



Health Innovation
Yorkshire & Humber

**Transforming Lives
Through Innovation**

Adoption of Healthcare Innovation

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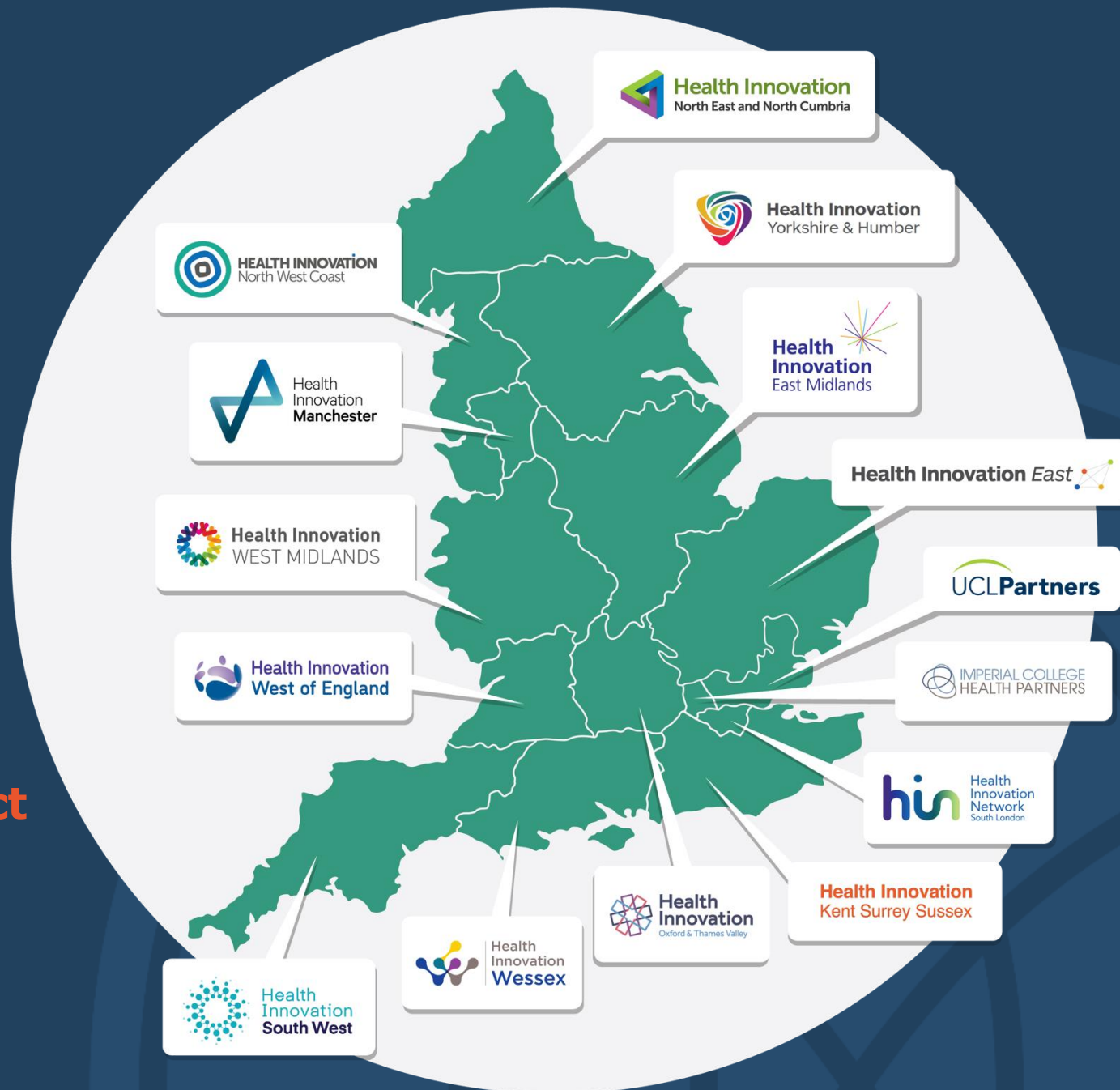
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'A network of networks'

Local expertise, national impact



The Health Innovation Networks' Role



Improving Health



**Reducing costs
for the NHS**



**Driving growth and
securing jobs**



Yorkshire
& Humber
AHSN



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The Innovation Pathway



Adoption

Putting a change or improvement into a practice



Health Innovation
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What we'll cover and why

