



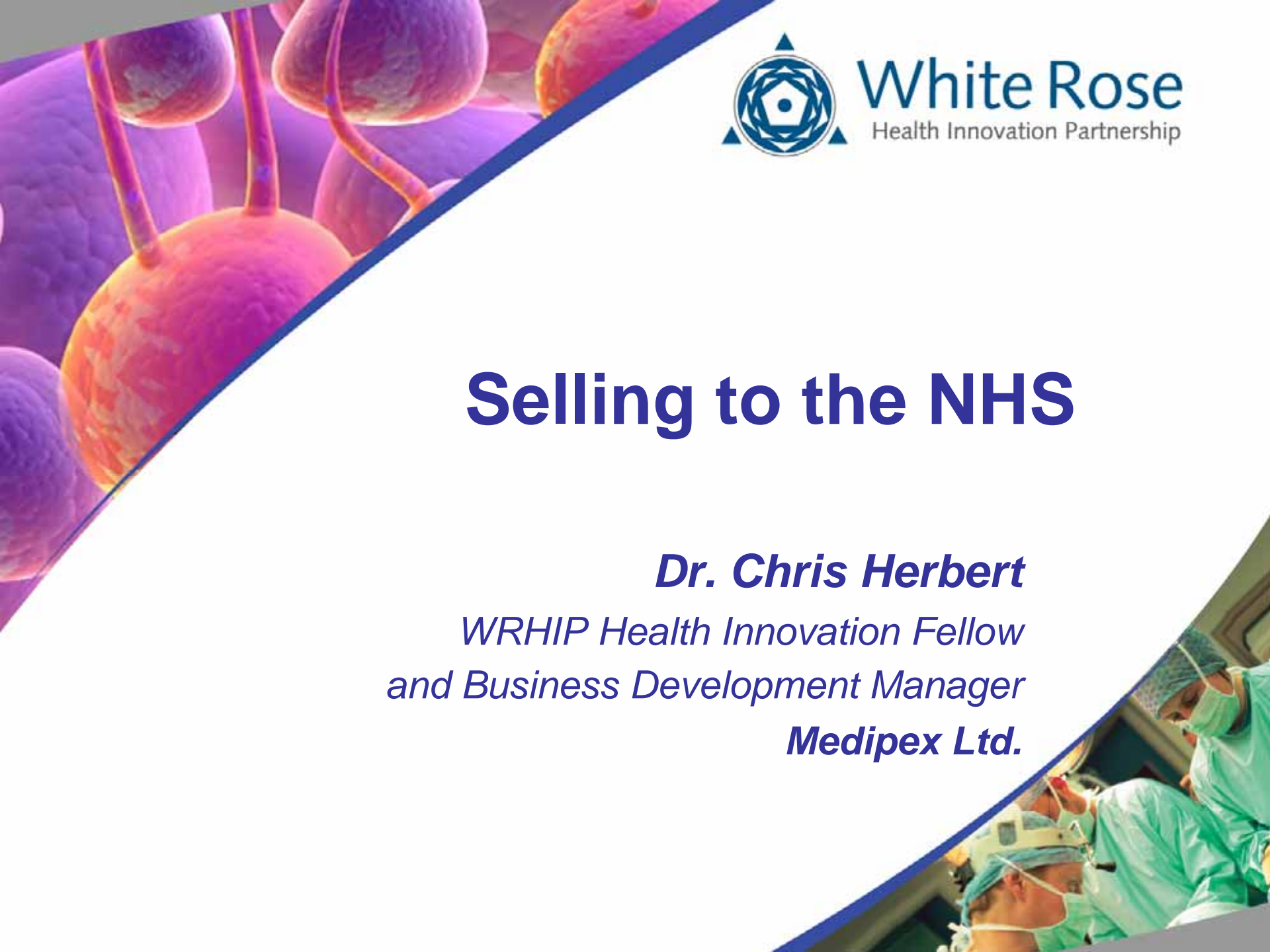
**White Rose**  
Health Innovation Partnership

# **Selling to the NHS**

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*WRHIP Health Innovation Fellow  
and Business Development Manager*

***Medipex Ltd.***



A decorative graphic in the top-left corner showing a microscopic view of cells with various organelles and structures in shades of purple, pink, and orange.

## The Problem

The UK is a late adopter of Medical Technologies – FACT.

(Source: “Securing our Future Health”, Derek Wanless, 2002)

### Example:

World renowned UK surgeon invents a new technique and device for reducing blood loss during liver resection.

The device shows good clinical outcomes and is commercialised.

The device and technique is well received in the USA and other countries and starts to get widely used.

**5 years on from commercialisation, and despite good data this is hardly used in the NHS.**

**HOW IS THIS GOOD FOR PATIENTS?**





The Newcastle Upon Tyne Hospitals NHS Foundation Trust

York Hospitals NHS Foundation Trust

University Hospital Birmingham NHS Foundation Trust

Norfolk and Norwich University Hospital NHS Trust

Portsmouth Hospital NHS Trust

Royal Oldham Hospital NHS Foundation Trust

Blackpool, Fylde and Wyre Hospitals NHS Trust

Royal Liverpool Broadgreen University Hospital NHS Trust

Wirral University Teaching Hospital NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Mid Cheshire Hospitals NHS Trust

