NHS
South East

AI in General Practice:

Implementation and Use Across the South East Region

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01 | Introduction

Artificial Intelligence (AI) tools are being increasingly deployed across general practice in England to tackle long-standing operational and clinical pressures. From automated triage and digital registration to real-time consultation transcription, document processing, and proactive patient engagement, these tools offer practical solutions to reduce administrative burden and improve the efficiency of care delivery.

One of the key challenges facing the use of AI in general practice is navigating information governance (IG) and clinical safety requirements, which are essential for protecting patient confidentiality, ensuring data security and safeguarding patients from potential harm. AI systems often rely on large volumes of sensitive health data to function effectively, but accessing, processing, and sharing this data must comply with strict IG frameworks such as GDPR and NHS-specific policies, whilst also ensuring that outputs are safe, explainable, and clinically appropriate.

This can create barriers to implementation, especially when data-sharing agreements are unclear or when practices lack the infrastructure to manage data securely.

Additionally, concerns around transparency, consent, and accountability can slow adoption rates down, as clinicians and patients need assurance that AI tools are being used ethically and responsibly. Without robust IG solutions, even the most promising AI innovations risk being sidelined due to compliance concerns.

In addition to this, by their very nature, many of these innovations are being developed at pace, and this is equally putting pressure on systems to keep up with advances and increasing governance risks.

At the request of regional ICBs, Practices and PCNs, the NHS England South East Primary Care Transformation team has published a **Guide for Software Risk Management in GP Practices**. This guide has been developed to help support the correct implementation of software, compliance with standards and to mitigate risks for those wanting to work in this way.

In order to consider how best to roll out these tools, it is good to understand a baseline of where there are already being used and how compliant they are with guidance. This report examines the current landscape of AI implementation within NHS general practice across the South East region. The six NHS Integrated Care Boards (ICBs) included in scope are: Kent and Medway, Surrey Heartlands, Sussex, Frimley, Hampshire & Isle of Wight, and Buckinghamshire, Oxfordshire & Berkshire West. Collectively, these ICBs cover approximately 650 GP practices, serving a diverse and often pressured patient population.

01 | Introduction (CONT.)

The analysis presented is based primarily on data provided by suppliers in response to a structured survey commissioned by the NHS England South East Primary Care Transformation team and delivered by Redmoor Health in mid-2025. The survey aimed to capture deployment details, tool functionality, and assurance credentials for all known AI solutions marketed to general practice. In total, responses were received from 60% of the 46 suppliers contacted, covering 32 AI products. This supplier-reported dataset was then cross-referenced with commissioned internal research, field intelligence, and regional commissioning insights to build a consolidated view of AI adoption across the South East region.

While participation was voluntary and not all vendors provided detailed responses, the breadth of input was sufficient to identify meaningful trends and patterns. The findings in this report reflect both the supplier-reported data and the commissioning body's interpretive analysis of how and where AI is being utilised, including insights on emerging categories, deployment maturity, procurement models, and digital assurance.

This report should therefore be viewed as a best-effort regional snapshot, grounded in the most complete dataset currently available, but inevitably partial due to gaps in supplier disclosure and variations in ICB-level oversight. Nonetheless, the patterns identified offer valuable insight into how AI is being operationalised in general practice today, and where future opportunities for scaled implementation and evaluation lie.

Lastly, in the fast-evolving field of artificial intelligence, data can become outdated remarkably quickly. New companies, tools, and breakthroughs emerge almost daily, making it challenging to maintain a current and comprehensive view of the landscape.

This rapid pace of innovation means that by the time a piece of research or analysis is completed - such as mapping out the number of AI companies or their capabilities -some of the information may already be obsolete. This is especially true in areas like generative AI, where funding rounds, product launches, and acquisitions happen at speed. As a result, it's important to treat such research as a snapshot in time and, where possible, build in mechanisms for regular updates or dynamic data sources to keep insights relevant and actionable.

02 | Methodology & Data Sources

A structured data-gathering exercise in mid-2025 took place to understand the current use of AI technologies in general practice across the South East region. The work combined four key data sources:

Supplier Survey – A standardised self-reporting survey distributed to every supplier in Redmoor's database with a general practice-facing AI product. Suppliers were asked to categorise their tools, outline their functionality, and specify implementation status in the South East.

Internal Supplier Database – Redmoor's proprietary master list, tracking 54 individual AI tools across 46 suppliers known to be marketing into primary care.

Regional Stakeholder Input – Additional information shared by the NHS South East Primary Care Transformation team, ICBs and regional digital leads, particularly around known deployments and commissioning routes.

Direct Field Intelligence – Observations gathered from Redmoor's delivery teams working directly with practices and PCNs across the South East.

Suppliers were asked to specify whether their tools were fully implemented, in pilot, or under consideration; whether deployments were led centrally or locally; and whether tools had relevant assurance (e.g. DCB0129, MHRA class, IG compliance). Integration status with core clinical systems (EMIS or SystmOne) was also requested.

Information was gathered for 60% of the requested products from the 46 suppliers engaged. Some suppliers declined to participate due to commercial sensitivity, whilst others shared only indicative or partial details.

To mitigate these limitations, qualitative judgement was applied by triangulating supplier responses with regional knowledge to ensure the analysis reflects the most accurate view possible. However, this report does not claim to be exhaustive and should be interpreted as a best-available representation of the AI landscape in South East primary care at this point in time.

03 | AI Tool Categories & Functional Landscape

The solutions identified fall into 13 functional categories, aligned to different stages of the general practice operational model. While the majority involve the application of artificial intelligence, several are better described as automation technologies rather than AI in the strictest sense. These have been included in scope because they deliver comparable benefits, streamlining workflows, reducing administrative burden, and releasing capacity. and often sit alongside AI tools within the same product landscape.

AI Enabled Categories

- **Admin Support Chatbots** – Tools that supports GP teams in navigating administrative queries, policy interpretation, and contractual guidance.
- **Patient Assistance Chatbots** – Tools that support patients at the point of initial contact, offering advice and signposting (e.g. X-On, Visiba, Ada, EDATT)
- **Automated Triage and Routing** – Intelligent systems that process online consultation requests and allocate them to the correct team (e.g. Anima, PATCHS, Rapid Health)
- **Ambient Consultation Transcription** – Tools that transcribe spoken consultations into clinical notes in real time (e.g. Tortus, Accurx Scribe, Nabla, Heidi)
- **Post-Consultation Documentation** – Tools that automate referrals, follow-ups, and other after-consult tasks (e.g. bundled within scribe platforms)
- **Clinical Decision Support (CDS)** – Tools that surface clinical risks, guidelines, or differential diagnoses at point of care (e.g. Ardens, C the Signs, Medwise AI)
- **Self-Service LTC Monitoring Bots** – Patient-facing tools to support self-management of long-term conditions (e.g. Suvera, Aide, avid.health)
- **Letter Filing and Coding** – Natural language tools that read incoming documents and allocate SNOMED codes (e.g. Docman Assist, BetterLetter, OneAdvanced)
- **AI-Driven Clinical Coaching** – Tools offering post-consultation learning insights to clinicians (e.g. Cliniltalk)

03 | AI Tool Categories & Functional Landscape (CONT.)

Automation-Led Categories

(not strictly AI, but included for comparison and relevance)

- **Automated Registration** – Robotic Process Automation (RPA) tools that digitise new patient registration into the clinical system (e.g. GP Automate, Healthtech-1)
- **Automated Prescription Handling** – Logic-based systems that process repeat or low-risk prescription requests (e.g. JiffJaff, GP Automate)
- **Diagnostic Result Processing** – Tools that automate the handling of lab and pathology results (e.g. Automation Anywhere)
- **Automated Call & Recall** – Platforms that identify eligible patients for appointments and send invites (e.g. Hippo Labs, SPRYT, CarelQ)
- **Automated Clinical Case Finding** – Algorithms that identify cohorts requiring review or proactive contact (e.g. Abtrace)

These categories form the basis of the supplier and deployment analysis presented in the following sections.

