FORUM

The Academy of Medical Sciences

Transformative medical technologies: from research to impact and back

Academy of Medical Sciences' FORUM roundtable

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Transformative medical technologies: from research to impact and back

Contents

Executive summary

The UK's medical technology (MedTech) sector can help to solve major healthcare challenges, including by providing direct benefits to patients and reducing NHS waiting lists. The sector plays a significant role in the UK economy and has strong potential to drive future growth. The strength of the sector is partly attributable to the UK's universities and research institutes as a source of new ideas and translatable technologies, as well as dedicated funding schemes. However, the readiness for MedTech innovation adoption in different parts of the health and care system is variable. To realise the benefits of innovative MedTech, innovation must be connected to need through effective demand signalling and priority setting, as well as accelerating implementation through proportional regulation and longer-term funding. On 14 March 2025, the Academy of Medical Sciences held a roundtable to bring together leading figures from across academia, healthcare, industry, government, patient advocacy, and funding bodies to discuss how to support the research, development and adoption of MedTech.

The key recommendations that emerged from the roundtable were:

1. **Connecting innovation to need**
    - A **mechanism for identifying priorities**, as well as key criteria for prioritisation, must be established to overcome tensions between local and national needs. This mechanism must balance broad strategic goals with specific technical challenges, using tools like **target product profiles** to identify the preferred characteristics of a technical solution.
    - **Prioritisation should happen through strong collaboration** between end-users and developers.
    - **Systematic horizon-scanning** for emerging technologies should complement mechanisms for needs assessment.
    - As an independent convener, an organisation like the Academy of Medical Sciences could help **manage varying demand signals** by integrating perspectives and shaping a shared innovation agenda.
    - The views of **patients and carers** must be considered to ensure their needs and preferences inform the prioritisation, specification and design of MedTech interventions.
    - **Innovations should be contextualised within a patient pathway and existing workflows**, as integration is crucial for timely and successful adoption.

2. **Accelerating implementation**
    - Participants supported **proportionate and enabling MedTech regulation**, with greater use of international reliance mechanisms to avoid duplicating existing assessments.
    - **Clarifying and coordinating evidence requirements** across the NHS, along with **centralised procurement**, could streamline adoption and reduce duplication.
    - **Standardised, national evaluation** of MedTech would overcome current gaps in how innovations are assessed and adopted.
    - Participants saw an opportunity in creating more **innovation 'testbeds'**, building on the work of regional Health Innovation Networks.
    - There is a need to promote a stronger **culture of technology adoption** in the NHS and social care system.
    - The **process of implementation** could be more actively managed, learning from examples like the Accelerated National Innovation Adoption (ANIA) pathway in Scotland.
    - A more active approach to MedTech adoption requires **adequate funding, longer-term financial planning, and holistic value assessments** that capture benefits beyond healthcare alone.

Background

The Industrial Strategy[1] identifies the MedTech sector as one of the frontier life sciences industries with the greatest growth potential. The sector already makes a major contribution to the UK economy, with a gross value added estimated at £13.5bn in 2020 – equivalent to the pharmaceutical industry sector – and a compound annual growth rate of 19%.[2] New technologies could help deliver personalised medicine, improve efficiency, reduce administrative burdens, and accelerate care. By accelerating the adoption and spread of MedTech, the UK Government can maximise the economic potential of the sector and advance its mission to have the highest sustained growth in the G7.[3] The sector is relevant to the UK Government's key three policy objectives for the NHS – a shift from sickness to prevention, moving care from hospital to communities, and moving from analogue to digital.[4] The UK Government's 10 Year Health Plan has set out a strategic approach that harnesses the potential of transformative medical technologies, including data, AI, genomics, wearables and robotics, to create an NHS 'fit for the future'.[5]

Compared to the biopharmaceutical field, the MedTech sector is highly diverse, mostly comprising small- and medium-sized enterprises (SMEs), often university spinouts. The **pathway to implementation** is less defined for MedTech products than for biopharmaceuticals, and typically involves local piloting followed by piecemeal procurement. By common consent, this is leading to slow and inconsistent adoption of innovations, meaning that the UK is not leveraging the full potential of MedTech to improve the quality and efficiency of care. Previous and ongoing work has highlighted the following needs:[6]

- Clear *demand signalling*[7] and intentional *horizon-scanning*[8] for innovation, including demand signalling at local, regional and national levels. Both should be focused around key priorities.[9]
- Earlier engagement with both end-users and national clinical leadership for product specifications. More opportunities to foster relationships or co-develop with adopters are also needed.[10] Currently, opportunities to make these connections can be fragmented and difficult to navigate, particularly for small companies.
- Bringing together of activities around an end-to-end innovation pathway from research to adoption.

