D3.3: PPI Training & Synthesis Workshop Report

Workshop #2

Rotterdam, 12 January 2016
Contents
Introduction ........................................................................................................................................3
1. Workshop Planning and Preparation ..........................................................................................5
2. Session Overview .......................................................................................................................6
   Welcome and Introduction ............................................................................................................6
   Session 1: Unmet needs and requirements in innovation procurement .....................................8
   Synthesis of Unmet Needs ..........................................................................................................13
   Consortium Discussion & Presentations on Unmet Needs ..........................................................24
   Session 2: Market Engagement ..................................................................................................26
   Session 3: Next Steps .................................................................................................................32
Summary .........................................................................................................................................36
Introduction

EPP eHealth (http://www.innovationithospitals.com/index.html) is an EU-funded H2020 project (2015-2017) aimed at transforming the market for eHealth solutions through the wider use of pro-innovation procurement methodologies.

The project will make progress towards this aim by creating a network of procuring organisations, which understand the opportunities that eHealth can offer and have competence in innovation procurement and the capacity to pioneer new approaches to collaborative procurement. As well as stimulating demand for eHealth goods and services and creating a robust framework for practical procurement^1 within the period of the project, it will also serve as a leading procurers group for the wider population of some 15,000 hospitals in Europe.

EPP-eHealth will create a critical mass of procurers to create a coherent demand for eHealth solutions. It will do this by:

- Providing a solid and informed base for dialogue between stakeholders by determining a coherent picture of the state of the eHealth sector based on practical experience of customers and suppliers.
- Enabling a genuine and credible dialogue between the supply-chain, customers, research and innovation community and other key stakeholders to determine the practical policy and procurement actions required to transform the market for eHealth.
- Creating a European wide network of procurers that both understand the opportunities that eHealth offers to address challenges within the healthcare sector and how to mobilise these opportunities via effective PPI and PCP actions.
- Creating a sustainable platform for future collaboration by defining joint statements of unmet needs, communicating these to stakeholders and initiating a mobilisation plan for specific procurement projects that address short to long-term needs.

This report summarises the combined second PPI Training and Synthesis Workshop that was held at the Bilderberg Hotel, Rotterdam on 12 January 2016. It provides a summary of the training sessions and makes comments on the projects next steps. More information will be available on the workshop will be available on the project website (http://innovationithospitals.com/).

The workshop training was coordinated by Optimat Ltd and the materials were developed and delivered by Gaynor Whyles of JERA Consulting. She has 10 years’ experience of innovation procurement in the UK and Europe and is an experienced trainer and facilitator.

The following participants joined the workshop:

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1 Public procurement of innovation (PPI) and pre-commercial procurement (PCP)
<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Stewart</td>
<td>Optimat</td>
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<tr>
<td>Angus Hunter</td>
<td>Optimat</td>
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<tr>
<td>Gaynor Whyles</td>
<td>JERA Consulting</td>
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<tr>
<td>Laura Sanchez</td>
<td>BRAVO Solutions</td>
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<tr>
<td>Mateusz Lichoń</td>
<td>Dane i Analizy</td>
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<td>Marcin Kautsch</td>
<td>Dane i Analizy</td>
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<tr>
<td>Thomas Ove Holm</td>
<td>Regional Zealand</td>
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<tr>
<td>Mario Álvarez</td>
<td>SERMAS</td>
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<td>Manuel Gimbert</td>
<td>SAS</td>
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<td>Francisco Sánchez Laguna</td>
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<td>Kazimierz Cieciak</td>
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<td>Łukasz Sendo</td>
<td>SU</td>
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<tr>
<td>Carolina Sebastian</td>
<td>IMIBIC</td>
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1. Workshop Planning and Preparation

An event overview and draft agenda was shared with participants in advance of the training.

The workshop was split into two distinct but connected sessions. The morning session focused on discussion and exploration of unmet needs. The afternoon session focused on the practice and principles of market engagement.

In advance of the workshop, participants were asked to conclude the work to identify unmet needs initiated at Workshop #1 and to come prepared to feed back to the consortium on the following:

- What has been the experience of the procuring partners in uncovering unmet needs and defining requirements?
- Are there emerging unmet needs and requirements? If so summarise. If not why might this be so?
- Do they perceive barriers to wider uptake eHealth solutions? If so, what are they?

