

The NHS Digital Reality

Roadmap or Roadblock?

What NHS organisations really think about digital transformation.

Restore
Information Management



Introduction

By **Stefan Chetty**,
Digital Services Director



The noise around going digital in the NHS can be loud and confusing and has intensified since the publication of the 10 Year Health Plan for England in July 2025. So, this is a good time to start listening to the people experiencing it firsthand.

That's why Restore Information Management and Health Tech News have joined forces to seek out opinions of those working inside NHS Trusts and NHS health and care providers across the UK, to discover what's working, what isn't and where they need help.

There's no doubting that the ambition to go digital is genuine. The merger of NHS Digital and NHS England in 2023 was a significant signpost on the journey and now the next step has been taken.

The 10-year Health Plan is central to a government mission to build a health service fit for the future, underpinned by technology and setting out the critical priorities that will support digital transformation.

That's crucial when you consider the NHS estate is the third largest cost area in the health service – according to Estates Returns Information Collection (ERIC) data.

This makes estate utilisation, information management and operational efficiency critical priorities for Trusts.

Now is the perfect time to listen to those on the ground and find out exactly where we are, what hurdles stand in our way and how to navigate them.

The results of this survey provide an unfiltered picture of what digital looks like now inside the NHS: one that can help Trusts plan towards 2028 and consider where their priorities should lie.

Analysis from Restore Information Management's in-house digital experts suggest the statistics highlight a disconnect between ambition and delivery in the sector and hint at operational pressure across the system.

We believe that successful digitisation depends on how effectively information moves through the patient pathway and that's where the discussion should start. There is already an overwhelming desire to push towards a digital future from inside the NHS.

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“I honestly do not believe there is a problem with the vision of going digital in the NHS – it's a problem with how they go digital.”

Sarah Turner,

Head of Public Sector Accounts,
Restore Information Management

Expert Contributors



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Executive Summary

A clear picture has emerged of what digital reality looks like inside the NHS in 2026 and the challenges that Trusts and all healthcare providers face to achieve a shared digital aim.

The results show that successful digitisation depends on how effectively information moves through the patient pathway – and that should be a prime focus as we take the next step on the journey.

2%

Only 2% of NHS Trusts and providers believe their roadmap is fully achievable in three years.

Only 2% believe national ambitions are highly deliverable. The top answer was partially deliverable, 41%

Digitisation is not moving fast enough

36%

We are moving - but too slowly to meet expectations

8%

There is a problem with digital leadership

Only 8% of NHS Trusts and providers believe there is sufficient digital leadership capacity in the NHS.

27%

An obsession with legacy systems is dragging down digital progress

The most uncomfortable truth in NHS digitisation is an obsession with legacy systems:

27% We spend more time keeping legacy systems alive than building the future

24%

The biggest threat to reducing paper reliance is lack of funding

24% placed it as the top challenge

The gap between ambition and operational delivery

The desire and ambition to go digital in the NHS is no longer the missing ingredient to delivering success. But the gap between that ambition and what is being delivered on a local and national scale requires greater focus.

Respondents across almost all NHS Trusts and providers see the benefits of digitisation and are supportive of the journey; but they are facing numerous road blocks that make rapid progress complex.

This proves that digital transformation isn't just a technology challenge, but an information flow challenge too.

36%

NHS Trusts believe digitisation is moving too slowly

Which statement feels closest to the truth about the NHS digital reform agenda today?

- + **36%** said we are moving - but too slowly to meet expectations
- + **24%** said we are making steady, sustainable progress
- + **20%** said we are over promising and under delivering
- + **19%** said we are largely rearranging analogue processes in digital form



2%

The digital roadmap is blocked: only 2% believe it is fully achievable in 3 years

How much of your digital roadmap is genuinely achievable in the next 3 years?

- + **45%** said some of it
- + **21%** said most of it
- + **14%** said very little
- + **2%** said all of it



43%

The digital journey needs stronger leadership

Do you believe the NHS currently has sufficient digital leadership capacity to deliver its reform ambitions?

- Yes: 8%**
- No: 43%**
- Unsure: 23%**

Digital bottlenecks and lack of funding sit at the heart of slow progress

The most uncomfortable truth in NHS digitisation is an obsession with legacy systems

Which uncomfortable truth do you recognise most?

- + **27%** We spend more time keeping legacy systems alive than building the future
- + **27%** Digital transformation is still seen as 'IT's problem'
- + **22%** We lack the skills to fully use the technology we already have
- + **14%** Governance slows us down more than risk ever would
- + **11%** We are trying to do too much at once

The biggest threat to reducing paper reliance is lack of funding

What has most limited progress in improving information flow or reducing reliance on paper?

- + **24%** Funding constraints
- + **22%** Competing priorities
- + **19%** Limited skills or capacity
- + **16%** Technology limitations
- + **7%** Change fatigue
- + **6%** Information governance concerns

Thinking specifically about clinical dictated correspondence (for instance, outpatient letters, discharge summaries) where do you see the greatest operational friction?

- + **27%** Variability in quality or completeness
- + **20%** Delays between consultation and letter being issued
- + **19%** Duplication across systems
- + **18%** Limited ability to extract unstructured data
- + **15%** Manual re-keying or formatting effort
- + **1%** Minimal friction, process works well

Analysis

By **Stefan Chetty**,
Digital Services Director



We do not believe there is a problem with the vision of going digital in the NHS, it's a problem with how they go digital and how we identify and tackle bottlenecks that impact progress.

