How much do I need to know about AI in the NHS?

How university health partnerships and research communities can support the trusted deployment of AI in the NHS: Six steps to building trust

May 2026

Faculty of Social Science & Public Policy

Authors

Amy Clark
Senior Policy Fellow, the Policy Institute at King's College London and King's Health Partners

Anna Kim
Programme Manager, King's Health Partners

Findlay Macaskill
National Specialty Advisor for Responsible AI in Health & Social Care, Responsible AI UK

Permission to share

On 24 April 2026, King's Health Partners (KHP), the Policy Institute at King's and Responsible AI UK (RAi UK) co-hosted a policy roundtable on AI in the NHS. 50 representatives joined from national policy, research, NHS, industry, voluntary and community sector organisations, and independent contributors, to assess the evidence and co-produce an action plan. Attendees considered the potential of AI to improve care quality and efficiency in the NHS and reflected on the critical importance of justified trust in the use of AI to realise this potential. The group worked collaboratively to identify information gaps for the public and NHS staff and agree practical steps to support the trusted deployment of AI in the NHS.

The key themes from the roundtable are set out in detail below. In summary, the group identified **six steps to building trust:**

1. Storytelling from the patient and service user perspective setting out benefits, risks, and the reality of AI, de-grouping "AI" as a non-specific term

2. Developing a world-leading workforce through AI education and leadership development

3. Prioritising and promoting AI that combats health inequalities and tackling data quality and demographic representation as a foundational step to well-placed trust in AI

4. Treating implementation as the main event with considered adoption decisions and user centred design

5. Creating clear guidance on what happens when something goes wrong

6. Supporting the development of guidelines on centralising assessment of AI tools

Key themes from the roundtable

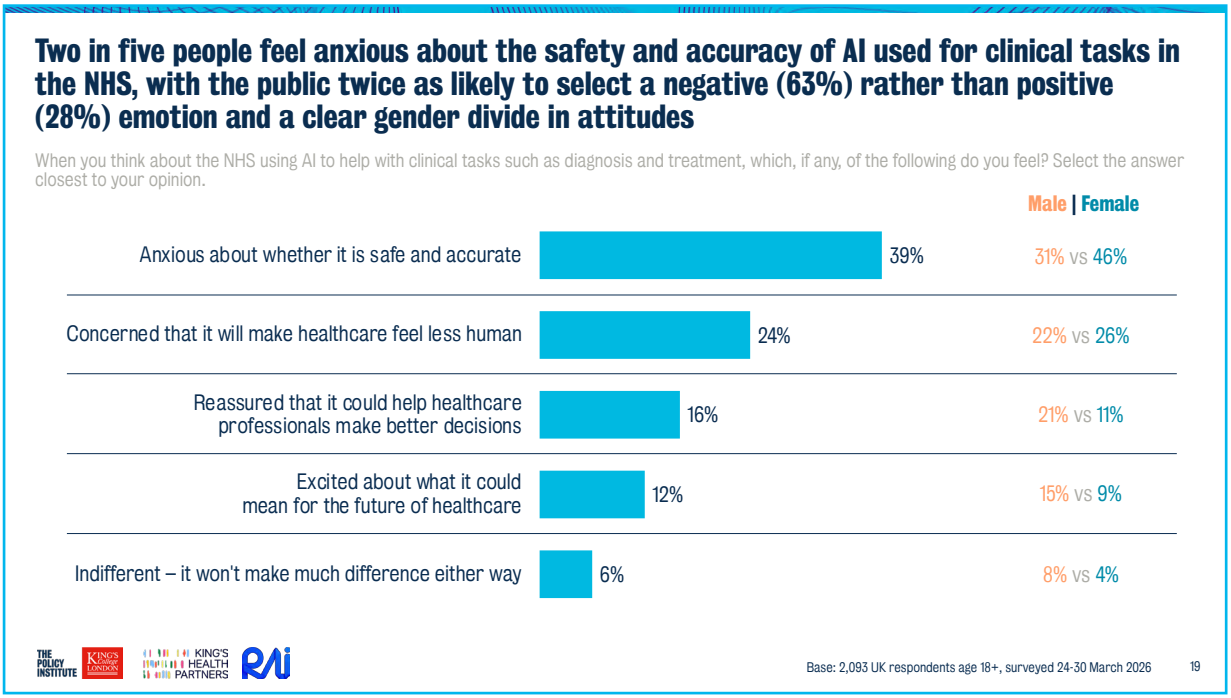
Context: "The choice for the NHS is stark: reform or die"

