

ABHI – BARTS HEALTH FORUM ROUNDTABLE REPORT

AI for an Inclusive and
Productive NHS

3 June 2026

Introduction: ABHI and Barts Health Partnership

The NHS is entering a period of significant transformation, shaped by the ambitions of the 10-Year Health Plan and a growing shift towards more locally driven models of care, innovation, and delivery. Against this backdrop, ABHI and Barts Health NHS Trust have established a strategic partnership through a Memorandum of Understanding (MoU) designed to strengthen collaboration between industry, the NHS, academia, and regional innovation partners.

As one of the largest NHS Trusts in the country, Barts Health serves more than 2.5 million people across North East London and provides specialist services to up to six million people nationally. The partnership reflects a shared ambition to position the Barts Life Sciences Cluster as a leading environment for the development, testing, and adoption of HealthTech innovation.

Central to this vision is the belief that innovation must move beyond isolated pilots and deliver measurable improvements for patients, staff, populations, and the wider economy. The partnership will focus on accelerating routes to adoption, supporting more personalised care, tackling health inequalities, and creating the conditions for sustainable economic growth through healthcare innovation.

To bring this partnership to life, ABHI and Barts Health convened the inaugural Barts Health Forum Roundtable: AI for an Inclusive and Productive NHS. Hosted at KPMG in Canary Wharf and chaired by Professor Ian Jacobs, the session brought together senior leaders from across the NHS, government, industry, academia, and the wider innovation ecosystem.

The discussion focused on the practical role of artificial intelligence and data-driven technologies in supporting NHS productivity, improving patient outcomes, reducing inequalities, and strengthening the UK's position as a global leader in healthcare innovation.

“The NHS is never short of innovation. The challenge is achieving meaningful difference at scale.”

Roundtable attendee

The conversation consistently returned to a central theme: the NHS does not lack promising technologies. Rather, it lacks sufficiently clear, consistent, and scalable routes for deployment, adoption, and evaluation. There is also a gap in a consistent and equitable financing mechanism to support initial procurement and multi-year sustainability.

The following sections capture the key themes, reflections, and practical recommendations that emerged throughout the discussion, highlighting both the opportunities and the challenges associated with moving AI from experimentation to meaningful deployment across the NHS.

NHS Productivity and Quality

Innovation to Adoption at Scale

A major focus of the roundtable was what “successful deployment at scale” for AI should realistically look like across the NHS over the next three to five years. Participants stressed that the NHS has already demonstrated significant innovation capability, but too often technologies remain trapped in pilot phases or isolated pockets of excellence. The conversation therefore centred not on whether AI has potential, but on how the NHS can create the conditions for sustainable deployment and operational impact.

Barts Health leaders outlined the scale and complexity of existing digital infrastructure across the Trust. While substantial progress has been made over many years, participants highlighted the challenge of integrating and utilising vast amounts of data generated across hundreds of systems.

One consistent theme was the importance of focusing initially on lower-risk, operational use cases where AI can rapidly deliver productivity gains. Administrative workflows, ambient voice technologies (AVT), scheduling, coding, and pathway coordination were repeatedly highlighted as practical starting points.

“Back-office functions may be the best place to start. The clinical risk is lower, but the productivity gains are huge.”

Roundtable attendee

Ambient Voice Technology emerged as one of the clearest examples of an AI solution ready for scaled deployment. Participants noted that the technology has matured significantly and could immediately reduce administrative burden on clinicians, freeing up more time for patient care.

However, attendees stressed that implementation remains a major barrier. Even when technologies are funded nationally, local systems often lack the workforce capacity, operational structures, or governance pathways needed to deploy them effectively. There was also a clear recognition that the place where innovation budgets are spent is not always the place where the financial benefits are realised, creating a misalignment that further slows adoption.

The discussion also highlighted the need for more flexible technical architecture within NHS organisations. Several contributors argued that electronic medical records should act as the “single source of truth”, while allowing interoperable technologies to plug into systems more easily for testing and deployment.

There was broad agreement that the NHS must move away from selecting individual “winner” technologies too early and instead create scalable frameworks that allow experimentation, iteration, and rapid adoption where technologies demonstrate value.

Participants also raised concerns around variation in digital maturity across the NHS. Larger and more digitally advanced organisations may be well placed to lead adoption, but attendees stressed the importance of ensuring smaller providers are brought along through regional collaboration and shared infrastructure.

“The challenge is not innovation. It is industrialising innovation into the NHS.”

Roundtable attendee

The discussion concluded with a strong sense that productivity gains alone are not enough. AI deployment must support quality, workforce sustainability, and better patient outcomes, rather than simply reducing cost.