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[1] UK Government (2025). *The UK's Modern Industrial Strategy*. https://assets.publishing.service.gov.uk/media/68595e56db8e139f95652dc6/industrial_strategy_policy_paper.pdf
[2] Imperial College London (2023). *Sectoral Systems of Innovation and the UK's Competitiveness: The UK MedTech Sector*. https://www.imperial.ac.uk/media/imperial-college/research-and-innovation/the-forum/public/348-IMP-Public-Affairs-3-reports_Medtech_AW_DIGITAL_SINGLES_Sept23.pdf
[3] UK Government (2024). *Plan for change*. https://www.gov.uk/missions/economic-growth
[4] Department for Health and Social Care (2025). *Road to recovery: the government's 2025 mandate to NHS England*. https://www.gov.uk/government/publications/road-to-recovery-the-governments-2025-mandate-to-nhs-england/road-to-recovery-the-governments-2025-mandate-to-nhs-england
[5] UK Government (2025). *10 Year Health Plan for England: fit for the future.* https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future
[6] See Priority 2 of UK Government (2024). *Medical technology strategy*. https://www.gov.uk/government/publications/medical-technology-strategy/medical-technology-strategy#our-4-priority-areas
[7] Demand signalling indicates the need or desire for a particular product – such as the healthcare system indicating what challenges it is experiencing and what innovations/products could help solve these challenges.
[8] Horizon-scanning can be understood as an assessment of what the future might look like. This includes identifying what changes, developments or problems in the future may be coming and how they should be planned for.
[9] NHS England (2024). *The Innovation Ecosystem Programme – how the UK can lead the way globally in health gains and life sciences powered growth.* https://www.england.nhs.uk/long-read/the-innovation-ecosystem-programme/
[10] Academy of Medical Sciences (2023). *Accelerating safe and effective adoption of artificial intelligence in the healthcare system*. https://acmedsci.ac.uk/file-download/92028281

At a roundtable event organised by the Academy of Medical Sciences, clinicians, policymakers, product developers, funders, patient representatives and other stakeholders discussed the challenges and opportunities facing the UK MedTech sector. Participants focused on the factors affecting the speed of uptake of new technologies into the UK's health and social care system, and potential ways to accelerate adoption. The event was chaired by Professor David Adams FMedSci, Academy of Medical Sciences' Registrar & Emeritus Professor of Hepatology, University of Birmingham. The opening remarks were delivered by **Professor Lucy Chappell FMedSci**, Chief Scientific Adviser at the Department of Health and Social Care, and **Indro Mukerjee HonFREng FMedSci**, former CEO at Innovate UK. A panel discussion then followed with leading representatives from the four UK nations:

- **Peter Ellingworth**, Chief Executive, the Association of British HealthTech Industries
- **Cari-Anne Quinn**, CEO, Life Sciences Hub Wales
- **Tom Steele**, Chairman, Scottish Ambulance Service & Co-chair, NHS Scotland's Innovation Design Authority
- **Richard Stubbs**, Chair, Health Innovation Network
- **Ian Young**, Chief Scientific Advisor, Department of Health, Northern Ireland

The roundtable discussions were then framed by three key themes:

1. Current initiatives that are working well to support the development and adoption of transformative medical technologies, and how these could be built upon.
2. Local, regional and national demand-signalling mechanisms from the health and care system that encourage (or could encourage) the development and adoption of transformative medical technologies.
3. How these mechanisms could be built into future initiatives and plans.

Participants focused on the balance between 'push'[11] and 'pull'[12] mechanisms for stimulating the development and adoption of transformative MedTech in healthcare. A variety of push mechanisms, such as grants, have been established to promote innovation within specific areas. These mechanisms support research and development (R&D) but can increase system complexity and are often small in scale in relation to the market as a whole. Pull mechanisms incentivise R&D by generating demand, for example through prizes or awards linked to demonstrable health impact, or demand signalling from healthcare systems and end-users.

It was felt that there was no shortage of creative invention within the UK, supported by a strong ecosystem of push mechanisms. Although the total funding for MedTech is highly constrained, existing **funding schemes** to advance R&D were felt to be well designed (although focused on early-stage development, with less funding available downstream such as for evaluation and scaling). **Innovate UK's** initiatives and engagement with industry were highly praised and felt to be of high impact.[13] The **Health Innovation Network (HIN)** model, with 15 local networks providing an environment for multistakeholder collaborations to introduce innovation within the NHS, was also felt to be effective. Building on this, participants at the roundtable explored how to better connect innovation to need, for example through pull mechanisms, and how to accelerate the implementation of innovations.

