KPMG

HPMA Conference 2025

Addressing workforce challenges

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20 November 2025

Aging patients, aging workforce

We can't train and hire our way our of this

We're facing a harsh reality...

Aging populations

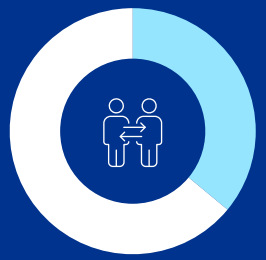
60+
People

<5
outnumber children

Workforce shortages

10M
Shortfall of health workers predicted by 2030

Source: WHO



36%

Of Care of the Elderly consultants will be age 65 in the next decade, says The British Geriatrics Society. **Demand for care is outpacing available workforce and stretching resources.**

What impact is this having?

- An increase in complex patient needs, requiring multidisciplinary teams.
- Higher demand for chronic illness management, long-term care and geriatric care.
- A traditional training pipeline that can't keep pace.
- Higher reliance on locum & agency staff, and an increase in wage inflation.

What change is this driving across the healthcare system?

- Shift to home and community-based care, with multidisciplinary primary care teams.
- Focus on prevention and PHM.
- Investment in telehealth, remote monitoring and AI-supported triage.
- Using AI to reduce clinical administrative burden–releasing time.

What does this mean for people professionals?

- **Workforce redesign:** multidisciplinary teams, expanded scopes, virtual roles.
- **Redefine roles**: to maximise efficiency and empower teams to be autonomous and innovative.
- **Talent pathways:** accelerated retraining, fast-tracked credentials for specialisms.
- **Retention strategies:** flexible/partial retirement & scheduling, upskilling, wellbeing focus, multigenerational approach.
- **Workforce planning:** using data to forecast demand, predict shortages and identify skills needs.
- **Harness technology:** support the delegation of tasks to technology, improving productivity. Growing demand cannot simply be met by training more people.
- **Support new skill development:** support upskilling of staff in AI and technology.

What can we do based on leading global practice?

Medical education and training have become increasingly specialised

- Analyse the skills and specialities needed for future population health needs to determine speciality training numbers
- Rebalance medical workforce away from London and the south-east

Complex co-morbidities are commonplace but nursing and care roles don't enable joined up care

- Explore creation of new entry-level health and care training pathway
- Feed new nursing role for neighbourhood health spanning community, primary and social care

Numbers of staff working in the community have reduced as a proportion of the workforce

- Pilot new employment contract that makes one NHS employer the lead employer on behalf of 'place'
- Work towards new 'place-based' employment culture breaking down siloes

Healthcare is one of the most popular career choices for young people but there's limited visibility of the range of jobs

- Create new, youth-focused, place-based route into workforce, establishing network of NHS Health and Care Academies, targeting children from secondary school age

Relatively low levels of digital literacy across the NHS, especially on AI

- Develop mandatory digital and AI learning pathway for all staff, tailored to roles
- Make upskilling a consideration in pay progression discussions

Urgent need for better strategic workforce planning to understand current skills gaps and predict future needs

- Develop a cutting-edge workforce planning tool on the Federated Data Platform, with an AI-driven workforce forecasting capability
- Use outputs to inform training place allocations, recruitment drives and upskilling programmes

More progress needed on an inclusive culture and leadership remains an under-developed skill

- Continue to provide high quality leadership development at scale for all roles
- Use forthcoming management standards to set ambitious targets completion of training
- Use annual development plans to set personal goals to continuously develop these skills

Staff engagement is diminishing; younger staff report they enjoy their work less; and sickness absence rates are higher than pre-pandemic

- Refresh employee value proposition focusing on work flexibility, improved pension options, refreshed sickness policy, commitment to lifelong learning and clearer links between performance and pay

NHS is an outlier in corporate services costs, with has had 54% rise in 5 years

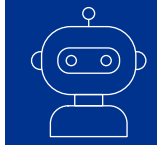
- Use technology to transform middle and back-office functions, to reinvest savings in frontline services
- Reinvest staff time into more value-adding activities.

Will technology be our saviour?

- AI and Machine Learning, augmenting workforce
- Telemedicine and Virtual Care
- Robotics and Automation
- Genomics and Precision Medicine
- Big Data and Real-Time Analytics
- Augmented Reality (AR) and Virtual Reality (VR)
- Blockchain for Healthcare
- Aging Population and the Shift to Preventative Care
- Global Health and Equity
- Ethical and Regulatory Considerations

AI: hype or reality?

Prominent Types of AI in Healthcare



Agentic AI

Focussed on autonomous, goal directed AI that acts with or without human validation to manage tasks.

- Patient Care Co-ordination
- Back-office Workflow Optimisation
- Waitlist Outreach & Triaging

Generative AI

Focussed on creation of new content based on Large Language Models (LLM) and other datasets.

- Engagement Personalisation
- Clinical Documentation Synthesis
- Discharge Summarisation

Ambient Voice Tech

Focussed on voice-based input to listen and autonomously transcribe conversations.

- Clinic Note Taking & Dictation
- Handover Transcription
- In-interaction Translation

Predictive AI & Analytics

Focussed on complex statistical modelling utilising Machine Learning to power autonomous prediction and insights.

- Population Health Management
- Capacity/Demand Modelling
- Bed Management

Application will often combine different types of AI to achieve end-to-end workflow orchestration.

Addressing the aging challenge: in action

How we identified clinical time to be freed at Leeds Teaching Hospital

Generative AI

Principal characteristics:

01 **Delegated tasks** through AI technology, releasing capacity.

02 **Automated administrative and clinical tasks**, such as transcription and monitoring.

