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NHS England

Procurement Community of Practice (CoP)

How do you build the case for AVT?



***Meaningful Use of Ambient Voice Technology in the NHS:* Health Innovation Network AVT Programme**

Oct 2026

A national Health Innovation Network programme led by Health Innovation East

Housekeeping



1.5-hour session



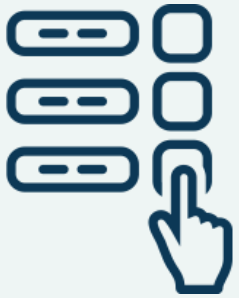
Session is recorded



Session slides will be circulated via email



Ask questions via the chat/raise hand function



Use your phone/computer for the polls

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Introductions







Procurement CoP series objectives

Discuss, learn and share insights regarding procuring AVT including:

- Making the case for AVT
- Buying AVT
- AVT supplier assessment and selection
- Provide a space for questions, reflection and peer support
- Not advice or guidance!

Today's objectives

- Share a brief overview of how NHS organisations are buying AVT (currently)
- Share insights on the ways they are 'making the case' for AVT
- Highlight common challenges in doing so
- Use a case study to provide a detailed example
- Identify and come together around related discussion topics

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Today's agenda

Focus

How to build the case for AVT?

Item		Content	Timing
1	Introduction	What is this programme about?	2.00 - 2.15
2	Insights	Ways the NHS is buying and making the case for AVT	2.15 - 2.30
3	Case Study	South West London's Lyrebird procurement	2.30 - 2.50
4	Q&A	On the case study and what's been discussed so far	2.50 - 3.00
5	Breakouts	Shared challenges and discussion topics	3.00 - 3.25
6	Close	Reflection and next CoP	3.25 - 3.30

Format

- Insights gathered from across NHS
- Mentimeter polling throughout
- Case study with Q&A
- Shared challenge breakout rooms based on topics suggested by you

Outside scope

- Deep dive into pros and cons of different procurement routes
- Recommended procurement route(s)
- Suggested calculations of ROI or funding
- Procurement advice

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Today's breakout topics

Focus

How to build the case for AVT?

Topic One:
Deep dive into the SWL APC Lyrebird case

Room one:

South West London Acute Provider Collaborative Lyrebird Procurement

In-depth discussion with Ambra Caruso

Topic Two:
Making the case when benefits are unclear

Room two:

How to build a case when cash savings or cost avoidance are uncertain, and making the case for wider benefits without overpromising on returns

Topic Three:
Making the case for one AVT or another

Room three:

Understanding what AVT may work best for different settings if / when extra features are valuable beneficial

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What is this programme?

An overview of the programme

The objective of this programme is to support the meaningful use of AVT in the NHS through the development, identification and sharing of best practice, practical toolkits and hands-on support.

The project also aims to enable large-scale, structured data collection to evidence impact and appropriate use cases for sustained use.

April 2026-March 2028

Involving all 15 Health Innovation Networks

Aligned with NHS E national AVT programme



Scope

- **New implementations only**
- **Any sector or care setting.**
- **Technologies must be included on NHS England supplier registry or be a native EPR solution**

Suite of guidance and resources aligned to 3 programme pillars

Communities of Practice and connection with suppliers

A national Health Innovation Network programme led by

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Three programme pillars each with a Community of Practice

Communities of Practice meet quarterly (third Thursday of the month, 14.00-15.30 rolling through pillars)

1 Procurement/ understanding supplier landscape

Supporting NHS organisations identify and access the right AVT solutions

- Navigate the evolving supplier market
- Access shared insights and supplier information
- Insights to support informed procurement decisions
- Learn through a national community of practice.

2 Implementation and Adoption

Supporting meaningful use of AVT

- Practical tools, guidance and resources
- Hands-on implementation support
- Shared learning and best practice
- Support for sustainable adoption and use
- National community of practice and peer support.

3 Evaluation and benefits realisation

Building the evidence for meaningful use

- Consistent approach to measuring outcomes
- Structured data collection at scale
- National mixed methods evaluation
- Understanding impact across settings and use cases
- Informing sustainable and effective use of AVT

Community of Practice Series

	1	2	3
Quarter three 26/27	**Procurement** How do you build the case for AVT? 15 October 26	**Implementation** How does successful implementation and adoption actually look like? 19 November 26	**Evaluation** How do you measure the success of AVT? 10 December 26
Quarter four 26/27	**Procurement** How do you identify and navigate the most appropriate procurement routes for AVT? 21 January 27	**Implementation** How can AVT be successfully implemented in Community and Mental Health? 18 February 27	**Evaluation** How do you measure the financial and economic benefits of AVT? 18 March 27
Quarter one 27/28	**Procurement** *[TBD]* 15 April 27	**Implementation** How do you ensure the successful adoption of AVT? 20 May 27	**Evaluation** What are unintended consequences and disbenefits of AVT? 17 June 27

Subject to change

Contact your local Health Innovation Network Lead to join

How to get support

Providers can access AVT support through the Health Innovation Network programme, NHS England, or a combination of both.



