



DELIVERING THE NHS 10-YEAR PLAN:

Communication, Integration and
Trust-Level Transformation



EXECUTIVE SUMMARY

This white paper examines how the NHS 10-Year Plan will affect communication within NHS Trusts and why communication must evolve to support operational delivery at scale.

It outlines the three core shifts set out in Fit for the Future: 10-Year Health Plan for England - from hospital to community, analogue to digital, and sickness to prevention - and considers their practical implications for Trust environments managing high patient volumes, complex pathways and multiple systems.

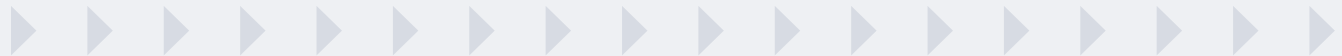
The paper explores:

- The operational pressures facing Trusts, including outpatient demand, waiting lists and DNAs.
- The risks associated with fragmented or inconsistent communication across departments and systems.
- The importance of inclusive design, addressing digital exclusion and multi-language requirements.
- The additional workflow control, integration and audit assurance often required within complex Trust pathways.

It introduces CFH Transform as a structured, rules-based communication solution designed to integrate with existing clinical and operational systems, enabling Trusts to coordinate both physical and digital messaging across channels while maintaining full traceability and reporting.

The paper concludes with a practical case study demonstrating how workflow-led communication can support waiting list validation and improve operational resilience in line with the NHS 10-Year Plan.

This document positions communication as a critical component of Trust-level operational infrastructure.





INTRODUCTION

On the 3rd of July 2025, the Department of Health and Social Care published Fit for the Future: 10-Year Health Plan for England (Department of Health and Social Care, 2025), setting out a long-term framework to reshape how care is organised, accessed and experienced across the country.

The plan was informed by the Change NHS engagement programme (October 2024 – April 2025), which gathered more than 250,000 contributions from the public, NHS staff, system leaders and partner organisations.

The 171-page plan outlines three structural shifts: from hospital to community, from analogue to digital, and from sickness to prevention. Together, these shifts redefine where care is delivered, how patient journeys are coordinated and how services are accessed.

For NHS Trusts, delivering this reform will depend not only on clinical redesign but on how effectively communication supports operational flow. Communication must be consistent, timely and inclusive - but it must also function at scale, integrate across multiple systems and adapt to complex care pathways.

National tools such as NHS Notify provide a centralised platform for routine communications across the NHS App, SMS, email and letters, offering standardisation and governance at scale. However, many Trust pathways require communication that extends beyond standard templates - particularly where workflows span specialties, departments and systems.

This guide explores the NHS 10-Year Plan through a Trust-focused lens, examining why communication must evolve to support its three core shifts and how structured, workflow-led solutions can enable safer, more coordinated care delivery at scale.



MEET THE CONTRIBUTORS

This paper draws on the experience of CFH's Business Development team, who work directly with NHS organisations navigating operational reform, digital transformation and service integration:



Jason Lusty

Senior Business Development Manager

A specialist in system integration and digital transformation, with decades of experience supporting NHS Trusts through complex technological and operational change.



Shelley Hawkins

Business Development Manager

Proactive member of the Business Development team, experienced in patient and stakeholder engagement across NHS Trusts and Integrated Care Boards.



Serena Schofield

Business Development Manager

Focused on strengthening relationships across primary care and Trust environments, representing CFH at sector events and maintaining active engagement with system leaders and frontline teams.



THE PRESSURES DRIVING REFORM

The 10-Year Plan acknowledges a system that can feel fragmented to patients, as care delivery remains split across settings, services and organisations.

For Integrated Care Boards (ICBs) overseeing commissioning and pathway coordination, and for NHS Trusts delivering frontline care, fragmentation creates both strategic and operational pressures. This includes inconsistent messaging across providers, duplicated communications, avoidable inbound calls, patients arriving unprepared, and valuable administrative time spent clarifying information that could have been structured more effectively.

The scale of the challenge is significant. In 2023–24, NHS England recorded 135.4 million outpatient appointments, with around 8 million not attended (NHS England, 2024). At the end of March 2025, referral-to-treatment data showed 7.42 million pathways on waiting lists, representing approximately 6.25 million individual patients awaiting care (NHS England, 2025). Restoring timely access will require improved pathway flow - and communication plays a direct role in that outcome.

