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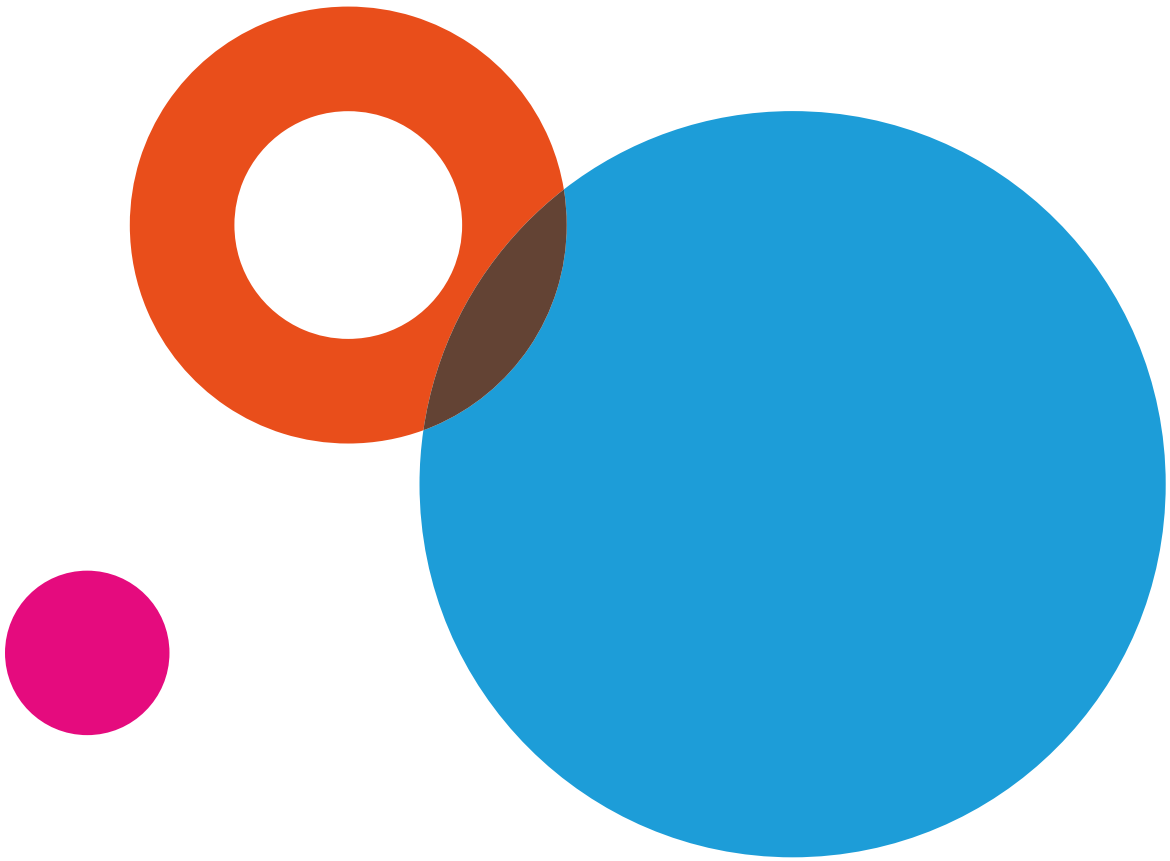
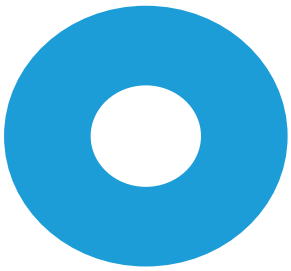
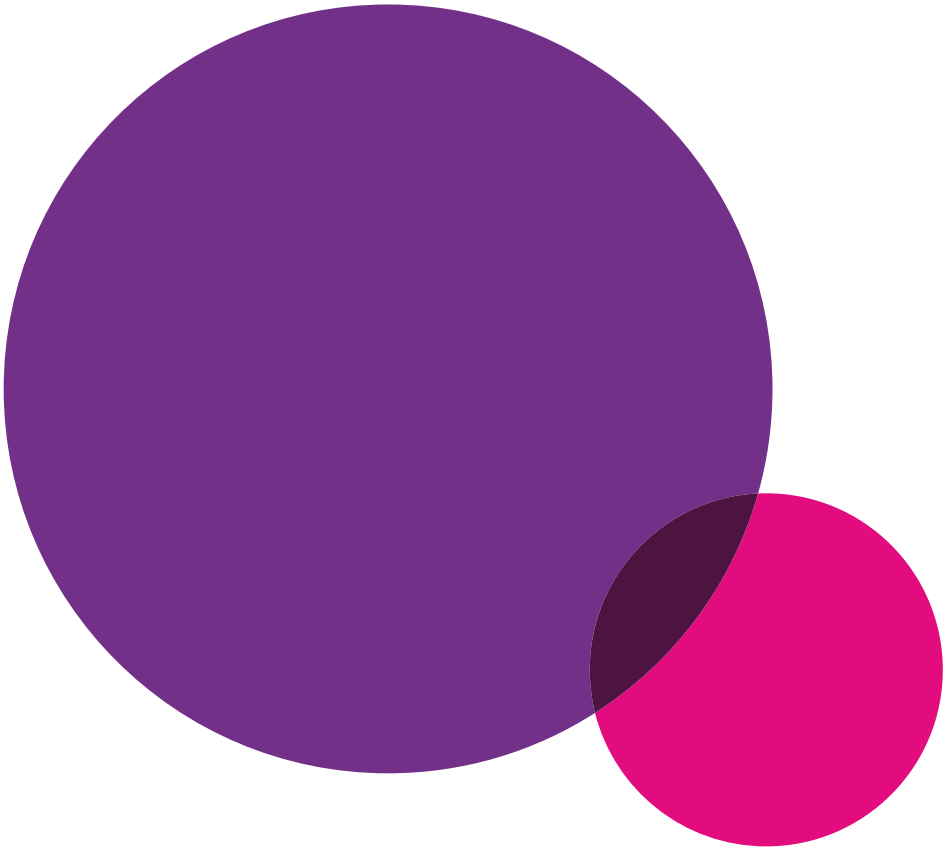
NHS CONFEDERATION