Health Innovation Network AVT programme

Access through your local Health Innovation Network

Includes:

- Supplier selection and procurement support
- Implementation and adoption support
- Communities of Practice
- Shared learning and resources
- Evaluation support



Frontline Productivity Programme

Access through regional NHS E team

Includes:

- Frontline Productivity funding
- Digital Adoption Team support
- Change management resources



Combined Support Offer

Access through NHS England and your local HIN

A comprehensive support package

Next steps: Contact your regional NHS England team regarding Frontline Productivity funding and your local Health Innovation Network regarding programme participation. **Note:** Sites for inclusion in the Health Innovation Network programme are being selected strategically in collaboration with regional NHS England teams.

Wider support for AVT procurement

NHS England

NHS England

- NHS England National Commercial and Procurement Hub (PDFs and videos for NHS staff for all suppliers listed on registry)
- *Guidance on the use of AI-enabled ambient scribing products in health and care settings*
- More support coming online

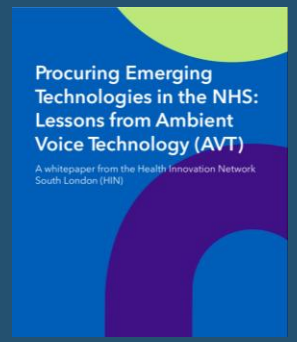
Others

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THIS. Institute
AVUD

and others…

- Professional network for AVT
- T.E.S.T. Framework
- Health Innovation South London's Whitepaper



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What is procurement

Procurement: the longer-term decision to buy AVT and adopt it widely across one or more organisations, usually requiring justification, funding and leadership approval

The stage(s) where the **procurement process** typically happens

Gather evidence across one or more settings and one or more products (pilot and/or other methods)

Use insights to build the specification and business case for funding and wider adoption

Secure investment and plan deployment/rollout

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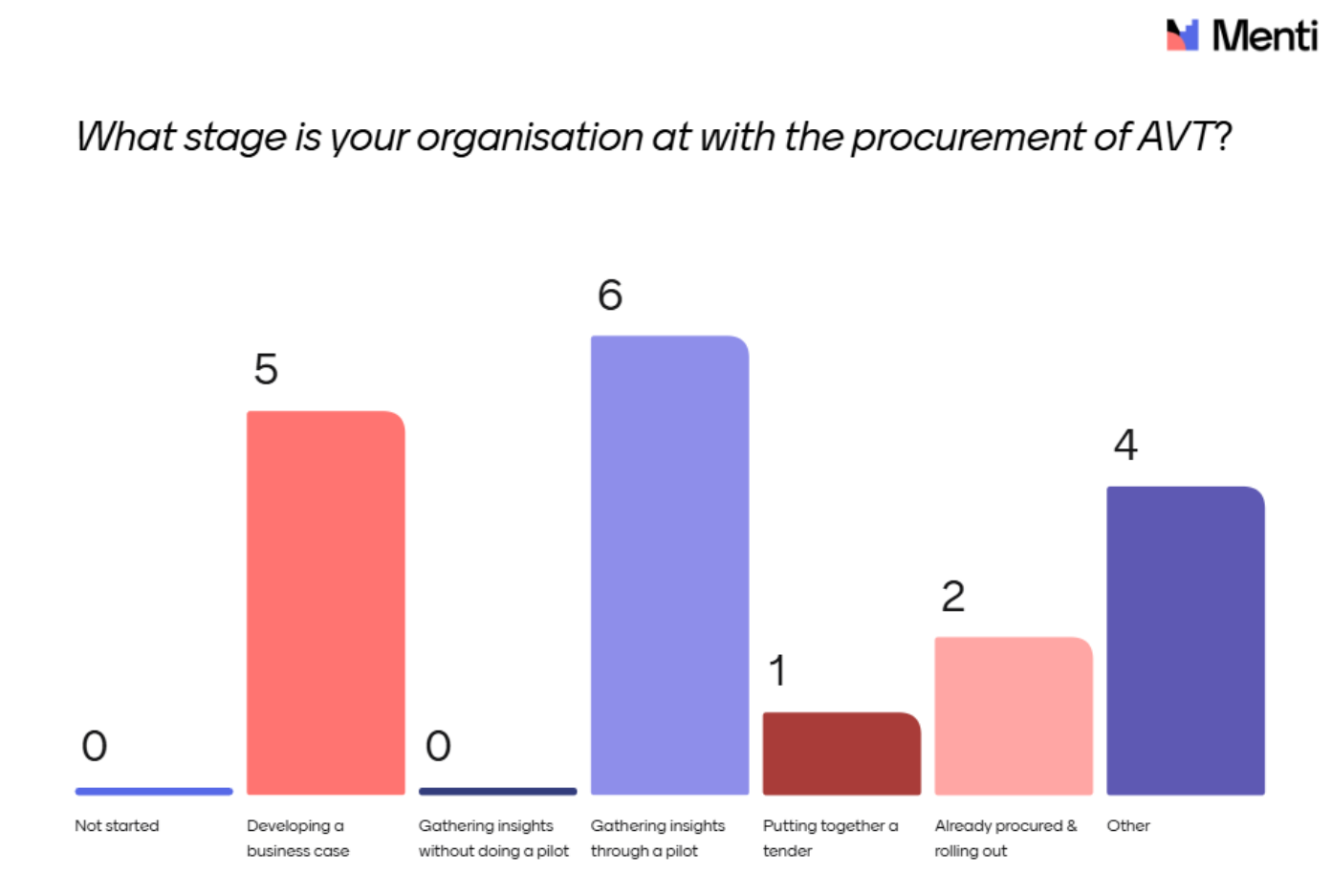
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Your experiences with procuring AVT

