

Artificial intelligence use in NHS communications

Insights, risks and recommendations for safe and effective adoption

June 2025

About us

The NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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We believe that effective communications and engagement play a key role in supporting integrated care systems, and the partners that make them up, to achieve stronger relationships, more open and transparent ways of working, greater trust, more engaged staff and, ultimately, better outcomes for the public. To find out more about how we are supporting the NHS communications profession, please visit www.nhsconfed.org/leadership-support/supporting-NHS-communicators and via the support we provide through HealthCommsPlus at www.nhsconfed.org/healthcommsplus

NHS Communications AI Taskforce

This report forms part of a wider project being led by the NHS Communications Al Taskforce in partnership with the NHS Confederation. The Taskforce provides strategic leadership and oversight for all the workstreams that are outlined in this report.



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Key points

- This report forms part of a wider project being led by the NHS
 Communications AI Taskforce in partnership with the NHS Confederation.
 It presents the findings of a research study that builds on the foundations set out in an engagement paper on AI in NHS communications, published in December 2024.
- The primary aim of this latest research was to understand how NHS
 communications professionals are using Al tools; where there is potential to
 apply these tools more effectively; what barriers, risks and capability gaps
 need to be addressed; what kinds of support, training and governance will
 enable safe, ethical and confident Al adoption. Our key findings are:
 - Al is beginning to reshape how communications teams across the NHS work. These technologies offer new ways to support content creation, improve accessibility, analyse feedback and streamline everyday tasks.
 - However, adoption of Al is uneven more than half of respondents (55 per cent) to our survey reported using Al tools in their role, with a further 41 per cent interested in starting to use them. However, access to tools and skills is uneven and much use remains informal or experimental. Much of the profession describes itself as being at 'beginner' status.
 - Al is seen as an assistant, not a replacement across our survey and focus groups we ran, communications leads described Al as a useful support tool that helps draft content, simplifies complex information and speeds up repetitive tasks. Human oversight remains essential for accuracy, empathy and alignment with NHS values.
 - Efficiency and confidence gains are clear Al is helping the teams
 using it to work faster and with greater confidence, particularly when
 simplifying technical language into plain English, generating first drafts or
 analysing feedback from patients and staff.

- Governance and trust matter. Informal use of AI tools, particularly generative tools such as OpenAI ChatGPT, is widespread but often outside formal approval processes. However, we did not find any evidence of communications professionals using it to produce clinical or other patient-related information without the appropriate checks by professionals. There is a clear need for governance, guidance and risk management to ensure safe, responsible use. An issue is how and when the use of AI should be transparently declared, especially in the production of patient-facing information that is medical in nature.
- Al has the potential to level the playing field. By supporting less experienced staff and smaller teams, Al can help ensure that NHS communications remain high quality and accessible for staff and patients - even in resource-constrained environments.
- Training and capability building are urgent needs. Both senior leaders and delivery teams expressed a need for role-specific training. Directors want to understand the strategic, ethical and governance implications, while operational teams need practical skills for effective use.
- To take this forward, the NHS Confederation and the taskforce have identified five strategic priorities for action, each with a clear delivery route:
 - 1. Develop a national operating framework for the use of Al in NHS communications.
 - Establish an NHS Communications Al Network. This will connect peers
 to develop their use of Al by sharing practical insights and feedback on
 approaches that will help NHS organisations use Al to improve how they
 communicate with staff, patients and communities. This is launching on
 26 June.
 - 3. Develop an ethics framework, setting out the principles and values to guide our use of Al and address crucial issues such as data protection, privacy, consent, fairness, transparency and human oversight.

- 4. Establish an online innovation and training hub as a centre of excellence
- 5. Develop a long-term monitoring and evaluation system to ensure accountability and continuous improvement.

Background

Al is beginning to reshape how communications teams across the NHS work. These technologies offer new ways to support content creation, improve accessibility, analyse feedback and streamline everyday tasks. This is happening at a time when NHS communications teams face significant resource pressures and rising demand. This is also combined with the need to engage with diverse patient groups and other stakeholders with clarity, empathy and trust.

As AI capabilities evolve rapidly, NHS communicators are increasingly curious about how these tools could help them meet these challenges. However, access to tools, confidence in their use and organisational readiness remain highly variable across the health service. Without clear governance, training and shared learning, there is a risk that early AI adoption could become fragmented, inconsistent or widen capability gaps between teams.

At the same time, with the right support and safeguards in place, Al has the potential to help level the playing field, enabling smaller teams, less experienced practitioners and stretched communications functions to produce high-quality, audience-focused work more efficiently.

"It's already making a difference, but who gets to benefit depends on who has the tools, the skills and the permission to use them."

Focus group participant

About this research

This report forms part of a wider project being led by the NHS Communications AI Taskforce in partnership with the NHS Confederation. It presents the findings of a research study, consisting of a major survey, focus groups and desk research, that builds on the foundations set out in an engagement paper on AI in NHS communications, which was published in December 2024 by the NHS Communications AI Taskforce in partnership with the NHS Confederation.

The engagement paper set out a shared vision and guiding principles. It also outlined proposed action areas for the use of AI across NHS communications, including a draft ethical framework. It was informed by nine months of engagement with communications teams working across the NHS London region and input from independent industry experts.

The actions and initiatives set out in the original engagement are outlined in Appendix 1.

From December 2024 to February 2025, following the publication of the engagement paper, views were gathered from communications professionals, industry partners and other stakeholders to answer key questions about where Al was already being used, where there was ambition to do more and what risks and barriers needed to be addressed.

This research represents the next step in that process. It aims to move from initial regional consultation to a deeper evidence base on how AI is already being used within NHS communications, where barriers remain, and what support is needed for safe, effective and ethical adoption.

