

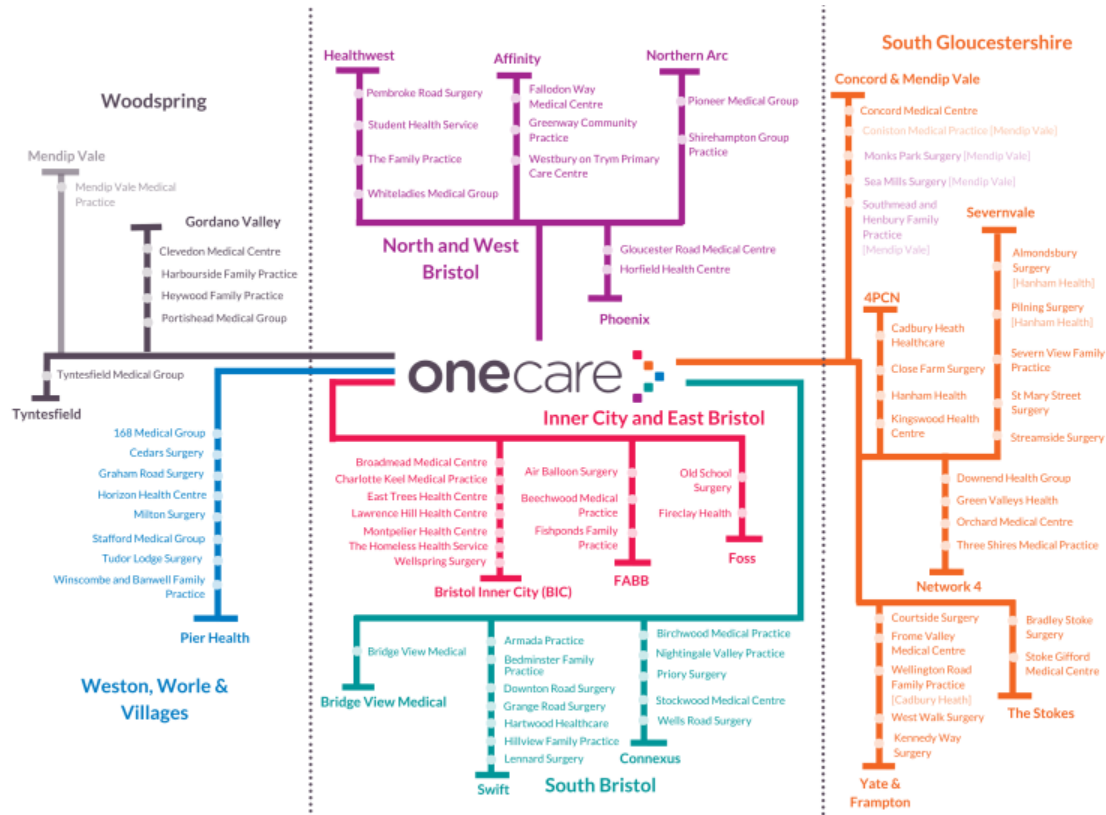
# Ambient Voice Technology (AVT) in General Practice: A Best Practice Toolkit

---

Introduction.....	2
For more help.....	3
1. Before you start.....	3
What is AVT?.....	3
How, where and when can it be used?.....	4
Starting principles.....	4
2. Getting started.....	5
What equipment do I need?.....	5
Know your Practice, People and Patients.....	6
3. Finding the Right Product.....	7
Which is most suited to our organisational needs?.....	8
Which suppliers are approved to be used?.....	9
4. Going live.....	12
Step-by-step to go live:.....	12
Roles, Leadership and Accountability.....	13
Managing the Hazards.....	13
Best Practice to Go Live.....	14
Monitoring, Checking, Learning and Training.....	14
Being Part of a Community.....	14
Evaluation.....	14
Appendix A: AI Policy.....	16
Appendix B: Governance, Digital Safety and Quality Toolkit.....	19
Appendix C: Evaluation Template.....	20
Appendix D: Helpful implementation checklist.....	25

## Introduction

This toolkit is designed to support any General Practice to implement AVT successfully, regardless of your prior knowledge or experience of digital transformation. This toolkit was written by [One Care](#), a GP Federation serving 66 Practice Partnerships with input from GPs, digital leads, Practice Managers and other GP and PCN staff. It is the result of a large-scale pilot on AVT in Bristol, North Somerset and South Gloucestershire which include 51 General Practices.