The preparation by the workshop leaders involved desk research of the literature and reports on the roll out of eHealth in Europe and internationally and on EC policy and co-financed projects in the sector. This provided valuable insights and examples to support the content of the workshop.
2. Session Overview
A summary of each of the workshop sessions are included below.

Welcome and Introduction
The introductory session began with a round table exercise to enable all participants to introduce themselves and their organisation. An overview of the project progress to date was followed by a review of our current position in the project Gantt chart and a reflection on the importance of this stage in the project.
Critical point in project......

Jan - May
- Synthesising Unmet Needs → Synthesis Report → 2nd Peer Learning Workshop & Synthesising Workshop
- Survey

Jan - May
- Joint Statement of Demand
- Unmet Needs: Quantitative Analysis → Stakeholder Workshop: Buyers Group
- Joint Statement of Demand

May - Dec
The programme for the day was also explained:

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>09.30</td>
<td>Welcome, introductions and introduction to the day</td>
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<tr>
<td>09.45</td>
<td>Session 1: Unmet needs and requirements in innovation procurement</td>
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<tr>
<td>10.00</td>
<td>Synthesis of Unmet needs</td>
</tr>
<tr>
<td>11.10</td>
<td>BREAK</td>
</tr>
<tr>
<td>11.30</td>
<td>Feedback and discussion on unmet needs identification</td>
</tr>
<tr>
<td>12.30</td>
<td>LUNCH</td>
</tr>
<tr>
<td>13.15</td>
<td>Session 2: Market engagement</td>
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<tr>
<td>13.30</td>
<td>Market engagement - principles and practice</td>
</tr>
<tr>
<td>14.15</td>
<td>Case examples - Market engagement in Denmark and Poland</td>
</tr>
<tr>
<td>15.15</td>
<td>From unmet need to market engagement</td>
</tr>
<tr>
<td>15.45</td>
<td>Close</td>
</tr>
</tbody>
</table>

Session 1: Unmet needs and requirements in innovation procurement

This session set the context of the healthcare and innovation procurement by outlining the challenges faced across Europe; this was then followed by a discussion on the commonly cited barriers to eHealth implementation.

Across Europe, healthcare systems are facing major challenges:

- **Upward pressure on the costs of providing care**
- **Downward pressure on budgets, public finances constrained**
- **Unresolved gap between the service on offer and healthcare needs**
- **New challenges in healthcare...increasing hygiene and infection control issues, climate change pressures**
- **Changes in healthcare delivery, patient expectations and an aging population..**
  - .......etc.

- **No shortage of problems**
- **eHealth has the potential to make a valuable contribution**
This was then followed by a discussion on the concept of technology push vs pull in relation to market demand. In summary, it was explained that customers generally procure what is available to them, rather than asking for what they need. Thus the market pushes technology towards the customer; the better approach would be for the customer to express their needs, as this then reverses the situation; market pull rather than technology push.

**Barriers to eHealth adoption**

- Poor policy / funding framework
- Resistance to change in existing models of care,
- Vested interests in supply chain......and elsewhere
- Lack of evidence on the benefits
- Lack of skills
- Concerns about data protection
- Poor fit between solutions and problems
- eHealth as a disruptive innovation
- etc.

- We don’t know how to buy it........

This was then followed by a discussion on the concept of technology push vs pull in relation to market demand. In summary, it was explained that customers generally procure what is available to them, rather than asking for what they need. Thus the market pushes technology towards the customer; the better approach would be for the customer to express their needs, as this then reverses the situation; market pull rather than technology push.

**From technology push to market demand**

- Customers tend to buy what is available, rather than asking for what they need.
- Suppliers respond to customer demand.

- In the absence of a clear demand suppliers tend to ‘push’ technology, some may try to engage to understand needs...there are many suppliers......
- **It would be better for everyone if customers expressed their needs to suppliers**
Finally, the innovation procurement process, in particular needs identification, was outlined.

