ABHI – BARTS HEALTH FORUM ROUNDTABLE REPORT

Driving Local Growth Through NHS and Industry Collaboration

22 October 2026

Introduction: Unlocking the Economic Potential of NHS and Industry Partnerships

The NHS has a significant role to play in supporting economic growth, not only through improving population health and productivity, but as an anchor institution for research, innovation, investment and regional development.

With world-leading universities, clinical expertise, research infrastructure and a thriving HealthTech industry, London possesses many of the ingredients needed to become a globally competitive centre for life sciences innovation. Yet translating these strengths into commercial success, widespread technology adoption and tangible economic benefits remains a persistent challenge.

Against this backdrop, ABHI and the Barts Health Forum convened a second roundtable, supported by Barts Charity, bringing together senior representatives from the NHS, industry, government, regulation and the wider innovation ecosystem.

Hosted at the historic former Royal London Hospital building in Whitechapel, the discussion explored how closer collaboration between the NHS and private sector can drive local economic and social growth, using the emerging Barts Life Sciences Cluster as a practical example.

Central to the conversation was the ambition to create an NHS-centred innovation ecosystem that brings companies, clinicians, researchers and investors into closer proximity, enabling technologies to be developed, evaluated and deployed in real clinical environments.

Participants recognised the opportunity this presents for East London, where investment in life sciences could support employment, skills development, regeneration and improved health outcomes. However, the discussion also highlighted a fundamental tension. While the UK excels at developing innovative technologies, the complexity of engaging with the NHS as a customer continues to undermine its ability to retain and scale successful businesses.

The following sections capture the principal themes, challenges and opportunities discussed, focusing on the changes needed to make the NHS a stronger partner for innovation and economic growth.

London's Life Sciences Opportunity: Turning World-Class Assets into Economic Growth

A central theme was the contrast between London's strengths as a centre for research and innovation and its limited success in translating those strengths into commercial growth.

Participants highlighted the capital's unique combination of leading academic institutions, world-class hospitals, financial services expertise, diverse patient populations and supportive regional leadership.

Together, these assets should position London among the most attractive global destinations for HealthTech development and investment. Yet attendees expressed concern that the UK continues to underperform when scaling the innovations it develops.

While companies can establish themselves, undertake research and attract early investment in the UK, many subsequently look overseas to commercialise their technologies. More accessible healthcare markets, faster decision-making and clearer adoption pathways can make international expansion more attractive than growing within the NHS.

The discussion repeatedly returned to the need for the NHS to become a more effective and commercially responsive customer.

This requires more than increasing innovation funding. It demands clearer routes into the health system, stronger ownership of decisions and greater willingness to establish long-term partnerships with industry.

The importance of major teaching hospitals as system leaders was also emphasised. Organisations with significant research and innovation capabilities can establish approaches that smaller hospitals can adopt, ensuring benefits extend beyond individual centres of excellence.

There was also recognition that London could operate more cohesively as a life sciences ecosystem. Rather than expecting companies to navigate multiple institutions independently, a coordinated regional approach could strengthen the capital's international competitiveness.

Ultimately, participants agreed that success should be measured not simply by innovations developed in London, but by how many are adopted, scaled and translated into better outcomes and sustained economic activity.

Barts Life Sciences Cluster: Creating an Environment for Innovation, Adoption and Community Impact

The emerging Barts Life Sciences Cluster provided a practical focus for the discussion, illustrating how NHS organisations can use their clinical, physical and research assets to support innovation and economic development.

The vision is to create a HealthTech-centred ecosystem around the Royal London Hospital, bringing together healthcare providers, academic institutions, industry partners and investors.

Participants highlighted the importance of proximity to clinical services, enabling companies to work directly with healthcare professionals, understand unmet needs and generate real-world evidence. This is particularly important for emerging technologies, including artificial intelligence, connected medical devices and advanced diagnostics, where access to clinicians and real-world data can be critical to development and evaluation.

The discussion emphasised three factors that make healthcare innovation environments attractive to industry:

- Access to leading clinicians.
- The ability to engage with those clinicians easily.
- Access to relevant data.

While data is increasingly valuable, participants stressed that meaningful clinical relationships and straightforward access to expertise are equally important.

The Cluster also presents an opportunity to bring together different forms of investment. Alongside research and commercial capital, property development, philanthropic funding and investment in clinical infrastructure could help create the conditions for sustained innovation.

