Health Bill: call for evidence
Written evidence from Heidi to the Public Bill Committee

Introduction

1. Heidi is a leading AI Care Partner used by clinicians across the NHS to automate administrative work. From documentation and task management through to accessing high quality medical knowledge, Heidi supports clinicians and patients in every aspect of healthcare delivery.
2. The platform offers a powerful solution for front line clinicians without asking them or institutions to compromise on safety, accountability, or compliance.
3. We welcome the opportunity to submit written evidence to the Public Bill Committee. Our submission focuses specifically on the Single Patient Record provisions of the Bill, where targeted additions to the legislative framework will be decisive in determining whether the SPR delivers on its ambitions in practice.

Executive summary

4. Heidi supports the SPR and the ambitions of the Health Bill. Its value will depend on the quality and structure of the data that it includes, not simply the existence of a centralised record. Three specific provisions are needed to ensure that ambition is realised:
    a. Require all Electronic Health Records (EHRs) to support interoperable data standards and secure API-based integration, so that clinical data, including AI-generated documentation, can be exchanged seamlessly between systems instead of relying on brittle local integrations and manual processes.
    b. Require structured clinical data capture within the SPR framework, ensuring the record is analytically meaningful for population health management and not simply an aggregation of free text.
    c. Ensure the SPR framework explicitly enables regulated digital health suppliers to contribute clinically validated data on equivalent terms to NHS provider organisations, with eligibility based on governance standards rather than provider type.

The SPR's success depends on structured data capture at the point of care

5. The Government's own impact assessment projects £76.8m in net social value[1] over ten years, but that projection assumes the SPR will contain meaningful, analytically useful clinical data. That assumption is not guaranteed by the Bill as currently drafted, as it does not distinguish between structured and unstructured data.

[1] Gov.uk (2026), Health Bill: single patient record and information sharing - impact assessment

6. The NHS has long struggled with the consequences of unstructured documentation, with clinicians spending significant time re-reading notes to extract information that should be retrievable in seconds. If the SPR simply pulls together unstructured clinical notes, it cannot deliver on workforce planning, pathway optimisation, or population health management. The latter is one of the SPR's stated ambitions, and requires the ability to identify cohorts, track outcomes, and model risk across large patient populations. None of this is reliably possible with unstructured data.
7. AVT addresses the data challenge directly, by capturing consultation data and generating structured, coded clinical documentation in real time, without adding to clinician workload. This structured data represents precisely the raw material the SPR needs to deliver on its ambitions.
8. **Core recommendation:** Government should ensure the SPR implementation framework prioritises structured, coded data capture at the point of care, including through clinically governed ambient AI tools that improve data quality while reducing administrative burden on clinicians.

Mandate open Standards and interoperability across systems contributing to the Single Patient Record

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9. The success of the Single Patient Record (SPR) will depend on the NHS's ability to securely exchange structured clinical information across organisational and technology boundaries. This requires interoperability to be treated as a core design principle rather than a procurement preference.
10. Today, many EHR systems continue to operate as closed systems, limiting the ability of clinicians and patients to benefit from innovations that generate, consume or enhance clinical data. This creates unnecessary administrative burden, inhibits innovation, and risks perpetuating fragmentation within the SPR.
11. To realise the full benefits of the SPR, the Bill should require all systems contributing to, or interoperating with, the SPR to support open, standards-based APIs and structured data exchange. This should include support for modern interoperability standards such as FHIR and enable the flow of structured, coded clinical information rather than static document-based exchanges.
12. This recommendation aligns with the Government's wider objectives under the Procurement Act 2023[2], the Health and Care Act 2022[3], and the Data (Use and Access) Act 2025[4], all of which seek to improve interoperability, reduce vendor lock-in, and maximise the value derived from digital investment.
13. **Core recommendation:** The SPR framework should include a statutory requirement for open, standards-based interoperability for all participating systems, with compliance enforceable through existing information standards powers. This will ensure the SPR functions as a genuinely connected health information infrastructure and enables continued innovation from NHS and regulated third-party suppliers alike.

