



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Changemakers: Creativity and Value Creation

Professions (BMHP5014)

Component 1: Online portfolio of set exercises

Student name: Abdul Wakabi

Student number: 2333084

Lecturer's name: Bianca Sanfilippo

Theme: Digital exclusion of older people from NHS digital services

Table of contents

Introduction

Task 1: Defining Key Concepts in Practice

Task 2: Mind Map

Task 3: Self-Reflection of Group Activity

Task 4: Case Study Analysis of a UK Innovation: Virtual Wards

Task 5: Research Task

Task 6: Exploring Digital Innovation in Health and Social Care

Task 7: Understanding the NHS Leadership Framework

Task 8: Self-Reflection Journal Entry

Reference List

Introduction

This portfolio examines how creativity, innovation and value creation can enhance health and social care, focusing on a shared challenge: older people's digital exclusion from NHS services. As the NHS rapidly moves its services online, the 10 Year Health Plan describes a transition from analogue to digital care, with the NHS App serving as a 'doctor in your pocket' (Department of Health and Social Care, 2025). However, more than one in three people over 65—approximately 4.7 million—do not have the basic skills needed to use the internet effectively (Age UK, 2024). Across eight tasks, I define key concepts, map the challenge, reflect on a group activity, analyse a UK innovation, review research evidence, consider digital tools, apply NHS leadership behaviours and reflect on my learning.

Task 1: Defining Key Concepts in Practice

Innovation. Innovation is an idea, practice or object that is perceived as new by the people or organisation adopting it (Rogers, 2003). Rogers' Diffusion of Innovation Theory explains how new ideas and technologies spread through organisations and are gradually adopted by staff (Rogers, 2003). Innovation matters in health and social care because demand is rising faster than resources, so services cannot improve simply by doing more of the same. Virtual wards are an example: patients receive hospital-level care at home, with clinicians monitoring their recovery through apps and wearable devices (NHS England, no date d).

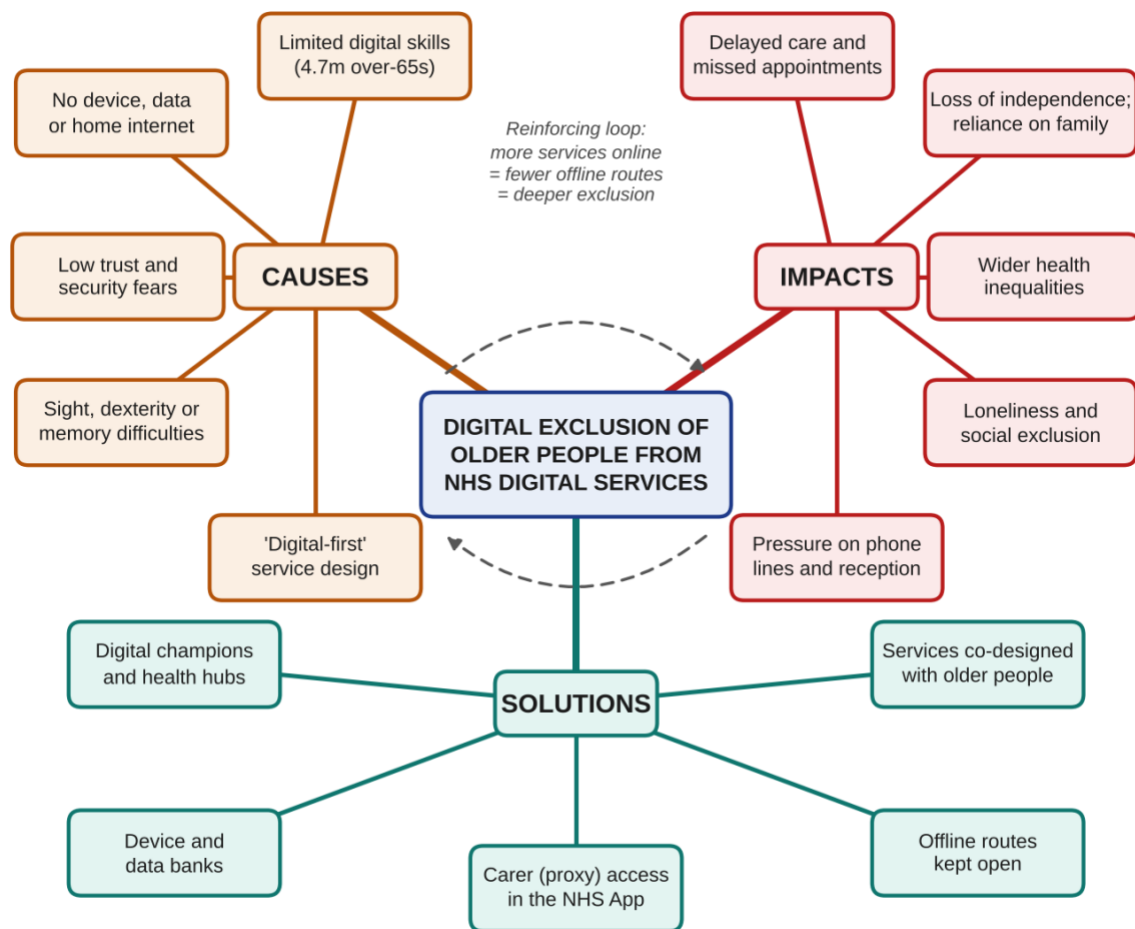
Creativity. Creativity is the generation of ideas that are both novel and useful or appropriate to the task (Amabile, 1996). Amabile's Componential Theory states that creativity occurs when individuals combine domain knowledge, creative thinking skills and intrinsic motivation (Amabile, 1996). Creativity is important because people's needs rarely fit standard procedures, and frontline staff often see solutions that managers miss. For example, a GP reception team might design a large-print, step-by-step card showing older patients how to order repeat prescriptions in the NHS App.

