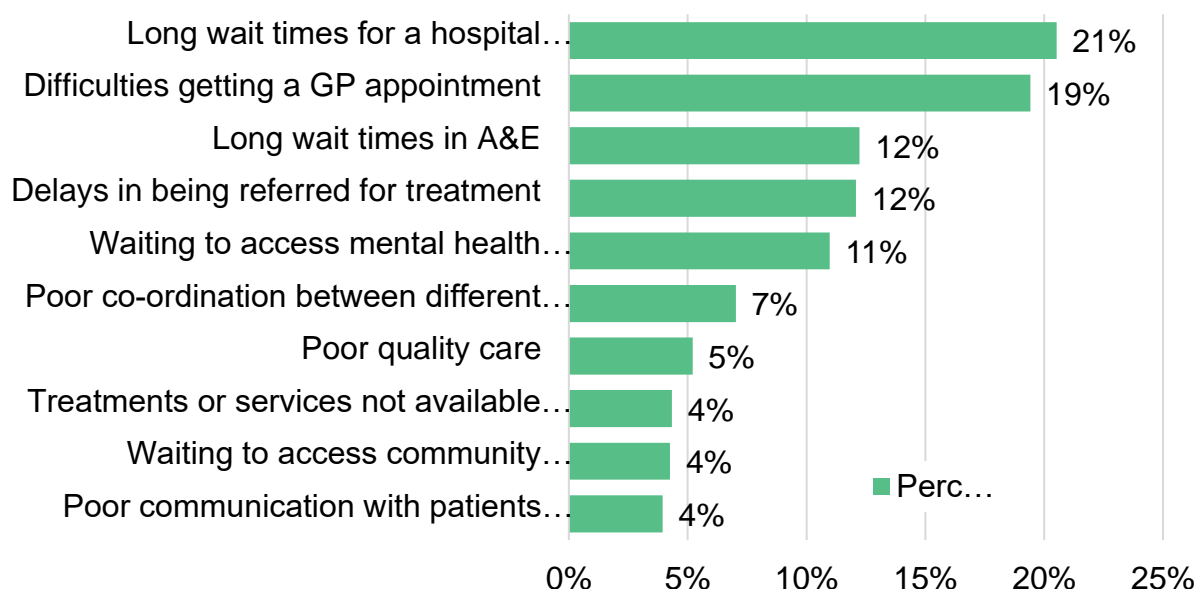


## Which of these challenges do you think is most important for the 10-year health plan to address?

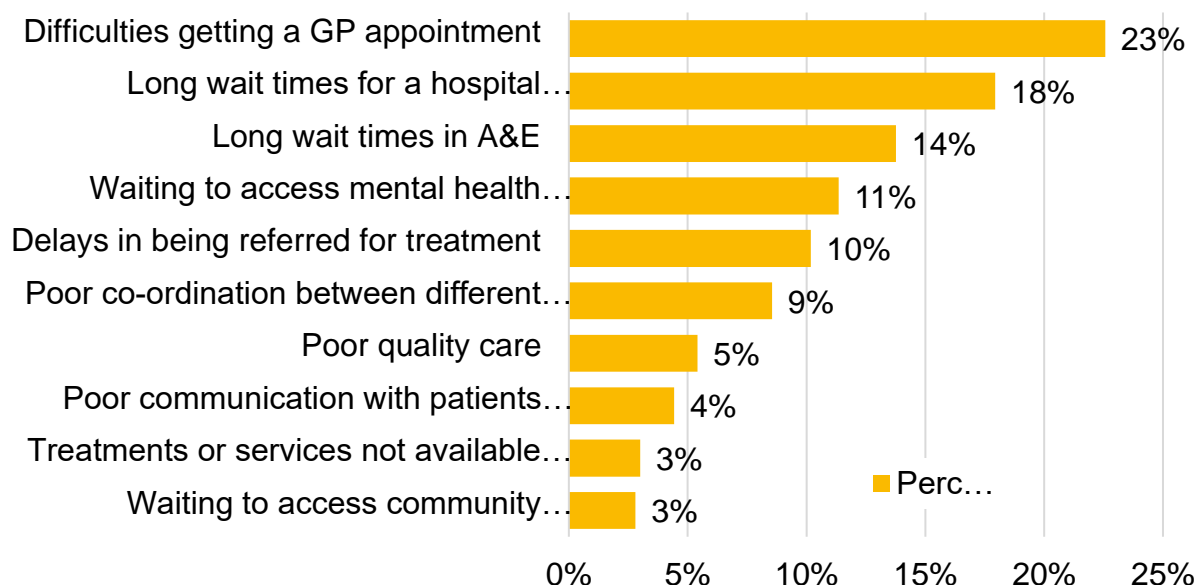
### North LCP



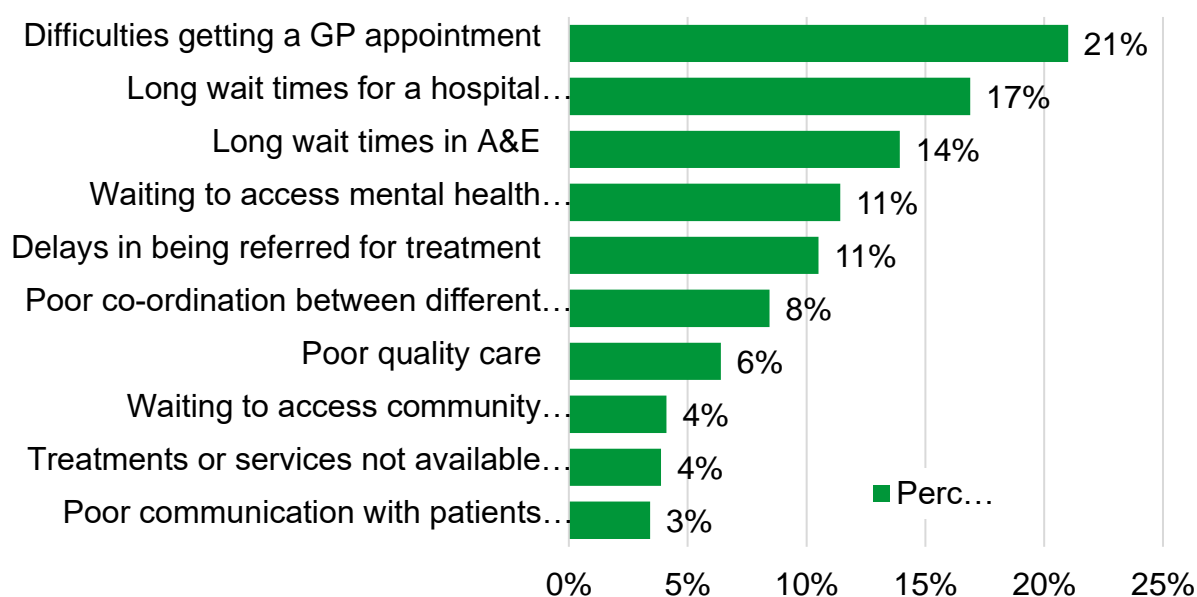
### East LCP



## South LCP

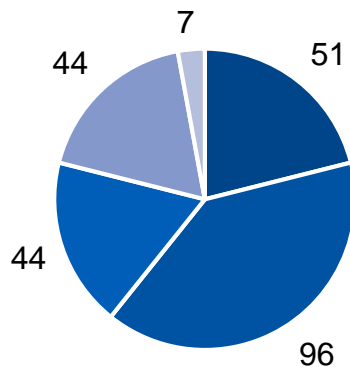


## West LCP



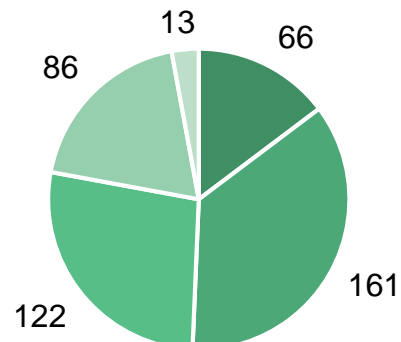
## How satisfied or dissatisfied would you say you are with the way in which the NHS runs nowadays?

