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

Respondent ID: 194

Organisation name: Roche

Type of response: Document
Roche Submission to the NHS Chief Executive Innovation Review

Roche is a leading manufacturer of innovative medicines, including in oncology, rheumatology and virology. We collaborate closely with organisations working to improve the quality and efficiency of NHS services, including the Department of Health (DH) and the National Institute for Health and Clinical Excellence (NICE), as well as patient and professional organisations, NHS commissioners and providers of care.

Roche aims to improve people's health and quality of life with innovative products and services for the early detection, prevention, diagnosis and treatment of disease. Part of one of the world’s leading healthcare groups, Roche in the UK employs nearly 2,000 people in pharmaceuticals and diagnostics. Globally Roche is the leader in diagnostics, and a major supplier of medicines for the treatment of cancer, transplantation, virology, bone and rheumatology, obesity and renal anaemia.

We welcome the opportunity to contribute evidence to the NHS Innovation Review and share our views on the current local and national barriers to the uptake and diffusion of new ideas, techniques and technology, as well as recent examples of successful projects the company has undertaken or been involved in that demonstrate how these challenges can be overcome.

The 2009 Pharmaceutical Price Regulation Scheme (PPRS) agreement highlighted that 'innovation is only sustainable if innovative products are made available to NHS patients' and recognised that the uptake of innovative medicines deemed clinically and cost effective was frequently lower and slower than in comparable national health economies. A number of commitments were agreed to by the Department of Health and industry intended to identify and address barriers to the dissemination of innovation throughout the NHS. In particular, it was agreed that the adoption and spread of innovation needed to be supported by “benchmarking and monitoring to achieve sustained change” given that ‘exposure of variation is a powerful driver of change, particularly where NICE can provide benchmarks of successful implementation”.

The following high level actions were agreed:

- **horizon scanning**: a single, unified horizon scanning process to identify new technologies in development.
- **domestic/national metrics**: benchmarking and monitoring the use of new technologies across the NHS to measure how innovation spreads through the NHS and where barriers might exist
- **international comparisons**: the definition and publication of measures that allow comparison of the uptake of all new medicines within comparative national health economies

Whilst it is clear that progress has been made in each of these areas, a significant amount of work is still required on the part of both industry and the Department to develop a clear evidence base to establish the following:

- how innovation can be more consistently spread throughout the NHS
- what an appropriate level of uptake might look like
- where efficiencies might be found by improving the uptake of cost-effective medicines
- where inappropriately high levels of prescribing exist and how that might be addressed
Barriers to innovation

Before considering how innovation can better be spread, it is necessary to understand what barriers currently exist. In this sense, the findings of *Extent and causes of international variations in drug usage* provides a useful starting point. The report identified three key explanations for why an innovation may or may not spread:

1. **Reimbursement** – whether a drug is routinely funded on the NHS is a key determinant of whether its use is widespread. This is most clearly seen in the uptake of newer cancer drugs. The introduction of the Cancer Drugs Fund demonstrates that it is possible to introduce pragmatic, clinically-owned mechanisms to address this problem.

   Roche notes that value-based pricing is outside the scope of this review. Nonetheless, there are some initiatives being considered as part of value-based pricing, such as drug registries, which could also be applicable to assessing and encouraging the appropriate spread of innovation. The mechanism for assessing cost effectiveness and reimbursement should not entirely detached from subsequent mechanisms for encouraging uptake, as price is inherently linked to volume of uptake. Given this, the Innovation Review might wish to consider the links between pricing and adoption, as well as what measures could be introduced to support both.

2. **System issues** – issues such as capacity or service organisation can also determine whether an innovation spreads, even when clear guidance and reimbursement mechanisms exist.

3. **Clinical culture** – the extent to which clinicians believe in the efficacy and cost effectiveness of an innovation in a particular group of patients will go a long way towards determining its spread. There is some evidence that clinicians in England can be more risk averse and therefore may be less likely to adopt innovative practices. An example of this is the attitude of English cancer clinicians towards the treatment of older patients, where approaches to treatment are often less aggressive. This contributes directly to poorer outcomes. It is important to note that clinical culture is shaped by a variety of factors, including reimbursement and local system issues. For example, clinicians may adopt a less restrictive attitude towards a treatment in private practice than they would do in the NHS. In this sense, clinical culture cannot be treated as an isolated barrier.

