Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Public Consultation Feedback Form

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services. HIQA has a responsibility to develop standards, recommendations and guidance to support the Irish digital health and health information landscape to ensure safer, better care for people using health and social care services.

HIQA has been requested by the Department of Health to develop national guidance to promote and drive a responsible and safe approach to the use of Artificial Intelligence (AI) in the health and social care sector in Ireland. The national guidance aims to support services to promote and drive a responsible and safe approach to the use of AI. The main purpose of the guidance is to promote awareness and build good practice among services and staff about the responsible and safe use of AI in their services. The guidance will also be of use to people using services by educating and empowering them on what their expectations should be in respect of how AI can be used safely and responsibly while engaging with health and social care services.

The six-week public consultation gives people an opportunity to provide feedback on the draft national guidance and become involved in the development process by submitting their views.

Please note: the focus for this consultation is the content and structure of the draft National Guidance. The final design and layout of the guidance will be developed after the public consultation.

HIQA will carefully assess all feedback received and use it, where appropriate, along with other available evidence, to inform the final version of the National Guidance for the Responsible and Safe Use of AI in Health and Social Care. Before you complete this consultation feedback form, please read the instructions for submitting feedback on the following pages. The draft guidance has been informed by extensive stakeholder engagement. HIQA has also conducted an evidence review to inform the development of the draft national guidance and it is published on the HIQA website www.hiqa.ie.

The consultation closes at 5pm on 05 March 2026.

Data Protection and Freedom of Information (FOI)

This consultation is being conducted in accordance with data protection law, including the GDPR and Data Protection Act 2018.

HIQA will only collect and store personal information during this consultation for the purposes of verifying your feedback. For further information on how HIQA uses personal information, please see our Privacy Notice available here. If you have any concerns regarding your personal information, please contact HIQA's Data Protection Officer on dpo@hiqa.ie.

Following the consultation, HIQA will publish a report summarising the responses received, which will include the names and types of organisations that submitted feedback. For that reason, it would be helpful if you could explain if you regard the information you have provided as being confidential or commercially sensitive.

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice for Public Bodies in relation to FOI. HIQA cannot give you an assurance that confidentiality can be maintained in all circumstances, due to the requirements of the FOI Act.

By submitting your feedback, you are agreeing to participate in this consultation.

Instructions for submitting feedback

- If you are commenting on behalf of a service or organisation, please combine all feedback from your organisation into one submission form and include the details of the service or organisation.
- Please do not paste other tables into the boxes already provided — type directly into the box.
- Hard copy: If you are handwriting responses, please feel free to use additional paper.
- Qualtrics: Please ensure that you click through all pages of the form, you will know you have reached the end of the questionnaire when you click the complete button.
- Please spell out any abbreviations that you use.
- When commenting on a specific section of the document, it would help if you can identify which part you are commenting on and the relevant page number.
- The questions are not intended in any way to limit your feedback, and other comments relating to the draft national guidance are welcome.

1. About you

1.1 Are you providing feedback as:

☐ an individual

☒ on behalf of an organisation (for verification purposes, please provide your name and your role in the organisation and your contact details).

Name of the organisation: ALONE

Your name: Aileen O'Reilly

Your role in the organisation: Head of Research, Evaluation, Advocacy and Policy

Your contact details: aileen.oreilly@alone.ie

1.2 Are you commenting?

☒ In a professional capacity (*Please specify your role, discipline and the organisation you work for*)

Your role: Head of Research, Evaluation, Advocacy and Policy

Your discipline: Psychology

The organisation you work for: ALONE

☐ As a member of the public/user of health and social care services

If you would like to provide any additional details, please share below:

ALONE is a national organisation that enables older people to age well at home by delivering supports that reduce pressure on acute healthcare services and contributes directly to the goals of Sláintecare as part of the HSE's Enhanced Community Care (ECC) programme. Operating at scale, ALONE provides an integrated system of Support Coordination, Practical

Supports, Support & Befriending, a variety of Phone Services, Social Prescribing, Housing with Support and Assistive Technology.

