

10 Year Health Plan Somerset Engagement 2025 Summary Report



Background

Overview

In October 2024, as part of 'the biggest conversation about the NHS' to have taken place since its creation, the government called on the entire country to share their experiences of the health service and help shape how the NHS should work in the future as part of their 10 Year Health Plan, to be published later this year in the spring/summer.

The focus for feedback was on three key shifts. These shifts are big changes to the way health and care services work, but changes that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England. The three shifts are:

- Shift 1: Moving more care from hospitals to communities**
- Shift 2: Making better use of technology in health and care**
- Shift 3: Focusing on preventing sickness, not just treating it**

- This campaign provided us with a great opportunity to expand on the work we did last year as part of **Somerset's Big Conversation 2024** and to continue the conversation with local communities and people about their experiences of healthcare services.
- We engaged both online and in person and worked closely with **Healthwatch Somerset** and our Integrated Care System partners to reach colleagues, patients and residents across Somerset.
- We also worked as part of a **South West regional 'team of teams'** to ensure that between us, we engaged with health inequalities groups and communities, for example diverse individuals and communities identified as Core20PLUS5 and those often referred to as 'seldom heard' or 'harder to reach'.
- We wanted to make sure that, in the time we had available, **we were able to encourage as many people as possible to get involved** and have their say on the Government's national 10 Year Health Plan - whether in person or online.



Executive summary

Summary of feedback on the three key shifts

- **Shift 1: Hospital to Community** – People support more local and personalised care but stress the need for investment in transport, workforce, and infrastructure.
- **Shift 2: Analogue to Digital** – Digital tools are welcomed for efficiency, but concerns remain about exclusion, privacy, and the loss of face-to-face care.
- **Shift 3: Sickness to Prevention** – Prevention is widely supported, but only if it is properly funded and addresses the root causes of ill health.
- **Other feedback** – Broader concerns include long waits, poor access, underfunded services, and a need for better integration and transparency across the NHS.

Public and patient feedback provides valuable insights into peoples' lived experiences and expectations for the future of healthcare services. The feedback reflects a diverse range of perspectives and concerns, all aimed at shaping a system that is more accessible, efficient, and responsive to the needs of everyone.

The key findings in this report highlight support for and concerns about the three key shifts in healthcare as proposed by the government. The feedback emphasises clearly that the public strongly values the NHS for being free at the point of use, universally accessible, and delivered by compassionate, hardworking staff. However, major challenges persist, and people note the need for inclusivity, proper investment, and careful coordination to ensure these shifts are successful and sustainable.

Regarding **Shift 1**, shifting care from hospitals to communities, feedback from people in Somerset highlights strong support for more localised, accessible, and personalised care. Many see the move as beneficial in improving patient experience, reducing hospital strain, and enhancing recovery. However, concerns about rural transport, workforce shortages, and digital exclusion persist, with people fearing that these shifts may result in unequal access to services, particularly in underserved areas. There is a clear call for significant investment in community infrastructure, resources, and seamless coordination across care services to make this shift effective.



For **Shift 2**, the transition from analogue to digital healthcare is broadly supported for its potential to improve efficiency, communication, and patient empowerment. Many view digital tools, such as electronic records and virtual consultations, as positive changes. However, there are notable concerns regarding digital exclusion, particularly for older adults and rural populations, as well as fears about data privacy, cybersecurity, and the loss of human interaction in care. Ensuring that digital solutions are accessible, user-friendly, and inclusive, with alternatives for those unable to engage digitally, is seen as crucial for success.

In terms of **Shift 3**, the move towards prevention, focusing on early intervention, education, and addressing social determinants of health, is widely supported as essential for long-term health system sustainability. People appreciate the idea of prevention being more cost-effective and compassionate but worry about its funding and the potential neglect of urgent care needs.

There is a strong call for more proactive, holistic health strategies that involve community engagement, improved mental health services, and investment in social services like housing and nutrition to truly tackle the root causes of ill health. Ensuring that prevention efforts are properly funded and integrated across sectors is key to achieving these goals.