East of England Collaborative Procurement Hub

The Queen Elizabeth Hospital King's Lynn NHS Trust

Warrington Hospitals NHS Trust

Tameside District General Hospital

Calderdale and Huddersfield Hospitals NHS Foundation Trust

Yorkshire and Humber Commercial Procurement Collaborative

Rotherham Hospital NHS Foundation Trust

Procurement Collaborative

Royal Manchester Children's Hospital

NHS Supply Chain

Central Manchester and Manchester Children's Hospitals NHS Trust

Sheffield Teaching Hospitals NHS Foundation Trust

University Hospitals of South Manchester NHS Foundation Trust

Whipps Cross University Hospital NHS Trust

Queen Elizabeth Hospital NHS Trust

North West Collaborative Procurement Hub

Yorkshire NHS Trust

HPC Collaborative Procurement Hub

Oxleas NHS Foundation Trust

Central London Procurement Hub

College Hospital NHS

Barts and The London NHS Trust

Queen Mary's Sidcup NHS Trust

Cumbria Acute NHS Trust

Guy's and St Thomas NHS Foundation Trust

University College London Hospitals NHS Trust

Stockport NHS Foundation Trust

The Lewisham Hospital NHS Trust

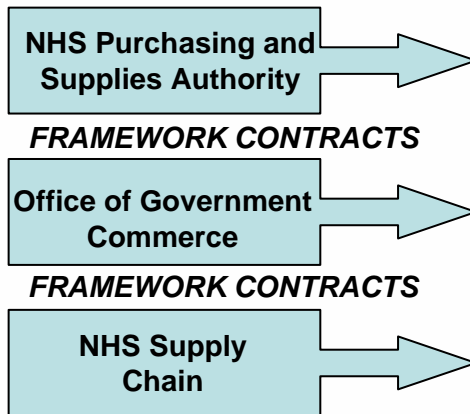
Royal Berkshire NHS Foundation Trust

West Suffolk Hospital NHS Trust

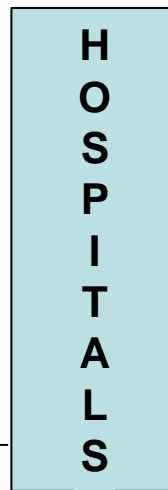
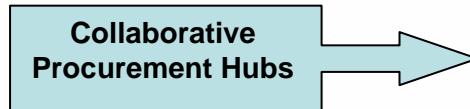
South London and Maudsley NHS Foundation Trust

