

Reed in Partnership

From call **to care:**

Addressing core government
health priorities through
Contact Centre excellence

July 2026



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Executive summary

This report demonstrates how targeted digital innovation, embedded within frontline preventative care delivery, is supporting core government health priorities by reducing waiting times, improving access and increasing operational efficiency.

Evidence from our delivery of the NHS Diabetes Prevention Programme shows how a proactive, AI-enabled contact model can transform participant journeys and strengthening system performance.

1 Reducing waiting times

Our approach has significantly reduced waiting times at the earliest stage of the care pathway. We have halved the time from referral to initial assessment (13 to 7 days) and reduced overall time to programme start.

2 Improving access

Proactive AI-enabled engagement is increasing the proportion of participants who engage with the first step of the programme after they have been referred to it by their GP. The technology is being used to deliver timely, responsive and tailored messaging to enhance engagement and increase accessibility.

3 Increasing efficiency

Use of a proactive AI agent has seen a near 50% reduction in the number of monthly calls members of our Contact Centre handle, but has increased the number of successful initial assessment calls they each complete. It has also significantly changed the dynamics of our in-bound vs out-bound call mix, with more conversations that count taking place every day.

Together, these findings demonstrate how digital innovation can support better participant engagement with critical preventative health services – and therefore play a part in building a more prevention-focused health system.



**Reducing
waiting times**



**Improving
access**



**Increasing
efficiency**

Introduction

Improving the nation's health is a central government priority. The government's Plan for Change has a clear focus on reducing waiting lists, expanding access to high-quality care, and ensuring health services operate with greater efficiency and agility.¹

Underpinning these ambitions is the overarching goal to halve the gap in healthy life expectancy between the richest and poorest regions across England.² The government's 10 Year Health Plan for England sets out how this will be achieved through three key system-wide shifts:

01. A stronger emphasis on prevention
02. A greater role for community-based support
03. The intelligent use of digital technologies to enhance both reach and impact

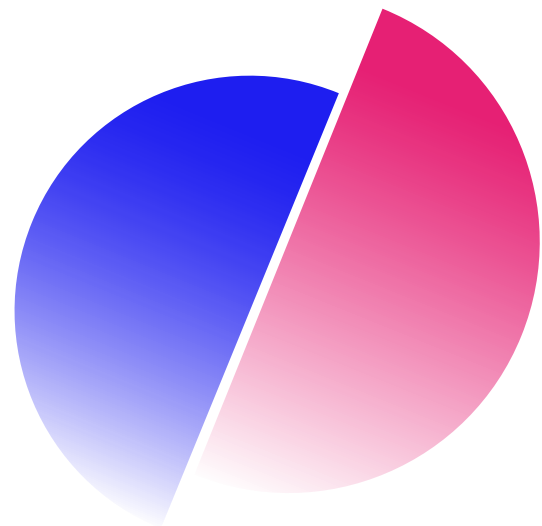
These priorities are reinforced by the recently published Neighbourhood Health Framework.³ This framework sets out a proactive, community-first model of care designed to shift activity closer to home, where digital tools and integrated data improve access to care, responsiveness and coordination across services.

Our mission through our health and wellbeing services is to help people lead healthier lives. Prevention and community are at the heart of everything we deliver, ensuring support reaches people where and when it makes the greatest difference. Digital capability is embedded across our services, not as an add-on but as a core part of how we design, deliver and continually

improve interventions. Our use of a proactive AI agent in our Contact Centre is an example of how we are reflecting the three shifts within our own delivery and supporting the government's vision for a healthier nation.

By supporting earlier and more proactive engagement, our services go further in preventing ill health. Crucially, human connection remains at the centre of our digital strategy: technology is used to enhance, not replace, empathetic and personalised interactions.

While the examples in this paper focus on our health service delivery, in particular our delivery of the NHS Diabetes Prevention Programme (NDPP), the approaches and capabilities we describe are already being applied across our other services, demonstrating the broad potential of combining digital innovation with human-centred design to deliver effective public services for our communities.



Ol Reducing waiting times

With an estimated 6.3 million people in the UK living with non-diabetic hyperglycaemia,⁴ more commonly known as prediabetes, timely access to the NHS Diabetes Prevention Programme has never been more vital.

Reed in Partnership has been working with NHS England to deliver the Diabetes Prevention Programme since 2016, helping more than 237,000 people take part in a clinically-effective, nine-month programme of support.

Participants are referred to the programme by their GP. At this point, our Contact Centre team gets in touch with the participant, delivering an initial assessment and booking them on to attend the first of their programme sessions. This is a critical step in securing their interest and take-up of a service that can greatly reduce their risk of disease.