A new ambition for cross-sector collaboration with the life sciences industry to support NHS sustainability and transformation

June 2019







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Foreword

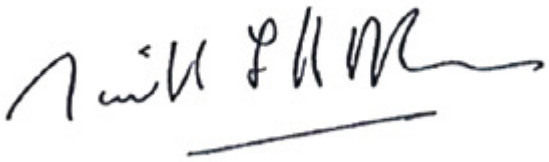
The UK Life Sciences Industrial Strategy should be required reading for every healthcare leader in the UK. It makes clear that the NHS must be an active participant with industry in delivering the shared objective of outstanding patient outcomes. In part that is because it is a monopoly purchaser but also because the NHS should be where innovative products are developed and tested. The NHS also offers a raft of advantages in terms of data and population health, which will be key determinants of a successful modern healthcare system.

This report shows there are plenty of excellent examples of cooperation and inspiring case studies, where the health service and some of its key suppliers have demonstrated that they can each benefit and more importantly, patients can benefit by using the skills and experience of both.

But the message here is also that we need to do more and do it at scale. The idea that collaboration with industry and research is mission critical has not been universally adopted, and there remains a danger that this activity will be seen as a 'nice to have' rather than a 'must do.'

This report is designed to stimulate discussion and kick off a wider conversation, initially across England but with the hope that all parts of the UK will participate in the debate together with The ABPI and our colleagues in the Academic Health Science Networks (AHSNs).

The NHS Confederation will seek to engage with its members and with industry to achieve a step change in the relationship between the health service and its suppliers, to improve patient care and public wellbeing, and to help create a sustainable health and care system.



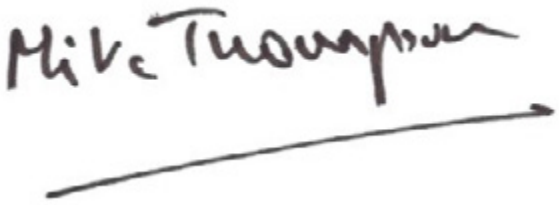
Niall Dickson, Chief Executive,
NHS Confederation

The 2017 life sciences industrial strategy report recognised the NHS as a unique asset for life sciences and the economic growth of the UK. The UK government's subsequent Life Sciences Sector Deals and the development of the Accelerated Access Collaborative have built upon the vision that rapid patient access to biomedical innovation can improve economic prosperity and population health – a theme further amplified in NHS Long Term Plan for England.

Realising the opportunity will depend on NHS and industry stakeholders collaborating to tackle health needs, prepare for transformative new developments such as cell and gene therapies and develop data assets that enable outcome-based planning. Success will be derived from demonstrating how innovative medicines and technologies can improve people's health in real-world settings and by scaling these improvements nationally. The prize will be a virtuous circle that delivers health and economic benefits to the UK from a thriving life sciences ecosystem.

The formation of place-based health and care structures will support NHS and public sector organisations in England to deliver health gains for the people they serve – and, crucially, to measure those gains. The new structures also create an opportunity for more ambitious partnerships with industry. The ABPI is a passionate advocate of such partnerships, and our 2017 Memorandum of Understanding with Greater Manchester has led to more than a dozen new cross-sector projects being initiated and major health challenges such as COPD being rapidly addressed. Further frameworks to stimulate cross-sector working are now in development across the UK.

