

**MEDTECH PATHWAY MAPPING:
INNOVATION FROM BENCH TO BEDSIDE IN THE NHS**

Executive summary

- Our vision is to have an UK ecosystem in which all patients have timely access to transformative, innovative technologies, leading to improved outcomes and experience, more efficient NHS delivery of care, and benefits for the wider economy.
- The AAC has set out to comprehensively map the key steps an innovator should go through from developing a concept to widespread use in the NHS and the support that is already available.
- The mapping identifies twenty-six steps, themed around five key phases (Creation, Prototype Development, Clinical Trials & Regulation, Evaluation and Commissioning, and Adoption and Spread).
- The flowchart has been developed primarily for medical technologies and diagnostics but hope that many sections will be applicable for digital health technologies.
- The immediate benefit of this work is to help policymakers and innovators have an overview and better understanding of the flow of an innovation through the system in general and provide detailed insights into each touchpoint during the journey. It enables mapping of ongoing improvement initiatives and to visualise how they should improve the flow for innovations. The subsequent benefit is derived from analysis on how the process could be improved.

Board members are asked to:

- Consider whether the aims and methods of this mapping work are the right approach
- Highlight any gaps in the mapping exercise to date
- Endorse the working team's plan to engage with AAC members via structured workshops to take place by early Summer

Background:

1. Our vision is to have an UK ecosystem in which all patients have timely access to transformative, innovative medical technologies, leading to improved outcomes and experience, more efficient NHS delivery of care, and benefits for the wider economy. Such technologies increasingly play a fundamental part in both elective recovery and long-term transformation of patient care in the NHS; particularly in the move to out of hospital care, and earlier diagnosis and prevention.
2. The AAC has a responsibility to accelerate innovation through partnership working but evidence shows that we sometimes lag other health systems in the adoption, uptake and spread of transformative medical technologies.

3. We believe there are opportunities to identifying barriers and co-ordinating solutions across the entire Medtech pathway which will address the root causes of issues, negating the future need to set up specific programmes to deal with symptoms of a sub optimal pathway.

Mapping exercise and steps

4. To identify these opportunities, the AAC has set out to comprehensively map the key steps an innovator goes through from developing a Medtech concept to achieving its widespread use in the NHS, acknowledging it is often not a linear process and each innovator's journey is different. We then map the support from AAC partners that is already available at each step.
5. The mapping, shown in Annex 1, identifies twenty-six steps, themed around five key phases (Creation, Prototype Development, Clinical Trials & Regulation, Evaluation and Commissioning, and Adoption and Spread). The flowchart has initially reflected medical technology and diagnostics innovators' experiences but will be developed such that it is applicable to Digital Health technologies as well.
6. Each step displays a schematic flowchart of milestones and related organisations, key information such as timelines and number of products at each phase. We have also started to identify a list of issues for each step from the literature and through initial engagement with key individuals from AAC partners. We also explore ideas for addressing these issues.
7. We plan to further develop this tool with AAC partners over Spring and early Summer via a series of structured workshops and we see the end product as having benefits for internal AAC and external audiences.

Circulation and use

8. For external audiences, we plan to publish the map so that policymakers and innovators have an overview and better understanding of the flow of an innovation through the system in general, and also provide detailed insights into each touchpoint during the journey.
9. For internal AAC stakeholders, this work will allow us to strategically review ongoing improvement initiatives and visualise how they should improve the flow for innovations. It will also provide a whole pathway framework for the AAC Board to use to inform future Medtech policy discussions.

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A supporting appendix is also provided.

Annex 1 – MedTech pathway steps

