AAC (003)

ACCELERATED ACCESS COLLABORATIVE

EARLY STAGE SUPPORT FOR ATMPS & HITS PROGRAMME UPDATE

Executive Summary

- In June 2019 the AAC board agreed to establish an ambitious programme of work to address the barriers to NHS adoption for Advanced Therapy Medicinal Products (ATMPs) and Histology Independent Treatments for Cancer (HITs).
- Despite the disruption and challenges of the pandemic, the early stage programme has successfully delivered across a number of key achievements:
    1. Successful launch of the Innovative Licencing and Access Pathway (ILAP) by MHRA to address regulatory challenges posed by ATMPs and HITs
    2. Proposed amendments to the NICE methods for value assessment of innovative treatments
    3. Implementation of a diagnostic genomic testing pathway for HITs
    4. Updated NICE guidance for cancer pathways
    5. NHS Readiness Toolkit by Cell and Gene Therapy Catapult
    6. Established process for assessing NHS readiness of adoption of forthcoming ATMPs
    7. A detailed horizon scan of the 5-year pipeline of potential ATMPs and HITs.
- Delivery reflects the collaborative efforts across AAC partners.
- We expect the remaining activities to be delivered by March 2022, including:
    1. An ATMP roadmap detailing system roles, responsibilities, and support for ATMPs developer
    2. Publication of the Innovative Medicines Fund (IMF)
    3. A framework for real world data collection.

AAC Board members are asked to:

- **To agree to the conclusion Early Stage Support for ATMPs & HIT's Programme Update. Noting that lesson learnt will be captured, via engagement with AAC Partners, for Phase 1 of the programme.**
- **Endorse redesign of the Early Stage Programme, including aligning with the AAC's horizon scanning function to ensure the greatest value offer from AAC partners.**
- If agreed a proposal paper for Phase 2 of the programme will be presented to the Steering Group and Board in early 2022.

Background

1. In June 2019 the AAC board agreed to establish an ambitious programme of work to support early stage products. Three categories of new highly effective products were selected for support: 1) Advanced Therapy Medicinal Products (ATMPs), medicines based on modifications of genes, tissues or cells; 2) Histology Independent Treatments for Cancer (HITs), tumour agnostic therapies, medicines aimed at a specific genetic mutation in a tumour rather than traditional site-specific therapies; and 3) Artificial Intelligence (AI), the use of AI for health promotion and prevention, diagnosis and treatment or system efficiency. Support for AI products was subsequently moved to a separate programme, the AI Award.

2. The Early Stage Products programme aims to address the system barriers to timely adoption of promising disruptive innovations. The programme aligns to Priority 2 of the AAC priorities agreed in January 2021: to develop a prioritised pipeline of innovation and research for the NHS.

3. Following the prioritisation of ATMP and HIT products in February 2020 the AAC Delivery team, in collaboration with colleagues at the National Institute for Health and Care Excellence (NICE), convened a working group to agree and deliver collaborative actions identified by the AAC Board. In collaboration with stakeholders 10 HIT workstreams and six ATMP workstreams were formed. A high-level operational plan and key deliverables were developed with workstream leads and 'Coordinating Partners' identified.

4. From the outset, the programme recognised the overlap with significant bodies of work already underway including the NICE Methods and Process Review, and the development of genomics infrastructure and reimbursement mechanisms. Where this was the case it was agreed that activities would continue, and the focus would be on alignment and coordination across interdependent workstreams. Reporting through existing governance structures remained in place.

5. The programme was significantly impacted by the COVID-19 pandemic. Before the programme could be established the majority of workstreams were forced to pause due to redeployment of NHS colleagues and AAC partners to urgent response work. The programme oversight from the AAC Delivery Team and NICE was also substantially affected and the programme was ultimately paused in April 2020. As a result, timelines, deliverables and success measures were not agreed with stakeholders at the initiation of the programme.

6. Some workstreams were able to continue to deliver throughout the pandemic, despite the overall programme being paused. Others were paused, aligned to the programme. As a result, delivery across the workstreams has progressed at different speeds.