The common issues encountered when trying to identify unmet needs were presented for comment and discussion. The workshop then asked the question – How do we arrive at genuine, credible unmet needs and requirements that can be presented to the supply chain as a procurement opportunity? How do we buy eHealth solutions effectively?

Uncovering unmet needs - defining requirements

Uncover and understand the unmet needs and to translate them into outcome requirements. Common issues:

- The power of procurement as a strategic tool not understood
- Thinking in terms of products not problems, solutions not outcomes
- Leaping to the outcomes too soon (need to dig deeper)
- Problem, what problem?
- Consultation is unfamiliar
- Difficult to identify or access the relevant stakeholders
- Look out for for innovation for innovation sake
- Vested interests and resistance to change
- Worried it will affect their job (or loss of job)
- Cynicism............................etc.
Case study examples were presented to illustrate the importance of defining genuine, accurate and credible requirements.
The session concluded with a robust exploration of how we can present sensibly the unmet need requirements in the context of eHealth; firstly, the requirement can be ICT focused such as electronic patient health records or secondly, it can be unmet needs focused but ICT may be part of the solution.

A discussion on key questions related to the eHealth innovation space provided a mechanism to recap the key points covered:
Synthesis of Unmet Needs

A key deliverable in EPP eHealth is the synthesis of evidence unmet needs and this session presented the preliminary findings.

The purpose of the report was outlined; there are projects and procurers that are involved in this space and they too are seeking to identify unmet needs therefore, the role of the report is to make sense of what already exists combined with our own findings and translate that into messages that can be presented to the market; thus switching from traditional technology push to market demand pull.

The methodology was explained; it incorporates a variety of sources and is illustrated below:

- 1st Workshop Outcomes
- Consortium 1:1:1 Calls
- Qualitative Analysis
- Desk Research
- ECOQUIP Paper

In advance of the workshop, one-to-one calls were arranged with each of the procuring partner organisations to discuss their unmet needs identification progress and follow up on lessons learned since the first workshop. The outcomes of these calls were summarised:

- Electronic patient record
- Outpatients flow organisation
- Materials from organisation (JIT)
- Low energy efficiency of resources
- Staff shortages (skills)
- Ageing workforce
A programme of structured interviews with suppliers, buyers and experts in Denmark, Poland and Spain was conducted as part of wider EPP eHealth actions. A summary of the interviews is included in the ‘eHealth Solutions in Denmark, Poland and Spain; qualitative research report’. The qualitative analysis was also examined to identify unmet needs and these were presented:
Likewise, previous project experience was drawn upon, in particular a provocation paper as part of the EcoQUIP project was also utilised as it too highlighted common areas of need for innovative solutions as well as emerging and existing technologies.

As well as internal findings, external desk research was conducted to identify unmet needs, in particular the exploration of existing projects and future calls. A matrix was developed to summarise the findings:
<table>
<thead>
<tr>
<th>Unmet Need</th>
<th>Current Projects</th>
<th>Future Calls (2016-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Empowerment</td>
<td>SCI-PM-07-2017 Promoting mental health and wellbeing in the young</td>
<td>SCI-HC0-16-2016 Standardisation needs in the field of ICT for active &amp; healthy ageing</td>
</tr>
<tr>
<td>Self-Management</td>
<td>SCI-PM-12-2016 PCD health in empowering the patient</td>
<td>SCI-HC0-15-2016 EU eHealth interoperability conformity assessment</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>SCI-PM-09-2016 New therapies for Chronic Disease</td>
<td>SCI-HC0-14-2016 EU-US Interoperability Roadmap</td>
</tr>
<tr>
<td>Diagnosis Timeframe and Management</td>
<td>SCI-PM-12-2016 Patient Information</td>
<td>SCI-HC0-13-2016 EU-US Healthcare workforce IT skills</td>
</tr>
<tr>
<td>Patient Information</td>
<td>SCI-PM-12-2016 Decision Making Process</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Decision Making Process</td>
<td>SCI-PM-14-2016 Interoperability/integration/standards</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Ageing Workforce</td>
<td>SCI-PM-13-2016 Electronic Health Record</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Skills shortage</td>
<td>SCI-PM-13-2016 Communication Tools</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Ageing Population</td>
<td>SCI-PM-13-2016 Surgical Tools &amp; Procedures</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Interoperability/integration/standards</td>
<td>SCI-PM-13-2016 Patient Security</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
</tr>
<tr>
<td>Electronic Health Record</td>
<td>SCI-PM-13-2016 Dosage Card</td>
<td>SCI-HC0-12-2016 EU-US Health care workforce IT skills</td>
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<tr>
<td>Communication Tools</td>
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<tr>
<td>Surgical Tools &amp; Procedures</td>
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<tr>
<td>Patient Security</td>
<td></td>
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<tr>
<td>Dosage Card</td>
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The findings illustrate that there are many commonalities across the different sources, however these are generic high level needs; the next step is to move these from generic to specific unmet needs. The messages have to be translated into something that can be bought e.g. good or services. Examples of the process of moving from generic to specific unmet needs were also offered, as illustrated:

**Translate the Generic to Specific Unmet Needs**

**GENERIC**

- Patient Empowerment
- Self-Management
- Chronic Disease Management
- Diagnostic Timeframe and Management
- Patient Information
- Decision Making Process
- Aging Workforce
- Skills shortage
- Aging Population
- Interoperability/integration/standards
- Electronic Health Record
- Communication Tools
- Surgical Tools & Procedures
- Patient Security
- Dosage Card

**SPECIFIC**

**Test using Survey**

**PRODUCTS SERVICES**
Finally, the overall process and importance of the synthesis as part of wider project activities was emphasised:
To summarise, it is clear from the findings that there are commonalities across the different sources of unmet needs and key generic unmet needs are visible. For example, patient empowerment, self-management, chronic disease management, ageing population and interoperability/integration/standards are all common.

The key learning points from this session included:

- Importance of the synthesis in relation to the future project activities
- Commonalities between different sources of unmet needs
- Moving from generic to specific unmet needs is critical in order to engage with the supply chain
Consortium Discussion & Presentations on Unmet Needs

As indicated in the introduction, consortium members were asked to come prepared to address the following key questions:

- What has been the experience of the procuring partners in uncovering unmet needs and defining requirements?
- Are there emerging unmet needs and requirements? If so summarise. If not why might this be so?
- Do they perceive barriers to wider uptake eHealth solutions? If so, what are they?

Each partner tackled the questions in a different manner, but each was able to present their unique experience.

Region Zealand, Denmark emphasised that there are unmet needs, but these differ depending on whom you talk e.g. IT have different points of view from stakeholders therefore consensus is difficult. However, the following unmet needs could be agreed upon:

- Elective surgery – need for data and shorter response times
- Patient centred care – unanimous agreement as this would help hospitals to realise the potential for efficiency and quality gains
- Better use of data – lots of data for specific uses but think about data in Big Data terms – would can it tell us
- Clinical logistics – track and trace
- Patient portals – booking systems and telemedicine

However, there are barriers including:

- Lack of skills to take on big projects
- Lack of involvement of different stakeholders
- Asymmetry between payers and beneficiaries
- Privacy and data protection

In summary, Denmark has lots of pilot projects but they don’t connect to the overall system and this must stop!

In Poland, the main focus is on “informatisation” – digitalising the current paper approach. Nonetheless, real needs have been identified including:

- Solution for older, heavier patients requiring management
- Electronic Health Records
• Material flow organisations (traceability)

But, they too face barriers:

• Fear of change, innovation and implementation costs
• User resistance
• Need for purchasing ‘necessary hardware’
• Scale and complexity of hospital (new hospital being built)
• Political environment in Poland

In Spain, two presentations were given; firstly, SAS. They explained that they identify needs in two ways: at a local level and a regional level. The identified needs included:

• Palliative care: pain control
• Cardiovascular: patient-healthcare communication
• Chronic disease management
• Dosage control – card
• Patient security
• Electronic health record – integration

Secondly, the final presentation came from a clinician’s perspective from SERMAS in Spain. This was a different take on the questions as it recognised that eHealth can benefit; patients, clinicians and administrators.

Patients unmet needs include empowerment, easier and faster access to medical attention and improving the follow up procedure. However, there are barriers including technical skills and aging population. However, these can be overcome with technical education and support and user friendly technologies.