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[2] Procurement Act 2023
[3] Health and Care Act 2022
[4] Data (Use and Access) Act 2025

The framework should support an open and interoperable SPR

14. The Bill's current drafting risks implying that only NHS provider organisations will be recognised as contributors to the SPR. The NHS will maximise the SPR's potential only if the framework is open to contribution from the regulated digital health suppliers meeting defined information governance, identity, and audit standards already operating at the frontline of care to contribute clinically validated data, ensuring the NHS can maximise innovation, improve data quality, and accelerate delivery of the SPR's objectives.
15. Heidi is already part of NHS England's AVT Supplier Registry and holds enterprise-grade security certifications including Cyber Essentials Plus, SOC 2 Type 2 and ISO 27001, adhering to NHS, GDPR, and HIPAA standards. The governance infrastructure to treat regulated digital suppliers as trusted data contributors already exists. What is needed is a framework, supported through policy, implementation guidance, and interoperability standards, that recognises regulated digital health suppliers as trusted contributors to the SPR, rather than one that implicitly defaults to NHS provider organisations as the only eligible source of clinical data
16. **Core recommendation:** The SPR framework should explicitly enable regulated digital health suppliers to contribute clinically validated data on equivalent terms to NHS provider organisations, ensuring the NHS can maximise innovation, improve data quality, and accelerate delivery of the SPR's objectives. Eligibility should be based on governance standards, not provider type. This approach maximises the quality and completeness of data flowing into the SPR by drawing on regulated suppliers already operating safely at scale across NHS services. Narrowing the language at the primary legislation stage would create a structural barrier that secondary legislation would struggle to undo.

Conclusion and summary of asks

17. The Health Bill represents a genuine opportunity to transform how clinical data is captured, shared, and used across the NHS. Heidi strongly supports the SPR's ambitions and urges the Committee to ensure the legislative framework gives those ambitions the best possible chance of being realised in practice.
18. We urge the committee to ensure that data is structured, interoperable, and open to contribution from the regulated digital tools already operating at the frontline of NHS care by:
    a. Requiring all EHR systems contributing to or interoperating with the SPR to support open, standards-based APIs and structured data exchange, with compliance enforceable through existing information standards powers under the Health and Care Act 2022 and the Data (Use and Access) Act 2025.

   b. Requiring structured clinical data capture within the SPR framework, ensuring the record is analytically meaningful for population health management, not simply an aggregation of free text.
   c. Basing eligibility to contribute to the SPR on governance standards, not provider type, ensuring regulated digital health suppliers meeting defined information governance, identity, and audit standards can contribute on equivalent terms to NHS provider organisations.

19. And as an enabling condition for all: the framework must remain sufficiently broad that regulated digital health suppliers can be recognised as eligible data contributors through secondary legislation.
20. Heidi would welcome the opportunity to engage further with the Committee and with DHSC on the technical design of the SPR framework.

About Heidi

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21. Heidi is building an AI Care Partner that expands clinical capacity by automating administrative work such as documentation, form filling and task management so clinicians can focus on patients. In addition to its popular AI scribe, Heidi has introduced Evidence, giving clinicians access to trusted medical research to support clinical decisions at the point of care, and Comms, a calls function that enables healthcare teams to coordinate patient communications. Together, these capabilities support various aspects of the clinical workflow, enabling clinicians to focus on providing quality patient care.
22. The platform is used across Emergency Departments, general practice and specialist clinics, supporting more than 2.5 million consultations every week in over 100 countries and more than 100 languages.
23. Heidi is part of NHS England's Ambient Voice Technology (AVT) Supplier Registry[5] and is already used at scale across the NHS, facilitating 540,650 patient interactions per week as of 26th May 2026. Heidi's AVT has returned over four million hours of clinical capacity to frontline teams, cut documentation time by 86%, and resulted in 95% of clinicians reporting reduced burnout[6].
24. Heidi recently established a partnership with Sue Ryder in one of the most significant deployments of clinical AI in UK hospice care, supporting over 630 clinicians to ensure that patient preferences are captured accurately and shared reliably.

[5] NHS England (2026), Ambient Voice Technology Self-Certified Supplier Registry
[6] Heidi (2025), Reclaiming Clinical Time: Heidi's 2025 UK Impact Report