

Mindset-XR

Innovate UK Funding Innovation Support Programme

Health Innovation Network

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Innovate
UK



Health
Innovation
Network
South London

Why immersive technology x mental health

Why Immersive Technology	Why Mental Health
<ul style="list-style-type: none">• 83% growth in XR since 2017• Health has seen the highest growth in immersive tech application• 350% increase in use-at-home XR in 2021• Existing mental health therapies don't work for everyone• High waiting lists and staff shortages offer an opportunity to think differently	<ul style="list-style-type: none">• High prevalence of mental health issues• Mental health issues and access to care impact different people differently• The mental health system faces a number of challenges• £117.9 billion per year is the estimated cost of mental health to the UK economy (5% of GDP)• Achieving digital transformation of the health and social care sector is a top priority for DHSC and NHSE

The Value Proposition

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The value of your value proposition

Your value proposition is the way you describe and convey the potential of your product or service to prospective customers.

It is essential that you are able to describe and thoroughly understand what value means to your health or social care audience.

This includes the evidence and features you want to convey, but also the media used to do so depending on the clinical knowledge of your audience, the time they have available to review the information, and competing priorities they may have.

<https://wessexahsn.org.uk/videos/show/371>

<https://www.easternahsn.org/developing-value-proposition/>

Why is value proposition important?

Engages your audience

Meaningfully using a common language

Incorporates multiple perspectives

Consider for the impact of change (inc Net Zero, inequalities (ie: race, gender, age, sexuality, digital exclusion etc))

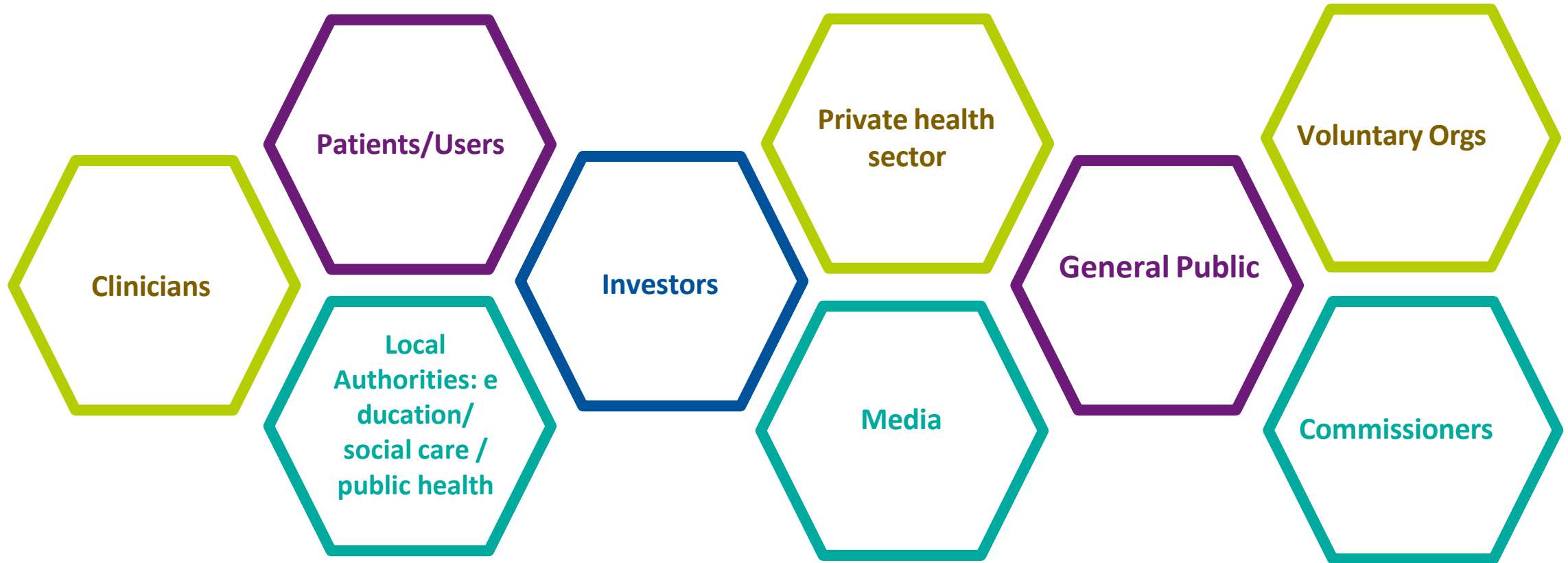
Basis of the case for change

i.e., Business case, presents key quantitative and qualitative insights

Adoption at scale

Validates the potential for this by building credibility and confidence

Consider your audience – customers and influencers



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Don't tell me about the solution, tell me why you do what you do and why your company exists.

