



Breaking into the NHS - webinar

Housekeeping for today's session:

Please turn microphones to mute

No need for webcams to be turned on

If you have any questions submit them to the
HOST via the ChatBox facility



Richard Phillips

Director, Healthcare Policy



Association of British Healthcare Industries
Advancing Access to Medical Technology

**Kent Surrey Sussex
Academic Health Science
Network**



The AHSN Network



Dr Liz Mear

Chair, The AHSN Network and Chief Executive, Innovation Agency (Academic Health Science Network for the North West Coast)



The Innovation Pathway

BESPOKE SERVICES COVERING THE ENTIRE INNOVATION LIFE CYCLE FROM CONCEPTION OF AN IDEA THROUGH TO ITS EVENTUAL REALISATION OF COMMERCIAL SUCCESS.



AHSNs help companies & innovators navigate a fragmented landscape

AHSNs support innovators and businesses

We connect industry with NHS and academic organisations, local authorities and the third sector, AHSNs are **catalysts** that **create** the right conditions to facilitate change across whole health and social care economies.

We achieve this by:

Helping industry to understand and engage with the NHS market, and help align their development programmes to ensure they address clinical and market needs

Providing industry and NHS innovators with bespoke services covering the entire innovation pathway - improving health outcomes and contributing to economic growth

Working with commissioners to incorporate best practice into contracting

Being a single point of contact, helping companies navigate the complex health system

Providing advice about issues such as the required evidence base, evaluation methods and gaining access to markets

Promoting the Small Business Research Initiative (**SBRI**) **Healthcare programme**, **NIA programme** and **run Innovation Exchanges** which provide both seed funding and visibility within the healthcare system.
Developing the **AAR**

Signposting businesses to our many local partners and regional and national sources of funding