North LCP



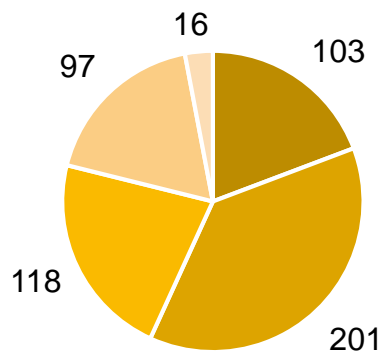
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

East LCP



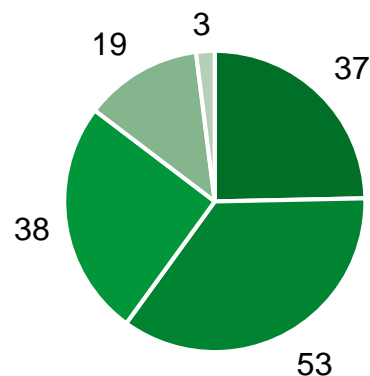
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

South LCP



- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

West LCP



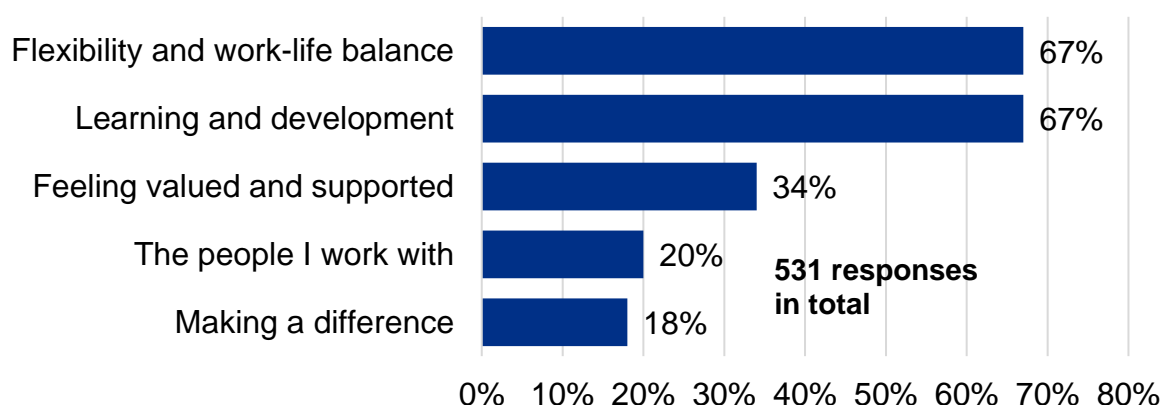
- Very dissatisfied
- Quite dissatisfied
- Neither satisfied nor dissatisfied
- Quite satisfied
- Very satisfied

## Workforce survey

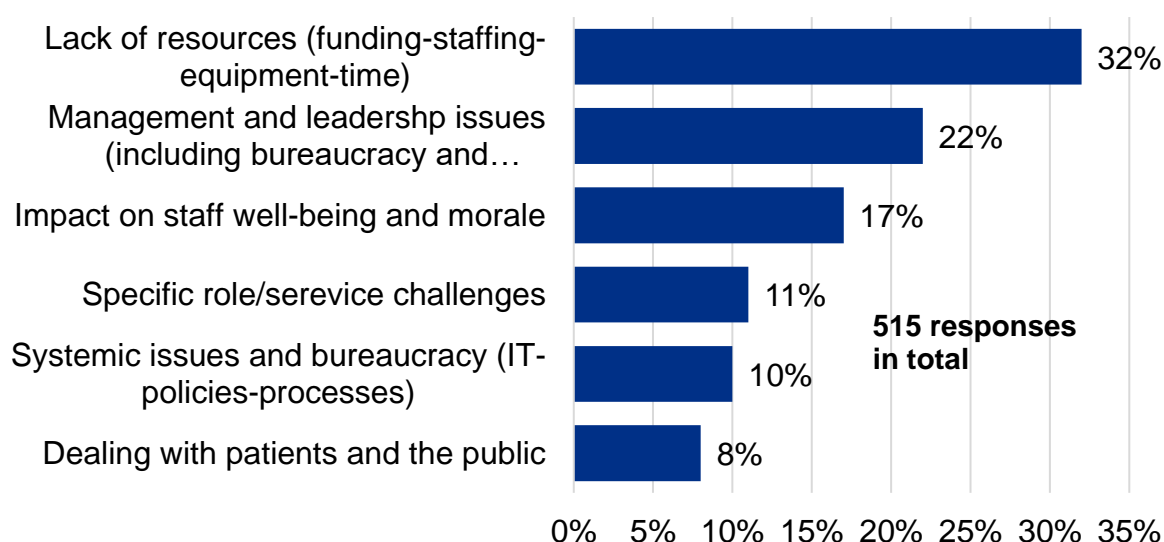
The Devon 10-year plan workforce engagement survey was hosted on the [One Devon website](#). Similarly to the public survey, this was the only health and care workforce survey used in Devon and all key stakeholders shared this survey and signposted participants to the One Devon website.

As the findings from this survey needed to support the development of the national 10 Year Plan, the questions used replicated the national survey.

