

The Association of the British Pharmaceutical Industry (ABPI)

and

The Academic Health Science Network (AHSN)

2018 - 2023 Partnership Agreement

1. Purpose of this Agreement

1.1 To establish a formal partnership under which the ABPI and the AHSN Network will work together on areas of shared interest throughout the new AHSN licence period. Through this partnership, both parties will work to identify and implement reliable mechanisms to introduce and disseminate transformative innovations into the NHS.

2. Background and opportunity

2.1 The ABPI and its members contributed extensively to the development of the 2017 Life Sciences Industrial Strategy, and fully endorses the report's emphasis on the NHS as a unique asset for life sciences. The subsequent Sector Deal and the formation of the Accelerated Access Collaborative represent further signals that the potential for UK life sciences is now being accorded unprecedented emphasis.

2.2 Realising the opportunity will depend on stakeholders collaborating more effectively than in the past to simplify market access, optimise NHS health data potential and address the long-standing challenge of slow and variable adoption of innovation. The prize for success will be a virtuous circle that delivers significant health and economic benefits to the UK from a thriving life sciences ecosystem.

2.3 The AHSN Network comprises the 15 Academic Health Science Networks (AHSNs) that collectively cover all of England. The Network works with the NHS, Office for Life Sciences, higher education, local government and industry organisations to spread innovation, improve health and generate economic growth. The AHSN Network is committed to creating the right environment for industry to work with the health and social care system and the establishment of the Innovation Exchange model, commissioned by the Office for Life Sciences, provides a step change opportunity to re-engineer a more effective industry interface. This includes the development of services for companies that will enable companies to benefit from a consistent offering whichever AHSN they interact with and in turn the NHS will benefit from better identification of products and services that can benefit patients and the health system as well as sign posting to relevant agencies and programmes where not directly provided by AHSNs.

2.4 The ABPI sees the AHSN Network as a key partner in achieving these goals at both national and regional level. Building on our long-standing and positive relationship, we therefore now propose a more formal, five-year partnership, whereby nominated senior ABPI and member company executives will work on shared goals with the AHSN Network leadership and implementation structures.

2.5 The objective of doing so will be to deliver nationally scalable outputs that result in a step change in the pace and consistency of adoption of evidence-based innovative medicines and associated technologies.

3. Partnership agreement between ABPI and AHSN Network – Key Elements

3.1 The partnership will involve the creation of a plan setting out goals, activities and governance processes for the duration of the partnership. To include:

3.1.1 The establishment of a steering group from both organisations to provide direction and oversight of agreed work programmes. The programmes (Innovation National Networks or INNs) currently envisaged as having most potential for industry contribution are:

- Innovation & Economic Growth / Innovation Exchange
- Digital & Artificial Intelligence
- Research
- Medicines Optimisation
- Genomics & Diagnostics

3.1.2 Creation of a 'Portal' process, whereby AHSNs and ABPI members can invite expressions of interest for progressing existing and future projects with the potential for national scalability

3.1.3 Detailed governance arrangements and time periods for review

4. Benefits

4.1 The partnership approach has already proved effective at both a regional level (the February 2017 Greater Manchester Memorandum of Understanding) and at a disease-specific level (see Appendix 1 – the December 2017 Diabetes Priority Delivery Workstream). In both these cases, while there was significant interest in and goodwill towards collaboration, both industry and NHS stakeholders had previously been frustrated by the time taken to agree individual collaborations, the difficulty in maintaining momentum, and the challenge of aligning system needs with industry offers.

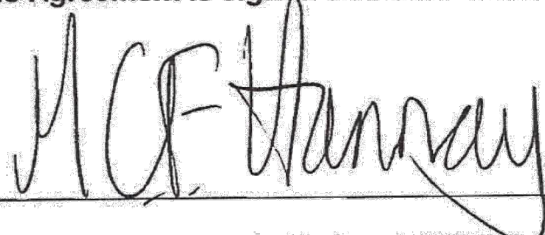
4.2 In its first year of operation, the Manchester MoU resulted in progression of three substantial projects in the fields of Hep C, cancer and cardiovascular disease. All of these marry health system needs with industry offers and enhance the Greater Manchester health data capability.

4.3 In Diabetes, a joint industry/NHS clinical director team is now focused on progressing only those joint initiatives that address the NHS England national diabetes strategy goals.

4.4 Adoption of a similar process between ABPI and the AHSN network will ensure that collaboration is focused on where it can add most value in delivering accelerated and consisted adoption of evidence-based innovation.

5. Signatories

This Agreement is signed on behalf of the AHSN Network by:



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Dr Mike Hannay, Chair, National AHSN Network

Date: 7TH AUGUST 2018



A handwritten signature in black ink, appearing to read "Colette Goldrick", written over a horizontal line.

