Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 95

Organisation name: Lilly UK

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Sir David Nicholson KCB CBE  
NHS Chief Executive Innovation Review Team  
Department of Health  
Room 2N16  
Quarry House  
Quarry Hill  
Leeds, LS2 7UE  

25th August 2011

Dear Sir David,

NHS Chief Executive Innovation Review

Lilly UK is the UK Affiliate of Eli Lilly and Company. Lilly welcomes the opportunity to respond to the NHS Chief Executive’s Innovation Review. This response supports and reinforces the response submitted by the Association of British Pharmaceutical Industry (ABPI).

Innovation is key to the future sustainability of the NHS. By empowering patients, clinicians and managers to adopt and disseminate innovation into the NHS the system will benefit from improved outcomes and more cost-efficient services.

The pharmaceutical industry has a role to play in helping the NHS achieve its goals of diffusing innovation more swiftly around the system. Medicines can be a system enabler, thereby helping the NHS achieve its QIPP objectives, for example, by developing orals rather than infusion therapies or developing products that can safely be used in primary care without the need for secondary referrals. This enables resources - such as staff time - to be released for other activities. Similarly, there is significant potential for future medicines development; a study by the Alzheimer’s Association in the United States found that if a medicine was developed that delayed the onset of Alzheimer’s Disease by five years, it could save $447bn per year by 2050 in America alone.¹

Barriers to the diffusion of innovation are multifactorial, and include an inherent conservatism amongst clinicians, limited participation in clinical research in the NHS and barriers to access and uptake at a local level. We welcome the Government’s recent commitment to driving an increase in clinical research undertaken in the NHS – through the new health research regulatory agency and a streamlined NIHR – but believe for this to be

effective it needs to be supported by leadership from the top of the NHS. Greater participation in clinical trials is an important lever in diffusing innovation throughout the NHS, as clinicians become familiar with new therapies during the clinical trial process, and are more willing to use them after launch.

Currently in the UK there remain significant barriers to access and uptake of innovative medicines. Despite new and innovative medicines being a key element of many clinical pathways, evidence suggests that uptake of new medicines is slow; the UK is ranked 8th out of 14 countries studied in terms of overall uptake of new medicines. This is partially as a result of barriers at a local level as increasing numbers of local health economies are establishing mechanisms - including medicines review committees and formularies - which result in prescribing constraints. Lilly has experience of these local barriers in a number of cases including;

Effient® (prasugrel) - This medicine is recommended for use by NICE to prevent atherothrombotic events in patients with acute coronary syndrome. Despite this recommendation, there remains patchy implementation of NICE guidance, with only 45 per cent of patients with Segment Elevated Myocardial Infarction (STEMI), 21 per cent of patients with diabetes and 32 per cent of patients with Stent Thrombosis having access to prasugrel at primary percutaneous coronary intervention centres in England and Wales. This is in locations where the NICE recommendation is included on local protocols. This results in significant numbers of patients who would benefit from receiving treatment in line with the NICE recommendation not having access.

Forsteo® (teriparatide) – There is independent evidence of significant ‘postcode lottery’ in the prescribing of teriparatide for the treatment of some forms of osteoporosis. NICE guidance recommends the medicine as an alternative treatment option for the secondary prevention of osteoporotic fragility fractures in postmenopausal women who are intolerant to other treatment options, have a contraindication or who have had an unsatisfactory response to other treatments. A recent independent study concluded there is a “substantial geographic variation in the rate of teriparatide prescription between regions...findings suggest these differences reflect differential fund allocation for specific treatment, so called post-code prescribing”.

It is imperative that these barriers are removed, in order for clinicians to have the freedom to prescribe any medicine they believe could benefit a patient and which has been deemed cost-effective by NICE.

