



North East London
Cancer Alliance

NORTH EAST LONDON CANCER ALLIANCE

AI Strategy and Gap Analysis

AI Use Case Discovery Findings and Path to AI Adoption



Why AI? Why Now?

The national and local case for AI adoption across NEL cancer pathways



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Rising demand

Cancer referrals increasing year-on-year, outpacing capacity across NEL trusts.

Frontline Productivity Programme

A productivity gap remains below pre-COVID levels; government has set a target of 2% annual productivity improvement.

AI is ready

Proven and safe tools already exist in imaging, MDT documentation and pathway management.

Workforce pressure

Staff burnout, high vacancy rates and growing administrative burden divert time from patient care.

NHS 10 Year Plan

National mandate — hospital to community, analogue to digital, treatment to prevention. AI is one of only 5 named technologies for the £10bn investment.

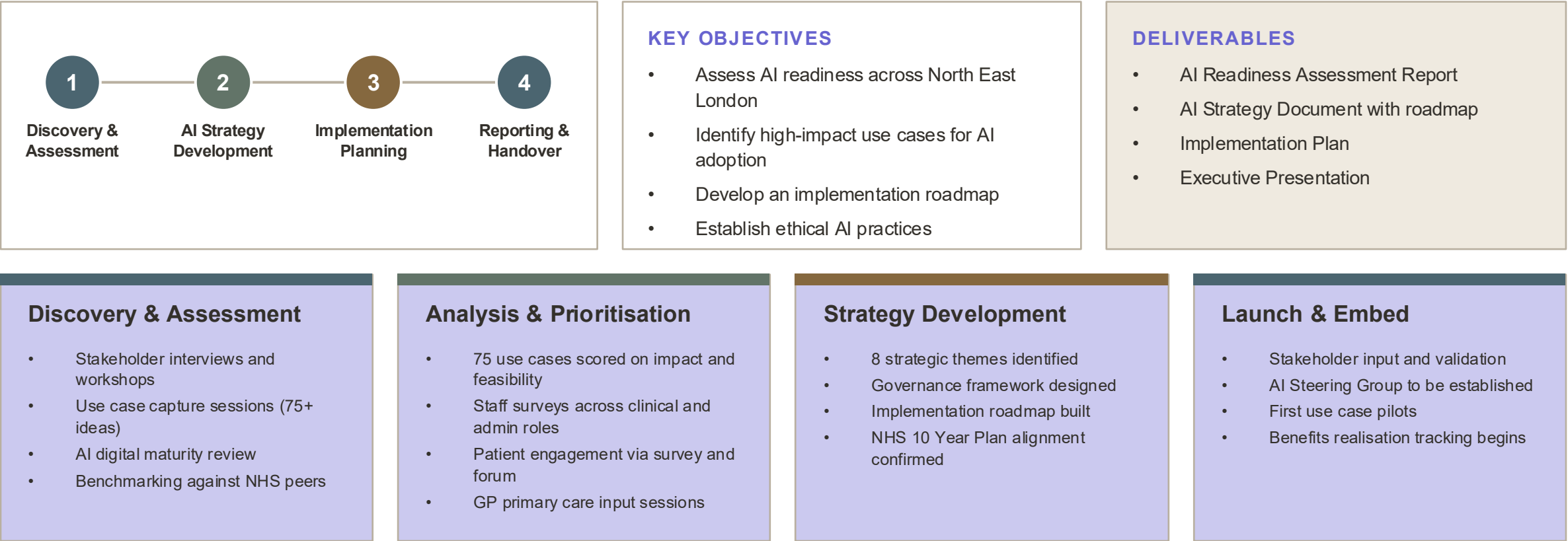
Window of opportunity

Existing programmes (Integrated data platforms, Snowflake, SCR) provide a rare integration foundation to build on.

AI in healthcare uses algorithms and machine learning to analyse medical data for diagnosis, treatment and operational decisions — from cancer detection software to systems identifying patterns across vast datasets that individual clinicians cannot. Unlike consumer AI, healthcare AI operates under strict regulatory and data governance frameworks: the clinician remains accountable, and the technology acts as decision support, not a decision-maker.

How NELCA Built This Strategy

A four-phase approach from discovery to launch



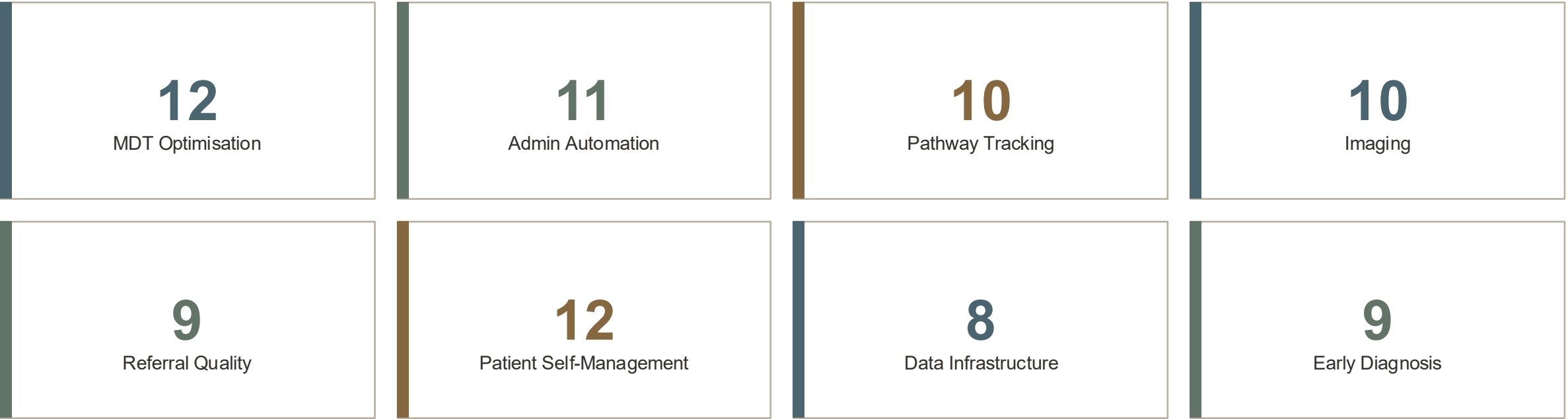
Purpose: Develop a comprehensive AI Strategy and gap analysis for NELCA to leverage AI for innovation, efficiency and improved patient outcomes.