In 2025, the Southwest Regional AVT Collaboration Group was created to help GP Practices and Primary Care Networks prepare for the safe and effective adoption of Ambient Voice Technology (AVT) tools. This initiative was developed in partnership with the 7 local ICBs, the Southwest NHS England Digital team, OneCare, and the CSU. The support offer includes:

- This AVT Toolkit containing resources to support understanding, assessment, and implementation of AVT in General Practice.
- Information Governance & Clinical Safety Support – guidance to help ensure use of AVT meets all relevant safety and IG requirements.
- AVT Discussion Board – an opportunity to connect with colleagues across the South West who are also exploring or using AVT.

The Future Space is here: [NHS England South West - Ambient Voice Technology - FutureNHS Collaboration Platform](#)

This toolkit has been designed to be as simple and comprehensive as possible and should be useable for anyone with any level of knowledge of AVT.

### For more help...

If you want to find out more about the AVT Collaboration Group, or for more help on anything in this toolkit, please contact: [enquiries@onecare.org.uk](mailto:enquiries@onecare.org.uk)

## 1. Before you start...

### Whenever implementing new technology, any General Practice should always...



Ensure you are aware of all local guidance and best practice, by consulting with your ICB or equivalent.



Ensure you are aware of national regulations, guidance and best practice, for example via NHS England



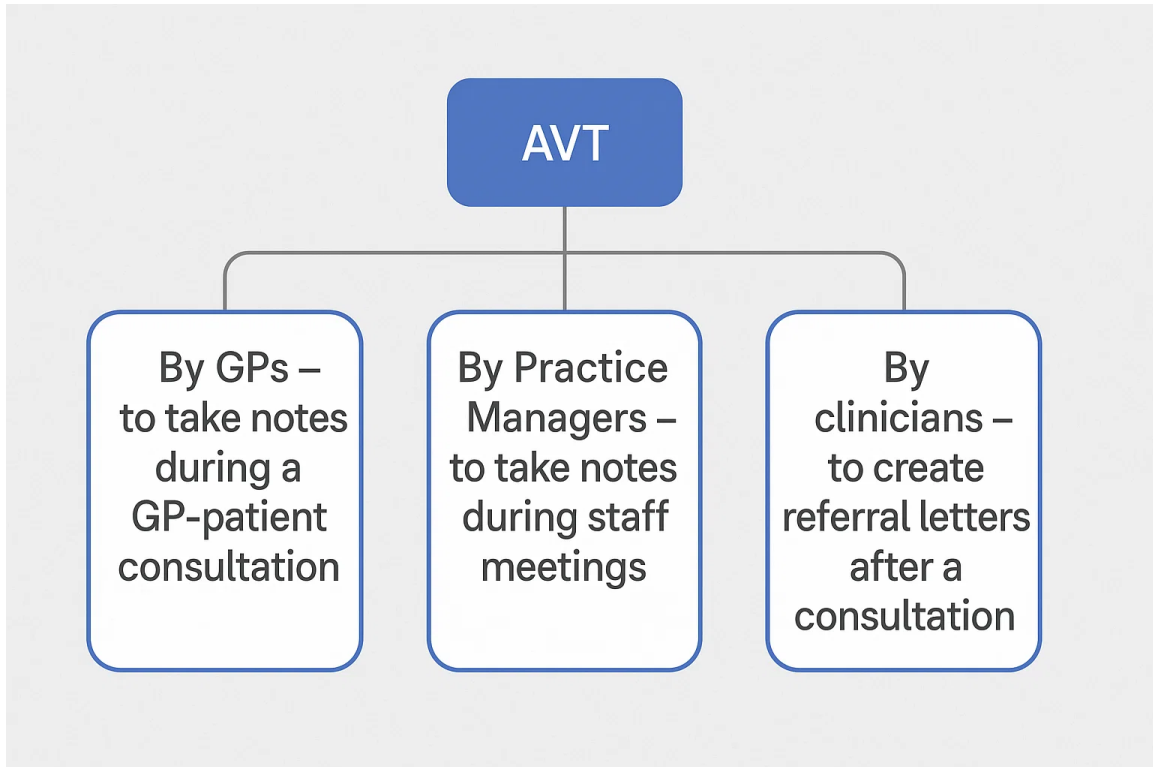
Check in with other Practices, your LMC and GP Federation (and please feel free to contact us at One Care!) to compare ideas and work together. You may be able to avoid re-inventing the wheel in lots of ways, but especially when it comes to documentation!

