Establishing a Health and Care Quantum Innovation Centre

SUMMARY REPORT

A HEALTH INNOVATION NORTH WEST COAST FEASIBILITY STUDY

December 2025

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Cover photo: IBM and Cleveland Clinic's "first quantum computer dedicated to healthcare research" located onsite at the Cleveland Clinic in Cleveland, Ohio, USA.

GLOSSARY

AI	Artificial Intelligence
API	Application Programming Interface
DHSC	Department for Health and Social Care
DSIT	Department for Science Innovation and Technology
EPSRC	Engineering and Physical Sciences Research Council
HINWC	Health Innovation North West Coast
HPC	High-performance computing
HCQIC	Health and Care Quantum Innovation Centre
KPI	Key performance indicator
NHSE	National Health Service England
NIHR	National Institute for Health and Care Research
NQCC	National Quantum Computing Centre
STFC	Science and Technology Facilities Council
UKRI	UK Research and Innovation

1 EXECUTIVE SUMMARY

This feasibility study, commissioned by UK Science and Technology Network and National Health Service England (NHSE) and conducted by Health Innovation North West Coast (HINWC), explores the potential use cases and understanding of quantum computing within the UK's health and social care system. The study, employing interviews, workshops, site visits and desktop research, aimed to identify the system's needs, establish relevant use cases, and pinpoint areas that could benefit from this emerging technology.

The overwhelming majority of interviewees expressed strong support for developing advanced computing capabilities, including quantum computing, citing its unique advantages in addressing complex health and social care problems that may have only small datasets, such as pharmaceutical development, clinical trial optimisation, personalised medicine, system optimisation and rare disease management. However, a significant challenge is a limited understanding of quantum computing and the need for clearly defined use cases.

The study highlights that quantum computing is still in its early stages, facing challenges in costs, regulations, operations, data management and workforce. However, despite these hurdles, the risks of not developing quantum computing capabilities are significant, potentially leaving the UK behind in this field. The UK government is backing quantum computing with a £2 billion investment in the 2025 compute roadmap identifying quantum as a strategic long-term investment.

The most significant recommendation in this study is the creation of a Health and Care Quantum Innovation Centre (HCQIC). This centre would be a single access point for advanced computing, integrating quantum computing with high-performance computing (HPC) and artificial intelligence (AI). This would allow health and social care to explore where HPC is accelerated by AI, then where AI can no longer support, and then where quantum is needed. It would offer open access to resources, foster collaboration, support funding applications, and be built on a foundation of governance, ethics, education and public engagement.

There was a preference for developing the centre in the North West of UK for several reasons: the inequity of resources for HPC, AI and quantum, which currently seems focused towards the North East of UK; the significant impact of talent migration away from the NW due to a lack of opportunity in the development of cutting-edge technologies; the opportunity to use and expand the resources currently available at the Hartree Centre, and pilot sites for the Federated Data Platform in Cheshire and Merseyside; and the close working relationship of Secure Data Environments across the north.

This report suggests different operating and funding models for a HCQIC and identifies potential KPIs for the centre, focusing on health outcomes, research outputs, operational metrics, economic effects and engagement.

Several operating and funding models are suggested, including a central hub, hybrid and NHS-centric approaches.

While quantum computing alone is not a silver bullet, it is a critical component of the advanced computing ecosystem needed to solve pressing health and social care challenges. Investment will be needed for the UK to develop domestic quantum computing to realise the benefits for the NHS, wider health and care, and the UK's reputation on the global stage in advanced computing. It is hoped that findings from this report will be a valuable asset in this journey.

2 BACKGROUND

STFC Hartree Centre describes quantum computing as following the principles of quantum mechanics (science dealing with the behaviour of matter and light on the atomic and subatomic scale) to process information. Unlike classical computing, which works with bits (0,1), quantum computing uses quantum bits called qubits. These can exist in multiple states simultaneously, which allows quantum computers to perform complex calculations more efficiently than classical computers.

Quantum computing is currently emerging and experimental across all fields, including health and care. In 2025, the National Quantum Computing Centre (NQCC) wrote a report: *Quantum for Life: How UK life sciences and healthcare can benefit from quantum technologies* to give those working in health care and life sciences an understanding of what quantum technologies can do now and what it may be capable of in the future. This includes a number of applications in quantum computing, and sensing and imaging.