# The NHS Procurement Landscape

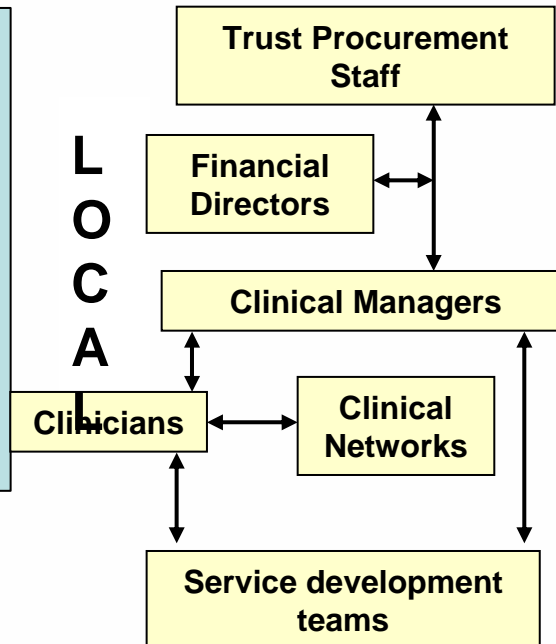
## NATIONAL



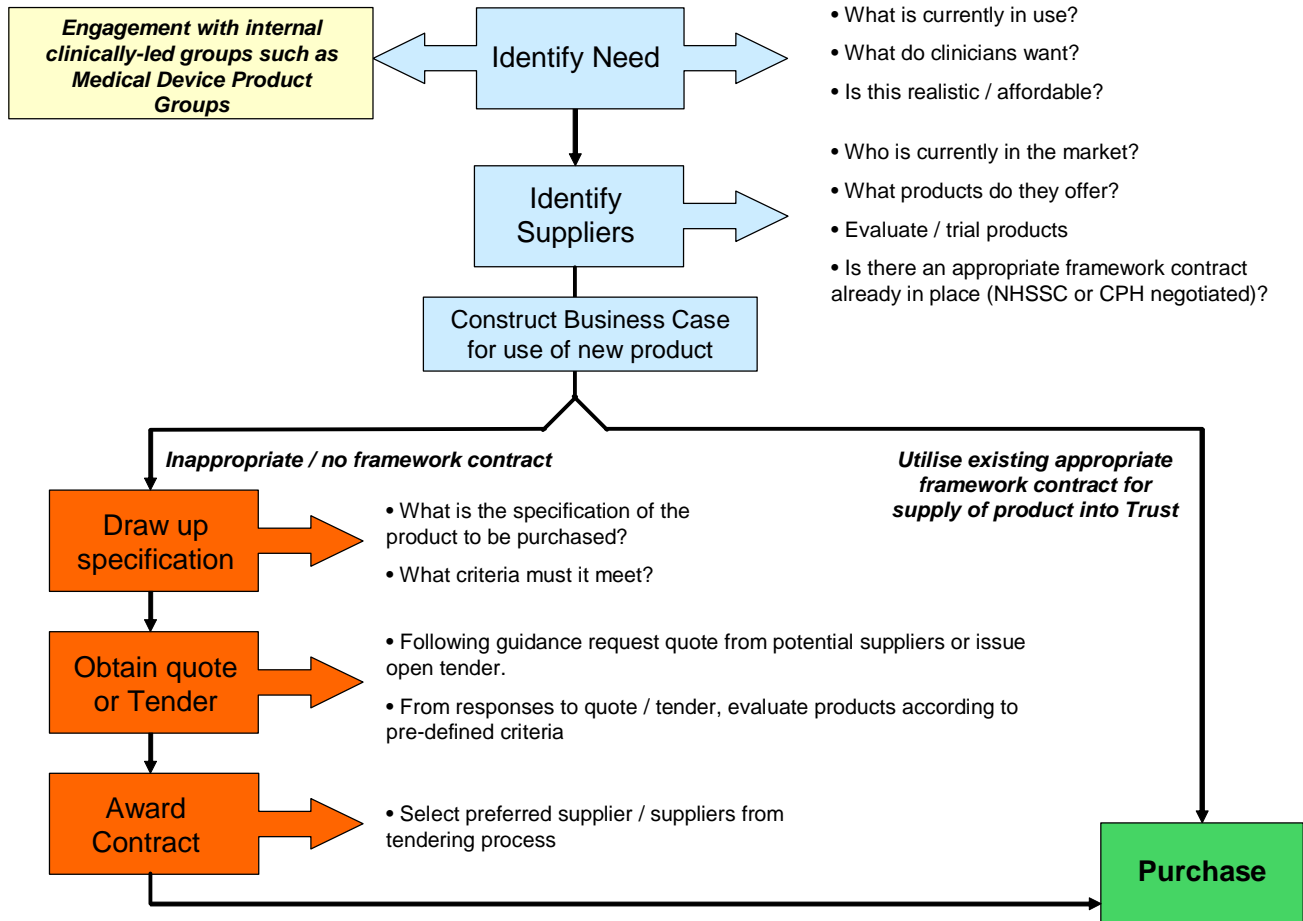
## REGIONAL



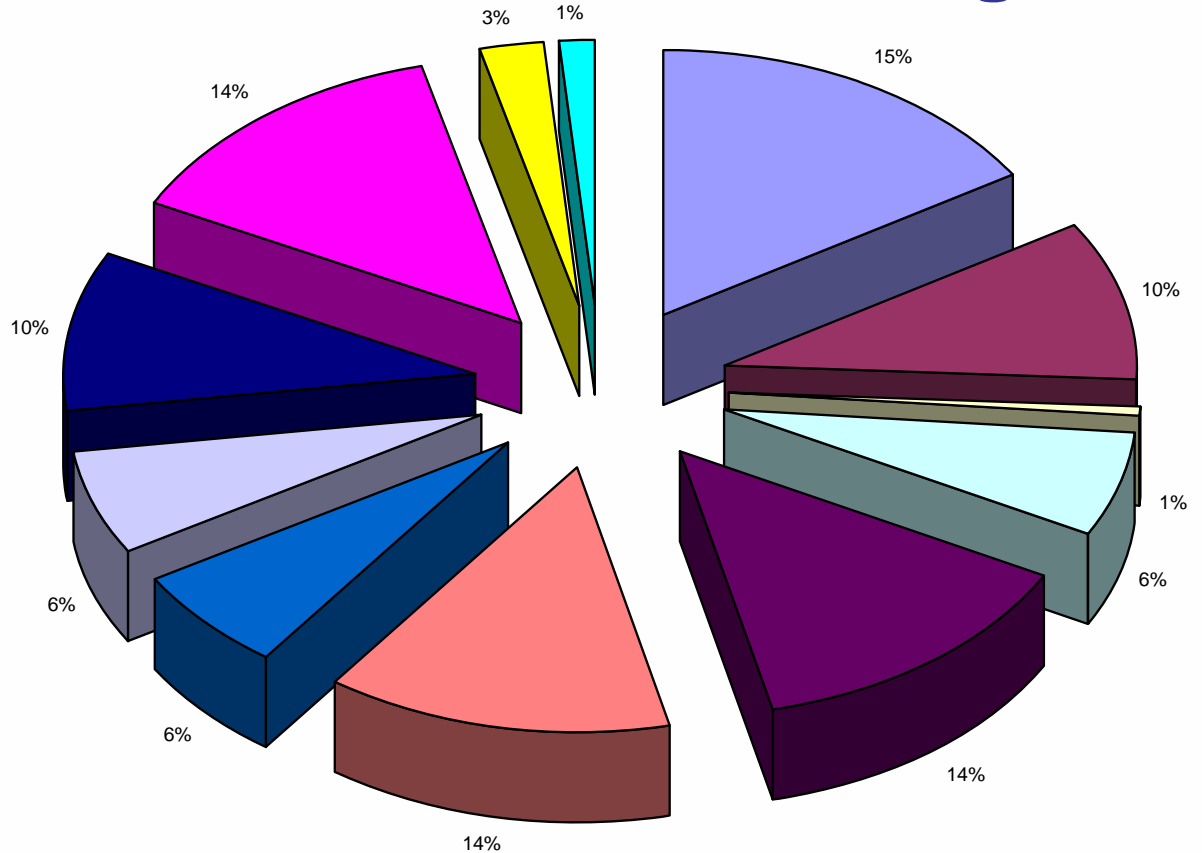
## LOCAL



# The Hospital Procurement Process



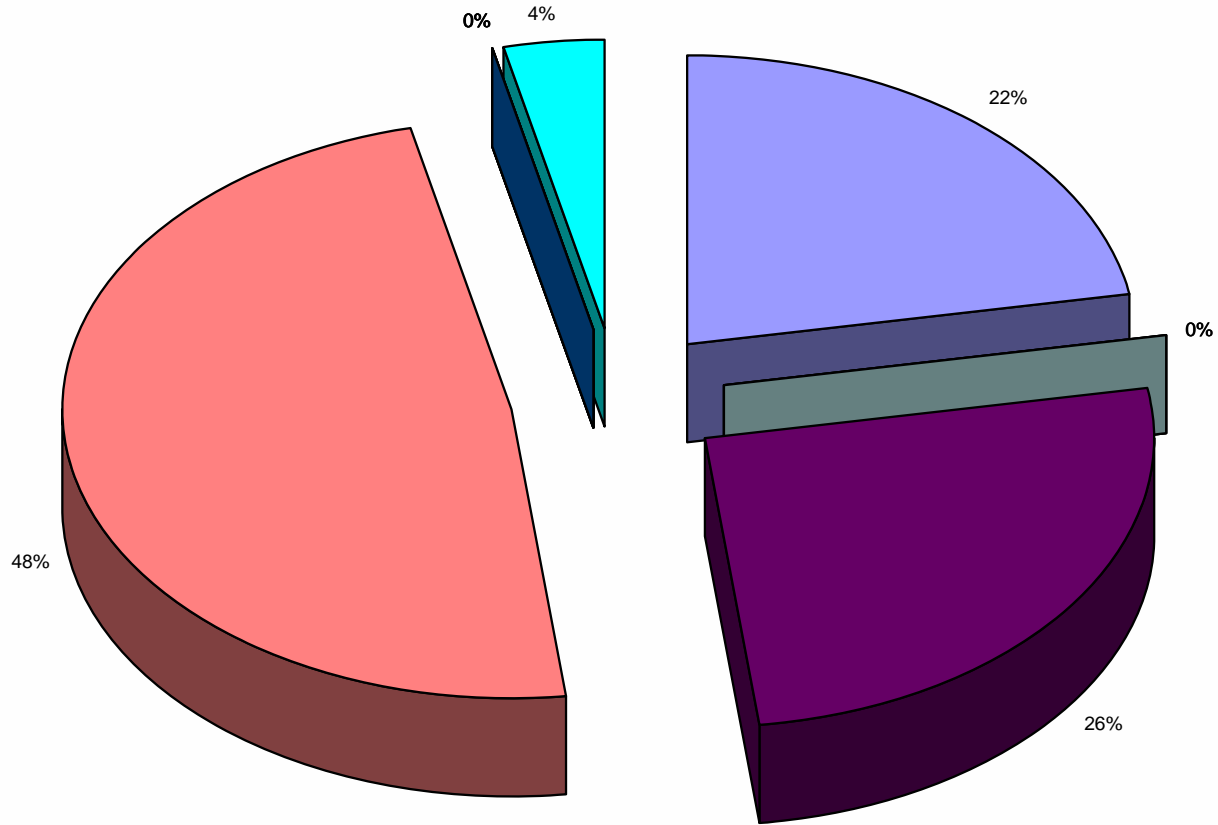
# Who is involved in making a decision?