This research underpins the development of several activities that the NHS Communications Al Taskforce has been prioritising:

- Developing a national operating framework for the use of AI in NHS communications.
- Establishing an NHS Communications Al Network, which will connect peers to develop their use of Al by sharing practical insights and feedback on

approaches that will help NHS organisations use AI to improve how they communicate with staff, patients and communities. This is being launched on 26 June.

- Developing an ethics framework, setting out the principles and values to guide our use of Al and address crucial issues such as data protection, privacy, consent, fairness, transparency and human oversight. (A first draft was also set out in the engagement paper and is include as Appendix 2 in this report.)
- Establishing an online innovation and training hub as a centre of excellence platform for collaboration and knowledge exchange. Our latest report also identifies a requirement for training on two levels for senior leaders and operational communications roles.
- Developing a long-term monitoring and evaluation system to ensure accountability and continuous improvement.

Together, the engagement paper and this study provide the evidence base for developing a national AI operating framework for NHS communications, alongside supporting ethics guidance, governance recommendations and a programme of shared learning.

The operating framework, which we will produce in summer 2025, is intended to be guidance and we will support NHS communications professionals to implement it through our NHS Communications Al Network, working groups and training programmes. However, it will be for local NHS organisations to then determine how this guidance informs their formal Al communications policies and approach in line with their governance arrangements.

Purpose of the research

The primary aim of our latest research was to understand:

- how NHS communications professionals are using Al tools
- where there is potential to apply these tools more effectively
- · what barriers, risks and capability gaps need to be addressed
- what kinds of support, training and governance will enable safe, ethical and confident Al adoption.

The research was designed to listen carefully to the real-world experiences of NHS communicators – spanning senior leaders, managers and operational teams – and to reflect the diversity of organisations and roles across the sector.

How the research was carried out

The research was delivered through key stages:

Stage	Activity	Purpose
Survey.	National survey (September 2024 – March 2025) with 414 NHS communications professionals responding.	Captured patterns of current AI use, confidence levels, risks and training needs.
Focus groups.	Three national focus group sessions held in March 2025, engaging a cross-section of NHS communicators from different regions, roles and organisation types.	Explored key themes in more depth, including aspirations, risks, governance issues and capability gaps.
Thematic analysis.	Integrated analysis of quantitative and qualitative data, with validation from the Al in NHS Communications Taskforce and sector experts.	Identified shared patterns, emerging priorities and recommendations for action.

Table: The research stages and methods used to develop this paper

This combination of approaches provides a robust evidence base for the recommendations in this report, rooted in the day-to-day realities, ambitions and concerns of NHS communications professionals.

What this report provides

This report presents the findings from the research and sets out practical recommendations for enabling the safe, effective and innovative use of Al in NHS communications. It aims to:

- support NHS communicators at all levels to navigate the fast-evolving Al landscape with confidence
- provide the evidence base for the planned operating framework and associated ethics and governance guidance
- inform the development of the NHS Communications Al Network, designed to promote peer learning, resource sharing and innovation across the sector.

Above all, the report reflects the core principle established in the engagement paper: that Al should enhance, not replace, human communications, helping NHS teams to maintain the trust, empathy and patient focus that sit at the heart of effective engagement.

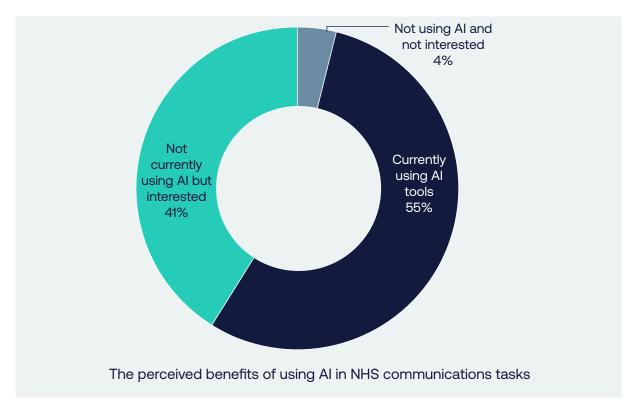
How NHS communications teams are using AI tools

Al tools are already being used across many NHS communications teams, but take-up is uneven and a large proportion of teams have yet to grasp the opportunities. Where Al is being used, there is a wide variety of use cases emerging - from content drafting and social media adaptation to meeting summarisation and feedback analysis. However, this use is often informal, experimental and shaped by what individual teams or practitioners can access, rather than by organisation-wide strategies or consistent governance.

This section outlines the current patterns of Al adoption in NHS communications, the tools being used, how confident staff feel using them and where these tools are making a difference.

Strong interest, but uneven adoption

The national survey confirmed a high level of curiosity and enthusiasm about Al across NHS communications professionals:



This points to significant momentum and appetite for experimentation, even where formal policies or organisational strategies are not yet in place.

However, much of this current use falls into what participants described as 'informal adoption', with individuals or small teams exploring tools like OpenAl ChatGPT or Microsoft Copilot outside formal approval processes. Access to tools is often dependent on personal initiative, trial accounts or discretionary budgets, leading to variation in use both within and between organisations.

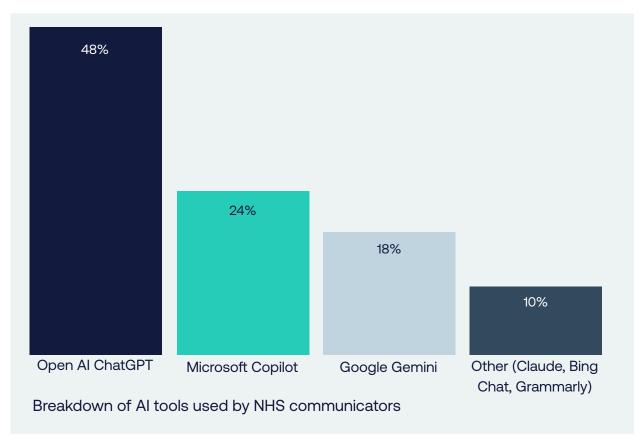
"There's lots of interest, but it feels like we're in the wild west - we're all testing things in our own way."