The Digital and Technologies Sector Plan, part of the UK's Modern Industrial Strategy, published on 23 June 2025, identifies quantum technologies as a "frontier technology" where there is high potential for growth across all sectors - including life sciences, driving productivity and creating new projects, services and business models.

STFC Hartree Centre and NHSE wish to harness the potential of this technology by establishing a Health and Care Quantum Computing Innovation Centre (HCQIC) within the UK's health and social care system. They asked HINWC to support the development of a business case by conducting a feasibility study to ask the following questions:

- **Does the health and social care system need quantum computing?**
- **What use cases could be established from the need?**
- **What areas of health and social care that could benefit from quantum computing?**

Benefits could include, but are not limited to, direct cost savings, indirect cost savings (i.e., time released back into care, workforce efficiencies), and improved patient safety and care (including more personalised and preventative care).

3 METHODOLOGY

This study included:

- **20 semi-structured anonymised interviews with clinicians, technologists and managers**
- **three participatory workshops, each with 7-10 mixed participants from health and social care**
- **a site visit and in-person interviews (included in the 20) at the Cleveland Clinic (Ohio, USA), which the first quantum computer (IBM System One) dedicated to healthcare research**
- **desktop research.**

The study followed grounded theory, a qualitative method designed to inductively generate theory from data.

4 INSIGHTS

POTENTIAL BENEFITS OF QUANTUM COMPUTING IN HEALTH AND SOCIAL CARE

Ninety per cent of interviewees were very supportive of the development of quantum computing and the opportunities it would afford for health and care.

Interviewees identified a number of instances where quantum could provide a unique advantage in addressing health and social care problems.

The 10 per cent of interviewees who were unsupportive referenced more hype than reality currently and the fact that we have not yet fully exploited high-performance computing (HPC) and artificial intelligence (AI) (see section below: *Establishing a Health and Care Quantum Innovation Centre).*

Quantum computing and machine learning may be better suited to tasks involving small data sets due to the possibility of generalising better than classical machine learning. It may better solve problems with many interdependent variables, due to greater "expressibility" of variables, their overlap and connections.

This information could be provided almost instantaneously, accelerating our ability to make decisions and enabling significant savings in time and cost.

For health and social care this means it has the potential to:

- **open up a world of personalised medicine by simulating protein-chemical interactions.**
- **aid drug development by showing how proteins interact with drugs and other proteins.**
- **aid in illnesses diagnosis, especially in rare conditions and diseases where less data is available, leading to faster and more efficient treatment.**
- **expand academic and clinical research data sets to make faster progress and discoveries in research areas with limited evidence bases (e.g., microbiomes, women's health, paediatric health)**
- **solve challenging combinatorial optimisation problems (e.g., care pathways, population health management).**

POTENTIAL USE CASES

Therefore, use cases that have currently been identified for health and social care include:

- **Development of personalised medicine**
- **Drug discovery and accelerating drugs to market**
- **Clinical trial optimisation (i.e., in silico arms of clinical trials)**
- **Expansion of clinical research**
- **Targeted medicine**
- **Improved management of rare diseases and conditions**
- **Protecting sensitive data by providing secure lines and encryption (quantum cryptography)**

However, throughout interviews and workshops, is appears that quantum is not understood to any great extent. Even those familiar with quantum can struggle to identify new use cases beyond these current areas of development.

The need to clearly define use cases was a common theme from all interviewees at the Cleveland Clinic. This would also ensure that the right technologies were being used towards these use cases (e.g., HPC, AI or quantum).

CURRENT LIMITATIONS AND CHALLENGES IN QUANTUM COMPUTING

Interviewees who are thought leaders in this field, consistently described it as "early-stage" and "not yet ready for full deployment."

Quantum computing is currently expensive to access, operate and scale. It struggles with large datasets and therefore solving large-scale real-world problems.

An interviewee at the Cleveland Clinic raised an issue of re-identification of data. When working with genetic data using AI, they feed the algorithm actual genetic data and therefore, they can re identify the anonymised data. With quantum you enter your transformed (i.e. simulated data) which then cannot be reidentified. This issue had not been raised anywhere else but should be a consideration as use cases develop.

