

Clinical Practice

Digital and technology

Harnessing time-saving technology

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In this article...

- How technology could liberate NHS staff from bureaucracy
- Evidence on the effectiveness of time-saving technology
- How to address barriers and realise time-saving potential

Will health plan's shift from analogue to digital give nurses more time to care?

Key points

Poor implementation can mean that technology often adds to, rather than eases, nurses' workload

Time-saving technologies do not automatically mean more or better patient care

Effective use of technology depends on leadership, staff engagement and organisational culture

New AI tools show genuine potential to reduce admin burden and improve staff and patient experience

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Abstract The 10-year health plan aims to harness technology to relieve NHS clinical staff of administrative burdens and free up time to care. While this ambition has long featured in policy, results from time-saving technologies have often been disappointing. The plan suggests scaling tools such as artificial intelligence (AI) scribes, but outcomes depend on organisational and implementation factors. Context must be addressed and unintended consequences – such as 'freed' time creating heavier workloads – avoided. Time saved does not automatically improve patient care. This second article in a three-part series suggests that real-world benefits from time-saving technologies require a nuanced approach, though recent NHS AI technology trials show encouraging results.

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The 10-year health plan promises to realise technology's potential to "liberate" clinicians from the burden of bureaucracy and free up "time to care" (Department of Health and Social Care (DHSC), 2025a). It presents time-saving technologies as the key to improving NHS productivity, easing the pressure on staff and improving the quality and experience of care for patients.

The focus on using technology to release time to care is far from new. As the Health Foundation has pointed out (Moulds and Horton, 2024a) this idea was the underpinning assumption of the landmark Topol (2009) review of the future of the digital workforce and it has been an increasingly important theme in several health plans and reviews in recent years, including the Darzi (2024) report, which preceded the plan and recommended its shift from analogue to digital.

Since the publication of the plan in July, there have been reports which appear to justify the plan's faith in technology's time-saving potential. A major NHS artificial intelligence (AI) trial, involving

Microsoft 365 Copilot, delivered "unprecedented" time and cost savings for the NHS (DHSC, 2025b); and a trial of AI scribe technology at nine London NHS sites enabled clinicians to spend nearly a quarter more time with patients (Great Ormond Street Hospital (GOSH), 2025).

NHS productivity data for acute trusts, published in September, showed that productivity had increased by 2.7% over the past year, exceeding the 2% target set in the 10-year health plan (DHSC, 2025c). Greater use of technology was among several measures credited with boosting productivity, commented health and social care secretary Wes Streeting; the other two were sending in crack teams to underperforming trusts and clamping down on wasteful agency spend (DHSC, 2025c).

Set against these encouraging reports has been growing concern about disruptive electronic patient record implementations, which have increased staff workloads and damaged productivity rather than improved it (Clover, 2025). In October, it was reported that NHS England chief executive Sir Jim Mackey is now demanding personal sign-off



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before trusts go live with electronic patient record systems (Clover, 2025).

There are many examples of potentially time-saving technologies yielding disappointing results – the so-called ‘productivity paradox’ (Moulds and Horton, 2024a). Using digital technology to release staff time is a complex area to get right (Moulds and Horton, 2024a).

Promise of liberation

Information technology in healthcare has often resulted in more work for NHS clinicians rather than less, the 10-year health plan acknowledges: “Many of the most burdensome parts of the job are associated with entering, accessing and updating information” (DHSC, 2025a).

As a first step towards relieving the burden, the plan promises to introduce single sign-on for NHS software – a fix to remove duplication and reduce the clinical time wasted on resetting passwords. More fundamentally, the plan states that developments in AI may transform the experience of staff by automating administrative work. “By liberating staff from bureaucracy, AI can help bring the joy back to work and give staff more control over their most precious resource: their time” (DHSC, 2025a). The plan proposes achieving this liberation primarily through enhancing and scaling existing technologies.

- The single patient record will offer clinicians a high-quality summary of the patient’s clinical history and guide them towards evidence-based care protocols and guidelines;
- Ambient AI will listen to consultations and record the key points into the care record, capturing information without the need for it to be entered manually;
- A new, nationally procured platform, underpinning the neighbourhood health service – a government ambition to replace a fragmented, hospital-centric approach with patient-centred teams bringing care into local communities – will make it easier for community staff to deliver proactive, planned care. AI will help create and build care plans and support scheduling, tracking and managing of care against the plan (DHSC, 2025a).

