



**NHS**

**Bristol**  
NHS Group

Bristol | Weston

# Group Clinical Strategy Update 2026

Seamless, high quality, equitable and sustainable care

A partnership between:  
North Bristol NHS Trust, and  
University Hospitals Bristol and Weston NHS Foundation Trust

# Executive Summary

Our updated Group Clinical Strategy for 2026 sets out a clearer, more ambitious direction for delivering joined-up, equitable care in Bristol and Weston. This strategy focuses on three core ambitions, each of which will be shaped by the views of our patients and delivered in collaboration with our healthcare system partners:

## Delivering joined-up clinical services

We continue to develop our Group Clinical Services, bringing duplicated services together under a single leadership team, with shared planning and aligned patient pathways. Lessons learned from our first Group Clinical Services mean we can accelerate the programme and make significant progress across all 40 by March 2027. This will ensure more consistent access, improved experience, and better outcomes for our patients. Each service will also embed prevention and health equity as core parts of its development.

## Reframing how services are delivered

We are committed to playing our part in shifting care towards prevention, early intervention, and more accessible models. This includes expanding remote and community-based care, reducing unnecessary face-to-face outpatient appointments, and ensuring every service plays a role in improving population health. Patient-reported outcomes and experiences will become central to assessing our impact.

## Reimagining the future of care

As a Group, and potentially a single-merged organisation in the future, we will move from hospital-centred models to neighbourhood-focused, digitally enabled care. Infrastructure will be modernised, research activity strengthened, and future service design will be guided by a new ambitious clinical strategy for 2027-2032. The aim is a more innovative, flexible, and community-connected health system.

Together, these ambitions will enable Bristol NHS Group to deliver more preventative, equitable, and consistent care while preparing for the transformation required to make healthcare fit for the future in our region.

# Introduction

**A clinical strategy is not a one off. It is an evolution of ideas and ambitions that are shaped by real world experience, change and challenges.**

Our Joint Clinical Strategy (JCS) 2024-2027 has been successful in beginning to address the structural barriers impacting our patients and uniting clinical teams to focus on reducing inequity in access and outcomes. It has strengthened collaboration and resilience across UHBW and NBT, showing the value of planning services together and placing patient need at the centre of our Group's design.

Our pathfinder specialty – Cardiology – and our early Group Clinical Services, have already adapted under this new strategic approach. Their progress has highlighted both the benefits of collaboration and the limitations of operating as two separate organisations. In response, we are now pursuing a merger to remove these barriers to change.

We have also listened closely to patients, partners and communities. The creation of our Community Participation Group and our series of Partnership Events have deepened our understanding of local needs and enabled constructive challenge of our strategic ambitions.

Working more closely with corporate teams has shown us that successful clinical transformation depends on strong Operations, Digital, Estates, Finance and People support.

Finally – but crucially – the NHS 10 Year Health Plan for England published in June 2025 gives us a clear mandate to adapt our strategic ambition. We need to:

- Move more care out of acute hospitals and closer to our communities.
- Keep our population healthier for longer by investing in public health, prevention and screening.
- Modernise services so that patients and partners can access care remotely through digital, at times that suit them.

The shifts can improve our population's health and in turn, reduce pressures on healthcare services. We need to use population health data, community co-production and embrace learning to deliver this agenda locally. We cannot achieve this alone, and we are committed to working in partnership with our communities and colleagues in the wider healthcare system.

As we move towards becoming a single organisation, we must refresh our clinical strategy to reflect what we've learned and reimagine how we deliver care across Bristol, North Somerset and South Gloucestershire.



**Professor Tim Whittlestone**  
Chief Medical and Innovation Officer  
North Bristol NHS Trust and University Hospitals  
Bristol and Weston NHS Foundation Trust

## Delivering benefits for our Four Ps

Our Patients



Our People



Our Population



The Public Purse



# Our Goals

## Delivering our refreshed Group Clinical Strategy

- All duplicated services will become a Group Clinical Service (GCS) with a single management team, benefits plan and Health Equity Plan. These services will have a focus on outcomes and experience for our patients as well as ensuring the workforce is sustainable.