The following were recurring challenges mentioned throughout the interviews. They are grouped into these six categories:

1. OPERATIONAL

- Embedding a sustainable operational model: success depends on cross-sector collaboration and sustained stakeholder commitment
- Ability to achieve health and care system-wide scalability/roll-outs, and integration with broader NHS digital transformation efforts
- Understanding of quantum (e.g., what it is, how it is used), leading to challenges of public trust and engagement
- Physical access to quantum technology is limited by geography, infrastructure and expertise, leading to issues of connectivity and equitable usage

2. WORKFORCE

- Skills shortage and small talent pipeline for quantum computing and advanced computing generally – which is likely to get worse in the short to medium term without interventions in the education system

3. DATA

- Governance: management and storage; cross-organisational data sharing; transferring data outside of the UK
- Data availability
- Siloed data/ interoperability issues
- Unstructured and "messy" data
- Data linage and provenance

4. REGULATION

- Other governance, beyond data, ethics
- Evolving regulation (around quantum and broader)
- Cyber security
- Privacy concerns (i.e., cryptography)
- Other governance, beyond data

5. FINANCIAL

- High costs (capital and ongoing)
- Funding challenges
- Demonstrating value/ROI
- Risks around intellectual property concentration and competitive exposure in multi-partner environments

6. FUNCTIONAL

- Physical size of machine
- Physical and virtual security (e.g., making sure the right people are using the machine)
- Noise generated by the machine
- Equity of hardware availability and access
- Fibre and copper infrastructure
- Communication barriers between science disciplines

RISKS OF NOT DEVELOPING QUANTUM COMPUTING

The UK does not currently have an error-corrected quantum computer. Having access to quantum computing is essential to explore any of the identified use cases and to continue to develop the technology. The Cleveland Clinic has the ability to decide to develop areas where they feel quantum would be most effective. They can drive innovation with their clinical and operational staff and acquire new skills.

All interviews, workshops and visits conveyed a strong desire for the UK to "catch up" with global trends, and the opportunities quantum computing can afford to health and social care.

Interviewees would like to see a "meaningful-sized" quantum computer to support this ambition be created. The location for this could be flexible, however the North West is recognised as an opportune place with the presence of STFC Hartree Centre, with its capacity in HPC and developments in cryogenics, the establishment of the future headquarters of the National Cyber Force in Samlesbury, Lancashire, the development of a Northern Technology Corridor, and regional infrastructure.

5 RECOMMENDATIONS

CREATION OF A HEALTH AND CARE QUANTUM INNOVATION CENTRE

Through our extensive research it appears that a general understanding of the best use of quantum computing and its potential impact is still developing. Currently, we are not using HPC and AI to full capacity. Until that happens, we will not be able to understand where quantum can support, enhance and progress health and social care.

All interviewees stated a centre solely devoted to health and social care quantum computing would not work. However, there was overwhelming support to develop a centre that could explore all aspects of computing power. A centre to understand where HPC and AI get us to, then exploring how quantum can take us that step further. The Cleveland Clinic uses quantum computing alongside HPC and AI capability with success. This mixed-method approach to computing has meant that their current computers are at 80 per cent utilisation.

Regardless of the technologies covered by the centre, it was still recognised that we need to "get ahead" of quantum to understand where it offers most value and to start building the skills needed to ensure we get the most out of it. Health and Social care also need to start engaging with patients and public to educate them about these technologies, understand how they feel about them and where issues may arise.

ELEMENTS OF A HEALTH AND CARE QUANTUM INNOVATION CENTRE

Based on all the information collected, a Health and Care Quantum Innovation Centre (HCQIC) should:

- **offer users a single front door for health and care sector to access advanced computing**
- **be open access, not linked to a particular academic or industry institution**
- **a central location for any enquiries relating to the use of advanced computational techniques with health and care data**
- **provide a collaborative community for progressing quantum computing, research and innovation related to health and care, including patient and public involvement and engagement**
- **support users to apply for funding opportunities**
- **advocate for cross sectorial collaboration**
- **encourage health and social care communities to provide improved pathways of care using advanced computing technologies**
- **allow funded time for users to explore "wicked problems" and co-design outputs using varying advanced computing modalities.**

THE CENTRE SHOULD BE BUILT ON A FOUNDATION OF:

- governance, ethics and equity
- education and outreach to children and young people to develop the future workforce
- public and patient involvement and engagement, as their data is ultimately the greatest asset
- maximising the use of data being collected across health and social care and wider.