### Question 1. To start with, what are the best things about your job?

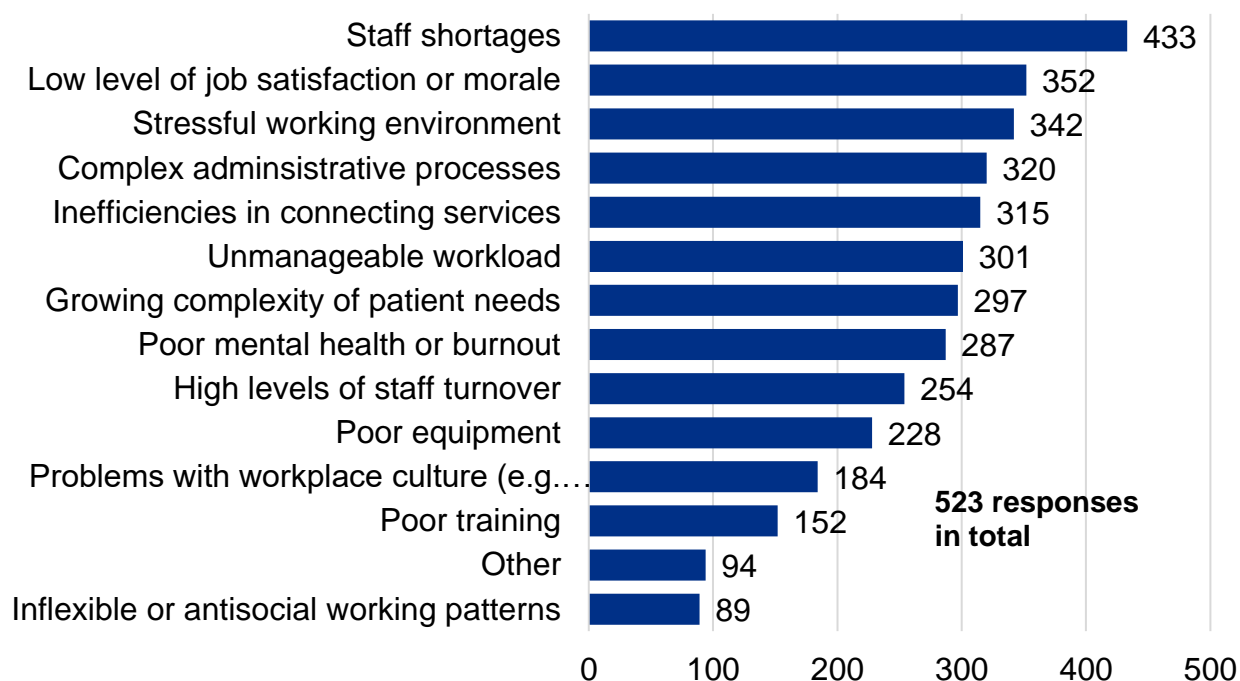


### Question 2. What are the most challenging aspects of your job?





**Question 3. Which of the following challenges, if any, have you experienced working in the health and care system?**



**Question 4. Which of these challenges do you think is the most important for the 10 Year Health Plan to address?**



# Workshops

In Devon we designed a bespoke workshop. The workshop questions were the same as the national engagement programme, but the content was made relevant to those participating in Devon.

The purpose of the workshop was having a designed template that could be easily transferable to any audience. In Devon, workshops were held by:

- NHS Devon
- Acute provider colleagues
- Mental health provider colleagues
- Healthwatch Devon, Plymouth and Torbay
- Voluntary, Community and Social Enterprise Sector (VCSE) organisations.

The collaborative approach resulted in over 50 workshops being completed, which is 10% of the workshops completed nationally. This included 15 workshops being held by VCSE organisations that were awarded funding as part of the ICB small grants scheme process.

## SHIFT 1 - Making better use of technology

**Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears?**

Technology Hopes	Detail
Improved communication and coordination	<ul style="list-style-type: none"><li>• Seamless sharing of patient records, test results, and information between different healthcare providers.</li></ul>
Enhanced accessibility and convenience	<ul style="list-style-type: none"><li>• Online appointments, repeat prescriptions via apps, and access to personal health information.</li></ul>
Empowering patients	<ul style="list-style-type: none"><li>• Tools for self-monitoring, managing conditions at home, and accessing health information.</li></ul>
More efficient processes	<ul style="list-style-type: none"><li>• Streamlined admin, reduced duplication, and faster access to services.</li></ul>
Better diagnostics and treatment	<ul style="list-style-type: none"><li>• AI-assisted diagnosis, robotic surgery, and advanced research tools.</li></ul>
Personalised care	<ul style="list-style-type: none"><li>• Tailoring care and communication based on individual needs and preferences.</li></ul>
Early intervention and prevention	<ul style="list-style-type: none"><li>• Using wearable technology and data to identify health risks early.</li></ul>
Virtual wards and remote monitoring	<ul style="list-style-type: none"><li>• Enabling people to receive care at home safely and effectively.</li></ul>

Technology Fears	Detail
Digital exclusion and health inequalities	<ul style="list-style-type: none"> <li>Leaving behind those without access, skills, or connectivity (elderly, rural communities, those in digital poverty).</li> </ul>
Dehumanisation of care	<ul style="list-style-type: none"> <li>Loss of the human touch, empathy, and face-to-face interaction, especially in sensitive areas like mental health</li> </ul>
Data breaches and security risks	<ul style="list-style-type: none"> <li>Concerns about hacking, misuse of personal information, and lack of trust in data security.</li> </ul>
System failures and reliance on technology	<ul style="list-style-type: none"> <li>Risks of system crashes, loss of data, and lack of backup plans.</li> </ul>
Over-reliance on AI and automation	<ul style="list-style-type: none"> <li>Fears of losing human oversight, potential for errors, and the impact on the workforce.</li> </ul>
Increased workload and time pressures	<ul style="list-style-type: none"> <li>Technology not saving time for clinicians and potentially adding to administrative burdens.</li> </ul>
Lack of adequate training and support	<ul style="list-style-type: none"> <li>Staff not being properly equipped to use new technologies effectively.</li> </ul>
Erosion of patient choice	<ul style="list-style-type: none"> <li>Digital-first approaches becoming the default without considering individual preferences.</li> </ul>
Cost and sustainability	<ul style="list-style-type: none"> <li>Concerns about the financial implications of new technologies and their long-term sustainability.</li> </ul>

## Question 1. When you think about how we could use technology in the NHS, what are your hopes and fears? Overarching themes

Overarching Technology Theme	Detail
Digital inclusion	<ul style="list-style-type: none"> <li>Concern around risk of creating a two-tiered system.</li> <li>The need for support, training, and infrastructure investment is frequently mentioned.</li> </ul>
Balancing technology with human interaction	<ul style="list-style-type: none"> <li>There's a strong desire to leverage technology for efficiency and better care, but also a significant worry about losing the human touch – especially in MH services.</li> </ul>
Data management and security	<ul style="list-style-type: none"> <li>Concerns around data privacy, security, hacking, and the potential for misuse of patient information are prominent.</li> <li>The need for robust systems and clear governance is emphasised.</li> </ul>
System integration	<ul style="list-style-type: none"> <li>Frustration with the current lack of joined-up systems and the desire for seamless information sharing across different NHS services are strong</li> </ul>
Efficiency vs. effectiveness	<ul style="list-style-type: none"> <li>Focus on technology that truly improves care, not just administrative tasks.</li> </ul>
AI integration	<ul style="list-style-type: none"> <li>Opinions on AI are mixed, with hopes for its use in diagnostics, triage, and administrative tasks, but also fears about over-reliance, lack of human oversight, and potential for errors.</li> </ul>
Patient-centred care and choice	<ul style="list-style-type: none"> <li>The importance of offering patients choices in how they access care (face-to-face, virtual, phone) and tailoring technology to individual needs and preferences is highlighted.</li> </ul>
Staff Training and Support	<ul style="list-style-type: none"> <li>Recognising that the successful adoption of technology relies on well-trained and supported staff is a recurring point.</li> </ul>

## Question 2. What technologies do you think the NHS should prioritise?

Technology Priorities	Detail
Integrated and accessible electronic patient records (EPRs)	<ul style="list-style-type: none"> <li>This was overwhelmingly the most frequently mentioned priority and facilitates as would lead to improved communication and coordination; better patient care and improved patient access to records.</li> </ul>
Improved digital infrastructure and connectivity	<ul style="list-style-type: none"> <li>Addressing the fundamental need for reliable internet access, especially in rural and coastal communities, was highlighted.</li> <li>Better connectivity is seen as a prerequisite for implementing and benefiting from other digital health technologies.</li> </ul>
Reducing Health Inequalities	<ul style="list-style-type: none"> <li>The desire for simplified systems and a single point of access for patients was a recurring theme.</li> </ul>
Strategic and ethical implementation of Artificial Intelligence (AI)	<ul style="list-style-type: none"> <li>Enhanced diagnostics: AI could assist in analysing scans and predicting patient needs.</li> <li>Administrative Efficiency: AI could help with tasks like automatic form completion, note-taking, and scheduling.</li> <li>Improved workflow: Optimizing hospital workflows and triage systems.</li> <li>Personalised Care: AI has potential to contribute to more tailored interventions.</li> </ul>
Assistive technology and remote monitoring	<ul style="list-style-type: none"> <li>Technologies to support independent living and early intervention at home were seen as valuable to avoid admission to hospital. This could be achieved through: Enabling self-management and maintaining independence and early detection of issues (e.g. falls).</li> </ul>
Focus on user needs and implementation	<ul style="list-style-type: none"> <li>Avoiding poorly rolled-out systems through robust testing and driven by patient and staff needs, not just technological possibilities.</li> </ul>