- Consultant
- Medical Physicist
- Nurse
- Clinical Director / Manager
- Business Manager
- Service Manager
- Directorate Manager
- Finance Manager
- Supplies Manager
- Clinical Procurement Specialist
- OTHER



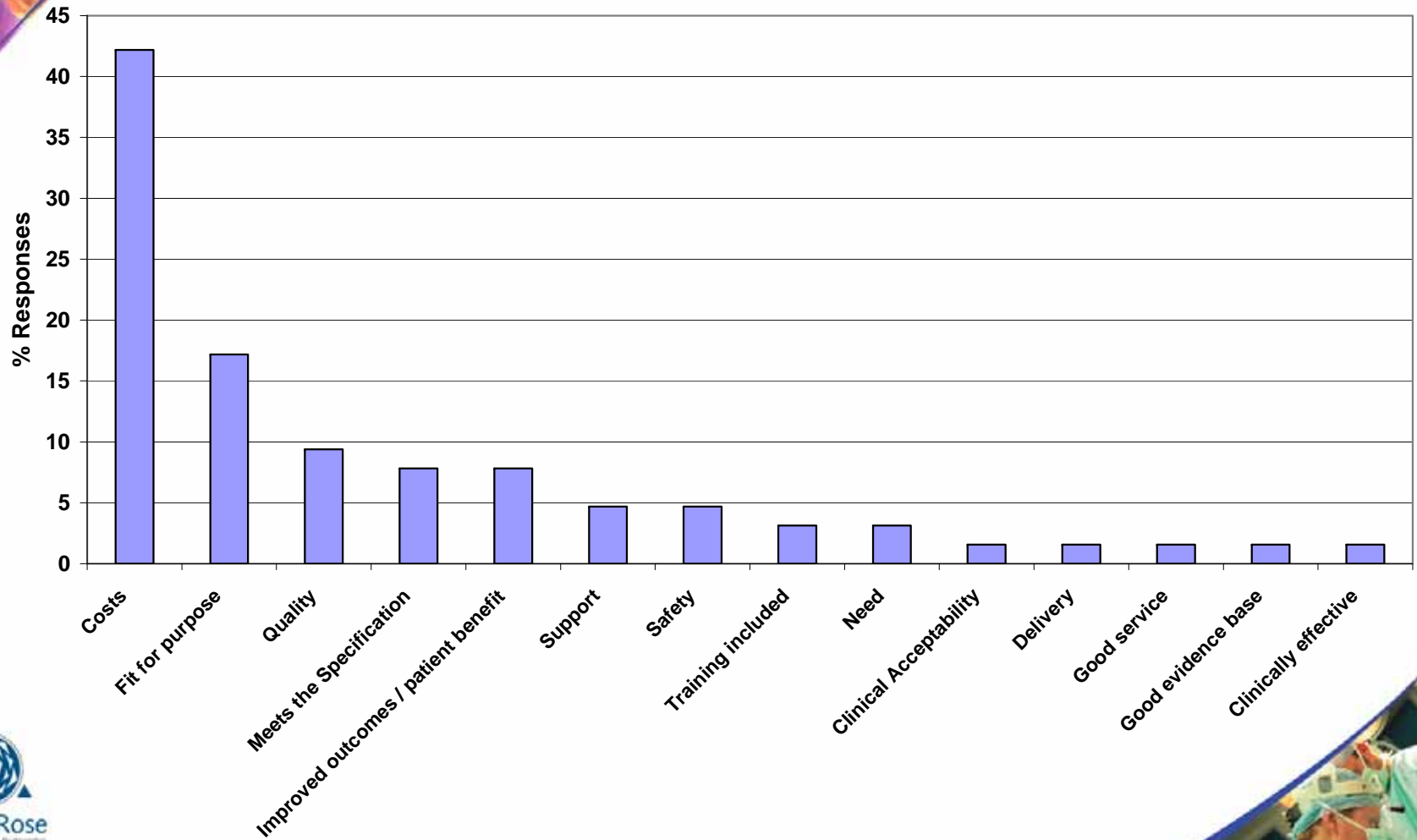
# Who is the actual decision maker?



- Consultant
- Nurse
- Junior Doctor
- Medical Physicist
- Clinical Director / Manager
- Directorate Manager
- Finance Manager
- Business Manager
- Clinical Procurement Specialist
- Supplies Manager
- Service Manager
- OTHER



# What is the most important factor?



# Commissioning and Payment by Results

The role of commissioners is to identify the needs of a population and to commission healthcare service providers to provide the services that the population they serve will require based on these needs.

