

Integration to adoption: What HealthTech leaders need to know for their products to succeed in the NHS in 2026

WHITEPAPER



Executive summary

How do you achieve success for your digital product in the NHS in 2026? We spoke with dozens of HealthTech leaders deploying digital products across the NHS to learn their barriers to success. We identified five key make or break factors for digital health products in 2026 and what companies can do about it.

AI beyond intelligence: Generative AI requires Trust. Trust comes in part from structure. We discuss how to implement structure that AI can draw upon to reduce hallucination and increase trust.

Building vs buying technical capacity: HealthTech companies often struggle deciding between when to outsource and when to build internal capacity. We propose a simple framework to help make that decision.

Integration: Integration is hard and knowing what to focus on can be difficult. We give a simple framework to point you in the right direction.

Escaping pilot purgatory: There are too many pilots with not enough scale. We explore technical design foundations to make scaling easier.

Adoption: Too many digital health products sit outside user workflows. We discuss how you can insert products seamlessly in the user workflow to drive adoption and how engineers need to help make it happen.

About Edge Health

We work with HealthTech firms to support the whole end to end lifecycle of developing and deploying digital products into the NHS. We bridge the gap between a good idea and a deployed digital product and truly partner with you and work in your environment. This means fixing data foundations, designing for variation, evidencing value and building analytics solutions that are usable, auditable, and embedded in real workflows and owned by your team.

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What health tech leaders worries tells us about the next phase of digital adoption in the NHS

We spoke to industry leading HealthTechs, who are on-the-ground delivering digital products in the NHS, to gather their reflections on the challenges they are facing, and what their experiences can tell us about succeeding in the future. This short white paper brings our findings together into a practical view of the reality facing HealthTech today, and what it means for the next phase of digital product adoption in the NHS.

The points of focus were:

1. GenAI's reality check: adoption requires trust which requires structure
2. Nothing happens without the team: use the urgency vs skill gap to decide on external support
3. Integration is more important than ever: increase depth and scale in parallel on the "staircase of success"
4. Too many pilots and not enough scale: evidence in-year value from day one
5. Adoption and behavioural change: integrate into user workflows & connect product teams to users

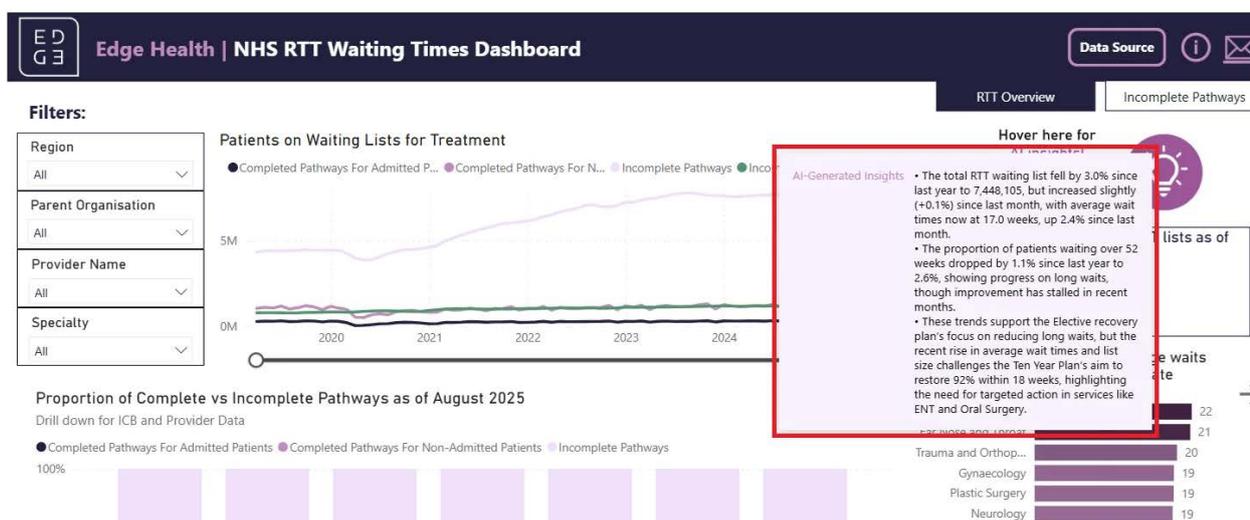


1 GenAI's reality check

Adoption requires trust which requires structure

Everyone talks about GenAI and it is being adopted now. Clinicians, leaders and patients are all already using ChatGPT privately and will expect to be able to do so professionally ASAP.

