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

Respondent ID: 252

Organisation name: Ellis Developments Ltd

Type of response: Online
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Your name (completed by): Julian Ellis

Email: julian.ellis@ellisdev.co.uk

Telephone: 07976 425899

Organisation name: Ellis Developments Ltd

Please choose the description below that best fits your organisation’s main role:

Private sector (med tech)

What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

Encourage people to "just get on with it" and stop messing about! Most innovations I have seen in the sector can be done in a much shorter time. University projects are all split into three year chunks to allow time to write up a PhD, so the work is spun out over three years, when it can often be done in one year if some of the academic niceties are cut out.

What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

I have been a member of the DoH Health Technology Devices panel since 2002 and now sit on its successor under the NIHR, the i4i panel.

One current problem is the refusal by NIHR to fund any animal experimentation whatsoever (including cell work on animal cell lines, not just live animals). This seriously limits the projects that can be assisted, however promising the research. A removal of this block would assist many projects considerably.
Encourage more free or minimal cost seminars in Medical Schools and Teaching Hospitals to get good attendance from industry. Meeting people at such events encourages collaboration as people become friendly as trust develops.

More clinicians need to discuss their problems with those working in industry and with other problem solvers. If problems can't be seen, nobody can work on them. In 2006 we licensed technology for $33m (sadly to a US company) which had been developed resulting from a problem I saw during an operation, and thought "there must be a better way of doing this" If I had not been in the operating theatre that new technology might never have been developed.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes

Do you want to be kept in touch with the next steps in this process?

Yes

Do you want to be included in a wider community of interest?

Yes

What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?
Many practitioners in hospitals have no concept of protecting intellectual property, although things have got a little better in recent years. More information dissemination about IP would help protect innovation, and, assuming contracts of staff are properly drawn up, will allow some financial benefit to accrue to both inventor and employing body (previously it was only the inventor who benefitted. Any royalty paid back to the NHS needs to be passed back to the inventors organisation, preferably the department, so that the benefits can be seen clearly by the inventor's colleagues and by his department.

More publicity needs to be given to successful innovation. The public seem to think that all the best medical innovation comes from abroad, particularly the USA. We are major med tech innovators in the UK, but many don't realise that. Good PR encourages further innovation, particularly as most people love public recognition for their efforts.