### Question 3. What technologies are you worried about?

Technology Concerns	Detail
Exacerbating health inequalities and digital exclusion	<ul style="list-style-type: none"> <li>This was a dominant concern. Participants worried that a rapid shift towards technology-dependent services could disadvantage those without access to reliable internet, suitable devices, or the necessary digital literacy skills.</li> </ul>
Loss of human connection and the therapeutic relationship	<ul style="list-style-type: none"> <li>Many respondents expressed concern that an over-reliance on technology could erode the human touch, empathy, and face-to-face interaction crucial for building trust and understanding patient needs, especially in mental health.</li> </ul>
Risks associated with artificial intelligence (AI)	<ul style="list-style-type: none"> <li>AI generated significant anxiety across several areas: Diagnostic errors, lack of human oversight, data privacy and security.</li> </ul>
Data security and cyberattacks	<ul style="list-style-type: none"> <li>Significant concerns about data breaches, hacking, and the potential for sensitive patient information to be compromised or misused.</li> </ul>
System failures and lack of robust infrastructure	<ul style="list-style-type: none"> <li>Worries about the reliability of technology.</li> </ul>
Poor implementation and lack of person-centred design	<ul style="list-style-type: none"> <li>Frustration with poorly rolled-out systems that don't meet user needs, are difficult to use, or don't integrate well was evident.</li> </ul>
Depersonalisation of healthcare	<ul style="list-style-type: none"> <li>A fear that technology could lead to a more impersonal and less holistic approach to patient care.</li> </ul>
Over-reliance on technology and loss of essential skills	<ul style="list-style-type: none"> <li>Concerns that an excessive focus on digital solutions might lead to a decline in essential human interaction skills.</li> </ul>
Cost and sustainability of technology	<ul style="list-style-type: none"> <li>Worries about the financial implications of procuring and maintaining technology.</li> </ul>

## SHIFT 2 - Moving more care from hospitals to communities

### Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Potential Positive Differences	Detail
Improved accessibility and convenience	<ul style="list-style-type: none"> <li>• Services closer to where they live would be more convenient, especially for those with mobility issues, reducing need for hospital visits.</li> <li>• Community Diagnostic Centres were seen positively for accessing diagnostics locally.</li> <li>• Receiving care at home was perceived as leading to quicker recovery and preserving patient dignity.</li> <li>• Easier access to appointments closer to home would encourage greater ownership/responsibility for managing your own health needs.</li> </ul>
Better quality of care	<ul style="list-style-type: none"> <li>• A stronger community care system could alleviate pressure on social care.</li> <li>• Patients could feel empowered by taking ownership of their own health and care needs.</li> <li>• Expanding community care could lead to better support in educational/prevention settings.</li> <li>• Virtual wards reduce the need for patients to be hospitalised and they can receive the required care at home where they are more likely to make a quicker recovery.</li> <li>• There would be a perceived improvement in End-of-Life care by focusing on community care as opposed to acute.</li> </ul>
More integrated and holistic care	<ul style="list-style-type: none"> <li>• Hope for better collaboration across the NHS, local authorities, and the voluntary sector.</li> <li>• A more equitable distribution of resources between community, social care, and acute services.</li> <li>• Better information sharing between different parts of the system.</li> <li>• Stronger community care could lead to more proactive management and hospital admission avoidance.</li> </ul>



## Question 4. Moving more care from hospitals to communities – What difference (good or bad) would this make to you?

Negative differences and concerns	Detail
Capacity and Infrastructure Issues in the Community	<ul style="list-style-type: none"> <li>• Lack of resources (district nurses, social care, domiciliary care).</li> <li>• Insufficient funding and investment (buildings, equipment).</li> <li>• Poor state of existing community sites</li> <li>• Recruitment and retention of staff</li> <li>• Concerns about low pay and poor working conditions.</li> </ul>
Accessibility issues, especially in rural areas	<ul style="list-style-type: none"> <li>• Public transport limitations</li> <li>• Geographical challenges</li> <li>• Digital exclusion</li> </ul>
Fragmentation and lack of coordination	<ul style="list-style-type: none"> <li>• Concerns about how rehabilitation and convalescence will be managed.</li> <li>• Worries about poor communication and coordination between different services.</li> <li>• Patients could experience disjointed care without clear pathways and responsibilities</li> </ul>
Potential for reduced quality of care	<ul style="list-style-type: none"> <li>• Concerns that less specialist care in the community might lead to important issues being overlooked.</li> <li>• Inadequate remote consultations</li> <li>• Potential for over-reliance on family and carers</li> <li>• Fear that the shift might be driven by cost-saving measures</li> </ul>
Specific service gaps	<p>The main gaps in service were</p> <ul style="list-style-type: none"> <li>• Dentistry</li> <li>• mental health</li> <li>• palliative care</li> <li>• renal/kidney care</li> </ul>
Financial and systemic barriers	<ul style="list-style-type: none"> <li>• The need for consistent funding across primary, secondary, and social care was emphasized.</li> <li>• Annual financial settlements make long-term strategic planning difficult.</li> </ul>
Impact on GP services	<ul style="list-style-type: none"> <li>• Concerns that GPs are already overloaded</li> <li>• Reduced continuity of care</li> <li>• The lack of GP services on weekends was highlighted as a driver for ED visits.</li> </ul>
Unintended consequences	<ul style="list-style-type: none"> <li>• Concern that provision might not meet the specific needs of all communities.</li> <li>• Community-based staff might face more travel, impacting their time and well-being.</li> </ul>

## Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Positive Differences	Detail
Patient comfort and well-being	<ul style="list-style-type: none"> <li>• Being at Home - Reduced Anxiety and Stress and improved sleep</li> <li>• Familiar surroundings and social connections can positively impact mental health</li> </ul>
Reduced risk of hospital-acquired infections	<ul style="list-style-type: none"> <li>• Staying at home minimizes exposure to hospital-borne illnesses.</li> </ul>
maintaining independence and confidence	<ul style="list-style-type: none"> <li>• Remaining in their own environment can help patients retain a sense of independence.</li> </ul>
Potential for earlier discharge and better Flow	<ul style="list-style-type: none"> <li>• Virtual wards could facilitate a phased discharge, freeing up hospital beds for those with more acute needs and improving patient flow.</li> </ul>
Convenience and reduced travel	<ul style="list-style-type: none"> <li>• For both patients, carers and staff - reduced travel can save time and costs.</li> </ul>
Daily monitoring and reassurance	<ul style="list-style-type: none"> <li>• Regular check-ins and monitoring can provide reassurance to patients and their families.</li> </ul>
Empowerment and self-management (for some)	<ul style="list-style-type: none"> <li>• For patients comfortable with technology, virtual wards could offer a sense of control over their recovery.</li> </ul>
Integration with community teams	<ul style="list-style-type: none"> <li>• The potential for better collaboration between hospital and community teams for seamless care.</li> </ul>
Opportunity for innovation	<ul style="list-style-type: none"> <li>• The concept opens doors for new models of care delivery.</li> </ul>

