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Transforming healthcare symposium 2024:

Unlocking the future of NHS–industry collaboration

5th November 2024

Introducing our speakers

Professor Hilary Garratt CBE

- ICB NHS Non-Executive Director
- Deputy Chief Nursing Officer at NHS England for 10 years
- 40 years in the NHS in clinical, public health, executive leadership, and national roles
- Co-Founder of Ninety Days Health

Dr Raj Patel MBE

- Former Interim National Medical Director for Primary Care at NHS England
- GMC Council Member
- Member of the Review Body on Doctors' and Dentists' Remuneration
- Held senior clinical leadership positions in NHS since 1997
- 30 years as a GP
- Co-Founder of Ninety Days Health

Gail Fortes Mayer

- ICB Associate Director of Strategic Commissioning
- 20 years in the NHS in commissioning and performance improvement roles
- Oversees commissioning for specialised services, elective and diagnostic pathways, long-term conditions, and cancer

Patrick McGinley

- Head of Costing and Service Line Reporting, NHS Trust
- 40 years in the NHS in management accounting and cost accounting roles
- Member of several specialised commissioning groups and pricing committees for NHS England

Abbreviations: GMC, General Medical Council; GP, General Practitioner; ICB, Integrated Care Board; NHS, National Health Service.

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POWERING HEALTH

Agenda – Morning

10.00	Opening remarks
10.10	**Keynote session 1: Effective synergy between industry and NHS** Speaker: Professor Hilary Garratt CBE
10.55	*Morning refreshments*
11.15	**Session 2: Delivering successful market access in alignment with NHS priorities** Speaker: Dr Raj Patel MBE
12.00	**Session 3: Specialised commissioning and future transformation plans** Speakers: Patrick McGinley and Gail Fortes Mayer
12.40	*Lunch and networking*

Agenda – Afternoon

After lunch, we will break into two groups for interactive workshops with our speakers. Each session will run twice, allowing you to contribute to both discussions

1.30/2.15	**Breakout workshop 1: Influencing at a national and regional level** Facilitators: Dr Raj Patel MBE and Professor Hilary Garratt CBE
1.30/2.15	**Breakout workshop 2: Financial insights – following the money to understand product reimbursement** Facilitators: Patrick McGinley and Gail Fortes Mayer
3.00	*Afternoon refreshments*
3.15	**Session 4: Implications of new government policies** Featuring all speakers
3.45	**Summary and closing remarks**

Visit the Virtual Resource Library

Scan the QR code to:

- See today's agenda
- Learn more about our guest speakers
- Download the slides
- Share your feedback
- Access additional insights and resources

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Effective synergy between industry and NHS

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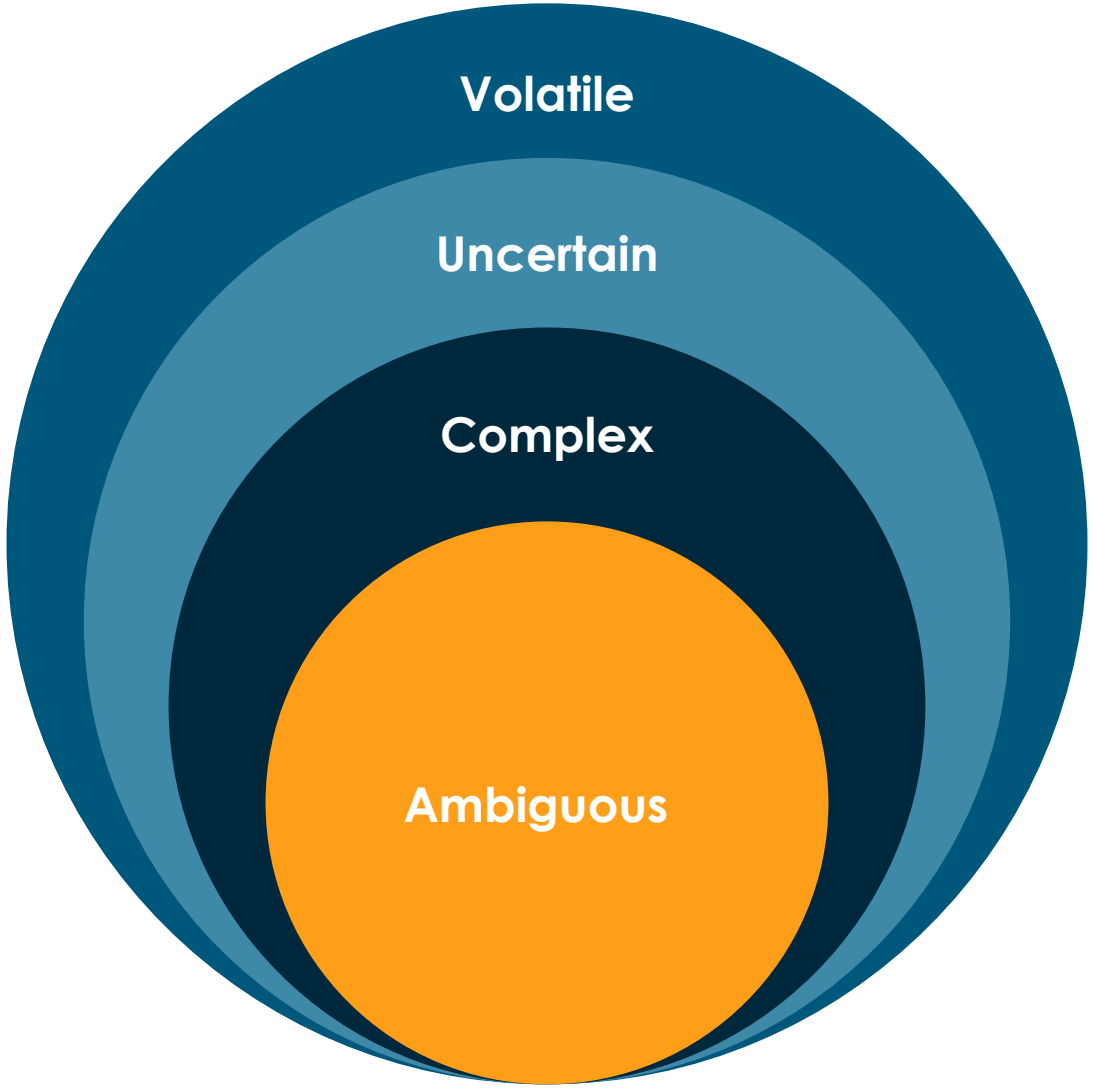
Leadership in VUCA Environments



What can we learn from the current/previous Long Term Plan? (1 of 2)

Chapter 1: A new service model for the 21st century

- We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services
- The NHS will redesign and reduce pressure on emergency hospital services
- People will gain more control over their own health, and receive more personalised care when they need it
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new ICSs everywhere

Chapter 2: More NHS action on prevention and health inequalities

- Antimicrobial resistance
- Obesity
- Air pollution
- Smoking
- Alcohol
- Stronger NHS action on health inequalities

Chapter 3: Further progress on care quality and outcomes

- Better care for major health conditions
- A strong start in life for children and young people

 Abbreviations: ICS, Integrated Care System; NHS, National Health Service.

What can we learn from the current/previous Long Term Plan? (2 of 2)

Chapter 4: NHS staff will receive the backing they need

- A comprehensive new workforce implementation plan
- Expanding the number of nurses, midwives, AHPs, and other staff
- Growing the medical workforce
- International recruitment
- Supporting our current NHS staff
- Enabling productive working
- Leadership and talent management
- Volunteers

Chapter 5: Digitally-enabled care will go mainstream across the NHS

- Supporting health and care professionals
- Improving population health
- Empowering people
- Improving clinical efficiency and safety
- Supporting clinical care

Chapter 6: Taxpayers' investment will be used to maximum effect

- The NHS (including providers) will return to financial balance
- The NHS will achieve cash-releasing productivity growth
- The NHS will reduce the growth in demand for care through better integration and prevention
- The NHS will reduce unjustified variation in performance
- The NHS will make better use of capital investment and its existing assets to drive transformation

Abbreviations: AHP, Allied Health Professionals; NHS, National Health Service.

Labour manifesto commitment – Health and care themes

- **Social care reform** (National Care Service and home first)
- **Access to elective care** (return to performance standards, including additional capacity and use of independent sector)
- **Access to primary and community healthcare** (train GPs, the family doctor, neighbourhood health centres and health service approach to local community care, pharmacy prescribing)
- **Access to dentists** (contract reform)
- **Investment in mental health** (8,500 more staff)
- **Some infrastructure investment** (MRI, CT, and new hospitals, analogue to digital in NHS)
- **Workforce** (deliver Long Term Workforce Plan)
- **Prevention, inequalities, and public health** (smoking, junk food/energy drinks, CYP toothbrushing, ending HIV, and halving life expectancy gap)

Health And Care Manifesto Pledges | General Election 2024 | The King's Fund (kingsfund.org.uk)

Abbreviations: CT, computed tomography; CYP, Children and Young People; GP, General Practitioner; HIV, human immunodeficiency virus; MRI, magnetic resonance imaging; NHS, National Health Service.

The King's Speech – August 2024 (1 of 2)

- **Tobacco and vapes bill:** This legislation will create a smoke-free generation by phasing out the ability to legally purchase tobacco products
- **Mental health bill:** This new bill would reform the Mental Health Act 1983, which, among other things, has been criticised due to how patients are treated, including those with learning disabilities and who are on the autism spectrum. The government highlighted their intention to treat mental health with "the same attention and focus as physical health", particularly focusing on the mental health of children and young people
- **Restrictions on junk food and energy drink advertising to children:** No further detail was provided. This will likely follow in secondary legislation
- **Conversion practices bill:** This legislation will propose new offences to target acts of conversion practices towards the LGBTQIA+ community, who are not currently captured by existing legislation
- **Cyber security and resilience bill**
- **English devolution bill:** This legislation seeks to devolve further powers to combined authorities and metro mayors. These powers cover skills, planning, energy, and transport, and are to "support local growth plans that bring economic benefit to communities"

King's Speech 2024: what you need to know | NHS Confederation

Abbreviations: LGBTQIA+, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and others.

The King's Speech – August 2024 (2 of 2)

- **Making work pay**
- Various relevant employment bills, including:
  - A skills bill, which will abolish the apprenticeship levy and replace it with a new growth and skills levy
  - A race equality and disabled workers bill, which aims to enshrine the full right of equal pay in law
  - An employment rights bill (Labour's New Deal for Working People), which will update worker rights, including banning zero-hour contracts and ensuring sick pay and parental leave are available from Day 1 of employment
- **Children's wellbeing bill:** Created to "put children and their wellbeing at the centre of education and children's social care systems". It includes measures such as free breakfasts in all primary schools and requiring schools to work more closely with local authorities around SEND inclusion
- **Regulation on junk food and energy drinks advertising**

King's Speech 2024: what you need to know | NHS Confederation

Abbreviations: SEND, special education needs and disabilities.

What is the emerging national policy position and other evidence?

Summary

- Focus on prevention, “shifting future investment left”
- Data-driven approach to identifying population need, and delivering proactive care to keep people well
- Care closer to communities (digital, own homes, and primary and community care) and codesigned with communities
- Integration with key partners, including social care and VCFSE
- Need to improve planning and support for the ageing population and multimorbidity
- NHS performance against national standards must improve, and safety is non-negotiable
- We need to deliver the Long Term Workforce Plan, but also ensure that people want to work and enjoy working in the NHS

 Abbreviations: NHS, National Health Service; VCFSE, Voluntary, Community, Faith, and Social Enterprise.

Key challenges

Summary

- Ageing population and increasing multimorbidity with worsening health outcomes and healthy life expectancy
- Reducing workforce availability as the working age population reduces, and with staff burnout, morale and retention challenges are leading to service and carer fragility
- Increasing financial cost in caring for a "sicker for longer population", in parallel with a challenged national economic picture, where the investment available is unlikely to match projections on what is needed
- In many areas, public confidence in the NHS remains reduced, and access standards have not yet recovered to pre-covid standards

Abbreviations: NHS, National Health Service.

