

Innovation Management

The process across NHS Trusts

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Aim

- MidTECH was the West Midlands NHS Trusts first foray into Tech Transfer
- Started from fresh
- Invented our tech transfer process based upon what we thought were the Trust's requirements
- The aim is to share this with you for thoughts/discussion



Contents

- History of NHS innovation
- A bit about MidTECH
- A bit about the NHS
- Tech transfer in the NHS – challenges and how it does it
- MidTECH's goal
- MidTECH TT system
- The Pros and Cons



History

- Prior to 2005 NHS had no formal interest in management of IP
- In 2005 the Dept of Health announced that IP was to be protected and exploited commercially
- It set up a network of Innovation Hubs – under the title “NHS Innovations”



MidTECH

- MidTECH is NHS Innovations West Midlands
- Funded centrally



- Plus membership fees
 - We run a membership system for West Mids Trusts
 - They pay a subsidised fee for services



MidTECH Services

- IP Policy and procedures
 - Generally in line with Universities
- Identify innovations
 - Originally from R&D
- Protect ideas
- Commercially exploit ideas on behalf of each Trust
- Provide innovation workshops / training



A vision (5 years ago)

- NHS Innovations would be a country wide entity
- All ideas would be fed into one central place
- All innovation, industry and academic links, tech transfer and research would flow from there
- None of this happened



A little about the NHS

- The NHS is not one central organisation
- A collection of separate legal entities – “Trusts”
- They are all being given more autonomy and responsibility. They are separating.
- They are all able to compete with each other for patients and services
- They have “Commercial Departments”



How does this affect innovation and Tech Transfer?

- Previously Trusts saw new ideas only as a system of patient benefit
- Now they also see IP as a means of income generation and reputation enhancement
- Quote from a finance director:

“I want us to be at the ‘cutting edge’ of this and the ‘forefront’ of whatever! Understand?”



The Challenge for NHS Innovations

- Over 100,000 staff in each region
 - Struggle to scrape the surface
 - Not enough funding to satisfy possible demand
- Around 90 separate Trusts
- No IP protection or commercialisation culture
 - in fact resistance to it
- A Trust is unlikely to have any one person responsible for IP



How to address this

- We need to change a culture
- We have a huge population to cover and not enough money
- Very few staff understand tech transfer and need to learn and be convinced
- NHS staff are impatient for good ideas to get to market for patient benefit
 - The longer we sit on a project, the longer the patient goes without the idea



How to address this

- We are looking for “quick wins”
- Our entire TT model is about “project churn”
 - How fast can we get an idea to market?
- Or:
 - How fast can we finish the project?
- All about speed



The plan

- The plan wasn't to always run projects like this
- Get the quick wins, prove the system, convince the Trusts, use case studies and market successes
- We learnt some interesting lessons and kept some aspects of the system