Mentimeter insights

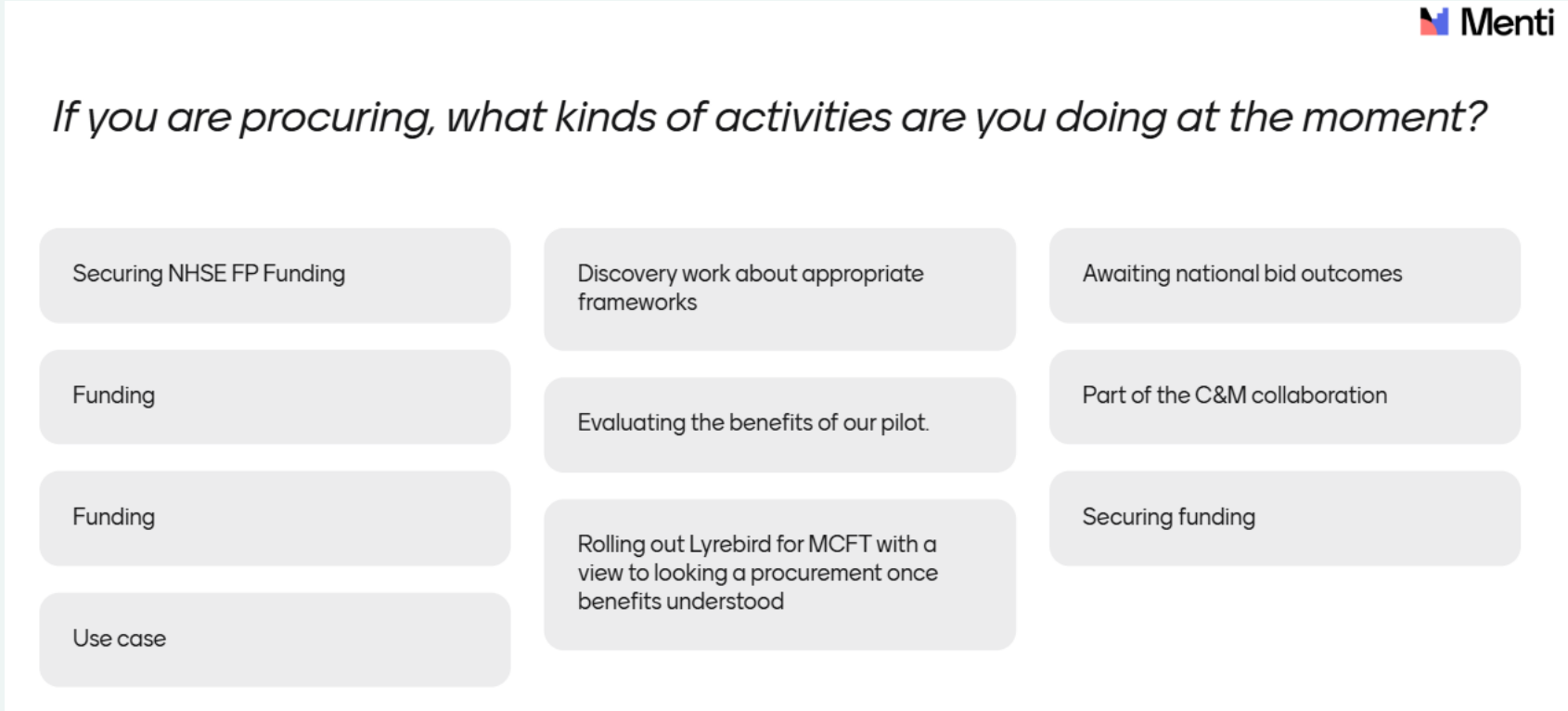
"What stage is your organisation at with the procurement of AVT?"