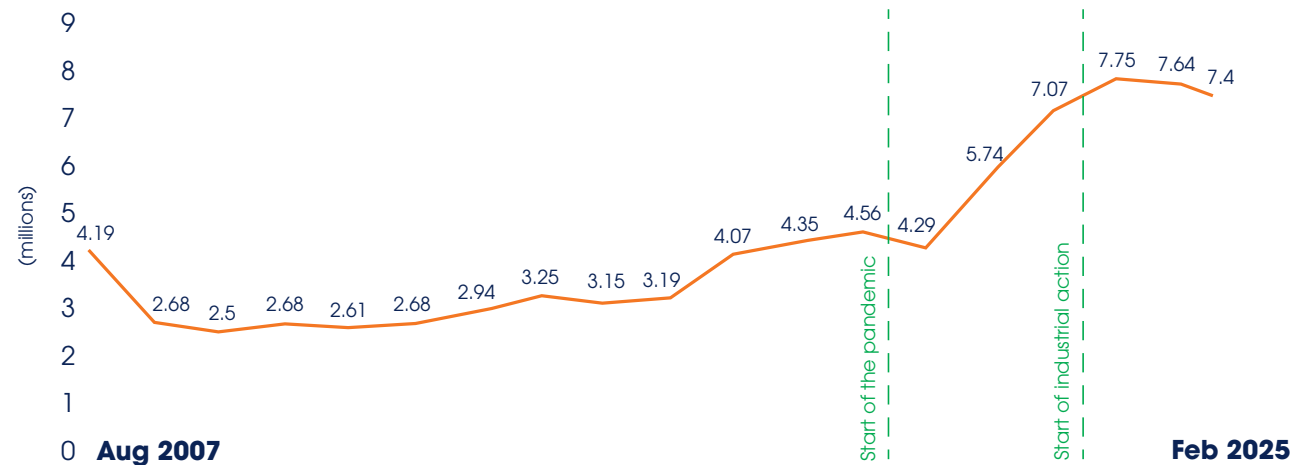


Lusty outlines the operational reality:

“In hospital environments, communication is integral - its importance cannot be overstated. When reminders, instructions or discharge letters aren’t delivered correctly, clinical capacity is directly affected, creating a domino effect across the pathway.”

Under sustained pressure, communication is often where inconsistency emerges first: separate systems producing disconnected outputs, limited visibility of what has been sent, and uncertainty over whether patients have received critical information. In this environment, uniform messaging alone is insufficient.

NHS referral-to-treatment waiting times





THE THREE SHIFTS

The NHS 10-Year Plan is structured around three system-wide shifts, identified through stakeholder engagement and recognition of sustained operational pressure. For NHS Trusts, each shift introduces new communication demands - and new risks if coordination fails.

From Hospital to Community

As care expands into neighbourhood services such as Community Diagnostic Centres, patient journeys will increasingly cross organisational and clinical boundaries. Each handoff introduces potential failure points: inconsistent wording, unclear sequencing, misaligned expectations or missing preparation information.

For Trusts, maintaining continuity across distributed care requires structured coordination. Discharge instructions, follow-up actions, medication updates and diagnostic preparation must align precisely with a patient's status within the pathway. Without that alignment, variation increases, duplication rises and capacity is lost.

From Analogue to Digital

The plan states that by 2028 the NHS App will become a "full front door to the entire NHS," supporting booking, messaging and care management. Adoption continues to grow, with over 40 million registrations recorded by December 2025 (NHS England, 2025).

However, digital acceleration introduces its own operational considerations. Trusts must balance convenience with inclusion, particularly where non-engagement carries clinical consequences - such as diagnostic preparation, discharge safety or time-sensitive follow-up.

From Sickness to Prevention

Prevention-first care across Integrated Care Systems - and specifically within Integrated Care Boards responsible for planning and commissioning local services - depends on participation.

Screening, vaccination, risk identification and early intervention all rely on timely, trusted communication that reaches the right patient at the right moment.

Prevention programmes falter when messaging is inconsistent, inaccessible or too generic to prompt action. As Schofield explains:

"Patients want to be contacted in the way that suits them - whether by post, email, SMS, or a combination - but above all, they expect communications to reflect their individual place within the care pathway, not a generic reminder that could apply to thousands of others."

