

## Supplementary information and feedback from the audience

In the framework of the **DG Connect & EPP-eHealth Innovation Procurement Stakeholder Workshop** held last 11<sup>th</sup> and 12<sup>th</sup> of May in Brussels, several reflections regarding the following question were gathered by the attendees:

***“What should the EC do?” to cover gap areas, or to implement the procedures and methodologies, promote ecosystems, facilitate communication between stakeholders, etc. in the field PPI.***

The observations collected are shown in the table below.

Please, note that the comments are not representing the views of the EC nor EPP-eHealth project but only intended to contribute to the discussion and spot some pertinent aspects to take into account in innovation procurement from healthcare perspective.

Item	Description of comments
<b>Comment 1</b>	<p>This comment comes from one of the participants more focused social innovation and social enterprises. According to this attendee, an important arrow between NGOs etc. and supplier eco system should be drawn.</p> <p>However, this is typically not the solutions that traditional procurer and supplier would look for. Thus, this person is quite skeptical about WHO are defining the unmet needs. As an example – patient empowerment and self-management is not very popular although the aspects themselves often would result in better health.</p> <p>There is a strong link between social and health issues where the community, NGO etc. also can be a health provider. You could also draw an arrow between hubs and NGOs etc. There are also social innovation hubs around the world.</p> <p>The ‘art’ of entering an innovation procurement process is to keep partners open-minded, neutral and curious though out the process and constantly targeted towards a common WHY?, which has to be a value based outcome clearly defined by the procurer (based on end users real need).</p> <p>Choosing partners carefully and with similar core values (often more visible in social enterprises) could ease the process and also create better synergies with other EC programmes and policies, e.g. promoting a green agenda or social innovation.</p>

**Comment 2** There is a need for a meta-analysis of the results from past and ongoing innovative procurement projects. A lot of results and data are available but the conclusive overview is needed and also to identify the things that don't work.

We need to see innovative procurement in a supply chain perspective. Irrespective of the focus for the individual project, the final result has to fit into a flow of work and products internally and externally.

Finally a greater involvement of the private sector is needed and could be of benefit to projects like the EPP-eHealth project.

**Comment 3** Coordination and Networking in PPI projects should be conveniently subsidized. The 30% - 50 % threshold limits are not adequate for the involvement and efforts (dissemination, market consultation, legal assistance) needed for the effective execution of the project.

Moreover, involvement of public bodies is a constraint itself. They are difficult to mobilize and lead due to organizational complexities and (sometime) lack of motivated personnel (incentives for public servants involved in research projects might be something to consider in the future).

**Comment 4** EC should continue organizing these workshops; seminars etc. because before implementing something new you need to have previous knowledge. For the cross-border procurements we should spend some longer time together for the better networking.

Separate funding system in health area would be really good thing to continue. Possibly we could go deeper if we concentrate on innovative health services and goods separately, to talk about in detail about qualification or valuation criteria of the innovative procurement.

During my 10 years of practice with procurements I see that people are afraid of using simple alternatives of getting some goods or services because they are not able to create alternative valuation criteria. Regarding this particular kind of workshops, it is better to hold procurers separate from stakeholders; it is mainly for educating procurers.

**Comment 5** There should be more flexibility to do market sounding before deciding whether PPI or PCP is most appropriate (Nordic approach).

The National Innovation Agencies could be more involved in PPI Actions as the innovation risk may be too great for SMEs in particular. There seems to be a missing link between PCP and mainstream procurement that inhibits exploitation of new solutions. Maybe need for follow on actions.

Calls should be designed to align with the timing of PPI/PCP projects that need a Phase 2 project (similar to what is provided for the Covenant of Mayors initiative).

**Comment 6** Importance of making sure that a cultural change in procuring organizations is also part of a PCP as well as PPI project. This cultural change alongside with organizational changes the care sector is vital. Once in place it will create the favorable landscape for innovations to flourish. When not taken into account even a PCP with an enthusiastic procurers and developers could be unsuccessful because it is not embedded in long term plans and when changes (available money, key persons leaving an organization, change in political party, etc), that are often outside the control of the project, occur it might also lead to a much less favorable landscape for innovations and the project stops/the innovation in the end will not be bought.

Rethink the duration and set-up of the project. Even though the EC sees a clearly different role for these project the structure is still the same as research project, e.g. in terms of total duration of the project, set-up in work packages, the fact that all partners need to be involved in the same timeframe. A different structure should be used that fits better the unexpected events and practical issues you have to deal with in a real-life implementation. For example projects could be split in two parts: 1) preparation up until the call for tender, and 2) negotiation and execution of the tender. Or even in totally different scheme where there is a common interest of procurers and a group of experts available that can provide support; procurers can join for example every year and the total duration of the project could be 8 years.

Leaving enough time for a proper evaluation, flexibility of procurers to join when the local situation is favorable, but still having a shared learning and overall coordination. As an intermediate set-up between the strict rules of the research style framework and the very flexible set-up of the EIP AHA commitments.