Interview: Ben Bridgewater – CEO, Health Innovation Manchester, UK



"We continue to work very closely with pharma partners to deliver benefits to patients. Together we focus not only on new drugs but on lifestyle changes and better care plans to truly make a difference."

29.05.2018

Tags: UK, Health Innovation Manchester, Manchester, Innovation, Healthcare, Partnerships

Recently appointed CEO of Health Innovation Manchester, Ben Bridgewater explains the organization's goal of improving the lives of the people of Greater Manchester by ensuring a constant pipeline of innovation, working along health and social dynamics, industry and academic collaboration. He also shares his thoughts on how data, technology and digital transformation can play pivotal roles in creating a healthier population.

You have just started in your role as CEO of Health Innovation Manchester (HInM). What brought you to accept this position?

I was a cardiac surgeon for 20 years. Over the years, I started to work on collecting and analysing data, feeding it back into applications, to drive quality improvement in British cardiac surgery. The results of these efforts were enormous, we had a 50 percent reduction in mortality over ten years. I decided to further concentrate on these efforts and went on to publish that data for patients and the public.

Gradually, I became involved with policy, patients, professionals and technology, particularly around data analytics. I became more and more interested in the ability of technology to enhance outcomes for patients. Finding allies in the medical profession was tough, but I encountered interest amongst politicians and patient organisations, as well as technology companies that understood 'digitalisation'.

It is about bringing information to citizens in a different way, and I was trying to do that in cardiology. So, I left my position as a surgeon to become an expert in that particular field and spent two years working with a big technology player, amongst others active in digital health. There, I expanded my knowledge about how to use technology as a method to drive transformation.

Greater Manchester for its part had been in a process of devolution for a while and there was a readiness to do things differently. It brought together an academic health science network which is one of the 15 regional networks in the UK, revolving around driving forward innovation in healthcare, and it has an academic health sciences centre, one of six in the UK, which brings translational research into clinical delivery. It was an exciting moment to jump on that train, and I brought with me the necessary skills. A good match, all in all.

Can you tell us more about the story behind HInM?

The story starts with devolution in Greater Manchester. There was an analysis conducted that said that social development is the criteria holding back a healthy population. It became apparent that things had to be done differently and that, to ensure this was done in a smart way, it was important to deal with some of the key determinants of health and broaden the discussion.

It was recognised that the issue laid not only with health, but health and social care, and a link had to be established early on. Therefore, the next question was how it would be possible to support the localities to deliver the care appropriate for their population, what governance had to be put in place to allow such a process to thrive. This discussion led to devolution where the control over financial budgets is given to smaller more targeted-acting groups. Greater Manchester thus acquired binding decision-making power, allowing it to move to different models of care. This took it away from classic ways of doing things and to look instead at innovation in technology to accompany the shift.

Henceforth, the priority for Greater Manchester has been: ‘start well, live well, age well’. The goal is to find an operational plan across the system to support health and social care from at all life stages, over disease areas such as cardiovascular, respiratory, cancer and dementia.

What is HInM’s role in that equation?

Our role is to ensure an active pipeline of innovation to feed those particular needs. Innovations can have multiple aspects, from service or pathway redesigns to new drugs or devices. It is about using technology in a different way. We strive to achieve that constant pipeline and then to work with the system to determine which innovations we will be driving through.

In essence, Health Innovation Manchester is two things – an organisation with direct employees, but also a system that includes providers, universities, clinical commissioning groups and partners. Health Innovation Manchester provides a series of products and services, facilitating prioritisation across the system. It consists of a programme management office, a clinical engagement programme, digital analytics capacities and academic partnership management. The organisation supports the system to work.

How do you put in place tools to better collaboration with the life sciences industry and divest investment in a smart way?

One of our collaborations is with NorthWest EHealth, which has a digital platform that uses patient-level data and offers feasibility studies and clinical trial construction amongst others.

They worked on the Salford Lung Study to trial respiratory medication. This project was a world first in testing the delivery of a novel drug in a real-world setting. We continue to work very closely with pharma partners to deliver benefits to patients. Together we focus not only on new drugs but on lifestyle changes and better care plans to truly make a difference.

My aim for Greater Manchester is to have agile teams where you almost cannot tell who works for HInM and who for industry. We benefit greatly from collaboration with industry: they bring years-long experience on influencing key opinion leaders with them. Together, we have the chance to advance things and create something new and beneficial.

We pursue a number of projects with industry engagement, through the ABPI (Association of the British Pharmaceutical Industry). Those are digital innovation projects, developments of new business models around drug delivery… and many academia partnerships. Our academic pipeline is striking!

Greater Manchester is liberated to do things differently, like innovating in business models for instance. One approach is a shared risk and reward model, which allows for investment to take place in a different way and be more important overall. The challenge is that there is no blueprint for those projects. Therefore, we know that some will succeed and others will not. We are at liberty to take risks, as long as we fulfil the condition of being transparent.