Data, AI and Inclusive Design

Ensuring AI Reduces Health Inequalities

Health inequalities were a central thread throughout the roundtable discussion, with participants repeatedly stressing that AI must be designed and deployed in ways that actively reduce disparities rather than unintentionally reinforce them.

Attendees recognised the significant opportunity for AI to support earlier diagnosis, improve pathway management, identify at-risk populations, and help target interventions towards underserved communities. However, there was equal recognition that technology alone cannot solve inequalities without broader attention to trust, access, infrastructure, and community engagement.

Several contributors highlighted concerns around digital exclusion and varying levels of trust in technology among different communities. Participants noted that inequalities can easily widen if innovation primarily benefits populations already better connected to healthcare systems and digital services.

“If people opt out, inequalities can worsen. We need systems designed with inclusion from the start, that understand why people opt out.”

Roundtable attendee

Discussion focused on the importance of population understanding and co-design. Participants stressed that assumptions cannot simply be made about how different communities will interact with AI-enabled services. Genuine engagement with local populations is essential to understanding barriers, behaviours, and trust.

The role of industry in supporting inclusive care pathways was also discussed extensively. Industry representatives highlighted opportunities for AI and monitoring technologies to identify patients who may have dropped out of care pathways or who are at increased risk of deterioration.

There was also recognition that AI could help address long-standing inequalities in areas such as women's health, cardiovascular disease, and diagnostics, where gaps in access and outcomes persist across the healthcare system.

Attendees stressed that health and digital literacy must form part of any wider AI deployment strategy. Reliable connectivity, access to devices, and confidence using technology remain uneven across communities, and participants warned against assuming universal readiness for digital-first healthcare models.

The importance of governance and oversight was also raised. Participants argued that NHS organisations, as purchasers and deployers of AI technologies, have a responsibility to ensure robust post-market surveillance, evaluation, and monitoring of equity impacts.

“The conditions in which technology is introduced matter just as much as the technology itself.”

Roundtable attendee

The discussion reinforced the need for inclusive design principles to be embedded from the outset, rather than treated as an afterthought once technologies have already been developed or deployed.

Policy Focus on AI, Growth and Global Positioning

Health AI as an Economic Opportunity

Participants agreed that AI in healthcare should not be viewed solely through the lens of NHS operational improvement. The discussion repeatedly returned to the wider economic opportunity for the UK, particularly around productivity, investment, exports, and the growth of the HealthTech sector.

Attendees noted that the UK already possesses significant advantages in healthcare AI, including strong clinical expertise, a large integrated healthcare system, world-leading research capability, and access to diverse patient populations.

However, there was also frustration that many companies continue to prioritise international markets because of the complexity and pace of NHS adoption.

“The NHS needs to become a better customer.”

Roundtable attendee

Several industry leaders described the challenge faced by scaling HealthTech companies once they move beyond early-stage innovation support. While the UK provides strong environments for research and early development, companies often encounter barriers when trying to commercialise technologies within the NHS. Participants highlighted that procurement processes, lengthy timelines, fragmented decision-making, and inconsistent adoption pathways continue to discourage investment and scaling within the UK market.

At the same time, there was optimism that the NHS could become a globally recognised platform for AI deployment if it creates clearer pathways for innovation adoption and evaluation.

The discussion also explored how AI can contribute to wider economic productivity beyond healthcare itself. Examples included supporting workforce participation by reducing waiting lists, enabling earlier diagnosis, improving pathway efficiency, and helping people remain economically active for longer.

There was also strong support for creating more collaborative and solution-focused relationships between industry and NHS organisations. Participants argued that innovation partnerships should focus less on products in isolation and more on solving clearly defined healthcare challenges together.

“Industry does not just need permission. It needs clarity.”

Roundtable attendee

Several attendees highlighted the importance of national leadership and prioritisation. There was a sense that while local innovation remains essential, clearer signals from the centre around priority AI use cases could accelerate deployment and create confidence for both providers and industry.

Participants also suggested that the Barts Life Sciences Cluster could act as a national exemplar for how place-based innovation ecosystems can support both NHS transformation and economic growth.

Place-Based Partnerships and the Barts Life Sciences Cluster

Creating a Route from Co-Development to National Impact

The roundtable explored the growing importance of place-based innovation ecosystems and how partnerships between NHS organisations, academia, industry, and local government can accelerate adoption and impact.

Participants described the Barts Life Sciences Cluster as a significant opportunity to position North East London as a leading centre for healthcare innovation, particularly in AI and data-driven technologies.

Attendees highlighted the unique strengths of the region, including a highly diverse population, major teaching hospitals, strong academic partnerships, and significant clinical scale. Combined, these assets create an environment capable of supporting co-development, evaluation, deployment, and wider dissemination of innovation.

“Barts has the opportunity to move from concept to deployment at scale.”

