



Executive takeaways — white paper

Making Clinical AI *work* in the NHS

Fifty-nine NHS clinicians, health system leaders and health law specialists spent a morning at the Royal Society of Medicine working through what responsible clinical AI adoption actually requires. Six areas emerged that organisations can act on now, even while evidence standards, regulation and governance models continue to evolve.

1 - Build governance before deployment

Governance, clinical safety, accountability and evaluation frameworks belong in the planning phase, not after implementation begins.

Retrofitting costs more and works less well.

Ask: Do we have a named, active clinical risk owner with protected time, and an acceptable risk position agreed at board level?

2- Focus on clinical value

Adoption succeeds when clinicians and leaders can clearly articulate how a tool improves decision-making, efficiency, patient outcomes or equity. Technical performance alone rarely drives use.

Ask: Can we answer, in one sentence, why a clinician should use this?

3- Design around workflow

Technologies that fit naturally into existing clinical workflows are adopted and sustained. Those that add steps are abandoned, regardless of clinical value.

Ask: How many steps sit between a clinician's question and a usable answer — and can we remove some?

4- Require traceable evidence

Clinicians should be able to follow a recommendation back to its source and judge whether it applies to the patient in front of them. Traceability is what makes a clinical decision defensible.

Ask: Can our clinicians see the reasoning and the source, not just the output?

5- Invest in workforce readiness

Training, AI literacy and change management are necessary components of implementation, not optional additions. Clinicians need to question outputs, not just receive them.

Ask: Are we training people to interrogate AI, or only to operate it?

6- Plan for scale from the start

Address interoperability, governance, evaluation and sustainability during pilots. Unlike a medicine, AI software changes with every update and needs continuous reassessment.

Ask: What triggers a re-evaluation when the product changes?



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Process

This paper draws on the proceedings of the Elsevier–Royal Society of Medicine Dialogue held on 3 September 2026.

The programme had four connected sessions: a welcome keynote on the state of AI adoption in health systems; a session on real-world clinical use presented by practising NHS clinicians; an expert panel on AI safety, governance and adoption; and a facilitated group exercise on governance decision-making.

Attendance was by invitation only, curated to bring together senior clinical, informatics and policy perspectives from across NHS organisations.

Proceedings were recorded and transcribed. The content is edited for clarity and organised by theme rather than in running order, so findings from different sessions on the same question sit together.

Attributed contributions have been checked against the transcript. Where participants disagreed, the paper reports the disagreement rather than resolving it.

Individual clinical cases discussed during the morning are not reproduced in this paper. The findings reported here are the generalisable themes that emerged across the programme.



Keynote

Jan Herzhoff — President, Elsevier Health Markets

Dr Rahul Goyal — Consultant Physician, and Clinical Executive at Elsevier



Expert panel

Dr Keith Grimes (Chair) — General Practitioner and AI safety specialist

Dr Yat Wah Li — Consultant Anaesthetist and Chief Clinical Information Officer, Royal Wolverhampton NHS Trust

Summer Maine — Senior Corporate Counsel, Elsevier Health; health law and bioethics

Dr Shibani Nicum — Consultant Medical Oncologist and Associate Professor, University College London

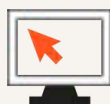
Dr Richard Daniels — Paediatrician, Imperial College Healthcare NHS Trust

Dr Rahul Goyal — Consultant Physician, and Clinical Executive at Elsevier



Facilitated exercise

Yael Misrahi — Director, Commercial Go-To-Market, Elsevier Clinical Solutions



Read the full paper

Making clinical AI work in the NHS: evidence, governance and the path to adoption — six recommendations for health system leaders, what persuades an NHS board, and where the room disagreed.

Access the full white paper [here](#).