PARIO PARTNERS

Transformation, Innovation & Voice

A snapshot of how the healthcare workforce views innovation and change today

Abolishing NHS England is meant to streamline the health service. Frontline staff are unconvinced. Innovation feels stifled, procurement slows everything, and many believe progress exists outside the NHS rather than within it. The problem is not a lack of innovation but the ability to harness it. It is our view that structural reform cannot succeed without wider systemic and cultural change.

About this report

The Government is again reshaping the NHS, this time by abolishing NHS England (NHSE) and pulling its functions back into central government. Innovation continues across the system — from healthtech firms to academic teams to frontline staff — yet industry voices repeatedly argue that the system remains slow, risk-averse and structurally resistant to change. This report captures a frontline view of that reality.

We conducted a rapid survey on the day further details of the Government's reform plan were announced, asking frontline staff how they see the current state of innovation and how confident they feel about progress amid uncertainty.

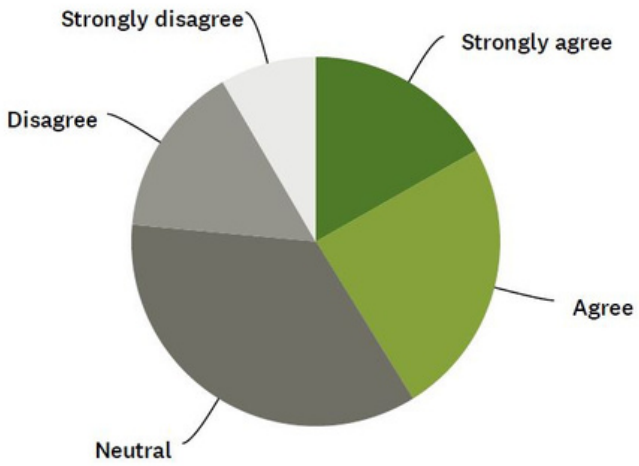
Pario Partners ran an online survey on 12 November 2025, gathering responses from 147 frontline healthcare staff. The objective was simple: take a snapshot of how innovation is perceived within the health service and take the temperature with confirmation NHSE will go .

The sample represented a broad mix of roles and seniority. Women made up 74% of respondents; ages ranged from 25 to 65+. Nurses were the largest group (47%), followed by allied health and pharmacy professionals (27%), with the rest spread across medical and other clinical roles.

Abolishing NHS England

NHS England was created in 2012 as an arms-length body designed to give the NHS greater operational control and reduce day-to-day ministerial intervention. In practice, this placed key functions — planning, commissioning, and funding oversight — in the hands of NHS leaders rather than Whitehall officials.

Over time, however, NHS England and the wider national architecture expanded. Our own experience reflects what many inside the system report: trusts, procurement hubs and related bodies have grown headcount to manage the rising volume of national directives and compliance requirements. Capability increased, but so did duplication and bureaucracy.



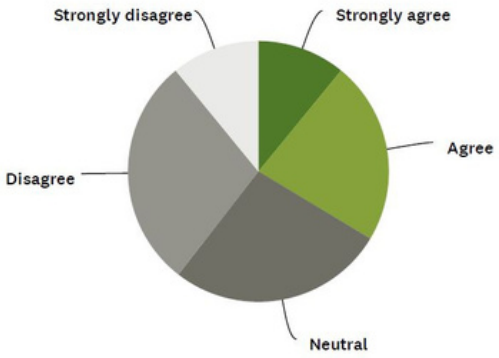
Abolishing NHSE will benefit services long term

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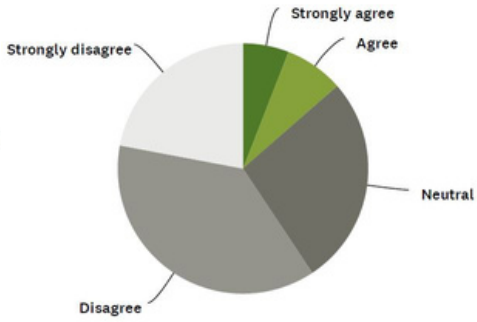
What staff told us

- 49% believe closing NHS England will deliver long-term benefits.
- 42% are neutral.

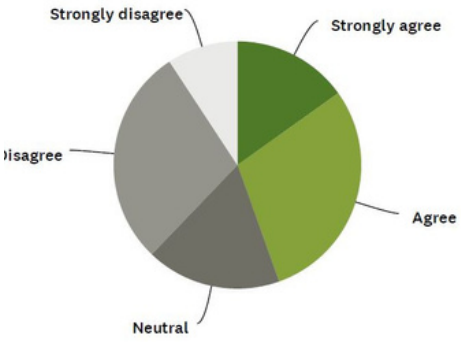
Significant neutrality reflects widespread uncertainty: most staff are waiting to see what replaces NHS England and how it will operate. Views are similarly split on whether the reform will free up money for frontline care. The caution is understandable. The appetite for improvement is real. And after years of pressure and burnout, staff want a credible plan — not slogans.