Struggle to save time

Lord Darzi’s independent report on the state of the NHS in England highlighted the time-saving potential of information technology but also the NHS’s struggle to realise the benefits (Darzi, 2024). “It always seems to add to the workload of clinicians rather than releasing more time to care by simplifying the inevitable administrative tasks that arise... digital maturity is still low across much of the NHS” (Darzi, 2024).

A Queen’s Institute of Community Nursing survey of almost 1,200 community nursing practitioners in 2022 found that digital technology had become firmly embedded across community nursing practice. “Despite this, many nurses report that the application of digital technology in practice is poor and many feel that it is not saving them time, when time is at a premium. Current technology is making nurses work harder by re-entering data several times. Wi-fi and connectivity are still poor for many users, limiting the usefulness of apps, undermining their claims to increase efficiency, and frustrating nurses and the people they care for” (Leary and Bushe, 2023).

Connectivity issues were experienced by 74% of respondents. Other challenges regularly encountered included poor authentication problems, multiple platforms and lack of integration. The results showed “little progress since the last survey in 2018 and in some issues such as connectivity there has been a decline” (Leary and Bushe, 2023).

Some community nurses reported positive experiences of scheduling tools and electronic health records (EHRs), with one general practice nurse commenting that going digital had made a “massive difference” but such enthusiasm was uncommon. “Overall, the respondents did not feel that electronic scheduling improved time for care or increased productivity. The use of EHRs and similar platforms was mixed in terms of productivity gains and work capture. The only group that considered EHR and scheduling tools to have overall positive effect on productivity were general practice nurses, but this was still only 47% of that group” (Leary and Bushe, 2023).

Only 27% of district nurses reported that digital platforms had improved their productivity. For many, going digital had intensified the effort they put into work,

increased stress and cost them time. One commented that the unreliability of EHRs, due to poor connectivity, meant “lost consultations every clinical session” and “unpaid overtime” (Leary and Bushe, 2023).

Technologies which save time

In 2024, analysis by the Health Foundation identified the technologies that clinical staff believe have the greatest potential to save them time within the next five years:

- Clinical documentation tools (such as AI-powered voice recognition software);
- EHRs;
- Software for analysing images and test results (Moulds and Horton, 2024b).

The technologies currently saving staff time were video conferencing tools, used to speak to colleagues, EHRs and digital messaging tools, which were also used for communicating with colleagues. “Cutting-edge” clinical and patient-facing technologies, often the focus of health policy, did not feature highly (Moulds and Horton, 2024b). Clinical staff were on balance optimistic about the potential of AI to save them time; the analysis emphasised the need to look beyond the hype and support “real-world testing and evaluation of emerging technologies” (Moulds and Horton, 2024b).

Organisational and implementation issues can overwhelm the time-saving potential of technologies. As Dawn Dowling, professor of clinical decision making, University of Manchester, and co-chair, Digital Nursing Forum, Royal College of Nursing, told the Health Foundation researchers, “you can have individuals that use the same technology but work in a different organisation and their experiences will be very poor and that’s nothing to do with the technology and much more to do with organisation and culture and implementation” (Moulds and Horton, 2024b).

Why technologies fail to release time

A detailed analysis of studies where technology implementations had either no impact or a negative impact on staff time found the two most common reasons were staff needing to spend more time doing usual tasks or needing to do extra tasks (Shemesh et al, 2025). Nurses lost time navigating cumbersome EHRs, with difficulties often made worse by the lack of training and support (Shemesh et al, 2025).

Factors explaining why technologies failed to have a positive impact on staff time “related to the context in which they were implemented, including leadership, clinician and patient buy-in, and infrastructure



and resourcing... This highlights the importance of building consensus and involving staff in the design and implementation of change” (Shemesh et al, 2025).

Time may be saved and lost during different stages of a technology’s implementation, and time savings are often not equally distributed among staff groups. Staff who support colleagues to use new technology can find it an additional demand on their time (Moulds and Horton, 2024a).

