



BHTA – part of the solution

Our members – almost 500 companies employing over 17,000 people – make or sell assistive technology products that help people live more independently.

These range from wheelchairs, scooters to stairlifts, seating and positioning products, patient support surfaces



British Healthcare Trades Association

MANIFESTO 2023-2024

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Executive Summary

At a crucial time – in the midst of NHS recovery, social care integration, a rapidly developing medical devices landscape, and a need for economic growth – there has never been a more important moment for the nation to forge a collaborative relationship with our healthcare product-makers, innovators, and suppliers.

The seriousness of these challenges is recognised by Government, the NHS, and industry bodies. The UK's manufacturers, distributors, and retailers of Health Technology (Health Tech) for Health and Social Care (H&SC) are already key contributors to the UK economy. They provide goods and services worth £4bn per year and are a critical part of the broader H&SC sector. Without a vibrant and healthy H&SC sector, the UK will flounder and will not be able to deliver the reforms to health and social care that are urgently needed to ensure it is fit for purpose.

The BHTA believes that collaboration and partnership among industry stakeholders, policymakers, healthcare professionals, and patients is essential to achieve the shared goal of advancing healthcare excellence. This report is a clarion call for collaboration among stakeholders, policymakers, healthcare professionals and patients. Our shared goal is to revolutionise the way this important industry delivers healthcare excellence across the country. Through its manifesto, the BHTA outlines a comprehensive vision encompassing key areas that require attention and transformation to shape a brighter future for UK Health Tech and H&SC.



The prize for getting this right includes a boost to NHS capacity, and a medical device regulatory landscape that supports businesses and ensures innovations are quickly adopted to benefit patients. UK Health Tech is poised and eager to lend its expertise, yet often finds itself relegated to the sidelines. Historically, this has led to frustration as pragmatic solutions to regulatory challenges and supply chain problems proposed by industry are not taken up.



84%

of UK health tech businesses feel the pressures they face are poorly understood by UK Government

Despite the Health Tech sector brimming with a collaborative spirit and innovations that could greatly benefit the NHS, industry's contributions frequently fail to gain traction. This is particularly challenging for smaller businesses whose groundbreaking innovations risk fading into obscurity due to systemic issues. The untapped potential of these ideas, hindered by existing barriers, highlights the urgency for a collaborative approach. It's time to bridge the gap, fostering a partnership that empowers UK Health Tech industry to bring forward its transformative solutions, catalysing positive change within the healthcare landscape.

At the heart of this manifesto are five key recommendations which, if implemented, would empower the vital H&SC sector to help with key challenges in the NHS, social care and support a thriving UK Health Tech sector:

1. Release NHS Capacity – Industry Partnership for Effective H&SC Delivery:

By bringing all stakeholders together – including industry partners – significant progress could be made to release additional NHS capacity and reduce hospital admissions. We urge the establishment of a National H&SC Stakeholder Forum where scalable solutions and practices can be quickly identified and rolled out.

2. Regulate for Safe, Effective UK Medical Devices:

To ensure access to safe, effective medical devices – and a domestic industry that delivers patient innovations – the UK needs a world-leading medical device regime.

3. Rethink Innovation Adoption & Procurement:

The UK needs a unified innovation office (a “single front door”) led by DHSC. This must include reform to H&SC procurement processes, making better use of value-based procurement principles to ensure adoption of the right products at the right time and deliver the best patient outcome at the best value.

4. Regularise Sustainability & Social Value:

Government must empower NHSE Central Commercial Function (CCF) with budget, resource, and authority to drive consistency in sustainability and social value across departments and commissioning bodies.

5. Reduce Export Barriers:

The UK needs consistent, frictionless trade, yet export barriers threaten UK Health Tech's global potential. In close partnership with industry, Government should ensure clear, consistent application of the 2025 UK Border Strategy, UK Export Strategy, and UK Single-Trade Window.

BHTA aims to inspire action and ignite a collective effort to drive positive change within UK Health Tech and H&SC. By aligning stakeholders and working towards a shared vision, BHTA seeks to create an environment where innovation, inclusivity, ethical practices, and sustainability thrive – and ultimately lead to improved patient care, enhanced outcomes, and a stronger H&SC system in the United Kingdom.