Focus group participant

This patchwork approach risks widening capability gaps between those with access and those without.

The most commonly used AI tools

Survey participants reported using a range of AI tools, often in combination:

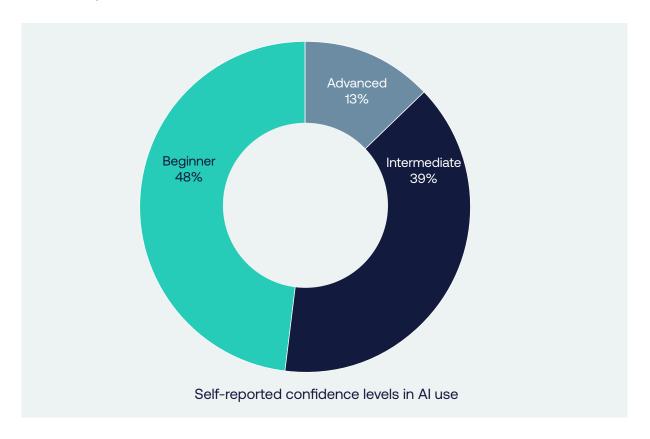


While some teams are beginning to access enterprise-level tools through organisational licenses, much use remains at the pilot or individual level. The focus groups highlighted that even where licences exist, uptake can be limited by gaps in prompting skills, training and confidence.

It is worth noting that GCS Assist is a tool developed by the Government Communications Service for communications professionals working in government departments. Communications professionals working in frontline NHS organisations are currently not allowed to access it, but some professionals working in national NHS organisations, such as NHS England, have been able to access it on a limited basis (hence why the tool was cited in our survey). During the course of our research, GCS announced that it would be making the source code for GCS Assist openly available. We are exploring how to use this to create an NHS communications equivalent tool for frontline teams.

Al confidence levels: wide variation across the sector

The research revealed a mixed picture when it comes confidence in using Al effectively:



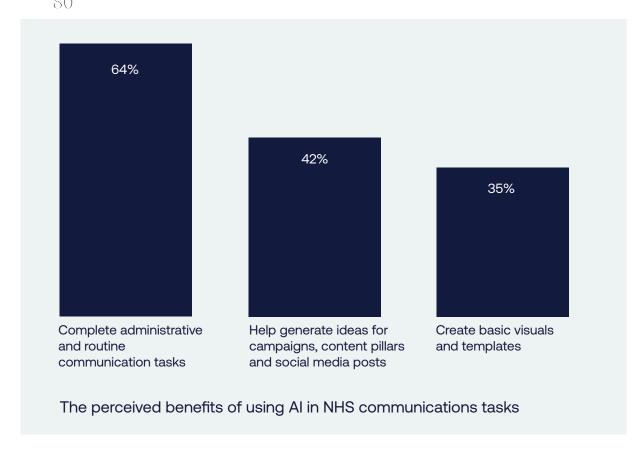
This highlights the urgent need for capability-building support, particularly for those just beginning to explore these tools. Many participants reported learning through trial and error, informal peer networks or online resources, with little access to structured training.

"I know I'm not using it to its full potential yet, but even at a basic level it's helping me work faster and smarter."

Focus group participant

Early impact: efficiency gains and creative support

The survey findings suggest that NHS communications teams already see practical benefits from AI use, particularly in boosting efficiency, improving confidence and supporting creativity. The most cited use cases of AI in communications in the survey are outlined in the table below.



However, participants often noted that Al does not always reduce total time spent on tasks. Instead, it changes where time is spent, freeing up capacity for higher-value activities such as strategic thinking, creative refinement or deeper audience engagement with patient, staff or community groups.

"It's not about cutting corners. It's about giving us back some headspace to do the things that require human skills."

Focus group participant

Summary: momentum for adoption, but support is needed

The research paints a picture of strong enthusiasm and early experimentation, but also highlights key gaps that could hold back safe, effective adoption:

- Adoption is starting to gain momentum, but large proportions of the NHS communications profession are not using AI.
- · Access to approved tools remains uneven.
- Confidence and skills in using AI tools vary widely.
- Shadow use continues in the absence of clear governance and guidance.
- Shared learning across organisations is limited.

These insights underscore the need for both guardrails and green lights, combining clear governance with the permission and support to innovate safely.

The next section explores the specific areas where AI is being applied and where NHS communicators see the greatest opportunities for impact.

Where Al is being used in NHS communications

The research identified a broad and growing range of ways that NHS communications teams are applying Al tools to support their work. While many teams are still at the early stages of adoption, the evidence shows that Al is already helping to improve efficiency, unlock creativity and support insight generation, particularly in the context of limited resources coupled with rising demand.

These emerging use cases demonstrate how AI can enhance, rather than replace, human communication skills. Across the sector, communicators are finding that AI can help them get started faster, simplify complex tasks and focus their time on higher-value work.

"It's not about replacing people, it's about giving us the tools to do more of the good work we want to do, with the time and headspace we've got."

Focus group participant

Key application areas for AI in NHS communications

The research identified eight core areas where AI tools are already being applied, alongside opportunities for future development.

