How to Pitch HealthTech to the NHS.
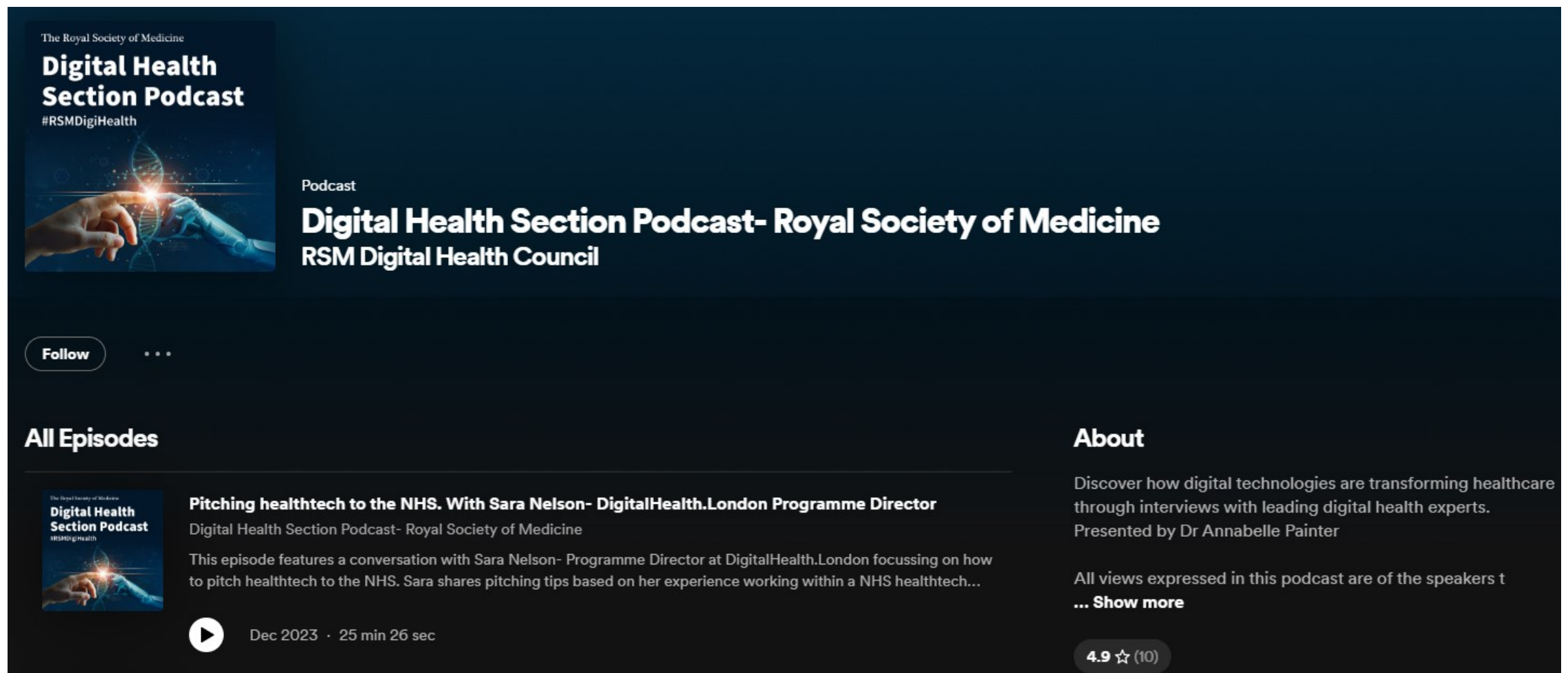
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This carousel has been adapted from the following **podcast episode**:

Podcast

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Pitching healthtech to the NHS. With Sara Nelson- DigitalHealth.London Programme Director
Digital Health Section Podcast- Royal Society of Medicine

This episode features a conversation with Sara Nelson- Programme Director at DigitalHealth.London focussing on how to pitch healthtech to the NHS. Sara shares pitching tips based on her experience working within a NHS healthtech...