Chief Innovation Officer

Royal Free London NHS Foundation Trust

Why is value proposition important?

Problem

What is the **context** that your intervention is going to be used in and the inherent challenge?

What is the **consequence** (missed opportunity) - outcomes / health care resource utilisation?

Solution

What is the **intervention** and what will be different?

What is the **impact** (change in consequence for patients - outcomes and/or experience – and what does this mean for the service leaders (operationally and financially)?

Value proposition example



Problem

Since the COVID pandemic, over 10% of the adult population are on a waiting list for surgery and more are waiting for a consultation.

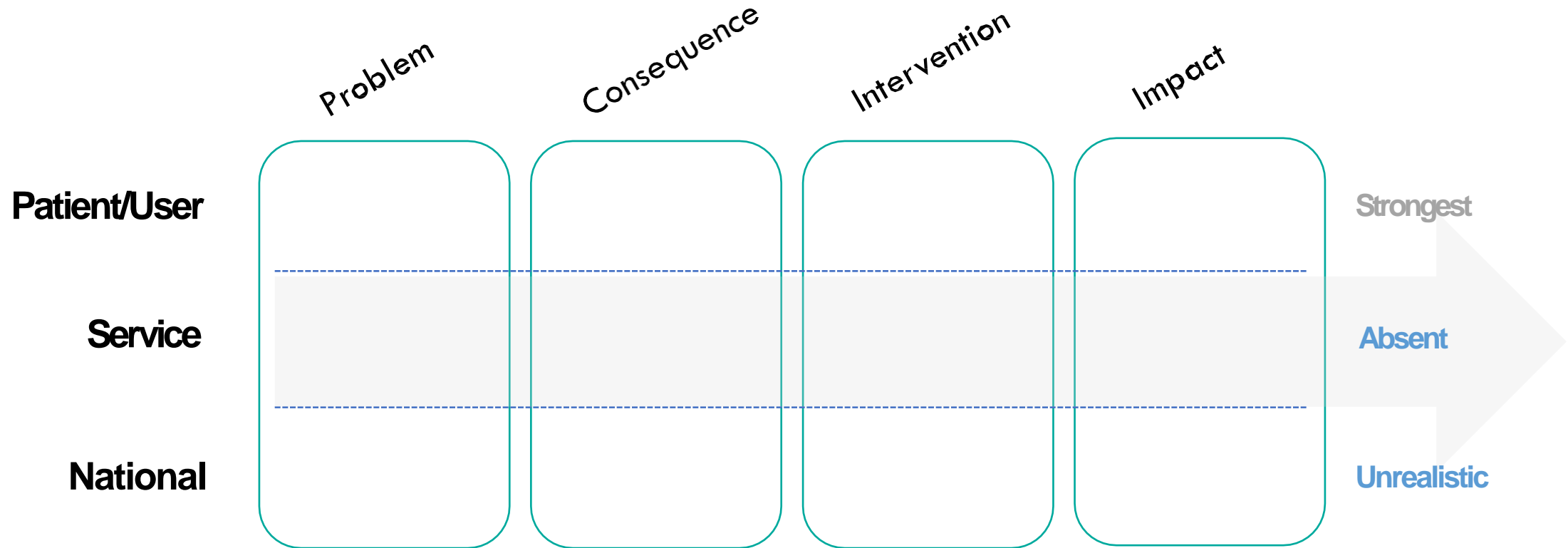
Current clinical staff do not have the capacity to address this backlog. We need alternative means of caring for our patients safely and effectively.

Solution

Ufonia has built Dora – an AI enabled autonomous clinical assistant that is able to telephone patients and conduct routine clinical conversations, such as after surgery, as an alternative to this needing to be done by healthcare staff.

Dora doesn't require patients to use any technology, they simply have a normal phone call. Dora increases clinical capacity, reduces costs and provides a more reliable, convenient and consistent experience for patients.

Deconstructing the value proposition



...to identify any gaps in the story.

The health system and how it works

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The structure of the NHS/HSC

- ❖ In Northern Ireland, the National Health Service (NHS) is referred to as Health and Social Care (HSC)
- ❖ Access to services is based on clinical need, not an individual's ability to pay
- ❖ Overall the NHS is the largest employer in the UK and 5th largest in the world
- ❖ Deals with over 1 million patients every 36 hours
- ❖ Not the only health system customer (nor is it just one customer), but it is significant!



HSC Services are commissioned by the Health and Social Care Board and provided by five Health and Social Care Trusts.

