



AI SCHEDULING READINESS FOR NHS TEAMS

*A practical guide to PTL scheduling,
cancellation backfill, patient communications
and safe EPR/PAS integration*

**NHS scheduling pressure
is not only a capacity
issue. It is also a
workflow, communication,
data and integration
issue.**

This guide sets out practical
areas NHS teams can review
before considering an AI-
enabled scheduling pilot.



PTL scheduling



Cancellation
backfill



Patient
communication



EPR/PAS
integration



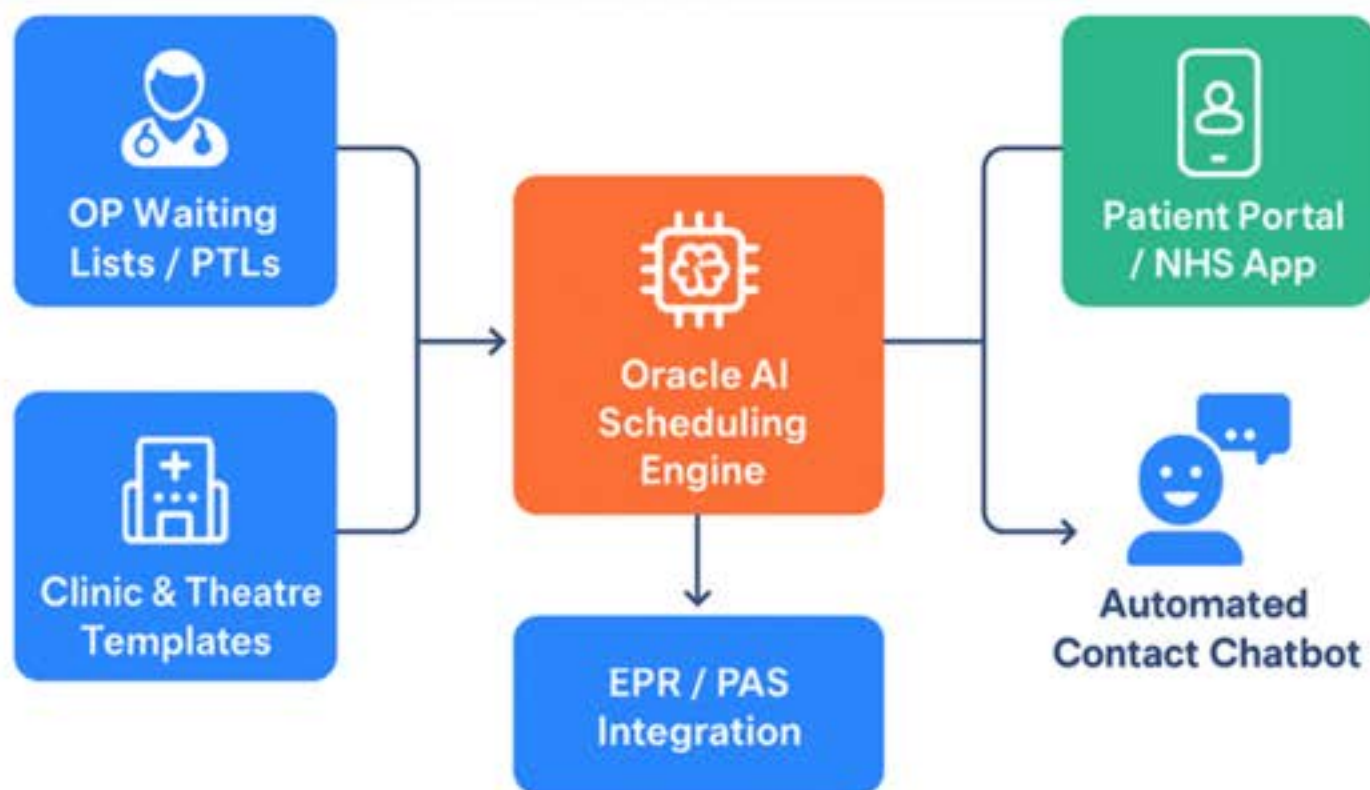
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From PTLs to filled appointments



Outpatient waiting lists and Patient Tracking Lists can be assessed against clinic templates, consultant job plans, room capacity and patient communication routes before an AI scheduling pilot is considered.