Relevance drives engagement. In healthcare, that relevance influences attendance and patient confidence.

"Patients want to be contacted in the way that suits them - not a generic reminder that could apply to thousands of others."

Serena Schofield



DIGITAL EXCLUSION

While digital expansion is central to the 10-Year Plan, digital ambition must be matched by inclusive design. The populations most affected by health inequality are often those least able to engage with digital-only pathways.

Evidence confirms that digital exclusion remains significant. Ofcom estimates that 6% of UK households - around 1.7 million - do not have home internet access (Ofcom, 2023). Age UK reports that 29% of people aged 75 and over (approximately 1.9 million individuals) rarely or never use the internet (Age UK, 2023). In addition, the Good Things Foundation estimates that 8.5 million working-age adults lack Foundation-level digital skills (Good Things Foundation, 2024).

“In reality, inclusion has to be considered from the very beginning.”

Shelley Hawkins

For NHS Trusts, this is not simply a policy consideration; it is an operational and clinical risk. If diagnostic preparation instructions are delivered solely through

digital channels and not received, capacity is lost, DNAs increase and patient pathways are delayed.

Hawkins summarises the implication clearly:

“In reality, accessible discharge letters and instructions are matters of patient safety. When millions of adults in the UK still lack essential digital skills, and many more struggle with language, literacy or access, inclusion has to be considered from the very beginning.”

Inclusive communication must be designed into everyday workflows - through accessible formats, translation services and non-digital options - rather than added as an afterthought. When accessibility depends on ad hoc intervention or individual awareness, it becomes fragile. In high-volume Trust environments, resilience must be built into the system itself.

Evidence suggests that traditional channels continue to play a vital role. JICMAIL reports that NHS mail achieves a 100% engagement rate and commands an average attention span of nearly three minutes (JICMAIL, 2024).

Put simply, letters are not a redundant format; they remain a high-attention, high-engagement channel and should be included in the communication mix as a matter of priority.





TRANSLATION AND MULTI-LANGUAGE WORKFLOWS

Language diversity adds considerable operational complexity across many NHS Trust catchment areas.

Census 2021 data from the Office for National Statistics show that 8.9% of residents in England and Wales - approximately 5.1 million people - report a main language other than English (Office for National Statistics, 2021). The variation is significant: in London, 21.6% of residents do not speak English as their primary language, with several boroughs, including Brent and Newham, exceeding 40%.

More recent ONS mid-year population estimates (Office for National Statistics, 2024) confirm continued growth in major urban areas, reinforcing the sustained need for structured, multi-language communication within diverse Trust populations.

In this environment, translation cannot operate as a reactive service. Multi-language delivery must be built into communication workflows from the outset. CFH Transform supports this by integrating with patient engagement platforms such as Zesty and approved translation services, enabling documents to be automatically translated, reformatted and prepared for digital or physical delivery.



WHERE NHS NOTIFY FITS

NHS Notify is now established as a national platform for routine health and care communications.

NHS England's 2025 Service Directions position it as a secure, standardised service capable of delivering messages across the NHS App, SMS, email and physical formats such as letters and test kits. Its core strength lies in governance, consistency and national alignment.

For many common use cases, that standardisation provides clear benefits. However, NHS Trust environments often require communication models that extend beyond defined templates. Trust services operate at scale, across multiple departments, with varying approval processes and clinical dependencies. In these contexts, organisations require detailed traceability, workflow control and assurance that communications are triggered, issued and recorded in alignment with operational timelines.

As Hawkins explains:

"Trust communication processes don't operate in straight lines. Communication has to reflect the complexity of care delivery, adapting to specialty workflows while still providing full visibility and assurance."

Where communication must respond dynamically to local workflow rules and operational triggers, additional flexibility may be required. It is in these Trust-specific scenarios that solutions such as CFH Transform can complement standardised national platforms.



CFH Transform

Logic-Driven Communication

CFH Transform is designed to convert Trust data into controlled, rules-based communication workflows - all linked back to patient records.

Rather than treating communications as isolated messages, Transform embeds them within operational processes: data is received from Trust systems, predefined rules are applied, the appropriate channel is selected, physical output is triggered where required, and reporting provides full oversight.