As part of our engagement, we also heard **feedback regarding concerns, ideas and views beyond the three key shifts**, highlighting issues such as long waiting times, difficulty accessing GP and dental appointments, and inadequate staffing, which all contribute to dissatisfaction with the NHS. Participants expressed frustration with the fragmentation of services, poor communication, and a lack of integration between different parts of the healthcare system, leading to inefficiencies and delays. There were also concerns about the underfunding of mental health services, the impact of health inequalities, and the insufficient support for vulnerable groups, such as the homeless, elderly, and those in rural areas. Additionally, issues around transport barriers, the potential for privatisation, and a lack of transparency in decision-making were raised, with calls for better coordination and a more equitable, person-centered approach to healthcare.



Somerset's 10 Year health plan engagement

From October 2024, our 10 Year Health Plan engagement activity included:

- NHS Somerset Board engagement workshop run on 28 November 2025
- Organisational responses submitted by the ICB, Spark Somerset, Healthwatch Somerset and others
- Promotion through our engagement networks – communication engagement opportunities through our Engagement Leads Network, Citizens Hub, Patient Participation Group Chairs Network
- Communications – development of a webpage to provide updates such as drop-in locations for engagement, capturing emerging themes in feedback at community events through an 'Engagement Blog' as well as social media posts (please see update below)
- Support for VCFSE engagement – we worked with Spark Somerset to support their engagement workshop and conversations with VCFSE groups across Somerset
- Support for Somerset NHS Foundation Trust workforce engagement – we worked with Somerset FT engagement colleagues, to support their engagement with their workforce
- NHS Somerset workforce engagement – we ran a 'Lunch and Learn' session for each of the key shifts, as well as running 10 engagement workshops with NHS Somerset teams
- Online surveys – we encouraged people to visit our NHS Somerset website to complete our Somerset surveys, as well as the official Change NHS website and the national survey.
- Public engagement – this included library drop-in sessions across the whole county as well as promoting the engagement opportunity at any other events
 - PPG Workshop in Wells following engagement with the PPG Chairs Network, worked with Wells PPG group to run a public workshop
 - Targeted groups engagement – engagement through attendance at existing community groups, Talking Cafes and other community events



Who did we engage with in Somerset?

1) NHS workforce

- o NHS Somerset Board
- o ICB colleagues
- o ICS workforce
- o Providers

2) Somerset residents across the county – online and in 28 different locations

- o Two online surveys
- o Engagement groups and engagement communication distribution lists
- o Library drop-ins
- o Talking Cafes

3) Targeted communities

a) Rural communities

- o Farmers Networks
- o Young Farmers
- o Talking Cafes in rural communities

b) Armed forces and veterans

- o Worked closely with ICB Armed Forces leads Teri Underwood and Rebecca Oliver and utilised their networks
- o Veterans Breakfasts across the county
- o WREN Yeovil group
- o Royal Marines at Norton Fitzwarren

c) Children and young people

- Collaboration with Somerset Council colleagues and using their networks
- Somerset Participation Workers Network
- Somerset Youth Parliament
- Minehead EYE

d) VCFSE

- Online communication through our engagement groups and networks, promoting survey
- Supported Spark Somerset to run 10YP engagement workshop
- NHS Somerset Citizen's Hub as representatives of VCFSE and health inequalities groups across Somerset



Engagement statistics

- 4,541 individual pieces of feedback
- 760+ people reached through our engagement networks
- 789 conversations about the 10 Year Health Plan
- 130 surveys completed online
- 49 in-person workforce and public engagement events
- 28 different locations visited for engagement activity across Somerset
- 10 NHS Somerset team engagement workshops
- 3 ICB 'Lunch and Learn' sessions
- 2 PPG public engagement workshops
- 2 Online surveys

To read more about our 10 Year Health plan and engagement and to read our blog, please visit:

[10 Year Health Plan Engagement - NHS Somerset ICB](#)



Key feedback themes

- **Difficulty accessing GPs and appointments**

People face long waits and confusing booking systems, especially by phone or online, leading to frustration and delays in care.