Darzi – Four drivers of failure and required changes highlighted

Four drivers of failure

- Unnecessary top-down re-organisations
- Austerity finance and lack of capital investment
- Lack of patient and staff voice and engagement
- Backlogs built up in the pandemic

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Darzi investigation of the NHS in England

The challenges facing the NHS are interlinked

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low.

People struggle to see a GP Despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction

Community waiting lists have soared to 1 million, including 50,000+ people who had been waiting >1 year – 80% being children and young people. 345k people are waiting **more than 1 year for mental health services**

A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1year

People receive high-quality care if they access the right service at the right time, without health deteriorating.

Cardiovascular mortality has rolled back as rapid access has deteriorated

Cancer mortality is higher in part due to minimal improvement in detecting cancer at Stage 1 and 2

Dementia has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misaligned to strategy, with increased expenditure in acute care driven by poor productivity.

Too great a share of funding is on hospitals, increasing from 47 to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged

The number of hospital staff has increased sharply, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children

Patients no longer flow through hospitals properly, leading to 7% fewer OP appointments per consultant, and 18% less activity for each clinician working in emergency

Four main drivers are identified

It has been the most austere period in NHS history, with revenue prioritised over capital

- From 2010 to 2018, funding grew at 1% compared with the long-term average of 3.4%
- £4.3 billion has been raided from capital budgets between 2014 and 2019
- £37 billion shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics, or digital

The pandemic's legacy has been long lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff, and capital
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop versus OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered to secure and compensation claims
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to 1 month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused

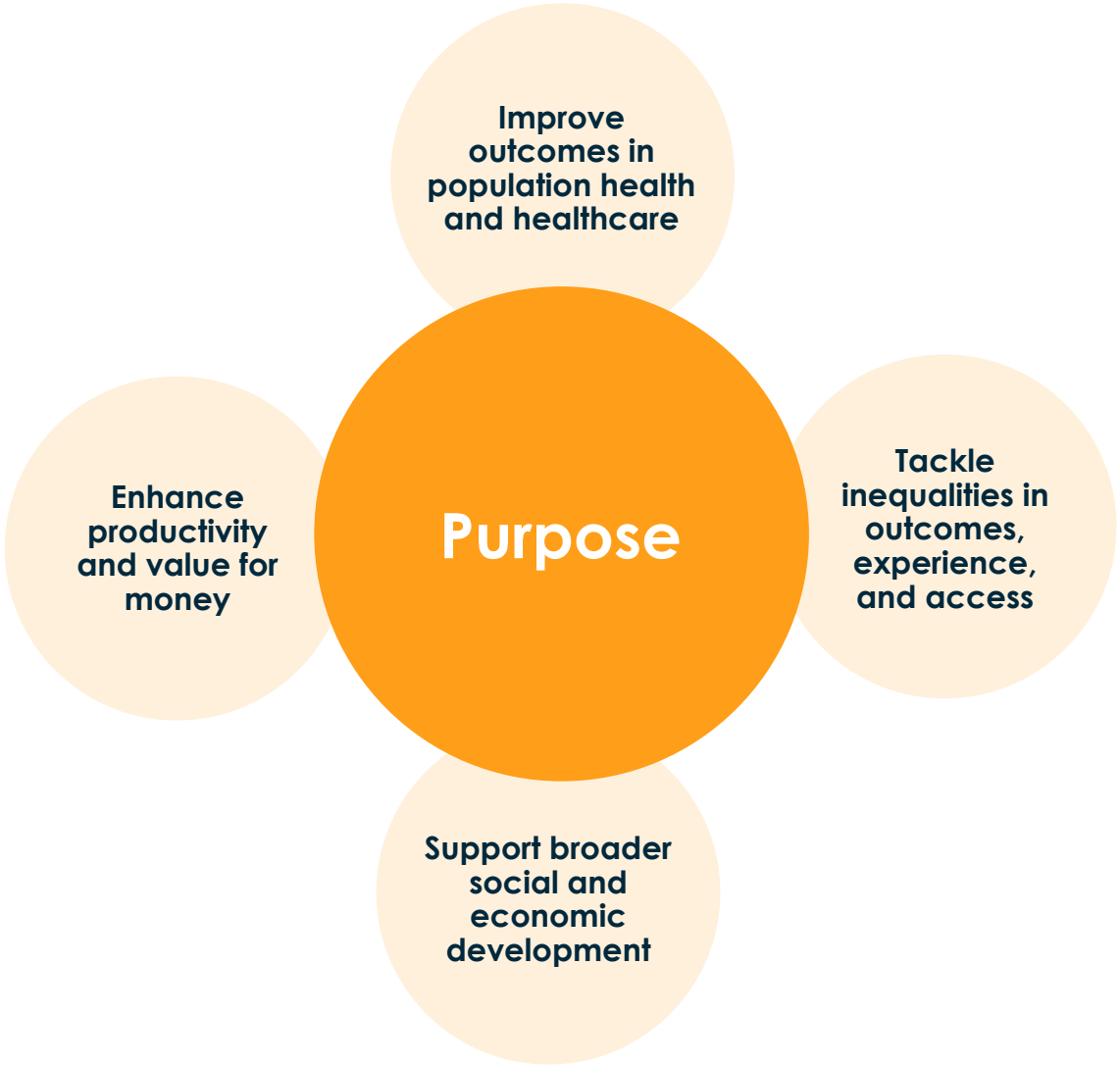
- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence, but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- The framework of standards and financial incentives is no longer effective

https://www.carnallfarrar.com/darzi-investigation-of-the-nhs-in-england/

Abbreviations: A&E, accident and emergency; GP, General Practitioner; NHS, National Health Service; OECD, Organisation for Economic Co-operation and Development; OP, outpatient.

The ICS structure

Purpose and priority



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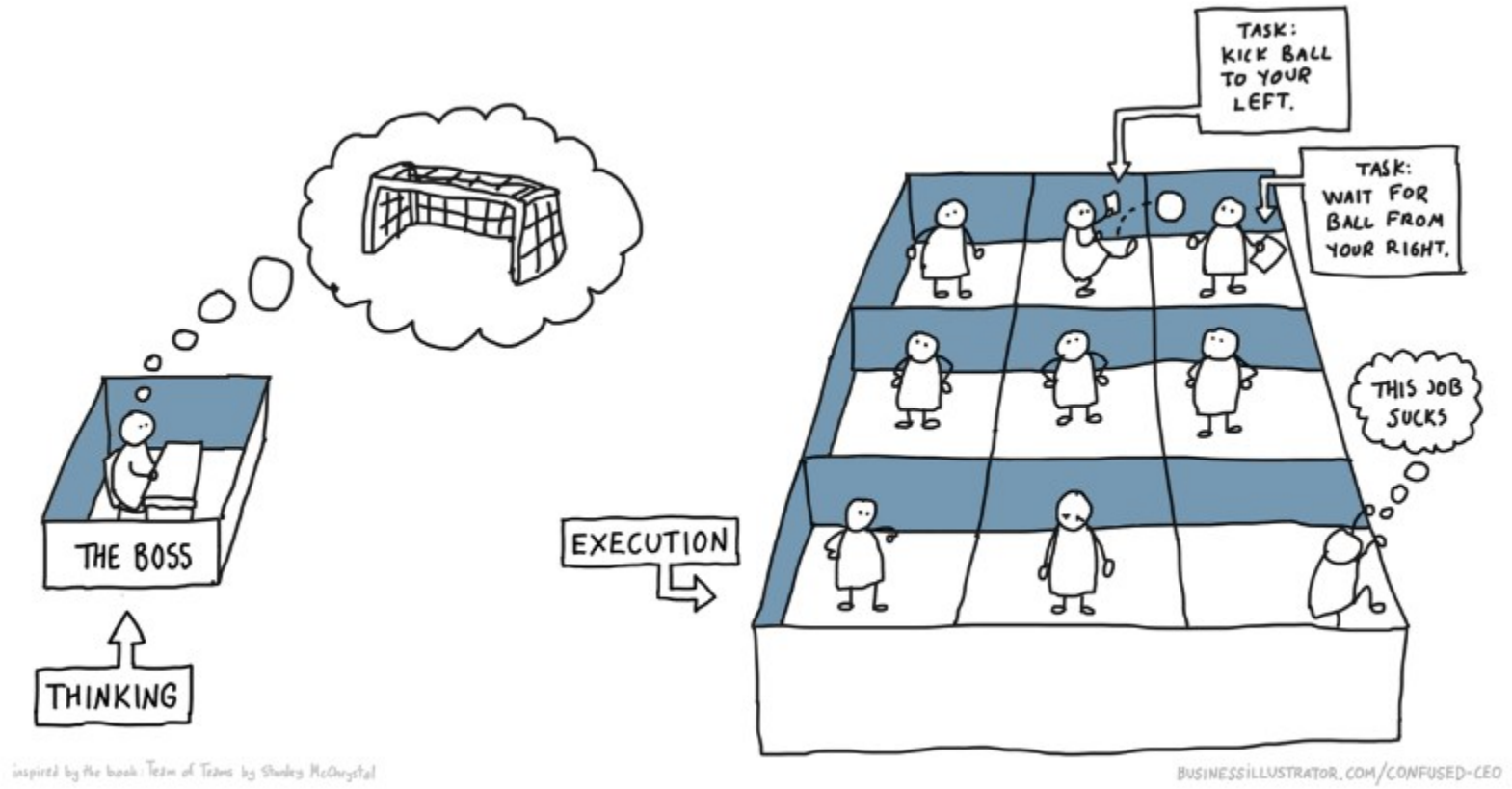
If systems played football



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"If bees can cross-pollinate and self organise to find resources and solve problems, we can too. We can unleash this same level of self-organisation to serve the higher purpose of our organisations."

Dr Kathleen Allen

System level

The Integrated Care System, which is responsible for running all services, is made up of two key bodies:

1. Integrated Care Partnership
Links with all wider partners at place level, including the voluntary sector, employment, and health. Through discussion with those partners, it uses information about the local population to create a strategy for everyone who lives in the system area to help them live a healthy life.

2. Integrated Care Board
In charge of NHS money and making sure the services are in place to realise the strategy on the ground.

- Executive Clinicians
- Strategic Pharmacy Leads
- Primary Care Leads
- Strategy and Transformation Leads
- Provider collaboratives
- Clinical networks
- CSUs
- Health Innovation Networks

 Abbreviations: CSU, commissioning support unit; NHS, National Health Service.

Place level

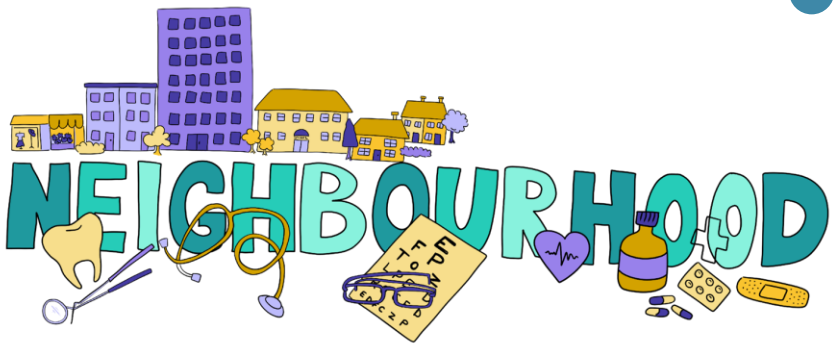
This is a wider area and will include several neighbourhoods. This is where most health and care services will be delivered, including hospital care.

There will be place-based partnerships, where local hospitals, care providers, local councils, doctors, and the voluntary sector can come together to discuss key health and care issues in their place.

If there are existing partnerships, these will continue, and new ones will be developed if needed.