ASPECTS OF THE CENTRE SHOULD INCLUDE:

- quantum, along with HPC and AI, avoiding siloed approaches.
- a centralised/federated hub for coordination, supplier management and infrastructure planning.
- a marketplace for a variety of services related to health and care data use and computing.
- standards and application programming interfaces (APIs) to ensure interoperability with NHS and care systems.
- alignment with the NHS Secure Data Environment (SDE), other data infrastructure such as Health Data Research UK (HDRUK), as well as social care and the digital transformation agenda.
- a hub for education training and coaching related to data and advanced computing application in health and care.

DEMONSTRATING THE VALUE OF A HEALTH AND CARE QUANTUM INNOVATION CENTRE

Through our research, possible KPIs for the centre were identified that could represent potential impacts of a HCQIC:

1. HEALTH AND CARE OUTCOMES

- Improved well-being and quality of life
- Reduced demand on services
- Prevention of deterioration and early illness detection
- Lower error rates in diagnostics or interventions

2. RESEARCH AND KNOWLEDGE OUTPUTS

- Number of papers, publications and citations
- Research grants and PhD completions
- Evidence base strength
- Peer-reviewed outputs
- Use of quantum algorithms in NHS and social care settings

3. OPERATIONAL AND ADOPTION METRICS

- Number of use cases, studies and problems solved
- User counts, project volume and engagement events
- Translation into real-time system change
- Capacity use (e.g., 24/7 use of quantum centres)

4. ECONOMIC AND SOCIETAL EFFECTS

- Jobs created, skills developed career pathways and local employment
- Business growth, inward investment and university spinouts
- Value for money and NHS and social care savings
- Return on investment (flagged as hard to prove)
- International collaborations and visibility

5. ENGAGEMENT AND TRAINING

- Public engagement metrics
- Training programme reach
- Knowledge transfer into organisations

OPERATING AND FUNDING MODELS FOR A HEALTH AND CARE QUANTUM INNOVATION CENTRE

A full-value and sustainable financial model is key to moving forward with the centre, as is governance and programme management structures to ensure ethical and strategic oversight. Interviews with the Cleveland Centre mentioned the following key elements:

- Board of directors
- Ethics board
- Community members
- Finance subcommittee
- Conflict of interest committee

- Research and education committee
- Intellectual property expertise
- Legal, commercial agreement and contracting expertise
- Links to grant funding opportunities

From the learnings, there are a number of options for how the HCQIC could operate, sustain itself and engage with stakeholders. These can help develop further business cases.

1 CENTRAL HUB MODEL

a) **Centralised or federated hub that coordinates quantum access, infrastructure, and partnerships. It would have a technical operating phase (1-4 years) with an evolutionary roadmap (5-10 years). Each component is interdependent in delivering a robust, scalable and ethical quantum technical capability.**

- **A centre to:**
  - Initially provide remote/cloud-based access to quantum resources
  - Manage supplier relationships (IBM, NQCC, STFC Hartree Centre)
  - Host test beds and pilot projects, that healthcare has demand signalled
  - Assess outsourcing versus sovereignty over time, and plan for physical infrastructure (including HPC and cryogenics)
  - Provide a quantum business support programme
  - Guide phased implementation and scaling of quantum capabilities

b) **Standards and APIs**

- **Define and enforce:**
  - Interoperability, data formats and integration protocols
  - Middleware to integrate quantum with NHS, NIHR and UKRI legacy systems

c) **Secure data environment**

- **Build-in:**
  - Anonymisation, consent management, audit trails
  - Synthetic data tools for safe prototyping
  - Alignment to secure data environment timescales where appropriate
  - Legal/ethical compliance mechanisms

d) **Research and development, and algorithm factory**

- **Translate health and care problems into quantum-native algorithms**
- **Manages testing/validation with benchmarking**
- **Develop hybrid pipelines (quantum + classical + AI)**
- **Maintain a catalogue of validated use cases**

e) **Skills and community building**

- **Co-ordinate:**
  - Creation of a talent pipeline
  - Training, hackathons, secondments
  - Credentialing (granting a designation, such as a certificate or license, by assessing an individual's knowledge, skill or performance level) and open-source toolkits
  - Public engagement and trust-building
  - Leverage and build on existing training mechanisms (e.g., Hartree National Centre for Digital Innovation and Quantum Supercharger Library)
  - The creation of quantum-relevant higher and further education courses, degrees and PhDs

f) Governance and programme management

- **Embed:**
  - Ethical review, regulatory advice, risk management
  - Deployment checklists and incident escalation
  - Programme office for tracking and coordination