7. The programme was rescoped in in September 2020 with endorsement from the AAC Board. As part of restart the approach to delivery was reviewed to ensure resources were managed and used effectively. The programme was streamlined into 12 workstreams covering both categories of products where appropriate. Throughout

2021 workstream leads have met regularly to ensure a collaborative approach to delivery and effective partnership working across workstreams.

8. This paper describes the achievements and delivery of the programme to date, sets out the roadmap for delivery of further outstanding milestones and proposes the conclusion of AAC partner support for HITs and ATMPs and closure of Wave 1 in March 2022.

Programme Delivery

9. The early stage programme has successfully delivered across a number of key areas despite the challenges and disruption of the COVID-19 pandemic. This reflects the collaborative efforts across AAC partners. This section highlights the achievements delivered by the programme to date.

10. The section describes how the programme has addressed key system barriers and enhanced system readiness for ATMPs and HITs across the following themes:

    - *Patient and Public Involvement*
    - *Appraisal*
    - *Affordability*
    - *Readiness*
    - *Industry Engagement*

11. A detailed breakdown of programme deliverables and milestones by workstream can be found in Appendix 1.

Patient and Public Involvement

12. Patient and public involvement has been an integral part of the programme. A dedicated workstream led by the IRLS Patient & Public Involvement (PPI) Team was established to ensure patient and public involvement was truly embedded across the programme. The PPI Team have promoted engagement of those with lived experiences of ATMPs and HITs across the entire work programme. This has ensured the patient voice is heard when addressing system barriers, and that solutions are designed in a way that reflects what matters to the people that use them.

13. A key focus has been to enhance opportunities for patient and public involvement in the development of ATMPs and HITs. A programme of work to identify and curate existing patient engagement toolkits across the development pathway is underway and will feed into the development of the ATMP Industry Roadmap and further development of the Innovative Licencing and Access Pathway (ILAP).

14. The fragmented nature of patient facing information about ATMPs and HITs across industry, research, policy and commissioning and charity sector spaces has been identified as a key challenge. This presents patients and the public with a significant

barrier to access and understanding of these innovative treatments when combined with inconsistent use of language and terminology. A series of discovery workshops were held to explore what patient-facing information is available, understand how people want to access information, and what additional information is needed to improve patient understanding of these treatments. The outputs of this work will be used to; collaboratively develop a 'trusted information digital environment' ensuring consistent information and signposting and inform a co-produced resource pack focused on HITs for charity partners supporting patient networks. The development of these materials will enable patients to navigate to the right information at the right time of their patient journey.

15. Increasing general awareness among patients and the public of ATMPs and HIT will contribute to reducing inequalities in access to information and care. ATMPs and HITs are new and innovative treatments which use novel modes of action that differ to traditional treatments. As such, there is little awareness among the public that these advanced treatments are available on the NHS. The IRLS Communications Team have commissioned the production of a public-facing animation video to explain what ATMPs and HITs are. This will also describe the work undertaken as part of the Early Stage Programme in the themes of "system readiness" and "preparing the NHS". This video will demonstrate a commitment to getting the best new treatments to patients and build a positive narrative around partnership between the NHS and industry. This video will launch in November 2021 and will be disseminated by AAC partners.

Appraisal

16. The Innovative Licencing and Access Pathway (ILAP) was successfully launched by MHRA on the 1st of January 2021 to reduce the time to market for innovative medicines. The ILAP was launched in response to the UK leaving the EU and was developed in collaboration between MHRA, NICE and Scottish Medicines Consortium (SMC). The MHRA's involvement in the programme, by leading the workstream on regulatory approval, meant that specific regulatory challenges posed by ATMPs and HITs were considered during the ILAPs' development. The new Innovation Passport medicine designation, which forms part of the ILAP specifically includes ATMP as a criteria option. The ambition of ILAP is to harness the expertise at the right time from the MHRA, NICE and the SMC, and make tools available to developers including continuous benefit-risk assessment with real-world evidence use, increased support for novel development approaches and enhanced patient engagement. This allows for enhanced coordination and monitoring of important product development activities. The ambitions of the ILAP not only aims to speed up regulatory approval but speed up patient access via enhanced dialogues between the regulator and Health Technology Assessments (HTAs). The ILAP is already delivering with high interest from industry and other stakeholders (38 applications in the first six months). The introduction of the ILAP will contribute to reduced time to market for innovative medicines such as ATMPs and HITs.