Elsewhere in the UK the health service is structured differently.



How to approach the Health System

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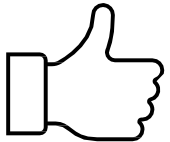
Problems for innovators



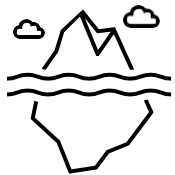
The health system is complicated and doesn't always behave in a way innovators anticipate



Demand signalling (expressed unmet needs) can be misleading



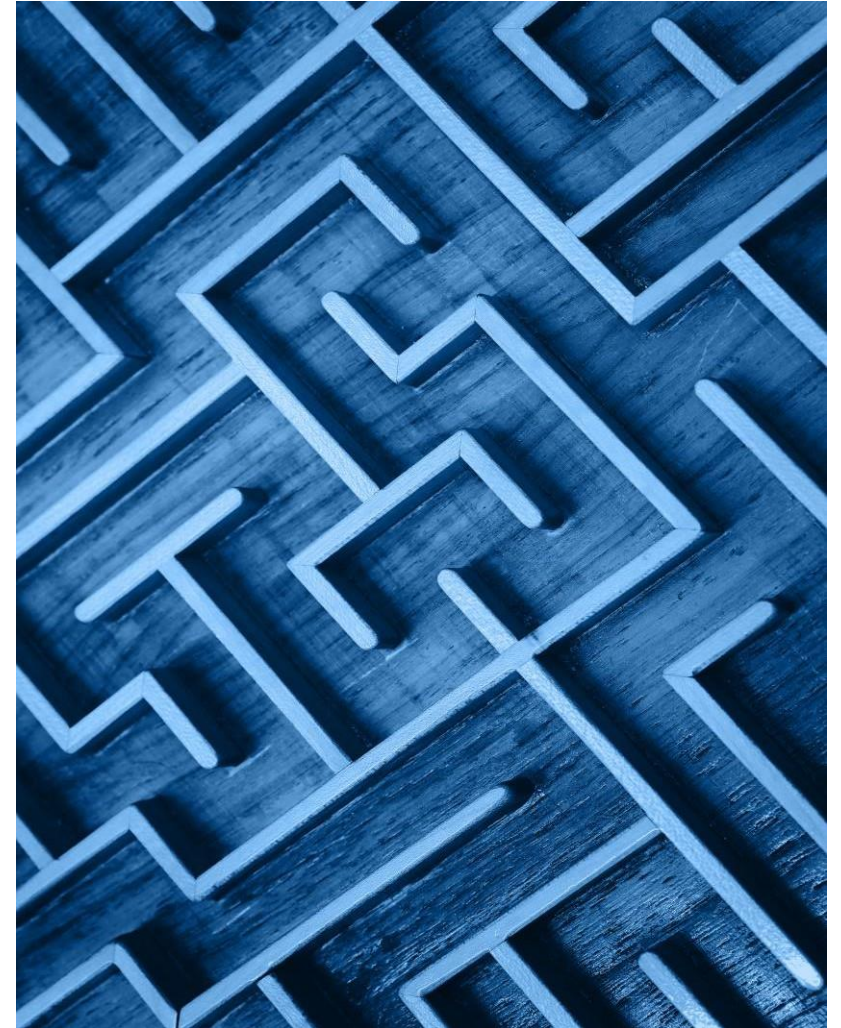
It can be difficult to find the right decision maker or influencer



One success does not = adoption and spread



Co-creation is essential but takes time and effort



Problems for the Health System



How do they know what you are selling meets their needs?



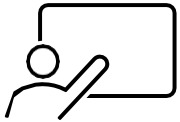
Generic messaging = switch off



Staff (generally) have limited experience of dealing with industry and are very busy



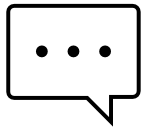
Getting your innovation noticed by health system customers



Clear and concise pitch, using plain English and avoid jargon or acronyms.



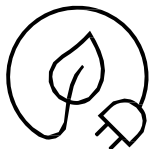
A hard sell approach doesn't normally work with busy clinicians and commissioners



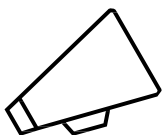
Get (credible) others to spread the message of how great your innovation is



Have a 1 pager / pitch deck ready to send out with evidence of the clinical and financial impact (hyperlink to published papers, current use, and the payment model)



Be aware of impact on other priorities such as Net Zero and reducing inequalities



Use social media and online digital health publications to shout about your 'good news stories'

Watch out for unexpected knock-on costs!

