

# The role of procurement healthcare innovation: some observations on the importance of context

## John Rigby

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CHERRIES WEBINAR 3: 6 OCTOBER 2020 (14:30-15:30)

# Introduction

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**Why is procurement important for health innovation?**

**Procurement is more than demand – it can serve innovation**

**Innovation happens in contexts – the health sector is complex**

**Innovation in health is not an innovation system**

**Manchester's approach: sector changes and innovation models**

# The Context

Indications

Cautions

Interactions

Contra-indications

Side-effects

Adverse effects

Narrow bounds of possibility

The image shows a yellow 'YellowCard' form titled 'REPORT OF SUSPECTED ADVERSE DRUG REACTIONS'. It is a structured form for reporting adverse drug reactions to the Medicines and Healthcare products Regulatory Agency (MHRA). The form includes sections for Patient Details, Suspected Drug(s)/Vaccine(s), Suspected Reaction(s), Other Drug(s), Reporter Details, and Clinician Details. It contains various checkboxes and fields for recording specific information about the reaction and the patient.

# Demand-side Innovation Policy

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Origins of Demand Side Policy

Innovation – it's a conversation

The Conversation – finding a balance

Leveraging the state to support economic development

- Large scale
- Small scale
- ?Medium?



Demand or Supply



A Conversation

# Procurement Serves and Articulates Demand

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## Procurement and Demand

## Procurement of Innovation

## Pre-commercial Procurement

- Using the procedure
- Using programmes

Procurement = demand  $\neq$  innovation

PPI = demand  $\approx$  innovation

PCP = demand  $\approx$  innovation++

## The EU

DG Research and Innovation (DG RTD); DG Communications Networks, Content and Technology (DG CONNECT); DG Education and Culture (DG EAC); DG Energy (DG ENER); DG Internal Markets, Industry, Entrepreneurship and SMEs (DG GROWTH)

## Member States/Regions

UK (SBRI); NL (SBIRs); Flanders (PIT[discontinued], PIP)

# Meeting Demand in a Health Innovation System?

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**Procurement of Innovation is always in Contexts**

**A Health System of Innovation? – eco-system [Jungle?]**

**Less physician-based**

**Less firm led – more care / context-based innovation**

**Connectivity**

**Hospitals anchor organisations**

**Recent health system embedding of innovation – integrators [AHSS] and voices [RRI]**

**Reflexivity and linearity in health innovation**

# AHSC and AHSS

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Features	AHSC	AHSS
Mainly Centre-Based	✓	×
Common Standards of Operation	×	✓
Other Hospitals	Usually no	✓
Technology-Push	✓	✓
Linear	✓	×
Funding Research	×	✓
Interfacing of Functions	×	✓
Integrator Organisation Required	×	✓
Care Model Innovation	×	✓
Accountable Care Organisation Compliant	×	✓
Networkable Globally	×	✓
Public Private Partnership	Limited	✓

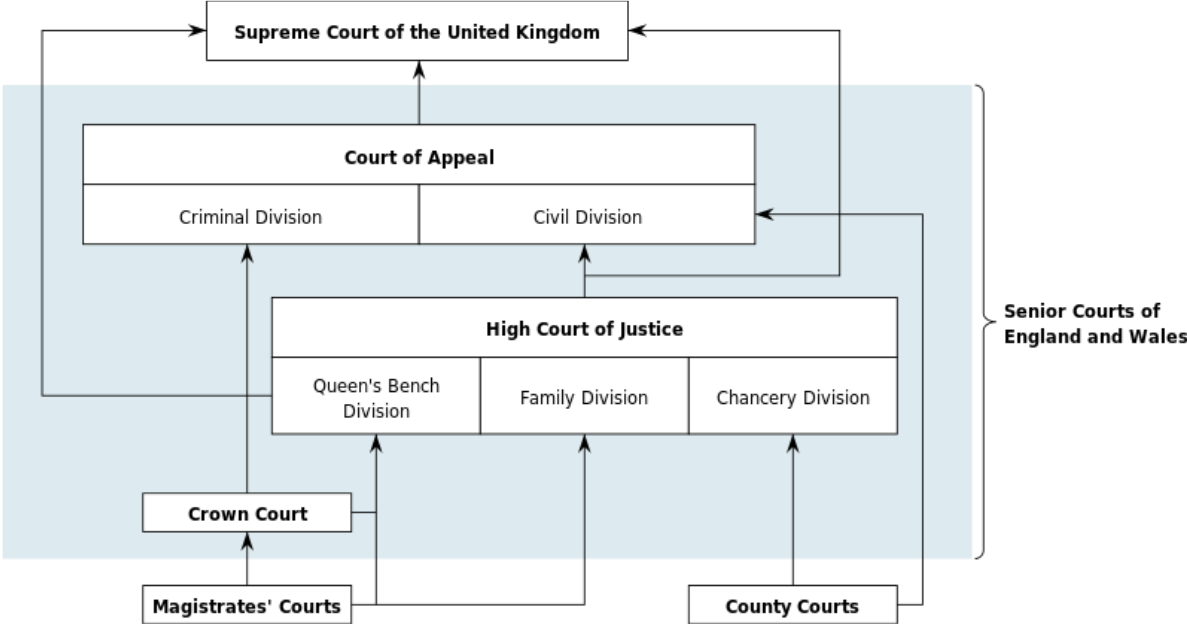
*Table 1 AHSC and AHSS: Feature Comparison*

# Health Innovation Jungles or Systems?

A system



A jungle



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# Shaping Demand in the UK Health System – an Integration Story

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**Changes to the framework - the health and social care turn**