Roundtable attendee

The discussion repeatedly returned to the need for clearer routes into the NHS for innovators. Contributors stressed that one of the biggest barriers facing companies is navigating fragmented systems, inconsistent governance processes, and unclear ownership of innovation pathways.

Participants therefore emphasised the importance of creating a visible and accessible “front door” for innovators seeking to engage with the Barts ecosystem.

This front door would not simply promote innovation opportunities, but would clearly articulate the Trust’s strategic priorities, operational challenges, governance requirements, and routes for evaluation and adoption. Attendees stressed that clarity itself would be transformative. Innovators are often willing to accept a “no” decision if it is timely, transparent, and based on clearly defined organisational priorities.

“Sometimes a fast no is better than months of uncertainty.”

Roundtable attendee

The discussion also explored how partnerships can support shared learning and regional collaboration rather than isolated innovation efforts. Participants highlighted opportunities for passporting successful innovations across organisations, creating more consistent approaches to evaluation and scaling.

There was also strong interest in creating closer partnerships with frontier AI laboratories and global technology leaders, positioning Barts as an internationally recognised testbed for healthcare AI deployment.

Participants agreed that culture would be critical. Innovation cannot succeed if governance processes are viewed primarily as mechanisms to prevent risk. Instead, attendees argued for proportionate assurance approaches that maintain patient safety while creating greater confidence to test, learn, and scale.

Looking Ahead

What Needs to Change Over the Next 12 Months?

The final discussion focused on what meaningful progress would look like if the group reconvened in 12 months' time.

Rather than abstract ambitions, participants consistently focused on practical, measurable changes that would demonstrate a genuine shift from experimentation towards deployment.

Above all, attendees agreed on the need for a clearer and more coordinated innovation access model through a visible “front door” into the Barts ecosystem.

This front door would provide industry, innovators, and partners with a single point of engagement, helping organisations understand:

- What challenges Barts is trying to solve.
- Which technologies and capabilities are priorities.
- How governance and assurance processes work.
- What evidence is required.
- Who is responsible for decision-making.
- How successful innovations can move towards procurement and scaling.

Participants stressed that clarity and responsiveness would be more valuable than complexity or excessive process.

“Show innovators the route into the cluster.”

Roundtable attendee

There was broad support for governance and assurance pathways capable of operating at significantly greater pace, and the group also called for a shift away from endless pilots towards real-world procurement and deployment decisions. Several attendees emphasised that the NHS must become more confident in evaluating technologies quickly and scaling those that demonstrate measurable value.

The discussion concluded with a strong sense that Barts Health has the opportunity to become a nationally recognised example of how NHS organisations can combine innovation, inclusion, productivity, and economic growth within a coherent regional ecosystem.

Ultimately, participants agreed that success will not be defined by the number of pilots launched, but by whether AI becomes meaningfully embedded into everyday NHS delivery in ways that improve outcomes for patients, staff, and populations.

With Thanks

To KPMG for hosting this meeting, and to the following attendees:

- o **Ian Jacobs** - Chair, Barts Health NHS Trust
- o **Ralph Coulbeck** - Chief Strategy and Information Officer, NEL ICB
- o **John Craig** - Chief Innovation Officer, UCLPartners
- o **Andrew Davies** - Executive Director, Digital Health, ABHI
- o **Shane DeGaris** - Chief Executive, Barts Health NHS Trust
- o **Rob Emery** - Regional Director – South East, Philips Electronics UK Ltd
- o **Jonathan Evans** - Director of Communications, ABHI
- o **Vicky Green** - Enterprise Accounts Director, Medtronic Limited
- o **Charles Gutteridge** - Chief Clinical Information Officer, Barts Health NHS Trust
- o **Thomas Hauschildt** - Communications and Marketing Lead, Barts Health NHS Trust
- o **Ann Hepworth** - Group Chief Strategy Officer, Barts Health NHS Trust
- o **Victoria King PhD** - Director of Funding & Impact, Barts Charity
- o **David Lawson** - Director of Medical Technology, DHSC
- o **Jennifer Morris** - Associate Director, Barts Health NHS Trust
- o **Richard Phillips** - Executive Director, Policy and Partnerships, ABHI
- o **Umang Patel** - Chief Clinical Information Officer, Microsoft
- o **David Randall** - Consultant Nephrologist and Innovator, Barts Health NHS Trust
- o **Michael Shenouda** - Chief Commercial Officer, Chief Medical Officer, Open Medical
- o **Fay Stevenson** - Interim Chief Informatics Officer, Barts Health NHS Trust
- o **Chris Streather** - Regional Medical Director & CCIO, NHS England (London)
- o **Stephen Sutcliffe** - National Strategic Account Manager, Amazon Web Services EMEA Sarl UK
- o **Rakesh Uppal** - Chief Executive Officer, Barts Life Sciences