Delivering change on this scale is not without challenge. Industry and NHS stakeholders have in the past been frustrated by the time taken to agree partnerships, concerns about governance and difficulties in aligning system needs with industry offers. We are investing resource to address these challenges because we believe that the vision described in these pages is so compelling – a 'triple win' of improved patient outcomes, more efficient use of NHS resources and evidence of impact for industry. We hope you find the content of this publication equally inspiring and look forward to working with you to raise the level of ambition for cross-sector working across the UK health and care landscape.



Mike Thompson, Chief Executive,
The Association of The British Pharmaceutical Industry

Towards a new relationship

Building collaboration between the NHS and the life sciences industry

- The NHS Confederation and The Association of the British Pharmaceutical Industry (ABPI) have agreed to develop a new ambition for cross-sector collaboration to help deliver the life sciences industrial strategy, the NHS Long Term Plan for England and corresponding strategic plans for health and care in other parts of the UK.
- The shared aim is to create a compact between the NHS and industry, which recognises their mutual dependence and seeks to stimulate collaboration, both in the development and testing of new products, and services and in the roll out of effective innovation in all its forms.
- There is a great deal that is underway at national and at local level which provides evidence that effective collaboration is possible and that it delivers results. Following the publication of the strategy, the UK government agreed two Life Sciences Sector Deals and the implementation of the Accelerated Access Collaborative. There has also been significant encouragement and support for Academic Health Science Networks (AHSNs) in England and corresponding collectives of industry, science, clinicians and academia in Scotland, Wales and Northern Ireland. Together these moves represent significant national leadership and focus which the NHS Confederation and The ABPI are keen to support and build on.
- At the same time, there is a shared acknowledgement that significant barriers to co-operation remain and that these need to be articulated and addressed. These include both 'hard' themes such as complexity, sustainability and scalability and so called 'softer' issues such as trust, ideology and culture.
- This discussion document builds on an initial roundtable which took place in London with leading figures from the NHS in England and industry, and begins to identify both the challenges and opportunities in transforming the relationship between the NHS and the life sciences industry. The aim now is to take that forward, stimulate discussion and start to develop a shared view of what needs to be done to overcome the obstacles that hamper progress, and build on current examples of successful partnership across the UK.
- This discussion document will be launched at Confed19, the NHS Confederation annual conference and exhibition, in Manchester in June 2019. It will initially be followed by engagement events in each of the seven health regions across England, which will consider how much progress has been made locally, and what needs to be done to stimulate more effective and faster innovation and partnership. Further events across the UK will also follow.

Why this matters

A shared endeavour

The UK life sciences sector is one of the most significant contributors to the UK economy. It is high-tech, research-intensive, scientifically diverse, innovative and a key player in supporting the nation's health. According to one analysis, it contributed £30.4 billion to the economy in 2015 and supported nearly half a million jobs.[1] As the UK prepares to leave the European Union, the importance of this industry has been thrown into sharp focus, and it would be difficult to overstate how essential it will be that we continue to have a strong life sciences sector. To achieve that, it needs to be nurtured and empowered to compete in global markets, while playing a vital role in our national life.

The NHS, meanwhile, is too often seen simply as a consumer of public resources – in fact it too is a key component in the success of UK plc. It is the country's largest employer and now forms 8 per cent of the economy. Of course, indirectly its impact is much greater than that. Its contribution to our health and wellbeing is both direct through the services it provides and also indirect through its purchasing power, as an employer and its vital role at the centre of communities.

The opportunity that now confronts us lies in the fact that these two huge sections of the economy are self-evidently mutually dependent. Indeed, they have been since the health service was founded more than 70 years ago. Yet the potential for co-operation has never been fully realised – relations between the two have not always been as productive as they might have been. There is now wide agreement that for a variety of reasons, the potential of a genuinely collaborative future is enormous and perhaps just as important. Failure to embrace this opportunity risks severe damage to both.

The case for change

The case for change is overwhelming and can be seen in what is already being achieved.

The NHS can be at the cutting edge in helping to develop and evaluate new products. If the UK can be at the forefront of well-regulated and robust clinical trials and product tests, effective medicines and devices would become more quickly available here. More clinical trials also attract leading researchers and clinicians from around the world, and this in turn builds the base for more innovation and the chance to be at the forefront of clinical care.

