The Medical Technology Group

Improving patient access to medical technology

Our NHS: A Spotlight on the Innovation Landscape

www.mtg.org.uk

Contents

3 Introduction

6 AHSNs

10 Accelerated Access Collaborative

13 NHS Innovation Accelerator

15 HealthTech Connect

17 NHSX

20 Conclusions

Introduction

The MTG published a report on the impact of innovation support in the NHS over the previous 15 years in 2016. The report was published in advance of the Accelerated Access Review (AAR) and set out clear recommendations to support the successful development of the Review.

Three years on, the AAR has been published and the work to implement its recommendations is led by the Accelerated Access Collaborative (AAC). However, questions remain as to whether the NHS has improved its ability to take full advantage of the health technology on offer.

Following on from our 2016 report the MTG has assessed the current NHS innovation landscape to see what changes have occurred in the intervening period. This report looks at the recommendations we made in 2016 and assesses whether the development of the AAR took these into account and avoided previous mistakes

We will then take a look at the current landscape of innovation promotion organisations and assess how they operate and interact with each other. We want to provide detail on whether or not the current landscape is helping foster an innovation friendly environment that delivers treatments to patients at the right time.

2016 Report: DeJa Review

The MTG set out 9 recommendations for the AAR: 2016 recommendations:

- *"The MTG has concerns that the AAR team are not learning the lessons from previous initiatives and building those into their work programme.*
- *We recommend that the AAR team works with architects of the Innovation Health and Wealth (IHW) programme to assess how implementation could have been improved and factor these in."*

Response: there is no clear evidence that the AAR team did engage with the IHW team to gain learnings. With that said, certain aspects of IHW, namely the Academic Health Science Networks (AHSNs), do feature in the AAR and have been boosted with additional funding.

2016 recommendation:

- *"The delivery of the AAR should support the implementation of the NHS Five Year Forward View. Other overlapping initiatives, such as the Carter Review, should work alongside the AAR. This will improve accountability and implementation."*

Response: the NHS Long Term Plan makes reference to work streams led by the AAC. It is positive to see the work of the AAC being included in the NHS long term vision.

2016 recommendation:

- *"The MTG believes that the AAR should focus on system-wide adoption of technology that looks at cultural, structural and organisational barriers. Focussing on specific products and technologies is unlikely to achieve the level of impact needed to make real changes across the healthcare system."*

Response: the AAC has not addressed the system-wide issues. The specific focus to date has been to look at individual technologies and push these forward. The proposed funding mandate for medical technology is a positive step forward in addressing system barriers, but needs to be extended to a much wider pool of products for a real step change to be seen.

2016 recommendation:

- *"The MTG believes that NHS Improving Quality should work together to clarify the status of IHW and to include any of the ongoing work programmes under the AAR work streams."*

Response: NHS Improving Quality is no longer in existence. In its place, the AHSNs have taken a more prominent role that was given to them through an enhanced mandate and funding, which was a positive outcome. The IHW programme is no longer considered and policy is now driven by other elements of NHS work.

2016 recommendation:

- *"The MTG recommends that NHS England and the Department of Health maintain a long term commitment to the AAR programme. It is highly unlikely that the measures in the report will have an impact in year one, something policy makers should be aware of when developing ideas."*

Response: The recent announcement to relaunch the AAC with a boosted mandate is a positive step and demonstrates a commitment to the programme. Concerns remain about AAC resource and scalability.

2016 recommendation:

- *"The MTG believes the Academic Health Science Networks should play a central role in supporting the spread of innovative technologies across the NHS. The AHSNs should be given the funding and support they need to deliver the AAR recommendations."*

Response: The AHSNs recently received a long term commitment for funding, which was welcomed by the MTG.

2016 recommendation:

- *"MTG believes that patient outcomes should be measured against the use of evidence and unacceptable variation should be targeted. This benchmarking should be applied locally and regionally. AAR should make NHS inspection regimes address the uptake of innovation."*

Response: An NHS wide system for measuring the uptake of innovation is yet to be established for medical technology. The proposals on the funding mandate are a positive step forward, but will initially be limited to three products. The MTG would like to see this broadened out.

2016 recommendation:

- *"The MTG recommends that the AAR makes changes to the current NHS budget system and allow healthcare providers to invest in innovative technology even where the return on investment will not be achieved in year one. This should take the form of a special fund for large scale investment and subsequent service reorganisation."*

Response: Following the Innovation and Technology Tariff, work is underway to create a funding mandate for medical technologies that meet criteria around cost savings. This is welcomed by the MTG, but the requirements around return on investment mean that a large number of technologies will not benefit. The MTG would still like to see a system in place that support investment in technology that delivers a return on investment outside of year one.

2016 recommendation:

- *"The MTG would like to see a clear plan for how each measure or recommendation contained in the AAR will be implemented. This should include detailed work programmes, with appropriate resources, to ensure that all aspects of the report become a reality."*

Response: The recommendations of the AAR were implemented through the AAC. Whilst some teething problems have been experienced, the AAC has been boosted and there remains a focus on implementation, which the MTG welcomes.