- 1. Evidence and Evaluation**
- 2. Value proposition**
- 3. Evidence and Evaluation**
- 4. NHS access**
- 5. Basic Principles to Support the Adoption and Spread of Innovation**
- 6. Barriers to adoption**
- 7. Summary of support available through HIYAH**

The seven conditions for successful innovation adoption



Evaluation- Evidence for NHS Adoption

Clinical Efficacy

- Proof through regulated trials
- Real-world evidence collection

Regulatory Compliance

- CE / UKCA marking

Medical device regulation & classification

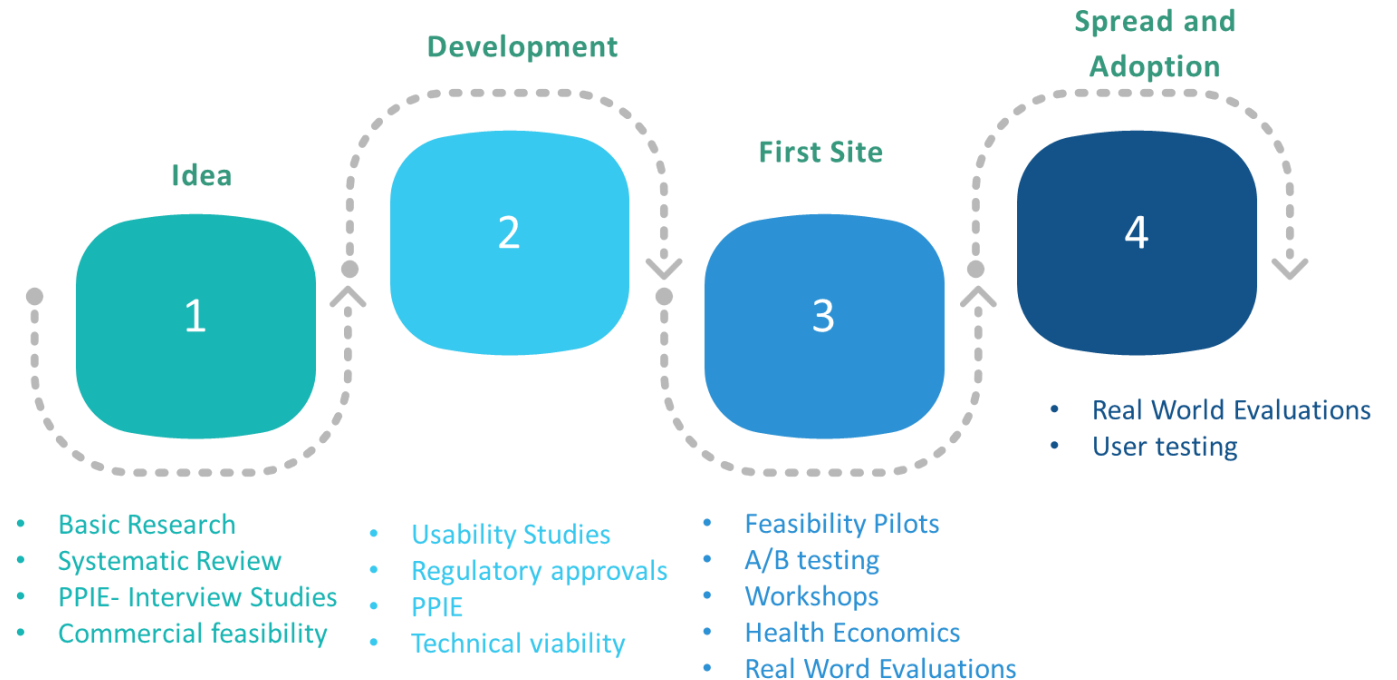
- MHRA registration
- DTAC approval (for digital products/services)

Economic Value

- Evidence of cost-benefit
- Budget impact analysis

Real World Evaluation

- Pilot studies in NHS settings
- User feedback and testimonials



Building the Evidence

Stakeholders and Decision Makers	Key Concerns	Evidence Required
NHS Commissioners	Cost-effectiveness, budget impact	Health economic analysis (ROI, cost savings, affordability of implementation)
Clinical Leaders	Clinical relevance, improved outcomes	Clinical trial data, patient-reported outcomes, safety and regulatory compliance
Operational Managers	Ease of adoption, workflow integration	Implementation evidence (pilot studies, adoption case studies, user feedback)
General Population, Users, Patients & Caregivers	Accessibility, patient experience, and satisfaction	User-centered evidence (surveys, testimonials, real-world benefits in quality of care and convenience)



Demonstrating the value of innovation



Decision makers

NHS England, ICS, NHS trust, Organisation, department.