“Our customers come to us because they are disabled or ageing and in need of support to continue with their lives. They cannot always wait indefinitely for stock to arrive – we have had customers pass away whilst waiting on equipment.”

Release NHS Capacity – Industry Partnership for Effective H&SC Delivery

SUMMARY

Reducing preventable hospital admissions and speeding up hospital discharges are major goals for UK H&SC – and these goals can only be delivered in close partnership with industry.

The current UK H&SC delivery landscape is:

- Piecemeal
- Hindered by uncertainties
- Lacking in scalable solutions

Left unchecked, this situation risks an overwhelmed and broken NHS, a descent of UK H&SC to a 2nd-class market, and poor preparedness for an aging population and future pandemics. This would be unacceptable under any circumstances – let alone at a time when the lifespan of the NHS (75 years) is now longer than the average healthy-life expectancy of UK adults (68.9 years), and UK adults can expect to spend, on average, 12.2 years living with illness or disability¹. The Government must partner with UK H&SC providers to address this first-order “aging infrastructure” challenge with revitalised processes and ways of working.



43%

of UK health tech businesses are reducing, or considering reducing, the amount of stock they produce/distribute

RECOMMENDATION

Government must establish and fund a National Stakeholder Forum to identify policies, practices, and processes that drive effective H&SC delivery at scale.

This should consider:

- Reducing hospital admissions, especially through focus on chronic conditions/diseases
- Speeding up hospital discharge
- Promoting independence, by allowing people to live more of their lives at home

Industry has already developed, trialled, and put in place solutions across these areas, including:

1. **Workforce Expansion:** The [Jun-23 NHS Long-Term Workforce Plan](#) provides good forward-looking strategic direction, but help is needed now to address current issues in organisational design (e.g. more than 200,000 H&SC staff vacancies in England alone²), an area that receives less than 3% of UK health research funding³. BHTA's [Prosthetics](#) and [Orthotics](#) companies are investing in H&SC professionals – prosthetists, orthotists, and specialist occupational therapists – across the value-chain by:
 - a. Sponsoring more school places, and...
 - b. Expanding postgraduate training programs, which allows for better...

- c. Recruitment, training, and retention of prosthetists, orthotists and specialist occupational therapists.

2. **Staffing Flexibility:** As the NHS drives changes⁴ to “ways of working to release staff time to focus on patient care”⁵ and to support “Integrated Care Systems (ICSS) to build [sustainable supply] partnerships,”⁶ they would do well to look at how BHTA's [Independent Living & Mobility](#) and [Stairlifts](#) companies built and leveraged virtual assessments during the Covid-19 pandemic. In what amounted to a new H&SC pathway, home adaptation companies, occupational therapists, and local authority teams built new telehealth- and remote-consultation-based solutions. This not only reduced burden on the NHS, but ensured patients and carers could still receive vital technologies and treatments at a time when the community care backlog affected an estimated 900,000 children and adults in England⁷. See the [BHTA Virtual Assessment Roundtable Feb-22](#) for detailed case studies on how virtual assessments benefit patients, carers, H&SC commissioners, businesses and the environment.

3. **Technology Adoption:** DHSC has acknowledged⁸ that the UK cannot deliver modern H&SC without seizing opportunities presented by data-driven products and services. BHTA's [Community Equipment](#) companies are leveraging technology that streamlines healthcare delivery. From telemedicine to remote-monitoring solutions to electronic health records (EHRs) and data-sharing,

these solutions can provide care to patients in their homes, driving efficiency by reducing the need for in-person visits. BHTA companies have joined [Contact & Connect's Community Loan Recall](#) telehealth solution, leading to increased returns of much-needed equipment – with gains for both efficiency and sustainability.

4. Integrated Care and Partnership with the Independent Sector:

BHTA monitors the development of [ICSs](#), and has commented on the need for more detail of Government plans for ICSs, both [strategic](#) and [tactical](#). Sadly, in spite of integration's benefits for both patients⁹ and systems¹⁰, Government appears to be hollowing out funding for these integration plans in England¹¹, while systems grind to near-collapse in Scotland¹² and Wales¹³. It is becoming clear that H&SC providers will be asked to step into the breach. [Multiple BHTA companies](#) are hard at work identifying opportunities within ICSs to improve coordination and communication between primary care providers, hospitals, and community services. They have also developed new ways to provide products and services across multiple H&SC settings, allowing some NHS care to be delivered outside of hospitals. For example, BHTA member [Essex Cares Ltd.'s](#) pioneering ward-led reablement programme is so effective – leading to a 42% reduction in per-patient days-per-stay in the first three months of its rollout at Colchester Hospital – that it is expanding across Mid and South Essex NHS Trust.