Bridging the gap

Helping new products and services
to reach patients faster



NHS

NICE National Institute for
Health and Care Excellence



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*The***AHSN***Network*

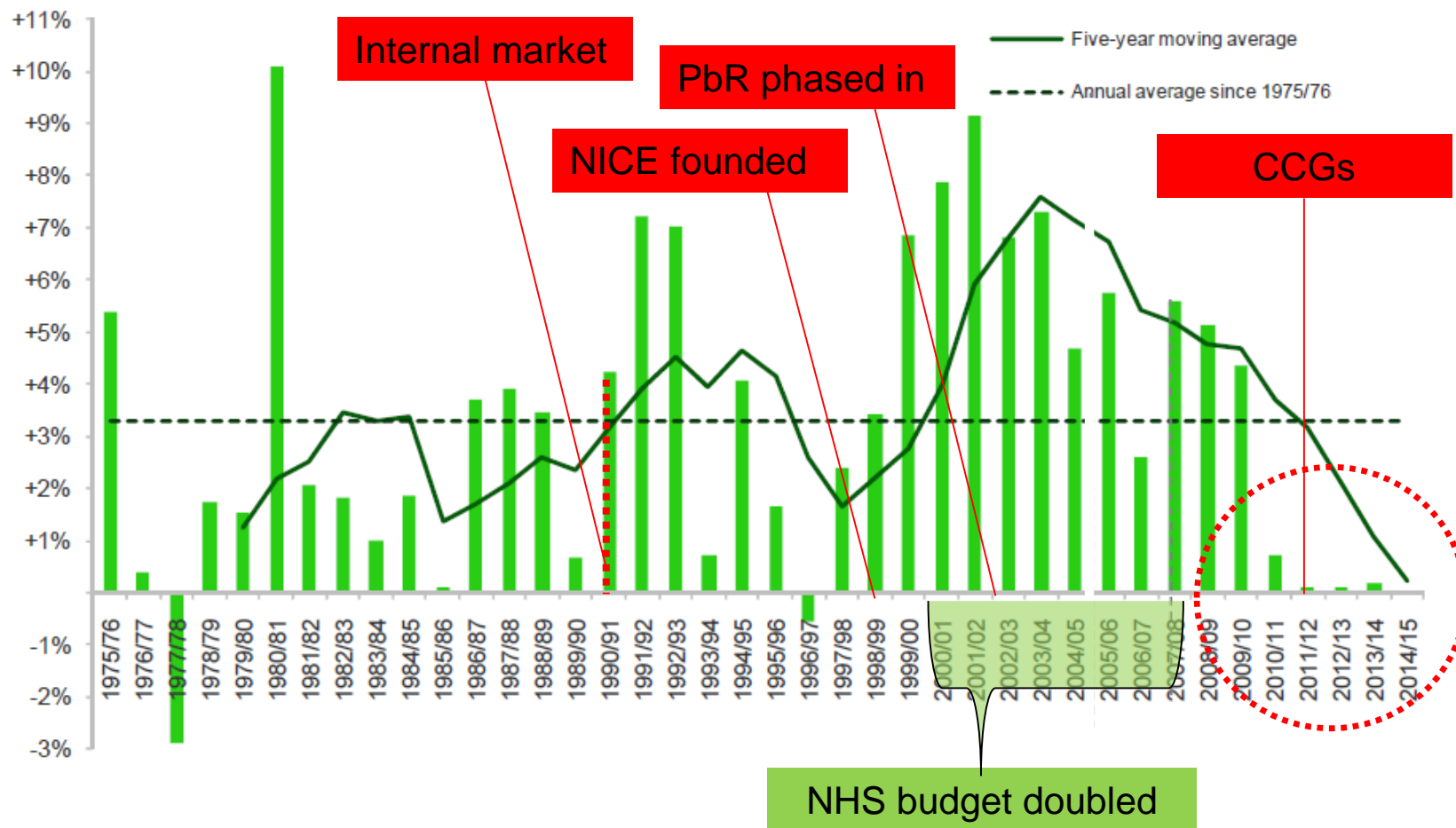
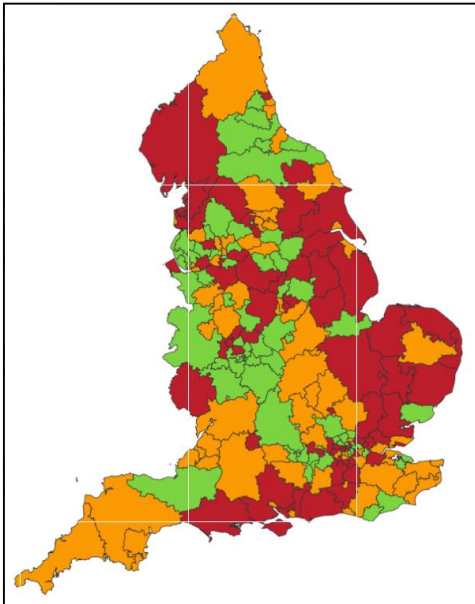