The event began with reflections from a range of perspectives from national policy leadership, clinical academia, mental health, lived experience, and primary care. Attendees considered the wider context for the roundtable discussion: the UK government's 10 Year Health Plan for England sets out that the NHS, faced with rising demand and constrained resource, is at an 'existential brink', and has proposed AI as the disruptive solution needed to 'propel the NHS into a position of global leadership' in developing the treatments and technologies of the future.

Attendees were then invited to review the results of new research, funded by RAi UK, on public opinions around trust and the use of AI in healthcare. A key finding from discussions was that **public perceptions of AI are based on their interpretation of what AI is**, and that this is likely influenced by mainstream media coverage. At present the group reflected that this is likely to be centred on AI chatbots (Large Language Models), commercial involvement, and data security.

> "When I think about the question, "How much do I need to know about AI in the NHS?", it's not a technical education I'm looking for. For me, it's more, what would I need to know so I'm not filling the gaps with fear, confusion, or the worst headline I've seen that week?"

The roundtable used participatory research methods to answer: **how can university health partnerships (like King's Health Partners) and research communities (like RAi UK) support the trusted deployment of AI in the NHS?**



Extract from new research into public opinions around trust and the use of AI in healthcare

The group identified the following actions to support the trusted deployment of AI in the NHS.

1. Storytelling from the patient and service user perspective.

In the face of a 'news gap' on the reality of AI in the NHS, the primary theme identified was the role of university health partnership and research communities in communication and engagement to educate, build health technology literacy, and ultimately build well-placed trust in AI. The group discussed the opportunity to partner with voluntary and community sector organisations to provide accessible, relevant and specific information for patients and the public. These stories should define what AI is and de-group "AI" as a non-specific term, helping provide transparency about different applications. They should resonate with the community of interest, (including using the appropriate language), and redress the current male-dominated conversation in AI, for example by showcasing FemTech with female voices reflecting diverse ethnicities. The products should aim to build trust by demystifying what AI does, how it is responsibly used with human oversight, how potential biases are mitigated, its benefits and impact, including the risk of not embracing AI. Research should also be undertaken to evaluate what communication and messaging works best for different communities and partners should not assume what information will have the effect of building trust without engagement. This programme could be expanded into a coalition of community organisations engaged in a co-designed process of understanding AI concerns, information gaps and feeding these back to NHS partners in an iterative process.

> "It's not just what's being said, it is how it is being said... we need women having the conversation and people who look like me"

> "We've been using AI for the last 10 years so it's not new. We need to communicate that it's evolving and we're building on it"

> "AI is in public discourse, it's not just another technology, it needs to be discussed differently from something like medication"

> "Build successful use cases of meaningful AI impact to change the narrative and public discourse"

2. Work to build internal expertise with the aim of developing an NHS workforce which is world leading in AI.

This can be delivered by growing and supporting a network of NHS AI leaders, including building on the RAi NHS Champions network, with intentional efforts to include and elevate women and leaders from underrepresented backgrounds, equipped with the skills needed to communicate and educate effectively on the use of AI in a way that builds and maintains trust. Groups discussed the need to provide education at different levels for different groups of staff with varying levels of digital literacy. This should include how to go about using AI tools in your work, and how to assess the reliability of AI tools. Beyond education and training, attendees highlighted the value of communities of practice, growing peer networks with advocates embedded across organisations, where NHS staff can share experiences and learn from one another.

> "There is an opportunity to develop the next leaders in this space"

3a. Promote applications that meet the needs of underserved communities and promote innovative approaches to mitigating the risk of biases that may exacerbate health inequalities.

One major source of bias is due to the characteristics of the training data used to develop AI technologies which can result in different levels of performance in different demographic populations. This variable performance can lead to potentially harmful results. For example, dermatology AI performance has shown disparity in detecting disease in diverse skin tones. Building on existing research, for example a study demonstrating success in mitigating racial bias in AI imaging, the partnership should work to promote AI that combats health inequalities and methods to address risk of bias.