2 HYBRID MODEL

a) Mixed public–private sector funding streams

- **Public:**
  - Core infrastructure funded via UK Research and Innovation (UKRI), Engineering and Physical Sciences Research Council (EPSRC), or Department for Science, Innovation and Technology (DSIT) Quantum Mission
  - Access subsidies for academic, NHS and social care users

- **Private:**
  - Commercial partners (e.g., pharmaceuticals, biotech, tech firms) pay for compute time, data access and tailored services
  - Venture capital and philanthropic funds support innovation and spinouts potentially coming from partnering universities

b) Tiered access model

- **Tier 1: Free or subsidised access for academic, NHS and social care research aligned with public health and care goals**
- **Tier 2: Discounted access for early-stage startups and small to medium enterprises (SMEs)**
- **Tier 3: Full cost recovery for corporate research and development, and commercial use**

c) Cost recovery and sustainability

- **Transparent pricing for:**
  - Compute time
  - Data storage and processing
  - Technical support and training

- **Reinvestment of surplus into:**
  - Talent development
  - Infrastructure upgrades
  - Community engagement

d) Strategic partnerships

- **Long-term agreements with:**
  - NHS trusts
  - Local authorities
  - Social care providers
  - Universities
  - International partnerships (i.e., Singapore, Japan and USA)
  - Industry consortia

- Public sector bodies (DHSC, DSIT)
- Member organisations (e.g., Tech UK, TSA Voice)
- Health care innovation hubs (e.g., Alder Hey Innovation)

- **Shared investment in:**
  - Facilities
  - Talent pipelines
  - Joint research programmes
  - Joint staff

e) Innovation incentives

- **Incubator/accelerator attached to the centre:**
  - Supports spinouts
  - Attracts investment
  - Drives regional growth

- **IP-sharing frameworks to balance public benefit and commercialisation**

3 NHS-CENTRIC MODEL

a) Core public investment

- **Infrastructure and staffing funded via:**
  - UKRI/EPSRC grants aligned with NHS priorities
  - DSIT's Quantum Mission and NQCC partnerships
  - DHSC health and social care innovation budgets

- **Focus on clinical relevance, health and care equity, and data access and security**

b) Tiered access for NHS Trusts and social care

- **Tier 1: Free access for NHS and social care-led research aligned with national health and care priorities (e.g., genomics, diagnostics, waiting list reduction)**

- **Tier 2: Subsidised access for regional NHS organisations, arm's length bodies and integrated care boards (ICBs)**

- **Tier 3: Cost-recovery access for NHS, social care/industry joint ventures**

c) Strategic co-funding

- **NHS and social care collaborate with:**
  - Pharma and MedTech firms for translational research
  - Charities (e.g., Wellcome, British Heart Foundation) for population health studies
  - Academic partners for workforce development and training
  - Big Tech (e.g., IBM, Quantinuum, Alice & Bob, PsiQuantum)

- **Shared investment in:**
  - Quantum-ready data environments
  - Secure compute infrastructure
  - Clinical trials and algorithm development

d) Value-based investment logic

- **Funding tied to:**
  - Improved patient outcomes
  - Operational efficiency (e.g., diagnostics, triage, resource allocation)
  - Cost-effectiveness (e.g., personalised medicine, drug discovery)
- **ROI measured in health and care impact, not just financial return**

e) Governance and equity

- **Transparent governance via DHSC and IG frameworks**
- **Ensure regional equity and inclusive access across NHS and social care geographies**
- **Embed public trust and ethical oversight in all funding decisions**

4   QUANTUM SKILLS AND EDUCATION HUB

A regional centre of excellence designed to build human capacity in quantum technologies and related fields (e.g. high-performance computing, AI, cybersecurity) through education, training, and public engagement to help tackle the skills shortage in these fields. This hub will:

- build early awareness and realistic understanding.
- create a centralised, scalable model for training and engagement
- support regional innovation and economic development.