Affordability

Cost of innovation (buy, implement, training and running)



Benefit



Cost Saving



Benefit



Cost Neutral



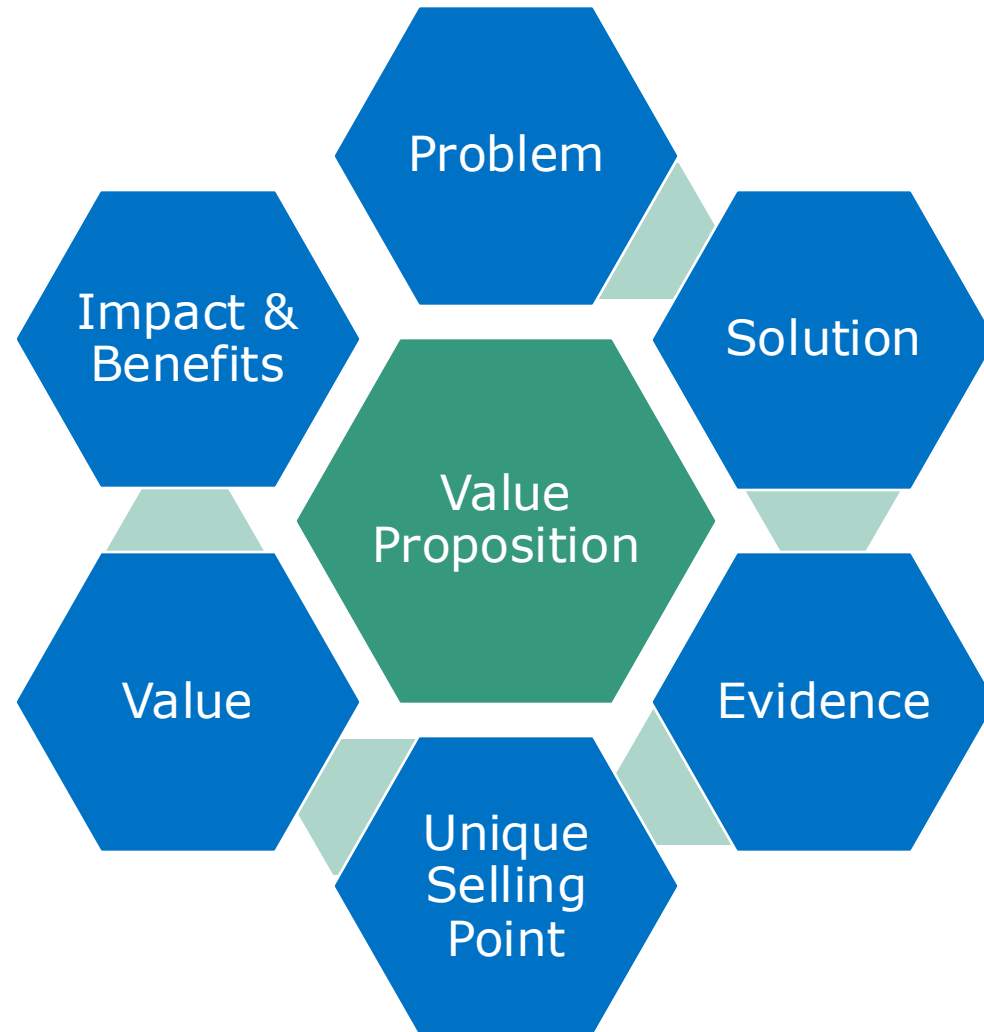
Benefits

Impact on the pathway, improved quality or better outcomes



What is a value proposition

- Engagement tool for Innovators
- Creates a problem centred narrative
 - Unique to the innovation, use case or care setting
- Articulates and evidences benefits to system or health provider



- Problem
- Consequence
- Intervention
- Impact



Constructing Your Value Proposition

Problem

What is the **problem context** that your intervention is going to be used in and the inherent challenge?

What is the **consequence** of this problem, outcome or healthcare resource utilisation?



Solution

What is your **intervention**; how does it work and how will it change the delivery of care or how people work?

What is the **impact** – the change in outcomes and experience; what does this mean for service leaders?



Implementation Toolkit



Pathway mapping – current and new.