## Question 5. Thinking about virtual wards, what sounds good and what concerns do you have?

Concerns	Detail
Digital divide & access	<ul style="list-style-type: none"> <li>Ensuring equitable access to technology, digital literacy, and affordable connectivity for all patients.</li> </ul>
Social & emotional well-being	<ul style="list-style-type: none"> <li>Addressing potential social isolation, maintaining human connection, and considering the emotional impact of transitioning care to home.</li> </ul>
Carer burden & community support	<ul style="list-style-type: none"> <li>Preventing undue strain on family and community networks providing care at-home and monitoring.</li> </ul>
Safety & remote monitoring	<ul style="list-style-type: none"> <li>Guaranteeing the adequacy and reliability of remote monitoring, timely responses to deterioration, and overall patient safety.</li> </ul>
Patient suitability & condition complexity	<ul style="list-style-type: none"> <li>Defining appropriate patient criteria and ensuring virtual wards can safely manage varying levels of illness.</li> </ul>
Reduced hands-on care & missed cues	<ul style="list-style-type: none"> <li>Addressing concerns about the absence of direct physical assessment and potential for overlooking subtle changes in condition.</li> </ul>
Workforce capacity & integration	<ul style="list-style-type: none"> <li>Ensuring community teams have sufficient resources and seamless communication with other healthcare providers.</li> </ul>
Data security & privacy	<ul style="list-style-type: none"> <li>Protecting sensitive patient information accessed and transmitted remotely.</li> </ul>
Equipment, logistics & home environment	<ul style="list-style-type: none"> <li>Managing the provision, usability, and maintenance of necessary equipment, and ensuring a safe home care setting.</li> </ul>
Funding, perception & equity	<ul style="list-style-type: none"> <li>Securing adequate investment, fostering positive perceptions of virtual wards, and ensuring consistent service levels across different locations.</li> </ul>

## Question 6. Thinking about community diagnostic centres, what sounds good and what concerns do you have?

Potential benefits	Detail
Patient convenience and choice	<ul style="list-style-type: none"> <li>Patients appreciate having the option to receive care in the community, such as blood tests at GP surgeries, and that telephone appointments are often more convenient.</li> </ul>
Potential for early prevention	<ul style="list-style-type: none"> <li>Community diagnostic centres would help with early prevention.</li> </ul>
Improved access and efficiency	<ul style="list-style-type: none"> <li>Often easier access and parking for staff and patients, freeing up space at main sites for inpatients.</li> <li>Potential for improved carbon footprint if in appropriate locations with transport links.</li> <li>Could link with non-urgent community outpatient clinics.</li> </ul>
Enhanced equity and timeliness	<ul style="list-style-type: none"> <li>More equitable regarding travel for some patients</li> <li>Increasing capacity; may lead to quicker decisions and earlier care</li> <li>better patient experience; can provide care at different times if closer to travel.</li> </ul>
Driving earlier diagnosis	<ul style="list-style-type: none"> <li>Access to more investigations via community diagnostic centres can drive earlier diagnosis.</li> </ul>
Streamlined processes and integrated care	<ul style="list-style-type: none"> <li>Access to diagnostics streamlines the process; can access different services in different locations to support treatment speed; making the environment better by adding a CDC may help with regeneration.</li> </ul>
Accessibility for remote patients and cost-effectiveness	<ul style="list-style-type: none"> <li>Better and easier access for those who live far away from clinics and hospitals</li> <li>Good if each centre offers a range of different tests; Seen as a good use of money in the long run.</li> </ul>
Overall benefits for patients and the NHS	<ul style="list-style-type: none"> <li>Extremely helpful and an excellent way to reach a greater number of patients and make it easier to access high quality services.</li> <li>Can improve diagnostic capability, efficiency and productivity</li> <li>Less opportunity for health inequalities.</li> </ul>

Concerns	Detail
Staffing and private sector involvement	<ul style="list-style-type: none"> <li>Concerns around private organisations running CDCs and availability of suitably qualified staff.</li> </ul>
System integration and service delivery	<ul style="list-style-type: none"> <li>All the systems must join up for effective multi-agency working.</li> <li>Referrals into community services might take too long and locations of some centres may be poor</li> <li>Hope that centres will be NHS run and staffed</li> <li>Concerns over cost of new buildings versus using existing centres.</li> </ul>
Communication and potential bottlenecks	<ul style="list-style-type: none"> <li>Would need excellent communication systems between clinical and diagnostic staff.</li> <li>Speeding up diagnostics might create blockage in outpatient clinics and potential increased risks to misdiagnosis and issues with external reporting.</li> </ul>
Potential for increased demand and accessibility planning	<ul style="list-style-type: none"> <li>Potential for increased demand and cost ('build and they will come')</li> <li>Planning needed for patient access; Idea of mobile CDCs raised.</li> </ul>
Impact on hospital specialities and workforce	<ul style="list-style-type: none"> <li>Must protect specialities at the hospital; Need to ensure proper staffing and support for MDTs.</li> </ul>
Safeguarding considerations	<ul style="list-style-type: none"> <li>Potential safeguarding concerns regarding the segregation of children, young people and adults.</li> </ul>
Equity of access across regions	<ul style="list-style-type: none"> <li>Deprived areas might not be prioritised.</li> </ul>
Investment and operational practicalities	<ul style="list-style-type: none"> <li>Need for large investments to work effectively; Concerns about property availability and accessibility (e.g., 24/7 operation).</li> </ul>

## Question 7. Thinking about ambulance triage, what sounds good and what concerns do you have?

Positive differences	Detail
Keeping people out of ED (appropriate diversion)	<ul style="list-style-type: none"> <li>Potential to direct patients to more appropriate services in the community, avoiding unnecessary hospital admissions and relieving pressure on Emergency Departments.</li> </ul>
Utilising allied health professionals	<ul style="list-style-type: none"> <li>Involving triage nurses and paramedics, and potentially other allied health professionals, in the triage process is seen as a good way to utilise their skills effectively.</li> </ul>
Support for mental health crisis	<ul style="list-style-type: none"> <li>Potential to provide more appropriate support for individuals experiencing a mental health crisis, diverting them from potentially unsuitable ED environments</li> </ul>
Increased access to skills and advice	<ul style="list-style-type: none"> <li>Ambulance triage could provide patients with quicker access to medical advice and guidance from trained professionals.</li> </ul>
Increased liaison and joint working	<ul style="list-style-type: none"> <li>The process could foster better communication and collaboration between ambulance services and community-based teams.</li> </ul>
Good in principle	<ul style="list-style-type: none"> <li>Many participants acknowledge the potential benefits of a system that ensures the right level of response for the patient's needs.</li> </ul>
Speeding up ambulance availability (potential)	<ul style="list-style-type: none"> <li>If effective in diverting patients, it could lead to ambulances being available more quickly for genuine emergencies.</li> </ul>
Learning from existing models	<ul style="list-style-type: none"> <li>The recognition that some elements of ambulance triage are already in place and working well (e.g., falls teams) provides a foundation to build upon.</li> </ul>

Concerns	Detail
Staffing and resource issues	<ul style="list-style-type: none"> <li>• Staff retention, availability of experienced staff, increased workload for paramedics.</li> </ul>
Potential for errors and missed critical conditions	<ul style="list-style-type: none"> <li>• Mental health crisis misidentification</li> <li>• Physical health conditions missed</li> <li>• Reliance on less experienced staff</li> </ul>
Impact on ambulance availability (counter-intuitive)	<ul style="list-style-type: none"> <li>• Some worry that the triage process itself could tie up ambulance crews for longer, potentially taking more ambulances off the road.</li> </ul>
The role of 111	<ul style="list-style-type: none"> <li>• Some participants question whether ambulance triage would duplicate the role of NHS 111 or if the focus should be on improving the existing 111 service instead.</li> </ul>
Patient experience and trust	<ul style="list-style-type: none"> <li>• Impersonal assessment</li> <li>• Lack of continuity</li> <li>• Older people not taken seriously</li> <li>• Being left at home or sent home too soon</li> </ul>
System integration and follow-up	<ul style="list-style-type: none"> <li>• Emphasis on the need for ambulance triage to be part of a fully integrated system with robust follow-up support and community nursing services.</li> </ul>
Focus of funding	<ul style="list-style-type: none"> <li>• Some participants would prefer to see increased investment in other areas, such as nurses and frontline staff</li> </ul>
Potential for "blocking" ambulance staff	<ul style="list-style-type: none"> <li>• The current issue of ambulance crews being stuck outside hospitals waiting to offload patients' needs to be addressed alongside any new triage system.</li> </ul>
The "gut feeling" of paramedics	<ul style="list-style-type: none"> <li>• Some believe that experienced ambulance staff often have an intuitive sense of when hospital admission is necessary, regardless of triage protocols.</li> </ul>