> "How do we build the portfolio of data necessary to eliminate bias, complete datasets, and improve health outcomes across the broadest possible range of society including the most vulnerable who are disproportionately impacted by this challenge."

3b. Improving data quality and demographic representation is foundational to enabling well-placed trust in AI.

Reflecting on the need to mitigate bias in AI in order to take action on health inequalities, the group discussed the critical importance of globally representative data as a prerequisite for trusting AI, especially when it comes to population health management and planning. One group proposed testing approaches with KHP NHS partners to improve the recording and reporting of patient information to ensure patient records are complete. For example, by developing an AI enabled flag that notifies patients if demographic data is missing and prompts them to self-report. This should be coupled with information setting out the value of complete datasets for improving health for both individuals and subpopulations. Justified trust in the ability of AI tools to provide accurate outputs for all demographics can only be provided if data sources are representative.

> "AI can be used to support internal systems to identify and address missing data."

> "Improving data quality is a foundational step"

4. Treat implementation as the main event and build trust through adoption decisions and focusing on user centred design in implementation.

Attendees discussed the role of KHP and RAi UK in promoting greater focus on non-clinical uses of AI, both as a means to achieving supply side productivity improvements and also as a way to demonstrate the opportunity of AI in areas such as back-office functions that have greater public support.

> "Non-clinical uses are largely invisible in the AI conversation but there is a good opportunity to improve workforce productivity here"

Whilst, sufficient information and education were agreed to be enablers for the trusted adoption of AI, attendees also reflected on the importance of people's actual experience of AI in the NHS. It was felt that user centred design for deploying AI was fundamental to building trust.

> "We need to treat implementation as the main event, and not the afterthought... Trust is made or lost in implementation"

5. Create clear guidance on what happens when something goes wrong.

Reflecting on new research that indicates the public are most likely to hold the treating doctor or healthcare professional responsible (34%) if something goes wrong, the group discussed the value of a position paper on the complex landscape of liability. Drawing on the breadth of academic and practitioner expertise across the partnerships, including legal, AI, NHS and policy expertise, KHP and RAi UK could set out current understanding and expectations on liability on the use of AI in the NHS. The group discussed that whilst the public may be most likely to hold clinicians to account, clinicians often do not have a say in whether an organisation decides to adopt an AI tool in workflow. Clarity on liability is seen as an enabler for both staff and patient trust in the use of AI.

> "Liability is a complicated landscape"

6. Leverage RAi UK and KHP expertise to support the development of guidelines on centralising assessment of AI tools.

Public attitudes towards the regulation, oversight and use of AI in health care are generally cautious, with a preference for stronger safeguards and robust evidence, over speed of adoption. One group discussed how centralised regulatory assessment of AI could build trust and reduce variation in adoption decisions. The need for a universal framework for assessment was felt to be most apparent in primary care where each practice has responsibility for assessing whether to adopt an AI tool. Whilst there is no single framework for AI development and regulation at present, the National Commission into the Regulation of AI in Healthcare is currently considering how the regulatory framework needs to evolve to best address the challenges posed by AI, including its adaptability and continuous learning. There is also ongoing work at a local level, for example between south east London ICB and RAi UK to develop common approaches. With this in mind, a first step for KHP and RAi UK would be to scope the need for guidelines, policy recommendations on the route to centralising regulatory assessment, and consider opportunities to test central assessment frameworks locally.

> "Every AI in primary care has to satisfy different frameworks at each Integrated Care Board (ICB) and at each individual GP practice, which may not have capacity or capability to make individual assessment – this is how a lot of good tools fail to land"

> "When it comes to governance we need to think about how do we apply it flexibly rather than solving an issue that was 5 years ago"

> "Early adopters adopt, the rest are waiting for guidance"

> "We need a catalytic white paper around factors that will enable tech innovation in the NHS"

Closing remarks: "This is urgent work"

The event ended with reflections on the need to work at pace to support the trusted deployment of AI in the NHS to avoid further degradation of the healthcare offer locally, nationally and globally.

> "Put straightforwardly, the sustainability of health systems globally is severely threatened... Supply no longer meets demand and if AI isn't the solution to the supply side of the equation, then what is?"