In 2024, following a pilot, Reed in Partnership introduced a proactive AI agent into our in-house Contact Centre. This enabled us to automate some of our participant communications, using digital channels to engage with participants to provide an even more streamlined journey onto our service. By design, consent is always obtained prior to any contact. Participants are always provided with the option to access human support and can opt out of automated communications at any time.

Our team uses proactive AI to automate initial contact by SMS and/or email with more than 300 participants referred to us by GPs each day.

This enables us to quickly share information about course delivery with them, including route planning details for attending in-person sessions. The AI agent also handles session reminders, venue confirmation and details of the Health Coach they will meet.

Embedding this AI capability into our Contact Centre has significantly reduced wait times for starting the NHS Diabetes Prevention Programme.

In October 2023, it took an average of 13 days from point of referral for participants to get their initial assessment.

The impact of our use of new technology saw this reduced to just seven days by October 2025 (see [Chart 1](#)).

For the same period, **the time it took from referral to being booked on programme was reduced from 21 days to 12 days, with an overall reduction in time from referral to attending programme from 38 days to 30 days.**

We know the importance of wait times in converting referrals into meaningful engagement with a programme. Existing research highlights that no-shows and failure to schedule appointments are associated with longer wait times,⁵ while reducing wait time from referral to first visit for community outpatient services are likely to contribute to better health outcomes.⁶

As this data shows, by implementing this digital capability into our Contact Centre we've increased our ability to proactively engage with people who have been referred and as a result have reduced wait times. This means that people can start on programme sooner – a programme that helps them improve their health, reduce their risk of serious disease and eases pressure on NHS services.

Participant journey

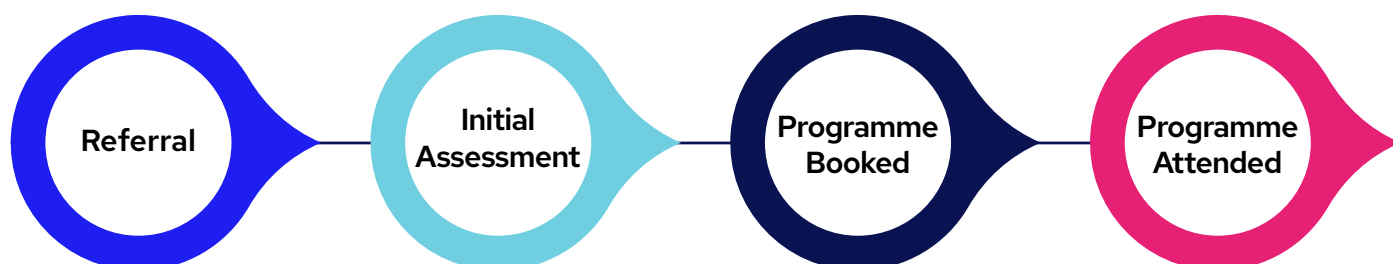
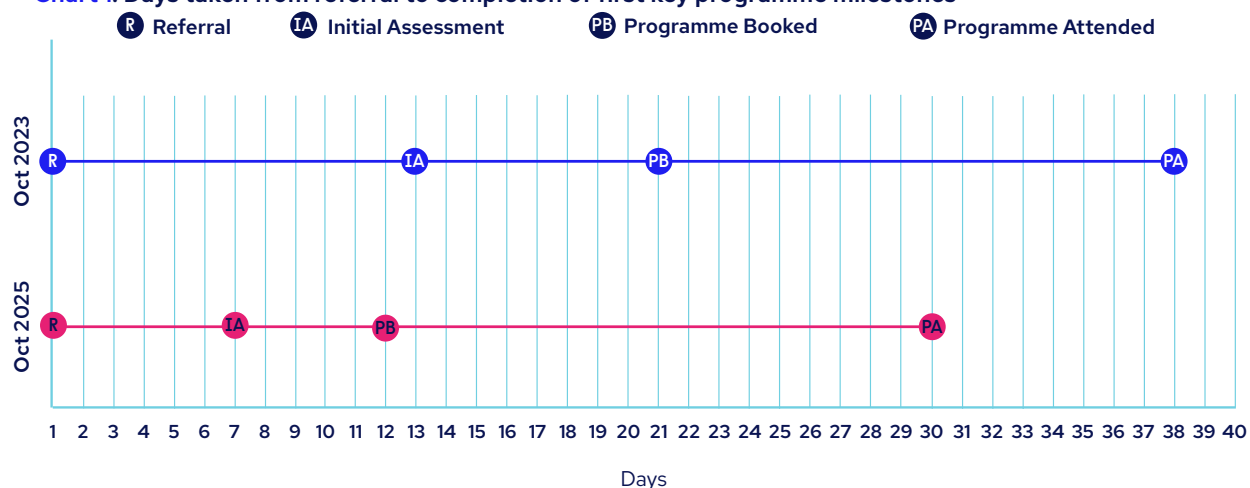