As the life sciences industrial strategy points out, the NHS has '*many potential assets that could be valuably applied in collaboration with industry to improve our understanding of how well therapies work in the real world, which patient populations are most likely to respond to therapeutic interventions and how innovations can be used to change whole pathways of care, ideally reducing cost and improving outcomes*'. This represents a different form of relationship than has existed hitherto, one which tended to be more transactional and was often confined to the promotion of one product over another. If these very different benefits are to be realised we do need a different approach which recognises that the potential to both sides of longer-term relationships, risk sharing, and a mutual realisation that there can be wins all round.

The fact that the NHS across the UK provides universal coverage will be a huge advantage, provided we can capitalise upon it. It offers the prospect of access to defined patient populations with high quality information. It should allow us to embrace a digital revolution which is ushering in the age

1. ABPI, BIA, BIVDA, ABHI, PwC (2017), *The Economic Contribution of the UK Life Sciences Industry.*

of data and is set to be one of the great drivers of improved performance and a key facilitator of innovation.

As such, having a National Health Service gives us a major advantage over many other jurisdictions. By using anonymised health data, it is possible to research innovations and technologies, develop new therapies and improve the way we deliver NHS care. Already we have seen what risk stratification can do in helping to devise new targeted interventions and improve care pathways.

We have seen too through the Getting It Right First Time (GIRFT) programme and other initiatives how powerful data can be in changing clinical behaviour – at every level in our healthcare system data can be used to drive improved performance and increasingly we will have access to real world data. If we can combine this evidence base with the expertise of industry there are enormous possibilities.

The UK already has major national data sources, including the UK BioBank with 500,000 participants and GeL, with more than 100,000 sequenced genomes. GeL was established in July 2013 by the Department of Health and Social Care in England to perform whole genome sequencing analysis on 100,000 participant samples. HDR UK has now formed the Health Data Research Alliance to develop tools to enable the use of health data for English research and innovation, which again should create trust and confidence, and speed up research and innovation. The Personalised Health and Care 2020 strategy for England sets out an ambition to create a digitised health and care system, including a collection of key datasets for research.

"HDR UK has now formed the Health Data Research Alliance to develop tools to enable the use of health data for research and innovation."

Another exciting innovation has been the creation and expansion of the Accelerated Access Collaborative, which brings together the key players from the NHS, research and industry to identify potential innovations and help to support the NHS in England to make best use of them. The new body is set to establish a single point of call for innovators, link up with the needs of clinicians and patients, establish a testing infrastructure, agree a joint funding strategy for health innovation and support the NHS to achieve faster adoption and spread. It will be vital that health organisations and systems feed into this work.

At the same time, it will be important that activity is not confined to the centre or indeed in the usual centres of excellence, vital though they are. The Industrial Strategy's new 'built on trust' philosophy will only be achieved if there is active engagement and commitment from all parties and if it includes clinicians and leaders at a local level across the country.

One of the key catalysts for England will be the 15 Academic Health Science Networks, which have been charged with the task of helping to identify and spread health innovation at pace and scale across the health and care system. These regional networks can act as a bridge between academia, industry and the NHS, supporting researchers and innovators to deliver change and they will be critical in bringing the key players together. Active support and involvement by industry, NHS organisations and health and care systems should make sure they achieve their potential.

A different future

There is a tendency to over or underestimate the pace of change, and often the unexpected can happen. But most observers agree we are entering a period of rapid change. The nature of medicine and healthcare will change, and that technology will not only affect what is available but will change relationships and expectations among all the players, including patients and users of services.

The focus will have to be on how we invest in patient outcomes, adopt and spread innovation in all its forms and thereby increase the overall efficacy and efficiency of the health and care system. The alternative, of course, is a system which looks unaffordable with uncontrolled rising demand and the whole exceeding our willingness to pay, at least from public funds.

But as this report shows, there are opportunities to create a different future; one in which we embrace new technologies which improve patient outcomes and, alongside that, deliver care in different ways that are more targeted and effective. The task must be not only to improve quality of life or extend life especially among the disadvantaged, but also to enable earlier intervention so that more of us can continue to live independently at or closer to home. We can only do that by working together.

> "The focus will have to be on how we invest in patient outcomes, adopt and spread innovation."

What gets in the way?

At the roundtable discussion there was general agreement that there are both 'hard' and 'soft' barriers to effective cross-sector collaboration in England. Tackling the 'soft' barriers was agreed as being particularly critical to making progress.

Hard barriers

Capacity: The system is geared towards dealing with the here and now rather than exploring future models.

Incentivisation: Life sciences are not seen as part of the 'core mission' and can in fact be perceived as being in competition with health policy.

Resource: Collaboration requires sustained resource from both parties, which is often overlooked or underestimated when setting up joint initiatives. This is particularly a problem when the driver for establishing the initiative in the first place is lack of resource within the NHS.