“What makes Transform particularly relevant is not simply the ability to send messages across different channels - the difference lies in decision-making logic.”

Jason Lusty

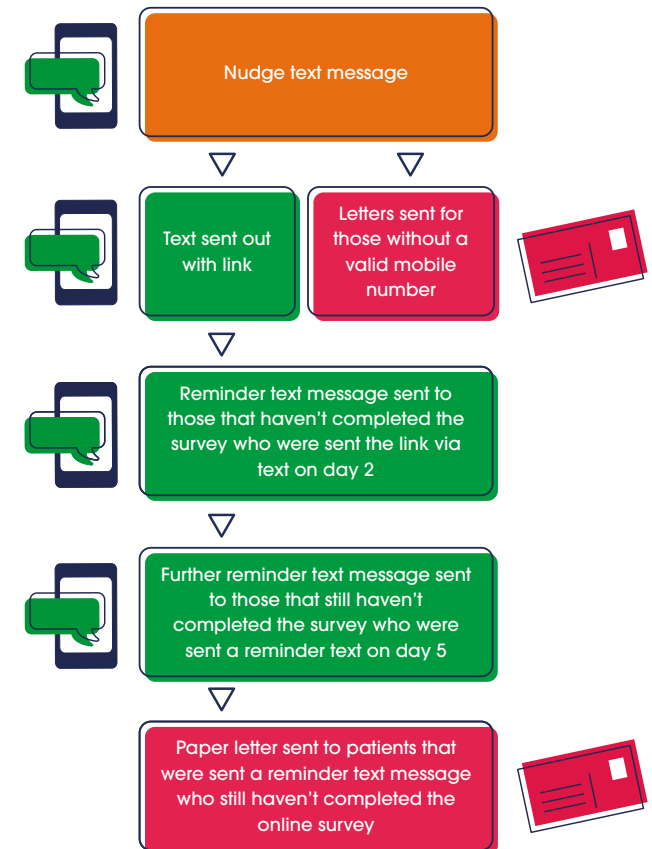
In a Trust environment, communication is rarely a one-off. An outpatient appointment may involve confirmation, preparation instructions, reminders, travel information and outcome follow-up. Diagnostic pathways can require different content depending on timing or test type. Discharge communications may need accessible formats or translation, while elective pathways may require escalation or validation messaging. As the pathway progresses, communication must respond accordingly.

Lusty explains:

“What makes Transform particularly relevant is not simply the ability to send messages across different channels - the difference lies in decision-making logic. Transform uses Trust data and pathway rules to determine what to send, when to send it and how to send it - at scale or on an individual basis.”

In practice, this includes channel selection, conditional content insertion, automated escalation where no response is received, triggering of accessible or translated formats, postal optimisation and comprehensive audit reporting. By applying structured decision rules across departments and systems, Transform ensures communication remains aligned to operational reality, even when care delivery is complex.

PATIENT WAITING LIST VALIDATION WORKFLOW





INTEGRATION AND SYSTEM TRANSFORMATION

The 10-Year Plan speaks frequently about integration. For NHS Trusts, however, integration is the daily coordination of multiple departments, systems and clinical teams operating at scale. Communication determines activity across outpatient clinics, radiology, theatres and diagnostic hubs. When those messages are generated in isolation, the patient experience fragments and operational visibility diminishes.

CFH Transform is built for this environment. It integrates with clinical, operational and patient engagement systems, enabling communication to sit within existing workflows rather than operate as a parallel process.

Integrations Include:

- **Dictate IT** (Clinical dictation & speech recognition systems)
- **Cerner** (Acute EPR systems)
- **Medway** (Acute & community EPR systems)
- **VitalHub** (Patient flow & operational systems)
- **Nervecentre** (Clinical workflow & safety systems)
- **Lexacom** (Clinical dictation systems)
- **Medefer** (Outpatient & elective care platforms)
- **Zesty** (Patient engagement platforms)
- **Mayden** (Mental health EPR systems)
- **Soliton IT** (Radiology information systems)
- **CVIS platforms** (Cardiology information systems)

Rather than replacing these systems, Transform connects them. Documents and data generated within source platforms flow into a controlled workflow, where predefined rules determine timing, content and channel - whether SMS, email or print. Accessible formats and translation can be triggered automatically where required.