17. Many ATMPs receive regulatory approval at a time when the evidence about their long-term impact is unknown or uncertain, making the assessment of the product's value more challenging. Assessing the clinical and cost effectiveness of complex innovative products such as ATMPs and HITs have been reflected in proposed changes to the NICE Methods Review currently out for consultation. NICE have proposed refinements to their methods and processes for selecting and evaluating health technologies to allow committees to apply flexibility around uncertainty posed by complex innovative technologies where it is difficult to generate evidence such as ATMPs and HITs. The initial NICE Methods Review consultation took place in November 2020 followed by a second consultation which is currently live. Final publication of the Methods Review is expected December 2021 and will enable more transparent and effective assessment of ATMPs and HITs, bringing them to patients faster.

18. Significant progress has been made to establish the foundations and identify the requirements for real-world data collection for ATMPs. NICE are leading a working group exploring general approaches to real-world data collection for innovative treatments to support the NICE appraisal, using ATMPs as a case study. The focus has been on; establishing relationships with existing registries, identify common themes and issues associated with supporting Managed Access Agreements (MAA), and developing a standardised approach to addressing obstacles. As previously stated, for some promising innovative technologies there is still clinical uncertainty and limited evidence about their long-term impact, when put forward for assessment by NICE.

19. In these circumstances NICE may recommend a time limited MAA, to accelerate patient access to promising treatments whilst real-world data on the benefits is collected. Managed Access Agreements can help to resolve evidential uncertainty; however, they are risky, and the short-term nature of the agreement mean they cannot resolve long-term uncertainty. This is particularly pertinent to ATMPs as they are often one-off or short-term treatment that potentially offer long-term, even curative benefits. In addition, for many innovative treatments such as ATMPs, the data infrastructure for collecting real-world evidence has historically not existed. The IMF (see 28 below) will support the establishment of this for the most innovative treatments, including ATMPs.

20. The on-going work led by NICE will establish the foundations for real-world evidence collection for advanced treatments and support the establishment of a framework to inform the long-term development of patient/disease registries. With the ambition to enable a more systematic approach to the use of real-world data collection for innovative treatments to support commercial flexibilities and reimbursement approached for ATMPs such as the CDF, MMA and the potential Innovative Medicines Fund (IMF).

Readiness

21. The foundations for a single horizon scanning data feed for ATMPs and HITs have been laid. At the time the Early Stage Programme was established, AAC partners identified a need to understand the landscape for ATMPs and HITs at an earlier stage than currently being captured, thereby increasing the lead time to plan for the smooth adoption of these technologies in the NHS. The IRLS Horizon Scanning team commissioned the National Institute for Health Research Innovation Observatory (NHIRIO) to undertake multiple horizon scans for 'potential' ATMPs and HITs within a five-year timeframe of obtaining marketing authorisation with the EU/UK. Following the horizon scans, a working group including representatives from across the programme workstreams was established to support interpretation, development and analysis of the outputs of both scans. The process for formalising data flows in existing infrastructure is underway. A second round of ATMP horizon scanning is underway to gather information on the ATMPs landscape up to 2023, this will help AAC partners plan for the smooth introduction of these into the NHS.

22. The interim finding of the ATMP horizon scan indicates a rapidly growing pipeline of ATMP products, (474 potential ATMPs in the next five years), acknowledging there is a high attrition rate for ATMPs (~50%), this raises questions around system co-ordination and NHS readiness for the scale of their adoption. A process for assessing NHS readiness for adoption of forthcoming ATMPs has been established by NHSEI Specialised Commissioning team and embedded as business as usual. The new process for assessing NHS readiness for adoption of forthcoming ATMPs includes horizon scanning to identify products coming through up to three years ahead of NICE assessment, high level analysis to understand product impact, identifying actions needed to prepare for implementation and then communicating to NHSEI regions and providers about the potential for ATMPs in future services. This has enabled the NHS to make a more informed assessment of the operationally requirement for forthcoming ATMPs. Share learning from this work will inform the develop ATMP strategy to support future commissioning activities.