5. Patient Flow and Pathways: Long before the Covid-19 pandemic or the elevation of [Reducing NHS Waiting Lists](#) to a Top 5 Government Priority, BHTA's [Children's Equipment, Beds & Support Surfaces](#), and [Pressure Care, Seating & Positioning](#) companies have worked to improve patient flow and care pathways within hospitals. They have helped minimise delays and optimise bed utilisation; enhance discharge planning; establish effective handover procedures; and lessen hospital-acquired infection to help H&SC commissioners, viz:

- a. Reduce c. £1.9bn/year spend on disabled children's H&SC via £0.5bn/year equipment provision¹⁴;
- b. ID practical steps for H&SC commissioners to reduce bed-blocking, improve care, and cut costs¹⁵; and
- c. Reduce NHS spend on hospital-acquired infections – MRSA alone costs the NHS c. £9k/patient, or £45m/year¹⁶ – via technical guidance on disinfecting assistive technologies¹⁷ and mattresses¹⁸

6. Health Education and Prevention: BHTA's [Beds & Support Surfaces](#), [Pressure Care, Seating & Positioning](#), and [Dispensing Appliance](#) companies have invested in health education and provision programs to empower individuals to improve their health, prevent avoidable conditions, and develop better health literacy for self-care and non-NHS interventions, viz:

- a. Lessen the £2.6bn annual cost of unnecessary pressure ulcers suffered by c.400,000 patients¹⁹;
- b. Unlock NHS capacity by supplying stoma and continence devices direct to patients' homes (80% of all patients choose this direct-supply route – including 375,000 long-term patients – and in 2021 this relieved the NHS of over 4.5m patient emails and calls)²⁰; and
- c. Maximise efficiency and value of NHS spend on key commodity products such as hospital mattresses via technical advice (few cross-NHS figures exist for spend on mattresses; a [2020/21 FOI response](#) from Medway NHS Hospital Trust gives an indication of annual spend of c.£170,000 on mattresses).

Adoption of these recommendations stands to deliver the following benefits (an approximate roll-up of figures cited in each of the six areas above):

- Orders-of-magnitude efficiency gains and productivity savings for the NHS and large H&SC commissioners;
- Essential industry assistance in delivering integrated H&SC via ICSs and place-based partners; and
- Tens-of-millions to £100s-of-millions savings to NHS and other large H&SC commissioners via better deployment of technology, better patient flow and pathways, and reduced hospital admissions and speedier hospital discharges.

Regulate for Safe, Effective UK Medical Devices

SUMMARY

It is essential UK regulation delivers access to safe and effective medical devices, overseen by a world-leading authority.

Currently there is no single law, regulation, or market-access route for UK medical devices. Medical device companies in the UK face a tangled landscape of inter-related laws, regulations, and processes (each with its own timelines, risks, costs) against which corporate decisions must be made²². Left unaddressed, these challenges will put £13.5bn of UK Health Tech²³ at risk as companies prioritise more stable and defined markets.

The UK regime should be:

1. Responsive

- Capacity and capability; MHRA must urgently build organisational and systemic resources to ensure safe and effective UK medical device regulation. The UK system must operate in a global market context;
- Tactical innovation champion; MHRA must partner with industry and trade associations to re-boot its business-as-usual operations as it transitions into a sovereign regulator; and

RECOMMENDATION

Government must deliver a world-leading medical device regime; this can only be achieved via open-source regulation – engaging meaningfully with stakeholders to develop UK laws, regulations, and market-access routes.

- Strategic innovation enabler; MHRA must partner with industry and trade associations to fulfil its stated strategic goal to “deliver UK innovation focussed legislation”²⁴.
- 2. **Clear**
 - Strategic; the [MHRA Corporate Plan 2023-26](#) sets good direction and this must be refreshed regularly with policymakers, industry, and other regulators in order to remain relevant;
 - Guided by a detailed roadmap, with milestones for progress; monthly meetings between MHRA and trade associations/ industry partners should provide opportunities for updates and input; and
 - Communicate straightforward, clear regulatory guidance; MHRA should partner with key stakeholders to develop and publish guidance.