For attendees who participated in the Mentimeter poll, most reported that their organisations are either **developing a business case for AVT** or **gathering insights through a pilot**

"If you are procuring, what kinds of activities are you doing at the moment?"

Mentimeter



The most common procurement-related activity is **securing funding**, with evaluating pilot outcomes, and exploring procurement options also mentioned as current activities.

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"How are you currently feeling about AVT procurement?"



AVT procurement is viewed as a **challenging process**, characterised by complexity, multiple procurement options, and organisational pressures. Despite the challenges, there is **optimism** about AVT's potential benefits

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How are NHS organisations buying AVT?

Shared insights and learning

Buying route: no ‘one size fits all’ approach

Longer-term contracts	Examples
National framework • Can be direct award or competition, only includes suppliers on given framework • Frameworks include G-cloud and NHS SBS digital dictation, with more in development	TORTUS + (via G-cloud) NHS Somerset NHS Foundation Trust Magic Notes powered by beam + (via G-cloud) NHS Hampshire and Isle of Wight
Dynamic Purchasing System • A trust, or group or organisations run a competitive process (known as a call-off) • RM6200 AI • RM6173 Automation (extended until November 26)	Accurx Scribe Powered by Tandem + NHS University Hospitals of Leicester NHS Trust; NHS University Hospitals of Northamptonshire NHS Group Lyrebird Health + NHS South West London Acute Provider Collaborative
Regional approach **(could be using a framework, DPS or not)** • A group of organisations runs competitive process together • Could be on or off a framework/DPS	Heidi + NHS The Dudley Group NHS Foundation Trust

Disclaimer: Examples are drawn from publicly available information (as of October 2026) and are illustrative only.

Business Case: no ‘one size fits all’ approach

Strategic case	Economic case	Commercial case	Financial case	Management case
• *Is there a need?* • The case for change • Local digital strategy • National policy and priorities around digital and AI	• *Is it value for money?* • *What will be saved or gained?* • Reduction in dictation or other contracts • Non-cash benefits	• *How can we buy?* • Managing contracting (building in break clauses, enterprise or volume licensing, gain-shares)	• *Can we afford it?* • Existing budgets • External funding (Frontline Productivity)	• *Can we deliver it?* • Can be large-scale transformation, with resource required
Challenges: • Pressure to buy in AVT no matter local readiness • Conflicting digital readiness • Other • Limited evidence (in some cases)	**Challenges:** • Cash releasing savings may not apply to all • ROI is based on assumptions • Benefits vary • Metrics vary • Optimism bias	**Challenges:** • Multiple routes • Fast-moving market • Limited examples of outcomes-based / risk-sharing (currently)	**Challenges:** • Assuming uptake (paying for licenses not users) • Hidden costs: Implementation, EPR integration, assurance/audit	**Challenges:** • Workflow redesign to realise capacity gains • Benefits are setting specific and some are longitudinal

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Insights from different organisations

Patient Experience
Cases are often built reducing around waiting times and letter backlogs, where these are a cause of poor patient experience

NHS Hampshire and Isle of Wight

Workforce and quality
Cases are also built around staff wellbeing, retention and record quality (including risk of using private or free versions)

NHS Central and North West London NHS Foundation Trust

Replacing digital dictation
Some explicitly replace multiple, rolling contracts for digital dictation, speech recognition or outsourced transcription

NHS South West London Acute Provider Collaborative

Prioritising settings
Only settings with flexible clinic templates may be able to see more patients. Fixed clinic schedules and pre-booked appointments may be harder to evidence benefits for.