Where are the savings?

- Rare for innovation to be cash-releasing
- Don't make grand claims you can't substantiate
- System vs. provider savings

What are the payment structures?

- Tariffs- payment from commissioners to providers to cover cost of procedure
- Block payments
- Reducing length of stay won't generate cash, may generate transferrable resource.



Evaluating cost effectiveness for a Business Case

- Present buyer with quantifiable business case-ready data.
- Use case study style scenarios to illustrate use cases.
- Use local data to demonstrate potential impact
- Take a procurement approach demonstrating return on investment/cash released, service user benefits (outcomes and impact) and reduced system pressure
- Develop an implementation plan*. In the case of an app do the intended population have smart phones/tablets? Always consider how you can be inclusive...
 - What staff training is needed?
 - How much set up time is required?
 - How will you provide ongoing support ?

[*Understanding Implementation Dynamics - Carl May \(carlrmay.com\)](http://carlrmay.com)

How to beat the current financial climate (hopefully)

Health services currently have very tight budgets, and many priority areas to fund. It is rare for an innovation to release cash or provide return on investment in the first year, which can preclude procurement where the current year's budget is at capacity.

Key to success is:

- Explicit alignment to existing priorities
- Solving a clear and provable problem
- Demonstrating how this solution is better than alternatives
- Flexible pricing – amount and schedule / fitting into underspend
- Endorsement from 'champions' (clinicians, patient interest groups, previous successful roll out sites)
- Reducing implementation costs (i.e. free training)

Grant funding

Where services are strapped for cash but want to take up an innovation there are still ways to enable this:

Pilot – in the early stages of testing an innovation it is common for the innovator to provide the product free of charge or ‘at cost’ to secure sites for real-world evaluation. This costs the innovator in the short term but provides potential investment.

Underspend – smaller projects can sometimes access local end of year underspends.

Grant funding – various organisations provide grants and funding for innovations at various stages. These include:

- [Health Foundation and Q Community](#)
- [Innovate UK](#) and [SBRI](#)
- [NIHR](#)
- [Wellcome Trust](#)
- Private investors
- The Health Innovation Network promote funding opportunities via their website <https://healthinnovationnetwork.com/news/health-innovation-funding-opportunities/>

Service user involvement

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Involvement

Involvement of patients, clinicians and carers (ie: family / friends) is essential to developing solutions which work for their intended user.

- It is a way of working with people who use health and care services, carers and communities in equal partnership.
- It acknowledges that people with 'lived experience' of a particular condition are best placed to advise on what support and services will make a positive difference to them.
- Helps to ground discussions in practical reality, and maintain a person-centred perspective.
- It is an opportunity to ensure innovation does not widen inequalities, and ideally reduces inequalities.
- Forms part of a range of approaches that includes co-creation, engagement & consultation.



[NHS England » Co-production](#)

[NHS England » How co-production is used to improve the quality of services and people's experience of care: A literature review](#)

[NHS England » Get Involved](#)

Regulation

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Regulation for a mental health digital tool

- Regulatory requirements will at minimum include Digital Technology Assessment Criteria (DTAC) compliance, and any National Institute for health and Care Excellence (NICE) guidance.
- MHRA regulation depends on whether you want/need to be considered a medical device.
- Regulation is a complex area, is continually changing and more detailed advice as the tool develops will be necessary.

