ABPI SUBMISSION TO THE DEPARTMENT OF HEALTH REFRESHING THE NHS MANDATE CONSULTATION

Introduction

The ABPI represents innovative research-based biopharmaceutical companies, small, medium and large, leading an exciting new era of biosciences in the UK. Our industry, a major contributor to the economy of the UK, brings life-saving and life-enhancing medicines to patients. Our members supply 90 per cent of all medicines used by the NHS, and are researching and developing over two-thirds of the current medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome diseases.

The ABPI is recognised by Government as the industry body negotiating on behalf of the branded pharmaceutical industry, for statutory consultation requirements including the pricing scheme for medicines in the UK. The ABPI welcomes the opportunity to submit evidence to the Department of Health’s consultation on ‘refreshing the NHS Mandate’.

Harnessing the valuable expertise that exists within the pharmaceutical industry can help drive the innovation needed for the NHS to provide the world-leading healthcare patients in the UK deserve. Collaborative working between industry and NHS England can help deliver key Government priorities.

Consultation responses

1. Question 1: What views do you have on the proposed approach to refreshing the Mandate?

1.1. As a general comment, we view the use of the Mandate as a key governance and accountability tool linking DH and NHS England as best practice for Arms Length Bodies (ALBs) in the NHS. It is imperative that clear lines of responsibility exist between the Department of Health and ALBs which have significant operational and policy setting roles in the NHS. In this regard, we welcome the annual refreshing of the Mandate to keep its objectives current.

1.2. The ABPI also welcomes the publication of progress updates throughout the year and would strongly support that these consistently set out progress against each section of the Mandate, including in regards to freeing the NHS to innovate and the broader role of the NHS in supporting economic growth. This would increase the transparency of the progress updates.

1.3. Most of the proposed revisions are concerned with the response to the Francis Report and this is appropriate. We note that it is important to balance the focus of the Mandate on treatment as well as care since the patient experience encompasses both these aspects.

1.4. The Government is rightly seeking to incorporate in the Mandate national policies that the NHS is key to delivering, while providing NHS England with the stability to enable medium-term planning focused on the delivery of the clear objectives that the Government sets out for NHS England.

1.5. As such, the refresh is also an opportunity to reflect existing commitments to implement Innovation, Health and Wealth and to add relevant detail to the expectation that the NHS support the Government’s growth agenda through its role as the primary purchaser of medicines in the UK. We have suggested wording in section 21 below to this effect.
1.6. In a number of places, the proposals in the consultation move to a more measurable target against which progress can be measured. This will help to make progress clearer to identify and understand. However it will be important to ensure that a move to more measurable targets does not result in perverse incentives.

2. **Question 2: What views do you have on assessing NHS England’s progress to date against the objectives?**

2.1. The Government rightly identifies the need to measure both average improvement and the reduction in health inequalities and unjustified variation. Ensuring that average improvement remains a central measurement of quality will encourage the NHS to ‘level up’ rather than ‘level down’.

2.2. We welcome the Government’s intention to invite feedback from the public and relevant organisations with a view, to inform its annual assessment of the performance of NHS England.

3. **Question 3: What views do you have on the proposal to help people live well for longer?**

3.1. In order to reflect the importance of access to medicines to improving the quality of life for patients with long-term conditions, we recommend adding at the end of paragraph 2.3 of the Mandate:

   “this includes ensuring that the UK compares favourably to other countries in the use of innovative medicines”

4. **Question 4: What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?**

4.1. We have no comment.

5. **Question 5: What views do you have on the proposal to reflect NHS England’s ambition to diagnose and support two-thirds of the estimated number of people with dementia in England?**

5.1. We have no comment.

6. **Question 6: What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?**

6.1. We have no comment.

7. **Question 7: What views do you have on the proposals to ask NHS England to take forward action around new access and / or waiting time standards for mental health services and IAPT services?**

7.1. We have no comment.

8. **Chapter 4: Making sure people experience better care**

8.1. Medicines form an essential part of patients’ experience of high quality healthcare. We therefore recommend that the Government add patient access to effective modern medicines to the list of areas where progress will be expected of NHS England to ensure that people have a positive experience of care. We propose that this is measured through:

   - The Innovation Scorecard
   - Annual national medicines use reports continuing the work published in *Use of NICE appraised medicines in the NHS in England* in 2010
• An indicator that compares UK patients’ access to medicines approved by NICE with relevant comparator countries over time (i.e. an international use of medicines report) with analysis that identifies trends – for example, whether an improved ranking is evidence of improved patient access in the UK or whether other countries’ levels of access are dropping to UK levels.