04 | South East - AI Deployment Overview

Across the South East, **23** AI & Automation tools were confirmed as being in live use. The survey data shows a clear concentration of adoption in a handful of high-use cases. **Admin Support Chatbots** (c**240** practices, supplier-estimated), **Consultation Transcription & Summarisation / Ambient Scribes** (**222**), **Automated Letter Filing & Coding** (**197**) and **AI Triage & Routing** (**136**) together account for around **90%** of deployments in the AI-only category.

Automation tools show a mixed pattern of uptake. **Automated Patient Registration** is the most widely deployed automation-led tool, with 358 confirmed sites, followed by **Automated Call and Recall** at **121**. **Automated Diagnostic Test Processing** and **Automated Prescription Processing** each appear in **75** sites, placing them in the mid-range. Smaller categories, including **Self-Service LTC Bots** (**23**), show more limited adoption, while **Compliance Automation** and **Automated Clinical Case Finding** currently have no confirmed deployments in the dataset.

Geographically, for AI-only categories the highest numbers of named deployments appear in **Kent and Medway** (**149**) and **Hampshire and Isle of Wight** (**144**), reflecting in part their larger practice bases. When adjusted for practice size, uptake becomes more even, with **Frimley** and **HIOW** close to **one** deployment per practice and **BOB**, **Sussex**, **Surrey Heartlands** and **Kent** and **Medway** closer to **two-thirds**. **Surrey Heartlands** records the lowest absolute count (**65**), which aligns with its smaller number of practices. A further **266** deployments were reported without an ICB, and only a subset of suppliers provided ICB-level data, so the figures offer an indicative rather than complete view of AI-only adoption. See Table 7.1 for more detail.

Across categories and regions, AI is being used primarily to **reduce administrative workload**, **improve access, and support long-term condition management** - reflecting national priorities around demand management and digital transformation. Yet only **13%** of tools in the dataset are confirmed as implemented across multiple practices; most remain in targeted rollouts or pilot stages.

Supplier compliance with governance requirements - **DTAC, DCB0129, Cyber Essentials**, and where relevant **MHRA classification** - remains mixed, though many suppliers didn't provide full responses. This underlines the importance of robust procurement and assurance processes, particularly where tools are adopted directly by practices without ICB oversight.

The next section examines adoption patterns in more detail, including supplier reach, customer base, and reported assurance status.

05 | Detailed Analysis and Visualisations

This section presents a deeper dive into supplier engagement, confirmed AI deployments, vendor market share, and assurance compliance across the South East region. All insights are drawn from the supplier survey dataset, with deployment figures representing the most recent supplier-confirmed totals at the time of reporting.

5.1 Supplier Engagement and Data Quality

A total of **46 AI suppliers** were contacted as part of the structured outreach process, offering **54 AI & Automation products**. Each was asked to confirm their product categories and implementation footprint in the South East, and key assurance credentials. While some vendors were highly responsive, others declined to provide data or offered only partial responses.

Table 5.1 summarises supplier engagement by AI function. Across key categories, we received responses for **60%** of the AI products we requested information on.

Table 5.1 - Outreach Results by Functional Category - full AI

AI Category	Products (info requested)	Products with supplier responses	Products with no supplier responses	Confirmed SE GP sites
Admin Support Chatbot	1	1	0	240
Consultation Transcription & Summarisation (Ambient Scribes)	5	2	3	222
Automated Letter Filing & Coding	6	5	1	197
Automated Triage & Routing	10	6	4	136
Automated Clinical Coaching	2	2	0	57
Self-Service LTC Bot	5	3	2	40
Clinical Decision Support (CDS)	4	2	2	0
Patient Assistance Chatbot	4	0	4	0
Total (AI)	**37**	**21**	**16**	**892**

05 | Detailed Analysis and Visualisations (CONT.)

Table 5.2 Automation-Led Categories

AI Category	Products (info requested)	Products with supplier responses	Products with no supplier responses	Confirmed SE GP sites
Automated Patient Registration	4	4	0	358
Automated Diagnostic Test Processing	3	2	1	75
Automated Prescription Processing	2	2	0	75
Automated Call & Recall	6	3	3	121
Automated Clinical Case Finding	1	0	1	0
Compliance Automation	1	1	0	0
Self-Service LTC Bot	5	3	2	23
Total (Automation)	**17**	**12**	**5**	**629**

***Note:** Practice counts are supplier-reported. A single practice may appear across multiple categories. See appendix for full list of suppliers including who did and didn't respond.

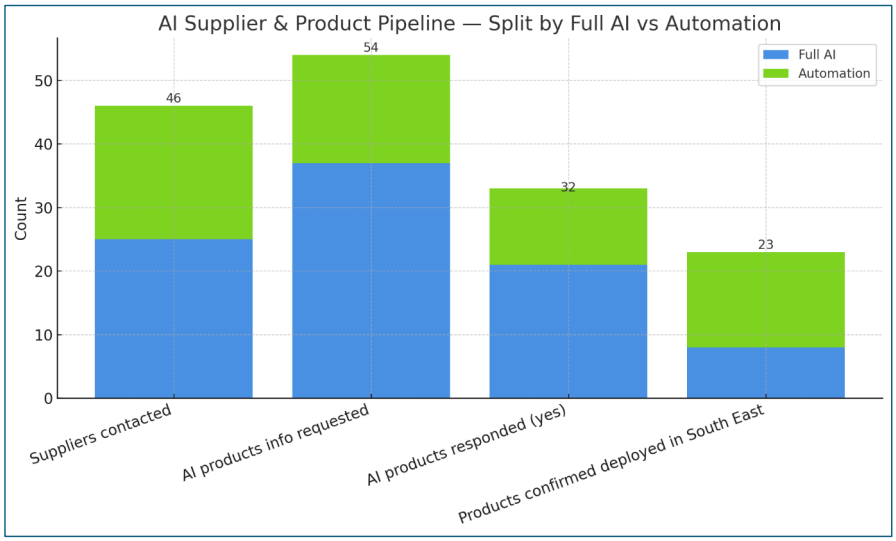


Figure 1 (Supplier Engagement Funnel) highlights the attrition across the survey process, from initial contact to verified deployment confirmation.

05 | Detailed Analysis and Visualisations (CONT.)

5.2 Confirmed AI Deployment by Function

Analysis of supplier-confirmed data provides a clear picture of where AI adoption in primary care is currently most concentrated. Four functional areas - **Admin Support Chatbots, Consultation Transcription & Summarisation (Ambient Scribes), Document Automation, and AI Triage & Routing** - account for nearly seven in ten (69.8%) of all verified deployments in the region. Adding any one of the next-tier categories increases this to over three-quarters (76.4%), indicating a high degree of concentration in a small number of use cases.

The distribution of deployments by function is as follows:

Admin Support Chatbots - Estimated in use at **approximately 240 practices**, all via Ankit AI. This is a widely used, free-to-access chatbot that supports GP teams in navigating administrative queries, policy interpretation, and contractual guidance. The figure is based on the supplier's estimate that around **30% of GP practices** in the region use the tool, rather than a line-by-line deployment count. Its high uptake reflects both accessibility (no licence cost) and perceived utility in reducing the time staff spend resolving routine operational questions.

Consultation Transcription & Summarisation (Ambient Scribes) - Confirmed in **222 practices**, led by AccuRx Scribe (163) and TORTUS (59). These tools address one of the most cited pain points in **general practice - documentation burden - by automating the capture and summarisation of consultations**. Actual uptake in this category is likely to be higher than reported, as several known providers did not respond, including Heidi Health, which is recognised as a leading supplier in this space.