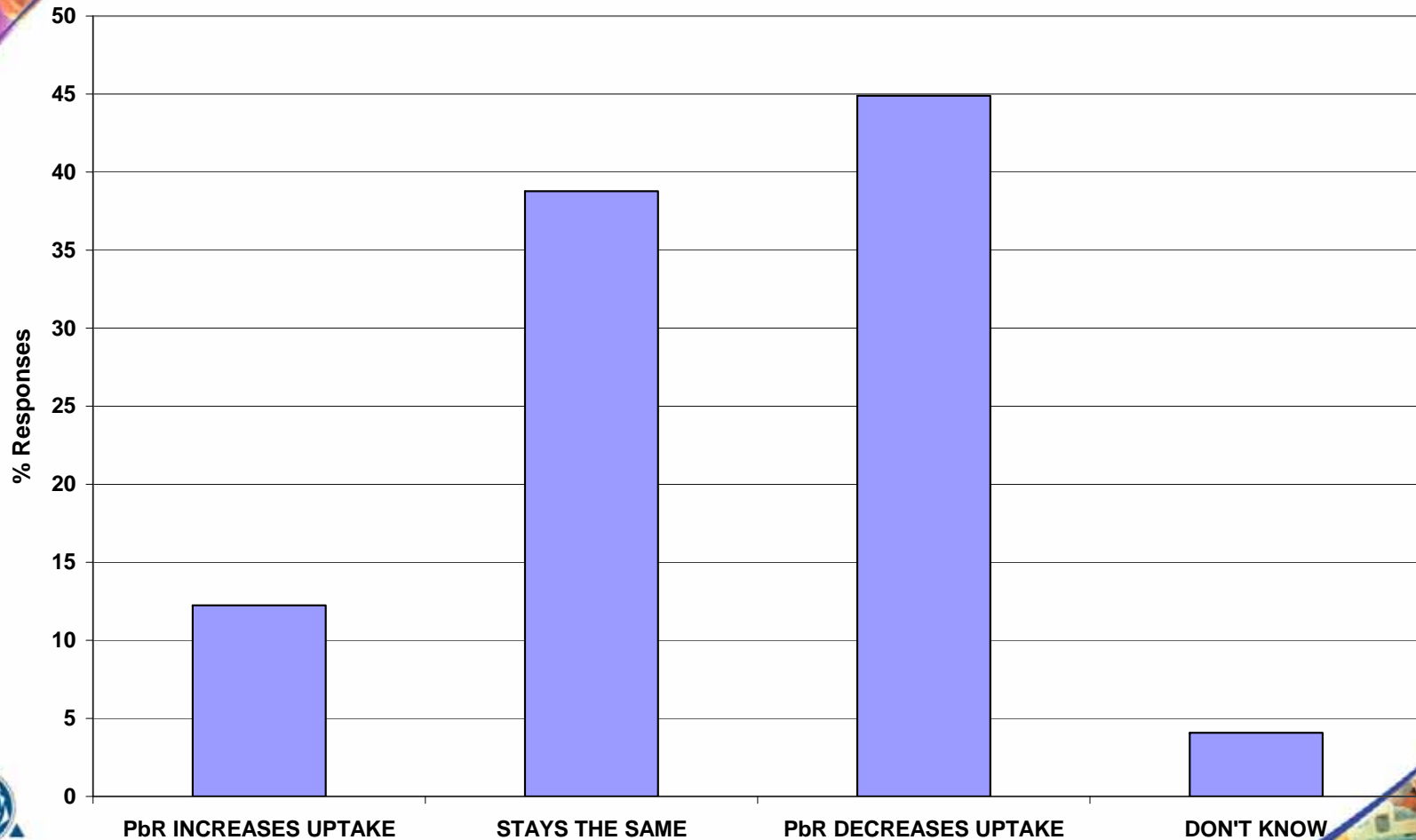
Payment by Results (PbR) is the mechanism by which healthcare service providers (whether private or public, primary care or secondary care) are paid for the services which they deliver to patients.

The amount paid to a service provider is **fixed** for a procedure.

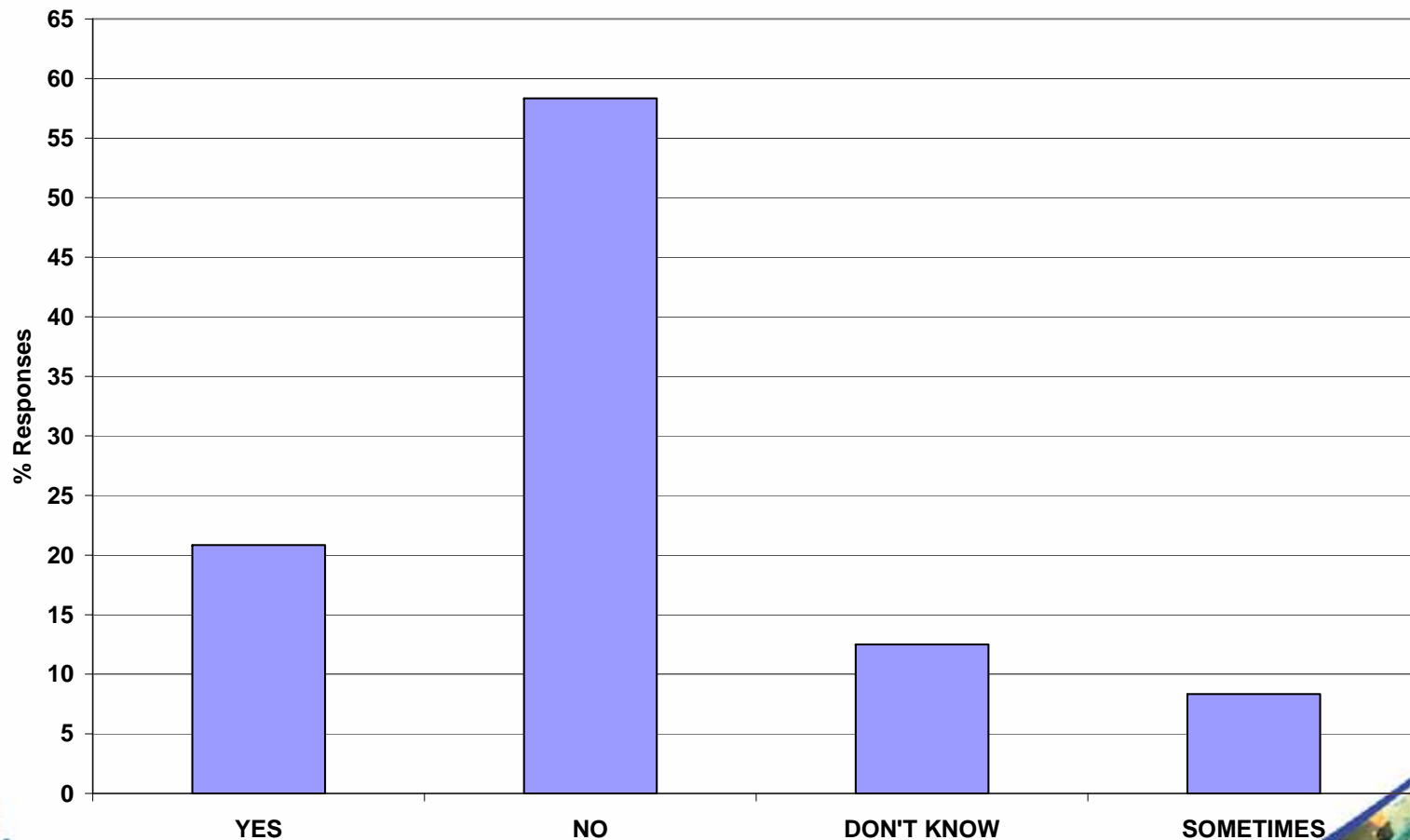
The PbR Tariff is calculated annually based on the AVERAGE cost nationally of that procedure in the 12 months previously.