In 2025, 19% of ALONE's interventions with older people involved assistive technology, which is a 4-percentage point increase from 2024. We are currently piloting smart technology for remote health monitoring, alongside digital enablement training and other projects. Our management information system captures data on those we support, generating valuable insights.

AI is becoming an important part of our journey. We recently introduced an AI tool to match older people with volunteers for our Support and Befriending service. By analysing geography, preferences, and availability, this reduces waiting times, streamlines administration, and ensures a more personalised service.

By the end of 2025, ALONE had supported almost 46,500 older people across Ireland through a network of 250 trained staff and over 11,500 engaged volunteers, delivering support valued at over €8.5 million annually. This includes over 240,000 total calls across services and over 111,000 visits to older people around the country.

We believe AI can transform and empower older people, but only with the right guidance, policies, infrastructure, and resources to ensure ethical, equitable access.

2. General feedback on the draft National Guidance

2.1 Please provide any general feedback you have on the structure (layout, length, flow) of the draft National Guidance. Where applicable, please specify the section of the guidance document to which you are referring. *Please note, the final guidance document will be professionally designed so the current format is only indicative.*

- The scope of the guidance (section 2.2) should be placed at the very beginning of the document to ensure that different stakeholders know immediately how to read the document and which sections apply to them. In addition, 'people who use services' are defined in the scope as "People who use health and or social care services (service users), their parents, legal guardians, carers, family members or nominated advocates." Decision-making representatives,

as outlined in the Assisted Decision-Making (Capacity) Act 2015, should also be specifically named here.

- At the end of each principle, examples of how a service can uphold this principle in practice are provided. We would recommend that using a 'Compliance Checklist' summary at the end of each principle instead would identify the minimum required actions for healthcare staff and service users, and may be more user-friendly.
- Placing the case studies (like Dr. Kumar's (p.25) or Dr. Habib's (p.30) stories) immediately after the staff and service user examples creates a logical flow from high level policy to real world application. To further improve the flow, these case studies could be formatted with a different font and background colour to distinguish them clearly from the formal guidance.
- The glossary (p. 41-43) is comprehensive but its placement at the end of the document may break the flow for readers unfamiliar with AI terminology. While it is the standard option to place the glossary at the back, the reader here must understand the terms to comprehend the content, so it may be worthwhile to consider having the glossary at the start of the document instead, and/or hyperlinking terms in the final digital version back to the glossary.
- Ensure the final version uses a clear font (at least 12 point size), uses colours with good contrast and use images to support the main body of text, which are particularly useful for readers who have literacy, numeracy or learning difficulties or where English is not their first language as per the *Customer Communications Toolkit – A Universal Design Approach* devised by the Centre for Excellence in Universal Design (CEUD). [1]

2.2 Is the content provided clear and understandable?

Yes ☐ No☒

If no please provide detail on how the clarity of the content can be improved

- The content is generally clear and highly structured, but there are specific areas that could be simplified to make the complex subject matter easier to understand.

[1] https://universaldesign.ie/communications-digital/customer-communications-toolkit-a-universal-design-approach/customer-communications-toolkit-a-universal-design-approach-navigation/written-communication-2/document-design