## SHIFT 3 - Preventing sickness, not just treating it

**Question 8. Preventing sickness, not just treating it. What difference (good or bad) would this make to you?**

Potential Benefits	Detail
Focus on proactive health	<ul style="list-style-type: none"> <li>Attendees supported the NHS becoming more of a 'health' service than an 'illness treating' service.</li> </ul>
Emphasis on prevention strategies	<ul style="list-style-type: none"> <li>Participants emphasized the importance of prevention strategies, such as education and addressing lifestyle factors.</li> </ul>
Importance of early education	<ul style="list-style-type: none"> <li>Participants agreed on the importance of prevention and education in improving public health, including healthy eating and mental health.</li> </ul>
Value of screening services	<ul style="list-style-type: none"> <li>The importance was highlighted of screening services, such as breast screening and early detection of preventable diseases.</li> </ul>
Potential for annual health checks	<ul style="list-style-type: none"> <li>More structured support, such as routine health check-ups, particularly for older people, could help prevent serious health issues.</li> </ul>
Minimise demand for treatment	<ul style="list-style-type: none"> <li>Preventing problems, especially in children, would minimise demand for treatment and have wider benefits longer term.</li> </ul>
Longer and healthier lives	<ul style="list-style-type: none"> <li>Longer lives in good health, healthier people, and improved wellbeing were seen as key benefits.</li> </ul>
Cost savings for the NHS	<ul style="list-style-type: none"> <li>Preventing sickness could ultimately cost the NHS less.</li> </ul>

Concerns	Detail
Challenges in quantifying success	<ul style="list-style-type: none"> <li>• Difficulty in quantifying the success of prevention makes it challenging to make the case for investment.</li> </ul>
Potential for digital exclusion	<ul style="list-style-type: none"> <li>• Deprived areas and people with 'internet poverty' may face difficulties in accessing technology-based prevention initiatives.</li> </ul>
Focus on urgent care over prevention	<ul style="list-style-type: none"> <li>• Systems under pressure tend to cut prevention programmes in favour of urgent care.</li> </ul>
Increased focus on end-of-life care	<ul style="list-style-type: none"> <li>• Longer living and a bigger population with age-related conditions may increase the focus on managing frailty and end-of-life care.</li> </ul>
Not all illness is preventable	<ul style="list-style-type: none"> <li>• Not all illness can be prevented, potentially leading to increased anxiety about untreatable conditions.</li> </ul>
Risk of insufficient acute care funding	<ul style="list-style-type: none"> <li>• If resources shift significantly towards prevention, there may not be enough money to provide more acute care.</li> </ul>
Potential for vaccination overload	<ul style="list-style-type: none"> <li>• Concerns about the potential for vaccination overload were raised.</li> </ul>
Difficulty in changing ingrained behaviours	<ul style="list-style-type: none"> <li>• Some things, like the long-term effects of past smoking, may be too late to change for older individuals.</li> </ul>



# Engagement postcards

The postcards were used as an engagement tool for the workshops and events to capture the views of the people that visited the stand if they didn't want to complete the survey.

This postcard was also used to engage with young people (16-25) to understand if their views differ from the overall response from the people and communities in Devon.

More than 700 postcards were completed.

1. What do you value about the NHS?

2. What are the biggest challenges facing the NHS?

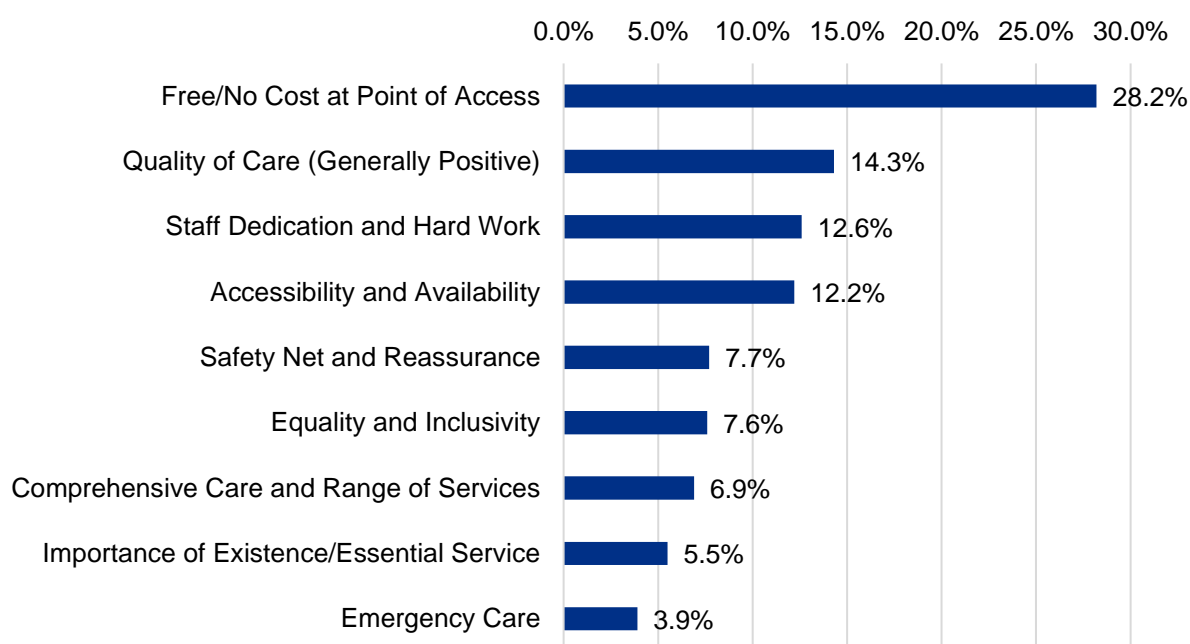
3. What should the NHS prioritise?