## Reframing how we deliver services

- We will align with the NHS 10 Year Health Plan to prioritise prevention, screening and easier access to care.
- We will aim to significantly reduce unnecessary routine face-to-face outpatient appointments and deliver follow up appointments remotely, incorporating patient reported outcome and experience measures (PROMS and PREMS).
- We will deliver patient education, screening and prevention tools for each GCS and introduce mandatory objectives for treating tobacco dependence, healthy weight and drug and alcohol addiction support, in line with our healthcare system's medium-term plan.
- We will move care for patients with chronic, long term illnesses closer to them, starting with Cardiovascular Disease (CVD), Diabetes and Chronic Obstructive Pulmonary Disease (COPD). We will work with partners to agree specific target measures for health outcome improvements, e.g. diabetic foot amputation rates, COPD admission rates and premature mortality from CVD.



## Reimagining our plans for the future

- We will use technology, innovation and neighbourhood health ecosystems to move hospital-centric services into the community, asking our GCSs to work with partners to reconstruct care pathways that start and end in the patients home or community.
- We will modernise our infrastructure across our community based sites at Weston General, Cossham and South Bristol Community Hospital.
- We will embed research and innovation in every clinical service and encourage our staff and patients to contribute to new ways of working, therapeutics and pathways of care.
- We will work as a new and dynamic merged organisation that sets out a clear, holistic clinical strategy, supported by organisational change where needed. Together with our partners, we will develop delivery plans to shape an ambitious clinical strategy for 2027-2032.



# Our Progress to Date

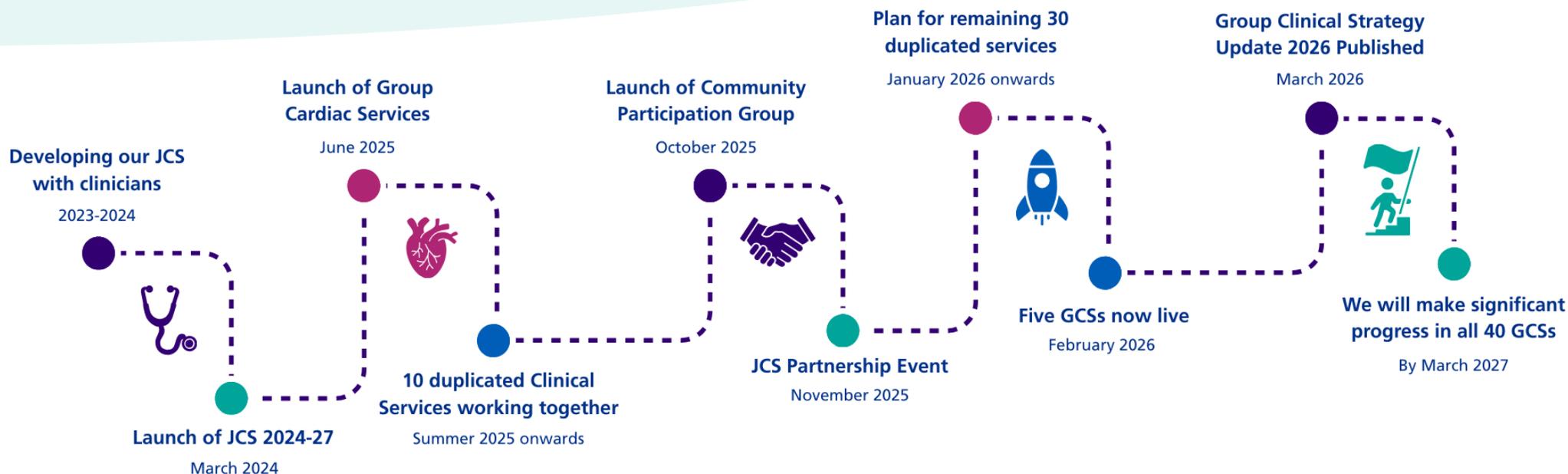
Since launching our Joint Clinical Strategy (JCS), we've seen meaningful improvements in patient care and experience. Our pathfinder specialties have led the way, delivering examples of faster access, better outcomes, and more joined-up care.

Group Cardiac Services became our first Group Clinical Service (GCS) in June 2025, driving innovation and collaboration across sites. Meanwhile Maternity, Neonatal and Gynaecology are collaborating on pathway improvements that will enhance safety, consistency, as well as long-term service alignment.

Building on this progress, 13 specialties have begun their journey toward integration, with five already operating as GCSs as of February 2026. These services are starting to deliver tangible benefits for our Four Ps.