An early example of this is the fast shift “from dashboards to recommendations”. We have already implemented dashboards where GenAI can now easily turn charts, that are at times difficult to read, into recommendations. We call it “smart summaries” ([read more here](#)). For time poor clinical teams, smart summaries are the difference between information and action.



However, the barrier to adoption for GenAI within the NHS is Trust. As one leader said “how sure are we the recommendation holds?”. To move from interesting experiment to adoption, 2026 is about building trust by regulation, best practice and solid foundations.

3 keys to trusted GenAI solutions

There are three things you need to be mindful of when designing GenAI solutions.

Align with safety frameworks and engage experts: GenAI solutions need to align with clinical safety, assurance frameworks and wider regulations from day one. Be cognisant of standards that are emerging (e.g. ISO-42001 for AI management systems or ISO-14971 for risk management) and the barrier between what is a medical device and what is not (we often see companies get this wrong with significant consequences). We recommend engaging early, just like you would with security or information governance, with Clinical Safety Officers (CSOs) or experienced experts to ensure your product is validated, assured, and safe. The days of wild west experiments are coming to an end.

Borrow established best practice: Although GenAI is new, the principles of delivering quality, resilient technology at pace are well established. Teams should adopt proven Lean Software practices, achieved through MLOps, to deliver GenAI solutions safely and at speed. This means:

- **Shorter feedback loops through pipelines:** You need automated, reproducible pipelines that enable frequent, low-risk changes across the entire ML lifecycle, from training, evaluation and deployment.
- **Proactive quality and safety monitoring:** Continuous validation, drift monitoring and detection of issues, backed by versioned and approved models to de-risk rollout and rollback.
- **Reproducibility, traceability and governance:** Every GenAI model and decision should be reproducible, traceable, and governed to support assurance, accountability, and safe operation at scale.

Structure: Finally, it is important that sufficient time and resource is spent on the underlying structure to make the AI work well. The greatest success comes when AI tools are based not just on raw data inputs, but on intermediate outputs that structure and make sense of the data prior to AI coming in.

The concept of “ontology” has a real moment here with AI only being able to make sense of what is already structured in sensible concepts under the hood. For example, if you have a table of metrics and concepts that are defined and clear, GenAI can pick amongst these rather than come up with the concepts itself without any guidance. By defining the environment into structured concepts, we create a system that can be grounded in the truth in which an operational reality exists, thereby reducing hallucinations. The lower variance in possible outcomes helps explainability and auditability.

Edge’s insight: Without regulation and best practice, GenAI won’t deliver value at pace. To make it safe focus on best practice, regulatory framework and ontologies (concepts, metrics, structured semantic layers that define what the GenAI can interpret).

2 Nothing happens without the team

Use urgency vs skill gap to decide on external support

“I think it goes in cycles. Whether it’s having a really clear product strategy where you can think much more into the future, or are in a cycle where you’re much more focused on execution.”