Document Automation - Present in **197 practices**, with leading products including Anima Platform document workflows (93), JifJaff MyBotGP – Docman Filing (50), Advanced Docman Intellisense / GP Workflow Assistant (30), and BetterLetter / BetterLetter.ai (12 + 12). These solutions streamline the intake, coding, and filing of incoming correspondence, freeing administrative capacity.

AI Triage & Routing - In use at **136 practices**, predominantly via Anima triage workflows (93), alongside Klinik Access (25) and InTouchNow AI Voice Receptionist (17). AI triage continues to be adopted as practices seek to manage demand more proactively and route patients to the most appropriate care pathway.

In parallel, supplier-confirmed data on automated software deployments shows a similar pattern of concentration, with a single functional area dominating. Automated Patient Registration accounts for more than half of all confirmed deployments (353 sites), driven largely by Healthtech-1 (278), with smaller but material uptake from GP Automate and JifJaff (25 and 50

05 | Detailed Analysis and Visualisations (CONT.)

5.2 Confirmed AI Deployment by Function (CONT.)

In parallel, supplier-confirmed data on automated software deployments shows a similar pattern of concentration, with a single functional area dominating. Automated Patient Registration accounts for more than half of all confirmed deployments (353 sites), driven largely by Healthtech-1 (278), with smaller but material uptake from GP Automate and JifJaff (25 and 50 respectively). Alongside this, there is notable adoption of Automated Call & Recall solutions (121 sites), led by MedLink's Online Review Platform (81) and Hippo Recaller (40), as well as automation of diagnostic test processing (75) and prescription workflows (75). Collectively, these four categories represent almost all (97.5%) of the confirmed deployments in the region, indicating that automation in primary care is currently concentrated around registration, recall, and core back-office functions rather than broader clinical applications.

Context and Interpretation

These totals reflect confirmed deployments from suppliers who responded to the survey. Several vendors with known market presence reported zero or did not respond, including Heidi Health, PATCHS, Rapid Health and Voice Connect (AI triage); and Blue Prism. The absence of data from these suppliers - particularly Heidi Health - means that the true scale of deployment in some categories, especially consultation transcription and summarisation, is likely understated.

From a commissioning perspective, these figures should be viewed as a conservative, validated baseline that identifies areas of strong momentum rather than a full accounting of regional adoption. The data suggests that AI uptake in primary care remains heavily concentrated in a handful of functions that directly reduce workload - with administrative support, documentation, and demand management leading the way.

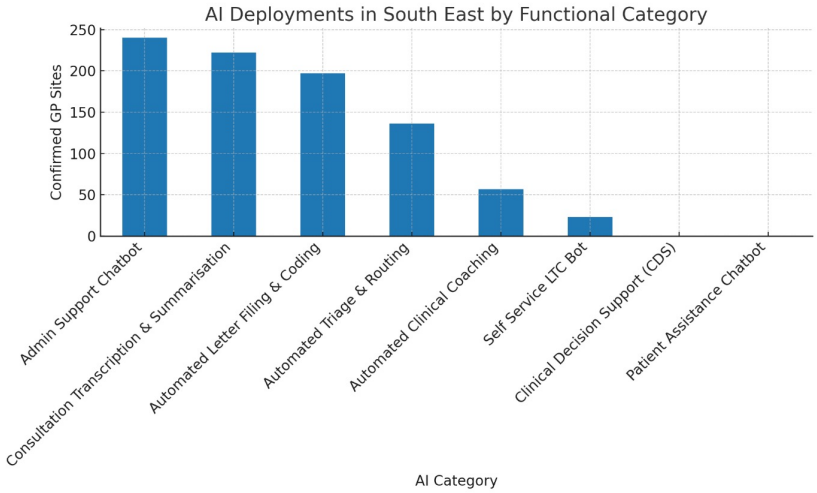


Figure 2 – Confirmed AI Deployments by Function (Bar Chart)

05 | Detailed Analysis and Visualisations (CONT.)

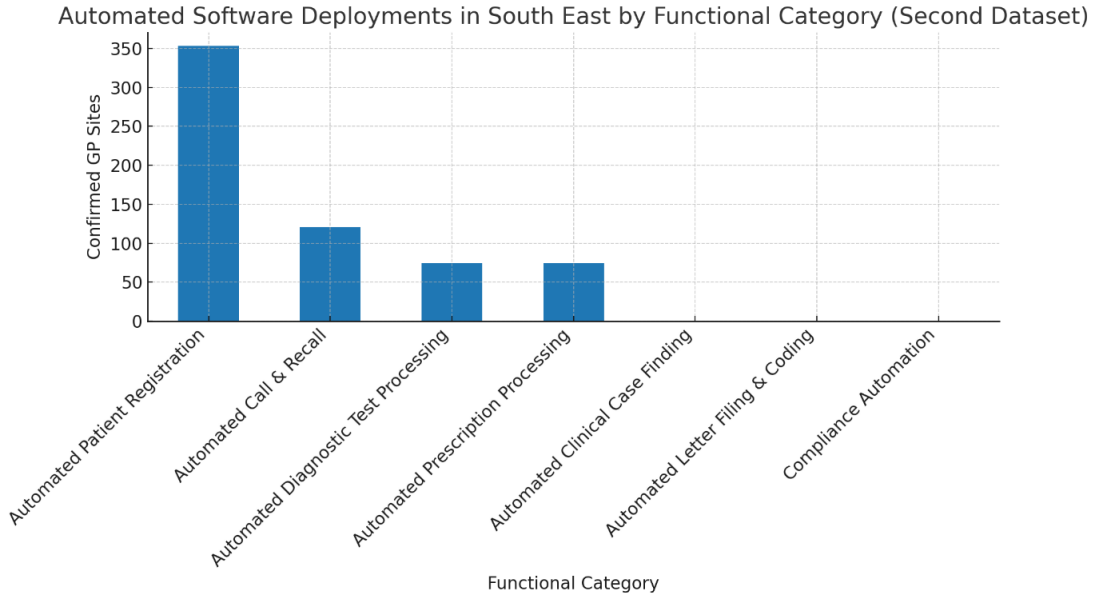


Figure 3 – Confirmed Automation Deployments by Function (Bar Chart)

5.3 Market Concentration in Mature Segments

The distribution of confirmed deployments within the four largest AI functional categories points to varying degrees of market concentration, with some segments dominated by a single vendor and others showing a more even competitive spread. As with earlier sections, these findings reflect only supplier-confirmed data and do not capture potential deployments from non-responders.

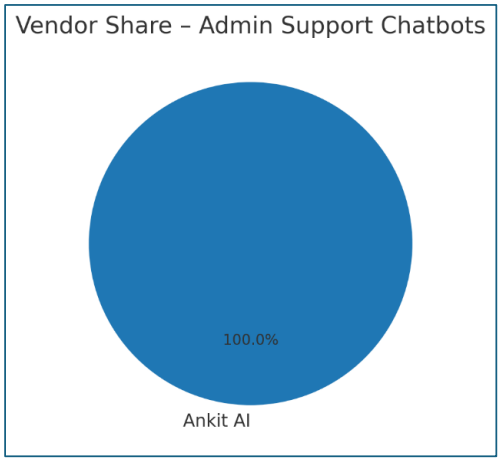


Figure 3 – Vendor Share: Admin Support Chatbots

- Ankit AI accounts for 100% of confirmed deployments in this category. This figure is based on the supplier's estimate that approximately 30% of GP practices in the South East use the tool, equating to around 240 practices.
- As Ankit AI is a free-to-access product, adoption is not tied to a formal procurement process, making it more challenging to verify exact site counts. The figure should therefore be regarded as indicative of likely scale rather than a definitive total.

05 | Detailed Analysis and Visualisations (CONT.)