Colette Goldrick, ABPI NHS Engagement Director

Date: 10TH August 2018

Appendix 1 – Diabetes Priority Delivery Workstream Agreement



Diabetes Priority Delivery Workstream Agreement and Terms of Reference December 2017

1. Purpose

1.1 NHS England and the Association of the British Pharmaceutical Industry (ABPI) will convene a Diabetes Priority Delivery Workstream to address the national priorities for diabetes outcomes set out by NHS England in December 2016, which are aimed at improving outcomes for people with both Type 1 and Type 2 diabetes and those at risk of developing Type 2 Diabetes, namely:

- 1.1.1 Improving the uptake of structured education for people with diabetes
- 1.1.2 Improving the achievement of NICE-recommended treatment targets
- 1.1.3 New or expanded multi-disciplinary foot care teams (MDFTs)
- 1.1.4 New or expanded diabetes inpatient specialist nursing services (DISNs)
- 1.1.5 Identification of patients at risk of developing Type 2 diabetes

2. Approach

- 2.1 The Priority delivery workstream will provide a joint forum for regular, ongoing interaction between industry and NHS stakeholders to support achievement of the outcome improvement goals set out in 1.1 above. The Joint Forum will meet at least two times per year. We anticipate that over time, this forum will enable identification of mutual areas of interest improve diabetes outcomes.
- 2.2 To facilitate such collaboration, and to provide an objective assessment regarding clinical appropriateness, patient safety and scalability, Academic Health Science Networks and other NHS organisations are invited to discuss proposed collaborations originating from industry with the NHS England National Clinical Directorate for Obesity and Diabetes.
- 2.3 ABPI will establish a **Conduit Process** for collaborative proposals to improve diabetes outcomes originating from NHS organisations in England. The process will ensure that these proposals are swiftly, fairly and transparently disseminated to member companies with an interest in diabetes in the form of 'Invitations to Respond'. This process will not impact upon the existing Contracts Finder process but will rather serve as a mechanism for NHS organisations to assess rapidly whether there is industry interest in developing collaborative initiatives at a formative stage.

3. Rationale for the Diabetes Priority Delivery Workstream

3.1 NHS England and ABPI acknowledge and fully support the wide range of legal and governance requirements that already exist to guide interaction between industry and the NHS. These include:

- 3.1.1 NHS Procurement Guide for Commissioners of NHS-funded Services
- 3.1.2 UK and EU Competition Law
- 3.1.3 NHS England Conflicts of Interest Guidance
- 3.1.4 ABPI Competition Law Guidance
- 3.1.5 PMCPA Code of Practice
- 3.1.6 ABPI / DH Guide to Joint Working
- 3.1.7 ABPI Disclosure UK Process

3.2 The joint forum created through the establishment of a Diabetes Priority Delivery Workstream will enable timely progression of innovative agreements that benefit patients in the form of improved outcomes, greater efficiencies and appropriate adoption of evidence-based innovation and to provide a clear process for NHS organisations and pharmaceutical companies seeking to develop innovative collaborations.

4. Principles

4.1 All parties seek to deliver measurable improvements in outcomes through effective, trusted partnerships, which will support the adoption of innovation and the most efficient use of public money.

4.2 Collaborations arising from this Diabetes Framework Agreement, whether national, regional or local, will be in accordance with the following principles:

4.2.1 Rigour – partnership work will be evidence-based and underpinned with effective and transparent governance to ensure collaborations have a firm foundation.

4.2.2 Ambition – a shared goal of transforming diabetes outcomes in England by delivering first class medicines optimisation, driving evidence-based innovation into practice and generating evidence of the impact of innovation on patient outcomes.

4.2.3 Transparency – All proceedings undertaken under this Diabetes Framework Agreement, and the results of all initiatives and collaborations, will be published when complete, subject to respecting commercial in confidence information.

4.2.4 Fairness – Initiatives undertaken under the Diabetes Framework Agreement will be conducted with equality of opportunity and access to all participants, companies and organisations.

5. Potential Areas for Collaboration

5.1 A number of potential areas for collaboration have been identified, which the Priority Delivery Workstream may wish to explore further:

- 5.1.1 Patients' experience of their diabetes treatment and care;
- 5.1.2 The development of a holistic approach to care for people with T2 diabetes with lifestyle and diet;
- 5.1.3 Support for general practice to deliver improved patient outcomes.
- 5.1.4 Medicines optimisation and the role that medicines play in improving diabetes outcomes□
- 5.1.5 Healthcare professional education, training and competency.
- 5.1.6 Options for shifting the treatment paradigm to early intervention and optimising treatment to reduce the time between diabetes onset and establishment of good glycaemic control
- 5.1.7 Workforce roles and the use of PAMs in diabetes clinical pathways

6. Governance

6.1 Dr Partha Kar, Assistant Clinical Director, Obesity and Diabetes NHS England and Colette Goldrick, NHS Engagement Director ABPI, will jointly oversee the establishment of a Diabetes Priority Delivery Workstream.

6.2 Membership of the Workstream will include:

- 6.2.1 Representatives from NHS England Diabetes Programme team;
- 6.2.2 Academic Health Science Networks (which will all be invited to attend);
- 6.2.3 Local NHS commissioning organisations; and
- 6.2.4 Industry representatives.

6.3 The Workstream will work flexibly through face-to-face and virtual meetings to maintain momentum.

7. Confidentiality and information governance

7.1 In the course of operation of the **Portal Process** and the **Conduit Process**, information may be shared which is commercial in confidence. All members of the Diabetes Priority Delivery Workstream undertake to respect this and not to share beyond necessary parties. All parties acknowledge that antitrust regulations must be respected in relation to the sharing of information between commercial organisations and other industry parties.

Review period

Diabetes Framework Agreement to be reviewed annually.

Next review date December 2018

Signed on behalf of NHS England

Dr Partha Kar, Associate National Clinical Director for Diabetes, NHS England

Signed on behalf of ABPI

Colette Goldrick, NHS Engagement Director, ABPI

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