PTL scheduling

Live waiting-list data feeds the engine.

Clinic templates

Slot rules and capacity define what can be filled.

EPR / PAS

Bookings write back to the system of record.

Patient comms

Confirmed patients are notified automatically.

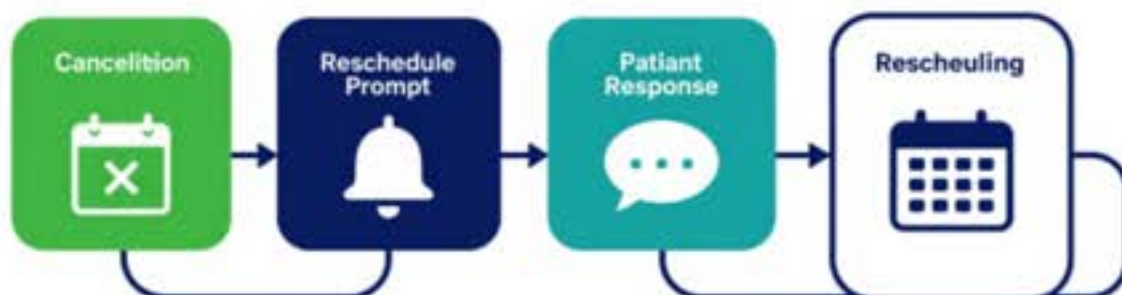
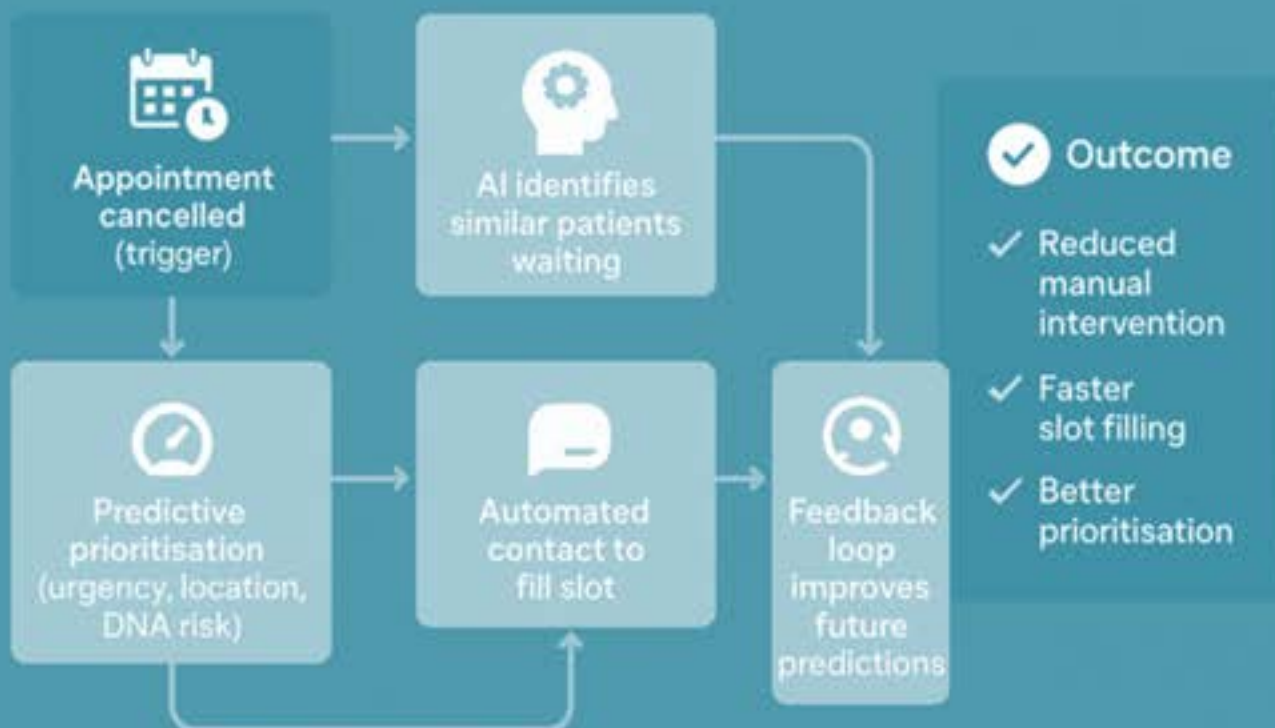
- ✓ Are clinic templates and room capacity visible?
- ✓ Can EPR/PAS data support scheduling decisions?
- ✓ Can patient confirmation routes be linked to workflow?