Considering there has been significant change since the MTG's previous report, the MTG has sought to assess how the current innovation support landscape currently sits. As such, this report conducted analysis on the key innovation organisations:

- AHSNs
- Accelerated Access Collaborative
- NHS Innovation Accelerator
- Health Tech Connect
- NHSX

We asked each organisation to provide details of the work they do, which can be found below.

AHSNs

What are AHSNs?

Academic Health Science Networks (AHSNs) were established by NHS England in 2013 to spread innovation at pace and scale across regions, improving health and generating economic growth. There are 15 AHSNs which make up a national network of AHSNs (see at https://www.ahsnnetwork.com/). Each AHSN works across a distinct region serving a different demographic, tailoring innovation to the demands of the population.

What is their role?

As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, AHSNs act as catalysts to create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients. This means they are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.

Although small organisations – which ensures they remain flexible and responsive to emerging opportunities and challenges – they lead large regional networks. This means their impact rests in their ability to bring people, resources and organisations together quickly, delivering benefits that could not be achieved alone.

How are AHSNs' driving innovation?

Each AHSN works within its own area to develop projects, programmes and initiatives that reflect the diversity of its local populations and healthcare challenges. However, all share the following priorities which help drive innovation across regions in England:

- Promoting economic growth: fostering opportunities for industry to work effectively with the NHS

- Diffusing innovation: creating the right environment, and supporting collaboration across boundaries, in order to adopt and spread innovation at pace and scale
- Improving patient safety: using our knowledge, expertise and networks to bring together patients, healthcare staff and partners to determine priorities and develop and implement solutions
- Improving quality and reducing variation: by spreading best practice we increase productivity and reduce variation, thereby improving patient outcomes
- Putting research into practice: our strong links with academia mean we are uniquely placed to support the translation of research into clinical practice
- Collaborating on national programmes: our unified programmes focus on delivery of the SBRI Healthcare initiative (supporting SME interaction), the NHS Innovation Accelerator, Patient Safety Collaborative and medicines optimisation.

These priorities have seen the AHSNs be responsible for accelerating uptake locally, working to increase uptake of proven innovation and reduce variation across the NHS, enabling more patients to benefit faster from new products and services.

The AHSNs recently completed the first year of their second five-year funded period. As well as working on local priorities, they have achieved a significant impact on patient care, which is documented in their impact report[1].

AHSNs will also have a significant role in implementing the work of the new Accelerated Access Collaborative set up by NHS England the Office fort Life Sciences[2].

MTG View

Are the AHSN's fit for purpose?

The AHSNs are a network of local NHS organisations focussed on supporting innovators by increasing technology uptake across the NHS, which is key towards the dissemination of medical innovations in the health service. AHSNs provide a vital vehicle for interactions between industry and the NHS. They create positive working relationships with all stakeholders across different regions, which could play a vital role in the NHS improving the use of technology.

What works well?

As the only organisations connecting NHS and academic organisations, local authorities, the third sector and industry, they have performed their role as 'catalysts and connectors' well, helping to introduce over 330 technologies to the benefit of over 20 million patients. As a network of local organisations AHSNs have been able to engage with their local NHS and spearhead specific projects and technologies tailored to the need of their immediate environment.

What could be improved?

Spread of technology from one region to another should remain a focus. The good work done by one AHSN is not always replicated well in another. Furthermore, collaboration with industry, especially large companies could be improved. This will ensure that those in industry understand the landscape and where the demand lies so as to provide suitable innovation where necessary. There is also a lack of patient voice in their work. Input from patient groups can provide vital patient perspective and help shape the projects they are working on.

Fit for the future?

AHSNs have been re-licensed and given the funding they need through to 2023. This puts them in a strong position to focus on delivery of innovation and gives them the opportunity to build region-specific relationships with industry and the NHS.

1 www.ahsnnetwork.com/wp-content/uploads/2019/07/AHSN-Network-Impact-Report-2018-19-Single-Pages-WEB.pdf
2 www.england.nhs.uk/ourwork/innovation/accel-access/.

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DARZI REVIEW OF NHS

INNOVATION HEALTH AND WEALTH

EXISTING ORGANISATIONS

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Health Technology Adoption Centre