The table below shows the different level of prescribing for Avastin, a cancer medicine not normally funded on the NHS – now funded via the Cancer Drugs Fund – in an NHS and a private setting: clinicians prescribing in the private setting are much more likely to prescribe in line with international clinical practice.

<table>
<thead>
<tr>
<th></th>
<th>Avastin for colorectal cancer 1st line</th>
<th>Avastin for colorectal cancer 2nd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>43%</td>
<td>41%</td>
</tr>
<tr>
<td>NHS</td>
<td>14%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Roche’s response focuses on the second barrier – system issues – as we believe this is the area where the Innovation Review can have most impact.
1. What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

Roche has worked closely with the DH, NICE and the NHS Information Centre (NHSIC) to deliver on the commitment to produce comparative metrics on the spread of innovation within the NHS and internationally. Roche currently contributes to the work of the NHSIC on the annual publication of *Use of NICE appraised medicines in the NHS* in England, and to the NHS Life Sciences Delivery Board’s work on the use of metrics to encourage the diffusion of innovation. Additionally, Roche has a strong heritage in collecting and analysing data on the usage of medicines to support the development of public policy. We were asked to support Professor Sir Mike Richards’ international variations project by co-chairing the project steering group. Although the initiation of these ongoing exercises represents a positive development, we remain concerned by the continued lack of data on the uptake of new medicines and that the pace of progress in this area needs to be increased.

We are committed to improving the transparency of prescribing data and the contextualisation of prescribing behaviour within a national and international context. This will provide a robust evidence base upon which the NHS can base future policy on the spread of innovation, as well as a useful tool for clinicians, commissioners and patients to make informed treatment choices.

Improving the availability of broader and deeper prescribing datasets will provide an opportunity to begin experimenting with different definitions of value and methods of value measurement in advance of the introduction of value-based pricing in 2014. Given the guidance from the DH on the operation of the Cancer Drugs Fund (CDF), which emphasised the importance of recording usage, expenditure and outcomes, there might also be an opportunity to gather real-world outcomes data on innovative, high unit-cost cancer medicines to support their consistent uptake across the NHS where appropriate.

We support the general principles of the Government’s ‘information revolution’ in the NHS and await publication of the delayed *Information Strategy*. Nonetheless, we have concerns regarding the pace at which this information is becoming available and the limited breadth of treatment pathways for which robust information currently exists. The data available remains patchy, and without focussed and sustained activity, the opportunity may be missed to produce a clear and detailed picture of how innovative medicines are used throughout the NHS to support the development of a value-based pricing scheme.

By making information transparent and available, experts in their field can work together to interpret this intelligence and develop meaningful interventions to drive the diffusion of innovation and service change. This approach will be enabled by wider initiatives such as those disclosed in the Prime Minister’s letter to Cabinet Ministers earlier this month which recognised “that transparency and open data can be a powerful tool to help reform public services, foster innovation and empower citizens.” It included a commitment to publish clinical audit data, detailing the “performance of publicly funded clinical teams in treating key healthcare conditions”, from April 2012. This service will be piloted in December 2011 using data from the latest National Lung Cancer Audit, commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

National clinical audits encourage scrutiny of variations in practice as well as identifying the critical elements of high quality care. There is also some evidence that the collection and publication of comparative data encourages improvements in clinical practice, with clinicians responding to peer benchmarking.
Recommendations:

- Further work should be undertaken to explore the reasons for both international and domestic variations in the uptake of innovative technologies. This work should build on the explanations offered in *Extent and causes of international variations in drug usage* and adopt a ‘high resolution’ approach to investigating these in detail.

- A working group should be established on how data on the uptake of innovative medicines could be used to inform the development and measurement of NICE quality standards. This should include scope for using international benchmarks for usage for those therapy areas, such as hepatitis C, where UK clinical practice is out of step with that elsewhere.