Automated Rescheduling & Cancellation Management

DNA reduction through the use of Oracle Health Data Intelligence to generate no-show risk lists and trigger targeted reminders or rescheduling via patient portal / digital assistant workflows.

The outcome is that Predictive rescheduling automatically fills vacated slots to minimise wasted capacity.

Automated Rescheduling & Cancellation Management



Patient-led selection of available slots



Use of Oracle Patient Portal capabilities alongside local NHS App Wayfinder services for confirmations/reminders.

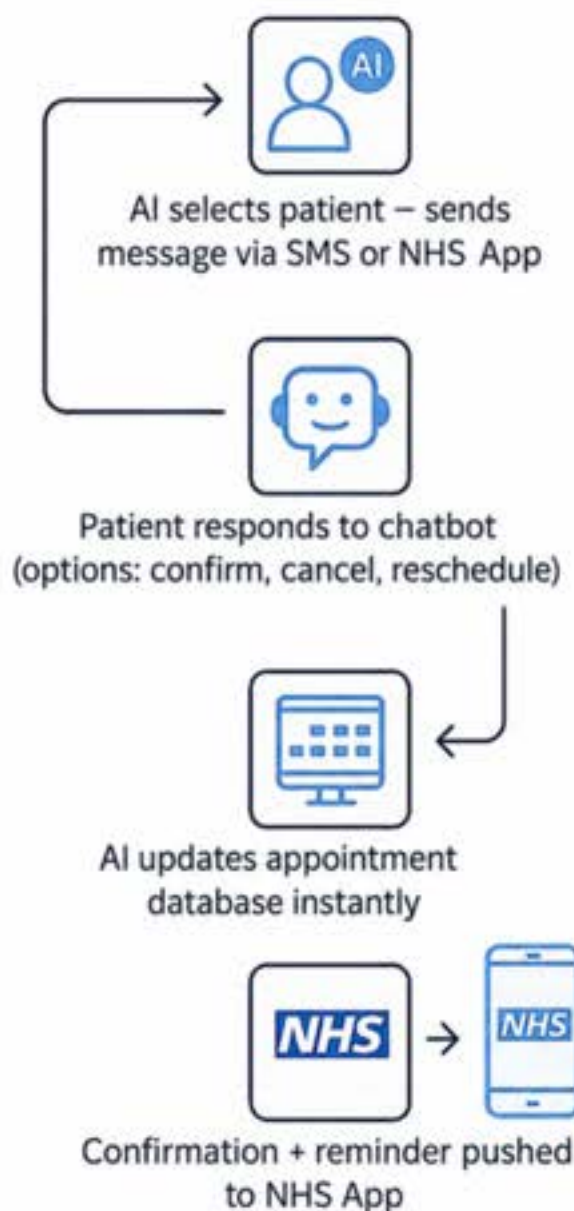


Conversational chatbot for appointment booking and confirmation reduces print/post costs.