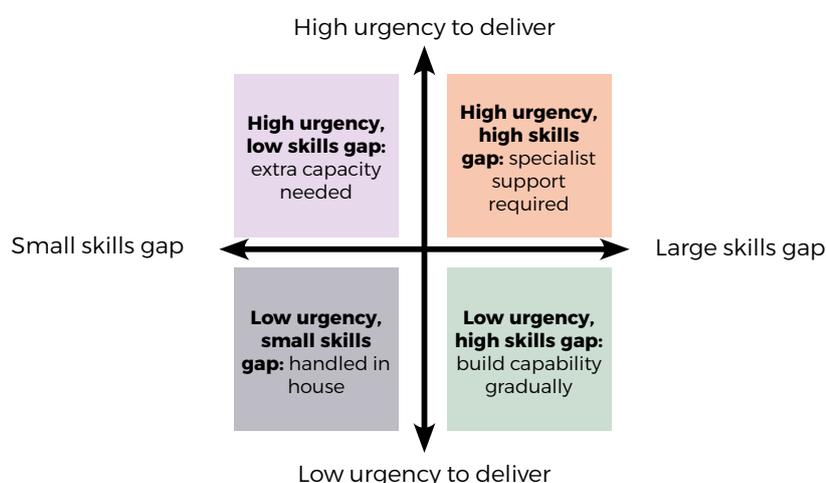
James Jurkiewicz, Chief Technology Officer & Co-founder, Isla Health

A consistent theme across our conversations was how HealthTech teams build and use their technical teams. Nothing happens without the team and there is great variation in the build or buy decisions we see.

Some companies described starting with small engineering teams and relying on external support to meet early delivery and drive momentum. This is sometimes the only way to move fast enough, especially when the product needs to go live quickly, or when hiring the right people takes longer than expected. As products mature, these teams then go through the process of bringing more capability in house to get greater control, clearer governance, and meet growing regulatory expectations. The right partner here can help set foundations and support capability building.

Other companies get support later to pivot and re-energise. They start with a strong team that can move quickly but over time gets bogged down in technical debt or inability to move to more niche or more advanced features, killing momentum at this stage. Bringing in external partners at this point for them is a way to keep momentum, clear technical debt and re-set their team structures for a new phase of growth.

You might be asking yourself, “how do I decide what is right for me?”. Our framework to decide when support is needed is based on two key forces: urgency to deliver and the size of the skills gap. You need to bring in external support when either of these two forces becomes impossible to ignore. Are you feeling greater and greater urgency because your features or your products are not making it to the client? Is it harder and harder to find individuals in the team who know how to deliver what you need delivering? Maybe it is time for external support.



Edge’s insight: The debate is not in-house vs outsourced. It is a question of timings. Recognise when technical debt and skill gaps are killing your momentum and get urgent, complex projects off the ground with external partners who can deliver your technical needs while you upskill.

Integration is more important than ever

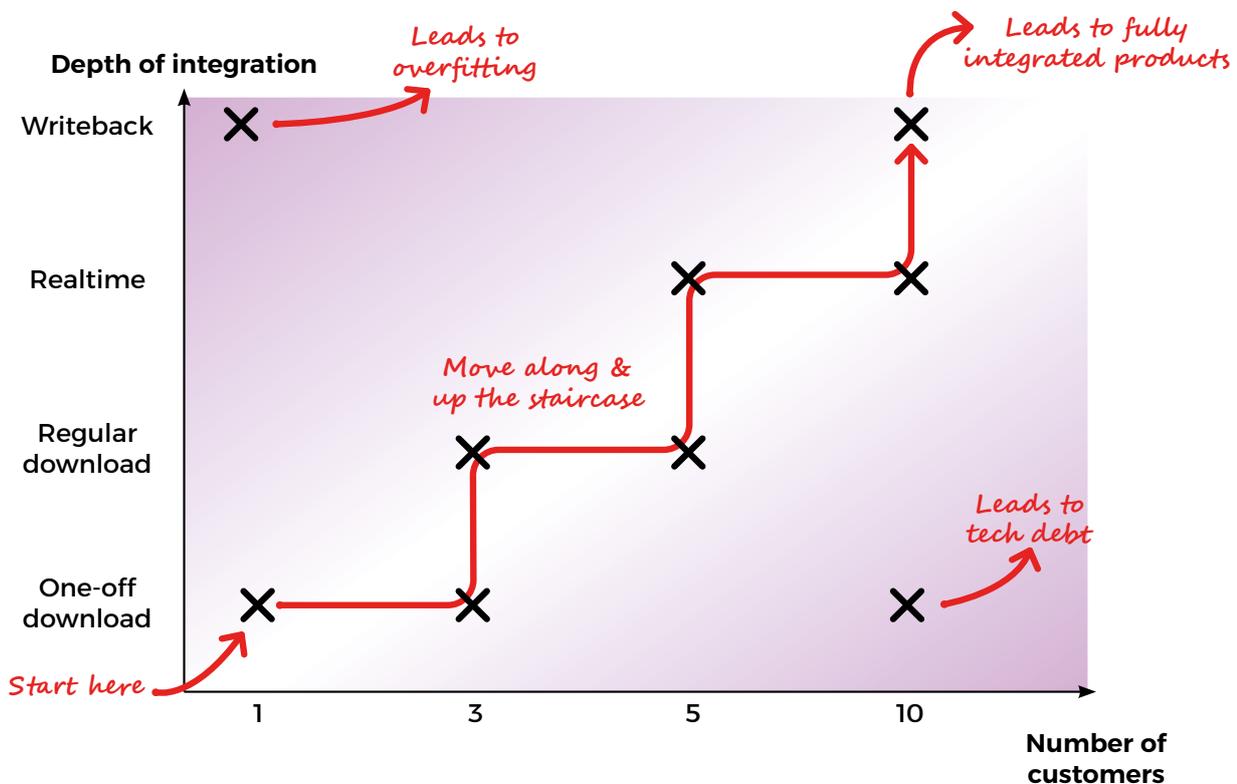
Increase depth and scale of your integrations in parallel on the “staircase of success”

