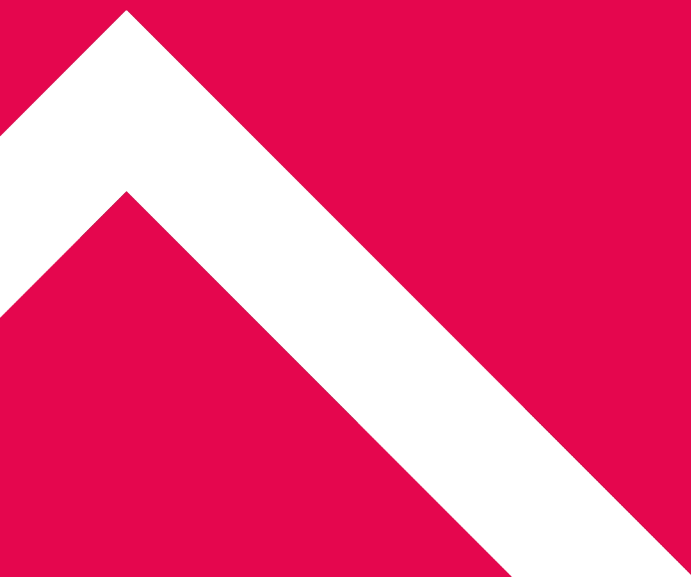




ABHI

HealthTech for Life



From Innovation to Impact

The realities of digital health adoption in the NHS

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ABHI & OUR OFFER



Engagement to Shape Policy



Expertise in Regulation



Deep NHS Relationships



Networking Opportunities



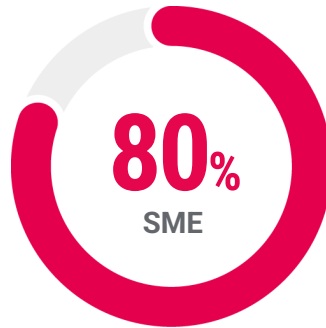
Insight, Intelligence & Resources



Support Trade & Export



400
Members



OUR TEAM

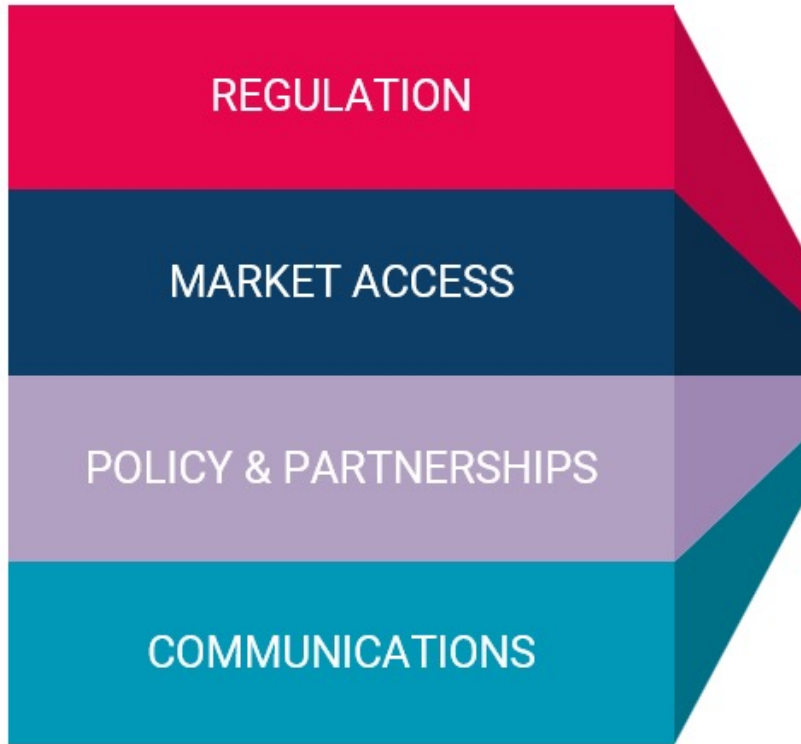
- > Deep HealthTech industry experience
- > 12 strong leadership team



