Change NHS:

How the innovative pharmaceutical industry can help deliver the NHS 10-Year Plan

A paper from the Association of the British Pharmaceutical Industry (ABPI)

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About the Association of the British Pharmaceutical Industry

The ABPI exists to make the UK the best place in the world to research, develop and access medicines and vaccines to improve patient care.

We represent companies of all sizes that invest in making and discovering medicines and vaccines to enhance and save the lives of millions of people around the world.

In England, Scotland, Wales and Northern Ireland, we work in partnership with governments and the NHS so that patients can get new treatments faster and the NHS can plan how much it spends on medicines. Every day, our members partner with healthcare professionals, academics and patient organisations to find new solutions to unmet health needs.

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Introduction: What we want to see in the 10-Year Health Plan and why

Through the new NHS 10-Year Plan, the government aims to transform the NHS by shifting from hospital to community, analogue to digital, and sickness to prevention. At the same time, the government has made economic growth its primary mission.

This paper, based on our input to the NHS 10-Year Health Plan consultation process, sets out our recommendations for how strategic investment in medicines, vaccines, NHS research capacity and health data infrastructure can help deliver both these vital policy goals – and how the innovative pharmaceutical industry can be a partner in delivering transformative change.

The decade ahead promises to revolutionise healthcare, with the contribution of transformative advances from the life sciences sector. From advanced therapy medicinal products (ATMPs) to breakthroughs in genomics and novel treatments for conditions such as obesity, patients stand to gain significantly from these new innovations.

While there is understandably a great deal of current focus on the potential of technology and artificial intelligence (AI) to transform patient care, the 10-Year Plan must maximise the contribution of innovation from all parts of the life sciences sector, including the vital role of medicines and vaccines. Incentivising industry clinical research and investing appropriately in innovative medicines and vaccines – and their rapid and consistent uptake at system level – will power delivery of the Plan, while also contributing to the UK's economic growth.

Achieving these benefits will require a 'fourth shift' in government and NHS thinking to recognise medicines and vaccines as an investment rather than a cost. The UK has been steadily disinvesting in medicines. Just 9 per cent of UK healthcare spending now goes towards medicines, compared to 17 percent in Germany and 15 percent in France.

As a result, the UK now faces challenges in getting some of the latest medicines to patients. The number of new medicines available on the NHS in England has declined by 10 per cent in recent years, the largest drop compared to leading EU countries.[1] And on average it takes almost a year to make them available to patients after a licence has been granted by the regulator.[2] Given that medicines and vaccines play a fundamental role in preventing both the onset and progression of disease, this is detrimental to the government's agenda for the NHS.[3]

Raising levels of NHS investment in innovative medicines to internationally comparable levels could significantly reduce unwarranted variation in standards of health and care, improve health outcomes, reduce health inequalities, tackle patient backlogs and support people to re-enter the workforce.[4]

The parallel development of the 10-Year Health Plan alongside the Life Sciences Sector Plan represents a rare opportunity to align policy goals to improve health and drive UK growth. Incentivising national and local NHS bodies to view the commitments and goals in the Life Sciences Sector Plan alongside those in the 10-Year Plan will be key both to improving patient outcomes and achieving the government's health and growth missions.

A focus on enabling economic growth should therefore be a clear focus of the NHS 10-Year Health Plan, with the health service playing a significant role in three major ways:

- reducing economic inactivity through improved patient outcomes
- increasing investment in early interventions such as innovative medicines and vaccines to prevent the onset and progression of disease, ensuring that they are rapidly and consistently made available to eligible patients, wherever they live
- creating a virtuous circle by ensuring patients are receiving standard-of-care treatments and harnessing the potential of NHS data, which in turn will attract industry research funding and give UK researchers, clinicians and patients earlier access to cutting-edge treatments

Summary of our recommendations

Invest in innovative medicines and vaccines to deliver health and growth

- Leverage medicines and vaccines to support all three shifts and stimulate economic growth through improved productivity, a healthier population and increased research investment.

The role of medicines in Shift 1: moving from hospital to community

- Tackle adoption challenges in primary care, upskill the community workforce and provide robust oversight to avoid increasing unwarranted local variation, particularly for patients accessing specialised services.