[11] Push mechanisms aim to support R&D and can take the form of financial incentives to reduce the cost of research and development (such as subsidies or grants). Also relevant is the term 'push innovation': when an organisation develops an innovation and then searches for problems that this innovation can be used to solve.
[12] Pull mechanisms aim to reduce risk by offering incentives based on present demand and need. This can improve the chances of the innovation reaching the market – because the innovation is being developed according to a specific problem. Also relevant is the term 'pull innovation': when an organisation identifies a problem in the healthcare system and aims to develop an innovation to try and solve that specific problem.
[13] See https://iuk-business-connect.org.uk/programme/

Connecting innovation to need

The UK health and social care system has limited capacity to absorb new innovations. At the same time, researchers and developers are constantly identifying potential technologies and products to improve care quality and delivery, generating a strong push from technology originators. There was broad consensus that many push mechanisms supporting innovation, such as the i4i Challenge Awards,[14] work well but are not demand-led. As a result, innovations may struggle to progress adoption and efforts may be duplicated.

Participants emphasised that innovation should address a specific need and be 'pulled' through by 'demand signalling' to encourage and guide developers, for example by careful prioritisation of the biggest and most urgent needs, and co-creation between end-users and developers. **Prioritisation** is not straightforward. There may be a tension between local and national needs, as some geographic areas may face specific local challenges. There was agreement on the need for a **mechanism to identify priorities** based on key criteria (e.g. patient benefit, time saving, financial gain) covering different potential applications in different areas of medicine.

Recognising that priorities can shift when emerging technologies with transformative potential open up new opportunities for practice, mechanisms for needs assessment should be complemented by systematic **horizon-scanning**. Priority-setting mechanisms also need to consider how specific guidance should be. Priorities may be general areas of importance (e.g. combating antimicrobial resistance) or more specific technical challenges. For priorities connected to specific challenges, **target product profiles** that identify the essential and preferred characteristics of a potential technical solution can provide valuable guidance to developers.

By outlining high-level objectives, **governments** can help to set the development agenda. However, at a more granular level, there may be a range of perspectives on demand: priorities of clinicians, clinical support staff and health service managers may not necessarily coincide. An organisation like the **Academy of Medical Sciences** might be needed to act as an independent convenor and integrate these different perspectives to generate a shared agenda. It was also felt to be important to consider the views of **patients and carers**, to ensure that their needs, expectations, and preferences inform the prioritisation, specification and design of MedTech.

Involving end-users early in product development, including clinicians, was thought to be critical to ensure that technologies address a key problem, meet user needs, and are practically implementable (see Case study 1).[15] However, there are several obstacles to the involvement of clinicians, not least the limited time they can commit to R&D given their clinical responsibilities and current pressures on the NHS. Innovative funding mechanisms may be needed to support greater involvement of clinicians in MedTech R&D.

Another challenge identified is the complexity of the NHS, its structures and ways of working, which can be difficult for developers to navigate. In Yorkshire and Humber, the local HIN has worked with Integrated Care Boards (ICBs) to develop **innovation hubs** that provide an entry

[14] https://www.nihr.ac.uk/research-funding/funding-programmes/invention-for-innovation
[15] https://www.healthinnovationoxford.org/our-work/patient-safety/deterioration/keeping-covid-19-patients-safe-and-well-at-home-2/case-study-pulse-oximeters-distributed-to-vulnerable-communities-through-unique-partnership/

point for developers, so that they can be put in touch with the relevant clinicians or other health service contacts.[16]

Case study 1: Pulse oximeters distributed to vulnerable communities through a unique partnership

Participants at the roundtable highlighted a project that provided pulse oximeters to those at greater risk of contracting COVID-19 as a successful example of early end-user design and co-production. The Oxford Academic Health Science Network (AHSN; now known as Health Innovation Oxford and Thames Valley) worked closely with community leaders, GPs and others to tap into existing community support systems and harness word-of-mouth communication, ultimately improving equity of access to pulse oximetry among vulnerable groups.

These considerations emphasise the need to **contextualise innovations within a patient pathway**, rather than as standalone technology. To be adopted, a new technology must be integrated within existing workflows and working practices. If it is not compatible with currently used technical systems or patient pathways, the innovation may not be implementable, or implementation may be delayed. This point is one of seven key principles highlighted by the HIN for successful innovation.