Lusty describes:

“When people talk about integration, it can sound technical. In reality, it’s about making sure communication flows properly between the systems Trusts already use every day. If messages sit in isolation, the patient journey feels disjointed.”

The result is a coordinated, auditable communication process rather than a collection of disconnected outputs. Full tracking and reporting provide assurance that communications have been generated, issued and recorded as expected.

Schofield adds:

“In healthcare, 95% delivery isn’t good enough. If even a small percentage of letters are untracked or unaccounted for, that can mean missed diagnostics, failed discharge instructions or avoidable DNAs. Trusts need certainty - they need to know that 100% of communications triggered have been produced, issued and recorded.”





The Docmail Solution

Launched in 2008 to support flu communications for a single GP practice, Docmail now serves more than 3,000 practices and over 5,000 healthcare providers nationwide, with an estimated 160 million NHS letters delivered to date.

The innovative hybrid mail platform enables organisations to generate individual or bulk communications directly from their desktop or integrated systems, reducing reliance on in-house printing, manual handling and postal administration while maintaining full oversight.



CASE STUDY: **CROYDON HEALTH SERVICES NHS TRUST**

Partnering with CFH Docmail since 2016, the Trust enhanced their postal model in January 2024 by introducing Economy Access Mail for non-urgent letters - deferring delivery by up to three days at a lower tariff, with no additional IT or staffing required.

Automated routing by appointment date:

- 3–10 days: First Class
- 10–15 days: Second Class
- 15+ days: Economy Access

Impact:

- 18% of mail now sent via Economy Access
- Projected long-term postal savings
- No increase in patient correspondence queries

CONCLUSION

The NHS 10-Year Plan sets a clear direction: more care delivered closer to home, accelerated digital access and a stronger emphasis on prevention.

For NHS Trusts, progress will be measured in smoother outpatient flow, safer discharge processes, reduced DNAs and the effective management of high-volume patient correspondence.

In increasingly complex Trust environments, communication must do more than inform, it must coordinate. CFH Transform is designed to operate at this level, applying structured workflow control to communications at scale, improving consistency, reducing avoidable delays and waste, strengthening engagement, and supporting a more connected and resilient NHS aligned with the ambitions of the 10-Year Plan.

After CFH Transform



Patient identified within Trust system



Patient record updated automatically or flagged for action



Faster validation turnaround



Predefined pathway rule automatically triggers communication



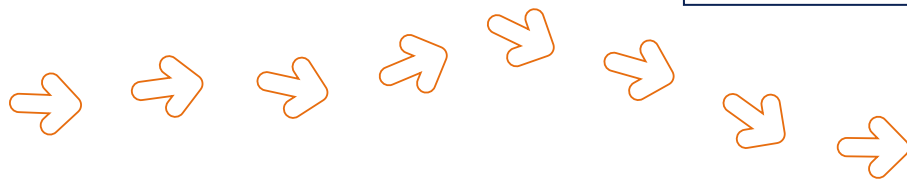
Appropriate channel selected (SMS, email or letter)



Patient response captured directly within the workflow



Real-time reporting and full visibility of responses



CASE STUDY: BESPOKE WORKFLOW BUILT AROUND NHS TRUST'S NEEDS

Worcestershire Acute Hospitals NHS Trust provides a wide range of hospital-based services to over 603,000 people across Worcestershire, while also caring for patients from surrounding counties and further afield.

Employing more than 8,000 staff across three main sites, the Trust manages high-volume patient communications every day. When the procurement team began reviewing alternative suppliers to support patient waiting list validation, CFH Transform was selected as a flexible, workflow-led framework.

THE BRIEF

Like many NHS organisations, Worcestershire Acute Hospitals NHS Trust operates under sustained financial and operational pressure. Internal teams were managing increasing workloads with limited resource, making efficiency, control and visibility essential.

The Trust's previous supplier was unable to meet these needs. Poor reconciliation between activity and billing reduced confidence in reported volumes and costs. Limited proactive account management placed further strain on Trust staff, who were left chasing updates rather than focusing on delivery.

Crucially, the issue was not simply one of delivery - it was a failure to understand the Trust's requirements. The existing solution lacked flexibility, transparency and control.