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Disclaimer: Examples are drawn from publicly available information (as of October 2026) and are illustrative only.

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Making the Case for AVT – Case Study

Health Innovation Network South London

NHS South West London Acute Provider Collaborative



Ambra Caruso
Head of Digital Transformation

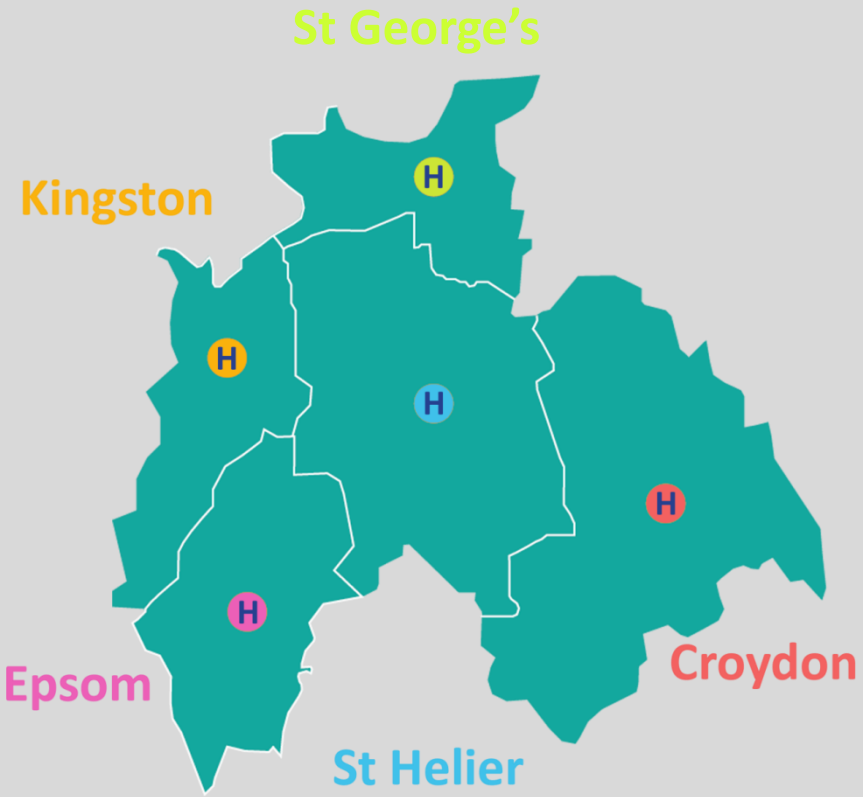
ambra.caruso@nhs.net

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Acute Provider Collaborative

Scaling Ambient Voice Technology in the NHS: Lessons from a Multi-Trust Procurement



NHS
St George's University Hospital
NHS Foundation Trust

NHS
Epsom and St Helier
University Hospitals
NHS Trust

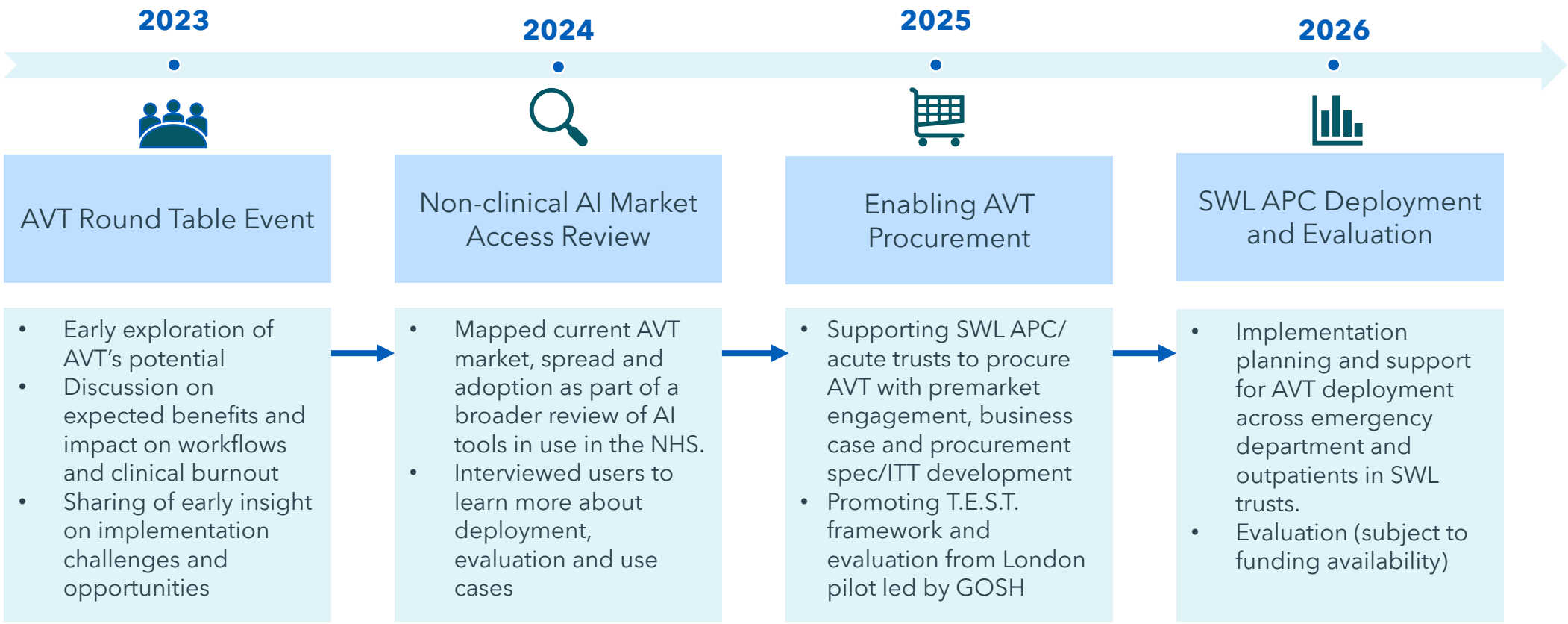
NHS
Kingston Hospital
NHS Foundation Trust

