AAC (03)

ACCELERATED ACCESS COLLABORATIVE

HORIZON SCANNING VISION

Executive summary

This paper sets out the proposed revised vision for the AAC's Horizon Scanning Function, moving it from a reactive to proactive function.

- AAC can support the wider NHS by providing systems and strategic Horizon Scanning, which is focused on identifying disruptive technology and developing strategic intelligence.

- The function will work across the entire healthcare system, supporting important policy initiatives and supporting recovery and resilience of the NHS.

- We will focus on improving sharing information between AAC partners, making better use of the intelligence gathered from the demand signalling programme, and seek to improve the data available to us.

- NIHRIO will work with AAC partners and relevant clinical, policy and commissioning leads to deliver either bespoke horizon scans or a proactive alert mechanism.

- The AAC will encourage and facilitate a single route through NICE for disruptive MedTech. This will help to address issues around the fragmented market, and procurement cycles typically being separate, and often after, NICE process which can delay uptake.

- We will improve dialogue with stakeholders including industry, academia and patients.

- To ensure we can implement the Horizon Scanning vision, feasibility pilots will be undertaken in partnership with NIHRIO to understand what deliverables are achievable, and the resource required to produce these.

Board members are asked to:

- Discuss the Horizon Scanning vision and planned feasibility work.

- Agree to the feasibility pilots

Background

1. The COVID-19 pandemic has changed the 'playing field' for the relationships between AAC partners. There have been several positive changes including;

    - The pandemic has resulted in close collaboration between partners – reduced organisational boundaries, and better sharing of soft intelligence.

    - The Innovative Licensing and Access Passport (ILAP) ran by MHRA is encouraging companies to engage early.

2. Teams in the wider health ecosystem are collaborating to identify and prioritise bringing technologies to the NHS.

    - NICE and NIHR IO collaborate on the Topic Selection procedure.

    - Teams within NHSE/I and AAC partners already undertaking Horizon Scanning to meet their business needs

3. The AAC needs to capitalise on these relationships and undertake Systems and Strategic Horizon Scanning to ensure we are joined up, avoiding duplication and adding the most value.

Purpose

4. The AAC Systems and Strategic Horizon Scanning function will identify disruptive technologies and alert the health system.

5. We will develop strategic intelligence to underpin commercial & policy decisions.

6. We will attempt to understand and chart emerging trends in different therapeutic areas.

7. This intelligence can be drawn upon to inform the planning of AAC workstreams.

8. We will act as a forum to consider the contingencies between different technologies, and what future services may look like.

9. Existing Horizon Scanning teams will be encouraged and facilitated to share their work with AAC partners, and ensure it is contextualised within wider NHS aims. This will ensure the best use is made of intelligence available to us.

Remit

10. The work of the function will be across the entirety of the healthcare systems, particularly on topics which affect many services. We will work to deliver on policy areas such as Health Inequalities, Net Zero and contributing to restoration and resilience of the NHS, as well as addressing any future priorities raised by the incoming CEO of NHS England and NHS Improvement.

11. Our aim is to identify the most significant/disruptive technologies (rather than all technologies) in the pipeline.

12. We will endeavour to identify technologies far out enough to plan for major shifts in service delivery, health economic consequences, or care pathways for patients.

Ways of Working

13. Greater sharing of Intelligence between AAC partners is key to the success of the Horizon Scanning function and as well as wider AAC goals. We will ensure that the right culture, and forums are in place to ensure sharing of intelligence takes place.

14. The Demand Signalling programme works with clinicians, researchers and those with lived experience to articulate unmet research and innovation needs in the NHS to solve the

challenges set out in the NHS Long Term Plan. We will use the intelligence gathered through this process to ensure we are focusing on the technologies where there is demand.

15. We will ensure that the horizon scanning project brief is developed in partnership with relevant clinical, policy and commercial/commissioning teams, considering impacts on services early and clearly defining what is meant by disruptive technology in each priority area.

16. We will work with partners to improve Horizon Scanning data (UK PharmaScan, HealthTech Connect, Innovation Service).

Horizon Scanning Outputs

17. There will be 2 main Horizon Scanning products which will be offered to partners. The first of these will be a Bespoke Horizon Scan. This can be either a rapid or deep dive scan. These will be undertaken with a view to providing information to solve a specific problem, or inform a decision.

18. The key difference between current horizon scans and the proposed bespoke horizon scan is the enhanced multi-disciplinary working group including clinicians and commercial/commissioning representation who will contribute to the development of the project brief. This will ensure that from project initiation, there is an enhanced understanding of the impact of technology on the care pathway, the interdependencies between technologies, as well as the commercial/commissioning routes into the NHS being anticipated.

19. The second product is the Horizon Scan Alert Mechanism. Here, NIHRIO will provide a steady stream of intelligence regarding new technologies to the service. Dialogue between National Clinical Directors, Specialised Commissioning, Programmes of Care and NIHR IO will develop an initial understanding of what the criteria for a disruptive technology would be for that speciality.

20. The specifics of how this would work are yet to defined in a feasibility pilot. However, it is likely that in principle, NIHR IO would provide an initial long list of technologies, and following consultation with the working group, smaller number would be developed into a technology briefing, or agreed to go into more frequent update.

MedTech Sector

21. The AAC Horizon Scanning will work with partners to aim to address some of the challenges in Horizon Scanning for MedTech products, bringing these into the NHS, and following this their adoption and spread.

22. These challenges include that the evidence, regulatory and procurement pathway to NHS less well established than for pharmaceuticals. Companies typically generate less evidence, and it is hard to establish which product is most effective. Companies are reluctant to engage the system early because of differences in seeking patents mean 'fast-followers' are a real threat. Finally, a positive NICE recommendation does not trigger a funding mandate.

23. The AAC wants to encourage a route through NICE for the most effective and cost effective technologies. This will ensure greater standardisation of care, and the assessment means patients can access best in class care. Working with ABHI and NICE we hope to arrive at an agreement on a single approach to achieving this by the end of this financial year.

24. The Innovation Service will signpost companies through the system, reduce the burden of engaging with many companies, as well as clarify terms of engagement.

25. In time, engagement may be criteria for support for AAC programmes (for example, RUPs or Early Stage Products).

Improved Dialogue with Stakeholders

26. The AAC Systems and Strategic Horizon Scanning function are keen to improve dialogue with key stakeholders to improve the intelligence we receive. We will work with partners including the Innovation Service and the ASHNs to ensure we are providing a consistent message. Individual communication strategies will be developed for each of the key stakeholder groups.

27. To improve the dialogue with Industry, we need to continue to communicate the benefits of early engagement, by articulating the business processes which the information needs to feed into. We need to simplify and clarify the engagement process, as it can be burdensome, particularly for smaller companies who are not familiar with the NHS.

28. We additionally need to strengthen our relationship with academia as highly innovative tech often spins out of universities. We need to ensure communication with this sector to support translation of basic science into impactful technologies.

29. Furthermore, we need to consider and strengthen our dialogue with patients and carers. We need to understand questions including whether there is a demand for technologies amongst patients and carers. What are the barriers to patient acceptance? How can we ensure informed decision making?

Implementation

30. With NIHRIO, we will undertake a feasibility pilot to develop the specification alert mechanisms and explore what they will look like for pharmaceutical and MedTech.

Board members are asked to:
• Discuss the Horizon Scanning vision and planned feasibility work.
• Agree to the feasibility pilots.

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