Chart 3: Annual percentage change in real terms NHS expenditure and planned expenditure in England: 1974/75 to 2014/15

Variation impacts uptake

Uptake of an innovation is affected by....

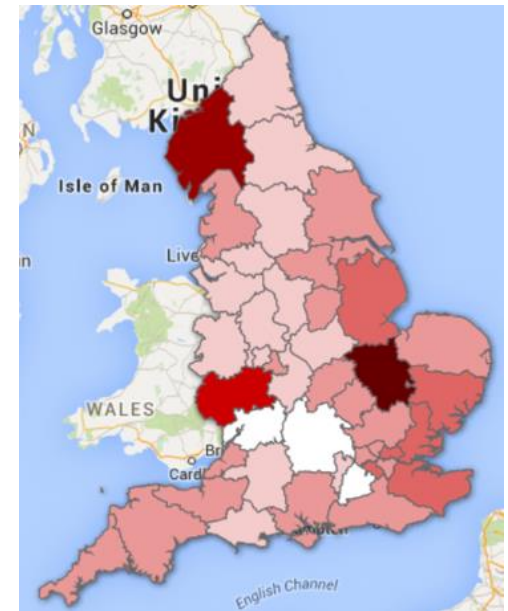


relevance to local priorities



- local practice
- local technology
- demographics
- economies of scale
- existing contract
- skill mix
- recruitment
- etc.

