The Galician Strategy for Public Procurement of Innovative Solutions in Health

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This series of briefings provides key insights into the winning projects and offers lessons learned.

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Briefing title

The Galician Strategy for Public Procurement of Innovative Solutions in Health

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INTRODUCTION

The Galician Strategy for Public Procurement of Innovative Solutions in Health is a long-term approach through which the Galician Health Service (Servizo Galego de Saúde, SERGAS) and the Galician Health Knowledge Agency (Axencia Galega de Coñecemento en Saúde, ACIS) use public procurement to obtain healthcare solutions that do not yet exist on the market. Instead of choosing from products that suppliers already sell, the two bodies start from problems reported by doctors, nurses, pharmacists, administrative staff and patients, test those problems against what companies and research centres could realistically develop, and then contract for the development, testing and deployment of new solutions. Since 2012 this has produced a sequence of programmes whose results include an electronic health record, electronic prescribing, a remote monitoring platform for chronic patients and a patient portal, all now part of everyday care for a population of about 2.7 million people, many of whom are elderly or live in scattered rural settlements. The experience matters beyond Galicia because it shows how a regional administration can turn procurement from a purchasing routine into a managed way of commissioning innovation, supported by procedures, guides and organisational capacity that other public bodies have already begun to reuse.



Key facts

- **Project:** The Galician Strategy for Public Procurement of Innovative Solutions in Health.
- **Applicant:** Galician Health Service (SERGAS), an autonomous body under the Regional Ministry of Health of the Xunta de Galicia (the regional government), with the Galician Health Knowledge Agency (ACIS); DXC Technology took part as industrial partner.
- **Country and level of government:** Spain; regional (Galicia, an autonomous community responsible for organising and delivering healthcare within the Spanish National Health System).
- **Duration and key dates:** 2012 to the present (ongoing). Programmes in sequence: Hospital 2050 and InnovaSaúde, followed by Código100, InnovaTrial, Innova MicroLAB, PRECISAÚDE (ongoing) and REHEAL. The start and end dates of the individual programmes are not given in the source material.
- **Funding:** Regional health-system resources combined with EU funding from the European Regional Development Fund (ERDF) and the Recovery and Resilience Facility (RRF/NextGenerationEU). Around €148 million has been invested in innovation procurement initiatives since 2012, with a further €23 million allocated to the deployment and scaling of successful solutions.
- **Main components:** bottom-up collection of needs; open market consultation before tendering; three procurement instruments chosen according to the maturity of the solution; multidisciplinary working groups; monitoring and dedicated deployment funding; practical guides.
- **Headline results:** more than 30 innovation procurement processes launched since 2012; around 40-50% of initiatives progressing to full clinical production; more than 24,000 active patients using the TELEA telemonitoring platform; around 1.2 million users of the É-Saúde patient portal; the UNI-VEC surgical device commercialised in four European countries; and the PPI methodology replicated in wider regional-government innovation planning.

EPSA Category

Delivering User-Centric Services at Subnational Level

Prize

1st Place Winner

1. Relevance

Healthcare in Spain is decentralised: each regional government organises and delivers care within the common framework of the National Health System, so a region such as Galicia, in the north-west of the country, carries the practical burden of adapting services to its own population. That population of about 2.7 million is ageing faster than in most European regions, with 26.88% aged 65 or over, and is spread across 3,775 settlements, so that a large share of residents live outside the region's seven main cities. Rising life expectancy and the spread of chronic conditions increase the number of people who need regular contact with health services at precisely the point where distance and limited mobility make that contact harder to sustain.

The regional healthcare system comprises 14 hospitals, around 500 primary care centres and 90 emergency centres, with a very large workforce of approximately 46,000 healthcare professionals and a 2025 budget above €5.4 billion, about 40% of the Galician public budget. The COVID-19 pandemic showed how exposed visit-based models of care were to sudden shocks, while expectations of personalised and continuous care kept rising.