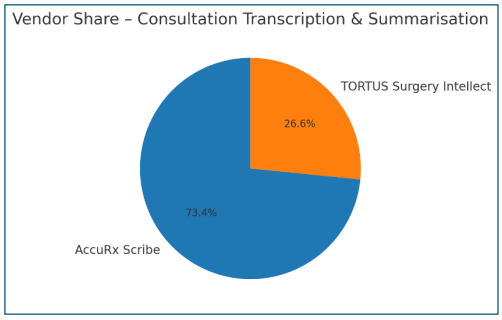


Figure 4 – Vendor Share: Consultation Transcription & Summarisation (Ambient Scribes)

- AccuRx leads with 73% of confirmed deployments, reflecting its strategy to enable Scribe across all EMIS-based Desktop installations.
- TORTUS Surgery Intellect accounts for the remaining 27%, based on supplier-reported deployment numbers.
- These figures exclude leading providers such as Heidi Health. Given Heidi's recognised national market position, actual vendor share in this segment is likely to differ from the confirmed baseline.

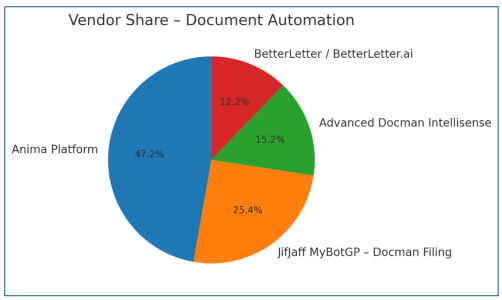


Figure 5 – Vendor Share: Document Automation

- Anima Platform accounts for 47% of confirmed deployments in this category, driven by its integrated document workflows.
- JifJaff MyBotGP – Docman Filing holds 25% of reported deployments.
- Advanced Docman Intellisense / GP Workflow Assistant makes up 15%.
- BetterLetter and BetterLetter.ai together account for 12%.
- These proportions exclude any deployments from non-responding suppliers such as Blue Prism, which has known RPA capabilities relevant to document processing.

05 | Detailed Analysis and Visualisations (CONT.)

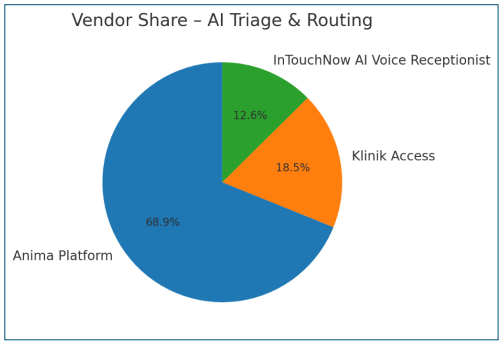


Figure 6 – Vendor Share: AI Triage & Routing

- Anima leads with 69% of confirmed deployments in the South East.
- Klinik Access accounts for 19%, while InTouchNow AI Voice Receptionist holds 13%.
- PATCHS, Rapid Health, Check Comm, and Voice Connect did not respond to the survey, meaning their deployments are not reflected in the percentages above.
- eConsult responded but reported zero confirmed South East deployments. While this confirms no active footprint in the region, its historic national presence means it remains a relevant market player to monitor.

Caveat on Interpretation

Across all categories, the vendor share analysis reflects only confirmed deployments from responsive suppliers. Several vendors with known market presence either declined to provide data or did not respond, meaning actual market share may differ substantially. Where significant suppliers are missing - as with Heidi in ambient scribes - the true competitive landscape could be materially different.

Commissioners and ICB teams should treat the analysis in Sections 5.2 and 5.3 as a directional view. For a complete understanding of the regional AI market, these figures should be supplemented with local intelligence, procurement records, and targeted engagement with non-responding suppliers.

06 | Assurance and Risk Landscape

6.1 Overview of Required Governance and Assurance

Based on our analysis of each AI category and its role in primary care workflows, we have mapped the expected governance, safety, and security requirements. This is informed by national NHS policy, regulatory frameworks, and the supplier feedback gathered through our survey and may be subject to change.

Key frameworks and standards

DTAC (Digital Technology Assessment Criteria) – The NHS's baseline assurance process for digital health technologies. It covers five areas: clinical safety, data protection, technical security, interoperability, and usability/accessibility. All digital tools used within the NHS are expected to meet DTAC.

DCB0129 (Clinical Safety Standard – Manufacturer) – A national standard requiring software manufacturers to produce a clinical safety case and hazard log for any health IT product that could contribute to patient harm. It is mandatory where the system interacts with patient records, workflows, or decision-making.

Cyber Essentials – A UK government-backed baseline IT security certification. NHS organisations are expected to use suppliers that can demonstrate Cyber Essentials or equivalent information security assurance.

MHRA Medical Device Regulation – Under UK law, any software that is intended to diagnose, prevent, monitor, treat, or alleviate disease is considered a medical device. These products must be registered with the MHRA, carry a UKCA/CE mark, and meet a risk classification (e.g., Class I, IIa, IIb). AI tools that influence clinical decision-making or direct patient care often fall into Class IIa.

06 | Assurance and Risk Landscape (CONT.)

Category-level expectations

Our mapping indicates:

AI Triage & Routing and Clinical Decision Support almost always require MHRA registration (likely Class IIa), DTAC, DCB0129, and Cyber Essentials.

Consultation Transcription & Summarisation (ambient scribes) require DTAC, DCB0129, and Cyber Essentials. The position was clarified in **April–June 2025**, when NHS England issued AVT guidance and a **priority notification (9 June 2025)** warning that non-compliant tools were being used in practice. The letter set clear thresholds: all summarisation tools must be registered as at least **MHRA Class I**, with **Class IIa** required if extending into diagnostic or treatment recommendations. It also required completion of a **DCB0160 safety assessment** and **DPIA** before use, placing liability for non-compliance on the deploying organisation. **Administrative RPA** categories (e.g., Automated Patient Registration, Automated Letter Filing & Coding, Automated Prescription Processing, Automated Diagnostic Test Processing, Automated Call & Recall, Compliance Automation) are not medical devices but still require DTAC, DCB0129, and Cyber Essentials.

Self-Service LTC Management Bots and other patient-facing self-care tools may require MHRA registration depending on whether they provide condition-specific advice that could influence diagnosis or treatment.

Please see **Table A2** in the Appendix for a full analysis of what governance levels are typically required per category.

06 | Assurance and Risk Landscape (CONT.)

6.2 Supplier Self-Reported Compliance

From the subset of suppliers who provided assurance information, a mixed picture emerges:

Clear evidence from some vendors – A proportion of suppliers, particularly those working with larger-scale deployments, provided specific evidence such as DTAC assessment packs, signed DCB0129 safety cases, Cyber Essentials certificates, and, where applicable, MHRA registration and classification.

General or incomplete statements from others – Several vendors responded with blanket assertions such as "we comply with all requirements" or indicated that assurance work was "in progress," without supplying supporting documentation. These responses provide a starting point but do not confirm that formal evidence is in place.

MHRA least often confirmed – Even in categories where MHRA registration is almost certainly required — such as AI Triage & Routing and Clinical Decision Support — declarations of device class were uncommon. Some suppliers referenced UKCA or CE marking but did not specify classification, which limits assurance certainty.

Administrative automation gaps – In categories such as Automated Letter Filing & Coding, Automated Prescription Processing, and Automated Diagnostic Test Processing, suppliers generally stated that MHRA registration was not applicable (which is correct given the administrative nature of the tools). However, DCB0129 evidence was not consistently provided, despite these tools making changes directly to patient records.

Variation across high-deployment categories – In functions with the highest number of live deployments in the South East — including Admin Support Chatbots, Consultation Transcription & Summarisation, Document Automation, and AI Triage & Routing — assurance status varied widely by vendor. This suggests that, while many practices are already benefiting from these technologies, there is uneven visibility of their governance position.

06 | Assurance and Risk Landscape (CONT.)