INTERNATIONAL

- > Help >250 companies annually
- > US Accelerator programme
- > UK Pavilions

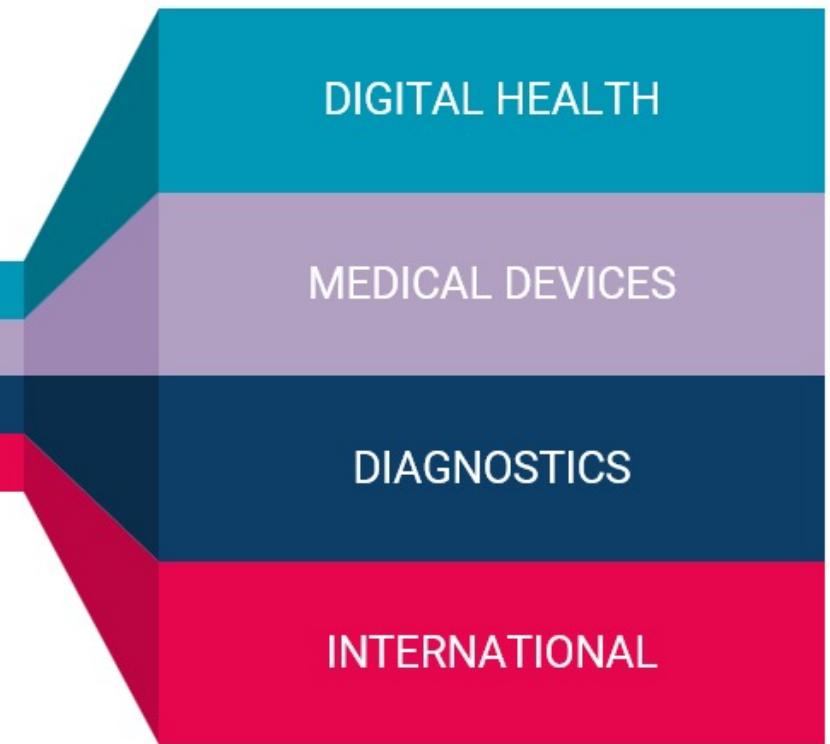
FUNCTIONS



STAKEHOLDER ENGAGEMENT



BUSINESS AREA



POLICY CO-ORDINATION

SECTOR SPECIFIC PROGRAMMES

Part of our roles include...

LISTEN	TEST	CONNECT	TRANSLATE	ACT
Member conversations Companies of every size, from start-ups to multinationals, understanding the challenges they are facing and determining how we can best support.	Is it systemic? We act on every concern raised. The question is <i>how</i> : individually resolved, or escalated as a systemic issue when it's affecting multiple members.	Central decision-makers NHS England, DHSC, NICE, MHRA, Office for Life Sciences, Health Innovation Networks, ICBs and trusts.	Evidence into an ask Turning general feedback into a specific, proportionate request that names the organisation owning the lever.	Strategy and influencing Consultation responses, position statements, sector strategies, working groups, and the follow-up that gets them implemented.

Digital can extend the reach and continuity of care

Mental health demonstrates both the potential of digital and the practical conditions needed for adoption



THE WIDER ADOPTION CHALLENGE

The opportunity is not simply to digitise existing services. Value comes from redesigning pathways, enabling implementation and creating a route to sustainable adoption.

The adoption puzzle

EVIDENCE & VALUE

Evidence doesn't guarantee a decision

Companies can complete strong evaluations, generate real value and even secure NICE engagement - and still get no funding decision.

There's often no clarity on when evidence is “enough,” or what meeting the bar unlocks.

Building health economic evidence can be more costly and more complex to evidence across pathways, services.

COMMISSIONING

There may be no single commissioner

Responsibility can sit with an ICB, NHS England or a provider - and the clinical team making the case often doesn't hold the budget.

Whether you're replacing technologies or changing the pathway will determine if commissioning is required.

Products are frequently commissioned on a 12-month contract making it hard to evidence the true impact.

FUNDING

Value doesn't automatically unlock funding

Money tends to come from short-term transformation budgets or BAU funding, not recurrent service budgets- rarely enough time to redesign a pathway or show benefits that take years to appear.

The funding may not always come from the same place the value is realised, which can present the question... well who should pay?

The adoption puzzle

IMPLEMENTATION

Treat as transformation, not deployment

Implementation needs are often considered only after procurement. Without workforce capacity or change-management support, a new technology can add work rather than remove it.

By the time procurement and information governance leads are brought in, key decisions about the technology and its use have often already been made - leaving little room to flag requirements or risks before they become blockers.

PEOPLE

Success can depend on one person

Adoption often relies on individual champions who understand the technology and can navigate the organisation - a role that's rarely standardised, resourced, or protected if that person moves on.

Deployment often proceeds without the workforce who'll actually use the technology being genuinely involved from the outset - leaving clinical teams to adapt to a decision made without them, rather than shaping it.

LEARNING

Lessons rarely travel

Findings from pilots are rarely validated or shared, so organisations repeat evaluations that have already happened elsewhere, with no reliable basis for deciding what to scale, adapt or stop.

Evaluations often focus on demonstrating that a technology is effective, but may not answer the practical questions a commissioner or clinician needs answered - such as what it costs to run, what staff time it requires, or how it fits into an existing pathway.