### What is AVT?

Ambient Voice Technology (AVT) is a rapidly evolving toolset in general practice, designed to automate and enhance clinical documentation during consultations. This document outlines best practice for implementing AVT, including understanding your practice's environment and patient needs, selecting suitable products, establishing leadership roles, managing risk, planning for go-live, ongoing monitoring and training, evaluation and engaging with wider healthcare

communities. AVT offers an opportunity to reduce documentation burden, support clinician wellbeing, and improve patient experience—but only if implemented safely and in a way that works for your staff and patients.

### How, where and when can it be used?



### Starting principles

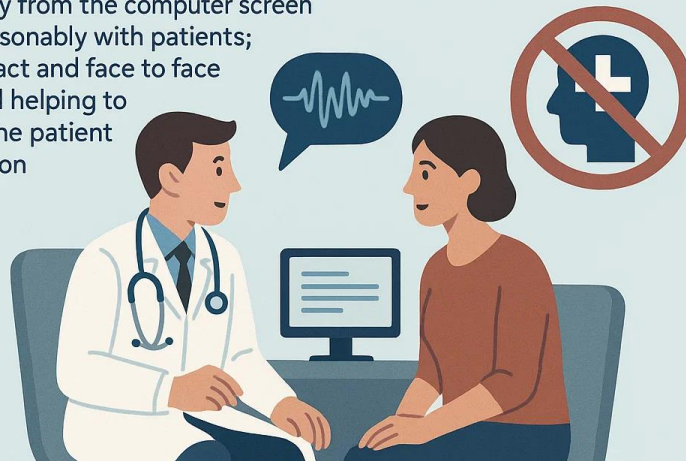
*AVT should demonstrate clear clinical and operational benefits and economic and workforce impact. It should be able to demonstrate evidence of real-world clinical validation of benefits in the NHS care setting proposed (e.g. enhancing clinical efficiency and workflow, reducing administrative burden; improving patient care by increasing face to face time with patients; improving accuracy of documentation; improving data quality and capture of structured data recorded in electronic patient record systems) - NHS England Priority Notification: **Ensuring Safe and Assured Adoption of AI Scribe Technology**, June 2025*

### When implemented properly, AVT can be used to:

- Improve the efficiency of General Practice administration by generating summaries of consultations, quickly drafting letters and acting as an 'AI note taker' during consultations or meetings
- Move clinicians away from the computer screen to engage more personally with patients; improving eye contact and face to face communication and helping to demonstrate that the patient has their full attention
- In some instances, assist with coding

### AVT should never:

- Diagnose a patient
- Make or support therapeutic decision making
- Be part of a wider automated system which results in a lack of appropriate clinical oversight



#### Practice tip:

"I know it's not the primary purpose, but from a management point of view, it's been a game changer for making minutes of meetings. Me and my immediate team are thrilled with it" - Practice Manager, Bristol

## 2. Getting started

### What equipment do I need?

Microphone: laptop mic is fine in most cases, however we recommend an external microphone for best quality results, such as the Wireless Lavalier Microphone.



AVT can usually work on a laptop, smartphone or tablet which is helpful for different types of patient interactions – however, be aware that the quality of the notes can be affected by different devices and the quality of internal microphones.

### Know your Practice, People and Patients

Practices should ensure their AI policy is current and aligns with the latest data protection and clinical safety standards. This includes maintaining an updated Information Governance policy and understanding the minimum standards set out in the Governance, Digital Safety and Quality Toolkit (see appendix).

Practice Partners must be aware of the risks associated with AI tools, including potential implications for indemnity, cyber insurance, and patient data protection. Partners should meet regularly to discuss this and they should be comfortable with the risks and the steps planned to manage risks.

*Practice tip:*

“Myself (a GP partner) and our practice manager are monitoring the risks, making sure DPIA is up to date, making sure AI protocol in place, making sure hazards are recorded in log, and keeping abreast of NHSE guidance on AI”

Staff culture is also key—identify digital champions within your team who can lead AVT implementation and support colleagues. Be mindful of patient expectations and any concerns they may have about AI. Work with your DPO to ensure compliance and communicate with patients about how AVT will be used. Finally, review your training and plan to include AVT-specific sessions, promoting digital confidence and safe use.

