

Neighbourhood health now

The digital roadmap for delivering neighbourhood services today

November 2025



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Foreword

– Dr Minesh Patel

Neighbourhood healthcare isn't just a policy ambition. It's already being shaped in real-world practice. Across the country, developing integrated neighbourhood teams are showing how collaboration, shared purpose, and local assets can transform outcomes for people with complex needs.

By breaking down siloes and activating both staff and communities, they bring care closer to where people live, shifting focus from reaction to prevention.

Turning this momentum into a sustainable system requires clarity, not just vision.

We need connected digital infrastructure, not fragmented records; connected people, not siloed working; empowered teams, not layered bureaucracy; and shared resident views that enable confident, timely action.

This paper sets out a practical roadmap to deliver neighbourhood health now, building on real learning, not abstract plans.

If we align technology, workforce, and local partnerships with purpose, we can create neighbourhood health systems that work for clinicians and communities alike. Today, not a decade from now.

We need connected digital infrastructure, not fragmented records; connected people, not siloed working; empowered teams, not layered bureaucracy; and shared resident views that enable confident, timely action.



Dr Minesh Patel - General Practitioner at Moatfield Surgery

Minesh has been a GP partner at Moatfield Surgery for 26 years and is the senior partner.

He has been a member of the National Association of Primary Care (NAPC) for 18 years, chaired the organisation for three years (2018-2021) and continues to be a member of the senior leadership team.

Foreword

– Dr Tom Oakley

Since the Labour Government took office in July 2024, the NHS has been described as ‘broken’¹, but salvageable if urgent reform is delivered. The system faces immediate and long-term challenges:

- Low productivity.
- High costs.
- Staffing shortages.
- Demographic shifts.
- Rising complex clinical needs.
- Fragmented health and care services.

The consensus on the underlying cause of these problems is clear: the current outdated working model is not fit for purpose. The proposed solution is a resident-centred, preventative neighbourhood healthcare system.

While a shift to a more preventative approach to healthcare is necessary, there is an immediate need to improve system productivity and joined-up care and outcomes – particularly for people with complex needs and multiple chronic illnesses – whilst a longer-term approach to mature services is underway.

The population will reap the benefits of healthier lifestyles and more proactive healthcare. Today’s residents require immediate improvements in out-of-hospital care.

The way to deliver neighbourhood health now is to support the management of chronic conditions for today’s service users and facilitate prevention-led service regime in parallel. This requires a digital-first approach to enable a rapid transformation of the current inefficient and disconnected working model.

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Crucially, the NHS must also reject the knee-jerk reaction to 'just do something' without understanding the potential that a novel digital-first approach to healthcare can bring, if implemented strategically. Continuing the current analogue working model with data held in several disjointed records, but doing this on a digital platform, will not bring about the necessary improvement.

Neither will just looking to old technology, assuming that it will fix everything by adding in a digital element.

The focus on immediate short-term preventive healthcare will be vital to delivering on the wider shift from reactive treatment to prevention. The NHS has the opportunity to reframe the early detection of long-term conditions diagnosis in the context of a digitally underpinned neighbourhood health service, allowing rapid and more effective healthcare to be delivered via asynchronous working and bespoke digital-first pathways.

Under the newly proposed neighbourhood health service, a digital-first approach should be viewed as the building block for new working practices, which will enable the holistic approach to health and care.

Tools like Bleepa® can facilitate more effective waitlist management, beyond simply connecting services at the immediate local level with a common patient view.

At a regional population level, there will be common services used by those with similar care requirements. This cohort can be interpreted as a 'neighbourhood', not place-based but which are 'co-located' in terms of the services they are likely to need.

Integrated health organisations (IHOs), once created with the mandate to manage local health populations, can use Bleepa to identify these population groups and streamline the multiprovider approach by wrapping provider settings around a specific cohort, using Bleepa to manage this waitlist effectively.



There have been several propositions put forward for how to solve the lack of joined-up care within neighbourhoods.

This includes:

- Co-locating health and care teams.
- The formation of street-by-street health and care taskforces.
- Uniting providers across one new neighbourhood health service.

Excellent work has been undertaken to attempt to collate the different ideas of implementation, including identifying where neighbourhood health service-style collaborative working has already been attempted.

A long-read by the NHS Confederation² set out the wider benefits of collaborative working across providers, but the fundamental questions about how to deliver this effectively, at scale and with short-term results remain unaddressed.