Use Case Discovery

Eight strategic themes drawn from stakeholder interviews, workshops and surveys



USE CASES BY THEME

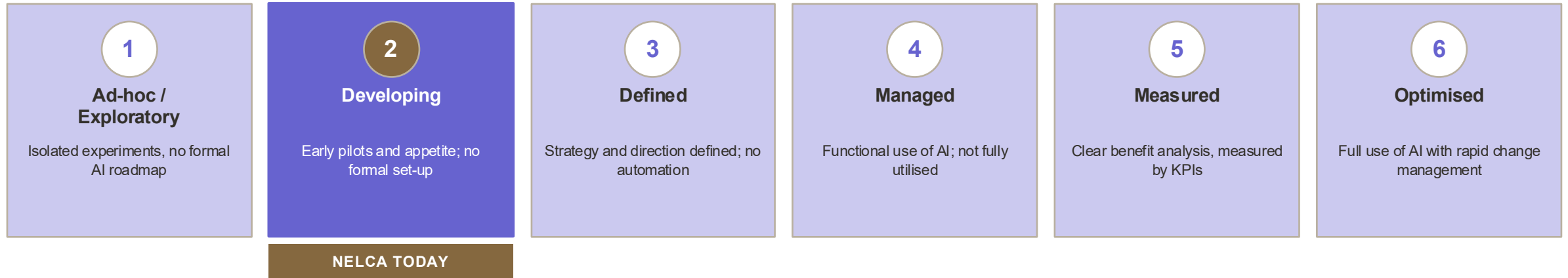


AI Maturity Index

NELCA-developed self-assessment across six levels of AI adoption



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39% (11 of 28 criteria met) — *Currently at Level 2, "Developing": meaningful progress with gaps in implementation.*

Methodology: this index was developed independently by Pathfinder and may be revised once the NHS national AI self-assessment framework is published.

Where NELCA Stands Today

Current gaps identified through the assessment, against the level 6 ambition



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CURRENT STATE — LEVEL 1–2 FINDINGS

- Fragmented data sources and manual extracts dominate
- No defined clinical-safety or IG pathway for AI, beyond current trust infrastructure
- Minimal workforce awareness, no role-based training
- Limited use cases of benefits tracking for AI areas such as CXR highlight progression beyond Level 1.
- Integrated data platform access exists but partial, some partners unnetworked
- IG/DPIA processes exist but slow and bottlenecked
- Server capacity and budget constraints limit heavier workloads

TARGET STATE — LEVEL 6 AMBITION

- AI embedded as "business as usual" across priority pathways
- Proactive risk and ethics management; routine use of privacy-preserving techniques
- Cross-organisation collaboration and research partnerships
- Dynamic capacity and server optimisation
- Automated governance workflows
- Outcomes-linked KPIs reported to executives, continuous workforce development
- Continuous improvement loop: outcomes feed re-design and re-deployment

Five Priority Use Cases

Highest-impact opportunities identified for early adoption

Ambient MDT Documentation

- Automates recording and summarisation of MDT meetings, reducing workload and improving real-time cancer-tracking integration.

Already underway

Lung CT AI Extension

- CT AI (Lung) supports identification of suspicious lung nodules to improve cancer detection.

Already underway

Referral Data Alerts for Breach Risk

- Early warnings when patients risk breaching waiting-time targets, enabling proactive intervention.

Pre-Appointment Patient Questionnaires

- Embeds risk-stratification questionnaires into EPR systems, reducing clinic time and improving triage.

Admin and Pathway Optimisation

- Automates notifications, reduces manual coordination, and optimises SACT appointment scheduling.

Already underway

Next Steps

Building on the AI leadership roles

LAUNCH & EMBED — NEXT STEPS

1 AI Steering Group established Cross-trust membership spanning clinical, digital, information governance and patient voice. Meets routinely and owns the use-case pipeline, risk register and ethical AI framework. Q2 2026/27	2 Stakeholder input and validation Continued engagement with clinicians, GPs, admin teams and patients to test priorities, refine scoring and confirm each use case solves a real frontline problem. Ongoing	3 First use-case pilots launched Begin with the five quick wins, each with agreed success measures, a defined evaluation period and clear go / no-go criteria before any wider rollout. Q4 26/27	4 Benefits realisation tracking begins Baseline metrics for time released, capacity gained and pathway performance, reported to the AI Steering Group and Programme Board each quarter. Q4 26/27
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Thank you

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