

Science, Innovation and Technology Committee

Oral evidence: Innovation showcase, HC 523

Wednesday 3 September 2025

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[Watch the meeting](#)

Members present: Dame Chi Onwurah (Chair); Emily Darlington; Dr Allison Gardner; Tom Gordon; Kit Malthouse; Steve Race; Dr Lauren Sullivan; Adam Thompson.

Questions 36 - 37

Witness

[I](#): Damien O'Boyle, Director of Client Services, Healthy.io.

Examination of witness

Witness: Damien O'Boyle.

Q36 **Chair:** Welcome to the Science, Innovation and Technology Select Committee's Innovation Showcase. The Committee is keen to understand how the UK supports innovators and what more we can do. To inform our work, each week we select an innovator to share their story before our main evidence session.

Today's innovator is Damien O'Boyle from Healthy.io. I am introducing him today because Jon Pearce, who chose him, unfortunately cannot be here with us today. Healthy.io is a health technology company that uses the smartphone camera as a clinical grade diagnostic tool. It was founded in 2013. It partners with health systems, insurers and Governments worldwide, aiming to improve access to care, support earlier diagnosis and reduce healthcare costs.

I understand that your flagship product, MinuteKidney, is an at-home urine test that enables early detection and management of chronic kidney diseases. Damien O'Boyle, perhaps you could take us through your innovation journey.

Damien O'Boyle: Thank you for having me along and thanks for the opportunity to speak today. I am Damien from Healthy.io. We are a health technology company based in the UK. We transform the smartphone camera into a medical grade device.

Our mission is to bring clinical level testing into people's homes using their smartphone, making prevention and early diagnosis more accessible, equitable and efficient. We have two key products in the NHS. Our wound assessment product, MinuteKidney for Wound, builds a 3D model and provides the NHS with objective digital measurements of wounds. It is currently used by 2,500 nurses across 17 NHS organisations, enabling prompt, proactive treatment, saving money by reducing the £8.3 million burden of cost and preventing amputations.

I am here today to talk to you about our urine product, MinuteKidney, which is going to be handed out now. It is an at-home urine albumin to creatinine ratio test. It is the gold standard for detecting early signs of chronic kidney disease, CKD. It is delivered through a smartphone.

CKD is a silent condition that affects one in 10 adults in this country. Most do not know they have it until it is too late. By that point they are at risk of lengthy renal dialysis, transplants and heart attacks. Those treatments cost the NHS at least £7 billion every year, according to Kidney Research UK. These are lives that could have been saved through earlier identification.

The problem at hand is not that the NHS lacks the know-how. It is that the uptake of testing is low. Access to testing is patchy and current models are burdensome for patients and for primary care staff.



HOUSE OF COMMONS

Traditional testing relies on an appointment, a trip to the surgery, a sample pot and a laboratory process. For too many people—up to 50%—particularly those in underserved communities, that model simply is not working. The outcome is late diagnosis, higher health inequalities and mounting costs in different parts of the NHS. That is the gap that MinuteKidney fills. By enabling a patient to take a clinically validated test at home, using only their smartphone and a test kit delivered quickly to their door, we break down barriers of access. The results of the test are instant, accurate and shared securely with a GP. It is not a gimmick; it is proven.

We have now supported testing for over 300,000 people across 23 integrated care systems and 1,700 practices, with particularly high uptake among groups who rarely engage with traditional services. The service is rated 4.8 out of 5.0 by patients. Crucially, currently around 38% of those tested are identified as needing follow-up—a number that translates into thousands of people carrying a high risk who would otherwise have slipped through the net.

The benefits are clear. Patients receive earlier diagnosis and reassurance and have better long-term health. Clinicians save time and can focus resources where they need to. The NHS avoids the enormous downstream cost of long-term dialysis and transplantation, and UK society benefits from reduced inequalities and a healthier and more productive population. Independent evaluation by York Health Economics Consortium suggests that the national adoption of MinuteKidney could save the NHS over £660 million within five years. That is a net figure.

Our strategic approach has been evidence-led. Alongside NHS support we have invested heavily in generating robust, peer-reviewed real-world data, working closely with ICSs to prove that the product can operate at scale and with genuine outcomes. We have aligned carefully with the NHS long-term plan, Lord Darzi's recent review and the life sciences sector plan, all of which call for exactly this kind of shift from analogue to digital, from hospital to home and from sickness to prevention. And it works.

Let me be brutally candid. There are significant challenges in the UK operating environment. Even with a proven service, NHS adoption remains fragmented and slow. ICSs must each commission separately, leading to duplication, delays and patchy coverage. Procurement rules often prevent direct award, forcing local systems to re-evaluate technologies that are already nationally validated. There is no clear national framework to take an innovation from proven and ready to consistently adopted everywhere. This is demoralising and costly for innovators, frustrating for our clinicians and, ultimately, not in the best interests of patients or the taxpayer. Across the UK health system at the moment we run the risk of incredible, successful health tech innovations, developed and scaled in the UK and often supported by UK taxpayers'



HOUSE OF COMMONS

money, leaving our market and going to others that are considered more favourable, rapid and sustainable.

What could Government, industry and stakeholders do? I have three priorities. First, we need national adoption pathways for proven innovations—not endless pilots, but a clear route for digital diagnostics that have demonstrated safety, effectiveness and cost benefit, to be rolled out across the NHS. We should not leave life-saving innovations to a postcode lottery.

Secondly, we need procurement mechanisms that match our ambition—flexible tools that allow NHS bodies to commission high-value, high-impact technologies quickly and consistently without endless local duplication. The new Procurement Act gives us a real opportunity, but it will require bold implementation. There are huge opportunities to partner better with health innovations—for example, to take an equity stake or agree contracts that share the risks as well as the rewards of success. Such approaches provide a sustainable base for innovation and could also benefit UK plc when selling to the rest of the world.

Finally, we need to ensure that as we adopt proven innovations we commit to decommissioning outdated and inefficient pathways, removing monopoly barriers to integration. Too often, new solutions are simply layered on top of existing models, creating duplication, additional cost and confusion for both clinicians and patients. Without retiring analogue, fragmented processes and replacing them with streamlined, digital first pathways, the full benefits of innovation—better outcomes, efficiency and equity—will not be realised. Decommissioning old models is essential if transformation is to be more than an aspiration.

What we are talking about here today is not hypothetical. We already have the tools. We already have the data. We already have patients benefiting. What we need now is the political will and system alignment to take what works well and scale it nationally and quickly. If we can do that, we can not only save lives and save money, but will show the world that the NHS can lead in adopting digital, equitable and preventive care at population scale. This is an aim worth striving for and one that we can sell to the rest of the world as a UK growth legacy. Thank you for listening.

Q37 Chair: Thank you very much, Damien O’Boyle. That was fascinating. The Select Committee is very interested in the diffusion of new digital products and services. As part of our digital centre of government inquiry we have been engaging with NHS innovation leaders on this. You put a very clear case on some of the challenges, particularly the decommissioning of services, which is not something we have looked at, in my understanding. Thank you very much for sharing your innovation. I am sure that we will all find a great use for this.

Damien O’Boyle: If you would like to get in contact afterwards, you can test your kidneys at home.