Regardless of which approach is used, it is crucial that solving the problem of how to seamlessly integrate the neighbourhood lies with effective connectivity technology, providing a common view of the resident to those who require it.

That means interoperable systems, clear governance, and an effective collaboration platform facilitating an informed resident view across provider settings. Otherwise, the existing siloes of health and care data will remain, and residents will not see any of the benefits. Any view of neighbourhood delivery must work under this assumption if the programme is going to be a success.

Feedback Medical is proud to have partnered with PPL, the social enterprise management consultancy, to perform a London-wide simulation of neighbourhood healthcare delivery – the first of its kind in the world. In this simulation, Feedback Medical provided Bleepa as the underpinning technology.

Note: Traditionally, users of the NHS have been referred to as 'patients'. Guidelines for the neighbourhood health service now refer to users as 'residents', emphasising that the new service is not limited to traditional healthcare services.



The simulation offered valuable insights but also revealed widespread uncertainty about how neighbourhood healthcare will work in practice. Without clarity, progress will stall.

Feedback Medical proposes a model for delivery based on real-world learnings. This paper outlines how technology can drive both near-term value and long-term reform, offering a practical strategy for implementing neighbourhood healthcare.

The insights provided in this paper build on Feedback Medical's success in delivering elective transformation, facilitated by Bleepa, and designed with a digital-first, asynchronous approach. Through our award-winning work with Queen Victoria Hospital NHS Foundation Trust, we have demonstrated that new working models, designed to eliminate data siloes, promote cross-team collaboration and allow those contributing to care to work in a way that is efficient – not just the way that the existing analogue system demands – can deliver groundbreaking results.

This is not a ten-year ambition – it is a deliverable model that can begin now. And the NHS can't afford to wait.

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Dr Tom Oakley – Chief Executive Officer, Feedback Medical

Dr Tom Oakley trained as a radiologist, and brings extensive frontline NHS experience to national policy discussions on digital healthcare.

As Chief Executive of Feedback Medical, he has led the development of secure, regulated digital collaboration tools that are transforming diagnostic pathways across the NHS and beyond.

Executive summary

The NHS is at a critical juncture. The Government's '10 Year Health Plan for England' set out a bold vision for neighbourhood healthcare, but without rapid and practical implementation, it risks becoming another long-term ambition that fails to deliver for today's patients or making the existing disjointed care across the country even worse.

Feedback Medical believes the transformation can begin now. Through our partnership with PPL and various deployments of Bleepa, we have demonstrated how digital infrastructure can immediately enable joined-up care, reduce pressure on acute services, and improve outcomes.

This white paper sets out a clear list of practical considerations key to the delivery of neighbourhood healthcare, grounded in real-world experience and focused on four key areas: funding, personnel and organisational management, data sharing and information governance, and technology.

We do not propose another decade of planning. Instead, we propose a model of delivery, underpinned by Bleepa, that can start implementation today, using existing technologies and partnerships to deliver both short-term impact and long-term reform.



We are calling on the Government to:

- Deploy digital infrastructure to enable neighbourhood healthcare now, not in ten years.
- Mandate a single, informed resident view to support cross-provider collaboration and use a platform like Bleepa to deliver immediate improvements in care and decision making.
- Decide between central or local procurement to balance speed and flexibility, and support the implementation and training of this new platform.
- Require all NHS-used systems to integrate with the chosen digital platform.
- Issue guidance to providers on connecting to the resident view API for consistent access.
- Treat digital infrastructure as critical to avoid reinforcing existing siloes.
- Focus on short-term delivery to unlock long-term transformation.
- Commit to a rapid redesign of health and care funding regimes to work in a digitally enabled neighbourhood system.

“At the core of the digital changes introduced in the simulation environment was a shared collaboration platform accessible across neighbourhood teams. This was seen as invaluable[...] Communication within and between individuals and teams need to be structured to allow professionals from different backgrounds to prioritise and co-ordinate care effectively, as well as to be understandable to residents themselves. In this simulation this took time to evolve, and was also as much a cultural as technological shift.”

- The London Neighbourhood Health Simulation Learning Report – PPL

Introduction

Delivering on the implementation of a neighbourhood health service does not need to be a ten-year strategy. The digital infrastructure, partnerships and innovative working models required to bring about improvements to the service today, and lay the foundation for the long-term, preventative service, exist in parts of the NHS today. But a programme of this scale, with a national left shift from hospitals into the community, will require a clear directive from NHS England and the Department for Health and Social Care to invest in bringing this to the rest of the health service.

