**WHAT’S HAPPENING NOW?**

- Data-based electronic alerts at Addenbrooke’s hospital led to a 42% reduction in sepsis deaths.
- 80% of the time doctors and nurses is spent on non-clinical work.
- Cleaning and organising data takes 70% of any AI project.
- 90% of GP data is missing, and what’s there is really biased.

**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?

**WHAT WILL THIS MEAN FOR CLINICIANS IN THE FUTURE?**

- Half of junior doctors leave NHS after foundation years.
- Geisinger health doubled the amount of time for GP appointments for older people, and saw a reduction in emergency admissions — and recruited more doctors!

**HYPE VERSUS REALITY**

- 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.

**TRUST AND TRUSTWORTHINESS**

- Explosion of regulators (MHRA, ICO, CQC, NICE, OAI, CDEI, GMC ...)
- 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.

**ARTIFICIAL INTELLIGENCE**

- If it’s written in Python, it’s Machine Learning.
- If it’s written in PowerPoint, it’s A.I.

**QUESTIONS THAT REMAIN**

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