- **Lack of continuity and consistency**

Seeing multiple or locum doctors affects trust and ongoing care, with patients wanting more consistent relationships with familiar staff.

- **Digital, phone and technological barriers**

Limited digital skills, poor online systems, and long phone waits exclude many, especially older or less tech-savvy patients.

- **Transport and rural access challenges**

Poor public transport makes accessing services difficult, particularly in rural areas like Minehead, highlighting the need for truly local care.

- **Mental health and young people's needs**

Young people want faster access to mental health support and face-to-face options, raising concerns about long waits and limited local provision.

- **Communication and information sharing**

People feel confused by changes and want clearer, more transparent communication alongside better record-sharing between services.

- **Staffing pressures and workforce concerns**

Patients recognise NHS staff are under pressure, citing staff shortages and burnout as causes of delayed or impersonal care.

- **Desire for person-centred, local care**

There is a strong demand for care that is local, relational, and tailored to individual needs and community settings.

- **Inclusion and support for vulnerable groups**

Older, disabled, and low-income people face additional barriers, with equity and accessible services seen as critical priorities.

- **Trust, satisfaction, and prevention**

Many feel trust in services is declining due to reduced quality and transparency. People support prevention and personal responsibility but only with proper support and investment.



Recommendations

To support the NHS's future vision, **recommendations from Somerset's residents** include:

- Investing in community infrastructure, workforce, and transport to enable effective hospital-to-community care
- Ensuring integrated data systems for seamless coordination
- Digital transformation should focus on improving digital literacy, building interoperable systems, and maintaining in-person care options to avoid exclusion
- Preventative health must be prioritised through funding, addressing social determinants, and cross-sector collaboration
- Additional actions include tackling long GP and dental wait times, addressing staffing shortages through better recruitment and retention
- Enhancing service integration and communication across the healthcare system.



Recommendations from targeted communities

1. VCFSE (Voluntary, Community, Faith, and Social Enterprise)

- Strengthen integration and collaboration: Foster more collaboration between the VCFSE sector and NHS services to ensure that community-based solutions complement formal healthcare services, enhancing patient outcomes.
- Increase funding and resources: Provide longer-term funding arrangements for VCFSE organisations to enable stability and growth, allowing them to better support local healthcare delivery.
- Enhance Training and Capacity Building: Invest in workforce development to ensure that VCFSE staff have the necessary skills and training to deliver effective health and care services, especially in preventative care.

2. Children and young people (CYP)

- Improve mental health support: Provide more mental health services in schools, including counselling and resilience programs, to address early mental health needs and reduce the stigma around seeking help.
- Enhance access to healthcare services: Simplify access to healthcare by improving GP and dental service availability, especially for young people in rural areas. Ensure there are more accessible options for evening and weekend appointments.
- Prioritise health education: Focus on health education in schools, covering topics such as mental health, hygiene, nutrition, and healthy lifestyles to empower young people to make informed health choices.

3. Rural communities

- Improve transport and accessibility: Address transport barriers by enhancing local transport options, providing mobile healthcare services, and ensuring that rural communities have better access to necessary services such as diagnostics and treatments.
- Increase healthcare staff in rural areas: Implement strategies to recruit and retain healthcare professionals, including GPs and dentists, in rural areas to ensure equitable access to care.
- Invest in community-based healthcare: Expand the provision of healthcare services in community settings, such as local clinics and virtual wards, to reduce the reliance on distant hospitals and improve healthcare access.



4. Veterans and Armed Forces

- Provide specialised healthcare services: Ensure that veterans have access to specialised healthcare, including mental health support and services tailored to the needs of those who have served in the armed forces.
- Improve access to social support: Enhance coordination between healthcare providers and veterans' support services to ensure that veterans and their families receive comprehensive, seamless care.
- Offer targeted health programs: Implement targeted health and wellbeing programs for veterans, focusing on both physical and mental health, to address the specific health challenges faced by this group.