The role of research and health data infrastructure in Shift 2: moving from analogue to digital

- Embed research as business as usual within the NHS.
- Establish a data-enabled clinical trial recruitment service.
- Create a virtuous circle of genomics R&D and testing.
- Set up an internationally competitive, dedicated health data research service in England.
- Introduce a shared care record to support care delivery, research and innovation.
- Build NHS data infrastructure that provides detailed understanding of medicines-related patient outcomes and uptake of medicines across the country.

The role of medicines and vaccines in Shift 3: moving from treatment to prevention

- Improve system readiness for medicines that can prevent the onset or progression of disease.
- Encourage the standard use of PharmaScan by all NHS organisations to help them prepare to benefit fully from new medicines.
- Improve NICE and JCVI evaluation methods and processes for medicines and vaccines.
- Implement the Vaccination Plan.

Enabling success: partner with industry to accelerate progress and set the right metrics

- Position cross-sector partnerships as critical to the success of the Plan.
- Increase the scale and ambition of cross-sector partnerships in primary care.
- Improve the sharing of evidence and insights from industry partnerships across NHS organisations.
- Set the right metrics for success, aligned to NHS Constitutional Standards.

Invest in innovative medicines and vaccines to deliver health and growth

The UK now spends less on medicines than most of its peers. Medicines account for 9 per cent of the UK's healthcare spend compared to countries like Germany and Italy (both 17per cent) and France (15 per cent).[5] While the NHS's demand for innovative medicines has continued to grow in line with health demands, the UK's willingness to invest in NICE-recommended treatments has continued to fall. In effect, the UK has deprioritised investment in innovative medicines as a strategic contribution to preventing and treating disease.

In addition, despite the proven benefits of medicines and vaccines in preventing disease and treating it early, patients in the UK continue to face challenges in accessing them:

- The UK has had a 10 per cent decline in the availability of new medicines, compared to a 2 per cent decline across the EU as a whole.[6]
- Even five years after launch, average uptake of NICE–approved innovative medicines in the UK is 62 per cent of the average of a basket of comparator countries.[7]

Challenges in access have been driven by decades of significant pressure on the NHS to minimise both the prices it pays and the access it allows to the medicines needed to treat patients.

Since 2014, most of the growth in branded medicines sales to the NHS has been capped, at an average of 1.1 per cent (2014-2018) and then 2 per cent (2019-2023). Growth above the cap has been repaid by industry. As a result of these growth caps, over the past decade, the value of the UK branded medicines market has declined by 11 per cent in real terms. In the same period, the NHS budget grew by 33 per cent in real terms.[8, 9]

The NHS 10-Year Health Plan and the Life Sciences Sector Plan represent opportunities to view medicines as an investment rather than a cost. A critical factor in driving that change will be the autumn review of the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG), which currently caps the growth in medicines spend significantly below levels of NHS demand, placing huge pressure on industry and further jeopardising both patient access and economic growth. As an outcome of the Autumn review, the VPAG terms must be amended to return payment rates for newer medicines to an internationally competitive level.

The 10-Year Health Plan should also commit to reviewing how different streams of NHS funding could better support the financial sustainability of local budget holders, such as Integrated Care Boards (ICBs), including their ability to prescribe clinically effective and cost-effective medicines to eligible patients. This could support more effective decision-making around resource allocation. An important consideration will be an assessment of how VPAG payments could flow through to the local NHS, reducing the net cost of medicines to local budget holders and creating headroom to support the adoption of NICE-approved innovations and cost-effective interventions for eligible patients.

The role of medicines in Shift 1: moving from hospital to community

1. Tackle adoption challenges in primary care, incentivise and track consistent uptake and upskill staff

There is a variance of 26 per cent across primary care in the uptake of NICE-approved medicines.[10] Examples of local decision-making continue to persist that limit use or oppose NICE guidance – creating inequity of access for patients.[11] To tackle this, the new Plan must align levers, incentives, funding and accountability to improve equity of uptake and ensure frictionless delivery of care and medicines to patients, particularly in primary and community care.

Research by PwC indicates that more equitable uptake of treatments delivered in primary care settings, such as Primary Care Networks (PCNs) and ICBs could result in an additional 31,400 years of life in good health for patients with a Direct oral anticoagulants followed by (DOACs) prescription – with the additional impact of helping sick individuals back into work.[12] The NHS announced in November 2021 the widespread adoption of DOACs, potentially preventing over 21,000 strokes over the following three years.[13] However, had DOACs, approved to prevent atrial fibrillation-related stroke as early as 2011, been adopted earlier, tens of thousands of additional strokes, deaths and disabilities could have been prevented.

