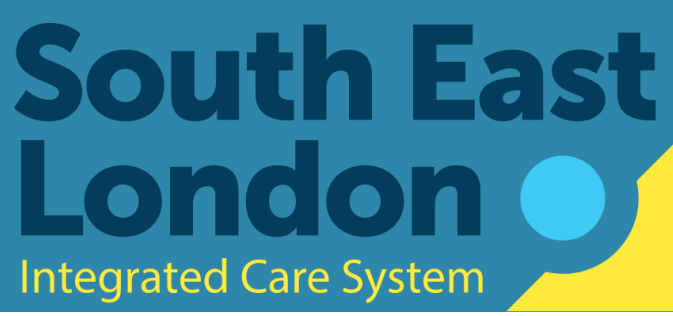


# Ambient Voice Technology in Primary Care

An evaluation of clinical ambient voice technology adoption across South East London general practice

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## 1 Background

- Ambient voice technology (AVT) uses artificial intelligence to listen to consultations and draft structured clinical notes in real time. Effectively an AI scribe.
- Primary care in South East London operates under sustained administrative pressure, with workloads spilling into clinicians' personal time and contributing to burnout.
- Adoption across the region has been largely informal, with some clinicians installing software without clinical safety or information governance sign-off.

## 2 Evaluation Aims and Scope

- Tool selection – how practices choose between the five commissioned products
- Implementation – onboarding, staff training and system integration
- Practice-level monitoring – governance, audit and quality oversight
- Clinician experience – workflow, session length and administrative burden
- Documentation and coding – note accuracy and clinical coding support
- Patient experience and safety – consent, trust and AI hallucinations
- Staff neurodiversity – benefits for conditions such as dyslexia and ADHD

## 3 Market Landscape

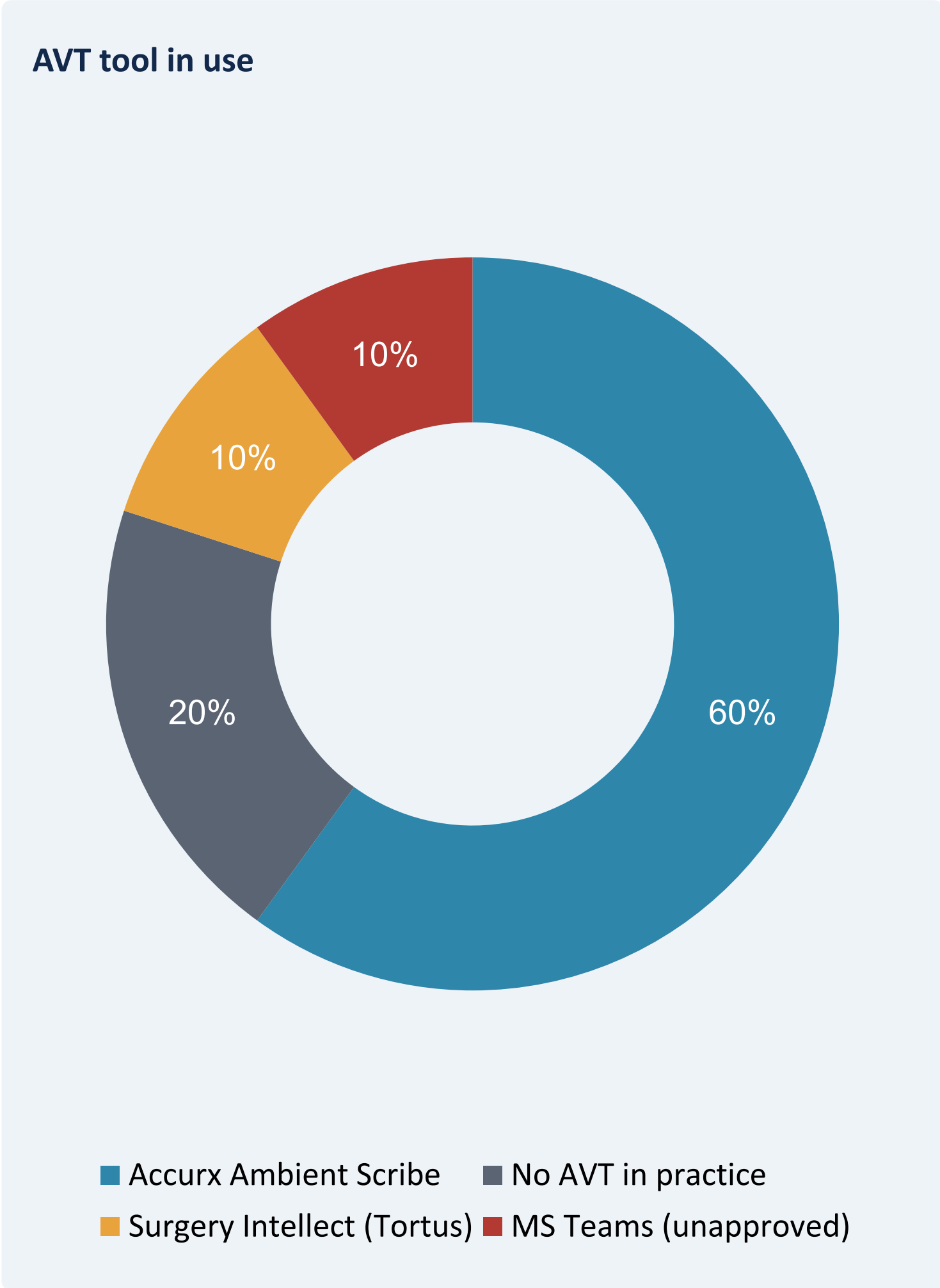
Five ambient voice tools are currently commissioned or being piloted across South East London general practice.