Standard operating procedures – can they be shared?



Training guides and content for staff



Patient engagement



Project management



Stakeholder engagement throughout

Innovator Resources

'A Framework for Driving Innovation Adoption Through Patient Insight'

'Driving Innovation Uptake Through Patient Insight'



NHS Access



Routes into NHS England

Selling Direct

NHS Supply
Chain

NHS
Collaborative
Purchasing
Agreements

NHS National
Frameworks

NHS
Government
Contracts



1. Selling Direct

- Identifying the key contacts (clinicians, procurement) within the selected organisation (trusts, primary care)
- Organisation purchases direct from the manufacturer or distributor
- Pros – improved awareness of individual organisational needs
- Cons – difficult to identify the right people, resources required to approach each organisation



2. NHS Supply Chain (NHSSC)

- A dedicated end-to-end supply chain database covering the needs of every NHS healthcare organisation in England
- Single point of contact for each category of product
- Pros – all buyers have access to the database, which provides ability to easily trade in large volumes
- Cons – lots of competitors so need clear differentiators, and tender process can be lengthy



3. NHS Collaborative Purchasing

- Where local NHS organisations work together to form a regional purchasing arrangement for bulk buying
- Example: NHS North of England Commercial Procurement Collaborative (NOE CPC) - 34 Trusts
- Pros – access to multiple trusts with one deal
- Cons – not all organisations in the collaborative may have the same level of interest in the product or sufficient budget



4. Procurement Frameworks

- All NHS organisations utilise national procurement frameworks
- It cuts down the procurement time for the NHS as Suppliers have already gone through an evaluation to be on the framework
- Led by the Crown Commercial Service (CCS), with the objective of creating procurement savings for the government
- Pros – access to multiple organisations after completing only one tender
- Cons – not all product categories have a national framework, resource required to complete the upfront tender without any guarantee of sale



5. NHS Government Contracts

- Large-scale NHS contracts are advertised on the "Find a tender service". Also run by the Crown Commercial Service (CCS)
- Pros – access to information on which companies win tenders
- Cons – a long process requiring extensive information to be submitted, with lots of competition



Useful References

- NHS Supply Chain - <https://www.supplychain.nhs.uk/suppliers/useful-information/>
- Crown Commercial Service (CCS) - <https://www.crowncommercial.gov.uk/buy-and-supply/why-sell-through-ccs/>
- NHS Procurement Hubs - <http://www.noecpc.co.uk/>
- G Cloud Framework (software) - <https://www.gov.uk/guidance/g-cloud-suppliers-guide>
- Spark Framework (remote monitoring) - <https://www.crowncommercial.gov.uk/agreements/RM6094>
- NHS North of England Commercial Procurement Collaborative (NOE CPC) - <https://www.noecpc.nhs.uk>