Many of the tools Galicia needed did not exist or were not adapted to how its services operate, and the region lacked procurement and governance mechanisms capable of steering emerging innovation towards those needs. Ordinary public procurement is designed to buy what is already on the market and tends to reward the lowest short-term cost, giving a public buyer little influence over what gets developed; the applicants also observed that earlier innovation initiatives had often failed to reach clinical practice because they were not connected to real needs from the outset.

Public procurement of innovation addresses this gap by allowing an authority to describe a problem rather than a product and to pay for the research, development or adaptation needed to solve it. In Galicia it complements ordinary procurement and is reserved for situations in which the market cannot yet supply a suitable answer. Its specific objective is to identify unmet clinical, organisational and digital needs and turn them into solutions that are developed, tested and then used in daily practice.

The intended beneficiaries are above all patients who are elderly, chronically ill or living in rural and dispersed areas, for whom remote monitoring and digital access can replace long, costly or physically difficult journeys, and secondly healthcare professionals, whose use of time depends on the quality of their tools for follow-up and coordination. The current innovation plan, delivered through the ongoing PRECISAÚDE programme, extends the approach to diagnostics based on biomarkers (measurable biological indicators of disease), genomic analysis, simulation-based training of professionals and new therapies.

2. Project design and implementation

The strategy rests on two institutions. SERGAS manages public healthcare under the Regional Ministry of Health through seven integrated management structures, one for each of the region's health areas. ACIS is a public agency that manages the path from an idea or piece of research to its use in practice: it coordinates innovation across the ministry and SERGAS, assesses healthcare technologies and has an explicit mandate to promote and implement innovation procurement. ACIS works through seven 'innovation nodes', one per health area, which collect and manage ideas put forward by staff, while strategic coordination committees support decisions and monitor progress.

The strategy follows a standard workflow that has been refined over successive programmes:

1. **Collecting needs.** Problems are gathered from the bottom up through the innovation nodes and the Health Innovation Platform, an open channel through which professionals, patients, carers and companies

submit and prioritise challenges. These are translated into functional specifications, which state what a solution must achieve rather than what it should be.

2. **Testing needs against the market.** Open market consultation (a public, non-binding dialogue with potential suppliers before a tender) and early demand mapping (advance publication of expected needs) provide evidence on technological maturity, market capacity, costs and risks, preventing unrealistic specifications.
3. **Choosing the procedure.** A working group of clinical, technical, legal and procurement staff selects the procurement instrument on the basis of these results and prepares the tender.
4. **Monitoring and deployment.** Contracts are followed through execution reports, technical follow-up and impact analysis, and successful solutions receive separate funding for large-scale deployment from the health system's own resources.

The strategy uses different procurement instruments depending on the maturity of the solution. Pre-commercial procurement (PCP) is used when further research, prototyping and risk reduction are still required, as in InnovaTrial. Public Procurement of Innovation (PPI) is used when solutions are closer to market readiness and can move towards deployment and integration, as in the SHARE project. Innovation Partnerships combine development and subsequent acquisition within a single procedure and were used, for example, in the development of the UNI-VEC surgical device. The procurement model also gives companies incentives to commercialise successful innovations beyond Galicia. In the arrangements described by SERGAS, suppliers retain ownership of the solutions they develop and can market them elsewhere, while SERGAS retains the necessary rights to use them. Commercialisation can also generate royalties that are reinvested in further innovation activities.

Users are involved beyond submitting ideas: solutions are tested in a network of living labs in hospitals before full roll-out, for example the Galician association of relatives of people with Alzheimer's and other dementias (AFAGA) helps make digital tools usable for elderly and rural residents, including through work at the level of the parish ('parroquia', the smallest administrative division), addressing low digital literacy and wariness of technology.

Resources combine regional and European funding across successive programmes:

- **Hospital 2050:** €45 million; 12 PPTI procedures on hospital organisation and digitalisation.
- **InnovaSaúde:** €45 million; 16 PPTI and 5 PCP initiatives on digital health services and processes.
- **Código100:** €13 million; 10 PPTI and 5 PCP projects.
- **InnovaTrial:** €12 million; one PCP initiative on clinical research.
- **Innova MicroLAB:** €5.7 million; testing and early adoption of laboratory solutions.
- **PRECISAÚDE:** €20 million; ongoing.
- **REHEAL:** €7 million; a Horizon Europe project on circular healthcare supply chains.