Application area	How Al Is currently supporting communications work
Administrative support.	Transcribing and summarising meetings or engagement events; capturing key actions, decisions and themes.
Drafting and editing content.	Producing first drafts of press releases, staff briefings, newsletters, blogs and leadership messages, with human review and editing to ensure accuracy and empathy.
Social media adaptation.	Tailoring content across platforms (LinkedIn, Facebook, Instagram); adjusting language and tone for different patients of other stakeholder groups.
Simplifying language and improving accessibility.	Translating technical or clinical information into plain English. Enhancing readability for diverse audiences, including people with dyslexia or ADHD.
Strategic planning and idea generation.	Brainstorming campaign ideas, headlines and messaging options. Supporting content audits and identifying gaps or duplication. Sourcing templates and developing and testing draft communications plans.
Custom GPTs and prompt libraries.	Developing shared prompt templates and custom Al models that reflect NHS tone of voice, brand guidelines and inclusivity principles.
Data analysis and trend spotting.	Exploring sentiment analysis and thematic insight generation from larger datasets (eg. staff feedback, public consultations, patient engagement).

Table: Current and emerging applications of AI by NHS communicators

"Al gets you 70 per cent of the way – but it still needs a human touch to get it right."

Focus group participant

Administrative support: reducing the burden of routine tasks

Many teams reported using AI to support routine administration, particularly in meeting management, including:

- transcribing engagement events and workshops
- · drafting minutes and action logs
- summarising discussions into key points and next steps.

Tools like Microsoft Copilot and automated transcription services were highlighted as helpful in freeing up time for more strategic work.

"It saves time on admin and helps us focus on what matters: the engagement and the actions."

Focus group participant

Drafting and editing content: faster first drafts, not finished products

The most common AI use case reported was drafting written content. Communicators are using tools like OpenAI ChatGPT, Microsoft Copilot and GCS Assist to generate:

- initial drafts of press releases, blogs, staff updates and chief executive messages
- structured content that can be refined and tailored by human communicators.

Participants were clear that AI can help accelerate the drafting process but should always be accompanied by human review for tone, empathy and factual accuracy. We did not find any evidence of communications professionals using it to produce clinical or other patient-related information without the appropriate checks by professionals.

"Al helped us with a tricky piece of stakeholder communication. We had to get the tone right."

Focus group participant

Social media adaptation: tailoring messages for platforms and audiences

Al tools are supporting NHS teams to:

- · adapt core messages for different social media channels
- · adjust length, tone and style to meet each platform's expectations
- · avoid repetition across posts while maintaining consistent messaging.

This has enabled faster content turnaround and improved audience targeting.

"We can now produce content that's much more audiencespecific, instead of just copy-pasting the same text everywhere."

Focus group participant

Simplifying language and improving accessibility

Ensuring that communications are clear, inclusive and easy to understand is a top priority for NHS teams. All is helping to:

- simplify jargon-heavy or technical language into plain English
- improve readability for people with specific needs, including neurodivergent audiences
- support the creation of more accessible materials for patients, staff and the public.

"It cut the content in half, removed repetition and gave us something we could actually publish."

Focus group participant

Survey and feedback analysis: faster insight generation

Many teams described using AI to help analyse and summarise qualitative data from:

- staff and patient surveys
- consultation responses
- internal engagement exercises.

Tools such as Microsoft Copilot are helping teams make sense of open-text responses more quickly, identifying themes and key points for action.

"It's not just about speeding things up, it's about making sense of the feedback so we can act on it."

Focus group participant

Strategic planning and idea generation: Al as a creative partner

Al is increasingly being used as a tool for creative support and strategic thinking, including:

- brainstorming ideas for campaign themes, messaging, or headlines
- supporting content audits and identifying where duplication or gaps exist
- · suggesting alternative framing or ways to approach complex issues
- developing and testing draft communications plans.

Smaller teams or individuals who may have fewer colleagues to bounce ideas off particularly valued this.

"It's like having another strategist in the room, just one who never gets tired."

Focus group participant

Custom GPTs and prompt libraries: supporting consistency and quality

NHS organisations are beginning to explore the development of:

- custom GPT models trained on NHS brand guidelines, tone of voice and inclusivity standards
- shared prompt libraries to help less experienced users get effective results without needing advanced prompting skills.

These approaches are helping to improve quality, consistency and confidence in how AI tools are used across teams.

"We've created a custom GPT that understands our audience and even our inclusivity guidance. It asks questions before generating content so staff get what they need, even if they're new to prompting."

Focus group participant

The research shows that AI is already supporting a wide range of NHS communications tasks, with benefits in both efficiency and creativity. But adoption remains uneven, shaped by variation in tool access, confidence and organisational culture.

These findings underline the need for shared resources, clear governance and capability-building support to help teams use AI safely, consistently and effectively across the sector.

Risks, barriers and challenges

While interest in using AI across NHS communications is high, the research highlights several risks, barriers and cultural challenges that could prevent teams from realising its benefits fully and safely. These challenges are not just technical, they relate to governance, capability, trust and confidence. Without the right support, there is a risk that early AI adoption could become fragmented, inconsistent, or lead to unintended harm.

Participants were clear that the issue is not whether to use AI, but how to use it well - with the right guardrails, training and leadership support in place. Unlike the clarity provided by the Government Communications Service for the use of AI by government communications teams – backed up by training and support – frontline NHS communications teams are operating in a vacuum. This gap needs to be filled with clearer guidance and training, which is what the NHS Communications AI Taskforce and NHS Confederation are aiming to do in this space.

Much of the current use of AI in NHS communications is happening outside formal policy frameworks. This informal adoption includes individual staff or teams using free or personal accounts for tools such as OpenAI ChatGPT, often without organisational approval or oversight.

This reflects both enthusiasm and frustration: the pace of technology has outstripped the development of governance structures, leaving many staff uncertain about what is allowed, safe, or recommended.