Clinicians/Healthcare professionals have unmet needs in areas including clinical decision making and research / Big data. However, there are possible barriers including fear of technology, feeling threatened by new ICT based tools, concerns about loss of humanity in patient care. But, these can be addressed by good data, safe and effective tools that have a strong foundation of evidence that such tools benefits healthcare then professionals will be willing to engage.

Administrators could benefit from Innovation Procurement, but it is difficult to use. Additionally, in the Spanish context procurement is done at a regional level which complicates it further. Nonetheless, although there are benefits there is initial risk and investment required and this is an issue as is the rate of political turnover as this doesn’t align with the long-term investment and decision making required for such risk procurements. There are also concerns around patient security and data protection.
The presentations were followed by a group discussion and there are clear commonalities and synergies coming through from the consortium partners including the following areas:

- Traceability
- Big Data
- Finance
- Standards/interoperability

Session 2: Market Engagement
Following on from the synthesis session and the importance of taking clear messages of demand to the market; market engagement tools were outlined.

The session began by offering a definition of innovation procurement and indicating the pivotal role of market dialogue and engagement.

“Undertaking the procurement process in a way that stimulates the supply chain to invest in developing better and more innovative goods and services to meet the unmet needs of an organisation”

This was followed by a discussion on the why market engagement is important and its key features:
Market Engagement

Market engagement # why?

- Brings the supply-side perspectives to a procurement process
- Provides advance information to suppliers about forthcoming procurements
- Tests the reaction of the market to a proposed requirement
- Helps to design an effective procurement approach
- For the.....
  - Customers understand and assess the supply chain’s Capacity, Capability, and Appetite to deliver what you need, when you need it, at a price that reflects best value
  - Supply chain: provides advance Information and Invaluable insights on the customers needs

Market Engagement

# features.....

- NOT (in any way) an evaluation of suppliers
- Undertaken in a way that is transparent and maintains an equal playing field
- Positively encouraged in the new regulations
- EARLY market engagement (innovation takes time)
- Communicating with the supply chain in a way that convinces them that you are a serious and credible procurer
- Only as good as the information that you provide......
  - (Accurate, credible, genuine requirement)
  - Quality of engagement depends on the quality of your outcome requirement and credibility

Credibility......The quality of being trusted and believed in, being convincing or believable
The market engagement spectrum was presented which illustrated the three stages: pre, within and post procurement and gave examples of the market engagement actions at each stage. The new procurement regulations support for market engagement was highlighted.

**Spectrum of Market Engagement and Dialogue**

![Diagram of market engagement spectrum]

This was then followed by a detailed presentation on the different methods and communication tools available to procurers when engaging with the market including examples of each.

**Market engagement**

# methods and process

**Process**
- Progressive engagement - step by step

**Methods**
- Market Sounding Prospectus
- Prior Information Notice (PIN)
- Market consultation workshops
- Technical dialogue
Market engagement

# communication

**Communication tools:**
- Market Sounding Prospectus (MSP)
- Prior Information Notice (PIN) in the OJEU
- Web-page
- Market Sounding Response Form
- Market Consultation Workshops

AIM: to present a credible demand to the market and convince them that you are a serious customer and that it is worth their investment.

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**Market Sounding Prospectus (MSP)**

- **What is included?**
  - A ‘credible articulated requirement’
  - Unmet need
    - (the problem or issue you are addressing)
  - Requirement
    - (in outcome terms)
  - Context
    - (current situation, why innovation, drivers)
  - Procurement opportunity
    - (scale and timeframe)
  - Wider market
    - (who else has this unmet need)
  - Messages to the supply chain
    - (direction of travel)
  - The MSP forces clarity and consensus in the team
Market Engagement Workshops

- Market consultation workshops enable you to
  - develop the dialogue with the supply chain
  - identify any perceived barriers
  - involve other stakeholders and buyers

- Record the market consultation event and publish a summary report
- Helps demonstrate you are maintaining a level playing field

“What is great about this process is that it gives us time to plan, build consortia, and bring new solutions forward”

*workshop participant

The market engagement process was illustrated with example at each stage:
Critical success factors were outlined:

1. **Credibility**
   - as a customer
2. **Consultation**
   - with internal stakeholders and end-users
3. **Commitment**
   - demonstrate that the organisation is serious in intent
4. **Communication**
   - be pro-active, creative, and convincing
   - understand the supplier perspective

“Successful market engagement needs you to know what you want to achieve, be committed to achieving it, and to be able to convince the market that you are serious, that you really want it.”

