ACCELERATED ACCESS COLLABORATIVE (AAC) BOARD

Meeting date: 20 March 2024

Paper Title: AAC Priorities for 2024/25

Agenda item: 8

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Paper type: For discussion

AAC Priority Area:

Research	☒	Building innovation capacity	☒
Demand signalling and horizon scanning	☒	Innovator support	☒
Uptake of proven innovation	☒	Cross-cutting (Health Inequalities, Net Zero, Life Sciences Vision)	☒
Other (statutory, governance)	☐		

Ask of the AAC Board:

The Board is asked to:

- **Note** the progress that the AAC has made, and the broader ecosystem context identified through review and reports.
- **Discuss and approve** the proposed updated AAC priorities for 2024/25
- **Discuss** the areas of work where the AAC would add most value.
- **Agree** to commission specific pieces of work aligned with the Board's priorities across AAC partner organisations.
- **Approve** the establishment of the time-limited delivery sub-groups to undertake the work, and report progress, outcomes and any follow-on recommendations to the Board, as outlined in the proposed next steps.

Executive summary:

This paper highlights the AAC Board's current priorities and sets out some of the collaborative programmes of work overseen by the Board. It also highlights some of the significant challenges in ensuring the UK remains the most pro-research and innovation health and care system within a globally competitive area, identified in several recently published commission reports.

The paper proposes some amendments to the AAC Board's priorities and sets out proposals for some specific Board-commissioned pieces of work to support the delivery of the priorities, to be delivered by time-limited delivery sub-groups reporting outcomes and recommendations back to the AAC Board.

Background

17. The Accelerated Access Collaborative (AAC) has made significant progress towards the stated aim of getting the best innovations to patients and staff sooner, having overseen collaborative programmes of work that have delivered real benefits, including:

    a. The Rapid Uptake Products (RUPs) programme, which supported the roll out of new lipids pathways and fractionally exhaled nitrous oxide (FeNO) testing, amongst others.
    b. The Early Stage Products programme paved the way for earlier adoption of Advanced Medicinal Therapeutic Products (ATMPs) and Histology Independent Treatments (HITs).
    c. The delivery of the Artificial Intelligence in Health and Care Award, which has impacted over 300,000 patients to date.
    d. Improved collaboration around research, resulting in a 35% reduction in the time to set up commercial trials through the National Contract Value Review (NCVR) programme.
    e. Undertaking demand signalling reports, the most recent of which in stroke, learning disabilities and autism, and mental health have stimulated £10m in research funding.
    f. Successfully launching the NHS Innovation Service, which to date has supported over 500 innovators.

18. The AAC delivers work in five priority areas, that were developed in November 2021, at the time intended as two-year priorities. These are:

    a. Research: Increase the speed, scale and diversity of research in the NHS.
    b. Demand signalling and horizon scanning: Clearly identifying and articulating NHS needs and systematically searching for solutions.
    c. Uptake of proven innovation: Supporting the uptake of medicines, medical devices, diagnostics and digital products.
    d. Building innovation capacity: Supporting NHS organisations and workforce to develop, test and implement innovative solutions.
    e. Innovator support: Making it easier to navigate the innovation ecosystem and delivering transformational commercial deals at scale.

19. In March 2022 the AAC Board agreed to a recommendation to shift the focus of support from individual products to pathways of care. An initial application of this would be to deliver a reduction in health inequalities, in support of the Core20Plus5 agenda. This also set out cross cutting actions for the AAC and partners to embed the approach to addressing health inequalities.

Considerations

20. Although there is much to celebrate, there remains significant challenges to resolve to ensure that England and the UK remains the most pro-research and innovation health and care system within a globally competitive area. For example, the O'Shaughnessy review[1] argued that the number of participants in clinical trials had

[1] Commercial clinical trials in the UK: the Lord O'Shaughnessy review - final report, May 2023

fallen, with a resultant impact on patient outcomes, research income and onward innovation adoption. Reports by the ABPI[2] and ABHI[3], amongst others, also demonstrate the need to retain the focus on collaborative working.

21. There have been several significant reports into health, care and the provision of services published recently. These have included commentary on the role of research, innovation and technology in the health and care system, and its ability to meet current operational challenges. The main relevant themes of a selection of the reports are summarised in Annex A.

22. In addition to the above, the Innovation Ecosystem Programme is continuing to develop at pace. Updates have previously been presented to the AAC Board. Although the AAC Board does not provide oversight of the work, some Board members are supporting through the chairing of workstreams. One deliverable will be a blueprint for the NHS innovation ecosystem. The programme has also commissioned seven pieces of thought leadership, that will complement the reports identified above. A substantive update is planned for the May Life Sciences Council meeting, and then for the next (June) AAC Board meeting.

23. The AAC is a partnership body that draws its membership from a combination of statutory bodies and member organisations that hold mandates from the sector specific organisations they represent. Each AAC partner holds a stake in health and care innovation and will already be working to deliver against a series of innovation related priorities, programmes, and projects that operate within appropriate organisational-specific governance arrangements.