The reality is that no single Trust does things the same way or gets the same funding.

For example, there will be a Trust that has a grant for big bang digital pathway transformation. Another will have the same vision but financially they cannot achieve it. There's a major gap in terms of financial constraints.

However, there is also an issue with oversight. Take an operational inpatients and

outpatients set up where a new IT system is put in place. You'll often find they are not considered as two separate services.

All the e-prescribing will be put in place but they forget the spend on communications and patient records and realise they don't have the budget to do both. You end up with a new system that operational teams cannot feed into.

This is where a stronger and more linked up strategy is required.

Advice

By **Sarah Turner**,
Head of Public Sector Accounts



A good first step is to begin digitising records at the point of care, rather than aiming for a completely digital back end.

This saves money on digitising legacy data but still gives the patient a digital experience inside the building. There are many barriers to change and the problem is not that people don't want to go digital – it's that the NHS is so big and a lot of Trusts do things differently.

The good news is that digital solutions are emerging all the time that can help reduce paper, deliver safer handoffs and more timely access to patient information. It's an area in which Trusts need greater education about what's possible.

Patient records, clinical correspondence, communications and operational efficiency all need to be connected parts of the digital journey.

The unexpected challenge of clinical dictated correspondence

Clinical dictated correspondence is a good example of how a disconnect or a bottle neck can emerge unexpectedly.

This correspondence is now generated from a dictation system which utilises AI to capture what consultants have said and output it into a data format.

New outsourced systems can then take that data and send it on to whoever needs it. That's progress, because in the past that data only had to be sent to the GP and not the patient. It meant the consultant could be saying that a patient has the all-clear – but the patient wasn't aware.

A new directive has changed that, it will go to the GP, the patient and also maybe another consultant, a social worker, an optician. Whoever needs it.

27%

see inconsistent quality and completeness in clinical dictated correspondence as a key operational challenge.

But there are challenges.

Most patient comms go to the NHS app. But if a patient is registered for digital communications but doesn't read it, is that still a tick from a Trust perspective?

Some Trusts say it's enough, it's been delivered. Other Trusts are more cautious. If a patient hasn't read it within three to five days it has to come back and be printed and sent by post. It's another cost and another block to going fully digital and is a really hot topic right now.

Outbound communication and lack of interoperability are major hurdles

It's encouraging that a fifth of Trusts believe most of their digital ambitions can be achieved within three years. But on the ground, there is plenty of evidence that many more are encountering barriers.

Outbound communications are a big part of the 'drag' in digital progress. Trusts have a fast-paced agenda to make patient-facing communications digital, but unfortunately, the infrastructure behind that doesn't support it.

It is common for an appointment letter to go straight to digital and into a patient engagement platform or to be delivered by SMS. But in the next part of the patient pathway, when they are directed to a different department, the letters may not be in digital format. So, the patient, who signed up and agreed to digital communications and has got used to it arriving on their phone, suddenly has to wait for a letter in the post.

It impacts confidence in the NHS and sometimes the patient will even opt out of digital altogether, slowing down the

pathway. According to recent research by Royal Mail, physical mail remains the channel of choice for appointment communications, with SMS being the preferred reminder channel – which shows there is work to do to improve patient trust in digital communications.

Capturing patient preferences is an issue

The system of recording and sharing preferences is a challenge.

New products are coming in all the time to improve the digital experience. But when it comes to patient preferences (whether they prefer digital or physical communication) nobody is able to capture those nationally.

Some patients will always require an accessible information format but there's no centralised platform to map them. Preferences can change, too, depending on the treatment required. Someone referred in ophthalmology, for instance, may switch preferences if eyesight is debilitated.



"Trusts need to map out each patient pathway and identify where the blockers are.

If there is only one department that is not on board, why is that? What is the challenge? Does that system need to be upgraded?

Asking what help you need is also an important question, together with identifying the expertise you are missing and where you can find it."

Suzanne Dawtrey

National Sales Manager,
Public Sector
Restore Information Management

Conclusion

We shouldn't lose sight of the fact that effective information management can be a key enabler of better patient outcomes and successful digital transformation.

Improving access to information, reducing administrative burden and creating better-connected information flows across healthcare organisations is part of the journey.

The NHS first discussed the prospect of going paperless in 2013 and the road since then has been a bumpy one – but what we shouldn't forget is that it has definitely made progress.

Our survey highlights the complexity of finding the perfect solution for such a big organisation, picking out a range of bottlenecks that need to be tackled.

But it also highlighted a willingness to travel on the journey.

Only **7%** of people mentioned 'change fatigue' when asked what is limiting progress in improving information flow or reducing reliance on paper, and that's encouraging.

So, too, was the fact that **60%** said their department was making digital progress, even if it wasn't fast enough.

The next step is to listen to those on the ground and to bring people together to share experiences and be more open to new solutions, including outsourcing legacy data to focus on digital progress.

For digital transformation to succeed, information needs to move efficiently through the patient pathway.

Organisations are increasingly looking for ways to reduce the operational burden associated with legacy records, paper-based processes and fragmented communication pathways, allowing NHS teams to focus on patient care and service improvement, which is what digitisation is designed to achieve.

The results of this survey show that patient communications, records management and information flow remain interconnected challenges that cannot be addressed in isolation. Improving how information moves through the patient pathway may be one of the most important steps towards achieving the NHS's digital ambitions.

Together the digital dream is still possible. We must continue to believe that and work towards a common goal.

By **Stefan Chetty**,
Digital Services Director





For more information, please visit:
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