The Plan should introduce more accountability at system level to ensure appropriate uptake of NICE-approved medications in both primary and secondary care. The NHS of the future should be a long-term partner in championing the development and rapid adoption of innovative medicines, taking a preventative, whole-pathway and population health view.

Clinicians should be incentivised to achieve appropriate compliance with NICE guidelines as part of system-level strategies tackling unwarranted variation and supporting prevention. The Plan should include an evolution of incentive schemes such as the Quality and Outcomes Framework and Investment and Impact Fund to support clinicians in proactively managing care in their communities. New incentive schemes should align with local needs, enhance multidisciplinary collaboration, and strengthen partnerships across practices to improve scalable care outcomes.

An additional factor that will impact the pace of care moving into the community is the capacity and confidence of clinicians to manage patients with more complex health needs being treated with specialist-initiated medicines. The 10-Year Health Plan will need to reflect a significant commitment to enabling community-based care teams to gain the appropriate skills, education and training needed.

There will also need to be alternative delivery models considered in addition to primary care. For example, follow-up oncology therapy sessions could be moved to mobile units. To enable this, there will need to be a revision of the tariff structure to allow for a more flexible way of funding the treatment pathway.

2. Provide robust oversight to drive accountability for ensuring equitable care for patients accessing specialised services in the community

The delegation of specialised commissioning responsibilities from NHS England to ICBs marks a significant structural shift that represents both an opportunity and a challenge.[14] Undoubtedly, ICBs commissioning specialised services have the potential to join up pathways more effectively across care settings at a local level.

However, it will be critical for specialised commissoning to monitor the shift closely to avoid the unintended consequence of increased and unwarranted variation in patient access to treatments for rare and complex conditions requiring specialised care.

NICE guidance for recommended medicines should be incorporated into up-to-date service specifications for all specialised and highly specialised services. Accountability mechanisms should be put in place to ensure consistent adherence, with up-to-date service specifications and delivery of patient outcomes, supported by clear metrics. This will help avoid unwarranted variation across ICBs and facilitate a smoother transition of care from hospitals to the community, ensuring patients with complex needs receive the right treatment, in the right place, at the right time.

As specialised commissioning is delegated to ICBs, particular attention should be paid to tariff payments to ensure the continued management of patients. Historic financial payment and pricing mechanisms must be simplified and aligned to enable medicines to be initiated by a specialist in a community setting.

The role of research and health data infrastructure in Shift 2: moving from analogue to digital

1. Embed research as business as usual within the NHS

NHS organisations that conduct research achieve better patient outcomes, including lower mortality, shorter hospital stays and improved patient care experiences. Research offers patients the chance to participate in trials of cutting-edge treatments, crucial for those with conditions lacking standard care options. It also generates significant income for the NHS, contributing £1.2 billion in 2022/23, along with savings on care provision funded by industry.[15] Research also supports NHS jobs and enhances staff satisfaction.[16] To further support embedding research into routine care and enhance eligible patient participation, research activities across NHS organisations should be measured and published, allowing the government, NHS, and patients and their families to understand whether patients have been offered the opportunity to participate in studies of the latest treatments. Implementing this change should begin immediately.

2. Establish a data-enabled clinical trial recruitment service

In 2022/23, 42,088 participants were recruited to industry clinical trials – a decline from 2017/18 levels when 58,048 participants were recruited onto industry clinical trials in the UK.[17] Currently, clinical trials recruit patients from a narrow pool, which is one of the main reasons that studies fail to recruit to time and target. Secure use of data within the NHS would find and recruit the right patients to participate in clinical trials, no matter where individuals live or their socio-economic circumstances.