    - The document does an excellent job of defining its own structure, explaining that Section 1 is for education and Section 2 is for practice.
    - The use of clear principles (Accountability, Human rights, Safety and Responsiveness) provides a reliable mental framework for the reader.
    - The document describes the four risk levels of the EU AI Act (p. 50-51). It may be helpful to include a graphic (e.g. a ladder or pyramid graphic) here, which would make the concept of proportionate controls more understandable at a glance.
    - As the document is for three distinct audiences (those accountable for services, staff members and people using the services), the distinction between roles could be enhanced. Stakeholder icons may allow the reader to visually skip to the parts of the guidance that apply specifically to their role (for example, a stethoscope icon for staff and a person icon for the service user).
- Further clarification would be beneficial in several areas in the guidance where statements are less clear. In some cases, statements are not specific enough to be reliably implementable.
    - For example, the document includes a section under each principle on 'What it means for people using services'; however, these are often broad statements of confidence rather than practical information relating to the services and supports that should be expected. Actionable information for service users, including older people, would be more user friendly.
        - For example, the statement 'I am confident that the service is governed and managed in a way that ensures AI is used in a responsible and safe way' (p.24) could be replaced or supplemented by: 'I have been told exactly who is in charge of the technology used in my care. I know I have the right to speak to a named person – such as a Clinical Manager or a Digital Liaison – who can explain how the AI works and answer my questions'. **Rather than just asking the user to trust that governance exists, the guidance should give them the specific tools to verify it**.
        - For the statement 'I know what AI tools are used in my care and I understand the risks and benefits associated with these tools. I am able to make informed decisions about the use of AI in my care based on these risks and

benefits' (p. 29) supplementary actionable information could include, 'I have been given a 'Citizen's Guide to AI in healthcare' in plain English. This clearly lists: 1. What the tool does; 2. One specific benefit; 3. One specific risk; and 4. A clear yes/no box where I can record my choice after discussing it with my health care worker'. The statement in the guidance currently **puts the burden of understanding entirely on the service user**, **while the more actionable guidance sentence focuses on what the service user can expect the service provider must do to enable that understanding**.

  - While the Guidelines discuss the promotion of human connection under principle 2, more specific clarification of this aspect would allay concerns. For example, it could include a statement or a guarantee that "AI will not replace your doctor or nurse, and you will always have the option to speak to a person". A recent article in the *Journal of Medicine, Surgery, and Public Health* entitled 'Attitudes of older patients toward artificial intelligence in decision-making in healthcare' outlined that fears of losing the human touch in healthcare were prominent amongst older people and that they prioritised compassionate care and personal connections with their healthcare providers.
  - Under principle 1 (accountability), further clarity on the 'human in the loop' versus the 'human on the loop' (p. 21) may require its own dedicated comparison or infographic, as it is a critical concept for clinical safety.

- Some questions that a service user or provider may have are not well answered by the guidance; for example, in relation to redress and recourse, liability, and how a service should respond when a service user opts out of AI-informed services.
  - A Q&A section at the end of principle 3 (safety and wellbeing) dealing with privacy may provide greater clarity, especially for the older person. Questions could include, for example: "How do I know my private information is safe?". Older people are often particularly concerned about privacy and how their data is shared. According to research from the Vodafone Ireland Foundation in 2022, privacy and security in relation to

personal information was identified as the biggest concern for older people (60%) when it comes to using the internet.[2]

- In addition, a short standalone 'Citizen's Guide to AI in healthcare' could be created to explain the national guidance, as a plain English summary that focuses on what AI is, how it is used in healthcare and the benefits of AI for older people. It would also address the common concerns older people have about AI, include information on privacy and rights, explain how decisions are made with AI, and outline what questions older people should ask healthcare providers. This guide should be made widely available in all health and social care settings when the national guidance is completed. Making a Citizen's Guide to AI available across all health and social care settings is essential because AI is already influencing how decisions are made about people's health, yet many citizens, especially older people and the most marginalised, do not understand these systems, their rights, or how to challenge mistakes. This distribution strategy meets the public where they are, rather than expecting individuals to search for information themselves.