Chart 1: Days taken from referral to completion of first key programme milestones



Reduced waiting time for
Initial Assessment:



Reduced waiting time for
Programme Booking:



Reduced waiting time for
Programme Attendance:



“ I was very quickly contacted by text after being referred by my GP. I was given all the information I needed and I felt motivated to take part. It was easy to get started. Today I’m out of the Type 2 diabetes danger zone and living a much healthier life. ”

Jamil Khan - NDPP participant



O2 Improving access

We have increased the proportion of people referred to the programme by their GP who go on to take up the offer of an initial assessment, the first step in their diabetes prevention journey.

Reducing waiting times is not the only benefit we saw from incorporating the proactive AI agent into our Contact Centre capabilities. In just a short time since the introduction of the AI agent, the proportion of people taking up the offer of an initial assessment has increased. There was a difference of over eight percentage points when comparing the first quarter of 2024 with the end of 2025 (see [Chart 2](#)).

We have achieved this both through the enhancements we covered on page 4 and by utilising the ability that the AI agent gives us to personalise the messaging and information provided to participants on referral, reflecting different demographics and related needs. The result of this is increased responsiveness to our communications and willingness to act on the offer of programme access.

To personalise messages, content is adapted for people with different age profiles based on behavioural insights. This makes the information that we are sharing more relevant and aligned with variations in health motivations at different stages in life.

Before adopting this approach across the programme, we trialled it. Within the trial group, participants aged 20-29 received a message explaining that the number of people under 30 developing Type 2 diabetes is increasing every year and encouraged early action to

protect long-term health. Those aged 40-69 received a different message that highlighted the proven benefits of the programme and the serious consequences of Type 2 diabetes.

For the trial group receiving these messages, we saw around a 6% uplift in responses compared to the control group who received standard messaging.

We took this learning and rolled out a complete transformation of our messaging, resulting in increased response rates for eight of nine bracketed age groups (see [Chart 3](#)).

Chart 2: Percentage of referrals to undertake initial assessments on programme

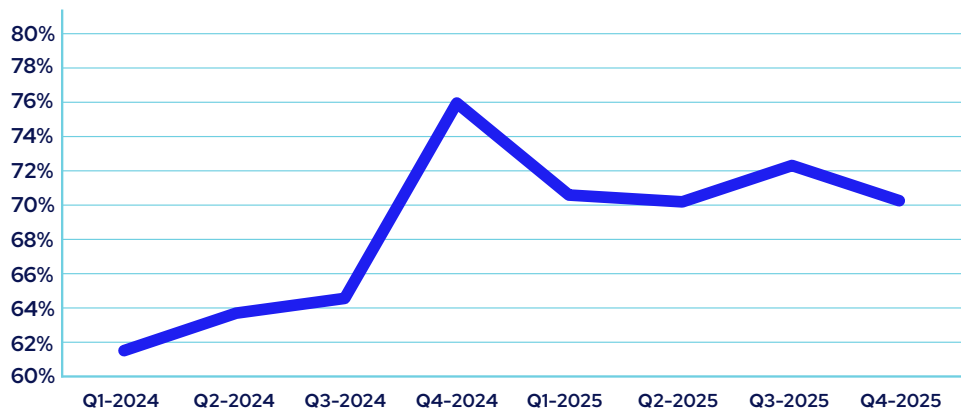
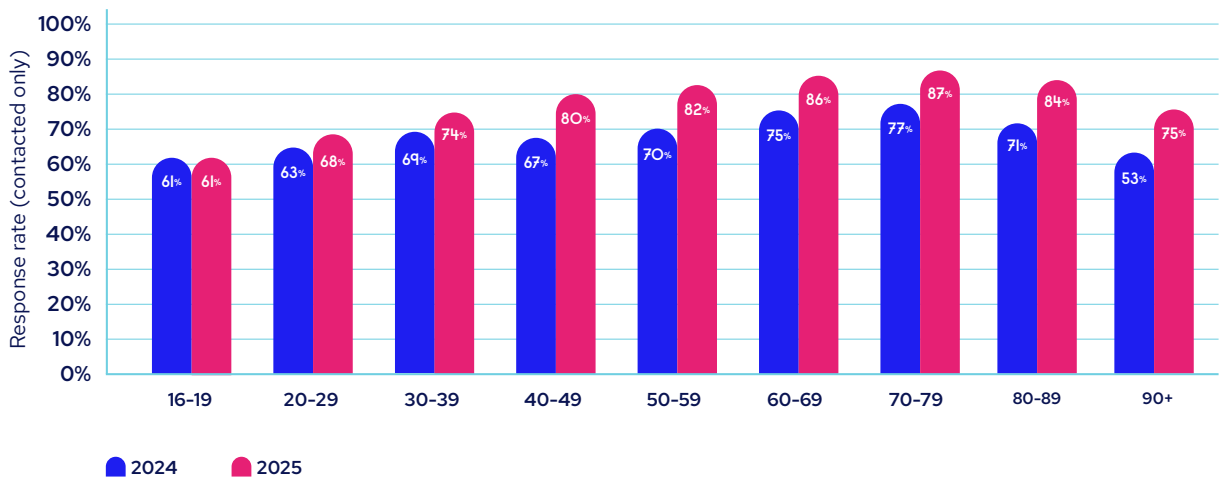