Establishing an industry-standard, internationally competitive, data-enabled clinical trial recruitment service would increase the inclusion and diversity of patients participating in clinical research and enable the right patients to be found more quickly. An efficient, data-enabled clinical trials recruitment service would therefore attract industry to place more clinical trials in the UK. As shown in the ABPI's recent report, increased industry clinical trials could in turn lead to greater economic growth, revenue generation for the NHS and wider patient and productivity benefits.[18]

3. Create a virtuous circle of genomics R&D and testing.

Genomics offers a key opportunity for the NHS by enhancing understanding of the genetic causes of disease, enabling better patient stratification, personalised treatments, and earlier diagnosis and prevention.[19] In order to achieve its full potential across the NHS, a virtuous cycle is required, where genomic-enabled R&D drives the development of new genomic medicines, which, in turn, informs the next era of genomic research and medicine, maximising patient benefit. A key factor in achieving these advances will be genomic-enabled clinical trials, where genomic testing results are used to identify eligible patients. To enhance research, genomic testing should be embedded as standard practice within the Genomic Medicines Service, creating a seamless pathway between genetic testing, access to personalised medicines, and clinical trials.

4. Set up an internationally competitive dedicated health data research service in England

The NHS holds a wealth of information about the health of the UK population, spanning patients' lives and care pathways. Currently, this information is held in silos within different NHS organisations, and much of this is still recorded on paper. As described in the recently published Sudlow Review, the inability to electronically capture and confidentially share health information across different settings is a major barrier to improving care delivery and carrying out vital research to benefit patient and population health outcomes.[20] Realising the government's ambition to move from analogue to digital is therefore predicated on high-quality, comprehensive, electronic NHS data, which can be federated and linked in near real time between different organisations and used for different purposes. Success in this area will bring wide benefits for health, care and research, including accelerating delivery of clinical trials and enabling innovative digital technologies such as AI. It would also enable a potential evolution of commercial arrangements to support continued UK patient access to innovative medicines that might require different commercial approaches over the next decade, such as ATMPs and personalised medicines.

Despite initiatives in the past, the UK is yet to realise the promise of NHS data to improve health and wealth. This is in large part due to fragmented government funding of different health data research services in England. As a result, the UK is missing out on industry investment and the opportunity to improve population health through evidence generated by research using the wealth of information held within NHS records.

A critical step towards reducing fragmentation in the system will be to create an internationally competitive health data research service that consolidates and builds on existing government services.

5. Introduce a shared care record to support care delivery, research and innovation

There are clear benefits for patients and the NHS in integrating health information into a single record across different care settings, enabling oversight of full patient health and care pathways. This integration offers enormous opportunities for researchers who currently have to link data across a wide variety of data siloes within the NHS. The Sudlow Review described how data access by researchers can often take several months, or even years, which is clearly not viable for a modern, data-enabled healthcare system.

6. Build NHS data infrastructure that provides detailed understanding of medicines-related patient outcomes and uptake of medicines across the country

Some medicines, such as ATMPs, combination therapies and personalised medicines, can require different commercial approaches that will rely on real-world data on patient outcomes or indication-level understanding of medicines usage. This data is currently inconsistently collected, managed and made available to support commercial transactions, making data-driven commercial agreements overly reliant on manual processes or, in many cases, impossible to transact.[21]

Investment in NHS data infrastructure to enable a more systematic approach to the collection, management and use of medicines-related outcomes data and indication-level medicines usage data would ensure that commercial agreements between companies and the NHS can keep pace with those in comparable countries. It would also support continued UK patient access to innovative medicines that might require different commercial approaches over the next decade.

The role of medicines and vaccines in Shift 3: moving from treatment to prevention