- Directors of Place
- Directors of Quality and Transformation
- Integrated Partnership Boards
- Provider organisations
- Healthwatch
- Clinical Directors of PCNs

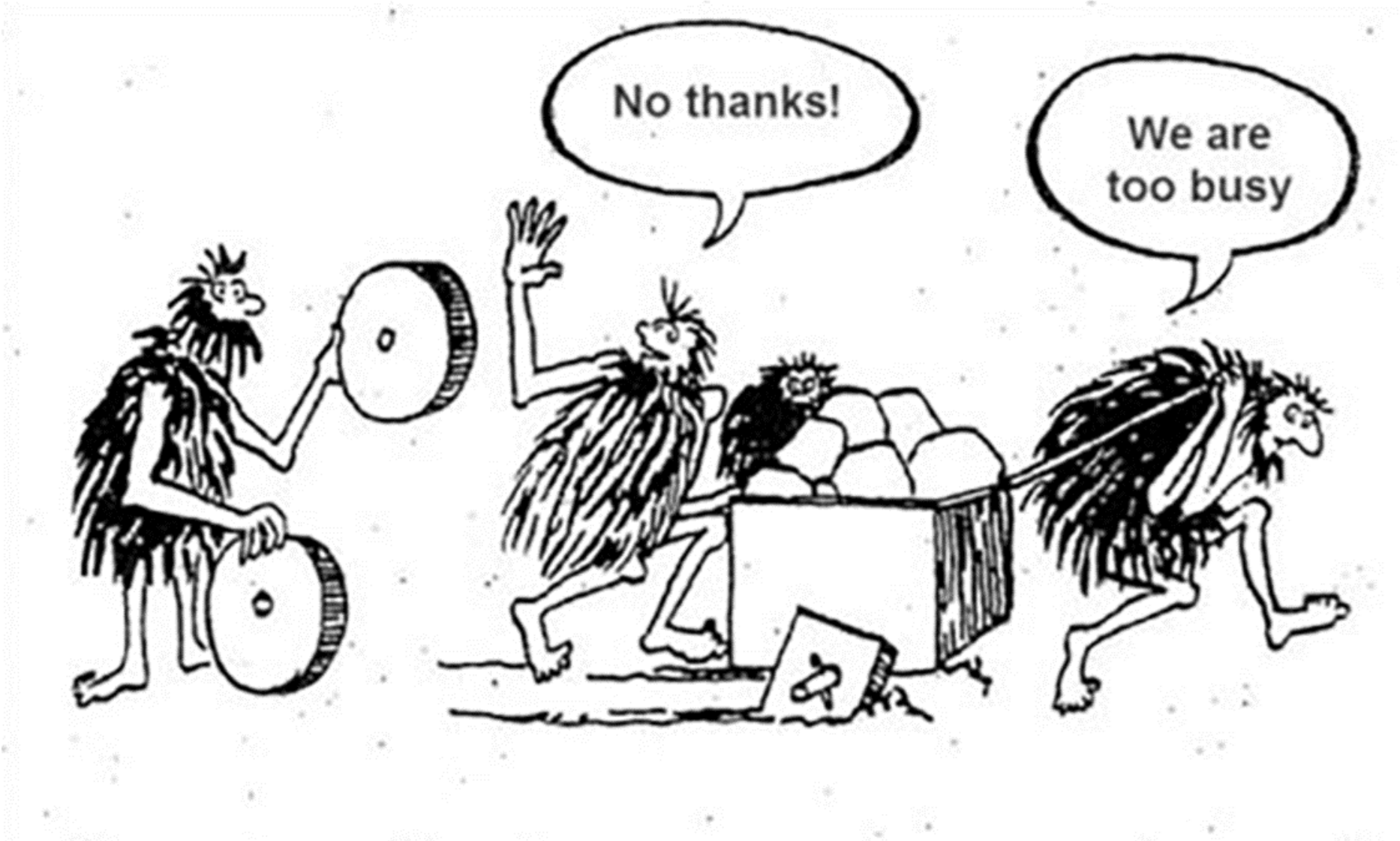
Neighbourhood level



This is where GPs, opticians, dentists, and community pharmacies work together to deliver primary care. That's care outside of a hospital.

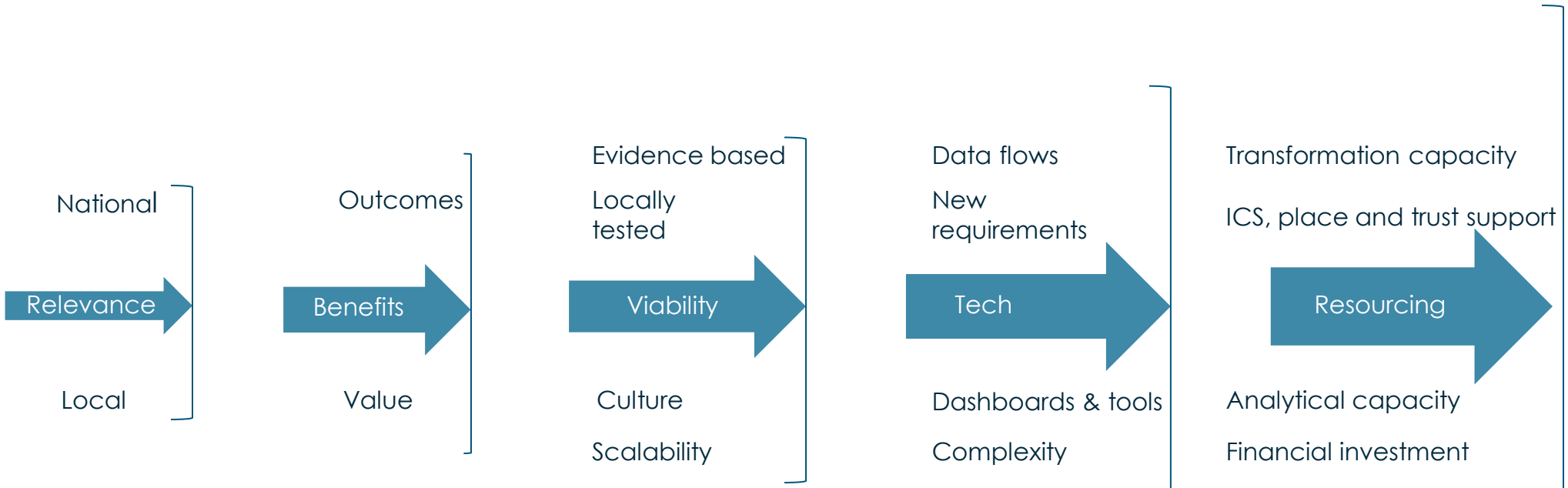
They all work together in a small local area to form a Primary Care Network. All doctors and primary care professionals will be part of one of these networks. This allows them to share resources to better help patients locally.

- Integrated delivery teams
- Communities


No thanks!
We are too busy

Data into Action

Impact & Feasibility = Priorities

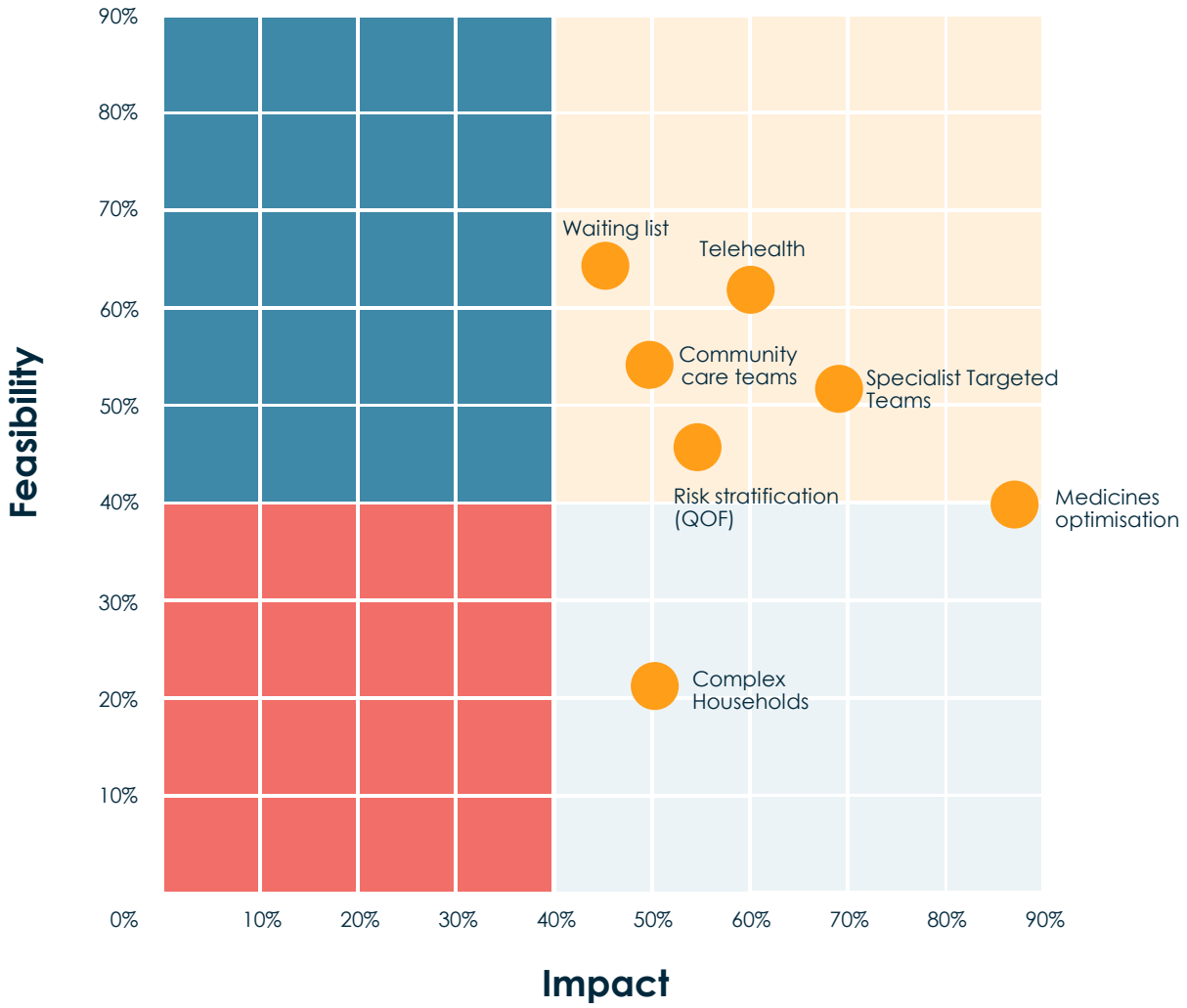


- **Telehealth – LTC monitoring**
- **Specialist Targeted – proactive searches of vulnerable cohorts**
- **Medicines optimisation – optimising resources and reducing risk**
- **Waiting list tool – profiling & supporting patients to better effect**
- **Community Care Teams MDT approach supporting at risk cohorts**
- **QOF risk stratification – prioritizing cohorts for earlier annual review**
- **Complex Households – reducing fragmentation and duplication**

Abbreviations: ICS, Integrated Care System; LTC, long-term condition; MDT, multidisciplinary team; QOF, Quality and Outcomes Framework.