NHS
Croydon Health Services
NHS Trust

Focus of this presentation

- How a **shared procurement** approach was developed in an emerging technology market
- Approach to **business case** development
- Early reflections on **implementation and scaling** AVT across multiple organisations
- How the **HIN supported** the trusts throughout this process

HIN South London work on Ambient Voice Technology



NHS
South West London
Acute Provider Collaborative

SWL AVT Programme Overview

The South West London AVT Programme

NHS South West London Acute Provider Collaborative

Overview

Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston and Richmond NHS Foundation Trust, and St George's University Hospitals NHS Foundation Trust worked together through the South West London Acute Provider Collaborative, supported by the Health Innovation Network South London, to jointly procure and deploy Ambient Voice Technology at scale.

Why This Matters

Together, the four trusts represent significant clinical activity across South West London:

- **2.7M+** outpatient attendances annually
- **710k+** emergency department attendances annually
- **10,000+** clinicians across the collaborative

This created an opportunity to deploy AVT at scale whilst avoiding duplication of effort through a single, coordinated procurement approach.

NHS Croydon Health Services NHS Trust

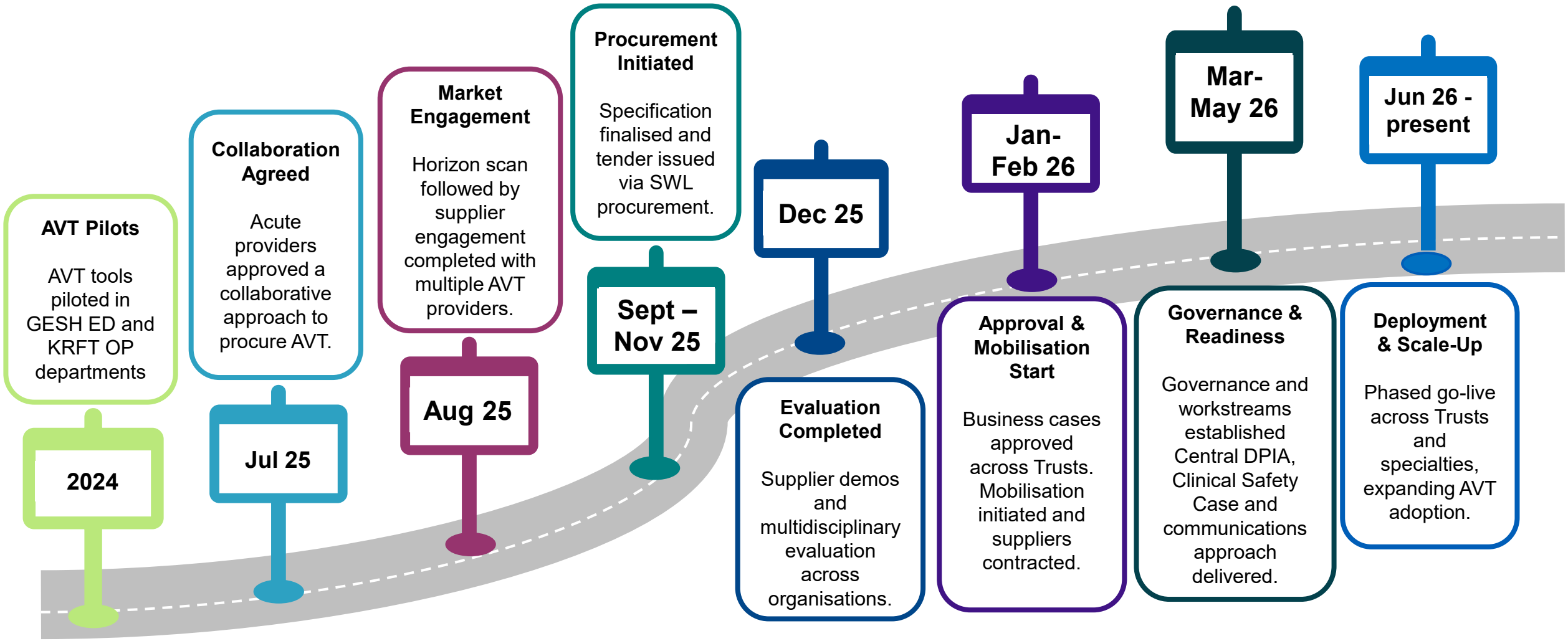
NHS Kingston Hospital NHS Foundation Trust