fit with local conditions



local affordability

Effect of NHS ‘market failure’

Lesser risk

- Those in the market
- Those with strong finance

- Incremental interventions with existing funding streams / pathways

- Acute
- Treatment
- Short term performance

Greater risk

- New entrants
- Those with limited funding

- Disruptive interventions without existing funding streams / pathways

- Mental health / community
- Prevention / early diagnosis
- Long term (economic) benefit

Effect of being human

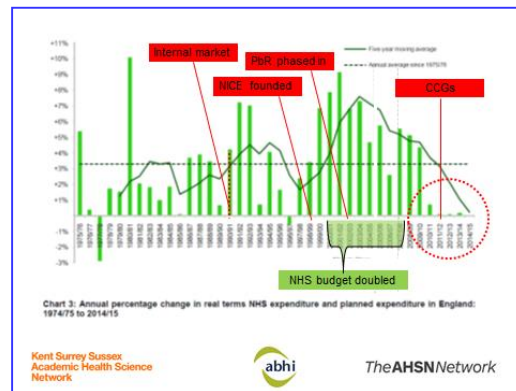
- Who is using your product?
- The true 'value' cannot be seen until the new intervention (technology and or know how) has been validated in the 'real world'

NHS **NICE** National Institute for Health and Care Excellence



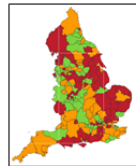
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Variation impacts uptake

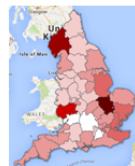
Uptake of an innovation is affected by....



+

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+



relevance to local priorities fit with local conditions local affordability

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QUESTIONS?

Effect of NHS 'market failure'

Lesser risk	Greater risk
<ul style="list-style-type: none"> • Those in the market • Those with strong finance 	<ul style="list-style-type: none"> • New entrants • Those with limited funding
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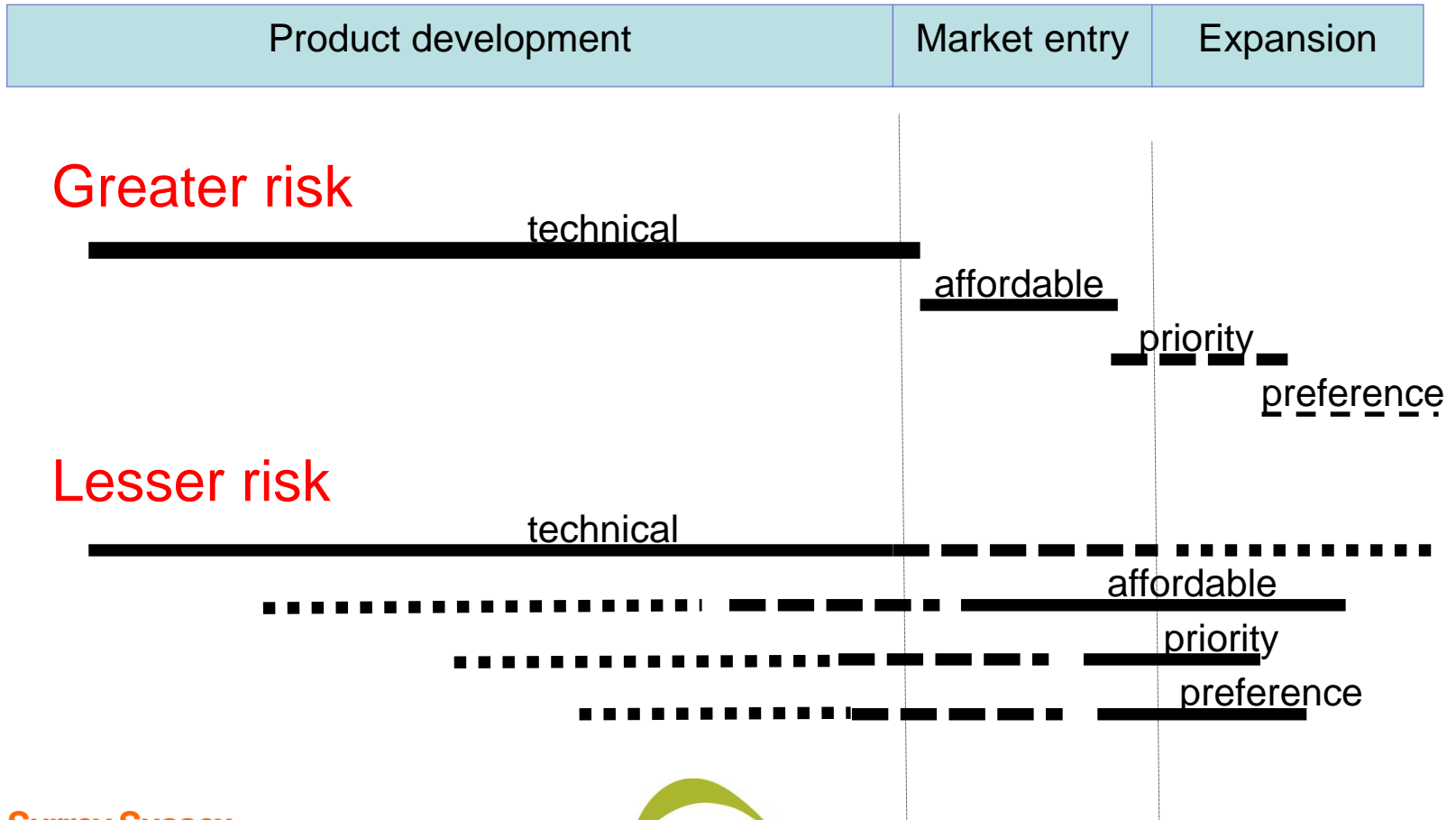
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Market Access approach