Lilly shares the NHS objective of ensuring the right medicine reaches the right patient at the right time and in the most appropriate location and we are concerned by the recent data which shows £300m of medicine from the NHS is wasted every year. The pharmaceutical industry can assist in ensuring medicines are used appropriately and can support Trusts in disseminating innovation. There are already numerous examples of best practice in this area, and Lilly have participated in a number of partnerships with Trusts. Details of all of these partnerships can be found at www.lilly.co.uk/our-responsibilities/joint-working and a summary of one of these partnerships with Darwen Care Trust Plus can be found in Annex A. In essence, these partnerships enable inter-organisational working to streamline clinical

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2 NICE TA182
3 NICE TA161
4 Abhishek et al. ‘Prescription of teriparatide in the UK – a nationwide register study from 2004 to 2008’.
Pharmacoeconomics and drug safety [2011]
5 http://www.dh.gov.uk/health/tag/medicine-wastage/
pathways, develop staff skills and improve patient knowledge, experience and outcomes. Whilst still in their early stages, such partnerships have the potential to deliver cost-efficiencies and improve patient outcomes.

However for such joint working to become commonplace and there to be swift uptake of innovative medicines for UK patients the following actions need to be taken to remove barriers and promote relationship building between the industry and healthcare trusts:

**Automatic inclusion on formulary for NICE approved medicines** – As described above, there are increasing barriers to uptake established by local health economies. This results in significant postcode prescribing. By adopting automatic inclusion on formulary for NICE approved medicines clinicians would be able to prescribe innovative medicines for eligible patients as soon as the NICE process has concluded, thereby improving uptake.

**NICE Implementation Guidance** – When a medicine receives approval from NICE it is not always clear to Trusts what changes they may be required to make in order to ensure uptake amongst clinicians is swift and consistent. NICE does issue ‘implementation templates’ which could be upgraded to a larger package of information, including recommendations around pathway redesign, information on budget impacts and potential alterations to incentives and metrics. Progress towards implementation objectives could then be monitored by the National Prescribing Centre, and Trusts could be informed if they are failing to implement guidance appropriately.

**Clinical Pathways** – Streamlining clinical pathways by breaking down the barriers between different elements of care is essential to meet the aspiration of £20bn of efficient savings over three years. As highlighted above, the pharmaceutical industry could have an important role to play in achieving these aims, as adoption of innovative medicines can enable streamlining of pathways, improving outcomes and releasing resources. As members of the ABPI we support their call for the pharmaceutical industry to work in partnership with the National Commissioning Board to redesign patient pathways to incorporate innovation.

**Removal of local bans on engaging with industry** – Some Trusts place restrictions on industry interaction with employees. As described above the pharmaceutical industry can have an important role in shaping clinical pathways, which requires greater joint working and collaboration at a local level which such blanket bans prevent. We urge the NHS Chief Executive to recognise the value that collaboration with industry can bring and consider providing guidance to Trusts on best practice in collaboration.

**Budget Cycles** – The current process of budget allocation within the NHS does not encourage investment in innovation. Silo budgets and annual cycles disincentivise investment in new technology or novel treatments by forcing budget holders to focus on the short-term rather than consider potential long-term investments. There needs to be better medicines expenditure forecasting to allow budget holders to prepare for innovation and invest where necessary.

There are likely be significant changes to the pricing and reimbursement structure under the proposals for value-based pricing. It is important that any changes under this new structure do not add any further barriers to access and uptake, either nationally or locally and do not limit the ability of pharmaceutical companies to work in partnership with NHS organisations.
Lilly recognise the importance of innovation to the NHS, and welcome the opportunity to contribute to this consultation. We very much hope that this consultation can be part of an ongoing dialogue, and would welcome the opportunity to work with the review team to build the evidence base around innovation for the impact assessment and beyond. In particular, Lilly would be delighted to assist in determining ways in which industry-NHS partnerships can be valued. If you would like any further information or if Lilly can be of assistance with this review in any way please do not hesitate to contact me on ascroft_richard@lilly.com.

Yours sincerely,

Richard ASCROFT RPharm, JD
Director, Corporate Affairs
Senior Director, Eli Lilly and Company

About Lilly UK

Lilly UK is the UK Affiliate of Eli Lilly and Company; a major US bio-pharmaceutical company. Lilly has been operating in the UK since 1934 and now employs approximately 1400 people in the UK working across three sites; a sales and marketing operation in Basingstoke, a R&D base in Windlesham in Surrey and a bio-tech manufacturing facility in Liverpool. We provide treatments for diabetes, cancer, schizophrenia, severe sepsis, bipolar disorder, depression, attention deficit hyperactivity disorder, osteoporosis, erectile dysfunction and cardiovascular disease.
Annex A

This is the executive summary of the joint working agreement between Lilly UK and Blackburn with Darwen Care Trust Plus. This agreement lasts from 1st January 2011 until 1st July 2012.

