

WHAT'S HAPPENING NOW?

↓ ↓ ↓
Data-based electronic alerts at Addenbrooke's hospital led to a **42%** reduction in sepsis deaths



80% of the time of doctors and nurses is spent on non-clinical work



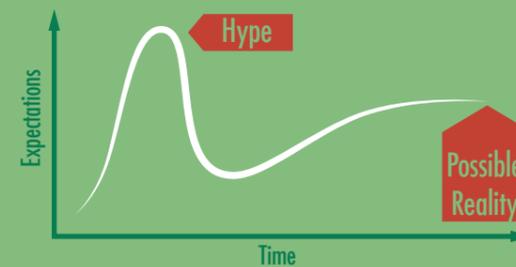
90% of GP data is missing, and what's there is really biased

Cleaning and organising data takes **70%** of any AI project



HYPE VERSUS REALITY

ARTIFICIAL INTELLIGENCE



If it's written in Python, it's **Machine Learning**
If it's written in Powerpoint, it's **A.I.**

Using early decision support found an **8% improvement** in diagnosis accuracy



A survey of **174** companies claiming to use AI in healthcare found only **5** actually did



WHAT WILL THIS MEAN FOR CLINICIANS IN THE FUTURE?

Predicted to be
250,000
vacancies across the NHS by 2032

**HALF OF JUNIOR DOCTORS LEAVE
NHS AFTER FOUNDATION YEARS**



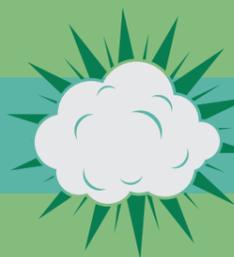
*Is the answer time
not technology?*

Geisinger health doubled the amount of time for GP appointments for older people, and saw a reduction in emergency admissions – and recruited more doctors!



Is the future **Dr Google** or **making medicine fun**

TRUST AND TRUSTWORTHINESS



EXPLOSION OF REGULATORS
(MHRA, ICO, CQC, NICE, OAI, CDEI, GMC ...)



Move from **trust** in relationships to **proof of trustworthiness**

“
How do we stop
shared responsibility
meaning shared
neglect?
”

One way to **avoid doom** for the NHS is a Domesday book of **all NHS contracts and data**

QUESTIONS THAT REMAIN

How can we make the NHS ready for the new approaches that new technology requires?

How do we ensure we use technology to benefit patients and the public and not just commercial bodies?

Do we fit technology to existing systems, or change systems to fit technology?

How do we rethink training for the NHS workforce?

Can we use technology to improve well-being not just cure sickness?

Who should be liable when things go wrong with AI?