# The effect of PbR on Innovation Uptake



## Do commissioners actually understand the benefits of using an innovative product in the clinic?





**COMMISSIONERS (PCT's)**

Purchase of procedures from Hospitals etc

**NATIONAL**

**NHSSC**

*FRAMEWORK CONTRACTS*

**OGC**

*FRAMEWORK CONTRACTS*

**PASA**

*FRAMEWORK CONTRACTS*

**CPH**

**REGIONAL**

**HOSPITALS**

**Trust Procurement Staff**

**Financial Directors**

**Clinical Managers**

**Clinicians**

**Clinical Networks**

**Service development teams**

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**BUY**

Category management of food, bed linen, office equipment, stationery, cleaning products, patient clothing, **medical and surgical equipment** (such as operating theatre equipment and machinery) dressings and provisions.

Working to implement the Gershon efficiency review (2004) in the NHS. Provides guidance on EU procurement law to the NHS and trans-governmental department procurement

Responsible for procurement of Pharmaceuticals, Agency Staff, Clothing and Energy

No specific category responsibilities – can look at purchasing anything on behalf of the NHS at a regional level and can compete with NHSSC





**SUPPLIERS**

**COMMISSIONERS (PCT's)**

**SUPPLIERS**

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**NATIONAL**

**NHSSC**

FRAMEWORK CONTRACTS

**OGC**

FRAMEWORK CONTRACTS

**PASA**

FRAMEWORK CONTRACTS

**CPH**

**REGIONAL**

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Purchase of procedures from Hospitals etc

**HOSPITALS**

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**LOCAL**

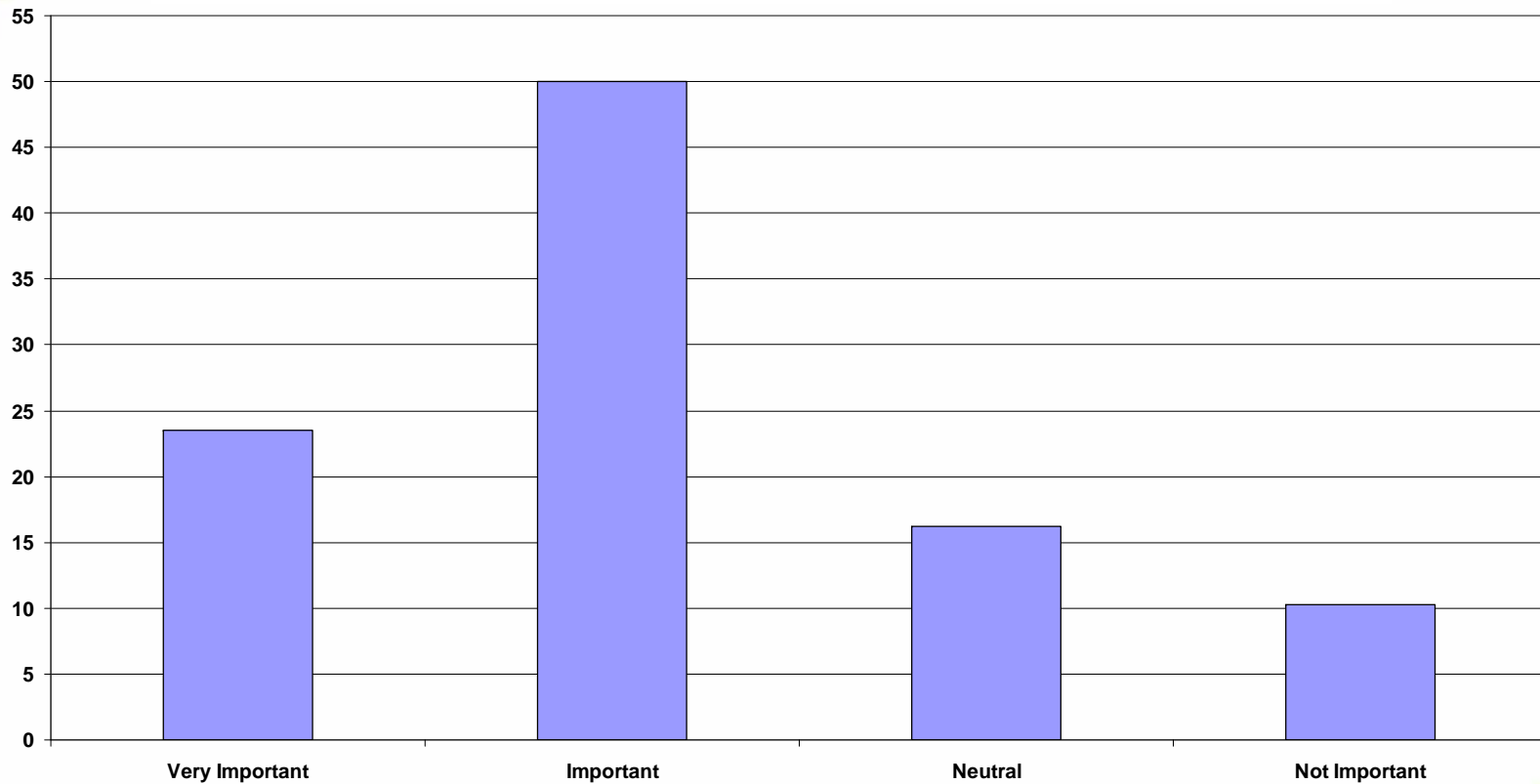
**SUPPLIERS**

**BUY**

**SUPPLIERS**



## How does the NHS view the use of innovative products in the delivery of healthcare?



# “Road map” for getting a product in

NEW  
IDEA

Identify the problem that the product will solve

Look at / understand the current patient pathway and clinical practice: DOES THE PROPOSED PRODUCT FIT?

What are NHS priorities likely to be when your product is launched?