"We're using it because it helps – but we're also waiting for permission."

Focus group participant

Participants consistently called for clear, enabling governance that gives teams the confidence to use AI responsibly without fear of breaching policy or trust.

Barriers to adoption: cultural, practical and structural challenges

The research identified three types of barriers affecting the adoption and effective use of AI in NHS communications:

Barrier type	Description
Cultural barriers.	Fear of job displacement, resistance to change, or scepticism about the value of Al. Concerns that Al could replace, rather than support, human expertise. This has been exacerbated by the latest round of budgets cuts to NHS organisations that are likely to affect NHS communications and engagement teams.
Practical barriers.	Uneven access to AI tools due to licensing restrictions or funding gaps. Limited skills in prompting and workflow integration. Understanding the relationship between AI tools and existing data security and IT policy such as FOI requests and environmental concerns.
Structural barriers.	Variability in digital maturity, governance and leadership engagement across NHS organisations. Lack of role-specific training or formalised support.

Table: Barriers to Al adoption in NHS communications

These barriers often reinforce each other. For example, a lack of organisational policy can increase fear and confusion, while low confidence in prompting skills can prevent teams from making the most of even the basic functionality of Al tools.

Trust and ethics

Trust, both internally among NHS staff and externally with the public, is foundational to NHS communications. Across all focus group sessions there was a strong and consistent emphasis on the ethical deployment of Al and the critical need to preserve trust at every level. The following risks were identified and will be central to the Al operating and ethics frameworks that we will develop over summer 2025:

- Generative AI tools can produce authoritative sounding, but incorrect or misleading content. NHS communicators flagged this as a major concern, particularly where outputs may be assumed to be evidence-based without thorough verification.
- Al lacks the emotional intelligence and contextual judgment needed for sensitive or compassionate communication. Several participants warned that reliance on Al in high-emotion contexts, such as bereavement, complaints or crisis response, could damage relationships and public confidence.
- Hidden or unacknowledged use of AI in public-facing content may undermine confidence in NHS messages. Transparency about where and how AI tools are used was seen as essential to maintaining trust, particularly during times of system pressure or political scrutiny.
- Concerns were raised about AI models trained on unrepresentative
 or biased data, which could perpetuate inequalities in healthcare
 communication, particularly related to EDI contexts. Participants noted risks
 around messaging to marginalised communities and stressed the need for
 diverse testing, oversight and inclusive design.

"It's not about stopping people from using AI, it's about knowing where the guardrails are."

Focus group participant

Understanding the role of AI in Freedom of Information (FOI) contexts

Some participants raised emerging questions about how Al-generated or Al-assisted content intersects with Freedom of Information (FOI) obligations. While Al tools may streamline internal communications or analysis, it remains unclear how content created or influenced by Al (especially generative models) should be recorded, stored or disclosed under FOI legislation.

- There is a need for clear guidance on Al outputs and FOI transparency, especially where Al is used to summarise feedback, generate reports or respond to public or media queries.
- NHS organisations may need to adapt records management policies to ensure Al-influenced documents are traceable and attributable.
- Training on this issue should be part of Al governance rollouts, especially for communications and FOI teams.

Environmental impact of AI use

Some focus group participants raised the issue of the environmental footprint of large-scale AI systems, particularly generative AI models. Although this is currently a lesser-known aspect, a few participants suggested that:

- Al use in the NHS should align with existing NHS Net Zero commitments
- where possible, communications teams should choose low-energy Al applications, avoid overuse, and promote digital sustainability
- environmental impacts of Al should be monitored alongside ethical risks, particularly as usage scales.

This will be explored further as part of the development of the national operating framework.

The skills gap: A barrier to confident, safe use

Across both the survey and focus groups, there was a strong consensus that training and capability building are urgent priorities. Many NHS communicators

reported learning about AI through informal routes, such as self-directed online research, trial and error, or word of mouth.

This creates a risk that skills and confidence will remain uneven across teams, with some early adopters racing ahead while others are left unsure how to start.

The research identified two distinct training needs:

- For senior leaders and directors: understanding ethical considerations, governance responsibilities, risks and strategic implications.
- For operational communications teams: developing practical prompting skills, integrating AI safely into workflows and understanding where human oversight is critical.

"I'm excited to learn, but right now it feels like I'm making it up as I go along."

Focus group participant

Balancing innovation with safe practice

Participants were clear that the challenge is not simply about limiting or controlling Al use, it is about creating the conditions for safe experimentation and responsible innovation. Communicators emphasised the need for:

- a clear policy framework that supports innovation while managing risks
- spaces to experiment and learn, with leadership backing and peer support
- transparency about when and how AI is being used, especially for externalfacing communications.

"We need permission to experiment, but with clear boundaries."

Focus group participant

Summary of key risks and barriers

Challenge	Impact	What's needed
Informal use.	Inconsistent practice, unmanaged risks.	Clear governance, policies, approved tools and sign-off routes.
Uneven access to Al tools.	Capability gaps between organisations and teams.	Shared licensing models, organisational investment.
Structural barriers.	Missed opportunities, poor prompting, unsafe use.	Role-specific training, prompt libraries, peer learning spaces.
Trust and ethical concerns.	Potential for reputational damage, bias, misinformation.	Quality assurance, transparency and human oversight.
Cultural fear or resistance.	Slower adoption, missed benefits.	Leadership engagement, positive framing of AI as support tool.

Table: A summary of key risks and barriers highlighted by this study

The evidence suggests that NHS communicators are ready to embrace the benefits of AI, but they need the guardrails, guidance and support to do so safely, ethically, and confidently.

These findings directly inform the recommendations set out in the next section.