A further €23 million or more has been reserved for deploying successful solutions, €20 million of it for Hospital 2050 and InnovaSaúde and €3.6 million for Código100, which addresses the common failure of pilots that end with no provision for scaling up. National support schemes for promoting innovation through public purchasing, and consistent backing from the regional government, gave the approach a stable framework.

Implementation has also required flexibility. In Código100, the COVID-19 pandemic led to the temporary suspension of several contracts, meaning that some planned activities could not be completed within the original timeframe. Once conditions allowed, execution and reporting deadlines were extended so that the planned solutions could continue to be developed and subsequently tested in real clinical environments. More broadly, the strategy recognises that innovation procurement involves uncertainty and that not every solution will ultimately progress to full clinical deployment. The validation visit also highlighted that standard audit

procedures do not always fit innovation contracts, for example where biomarkers are consumed during the project, so managers and auditors have had to agree how such contracts are checked. Experience has been codified in practical guides, among them a guide on open market consultation from Código100 and one on implementing innovation procurement in health from Innova MicroLAB, which have reduced legal uncertainty for staff.

3. Outcome

Several solutions developed or extended through innovation procurement are now standard across SERGAS. The corporate electronic health record, IANUS, and electronic prescribing are fully integrated into daily practice, reducing duplication and supporting more structured management of common chronic diseases, while INSIS, an integrated patient management system linking clinical and administrative information, has reduced fragmentation between primary and hospital care. Roughly 40 to 50% of initiatives have moved into full clinical production, a rate the applicants regard as high for an instrument used precisely where no proven solution exists.

TELEA, a telemonitoring platform for patients at home, shows what this means for users. Patients enter health values, stored over time in their electronic history, and the system sorts cases by colour: red where medical intervention is needed, yellow for review by nurses and blue where the patient has been checked. Values outside the expected range trigger alerts to patient and professional, allowing intervention before an emergency, and the two can exchange messages and arrange appointments. At the Milladoiro health centre, staff told the validation team that following their monitored patients takes about five minutes a day on average. At the time of the visit TELEA had more than 24,000 active patients, over 14,000 of them with diabetes, and more than 508,000 recorded measurements; it is also used for anticoagulant control and kept chronic patients under observation at home during COVID-19. Because data are shared, ambulance staff attending a diabetic patient can now see relevant information quickly.

The patient portal lets patients use a mobile phone or identity card to see health information, appointments and prescriptions and to upload documents, and allows access to be delegated to family members, which helps elderly users. Use grew from about 100,000 people in its first year to around 1.2 million, accelerated by the pandemic. More than 100,000 medical images a year are downloaded through it, removing the cost of CDs and USB sticks and sparing journeys, with lower carbon emissions, shorter queues and less administrative work, although no overall savings figure is given. A Código100 app recording diet, activity and health values supports prevention and self-management.

Some results reach beyond Galicia's own services. UNI-VEC, the surgical device developed under Código100, reached technology readiness level 9 (a proven system in operational use), entered SERGAS's catalogue of approved products and is sold in Spain, Portugal, Slovakia and the Netherlands. A significant, though unquantified, share of participating firms are SMEs, and the Galician Health Cluster helps them work with larger companies such as DXC Technology, which employs about 200 people in the region. In 2025 the European Commission selected Galicia to host an AI Health Factory, funded 50% by the EU and 25% each nationally and regionally, which the validation team saw as a product of this ecosystem.

The methodology has also spread beyond the original programmes. Within SERGAS, departments reuse the guidelines and operational tools developed through successive innovation procurement initiatives. The Galician Innovation Agency (GAIN) applied the same participatory approach when preparing an innovation procurement plan for regional government departments, allowing public officials to identify unmet needs not addressed by existing market solutions. According to the project team, the approach has since been extended across regional ministries, supported by regular inter-departmental exchanges of expertise. A similar methodology was used by the City Council of Santiago de Compostela to address urban and heritage challenges. Galicia’s experience has also been relevant to the national innovation agency CDTI in the context

of a public procurement of innovation call. At organisational level, the model has proved adaptable enough for a hospital in A Coruña to manage its own procurement initiative on antimicrobial resistance, with SERGAS and ACIS providing advisory support rather than managing the process centrally.

