Hunter Healthcare

Best practice opinion:

AI-driven productivity and performance

The productivity-first approach to AI in healthcare

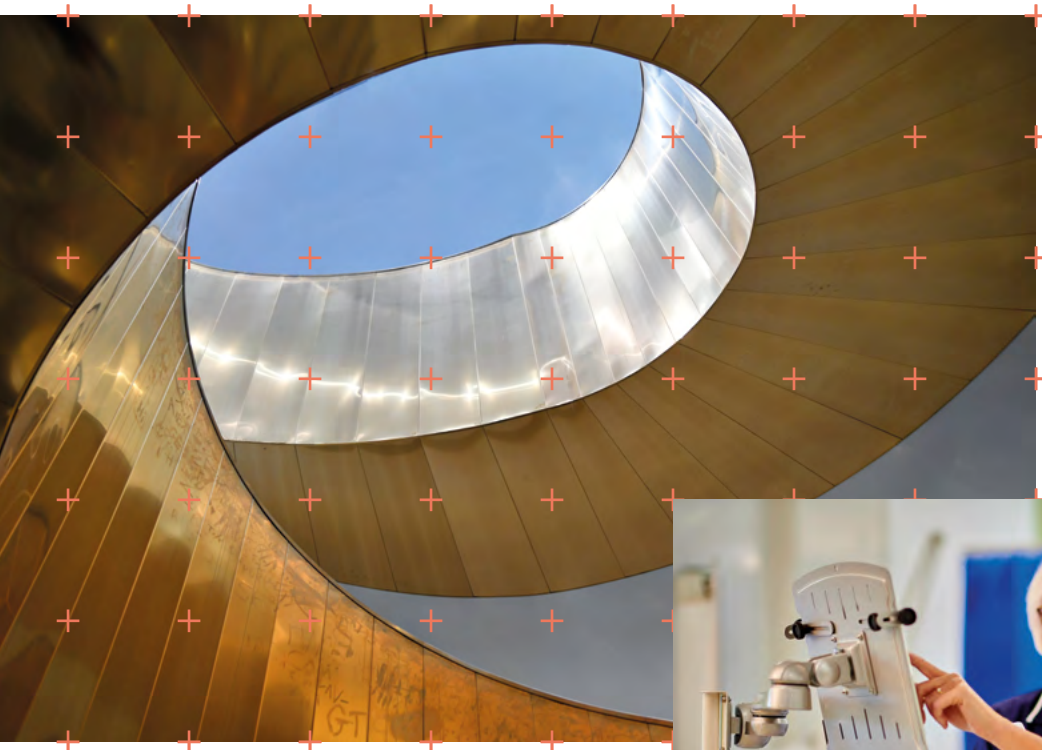
Technology doesn't fix broken processes

Healthcare is facing unprecedented pressure to improve access, productivity and patient outcomes while operating within increasingly constrained resources. Artificial intelligence presents a significant opportunity to support these ambitions, but the technology alone does not deliver transformation.

Realising the benefits of AI and automation starts with understanding how services currently operate. Organisations must establish a clear baseline of productivity and existing workflows, and identify where effort is being duplicated, delayed, or diverted from patient care.

This insight can only be achieved through meaningful engagement with the people who know these processes best: the staff who deliver them every day. Their expertise is essential to identifying opportunities for improvement, shaping practical solutions, and ensuring that technology enhances rather than disrupts the delivery of care.

This approach ensures success by automating optimised systems rather than depending on automation to simply make inefficient systems work a little faster. It moves AI from a series of fragmented and expensive products, into a scalable way to improve performance.



You can't AI what you don't fully understand

Nathan Coleman, Group Associate Director of Digital Programmes at Bristol NHS Group, says that with the right guardrails, AI can deliver substantial improvements in patient safety, productivity, staff satisfaction and financial management.

"The added value with AI is all about the workflows, not about the product. You get a lot of enthusiastic clinical and operational teams who are approached by vendors promising big returns on investment, so we need to show people the importance of thinking about the problem end-to-end before jumping into a particular solution."

Hunter has been working with Bristol NHS Group to explore opportunities for improving its Prostate Cancer Pathway. The service was under increasing pressure from rising demand and an ageing population and, like cancer services across the NHS, faced the challenge of improving cancer wait times despite growing capacity constraints. The work commissioned reflects the ambitions of the NHS 10 Year Health Plan by helping services become more productive, preventative and patient-centred while making better use of digital capability.

"We chose prostate cancer for AI development because it's high volume and quite complex in terms of all the steps the patient has to go through. There are myriad of processes around it to track patients, make sure they get their appointments and diagnostics, then to ensure they are discussed by the multidisciplinary team and the right outcome given, such as surgery, surveillance, discharge and so on," Nathan says.

Working closely with clinical and administrative teams, Hunter mapped the pathway end-to-end across multiple systems, teams and touchpoints; something that had not previously been done in this way. Performance at each stage was analysed to identify where delays occurred and how staff effort translated into service performance.

This baseline understanding is essential before introducing automation or AI. Without a clear picture of how a service operates, technology risks being applied to the wrong problems or simply automating inefficiency. "The baseline audit revealed that information was being duplicated and even triplicated, with multiple spreadsheets stitching together information from different sources. That obviously means you don't have a single source of truth. It's full of risk, very manual and resource intensive," Nathan says.

Manual tracking, repeated data reconciliation and fragmented information were consuming significant administrative time and creating the potential for delays to cascade through the pathway, which can have consequences further downstream for both patient outcomes and performance.