9. **Question 8: What views do you have on the ambitions and expectations for the vulnerable older people’s plan?**

   9.1. We have no comment.

10. **Question 9: What views do you have on how we should achieve our ambitions on the vulnerable older people’s plan, particularly on how to strengthen primary care?**

   10.1. We have no comment.

11. **Question 10: How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?**

   11.1. We have no comment.

12. **Question 11: What views do you have on updating the Mandate to reflect the Francis inquiry and the review of Winterbourne View Hospital?**

   12.1. We have no comment.

13. **Question 12: What views do you have on updating the objective to reflect NHS England’s role in supporting person centred and coordinated care?**

   13.1. We have no comment.

14. **Question 13: What views do you have on updating the existing objective to reflect the pledges in Better health outcomes for children and young people?**

   14.1. We have no comment.

15. **Question 14: What views do you have on updating the existing objective to reflect the challenge for NHS England to introduce the ‘friends and family test’ to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?**

   15.1. We have no comment.

16. **Question 15: What views do you have on these proposals to improve patient safety?**

   16.1. Please see 19.1, 19.2 and 19.3 below.

17. **Question 16: What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?**

   17.1. We have no comment.

18. **Question 17: What views do you have on the proposal for Government to provide additional leadership on delivery of agreed Government pre-existing commitments?**
18.1. We have no comment.

19. **Question 18: What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?**

19.1. We support the Government’s ambition for the NHS to ‘go digital’ by 2018. We encourage the NHS to ensure good quality data is captured to support medical research in the UK. This will require engaging with healthcare professionals to raise awareness of the importance of good quality data.

19.2. We encourage the NHS to include as part of these efforts the digital checking of prescriptions at the point of dispensation. This would support the implementation in the UK of the Falsified Medicines Directive, prevent dispensing errors and help to improve patient safety.

19.3. The increased capacity of digital management systems should not reduce or supersede the autonomy of HCPs to prescribe medicines deemed appropriate based on face-to-face consultation with the patient.

20. **Question 19: What views do you have on the proposal to be more explicit on the expectation around reporting?**

20.1. This objective should also reflect the NHS Constitution and that reporting should include levels of compliance with patients’ rights to access to NICE approved medicines.

21. **Question 20: What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?**

21.1. The report *Use of NICE appraised medicines in the NHS in England* showed that the uptake of innovative medicines approved by NICE remains highly variable throughout the NHS in England. As work to implement the recommendations of Innovation, Health and Wealth (IHW) and increase the pace and scale of diffusion of innovation in the NHS continues, it is clear that continued momentum and focus on this challenge is required if all patients are to benefit fully from access to innovative medicines.

21.2. Accordingly, the ABPI recommends that the Mandate is revised to include a requirement to implement IHW and recommend that the following is inserted in Chapter 6, Freeing the NHS to Innovate:

> “NHS England will be required to fully implement all of the recommendations made in the NHS Chief Executive’s Report on *Innovation, Health and Wealth* (IHW). To this end, the Department, NHS England and the industry have committed to a number of specific initiatives aimed at encouraging better access to effective medicines.”

> “The Government will hold NHS England to account for its commitment to innovation, demonstrated both in its support for research and development and in its success in the rapid adoption and diffusion of new innovative medicines.”

> “The role of NICE is well established in providing guidance and guidelines for medicines use and the NHS should not seek to duplicate this activity.”

21.3. The NHS’s call for action ‘The NHS belongs to the people’ recognises the important role of the NHS in ensuring that the life sciences, including the pharmaceutical industry, continues to contribute to UK economic growth.
21.4. The commercial environment for pharmaceutical companies in the UK remains very challenging, with some of the lowest prices in Europe for branded medicines, slow uptake of innovative medicines compared to other developed countries and uncertainty around future pricing arrangements currently under negotiation with the government.

21.5. Accordingly, the ABPI recommends that the Mandate include in Chapter 7 the following statement:

“The NHS, as well as its role in providing care to the population, has a key role in stimulating economic growth in the UK. The life sciences sector is one of the UK’s key sectors that the Government is supporting to create economic growth in the UK. The Government negotiates at a national level with the industry to determine the price of branded medicines, the NHS should preserve and uphold the integrity of the national pricing agreement and should not seek to engage in activities that undermine this agreement.

21.6. We support the Government’s commitment to advance the use of genomics in the UK and welcome the proposed update to the Mandate regarding this. This will help drive forward the initiative to sequence 100,000 whole genomes in the next three to five years as a key facilitator of the delivery and adoption of new technologies.

21.7. It is important that genomic and genetic data is linked to biological and clinical data (see 19.1 above), for example through the Clinical Practice Research Datalink, in order to provide meaningful data for medical research.

21.8. It will be particularly important in delivering this objective that NHS England works with the life sciences industry that will be developing those technologies to ensure alignment of purpose and that the project will deliver on its objectives. We therefore propose adding to the proposed wording, after “by working with the Department of Health”, the following:

“… the pharmaceutical industry, research community”

22. Question 21: What views do you have on the proposals to make better use of resources?

22.1. We have no comment on the proposal. However, we would generally encourage an approach to the management of resources that avoids cost management of individual budget silos, as this can result in perverse incentives and sub-optimal outcomes.

22.2. It is important for the NHS, particularly with the need to integrate services, to consider the best use of resources along the whole pathway of care. This has not, so far, been the approach taken to the QIPP programme and so it is important in meeting the challenges ahead, laid out powerfully in NHS England’s report *The NHS belongs to us all*, that a more holistic approach is taken.

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