We support the Government's ambitions outlined in the 10 Year Health Plan but we believe it must be executed quickly and decisively.

Long-term visions are often debated, delayed, and diluted. Or pilot projects are launched to 'test the waters' but delay real change. What's needed now is a digital-first approach and a commitment to laying the strategic foundations today is the only viable path for rapid transformation.

Previous attempts to shift care into the neighbourhood have shown that persistent issues of siloed data and fragmented care can only be resolved through a comprehensive digital foundation. Relying solely on co-location and in-person teams operating street-by-street, without a comprehensive digital underpinning, may bring some benefits, but would not resolve the persisting issues that the system currently faces.

Data would still be siloed, communication would continue to occur inefficiently, and data would fail to be used to its potential within and across provider settings. All of which is on top of the most fundamental flaw – the lack of existing physical infrastructure to support co-location.

It would also expose rural areas, which cannot easily be supported by this model, to repeating the inefficiencies and inequalities of the existing system.



We partnered with PPL, the social enterprise management consultancy, to use Bleepa as the technology of choice for a simulation of a neighbourhood health service, which brought together over 70 participants, including health, local government, wider public services and the voluntary and community sector across London.

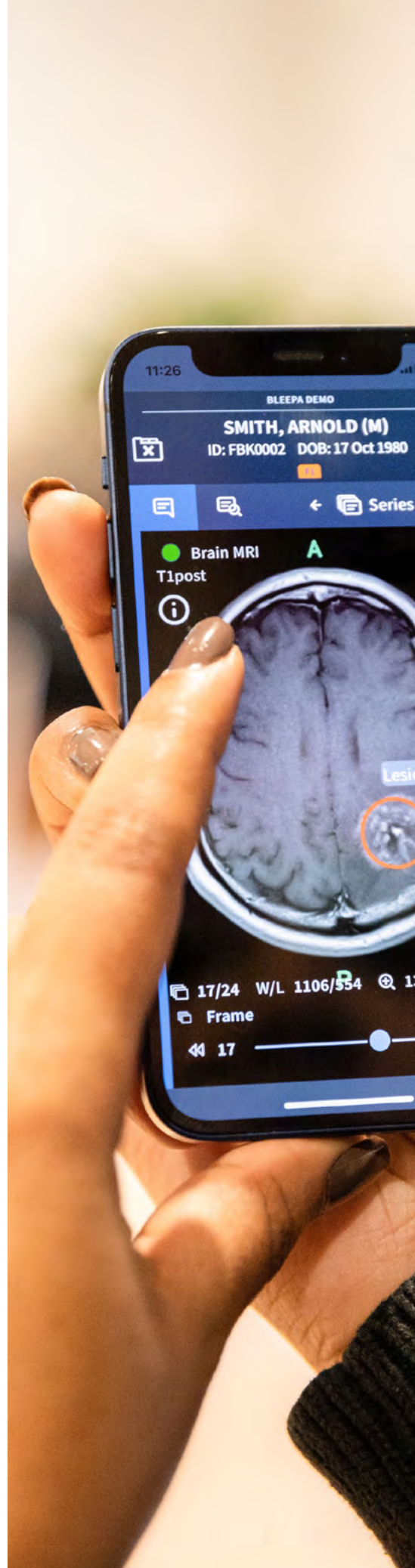
Bleepa is an asynchronous collaboration platform that unites essential data and teams to enhance clinical decision-making. With Bleepa, health and care providers benefit from the ability to expedite and enhance collaboration and decision-making, reduce unnecessary hospital appointments, shorten patient wait times, and facilitate the neighbourhood health transition with better connected community-based diagnostics and care.

This simulation was an exciting opportunity to see first-hand the potential that the shift towards neighbourhood-based, digitally enabled collaboration could have on health and care delivery. The simulation also confirmed that for neighbourhood health and care delivery to be a success, steps must finally be taken to enable truly joined-up collaboration with – and across – clinical workflows.

To support the NHS and its partners, we offer a clear framework for delivery across four critical areas:

- Funding.
- Personnel and organisational management.
- Data sharing and information governance.
- Technology.

For each section, we will provide a vision for how these questions can be answered, based on real-world implementation of the Bleepa platform and participation in the simulation of neighbourhood healthcare.



NHS healthcare context

Considerable time has been spent on identifying the key areas that are most in need of reform within the NHS, and several documents have been published in recent years setting out recommendations for change.