Feasibility & Impact Matrix

Summary of the scorings for all 7 areas



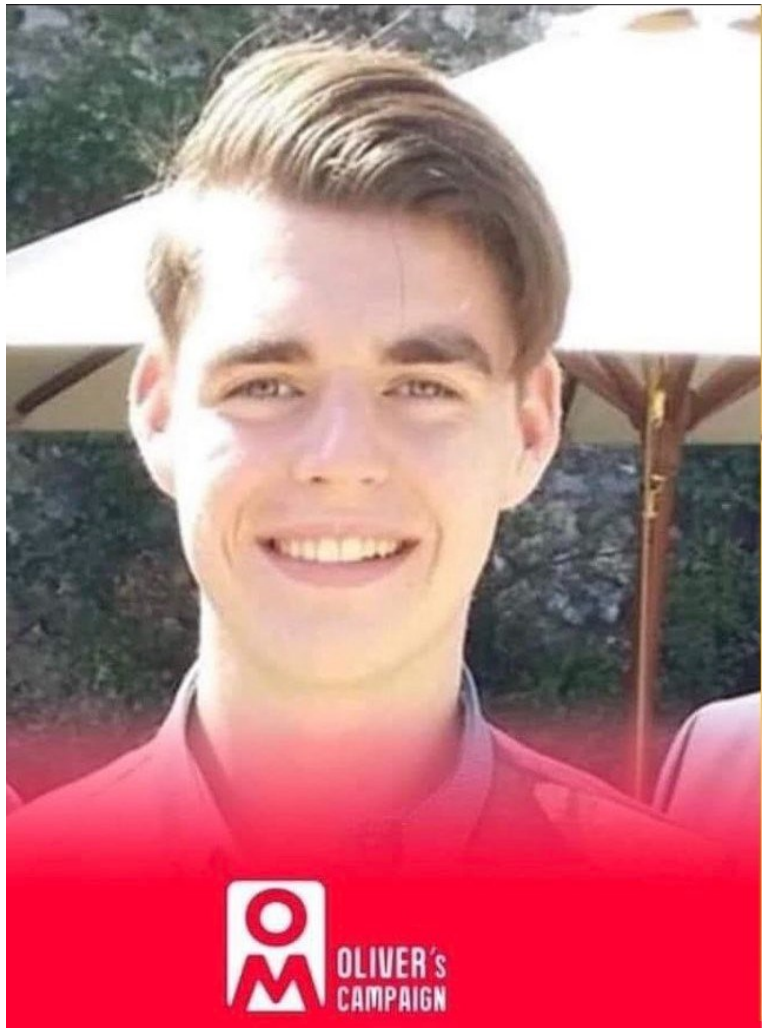
Telehealth and specialist targeted work is likely to be most feasible and have the greatest impact this year

Specialist targeted and medicines optimisation both have numerous strands, and we expect to have a separate Feasibility & Impact Assessment for these two areas (we will score all component elements and then revise the merged scoring)

Waiting list work is maturing as a project and has the potential to increase scoring

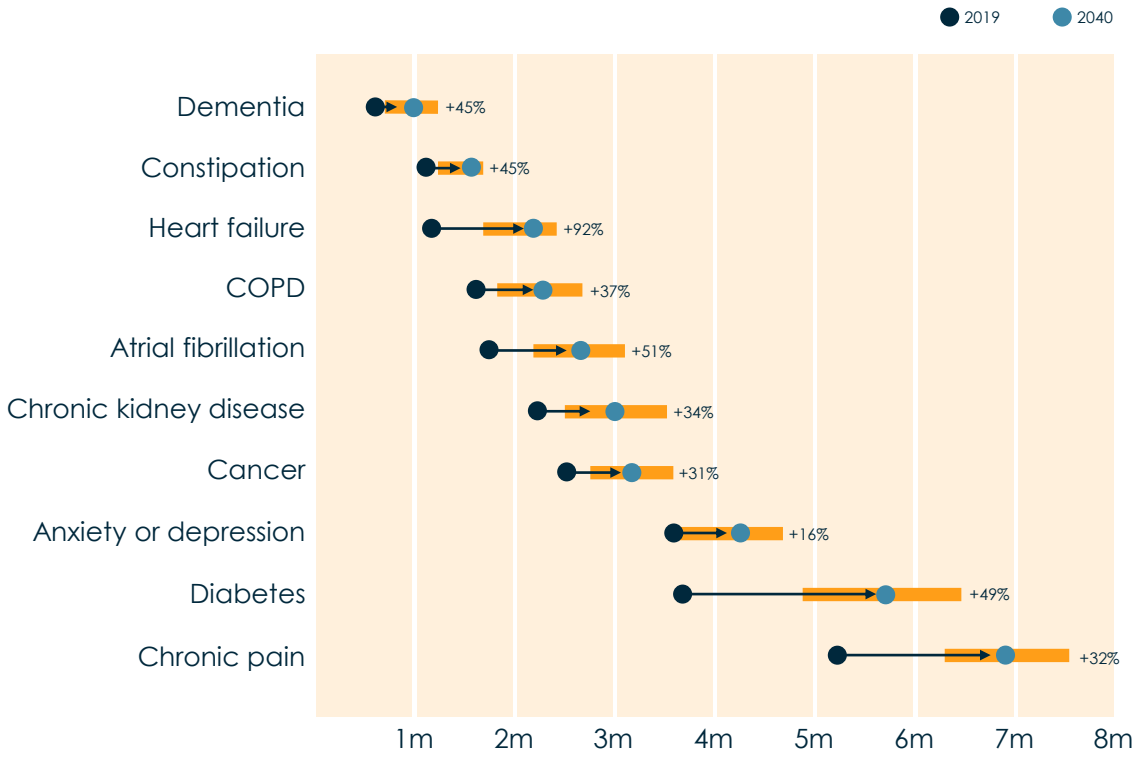
Highly likely that **Medicines optimisation** become more prominent too

Medication harms



The Health Foundation – Health in 2040: Projected patterns of illness in England

Figure E3: Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England, 2019 and projects for 2040



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

Chronic pain links with long-term conditions and musculoskeletal problems

Increases in diabetes likely to be affected by obesity level in C&M

Anxiety and depression with social and health issues part of the underlying causes

Condition	Cheshire and Merseyside QOF 2019/20	Modelled change (England)	Cheshire and Merseyside 2040 estimate
Diabetes	155,659	+49%	232,669
Chronic kidney disease	103,715	+34%	138,869
Cancer	94,820	+31%	124,214
Atrial fibrillation	67,216	+51%	101,446
Dementia	21,995	+45%	31,756

Abbreviations: C&M, Cheshire and Merseyside; COPD, chronic obstructive pulmonary disease; QOF, Quality and Outcomes Framework.

TODAY ON THE SHOW SHOP WELLNESS PARENTS FOOD LIFE TODAY PLAZA TODAY all day

HEALTH & WELLNESS

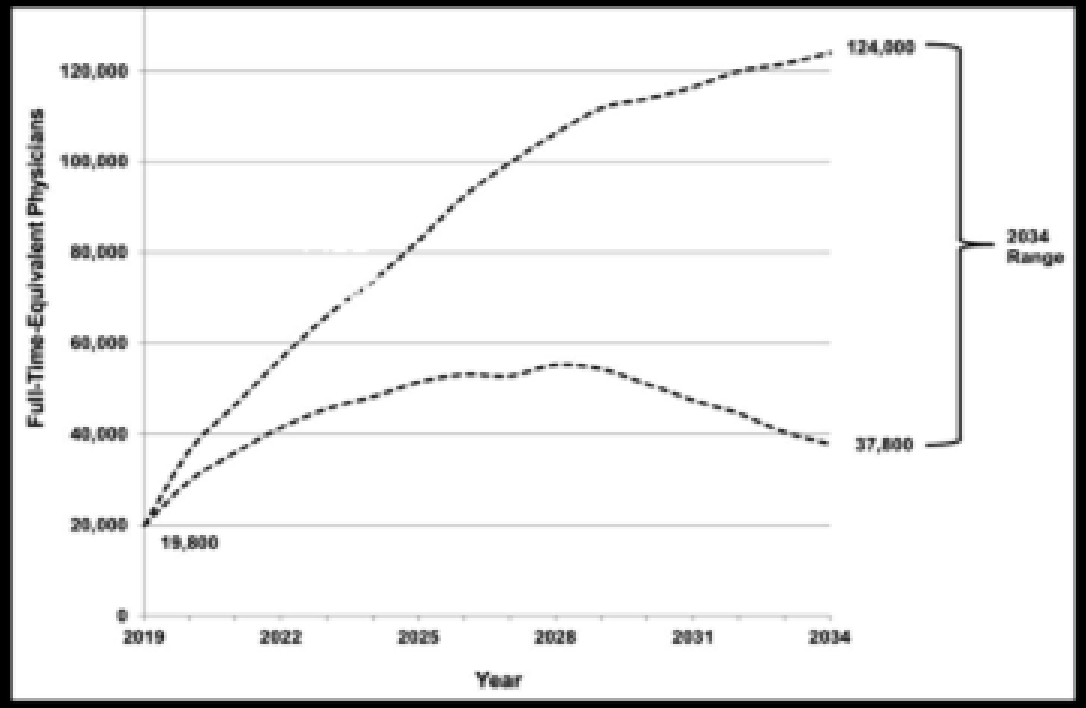
A boy saw 17 doctors over 3 years for chronic pain. ChatGPT found the diagnosis

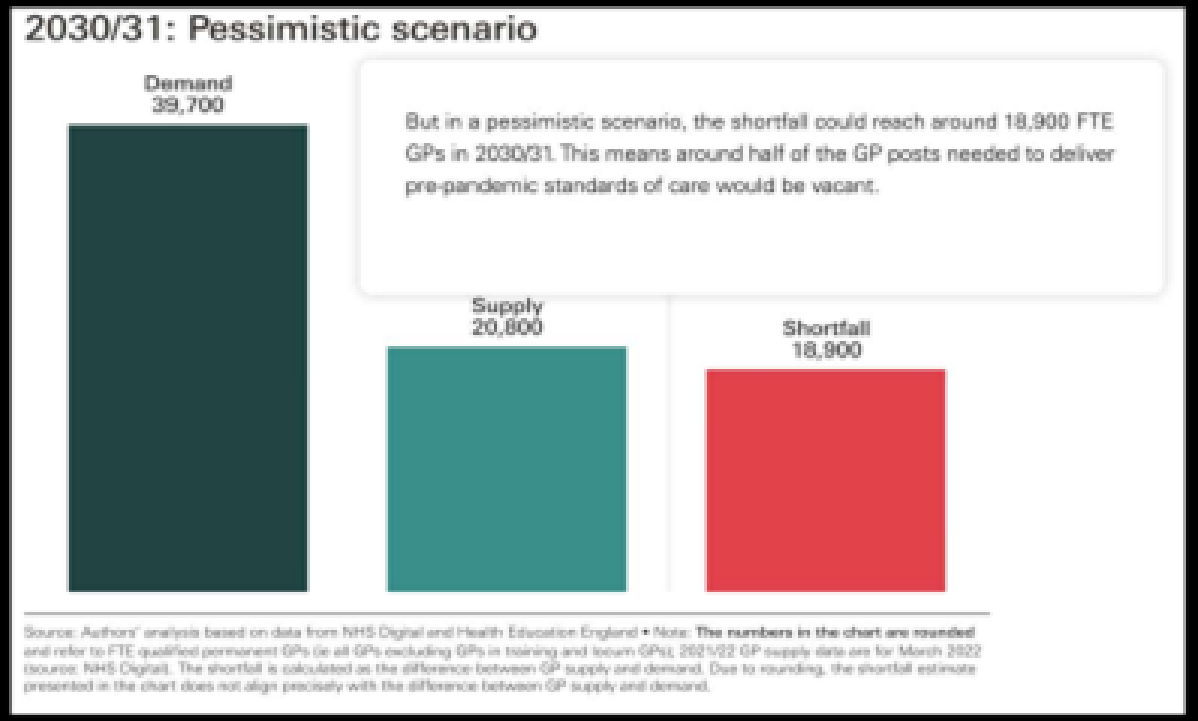
Alex experienced pain that stopped him from playing with other children but doctors had no answers to why. His frustrated mom asked ChatGPT for help.