In addition, participants emphasised that MedTech can also be applied within **social care**, and that MedTech users may not necessarily be part of the NHS.

[16] See https://www.healthinnovationyh.org.uk/health-innovation-yorkshire-humber-how-we-can-help-you/healthcare/our-innovation-hubs/

Accelerating implementation

Even when a technology could solve an important challenge, multiple obstacles can prevent or slow down adoption within the UK health and social care system. Recognising these obstacles, NHS England, the Department for Health and Social Care (DHSC) and the National Institute for Health and Care Excellence (NICE) are developing an improved integrated, rules-based pathway for the evaluation, funding, and commissioning of medical technology in the NHS.[17] As part of this, the Medicines and Healthcare products Regulatory Agency (MHRA) recently completed the pilot phase of the Innovative Devices Access Pathway (IDAP).[18]

Participants were supportive of a move towards an **enabling regulatory environment** for MedTech, with proportionate regulation that protects patient safety and interests but does not hold up implementation. Participants at the roundtable suggested that the UK could make more use of **reliance mechanisms**, drawing on regulatory evaluations carried out in other countries. Some initiatives have been set up to help guide innovators through regulatory pathways and implementation – for example, the recently announced MedTech Accelerator: Rapid Regulatory Support Fund.[19] Recently, NICE has been increasing its focus on MedTech, which was welcomed by participants.

However, the MedTech implementation landscape was felt to be complex and fragmented. Different parts of the NHS may independently require developers to provide evidence before considering the introduction of an innovation, resulting in regional variation. There are opportunities to clarify and coordinate evidence needs across different parts of the NHS to avoid duplication and ensure consistency in approach. Coordinated and **centralised procurement** could be another route to more rapid integration of new technologies.

Participants also noted a lack of standardised system across the UK's four nations for **evaluating MedTech**, which leads to fragmentation in how innovations are assessed and adopted. There was support for a move towards a more standardised national evaluation process, although participants also acknowledged the need to account for local system differences. A national evaluation approach would enable the development of target product profiles for high-priority areas, including detail on what a good product looks like and how easily products can integrate into healthcare systems. Another proposed solution was for the NHS to take a more active role by commissioning the evaluation of new MedTech solutions, which would enable companies to participate in real-world pilots with reimbursement provided during the trial period.

Participants also suggested that there were opportunities to build more innovation **'testbeds'** or platforms for piloting new applications, building on the work of the 15 regional HINs. These could be used to generate real-world evidence on the performance of MedTech applications and implementation-related challenges.

[17] NHS England (2024). *Building an integrated, rules-based medical technology (medtech) pathway: engagement on proposals.* https://www.england.nhs.uk/long-read/building-an-integrated-rules-based-medical-technology-medtech-pathway-engagement-on-proposals/
[18] Medicines and Healthcare products Regulatory Agency (2024). *The Innovative Devices Access Pathway (IDAP) - pilot phase.* https://www.gov.uk/government/publications/the-innovative-devices-access-pathway-idap/the-innovative-devices-access-pathway-idap-pilot-phase
[19] See https://www.uk-cpi.com/news/new-5-million-accelerator-programme-to-support-uk-medtech-innovation

Human factors also have a profound impact on take-up of technologies. Early involvement of end-users can help to ensure acceptability of new technologies, but MedTech innovations will likely have significant **training** implications. More generally, there may be a need to promote a stronger **culture of technology adoption** in the NHS and social care system.

One key theme of discussions was the need to **actively manage the process of implementation**, to ensure faster and wider take-up of new technologies. Scotland, for example, has established an Accelerated National Innovation Adoption (ANIA) pathway, which identifies potential new healthcare innovations, develops a business case, then chaperones the coordinated introduction of applications across Scotland's health boards, monitoring the impact achieved.[20]

It was emphasised that this more active approach requires funding. Moreover, **short-term financial planning systems** in the NHS may be a barrier to the implementation of MedTech, which typically requires upfront investment before service delivery and economic benefits are delivered. In addition, the benefits delivered by MedTech innovations may be felt outside medicine, so a holistic analysis may be needed to assess their full value and to accurately determine return on investment.