The Darzi Report, published in September 2024, concluded that the system is “in critical condition, but its vital signs are strong”, indicating a clear need for fundamental reform to prevent the system from collapsing. Lord Darzi recommended a digitally enabled neighbourhood health system with empowered staff and residents, benefitting from a reformed organisational structure.

These ideas align with the Fuller Stocktake report (May 2022), which outlined three essential offers for primary care:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.
- Supporting more proactive, personalised care from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions.
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.



The January 2025 'Reforming Elective Care Plan' introduced immediate steps to boost productivity and access, including straight-to-test pathways, expanded diagnostic centre hours, a new partnership with the independent sector, and reaffirming and prioritising the 92% 18-week referral to treatment target.

Finally, in July 2025, the 10 Year Health Plan set out a long-term vision for the NHS which will see a major overhaul of technology, the launch of a new neighbourhood health service - which will create a joined-up care delivery service based on the principle of community care as standard - and a refocus of the NHS to provide preventative care to residents.

The overall plan was themed around three 'shifts' from analogue to digital, hospital to community and sickness to prevention.



Obstacles to delivery

Funding

The transition to a neighbourhood healthcare model demands a fundamental rethinking of how the NHS allocates and manages funding.

The current financial structures are not designed to support the integrated, resident-centred care that is envisioned in neighbourhood healthcare. Instead of fragmented budgets tied to siloed services, funding must be aligned with the resident's journey through the health and care system and reflect the choices they make about their journey.

To achieve this, several key reforms are needed.

Recurrent and multi-year funding:

Neighbourhood healthcare is not a one-off initiative. Effective implementation needs sustained investment in digital infrastructure, workforce development, and service transformation. Recurrent funding must be made available to support ongoing delivery, not just initial implementation. Multi-year budgeting will also be essential to allow providers and suppliers to plan strategically and invest confidently.

Cross-sector financial collaboration:

Effective neighbourhood healthcare depends on collaboration between NHS bodies, local authorities, voluntary organisations, and independent providers. Funding mechanisms must reflect this reality, enabling pooled budgets, shared outcomes, and joint accountability across sectors.



While some work has started on developing new GP and neighbourhood administration contracts, confirmation is needed to clarify how each of the provider settings outlined above can be incorporated into the required funding mechanisms.

Technology enablement:

The adoption of enabling technologies must be supported by dedicated funding streams. These should cover not only procurement but also implementation, training, and change management. Without this, providers may struggle to adopt the digital tools necessary for collaborative care.

Outcome-based incentives:

Future funding models should reward providers based on the quality and impact of care delivered. However, these models must be carefully designed to avoid penalising providers working with complex populations or in under-resourced areas.

Avoiding fragmentation and duplication:

Funding mechanisms must be designed to prevent unnecessary re-referrals and duplication of services, which currently occur between primary and secondary care. A joined-up approach to funding will help streamline care and reduce inefficiencies.

Clear accountability structures:

As funding flows become more complex, it is vital to establish clear lines of accountability. Providers must understand who controls funding decisions, how success is measured, and how funding aligns with the broader goals of neighbourhood healthcare.



Our vision

To deliver neighbourhood healthcare in the short term, NHS England should commit to a new transitional financial framework which will see provider settings paid for the level of health and care delivered for each resident.

This is achievable in the short term by establishing a universal identifier for each resident (e.g. NHS number, national insurance number) that can be used beyond NHS provider settings, via an underpinning digital platform to consistently track activity delivered to an individual resident, with subsequent linking to outcomes.

Non-NHS provider settings must be able to securely use this identifier to track their contribution to health and care delivery and receive their payment via structures similar to existing NHS tariffs.

The Government should accelerate procurement of software that enables a single, informed resident view, integrating data from existing siloes and supporting collaboration across NHS and independent providers.

Bleepa allows enriched resident data to be accessed by those with relevant clinical need, and the ability to fully audit the resident's journey means that a comprehensive log of care can be validated as required.

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Personnel and organisational management

When implementing new technology into the daily workstreams of the NHS frontline, the most difficult aspect of the delivery is ensuring there is sufficient buy-in from all levels within the organisation.

For those on the ground, new technology needs to deliver clear benefits to daily workstreams, but this cannot come at the cost of further complicating the existing web of required IT infrastructure.