3. Equitable

Regulation and market-access should be equitable, regardless of company size and operational model; MHRA must demonstrate:

- Market-access benchmarking; to ensure UK regulation and domestic assurance avoids excessive requirements or expense compared to other global regulators;
- Information protocols; to build/maintain compatible data-sharing agreements with other global regulators; and
- Real-world vigilance; to develop risk-guided and proportionate approaches – e.g. pre- and post-market surveillance; incident-reporting; quality-management systems – that avoid undue burden on SMEs.

“Regulatory pressures are becoming ever more burdensome and costly.”



95%

of UK health tech businesses call for greater regulatory certainty



- Streamline; secure UK participation in integrated platforms and pathways that reduce regulatory burden and time to market for innovative treatments and technologies (via, .e.g., the Innovative Licensing and Access Pathway and [Innovative Devices Access Pathway](#)).

In addition to better collaboration and cooperation between MHRA and the Health Tech sector, adoption of these recommendations stands to deliver the following benefits:

- Safer, better, more modern and innovative care and quality of life for UK patients;
- Maximise potential of the Life Science Sector, an identified “key driver” of 21st-century UK growth;
- More inward investment, reverse UK life-science decline (c.7k mfr jobs lost; prod. down 29% since 2009²⁷); and
- Over-the-odds economic benefits, including: an evergreen 25% rate of return on every public £1 invested in medical research; 2.5 jobs supported in other parts of the UK economy per every 1 life-sciences job²⁸.

4. Transparent

MHRA should – as part of its commitment to a Science Strategy²⁵ and evidence-based decision-making²⁶ – establish open-source regulation, including:

- Evidence registry, to show how and via what processes it develops regulatory policy;
- Dispute-resolution mechanism, including medical device classification questions; and
- Emerging-regulation sandbox, to allow multi-stakeholder debate of novel technologies and ideas, and to develop regulatory reasoning, rationale, and expectations for future regulation.

5. Harmonised

As outlined in the MHRA Corporate Plan 2023-26 and the UK Government's [2021 Life Sciences Vision](#), MHRA must place UK medical device regulation in a global market context. MHRA should establish regular reporting mechanisms to show follow-through on plans to:

- Partner; broaden and deepen partnerships with other global regulators;
- Contextualise; ensure UK conformity assessment maximises the potential for global mutual recognition (via, e.g., Medical Device Single Audit Program);
- Level-up; advance UK interest globally (via, e.g., the International Medical Device Regulators Forum); and

Rethink Innovation Adoption & Procurement

SUMMARY

The UK should have a unified innovation office (a “single front door”) led by DHSC – and H&SC procurement must be reformed on value-based procurement principles to ensure adoption of the right products at the right time and deliver the best patient outcome at the best value.

Despite many efforts to centralise H&SC procurement, the landscape remains complex. Commissioners (NHS Trusts, ICSs, Local Authorities, etc.) are invited, not required, to procure centrally. Although this has some advantages – local flexibility for buyers, multiple market-entry points for suppliers – commissioners’ creation and operation of their own procurement processes presents suppliers with a landscape that is:

- **Complicated:** Multiple, complex public-sector buying policies/practices;
- **Dynamic:** Frequent changes to policies/practices;
- **Diverse & Duplicative:** Commissioners may buy via multiple channels;

RECOMMENDATION

For Innovation Adoption, we call on Government to create – in partnership with industry – a roadmap, timeline, and toolkit to boost H&SC innovation adoption.

- **Siloed:** Separate H&SC budgets mean suppliers selling to one part of the chain (e.g. the NHS) that deliver patient benefits to another part of the chain (e.g. Local Authorities) get no “credit” for those benefits; and
- **Innovation-Averse:** Aggressive scoring and weighting on price competitiveness by procurement functions, combined with complex regulations stifle innovation.