Abolishing NHSE means knowledge lost



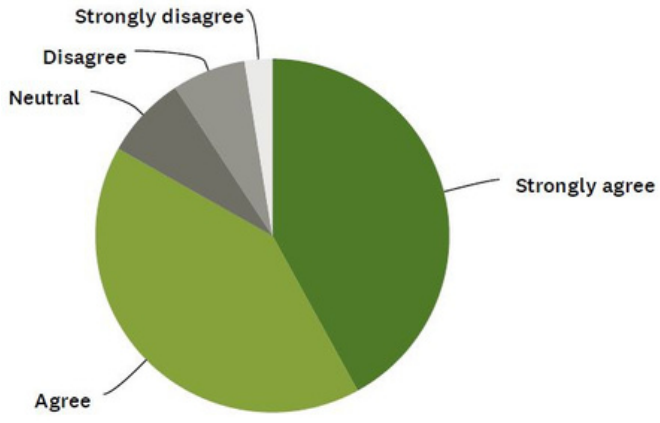
Innovation leadership after NSHE reform is clear



Boosting frontline-care resources after NHSE is achievable

Will expertise be lost?

One finding was unexpected. A majority of staff do not believe institutional knowledge will be lost. The reason is not clear. It may reflect confidence that current NHSE staff will be redeployed into central roles or absorbed back into the service. Or it may reflect a deeper belief that the real operational know-how — the practical ability to make the system work — has always sat in local trusts, not in national bodies. Either interpretation is telling.



To boost innovation NHS procurement needs redesigning

Innovation: frontline reality vs system rhetoric

Innovation was a core focus of this study. It is also an area where the disconnect between ambition and experience is stark.

For years, healthtech leaders and innovators have argued that the NHS does not support rapid adoption or scaling. Governance is essential, but when respected founders advise new entrepreneurs to take their ideas overseas or to the private sector, the system has a problem.

Procurement: the shared frustration

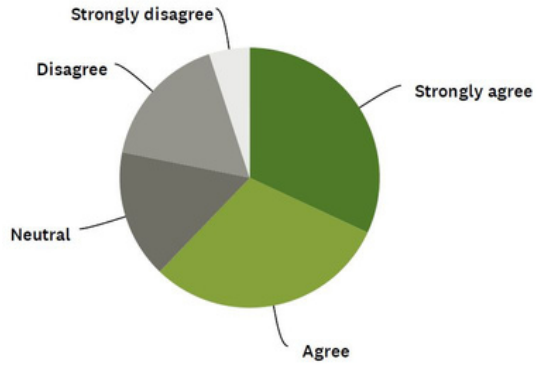
In our work we routinely hear that procurement is one of the system's biggest innovation blockers. The healthtech industry is blunt: piloting a new product requires significant investment, and even successful pilots often lead nowhere because each trust procures independently and processes are slow, risk-averse and inconsistent. A striking 83% say that NHS procurement needs reform if innovation is to accelerate. When industry and practitioners align so clearly, policymakers should pay attention.

A system not yet configured for innovation

Only one in five staff feel they can meaningfully contribute to innovation. A similar share believe the NHS effectively shares examples of innovation that works. At a moment of sustained pressure and low morale, not celebrating success is a missed opportunity — but also a symptom of a system still struggling to scale what it creates.

Perhaps the most concerning finding is where staff think future progress will occur:
61% believe innovation will move faster in private healthcare or consumer health.
This mirrors what investors and founders are already saying. If innovation accelerates outside the NHS while the public system stagnates, health inequalities will widen. For a service committed to universality, this should be a serious warning.

New technologies and innovation in private & consumer health will advance faster than in the NHS



How to fix the problem

Reforming procurement is the obvious answer. It is also the least useful as a single solution. Everyone already knows procurement is slow, fragmented and risk-averse. Repeating it adds nothing. The NHS does not need another round of reviews or steering groups.

Ministers may say digital transformation will "save the NHS," but transformation does not happen when staff feel unheard and innovators are told to take their ideas elsewhere.

What we need now is leadership. Not more structures, but the kind of leadership that sets direction, makes trade-offs and holds people to account. Culture eats strategy, but only if leadership lets it. Right now, the system is the issue, and the workforce can see that.

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