"Service reconfiguration needs investment, but you have to balance books in–year, which limits your ability to invest for the future."

Ability to scale: This is a perennial challenge in the NHS, and not just for cross-sector partnerships. One participant at the roundtable argued that the speed of uptake at scale in the UK is slow when compared with other countries such as China, Brazil and the US. This affects decisions about where companies will place resource for large-scale partnerships. There is a plethora of successful local projects, but few go on to have national impact for a range of reasons – 'not invented here' syndrome, lack of awareness of what has already been done elsewhere, lack of incentives in the system to encourage leaders to 'steal with pride'.

"Only a minority of consultants want to do life sciences research as opposed to exploring their own research interests. It's not perceived as glamorous."

Lack of clarity about the problem we're trying to solve: In establishing cross-sector initiatives, there can be a focus on solving for a pressing 'symptom'– such as lack of resource or expertise – rather than a focus on improving the health and wellbeing of the patient population. It was agreed that projects where industry resource is being brought in to compensate for an internal NHS resource deficit are rarely sustainable.

Soft barriers

Trust: For a variety of reasons, the levels of trust between industry and the NHS were perceived to be variable. Some views are ideological and based on concern that involvement of the private sector will erode the fundamental principles which underpin the NHS. There is also a view among some in the service that organisations which are driven by profit have a different ethos, and that the profit motive may take precedence over patient interest. Other factors impacting trust include 'guilt by association' – single examples of poor practice by a single company are often extrapolated into a generalised mistrust of industry. At the same time, patients do not always recognise the value of industry even though it may be responsible for innovations they depend on such as MRIs, pacemakers and statins.

> "Industry and NHS need to think about working together on things that are visible and matter directly to patients to build trust."

(Mis)perceptions:These included the belief that there is only interest from industry in collaborating to establish proof of concept for novel therapies, rather than using real-world data to bring innovation to everyday services. Participants also reflected that there is generally an assumption that industry is not interested in prevention, whereas industry representatives pointed out that primary and secondary prevention are key drivers for life sciences innovation.

Leadership and culture: There was agreement that successful collaboration is built on an understanding from the outset that both sides need to benefit, and that this needs to be explicit and communicated to staff within the partnership. There were also reflections that the health service could be complex to do business with and accessing decision making was sometimes difficult.

> "There needs to be an unambiguous signal not only of permission but of encouragement from the highest levels of NHS leadership."

Permission: Sometimes it was felt that cross-sector partnership needs to happen 'under the radar', and that NHS leaders could be reluctant to celebrate or communicate success. Some NHS organisations described being actively instructed not to deal with industry by their local leadership. There was acknowledgement that multiple forms of governance exist to support cross-sector partnerships and that these need to be more widely and positively communicated to build confidence in the process of working across sectors. Equally, there needs to be an unambiguous signal not only of permission but of encouragement from the highest levels of NHS leadership.

What is possible? Rising to the challenge

There was consensus at the roundtable of the need to celebrate success and to spread innovation and different ways of working.

Below are a few examples of successful cross-sector collaboration across the NHS that demonstrate the pragmatic adoption of innovation across England and Wales. There are numerous other examples around the country which demonstrate that there is effective joint work underway - the ambition must be to use these collaborations to encourage similar initiatives and stimulate innovation elsewhere.

Some of the examples are targeted clinical interventions, while others organisational and systemic. Nevertheless, the challenge remains to adopt successful approaches, scale them up and diffuse them into other diseases and areas of health need.

1. Holistic person-centred approach to care

England's NHS Long Term Plan, published in January 2019, included a commitment to take a more holistic approach to how care is delivered, embracing technology and shifting the focus to prevention and care in the community. *The Health and Social Care Delivery Plan* in Scotland, *Health and Wellbeing: Delivering Together* in Northern Ireland and *A Healthier Wales: our Plan for Health and Social Care in Wales* articulate the same goal.

CASE STUDY
Tackling metastatic breast cancer in Wales

Issue: Metastatic breast cancer patient numbers and the treatments available to them are rising and many specialist NHS cancer centres are struggling to meet this increasing demand with a holistic personalised care plan for every patient.

Intervention: The Velindre University NHS Trust, who provide specialist cancer services across South and Mid Wales through Velindre Cancer Centre, partnered with Novartis on a two-year joint working project in December 2016 to ensure treatment optimisation for metastatic breast cancer patients. This partnership enabled Velindre NHS University Trust to develop their service and implement a system of stratifying patients into different models of care based on their needs and provided by a non-medical prescriber pharmacist (NMP). It achieved this by establishing oral systemic Anticancer treatment (SACT) dedicated clinics with links to multi-disciplinary care teams across the South East Wales Area.