Chart 3: Response rate by age group

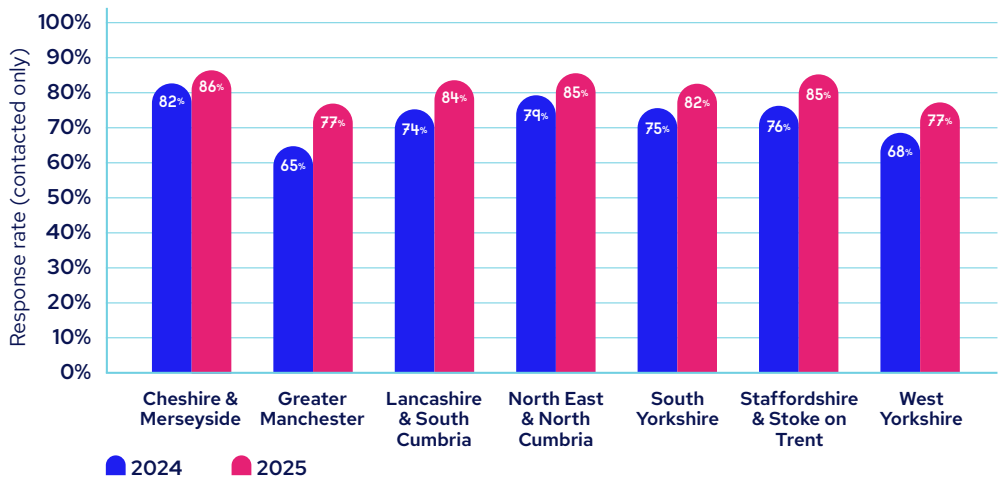


Geographical analysis shows that response rates improved consistently across all regions (see [Chart 4](#)).

This included areas where deprivation or social exclusion has typically affected engagement with mainstream provision, and where risk of diabetes is likely to be more prevalent, such as areas of Manchester, Liverpool, Blackpool, Burnley and Stoke-on-Trent.⁷

The approach we have taken in our Contact Centre aligns with the government’s ambition to reduce health inequalities and increase healthy life expectancy. By improving access to preventative healthcare, those at risk are better able to manage their health and reduce avoidable demand on wider healthcare services. This supports our vision of helping more people live healthier lives, while contributing to a more sustainable, prevention-centred health system..

Chart 4: Response rate by geography



O3 Increasing efficiency

Increasing efficiency within our Contact Centre reflects national ambitions to deliver ‘better value for taxpayers’ alongside better care, ensuring resources are used to generate positive health outcomes.⁸

Our Contact Centre capabilities, enhanced by the AI agent, play a pivotal role in achieving this vision by improving operational efficiency, increasing the quality of human-led interactions and ensuring that every contact contributes to better health outcomes.

By streamlining processes and focusing capacity on meaningful interactions, efficiency becomes a key enabler of value for money. It also underpins a shift towards a preventative, community-based model of health, meaning services are more proactive in meeting participant needs.

The participant journey has been transformed by streamlining routine communication, reducing unsuccessful contact attempts and allowing colleagues to focus on the moments that matter most: high-quality, person-centred conversations.

In October 2023, each member of our Contact Centre team handled the equivalent of 812 calls per person per month (40 per day), with many attempts unsuccessful and contributing limited value to participant engagement. Over the same month, Contact Centre team members completed 276 initial assessments, averaging 14 per day.