Conclusion and recommendations

Al is already playing a growing role in NHS communications, both through formal pilots and informal, shadow use. Teams are turning to Al tools to meet increasing demands with limited resources. In many cases, this adoption is ahead of policy, driven by practical need rather than strategic planning.

The research and the engagement that led up to the publication of our engagement paper in December 2024, highlights an urgent need for a structured, enabling response: one that builds confidence, protects trust and supports responsible innovation. While enthusiasm for AI is high, capability varies widely. Communications professionals working in the NHS want to use AI safely, ethically and effectively – with clear guidance and organisational support.

A consistent theme across the research is that AI should enhance, not replace, the human qualities that define NHS communications. Trust, empathy, tone and evidence must remain at the core. New skills – such as prompt writing, content verification and ethical risk assessment – will become essential for communicators at every level.

In response, the NHS Confederation and the NHS Communications Al Taskforce have identified five strategic priorities for action, each with a clear delivery route. These were set out in the engagement paper from December 2024, and the survey and focus groups we have undertaken on the back of the paper have reinforced the need for action across each of these five areas:

Develop a national Al operating framework for NHS communications

Informal use of AI is widespread. Without agreed guardrails, practice remains fragmented, with unmanaged risks to quality, trust and transparency.

Recommended actions:

- Set clear boundaries on acceptable use, including data input, human oversight, content review and publication.
- Provide clarity on when and how Al can be used safely (eg. for internal content, public messaging, or patient-facing materials).
- Address informal use by creating safe, sanctioned conditions for experimentation.

Planned delivery:

- This work will be addressed through the creation of a national operating framework for the use of AI in NHS communications. While not constituting formal NHS policy, the framework will provide critical guidance to local NHS communications teams developing their own official AI policies.
- Delivery will be coordinated by the NHS Communications Al Taskforce, with progress shared with the NHS Communications Al Network.

2. Develop an ethics framework

As Al becomes embedded in communications workflows, a strong ethical foundation is essential to retain public trust and safeguard NHS values.

Recommended actions:

- Establish ethical principles tailored to NHS communications, including transparency, accountability, human dignity and equity.
- Involve diverse voices, including frontline communicators and patients, in shaping the framework.
- Provide tools and scenarios to help teams apply ethical considerations in practice.

Planned delivery:

- Development of an ethics framework to run alongside the operating framework. A working group is being convened through the NHS Communications Al Taskforce, with 79 practitioners signed up to contribute.
- This work will be progressed in summer 2025, with the aim of publication alongside the operating framework.

3. Promote the responsible and innovative of Al in NHS communications

Al can improve clarity, reduce jargon and enhance health literacy, but only when used thoughtfully and with audience needs in mind.

Recommended actions:

- Showcase real-world use cases that demonstrate impact and build confidence.
- Encourage use of AI tools that support inclusivity, plain language and accessibility.
- Position Al as a tool for enhancing, not replacing, the skills and values of NHS communicators.

Planned delivery:

- This work will be addressed through the creation of an online innovation and training hub. A working group has been convened to develop this resource, with 107 professionals expressing interest.
- Progress will be shared via the NHS Communications Al Network, with development taking place over summer 2025.

4. Create a safe space for experimentation and shared learning

Teams want to test tools and workflows, but fear of failure or reputational risk can stifle innovation.

Recommended actions:

- Enable low-risk environments to trial tools, prompts and workflows.
- Promote shared learning across organisations, including both successful examples and lessons learned.
- Develop tools to support safe experimentation, including quality prompts, ethical checklists and peer feedback frameworks.

Planned delivery:

- Impact will be monitored via a monitoring and evaluation system, which will be developed alongside the innovation and training hub during summer/ autumn 2025.
- A working group of 76 communications professionals has been convened to support this work.
- More generally, we have established an NHS Communications AI Network, which will connect peers to develop their use of AI by sharing practical insights and feedback on approaches that will help NHS organisations use AI to improve how they communicate with staff, patients and communities. This is being launched on 26 June. Around 200 communications professionals have already signed up to be part of the network. If you are a communications professional working in the NHS and would like to join, please sign up here: www.nhsconfed.org/articles/shaping-future-ai-within-nhs-communications

5. Provide role-specific training and guidance

Confidence and capability are uneven. Without support, Al's benefits may be limited to a small number of early adopters.

Recommended actions:

- For operational teams: offer practical, task-based training in prompting, editing, tone-setting and verification.
- For senior leaders: deliver briefings on ethics, governance, risk management and leadership roles in Al adoption.
- · Use a variety of formats, including:
 - live demos
 - NHS-specific case studies
 - interactive prompt libraries
 - downloadable guides and templates.

Planned delivery:

 The NHS Confederation will develop and coordinate this training programme, with launch planned for summer/autumn 2025, building on the findings of this survey and the forthcoming operating framework.

Summary of strategic priorities

Priority area	Delivery mechanism	Lead delivery organisation
Development of an Al operating framework for NHS communications (covering governance related issues).	National operating framework for the use of AI in NHS communications.	Taskforce and NHS Confederation, with regular updates provided through the in NHS Communications AI Network.
Development of an AI ethics framework for NHS communications.	This will be a subset of the national operating framework for the use of AI in NHS communications.	Taskforce and NHS Confederation, with regular updates provided through the in NHS Communications AI Network.

Promote the responsible and innovative of AI in NHS communications.	NHS AI Communication Innovation and Training Hub.	Specific working group, with oversight provided by the Taskforce and NHS Confederation. Regular updates provided via the NHS Communications Al Network.
Create a safe space for experimentation and shared learning.	NHS Communications AI Monitoring and Evaluation System.	Specific working group, with oversight provided by the Taskforce and NHS Confederation. Regular updates provided via the NHS Communications Al Network.
Provide role-specific training and guidance.	NHS Confederation.	National training offer and capability-building resources.