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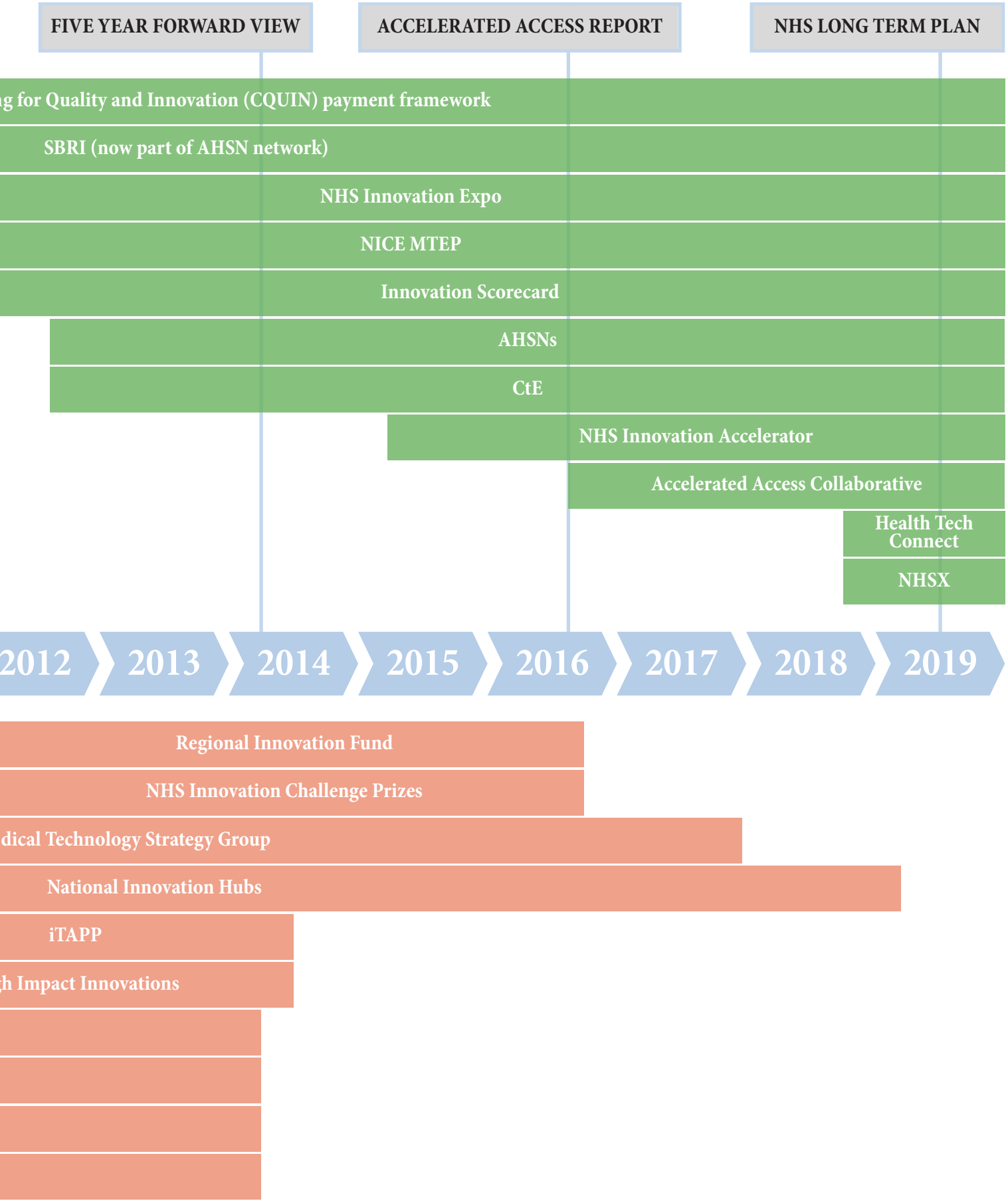
FIVE YEAR FORWARD VIEW
ACCELERATED ACCESS REPORT
NHS LONG TERM PLAN
g for Quality and Innovation (CQUIN) payment framework
SBRI (now part of AHSN network)
NHS Innovation Expo
NICE MTEP
Innovation Scorecard
AHSNs
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NHS Innovation Accelerator
Accelerated Access Collaborative
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Accelerated Access Collaborative

Accelerated Access Collaborative Contribution

The Accelerated Access Collaborative (AAC) was set up in 2018[3] to speed up the time it takes for patients to benefit from ground-breaking products for conditions such as cancer, dementia and diabetes.

It has now become the new umbrella organisation for UK health innovation and will provide support to overcome barriers that can prevent the best medical innovations from reaching patients. To do this, a new delivery unit has been established in NHS England and NHS Improvement with Dr Sam Roberts as chief executive.

Over the course of the last year, the mandate for the AAC has developed and adjusted to fit this environment. In April 2018, the Secretary of State for Health and Social Care Matt Hancock requested that the AAC expand its remit. In addition to identifying specific products to support through accelerated regulatory approval and/or uptake, he asked the AAC to tackle some of the more fundamental challenges in the innovation ecosystem. In June 2019, the AAC published details of its new remit which includes six priority areas:

- **Create a "single front door" to the innovation ecosystem**
- **Bring together horizon scanning for the best new innovations** so that the UK's health services has an idea of what is coming down the track;
- **Develop an approach to local and national demand signalling;** sending clear signals to the market about what the NHS needs
- **Establish globally leading testing infrastructure** that provides the necessary opportunities for innovators to develop and improve their products,
- **Improve the quality of adoption and spread support for the best new innovations** to deliver

3 https://www.gov.uk/government/news/accelerated-access-scheme-means-patients-will-get-new-treatments-faster

on the innovation commitments in the NHS Long Term Plan and the second Life Sciences Sector Deal

- **Deliver better practical innovation support funding**, in line with the government's innovation funding strategy

Of these work streams, the AAC is currently looking to drive forward three aspects which are of particular relevance to medical technology: 1) early stage products; 2) horizon scanning; and 3) 'late stage' rapid uptake of products.