Knowledge Buckets

- What “*new decisions*” can be made (that underpin the stated improved outcomes)?
- What “*service (re-)configuration*” is needed to enable patients to meet the decision maker?
- What “*funding*” (provider +/- commissioner) supports the service (re-)configuration?
- What should “*patients*” be made aware of (to encourage appropriate demand)?

Reasonable assumptions?

Affordability

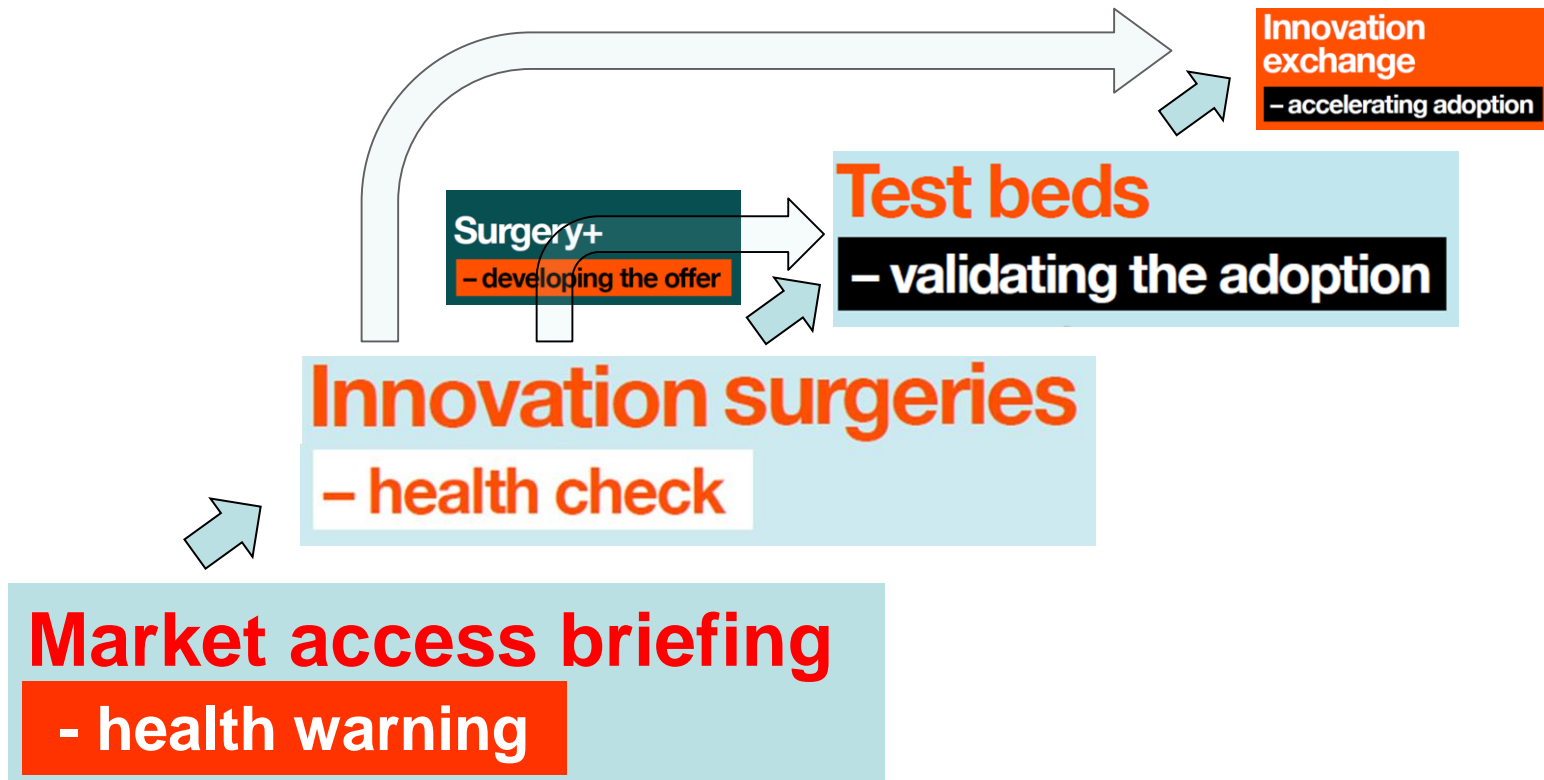
- There is a queue for everything. Removing part of a queue doesn't automatically release resources. Not releasing resources increases cost, albeit for a economic / health outcome gain
- Without multi-year financial mechanisms affordability is constrained to a short-term (in-year) horizon.
- Contract (+ activity) currencies constrain affordability to single organisations not system wide resource management