The project, Diabetes Redesign of Services - Transforming Community Services within BwD CTP aims to develop the skills and competencies of staff in primary and community care to meet the challenge of Transforming Community Services. Utilising skills and expertise from within the pharmaceutical industry combined with the CTPs local knowledge of the community in Blackburn with Darwen and how to deliver services on a neighbourhood basis.

Outcomes of this project are to:

- To improve prevention of Diabetes through a multidisciplinary and multi-agency approach.
- To support the provision of Diabetes management to more people in primary care/community settings - to be delivered by appropriately trained and competent staff. This is an essential pre-requisite for the required shift towards primary/community care.
- Ensuring staff are able to offer support throughout the patient care pathway and through implementation of personalised care planning.
- Promoting shared health and social care information, thus ensuring smooth transition for service users across organisational/professional boundaries and also supporting care providers in the delivery of holistic care.
- To enable and empower general practices through multi-disciplinary working to provide services for service users with Diabetes in accordance with local and national guidance.
- To focus on common multi-agency training and education programmes to support staff in the extension of their skills and knowledge to take on new roles and responsibilities and ‘work in different ways’ to provide a high quality patient-focused service which meets the needs of the local communities and is patient centred.

Patients within Pennine Lancashire will see an improved quality of care provided by staff who are appropriately trained and qualified in Diabetes.

The benefits to patients include:

- Improve prevention and treatment of Diabetes through a quality multidisciplinary and multi-agency approach.
- A delivery of care closer to home.
- The provision of individualised care plans.

By undertaking a joint project with the pharmaceutical industry, the CTP is gaining the benefit of experience and skills in these disease specific areas and also developing relationships and mutual respect through partnership working. This knowledge will be filtered to primary and staff for the benefit of patients locally and will ultimately prevent hospital admission/ re-admission. This approach will provide substantial cost savings for the CTP in the future. The benefits of joint working include achieving desired outcomes sooner and, hopefully, more effectively by sharing complimentary skills.

Benefits to the NHS include:

- Focus on common multi-agency training and education programmes to support staff in the extension of their skills and knowledge to take on new roles and
responsibilities and 'work in different ways' to provide a high quality patient-focused service which meets the needs of the local communities and is patient centred.

- Support the provision of Diabetes management to more people in primary care/community settings and will be delivered by appropriately trained staff.
- Ensure staff offer support throughout the patient care pathway and through implementation of personalised care planning.
- Enable and empower general practices through multi-disciplinary working to provide services for service users with Diabetes in accordance with local and national guidance.
- Reduce hospital readmission rates in line with the new Diabetes care pathways.
- Deliver consistency and sustainability across disciplines and localities.

Benefits for the Pharmaceutical companies include;

- The experience and relationships gained from working with the NHS to help shape and deliver the project via membership of a steering group.
- The industry can be seen as a credible supporter of NHS/CTP strategy and can demonstrate value to the CTP and share best practice with others.
- The appropriate use of medicines and in some cases increasing access to medication for the patient.
- Faster NHS implementation of policy which may be relevant to the company's business
- Improving compliance through access to better information for patients about their condition and the medicines to treat it.

The success of this project will be measured against a baseline data set gathered at 1-1 meetings between contributing GP/sPN's and the Joint Working Group.

A needs analysis will be undertaken based on a series of questions around the Diabetes service currently in place. Each practice will develop, in conjunction with the Joint Working group, a Practice action plan.

Other clinical and referral data will be provided by Health Interrogation tools. Baseline data will be reviewed every 3 months and will include:

- Hospital admissions
- Referrals to tier 2
- Referrals to hospital service
- Average Hba1c
- Number of patients with annual review
- Percentage of patients with personal care plan

The Commissioning team will review data with the practices at 3 monthly intervals.

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