Sept. 11, 2023, 3:42 PM GMT+1 / Updated Sept. 12, 2023, 3:31 PM GMT+1 / Source: TODAY

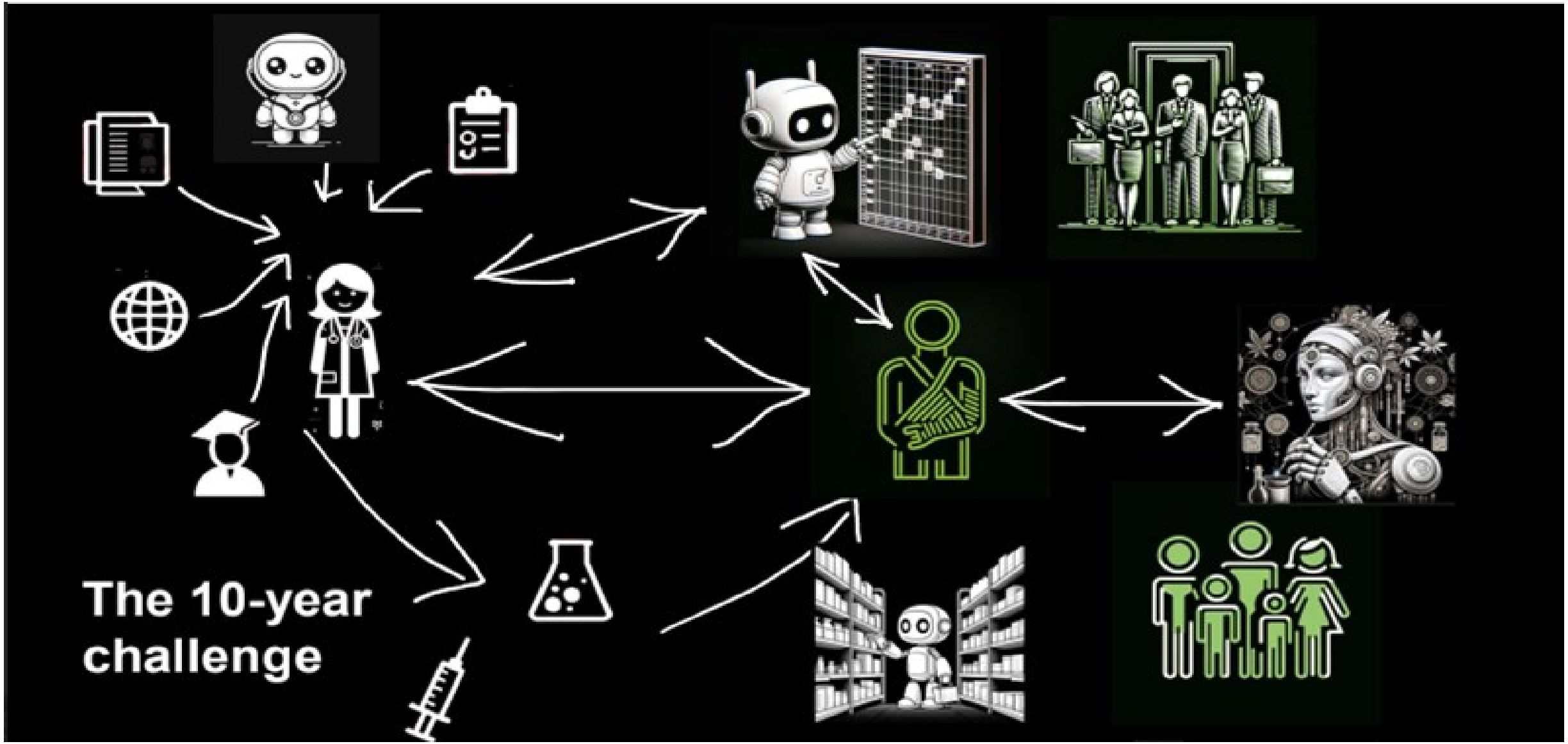
https://www.today.com/health/mom-chatgpt-diagnosis-pain-rcna101843

Workforce shortage is an opportunity to rethink





- AAMC report
- Retirements getting worse with COVID and burnout.
- Aging population requires more primary care.



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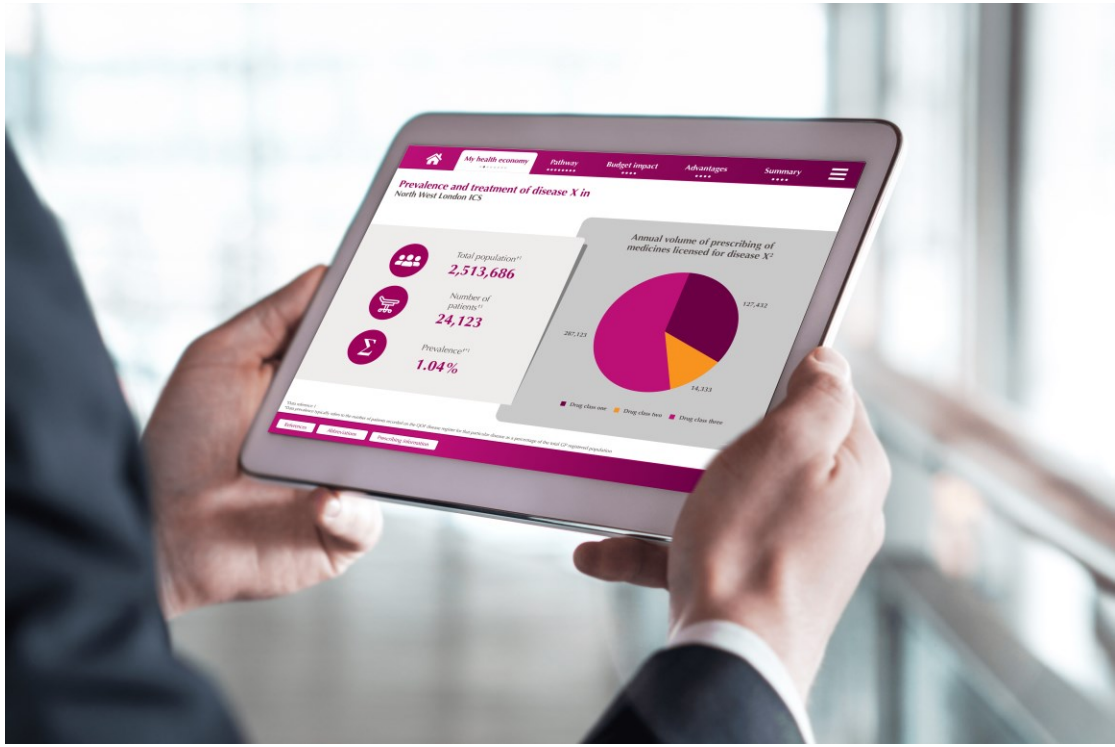
Any questions?

Morning refreshments

Join us for refreshments and speak to our team today about how we can help you **engage key stakeholders and drive transformation**



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Delivering successful market access in alignment with NHS priorities

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1. What makes change happen in the NHS?
2. Role of Pharma in NHS transformation
3. Strategies for effective synergy

Abbreviations: NHS, National Health Service.

What makes change happen in the NHS?

“The NHS is broken”

– Wes Streeting, SoS Health & Social Care

5th July 2024

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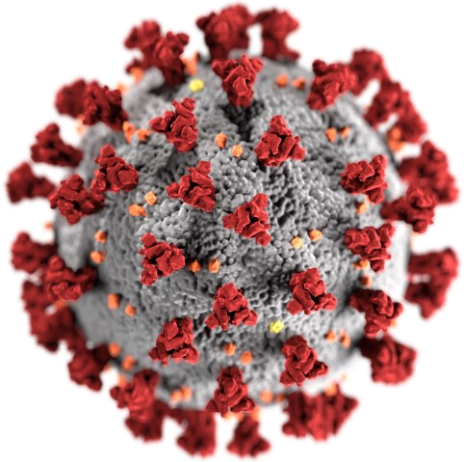
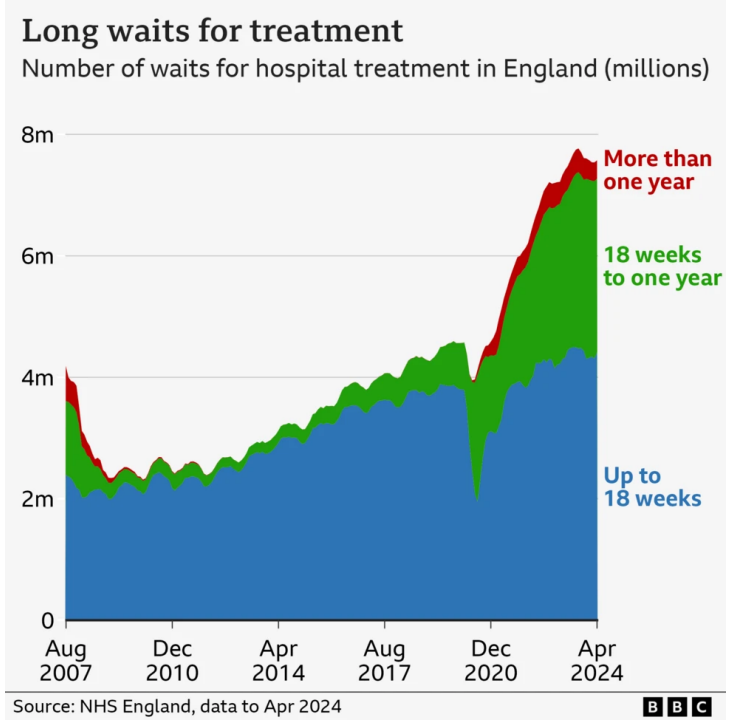
NHS reform

- Care closer to and centered around the patient
- Financial accountability of clinical decision-making
- More cost efficiency

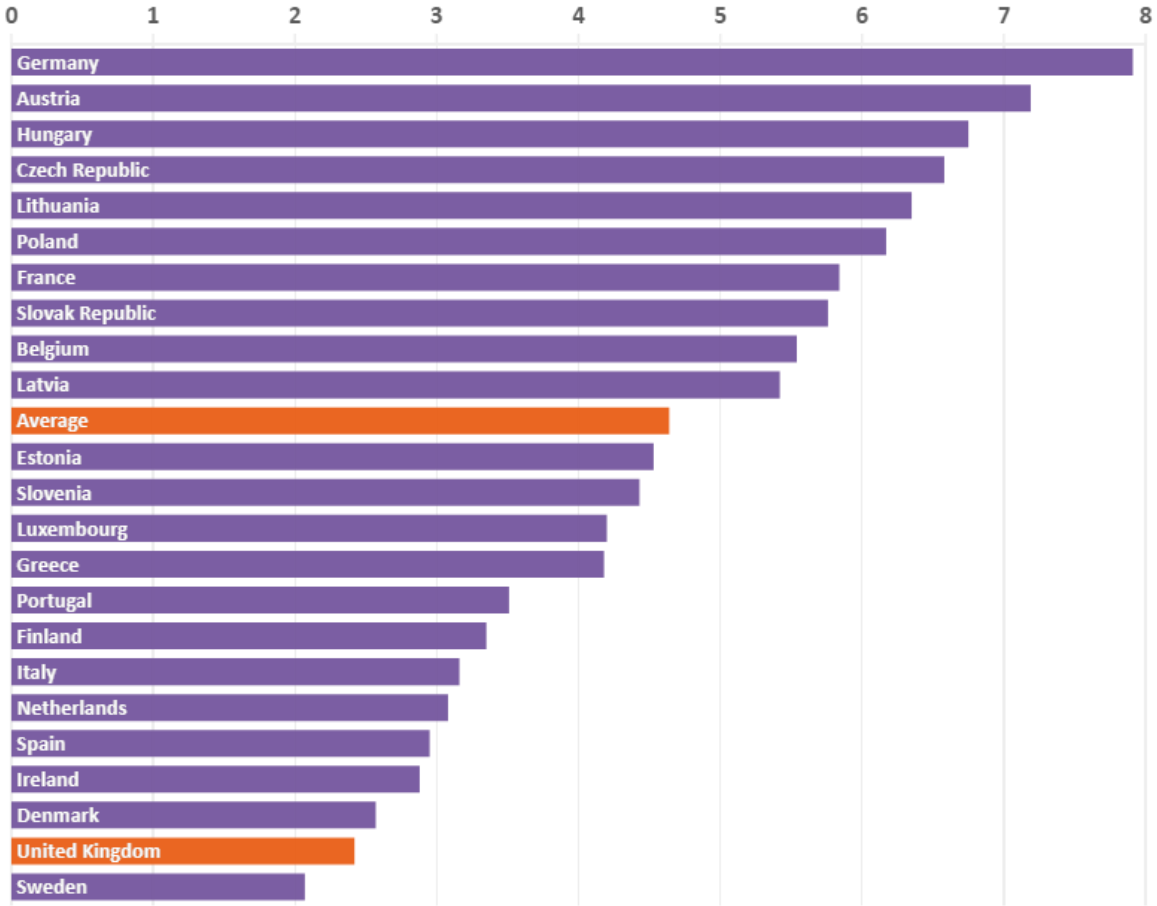




https://www.bbc.co.uk/news/articles/cn448j3z7ggo

Challenges and barriers (1 of 2)

Health system operational norms



Why is it so hard to get a GP appointment?