CORE COMPONENTS

a) Education programme

- School outreach: workshops, visits and curriculum-aligned materials
- Public awareness: exhibitions, explainer sessions and interactive demos
- Online learning: short courses, webinars and certification pathways
- Higher and further education: Engagement to support creation of quantum-relevant courses, degrees and PhDs

b) Skills pipeline development

- Upskilling for clinicians, analysts and tech professionals
- Partnerships with universities (e.g., Lancaster, Liverpool, Nottingham).
- Internships and apprenticeships in quantum and data science

c) Cross-disciplinary collaboration

- Bring together physicists, engineers, clinicians and policymakers.
- Host hackathons, research sprints and innovation labs.

d) Workforce integration

- Align with regional workforce development plans.
- Support digital, data and technology (DDAT) roles and NHS, social care digital transformation goals.
- Address diversity and retention challenges (e.g. brain drain).

6 LIMITATIONS

- It is unclear where the funding an enterprise sovereign computer will come from.

- NHSE is being subsumed into DHSC. Therefore, interviews were conducted against a backdrop of uncertainty.

- Despite four interviewees being from social care backgrounds and a workshop for social determinates and social care, the voice of the social care sector was less represented and fewer use cases were identified.

- There are few people with deep expertise in both quantum computing and healthcare, meaning the report may have missed crucial interdisciplinary insights.

- Information has been gathered from a cohort in health and care with a low understanding of quantum computing.

- Quantum computing is still largely in development, making it challenging to predict when, or if, certain quantum capabilities will become practical. This makes it hard to recommend use cases.

- Both quantum computing technology is moving quickly. Hardware approaches, algorithms, and regulatory frameworks are all in flux, and any specific technical recommendations could be outdated within months.

7 CONCLUSION

A centre that brings together, HPC, AI and quantum computing is needed to harness the value of advanced computing,

Although the costs to develop this technology are high, the potential risks of being left behind are higher.

The questions this feasibility study was asked to address were:

- **Does the health and social care system need quantum computing?**
- **What use cases could be established from the need?**
- **What areas of health and social care that could benefit from quantum computing?**

The answer to the first is absolutely, not only for the NHS, health and social care, and economic growth, but for the UK's wider reputation as a global thought leader.

However, it is not the silver bullet. Quantum computing is one of a number of vital tools in the toolbelt of advanced computing. All types of computing must be considered when deciding the best approach to finding solutions to our biggest health and care challenges.

The second and third questions are inter-related. Early use cases and areas of health and care that could benefit from quantum technology have already been identified, but many have not been properly explored. This is because having access to quantum computing is essential to explore any of the identified use cases and to continue to develop the technology.

The UK will need to build a domestic "meaningfully-sized" quantum computer in order to drive innovation and develop vital workforce expertise in the technology.

Building and using a quantum computer will have a long list of challenges, some of the biggest being access to HPC and cryogenics, governance, data integration, access, costs and skills shortages. But, nothing ventured, is nothing gained.

This is why the most valuable insight from this study is a vision for a centre that brings together, HPC, AI and quantum computing to harness the value of advanced computing.

Interviewees had extensive amounts of insight into various operational and funding models that this centre could adopt. A centre like this could not just serve health and social care but allow for the domestic development of quantum computing altogether. These models need urgent further investigation.

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9 FOR MORE INFORMATION

- **UK Industrial Strategy** — **Published June 2025**
- **UK Digital and Technologies Sector Plan** — **Published June 2025**
- **UKRI Innovate UK: Quantum for Life: How UK life sciences and healthcare can benefit from quantum technologies**
- **DSIT Press Release: Government support to get quantum to work faster, boosting UK's health, defence, energy and more** — **published November 2025**
- **DSIT National Quantum Strategy Missions** — **updated December 2023**
- **STFC Hartree Centre: Quantum Computing**
- **Quantum Software Lab, University of Edinburgh**
- **UKRI National Quantum Computing Centre (NQCC)**
- **UK's £2 Billion Compute Roadmap Signals Country's Ambition For Quantum Leadership – UKQuantum**

QUANTUM INNOVATORS

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