2. What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

The role of national bodies should be to:

- Highlight unwarranted variations in the quality and efficiency of care and to hold commissioners accountable
- Identify examples of innovation, both nationally and internationally, which can improve patient care or realise efficiencies
- Champion and spread good practice
- Provide a gateway for manufacturers to work in partnership with NHS bodies in supporting innovative service redesign
- Design levers and incentives to encourage the appropriate spread of innovation

There is a role for manufacturers to play in supporting this process. For example, the use of data is an area in which some manufacturers have a particular expertise. For example Roche has worked with the NHS to:

- **Design quality metrics to enable commissioners, patients and providers to assess the performance of rheumatoid arthritis services.** Roche facilitated a multidisciplinary team involving representatives from the DH, NHS commissioners, providers and patient organisations to agree and implement metrics to improve the management of RA. The group developed four commissioning metrics based upon key proxy outcomes representing good practice contained within NICE clinical guideline 79 on the management of rheumatoid arthritis. A number of RA centres across the UK have already incorporated them within their routine data capture processes, and selected metrics have been incorporated as CQUINS to further incentivise diffusion of innovative interventions and best practice pathways.

- **Costing patient pathways.** Working with North East London Cancer Network, North West London Cancer Network and National Cancer Action Team, Roche has developed a population based predictive price model for breast cancer. This work is currently being
replicated in lung cancer. The costed pathway project is now being utilised by the London Cancer Review Implementation Programme (a collaboration of the London cancer networks and the London Health Programmes) to develop London pathway tariffs for breast cancer. The breast cancer pathway tariff is due to be implemented from April 2012, possibly in shadow form for the financial year 2012/13, in order to assess the financial consequences to both providers and commissioners of the introduction of pathway tariffs.

- **C-PORT.** Roche provided support to train four health professionals to work as facilitators for C-PORT, a capacity planning simulator for chemotherapy services which has been developed as partnership project between the NHS and industry. Effective capacity planning is critical to enabling innovative technologies to be introduced and spread in a high quality, efficient and safe manner. The partnership has resulted in the successful implementation of CPORT in more than half the trusts in England.

It should be the role of the NHS Commissioning Board to encourage the sustainability and consistent, widespread adoption of such initiatives.

**Recommendations:**

- **Future national clinical audits should include scope to capture data on the uptake of innovative interventions as a routine part of the process.** These might include: drugs recommended for use by NICE; drugs not recommended by NICE but available through other means; new surgical techniques or technologies; and use of new diagnostic processes (e.g., stratified medicine).

- **A primary purpose of the NHS Commissioning Board should be encourage and measure the appropriate use of innovation.** As such a board-level champion should be appointed for innovation.

- **An early task for the NHS Commissioning Board should be to develop a process for encouraging partnership working with third parties on projects which will support the appropriate spread of innovation.**

- **As part of the national menu of CQUINs, the NHS Commissioning Board should design a series of indicators which can measure the spread of innovation.** These might include those assessing progress in implementing NICE guidance, the redesign of pathways according to evidence-based national specifications and the delivery of interventions in a more convenient or efficient setting.

- The NHS Commissioning Board should be tasked with reviewing and redesigning patient pathways to enable implementation of NICE guidance

- **The NHS Commissioning Board should ensure that appropriate information about quality (including the uptake of innovative interventions) is available to all relevant actors within the system, including commissioners, providers, regulators, patients and the public.**

3. **What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**
The primary area in which local bodies can encourage the rapid adoption of innovation is by acting upon national guidance and making full use of levers and incentives designed by the NHS Commissioning Board. As part of this, commissioners and providers should:

- Work together through clinical networks to identify innovative practices at an early stage and plan for their implementation. This process should include horizon-scanning, evidence review and, where appropriate, pathway redesign to free up the capacity and resources required for implementation.

- Collect and publish data on uptake and outcomes, identifying unwarranted variations and acting upon them. The adoption of innovative practice, including the use of NICE-approved technologies, should be published as part of provider quality accounts.

- Make full use of contractual and payment mechanisms, such as best practice tariffs and CQUINs, to encourage appropriate adoption.