6.3 Implications for NHS South East

The supplier responses provide a snapshot of the assurance position for AI tools currently deployed in practices across the region. While NHS South East has already delivered training to ICBs and clinicians on their governance responsibilities, the findings point to several considerations for ongoing oversight and support:

High-deployment categories merit continued monitoring – The functions with the largest live footprint in the South East - Admin Support Chatbots, Consultation Transcription & Summarisation, Document Automation, and AI Triage & Routing — show variable assurance confirmation between vendors. Given their scale of use, these should remain a focus for periodic review.

Incomplete evidence is common – Even where tools are in high-volume use, several suppliers provided only partial or generalised assurance statements. Continued emphasis on practices verifying supplier documentation will help ensure governance requirements are met in full.

MHRA information is often missing – In categories where medical device status is likely (e.g., AI Triage & Routing, Clinical Decision Support), few suppliers confirmed classification. South East should be alert to this gap when engaging suppliers or supporting practices in due diligence.

Administrative automation still needs formal safety assurance – Although not medical devices, many RPA-based solutions (e.g., letter filing, prescription processing) act directly on patient records and therefore still require DCB0129 compliance. This requirement should be reinforced in future training and communications.

Appendix Table A3 provides the detailed position – This appendix gives a supplier-by-supplier view of reported conformance, which can be used by South East teams to prioritise follow-up with vendors, target future practice engagement, and track improvements over time.

07 | Regional Deployment Analysis

Deployment of AI tools across the South East can only be **partially mapped at ICB level.** While Sections 4–6 analyse supplier-reported totals across the region, only 11 of the 23 confirmed AI deployments provided practice-level lists that could be validated against ODS and linked back to ICBs. The analysis is therefore **indicative rather than comprehensive:** it reflects patterns from the suppliers who shared detailed data, not the full spread of adoption across all categories.

Even with these limitations, some trends are visible:

- **Hampshire & Isle of Wight (144 deployments across 131 practices)** – one of the highest relative levels of adoption, with more than one deployment per practice on average.
- **Frimley (73 across 67 practices)** – also shows high relative uptake.
- **Kent & Medway (149 across 176 practices)** – records the highest total number of mapped deployments.
- **Sussex (99 across 156 practices)** and **BOB (96 across 152 practices)** form the next tier, with comparable per-practice deployment levels.
- **Surrey Heartlands (65 across 98 practices)** shows fewer deployments in absolute terms but still demonstrates meaningful activity relative to its practice base.

It should be noted that these figures refer specifically to **AI-only categories** and **exclude automation product categories.**

It is also important to underline that, unlike in a trust environment, there is **no at-scale commissioning of AI products in general practice.** Each practice or PCN commissions independently, meaning they are individually responsible for information governance, clinical safety, and assurance. **ICBs have not commissioned any of the products referenced in this report.**

07 | Regional Deployment Analysis (CONT.)

Table 7.1 – AI Only - Category By ICB including unspecified

Category	BOB ICB	Frimley ICB	K&M ICB	Surrey ICB	Sussex ICB	HIOW ICB	Unspecified	Total
Admin Support Chatbot							**240**	**240**
Consultation Transcription & Summarisation (Ambient Scribes)	42	35	36	20	32	57		**222**
Automated Letter Filing & Coding	25	12	60	24	22	49	**5**	**197**
Automated Triage & Routing	20	18	32	12	11	22	**21**	**136**
Automated Clinical Coaching	9	8	18	5	9	8		**57**
Self Service LTC Bot	0	0	3	4	25	8		**40**
Total AI Deployments	**96**	**73**	**149**	**65**	**99**	**144**	**266**	**892**
Total Practices in ICB	**152**	**67**	**176**	**98**	**156**	**131**		**780**

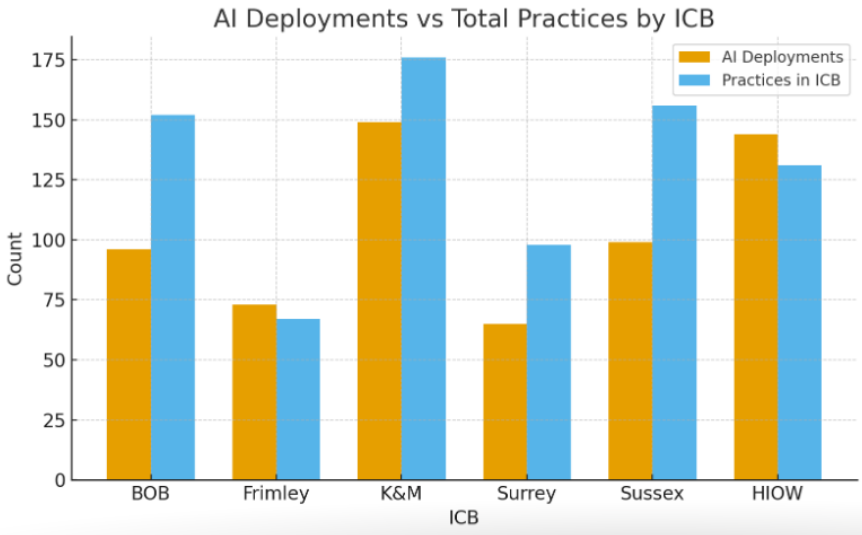


Figure 7 – Confirmed AI Deployments by ICB

08 | Recommendations for Commissioners

This section draws on both the confirmed findings and the limitations of the dataset to provide grounded, actionable guidance.

1. Prioritise MHRA compliance

AI tools used in clinical decision-making or direct patient care are regulated as medical devices under the UK Medical Device Regulations (UK MDR 2002). Tools that handle documentation or summarisation fall under Class I, whereas tools that provide information influencing diagnosis or treatment typically require Class IIa or higher. While most responding suppliers reported compliance with baseline standards such as DTAC, DCB0129 and Cyber Essentials/Cyber Essentials+, a significant proportion did not confirm that they have either completed or are progressing toward Class IIa certification.

Commissioners should ensure that all procured AI tools within the scope of the UK MDR- particularly those with patient-facing or clinical support functionality - are progressing toward the appropriate classification and evidence base. This will help mitigate clinical safety risk and avoid future contract disruption. Supplier declarations should be verified through the procurement and assurance process. Without clear reminders and expectations at the practice level, there is a risk that local purchasing decisions may fall outside regulatory standards and create gaps in assurance, commissioners should reinforce these requirements when practices procure tools directly. Without clear reminders and expectations at practice level, there is a risk that local purchasing decisions fall outside regulatory standards and create gaps in assurance.

MHRA's regulated list of innovations registered as medical devices can be found here:

https://pard.mhra.gov.uk/device-details/Digital%20dictation%20system%26%26Class%20I

2. Address emerging equity gaps

Confirmed uptake is uneven across the region, with Surrey Heartlands and parts of Sussex showing fewer named deployments for high-impact categories such as ambient scribes and AI triage. These differences may be partly due to supplier non-response, but commissioners should verify actual local usage through quick internal audits. Where gaps are confirmed, modest targeted investment or support may be warranted to stimulate adoption.

3. Leverage market competition where it exists

In categories such as AI triage and document automation, multiple suppliers are live in the region with similar functionality. Commissioners can use this competitive landscape to drive value-based procurement and avoid long-term dependency on a single supplier.

08 | Recommendations for Commissioners (CONT.)

4. Use national leadership frameworks to guide AI assurance

Commissioners should also make use of structured regional guidance. The NHS England South East report Automation – Doing it right, safely and reaping the rewards sets out practical considerations for adoption, covering governance, clinical safety, information governance, and deployment checklists. Embedding this resource into local assurance processes can help commissioners and practices navigate risk, ensure compliance, and maximise benefits when deploying automation and AI tools.

5. Supplement this report with local validation

Information was unavailable for 20+ products in the scope of this dataset, so it should not be treated as exhaustive. ICBs, practices and PCNs should:

- Validate the deployment picture with internal procurement and supplier records
- Cross-check local use of tools from suppliers such as Heidi and others
- Share verified data through a central coordination point to improve the completeness of future regional mapping

6. Create a faster, lighter supplier engagement model

This dataset was compiled via a full structured survey. Future iterations could test a short-form template focused on four key fields: product category, ICB footprint, number of GP sites, and assurance status. This could improve response rates and close data gaps more quickly, particularly for mid-size or compliance-wary suppliers.