| Supplier / Product             | Device Class |
|--------------------------------|--------------|
| Accurx Ambient Scribe (Tandem) | Class 1      |
| Anima Scribe                   | Class 1      |
| Heidi AI Medical Scribe        | Class 1      |
| Lexacom Live / Ambient AI      | Class 1      |
| Surgery Intellect (Tortus)     | Class 2a     |

## 4 Methodology

- Mixed-methods design combining a structured Microsoft Forms survey with in-depth interviews.
- Survey circulated to general practices across all six South East London boroughs.
- Three in-depth interviews with long-term early adopters (two Accurx users, one Tortus user).
- Questions covered onboarding, efficiency, note quality, patient interaction, clinical safety and likelihood to recommend.

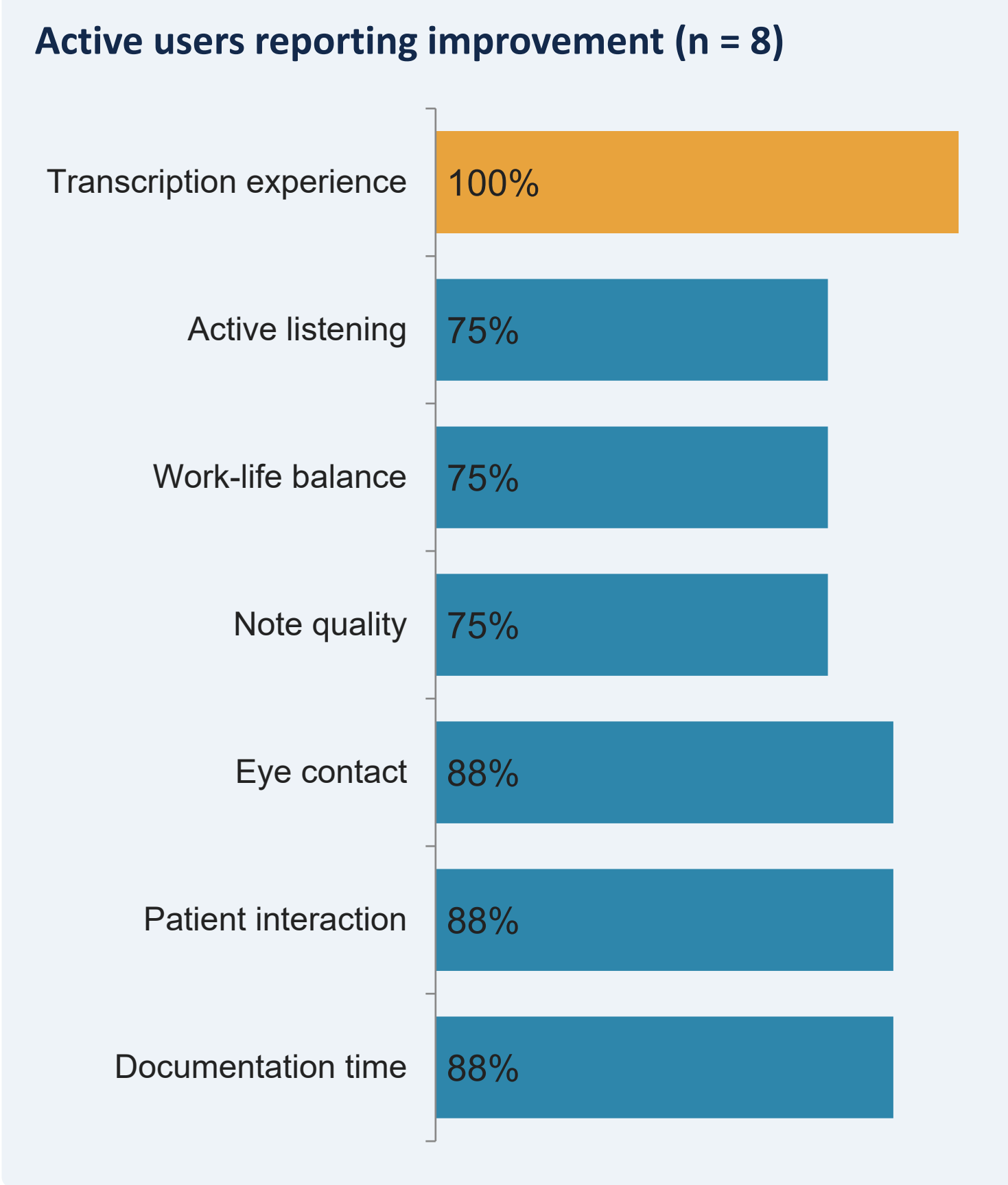
## 5 Respondents (n = 10)