With limited time to act, the Trust sought a supplier that could mobilise quickly while also designing an

approach tailored to its specific objectives. Based on prior knowledge of CFH's experience across digital and postal communications, they was identified as a credible alternative.

Early engagement proved decisive. Serena and Shelley worked at pace to understand the Trust's pressures, asking the right questions and offering practical ideas from the outset. Rather than presenting a fixed solution, CFH demonstrated a willingness - and capability - to design something different. This ability to listen, adapt and propose a genuinely bespoke approach was something the Trust had not experienced previously.

CFH were appointed via a direct award under the Crown Commercial Service (CCS) Postal Services and Solutions framework (RM6280), enabling rapid mobilisation while maintaining full procurement compliance.





THE SOLUTION

Rather than applying a standard service model, CFH rapidly assessed Worcestershire's requirements and configured a bespoke, logic-driven solution aligned precisely to the Trust's objectives. The result was CFH Transform - a digital-first, multichannel communications framework designed specifically around Worcestershire's waiting list validation challenge.

At its core, CFH Transform enables Trusts to communicate with patients more effectively by automatically delivering the right message, through the right channel, at the right time. For Worcestershire, this meant designing a unique workflow that reflected their operational realities, patient demographics and governance requirements.

From the earliest stages, CFH played a central role in shaping this approach. Acting as true partners, the

team helped translate operational challenges into practical workflow design, making suggestions around channel mix, sequencing and patient engagement that directly influenced the final solution.

Digital channels were prioritised to maximise speed and response rates, with SMS used as the primary engagement method. Importantly, print remained embedded within the workflow to ensure inclusivity for patients who were digitally disconnected or preferred traditional correspondence - a balance the Trust's previous solution had failed to achieve.

A dedicated CFH project management team was assigned early, ensuring close alignment between design, delivery and governance from day one.

“CFH quickly understood what we needed to achieve and designed a solution tailored to the Trust and our patients. The level of engagement and support throughout the project was exactly what we needed, particularly given the timescales involved.”

Head of Procurement, Worcestershire Acute Hospitals



THE PROCESS

Implementation was delivered at pace to meet tight go-live deadlines. While some testing phases were condensed, any minor technical issues were identified early and resolved quickly through close collaboration between CFH and Trust teams.

Regular weekly meetings maintained momentum and ensured full visibility of progress. Open, direct communication - often prioritising verbal discussion over email - enabled swift decision-making and reduced the risk of delay.

Patient communications were deliberately designed to be simple and accessible. Messaging was concise, supported by personalised links, QR codes and shortened URLs to minimise friction. Where appropriate, patient details were pre-populated to reduce errors and improve data quality.

Drawing on CFH's extensive NHS experience, the workflow was designed to be fully auditable. The Trust gained clear visibility over what was sent, when and why - directly addressing previous concerns around reconciliation and governance.

Patient responses, whether digital or postal, were captured through a consistent process and consolidated into structured data feeds, enabling accurate reporting and ongoing monitoring.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Waiting List Survey

If you have received a letter or SMS from Worcestershire Acute Hospitals NHS Trust inviting you to complete a short survey regarding the appointment or treatment waiting list, please enter your date of birth and the PIN included in that invitation below to get started.

What is your date of birth?

For example: 15 3 1984

NHS
Worcestershire
Acute Hospitals
NHS Trust

Admin Home Questionnaires Users Logout

Users

Manage Survey Portal portals users, controlling who can administer users and key surveys. Use the filters below to find existing users.

[Add new user...](#)

First name Last name Email User type

THE RESULTS

Results were immediate. In the first week post go-live, the Trust achieved an overall response rate of 83.8%, rising to 84.9% for patients contacted via SMS. Internal teams reported that managing responses was significantly easier, reducing administrative effort and supporting faster turnaround.

While cost savings were welcomed, the Trust highlighted that the greatest benefit came from efficiency gains. By automating workflows and reducing manual processing, CFH Transform reduced the true cost of delivering patient communications - not just the cost of sending them.

The Trust described the outcome as a clear "triple win" for the Trust, its patients and CFH. Most importantly, the project demonstrated CFH's ability to do what previous suppliers could not: listen, design and deliver a genuinely bespoke solution that met the Trust's objectives from the very beginning.



THANK YOU

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