This strategic programme aims to unlock the benefits of Al in NHS communications while protecting what matters most: trust, clarity, human connection and public confidence. The next phase of work will focus on delivering these actions and supporting communications teams across the NHS to innovate responsibly, build skills and share learning.

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Appendix 1: Methodology

This research was designed to explore how NHS communications professionals are using artificial intelligence (AI) tools, where they see value and what support they need to adopt AI safely, effectively and ethically.

It builds on the initial consultation set out in the Engagement Paper on AI in NHS Communications (December 2024), which outlined a vision for AI use across NHS communications and invited feedback from communications teams, patient groups and industry partners. That engagement phase helped shape the key questions, focus areas and scope of this study.

This research represents the next step in that process: moving from early consultation at a regional level to a deeper national evidence base on current practice, risks and capability needs.

Research aims

The research was developed to answer four questions:

- 1. How are NHS communications teams currently using Al tools?
- 2. Where do teams see potential for future use?
- 3. What risks, barriers and ethical considerations need to be addressed?
- 4. What governance, training and support will enable safe and confident Al adoption?

The research focused on listening to the real-world experience of NHS communicators across different roles, organisation types and regions.

Research approach

The NHS Confederation conducted the research in partnership with the AI in the NHS Communications Taskforce, between September 2024 and March 2025. It combined quantitative and qualitative methods to provide a rounded view of current practice and future needs.

National survey

- Open between September 2024 and March 2025.
- Received responses from more than 414 NHS communications professionals.
- Included both closed questions (eg. tool use, confidence levels) and freetext responses to capture qualitative insights.
- Covered a broad range of NHS organisation types, including trusts, integrated care systems (ICSs), NHS England, arm's-length bodies (ALBs) and commissioning organisations.

Stakeholder focus groups

- Three national focus group sessions were held in March 2025.
- Participants included a mix of roles:
 - Directors and senior communications leaders.
 - Mid-level managers.
 - Operational delivery and digital content teams.
- Sessions were structured around three key themes:
 - Current use of AI in NHS communications.
 - Future opportunities and ambitions for Al use.
 - Risks, ethics, governance and public trust.
- Discussions were held under Chatham House Rules to encourage open, honest reflection.
- Focus group notes and transcripts were anonymised before analysis.

Thematic analysis

- Survey data and focus group discussions were reviewed together through inductive thematic analysis.
- This approach identified shared patterns, common barriers, capability needs and emerging opportunities.
- The insights were tested and validated through review with the Al in NHS Communications Taskforce.

This combined approach ensures that the findings reflect both the scale of current practice across the sector and the lived experience of NHS communicators engaging directly with AI tools.

Role types represented	Directors, heads of communications, managers, officers, engagement leads, digital content specialists.
Organisation types	NHS trusts, integrated care systems (ICSs), NHS England, arm's-length bodies (ALBs), commissioning organisations.

Participant profile

This diversity of participants helps ensure that the findings are relevant across different NHS contexts, from large corporate teams to smaller, operationally focused communications functions.

Limitations of the research

This research provides a snapshot of a period of rapid development in generative AI tools. The findings reflect the perceptions and experiences of participants at the time of data collection but may evolve as new tools, policies and approaches emerge.

While care was taken to engage a broad cross-section of NHS communicators, this study does not claim to represent every individual or organisation. However, the combination of quantitative and qualitative data offers a strong foundation for identifying key issues, risks and support needs.

Appendix 2: NHS Communications Al Taskforce history and governance

Taskforce timeline

Milestone	Detail
November 2023	London Comms Network event. Communications professionals in London NHS system (40 attendees).
March 2024	Session at NHS Communicate conference, organised by NHS Confederation and NHS Providers (over 250 attendees).
May to July 2024	Comms professionals in London NHS system (92 responses). Responses informed the engagement paper.
June 2024	London Comms network event; face-to-face presentation and workshop. Comms professionals in London NHS system (40 attendees).
October 2024	Comms leaders from NHS provider orgs across England (45 attendees).
October 2024	Shelford Group: face-to-face presentation and workshop with 10x directors of communications.
December 2024	The AI in NHS Communications Taskforce is launched, in partnership with the NHS Confederation. An Engagement Paper is published, setting out an early vision, draft ethical principles, and priority action areas.
December 2024 to February 2025	A sector-wide consultation is held with NHS communicators, patient groups, and stakeholders to gather input.

March 2025	Focus groups and national survey involving 414 NHS communications professionals are conducted to understand real-world AI use and governance needs.
13 May 2025	Session with the Welsh NHS Communications Network, where the early findings from our research report were presented and partnership opportunities discussed.
23 June 2025	Publication of report: Artificial Intelligence Use in NHS Communications. Insights, risks and recommendations for safe and effective adoption. It synthesises the evidence and sets out a roadmap for governance, training and innovation.
Summer 2025 (planned)	Publication of a national operating framework, launch of training programmes, innovation hub, and governance implementation through working groups.