## 6 Limitations of the Data

- Small sample (n = 10) – insufficient for statistically robust, region-wide conclusions.
- Heavily skewed toward one supplier: six of ten responses linked to Accurx, versus one each for Tortus and Microsoft Teams. There are 8 active users.
- Entirely self-reported perception, not objective audit or supplier dashboard data.
- No responses were received from Greenwich, leaving a gap in our geographical coverage.

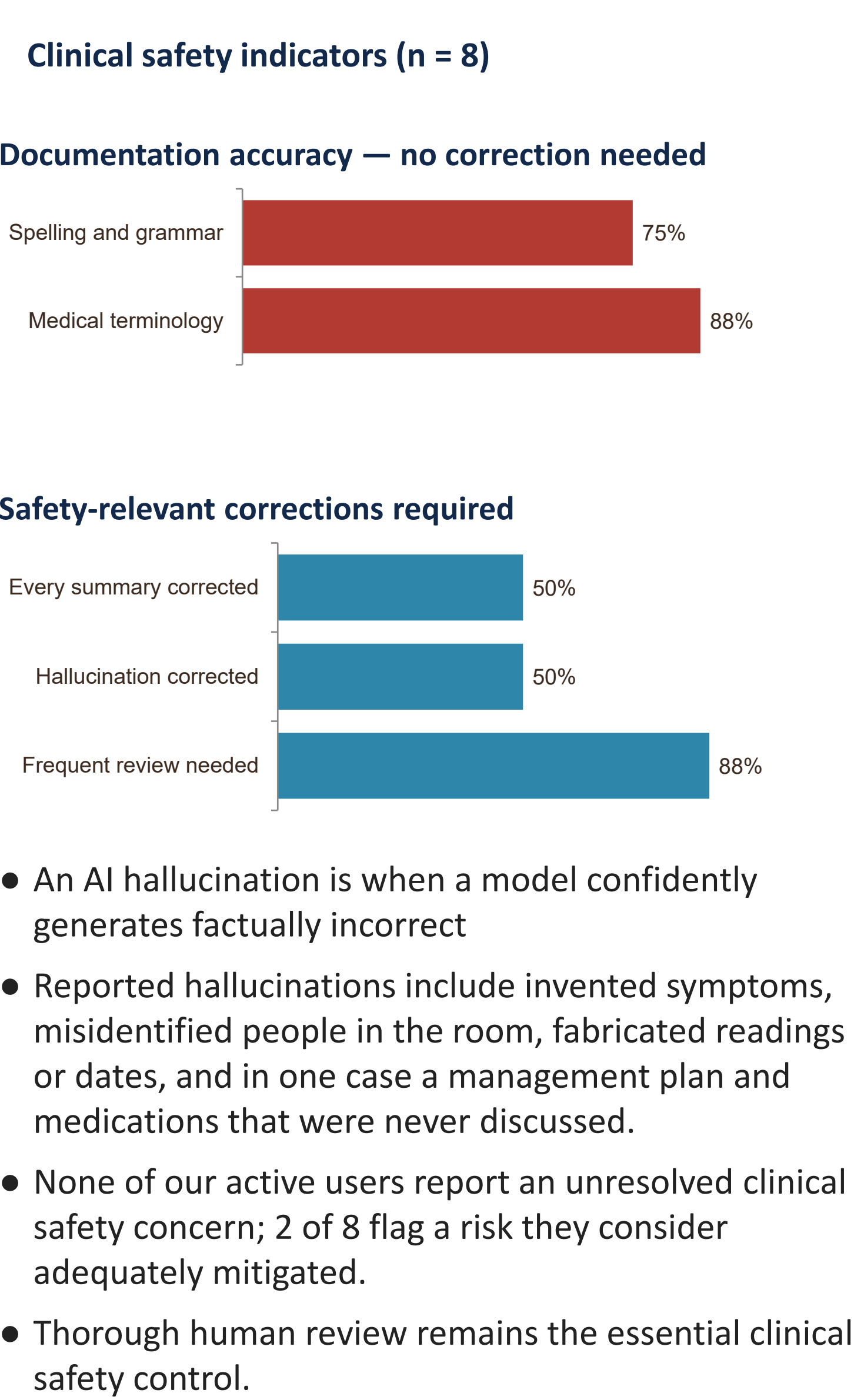
## 7 Efficiency, Wellbeing and Patient Experience