23. The Cell and Gene Therapy Catapult have co-produced a range of resources to support efficient adoption of ATMPs into the NHS and standardisation of system requirements. Five Industry Advisory Groups (IAGs) have been established where industry and NHS can work together to embed best practice. The following IAGs were established; Procurement & Labelling, Logistics, Adoption, Clinical Trials and GMO Streamlining. A suite of documentation is being produced across the IAGs to standardise the requirements for ATMPs across the healthcare system. Standardised processes will enable efficient delivery through the NHS and establish best practice for the handling and storage of ATMPs, simplifying the process for both NHS and industry. Many of these new resources have been made available to the NHS on the new Advanced Therapies NHS Readiness Toolkit, launched by the Advanced Therapies Treatment Centre (ATTC) network in April 2021, to accelerate adoption of ATMPs within the NHS and help NHS staff access the resources they need to support their organisations' readiness for these innovative treatments.

24. Horizon scanning has also indicated a growing pipeline of HITs products targeting novel genomic biomarker showing positive signals of launch in the UK (12 in the next three years). If they receive a positive NICE recommendation or are recommended for managed access in the Cancer Drugs Fund, they will require inclusion in NICE pathways. Pathway mapping for HITs is complicated as there is no single 'typical' treatment pathway and the products can be used at different treatment stages, depending on the tumour involved or current standard therapies available. Potentially multiple guidelines would have to be updated each time a new HIT is approved. To ensure timely update of relevant cancer guidelines and pathways post positive NICE appraisal of HIT products, in May 2021 NICE created future-proof links from existing cancer guidelines to a separate location for HITs via the NICE pathway that is linked to the relevant cancer pathways so that new products can be added in a timely way. This means new HITs will be automatically linked on publication.

25. Larotrectinib and entrectinib were recommended for use in the Cancer Drugs Fund by NICE in May 2020 for the treatment of advanced solid tumours with NTRK gene fusions. HITs target specific genetic mutations found in tumours regardless of the tumour site. Genomic testing is required to determine whether that genetic mutation is present. Previously, cancer pathways have been set up around cancer site and currently do not routinely include genomic testing. An implementation plan was developed to begin the delivery of NTRK testing in the NHS Genomic Laboratory Hubs (GLHs). A phased approach was taken during the COVID-19 response period, utilising the available testing capacity where it would have the most impact.

26. Diversion of staff and resources to support the COVID-19 response has likely had a subsequent impact on the number of referrals in the first 16 months of the service. Despite this, monitoring of the testing activity in each NHS GLH by the Genomics Unit in NHS E/I show that, on average, each NHS GLH is receiving approximately 100 genomic test referrals for NTRK gene testing each month. These tests have shown a positivity rate of approximately 2%.

27. Changes to the National Genomic Test Directory have been rapidly and successfully implemented to include NTRK gene fusion testing for advanced solid tumours is now being offered nationally by all seven NHS GLHs. In collaborating with the PPI workstream patient engagement to understand what patient materials are needed to raise awareness of testing and support uptake is on-going.

Affordability

28. ATMPs present affordability challenges for the NHS; even if they are found to be cost-effective their high initial cost presents a risk to managing costs when at scale. The Commercial Framework for New Medicines sets out our approach for commercial activity in relation to new medicines and was published in February 2021. This, and the potential Innovative Medicines Fund (IMF) in development by the Commercial Medicines Directorate, aim to enhance existing managed access approaches to innovative treatments, including ATMPs, in an operationally sustainable way. These

will help support the development of managed access approaches in addition to the established Cancer Drugs Fund (CDF). The proposals for the IMF are expected to detail the broad principles and operational approaches we will take to support managed access for new, non-cancer medicines and is expected to be consulted upon shortly as part of a public engagement exercise. It is anticipated the IMF will operate alongside, and on similar terms to, the CDF and take a managed access approach to resolving evidential uncertainty through data collection whilst giving patient access to promising but uncertain medicines beyond cancer. On the 21st July 2021 there was a public announcement relating to the size of the fund, which received positive media coverage. Subject to engagement feedback, the IMF could launch as early as April 2022.