Dec 2023 · 25 min 26 sec

About

Discover how digital technologies are transforming healthcare through interviews with leading digital health experts. Presented by Dr Annabelle Painter

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https://open.spotify.com/episode/1YhEYjfpkTLrRQMMqvpZEF?si=40e6fa8710b741b8

"Whilst there are many solutions out there that have identified a health related need and **genuinely solve it well**, they don't achieve product market fit because their business model doesn't align with the financial incentives and procurement practices within the NHS.

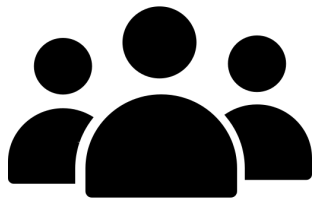It's crucial to understand the key factors that are **steering the decision making for procuring** those products.

Today, we are going to be tackling the question of **how to pitch a health tech product to the NHS**."

Sara Nelson,
Programme Director,
Digital Health London.

In this carousel, we will cover:

Who should you pitch to?
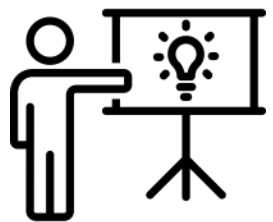
How should you pitch?

Pilot studies. (Best Practices)

Follow up.
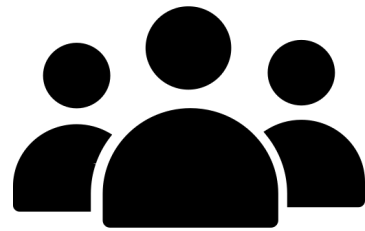
Who should you pitch to?

One of the **first major misconceptions** that people have is the fact that it is one NHS.

It is not one NHS, it is many thousands. (Some even quote up to 22,000!)

It's many thousands of organizations that make up the NHS and all are **funded slightly differently** and all have different methods of payment.

Therefore,

We need to think about where their **incentive lies**.

We need to think about who the **budget holders** are.

We need to think about whether are you:

. **Going direct to that organization**

or

. **Going through frameworks.**

A lot of NHS procurement is through frameworks.

That's where **pre-approved providers** can join a framework.

There might be a mini competition or there might be the **dynamic purchasing system**.

But that is a way that organizations can get to your product.

So, who should you be looking to speak to within a given NHS organization?

One of the biggest misconceptions is that the **CEO** is always going to be the person who's going to procure your particular product.

There are multiple people who can say no to a product, but **there's actually very few people who can say yes to a product**.

If you're looking at a GP practices which tend to be businesses within their own rights, you may be looking at <u>GPs or the GP managers</u>.

If you're looking at an ICS, you might need to be looking at some of their system leaders, you might be looking at <u>the CIO</u>.

If you're looking at bringing a product **into a hospital setting**, you need to be having those conversations with:

The general manager

The Medical Director

The Head of Nursing

So you need to be looking at that <u>triumvirate</u> of people.

- **The head of nursing** is going to be looking at the <u>safety, quality and the impact on the staff</u> that they have.

- **The general manager** is going to be looking at the, <u>the operational costs</u> and will probably the one who sorts out the finance.

- **The medical director** will be the one who gives <u>yes and no thoughts</u> on whether this product is something that is used in the service.

Try and get that group of people together fairly quickly if you feel that this is a pitch to actually take your the product into the market or into their organization.

AN IMPORTANT POINT.

Another issue that we often get is if you spend a lot of time on **one particular clinical champion** or person, **the chances are in the NHS they'll move on.**

So if you haven't got other people within that team who are going to be your champions, **you lose everything that you've done in that six months previously or that year previously.**

Find your clinical champions and have a **diverse group of champions if possible** within that organization.

The budget holders are the <u>most important people</u> in terms of how far your conversation will go.

Because if they haven't understood where your product brings benefit then the chances are they're not going to actually agree to doing the **signing at the end of the day**.

CHAPTER 2
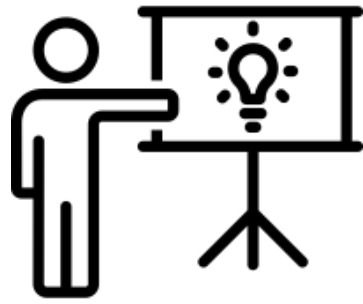
How should you pitch?