Avoiding hazards

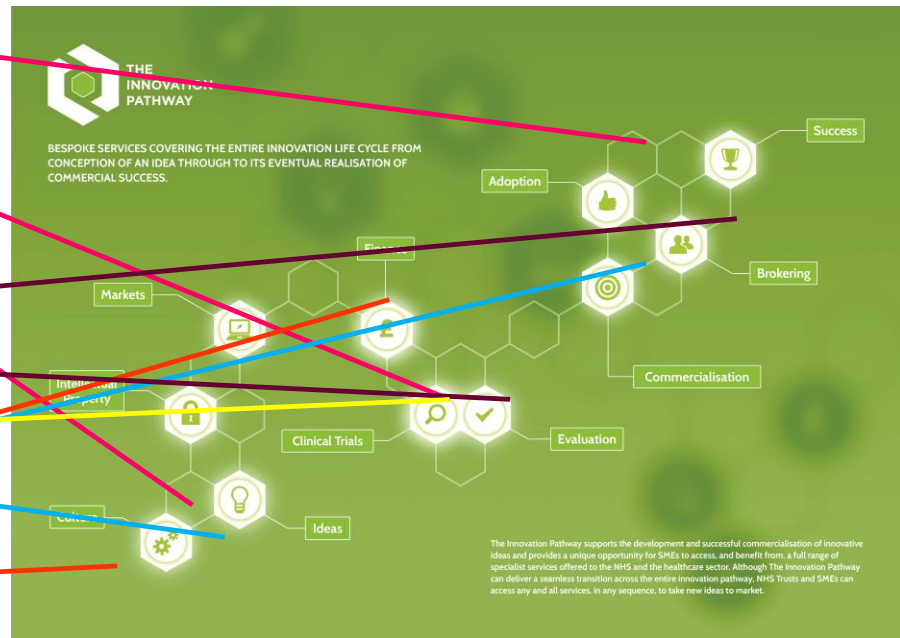
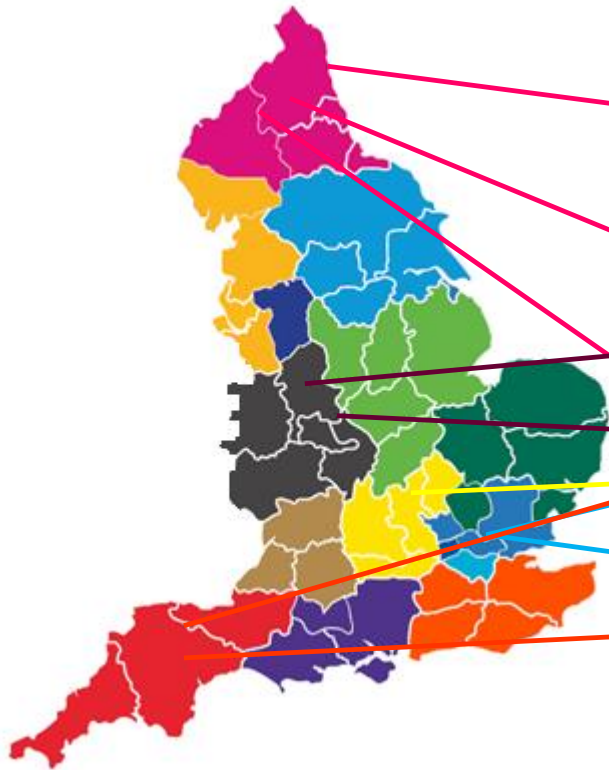
- Make it 'resonate' - Learn to speak their language and describe the opportunity from their perspective
- , Don't do a 'pilot'
 - Undertake an evaluation or
 - Secure a contract with break clauses.
- “Where's the evidence?”
 - are they really interested?



Bridging the gap



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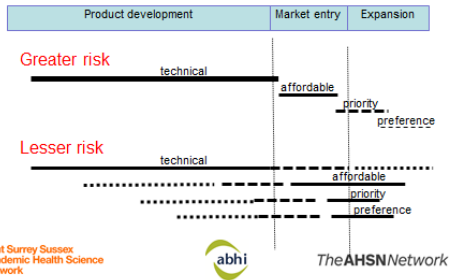


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Market Access approach



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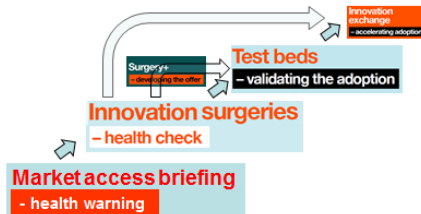
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Avoiding hazards

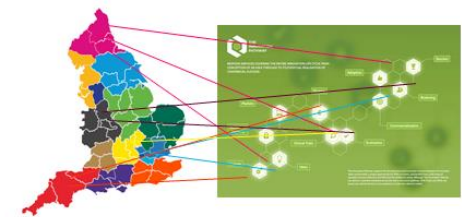
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Bridging the gap



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Summary

- The health system (in UK) is not a perfect market
- Identifying areas of risk early are highly likely to avoid surprises and disappointment whilst, saving time and effort and in doing so enabling a more cost effective strategy to be developed and enacted
- AHSNs can offer support at different stages

What's next

- Innovation surgery
 - A fully subsidised one hour review
 - Highlight areas of risk
 - Identify potential for taking forward
 - May make specific introductions

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Further information

www.ahsnnetwork.co.uk

www.abhi.org.uk

www.sbrihealthcare.co.uk