Please do not include personal or identifiable information in your response

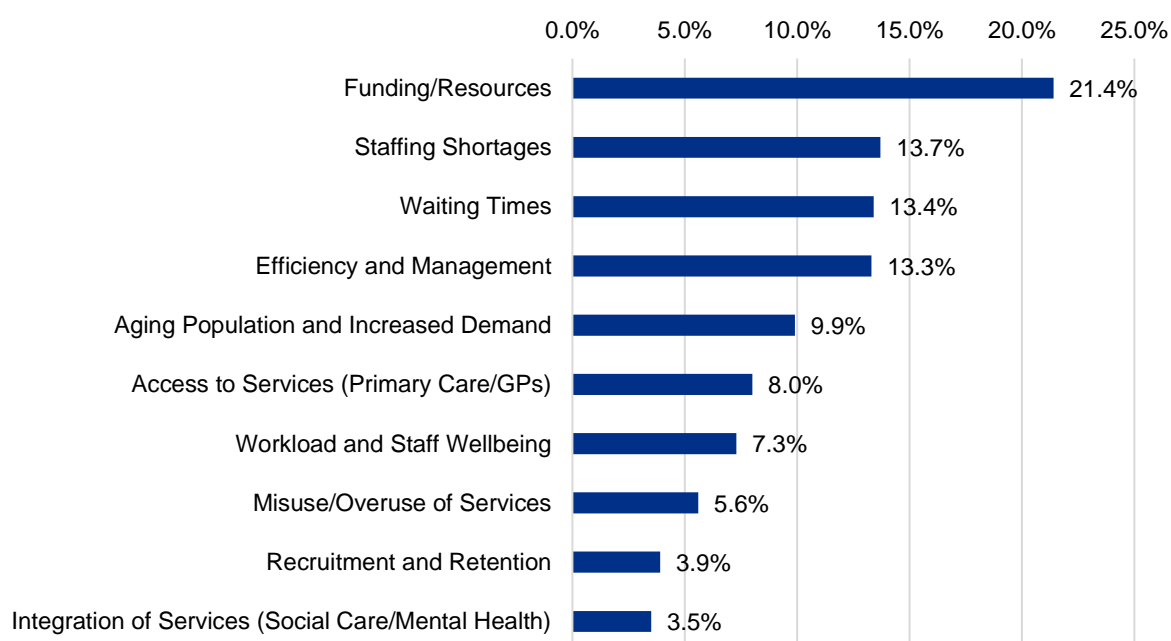
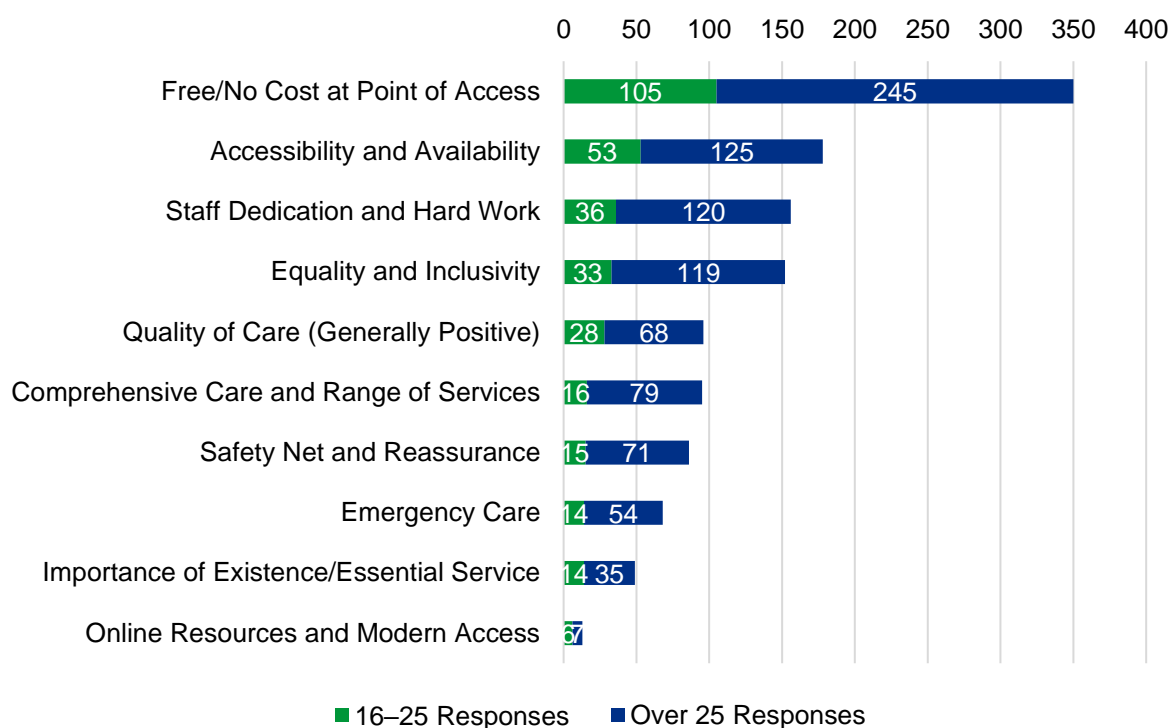
Once completed, please pop this leaflet in the post

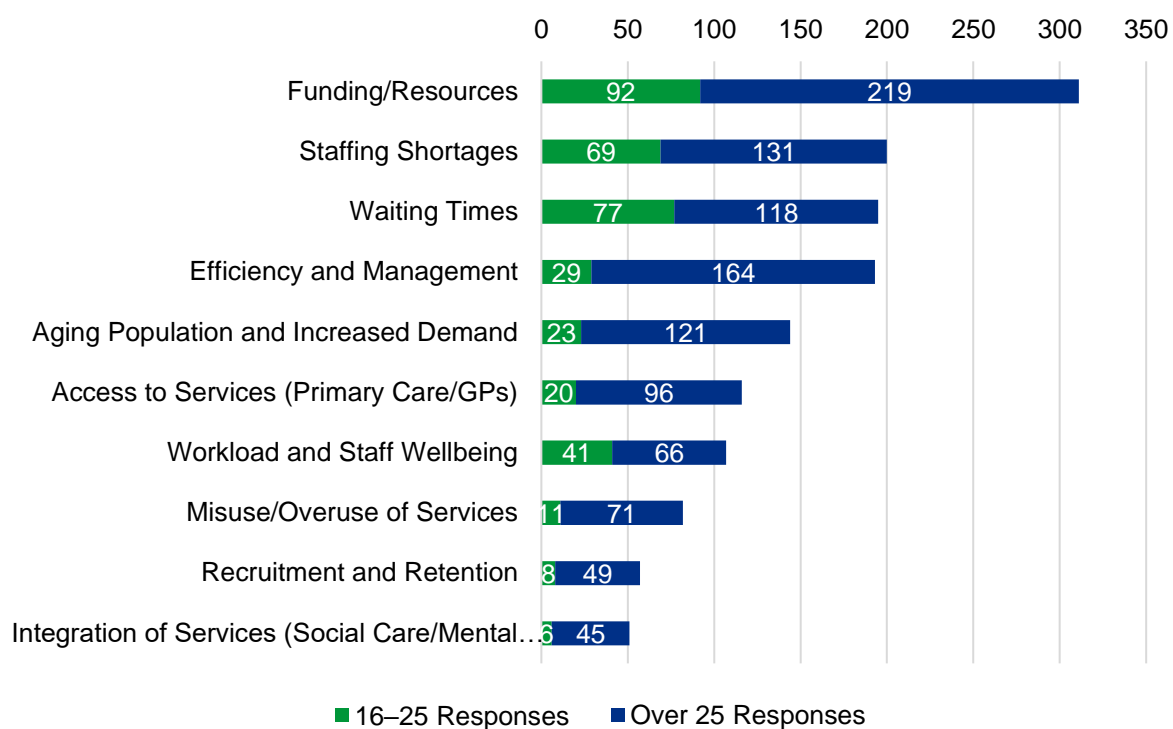
Healthwatch Torbay  
Freepost-RTCG-TRXX-ZZKJ  
Paignton Library & Information Centre  
Great Western Road  
Paignton  
TQ4 5AG