- Every single active user (8 of 8) reports an improved transcription experience, the most consistent finding of the whole evaluation.
- 4 of 8 describe their documentation-time improvement as significant.
- 3 of 8 are finishing clinical sessions earlier than before.
- Clinicians describe reclaiming direct eye contact and active listening during consultations.

*"The technology has genuinely brought back the enjoyment I get from seeing patients and consulting. I feel less worried about running late and I am more focused on what the patient is telling me."*  
— GP, active AVT user

## 8 Clinical Safety and Hallucinations

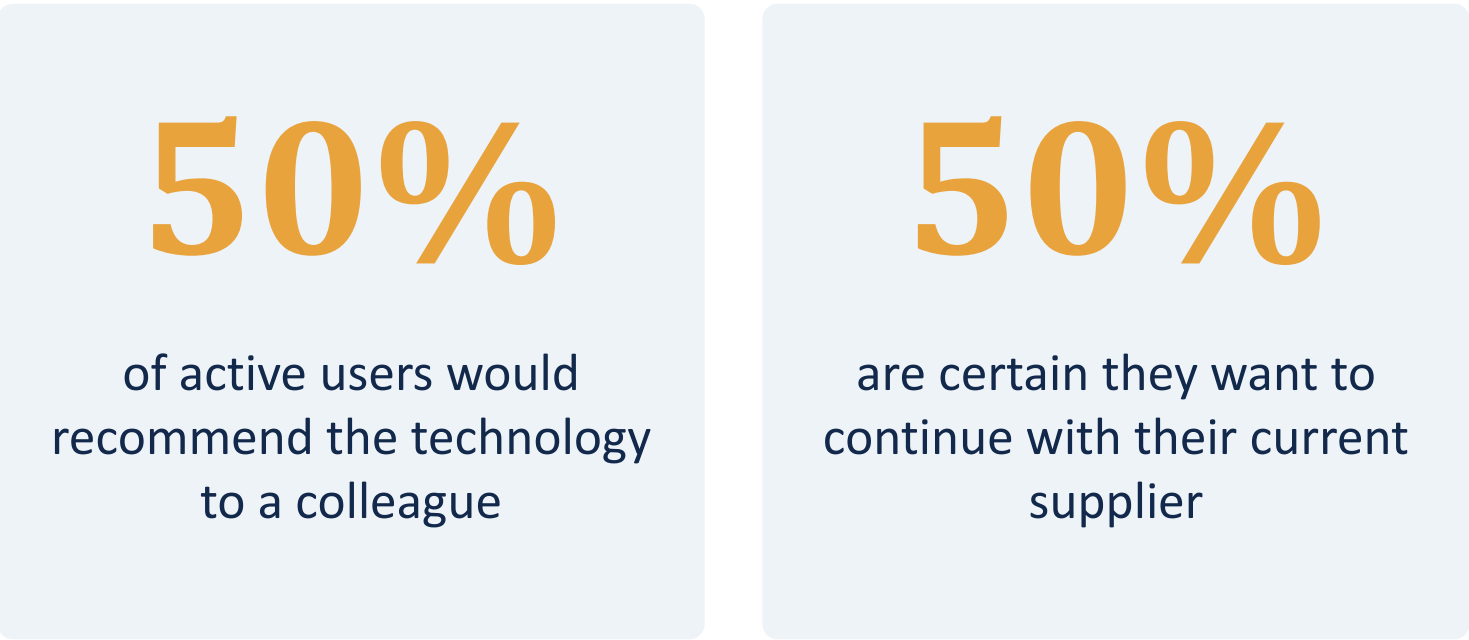


*"Knowing the data stays on UK-based servers, governed by UK law, made it much easier to trust the system with real patient conversations."*  
— GP, active AVT user

## 9 Neurodiversity

- AVT is often positioned as an accessibility aid, but our evaluation suggests it can introduce new burdens alongside genuine benefits.
- Our one respondent who disclosed a neurodivergent background (ADHD) reported that frequent hallucinations made the mandatory proofreading harder, not easier, than typing notes from scratch.
- As that respondent put it: *"it's creating me more work as I have to double check it carefully."*
- A single respondent cannot be generalised to the wider workforce, but it signals a genuine need for dedicated research with neurodivergent staff.

## 10 Concept versus Supplier



Clinicians value the concept of ambient scribing more than the execution of any single supplier. Frustration centres on weak system integration and the absence of clinical coding functionality.

## 11 Barriers to Adoption and Discontinuation

- Cost is the most significant barrier. Ongoing subscription fees are difficult to justify without a clear regional funding stream or a proven return on investment.
- Uncertainty about accuracy is a second major barrier, frequent correction of hallucinations steadily erodes clinicians' trust in the output.
- Local governance complexity is a third barrier; busy practice teams often lack the time or expertise to complete data protection impact assessments and clinical safety sign off alone.
- Two of our ten respondents discontinued AVT after trialling it, reflecting these combined pressures.

## 12 Risks and Governance

- a Clinical Safety and Accuracy**  
Mandate clinician review before filing; position AVT as a drafting aid, not a clinical author.