With regards to early stage products, the AAC aims to pick out certain technology categories which might otherwise struggle to overcome the regulatory barriers required to demonstrate clinical and cost-effectiveness, for use in the NHS. Alongside this, the AAC will look to continue to develop their horizon scanning programme which assesses what new products are coming into the market, in order to identify and help overcome anticipated challenges for these products. Regarding 'late stage' rapid uptake products (products for which NICE guidance has already been produced), the AAC will look to continue supporting technologies which have demonstrated their value, but fall short of the levels of uptake that patients deserve.

Collaboration with other innovation organisations is another central feature of the AAC and a key part of securing innovation right across the health system. Close-knit relationships with the partners which make up the AAC (NHSE/NHSI, NICE, ABPI, AHBI, National Voices, the AHSN Network, BIA, the AMRC, DHSC, MHRA and NHSX) allow for a more coordinated effort in ensuring patients get access to the newest technologies on the market.

MTG View

Is the AAC fit for purpose?

Following the publication of the AAR, it was important to establish a clear work programme for implementation of the recommendations. The AAC provides a central platform to coordinate and carry out this work.

The board of the AAC has set clear deliverables for the year, which helps provide transparency and oversight of the work being done. For 2019/20 the deliverables are:

- launch of a portal signposting funding, advisory support, and evidentiary requirements to innovators;
- bespoke support of categories of early-stage products;
- launch of a single horizon-scanning platform across all partners;
- pilot expanded real-world testing within NHS, leveraging private capital;
- significant spread of AAC rapid uptake products, innovation and technology payment products, and academic health science networks national programmes;
- implementation of the funding mandate for devices, diagnostics and digital products.

What works well?

The AAC provides transparency and oversight of the work being done following the AAR. Having a specific collaborative helps ensure that its work does not get lost in other departmental work. It has also enabled the development of a specific work programme that industry and NHS organisations can engage with and support.

Having a Board that includes industry, patient groups and NHS organisations allows for clear input from all key stakeholder groups. It will also facilitate improved prioritisation of what is important, ensuring that supported technologies mirror patient demand.

What could be improved?

The systematic pull through and rapid uptake of innovative technology, in every part of the NHS (both geographical and condition area) requires an NHS-wide embedding of a culture of innovation that extends across the whole system.

The AAC has tended to focus on certain products, primarily supporting the uptake of a limited number of technologies. Whilst this may deliver impressive results in certain fields, the process is unlikely to solve the fundamental issues that slowdown the rapid uptake of technology across the wider healthcare system.

The AAC should strive to develop a culture of innovation and ensure that the mechanics of the NHS support this. As such, the AAC would benefit from taking a broader view of innovation and look at the following areas specifically:

- **NHS procurement:** too often procurement focusses on the unit cost of products, rather than the wider system benefits. If a product produces savings in other parts of the system or beyond of the current financial year, this should be taken into account when procurement decisions are made.