2.3 Do you think the language used in the draft national guidance is clear and easy to read and follow?

Yes ☐ No☒

If no please provide examples of where you think we can improve the language

- The document's language is professionally clear and logically structured, but it presents several barriers that may make it difficult, especially for service users and older people or those without a technical background to follow easily.
- The language sometimes leans into legal terminology, particularly in section 1, regarding the EU AI Act and Medical Device Regulations. For frontline staff in social care or older people using a service who may not have a technical background, these sections can be difficult

[2] https://alone.ie/privacy-and-security-in-relation-to-personal-information-is-the-biggest-concern-for-older-people-when-using-technology/

to translate into actions.To simplify legal and regulatory explanations such as "In Vitro Diagnostic Medical Device Regulation" (p. 10) and "conformity assessment"(p. 51), a summary box detailing 'What this means for you' at the end of this legal section may be helpful for all readers. Staff and services need to be able to translate this terminology easily to the public. Technical definitions may need a further plain English explanation in the glossary. For example, deep learning is described as a sub type of AI that *"…uses multi-layered artificial neural networks to learn patterns within datasets with multiple layers of abstraction"* (p. 6), which may not be helpful to non-technical staff or service users, including older people, to understand its impact on care.

- The document frequently uses acronyms, such as MDR, IVDR and EHD; while all defined in the glossary, flipping back and forth between the text and glossary breaks the reading flow. These should be followed with a plain English bracket explanation in brackets, or the inclusion of a 'Quick Definitions' sidebar may be helpful for the most critical technical terms within each section or hyperlinking terms in the final digital version back to the glossary.

2.4 Do you think the introduction (section 1) to the document will help staff understand the wider context regarding the responsible and safe use of AI in health and social care services in Ireland?

Yes ☒ No☐

If no please specify how the guidance can be improved

- Section 1 of the document provides a comprehensive foundation for staff to understand the wider context of AI in Ireland and Europe as well as the benefits of using it in their day-to-day work. It defines the AI landscape with specific examples of how they are used in healthcare, such as predicting sepsis. It also lists practical benefits such as improved diagnoses, operational efficiency and personalised medicine.
- Information about the EU AI Act is split between the main text and Appendix B; staff may find it difficult to grasp the wider context of their legal responsibilities without constantly flipping to the back of the 55-page document.
- Section 1 could be improved by adding a 'Context at a Glance' infographic on a single page to show where a staff member stands in the overall picture within the EU AI Act, Medical and In Vitro

Diagnostic Device Regulation, GDPR, HIQA Standards, the Professional Regulatory (bodies like the Medical Council or CORU) and all existing strategies and frameworks such as the Guidelines for the Responsible Use of Artificial Intelligence in the Public Service.

3. Feedback on the principles underpinning the draft National Guidance

In this section we want to find out what you think of the guidance under each principle. The questions in this section are not intended to limit your feedback and other comments relating to the guidance is welcome.

The draft National Guidance is underpinned by four principles:

- Accountability
- A human rights-based approach
- Safety and wellbeing
- Responsiveness

Under each principle there is:

- An explanation of what the principle means for the responsible and safe use of AI in health and social care.
- Examples of how a service (including people who are responsible and accountable for managing the service) can uphold the principle in practice.
- Examples of how staff can uphold the principle in their day-to-day work.
- Examples of what it means for people who use health and social care services when the principle is upheld.
- A case study to provide context by showing what the responsible and safe use of AI looks like in a health and social care setting.

Please consider the following questions as part of your review of the guidance and case studies under each principle:

1. Have all important areas relating to this principle been addressed? Are there any other areas that should be included?
2. Do you think the case study helps understand the principle in practice? Is it reflective of what would happen in practice?