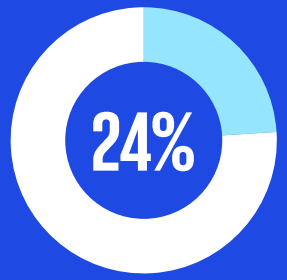
03 **Micro-credentialing** for specialised healthcare roles.

Leeds Teaching Hospital & Workforce.AI

Analysed 134 roles across 16,000 employees, identifying how tasks might be augmented by Gen AI, freeing time for patient care.

Data interpretation, summarizing information, and content creation offered the greatest potential benefits.

Outcomes



of tasks within hospitals could be augmented by Gen AI.

Reducing administrative burden with knowledge assistants (The Netherlands)

Generative AI

University Medical Centre Groningen and Elisabeth-TweeSteden Ziekenhuis (Netherlands)

Distilling information from Electronic Health Records (EHRs) is a problem for clinicians worldwide given the amount of information contained in them. To reduce the clinician administrative burden, two hospitals in The Netherlands, University Medical Centre Groningen and Elisabeth-TweeSteden Ziekenhuis, recently became the first worldwide to use generative AI-powered patient summaries in a leading EHR system.

This project used **Large Language Models (LLMs) to speed up outpatient visit preparation by distilling EHR information into shorter summaries**, with references to where specific details were documented in each patient's chart. Recently, the hospitals conducted a validation study to compare the quality and efficiency of summaries produced by physicians and the LLM. In total, 400summaries were benchmarked on criteria such as completeness, correctness, conciseness, subjective preference and trust.

When it came to mean writing times, LLM was significantly faster, producing summaries in just under 16 seconds – compared to 7 minutes by physicians. The differences in quality between LLM-generated summaries and physician-written ones were not statistically significant. Levels of trust for both types of summaries were comparable – physician-written summaries scored 77 percent versus 81 percent for those created with LLM.

These findings reinforce that **LLMs can be effectively integrated into EHRs to produce medical summaries that can be trusted for use in clinical decision-making.**

Result:

Reducing production of patient summaries from 7 minutes to 16 seconds.

Agentic care coordination and consultation in Canada

Agentic AI

Principal characteristics:

01 Delegated tasks through **AI technology.**

02 **Automated administrative and clinical tasks,** such as transcription and monitoring.

03 **Micro-credentialing** for specialized healthcare roles.

Source: Nova Scotia Healthcare

'The workforce miracle', Nova Scotia, Canada

Expanded roles through legislation – including nurse practitioners admitting and discharging and registered nurses prescribing.

Digital Care Coordination Centre created, which tracks real-time performance metrics (e.g. bed availability), allowing more efficient decision-making.

Successful implementation of **Your Health NS app,** which triaged over 74,000 virtual appointments outside of traditional primary care in 2024 (so far).

Outcomes

Net gains of **106%** in family physicians, **187%** in nurse practitioners, and **165%** in registered nurses since **2020.**

282,000 hours
of administrative tasks saved through digital initiatives.

Agentic AI for Proactive Integrated Care

Agentic AI

Ambient Voice Tech

01

PHM & Signals

Predictive AI risk stratifies cohorts of patients with chronic diseases and utilises remote monitoring signals to identify patients most at risk urgent care support.

02

Agentic Outreach

Agentic AI schedules ‘digital workers’ to call patients to conduct screening calls to assess patients’ current condition and triage those requiring Primary Care consultation. Agent schedules consultation with Primary Care Physician or escalates for same day access to urgent care.

03

Ambient Consultation

Primary Care Physician conducts the consultation with their Ambient Voice Scribe capturing notes and follow-up activities. The Physician validates the clinical notes and follow-up activities; including the need for referral for review by a specialist secondary care service.

04

Agentic Follow-up

Agents complete follow-up tasks utilising generative AI to complete referral letters and agentic AI to complete the referral tasks and process prescription to pharmacy. Agents ensure that all notes and transactions are recording in the Electronic Health Record.

05

Waitlist Wellbeing & On-going Management

'Digital workers’ monitor patients through regular personalised wellbeing screening calls and support appropriate co-ordination of care.

What's the role of People Services in this?

AI Value

Where do you start?

What are the job roles and functions where the greatest benefit will be realised by deploying AI?

Is cost of capacity your primary driver?

- Readiness Assessment
- Use Case Design & Roadmap
- Accelerator Design & Activation

AI Enable

Strategically deliver the robust foundational tech and data architecture and standards required to scale with consistency, efficiency and cost reliability. costs.

- Data Architecture & Platforms
- Data Interoperability
- Cloud & Infrastructure

AI Trust

Trust is paramount to protect your organisation and accelerate adoption with people who use healthcare services and the workforce. Design and deliver with trust at the centre of all AI deployment.

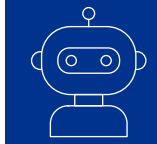
- Board development
- AI Governance & Regulation

AI Workforce

Reimagine the workforce with AI and de

- Learning and Development
- Workforce redesign
- Human and Agentic Services

Practical issues for people services to start thinking about now



Agentic AI

- Where are agents most beneficial?
- What is your role (if any) in managing agents?
- Have you identified your champions?
- Equality Impact Assessments.

Generative AI

- What L&D have you commissioned to ensure staff using AI comply with legal and regulatory requirements?
- Where does the organisation want to focus the capacity released by document summarisation?

Ambient Voice Tech

- How might job plans change when this technology is available?

Predictive AI & Analytics

- How can you use this for workforce planning?
- How might you use this for rostering and scheduling?

Have you agreed the role of People Services vis a vis IT and Operations?

Are you going to run a stable or a garage?

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CREATE: CRT164692A | November 2025