“The dream is where we can read and we can write.”
Jim Holmes, Chief Technology Officer, Skin Analytics

Integration is not as sexy a topic as AI but it is a bigger headache for HealthTech leaders in 2026. Seamlessly integrating your digital product with your customers environments is key for the product to be useful, be used and scale. It is also one of the biggest hurdles we have seen our clients face. This is because integration often requires significant manual effort due to disparate systems, multiple standards with many people involved.

Having supported products through this journey and having won the HSJ award for Best Data Integration Project 2025 ([read more here](#)), we have seen two key mistakes be made: integrating too deeply with too few customers or too shallowly with too many.

The key is the balance. Moving along what we call the “staircase of integration success”.



Move from no integration to writeback success in a staircase-like fashion

Our advice is as follows:

Start with a minimal one off extract of data from one customer and nail the problem. Data can't solve a problem that hasn't been articulated yet. Over-invest early in talking to your users and expert stakeholders to define exactly what you are trying to fix. Start with static extracts that are easier to obtain and can demonstrate value. When you get the "why" right with your SMEs, the technical integration becomes much more purposeful. Also, you know by then what kind of data issues you are dealing with.

Expand this minimal one off extract to 3 customers. This helps you understand a) which problems are universal vs which are unique b) how the data, quality, and standards varies across your customers. At this point you should also be able to be clear on the minimum and highest quality dataset you need. We found often engineers think more data is better. But more data is not better. Better data is better.

Move from one-off, to automated and regular when you understand the data you need and the people involved. This allows the product to become useful to your customers and start gaining buy-in, while allowing you to understand the challenges and hurdles in integration. Integration is often a people problem so knowing who is involved and why will help scale. The real "integration" happens within the team first - by energising each other and staying persistent through the slow phases, you keep momentum high. It's the human connection behind the scenes that eventually pushes the data connection across the finish line.

When you are ready integrate fully including write back with no shortcuts. Products only gain real adoption when the information they generate lands back in the relevant clinical systems. Read only access creates parallel workflows. Write back makes the product part of clinical practice, making it easier for time poor clinicians to use. But crucially do not do this too early or you get stuck with overly specific solutions here.

Edge's insight: Follow the staircase of success to scale both integration and customers at once to achieve the depth of integration that allows your product to be adopted and deliver outcomes. Stray off the path, or spend too long on a step, and risk the pain of no-scale.

4 Too many pilots and not enough scale

Value from day one that grows with time

We often hear the NHS described as having “too many pilots and not enough scale,” creating what one leader called “digital real estate congestion”. Teams often find themselves stuck between a successful first site and the harder task of making the product technically work across different geographies and services. In many cases a pilot looks less like an experiment and more like a short-term contract in a specific service or geography (or a try before you buy model). This means that the procurement and set up of the project has no mechanism to transition from success to scale. What can suppliers do?