3.1 Please provide your feedback on the principle of accountability below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

- The draft successfully covers several bedrock areas of accountability required for healthcare AI, such as clear roles and responsibilities, the human agency, regulatory compliance, transparency and traceability.
- While the guidance is comprehensive, redress and recourse mechanisms could be developed further. While complaints are mentioned, it is not clear what should happen if a patient is actually harmed by an AI informed decision, or who provides the remedy. Services may not be sure how to manage complaints about AI so additional guidance would be helpful.
- Addressing liability relating to the use of AI must be addressed in the guidance under this principle, as lack of clarity in this regard will hamper implementation. Clinical staff are used to taking responsibility for their decision making, but when that decision-making is guided by AI, questions relating to who or what is liable for a bad outcome where AI has been utilised will arise. A lack of attributable accountability is likely to prevent those medical professionals who are currently responsible for clinical decisions from embracing the technology.
- The case study is a practical illustration, but it does focus on a large hospital setting with a best-case scenario. Additionally, the guidance should include a more reflective example of smaller or social care services where resources for complex governance groups may be limited.
- While this section states that "Human oversight should be in place, with the use of AI tools in health and social care services augmenting, rather than replacing, human judgement and clinical decision-making" (p. 20), of note, the IPPOSI (Irish Platform for Patient Organisations, Science & Industry) Citizens' Jury, in their considerations of the future of AI in Ireland, recommended that "patients should have the autonomy to opt out of healthcare enabled by AI". A right to opt out would be [3] However, service providers must provide options for service users to interact/communicate with a human service provider, rather than an AI chatbot or similar, to

[3] The need for patient rights in AI-driven healthcare – risk-based regulation is not enough - PMC

provide ease of access to services, particularly for older people with lower levels of digital literacy.

- Under section 2, it is stated that "The service is assured and is confident that the AI tool has been developed based on representative data and the service regularly reviews outputs from an AI tool to ensure they are not biased" (p. 28). However, section 1 on should include a requirement for services to **keep records and be able to evidence** that the AI tools they use were tested on representative data, and that service users can request information in relation to this.
- Accountability should also include a requirement for services to provide or signpost to AI literacy support and guidance for all (such as the short standalone 'Citizen's Guide to AI in healthcare' outlined in response to question 2.2), before deploying tools that require their consent and active participation.
- A further area for inclusion in the section on *how a service can uphold this principle in practice* is that services should require designated individuals who can liaise with the National AI office (once established).

3.2 Please provide your feedback on the principle of a human rights-based approach below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

- This section of the draft identifies the core rights at stake; privacy (data protection), autonomy (the right to make your own choices) and dignity (being treated as a person, not a data point).
- The human rights–based approach should guard against health and social care services becoming exclusively digital, while recognising that digital tools can improve efficiency and access for many people. On an international basis, organisations such as the UN, the EU, and the OECD have highlighted the digital divide experienced by older people. In Ireland, CSO data from 2023 further illustrates that nearly half (42%) of persons aged over 75 years have never used the internet, and a further 4% had not used the internet in the last three months. According to TILDA research, over 30% of people aged 50+ living alone do not have access to internet.[4] The introduction of AI in

[4] https://tilda.tcd.ie/publications/reports/pdf/Report_Covid19InternetReport.pdf

health and social care must not create a two-tier health system where those who are offline receive slower or inferior care. Equitable access is critical, and in line with Ireland's Equal Status Acts, which prohibit discrimination in the provision of goods and services. **This section should state that services must be continued to be provided in person, by phone, and through paper-based means** where there is demonstrable need, particularly for essential services, so that older people who do not use the internet can continue to avail of services in these ways if they so wish.

- The case study shows how bias was assessed, how diverse data was considered and how monitoring frameworks were used in practice which helps bring the principle to life. However, the scenario assumes a well-resourced governance structure, which may not reflect smaller services, where such structured oversight can be harder to mobilise. We would advise adding a further example.

