Report Launch: A Public Dialogue on AI Scribes in the NHS

Wednesday 3 June 2026

Summary of discussion

Background

The discussion at the House of Lords marked the launch of a first-of-its-kind report exploring public attitudes towards AI scribes, or ambient voice technologies (AVTs), in healthcare. Key findings from the Report were:

- Many participants were unaware this technology had already been rolled out within the NHS, and this low awareness caused frustration.
- Participants recommended greater transparency, a way to opt-out of use, and to be able to request scribes be turned off when they wanted a sensitive topic - such as domestic abuse - off the record.
- Participants wanted assurance that there would be appropriate national oversight, a standard for scribe accuracy, necessary NHS staff training, and strong safeguards over data use and security.
- Many welcomed the potential of scribes to improve human-to-human interaction with the clinician. However, a few found increased engagement - by removing typing notes - unsettling.
- Many wanted assurance that there would not be a 'post code lottery' for AI scribes.

The themes explored during this discussion reflected the key points raised by the public.

Transparency and patient expectations around data use

After opening remarks from Baroness Glenys Thornton and a video message from Lord Ara Darzi highlighting the importance of innovation and the patient, Robin Carpenter, Head of Policy & Governance at Newton's Tree, chaired a discussion focused on taking forward the key points from the report.

It opened by highlighting that transparency and meeting patient expectations around data use have always been key in data standards and law. Participants in the report broadly agreed that patients should be informed when AI scribes are being used and should be able to ask for them to be switched off. Nicola Byrne, National Data Guardian and Consultant Psychiatrist in the NHS, emphasised the importance of the Caldicott Principles, particularly principle 8, that of "no surprises". She also cautioned against creating transparency expectations that cannot realistically be delivered.

Additionally, discussion also considered the purposes of the clinical record. The core purpose is to support excellent clinical care - for the individual patient themselves, and potentially for others in the future via planning or health research. In addition, it also provides a basis for clinical accountability and any future challenge, including potential litigation, when questions arise about the care that has been delivered.

Nicola Byrne was keen to stress the importance of not losing sight of the core purpose, noting that if clinical documentation is too long and exhaustive, there is a risk that key details can become clouded by redundant information. If clinicians cannot find key details quickly and easily, this can be to the detriment of patient care.

Trust emerged as a recurring theme throughout. Matt Westmore, CEO at the Health Research Authority, noted that this technology is already being used, and that public trust is the most "precious resource" – and it will ultimately determine whether these technologies succeed or fail. He noted that regulation must evolve alongside changing public attitudes.

National oversight, safety and accuracy of AI scribes

The panel agreed that regulation has an important role to play, but is only one component of ensuring safe and effective deployment. Alastair Denniston, Chair of the National Commission into the Regulation of AI in Healthcare and Consultant Ophthalmologist in the NHS, stressed that risk-free healthcare is a myth and highlighted the importance of professional norms, good practice, and bringing people with you through incremental change, rather than relying solely on the top-down approach of regulation.

"Regulation is a tool in the toolbox, but they [regulations] don't solve the whole problem." – Alastair Denniston

Panel member Jessica Paulsen, Deputy Director of AI and Software, Medicines and Healthcare products Regulatory Agency (MHRA), emphasised that safety and accuracy are critically important, particularly as AI technologies continue to change over time. She highlighted the importance of ongoing monitoring, post-market surveillance, local assurance processes, and clinician training. She also noted that the comparator is not perfection and warned against letting perfect be the enemy of good.

"Safety and accuracy are critically important...[we] need to take an ecosystem approach." – Jessica Paulsen

Discussion also explored accountability when errors occur. While clinicians have an important role in reviewing outputs, several contributors cautioned against placing all responsibility on frontline staff. The need for clear responsibilities across manufacturers, healthcare organisations and professionals was highlighted.

Ensuring equity of access

A key concern raised by the public was the potential for a "postcode lottery" in access to high-quality care.

National Chief Clinical Information Officer at NHS England, Consultant Rheumatologist in the NHS, and panel member Alec Price-Forbes argued that AI scribes should be seen as part of a wider transformation of care rather than a standalone technology. He suggested that tools such as scribes could help create more standardised and connected patient experiences via the NHS App, reducing the need for people to repeatedly tell their story across different services.

"Patient care should be digital by default... ambient scribes are a solution to a much bigger problem. [...] We need to talk about a public narrative, and make sure public, patients and workforce are engaged in the model." – Alec Price-Forbes

Discussion contributors were united in stressing the importance of ensuring deployment does not create a two-tier system. Equity considerations should be built into design, evaluation and implementation from the start.

Additionally, contributors highlighted that patients need to experience the benefit if they are going to support transformation, and AI scribes may be the best opportunity to improve patient perception.

"The opportunity is to shift the public perception of AI in the NHS, and AVT is the poster child for AI deployment, impact and attitude towards how the NHS uses this technology" - Pritesh Mistry, Fellow (Digital Technologies) at The King's Fund.

Patients, workforce and cultural change

The discussion highlighted the need to move beyond viewing patients as merely passive recipients of care, and therefore contributors explored how AI tools could help patients become better informed and more actively involved in their care decisions.

The topic of patients using their own recording or AI tools during consultations was also explored. While some clinicians acknowledged that this could feel uncomfortable, they supported, and even encouraged, patients' rights to use such tools and emphasised the importance of openness and trust.

Participants agreed that successful adoption will require significant investment in training and change management. Alec Price-Forbes noted that implementation has often been too technology-led and argued that patients, the public and the workforce all need support to use these tools effectively to realise the benefits of safer, better quality care and experience.

Key takeaways

1. There should be no surprises for patients in how data is created and used. Therefore steps need to be taken to ensure patients are aware of AI scribe use and expectations for their use are clear amongst both clinicians and patients.
2. The clinical record can serve multiple purposes, such as litigation and care, but at its core it should provide the information needed to enable excellent clinical care. The design and use of AI scribes needs to actively support the core purpose of the record.
3. Regulation alone will not ensure appropriate use of AI scribes. Professionals need to adhere to established values and good practice, and be supported in understanding how to apply these to new technologies.
4. An ecosystem approach is needed to keep AI scribes safe - we cannot place all responsibility on front line staff.
5. Inclusion and equity should be considered in every aspect of the design and use of AI scribes.
6. AI scribes should support the wider objective of improving the patient experience of care. For example, the NHS App could act as a 'connector' alongside scribes, which could reduce the need for patients to repeatedly share their story across services.
7. Patients, the public and workforce all need support to use these tools appropriately.

"Healthcare is a two-way relationship. We have to be really clear about what we want the tool to do, and in what context... deployment has to be iterative and learn as we go." – Nicola Byrne

The event was attended by senior representatives from national healthcare and care bodies, government, regulatory agencies, academia, patient groups, policy and research institutes, charitable foundations and health tech companies, reflecting a broad cross-sector interest in the use of AI scribes in healthcare.