- Rapidly introduce the availability of innovative techniques into local choice strategies.

- Work with manufacturers and others to identify savings and redesign opportunities which could support the introduction of innovation.

- Explain to local health and wellbeing boards their plans for introducing innovation as part of the joint strategic commissioning plan process.

**What specific actions do you believe others, such as industry, academia, patient groups or local authorities, could take to accelerate adoption and spread, and what might encourage them to do so?**

In order to survive and prosper, commercial organisations continually have to reinvent themselves, adopting new innovations and decommissioning practices which are no longer delivering sufficient benefit. As such, they are well placed to support the process of change which is inherent in innovation, both through advising on business processes, service redesign, stakeholder engagement and cultural change.

Manufacturers can play a significant role in supporting the NHS in the adoption of innovation by:

- Providing information and advice on new interventions.

- Simulating the impact on resources and capacity of service change.

- Identifying and spreading good practice.

- Supporting different parts of the health delivery change in working together to achieve common aims.

- Collecting, analysing and applying data to inform service change.

- Supplying expertise which may not be routinely available in the NHS.

- Pump priming service changes, for example through supporting the development of capacity until the NHS is in a position to sustainably adopt.
Below are some examples of how this support is applied in practice:

- Assessing variations in treatment rates for hepatitis C – Roche has worked with the Health Protection Agency and NICE to assess variations in treatment rates for NICE-approved hepatitis C treatments. As a result, services have been provided with detailed briefings on current treatment levels, as well as the changes that would be required to successful reduce the prevalence of hepatitis C.

- Measuring quality in lung cancer and supporting change to improve outcomes – Roche worked with Mount Vernon Cancer Network to gather more accurate and up to date data in relation to lung cancer, with the objective of translating this into better outcomes for patients. The analyses looked for causal factors behind poor survival and lower staging and active treatment rates when compared to the rest of the East of England. As a result, changes to the delivery of services are being introduced and a new monitoring process has been instigated. The approach is now spreading to other networks, providing better feedback to MDTs on how their clinical performance compares with others, using the National Lung Cancer Audit as the basis for comparisons.

- Supporting the development of HER2 testing – Roche provided support to NHS pathology services to develop a high quality and sustainable infrastructure for HER2 testing. This was necessary to enable the NHS to cope with clinical demand for HER2 tests, which are necessary to investigate suitability for Herceptin treatment. A national quality assurance process was supported, enabling all services to assure their quality and safety. In addition, good practice guidance was developed and training opportunities were provided.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

In recent years there have been a number of welcome initiatives to encourage the uptake of innovation, including the PPRS Innovation Package, the Blueprint for Life Sciences, the Cooksey Review, and the Growth Strategy. It is encouraging that there is high recognition about the critical role that encouraging innovation can play in delivering better outcomes, realising efficiencies and creating a thriving life sciences sector.

If there has been a weakness in these plans and strategies, it has been in the implementation. Before focus is distracted by further initiatives, attention should be devoted to ensuring implementation of both the spirit and the letter of existing commitments, with the intention of delivering improved outcomes for patients and the NHS.

Recommendation:

- In order to support the focus on implementation, annual reports should be published by the NHS Commissioning Board setting out progress on implementing recommendations, as well as wider progress in speeding up the adoption of innovation.

Recommendations for consideration that may have a significant impact:

- Where the value of an innovative treatment has been proven, through NICE or any future value based pricing arrangements, the NHS should maximise the potential value to the whole system by ensuring every eligible patient has access where clinically appropriate. The systematic uptake of clinically and cost effective medicines should be supported by a range of tools including:
  - metrics to reduce unwarranted variation in the uptake of new medicines (contextualised within international standards)
For further information or clarification, please contact James Woodhouse, Head of Public Affairs, Roche Products Ltd on james.woodhouse@roche.com or 01707 367823

---

3 Department of Health, *Guidance to support operation of the Cancer Drugs Fund in 2011-12*, March 2011
4 Department of Health, *An Information Revolution: a consultation on proposals*, October 2010
5 Prime Minister’s Office, *Letter to Cabinet Ministers on transparency and open data*, July 2011