**Changes to the framework - the population level turn**

**The Local Care Organisations**

**Further opportunistic integrations required by the NHS**

**More of a conversation?**

# Greater Manchester [GM]: Innovation in Health and Social Care

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LCOs [providers of services]

Commissioners [those ask for services]

Uniformity and Diversity across GM

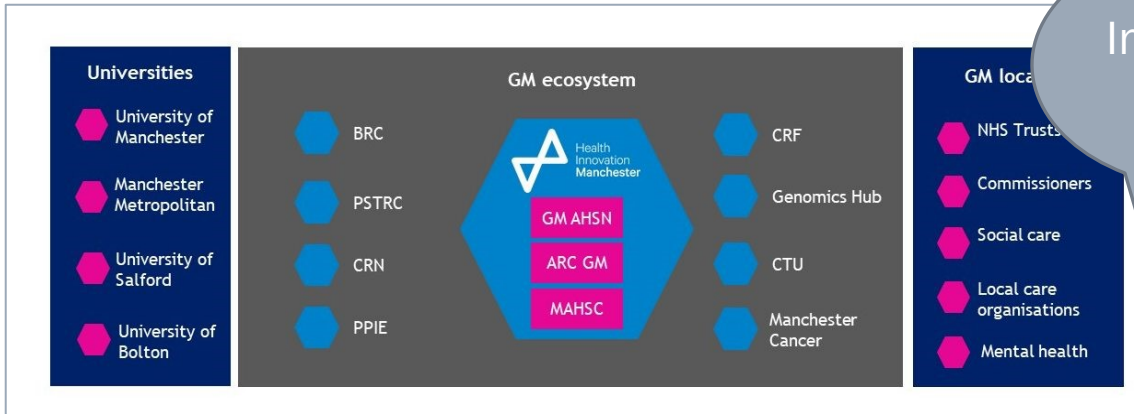
## Examples

- **Manchester – one Locality**
  - Health and Wellbeing Boards
  - NHS England and NHS Improvement North West
  - Neighbouring Clinical Commissioning Group
  - Local Councils
  - Voluntary and community sector organisations
  - Patient and public advisory committee works to the board
  - Healthwatch [consumer rather than innovation focus]
- **Wigan**
  - A different conversation

## Innovation Actors

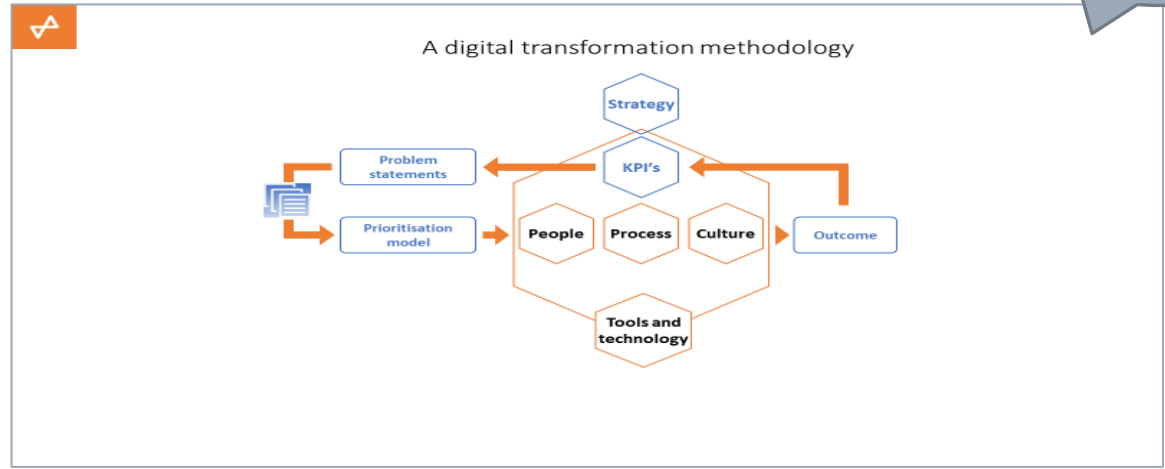
- **Health Innovation Manchester – AHSS Based**

# Greater Manchester [GM]: Innovation in Health and Social Care – Health Innovation Manchester



Integrating Actors

People Centred



# Greater Manchester [GM]: Innovation in Health and Social Care – Health Innovation Manchester

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**Networking different actors at different levels of the discover, develop, deploy spectrum – scope for engagement at each stage**

**Patient Involvement at Health Innovation Manchester example**

- Using Datalab approach, local consultations on antimicrobial resistance and statin prescribing and medicine adherence has impacts in terms of regulatory change

**Population Data – the Local Health Care Record**

- LHCR in Greater Manchester supports use of data but will also support research and innovation

**Service Design is also about Resources – and the bigger picture**

- It's also about consulting on how resources are used (a larger context)

# Greater Manchester [GM]: Health (and Social Care) Innovation Manchester: Innovation Impacts

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## Health Innovation Manchester

- Engagement at different stages [Discover, Develop, Deploy]
- Innovation is supported by local action that is then shared regionally, nationally and internationally –
- Not just 'technology', regulatory changes essential to innovation (examples of antimicrobial resistance (AMR) & statins adherence)

## Wigan

- The innovation conversation is also about the availability of resources

# Conclusions

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**Demand and Supply – is a conversation**

**Procurement is not necessarily innovation but it can be powerful influence**

**Innovation takes place in a context, when context is complex such as the health sector, innovation is not a system but a jungle: procurement has to take account**

**Integration > coherence desirable > innovation actors attempt to achieve this**

**Innovation actors mediate between the levels ensuring learning and dissemination**

**Procurement supports innovation actors**

*Thank you for listening*

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