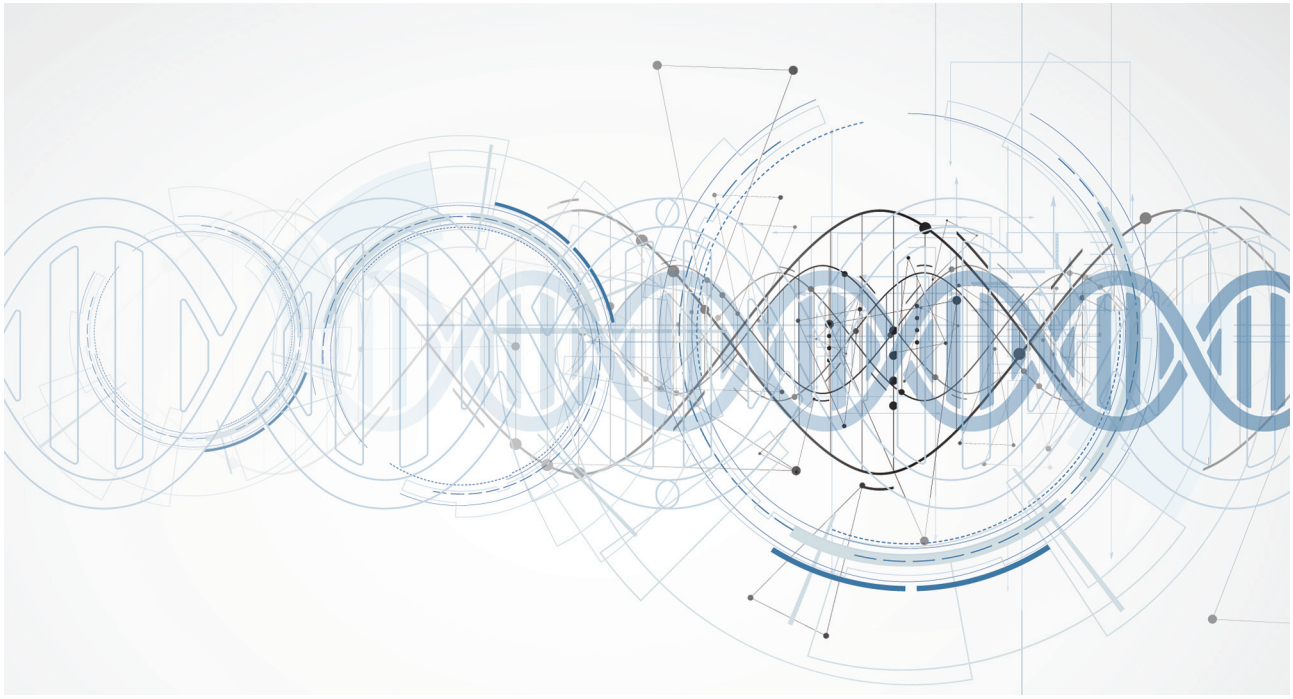
- **Reimbursement:** too often NHS reimbursement is slow to recognise new products and treatments, making it difficult for organisations to effectively navigate the reimbursement system. The system therefore needs to be better developed to become more flexible and able to support rapid uptake of new products.

- **Innovation fund:** NHS organisations seeking to make comprehensive changes to the patient pathway often requires significant investment and should be given access to an innovation fund. This fund could provide funds to innovators, which they could then pay back over a number of years. For example, a new, innovative form of radiotherapy treatment could become available to patients if it receives adequate initial funding. In this example a business case for a loan could then be made if the treatment proves to be cost-effective to the NHS and successful and valuable to patients leading to improved patient care.

Fit For the future?

The AAC should be given more prominence within the NHS architecture. As the key organisation focussed on the adoption and use of innovative technology, it should be further supported so that it can continue to assist the development of NHS practices fit for patient demand. The AAC should be given a more formal role in all aspects of innovation. Most notably within NHS Business Services Authority and procurement. Furthermore, The AAC should also be given a clear role in both of these fields to ensure that access to innovation remains an absolute priority when procurement decisions are made.

NHS Innovation Accelerator



How real-world learning and insight on spread is helping combat health inequalities

The NHS Innovation Accelerator (NIA) supports uptake and spread of proven, impactful innovations across England's NHS, benefitting patients, populations and NHS staff. It aims to spread innovation faster for greater patient benefit.

If one segment of the population is receiving better health outcomes due to a new (cost-effective) practice, service or product, it falls within the NIA's remit to ensure the whole population can access them.

Each year the NIA has an annual call for evidence-based innovations led by individuals or 'Fellows' willing to share their experience in spread. Fellows are the exceptional individuals being supported to scale their high impact, evidence-based innovations through the NIA. The 52 innovations supported to date include:

- Episcissors: a pair of scissors ensuring a 60-degree episiotomy is given as per professional guidelines
- PneuX Prevention System: preventing ventilator-associated pneumonia in intensive care
- Dip.io: smartphone-based urinalysis device meaning people can avoid travelling into a clinic to undertake urine testing
- Coordinate My Care: ensuring a person's wishes about their care are enacted upon during a crisis and / or at the end of life

All deliver better outcomes, improve patient experience, and reduce cost to healthcare.

However, recent experience of supporting the NIA Fellows reveals and highlights the complexity of scaling proven innovation. Even when major barriers such as funding or procurement are removed, uptake can be slow.

At the Parliamentary launch of the MTG's R*ation Watch* campaign in December 2019, it was revealed that many proven procedures were now being decommissioned. This is not because they have been

superseded by other techniques, nor because need has dwindled. What we have seen is that access is now limited to control budget.

Yet, limiting these procedures simply adds cost to the health and social care system further down the line. As Ian Eardley, Senior Vice President of the Royal College of Surgeons said: "…patients will spend more time in pain with potential deterioration of their condition, thereby generating further costs for a system already under acute financial strain."

It has become apparent that learnings and insights generated through the real-world experiences of the NIA Fellows are just as applicable to ensuring the sustainability of existing procedures and services as to the new technology and models entering the market place.

A powerful enabler highlighted through the evaluation of the first year of the NIA is the role of patients in enabling innovations to spread. Patients can play in active role in the design and development of the innovation, laying the groundwork for acceptability and inspiring the innovator, to actively demanding that new services are implemented. It becomes apparent that the role of the patient is even more important in holding services to account, as highlighted by the *Ration Watch* campaign

The NIA aims to share insights and learning drawn from the experiences of the NIA Fellows to support innovation spread, that expected patient outcomes remain fair and equitable for all, and that access to proven procedures continues.