Much of the productivity gains will come in the form of reducing administrative tasks and eliminating clunky IT systems. For this to be a success, staff will require training on how to use neighbourhood healthcare-facilitating technology effectively, so as not to simply add more logins and systems to daily use.

Ensuring the neighbourhood health service can be delivered quickly, while allowing integrated care boards (ICBs) and trusts to meet their NHS requirements to cut operational costs, will require the procurement of software which is not only intuitive to use, but brings operational efficiencies to daily work while saving money in the long term.

It is also crucial that the overall ownership for the delivery of neighbourhood healthcare, whether at a localised or national level, is clarified. Success must be defined, and responsible individuals and organisations need to be empowered and made accountable for delivery.

For those on the ground, new technology needs to deliver clear benefits to daily workstreams, but this cannot come at the cost of further complicating the existing web of required IT infrastructure.

Our vision

In line with Government announcements that the direction of travel is for foundation trusts and eventually IHOs to be responsible for localised strategy, commissioning and resource allocations, NHS bodies should be responsible for garnering support for neighbourhood-care-enabling technology and facilitating the necessary training for it to be used effectively.

Support during this process should be sought from other groups, including provider collaboratives, primary care networks and health innovation networks.

Demographic variation means that each neighbourhood is likely to require different health and care providers to ensure ongoing good population health. For example, the required levels of geriatric care provision are unlikely to be uniform across neighbourhoods.

Integrated care systems (ICSs) already set annual plans and commissioning intentions, though progress varies across regions. The National Neighbourhood Health Improvement Programme, with its clear objectives and structured approach across 43 sites, offers a strong foundation for accelerating neighbourhood healthcare delivery.

Building on this, regional bodies should formalise service-level agreements with providers and ensure that digital infrastructure underpins these arrangements.

Where these regional bodies fail to provide the necessary provisions for neighbourhood good health, the Department for Health and Social Care, or a programme such as Getting It Right First Time should be empowered to mandate the use of specific, effective technologies and create agreements with providers to make up for shortfalls in provision.



Implementing a digital platform to underpin neighbourhood healthcare is likely to be a large undertaking for regional bodies.

As necessary, national and local digital teams should receive additional support and funding to enable the rapid deployment and maintenance of this technology.

NHS England should identify this as the top national digital priority and explore the use of national contracts to reduce delays and variation in digital maturity.

Crucially, this needs to be done quickly, and residents cannot wait for the rollout of a single patient record to facilitate this.



Data sharing and information governance

The 10 Year Health Plan commits to the creation of a new single patient record. This announcement was met with general support from the industry^{3 4 5 6} and confusion among the public. In part, this is because the majority of the public already believes that a single patient record exists⁷.

While the single patient record is often positioned as a tool for patients, to the medical technology industry, a single patient record should mean greater interoperability between NHS systems, a stable core technology on which to build additional platforms and functionality, and – at least specifically within health provider settings – simpler integrations for technology providers.

But it would be a mistake to believe a single repository of often-unstructured data will solve the issues currently facing the system, or that the NHS must wait for the single patient record to be introduced before steps can be taken to implement neighbourhood health and care. Solutions like Bleepa – which are proven to be effective at extracting data from existing records and presenting this in a single, informed patient view – already exist and are used in the NHS today.

As many organisations have highlighted – including Understanding Patient Data⁸, MedConfidential⁹, and Imperial College London¹⁰ – this single patient record may also come with its own potential risks, such as data security and the sharing of sensitive data where this is not clinically required.

One option is to focus short-term efforts on consolidating existing shared care records into a single patient view via Bleepa. By leveraging existing programmes, including the National Record Locator and shared care record interoperability efforts, staff can be empowered to deliver safer, more coordinated care, migrating to the single patient record as functionality comes online.

But it would be a mistake to believe a single repository of often-unstructured data will solve the issues currently facing the system, or that the NHS must wait for the single patient record to be introduced before steps can be taken to implement neighbourhood health and care.

While single patient record developments promise long-term gains, bridging shared care records through a tested solution like Bleepa ensures today's residents do not miss out while foundational work continues. Even after the single patient record has been fully launched, an informed resident view with effective collaboration features will bring vast benefits to those using Bleepa.

As has been highlighted by organisations like the British Medical Association¹¹, it is essential that in delivering neighbourhood healthcare, resident data is only shared with those with appropriate privilege, accessible only where this is a legitimate clinical need, and with the permission of residents.

The announcement that residents will be granted additional control over their health information is a welcome step forward in regaining trust amongst the public in the way that data is held and utilised within the NHS.