[Featured_in]

Coming to the subject of utilisation of data to improve research results and patient outcomes, how is HInM working towards a wider utilisation of national registry data in research?

Greater Manchester has already got a good basis in place. The Salford Lung Study used real world data stemming from electronic patient record systems. It was no easy task but showed that with the right information governance, the right security and the right consent models in place, you can start to leverage on data at an advanced scale in a trial environment.

In another example, Connected Health Cities built an app with the possibility for people to collect data themselves and join it with their medical electronic record. Patients hence enhance a record that has traditionally solely been alimented by the delivery of care data. The idea is to take the data, define the problem and redesign pathways and implement those, giving it a smart component through technology. The result is better outcomes. The key here is to understand the dimension of the possible, what you can actually do and then scout for solutions.

In Greater Manchester, we are already advanced in that regard and are currently enhancing our offering. We will have a single shared care record based on the whole of the 2.8 million inhabitants of Greater Manchester. The triggered possibilities are enormous! We have the backing of the population that registered for the same provider and the opportunity for success, given we put in place the right governance. At this point already, we use data through our innovation hub to collaborate with our partners, the life sciences industry, academia, technology providers and bodies such as NICE.

I think it is important to bear in mind that we are not working towards launching pilots, but towards delivering into production a series of minimal viable products. Whereby, we try to understand the problems at hand, and how we can leverage on data, technology and tools to add value to relevant people as we go.

When it comes to digitalisation in healthcare, what role do you think can and should the UK play globally to drive its application forward?

In my view, there is two things that are relevant. There is digitalisation as such which is about turning things that were previously not digital into digital assets. A second dimension is digital transformation, which is about how you use that digitalisation to actually transform your business outcomes. It is important to make that clear distinction.

When it comes to healthcare and life sciences, there are four layers. The first is infrastructure, which was traditionally on premise and self-built. It is now increasingly becoming outsourced and public cloud which enables organisations to leverage the benefits that the public cloud providers are investing in developing them. Those are enormous, and organisations individually cannot on own premises go so far as those developing the public clouds. The second is the system of records,

which may be quite simple but can be enhanced with data from shared records, genomics, and so on. Thirdly, comes the system of insight, which is how you extract actual insights out of that system of records. It is reading the results of the system of records and find potential. Finally, you have systems of engagement, and this is about what you do with all the above. You may produce a simple spreadsheet, but possible results are also CRM platforms or other digital applications.

Here you see how digital transformation can make things easier and much more efficient. Each dimension individually does not provide great leaps, but added together, they do. What is preventing this system from greater implementation are shortcomings in any of the above-mentioned layers. A particular challenge lays with information governance and consent models.

Everybody around the world is trying to set the pace in this area. NorthWest EHealth for instance has developed solutions. They have not only thought their platform all the way through, they are delivering on it. Through the Salford Lung Study, they established a frame, and now have a generic offering they can leverage on for future projects. Overall, the UK and particularly Greater Manchester is in a really good place for digital investment.

[related_story]

Now Manchester has to date not necessarily been the first hub in the UK to come to mind when thinking biotechnology or health innovation. How do you ensure you are being seen on a national and international stage next to giant hubs such as the Golden Triangle?

Manchester has a strong and long track record in life sciences. Significant developments have taken root here. Things have shifted, but now Manchester offers devolution, allowing drugs to be tested at an early, middle and late stage. The offering is good, and we have a heterogeneous population that offers a full spectrum of diseases and economic and social disparity. Moreover, we work over the whole of the North of England, and the potential population grows from 2.8 million to one of 15 million people.

How can initiatives such as HInM contribute to the sustainability of tomorrow’s healthcare systems?

The healthcare system of today is completely obsolete. Roughly 20 percent of a healthcare outcome is related to delivery, as such 20 percent to the genes, 60 percent to all the rest from environmental issues to social economic dimensions. It hence becomes inevitable to pivot some efforts around those 60 percent when you want to develop a sustainable health and care system

and modify outcomes.

Furthermore, taking significant outcome amelioration out of the 20 percent of delivery is very hard and costly, whereas pivoting on the 60 percent, the wellness so to speak, it becomes easier and shows greater and faster results. This is why Health Innovation Manchester is so exciting, especially as data is just now coming out on how digital approaches have allowed targeted behavioural change to drive benefits.

What are your key priorities moving forward?

The first is to clearly articulate – inside the organisation of Health Innovation Manchester and outside across Greater Manchester to relevant people – exactly what it is we are trying to do and why we are different. The second priority is to be really clear about what sort of products and services we are providing that enable our business aims and make sure this organisation is delivering those in an effective way. The third priority then is, through those processes, to be collaborative in articulating some of our priorities and our method to partners that will enable us to deliver those benefits rapidly to the population of Greater Manchester. This is how we intend to do it, in that order. To do that, we need to be highly collaborative, adaptive organisation.

See more interviews