*Practice tip:*

*Everyone is different, and there's no 'right' way to work. Some of your staff may already be using AVT. On the other hand, some may be reluctant to adopt a new way of working. We learned that some GPs were used to writing up all their consultation notes at the same time, and so were not used to the 'rhythm' of consultation followed by immediate updates to patient records, referral letter drafting, and other actions.*

### 3. Finding the Right Product

Your Practice leadership team should appoint someone – for example, your Practice manager supported by a GP Partner - to review the needs of your Practice against the different products on the market



**When considering which supplier to work with**

Which suppliers are approved to be used?

Of these suppliers, which is most suited to our organisational needs?

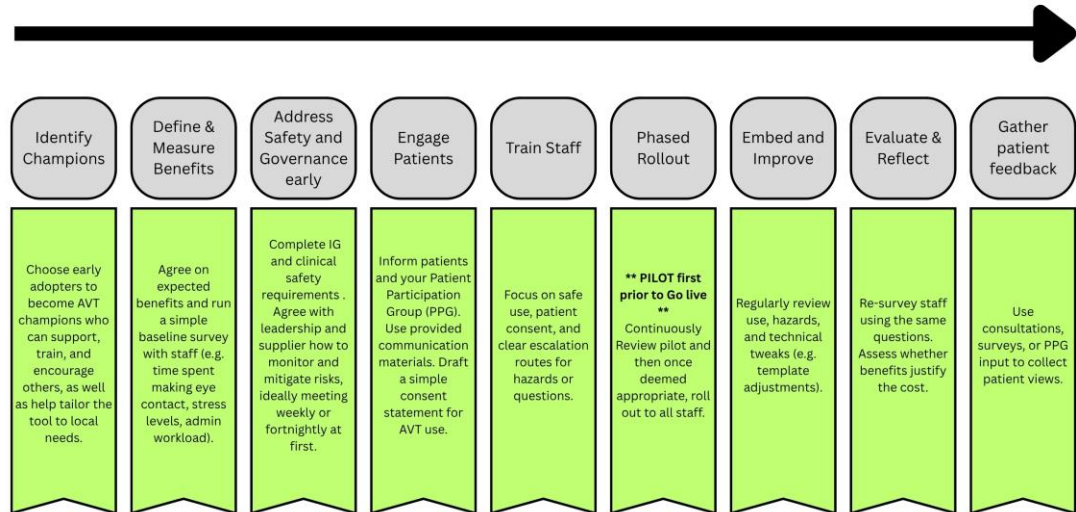
### Which is most suited to our organisational needs?

At this stage, you should consider appointing a clinical and an admin lead. Your admin lead can research suppliers and have initial calls with them. Your clinical lead can provide oversight and help to ensure that any products identified will meet the needs of clinicians.

Conduct a market review, by looking at:

- Online resources / websites of suppliers / webinars and videos to get a sense of how it works
- At NHS or social care conferences e.g. NHSE confed expo, ReWired, etc.
- Talk to other Practices, ICB and PCNs and find out what they are using and ask for feedback
- Look at online guides from reputable sources
- At time of publishing there is not, but check to see if there is a national framework of assured suppliers
- 

**Flowchart – what's the most important thing for you?**



Which suppliers are approved to be used?

Name	Website Link	Deployment	Care Settings	Functions	Recording
Tortus AI	<a href="https://tortus.ai/">https://tortus.ai/</a>	Great Ormond Street, Kent NHS, London-wide pilots	GP, A&E, Paediatrics	Drafts letters and notes from conversations Structured note generation	May use structured capture
Heidi Health	<a href="https://www.heidihealth.com/uk">https://www.heidihealth.com/uk</a>	UK wide GP Practices	General Practice	Transcribes consultations in real time Structured note generation Clinician reviews transcription and	Does not record, only transcribes live conversations

				copies into EMIS/SystemOne	
Anima Scribe	<a href="https://www.animaheralth.com/products/scribe">https://www.animaheralth.com/products/scribe</a>	Built specifically for General Practice supporting 400 Practices across the UK	General Practice	Generates consultation notes and documents Follow-up messages Clinical codes	Does not record, only transcribes live conversations
Accurx Scribe	<a href="https://www accurx.com/scribe">https://www accurx.com/scribe</a>	Phased roll out to General Practice	General Practice	Real time transcription Summary function Structured note generation and coding Clinician reviews and saves notes	Does not record, only transcribes live conversations