Results: This project resulted in an average reduction in overall patient waiting times from arrival at hospital to departure with oral SATC medicine of one hour and one minute in NMP-led clinics compared with consultant-led clinics. The learning from this model has also been shared across two other clinics and at a national level with the British Oncology Pharmacy Association.

CASE STUDY
Re-engineering post-myocardial infarction pathways

Issue: Many patients with coronary heart disease and myocardial infarction are on suboptimal secondary prevention therapy, with around 40 per cent not adhering to these lifesaving therapies.

Intervention: AstraZeneca and Leeds Teaching Hospitals NHS Trust collaborated to re-engineer the post-myocardial infarction medicines optimisation pathway. This joint project adopted a patient-centred approach with shared decision-making strategies to provide all who had recently suffered a myocardial infarction with a comprehensive medicines review.

Results: The project enabled over 500 patients to go through a review process and freed up capacity with cardiology outpatient clinics leading to a drop in post-discharge waiting times of over 50 per cent and a reduction in Acute Coronary Syndrome readmissions of around 50 per cent.

2. Scalability

There is acceptance that the potential for the NHS to adopt and scale up innovation is considerable. Greater Manchester is one of the few examples of a new intervention gaining a foothold and being successfully scaled up.

CASE STUDY
The Greater Manchester pharmaceutical industry partnership

Issue: Despite the potential to catalyse pharmacological learning and provide a platform for the development and distribution of high-quality interventions, there remained opportunities for NHS trusts and clinical commissioning groups to engage more with industry to provide improved outcomes for people, address clinical and financial sustainability challenges and routinely play a role in medicines research.

Intervention: In 2017 the pharmaceutical industry signed the UK's first Memorandum of Understanding with Greater Manchester to co-create new models of collaborative working to improve outcomes by optimising use of medicines and develop a 'living lab' to make Manchester a global hub for medical and pharmacological innovation.

Results: This partnership has spurred a 4.4 per cent increase in commercial studies, with 100 per cent of trusts now 'research active.' It has led to 34.5 per cent increase in trial participants in 2017/18 and more effective approaches to collaborative working encompassing programme management and enhanced use of digital products. An ambitious work programme includes optimising medicine for 67,000 chronic obstructive pulmonary disease patients and a mental health outcomes-based pricing programme, taken up by two of the three mental health trusts in Greater Manchester, has been shared nationally via the AHSN Network for potential wider deployment.

3. Patient safety

The focus on patient safety initiatives is and should be a spur to innovation and to bringing new ideas and ways of delivering care. Innovative service interventions have the potential to help provide safer care in a pressurised environment where the likelihood of adverse incidents is more likely.

CASE STUDY
Reducing avoidable harm from medicine

Issue: Avoidable harm from prescription errors endangers patients and incurs significant costs.

Intervention: The Effective Performance Insight for the Future initiative (EPIFFANY) is a training programme between a series of NHS organisations and Pfizer aimed to significantly reduce the risk of prescribing errors amongst junior doctors. It seeks to achieve this by making small changes to the way that doctors are educated about prescribing and seeks to create a safe learning environment in order to boost the confidence of doctors in training to make the right decisions.

Result: Results from the initiative suggested that junior doctors who undertook the training made 50 per cent fewer prescribing errors than a control group who had not received the training- an improvement equivalent to an extra 12 months of clinical experience. The training can also improve the confidence and morale of junior doctors, giving them a stronger sense that they are supported and valued. In the long term, this may improve junior doctor recruitment and retention.

4. The potential of data

Harnessing NHS data has the potential to help transform patient care, the life science and tech sectors and the economy more widely. The NHS differentiates the UK from the rest of the world by providing a unique opportunity to the life sciences sector: 66 million people's data. With appropriate safeguards, access to anonymised patient data offers the potential to support drug discovery, monitoring the effectiveness of treatments, understand the basis of the disease and importantly, support targeted care.

CASE STUDY
Building haematology data assets in Wales

Issue: Data capture for cancer patients in Wales has historically taken place through a system designed for solid tumours rather than haematological diseases. This same system is also ill-equipped for the requirements of quality of life data capture or treatment response leading to wasted resources and ineffective treatment plans for patients.

Intervention: The NHS in Wales, Welsh Government and Janssen forged an agreement to move away from a broad catch-all system to create a personalised data solution for haematological conditions which can critically analyse the outcome data for patients with myeloma and eventually all other haematological malignancies. To achieve this, they have laid out plans to implement such a data solution across the whole of the NHS in Wales.

Result: This data solution will enable NHS Wales to consider the outcomes for approved medicines and to make informed decisions about which treatments and interventions to invest in or stop funding. It will also provide patients with a more honest assessment of what to expect from treatment pathways.