- b Information Governance and Data Privacy**  
UK hosted infrastructure; delete audio after transcription; retain draft text no longer than 24 hours
- c Financial Sustainability**  
Move from ad hoc, practice funded subscriptions toward a centrally procured model.
- d Patient Trust and Consent**  
Standardised opt-in verbal consent, consistent staff scripts, and shared patient facing materials.

## 13 Discussion

- Six of eight active users reporting improved worklife balance which mirrors the wider national picture, including an acute care pilot at Oxford where 88% of clinicians achieved measurable time savings.<sup>1</sup>
- Four of eight active users experienced correcting hallucinations shows these outputs are not yet safe to file without review.
- Unmet governance support risks unsupervised, independent adoption – reflected in this survey's own unapproved Microsoft Teams user.

*"Beyond saving time, having more structured and detailed clinical notes significantly improves the overall quality of our records, which directly reduces our medicolegal risk."*  
— GP, active AVT user

## 14 Conclusion and Recommendations

Early signals are positive, but the small, supplier skewed sample means a full scale, region wide rollout would be premature.

Following this fellowship year, the next steps for the project include:

- Repeat the GP survey at a larger scale across South East London outside of peak annual leave periods.
- Run a controlled, time limited evaluative pilot outside peak annual leave periods.
- Centralise information governance and DCB0160 clinical safety sign off.
- Evaluate the impact of AVT on GP registrars and clinical training.
- Mandate clinician review before any AI generated note is filed.
- Capture objective usage data directly from supplier dashboards.
- Formally consult local Patient Participation Groups.

## 15 Support and Acknowledgements

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- This project was supported by the NHS Fellowship in Clinical AI team, thank you for providing this opportunity.
- I am grateful to the digital transformation team at South East London Integrated Care Board for their support.
- Finally, thank you to the South East London GPs who generously contributed their time to the survey and interviews.

## 16 References

1. Oxford University Hospitals NHS Foundation Trust. AVT in Acute Services evaluation, 2026.