[20] https://www.nhscfsd.co.uk/our-work/innovation/accelerated-national-innovation-adoption-ania-pathway/

Conclusion

MedTech is a strong field in the UK, but the difficulties associated with implementation within the health and social care system are currently preventing it from achieving its full potential, and delaying the patient benefit it can deliver. Several important steps have been taken to encourage the MedTech sector, including specific funding schemes, targeted innovation programmes, and facilitation by the HIN. Nevertheless, the complexity of NHS structures and variation in requirements across different parts of the system present major challenges to the adoption of new technologies.

One clear message from the roundtable was that a **whole-pathway perspective** needs to be adopted, to identify and address bottlenecks along the entire MedTech value chain. The NIHR has recognised this need and is developing approaches to funding that can help navigate the pathway from end to end. The NHS in England has been consulting on a possible integrated rules-based pathway for evaluation and adoption.[21]

A more active approach by the NHS, the UK Government and organisations like the Academy may be needed to establish priorities and signal demand, and to facilitate coordinated adoption of new technologies. Specific strategies may be needed for potential high-impact technologies such as AI or emerging quantum technologies.

Creating an enabling ecosystem for MedTech R&D and implementation could position the NHS as a 'lighthouse' in which the advantages of new technologies are first to be demonstrated. This would be beneficial both for patients, and for the UK's future economic prosperity.

[21] NHS England (2024). *Building an integrated, rules-based medical technology (medtech) pathway*. https://www.england.nhs.uk/long-read/building-an-integrated-rules-based-medical-technology-medtech-pathway-engagement-on-proposals/

Annex 1: Additional case studies

Medical image access

The newly introduced **Northern Ireland Picture Archiving and Communications System Plus (NIPACS+)** provides clinicians throughout Northern Ireland with a single portal to medical images generated by multiple disciplines and imaging services across the country. By providing clinicians with ready access to images, it is helping to improve the quality of care, and delivering efficiency gains.

The need for such a system was identified in the 2018 Northern Ireland Department of Health strategic framework for imaging services. Developed by Sectra, a Swedish MedTech company specialising in medical IT systems, the NIPACS+ extends the existing NIPACS system used in Northern Ireland. It was procured by Northern Ireland's Business Services Organisation, which provides business support to the health and social care sector in Northern Ireland.

The introduction of NIPACS+ illustrates the commitment of Northern Ireland to digitise health and social care systems. It integrates with **Encompass**, launched in 2024, which provides clinicians and patients with access to a single integrated electronic health record. Implementation of NIPACS+ depended on strong leadership within the Northern Ireland clinical pathology community and collaboration with Digital Health and Care Northern Ireland (DHCNI) to develop a convincing business case. High levels of collaboration between the health and academic sectors were also critical.

There were obstacles to implementation. The project was a one-off and has not been widely communicated to encourage greater focus on innovation within the health and social care system, and no health innovation network exists in Northern Ireland. Other challenges included a resistance to change, a lack of cross-departmental working across health and the economy,[22] and a need for more resource and coordination in research and innovation.

An alternative to endoscopy

Scotland was an early adopter of the **'Cytosponge'**, a simplified technology for identifying early signs of oesophageal cancer, thanks to the efforts of the ANIA pathway.

The ANIA pathway, overseen by the Innovation Design Authority, which comprises NHS Scotland and Scottish Government representatives, was set up to identify healthcare innovations with high potential in priority areas and to manage their coordinated introduction into the Scottish health and social care system through a rigorous stepwise process. The process combines regular **horizon-scanning** to identify technological solutions with good supporting evidence in areas identified as a priority for Scotland. Following rigorous analysis and piloting in selected health boards, a **'value case'** is presented to inform decision-making on national rollout.

One example technology is the Cytosponge, developed by Professor Rebecca Fitzgerald OBE FRS FMedSci and colleagues at the University of Cambridge. This is a sponge, compacted into a pill and attached to a string, which is swallowed by a patient. The pill rapidly dissolves in the stomach, the sponge is withdrawn, collecting cells on the way. These cells are then analysed for markers of pre-cancerous growth. The technology, suitable for use in GP surgeries, is an alternative to endoscopy,

[22] NHS Confederation (2022). *Health and Wealth in Northern Ireland: Capitalising on the Opportunities* https://www.nhsconfed.org/publications/health-and-wealth-northern-ireland-capitalising-opportunities

which is more invasive and expensive. The technology was identified as a priority in 2020 and taken up by the ANIA pathway. It was piloted in two health boards and introduced nationally in 2021, illustrating how an active broker can accelerate adoption.