1. Improve system readiness for medicines that can prevent the onset or progression of disease

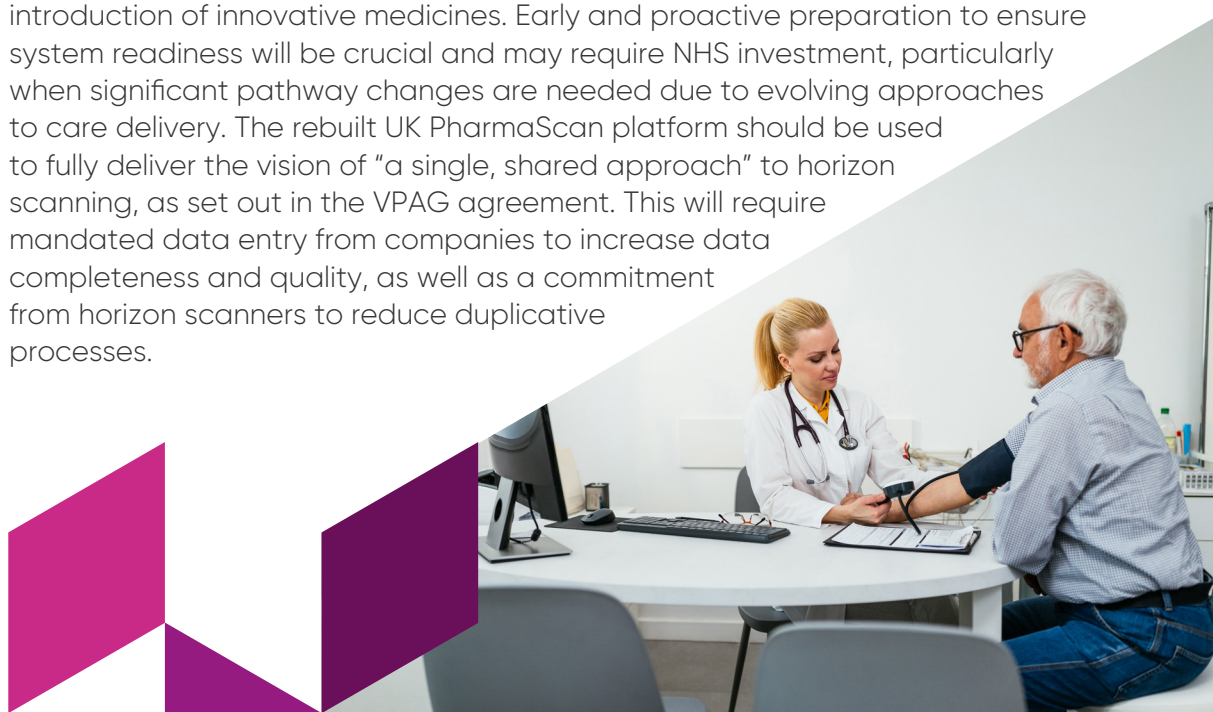
Preventative medicines – both those that stop the onset of disease and those that prevent its progression – should rightly be recognised as a critical part of an improved preventative approach. Enabling the rollout of preventative medicines at scale could support progress towards UK public health goals. Research has highlighted the positive impact that preventative treatments can play on improving patient outcomes.

- The Tony Blair Institute estimate that a 20 per cent reduction in CVD and musculoskeletal disorders could be achieved using existing treatments and lead to a 0.3 per cent boost in GDP after five years.[22]
- Research conducted by PwC found that improving the uptake of 13 medicines across four different disease areas, including coagulation, type 2 diabetes, severe asthma, and autosomal dominant polycystic kidney disease, in line with NICE-recommended levels, would deliver 429,000 additional years of life in good health for patients and £17.9 billion in productivity gains for the UK.[23]

Current approval pathways and associated regulatory requirements are mainly positioned for treatment in an acute care setting. The regulatory framework should be optimised to enable better development and licensing of preventative medicines, and should evolve to manage the additional challenges of earlier intervention.

2. Encourage the standard use of PharmaScan by all NHS organisations to help them prepare to benefit fully from new medicines

Thanks to VPAG investment programme funding to support the development of a new technological platform for UK PharmaScan, the NHS now has an opportunity to remain at the forefront of horizon scanning.[24] Encouraging the use of UK PharmaScan as the primary horizon scanning tool will equip NHS organisations with the information necessary to prepare for the timely introduction of innovative medicines. Early and proactive preparation to ensure system readiness will be crucial and may require NHS investment, particularly when significant pathway changes are needed due to evolving approaches to care delivery. The rebuilt UK PharmaScan platform should be used to fully deliver the vision of "a single, shared approach" to horizon scanning, as set out in the VPAG agreement. This will require mandated data entry from companies to increase data completeness and quality, as well as a commitment from horizon scanners to reduce duplicative processes.