3.3 Please provide your feedback on the principle of safety and wellbeing below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

- This section of the draft is arguably the most critical for clinical safety and data security.
- As part of the AI tool testing and evaluation, the guidelines should also specify that relevant tools are stress tested for specific clinical and medical criteria which may heighten complexity of diagnosis and treatment (for example, multi-morbidity). A 2020 report from Trinity College Dublin's Irish Longitudinal Study on Ageing (TILDA) outlined that almost three-quarters of Irish adults aged 58 and over have two or more medical conditions. Multi-morbidity [co-occurring diseases] becomes increasingly prevalent as older adults age. There is a further need for longitudinal studies to understand AI's long-term impact on multimorbidity management, because current research is short-term, fragmented, and insufficient for chronic, evolving conditions. [5] The guidelines should include the requirement to ensure that relevant AI tools are stress tested for criteria such as

[5] Leveraging Artificial Intelligence to Predict and Manage Complications in Patients With Multimorbidity: A Literature Review - PMC

multimorbidity, supported by a structured framework for consistent monitoring for years after deployment to ensure long term clinical safety.

- We welcome guidelines that ensure that services and staff take AI bias into consideration. Algorithmic bias emerged as a primary challenge from a 2025 study [6], with AI models often trained on datasets that do not adequately represent older people. This leads to inaccuracies in medical predictions, increasing the risk of misdiagnoses and inappropriate treatments.
    - However, while we welcome that the guidance states that "it is essential that the data underpinning AI...is broadly representative of the population" (p.36), **we believe it is crucial that the guidance should define 'representative'**. Data may be representative in terms of demographic characteristics, for example, but not clinical characteristics, or vice versa. In addition, data might not be representative of population subgroups or minorities. Data might be broadly 'representative' of a population, but that does not always mean it is relevant to the specific circumstances of an individual service user or cohorts within that population.

3.4 Please provide your feedback on the principle of responsiveness below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

- This section of the guidance focuses on the ability of the health and social care system to adapt, learn and evolve as AI is integrated.
- Responsiveness guidelines should also include reference to the response to non-digital needs, especially for older people who cannot or choose not to use AI. **This should state that front-facing AI tools (such as chatbots) must have a manual alternative to ensure that service users' interactions are not negatively impacted**, particularly for those who AI fails to work for or is frustrating to use; for example, a chatbot that doesn't understand slower speech patterns or different accents. Offline feedback

[6] (PDF) Ethical Challenges in AI Adoption for Geriatric Healthcare

channels must be available as well in order for the tools to be responsive and to meet the needs of people using the service.

- While mentioned under this principle, education and training are of paramount importance to support services and staff to implement the guidance around AI tools as well becoming an AI-ready workforce. Staff in health and social care must now acquire not just medical or area specific expertise but also a foundational understanding of data analytics, machine learning, and the limitations of AI algorithms. Without adequate training, there is a risk of overreliance on AI or misinterpretation of AI outputs, which could lead to diagnostic inaccuracies or compromised patient safety. Training and upskilling are not one-time interventions but require an ongoing commitment to professional development through workshops, simulations, online courses, and integrated curricula.
- Examples for the service state that "Staff are provided with clear guidance on how AI integrates within existing workflows and what the lines of responsibility are for incorporating an output from an AI tool into a clinical decision" (p.38). As stated in response to point 3.1, addressing liability relating to the use of AI must be addressed in the guidance, as lack of clarity in this regard will hamper implementation. The guidance could refer to the right to disagree with the AI tool if a staff member's clinical instinct contradicts the AI feedback, and how to address cases where they choose to ignore the machine/tool. This override option could be similar to the steps outlined in the Right to Override Act (includes training, creation of oversight committee, whistleblower protection, etc), a U.S. federal bill introduced in 2025 that aims to protect the independent clinical judgment of health care professionals when they use AI. The core purpose is to ensure that clinicians always have the legal right to override AI-generated recommendations during patient care, in cases where their clinical judgement and expertise do not align with the AI recommendation.[7] The guidance under this principle could have a section entitled 'Independent Clinical Judgement and the Right to Override' where it is stated that health and social care professionals maintain a right to override AI generated clinical predictions or recommendations where they do not align with their professional knowledge, clinical instinct or the patient's expressed will and preferences. Training must empower clinicians to trust their

[7] Text - S.2997 - 119th Congress (2025-2026): Right to Override Act | Congress.gov | Library of Congress

professional intuition and provide them with the specific documentation skills (such as a checklist) needed to justify an override, ensuring that the human remains the final authority in the care of people.