Automated reminders, follow-ups, and cancellation management

Patient Communication Flow (Chatbot + NHS App)



Result:

- ✓ End-to-end automated
- ✓ Lower manual intervention
- ✓ Booking process

End-to-end automated, reduced manual intervention booking process



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Safe EPR/PAS integration checks



AI scheduling and clinical workflow automation should use approved EPR/PAS interfaces, API, HL7, FHIR or integration-engine routes where supported. The safe model is simple: AI-generated content remains draft, clinicians review and approve it, and only approved outputs are transferred through an agreed pathway.

EPR / Trust	Integration route	Outputs supported	Workflow target
System C CareFlow - Barnsley Hospital NHS Foundation Trust	System C-approved interface route, API / HL7 / FHIR where supported, and InterSystems TIE	Draft clinic notes, consultation summaries, letters, forms and agreed structured fields	Clinician records, reviews, edits, approves and transfers to the EPR through the agreed integrated workflow
TPP SystmOne - Rotherham, Barnsley and Sheffield Children's	TPP-approved interface route, API / FHIR where supported, and InterSystems TIE	Draft notes, letters, care documentation and agreed coded / structured data fields where supported	Target 1-3 clicks after clinical approval where write-back is available; controlled fallback only where an EPR pathway requires staged filing
MEDITECH V6.08 - Rotherham	MEDITECH-approved interface route using HL7, FHIR where supported, document interface and InterSystems TIE	Draft clinical notes, correspondence, forms and agreed structured fields	Clinician review and approval before EPR submission; final click count confirmed through workflow mapping and user acceptance testing

Extent of automatic population

The solution supports three levels of EPR population:

Level 1 — Documentation population: draft consultation notes, clinical letters, discharge and follow-up content, referral text, forms and clinical summaries.

Level 2 — Structured field population: agreed EPR fields where the Trust template, interface and clinical safety case support reliable mapping.

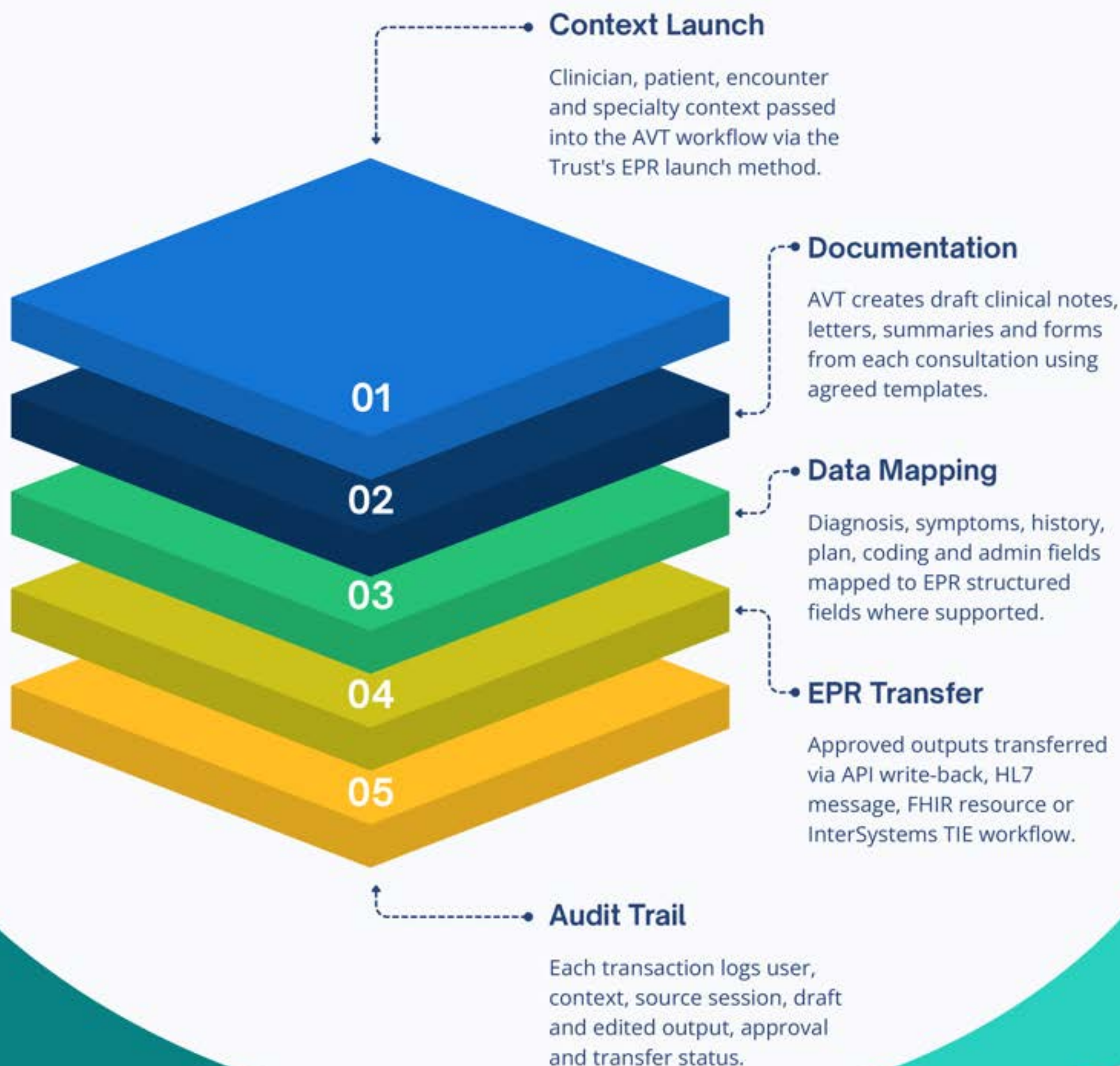
Level 3 — Coding and workflow support: coding suggestions, follow-up actions and task prompts where the target EPR and Trust governance permit this.