When considering which supplier is best suited to your needs, consider the following:

- Can the supplier demonstrate that it is being used in General Practice in England? Failing this, can they demonstrate use in other health and care settings in England?
- Can the supplier provide you with their DCB0129?
- Can the supplier provide named case studies and evaluations demonstrating value for money and successful use in General Practices?
- Is the supplier able to explain their process for supporting you to implement their product including:
  - o Their helpdesk process for troubleshooting and supporting your staff

- How they will provide and share documentation including patient consent materials, templates and training guides for your staff
- Their awareness of and support for your staff to progress through the human element of digital transformation
- Their model for supporting you to safely launch AVT with patients

Consider equalities concerns. This could include completion of an EIA template to complete alongside supplier assessments.

Practices should consult national and local guidance to ensure any supplier has achieved the standards required to be used in General Practice. DCB and clinical safety:

The NHS futures site supported by the south west AVT collaborative group contains support on clinical safety. Please refer to this while creating your DCB0160.

A template for DCB0160 can be found here:

[DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems - NHS England Digital](#)

## 4. Going live

### Checklist

Step	Description	Actions and notes
1	Define the challenge and the solution	Justify 'why AVT'
2	Gather EOIs from Practices / PCNs	Publicise widely and frequently
3	Identify 'must haves'	Involve DPO and other stakeholders
4	Appoint Champions	Inform plans, create baseline survey
5	Access the knowledge repository	NHS Futures will host all materials
6	Go live! (safely)	
7	Monitor, support, evaluate	

#### Step-by-step to go live:

- Identify staff who want to go first and ask them to be 'champions'. Their role will be to encourage others, be experts in how to use AVT and share their knowledge, troubleshoot, help to tweak the functionality to meet Practice needs.
- Agree what the benefits will be and how you will measure them. Do a baseline survey with your staff. It doesn't have to be a professional evaluation! Ask questions like:
  - o How much time do you spend making eye contact with patients?
  - o How stressed do you feel in your role on an average day?
  - o How much of your role is admin?
- Create a hazard log and get your IG and clinical safety admin done as early as possible. This includes editing a DPIA template to fit your Practice, sharing it with your DPO and your ICB. Agree with your leadership team and the AVT supplier how you will monitor hazards and mitigate against them together. Consider meeting once a week, or fortnightly, at first while the technology is new.
- Explain your plans to your patients and your PPG
  - o Use the materials we have shared for patient screens, website, etc.
  - o Draft a simple consent statement which will be used every time you use AVT

- Deliver training on AVT with your staff, ensure you focus on safe use and patient consent, and make sure everyone knows how to escalate hazards and problems or ask for help if they're unsure
- Pilot first: set a date to go live with your champions, and regularly review progress and feedback
- Once pilot phase is complete, you will be able to consider whether to conduct a full roll out with all staff.
- Get into the rhythm of talking about AVT, reviewing hazards, tweaking the tech (for example, you can often edit or create templates to meet the needs of how you work!)
- After an agreed period, do your evaluation again – ask the same questions, and consider whether the benefits of the product are worth the cost
- Ask your patients what they think – both in consultations and via your PPG or patient survey

### **Roles, Leadership and Accountability**

Assign leadership roles early. GP Partners retain overall responsibility for safe AVT use. Appoint a named transformation lead and clinical/admin champions to guide implementation. These roles will liaise with suppliers, oversee staff training, standardise workflows, and ensure AVT reflects existing documentation practices such as letter templates.

Ensure benefit realisation is built in—track three major outcomes: improved consultation quality for patients, reduced burnout for clinicians, and time savings that allow for higher quality work.

### **Managing the Hazards**

Practices must work with suppliers to access hazard logs created under the DCB0129 standard and use this to inform their own hazard management processes, aligned with DCB0160. Each identified risk should have a mitigation plan which must be reflected in training materials and escalated to partners as needed.

Practices are encouraged to collaborate with PCNs or Federations to share learning and develop peer-reviewed hazard logs. Timely escalation of any serious incidents or concerns is essential and must follow the AI policy.