Amid record delays for getting NHS GP appointments, we look into what's gone wrong and how to get help when you need it

27 Jan 2023

https://www.which.co.uk/news/article/why-is-it-so-hard-to-get-a-gp-appointment-agsTT2p0SeE3

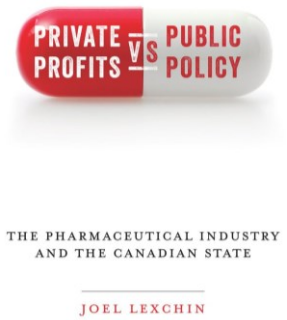
 Abbreviations: GP, General Practitioner; NHS, National Health Service.

Challenges and barriers (2 of 2)

Culture

Trust

Suspicion



"Sometimes the interests of industry and the NHS will overlap. Sometimes they will not. Do we have systems able to detect this and protect patients and the public?"
– Dr Margaret McCartney

 | Abbreviations: NHS, National Health Service.

Role of Pharma in NHS transformation

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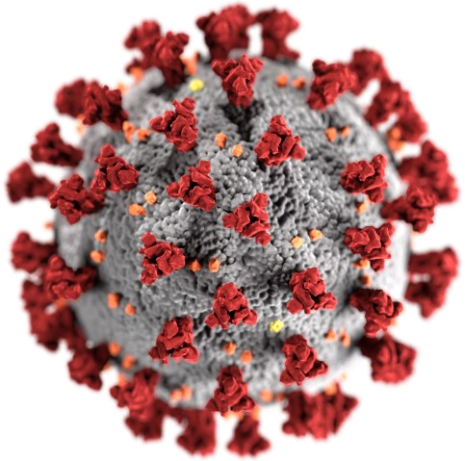

NHS England

Accelerated Access Collaborative

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NHS Accelerated Access Collaborative

What we do

How can the AAC help me?

- Innovation Service
- Clinical Entrepreneur Programme
- Small Business Research Initiative for Healthcare (SBRI)
- Test beds
- NHS Insights Prioritisation Programme
- Pathway Transformation Fund
- Medical technology (MedTech) funding mandate and support

Home > NHS Accelerated Access Collaborative > What we do > How can the AAC help me? > Early Access to Medicines Scheme

Early Access to Medicines Scheme

The Early Access to Medicines Scheme (EAMS) helps to give people with life threatening or seriously debilitating conditions early access to new medicines that do not yet have a marketing authorisation but where there is a clear unmet medical need.

By promoting early engagement between companies, and key AAC partners including MHRA, NICE and NHS England and NHS Improvement, EAMS also helps to create a smoother route to market for new treatments.

EAMS is a key part of our commitment to accelerate patient access to innovative, life changing treatments, and support the UK's position as a global leader in life sciences.

Since the scheme launched in 2014, over 1,200 people with conditions ranging from cancer to Duchenne Muscular Dystrophy, from across the UK, have benefited from early access to new treatments through EAMS.

Cancer
Cancer Drugs Fund
Cancer Drugs Fund list
CAR-T Therapy
Operational management, administration and performance
Hepatocellular carcinoma surveillance resources
Very high risk breast screening for some women following chest radiotherapy for Hodgkin lymphoma
Harnessing innovation in cancer care
NHS Long Term Plan ambitions for cancer
NHS Cancer programme: Quarterly report overviews

Cancer Drugs Fund

The Cancer Drugs Fund (CDF) is a source of funding for cancer drugs in England. On 29 July 2016, a new approach to the appraisal and funding of cancer drugs in England began operating.

To see which treatments are currently funded by the CDF, please see the Cancer Drugs Fund list.

For further information on provider reimbursement for CDF funded treatments, please see the provider reimbursement in managed access funds – standard operating procedure.

This new approach provides:

- Access to promising new treatments, via managed access arrangement, while further evidence is collected to address clinical uncertainty.
- Interim funding for all newly recommended cancer drugs, giving patients access to these treatments many months earlier than before.

NHS England and the National Institute for Health and Care Excellence (NICE) work in partnership with pharmaceutical companies to address uncertainty about the effectiveness of new cancer treatments. This usually involves the collection of additional data, during a managed access period when patients are able to access the treatment. The additional data helps NICE to decide whether a new treatment should be routinely funded.

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Press release

Landmark deal to boost nation's health and save NHS £14 billion

New voluntary scheme for branded medicines pricing, access and growth (VPAG) will boost nation's health, save NHS £14 billion and support research investment.

From: Department of Health and Social Care, NHS England, HM Treasury, The Rt Hon Victoria Atkins MP and The Rt Hon Jeremy Hunt MP

Published 20 November 2023

This was published under the 2022 to 2024 Sunak Conservative government

https://www.gov.uk/government/news/landmark-deal-to-boost-nations-health-and-save-nhs-14-billion#:~:text=A%20landmark%20deal%20has%20been,healthcare%2C%20technology%20and%20clinical%20research.

Strategies for effective synergy

Triple win

Benefits for patients

- Care closer to home
- Fewer hospital admissions
- More patients receive evidence-based care
- More information about conditions and treatment options
- Better experience of the healthcare system
- Health inequalities reduced
- Improved outcomes
- Improved quality of life

Benefits for NHS

- Improved quality of care delivery
- Headspace freed up
- Accessible expertise and capability
- Improved use of resources
- Better quality clinical outcomes
- Lower hospital admissions
- New approaches to preventative care
- New treatments targeted to best use
- Joined up systems
- Efficiency addressed

Benefits for industry

- Expansion of an eligible patient population
- Increase in the appropriate use of medicines aligned to local or national guidance
- Better intelligence of NHS healthcare
- Predictable sales and revenue
- Enhanced product logistics
- Improved implementation of national treatment guidance
- Real-world evidence and data generated to enhance research
- Quicker to NHS market

Abbreviations: NHS, National Health Service.

Tactics for Effective Synergy

Build strong relationships

Trust
Transparency
Communication

Shared goals and objectives

Align goals
Common vision
Risk sharing
Triple win

Collaboration and joint work

True pooling of skills and expertise
Practical resources
Project ID & scoping
Project implementation
Outcome reporting

Joint research initiatives
Shared data platforms
Co-developed treatment protocols

Potential Partners

DHSC/NHS England

Integrated Care Systems (x42)

Primary/secondary/tertiary care

Health Innovation Networks (x15)