MTG View

Fit For purpose?

The NIA has been given a clear role to deliver the work of the AAC by looking at specific innovative technologies that have proven successful in one part of the system and for a segment of society, and promote their wider spread across the NHS. They have a proven track record in delivering uptake and use of a number of technologies.

The NIA has an annual call for evidence-based innovations led by individuals or 'Fellows' willing to share their experience in spread. This has supported 52 innovations up to date.

What works well?

The NIA has developed a process and methodology for supporting specific products to improve uptake, this provides concerted focus and activity to their work. Herein, the role of patients is key to enable the spread of innovation across the healthcare system, as they play an active role in designing and developing innovations, laying the ground for acceptability and demanding that new services are implemented. This patient centrality is vital to spread of appropriate technology throughout the NHS.

What could be improved?

The NIA has so far had an impact across the four technologies they list above. The programme needs to be given additional capacity to support a wider range of technologies.

Fit for the future?

The NIA needs to be given more prominence and increased capacity to support more technologies across the healthcare system.

HealthTech Connect

What is HealthTech Connect?

HealthTech Connect[4] is a secure, online system which contains information about devices, diagnostics and digital health technologies that offer benefits to the UK health and care system. It launched in April 2019.

It helps to speed up patient access to beneficial health technologies by:

1) supporting companies to get their technologies developed and adopted as quickly and robustly as possible by linking companies up to relevant information, help and support from accessor organisations like the Accelerated Access Collaborative[5], AHSN network[6], NIHR[7], NHS Supply Chain.

2) enabling accessor organisations like NICE, NHS England, NHS Scotland, and NHS Wales to work out which health technologies need guidance and commissioning policies to help patients to gain appropriate access to them

Who uses HealthTech Connect?

It is used by companies to input information about their health technology at any stage of development. It is also used by a small number of people working on behalf of accessor organisations[8] that review the information to decide if the technology is relevant for help and support, or guidance and commissioning policies.

Patients, the public and individuals working in the UK health and care system (such as doctors, nurses, GPs, commissioners) cannot use HealthTech Connect unless they also work on behalf of an approved accessor organisation. However, people without access to the system can request information by emailing contactus@healthtechconnect.org.uk.

4 https://www.healthtechconnect.org.uk
5 https://www.nice.org.uk/aac
6 https://www.ahsnnetwork.com
7 https://www.nihr.ac.uk/partners-and-industry/industry/access-to-expertise/medtech.htm
8 https://www.healthtechconnect.org.uk/approved-accessor-organisations/

Why was HealthTech Connect developed?

The process of getting a technology used in the UK health and care system can be long and complicated – the development of beneficial technologies can get delayed, and technologies that are ready to use may not be available to the patients that need them. It can also be challenging for the UK health and care system to find out about technologies that have benefits.

By companies entering information about their technologies into HealthTech Connect, they can access the support they need to get their technology developed quickly and appropriately, raise awareness of the technology, and help patients get to access it.

How was HealthTech Connect developed?

NICE developed HealthTech Connect with funding from NHS England. The system is run and hosted by NICE.

The story so far

HealthTech Connect is an online system which contains information about devices, diagnostics and digital health technologies that was launched in April 2019. So far over 300 companies have registered to use the system, with over 100 technologies submitted by October 2019.

Is HealthTech Connect fit for purpose?

Companies hold huge amounts of information on their products, much of which is commercially sensitive. Creating an information hub to access all the relevant information will allow companies to gain the information they need in a speedy and efficient manner. The system also offers a means to raise awareness of a certain technology and enable patients to access it.

MTG View

What works well?

Allowing companies to deliver the key information to NHS organisations is vital to improving collaboration between industry and the health system. This in turns improves the understanding of innovative technology for both commercial parties and policy makers. There is an established mechanism for stakeholder engagement between all users of HealthTech Connect – accessors and industry.

What could be improved?

There should be improved understanding amongst industry and the NHS. There needs to be improved clarity of the function of HealthTech Connect, how it benefits industry and the NHS and how it in turn can benefit patients by enabling them to access information about a certain technology. The link between HealthTech Connect, the AAC and other aspects of the system needs to be better explained to innovators.

Fit for the future?

Considering HealthTech Connect has only been live for six months, it has begun to establish its role and remit within the innovation space. It now needs to focus on delivery alongside, working alongside the other organisations in place. The use of HealthTech Connect by accessors and industry needs to be refined and improved as experience by all grows.The key focus should be on achieving a higher level of engagement from NHS organisations. If it is being used by the NHS for information, innovators will engage with this as a way to promote their products.