Our launched services are:

- Cardiac Services
- Trauma and Orthopaedics
- Pain Services
- Liaison Psychiatry
- Safeguarding



# Delivering Benefits

## Improving outcomes



- Performance of the Rapid Access Chest Pain Clinic within Group Cardiac Services is now monitored by the same leadership team. When one site experienced a high staff absence in summer 2025, the Bristol Heart Institute was able to take 40 referrals to improve the number of patients seen within the NICE recommended two-week period.
- In Trauma and Orthopaedics (T&O), our Southmead and Weston sites are performing above the national average for getting patients to theatres quickly. A working group has now been established to look at theatre schedules and escalation processes at the Bristol Royal Infirmary to share learning from other sites.



## Improving access



- In Group Cardiac Services, urgent Percutaneous Coronary Intervention (PCI) patients have been accessing the next available slot across hospitals through a 'treat and return' pathway, helping to equalise and reduce wait times. Building on this progress, a single PCI service is now being implemented for our Group.
- Our Group T&O service is working with system partners to create a single patient pathway for foot and ankle, and hand and wrist referrals. This will help equalise and reduce waiting times for patients by balancing demand and capacity.
- Single-use cardiac monitor patches used at NBT have been adopted across our Group, helping to reduce UHBW's 12-month waitlist and creating a fairer, community-based care pathway. The patches let patients self-fit at home, reducing hospital visits and easing pressure on clinical teams.

## Improving experience



- In Maternity, Neonatal and Gynaecology we've launched a self-referral service for our Early Pregnancy Clinics, removing the need for some patients to contact a GP, emergency department or midwife before referral. This has significantly improved patient experience, as well as access to care with over 100 appointments delivered each week.
- In T&O, a working group is focused on reducing length of stay for elective hip and knee replacements, building on best practice at Weston General Hospital.



## Workforce resilience



- Our Group Liaison Psychiatry Service has created a collaborative bank for Registered Mental Health Nurses and Mental Health Support Workers. Over 200 shifts have now taken place through the bank, supporting the service to create a larger flexible workforce available to both Trusts to help manage staffing demands across different sites. This has significantly improved the service's workforce resilience.
- The Liaison Psychiatry collaborative bank has also brought new opportunities to bank staff for training and supervision, and is improving patient care through better workforce continuity.
- There have been four Group Consultant appointments within Cardiac Services, with these team members working at both Southmead and Bristol Heart Institute. This means the leadership team have been able to organise interesting portfolios and job-plans for these staff to enhance recruitment and succession planning.

## Financial sustainability



- Our Group Pain Service is planning for NBT patients, who currently go to the Independent Sector due to limited theatre space, to have their procedures at South Bristol Community Hospital. This change will improve access for patients and deliver significant cost savings, strengthening the service's long-term sustainability.



# Listening to Patients, Populations and Partners

**As we continue to deliver our strategy, we remain guided by a holistic approach that places patients and their families at the heart of everything we do.**

The values of the NHS Constitution – working together for patients, respect and dignity, commitment to quality of care, compassion, and improving lives – underpin and shape how we collaborate with patients and the public, listening to their lived experiences and co-designing improvements.

In November 2025, our Joint Clinical Strategy Partnership Event brought these principles to life. The event was an invaluable opportunity to hear directly from patient and community representatives, as well as colleagues from across our healthcare system who share our vision. Their feedback reinforced the importance of co-production and collaboration as we reshape clinical services to meet the needs of our population within a more integrated health and social care system. This insight will inform every phase of implementation.

“  
Let’s measure and value the wider determinants of health as much as we do waiting times.  
”

“  
Let the data drive the focus.  
”

*Feedback from our November 2025 Partnership Event*

## We heard

- Health inequalities and access to care are key concerns needing continued focus.
- Prevention is strongly supported as a priority, with interest in funding models that enable sustainable investment.
- A shared recognition that integration and collaboration remain important ambitions, though current structures can feel complex and siloed.
- Digital transformation is essential, but we need to address challenges with infrastructure, adoption and inclusivity.
- A desire for community engagement to be more collaborative and inclusive.
- Confidence in our readiness for the hospital-to-community shift is varied, but there is clear enthusiasm for working together to make progress.





## Our Community Participation Group

Central to our ambition is the role of our Community Participation Group. This group acts as a vital connection between Bristol NHS Group and the communities we serve, ensuring that local voices are heard and reflected in decision-making. By working alongside patients, carers, and community representatives, the group helps us identify priorities, challenge assumptions, and co-design solutions that truly meet the needs of our communities. Their involvement strengthens our commitment to transparency, inclusion, and shared ownership of the changes we make.