Key stages of project lifecycles

Stage 1

Project identification and scoping

- Where can partnership projects originate?
- Scoping decision guide

Stage 2

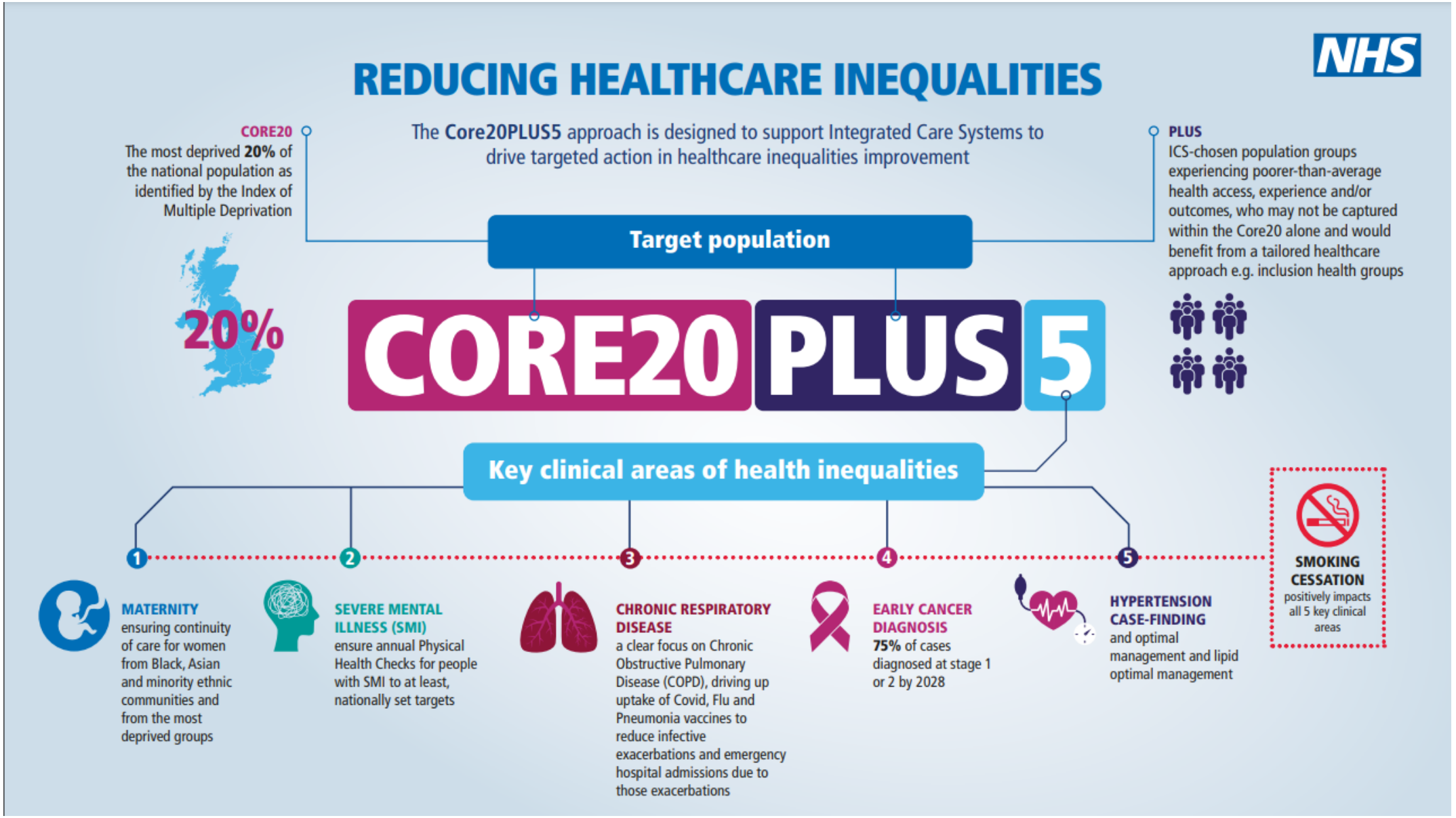
Project setup and governance structures

- Project setup and governance structures
- Stakeholder engagement

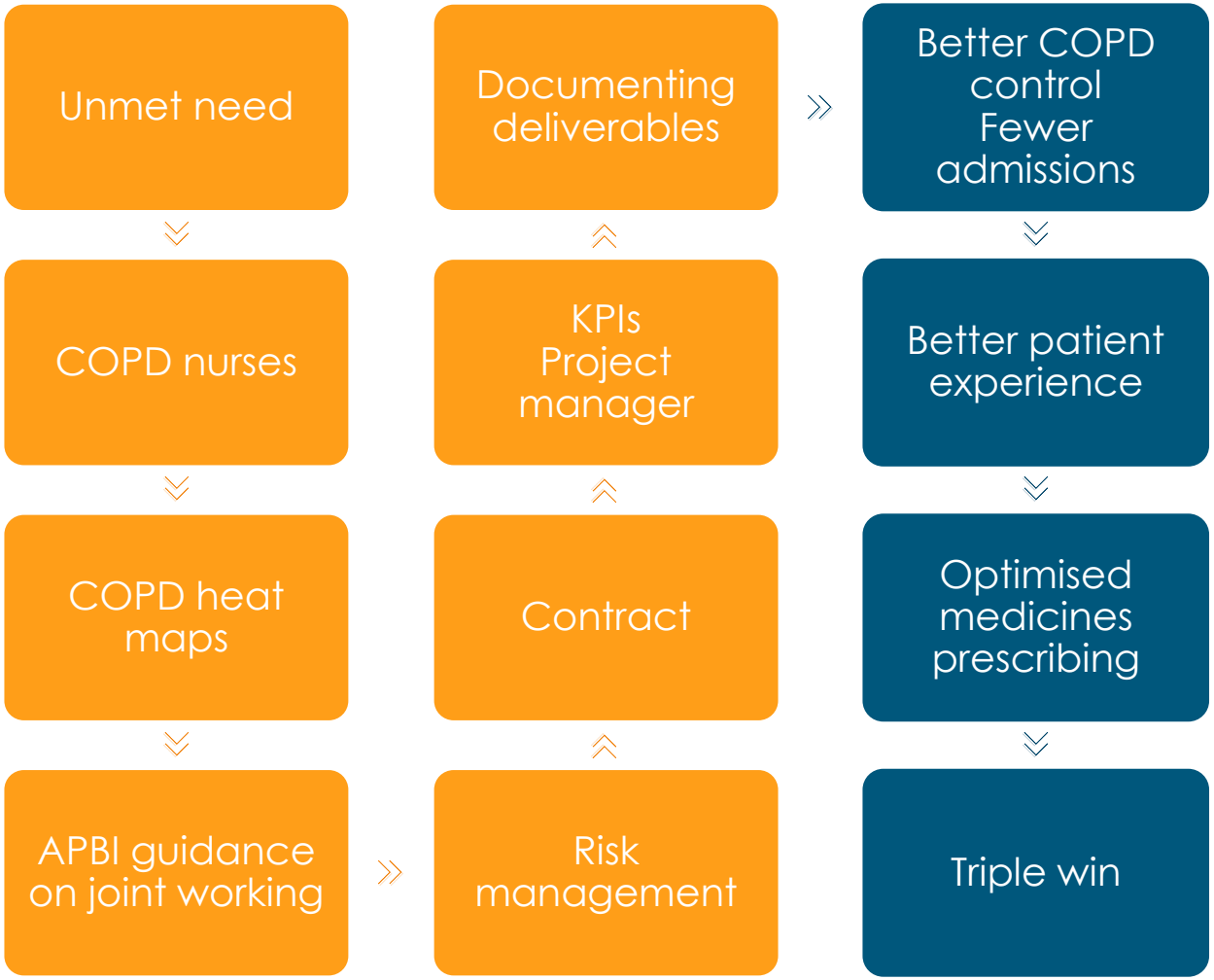
Stage 3

Project implementation and outcomes reporting

- Project delivery and evaluation
- Reporting on the project outcomes



LOGIC – Holistic proactive management in COPD: AstraZeneca UK Ltd and Hartlepool Health PCN



 Abbreviations: ABPI, Association of the British Pharmaceutical Industry; COPD, chronic obstructive pulmonary disease; KPI, key performance indicator; PCN, Primary Care Network.

Review of the current chemotherapy service pathway and provision for SACT across Lancashire and South Cumbria Alliance (Sanofi) (1 of 2)

Need

- Excessive patient travel
- Chemotherapy treatment inefficiencies
- Multiple sites

Objectives

- Carry out a service evaluation
- Explore potential improvements to the pathway to enhance the experience and care received by the patient, as well as improve system capacity and reduce the amount of time patients spent in a hospital to receive their treatment

How

- APBI guidance + Sanofi Collaborative Working SOP. Joint Governance Committee and PID Project Management
- Full buy-in from all sides, with unequivocal exit arrangements
- Project plan, registration meetings, actions, surveys, shared data
- End report (joint ownership)

 Abbreviations: ABPI, Association of the British Pharmaceutical Industry; PID, project initiation document; SACT, systematic anti-cancer therapies; SOP, standard operating procedure.

Review of the current chemotherapy service pathway and provision for SACT across Lancashire and South Cumbria Alliance (Sanofi) (2 of 2)

Discovery

- Mapping of the patient pathway and identification of steps to address areas where efficiencies could be made

Recommendations

- Telephone immuno-oncology service – better utilisation of this service
- Appointment times are in use
- Pre-assessment – extra resource required to ensure therapy time does not have to be cancelled

Benefit

- Better service for skin cancer patients
- Funding from Cancer Alliance for extra posts
- Invaluable data sharing and intelligence on NHS logistics

 Abbreviations: NHS, National Health Service; SACT, systematic anti-cancer therapies.

Health Innovation Manchester

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14 Oct 2024

Greater Manchester plans to partner with industry on a new study to deepen understanding of a weight loss medication

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https://www.nhsconfed.org/publications/accelerating-transformation-develop-effective-nhs-industry-partnerships

1. What makes change happen in the NHS?
2. Role of Pharma in NHS transformation
3. Strategies for effective synergy

Dr Raj Patel MBE MBChB FRCGP

Any questions?

Agenda – Morning

10.00	Opening remarks
10.10	**Keynote session 1: Effective synergy between industry and NHS** Speaker: Professor Hilary Garratt CBE
10.55	*Morning refreshments*
11.15	**Session 2: Delivering successful market access in alignment with NHS priorities** Speaker: Dr Raj Patel MBE
12.00	**Session 3: Specialised commissioning and future transformation plans** Speakers: Patrick McGinley and Gail Fortes Mayer
12.40	*Lunch and networking*

Specialised commissioning and future transformation plans

Panel – Specialised commissioning and future transformation plans

Gail Fortes Mayer

- ICB Associate Director of Strategic Commissioning
- 20 years in the NHS in commissioning and performance improvement roles
- Oversees commissioning for specialised services, elective and diagnostic pathways, long-term conditions, and cancer

Patrick McGinley

- Head of Costing and Service Line Reporting, NHS Trust
- 40 years in the NHS in management accounting and cost accounting roles
- Member of several specialised commissioning groups and pricing committees for NHS England

- Insights into the latest specialised commissioning guidance
- Real-world implementation versus theoretical plans
- How the transformation of specialised commissioning will impact industry interactions
- Interactive Q&A session

Abbreviations: ICB, Integrated Care Board; NHS, National Health Service; Q&A, question and answer.

Lunch

Over lunch, speak to our team about:

Reimbursement and HTA strategy and support

UK market access strategy

Understanding and engaging with the NHS

Pathway redesign and stakeholder mapping

Our 100+ NHS Associate network

NHS Spotlight insights service and engagement materials

Interactive value proposition tools and budget impact models

Petauri™, Delta Hat, and our wider services

Agenda – Afternoon

After lunch, we will break into two groups for interactive workshops with our speakers. Each session will run twice, allowing you to contribute to both discussions

1.30/2.15	**Breakout workshop 1: Influencing at a national and regional level** Facilitators: Dr Raj Patel MBE and Professor Hilary Garratt CBE
1.30/2.15	**Breakout workshop 2: Financial insights – following the money to understand product reimbursement** Facilitators: Patrick McGinley and Gail Fortes Mayer
3.00	*Afternoon refreshments*
3.15	**Session 4: Implications of new government policies** Featuring all speakers
3.45	**Summary and closing remarks**

Influencing at a national and regional level

Driving transformation on a larger scale

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Split into groups of 5

Reflect on what you've heard this morning – what are the things you think are worthy of further discussion?

10 minutes

Capture 2 topics

Capture the top two topics, which you agreed as a group, on the flipchart

If one is already covered, put a tally mark next to it

Split into 2 groups

Raj will facilitate Group 1 – Top question no. 1

Hilary will facilitate Group 2 – Top question no. 2

25–30 minutes for group discussion/exploration

25 minutes


10:00

Financial insights

Following the money to understand product reimbursement

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Split into groups of 5

Reflect on what you've heard this morning – what are the things you think are worthy of further discussion

or

What questions would you like to hear more about?

10 minutes

Capture questions

Capture the questions, prioritised in order as a group, on the flipchart

If one is already covered, put a tally mark next to it

Q&A session

Should your questions be specific to Patrick or Gail, please note this next to the question

25 minutes


10:00

Do you know?

- Do you understand how your product is reimbursed in light of the NHS Payment Scheme and changes in funding flows?
- What financial levers are available now?
- What are the key financial performance measures?

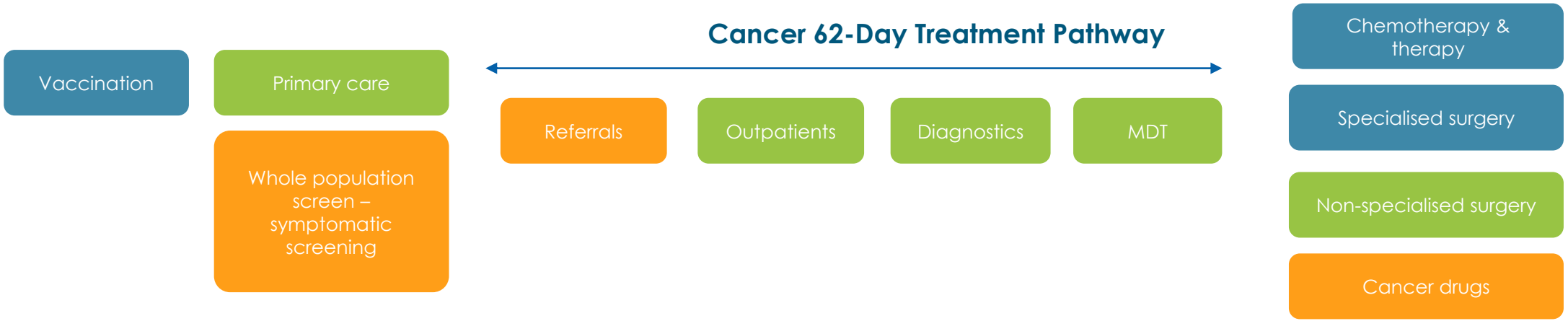
Abbreviations: NHS, National Health Service.

What are the key changes within specialised commissioning?

2013 – NHSE became an accountable commissioner for a diverse portfolio of 154 specialised services

2018 – NHSE desire for integrated commissioning of specialised services with local commissioners to maximise opportunities to join up pathways and deliver high-quality care

Recognition of the duplication across patient pathways between NHSE commissioned services and ICBs, with systems having the potential to influence the treatment pathways within scope and budget



 Abbreviations: ICB, Integrated Care Board; MDT, multidisciplinary team; NHSE, National Health Service England.

Drivers for change

Improved patient outcomes

- Addressing health inequalities
- Left shift – prevention rather than treatment
- Optimising patient outcomes

Reduced duplication

- Pathway of care management of conditions
- Fewer unnecessary appointments referrals and admissions
- Tier 3 services accessible for those that need them

Finance and use of resources

- System approach to use of resources
- Opportunity to repatriate or provide shared care models
- Reinvestment opportunities of savings

Workforce

- Reduce fragility of services
- Become an attractive place to work – share patients
- Development of staff to support

Will all specialised services be delegated?