### **Best Practice to Go Live**

AVT – Must-Haves for Practices:

1. DPIA reviewed in Practice and completed, with DPO input

2. Data Processing Agreement completed and signed.
3. Patient consent materials reviewed. Statement to be used in every consultation.
4. Privacy Notices updated on the website and included in patient-facing materials. Promotional content distributed (newsletter, waiting room screens, leaflets).
5. In line with DCB0160, create a hazard log and a process for regular review and mitigation of hazards by Practice leadership - see the AVT Collaborative Group guidance on clinical safety: [NHS England South West - Ambient Voice Technology - Futures](#)
6. Include benefit evaluation early in the go-live plan—refer to the Evaluation Appendix for tools to assess impact.

### Monitoring, Checking, Learning and Training

Practices should build time for staff to learn how AVT tools work and explore time-saving features like templates. Insert a local case study in this section to demonstrate value.

Hazard logs should be reviewed weekly at first, then at least fortnightly, with updates shared at leadership meetings. Use identified risks to improve training and mitigate issues early. Regular monitoring supports long-term safe use.

### Being Part of a Community

AVT implementation is stronger when practices work together. Join communities of practice within your PCN, ICB, or NHS region to share learning, hazard logs, and supplier feedback. Opportunities to expand AVT to partner services, such as community care or hospitals, can support integrated, efficient care delivery across systems.

### Evaluation

When designing your approach to evaluation, the following is worth considering:

**A basic but useful** approach to evaluation is to ask participants a set of questions before you start and the same questions once you're finished.

**Any evaluation is better than none** – don't let the idea of 'perfect' get in the way of getting something done. Even a basic series of questions for Practice staff to complete before and after they use the new tool will give you useful evidence.

**Co-production is good** – ask your participants to tell you what kinds of benefits or problems you should be measuring then tailor some of your evaluation questions to what they tell you.

**Build on existing evaluations** – other organisations may have done the work already. The One Care evaluation from 2025 is in the appendices as a helpful starting point.

**Don't ask too many questions** – 'a quick 5-minute survey' is much more likely to be completed by busy staff.

**Ask someone else to proofread your questions** – sometimes, wording that feels clear to the person who wrote it, is confusing and vague for someone else. Ask a colleague to give you feedback. Think about whether there could be more than one interpretation of the wording you are using.

**Consider how to encourage completion** – response rates can be increased by understanding why others would complete the survey. Do they care about proving value for money? You could consider making completion of your survey a requirement in order to take part in the work. You could publish a 'leaderboard' to celebrate when your colleagues complete it.

**Academic support?** Some universities or associated organisations might be interested in evaluating your work. Consider asking a local university if any researchers are currently working on a proposal which would fit with your pilot project.

**Timing** – it's usually best to do an evaluation survey before you start, and then towards the end of your project. You should always aim to do your 'baseline' before you begin, to avoid reducing the accuracy of your findings. You should also avoid leaving it too long after your colleagues have taken part, to ensure the memory of the work is fresh in their minds.

**Learn as you go** – evaluation and learning should be captured whenever you can. Ask lots of questions, ask for feedback, create a lessons log and write it down as soon as you hear it.

## Appendix A: AI Policy

This draft AI policy has been created by One Care in March 2025 to support Practices who have chosen to trial the use of AI tools.

This draft policy is for use by Practices to create their own policy, which must be reviewed and signed off by your relevant Practice leadership.

### Artificial Intelligence (AI)

Artificial Intelligence (AI) is the capability of computer systems to perform tasks that typically require human intelligence, such as recognising speech, making decisions, and identifying patterns. AI encompasses various technologies, including machine learning, deep learning, and natural language processing.

AI can be utilised in GP practices to enhance efficiency and improve patient care by assisting in diagnostics and decision support, automating routine administrative tasks, handling patient interactions through chatbots and virtual assistants, and using transcription tools to summarize patient encounters and generate clinical notes. These applications have the potential to streamline operations, enhance decision-making, and improve the overall efficiency of GP practices.

### AI Policy for [Practice Name]

**Introduction:** This policy outlines the use of Artificial Intelligence (AI) tools within [Practice Name] to ensure they are used responsibly, ethically, and in compliance with relevant regulations.

**Purpose:** The purpose of this policy is to guide the use of AI technologies to enhance patient care, improve practice efficiency, and maintain data security and patient confidentiality.

**Scope:** This policy applies to all staff members at [Practice Name] who use AI tools in their roles.

#### Policy:

##### 1. Compliance with Regulations:

- All AI tools must comply with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.
- AI tools should be used in accordance with NHS guidelines and standards.