3. Improve NICE and JCVI evaluation methods and processes

The methods and processes used by NICE and the Joint Committee on Vaccination and Immunisation (JCVI) to value medicines and vaccines respectively have implications for reimbursement decisions, impacting healthcare costs and population health benefits. Governments have previously advocated for greater focus on prevention but have failed to translate this into outcomes through resource allocation. Areas where valuation of preventative medicines and vaccines should be improved include:

- **Defining prevention spending** so that it can be monitored and ring-fenced appropriately to avoid perverse incentives or pressures, such as operational, short-term targets that may redirect attention and focus on population health.
- **Reducing the NICE and JCVI discount rate.** The discount rate used by NICE and the JCVI in evaluations (3.5 per cent) reflects the rate at which costs and health benefits incurred today have a higher value than costs and benefits occurring in the future.[25,26] A lower discount rate would support access to immunisation and innovative medicines, particularly where there are upfront/one-off costs and benefits that are realised over a long-time horizon. As part of its 2019-2022 Methods Review, NICE concluded that the best available evidence supported a change in the discount rate applied to both costs and health effects from 3.5 per cent to 1.5 per cent, but decided not to make the evidence-based change due to concerns about affordability.[27] An earlier review of JCVI's methodology also advocated a 1.5 per cent rate.
- **Considering a wider perspective of costs and benefits in evaluation and NHS spending decision.** Currently NICE and JCVI methods consider a health system perspective in evaluation. This means that benefits associated with preventative medicines and vaccines that have a wider impact outside of the healthcare system (e.g. increased workforce productivity and savings to other government departments/ community care) are not captured in valuation. A wider perspective for medicines and vaccines would support a more accurate valuation of their benefits and ultimately support access.

4. Implement the NHS Vaccination Strategy

Vaccinations are one of the most effective public health interventions in modern history.[28] Immunisation programmes also alleviate pressure on secondary care; for instance, the new RSV programme is expected to reduce hospitalisations among under-fives, which have previously hugely overburdened paediatric services.[29]

Adult vaccination programmes deliver a socio-economic return of 19 times their initial investment, with historical programmes generating direct NHS savings estimated at £400 million annually. Maintaining high vaccination uptake across all communities is vital to protect against vaccine-preventable diseases and enhance pandemic resilience.[30]

However, coverage has declined over the past decade. In 2023/24, no childhood programme achieved the 95 per cent coverage recommended by the WHO.[31]

To address this decline, it is now critical to fully implement the NHS Vaccination Strategy, including commitments to key system enablers on data and access. There is a need to fund delivery of the strategy and incentivise ICBs to drive and maintain increased coverage. It is also essential to commit to a sustained cross-government approach to immunisation, with regular reviews of the impact of the strategy on the health and growth missions and a formal review after five years.

Enabling success: partner with industry to accelerate progress and set the right metrics

1. Position cross-sector partnerships as critical to the success of the Plan

Cross-sector partnerships between the NHS and industry have been widely undertaken successfully across secondary care, resulting in numerous examples of improved efficiencies and patient outcomes.[32] As recommended by The King's Fund,[33] it is essential for the NHS to take greater ownership and oversight for encouraging these collaborations in order to deliver the Plan.

Implementing the standardised NHS-industry partnership guidance co-developed by the ABPI and the NHS Confederation[34] will ensure that governance is fully understood and consistently applied across systems and care settings.

Actively encouraging local NHS organisations in both primary and secondary care to develop cross-sector collaborations with industry and patient organisations will accelerate progress in all three key policy shifts, reduce inequity of access to quality care, and improve patient outcomes.

NHS organisations should seek to leverage industry capabilities and expertise through these partnerships to deliver on the NHS's health missions and broader agenda to improve the population's health. As highlighted by The King's Fund, Integrated Care Systems (ICSs) should identify opportunities where cross-sector partnerships can support local priorities and actively establish strategic collaborations with industry at both the ICS and Health Innovation Network levels to achieve these goals.[35]