CASE STUDY
Addressing diabetes with population health

Issue: Moving diabetic care from a secondary to primary setting in the context of system working requires the provision of educational support to primary care providers in order to address variation within a system.

Intervention: MSD partnered with Buckinghamshire integrated care system to support the variation that exists in management of diabetes between primary care providers within their integrated care system. To reduce variation and improve care, MSD will run an analysis of practice informatics data to understand their approach to diabetes care. This will allow the system to review their guidelines and implement a change management programme, enabling primary care providers to use this data and the change management programme it informs to improve patient care.

Results: The project will seek to standardise ways of working, produce more cost-effective care through better prescribing and fewer admissions and extend patient access by enabling practices to work at scale.

5. Prevention

The future of health services across the UK will certainly involve a much greater focus on prevention. In England, integrated care systems will have a key role in helping to deliver these programmes and in working with local authorities, the voluntary sector and other local partners to improve population health and tackle the wider determinants of ill health.

The rise and spread of antimicrobial resistance infections are estimated to cause 700,000 deaths each year globally. The case study below illustrates how we can develop different approaches to prevention.

CASE STUDY
Targeting antimicrobial resistance

Issue: Some estimates suggest that increasing levels of antimicrobial resistance (AMR) could cause up to 10 million deaths globally by the year 2050.

Intervention: Along with other ABPI companies, Pfizer has begun working with partners across the health sector to develop a new reimbursement model to incentivize the development of new anti-infectives and encouraging public education about the issues around AMR.

Results: Pfizer has initiated a national campaign aimed at teachers of primary school children designed to provide compelling materials with which they can deliver lessons about antibiotics, antibiotic resistance, the role of vaccines and personal hygiene.

CASE STUDY
Improving care of patients with atrial fibrillation (AF) requiring anticoagulation

Issue: 1.4 million people in England have AF and 425,000 are undiagnosed. Fifty per cent of patients with AF were not receiving stroke prevention medication.

Intervention: Bayer staff were seconded to support the West of England AHSN to establish a quality improvement programme. This programme helped upskill GP practices in the management of stroke prevention for patients with AF. The project produced a number of tools to help both physicians and patients underpinned by a website to help other health economies replicate the project.

Results: Fifty-one practices underwent a quality improvement programme which left a lasting legacy by upskilling the members of the primary care team in managing the anticoagulation of AF patients. An estimated 21 AF-related strokes were prevented. Additionally, there was an increase in the documented prevalence of AF and an increase in the numbers of patients being anticoagulated to prevent stroke. This project has since been spread across the AHSN network nationally.

Recommendations and call to action

The roundtable made several initial recommendations that will form the basis of further discussions:

Leadership and culture

- There needs to be a clear signal from the most senior levels of NHS leadership to give the system permission to engage with the life sciences industry and this will have to be a key component if we are to deliver transformed services.
- Existing governance on conflicts of interest, transparency and codes of conduct is comprehensive and robust, but needs to be presented more positively as an enabler of cross-sector working rather than a series of obstacles to be overcome.
- The single payer system is a distinguishing benefit of the NHS. However, we need to achieve faster decision making if we are to secure a competitive edge over other countries.
- There needs to be a greater connection between innovation and research on the one hand, and policies and approaches to care redesign on the other. Too often they are seen as separate endeavors.

Building trust

- The best way to build trust is to work with the willing to break down barriers between industry and the NHS and challenge misperceptions – one successful project, communicated with shared pride, will do more to convert skeptics than any amount of rhetoric. To enable this, successes must be celebrated jointly and not kept under the radar.
- There should be an active drive to 'cross-pollinate' the boards of industry and NHS organisations. The traffic is currently infrequent and one-way, with too few NHS executives on boards of industry, which is resulting in missed learning opportunities.

Planning for success

- The most effective cross-sector partnerships arise from shared passions, with business cases built on delivering patient and system benefits rather than administering a 'quick fix' in-year. Companies and NHS organisations need to be more challenging of themselves and each other as to whether their plans to work together meet these standards.
- The focus of partnership needs to be more about the whole person and less about 'linear pathways and/or body parts'. Patients are often on multiple complex pathways. A more holistic approach is needed to meet the needs of an ageing population, with increasing co-morbidities and complex needs.
- NHS organisations need to be clear about articulating health challenges in a way that enables industry to respond with solutions that will work. These challenges should include prevention, where the life sciences industry has a high level of interest in the same goals. The AHSNs have a key role to play in this process and can also help triage proposed industry solutions.
- For maximum 'UK plc' impact, industry and the NHS should seek to partner where there is a strong asset base (for example Biobank) and high health need. Ambitious targets should be set – for example, gene sequencing every cancer patient. The National Institute of Health Research (NIHR) has a key part to play in identifying areas of greatest potential national benefit, as well as in providing research support and leadership.