The 154 specialised acute services were reviewed by NHSE and cohorted into three groups:

Category 1

Specialised services ready for delegation, 59 services

Category 2

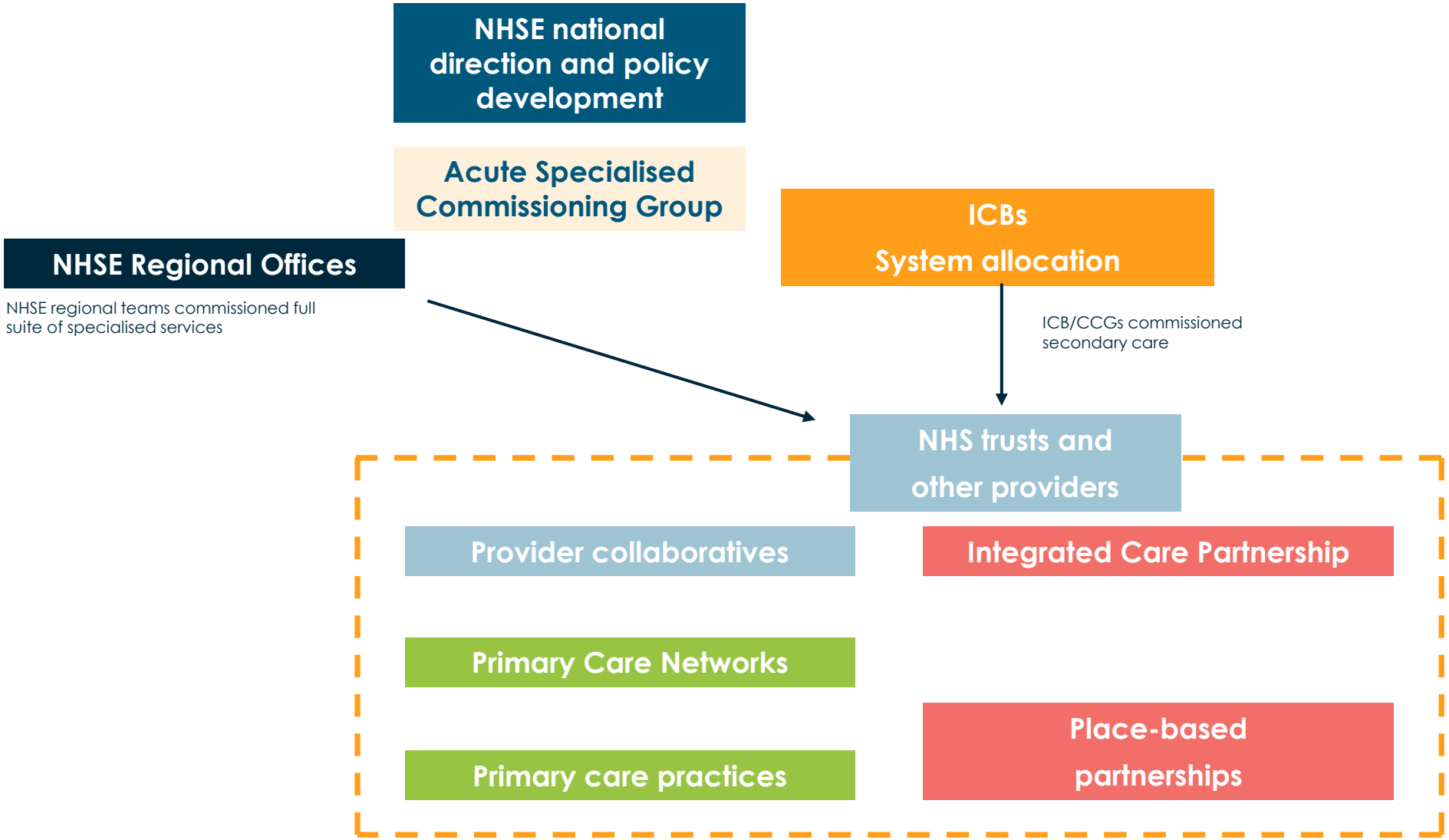
Specialised services appropriate for delegation but not yet ready, 29 services

Category 3

Specialised services not appropriate for delegation, 66 highly specialised services

Abbreviations: NHSE, National Health Service England.

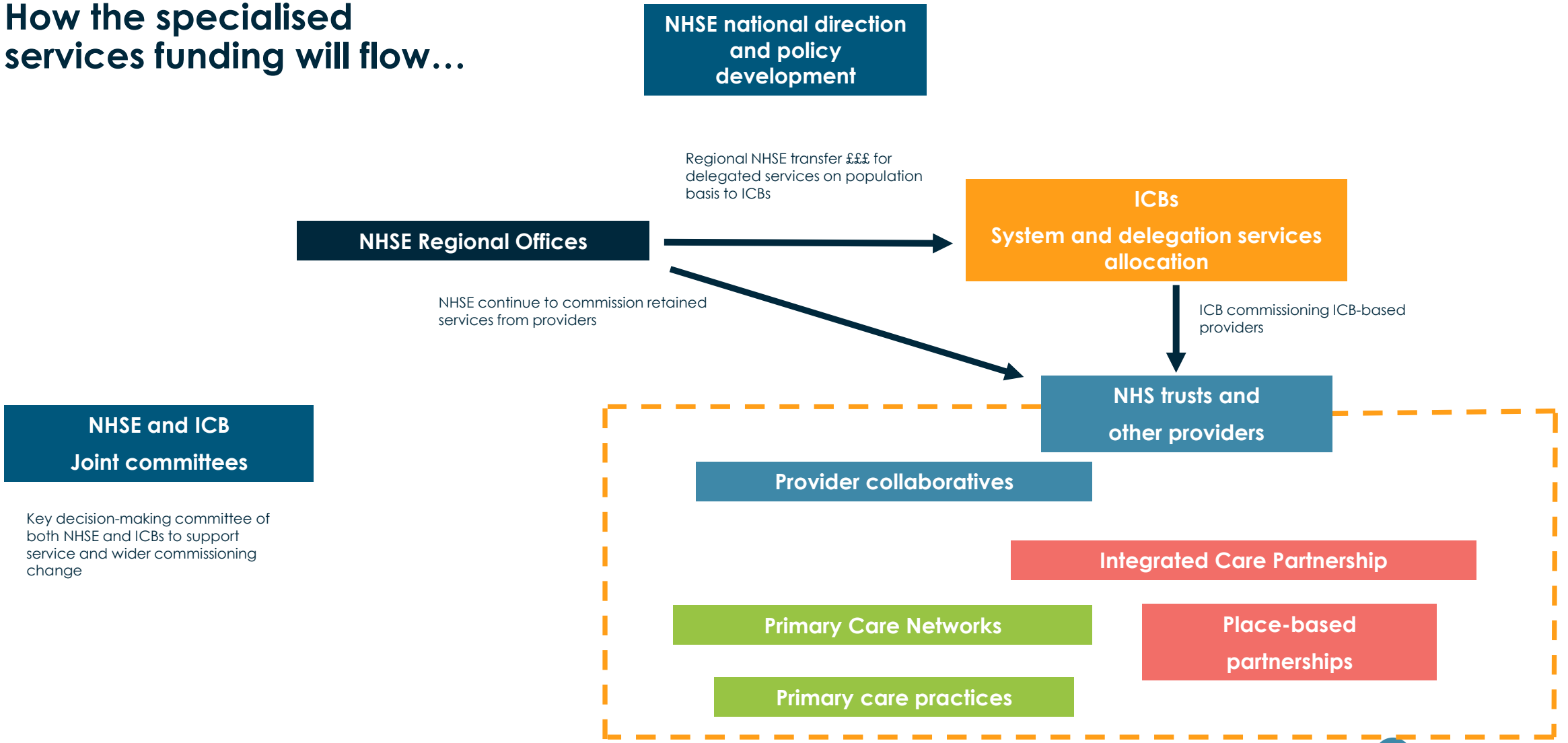
Funding flows – How did it operate?



 Abbreviations: CCG, clinical commissioning group; ICB, Integrated Care Board; NHS, National Health Service; NHSE, National Health Service England.

Funding flows – How will they work?

How the specialised services funding will flow…



 Abbreviations: ICB, Integrated Care Board; NHS, National Health Service; NHSE, National Health Service England.

Where are the unmet needs from an NHS viewpoint?

Discussions with ICS stakeholders should not be about gain shares; the focus should be on benefits across the NHS wider than product costs

(Innovation, sustainability, length of hospital stay, recovery)

Use of commercial knowledge of the local system

Position of product within the care pathway of patients

Demonstrate where efficiencies have been made elsewhere – where the 'benefits' were realised

Make sure it is a system-based discussion

Abbreviations: ICS, Integrated Care System; NHS, National Health Service.

Pathway change and implementation

Potential barriers	Mitigations
Case for Change not compelling	Clearly articulate: • What the problems are and why these are problems • Use available intelligence to support the 'why' • Test the theory with stakeholders
Unrealistic scope/expectations	• Don't start with the big bang (don't expect to move all services and resources) • Be realistic on the 'what' and the timeframes involved
Resistance to change	• Identify the cause of the resistance • Address and mitigate, where possible • Key stakeholder support and backing
Inadequate sponsorship	• Clinically championed and supported • Management and financially supported
Limited management of change process	• Determine an operational lead/team • MDT implementation team – clear work plan and timelines • Report into sponsorship boards – what gets measured, gets managed

Abbreviations: MDT, multidisciplinary team.

Specialised services payments in 2025

To support the delegation of specialised services, we are considering moving a small number of services (renal dialysis, renal transplants, HSCT, and brachytherapy) from fixed to variable payment for 2025/26. This would be intended to encourage providers to undertake more activity.

We are also considering adjusting prices for automated red cell activity to reflect the actual cost of the blood component.

Calculating a price for TFC 352 (Tropical Medicine Service) by setting it to be the same as TFC 350 (Infectious Diseases Service). This would reduce the incentive to wrongly count and code the activities.

We are also expecting to continue the PSS top-up payment approach, which was introduced in 2024/25. This involves guaranteeing each specialist provider a minimum level of top-up payment.

Abbreviations: HSCT, haematopoietic stem cell transplantation; PSS, Prescribed Specialised Services; TFC, Treatment Function Code.

Current payment methods

Payment mechanism	Description	Application
API	A 'blended payment' – a mix of fixed and variable payments, with nationally set prices used for all elective activity	Almost all NHS provider relationships with: • Any ICB, where the relationship is not covered by LVA arrangements • NHS England for any directly commissioned services
LVA block payments	Commissioners required to pay nationally set fixed values	Almost all NHS provider and ICB relationships with an expected value of annual activity below a set threshold
Activity-based payment	Nationally set prices paid for each unit of activity delivered	Services with NHSPS unit prices delivered by non-NHS providers
Local agreement	Locally agreed	Activity not covered by another payment mechanism

Abbreviations: API, aligned payment and incentives; ICB, Integrated Care Board; LVA, low value agreement; NHS, National Health Service; NHSPS, National Health Service Property Services.

Payment in 2026/27 and beyond

Looking toward 2026/27, we are considering the following NHS Payment Scheme projects:

- Exploring how the payment system can support left shift, looking at UEC payments and incentives
- Continuing to progress the mental health and community services currency models, developing the models and making improvements in data collection
- Hoping to start using the outputs to support planning of existing services and future care provision
- Implementing an evidence-based approach to commissioning and contracting
- Recalculating prices using the most recent available cost and activity data
- Rebalancing price relativities to reflect the most recent cost relativities
- Developing new BPTs to support activity shifting to less clinically intense settings

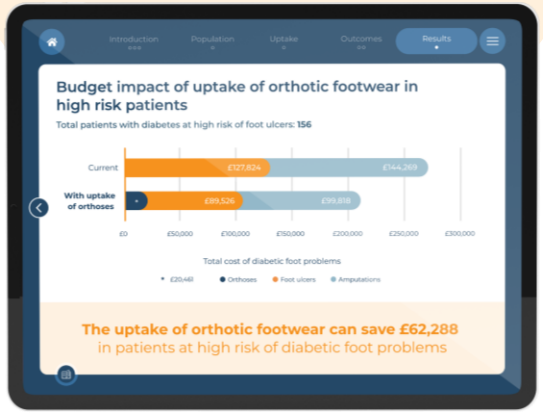
Abbreviations: BPT, best practice tariff; NHS, National Health Service; UEC, urgent and emergency care,

Afternoon refreshments

Speak to our team in the break about…

Real-world data dashboards that illustrate the need for change

Economic models that illustrate the need for change



Interactive conversation aids that communicate your proposition

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3.45	**Summary and closing remarks**

Implications of new government policies

Our Panellists

Professor Hilary Garratt CBE

- ICB NHS Non-Executive Director
- Deputy Chief Nursing Officer at NHS England for 10 years
- 40 years in the NHS in clinical, public health, executive leadership, and national roles
- Co-Founder of Ninety Days Health

Dr Raj Patel MBE

- Former Interim National Medical Director for Primary Care at NHS England and NHS Improvement
- GMC Council Member
- Held senior clinical leadership positions in NHS since 1997
- 30 years as a GP
- Member of the Review Body on Doctors' and Dentists' Remuneration
- Co-Founder of Ninety Days Health

Gail Fortes Mayer

- ICB Associate Director of Strategic Commissioning
- 20 years in the NHS in commissioning and performance improvement roles
- Oversees commissioning for specialised services, elective and diagnostic pathways, long-term conditions, and cancer

Patrick McGinley

- Head of Costing and Service Line Reporting, NHS Trust
- 40 years in the NHS in management accounting and cost accounting roles
- Member of several specialised commissioning groups and pricing committees for NHS England

Abbreviations: GMC, General Medical Council; GP, General Practitioner; ICB, Integrated Care Board; NHS, National Health Service.

Thank you

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