Importantly, attendees argued that the Cluster's value must extend beyond the life sciences industry. Situated in an area of significant deprivation, the development could create employment opportunities, strengthen local skills, improve social mobility and benefit communities across East London.

These wider outcomes should form part of how success is assessed, alongside commercial investment, research activity and improvements in patient care.

The ambition is not simply to establish another innovation campus, but to demonstrate how an NHS-centred life sciences cluster can improve the lives of its surrounding population while contributing to national economic growth.

Regulation, Research and Real-World Evidence: Creating a More Competitive Environment for Innovation

The discussion recognised progress in the UK's regulatory environment and the opportunity for regulation to become a stronger enabler of innovation and investment.

Participants welcomed a more outward-looking approach from the MHRA, emphasising international collaboration, regulatory agility and supporting both patient health and economic prosperity. Recent developments, including the long-term recognition of CE-marked medical devices and in vitro diagnostic devices in Great Britain, and work on regulatory sandboxes, were highlighted as positive signals.

There was broad agreement that the UK must move faster without compromising safety or evidence. However, regulatory improvements must be matched by changes in NHS adoption, procurement and research infrastructure. More efficient regulation delivers limited commercial benefit if technologies subsequently encounter lengthy and fragmented routes to deployment.

Clinical research was identified as a significant opportunity, with participants expressing concern that relatively few NHS patients participate in interventional clinical trials, despite the UK's extensive infrastructure and expertise.

There was strong support for making research a routine part of clinical care, with greater consideration of trial eligibility during everyday patient interactions. As such, embedding research into clinical pathways could improve access to innovative treatments, strengthen evidence generation and attract international research investment.

Attendees also highlighted the financial costs NHS organisations face when participating in clinical research, particularly medical technology trials involving small patient populations or specialist teams. Without appropriate funding mechanisms, trusts may struggle to prioritise research alongside operational pressures.

Better alignment between research activity, clinical benefit and financial reward would encourage participation and help retain investment within the UK.

Real-world evidence was identified as one of the NHS's distinctive competitive advantages. Evaluating technologies across diverse populations and clinical environments could differentiate the UK internationally, provided appropriate governance, infrastructure and partnerships are in place.

Procurement and Adoption: Moving Beyond the Cost of Individual Products

Procurement emerged as one of the most significant barriers to innovation and economic growth, with participants arguing that NHS processes remain heavily orientated towards existing products, established service models and short-term financial considerations.

This makes it difficult for technologies that transform clinical pathways to demonstrate their full value. A new diagnostic technology, for example, may reduce expensive procedures, release clinical capacity, improve patient experience and avoid future infrastructure costs. Yet

procurement decisions focused solely on immediate product costs may overlook these wider benefits.

Attendees stressed that the NHS needs more sophisticated approaches to assessing value across entire patient pathways, recognising benefits arising elsewhere in the health system, over longer periods or within the wider economy.

Fragmented budgets and short financial planning cycles compound the challenge. The organisation making an investment may not benefit financially, while savings realised over several years may not align with annual budget pressures. Gain-sharing arrangements and more flexible funding flows were identified as potential solutions.

The discussion also highlighted the burden of assurance and procurement requirements, including digital technology assessments and information governance processes. While important, inconsistent interpretation and repeated assessments across NHS organisations impose substantial costs on companies, particularly SMEs.

Industry representatives shared examples of businesses encountering more complex partnership arrangements in the UK than elsewhere, with fragmented governance and unclear ownership delaying even well-supported innovations.

They also emphasised that a prompt, well-explained rejection can be more useful than prolonged uncertainty, allowing businesses to direct resources towards viable opportunities.

Attendees called for procurement professionals to be involved earlier in innovation partnerships, ensuring adoption pathways are considered from the outset rather than after successful evaluation. There was also interest in more flexible procurement routes for technologies with strong clinical and economic evidence, while maintaining safeguards and accountability.

Ultimately, procurement reform must support a shift from purchasing individual products towards investing in solutions that deliver measurable improvements across healthcare pathways.

Passporting and System Collaboration: Reducing Duplication and Accelerating Adoption

The need for consistent assurance, evaluation and adoption across NHS organisations was another prominent theme. Participants highlighted the repeated approval processes companies face when introducing established technologies into different trusts.

Even where a product has demonstrated safety, effectiveness and operational value, deployment elsewhere can require extensive additional documentation and assessment. This duplication creates delays, increases costs and weakens the UK's attractiveness as an innovation market.