Assess current NICE Guidelines

Identify what the Tariff is for the procedure that the product will be involved in. Is it likely to add cost or save cost? What price can the market afford and will this allow a return on the investment necessary to bring the product to market?

Engage with clinical staff / establish clinical advisory group

Identify what trials / data will be needed

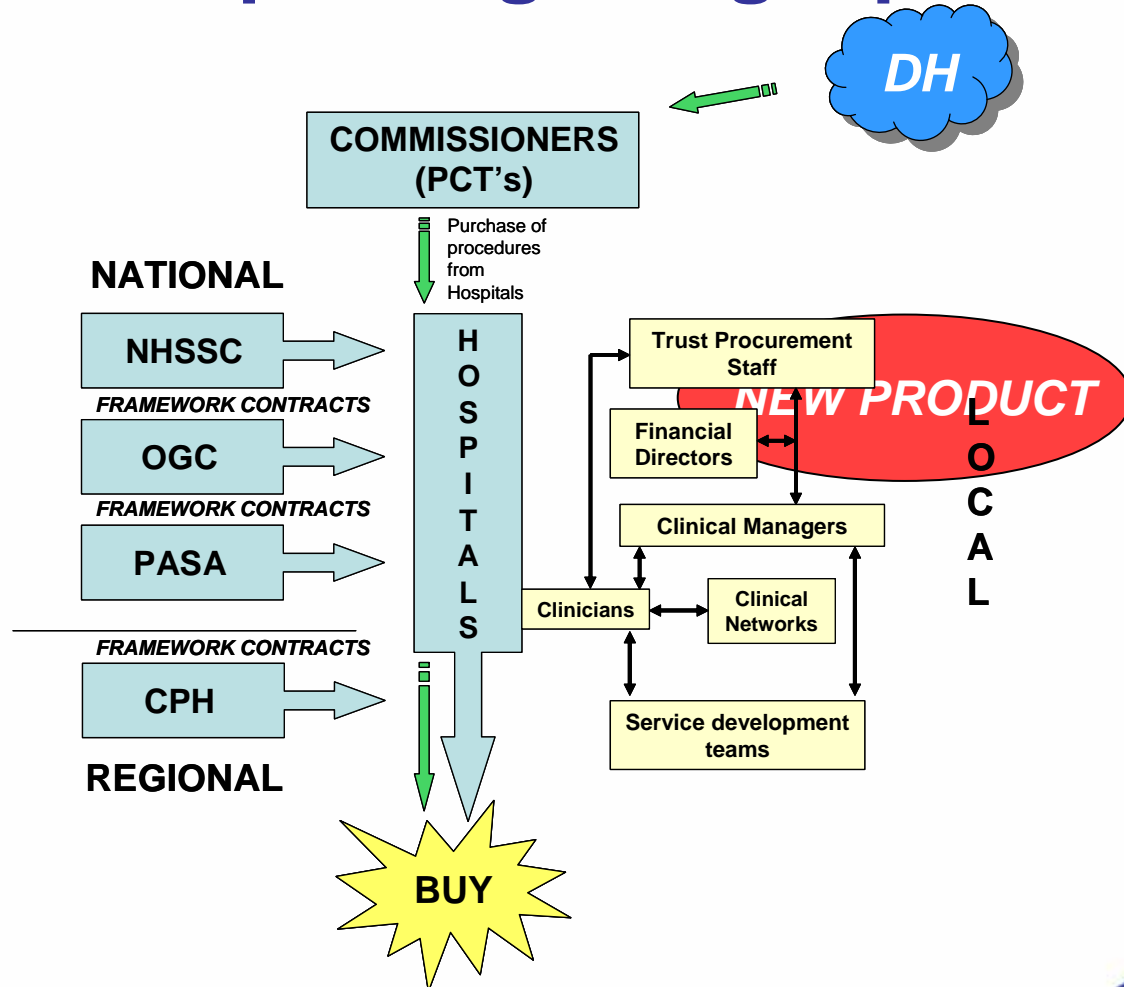
Establish business model options; but be prepared to be flexible

Is the product idea you have something that is being “standardised” in individual hospitals?

Is there a national framework contract already in place for the category of product you will be producing. How far through its 4 year cycle is it?

