

BHTA Brief 2024: Better Industry Partnership for a Faster, More Valuable NHS

The British Healthcare Trades Association (BHTA) advocate for a stronger partnership between the NHS and industry to improve the delivery of UK health and social care (H&SC). This partnership will reduce hospital admissions and speed up the rate of discharge, both of which relieve system pressures and save money. We call for:

- 1. Increased H&SC workforce capacity via earlier and better industry collaboration*
 - 2. Streamlined technology adoption to enhance patient experience and boost preventative health*
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Reducing preventable hospital admissions and speeding up hospital discharges are major goals for UK H&SC. However, the current UK H&SC delivery landscape is disconnected, hindered by uncertainties and lacking in scalable solutions. Better partnership with industry is key to the future success of UK healthcare (via the NHS) and social care (via other large commissioners, including Local Authorities).

Adopting the recommendations outlined here could contribute tens-of-millions to £100s-of-millions of savings to the NHS and other large H&SC commissioners, and support wider integration of health and social care.

Andrew New, CEO of NHS Supply Chain, recently said¹, “We’ve got to become much easier to work with [so] all suppliers, however big or small, can support the breadth of the system irrespective of where it operates.”

To quote the NHS Confederation², partnership hurdles include:

Lack of Shared Understanding: “An understandable variance in system and industry governance structures and lack of understanding around how joint collaborations can be established between different systems and companies can confuse potential stakeholders and act as a barrier to effective partnership working.”

Cultural Barriers: “There can be a degree of mistrust and anxiety towards working with industry, which, coupled with scepticism towards industry motives, can discourage innovation and new practices.”

Challenge of Upscaling: “Examples of partnership working exist, but there is a lack of concerted effort to scale.”

These barriers risk further damage to the NHS, a descent of UK H&SC to a second-class market, and a country unprepared for an aging population or future pandemics. Given that the average healthy-life expectancy of UK adults is 68.9 years, but they can expect to spend, on average, 12.2 years living with illness or disability³, this is unacceptable. Government must partner with UK H&SC suppliers to address this “aging infrastructure” with revitalised processes and ways of working.

Recommendation 1 – Increase H&SC Workforce Capacity: *Through earlier and better industry collaboration, especially in tendering and procurement, to drive better patient outcomes.*

Recommendation 2 – Streamline Technology Adoption: *Adopt effective technologies to improve patient experience and shift toward preventative health.*

Release NHS Capacity: Complement Core Staff & Boost Flexibility – Examples

There are currently more than 200,000 H&SC staff vacancies in England alone⁴, but this area receives less than 3% of UK health research funding⁵.

¹ [NHS Supply Chain Podcast, Episode 2 – Supporting Healthcare Priorities](#), undated.

² [Partnering with purpose: how integrated care systems and industry can work better together](#), NHS Confederation, 24-Nov-23.

³ [Global Burden of Disease Report](#), 2020.

⁴ [The Health Foundation, Health & Social Care Workforce Data](#).

⁵ [UK Clinical Research Collaboration, UK Health Research Analysis 2018](#) (published 2020).

As the NHS strives for⁶ “ways of working to release staff time to focus on patient care”⁷ and to support “ICSs to build [sustainable supply] partnerships,”⁸ 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 reduced burden on the NHS and ensured patients could still receive vital technologies and treatments when community care backlogs affected c. 900,000 people in England⁹.

BHTA’s [Prosthetics](#) and [Orthotics](#) companies are investing in H&SC professionals – prosthetists, orthotists, and specialist occupational therapists – and Government could partner with industry to facilitate these investments.

Boost NHS Efficiency: Adopt Effective Tech & Scale Successes – Examples

BHTA’s [Community Equipment](#) companies are leveraging technology that streamlines healthcare delivery. From telemedicine to remote-monitoring solutions to electronic health records and data-sharing, these solutions can provide care to patients in their homes, reducing the need for in-person visits. BHTA companies have joined [Contact & Connect’s Community Loan Recall](#), leading to increased return of equipment – an efficiency and sustainability gain.

[Multiple BHTA companies](#) create opportunities within ICSs to improve coordination and communication between primary care providers, hospitals, and community services. They develop new ways to provide products and services, allowing some NHS care to be delivered outside hospitals. [Essex Cares Ltd.’s pioneering ward-led reablement program](#) is so effective that it is expanding across Mid and South Essex NHS Trust, having led to a 42% reduction in daily stays per-patient in its first three months at Colchester Hospital.

Empower Patients: Flex Patient Flow & Boost Preventative Health – Examples

BHTA’s [Children’s Equipment](#), [Beds & Support Surfaces](#), and [Pressure Care, Seating & Positioning](#) companies minimise delays and optimise bed utilisation; enhancing discharge planning and improving handovers. More chances exist to:

- Reduce c. £1.9bn per year spend on disabled children’s H&SC via £0.5bn per year equipment provision¹⁰
- Identify practical steps for H&SC commissioners to reduce bed-blocking, improve care, and cut costs¹¹

BHTA’s [Beds & Support Surfaces](#), [Pressure Care, Seating & Positioning](#), and [Dispensing Appliance](#) companies invest in health education and provision programs to empower individuals to improve health, prevent avoidable conditions, and develop better self-care and non-NHS interventions. There are further opportunities to:

- Supply stoma and continence devices direct to patients’ homes (80% of all patients choose this direct-supply route; in 2021 this relieved the NHS of over 4.5m patient emails and calls¹²)
- Maximise efficiency of NHS spend on key commodity products such as hospital mattresses via technical advice¹³ ([a 2020/21 FOI response from Medway NHS Hospital Trust](#) indicates £170k per year mattress spend)

Benefits to Government

- Substantial savings to NHS and other large H&SC commissioners
- 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

⁶ 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.

⁷ [NHS Long Term Workforce Plan](#), p. 14, Point 18.

⁸ [NHS Long Term Workforce Plan](#), p. 52.

⁹ [Hidden Waits](#), *NHS Confederation*, 08-Apr-22.

¹⁰ “[The economic benefits of better provision of equipment for disabled and terminally ill children](#),” *BHTA and Centre for Economics and Business Research*, 2014.

¹¹ “[Action on Delayed Transfer of Care](#),” *BHTA*, 2019.

¹² “[Dispensing Appliance Contractors – Delivering value to the NHS and quality services to patients](#),” *BHTA*, 2023.

¹³ “[What Lies Beneath? – Guidance to assist in choosing an appropriate healthcare polyurethane foam mattress](#),” *BHTA*, 2019.