Clinical research and evidence

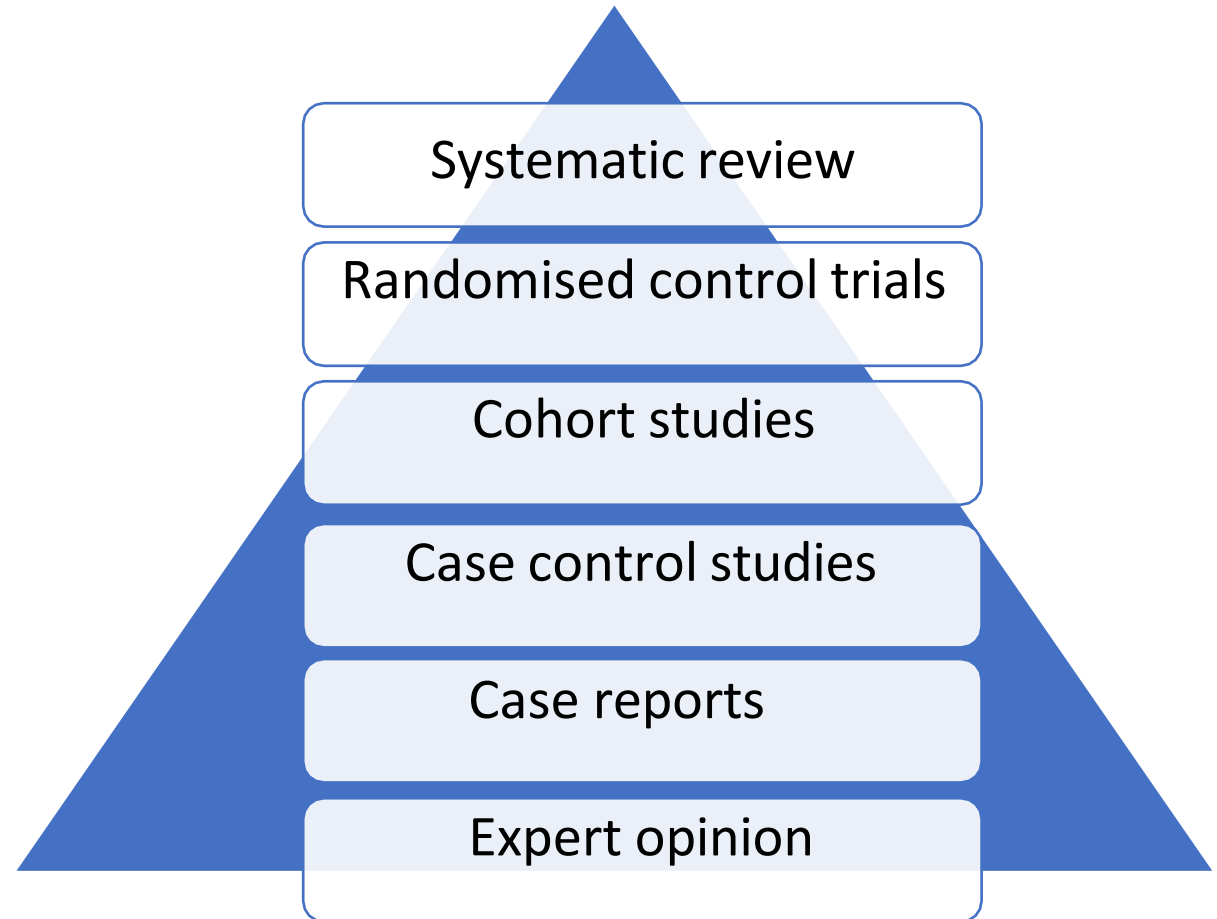
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Hierarchy of evidence

Standard of evidence needed varies depending on the innovation and the risk presented.

Often, to move past the pilot stage, the following is required at minimum:

- Real world validation
- Peer reviewed studies demonstrating clinical efficacy
- Evidence of significant return on investment, i.e. reduction in clinical time or reduced representation.



Appendices

Appendix 1: Detailed value proposition considerations

	Problem / Opportunity / Challenge / Need	Consequence	Intervention	Impact
Patient / Person	<p>What patients / people is this intervention / innovation directed towards?</p> <p>How does the disease affect them? How does it progress?</p> <p>How does this compare with other issues affecting these patients / people?</p>	<p>What is the perceived (avoidable) consequence to patients / people in terms of experience and outcome?</p> <p>How does this compare with other cost consequences to these patients?</p>	<p>Which patients will be affected by the change? What will they experience differently with the new intervention?</p> <p>How will they be affected by the change? When will they benefit from the new intervention?</p>	<p>What changes in experience and outcome will be achieved for a patient? How will it vary across the patient group(s)?</p>
Service	<p>Where in the service has the opportunity arisen? How is the service currently delivered?</p> <p>How does this compare with other opportunities within that service?</p>	<p>What is the perceived quality and cost consequences of not currently being able to prevent, identify, treat (more quickly, more effectively etc.).</p> <p>How does this compare with other cost consequence to the service?</p>	<p>How will the service be delivered in future?</p> <p>How will the transition to the new service be achieved? How will it be procured? What implementation support will be provided?</p>	<p>What is the change to and impact on the service in terms of resources and quality?</p> <p>When will this be achieved? How will it vary by organisation and separately over time? How will it be sustained?</p>
National (market)	<p>What are national priorities?</p> <p>How are services distributed across the whole market?</p> <p>How does this opportunity compare with other opportunities in healthcare?</p>	<p>What is the perceived quality and cost consequence nationally?</p> <p>How does this compare with other cost consequence across the market?</p>	<p>How will this be scaled? Which organisations or regions or by what other factor will be targeted first over what time period? How will this be resourced?</p>	<p>What proportion of organisations are expected to take up the intervention?</p>