Industry Engagement

29. An end-to-end ATMP Roadmap detailing existing system roles, responsibilities and support for ATMP developers has been commissioned by the Association of the British Pharmaceutical Industry (ABPI). The ATMP Roadmap is an interactive piece of guidance for ecosystem stakeholders to provide clarity on the system roles and responsibilities involved in the innovation pathway for ATMPs. Industry have highlighted the challenges navigating the UK system, ensuring compliance with the requirements of regulators whilst developing specific standardisation procedures required to increase the efficiency of NHS adoption. Developed to be user friendly, the ATMP roadmap will define “what” is needed, by “when”, and by “whom” across the roadmap, with signposting to relevant resources to delineate the innovation pathway from pre-clinical through to commissioning, treatment provision and follow-up activities in the NHS. The initial framework for the roadmap has been developed with input from multiple AAC partners and is on track for delivery in November 2021 with a joint ABPI and AAC launch planned by the end of the year.

30. The ATMP Roadmap will also guide industry in understanding at what point they should seek to engagement with the MHRA, NICE and the NHS. This will help to reinforce earlier engagement between industry and the system thereby improving NHS readiness. This will enhance industry engagement and ensure clarity over the process of adoption.

Reflections on Wave 1 of the Early Stage programme

31. The AAC early stage programme has contributed to system changes that have enabled accelerated adoption of AMPS and HITs into the NHS. The AAC effectively identify barriers to system readiness for ATMPs and HITs and made strategic recommendations for collaborative action. From the outset, the programme recognised the overlap with significant bodies of work already underway including the NICE Methods and Process Review, and the development of genomics infrastructure and reimbursement mechanisms. The responsibility for operational delivery governance of these workstreams sat outside the AAC. Therefore, programme influence and value add from the AAC once the workstreams had started delivery was

limited. The AAC support focused on ensuring alignment and collaboration with workstreams. It is unlikely that this work would have been delivered in such a timely and collaborative way without the support of the AAC Early Stage Programme support from the AAC.

32. To address the affordability challenges associated with ATMPs, it was proposed that outcome-based payments (OBP) and staged payment approaches should be explored. These payment methods were considered at length by the Commercial Medicines Directorate and a decision was taken not to progress an OBP scheme as part of the early stage programme. The decision on how to sustainably fund new medicines remains with the Commercial Medicines Directorate and is outside of the scope of the programme.

33. Whilst AAC partner support has focused on addressing the barriers to NHS adoption for ATMPs and HITs, as mentioned above a number of work packages overlapped with broader bodies of work. As a result of involvement in the programme we have influence these bodies of work and have brought about system change that will benefit innovative treatments beyond ATMPs and HIT. A key part of the programme close will be understanding and articulating learning across the system.

34. The development of the ILAP is an example of this; the pathway was accelerated in response to the UK's decision to leave the EU. MHRA's involvement in the programme, by leading the workstream on regulatory approval, meant that specific regulatory challenges posed by ATMPs and HITs were considered during the ILAP's development and could be addressed. The ILAP was developed to accelerate time to market for all innovative medicines, meaning it has a scope much wider than ATMPs and HITs, and that of the Early Stage Programme.

Proposal

35. All 12 workstreams of the Early Stage Programme are due to have delivered by March 2022. Wave 1 of the AAC's Early Stage Programme and AAC support for ATMPs and HITs will close at this time.

36. An extensive 'lessons learnt' process should take place in order to evaluate the first Wave of the Early Stage Programme. All AAC Partners involved in Wave 1 will be engaged in this process. Outcomes from this will feed into a review the overall programme and inform planning for Phase 2.

37. It is proposed that the AAC explore approaches to supporting new categories of early innovations in the future, working closely with the IRLS Horizon Scanning function to identify incoming promising early stage technologies. We propose to engage with AAC partners and key stakeholders to understand the greatest value offer from the AAC and inform our plans. A proposal paper for Phase 2 of the Programme will be brought to the Board in early 2022.

Board members are asked to:

- **To agree to the conclusion Early Stage Support for ATMPs & HIT's Programme Update. Noting that lesson learnt will be captured, via engagement with AAC Partners, for Phase 1 of the programme.**
- **Endorse redesign of the Early Stage Programme, including aligning with the AAC's horizon scanning function to ensure the greatest value offer from AAC partners.**
- If agreed a proposal paper for Phase 2 of the programme will be presented to the Steering Group and Board in early 2022.