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SWL Ambient Voice Technology - Our Journey to Date

NHS South West London Acute Provider Collaborative



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Procurement Overview

The AVT Procurement Pathway: Key Steps

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Horizon scan

Identified suppliers, assessed market maturity, and understood emerging capabilities, risks, and evidence

Market Engagement Event

Invited suppliers registered as Class I medical devices.

Shared SWL AVT plans and gathered feedback from suppliers on proposed functionality.

Senior clinical, digital, and transformation leaders across all Trusts attended to learn about AVT suppliers on the market.

Developed the Procurement Spec

Drafted the specification using insights from the KRFT and GESH pilots, supplier feedback from market engagement, and the T.E.S.T. framework.

Highlighted key SWL requirements, including Cerner integration and replacement of existing dictation functionality.

Used an iterative process with multidisciplinary stakeholder input to ensure the specification reflected all Trusts' key requirements.

Released Capability Statement

Using the DPS (Dynamic purchasing System), issued 5 pass/fail screening questions to filter out unsuitable bids from later in the process.

These asked suppliers to confirm CE marking status, compliance with the NHS Data Security and Protection Toolkit (DSPT) , confirmation of server location, employment of a clinician safety officer and ability to replace legacy dictation systems.

Released full ITT

Using the DPS, issued scored questions.

Categories included technical capabilities, integration, performance and resilience, user interface, implementation, strategic development and social value.

Top 8 suppliers invited to deliver a demonstration using a script developed by programme team and clinicians.

Scored bids and awarded contract

Engaged multidisciplinary teams across the four Trusts to evaluate bids, ensuring subject matter expertise informed decision-making.

Clinician groups from all four Trusts scored supplier demonstrations.

Partnered with the central Procurement team to award the contract.

- Do things once
- Multidisciplinary throughout
- Procure a partnership

Business case development

Business case development

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National funding for AVT was verbally confirmed on two occasions, only for trusts to later be advised that the funding was not available.



A common business case narrative was developed centrally, supported by the HIN and agreed across the four trusts.



Each trust developed its own financial case, aligned to a shared set of assumption and benefits



Three multi-disciplinary peer challenge sessions brought together clinical, operational, transformation and finance leaders to test assumptions and strengthen the case.