09 | Appendix

Table A1: List of Suppliers By AI Category Who Did and Didn't Respond

AI Category	Supplier	Product Name	Responded (yes/no)	Number of South East deployments
Admin Support Chatbot	Ankit AI	Ankit. AI	Yes	240
Automated Call and Recall	Spryt	Asa (LTC mode)	Yes	0
Automated Call & Recall	Abtrace	Proactive Monitoring	No	0
Automated Call & Recall	CarelQ (UK startup, NHS-funded pilot)	CarelQ	No	0
Automated Call & Recall	Hippo Labs	Hippo Recaller	Yes	40
Automated Call & Recall	MedLink.co.uk	MedLink Online Review Platform	No	81
Automated Call & Recall	Spryt	Screening Bot	Yes	0
Automated Clinical Case Finding	Abtrace	Abtrace Risk Stratification & Monitoring Platform	No	0
Automated Clinical Coaching	Clinitalk	Clinitalk Remote Coaching & Monitoring Platform	Yes	0
Automated Clinical Coaching	Medwise AI	Medwise AI Search	Yes	57
Automated Diagnostic Test Processing	Automation Anywhere	Automation Anywhere Digital Workforce Platform	No	0

Automated Diagnostic Test Processing	GP Automate (UK)	Lab Reporting Automation (Normal Results)	Yes	25
Automated Diagnostic Test Processing	JifJaff	MyBotGP - Normal Results Filing	Yes	50
Automated Letter Filing & Coding	Advanced (Docman)	Intellisense / GP Workflow Assistant	Yes	30
Automated Letter Filing & Coding	Anima Health	Anima Platform (Online consultation & workflow automation)	Yes	93
Automated Letter Filing & Coding	BetterLetter (startup)	BetterLetter.ai	Yes	12
Automated Letter Filing & Coding	Blue Prism	Blue Prism Intelligent Automation (used for GP Document Workflow Automation)	No	0
Automated Letter Filing & Coding	Dyad AI (UK)	BetterLetter	Yes	12
Automated Letter Filing & Coding	JifJaff	MyBotGP - Docman Filing	Yes	50
Automated Patient Registration	GP Automate	Automated Patient Registration module	Yes	25
Automated Patient Registration	Healthtech-1	(Platform name TBD)	Yes	278
Automated Patient Registration	JifJaff	MyBotGP - Register Patients	Yes	50
Automated Patient Registration	Medicus Health	Medicus Registration	Yes	0

Automated Prescription Processing	GP Automate (UK)	Automated Electronic Prescription Signing (EPS)	Yes	25
Automated Prescription Processing	JifJaff	MyBotGP - Repeat Prescriptions	Yes	50
Automated Triage & Routing	Anima Health	Anima Platform (Online consultation & workflow automation)	Yes	93
Automated Triage & Routing	Auxilis AI	Jackie	Yes	0
Automated Triage & Routing	Blinx Healthcare	PACO (Patient Care Optimiser) - Online Consultation Suite	Yes	0
Automated Triage & Routing	Check Comm	Check Cloud Surgery Phone System	No	0
Automated Triage & Routing	InTouchNow	AI Voice Receptionist (Telephony bot)	Yes	17
Automated Triage & Routing	Klinik Healthcare Solutions (Finland/UK)	Klinik Access (AI Triage & Patient Flow Management)	Yes	25
Automated Triage & Routing	Rapid Health	Smart Triage	No	0
Automated Triage & Routing	Spectra Analytics / NHS Digital (UK) PATCHS	PATCHS AI Triage (within the PATCHS online consult platform)	No	1
Automated Triage & Routing	Voice Connect	Patient Partner	No	0

Automated Triage & Routing	eConsult Health (Huma) (UK)	eConsult + AI (Intelligent Triage Hub)	Yes	0
Clinical Decision Support (CDS)	iatroX	iatroX	Yes	0
Clinical Decision Support (CDS)	C the Signs (UK)	C the Signs (Cancer CDS System)	No	0
Clinical Decision Support (CDS)	Eolas Medical	Eolas Medical Platform	No	0
Clinical Decision Support (CDS)	PinPoint Data Science (UK)	PinPoint Test (AI cancer risk blood test)	Yes	0
Compliance Automation	Assuric	Assuric Compliance Platform	Yes	0
Consultation Transcription & Summarisation	Nabla	Nabla Copilot	No	0
Consultation Transcription & Summarisation	AccuRx + Tandem Health (UK/ EU)	AccuRx Scribe (powered by Tandem AI)	Yes	163
Consultation Transcription & Summarisation	Heidi Health	Heidi (AI Scribe)	No	0
Consultation Transcription & Summarisation	Medloop	Medloop Scribe	No	0
Consultation Transcription & Summarisation	TORTUS AI + X-on Health (UK)	Tortus / Surgery Intellect (embedded in Surgery Connect)	Yes	59
Patient Assistance Chatbot	Ada Health	Ada Symptom Assessment & Navigation Platform	No	0
Patient Assistance Chatbot	Doctaly (UK)	Doctaly Assist (Remote Monitoring & Chatbot)	No	0

Patient Assistance Chatbot	Primary Care Management Solutions (PCMS) (UK)	GPChatBot (Aileen)	No	0
Patient Assistance Chatbot	X-on (formerly Hanley Consulting (UK))	Surgery Assist (formerly EDATT - Enabling Digital Access Through Telephony)	No	0
Self Service LTC Bot	Aide Health	Aide Health Platform	Yes	0
Self Service LTC Bot	Avid Health	Avid Health Platform	No	0
Self Service LTC Bot	Doctaly (UK)	Doctaly Assist (Remote Monitoring & Chatbot)	No	0
Self Service LTC Bot	Holly Health	Holly Health Digital Health Coach	Yes	16
Self Service LTC Bot	Suvera	Suvera Remote Monitoring Platform	Yes	7

09 | Appendix (CONT.)

Table A2: Category-To-Requirement Matrix

AI Category	DTAC needed?	DCB0129 needed?	Cyber Essentials needed?	MHRA needed?	Likely MHRA class	Notes (assumptions)
Patient Assistance Chatbot	Yes	Yes	Yes	No	Conditional	If purely signposting/ admin, not Medical Device; if advice affecting diagnosis/ treatment, may be Software a Medical Device.
Automated Triage & Routing	Yes	Yes	Yes	Yes	Likely IIa	Determines urgency/direction of care; typically, class IIa.
Automated Patient Registration (RPA)	Yes	Yes	Yes	No	Not Medical Device	Administrative RPA/ governance tooling; non-medical Device.
Consultation Transcription & Summarisation (Ambient Scribes)	Yes	Yes	Yes	Yes	Conditional	NHS England has now made this explicit — all summarisation tools must have at least MHRA Class I. If they generate diagnostic or treatment suggestions, they require Class IIa
Automated Post-Consultation Actions	Yes	Yes	Yes	Yes	Conditional (often IIa)	If automating orders/follow-ups that influence care, may be Software as a Medical Device.
Clinical Decision Support (CDS)	Yes	Yes	Yes	Yes	Likely IIa (CDS)	Provides recommendations that may influence diagnosis or treatment.