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Appendix 1: Breakdown of programme deliverables and milestones by workstream

Workstream 1: Patient and Public Engagement

Coordinating Partner: IRLS

Key Milestones:

- The ATMP Patient & Public Engagement Working Group, co-chaired by Genetic Alliance UK, was restarted in February 2021 after being paused during the COVID-19 pandemic
- ATMP Patient Facing Information Discovery session held in May 2021 with attendees including charities, industry and system stakeholders
- HITs: Exploring the patient and Public Information need workshop held in July 2021 with over 40 attendees including patient representatives, patient-facing organisations, charities, industry and other system stakeholders
- 4 Patient & Public Voice (PPV) Representatives with lived experiences of ATMPs and/or HITs have been recruited to join the Early Stage Programme
- Established high-level repository of patient-facing information for ATMPs and HITs through initial discovery work

Next Steps:

- ATMP Patient-Facing Information Discovery Workshop scheduled for September 2021
- Commissioning development of online repository of patient engagement toolkits for ATMPs
- Commissioning development of map of patient-facing information for HITs
- Compiling case studies of patient experience in ATMP studies for publication in December 2021

Workstream 2: Horizon Scanning

Coordinating Partner: IRLS

Key Milestones:

- In November 2019 National Institute for Health Research Innovation Observatory (NHIRIO) were commissioned to undertake an initial rapid horizon scan for ‘potential’ ATMPs within a 5 year timeframe of obtaining marketing authorisation with the EU/UK.
- In June 2021 NIHRIO were commissioned to undertake a deep dive scan for potential ATMPS within a 5 year timeframes.
- In June 2019 NHIRIO were commissioned to undertake an initial rapid horizon scan for ‘potential’ HIT within a 5 year timeframe.
- In March 2021 NIHRIO undertook a refreshed deep dive scan of HITs, again focusing on products with potential UK/EU launch withing 5 years

Next Steps:

- Workstream 2 has delivered all agreed objective and is exiting the programme.

Workstream 3: ATMP Roadmap

Coordinating Partner: ABPI

Key Milestones:

- Inclusive comprehensive vendor selection process involving presentative from across the AAC and EY selected as preferred vendor in May 2021
- ATMP Roadmap initial framework developed in June 2021
- In July, 29 stakeholders representing system partners and companies participated in a workshop to review and validate the ATMP Roadmap framework
- Approximately 22 group & individual interviews have been completed to date, each focused on a specific section of the Roadmap
- A Workshop to review and align on design options for presentation of the final roadmap content was completed in early September

Next Steps:

- Validation of roadmap content via stakeholder interviews due to be completed by September
- Production of the electronic ATMP Roadmap will commence following the design workshop and is due to be completed by end of October
- The formal ATMP Roadmap launch is planned for end of November/ early December 2021 and is expected to be a joint NHSE/ AAC/ ABPI event

Workstream 4: Standardisation of System Requirements for ATMPs

Coordinating Partner: CGT Catapult

Key Milestones:

- 5 Industry Advisory Groups (IAGs) have been established with industry and NHS representation set up to support delivery of outputs that are intended to yield outcomes and impact in relation to addressing key challenges to ATMP delivery including Procurement and Labelling, Logistics, Adoption, Clinical Trials and GMO Streamlining
- The NHS Readiness Toolkit was launched by the ATTC in April 2021 and now holds over 100 useful resources to enhance NHS readiness for delivering ATMPs
- A Model Clinical Trials Agreement was developed in July 2021 to enable NHS Trusts to sponsor ATMP clinical trials. An accompanying guidance document informing users about the ATiMP mCTa and its proper implementation was also produced in addition to the originally scoped project.
- Wendy Fisher Consulting have been commissioned by the Cell and Gene Therapy Catapult to produce a standardised Quality technical Agreement for ATMPs that aims

to provide a standardised approach to the development of quality agreements and speed up the set-up of clinical trials within UK ATMP delivery centres.