At the same time, UK adoption of innovative H&SC products and services has been:

- **Difficult:** It is very hard for industry to understand what type and level of evidence would allow the NHS to adopt innovative products – and real-world data (including post-market data) should be given genuine consideration where blind, randomised control clinical trial data is impracticable;
- **Disconnected:** Too often individual NHS organisations are conducting their own, smaller health technology assessments (HTAs), which increases the resource-burden for both innovators and commissioners;

RECOMMENDATION

For Procurement, Government must increase investment in current NHSE/industry partnership – led by NHSE Central Commercial Function (NHS CCF) – to create a suite of mutually-agreed policies, practices, and toolkits based on Value-Based Procurement principles.

- **Misaligned:** NHS procurement mechanisms’ narrow focus on up-front costs often does not allow for consideration of products’ full-lifecycle value, and this departure from a bedrock principle of Value Based Procurement means the UK’s innovation landscape compares unfavourably with other markets; and
- **Unsuccessful:** In a 2021 Parliamentary Question answer, DHSC acknowledged that in the first 12 months of operation of its most recent innovation-submission portal (HealthTechConnect), 180 technologies were submitted, of which 142 were shared with NHS Supply Chain... but zero were adopted by the NHS²⁹.

Without reforms to innovation and procurement, the UK risks becoming a 2nd-class market where patients, the NHS, and H&SC systems have to make do with outdated technologies and treatments. The UK will be disadvantaged as companies take their business and innovation, and products to other markets.



of UK health tech businesses believe UK patients will be negative affected by current challenges intend to focus on other international markets



Success in this new world requires a coherent and sensible approach to adopting innovative products and services – and a move away from narrow and artificial “price vs. patients” procurement choices to a patient-centred culture where operational decisions and processes reflect strategic, value-based, whole-life-cost goals.

As called for in [DHSC’s Feb-23 Med Tech Strategy and Innovation Adoption Programme](#), these resources should:

- Stem from agreed-upon definitions of Innovation and its spectra;
- Aim to produce the best patient outcomes;
- Benefit health and social care stakeholders;
- Take account of lessons learned during the Covid-19 pandemic; and

- Preserve and enhance the UK as a centre of world-leading Health Tech.

Near Term: BHTA calls on Government to put in place genuine support – i.e., budget, resource, process, collaboration – to enable DHSC to deliver against their stated Innovation goals³⁰:

- National Clinical Leadership for Innovative Products;
- Clear Demand-Signalling from Government Health & Social Care Commissioners;
- Streamlined, Class-Based Product Evaluation;
- Innovation Classification Framework; and
- Convergence of End-to-End Activities Around the Innovative Devices Access Pathway (IDAP).

Long Term: BHTA calls on Government to build – via collaboration, based on the outcome of near-term goals above – strategic resource in the form of:

- A single front door for a unified innovation model, e.g. a DHSC-led Innovation Office, which could build on the work of the existing [NHSE Accelerated Access Collaborative \(AAC\)](#); the AAC’s [Mar-23 board minutes](#) and [NHS As An Innovation Partner](#) paper acknowledge significant headwinds, however – and the sheer density of [AAC’s 48-slide Health Technology Pathway: Navigation Tool for Innovators in England](#) throws into high relief the scope and scale of resource required to stand up a modern, streamlined, fit-for-purpose innovation programme for both Government (including NICE, MHRA, NHS, NHSSC, and DHSC) and innovators;
- Clearer funding and commissioning models, e.g. funding support points across the Innovation lifecycle; and
- Innovation-friendly procurement, e.g. Innovation Lots within Category Towers and Framework Agreements.

This should include:

- Increased resources – headcount, learning-&-development, industry knowledge – so purchasers can procure H&SC products and services effectively;
- Best-practice procurement guides from across the life-sciences industry³¹;



“As we deliver and collect product from hospitals and in the community multiple times each day on fixed-price contracts, increased logistics costs directly affect business profitability.”

- Mutually-understood definitions of relationships between prices, patient care-quality, and sustainability goals;
- Comparative examination of UK-vs-global adoption models for innovative products and services;
- Comparative examination of UK-vs-global participation from SMEs in H&SC supply chain³²;
- Mutually-understood procurement requirements and processes that fulfil:
 - Contract/framework lifecycle management
 - Flexible tendering models that allow buyers breadth and depth of choice

- Consistent application of Value-Based Procurement across the H&SC landscape
- Effective communication between buyers and suppliers; and
- A working group – cross-commissioning-body (buyers) and cross-industry (sellers) – to identify new opportunities within the ICS landscape (e.g. to drive economies of scale while preserving local flexibility).