Self-Service LTC Management Bot	Yes	Yes	Yes	Yes	Conditional (IIa)	Patient advice/ management can constitute Software as a Medical Device depending on claims.
Automated Prescription Processing	Yes	Yes	Yes	No	Not Medical Device	Administrative RPA on medication tasks; strong clinical safety controls needed.
Automated Diagnostic Test Processing	Yes	Yes	Yes	No	Not Medical Device	RPA filing of normals per protocol; no algorithmic diagnosis; high clinical safety obligations remain.
Automated Letter Filing & Coding	Yes	Yes	Yes	No	Not Medical Device	Document processing does not itself diagnose/ treat.
Automated Call & Recall	Yes	Yes	Yes	No	Not Medical Device	Administrative RPA/ governance tooling; non-medical Device.
Automated Clinical Case Finding	Yes	Yes	Yes	Yes	Likely IIa (CDS)	Provides recommendations that may influence diagnosis or treatment.
Automated Clinical Coaching	Yes	Yes	Yes	Yes	Conditional (IIa)	Patient advice/ management can constitute Software a Medical Device depending on claims.
Admin Support Chatbot	Yes	No	Yes	No	Not Medical Device	Internal staff tool; nonMedical Device.
Compliance Automation	Yes	No	Yes	No	Not Medical Device	Administrative RPA/ governance tooling.
AI Consultancy	No	No	No	No	N/A	Service offering, not a product.

09 | Appendix (CONT.)

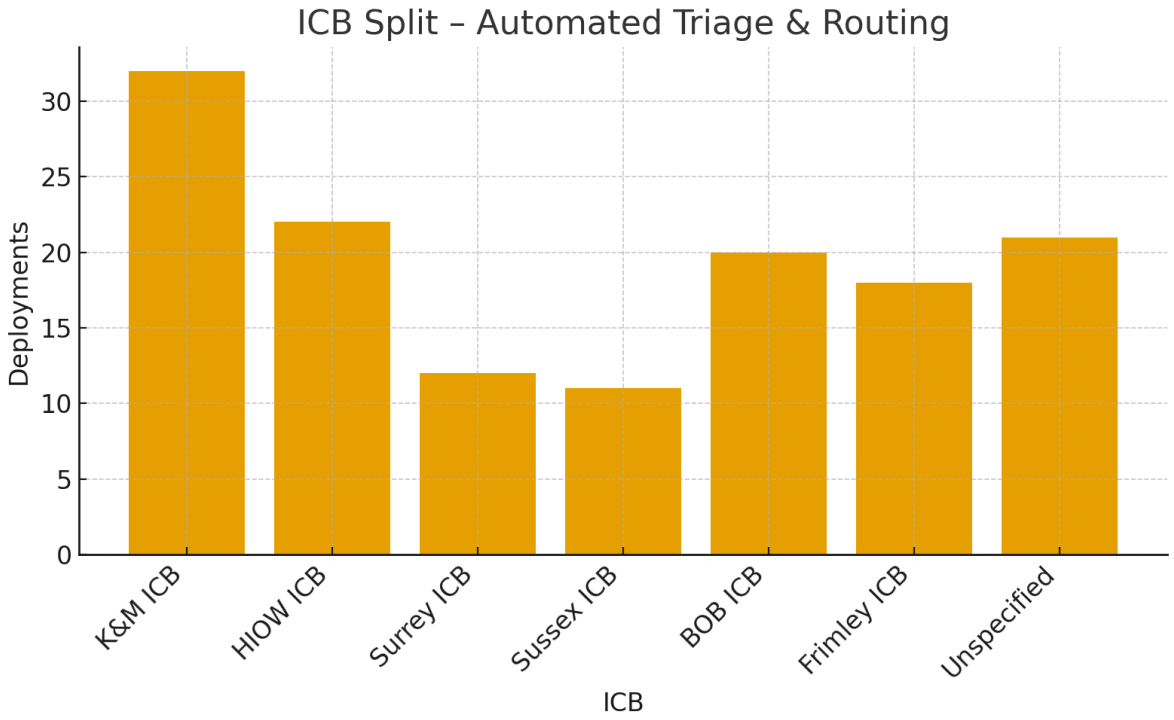
Table A3: Supplier Compliance Based on Submission Data

AI Category	Supplier	Product	DTAC	DCB0129	Cyber Essentials	MHRA Status	MHRA Class (if stated)	Supplier Notes
Admin Support Chatbot	Ankit AI	Ankit. AI	Unknown	Unknown	Unknown	Not Required (per supplier)	N/A	Supplier stated limited compliance needed
Automated Call & Recall	Hippo Labs	Hippo Recaller	Yes	Yes	Yes	Unknown	Unknown	Supplier also confirmed DSPT and DCB0160
Automated Call & Recall	MedLink. co.uk	MedLink Online Review Platform	Yes	Yes	Yes	Unknown	Unknown	Supplier also confirmed DSPT
Automated Clinical Coaching	Clinitalk	Clinitalk Remote Coaching & Monitoring Platform	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier provided limited clarity on assurance
Automated Clinical Coaching	Medwise AI	Medwise AI Search	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160
Automated Diagnostic Test Processing	GP Automate (UK)	Lab Reporting Automation (Normal Results)	Unknown	Yes	Yes	Yes	I	Supplier confirmed listed requirements
Automated Diagnostic Test Processing	JifJaff	MyBotGP Normal Results Filing	Yes	Yes	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160
Automated Letter Filing & Coding	Advanced (Docman)	Intellisense / GP Workflow Assistant	Yes	Yes	Yes	Unknown	Unknown	Supplier also confirmed ISO
Automated Letter Filing & Coding	Anima Health	Anima Platform (Online consultation & workflow automation)	Yes	Yes	Yes	Yes	I	Supplier also confirmed DSPT
Automated Letter Filing & Coding	BetterLetter (startup)	BetterLetter. ai	Yes	Unknown	Yes	Unknown	Unknown	Supplier also confirmed DSPT
Automated Letter Filing & Coding	Dyad AI (UK)	BetterLetter	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier gave a generic yes with no standards named
Automated Letter Filing & Coding	JifJaff	MyBotGP â€“ Docman Filing	Yes	Yes	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160

Automated Patient Registration	Healthtech-1	(Platform name TBD)	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier also confirmed DSPT
Automated Patient Registration	JifJaff	MyBotGP â€“ Register Patients	Yes	Yes	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160
Automated Patient Registration	Medicus Health	Medicus Registration	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier provided limited clarity on assurance
Automated Post-Consultation Actions	AccuRx / Tandem Health	AI Auto-Consultation Outputs (within AccuRx Scribe)	Unknown	Unknown	Unknown	Yes	I	Supplier confirmed listed requirements
Automated Prescription Processing	GP Automate (UK)	Automated Electronic Prescription Signing (EPS)	Unknown	Yes	Yes	Yes	I	Supplier confirmed listed requirements
Automated Prescription Processing	JifJaff	MyBotGP â€“ Repeat Prescriptions	Yes	Yes	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160
Automated Triage & Routing	Anima Health	Anima Platform (Online consultation & workflow automation)	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier gave a generic yes with no standards named
Automated Triage & Routing	Auxilis AI	Jackie	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier provided limited clarity on assurance
Automated Triage & Routing	Blinx Healthcare	PACO (Patient Care Optimiser) â€“ Online Consultation Suite	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier also confirmed DCB0160
Automated Triage & Routing	InTouchNow	AI Voice Receptionist (Telephony bot)	Yes	Yes	Unknown	Yes	In progress	Supplier states MHRA Class 1 assurance is in progress Supplier offered IG pack Supplier also confirmed ISO
Automated Triage & Routing	Klinik Healthcare Solutions (Finland/ UK)	Klinik Access (AI Triage & Patient Flow Management)	Unknown	Unknown	Unknown	Yes	Unknown	Supplier states maintained DFOCVC standards
Automated Triage & Routing	Spectra Analytics / NHS Digital (UK) PATCHS	PATCHS AI Triage (within the PATCHS online consult platform)	Unknown	Yes	Unknown	Yes	Unknown	Supplier confirmed listed requirements

Automated Triage & Routing	eConsult Health (Huma) (UK)	eConsult + AI (Intelligent Triage â€ceHubâ€)	Unknown	Unknown	Unknown	Unknown	I	Supplier provided limited clarity on assurance
Clinical Decision Support (CDS)	PinPoint Data Science (UK)	PinPoint Test (AI cancer risk blood test)	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier provided limited clarity on assurance
Compliance Automation	Assuric	Assuric Compliance Platform	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier provided limited clarity on assurance
Self Service LTC Bot	Aide Health	Aide Health Platform	Yes	Yes	Yes	Yes	Unknown	Supplier also confirmed DSPT and ISO
Self Service LTC Bot	Holly Health	Holly Health Digital Health Coach	Unknown	Unknown	Unknown	Unknown	I	Supplier provided limited clarity on assurance
Self Service LTC Bot	Suvera	Suvera Remote Monitoring Platform	Unknown	Unknown	Unknown	Unknown	Unknown	Supplier gave a generic yes with no standards named

Figure A1: ICB Split – Automated Triage & Routing



09 | Appendix (CONT.)