Internationally, Galicia shares guidance and governance models through the Procure4Health and EIT Health networks, cooperates with northern Portugal and, under a memorandum of understanding, with Scotland, and takes part with regions in Scotland, Poland, Greece and Denmark in REHEAL. Through the CIRCE-JA Joint Action on transferring good practice in primary care, SERGAS helped the local health unit of Modena in Italy adapt TELEA to its needs, so individual solutions as well as the method have proved transferable. Within Galicia, innovation procurement is now a regular option in planning and investment decisions, embedded in ACIS's mandate and backed by specialised multidisciplinary teams.

Success factors

- Strong institutional embedding: the strategy is integrated into the governance of SERGAS and ACIS and has become a regular policy instrument rather than a one-off initiative, which ensures continuity and organisational learning.
- Sustained political and administrative commitment over more than a decade, combined with a mix of regional resources and European funds.
- A well-structured and clearly articulated method that links systematic needs identification, stakeholder engagement and structured market dialogue through open market consultation.
- A clear organisational structure and planning logic, with multidisciplinary working groups translating healthcare needs into tailored procurement procedures.
- Continuous monitoring and follow-up mechanisms that allow implementation to be adapted when circumstances change.
- Starting from concrete healthcare needs, so that solutions respond to the practical problems of patients and professionals.
- Reusable guidelines, tools and methods that have already been replicated in other departments, by GAIN and in other policy contexts, demonstrating good transferability.
- Long-term relevance and impact: in the consensus meeting the project was regarded as an extraordinary achievement and a strong example of innovative public procurement, and four of the five evaluators placed it among their top three projects from the outset.

Lessons learned and recommendations

1. **Start from a problem statement, not a product specification.** Tender preparation should begin with a description of the need and the result required, leaving suppliers room to propose how to meet it. Galicia made this routine by collecting needs through innovation nodes and an open platform before any specification was written, a practice that needs little investment.
2. **Make market consultation a fixed step before tendering.** Open market consultation and early demand mapping tell a buyer whether a solution exists or could be developed, at what cost and risk, and give suppliers, including smaller firms, early notice of demand.

3. **Match the instrument to the maturity of the solution.** Pre-commercial procurement, procurement of technology innovation and innovation partnerships serve different situations; the choice should follow market consultation and be made by a mixed team of service, technical, legal and procurement staff rather than defaulting to the familiar procedure.
4. **Budget for deployment separately from development.** Ring-fencing funds for scaling up, as Galicia did with more than €23 million, and agreeing in advance when a pilot moves to deployment, reduces the risk that proven solutions stall when development funding ends.
5. **Accept that some procurements will not succeed, and plan for it.** With roughly half of initiatives reaching full clinical production, a portfolio approach is more realistic than expecting every contract to deliver. Contracts need clear milestones, penalties and termination clauses, and political leaders should know in advance that partial failure is part of the method.
6. **Bring auditors into the design of innovation contracts.** Agreeing early with audit and control bodies how experimental outputs will be verified avoids later disputes and reassures managers who might otherwise avoid innovation procurement.
7. **Use an intellectual property model that gives suppliers a reason to invest.** Letting companies own and sell what they develop, while the public buyer keeps the right to use it, attracts firms of all sizes and lets public investment create value beyond the procuring authority.
8. **Involve users and their organisations in testing and adoption.** Living labs and cooperation with patient organisations such as AFAGA, together with features such as delegated access for relatives, widen take-up among groups least comfortable with digital services.
9. **Codify experience so that others can start faster.** Practical guides, standard workflows and European networks let newcomers avoid repeating Galicia's twelve-year learning curve; the A Coruña hospital, advised by SERGAS and ACIS, shows that a single institution can begin with such support.

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