

The Questions Worth Asking on the Care Show Floor

Two days. Two hundred suppliers. The difference between a vendor and a partner comes down to five questions.

April 2026 | By OneTouch Health

Care Show London opens on 29 April with more than 200 suppliers on the floor and AI running through almost every conference session. The difficulty for providers walking the hall is not finding options. It is cutting through two days of demonstrations to the questions that separate a technology partner from a technology vendor.

A vendor sells a product and moves on. A partner is still at the table in eighteen months - when the framework has evolved, the AI model has been updated twice, and the contract is up for renewal. In a sector defined by vulnerability, regulation, and structural funding pressure, providers do not need another vendor. They need fewer, better partners. Here are the five questions that identify them.

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Speak directly with our migration, AI, and customer support experts.

Bring the five questions. We will answer them on your data, not ours.

1. What does this actually replace?

Adoption of Digital Social Care Records among CQC-registered providers has risen from **41% in December 2021 to 80% by July 2025**.¹ The question has shifted from *whether* to digitise to *how many systems you are now running*. Every separate login, every duplicate entry, every integration that almost works takes time away from the care itself. When a supplier demonstrates a new capability, the test is not “is this clever?” It is “what does this let me turn off?”

A partner will look at every system you are currently running and show you what consolidation looks like on your data. A vendor will sell you one more thing to log into.

2. How does it hold up under the Single Assessment Framework?

The CQC has set a target of publishing **9,000 assessments by September 2026**.² The probability of being assessed in the coming year is materially higher than at any point since before the pandemic. Under the SAF, every Quality Statement is scored on a four-point scale, and a single area of significant failure can cap the rating for an entire Key Question. Providers are not buying features -

¹DHSC/NHS England, adult social care provider technology survey, 2025-26.

²Care Quality Commission, Single Assessment Framework. The 9,000-assessment target by September 2026 is set out in CQC published reporting.

they are buying assurance across three things inspectors actually examine: the **data** that evidences care delivered, the **systems** that capture it reliably and without gaps, and the **processes** that turn it into consistent practice. A platform that cannot evidence all three continuously forces a service back into the pre-inspection scramble the SAF was designed to expose.

3. What is the true cost of staying where I am?

The Homecare Association puts the Minimum Price for Homecare in England for 2025-26 at **£32.14 per hour**, against an average local authority fee of **£24.10**. Only 1% of public-body contracts meet that minimum.³ From April 2026 the National Living Wage rises to £12.71. In that environment, the true cost of your technology is not the licence fee on the invoice. It is the combined cost of every system you are paying for, maintaining, and integrating - and, just as importantly, the hours your team loses to duplicate logins, re-keyed data, and workarounds that a better-integrated platform would remove. In a sector under this much wage and margin pressure, those reclaimed hours are hours returned to care.

A genuine partner will lead that conversation. A vendor will avoid it and quote their price.

4. What is your position on responsible AI?

Virtually every supplier on the floor will be demonstrating AI-assisted documentation, scheduling, or analysis. The capabilities are real. So are the risks. A 2025 peer-reviewed study in *npj Digital Medicine* found a **1.47% hallucination rate and a 3.45% omission rate** in GPT-4-generated clinical notes - even in a carefully optimised pipeline. 44% of those hallucinations were rated clinically significant.⁴ The EU AI Act's compliance deadline for high-risk systems is 2 August 2026. The right question is not "does it use AI?" It is "what happens when it gets something wrong, and how would I know?"

5. Who is in the room after the sale?

Most providers considering new technology today are switching from a system they already use. The switch itself is only the beginning of the relationship that matters. Ask for named references from agencies of comparable size. Ask how data integrity is verified during migration. Ask what the supplier does in week six - the point at which most implementations are declared successful but meaningful adoption actually begins.

A partner will name those people. A vendor will point to a support portal.

The partnership question

Five questions. One underlying choice. Are you buying a product, or are you choosing the people who will sit alongside your team for the next five years?

No platform runs a modern care agency on its own. It sits inside an ecosystem of regulators, sector bodies, and integrated services. The suppliers worth keeping are the ones building *with* that ecosystem - not around it. **That is the standard OneTouch Health has worked to for more than a**

³Homecare Association, A Minimum Price for Homecare - England 2025-26; Fee Rates for State-Funded Homecare 2025-26, homecareassociation.org.uk.

⁴Asgari E et al., "Clinical safety and hallucination rates of LLMs for medical text summarisation," *npj Digital Medicine* 8, 274 (2025). EU Regulation 2024/1689 (AI Act). ICO Guidance on automated decision-making under UK GDPR.

decade across the UK, Ireland, and Australia. We work as a partner, not a provider - because in regulated care, nothing else lasts.

C A T C H S E Á N A T C A R E S H O W L O N D O N

Building an AI strategy for regulated care

Day 2 · Thursday 30 April · 14:15 - 14:45 · Leadership Theatre

Seán Morris, Group CTO of OneTouch Health, on what responsible AI actually requires in regulated care - the governance questions every provider should be asking, the regulatory deadlines on the horizon, and where the sector is heading next. The full argument is set out in the OneTouch white paper *The Questions Nobody is Asking About AI in Social Care*, at onetouchhealth.com.