Figure A2: ICB Split – Consultation Transcription & Summarisation

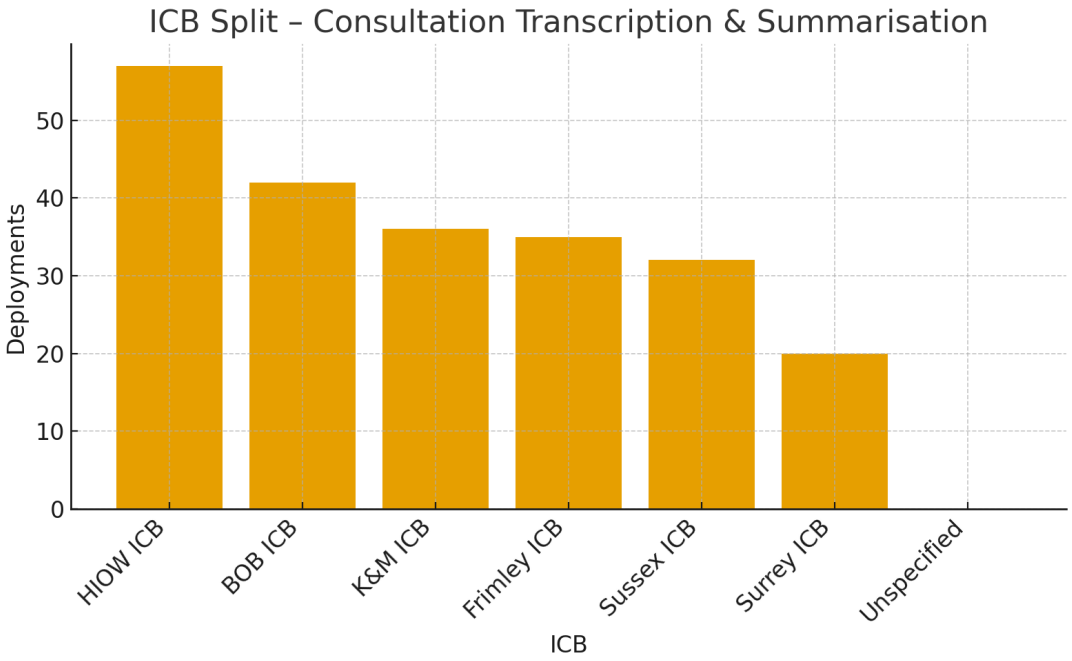
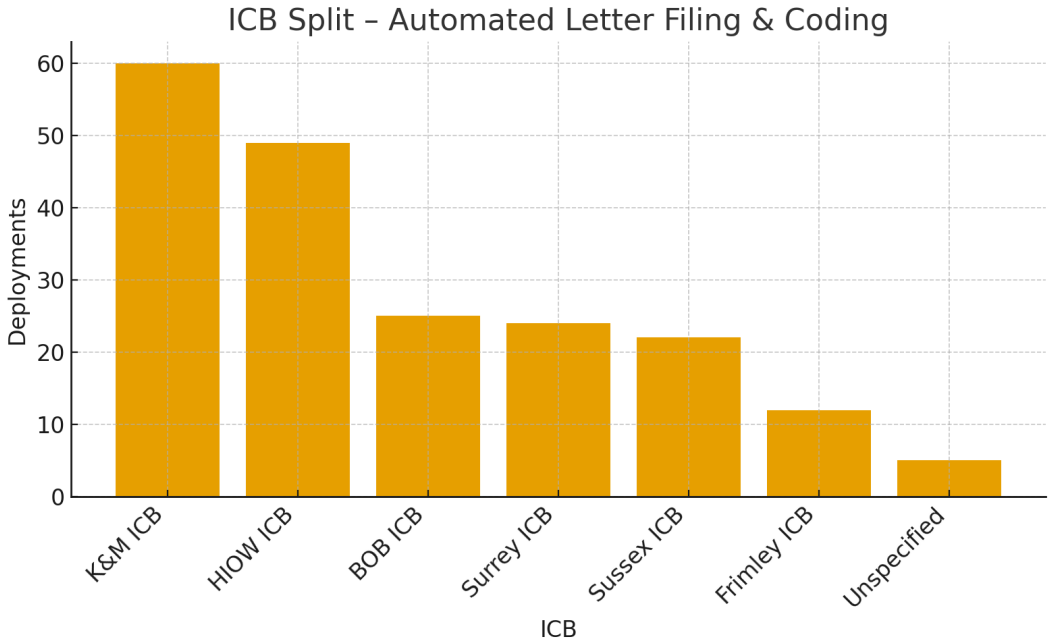
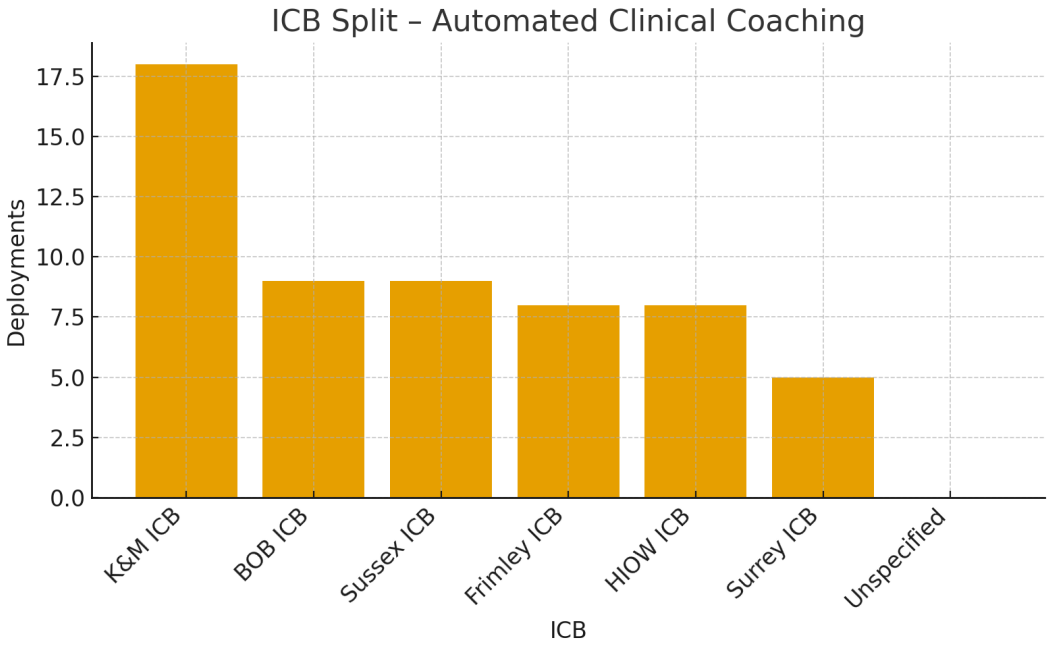


Figure A3: ICB Split – Automated Letter Filing & Coding



09 | Appendix (CONT.)

Figure A4: ICB Split – Automated Clinical Coaching



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