1. UNDERSTAND YOUR REASON FOR PITCHING.

If this is your very first contact with the NHS.

Chances are they're not going to agree to signing on the dotted line at that point.

Your initial reason for pitching is to make them aware of your product, your USP and to start to understand some of their **dynamics and priorities.**

Thinking about the reasons for what that pitch is and who you need to be influencing at that time is the **first starting point.**

2. TALK LESS/ LISTEN MORE.

From experience, the best companies haven't gone in or guns blazing saying we've got this great product that can do anything and will solve anything.

They've gone in there and they've listened to the problem that's there at the time.

Listening and talking to them helps you understand what their issues are and will help you work out what part of your product is the **most likely to be saleable to that particular organization.**

3. DON'T PREACH TO THE CHOIR

Don't spend 3/4 of the time talking about what the problem is for this gynaecological condition or this area of mental health, **because usually people know what the problem is.**

Instead, ask questions about **how the problem affects the people** you're pitching to.

4. LEAVE NEGATIVITY OUT.

Being an innovator is extremely hard.

It can be very challenging and this can sometimes spill over into your pitch.

Use others to have that negative conversation with before you go into meetings with NHS staff.

5. BE CLEAR ABOUT WHAT YOU NEED.

Be really overt about what you need in terms of resourcing from that organization.

If you are in a position where the NHS is keen to take you on, Make sure first of all that you get what you need out of that contract.

Be clear about what you need from them, and that might be **data, time from a project manager, or training time for each staff**.

If you can be over and upfront about this, you help <u>reduce their work of figuring out</u> what's it going to take (staff and resource) to implement your product.

6. BE SPECIFIC ABOUT YOUR VALUE PROPOSITION.

Please don't say we can do everything because if you say your product can do everything, they can't then <u>work out what part of their clinical pathway does your product fit into</u>.

If you don't know whereabouts in their pathway this might fit, **do a bit of exploring as to what their pathway is.**

Trying to be over-flexible actually put people off because that **it becomes less tangible** what the benefit might be.

CHAPTER 3

NHS pilots.
(Best Practices)

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I do not like free pilots because I feel that there's no ownership.

I feel that if I have paid for something then **I have to justify to my management** what the outcomes were, what the benefits were.

I have to justify the time that is spent and I want something to succeed.

If it's a free pilot, it's a bonus, It's something that's nice to have around.

But I don't have that same want or need for it to succeed.

"

And so therefore I've seen many pilots where companies have brought a pilot in, left it with the organization and have come back three months later or six months later and they go:

"Yeah, thanks, it was nice, but let's move on. <u>We haven't got money for it</u>."

So therefore the company goes away with no extra knowledge or skills or information on how to develop the product.

TOP TIPS FOR NHS PILOTS

No.1

Make sure that when you start your pilot, have a real list as to what your **key performance indicators** are for them going into this environment.

No.2

If you think that this is good enough to really benefit staff and patients, then **you want to have a upfront conversation about payment.**

No.3

You may want to go for a lower rate with your organisations because they still have to justify what they're using that money for.

No.4

If all else fails, think about **what are you going to have at the end of the pilot** that will help you with the next conversation.

CHAPTER 4

Follow up

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It's really important that you **follow up your conversations** with the member of staff that you've spoken to because of they will <u>deprioritize</u> your conversation **once they've left that room.**

Prepare a 1 page summary for them.

1. That starts with **Thank You**.

2. This is the **company** and the **product**.

3. This is the **evidence** that we have.

(And if you haven't got full evidence because you are early stage)

4. Then **feedback** on your product is just as important for us to know.

Be mindful about what is going on in a particular NHS trust at the moment.

If they are currently focusing on onboarding a large electronic health record - they may not have the capacity to take on more products.

Concentrate on getting those hot leads in areas where they might be able to do something rather than where they're not ready yet.

Hope you found this helpful!

This is a series we are making to help HealthTech Innovators access better resources.

Just our small way of helping!