2. Increase the scale and ambition of cross-sector partnerships in primary care

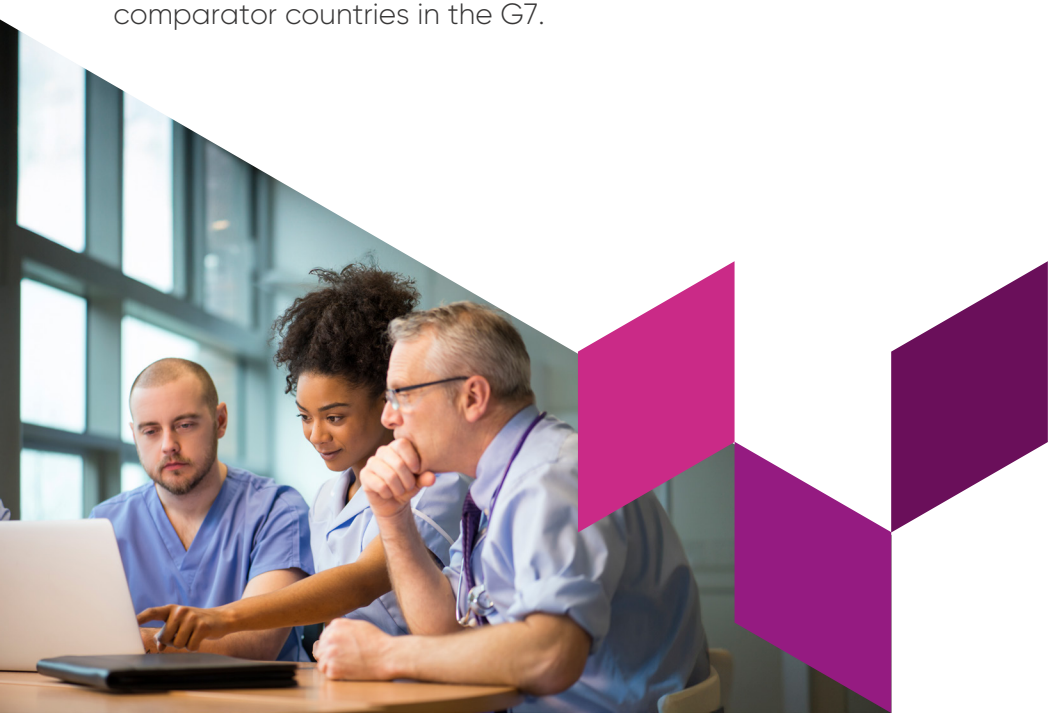
While partnerships between NHS and industry are relatively frequent in secondary care, analysis commissioned by the ABPI showed that since 2019, just 105 partnerships were established within Primary Care Networks (PCNs). Despite the relatively modest scale of these PCN partnerships, early indications suggest that they have the capacity to improve disease management, for example in blood sugar and blood pressure control.[36] There is now an opportunity to build on this evidence by expanding the scale and ambition of these partnerships as a vital mechanism for identifying at-risk patients, initiating timely treatment, and enabling quicker diagnoses.

3. Improve the collation and sharing of evidence and insights from industry partnerships across NHS organisations.

This can be achieved by systematically measuring the impact of these collaborations on innovation uptake, in line with NICE recommendations, and on improvements in patient outcomes and NHS efficiencies. These measures will help communicate the positive impact partnerships can have in reducing variations in care.

4. Set clear metrics for success, aligned to NHS Constitutional Standards

A clear definition of success and a robust process for monitoring and reporting outcomes will be central to the Plan's delivery. The ABPI recommends that the government promptly establish measures to track progress, including patient outcomes, rates of inactivity due to ill health, and levels of preventable mortality. It would also be helpful to benchmark uptake rates against relevant comparator countries in the G7.



Given the government's key goal of addressing the UK's adoption of innovation, the ABPI also recommends including this as a central metric. Specific suggestions regarding measuring medicines access and uptake include:

- the proportion of licensed medicines fully reimbursed and available on the NHS, in line with the 'label population'; in other words all the patients who could benefit from the medicine's licensed indications, rather than a restricted subset, as is often the case at present
- the inclusion of new medicines in local formularies that are fully in line with NICE guidance, rather than being subject to further restrictions on their use
- uptake of medicines receiving a positive NICE recommendation in the previous five years, as a proportion of the NICE-recommended population (England & ICB level)

These metrics should be applied in disease areas beyond major conditions, ensuring that patients with less common conditions can also benefit fully from innovations.

In the longer term, there is an opportunity to develop therapy-specific ambitions, enabling targeted focus on high-priority therapeutic areas.

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About the ABPI

The ABPI exists to make the UK the best place in the world to research, develop and use new medicines and vaccines.

We represent companies of all sizes who invest in discovering the medicines of the future. Our members supply cutting-edge treatments that improve and save the lives of millions of people. We work in partnership with government and the NHS so patients can get new treatments faster and the NHS can plan how much it spends on medicines.

Every day, we partner with organisations in the life sciences community and beyond to transform lives across the UK.

The Association of the British Pharmaceutical Industry

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