

Virtual (AI) Receptionist Solutions – Policy Statement and advice to practices

A number of suppliers are now offering virtual receptionist solutions to GP practices. These solutions provide an Artificial Intelligence (AI) call handling service, designed to ease the workload of reception staff and are able to answer multiple calls simultaneously.

Calls into the practice are routed through the solution either by diverting or porting the practice number to the virtual receptionist supplier or their telephone carrier.

Ultimately the decision contract for these services rests with the practice however NHSE has a responsibility to ensure that due consideration has been given to the potential risks and impacts of introducing new products that interface with existing approved solutions in GP practices, including making practices aware of potential breaches of GP contract.

As such NHSE has a responsibility to draw practices attention to the following points and to advise that practices undertake their own assurance and take appropriate action before progressing:

- The GP contract states that “Practices will be required to procure their telephony solutions only from the Better Purchasing framework once their current telephony contracts expire.” and “...to provide data on eight metrics through a national data extraction....”.
 - To note most virtual receptionist solutions are NOT provided by a BPF supplier but would be managing calls into the practice.
 - Responsibility for the provision of the national data set sits within the BPF telephony supplier contract with the practice, however the telephony supplier and the practice may lose sight of the overall call volumes once a virtual receptionist solution is in place and therefore they may not be able to fulfil the reporting obligation. Practices should seek assurance from the virtual receptionist supplier about how the national reporting will be delivered and that it has engaged with NHSE and agreed a mechanism for provision of the national reporting metrics.
- The NHSE programme view is that practices should carefully consider the porting of the Practice phone number to a third-party supplier that is not their contracted telephony supplier as this goes against standards and capabilities described in the national requirements for telephony.
- Some virtual receptionist suppliers may divert calls to another number. To note the call-forwarding that is included in the core telephony specification refers to internal call forwarding within the practice or call-forwarding between groups of practices to support collaboration within a PCN or wider ICS area. Call-forwarding to third parties such as a virtual receptionist solution may result in additional charges by your telephony supplier, therefore it is advised that you discuss call charging implications with your supplier when considering implementation of a virtual (AI) receptionist solution.
- It is imperative that each practice carries out the required clinical safety assurance to ensure that the virtual receptionist solution meets the requirements of DTAC and DCB0129 and that patient data including call recordings is handled in line with relevant

Information Governance and cyber security standards including ISO 27001 and cyber essentials.

- Practices should seek assurance in relation to service standards, service management eg 99.9% uptime during core GP surgery hours. Responsibilities in relation to the service support and issues resolutions will be split across the telephony supplier and virtual receptionist solution. It would be pertinent to agree the arrangements for this ahead of any issues arising.
- Practices should ensure clarity on the business continuity arrangements in the event that the virtual receptionist system fails or is unavailable, including arrangements between the two suppliers to ensure continuity of service to patients in the event of system failure.
- Alternative access routes should remain available for patients who may struggle with automated systems, including vulnerable groups, patients with disabilities, language barriers, or low digital confidence.
- Virtual receptionist services should complement, not replace, access to care, alongside existing channels such as online consultation tools and traditional telephone access.