Next Steps

- Supporting Midlands and Wales ATTC with development of a frontend advanced therapies ordering system contributing to AAC WS5
- Guidance developed for non-label data point capture for procurement of ATMPs to be published in September 2021
- The production of a ATMP starting material procurement site checklist to reduce audit fatigue at sites
- The implementation of ISBT 128 (ST-018) Standard Label for cellular products at an exemplar site to simplified and secure chain of custody of ATMPs to be rolled out to exemplar site in December 2021
- The hosting of a round table to discuss the past, present and future challenges to face ATMPs to come to a standardised consensus on the strategy to overcome these
- The coordination of industry partners on a response document to the NICE methods review through the IAG Adoption Working Group.
- A consensus white paper on NHS ATMP preparedness leveraging the lessons learnt from CAR-T to inform better NHS readiness for the future. This output shares interconnectivities with AAC WS8.
- A published paper on substantiating the long-term efficacy claims and durability of effect claims of ATMPs also furthering AAC WS7
- The quantification of ATMP sales through published data and examination of the UK utilisation of ATMPs when compared to other European nations and the US.
- The scoping of the value of a centralised genetically modified safety risk assessment and re-evaluation of the relationship between chief investigator and principle investigator sites in performing such assessments.

<u>Workstream 5: Data Infrastructure</u>

Coordinating Partner: NICE

Key Milestones:

- A scoping exercise was carried out in 2020 and 5 work packages:
  1. Identification of the general challenges facing ATMPs in relation to real-world data collection - completed in December 2020.

  2. Review of current approaches to real-world data collection for the technologies identified as requiring consideration by horizon scanning - in progress and due to be completed in October 2021

  3. Take stock of system-wide activity already underway for a longer-term move towards more integrated patient registries - in progress and due to be completed in October 2021

4. Identify the real-world data collection needed and engage system partners with the responsibility and authority to deliver these - in progress and due to be completed in April 2022

5. Identify implications for the wider landscape and translate learning into other technologies beyond ATMPs and HITs. This work package has not launched yet, but work is due to be completed in April 2022.

Next Steps:

- Secure system responsibility, ownership and resourcing for evidence generation activity – e.g. a formal partnership with or a consortia of NHS data providers who can support RWE generation for managed access and OBP (clinical data);
- Inform the development of patient/disease registries to enable a more systematic approach to the use of real-world data.

Workstream 6: NICE Methods Review

Coordinating Partner: NICE

Key Milestones:

- Final specification finalised - December 2019
- Progress report issued - January 2020
- Final report issued - March 2020
- Methods proposals consultation ran through summer 2020

Next Steps:

- Second consultation live and running until 13th October 2021
- Final publication of the Method Review – TBC subject to consultation

Workstream 7: Exploration of Reimbursement Approaches

Coordinating Partner: NHSE/I Commercial Team

Key Milestones:

- During 2019/20, the draft NHS Commercial Framework for New Medicines (the Framework) was prepared by the Commercial Medicines Directorate. Following legal sign off, the Framework was published in February 2021[1].
- On 1st April 2021 NHSE/I delivered an industry event for the ABPI, EMIG & BIA publicising launch of Commercial Framework for New Medicines.
- Principles and approach to the Innovative Medicine Fund shared with stakeholders and the public as part of an engagement exercise (expected shortly).

[1] https://www.england.nhs.uk/medicines-2/commercial-medicines/nhs-commercial-framework-for-new-medicines/

- The development journey and the resultant plans for the IMF were presented at the 18th HTAi Annual Meeting on 22nd June 2021.
- On the 21st July 2021 there was a public announcement relating to the size of the fund[2], which received positive media coverage.

Next steps

- The publication of the public engagement document for the IMF is anticipated shortly
- Feedback will be gathered through a public engagement period which will last for 12 weeks.
- Subject to engagement feedback, the IMF will launch 1st April 2022.

Workstream 8: Pathway Preparedness for ATMPs

Coordinating Partner: NHSE/I Specialised Commissioning

Key Milestones:

- A process for assessing NHS readiness of adoption of forthcoming ATMPs has been established and is now embedded as business as usual.
- Between 2019/20 and 2020/21, three CAR-T products for four indications have been provided to >529 patients (Please note, data captures the point at which treatment begins, not when treatment is complete).

Next Steps:

- Work is underway to ensure that services to support the first CAR-T for multiple myeloma are ready in anticipation of NICE guidance.
- The number of CAR-T providers will be expanded to increase care closer to home and in anticipation of future indications.