Governance structure

Taskforce oversight board

- Provides strategic leadership and oversight for all workstreams and development of the AI operating framework
- Co-chairs: Daniel Reynolds and Ranjeet Kaile

Specialist Working Groups

Group	Chair	Focus area
NHS Communications Al Network	Sonya Cullington Daniel Reynolds	Peer collaboration, insights sharing
NHS Communications Al Innovation and Training Hub	Sumit Wadhia	Tool testing, practical experimentation, training design
NHS Communications Al Ethics Framework	Ranjeet Kaile	Development of ethical principles and use guidelines
NHS Communications Al Monitoring and Evaluation	Richard Mountford	Systems to assess use, impact, and improvement areas

Governance tools and deliverables

Purpose	Status
Guidance (not policy) on using AI in NHS communications.	Drafting; due summer 2025.
Principles for responsible use (privacy, consent, fairness, oversight).	First draft in Dec 2024; refining in 2025.
Collaboration platform for tool testing, prompt libraries, and custom GPTs.	Planned 2025.
Tracks AI tool use, quality, risk, and impact.	To be developed summer/ autumn 2025.
Role-specific skills support for senior leaders and comms teams.	Launching summer/autumn 2025.
	Guidance (not policy) on using AI in NHS communications. Principles for responsible use (privacy, consent, fairness, oversight). Collaboration platform for tool testing, prompt libraries, and custom GPTs. Tracks AI tool use, quality, risk, and impact. Role-specific skills support for senior leaders and

Ethical governance principles

Outlined in the draft ethics framework and underpinning all taskforce work:

- Fairness and inclusion.
- Transparency and accountability.
- Data privacy and governance.
- Human oversight.
- Authenticity and trust.
- · Ongoing review and adaptation.

Appendix 3: Actions from the engagement paper

These are the actions and initiatives from the <u>original engagement paper</u>. This report provides an evidence base for development in each of these areas.

- Produce a national operating framework for using AI in communications
 that will define our goals, priorities, and standards and align with our broader
 AI in Communications Policy.
- 2. Establish an NHS Communication Al Network a collaborative network of peers from various backgrounds and organisations who can connect, think and learn with practical insights and feedback on approaches that will help NHS organisations improve how they communicate using Al with staff, patients and communities using an evidence-based approach to tackling systemic issues.
- Establish an NHS communication Al innovation and training hub as a
 centre of excellence platform for collaboration and knowledge exchange,
 supporting technical development, testing, and deploying innovative
 solutions.
- Produce an NHS communication AI ethics framework, setting out the principles and values to guide our use of AI and address crucial issues such as data protection, privacy, consent, fairness, transparency, and human oversight.
- 5. Produce an NHS communications AI monitoring and evaluation system to ensure accountability and continuous improvement. This will measure and report on performance, outcomes and impacts of our AI communication systems and practices, using a range of indicators and methods.

Appendix 4: First draft ethical framework for using AI in NHS communications

This framework was included in the original engagement report.

This framework outlines the ethical principles and practices that will guide the use of AI in NHS communications. It aims to ensure that AI systems that NHS communication uses are developed and deployed responsibly, respecting the rights and interests of all stakeholders.

Fairness and non-discrimination: ensuring equitable and inclusive communication for all audiences.

Design and test

Al tools and systems to avoid unfair bias against all protected characteristics.

- Regularly audit Al-generated content for potential discriminatory language or imagery.
- Promote diversity in Al development teams to mitigate unconscious biases.
- Ensure AI tools support communication with diverse audiences, including those with accessibility needs.

Transparency and authenticity

Ensuring Al decision-making processes are clear, maintaining trust through honest and transparent communication practices.

- Disclose the use of AI in content creation when appropriate, ensuring it aligns with NHS voice and values.
- Explain Al system outputs clearly, in line with the UK Government Data Ethics Framework.
- All systems should be transparent in their operations, with clear documentation of decision-making processes.
- Maintain authenticity through human in the loop processes in Al-assisted stakeholder interactions.
- Offer options for non-Al communication alternatives where feasible.

Accountability and governance

Establishing clear responsibilities and editorial oversight for AI systems and generated content.

- Define clear lines of responsibility for AI system decisions and outcomes and editorial guidelines for AI-assisted content creation, ensuring that human oversight is maintained at all stages
- Implement a robust governance structure and review process, including impact assessments and ongoing evaluation.
- Align with the UK government's guidelines for Al procurement and the NHS
 Al Lab's Ethics Initiative, which emphasises human rights, safety, fairness,
 accountability and privacy.

Data privacy and information governance

Safeguarding personal information in communication processes.

- Adhere to GDPR and NHS information governance standards in Al-driven communications.
- Implement secure data handling and strong encryption practices for AI systems used in communications, with strong encryption for data at rest and in transit.
- Ensure AI tools respect patient confidentiality and staff privacy, including clear anonymised protocols and robust access controls.

- Patient data used in Al systems must be handled with the highest privacy and security standards, complying with all relevant data protection laws.
- All systems should be designed to minimise data collection, retaining only the necessary information to achieve their intended outcomes.

Ethical content creation and curation

Ensuring Al-assisted content aligns with NHS values and communication objectives.

- All should be applied ethically and in accordance with the NHS's values, prioritising patient welfare above all else.
- Continuous ethical review should be conducted to assess Al's impact on patient care and adjust as necessary.
- Ensuring Al-assisted content aligns with NHS values and communication objectives.
- Develop guidelines for the ethical use of Al in content creation and curation, respecting copyright and intellectual property rights.
- Implement safeguards against the creation or spread of misinformation by ensuring a human in the loop approach.

Continuous learning and improvement

Adapting AI use in communications based on feedback and emerging best practices.

- Al systems should be regularly reviewed and updated to reflect new ethical standards and guidelines, technological advancements, and stakeholder feedback.
- The NHS should promote a continuous learning culture, ensuring that staff are trained in the ethical use of Al and understand its implications for patient care.
- Stay informed about advancements and best practices in AI for NHS communications.

Appendix 5: Authors

Daniel Reynolds is director of Communications, NHS Confederation and co-chair of the NHS Communications Al Taskforce. Daniel joined the NHS Confederation in December 2018 as director of communications.

Stephen Waddington, professional advisor at Wadds Inc. and PhD researcher at Leeds Business School who supports agencies and in-house teams on a range of management, corporate communications and public relations issues.

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