As we move forward, we will continue to listen, learn, and act on feedback – scaling up our ambition to improve services through genuine partnership. Together, we will deliver care that is not only clinically excellent but also inclusive, respectful, and responsive to the voices of those we serve.

“  
We need to move from designing for people in silos to designing with them using shared insight.  
”

*Feedback from our November 2025 Partnership Event*

“  
Start with what the patient needs.  
”



# *Refresh* Learning from Delivering our Strategy to Date

Since publishing our Joint Clinical Strategy (JCS), staff, patients and partners have fed back to us the successes, challenges and opportunities they have encountered in joining up services. These insights have reshaped how we continue to deliver our strategy.

## Refining our model

Initially we asked the clinical services duplicated across UHBW and NBT to determine their own 'Single Managed Service' model. This could be a single management team delivering activities across all our hospitals, a single site service based in one location or a networked service model – where two distinct departments worked closely together but remained independent. The feedback from our teams was that this menu of options resulted in ambiguity and unnecessary complexity to make changes.

In response, we have concluded that all duplicated services will become Group Clinical Services (GCS).

This is a developed model in which services are led by a single leadership team, have a defined benefits plan, access to the entirety of the collective assets of our two Trusts and a clear mandate to improve access, experience and outcomes for patients. Clinical teams continue to have flexibility to shape their patient pathways and an operational model to suit the individual needs of their service, but with a clearer path to follow to make progress.

## Enabling change through our corporate teams

Learning from our pathfinder specialty, Cardiology, we know that there are currently obstacles to realising the full potential of the GCS model because of the organisational barriers and differences between our Trusts. Separate corporate functions such as Digital, Finance, Operations, Estates and People, as well as regulatory systems that continue to treat us as independent organisations, have limited progress. Working around these differences is time consuming and prevents us from achieving patient benefits at pace. This key feedback informed our decision to pursue a merger.

We now know that the first priority for the single leadership teams within our GCSs is to set out a clear picture of the challenges they face – whether Digital, Workforce, Financial, or Estates related – alongside the key opportunities to deliver measurable improvements. This review should not only address current issues but also include a forward-looking perspective, grounded in an understanding of our population's needs.

Importantly, we now have both the mechanism and the commitment from our corporate services to work in partnership with these teams to find practical solutions. For example, in Cardiology, designing a way to combine waiting lists so that no patient is disadvantaged was critical to reducing inequity in access to care.

We recognise that not everything can be solved immediately. However, we have established a Corporate Services Transformation Programme to bring these teams together which can help accelerate the delivery of changes that matter most to our clinical services. In addition, enabling strategies – such as for Digital Services – are in development to provide the foundation for long-term, strategic progress.

## Going further, faster

Listening to our staff we are often asked why the process of forming GCSs has been slower than anticipated. We have had to learn how to better enable and empower pathfinder teams to truly act as one service – but we know that it is now time for us to pick up the pace.

We have completed an evaluation of our pathfinder services, simplified the process to establish a GCS and ensured that resources are available to support the leadership teams. We are now committed to supporting all of our 40 duplicated clinical services to make significant progress towards forming a GCS by March 2027.

Looking beyond phase one of our JCS, we are inviting our single-site clinical services to look at the opportunities our Group and merger will bring. We want these services to critically evaluate whether they should provide care in a different way, provide care on multiple sites and cooperate differently with interdependent clinical teams.

## Navigating organisational structures

Learning from our pathfinder specialty, Maternity, we have appreciated that differences in our divisional structures can make changing one service in isolation quite challenging.

Maternity, with its deep relationship to women's health, sexual health, Paediatrics and Neonatal and Fetal Medicine, found it hard to plan a single service for Bristol and Weston, working with interdependent services in different divisions.

We have delegated responsibility for managing the transition to GCSs to single divisional teams on behalf of Bristol NHS Group. This approach means that no single division is burdened with the full weight of change. As we look ahead to the benefits of becoming a single merged organisation, we can reassure our divisional teams that the work they are doing now will ensure our services are ready for merger.

In addition, within Bristol NHS Group, performance, finance, outcomes, and quality reporting are now reported in common which supports our approach.

Our divisional teams are focused on a shared understanding that we are working towards a common goal, serving a single population together.