## Question 1. What do you value about the NHS?

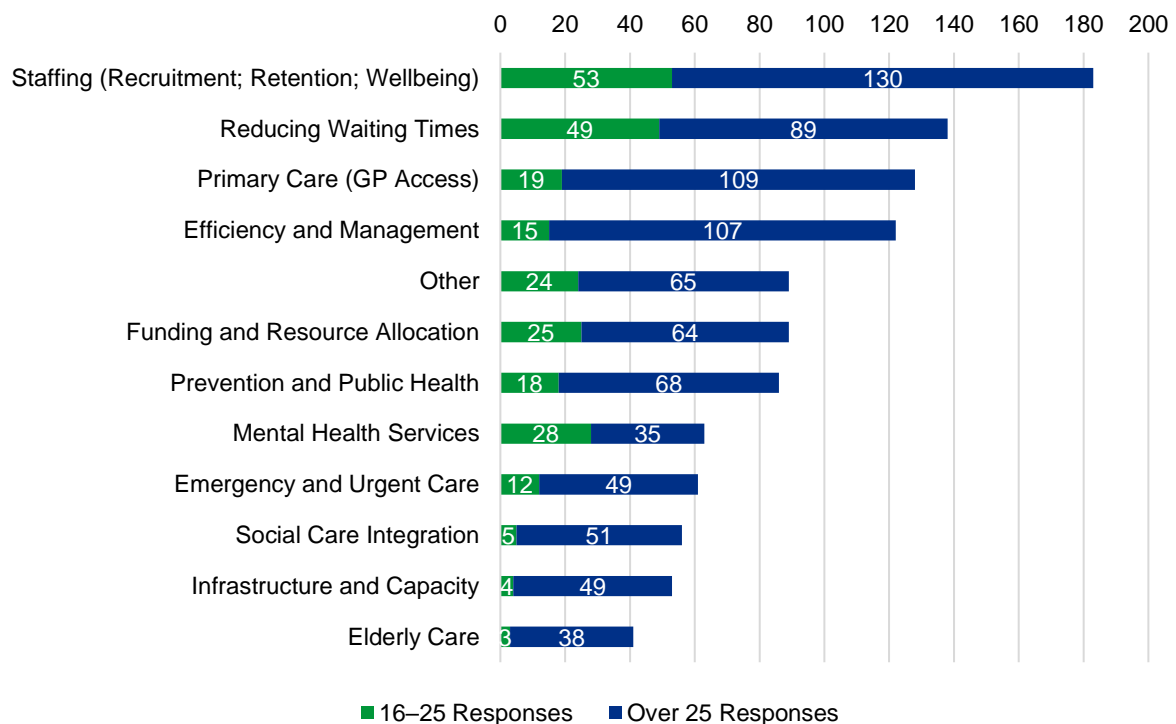
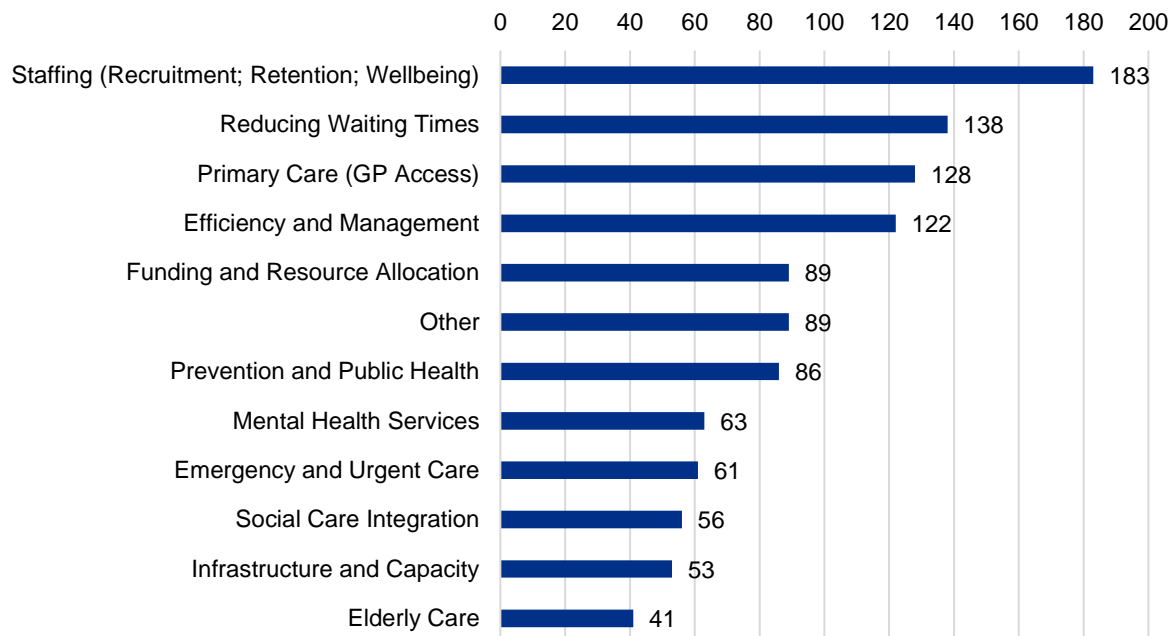


## Question 2. What are the biggest challenges facing the NHS?





### Question 3. What should the NHS prioritise?



## National context

The national engagement programme was the biggest conversation about the NHS, with well over 250,000 contributors. This included:

- More than 1.9 million visits to the [Change NHS](#) website
- Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions
- Over 1,600 responses from organisations and meetings with partners through the Partners Council to capture their expertise and channel the views of seldom-heard voices
- Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. This included those whose voices are often underheard such as Gypsy, Roma and Traveller communities, people with alcohol and drug dependence and people experiencing homelessness.
- 800 Integrated Care System leaders – from the NHS and local government – attending regional events to talk about the plan
- A National Summit bringing together hundreds of members of the public and health and care staff to help shape the Plan

### What the national engagement programme heard

#### People celebrated:

- that it's a universal service, available to everyone, free at point of use
- the dedicated and hardworking staff, doing incredible work in difficult circumstances
- that it's there for you when you really need it, with emergency services saving lives every day

#### But also told of personal challenges, including:

- difficulty getting appointments
- long wait times in A&E
- a lack of joined up care

#### In terms of what people want to see change:

- easier and quicker access to appointments, especially with your GP
- better co-ordination between different health and care services
- greater investment in staff recruitment and retention
- reducing waste and inefficiency across the NHS, to save money and free up staff time to focus on caring for patients





The [Government 10 Year Health Plan for England: fit for the future](#) was published in July 2025, and was written in response to engagement, and it reinforces a commitment to the three shifts highlighted in the Lord Darzi report and five enabling reforms:

- A new operating model, merging NHS England with the Department of Health and Social Care (DHSC), empowering Integrated Care Boards (ICBs) as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- Enhanced transparency of quality of care, publishing league tables of providers and patient experience measures, revitalising the National Quality Board as the single authority on quality, and implementing Artificial Intelligence (AI) led warning systems to identify at-risk services based on clinical data.
- Workforce transformation, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- Innovation and technology with five “big bets” (AI, data, genomics, robotics, wearables) drawn from the [Future State Programme](#), new Global Institutes, and faster clinical trial and medicine approval pathways.
- Financial sustainability via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside “Patient Power Payments” linking funding to patient experience

The implementation of the 10-Year Plan provides the vital opportunity to reset the relationship with the public and restore confidence and trust which nationally is at an all-time low. To deliver this – the focus will need to shift from looking through the community lens to improve patient satisfaction in the service they receive from the NHS.

## Next steps for local priorities

A key driver for designing the Devon 10 Year Plan engagement was to ensure the insights were captured locally to inform strategy, transformation and wider pieces of work being undertaken in Devon.

The development of the NHS Devon Health and Care Strategy is a key organisational priority and the findings will be used to support specific sections in the strategy:

- Supporting the prevention agenda and focusing on key priorities
- Development of a Neighbourhood health service
- Secondary and tertiary care services.
- Implementation of the strategy.

These findings will also be uploaded to the One Devon Insights library to ensure that the findings are used as a foundational piece of insight for work undertaken in Devon.

The Devon 10-Year Plan engagement programme was the start of the conversation and 220 people were recruited through the process to support a continuous engagement model. Chaired by Healthwatch, these people will be invited to be part of a public and patient reference group to support the future work of NHS Devon.

The reference groups will form part of the implementation of the [One Devon People and Communities Framework](#), which will be key in supporting the NHS Devon in its new role as a strategic commissioner.