Value creation. Value in health care means the outcomes that matter to patients achieved relative to the cost of delivering them (Porter, 2010). Porter's value framework therefore shows that value rises when services improve outcomes,

reduce cost, or both. This matters because NHS funding is finite, so every pound must deliver as much health as possible. The NHS Digital Weight Management Programme illustrates this: a 12-week online programme supports adults living with obesity and diabetes or hypertension across England, with referrals from GP practices and community pharmacies (NHS England, no date b).

Change. Change is the process of moving practice from its current state to a new, improved one. Lewin's Change Management Model suggests change occurs through unfreezing current practice, implementing new behaviours, and stabilising the improvement (Burnes, 2017). Change matters because even a good innovation fails if staff do not alter their routines. When organisations join a shared care record, for instance, staff must complete information governance training and adopt new ways of accessing records, while practices must inform the public and display a privacy notice (NHS England, no date c).

Task 2: Mind Map



Digital exclusion of older people matters because the NHS increasingly expects patients to book appointments, order prescriptions and view results online (DHSC, 2025). Figure 1 places this problem at the centre. Causes include limited skills, lack of devices or data, low trust and health-related barriers such as poor sight (Age UK, 2024; NHS England, no date a). These lead to delayed care, dependence on others, loneliness and wider health inequalities. The solutions respond directly to the causes: digital champions, device and data banks, carer access to the NHS App and offline routes. Using a systems thinking approach, the map shows that the problem arises from interconnected factors rather than a single cause (Meadows, 2008). It also reveals a reinforcing loop: if nothing changes, each service that moves online leaves the oldest and poorest patients further behind.

Task 3: Self-Reflection of Group Activity

I have used Gibbs' (1988) reflective cycle. Divergent thinking generates many possible answers, whereas convergent thinking narrows these down to the most effective solution (Cropley, 2006).

Description. Our group was asked to find ways to help older patients use online GP services. We spent ten minutes listing ideas and then had to choose one.

Feelings. I enjoyed brainstorming but felt frustrated when we could not agree.

Evaluation. Divergent thinking worked well, as we produced over twenty ideas, including volunteer 'app buddies' and printed guides. Converging was harder because two members strongly preferred their own ideas.

Analysis. When we stalled, I suggested scoring each idea for cost, reach and ease of use, which turned disagreement into a shared decision. This reflects Cropley's (2006) argument that creativity needs both styles, because novelty without evaluation rarely produces useful results.

Conclusion. Divergent thinking feels more natural to me, and I tend to rush evaluation.

Action plan. Next time, I will propose agreed criteria before brainstorming begins, so that the group converges more quickly and fairly.

Task 4: Case Study Analysis of a UK Innovation: Virtual Wards

Hospitals in England face sustained pressure on beds, and delayed discharges remain high (NHS England, 2023). Virtual wards, also known as hospital at home, were developed to give patients hospital-level care in their own homes (NHS England, no date d).

The approach is creative because it redesigns the ward itself rather than adding beds. A multidisciplinary team can carry out tests and give treatments such as intravenous fluids at home, while the daily 'ward round' takes place through a home visit or video call. Apps, wearables and other devices allow clinicians to monitor recovery remotely (NHS England, no date d).

Value is created at several levels. Patients recover in familiar surroundings, and hospitals free beds for those who need them most. By the end of September 2023, NHS England (2023) reported 10,421 virtual ward beds, exceeding its 10,000 target, with over 240,000 patients treated, and stated that patients treated at home recover at the same rate as, or faster than, those in hospital.