# Reframing How we Deliver Services

The NHS 10 Year Health Plan gives us a clear mandate to transform how healthcare is delivered.

Across providers and pathways, this means focusing on illness prevention, early detection through screening, and promoting wellbeing at every opportunity. Our own system shows persistent, avoidable differences in outcomes across Bristol, North Somerset and South Gloucestershire. Partners have told us they are ready to support more of the work that has shifted into acute hospitals over time, creating a significant opportunity to rethink our approach to Group Clinical Service (GCS) design.

## Rethinking our outpatient model

What is the value of a face-to-face outpatient appointment? Patients have told us all too often about the effort and cost of travel, taking time off work or care duties, anxiety about attending a busy hospital – all of which carry a burden which may be unnecessary. Many face-to-face appointments add value – when a new diagnosis needs to be carefully explained, when a complex intervention requires a multi-disciplinary consultation, when a lesion needs to be examined. But many follow up, or routine appointments add little.

In forming GCSs, and when challenging single-site services to adapt, we want to see that routine and follow-up appointments are done differently. We are keen to share the work of some of our clinical teams in Cardiology, Rheumatology, Dermatology and Pain, who have provided ways for patients to interact with their service remotely, on demand or in group settings. We are asking leadership teams in clinical services to explore every opportunity to provide outpatient and diagnostic services remotely, using technology and out of hospital settings. We want every service to be focused on patient reported outcome and experience measures (PROMS and PREMS) with a roll out plan to support this.



## Keeping our populations well

Most of our time, effort and resources are focused on acute care, treating patients when they face the extreme challenges of illness and injury. We know that we must start to reverse the current growth in our demand by keeping people well, if we are to manage our capacity with a growing and aging local population.

Our Group has fantastic examples of acute services who have stepped into disease education, prevention, screening and wellbeing – from our staff health screening programme, tobacco dependency team and liver disease screening service. We are asking all clinical services to critically evaluate what they can do to support our population's health, using a data-led approach and working partners in the community, primary care and patient advocate groups to share their expertise and insights. Our work must be measurable, and we will collaborate with system colleagues on shared organisational metrics for prevention and population health.

## Care closer to home

Our three campuses – Southmead, Bristol City and Weston General – provide care at every stage of life, supporting frail and elderly patients, those with chronic conditions, and people who are terminally ill. We will always be there when patients need us. However, patients, carers, and community partners tell us that hospital is not always the best place for treatment and care.

Every GCS has a responsibility to make life easier for people with long-term conditions by helping them stay well and avoid unnecessary hospital admissions. Our frailty services have already developed excellent community-based support to help older people remain at home. We want to go further – working with our clinical teams and community care partners to design services that offer admission avoidance, diagnostics closer to home, reliable access to advice, and high-quality home care.

We will begin with Cardiovascular Disease (CVD), Diabetes and Chronic Obstructive Pulmonary Disease (COPD), residents of care and nursing homes, and people living with cancer, to create options that keep patients well, reduce hospital stays, and improve quality of life.



# Reimagining Our Plans for the Future

**We want to radically rethink how healthcare is delivered by shifting from hospital based treatment to prevention, early support, and provide continuity after recovery. Becoming a single merged organisation will give us the scale to do this.**

National policy is clear and our partners, commissioners, and the voluntary sector are ready to play their part to support these shifts. Medicine is also rapidly changing driven by digital technology, genomics, molecular science, and robotics, offering major opportunities to treat many conditions differently.

As Group Clinical Services grow across multiple sites, our estate must evolve. Local hospitals like Weston General, Cossham, and South Bristol will broaden their services, and other facilities will modernise in line with the NHS 10 Year Health Plan. With population growth and ageing, services must become more resilient, adaptable, and future-ready.

Over 2026-27, we will develop a forward-thinking clinical strategy, using evidence and projections to design care working as one merged Trust. We will then publish this unified plan for our new organisation. Merging will remove barriers in Finance, Estates, Digital, and Operations, providing a platform for new operating models such as advanced Foundation Trusts and Integrated Healthcare Organisations.

This document outlines our ambition to work differently: extending care into communities, strengthening partnerships, and delivering care beyond hospital walls. Together with partners, we will now develop the delivery plans that will shape an ambitious clinical strategy for 2027-2032, reimagining healthcare for the people we serve for years to come.



Seamless



High Quality



Equitable



Sustainable





**Bristol**  
**NHS Group**

Bristol | Weston