The 10 Year Health Plan confirms that the Government will: "...give patients real control over a single, secure and authoritative account of their data and single patient record to enable more co-ordinated, personalised and predictive care."

The principle of enabling secure, clinically justified data sharing is not new. The Caldicott Reviews, which have shaped NHS information governance policy since 1997, introduced principles to guide the use of patient-identifiable information. The 2013 review added a seventh precept: "The duty to share information can be as important as the duty to protect patient confidentiality."

This remains highly relevant to the delivery of neighbourhood healthcare, where cross-provider collaboration is essential. The Caldicott findings also emphasised the need for cultural change across organisations and greater transparency with residents, both of which align with the Government's commitment to giving patients real control over their data.

Now, commitments must be made on how exactly this will work in practice.



Our vision

While the single patient record may bridge some of the existing siloes in residents' records, just bringing all of the data into one place will not solve the problems that the NHS faces.

By focusing on the adoption of an informed single resident view, such as Bleepa, which draws data from existing information systems and is accessible to those involved in the delivery of care, this would quickly allow the benefits of a single patient record without the wait for it to be built.

This would, however, likely require a mandate from the Government that all health and care record providers sign up to a common data sharing standard, so that the use of specific existing technologies (e.g. electronic health records) does not become a bottleneck in the delivery of neighbourhood healthcare. This would have wider benefits to the health and care system and should be considered regardless of the neighbourhood shift.

To ensure data is stored and accessed securely, ICBs should be responsible for overseeing local data-sharing agreements, and the principle of least privilege should be codified in requirements set out by NHS England.



Technology

Within the Government's 10 Year Health Plan, several key technologies are highlighted as having a role to play in improving population health. This includes robotics for suitable procedures, wearables to track population health, the increased use of artificial intelligence to monitor and diagnose health conditions, an improved NHS app to act as a digital front door to the service, and a new single patient record to bring siloed data into one source of truth.

While these technologies are exciting and have a clear role to play in delivering the long-term vision, we must not wait a decade to see a positive impact. The NHS cannot afford to treat innovation as a future ambition. Implementing a digital foundation for neighbourhood delivery, using platforms like Bleepa, can immediately enable cross-provider collaboration, reduce unnecessary hospital visits, and improve outcomes for residents today.

These benefits are not theoretical or distant. They are achievable now, for the people who need the service most.

Digital maturity across the NHS varies widely, with inconsistent systems for communication, data sharing, a lack of 'joined-up data'¹² and varied use of electronic health records. This means that even within a single locality, resident data is often siloed across platforms that cannot interact, making collaboration difficult or impossible.

There is a risk that the proposals outlined in the 10 Year Health Plan are seen as discrete initiatives and will have reduced impact unless brought together. The neighbourhood transformation and the underpinning digital infrastructure required could also be used to anchor the discrete programmes into a more comprehensive and ambitious strategy for change.



While robotics, wearables and artificial intelligence are exciting elements of the 10 Year Health Plan, they will have limited impact if deployed into a fragmented system.

Without a digital foundation, which enables real-time collaboration and unified resident views, these innovations risk reinforcing siloes rather than solving them. Seamless neighbourhood working starts with, and relies on, connectivity.

Our vision

Effectively delivering neighbourhood healthcare depends on the rapid adoption of digital infrastructure that enables information sharing, collaboration, and redesigned care pathways to shift services from hospitals into the community. As a priority, the Government should mandate the procurement of a digital solution that provides a single, informed, and secure resident view. To accelerate delivery, it must decide whether rapid central procurement or a locally driven model – similar to electronic health record procurement – offers the best balance between speed and local flexibility.

Bleepa already provides this capability. It enables a gated, clinically informed resident view that could facilitate cross-provider collaboration and integrates seamlessly with existing systems.

Regardless of the procurement route, the Government must treat this infrastructure as critical and require suppliers to implement common integrations with the underlying platform.

By creating a unified interface across major record providers, this approach removes the need for full interoperability between systems and enables immediate joined-up working, while ensuring the Federated Data Platform is not a dependency for this system to work effectively.