Expected Benefits

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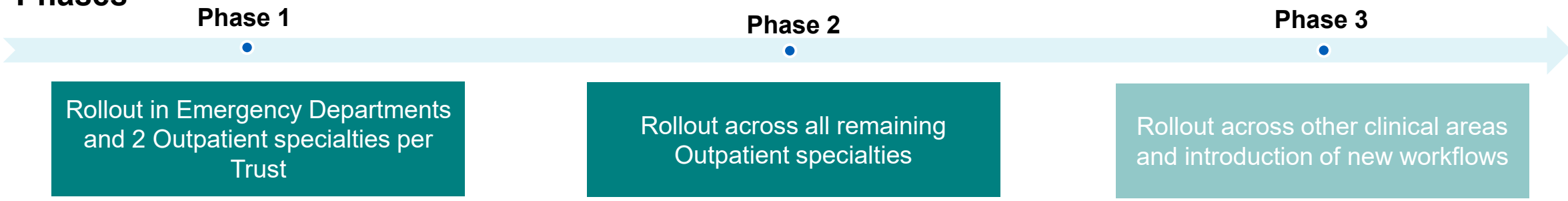
- Reduction in **dictation costs**, creating direct savings that can offset the investment in AVT. — Cash releasing
- **Improved patient flow**: Real-time transcription streamlines clinical documentation in real time, allowing clinicians to focus more on patient care and thereby improving efficiency, reducing bottlenecks, and enhancing overall patient flow.
- **Saving A&C time**: Automation of documentation tasks creates an opportunity to save A&C time. — Operational efficiency
- **Better patient experience**: More clinician time is available for patient interaction, accurate records, and reliable handovers and coordination.
- **Improved coding accuracy**: Structured data capture reduces errors and improves coding precision. — Operational efficiency
- **Accurate RTT status updates**: Real-time documentation supports timely RTT tracking and prevents missed follow-ups.
- **Improved staff wellbeing** by alleviating documentation-related stress and reducing cognitive load, with the potential of reducing the number of stress-related sick days. — Cost avoidance

Delivery

High Level Deployment Approach

NHS South West London Acute Provider Collaborative

Phases



Trust Implementation

Each Trust's exact implementation timelines and order of functionality vary given the differences in EPR configurations and digital infrastructure

Functionality to be introduced in stages

Digital Dictation / Speech Recognition	**Single sign-on**	**Oracle Cerner Integration**	**PDF Filler** (Letters/Forms)	**Launch in context** - directly from Cerner	**Write-Back** Save approved notes into Cerner as plain text.	**Structured Write-Back**. Save data into specific Cerner fields automatically.	**Clinical Coding**. Suggests clinical codes from generated notes.	**Translation Capability**	**RTT**

Future Ambition: Expanding the Impact of AVT

NHS South West London Acute Provider Collaborative

Expanding Reach



New Care Settings
Building on adoption across outpatient and emergency care, explore the use of AVT in:

- Inpatient services
- Community services
- Additional specialty pathways
- Cross-organisational workflows

Broader Workforce Adoption
Extend benefits beyond medical staff to support:

- Multidisciplinary teams (MDTs)
- Allied Health Professionals (AHPs)
- Nursing teams
- Other patient-facing staff groups

Ambition: Embed AVT wherever clinical documentation creates administrative burden.

Expanding Capability



Administrative & Operational Benefits
Explore and deploy functionality that can further reduce manual processes, including:

- Clinical coding support
- Referral to Treatment (RTT) pathway management
- Structured data capture

Inclusive & Intelligent Workflows
Assess emerging capabilities that could enhance patient care and access:

- Translation and multilingual support
- Enhanced workflow automation
- Improved interoperability with core systems

Ambition: Move beyond documentation towards broader workflow transformation.

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Q&A

On the Case Study and insights so far

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Breakout sessions

Breakout Topic Discussions

Topic One:
Deep dive into the SWL APC Lyrebird case

Room one:

South West London Acute Provider Collaborative Lyrebird Procurement

In-depth discussion with Ambra Caruso

Topic Two:
Making the case when benefits are unclear

Room two:

How to build a case when cash savings or cost avoidance are uncertain, and making the case for wider benefits without overpromising on returns

Topic Three:
Making the case for one AVT over another

Room three:

Understanding what AVT may work best for different settings if / when extra features are valuable beneficial

How the sessions will work:

- Please indicate your preference in the chat
- We will assign you to a room
- Open Space – you are free to come and go from rooms as you please
- Each room will be run by a facilitator
- Each room will be transcribed

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Reflections from each room

Topic One:
Deep dive into the SWL APC Lyrebird case



Topic Two:
Making the case when benefits are unclear



Topic Three:
Making the case for one AVT over another



The Next Community of Practice

2

Implementation

How do you ensure the successful adoption of AVT?
19 November 26
14.00-15.30

Focus:

This session will explore successful AVT implementation through a provider case study and peer discussion. Participants will hear practical experiences, share learning, build network connections, and identify key factors for sustainable implementation and scale-up.

How to register:

- Open to all NHS staff and Heath Innovation Networks
- Contact your local Health Innovation Network Lead to receive the invite link
- For any other questions about the programme or resources ask your local Health Innovation Network Lead

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Meaningful Use of AVT programme - local contacts

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Thank you