- 1. Evidence in-year savings:** Ensure you put the right plans in place to generate and clearly report evidence early (ideally in-year savings). At a time of redundancy and budget pressures this is key to generating buy-in, building business cases, and getting procured fast. The goal would be to do this at ICB level so you can serve several trusts at once.
- 2. Design for flexibility:** It is tempting to build inflexibly to be able to deliver your pilot fast. However, the pilot will not be the problem for you, the next 5 deployments will be. If you cannot commercially make it work with a more flexible product from day one, you likely will struggle in the scale up phase. This goes against established wisdom, but established wisdom does not consider the long NHS sales cycles (see our integration section for more detail on this).
- 3. Fast feedback:** Slow feedback cycles make everything worse. Deploy often, measure value continuously, get feedback quickly, deploy in several places in parallel. One organisation described waiting months to know whether a change was working, which delayed the learning they needed to improve the product.

These are not simple tasks, but small improvements in each area could make a meaningful difference to the wider HealthTech ecosystem, and ultimately to patients.

Edge’s insight: Build for NHS variation from day one. Standard product approaches die at the slippery wall of NHS procurement and long sales cycles. Set yourself up for success by planning to encounter legacy infrastructure and different standards and consider evaluation needs early to ensure you can make adjustments fast and share evidence of in-year value.

5 Adoption & behavioural change

The hidden impact your structure has on adoption

“Digital innovation alone doesn't deliver results, solutions need to be embedded into workflows and seamlessly if they are going to survive.”
Paul Renshaw, Director of Product Solutions (Global), Proximie

From our own work, we know one of the hardest parts of introducing a new product into user workflows is getting the users to change how they work. The discussions we had echoed this. Specifically if your users are clinical this is a challenge as clinical teams are already stretched, and even small shifts in workflow can feel like too much. This makes adoption slow and uneven, even when the product itself is strong.

To get adoption, tool needs to seamlessly embed within their users' workflows. This means:

Build the product into existing workflows: A consistent theme was the need for products to fit naturally into existing clinical routines. This is where integration becomes so important. When information appears in the right place at the right time, the product feels like part of the workflow. When it doesn't, it becomes another task to remember, and adoption drops (see integration section).

Organise yourself to build a seamless product: Behavioural change must be designed into the product and supported by the organisation around it. As Conway's Law suggests, systems reflect organisational structure: if data and AI teams are siloed from product teams, or engineers are disconnected from users, seamless, user-centred solutions are an uphill battle.

The answer is cross-functional, multidisciplinary teams aligned to specific user needs or markets rather than technical disciplines. Using modern organisation design, teams should be organised around clear user problems or value streams, each with a named customer or user group and end-to-end ownership of outcomes. Squads or teams should include all skills needed to deliver value (product, design, engineering, data, operations), maintain regular contact with users, and be measured on user and business outcomes rather than functional outputs.

Edge's insight: Adoption is not a training issue; it is a design & organisation issue. Build teams that think about the user from day one to drive use. Ensure the teams understand the so-what and know what the users truly need. Do not add friction with parallel workflows created by your product.

Conclusion

As we move to 2026 we believe the digital health products that will succeed are the ones that can deal with the challenges we outline.

- **GenAI:** Focus on how to build Trust via structure rather than unleash GenAI on the raw data.
- **Technical capacity:** Be mindful of the timing of external support to keep momentum.
- **Pilots:** Build with scale in mind or the sales cycles and variation will kill your product.
- **Integration:** Increase depth and scale in parallel or risk falling off the staircase of successful integration.
- **Adoption:** Friction is the enemy. Build products without friction by understanding where in the workflow the product will fit from day one.

We do not just observe these challenges, we fix them by doing the engineering and engagement that turns good ideas into products that get deployed. Whether you need to streamline your integration layer or build safe ontologies, or design a workflow that sticks.



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