NHS0006

Written evidence submitted by ABHI

About ABHI and Reasons for Submitting

1. The Association of British HealthTech Industries (ABHI) is the leading health technology (HealthTech) industry association in the UK. We are a community of over 300 members, from small UK businesses to large multi-national companies. We champion the use of safe and effective medical devices, diagnostics and digital health technologies. The work of our members improves the health of the nation and the efficiency of the NHS.

2. The HealthTech industry makes a vital contribution to economic growth in our country. The industry employs over 106,500 people across 2,960 companies, mostly small and medium sized enterprises (SMEs). Many companies are working closely with universities and research institutions. The industry is generating a turnover of over £22 billion. ABHI's members account for approximately 80% of the value of the sector as measured by sales to the NHS. As the most highly regarded universal healthcare system in the world, the NHS in turn is dependent on technology produced by the industry to enhance the efficiency of services and drive continuous improvement in their delivery. The NHS has grown and developed partly on the basis of the UK's historic 'can do' approach to engineering and problem solving.

3. HealthTech is accordingly an engineering-based industry, characterised by rapid, often iterative product design and development, and a large number of SMEs. It is one of two distinct subsectors of the broader Life Sciences. Future growth and success will mean the HealthTech sector being recognised in its own right. The sector has evidence, regulatory and adoption needs that differ significantly from those of the other, biopharmaceuticals.

ABHI Perspective on Backlogs

4. Compared with other jurisdictions the UK saw a greater fall off in elective procedures as a result of the pandemic and has been slower to recover.

5. This results from a number of factors, some relating to the way the UK responded and others more systemic, relating to the way care is organised in our country.

6. At the start of the pandemic, the NHS effectively became a COVID service with elective procedures cancelled and centres repurposed. For example, The Royal Orthopaedic Hospital in Birmingham, ordinarily a cold, elective centre, gave up its capacity to take on trauma to support the wider Birmingham and Solihull system. As COVID has continued, the need to run “Red and Green” pathways, along with social distancing requitements and enhanced infection prevention measures has limited the capacity in hospitals wishing to pick up elective work. We believe that these ongoing arrangements have reduced capacity by around 20%.

7. The more systemic issues relate the reliance of the NHS on large general hospitals. There are fewer specialist hospitals than there once were and few other countries have such a focus on large centres. Once COVID gets into this type of hospital it can be very hard to get rid of and there is a belief that reconfiguration has not always been optimal and not all centres have found it easy to make the required changes due to the nature of their estate.

8. Additionally, the NHS has always run with very high bed occupancy rates, far higher than is typical in other countries. Obviously with rates consistently in excess of 90%, once delays occur things tend to back up quickly.

9. Delayed transfers of care into the community have long been an issue creating the well described phenomenon of “bed blocking” where the social care sector lacks the capability and capacity to take individuals with complex need. This situation has been exacerbated by the pandemic.

10. Staff shortages remain an issue and have been worsened by the fatigue associated with managing COVID, something else that has been well rehearsed.

11. We believe the development of Integrated Care Systems presents a significant opportunity to address some of these systemic issues. The system working and clinical collaboration exhibited during the pandemic augers well for future service reconfiguration. With geographies able to consider their acute services outside of individual institutional confines, the creation of cold, elective sites focussing on high-volume, low complexity surgery in areas such as orthopaedics and ophthalmology should be more straightforward than it has been hitherto and presents a very real chance to drive down waiting lists.

12. We believe that the NHS should engage regularly with its major suppliers of elective surgery equipment to signal demand and planning. The ret of the world is also trying to restore its elective activity and the supply chain is a truly international one. The NHS is regarded as a customer for whom it is difficult to predict demand, and closer engagement will mitigate against product shortages as volumes increase.

13. Many companies also have expertise in improving patient flow through theatres and this expertise could be highlighted and supported nationally through any number of mechanisms such that it is made available as widely as possible to NHS organisations.

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