Workstream 9: Innovative Licencing and Access Pathway (ILAP)

Coordinating Partner: MHRA

Key Milestones:

- ILAP was launched successfully on the 1st of January 2021.

Next Steps:

- Workstream 9 has delivered all agreed objective and exited the programme. A representative from MHRA will continue to engage with the Early Stage Programme and attend workstream leads meetings as an interested party.

[2] https://www.england.nhs.uk/2021/07/nhs-england-announces-new-innovative-medicines-fund-to-fast-track-promising-new-drugs/

Workstream 10: Communications

Coordinating Partner: IRLS

Key Milestones:

- Established reporting processes to come through the AAC Comms team so that the AAC and partners have sight of forthcoming activity and milestones to help identify shared promotional opportunities
- Supported AAC partners across all workstreams with aligned comms and celebration of workstream successes including AAC promotion of the MHRA's ILAP, the Catapult's NHS Institutional Readiness Toolkit and the Innovative Medicines Fund.

Next Steps:

- Commission production of a public-facing, high-level animation video in September 2021 describing ATMPs and HITs and providing an overview of the AAC's Early Stage Programme by spotlighting the successes of AAC Partners
- Coordinated launch of the Early Stage Programme animation video in October 2021 with support from AAC partners
- Support ABPI with a significant launch of the ATMP Roadmap in November 2021

Workstream 11: Pathway Preparedness for HITs

Coordinating Partner: NHSE/I Genomics Team

Key deliverable: Development of staged implementation and pathway readiness plans for uptake of NICE approved HI therapies, including genomic testing and clinical pathway changes.

Key milestones delivered:

- Ensuring testing was available through the National Genomic Test Directory in April 2020;
- Launching testing for a number of targeted patient groups as part of phase one of testing in April 2020.
- Widening access to a larger group of eligible patients as part of phase two in November 2020
- Undertaking communications work in December 2020, to increase awareness among clinicians of the availability of testing
- Running local engagement sessions in all seven NHS GLHs throughout 2020 to raise awareness of the availability of testing
- Ensuring all seven NHS GLHs are performing NTRK gene fusion testing;
- ongoing engagement with industry representatives to share updates on the impact of the implementation plan and to discuss solutions to unblocking issues in increasing uptake
- Working with Workstream 1 to deliver a patient engagement event in June 2021 to understand what patient materials are needed to raise awareness of testing and support uptake.

Next Steps:

- An NHS GMS Alliance national accelerator project has been commissioned to deliver work with national pathology laboratories to improve the pathway for preparing and sending cancer samples to the NHS GLHs, improving access and turnaround times;
- Providing support to help with the increased cellular pathology activity that is required prior to genomic testing through the NHS GLHs;
- Convening a National Genomic Pathology Leads group to bring together NHS GLH Pathology Leads and NHS GLH Cancer Leads.
- Continuing ongoing engagement with industry to identify opportunities to raise awareness among clinicians and patients;
- Collaborating with Workstream 1 to work with patient groups to identify currently available patient information and to commission materials to increase patient awareness of histology independent treatments
- Supporting the NHS GLHs to work with cellular pathology laboratories for additional tissue preparation required for genomic testing and continuing wider engagement work with pathology colleagues.
- Implementing a horizon scanning function through the Test Evaluation process, including considering the long-term horizon scanning produced by Workstream 2.

Workstream 12: Updating Cancer Guidelines

Coordinating Partner: NICE

Key Milestones:

- Nov 19- Feb 20: Ahead of publication of first HIT technology appraisals, planning and agreeing approach. Identification and approval of appropriate location of links in NICE Pathways.
- May 20: Larotrectinib TA published, included in new NICE Pathway on genomic biomarker-based treatments, accessible from all solid tumour NICE Pathways
- Aug 20: entrectinib TA published: no additional linking work needed, because of approach established for Larotrectinib
- Nov 20- Apr 21 Approach to linking from within NICE cancer guidelines agreed, building on NICE Pathways approach. Link location and wording approved; coordination of updates planned.
- May 21: 11 NICE cancer guidelines updated with ‘future-proofed’ links to existing and future HIT guidance.

Next Steps:

- Workstream 12 has delivered all agreed objectives and exited the programme.