Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 1

Organisation name: Alere Ltd

Type of response: Email
Having spent over 30 years in a variety of commercial roles and in different sectors of Healthcare (In Vitro Diagnostics, Pharmaceuticals, Medical Devices) culminating in being the Chairman of BIVDA I am delighted to have the opportunity to comment.

It is very frustrating being in the Commercial world and trying to introduce innovative technologies to the NHS. Very often there is clear recognition from clinical staff of the value of such innovations to the patient and to the NHS but the administrative and financial systems in the NHS provide major blocks such as :-

1. Silo budgeting.
2. Perverse incentives.
3. Cumbersome purchasing bureaucracy focused on price not cost.
4. PCT versus acute care budgets.
5. Patient pathway remodelling is often necessary for game changing products but so many people have to be involved due to the complexity of the NHS it is difficult to get decisions made let alone implement.
6. The annual budget fixation does not allow long term investment view.
7. The proposed GP consortia approach should improve a lot of the above but it concerns me that 3,500 people are going to be working for the NHS Commissioning Board – this would be enough people to actually perform the commissioning for the Consortia but they will instead be checkers and watchers – another bureaucracy which will potentially get in the way of innovation.
8. In order to achieve the QIPP agenda uptake of innovations is vital but unless there is the political will and support to close wards, hospitals these savings will not materialise.
9. It concerns me that the only body actually focusing on innovation uptake (NTAC) is constantly struggling for finance – this sends all the wrong messages to industry and to the NHS.

I would welcome the opportunity to input further and to provide whatever assistance I can to help the NHS adopt Innovation.

Please note that these views are a personal expression and may not necessarily be those of BIVDA.

Kind Regards,

David Horne