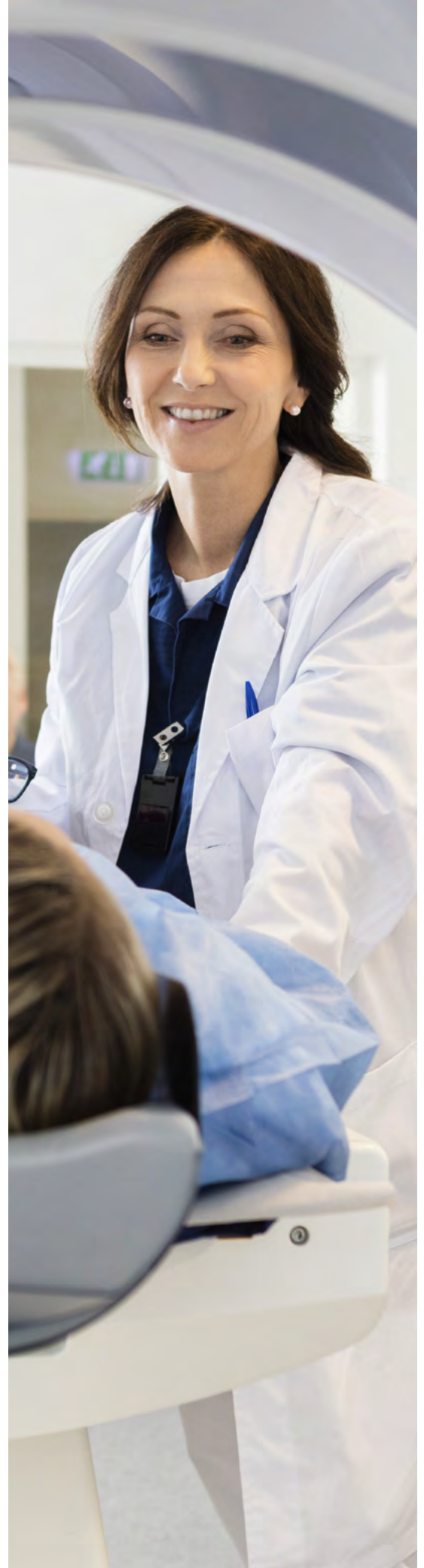
The NHS must also agree on and publish clear guidance on how existing record systems can connect to the resident view API, ensuring consistent access and usability across the system.

As a priority, the Government should mandate the procurement of a digital solution that provides a single, informed, and secure resident view.

Without this, there will be no true neighbourhood delivery.

As part of the shifts from analogue to digital, and sickness to prevention, the NHS has the opportunity to deliver both in parallel. A renewed focus on identifying preclinical long-term conditions with rapid intervention and using more effectively redesigned pathways can deliver immediate-term prevention.

There is also scope for neighbourhood healthcare to be expanded beyond simply being a new 'local' front door to the NHS. Utilising the digital underpinning, the neighbourhood health service could be expanded into a global wrap-around service, with full integrations across all public services.



Conclusion

Neighbourhood healthcare is not a distant ambition; it is an achievable reality, and the tools, insights, and partnerships already exist. That doesn't mean it can be fully achieved overnight, but what is needed now is the decisive action to implement the digital infrastructure that will underpin this transformation. Getting this right will set the foundation for the wider evolution of the health service, while delivering for residents today.

It is crucial that this opportunity – to invest in the digital infrastructure now, delivering for service users today while underpinning the future revolution of the health service – is taken correctly.

More of the same will not be enough, and a knee-jerk reaction to simply put the current analogue working model onto a computer will not fully harness the benefits of digitisation. Similarly, just looking to old technology and assuming that this will fix everything will mean that this once-in-a-generation opportunity to bring the NHS to the modern age will be missed.

Failing to build the fundamental digital infrastructure, embrace digitally-underpinned working practices, build workable funding models and create a clear ownership and delivery model for neighbourhood healthcare will lead to failure.

Feedback Medical has shown, through simulation and deployment, that a digital platform such as Bleepa, can deliver the connectivity, collaboration, and clinical insight required to make neighbourhood healthcare work now.

By focusing on practical delivery, rather than abstract strategy, the NHS can begin to realise the benefits of reform immediately.

As noted throughout this paper, there are many elements which will need to be considered for this technology to be implemented effectively and at speed.

Feedback Medical has shown, through simulation and deployment, that a digital platform such as Bleepa, can deliver the connectivity, collaboration, and clinical insight required to make neighbourhood healthcare work now.

By focusing on practical delivery, rather than abstract strategy, the NHS can begin to realise the benefits of reform immediately.