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– Nathan Coleman, Bristol NHS Group

Building a single source of truth

Working with clinical and administrative teams, Hunter redesigned the administrative process to release between a half and one day per week per staff member. Multiple trackers were consolidated into a single operational dataset, creating one version of the truth for the pathway. This gives clinical and administrative teams a shared, live view of each patient's status, next steps and risks.

The redesigned workflow now automatically generates key pathway outputs, including tracking and multidisciplinary team activities, according to agreed business rules. A unified operational dashboard also supports real-time decision-making, helping teams identify patients at risk of delay and intervene earlier; with the ultimate objective of improving care for patients by reducing avoidable delays and supporting delivery against national cancer wait time standards.

This approach can now be applied across other tumour sites and cancer pathways, creating a repeatable model for pathway improvement, automation and AI adoption.

In doing so, it supports the direction set out in the NHS 10 Year Plan by helping services respond to growing demand and workforce pressures while ensuring the benefits of improvement are delivered consistently and equitably across services, so that more patients, regardless of which pathway they enter, experience faster, safer and more reliable care.

Choosing AI with confidence

Where and how to deploy AI is a key strategic decision which requires board level leadership. Roshan Patel, Chief Finance Officer at mental health services provider Surrey and Borders Partnership NHS Foundation Trust, highlights the difficulties of identifying the best AI solution in a saturated market: "In the majority of cases it is difficult to really know whether what you're buying or commissioning can do what it says on the tin, because we don't have the AI data scientists, don't have the functionality within the organisation to really unpick what's underneath it.

"So we asked Hunter to help us do an AI readiness assessment, to talk to the organisation and feed back to us where we are accepting AI as a tool, and we found out there was more appetite for AI than we had anticipated."

Hunter then worked with the Trust to develop a governance framework to assess the value of any AI technology.

"We chose Hunter primarily because they are AI agnostic – they don't sell any AI products, so they don't have anything they're trying to pitch to me or sell me. They worked with us to provide a neutral viewpoint as to how we can set a framework that would allow for proper testing of solutions that will be led by the patient and staff benefit," Roshan says.

The Trust decided the top priority was to use AI to maximise the time clinicians spend with patients, while the second, linked objective was to remove or reduce repetitive tasks in clinical administration to make it simpler, faster and more effective.

An important part of this is ambient voice technology (AVT), which Surrey and Borders has been testing with several clinical teams. These AI systems are becoming widely used in healthcare to listen to consultations and generate accurate medical notes, which can then be integrated into electronic patient records (EPRs) and used to produce follow-ups such as discharge summaries and appointment letters.

"We did a thorough evaluation, and the feedback was unanimous that the clinicians found it extraordinarily refreshing and invigorating, because it changed the way they work by removing so much of their clinical admin time – it was hours [each clinician] had saved every week," Roshan says.

"Now we're in full flight procuring a solution for the trust. The time saved is being reinvested in patient-centred contacts, which means we can do more with our existing money and resources."

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– Roshan Patel, Surrey and Borders Partnership NHS FT

Governance that enables innovation

The governance that Hunter helped put in place will now be used to assess more opportunities for automation in both clinical and administrative systems, maintaining the same systematic, planned approach that has delivered performance improvements for the Trust while winning the support of staff.

"I'm doing a lot of work in the finance directorate, working through with Hunter how we automate processes, particularly with procurement and contracting," Roshan says.

"We are looking at fundamentals about how we improve financial processing, approvals, purchasing, buying, cutting out as much manual process [as possible] and getting the systems to do the heavy lifting for us. This will enable me to free up my team to do more front-facing business partnering with the clinical divisions on how we grow services, how we deliver more efficiencies, how we look at productivity, and really understand how we can help them maximise their resources, as opposed to just reporting them."

He hopes that in two to three years' time the Trust will have made big strides in educating and training staff to use AI as a complementary tool, while beginning to introduce more sophisticated technology such as chatbots.

AI is a productivity challenge, not a technology project

The next few years of the NHS will be defined by relentless pressure for higher productivity in the face of growing demand and little extra money. Achieving this will depend on having motivated, highly effective staff, improvements in patient flow through every part of the system and stable, predictable finances.

In achieving this AI can be a help or a hindrance. While everyone can see the potential, many organisations are struggling to translate pilots into measurable, sustainable and scalable operational improvements.

Too often, AI begins with the software rather than the process, or the needs of staff and patients. It can quickly become yet another technology burden for teams to wrestle with, disconnected from operational priorities and feeling more of a threat than a tool to make their working days more productive.

AI needs to be seen as a productivity challenge rather than a technology deployment. It doesn't shift performance on its own. Productivity gains only occur when organisations address operational bottlenecks and then use technology to enable and scale the improved workflow. Above all, AI improves productivity if staff are enthusiastic about the potential and are centrally involved in every step of development.

Roshan's advice to trusts as they embark on automation is, "You need to frame the vision for what your trust wants to do with AI very clearly and ensure it's not framed in a way that the organisation and individuals see it as a threat to their jobs and roles. Second, be innovative in the way you approach AI technologies while ensuring you have a strong, robust framework for testing and assessing AI capabilities. And bring in some support and help where you don't have the expertise in-house."

The Hunter approach

A staff-led, data-driven path to measurable improvement

1. **Understand current state**
   + Map the existing processes and measure baseline productivity
2. **Redesign with staff**
   + Co-design the workflow to remove friction and improve efficiency
3. **Identify and test AI solution**
   + Test robustly, audit and analyse for safety, effectiveness and ROI
4. **Measure and scale**
   + Demonstrate ROI and scale to other pathways and services

Key takeaway: AI alone doesn't improve performance, but when combined with workforce engagement and measurable productivity focus, it becomes a powerful enabler of sustainable NHS transformation...

The epicentre of healthcare

hunter-healthcare.com (↗)

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