Adoption of these recommendations stands to deliver the following benefits:

- Better patient care and quality of life for a UK population increasingly depending on assistive technology;
- Fast-track access to innovative ideas/products that would otherwise leave the UK;
- Economic benefits of UK leadership in medical technology (inward-investment, UK plc growth, job growth);
- Lower long-term H&SC costs due to access to innovative care; and
- Releasing administrative capacity otherwise dedicated to contested tenders.

Regularise Sustainability & Social Value

SUMMARY

Government commitments on sustainability and social value can only be achieved with clear, consistent, equitable partnership between Government and industry.

Currently, UK H&SC commissioners (buyers) and suppliers (sellers) are attempting to navigate a landscape that is very new to them. NHSE and DHSC have begun essential and welcome processes of:

- Policy Integration, to embed sustainability and social value principles into national H&SC policies, and to ensure that sustainability and social value principles are applied consistently via:
 - [NHS Long-Term Plan](#)
 - [Greener NHS Initiatives](#)
 - [Delivering a Net-Zero National Health Service](#)
 - [NHS Supply Chain Embedding Social Value](#)
 - [DHSC/Industry Design for Life Programme](#)

RECOMMENDATION

Government must empower NHSE CCF – with budget, resource, and authority – to drive consistency in sustainability and social value across departments and commissioning bodies.

- Stakeholder Engagement, to engage key stakeholders, including health and social care professionals, policymakers, patients, and community representatives, as well as to encourage collaboration and participation to foster a sense of ownership and commitment to sustainability and social value principles via:
 - [NHS Central Commercial Function Stakeholder Engagement](#)
 - [NHS Sustainable Supplier Forum](#)
 - [NHS Net-Zero Supplier Roadmap and Evergreen Sustainable Supplier Assessment](#)

That said, on an operational level, the current landscape remains:

- Full of conflicting priorities;
- Fragmented; and
- Unclear.

The UK risks falling behind other nations in sustainability and social value, having a less attractive job market, making no progress on improving the planet, and driving

companies and industry to more easily-understood markets.

In partnership with industry, NHSE CCF should deliver:

- Clear understanding of how sustainability and social value are weighted in procurement;
- A true partnership model, with equitable sharing of risks and benefits between procurers and suppliers;
- Better comprehension of the cost model of sustainable and socially valuable products and services;
- Fair consideration of challenges faced by SMEs, including scalability and resource pressures; and
- Mutually-agreed, regularly-assessed performance metrics against sustainability and social value.

Adoption of these recommendations stands to deliver the following benefits:

- UK leadership in fighting climate change;
- Faster, better, cheaper Covid-19 recovery;
- More and better chances to build sustainable UK H&SC systems that tackle economic inequality;
- More and better UK R&D innovation to explore new ways to improve H&SC sustainability and social value; and
- Financial and moral strength of UK market increased as a result of circular economy leadership.



70%

of UK health tech businesses feel investment and confidence will be impacted

Reduce Export Barriers

SUMMARY

The UK needs consistent, frictionless trading relationships between UK H&SC exporters and global partners, especially the EU.

Now that the UK has left the EU, exporters face different import requirements for each EU trading partner, leading to:

- Unclear rules and different on-the-ground practicalities for each export country; and
- Increased cost, regulatory burden, and administrative resource.

Left unaddressed, these challenges will lead to a shrinking of UK export capability and capacity, losses to UK plc as businesses close (especially SMEs), and knock-on UK economic effects (to services, financial products, insurance, etc).