Passporting, whereby relevant assessments and approvals are recognised across organisations, was identified as a potential solution.

Attendees recognised the challenges of a national approach, including differences in local governance, organisational autonomy and willingness to rely on decisions made elsewhere.

However, regional arrangements could provide a more achievable starting point. London, with its concentration of major NHS providers and established clinical networks, is well placed to demonstrate shared assurance processes.

Participants also discussed the importance of national leadership in building confidence in common approaches.

The conversation highlighted a broader cultural challenge. Although collaboration is encouraged, organisational performance measures, competitive pressures and local decision-making can discourage sharing innovation and best practice. Governance arrangements should therefore reward collaboration and help successful technologies spread.

Standardisation will also become increasingly important as connected devices, artificial intelligence and interoperable technologies play a greater role in healthcare. Consistent technical requirements, data governance and assurance could reduce duplication while supporting safe adoption.

The overarching message was that the NHS should build on its own experience and evidence, rather than requiring companies to repeatedly demonstrate the same value across different parts of the system.

Investment, Incentives and Long-Term Partnerships: Creating the Conditions for Companies to Scale

The availability of investment capital, particularly for companies moving from early development to commercial scale, was identified as another challenge for UK HealthTech.

Participants recognised the strength of the UK's research base and early-stage innovation ecosystem, but highlighted the shortage of scale-up capital compared with international competitors. Combined with lengthy NHS procurement processes, this creates difficulties for companies seeking investment to sustain operations while navigating uncertain adoption pathways.

The discussion explored opportunities for NHS organisations to become more active partners in investment and commercialisation. Venture investment models linked to major healthcare institutions demonstrated how modest NHS commitments can attract additional capital, support clinical entrepreneurs and create clearer routes from development into healthcare delivery.

Participants emphasised enabling clinicians to pursue commercial innovation alongside their clinical careers, without requiring them to leave the NHS.

There was also interest in philanthropic capital, social investment and dedicated innovation funds supporting projects that deliver commercial and public benefit, particularly for smaller companies.

Attendees noted that SMEs account for the overwhelming majority of the HealthTech industry but often lack the capacity to participate in complex risk-sharing arrangements or absorb prolonged evaluation and procurement costs. More appropriate risk-sharing could create an accessible market while helping the NHS benefit from promising technologies.

The discussion also challenged how the NHS approaches major industry partners.

Organisations can work with the same companies for years yet continue to engage through individual product contracts rather than strategic partnerships. A more mature approach would consider contributions to research, workforce development, infrastructure, service transformation and economic growth. This requires longer-term planning and funding arrangements recognising benefits beyond individual NHS budgets.

The central message was that the UK does not necessarily need new funding sources to unlock innovation. Better alignment of existing resources, incentives and investment mechanisms could deliver significant benefits.

Looking Ahead: What Would Meaningful Progress Look Like in 12 Months?

The closing discussion considered what tangible progress would demonstrate that the Barts Life Sciences Cluster is fulfilling its potential to drive innovation, economic growth and community benefit.

Participants emphasised moving beyond ambition to establish practical mechanisms that make collaboration between industry, clinicians and investors easier, with clearer NHS entry routes, transparent decisions and stronger links between innovation and procurement.

Several priorities were identified for the coming year:

Clearer routes for industry engagement: Accessible pathways for companies to engage with clinicians, understand NHS priorities and secure timely decisions.

Progress on regional passporting: Shared assurance and governance arrangements to reduce duplication and accelerate adoption across London.

More effective procurement: Approaches recognising whole-pathway value and creating clearer routes from evaluation to purchasing.

Stronger clinical research participation: Embedding research into routine care, supported by appropriate incentives and infrastructure.

New investment models: Bringing together NHS, philanthropic and private capital to support innovation and company growth.

Measurable community benefit: Creating local jobs, developing skills, improving health equity and generating economic value for East London.

Delivering these ambitions will require alignment between strategy, leadership and organisational culture.

While the UK has strengthened its regulatory environment, participants felt the NHS must show similar ambition in industry engagement, technology evaluation and adoption. The Barts Life Sciences Cluster has the potential to demonstrate how the NHS can drive research, investment, innovation and inclusive economic growth.

Success will be measured not by the scale of the development, but by whether it makes the NHS easier to work with, brings more innovations to patients, supports UK business growth and delivers lasting benefits for local communities.