

NHS 10 Year Plan Consultation

Written evidence submitted by The Health Tech Alliance

Q1: What do you want to see included in the 10-Year Health Plan and why?

The 10-Year Health Plan must address the critical challenges outlined in Lord Darzi's review, such as the elective care backlog of over 7.8 million patients, underinvestment in technology, deteriorating patient outcomes and overall NHS satisfaction¹. Recognising the wide-ranging potential of HealthTech should be a priority, along with removing the barriers to the uptake of this innovation. It is currently estimated that mainstream adoption of a new product or device takes an average of 17 years from the initial clinical trial². As a result, vital technologies that could enhance both patient outcomes and reduce NHS costs are being held back. NHSE and DSHC must reconsider evaluation times and processes.

There must be a switch from reactive to proactive strategies, specifically in diagnostics. AI-driven tools such as the CaRi-Heart®, which analyses new or existing cardiac CT scans to reveal coronary inflammation, align with the NHS' goal to move from "sickness to prevention", improving both patient outcomes whilst greatly reducing the cost of care. Similarly, analysis shows that prioritising capital investment in technologies such as robotic-assisted surgery (RAS) could help tackle the elective care backlog, as well as improving patient outcomes as surgeries are less invasive and are able to be performed at an earlier stage. Increasing the use of relevant HealthTech could transform the NHS' efficiency, reduce the length of hospital stays, free up hospital beds, and in turn save the NHS millions in costs.

Q2: What do you see as the biggest challenges and enablers to moving more care from hospitals to communities?

The lack of access to advanced diagnostics outside of hospitals restricts early intervention at the community level. Expanding access to advanced diagnostic tools in community clinics, such as AI-enabled technologies, would help reduce the burden placed on hospitals. Additionally, limited capacity within community care services, particularly in nursing and care homes, provides a big challenge as this often delays patient discharges from hospitals, creating a bottleneck. Leveraging HealthTech for remote monitoring could help alleviate this, allowing for faster recovery in a home setting³.

Q3: What do you see as the biggest challenges and enablers to making better use of technology in health and care?

Firstly, the NHS lacks an efficient interface between primary and secondary care systems to allow for patient information to be transferred, which prevents seamless patient management. Implementing an Electronic Patient Record (EPR) to follow patients across all care settings, would enable healthcare professionals to access comprehensive patient histories, allowing for more informed decisions to be taken.

Secondly, the reallocation of capital technology budgets to cover operational costs presents another challenge. Substantial amounts, exceeding £1billion, have been diverted in recent years⁴, significantly undermining the long-term implementation of technologies that could improve both care quality and system efficiency. Expanding the use of programmes that accelerate the implementation and clinical use of new technologies should be a priority. Whilst the NHS already uses similar platforms these are often only regionally accessible, resulting in many NHS trusts missing out on successful new technologies. Establishing

¹ <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

² <https://www.gov.uk/government/speeches/better-tech-not-a-nice-to-have-but-vital-to-have-for-the-nhs>

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9954553/>

⁴ <https://www.hsj.co.uk/finance-and-efficiency/exclusive-1bn-raid-on-capital-budget-to-cover-pay-rises-and-strike-costs/7036668.article>

a centralised system to track and scale successful innovations would enhance the adoption of new technologies across the NHS, improving both efficiency and patient outcomes.

Thirdly, current procurement rules (e.g. IRF16) pose substantial restrictions in allowing the NHS to adopt flexible financing models for advanced solutions such as innovative technologies, which have led to concerns from the sector⁵. Going forward, clearer guidance and procurement guidelines should be provided from both the government and the NHS on what can be classed as capital expenditure.

Q4: What do you see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

A focus on preventative measures should be taken. Preventative strategies such as the upcoming Tobacco and Vaping Bill⁶ are footsteps in the right direction, and should be further supported by public health initiatives. Early detection screening programmes should also be prioritised, such as the National Optimal Lung Cancer Pathway (NOLCP)⁷, which could significantly reduce time to diagnosis and improve early treatment outcomes. However, such programmes currently face resource constraints, limiting their potential.

Diagnostic inequalities across regions present a significant issue, with many trusts lacking essential equipment⁸ such as PET-CT scanners and Endobronchial Ultrasound (EBUS) facilities. This disparity leads to delays in diagnosis and treatment, particularly for conditions such as lung cancer, where early detection is critical.

Workplace shortages exacerbate delays in diagnosis, and need to be addressed. The Royal College of Radiologists recently reported a 29% shortfall in clinical radiologists⁹, leading to backlogs in diagnostic reporting and extending waiting times for tests such as CT scans from an average of three days, to eight. Delays caused by staffing issues prevent timely interventions, worsening patient outcomes, as well as increasing the strain on acute care services.

Leveraging and implementing new technologies is key. A clear pathway for the adoption of new technologies should first be implemented, such as a Rules-Based Medical Technology Pathway, which would streamline the integration of HealthTech, such as innovative diagnostic tools¹⁰. Integrated Care Boards and NHS Trust leaders should be given greater freedom to increase uptake of technologies, such as AI-enhanced screening tools and robotic-assisted diagnostic technologies, which would reduce the time to diagnosis and enable faster interventions.

Q5: Specific policy ideas for change and prioritisation

Short-Term (1 Year)

- One suggestion put forward is funding the expansion of RAS programmes to tackle elective surgery backlogs and improve patient outcomes. An immediate funding commitment would help amend current capacity issues in hospitals. Another suggestion is streamlining procurement rules for flexibility in adopting advanced technologies, changing restrictive policies that inhibit pay-per-use and leasing agreements.

⁵<https://www.hsj.co.uk/finance-and-efficiency/inadequate-action-on-cap-ex-changes-leading-to-suboptimal-decisions/7036511.article>

⁶ <https://bills.parliament.uk/bills/3703>

⁷<https://www.england.nhs.uk/long-read/implementing-a-timed-lung-cancer-diagnostic-%20pathway/#:~:text=%E2%80%9CThe%20National%20Optimal%20Lung%20Cancer,Advisory%20Group%2C%20NHS%20Cancer%20Programme.>

⁸ https://gettingitrightfirsttime.co.uk/medical_specialties/lung-cancer/

⁹<https://www.rcr.ac.uk/news-policy/latest-updates/cancer-care-in-peril-as-workforce-crisis-escalates-warns-royal-college-of-radiologists/>

¹⁰<https://www.england.nhs.uk/long-read/building-an-integrated-rules-based-medical-technology-medtech-pathway-engagement-on-proposals/>

Medium Term (2-5 Years)

- Increasing access to advanced diagnostic tests at the community level to alleviate the burden on hospitals via partnerships with advanced testing centres.
- Closing the gap between the UK and comparator countries where implementation rates of HealthTech are far higher. For example, NHSE could set a target adoption rate of RAS to 28% by 2028, as opposed to the current rate of 5%.
- Improvement of data sharing between primary and secondary care units, by implementing a national digital interoperability standard by 2027.
- Expansion of national screening programs in partnership with NHS trusts to include advanced diagnostic technologies.
- Establishment of a centralised system to track results of NHS-supported innovation trials, to allow for successful implementation of innovative technologies.

Long Term (5+ Years)

- Ensuring equitable RAS access nationwide, focusing on under-resourced areas.
- Creation of a sustainable framework for medical technology funding and adoption, similar to the current process for medicine funding.