Though we strongly support Government's 12-Point UK Export Plan³⁶, Health Tech is conspicuous in its absence from the UK Export Strategy (neither "assistive technology" nor "medical devices" is mentioned in the document). From a Health Tech perspective, we suggest the UK's overall approach to export should include:

RECOMMENDATION

In close partnership with industry, Government should ensure clear, consistent application of the 2025 UK Border Strategy³³, UK Export Strategy³⁴, and UK Single-Trade Window³⁵

- Government Investment, H&SC-targeted financial incentives, grants, export promotion, and SME support to encourage businesses to explore international markets, viz:
 - **DBT Export Support Service (ESS)** should receive proper resource, investment, and strategy, beginning with a reconfirmation of Government's £45m spending commitment ; ESS should be able to fulfil its three laudable aims, rather than function just as a free helpline and online service for UK businesses to get answers to questions about exporting products or services to EU customers
- Trade Agreements, in which UK government prioritises H&SC products and services, viz:
 - UK Export Strategy – Government-to-Government Partnerships and Opening Markets Worldwide need fully-resourced follow-through in general and application of a Health Tech lens in particular to mitigate operational risks to their laudable goals

- UK Export R&D, for which Government should support market research to identify target countries with high demand for UK H&SC products and services, viz:
 - Addition of Health Tech Sectoral Strategy for UK Export, since Health Tech would currently fall between the existing Life Sciences, Healthcare & Chemicals and Technology strategies ; Health Tech surely deserves focus as its own sector – it is an area of both strength (boasting a 16% compound annual growth rate 2016-2020 for a total of nearly £6m in 2020 exports) and weakness (UK falls behind many developed companies in its exports of Health Tech ranked 10th in recent Imperial College research and 12th by DBT's Office for Life Sciences)⁴²
- Digital Infrastructure, with close collaboration between HMT, HMRC, MHRA to harmonise digital infrastructure and technology adoption within the H&SC sector to help UK businesses reach global customers, viz:
 - Operationalisation of the Single Trade Window (STW), in partnership with industry, to deliver on the STW's headline promise:

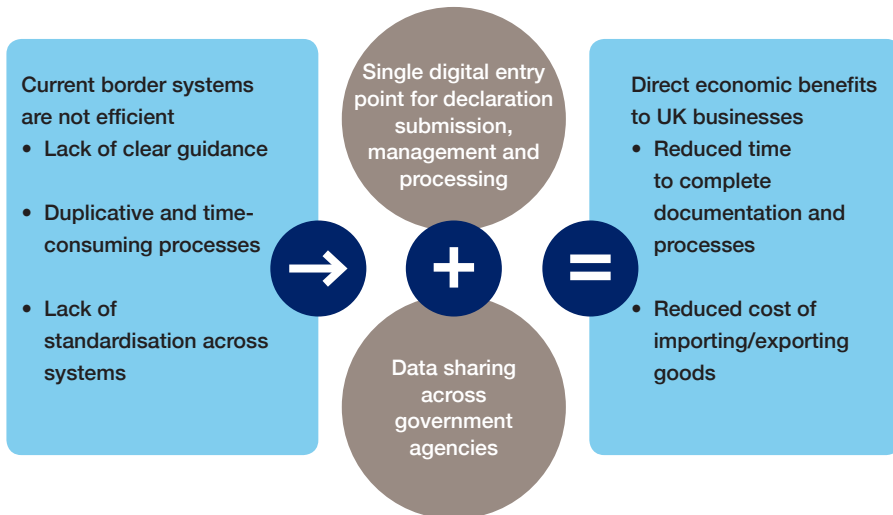


29%

of UK health tech businesses intend to focus on other international markets.

Adoption of these recommendations stands to deliver the following benefits:

- Reducing market access barriers at only G20 countries could boost UK exports by c.£75 billion per year⁴³;
- Growth of UK Health Tech export market beyond its current c.£6bn level⁴⁴; and
- Advancement of UK Health Tech export sector in global standings, with positive inward-investment effects.



“Margins are under extreme pressure, and we may have to withdraw products from the UK market.”

About the British Healthcare Trades Association

Founded in 1917, the British Healthcare Trades Association (BHTA) plays a vital role in representing and supporting the interests of companies and individuals involved in the Health Tech industry. With a rich history and a commitment to promoting high standards and ethical practices, the BHTA is a trusted authority in the Health Tech sector.