Rogers (2003) suggests that innovations spread when they offer a clear advantage and fit existing practice, which helps explain the rapid national rollout. However, the model depends on patients using technology, so digitally excluded patients may need extra support.

Task 5: Research Task

Two peer-reviewed articles help explain why older people are excluded from digital health services.

Mubarak and Suomi (2022) reviewed literature on the grey digital divide. They conclude that physical access to equipment is no longer the main barrier; instead, the divide now stems from differences in digital skills and in the quality of the hardware and software people use. They also link the divide to social exclusion, because older people who cannot use digital networks find it harder to stay connected with others.

Kaihlainen et al. (2022) carried out a qualitative interview study in Finland on the challenges vulnerable groups faced with digital health services during COVID-19. Using a digital health equity framework, they identified barriers including limited skills, lack of support, poor health, no devices or electronic identification, low trust, security fears and a sense that digital contact is impersonal.

The articles agree that skills, not just access, drive exclusion. They differ in scope: Mubarak and Suomi (2022) focus on older adults and wider social life, whereas Kaihlainen et al. (2022) study several vulnerable groups in health care and add trust and health as barriers. In practice, this explains why an older patient with an NHS App account may still telephone the surgery.

Task 6: Exploring Digital Innovation in Health and Social Care

6.1 Wearable health technology and chronic conditions

Wearable technologies give people with long-term conditions continuous information about their health rather than occasional snapshots. In diabetes, a continuous glucose monitor worn on the skin sends readings to a phone without the need for finger-prick tests (Diabetes UK, 2026). The main benefit is earlier action: patients can see how food, activity and medication affect their glucose and spot low readings before they become dangerous, while clinicians can review the data remotely. The National Institute for Health and Care Excellence [hereafter NICE] (2026) recommends intermittently scanned continuous glucose monitoring for some adults with type 2 diabetes who use multiple daily insulin injections. The Technology Acceptance Model explains that people are more likely to use digital healthcare tools when they find them useful and easy to use (Davis, 1989), so older users may need set-up support to gain these benefits.

6.2 Electronic health records and collaboration

Electronic health records improve communication by letting professionals in different services see the same up-to-date information. Shared care records in England bring together diagnoses, medications, test results, care plans and discharge summaries from GP, hospital, community, mental health and social care services (NHS England, no date c). This helps clinicians make faster decisions, reduces medication errors and avoids duplicate referrals, while patients no longer need to repeat their history to each professional. For example, a community nurse visiting an older person after discharge could check their new medicines and care plan before arriving. Records use a shared clinical vocabulary, SNOMED CT, so that information means the same thing across organisations, and staff may only access the records of people in their care (NHS England, no date c).

6.3 Digital technology for prevention and health promotion

Digital technology can extend health promotion to people who might not attend face-to-face sessions. The NHS Digital Weight Management Programme, launched nationally in July 2021, offers adults living with obesity and diabetes, hypertension or both a 12-week online programme after referral from their GP practice or community pharmacy (NHS England, no date b). Because it is delivered online, it can reach

people across England and suits those with work or caring commitments. Early data suggests that about one in four referrals come from the most deprived fifth of the population and that weight loss is comparable across socioeconomic and ethnic groups (NHS England, no date b). However, uptake depends on perceived usefulness and ease of use (Davis, 1989), so an offline alternative remains important for people who are not online.

Task 7: Understanding the NHS Leadership Framework

7.1 Summary of the Healthcare Leadership Model

The NHS Healthcare Leadership Model describes the behaviours of effective leaders in health and care through nine dimensions: inspiring shared purpose, leading with care, evaluating information, connecting our service, sharing the vision, engaging the team, holding to account, developing capability and influencing for results (NHS Leadership Academy, no date). The dimensions combine values, such as acting in line with NHS principles, with practical behaviours, such as gathering varied information to generate ideas and agreeing clear performance goals. The framework is important because it gives staff a shared language for describing and developing leadership, which supports safe and compassionate care. It also links leadership to innovation: evaluating information and connecting our service encourage leaders to look beyond their own team, understand how services fit together and identify where improvement is needed.

7.2 Engaging the team to encourage creativity

Engaging the team means involving people in the work and showing that their contributions and ideas matter (NHS Leadership Academy, no date). This links to transformational leadership, which suggests leaders inspire staff through vision, encouragement and support, helping teams adopt new ideas and improve practice (Bass and Avolio, 1994). A practice manager could use this behaviour by inviting receptionists, who hear daily from patients struggling with online booking, to propose solutions at a monthly ideas meeting, then testing the best idea and crediting its author. This values staff creativity and improves access for older patients.