NHSX

Introducing NHSX

By Tara Donnelly, NHSX Chief Digital Officer

NHSX is a new unit set up by the government to drive digital transformation in the NHS and care system. Our mission is to give patients and staff the technology they need and we've got a lot of work to do.

Despite pockets of excellence, too much NHS technology is outdated and clunky, designed on systems built for a pre-internet age. Too many patients are being asked 'why are you here?' for the umpeenth time, or having their safety put at risk, because a clinical team in one part of the NHS can't access medical records held in another. In surgeries and hospitals clinicians are wasting precious time having to recall dozens of logins each day, or booting up hardware that crashes while they're typing up patient notes.

Previously, change was hard because responsibility for tech policy in the NHS was split between numerous teams, agencies and bodies, with a huge amount of energy spent on managing the bureaucracy. NHSX is radically simplifying that complexity by bringing all the necessary powers, policy levers and people together for the first time.

To guide our work we've set ourselves five missions as an organisation. These are:

- Reduce the burden on clinicians and staff, so they can focus on patients;
- Give people the tools to access information and services directly;
- Ensure clinical information can be accessed wherever it is needed;
- Aid the improvement of patient safety across the NHS
- Improve NHS productivity with digital technology

But we're not going to try and do it all ourselves. We know the history of NHS IT and we won't be commissioning any expensive, one size fits all solutions for every trust and CCG. Instead we want to keep the centre 'thin' and focus on creating the platforms and the ecosystem in which healthtech innovation can flourish.

What does that mean in practice?

First, we want to make NHS technology more like the internet - open, interoperable and constantly upgrading itself. That means agreeing and mandating common technical standards, so our systems can 'talk' to each other and patient information can be accessed where it's needed. It also means separating out the different layers of the tech stack so we can plug in new services and applications without breaking the data 'plumbing' underneath.

Second, we want to make life easier for healthtech innovators, whether charities, start-ups or clinicians with a passion for tech. That includes things like accreditation processes, so if a new digital product gets approved at one hospital trust it doesn't have to jump through all the same hoops for a different trust up the road. It also means creating platforms that other innovators can build on. It might, for example, make sense for us to create an appointments booking platform, but we would then expose the APIs so that people could book outpatient appointments through non-NHS apps.

Third, we're going to put a lot of our efforts into improving local capability, because it's no good setting open standards or pushing for smarter procurement if organisations on the ground don't have the tech or the skills to join us on that journey. In particular, we want to focus on the social care system where there is huge potential to improve quality of care through better tech.

All these problems are not easy to solve. Even if we get everything right - which we won't - it will take time before patients start to feel the benefit. But our five missions are all measurable and we do expect to start making progress on them over the next two years.

The UK has a thriving healthtech economy and a world-class healthcare system. The digital transformation agenda is backed at the highest levels of government. It all adds up to an incredible opportunity to improve the nation's health and care. We're really excited about it and we hope you are too!

MTG analysis

Is NHSX fit for purpose?

Creating an IT infrastructure that effectively services 70 million people and is accessed by over a million staff across several thousand different organisations has proved to be an insurmountable challenge for the NHS.

Last summer's hack to the NHS' system highlighted many of the problems related to this. The NHS IT programme is said to have cost around £10bn and delivered little, highlighting the dangers of attempting to adopt large, top down IT systems into existing systems.

NHSX aims to create a framework that NHS organisations can fit within and be connected to, without force fitting a system.

What works well?

NHSX is taking a balanced approach. Any IT system created from the centre and pushed out will struggle, as we have previously seen. Allowing NHS organisations to operate in isolation with no guidance or support has its own challenges. The ability to access their own records is important to patients and necessary to ensure we make informed choices and remain in control of our own care.

What could be improved?

Engagement with patients should be improved. Creating an IT framework that people can access, understand and engage with is more difficult than building a digital application. Anyone who has ever read their own notes will understand the unspeakable fears this leads to – medical language is difficult to understand and interpret. Everyone, not

just vulnerable groups, will need support to properly engage with their records.

The use of our data is also a key concern, how safe is it? Who can access it? Will it be shared? A proper legislative framework, that enshrines in law, how our data is used is a sensitive issue and development in this space needs to be carefully thought out.

Fit for the future?

NHSX has a key role in connecting up the NHS. Creating an effective IT system will support patient access in every area of the NHS. There are huge efficiencies that could be developed through better use of IT. NHSX has a key role in delivering this and needs to be supported to do so.

Conclusion

Looking at the MTG recommendations from 2016, the subsequent Accelerated Access Review and the Collaboration coming out of that, it should be acknowledged that the current system is giving more focus to innovation uptake than ever before.