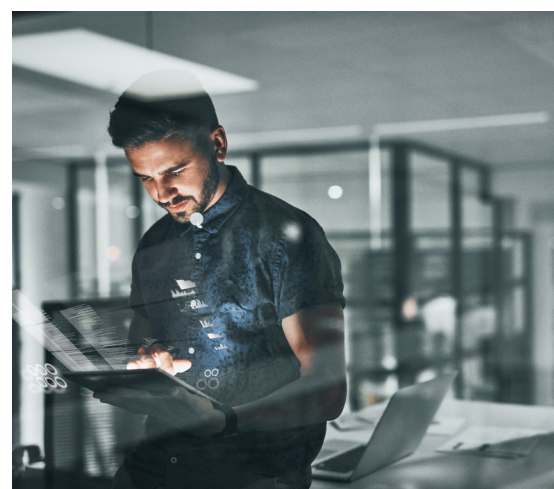
The BHTA's strives for a fair and equitable UK H&SC system, where people have access to the right product and service, at the right time, at the right value. The association achieves this by working closely with its members, government agencies, and other stakeholders to shape policies, regulations, and standards that govern the industry.

One of the key roles of the BHTA is to represent the interests of its members on a national level. The association serves as a powerful advocate, promoting the importance of the Health Tech sector and highlighting the contribution it makes to society. By engaging with policymakers and relevant bodies, the BHTA seeks to influence legislation and policies that affect the industry, ensuring that the voice of members is heard.

The BHTA is committed to upholding the highest standards of professionalism, quality, and ethics within the Health Tech sector. It sets a code of practice and guidelines for members, promoting responsible business conduct and fostering a culture of excellence. Through training and industry events, the BHTA ensures that its members stay updated with the latest developments, technological advancements, and best practices in the Health Tech field.

In addition to advocacy and standards, the BHTA plays a vital role in fostering collaboration and knowledge sharing within the Health Tech industry. It provides a platform for networking, information exchange, and collaboration among members. By bringing together manufacturers, suppliers, service providers, and healthcare professionals, the BHTA enables the sharing of expertise and facilitates partnerships that drive innovation and improve patient care.

Ultimately, the BHTA spearheads progress in the UK Health Tech industry. With its commitment to representing its members, advocating for responsible business practices, and promoting collaboration and knowledge sharing, the BHTA continues to make significant contributions to the advancement of healthcare in the United Kingdom.



Footnotes

Unless otherwise stated, all online sources cited in the body text and footnotes were accessed in July 2023; links and information contained therein were correct as at that time.

- 1 Global Burden of Disease Report, 2020.
- 2 The Health Foundation, Health & Social Care Workforce Data.
- 3 UK Clinical Research Collaboration, UK Health Research Analysis 2018 (published 2020).
- 4 One of the NHS' three workforce improvement pillars is: "Reform to improve productivity by working and training in different ways, building broader teams with flexible skills . . . to take advantage of new technology that increases flexibility in deployment"; see NHS Long Term Workforce Plan, p. 5.
- 5 NHS Long Term Workforce Plan, p. 14, Point 18.
- 6 NHS Long Term Workforce Plan, p. 52.
- 7 Hidden Waits, NHS Confederation, 08-Apr-22.
- 8 Data Saves Lives: Reshaping Health and Social Care with Data, DHSC, June 2022.
- 9 See, e.g., "What integration means for social care," joint Skills for Care and NHS Employers blog, 25-May-23.
- 10 See, e.g., "Integrated workforce thinking across systems," NHS Employers, 19-Oct-22.
- 11 "Fury greets cuts to funding for social care's contribution to integration," HSJ, Annabelle Collins, 04-Apr-23.
- 12 "Dangerously close to a complete system failure in social care," Edinburgh Evening News, Claire Miller, 20-Jun-23.
- 13 "More than 50 NHS Wales leaders say social care is in a 'state of emergency'," Wales Online, Mark Smith, 28-Sep-22.
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- 31 See, e.g., BHTA Best Practice Procurement White Paper, 2023.
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 1. Export Support Service
 2. Supporting exporters across all parts of the UK
 3. Financial support for exporters
 4. UK Export Finance
 5. Government-to-government partnerships
 6. UK Export Academy
 7. Our exporting networks across the UK
 8. Export Campaign – Made in the UK, Sold to the World
 9. Piloting a New UK Tradeshow Programme
 10. Making exporting easier
 11. Our global reach
 12. Opening markets worldwide
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- 38 See UK Export Strategy, pp. 27-28.
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- 42 Sectoral Systems of Innovation and the UK's Competitiveness: The UK MedTech Sector, pp. 21-22.
- 43 See UK Export Strategy, p. 42.
- 44 See Note 42 for estimated market size.



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