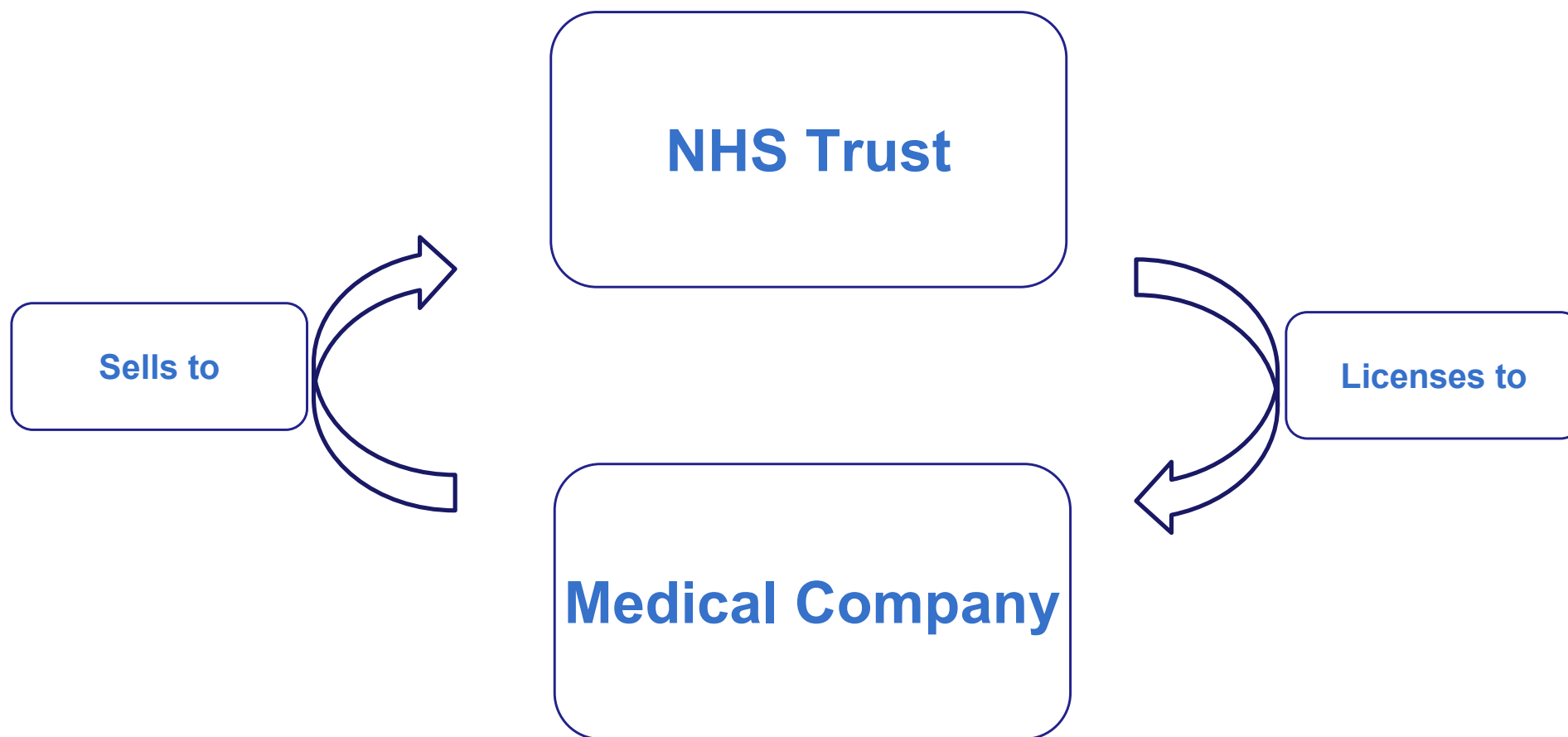


What happened before TT?

- We thought it arrogant to assume there was no TT before MidTECH
- Tech transfer happened and was very efficient
- Based around sales rep / clinician relationship



TT in the NHS



The System

- We only licensed ideas
 - Spin-outs took too long
- We did not get involved in grants, grant applications, research funding, etc
 - Delayed our goal
- Set deadlines on each project and agree with the member NHS trust
 - If milestones were not hit, hand the project back



The System

- We did little or no market research
 - Quick novelty check
 - Quick peer review
- Let the market decide
 - If potential licensees turned the idea down, that was our judging system
 - Faster way



The System

- We did not invent or get involved in the science of an idea
 - All development / prototype work was around the idea's presentation
- A step further – we stopped employing science-educated staff
 - Shifted towards sales backgrounds
 - They asked different questions



The System

- Internal culture change
- Bonus payment to staff for each licence deal signed
 - every activity was linked to the sign off of a deal
- Overall company licence deal target rewarded through Christmas bonus
- Internal competition
 - “League table” of innovation managers



Pros and Cons

- Cons
 - Not much “added value”
 - Royalties lower in deals done
 - Some extreme examples of TT where the innovation manager had little knowledge of the project
 - Good IP protection becomes an irritant
 - After-licence monitoring drops off the priority list
 - Recruitment problems



Pros and Cons

- Pros
 - Good industry links and networks
 - Good at pitching to industry
 - Our hands-off approach to the science has been appreciated by industry
 - Trust staff see ideas benefit patients quickly – that is their main motivation
 - High number of commercialised products
 - Focuses staff to get results
 - Cheap system to run
 - Case-studies a-plenty!



MidTECH now

- MidTECH (ironically) “span out”
- Company Limited by Guarantee
 - 8 NHS Trusts sit on our board
 - Funded directly by 30 Trusts



Aspects we have kept

- Bonus system
- Hands-off approach to the science
 - Focuses on commercialisation
- Quick-to-industry, licence model
 - Its what the NHS is comfortable with



Aspects altered

- Broadened the targets
 - Not just licence deal done
 - Based on clinical and financial outcomes for the Trust
 - Measured by the customer
- Add more value
 - Added focused research into the idea
 - Based upon NHS know-how
 - Slightly more product development



TT in the NHS – looking forward

- Trusts take TT much more seriously than ever before
- Large acute Trusts are leading the way
 - Commercial departments
 - Enterprise Policies
- IP is becoming part of a larger plan for cashing in on assets



The end of “Collaborations”

- Clamp down on consultants’ research programmes
- NHS Trusts are looking for a financial return on their investment in joint research
- The clinician – company rep relationship is over.... (sort of)



What innovations do Trusts like to work on?

- Does your project take care out of hospitals and into the community?
 - Empowering the patient
 - GP based
 - Telehealthcare
- If so there is funding to be had
- E-learning



Conclusion

- The system has its pros and cons
- It keeps the TT department focussed on its job – plays to the strengths of those involved
- A clear goal to aim for
- Good for quick results and demonstrating value



Conclusion

- NHS Trusts are becoming individual
 - What may be a good idea to one isn't necessarily good for another
- Trusts are setting up internal departments to manage IP
 - Impact on the hubs?