AI tools should only be used once they have been through a process which reviews all relevant IG documentation and ensures suppliers are safe to use.

**2. Data Security and Confidentiality:**

- Patient data used by AI tools must be anonymised where possible.
- Access to AI tools and patient data should be restricted to authorised personnel only.
- AI tools which access patient data are often riskier than those which do not, and extra care should be taken with these tools.

**3. Ethical Use:**

- AI tools should be used to support clinical decision-making, not replace it.
- Staff should be trained to understand the limitations, capacity to produce errors and the potential biases of AI tools.
- Where possible, all Practice staff should be included in conversations about the use of AI tools, including those not directly involved in its use, in order to develop a shared awareness of the use of AI and to support effective communication with patients.
- AI tools can worsen inequalities around access to and outcomes from health care. Care should be taken to examine whether patients are being disadvantaged by any tools used, and steps taken to mitigate against this.

**4. Transparency:**

- Patients and carers should be informed every time when AI tools are used in their care. This should - as a minimum - be achieved via a conversation with the patient before the tool is used.
- The practice should maintain transparency about how AI tools are integrated into patient care.
- It is often a good idea to share information about use of AI tools on your website, to your PPG and on patient information screens in your Practice.
- Patients who wish to opt-out should be supported to do so. Opting out should be an accessible process.

**5. Training and Support:**

- Staff should receive appropriate training on the use of AI tools.
- Ongoing support should be provided to ensure effective and safe use of AI technologies.
- Staff should be aware of how to escalate concerns, mistakes, near misses and incidents involving AI, ideally via a Practice Hazard Log (One Care can support with this)

**6. Monitoring and Evaluation:**

- No AI tools should be used in Practice unless formally approved by a Practice Partner or other authorised staff member. The list of approved tools will be reviewed regularly by Partners.
- The use of AI tools should be regularly reviewed to assess their impact on patient care and practice operations.
- Feedback from staff and patients should be used to improve AI tool implementation.

**Review:** This policy will be reviewed annually or as required to ensure it remains relevant and effective.

**Approval:** This policy has been approved by [Practice Manager/Managing Partner] on [Date].

## Appendix B: Governance, Digital Safety and Quality Toolkit

The following is a breakdown of the minimum standards that we used in the selection of AVT suppliers in Bristol, North Somerset and South Gloucestershire:

Item	Tick	Additional requirement	If item not ticked, why?
<b>Accreditation and certification</b>			
ICO registration		Registration Details:	
Not escalated to ICO within last 12 months			
DSPT accreditation		Level: Date:	
ISO certification			
Any other accreditation(s) (Cyber essentials plus, etc)		Whole state Partial state Type of accreditation:	
<b>NHS required information</b>			
Presence on NHSE frameworks e.g. Gcloud			
NHS DTAC Process			
DPIA associated with service or product			
Data sharing (and processing) agreement and privacy notice			
<b>BNSSG required information</b>			
Penetration testing, patching and updating		Date: Name of company providing penetration testing: Frequency/schedule of penetration tests: Approach to patching and updating practice	
Where is patient data stored?		Name of country:	
Supplier approach to clinical risk and indemnity			
Is your product classed as a medical device?			
Please share your product business continuity/disaster recovery plan			
What is the process for offboarding?			
What is the product price? Per head of population, per year or total licence cost?			

## Appendix C: Evaluation Template

### AVT Pilot - Initial benchmarking survey

Please complete this questionnaire before the the AI scribe (Heidi Health) is implemented. Your responses will help assess its impact on workload, burnout, consultation quality, and patient safety.

*Please note: These questions are being asked solely for the purpose of the pilot evaluation and your answers will not be shared with your practice. Please answer as openly and honestly as possible.*

1. Name

2. Practice name

3. How would you rate your current typing ability?

1 = very poor, 10 = very good

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

4. How would you rate your existing level of digital knowledge, appetite, enthusiasm?

1 = low, 10 = high

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

5. How often do you feel overwhelmed by the amount of documentation required in consultations?

- Never
- Rarely
- Sometimes
- Often
- Always

6. For an average **SINGLE PROBLEM** consultation how much of your working day do you spend on documentation per consultation?