By October 2025, after embedding the proactive AI agent and automating our contact pathways, these

figures improved substantially. Call volumes reduced to 430 calls per person per month (21 per day), reflecting the removal of manual chasing, while the number of completed initial assessments rose to 395, or 20 per day per Contact Centre team member, demonstrating a significant uplift in efficiency and meaningful contact (see [Chart 5](#)).

Patterns in call types reinforce this shift. In October 2023, 39% of our calls were inbound and 61% were outbound calls. By October 2025 this had reversed: inbound calls represented 68% of all calls, while outbounds were 32% of calls, indicating a more efficient, participant led model of engagement (see [Chart 6](#)).

Thanks to early-stage interactions being handled by proactive digital channels, our Contact Centre team was able to prioritise supportive, human conversations based on individual participant needs.

Chart 5: Changes in call volume and Initial Assessments per Contact Centre team member

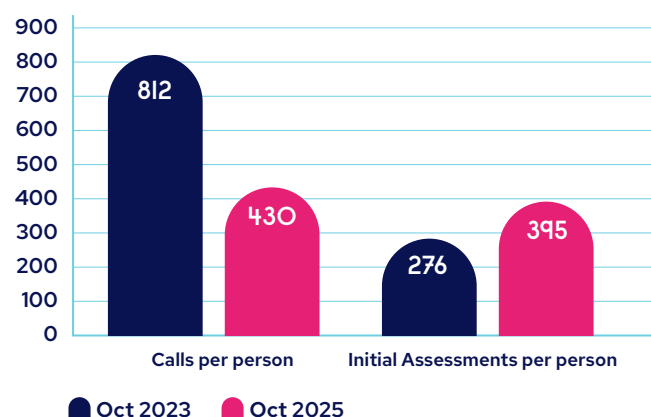
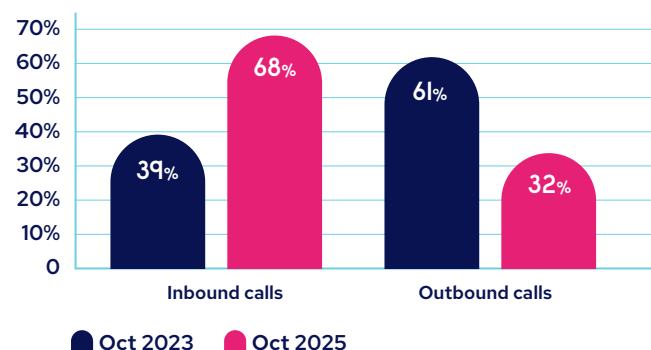


Chart 6: Shift in call types: Inbound vs Outbound



Conclusion

Embedding a proactive AI agent within our Contact Centre has enabled our service to respond to key government health priorities: reducing waiting lists, expanding access to high-quality care and ensuring health services operate with greater efficiency and agility.

By enhancing the participant journey with digitally-enabled engagement we are delivering value for money for the NHS and ensuring that people receive timely support at the earliest possible point in their prevention journey.

The introduction of automated early-stage contact has streamlined referral pathways and personalised communications at scale, delivering measurable reductions in waiting times across the pathway. These improvements demonstrate our ability to manage high referral volumes efficiently while maintaining responsiveness, directly supporting national ambitions to reduce delays and improve patient experience.

The data shows that improved speed has gone hand-in-hand with improved quality. Increased engagement rates, higher completion of initial assessments and more personalised interactions evidence how digital capability has expanded access to preventative care, particularly for people living in areas of higher deprivation. This ensures that high-quality support is accessible and aligned with the government's commitment to tackling health inequalities.

Operationally, the proactive AI agent has enabled a shift towards a more agile and efficient service model.

By reducing low value, manual outbound activity and automating routine communications, our Contact Centre is empowered to focus on high-quality, human-centred interactions.

This has increased the number of meaningful assessments delivered, improved staff productivity and strengthened our capacity to meet demand without compromising on care quality, ultimately maximising the impact of public funding.

Crucially, all digital innovation has been implemented within robust governance frameworks, ensuring the highest standards of data protection, privacy and participant safety. We manage high referral volumes efficiently while maintaining responsiveness, directly supporting national ambitions to reduce delays and improve patient experience.

Together, these outcomes demonstrate a scalable, prevention-first delivery model that supports the government's ambition for a more efficient, accessible and responsive health system.

By combining responsible digital innovation with compassionate, community centred practice, our service is helping to reduce waiting lists, widen access, and ensure that every interaction contributes to improved health outcomes.

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Acknowledgements

We would like to acknowledge our partnership with NiCE, whose collaboration and expertise have been instrumental in the design and delivery of the proactive AI agent on our programme.

The NiCE logo is displayed in white text on a dark blue background. The 'i' in 'NiCE' is stylized with a blue dot.

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