Somerset residents' voices

The following are some examples of feedback we heard from Somerset residents about some of the challenges that people face in accessing healthcare and services in Somerset:

Long waiting times

"Waiting lists are far too long, there are lots of staff shortages."

"Pensioners are waiting very long times for knee operations and cataract operations"

"A more holistic approach focusing on providing support while people wait for is needed."

Fragmentation of services

"There needs to be clearer communication and more coordination between healthcare services."

"People feel like they are getting passed back and forth between the GP, school and other services"

"It is frustrating when you have to repeat your medical information to different healthcare providers."

Transport barriers



"Poor transport infrastructure in rural areas makes access to healthcare difficult"

"Services closer to home would help with the problem of travelling long distances for treatment"

Next steps

- **Shaping NHS Somerset's strategy** - We are in active discussions with NHS Somerset's Strategy Team who are working on NHS Somerset's strategy in response to the government's 10 Year Health Plans in the summer of 2025
- **Somerset System and ICB Boards** - We will share our findings report and present these to our boards, so that next steps be discussed and agreed
- **Somerset's Big Conversation 2025** – Following our successful roadshow last year, we have an exciting summer of engagement being planned to help support key public engagement around our operational plans and supporting our focus on delivering the three key national shifts of the 10 Year Health Plan – with particular focus on community provision of healthcare services in areas of Somerset to help deliver our operational plans
- **Sharing of findings reports** – We want people to know that sharing their views and ideas has mattered, that we have listened and we have taken action, as we are committed to the principles of 'You Said, We Did' and putting people at the heart of all that we do. To read examples of 'You Said, We Did' please visit: [Our work with people and communities - NHS Somerset ICB](#). We will therefore share findings reports with all contributors, including ICB and ICS colleagues and partners, Somerset's VCFSE organisations and community groups and our diverse people, patients and communities across the county.
- **South West regional findings** - We worked as part of a South West 'team of teams', with colleagues from other systems across the region, to share all engagement feedback and so to benefit from region-wide insights. The analysis of this feedback is currently underway and we hope to share key findings shortly. We will review the regional insights alongside national insights, to consider what is different for our population in Somerset, including for key communities such as rural communities, armed forces and children and young people.



With thanks to

We would like to thank everyone who took part in the 10 Year Health Plan engagement in Somerset and who contributed their thoughts, views and ideas. All feedback has been submitted nationally, for a South West regional analysis and in Somerset, it will now enable us to shape Somerset's strategy in response to the Government's new 10 Year Health Plan published in the summer.

We would also like to say a special thank you to the following individuals, organisations and groups who worked collaboratively with us to ensure that everyone's voices were heard.

- Somerset Youth Parliament
- Minehead Eye
- Participation Workers Network (Children & Young People)
- Spark Somerset
- Somerset Activity & Sports Partnership
- Frome Young Farmers
- PPG Chairs Network
- Wells City Practice PPG Group
- Yeovil Association of WRENS
- Yeovil Veterans Breakfast
- Taunton Veterans Breakfast
- Glastonbury Veterans Breakfast
- Ark at Egwood
- Royal Navy Family & People Support and 40 Commando Royal Marines, Norton Fitzwarren
- Teri Underwood & Rebecca Oliver from the Armed Forces Team at NHS Somerset
- Glastonbury The Red Brick Building
- Minehead, Wiveliscombe, Dulverton and Williton Talking Cafés & Village Agents
- Taunton, Yeovil, Bridgwater, Minehead, Bruton, Wincanton, Frome and Burnham-on-Sea libraries
- NHS Somerset's Citizen's Hub & Engagement Lead Coordination Group



Contact Us

If you would like to read more about Somerset's 10 Year Health Plan engagement, including an Engagement Blog, please visit: [10 Year Health Plan Engagement - NHS Somerset ICB](#)

If you have any questions, requests for further information or would like to discuss the 10 Year Health Plan Engagement, please contact:

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