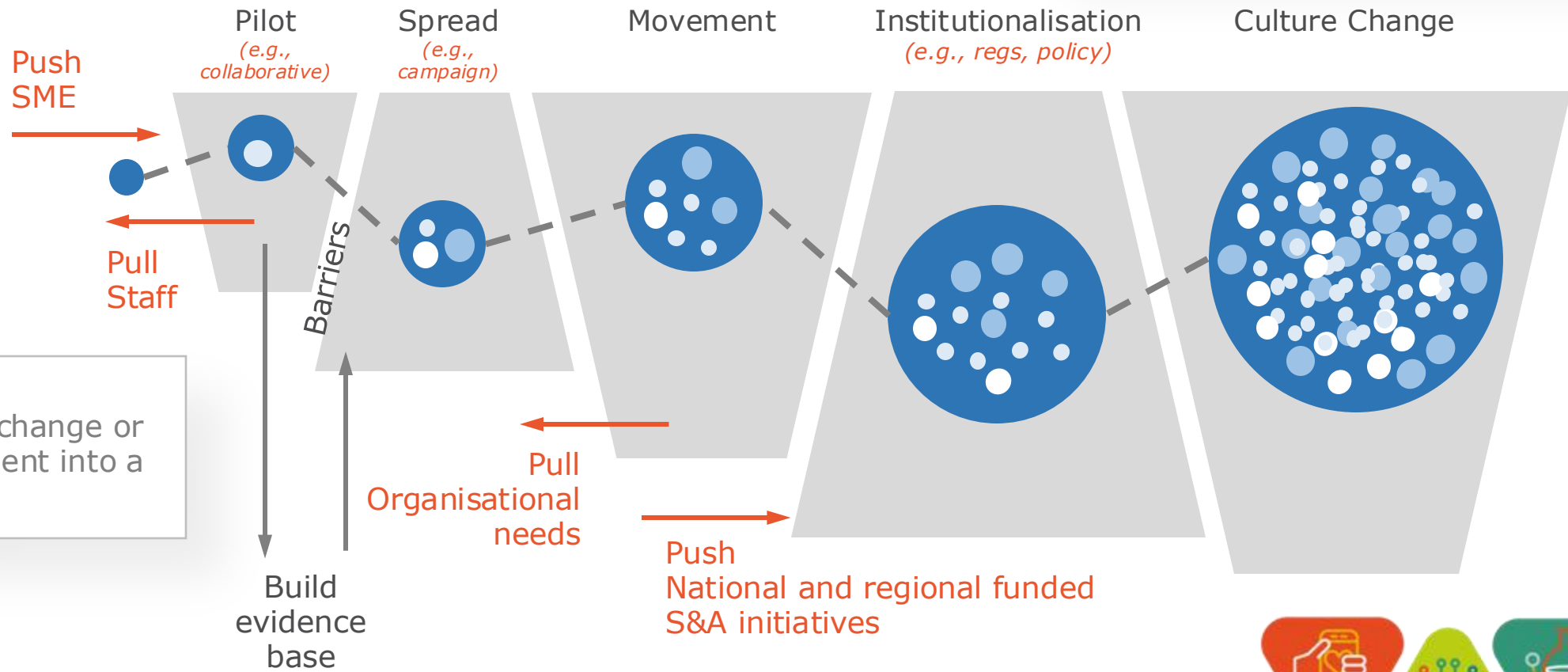
Basic Principles to Support the Adoption and Spread of Innovation



Spread – what is it?

Spread

Replication of the intervention in new sites. Actively influencing others to put a change or innovation into their practice



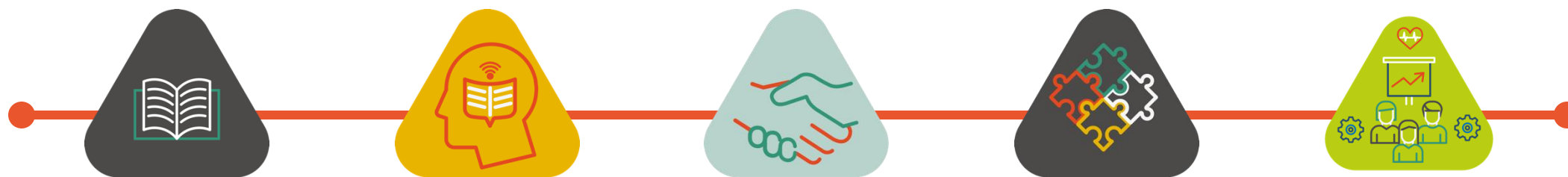
Adoption

Putting a change or improvement into a practice

Build evidence base



Planning activities for spread



	Understand Context	Raise Awareness	Support Implementation	Understand Barriers	Share Learning
SME	Map local stakeholders across system	Use comms to engage ICS stakeholders through existing comms channels	Working closely with organisations to share implementation resources (business cases, budget impact models, etc)	Speak to key stakeholders to understand barriers and issues surrounding technology adoption	Share learning and stories with regional and national stakeholders
HIN	Provide overview of regional, ICS priorities (including alignment to MTFM policy and technologies, and NHS policies: HI, Net Zero)	Meet with ICS clinical and commissioning stakeholders to discuss policy and technologies (via innovation hubs)	Share Spread and Adoption toolkit, business case template, value proposition template, offering advice and guidance to utilise	Guidance on typical organisational and personal barriers to change and how to overcome these	Gather and share local clinical audit or evaluation data and/or reports with NHSE and HIN (Comms, Showcase events)



Barriers to adoption and spread



Why is it so hard to spread good ideas and practices?

How things are....

Loyalty to existing structures and

We are good so do not need to change

I like things how they are

We like to innovate, not copy

I am already busy

Fear of....

Change in power dynamics

Loss of perceived competence

The unknown

Admitting someone else is better

Extra work!