Task 8: Self-Reflection Journal Entry

Using Kolb's (1984) experiential learning cycle, I can trace how my thinking developed. My concrete experience was building the mind map in Task 2. Reflecting on it, I realised I had assumed that innovation meant new technology and that 'digital first' was automatically progress. Abstract conceptualisation came through Porter's (2010) idea of value: a digital service that improves efficiency but leaves behind the 4.7 million over-65s who lack basic internet skills (Age UK, 2024) does not create value for everyone. Task 5 deepened this by showing that skills and trust, not just devices, cause exclusion. For active experimentation, on my next placement I will ask service users how they prefer to receive information and support them to use digital tools rather than assuming they can. In my future career, perhaps as a social prescribing link worker, I will carry forward the principle that creativity in care must start with the people most likely to be left out.

Reference List

Age UK (2024) *More than 1 in 3 over 65s (4.7 million) lack the basic skills to use the internet successfully*. Available at: <https://www.ageuk.org.uk/latest-press/articles/2024/more-than-1-in-3-over-65s-4.7-million-lack-the-basic-skills-to-use-the-internet-successfully/> (Accessed: 9 October 2026).

Amabile, T.M. (1996) *Creativity in context*. Boulder, CO: Westview Press.

Bass, B.M. and Avolio, B.J. (1994) *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage.

Burnes, B. (2017) *Managing change*. 7th edn. Harlow: Pearson.

Cropley, A. (2006) 'In praise of convergent thinking', *Creativity Research Journal*, 18(3), pp. 391-404. Available at: https://doi.org/10.1207/s15326934crj1803_13

Davis, F.D. (1989) 'Perceived usefulness, perceived ease of use, and user acceptance of information technology', *MIS Quarterly*, 13(3), pp. 319-340. Available at: <https://doi.org/10.2307/249008>

Department of Health and Social Care [DHSC] (2025) *Fit for the future: 10 Year Health Plan for England*. Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-accessible-version> (Accessed: 9 October 2026).

Diabetes UK (2026) *How to check your blood sugar levels*. Available at: <https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/blood-sugar-levels> (Accessed: 7 October 2026).

Gibbs, G. (1988) *Learning by doing: a guide to teaching and learning methods*. Oxford: Further Education Unit, Oxford Polytechnic.

Kaihlainen, A.M., Virtanen, L., Buchert, U., Safarov, N., Valkonen, P., Hietapakka, L., Hörhammer, I., Kujala, S., Kouvonen, A. and Heponiemi, T. (2022) 'Towards digital health equity: a qualitative study of the challenges experienced by vulnerable groups in using digital health services in the COVID-19 era', *BMC Health Services Research*, 22, article 188. Available at: <https://doi.org/10.1186/s12913-022-07584-4>

Kolb, D.A. (1984) *Experiential learning: experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.

Meadows, D.H. (2008) *Thinking in systems: a primer*. White River Junction, VT: Chelsea Green Publishing.

Mubarak, F. and Suomi, R. (2022) 'Elderly forgotten? Digital exclusion in the information age and the rising grey digital divide', *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 59. Available at: <https://doi.org/10.1177/00469580221096272>

National Institute for Health and Care Excellence [NICE] (2026) *Type 2 diabetes in adults: management*. NG28. Available at: <https://www.nice.org.uk/guidance/ng28> (Accessed: 7 October 2026).

NHS England (2023) *NHS delivers 10,000 virtual ward beds target with hundreds of thousands of patients treated at home*. Available at: <https://www.england.nhs.uk/2023/10/nhs-delivers-10000-virtual-ward-beds-target-with-hundreds-of-thousands-of-patients-treated-at-home/> (Accessed: 9 October 2026).

NHS England (no date a) *Inclusive digital healthcare: a framework for NHS action on digital inclusion*. Available at: <https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/> (Accessed: 9 October 2026).

NHS England (no date b) *NHS Digital Weight Management Programme*. Available at: <https://www.england.nhs.uk/ourwork/prevention/obesity/digital-weight-management-programme/> (Accessed: 9 October 2026).

NHS England (no date c) *Shared care records*. Available at: <https://www.england.nhs.uk/long-read/shared-care-records/> (Accessed: 9 October 2026).

NHS England (no date d) *What is a virtual ward?* Available at: <https://www.england.nhs.uk/virtual-wards/what-is-a-virtual-ward/> (Accessed: 9 October 2026).

NHS Leadership Academy (no date) *Explore the Healthcare Leadership Model*. Available at: <https://www.leadershipacademy.nhs.uk/healthcare-leadership-model/explore-the-healthcare-leadership-model/> (Accessed: 9 October 2026).

Porter, M.E. (2010) 'What is value in health care?', *New England Journal of Medicine*, 363(26), pp. 2477-2481. Available at: <https://doi.org/10.1056/NEJMp1011024>

Rogers, E.M. (2003) *Diffusion of innovations*. 5th edn. New York: Free Press.