3.5 Do you think the guidance will be implementable in practice? What will support services and staff to implement the guidance?

When commenting on a specific aspect of the guidance it would help if you can identify which section you are commenting on and the relevant page number.

- This document provides a strong high-level framework, but it does assume a baseline of digital infrastructure that isn't uniform across all health and social care settings. Larger hospitals or health care settings may find it easier to implement but smaller community social care services, especially those who still rely on paper records, may find the requirements for data quality and audit trails difficult to implement without significant investment.
- Implementing the accountability principle will require multidisciplinary groups and regular audit. In overstretched services, finding the time for multidisciplinary groups to meet (for example) may be a major practical barrier to implementation.
- As outlined in our feedback on the accountability principle, redress and recourse mechanisms should be developed further, and addressing liability relating to the use of AI must be addressed in the guidance as lack of clarity in this regard will hamper implementation.
- Conflicts of interest may also arise as a barrier to implementation in cases where a health care worker has a commercial interest in an AI tool (i.e. they may be involved in developing it or potentially may receive royalties from it). The regulatory framework should address such a matter.

3.6 Any final thoughts or feedback to add:

- While AI is poised to improve all areas of health and social care, it is not as Dr. Ronan Glynn recently described as *"...the magic bullet for all of healthcare's woes…. Instead, it is one more, albeit very powerful, tool to support the delivery of high-quality, safe care in a sustainable way."*[8] As AI governance frameworks develop, to ensure that resources are allocated to technologies that truly benefit older people, it is crucial that all stakeholders, including older people, are involved throughout the development of AI technologies to identify key priorities and concerns around privacy and autonomy, any increased health disparities through bias in datasets and any lack of access to age-specific AI technologies. This was also a key point raised in a 2023 article from the Oxford Academic's Age and Ageing Journal. [9]
- To ensure engagement with and support for AI-based approaches, there is a need for this guidance to give further emphasis to the importance of AI literacy and access to technology for older people as the key potential beneficiaries from novel AI-based approaches to care. This is a shared responsibility across the three main layers of the Irish health system: the Department, the HSE and local service providers. Examples of existing programmes, which could be further supported by this include ALONE's digital enablement training. Such programmes are beneficial at a community level, in order to improve older people's digital literacy and ability to engage with AI and services online. ALONE has been delivering digital skills training nationwide since 2022, with almost 5,000 older people participating.
- ALONE recognises AI's benefits for older people in health and social care, but only if developed ethically, equitably, and inclusively. HIQA's guidance document can proactively shape AI to serve social good in health and social care by establishing a robust regulatory infrastructure, ensuring that the State (rather than commercial interests) is the primary influence on how this powerful technology is further developed and used.

[8] AI is poised to improve all areas of healthcare but must be handled responsibly – The Irish Times
[9] New Horizons in artificial intelligence in the healthcare of older people | Age and Ageing | Oxford Academic

Thank you for taking the time to give us your views on the draft National Guidance for the responsible and safe use of AI in health and social care services.

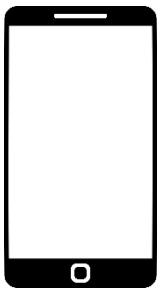
You can **email** the completed form to hist@hiqa.ie

OR

Print the consultation feedback form and **post** the completed form to:

National Guidance for the Responsible use of AI in Health and Social Care Services

Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
DO7 E98Y



If you have any questions on this document, you can contact the HIQA Health Information Standards Team either by:

Phoning: **(01) 814 7400**

Or

Emailing: **hist@hiqa.ie**

Please ensure that you submit your form online or return it to us either by email or post by 05 March 2026