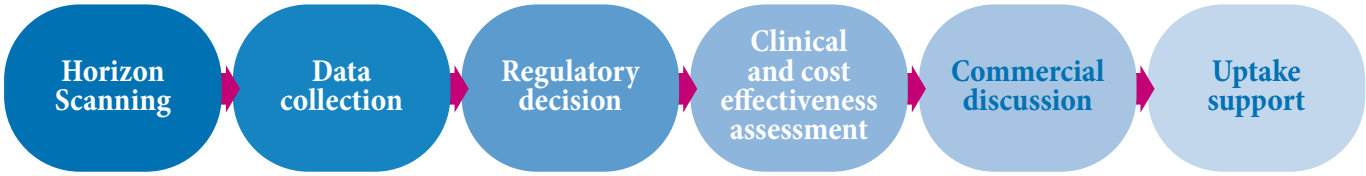
There is plenty to be positive about within the current system:

- The AAC is providing leadership and guidance for development of innovation across the NHS. What is more encouraging is that it appears to be gaining the prominence and adequate leadership to ensure that it makes a significant impact to the innovation landscape. It should now be supported so that it can take the lead in innovation development

- The AHSNs being re-licenced and their remit expanded clearly signal their importance and displays the Government's commitment to them. The system, however, needs consistency to ensure innovation is implemented across all regions in England.

- The AAC is looking at a complex range of issues that impact on the uptake of technology. This broad view should be welcomed.

The Accelerated Access Review set out the six steps in a product's pathway to market:



The MTG recommendations for each area:

- **Horizon scanning:** ensure early connection between industry and clinicians, focussed on creating data necessary to support uptake. There should be a clear focus on working with local NHS organisations to identify what they really need. Too often the needs of frontline clinicians can be overlooked in favour of cost cutting. As such, we recommend:
  - Systematic process for frontline teams to feed into AAC
  - Procurement mechanisms to focus more on value of products
- **Data collection:** development and collection of the relevant evidence is critical to effective utilisation of technology. Industry should be supported to develop the right evidence and be given guidance on what is needed to meet the NHS standard on what evidence should look like. There should also be a review of how evidence is used. For many products blind randomised controlled clinical trials are impossible. Where this is unavailable, registry and real-world data should be given equal weighting to blind randomised clinical trials.
- Regulatory decision: regulatory processes and requirements should encourage innovators to develop the kind of evidence needed to support uptake. Whilst the key driver should always be safety and efficacy, regulatory data should also support uptake and use.
- **Clinical and cost effectiveness assessment:** first and foremost, health technology assessment should take place once and be used by all NHS organisations. Too often individual NHS organisations are conducting their own, smaller health technology assessments (HTAs), which increases the burden on already stretched resources. HTAs should also look at the wider range of benefits, not just those realised within the NHS. For example the impact on social care and people's ability to return to work should be factored into every appraisal. In the case of NICE, all recommendations and guidance should come with mandatory funding.
- **Commercial discussion:** commercial discussions should take place early in a products life cycle. NHS procurement mechanisms should take into account the value that products bring and not focus on upfront costs.
- **Uptake Support:** NHS incentivisation should support the use of innovative technology. This needs to go beyond a specific funding mechanisms for a small number of technologies and look at how the system works for all product. Tracking and reporting of the use of technology should be improved, so NHS organisations that are resistant to technology are highlighted.

The MTG would make the following recommendations:

More needs to be done to address the critical elements of the system that still need reform:

- **Early Access to Medical Technology:** the NHS still struggles to support and incentivise early access to medical technology. The MHRA already has an 'Early Access to Medicines Scheme', alongside the Cancer Drugs fund as a way of allowing early access to medicines. However, for medical devices no such scheme exists, NHS England should establish an Early Access to Medical Technology scheme that provides funding and support for NHS organisations to give patients early access to medical technology.

- **Joining up the system:** The NHS needs to look at the vital elements of the system that impact the use of medical technology and ensure they are joined up. This would require a seamless process that supports all technology through the evaluation, commissioning, reimbursement and procurement challenges. All evidence, data and information on technology gathered during the evaluation phase should also support the latter elements. Doing this more effectively would allow for a reduction in the amount of duplication.

- **Funding mandate:** The proposals for a medical technology funding mandate will help support the uptake of proven, cost effective medical technology. The criteria for technologies achieving mandatory funding is initially very narrow, and focussed on in year savings, the MTG would like to see this extended, with a funding mandate that is similar in operation to that of the system for pharmaceuticals.

- **Change 'less is better' mind-set:** Many Government initiatives are aimed at reducing the demand on NHS services by removing treatments. Both GIRFT and the Evidence Based Interventions programme are focussed on reducing activity. This sends the wrong signals to policy makers. The drive to reduce demand should be focussed on getting people back to full health as quickly as possible the most effective way of achieving this is through access to effective diagnostic and subsequent treatment for all patients.

- **Creating a culture of innovation:** More needs to be done to create a 'culture of innovation'. This needs to come from the very top and the buck stops with Secretary of State for the Department of Health and Social Care, Matt Hancock. Mr Hancock's commitment to technology has been welcomed, but he needs to look at how he can go beyond the implementation of exciting initiatives to embed a change of culture within the UK health system.

The Medical Technology Group

Improving patient access to medical technology

www.mtg.org.uk

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