- 30 seconds or less
- 30 seconds to 1 minute
- 1 to 1.5 minutes
- 1.5 to 2 minutes
- 2 to 2.5 minutes
- 2.5 to 3 minutes
- 3 to 3.5 minutes
- 3.5 to 4 minutes
- More than 4 minutes

7. For an average **MULTI PROBLEM** consultation how much of your working day do you spend on documentation per consultation?

- 30 seconds or less
- 30 seconds to 1 minute
- 1 to 1.5 minutes
- 1.5 to 2 minutes
- 2 to 2.5 minutes
- 2.5 to 3 minutes
- 3 to 3.5 minutes
- 3.5 to 4 minutes
- More than 4 minutes

Work-life balance & burnout

8. How satisfied are you with your current work-life balance?

1 = unsatisfied, 10 = completely satisfied

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. Using your own definition of burnout, how would you rate your level of burnout?

- I enjoy my work. I have no symptoms of burnout.
- I am under stress at times, but I do not feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I'm experiencing won't go away. I feel completely burned out and often wonder if I can continue in this career.
- I feel completely burned out and am at the point where I may need to seek help or make a career change.

10. How often do you spend time on clinical documentation outside of your scheduled working hours?

- Never
- Rarely
- Sometimes
- Often
- Always

Consultation quality & efficiency

11. How often do you feel rushed in consultations due to time spent on documentation?

- Never
- Rarely
- Sometimes
- Often
- Always

12. How satisfied are you with the quality of your clinical notes?

1 = unsatisfied, 10 = completely satisfied

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Patient safety & communication

13. Do you feel that documentation requirements negatively impact your ability to engage with patients?

- Yes
- No
- Somewhat

### Overall perceptions & AI expectations

14. How would you rate your concerns with using AI in clinical practice?

- Not at all concerned
- Slightly concerned
- Somewhat concerned
- Moderately concerned
- Very concerned

15. What do you anticipate will be the biggest benefit of using the the AI scribe (Heidi Health)?

16. What concerns do you have about the AI scribe?

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

## Appendix D: Helpful implementation checklist

### AI Scribe Implementation Checklist for GP Practice Managers

#### 1. Pre-Implementation

- Confirm tool has Class 1 medical device classification
- Verify DTAC (Digital Technology Assessment Criteria) compliance
- Review suppliers DCB0129 clinical safety documentation
- Consider appointing a Clinical Safety Officer (CSO) or equivalent to lead internal DCB0160 activities
- Complete a Data Protection Impact Assessment (DPIA)
- Review and update the practices privacy notice
- Confirm Data Processor Agreement is in place with the vendor where required
- Contact ICB to request cyber security review of desired technology (see Appendix B)
- Create SOP (Standard Operating Procedure)

#### 2. Technical & Workflow Setup

- Confirm compatibility with clinical system (EMIS/SystemOne/Vision)
- Ensure AI tool doesn't overwrite or bypass clinical safety controls
- Test secure access controls and audit logs
- Define scope of usage (e.g., in-person only, exclude mental health reviews)
- Agree on how clinicians review/approve AI-generated notes
- Design feedback loop for correcting or reporting AI errors
- Establish opt-out process for patients

#### 3. Staff Training & Engagement

- Schedule training sessions for all clinical users
- Provide guidance on reviewing AI-generated notes
- Ensure all staff are aware of SOP
- Ensure staff understand patient communication and consent requirements
- Address staff concerns (deskilling, pace of change, patient trust)

### AI Scribe Implementation Checklist for GP Practice Managers

- Nominate internal champions or superusers

#### 4. Patient Transparency

- Update patient-facing privacy information (website, posters, etc.)
- Train reception/admin team on how to explain the tool to patients
- Ensure patients can opt out easily if desired

## **5. Pilot & Evaluation**

- Select initial cohort of clinicians for pilot
- Monitor accuracy, consultation time, and user satisfaction
- Collect baseline metrics before launch
- Schedule post-pilot review
- Gather clinician and patient feedback
- Decide whether to scale, refine, or pause implementation

## **6. Ongoing Monitoring & Risk Management**

- Conduct quarterly safety reviews
- Track flagged errors or safety incidents
- Monitor staff satisfaction and patient experience
- Review vendor support performance and updates

## **7. Exit Plan & Contingency**

- Define backup documentation process if tool fails
- Ensure no data loss if vendor contract ends
- Keep contract terms and notice periods accessible

Thank you to Devon ICB for sharing this checklist.