

## **Written evidence submitted by Healthy.io (DHS0024)**

### **About Healthy.io**

Healthy.io is the first company in the world to receive CE accreditation for using the smartphone camera as a clinical grade home-based diagnostic device.

We transform the smartphone camera into a medical device using the most advanced computer vision algorithms and our unique colour calibration technology. Our imaging technology enables the analysis of urine tests and chronic wounds to deliver clinical-grade results regardless of the device, camera type or lighting conditions. In essence, our algorithms make all phones see the same. Our services provide a seamless user experience to support patients and clinicians every step of the way and make at-home testing as easy as taking a selfie.

Healthy.io has been working closely with the NHS since 2016, now employing 97 staff in the UK. Healthy.io is committed to embedding within government sponsored healthcare systems (as opposed to the fitness/wellness direct to consumer space) and over the course of the last 5 years, c.£30m has been invested in the UK business. This commitment was in recognition of the NHS' international reputation for supporting innovation and clinical excellence and its status as one of the most highly regarded government sponsored health care systems globally.

In late 2020 we were awarded the NHS Accelerated Access Collaborative AI in Health and Care Award, enabling us to deliver our at-home urine albumin to creatinine ratio (uACR) service to 640,000 people at risk of chronic kidney disease (CKD).

Identifying people with undiagnosed CKD is hugely important due to the high cost of treating the condition (estimated at £1.45 billion in 2009/10), and the further cardiovascular risk associated with CKD. NICE recommends that people at risk of CKD (such as those with diabetes) should receive an annual uACR test, but uptake is poor (52% of people with diabetes in 2021 according to the National Diabetes Audit).

Since the service launched in early 2021, over 170,000 at-risk, previously untested patients have successfully tested their urine at home using our test. Uptake has been consistent across all socio-economic groups and 80% of tested patients are over 50 (including 14 over the age of 100), demonstrating the potential for digital diagnostics to address, rather than exacerbate, health inequality.

82% of GP practices surveyed have said they would recommend our service to other practices.

An independent health economic evaluation of this service carried out by York Health Economic Consortium indicated that scaling of this service across England could generate over £516m in savings over five years.

In addition, Healthy.io has partnered with ten community care providers, including seven NHS Trusts, to transform the assessment and management of chronic wounds using our smartphone-powered wound management system, which can save £530 per wound. Our smartphone-enabled UTI test kits are available in 1,600 community pharmacies, including Boots stores as part of their UTI test and treat service. The UTI service is also operated by the NHS in Lincolnshire.

Healthy.io has been committed to aligning with NHS regulatory requirements and standards, and has successfully completed the DTAC, integrated with primary care systems EMIS and SystmOne, and has a NICE Medtech Innovation Briefing.

## Response

### 3. Policy area: Cost and efficiency of care

#### **Commitment 1: “We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing)”**

- Was the commitment met overall? Is the commitment on track to be met?

*At Healthy.io, we have not seen evidence of the streamlining of contracting methods to date. While it was anticipated that developments such as DTAC compliance would assist in speeding up the contracting process, from our experience, each ICB still requires a separate approach to information governance. This leads to delays, duplication and misalignment in ICS sites.*

*Contracting is further hindered and delayed by the liability limits added to contracts, and is an area of real concern for SMEs such as Healthy.io. These liability limits are embedded in standard contract forms, and local decision-makers are reticent to remove or negotiate. Unlimited liability is an increasing requirement but is unacceptable to impose on service providers.*

*With respect to leveraging NHS buying power, we have attempted to offer an economy of scale but there remains no clear method or mechanism for doing this, and very few examples of this being done successfully. This is a missed opportunity to build excellent service provision that provides value for money for the taxpayer. A contract vehicle to enable joint purchase by multiple ICBs could significantly reduce costs.*

#### **Commitment 2: “We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.”**

- Was the commitment met overall? Is the commitment on track to be met?

*There is greater alignment on standards in procurement frameworks, but this has not had the intended consequence of accelerating the route to market. We understand it may prove useful as a ‘screen’ of potential suppliers, and enabling creation of a pre-approved list of suppliers, but as a supplier we are yet to see the benefit of being ‘pre-approved’ and this turning into commercial arrangements.*

- Was it an appropriate commitment?

*Ensuring compliance with new standards necessitates additional work on behalf of the supplier and can be burdensome. It would be helpful to determine a minimum threshold for*

*all procurements, and whether these standards are a prerequisite and essential for the provision of the service, or a “nice to have”.*

*Consolidation of frameworks would be welcomed. Additional support on education, marketing and advertising of the frameworks to the NHS buyer could prove beneficial.*

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