Releasing time-saving benefits

Ahead of the publication of the 10-year health plan, the Health Foundation set out three key recommendations to realise the benefits of technology implementation, including freeing up staff time:

- Fund the change, not just the technology: widen the focus from procurement to implementation and use. Address the specific context of the implementation and support people leading implementation on the ground. “Often, the resources involved are relatively small but can make the difference between success and failure”;
- Avoid a one-size-fits-all approach: engage staff and patients as partners in the development and optimisation of technologies. Involve staff to create buy-in, workflow redesign, improve usability and skill development; creating buy-in, workflow redesign, improving usability and skill development;
- Give greater priority to optimisation of existing technologies and accept that realising benefits can take time because this may require new skills and ways of working (Shemesh et al, 2025).

The Health Foundation has also called on policymakers and organisational and system leaders to “create a compelling offer for NHS staff, ensuring some freed-up time can be used in ways that improve job quality”.

“In planning how the NHS uses any time released by technology, NHS leaders and employers need to consider not only how they can increase care volumes, but how they can make work more meaningful and rewarding for staff.” This can include opportunities for training, research, quality improvement and reflective practice, which can all contribute to productivity but “go beyond the productivity agenda” to have an impact on job quality and clinical outcomes (Moulds and Horton, 2024a).

Beware of assumptions

The assumption that time-saving technology will automatically lead to clinicians

“The assumption that time-saving technology will automatically lead to clinicians treating greater numbers of patients should be treated with caution”

treating greater numbers of patients and providing improved care quality should be treated with caution. Experts have warned that increased throughput presents an “obvious risk” of clinical staff burnout. Staff may also choose to spend freed-up time in a variety of ways apart from direct patient care, including reducing their overtime, education and training and taking breaks. In a survey, clinical staff suggested they would give less than a third of freed-up time to patient care (Moulds and Horton, 2024a). Potential negative effects of technology on clinician-patient interactions also need to be considered. Nurses may spend more time with patients but report reduced caring efficacy (Moulds and Horton, 2024a).

AI’s promise realised

In October 2025, the government announced that a pilot of Microsoft 365 Copilot across 90 NHS sites and involving ~30,000 NHS staff – the largest AI trial of its kind in healthcare – had found that the administrative support technology could save staff 43 minutes per day, equivalent to five weeks annually.

Full roll-out of Copilot, which deploys Microsoft AI directly into software such as Teams and Outlook, could, according to the DHSC, save millions of hours every year and hundreds of millions of pounds in cost savings (DHSC, 2025b). In September 2025, a major trial of AI-scribing technology across nine diverse NHS sites led by GOSH found the tool saved time and enabled better patient care (GOSH, 2025). Results showed a 23.5% increase in direct patient interaction time during appointments, with an 8.2% reduction in overall appointment length. Clinicians described the AI tool TORTUS, which uses ambient voice technology with generative AI to transcribe consultations and draft clinical notes and letters, as “transformative”. There was a 35% reduction in staff feeling overwhelmed and patients and carers reported improved interactions with clinicians and improved satisfaction (GOSH, 2025).

Results from the A&E at St George’s University Hospital found “particularly impressive” increases in productivity, with the scribing tool halving the time taken to complete initial patient notes and

clinicians reporting “greater efficiency and reduced cognitive load”. Economic modelling suggested that, if the AI-scribe were scaled across England, it would create time for 9,259 extra A&E consultations per day – a figure quoted in the 10-year health plan (GOSH, 2025).

Conclusion

There is huge potential for technology to release time to care, with major trials of AI-powered tools showing significant benefits for NHS staff. The 10-year health plan’s promise to use technology to liberate staff from bureaucracy is optimistic but not, perhaps, beyond reach. More recent trials have shown AI scribing technology not only saving time and increasing activity but easing the pressure on staff and increasing patient satisfaction.

Freed time does not automatically translate to more or better patient care. Fully unlocking technology’s time-saving potential, and avoiding unintended consequences such as intensifying nurses’ workloads, will require greater focus on implementation challenges and a willingness to think beyond productivity gains. Nurses should be involved in shaping the technologies that promise to liberate them. The readiness of the nursing workforce to deliver the 10-year health plan’s digital aspirations will be discussed in the third and final article in this series. **NT**

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