# “Road map” for getting a product in

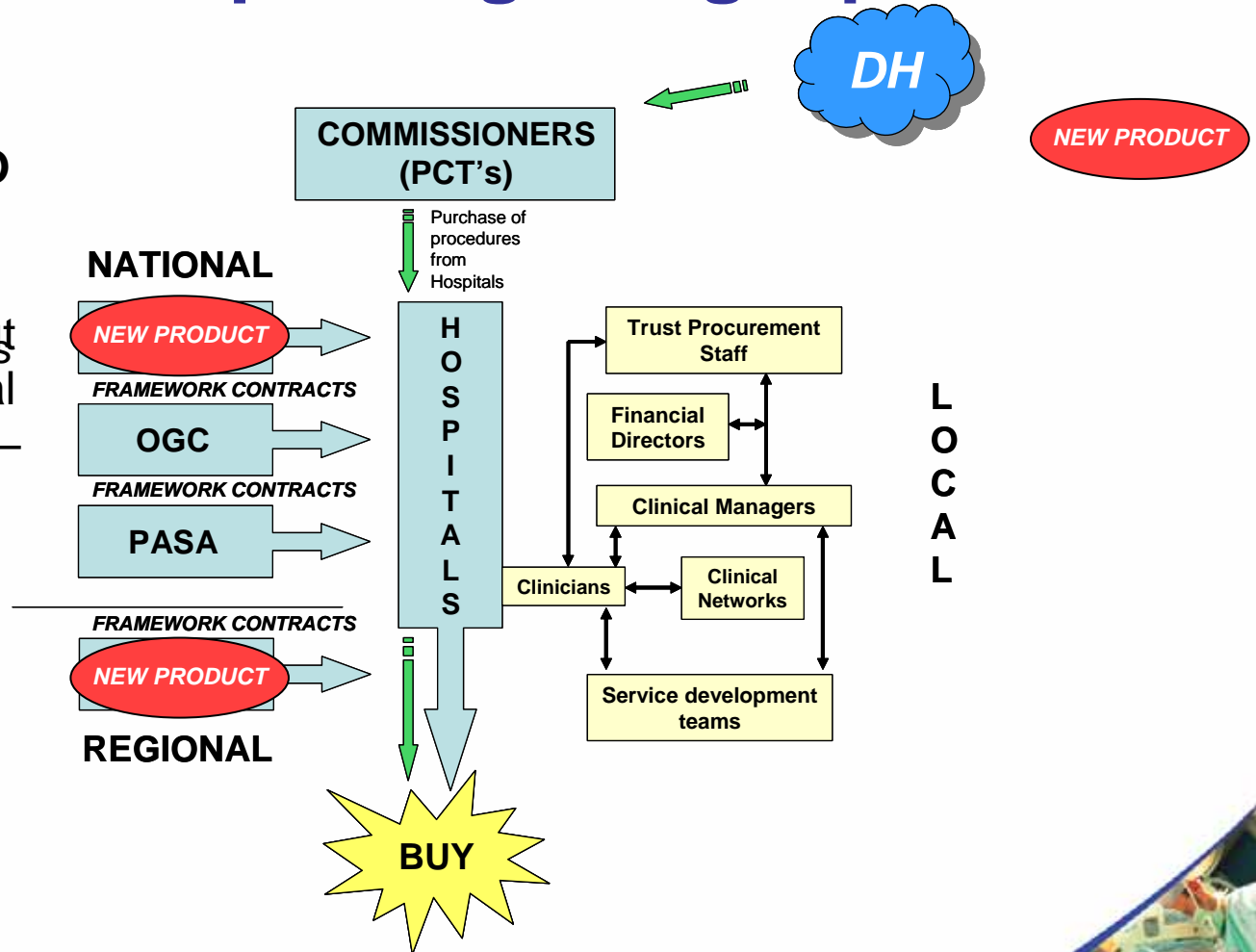
**NEW  
IDEA**



# “Road map” for getting a product in

## How do you get to

**PURCHASE** when you have help with looking for product opportunities to put under the spotlight regional or national decision making contracts in place – Remember, here is no tendering! the drivers here are cost-benefit analysis based on price Why product costs what it does





## In Conclusion.....

Knowing what the market is looking for and the criteria by which it buys its goods is essential in the early stage planning of device / technology development.

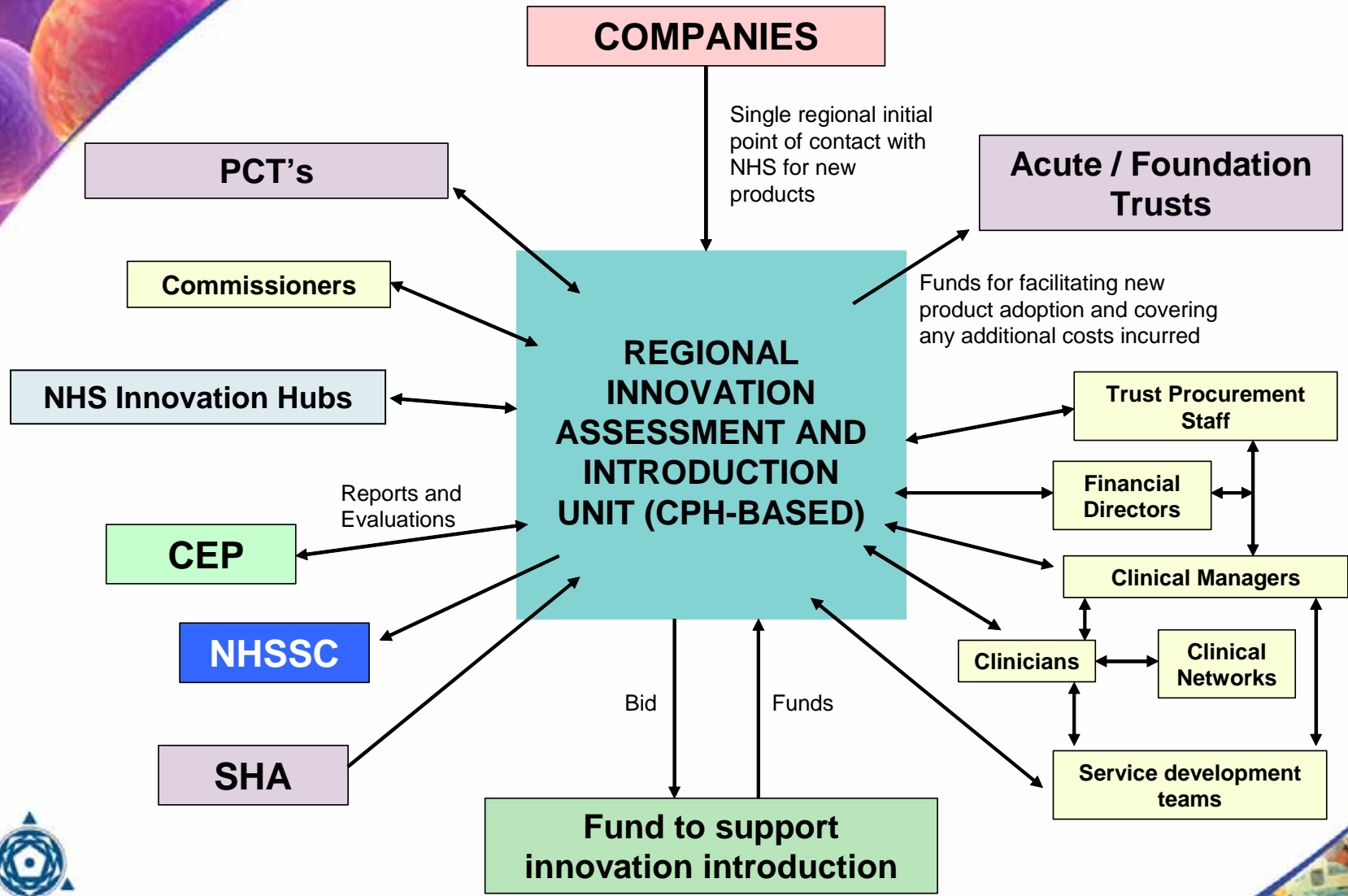
Therefore:

Early stage trials should be planned to produce as much data as possible; including some basic Health Economic data if possible.

Engage with the NHS to ensure that a real problem is being solved, that a clinically-acceptable device is being developed and to gain knowledge about how it fits with service delivery and the Tariff.

Ensure that your device is a “must have” rather than a “nice to have”; this will make selling it easier.





# THANK YOU

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