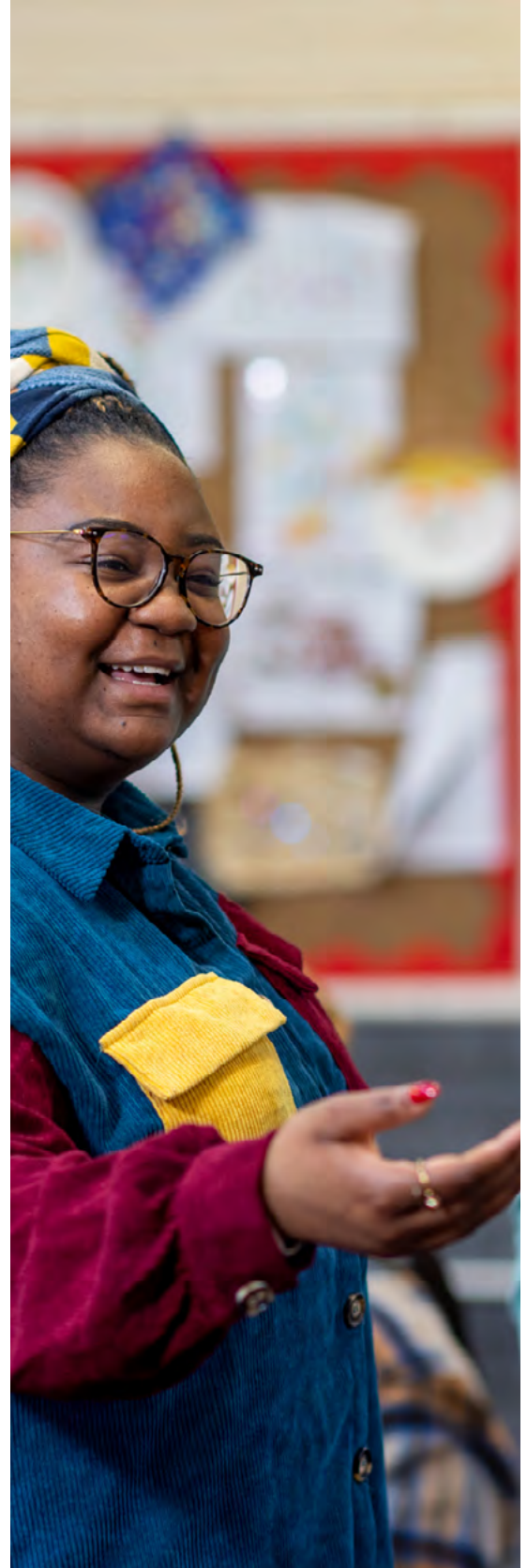
However, it is essential that work commences as soon as possible to ensure that the benefits of neighbourhood healthcare can be achieved for current and future generations of NHS users.

We are ready to act.

We urge the Government and NHS leadership to commit to providing clarity and confidence in how neighbourhood healthcare will be delivered. The future of healthcare is digital and the time to deliver it is now.

Additional reading

- [Referral pathways | Clinical communication tools - Feedback Medical](#)
- [Digital breathlessness pathway - Feedback Medical](#)
- [The London Neighbourhood Health Simulation Learning Report - PPL](#)



Footnotes

- 1 The NHS is broken: Health and Social Care Secretary statement | GOV.UK
- 2 Delivering a neighbourhood health service: what the 10 Year Health Plan means for local integration | NHS Confederation
- 3 Delivering a 21st Century NHS: Industry at the Heart of Reform, an overview of the 10 Year Health Plan | TechUK
- 4 Ten-Year Health Plan: what you need to know | NHS Confederation
- 5 Our response to the 10 Year Health Plan | The Royal College of Ophthalmologists
- 6 The Patients Association comments on early details of the government's 10 Year Health Plan | Patient's Association
- 7 New research: Public attitudes and information needs about GP record data | Understanding patient data
- 8 Single patient records in the NHS: a long-read blog | Understanding patient data
- 9 Patients to get full access to record on NHS App | BBC News
- 10 Patients at risk because NHS hospitals using different record-keeping systems | Imperial News | Imperial College London
- 11 Sharing electronic patient records for direct patient care | BMA
- 12 The state of ICSs 2023/24 | NHS Confederation



Read the neighbourhood simulation report

We participated in the London Neighbourhood Health simulation, led by PPL, which brought together over 70 participants from health, local government, and the voluntary and community sector. [Read their full report of the learnings from the simulation here](#) or by scanning the QR code.



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