Other innovations within the ANIA system include a digital intensive weight management programme for patients with type 2 diabetes, genetic testing for stroke to identify the 30% of patients who do not respond to secondary prevention mediation, and genetic testing of children to identify those at risk of hearing loss if prescribed a certain class of antibiotic.[23]

[23] Murdoch A (2025). *Scottish government boosts ANIA programme*. https://healthcaretoday.com/article/scottish-government-boosts-ania-programme

Annex 2: Attendee list

Chair:

- **Professor David Adams FMedSci (Chair)**, Academy of Medical Sciences' Registrar & Emeritus Professor of Hepatology, University of Birmingham

Roundtable participants:

- **Professor Peter Bannister**, Healthcare Sector Executive Chair, The Institution of Engineering and Technology
- **Steve Bates OBE FMedSci**, Chief Executive Officer, BioIndustry Association (BIA)
- **Paul Berg**, Head of Real-World Solutions (UK & Ireland), IQVIA
- **Dr Sarah Byron**, Programme Director (HealthTech strategy and development), National Institute for Health and Care Excellence (NICE)
- **Professor Lucy Chappell FMedSci**, Chief Scientific Adviser, Department of Health and Social Care
- **Dr Mary De Silva**, Deputy Chief Scientific Adviser, Department of Health and Social Care (DHSC)
- **Professor Alastair Denniston**, Professor of Regulatory Science and Innovation, University Hospitals Birmingham NHSFT
- **Helen Dent**, Chief Executive Officer, British In Vitro Diagnostics Association (BIVDA)
- **Dr Lindsay Edwards**, CTO and Head of Platform, Relation Therapeutics
- **Peter Ellingworth**, Chief Executive, Association of British HealthTech Industries (ABHI)
- **Professor Rebecca Fitzgerald OBE FRS HonFREng MedSci**, Professor of Cancer Prevention and Honorary Consultant Gastroenterologist, University of Cambridge
- **Dr Felicity Gabbay FMedSci**, Managing Partner, tranScrip Partners
- **Dr Adrian Hill**, Director of Health Tech, Innovate UK - UKRI
- **Dr Nicolas Huber**, Director of Commercial Operations and Partnerships, King's College London (KCL)
- **Professor Jackie Hunter CBE FMedSci**, Board Chair, Brainomix Ltd and BioCorteX
- **Ian Jones**, Owner, Jinja Publishing Ltd
- **Rahul Kapoor**, Director of Health Tech, CPI
- **Professor Sir Bruce Keogh KBE FMedSci**, Chair, Birmingham Women's and Children's NHS Foundation Trust
- **Dr Gita Khalili Moghaddam**, Principal Investigator, University of Cambridge
- **Professor James Moore**, The Bagrit & RAEng Chair in Medical Device Design, Imperial College London
- **Indro Mukerjee HonFREng FMedSci**, Former Chief Executive Officer, Innovate UK
- **Stella O'Brien**, THIS Institute Researcher and expert-by-experience
- **Cari-Anne Quinn**, Chief Executive Officer, Life Sciences Hub Wales
- **Professor Joann Rhodes**, Chief Executive Officer, Health Innovation Research Alliance Northern Ireland (HIRANI)
- **Dr Shereen Sabbah**, Head of Innovation and Industry Partnerships, Versus Arthritis
- **Professor Rupert Shute**, Professor of Practice – Emerging technology, governance and regulation, Imperial College London
- **Professor John Simpson FMedSci**, Professor of Respiratory Medicine, Newcastle University
- **Tom Steele**, Chairman, Scottish Ambulance Service & Co-chair, NHS Scotland's Innovation Design Authority
- **Katie-Rose Stone**, National Voices Lived Experience Partner
- **Richard Stubbs**, Chair, Health Innovation Network & Chief Executive, Health Innovation Yorkshire & Humber
- **Professor Lord Lionel Tarassenko CBE FREng FMedSci**, Professor of Electrical Engineering, University of Oxford

- **Dr James Thomas**, Medical Director, West Yorkshire Integrated Care Board (ICB)
- **Professor Ian Young**, Chief Scientific Advisor, Department of Health, Northern Ireland

Staff and Secretariat:

- **Rachel Bonnington**, Public Engagement Officer, Academy of Medical Sciences
- **Dr Giulia Cuccato**, Head of Policy, Academy of Medical Sciences
- **Anna Edmondson**, Policy Intern, Academy of Medical Sciences
- **Eliza Kehoe**, FORUM Policy Officer, Academy of Medical Sciences
- **Kate Little**, FORUM Policy Manager, Academy of Medical Sciences
- **Angel Yiangou**, Senior Policy Manager, Academy of Medical Sciences

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