- Participants agreed that 'every system gets what it measures' and that system levers consequently need to be aligned to stimulate cross-sector working, build the UK life sciences asset base and improve patient outcomes.
- Economic alignment is key. Expecting returns on collaboration in-year is not helpful. Equally, efficiency gains need to be realisable.

Scaling

- We must continue to strive for better ways of scaling up innovation and spreading good practice more quickly. This should be the focus of further work and build on existing programmes, such as RightCare and Getting It Right First Time in England. It should also be viewed in the context of the enhanced role of the AHSN network in delivering Accelerated Access Collaborative commitments in England.

Acknowledgements

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About the NHS Confederation and The ABPI

The NHS Confederation is the membership body that brings together and speaks on behalf of all organisations that plan, commission and provide NHS services.

Our members are drawn from every part of the health and care system and join over 560 organisations connected to the NHS Confederation.

We have three roles:

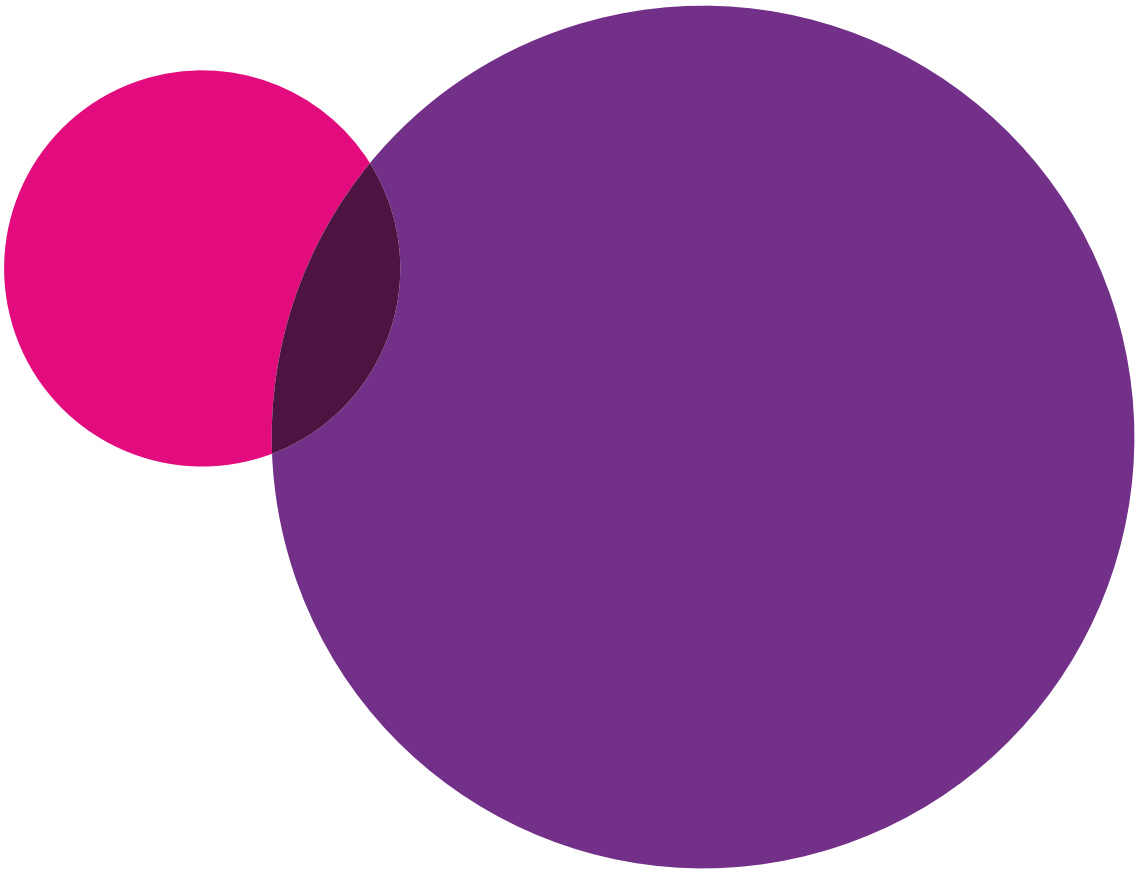
- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- to support our members to continually improve care for patients and the public.

All our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.

The Association of the British Pharmaceutical Industry (ABPI) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in the UK. We represent companies who supply more than 80 per cent of the value of all branded medicines used by the NHS and who are researching and developing the majority of the current medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome diseases.

Globally our industry is researching and developing more than 7,000 new medicines.

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.



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