5 Controlled Integration Layers

DADA supports controlled integration through a structured workflow, with clinical review, approved transfer routes and audit evidence.



Adoption Readiness Before Scale-Up



Make the workflow usable before moving from pilot to wider rollout.



Map real workflows

Confirm the current scheduling, documentation and patient communication process at start.



Confirm the pilot cohort

Identify pilot users, services, support routes and baseline measures.



Train in short sprints

Use practical sessions, scenarios and quick guides rather than generic e-learning only.



Test competence

Check whether users can complete the workflow safely before live use.



Support & Track Adoption

Provide floor-walking, drop-ins, issue triage and help desk support.

SCALE

Adoption, quality and support demand are acceptable.

ADAPT

Workflow, templates, training or support need improvement.

RETEST

More evidence is needed for specific services or pathways.

STOP

Benefits, adoption or safety evidence do not support wider rollout.



What Should A Pilot Measure?

Agree the baseline before judging whether AI scheduling is ready to scale.

Operational measures

- ✓ Manual booking effort
- ✓ Clinic fill rate
- ✓ DNA rate
- ✓ Cancellation backfill time
- ✓ Patient confirmation rate
- ✓ Call-centre / admin volume
- ✓ Ethical consideration

Adoption and assurance measures

- ✓ Active users versus trained users
- ✓ Issue closure time
- ✓ Repeat issues by category
- ✓ Clinician confidence
- ✓ EPR/PAS update success
- ✓ Exception and fallback events
- ✓ Ethical consideration

***The purpose of the pilot is to evidence readiness,
not assume it.***

Example delivery timeline



Mobilisation through to phased rollout across 18 weeks.

DADA uses a “prove once, adapt safely” model to reduce duplication while recognising that each Trust, EPR/PAS environment and clinical pathway (e.g., (System C CareFlow, TPP SystmOne and MEDITECH V6.08) requires local validation before full deployment.