Human Barriers



Common barriers to adoption & spread

Lack of health economic data to support business case

No robust business plan for continued use

More expensive than current standard of care

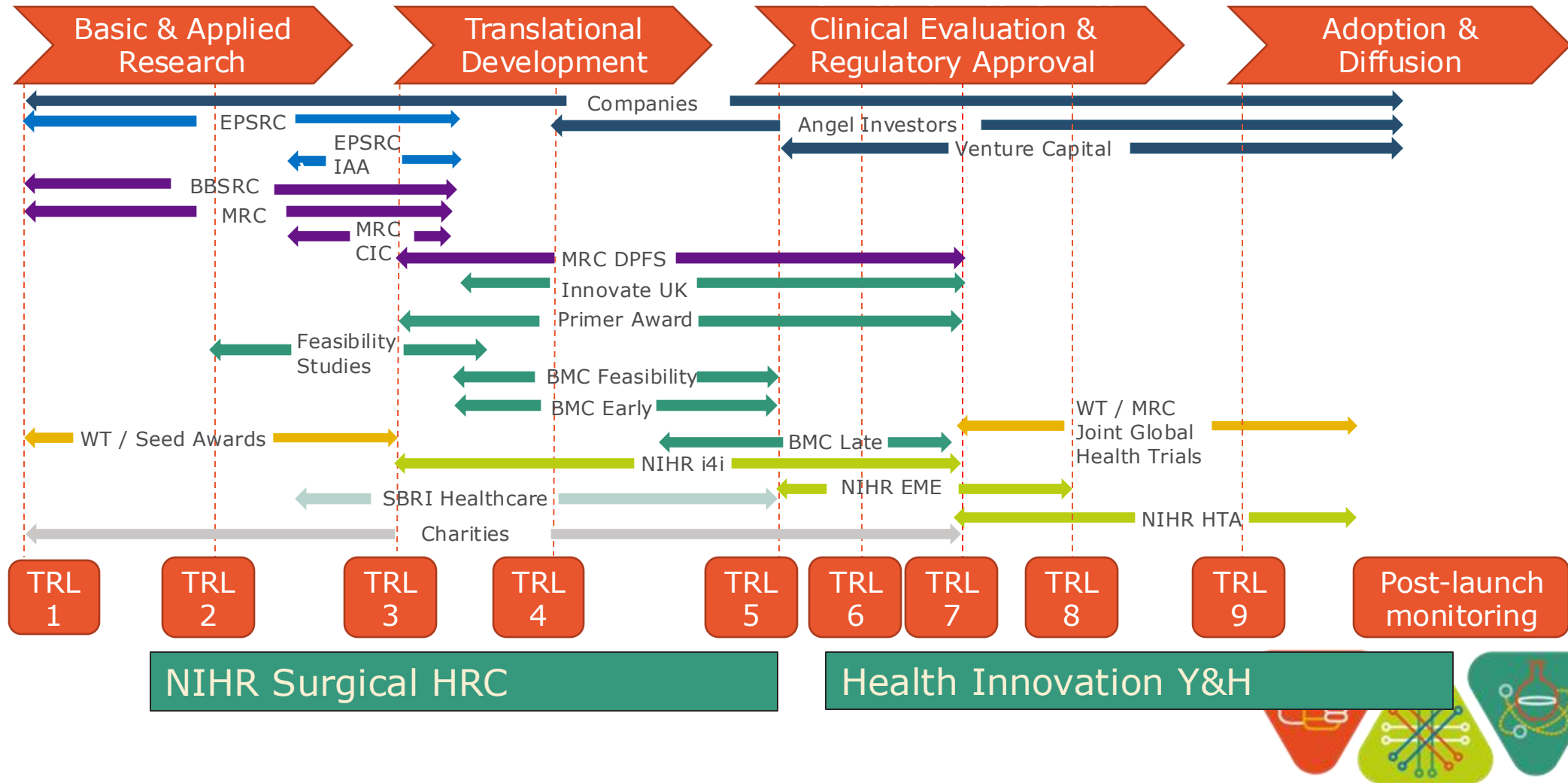
Lack of funding / resourcing to support implementation

Lack of implementation toolkit.

Lack of headspace in the NHS organisation.



Medtech funding overview



Further spread

- NHS organisations with a similar need.
- Neighbouring trusts in an ICS to reduce variation in care.
 - E.g. Pre-eclampsia testing adopted in all 3 trusts across Humber North Yorkshire.
- Applicability to national improvement programmes
- National adoption programmes
 - Accelerated Access Collaborative
 - Medtech Funding Mandate



Summary of support





Any questions?



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