Next, Joint Statements of Demand were considered, as a Joint Statement is also an outcome of the EPP eHealth project. This included an explanation of what they are and examples from other innovation procurement projects:

**Joint Statements of Demand**

**Presenting common requirements to the market**

- Pilots and one off projects tend to stay that way
- JSD setting out joint / common needs presents a (hopefully) a credible demand
- Presenting a ‘critical mass’ of demand and a ‘buyers group’ to expedite wider uptake of solutions
- The suppliers experience of product development:
Finally, Joint Statements of Demand for eHealth were considered:

The key learning points from this session included:

- Presenting credible demand to the market encourages innovation and investment from the supply chain
- There are a range of methods and communication tools to facilitate engagement
- Although barriers exist; innovation procurement will bring these to light and enable solutions to be identified

**Session 3: Next Steps**

This is a critical stage in the overall project; consequently the process to support the development of the project towards its objectives was highlighted, as follows:
Critical point in project:

Jan – May
- Synthesising Unmet Needs → Synthesis Report → 2nd Peer Learning Workshop & Synthesis Workshop
- Survey

Jan - May
- Joint Statement of Demand
- Unmet Needs: Quantitative Analysis
- Stakeholder Workshop: Buyers Group
- Joint Statement of Demand

May – Dec
- PPI/PCP Strategy for eHealth → Strategy
- Stakeholder Workshop: Market Test/Dialogue
The next steps are as follows:

1. Progress the identified generic unmet needs into specific unmet needs
Further desk research will be conducted following the workshop to validate the generic unmet needs. Once finalised, the process outlined during the workshop; problem, solution and unmet need will be applied to drill down into specific unmet needs.
This process outlined above will be applied to each generic theme; thus advancing towards good and services that can be purchased.

2. Finalise the Synthesis of Evidence of Unmet Needs Report
The report is currently in draft format, Optimat will continue to work on the report and incorporate the workshop outcomes.

3. Develop the Quantitative Online Survey
Dane i Analizy with support from Optimat will produce the quantitative survey based on the specific unmet needs realised from the synthesis study.

4. Prepare for the next workshop: May, Brussels
BRAVO and Optimat are working with the project officer to finalise the programme for the May workshop. A Save the Date will be disseminated shortly.

5. Identify a Community of Learning visit in Brussels to coincide with the May workshop.
Jonathan Erskine of EuHPN has a contact in Brussels that may be able to support us in the next CoL. Optimat will liaise with EuHPN to progress this opportunity.
Additionally, the opportunity for coaching and support for hospital partners to undertake a ‘leader-led’ collaborative innovation procurement project enabled by the EcoQUIP project was presented (www.ecoquip.eu).

**Summary**

This was a very valuable workshop for the consortium as it was an opportunity to present the preliminary desk research findings on the synthesis of unmet and for the consortium to discuss and exchange lessons learned in needs identification at a local level. It is clear from these discussions that there are a number of commonalities within the consortium, particularly around traceability, data and standards (interoperability).

It is clear that there are a number of challenges facing the healthcare sector in the 21st century; however, ICT could potentially alleviate some of the pressure. There is certainly no shortage of ideas from the supply chain, but the challenge going forward is to move away from the current technology push nature of eHealth towards market pull (demand). Therefore, it is vital that procurers communicate their needs in an articulate and credible manner and allow the supply chain to respond to specific opportunities.

The preparatory desk research and analysis reveals that there are a number of projects in the field that are also identifying areas of unmet need. These tend to be high level generic themes and must be translated into specific needs i.e. goods and services that can be purchased. Therefore, the Synthesis of Evidence of Unmet Needs report aims to consolidate all these thematic unmet needs and convert them into procurement requirements that the supply chain can respond to.