24. The AAC Board should not oversee any individual organisation's work (unless there is a hosting arrangement); rather it should continue to focus on a limited number of high-impact programmes and interventions where only collaboration can deliver the desired outcomes of supporting research and ensuring patients and staff have access to the latest innovations faster.

25. It is clearly imperative that the collective efforts of the AAC and its partners are used in the areas of greatest impact, or where there is the greatest unmet need. The examples above demonstrate what can be achieved when working in collaboration.

26. It is equally important that the priorities of the AAC Board remain current and reflect changes across the health and care landscape. Given the emergent findings from selected reports outlined above, the following changes are proposed to the five priorities:

[2] For example: How to make sure patients get faster, more equitable access to innovative treatments, ABPI, February 2024

[3] For example: The Pulse of HealthTech: 2023 Business Survey, ABHI, December 2023

Current AAC Priority	Proposed AAC Priority	Rationale for change
Research: Increase the speed, scale and diversity of research in the NHS.	**Research:** *Increase the speed, scale and diversity of research in the NHS.*	**No change**. Ongoing focus on supporting system change across the research ecosystem including supporting a balanced portfolio (commercial and non) of trials with the ambition to make the UK/England the best place to undertake research.
Demand signalling and horizon scanning: Clearly identifying and articulating NHS needs and systematically searching for solutions.	**Demand signalling and horizon scanning:** *Clearly identifying and articulating NHS needs and systematically searching for solutions using integrated data.*	Proposed addition of 'using integrated data' to signal a more efficient use of the data sources that we have (see separate agenda item) and working collectively to address data sharing barriers.
Uptake of proven innovation: Supporting the uptake of medicines, medical devices, diagnostics and digital products.	**Uptake of proven innovation:** *Supporting the uptake of medicines, medical devices, diagnostics and digital products.*	**No change**. Though focus continues to move from supporting individual products or categories towards codifying and optimising pathways. Better alignment of digital support.
Building innovation capacity: Supporting NHS organisations and workforce to develop, test and implement innovative solutions.	**Building innovation capacity:** *Supporting NHS organisations and workforce to develop, test and implement innovative solutions.*	**No change**. Proposed increased focus on workforce development initiatives, to align with the Long-term Workforce Plan and findings from reports.
Innovator support: Making it easier to navigate the innovation ecosystem and delivering transformational commercial deals at scale.	**Innovator support:** *Optimising the innovation ecosystem architecture to make it easier to navigate and deliver transformation deals.*	Change in emphasis of priority to commit to making system architecture changes to promote research and innovation, ultimately aligning with the emerging findings of the Innovation Ecosystem Programme.

Current AAC Priority	Proposed AAC Priority	Rationale for change
Cross-cutting themes: Including Net Zero, Patient and Public Involvement	**Cross-cutting themes:** *Including Net Zero, Patient and Public Involvement, Data alignment, Health Inequalities, Life Sciences Vision.*	Maintain the Board's focus on addressing Health Inequalities (which continues to be a significant matter across the health and care landscape). Ensuring broad alignment between the AAC's priorities with the Life Sciences Vision Data alignment (see separate agenda item) also included as an explicit cross-cutting theme.

27. Although relatively minor changes are proposed to the AAC priorities, these are intended to encompass the learnings from the different perspectives of the major reports and those of AAC partners. The consistency also reflects the significance of the challenges being addressed, that these are embedded, durable and demanding of ongoing focus.

Recommendations

28. Aligned to the AAC Priorities the Board should now discuss and consider programmes of work or areas of focus that all members can commit to in 2024/25. This is work that will be overseen by the AAC Board but delivered by different collaborations between member organisations.

29. In support of the proposed amendments to the priorities, it if further proposed that the AAC Board should commission specific pieces of work that contribute to the delivery of the refreshed priorities that all members can commit to in 2024/25. Progress and final outcomes will be overseen by the AAC Board but delivered by different collaborations between member organisations, acting as sub-groups to the Board.

30. In setting out and agreeing any specific commissions, there are a number of considerations the Board may wish to take into account, including alignment to/ with:

    a) Specific disease or condition areas, including some of which the Board has previously committed to, for example:
        i. Cardiovascular disease – prevention and management.
        ii. Diagnostics – with a focus on supporting pathways and earlier diagnoses, and novel techniques that contribute to waiting list reductions.
        iii. Digital Health Therapeutics – developing regulatory and pathway approaches.
        iv. Harnessing AI – supporting the overall pathway, including regulation, evaluation and adoption at scale.
    b) Categories of products or technologies.

c) Work to address identified failings in pathways that impede research and innovation.
d) AAC partner organisational programmes of work that could be enhanced or accelerated through broader collaboration.
e) Commitments made to delivering the aims of the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG).
f) Data harmonisation and alignment.

31. It is recommended that the AAC Board:

a) Agree its priorities for 2024/25, as proposed above.
b) Agrees to commission specific pieces of work aligned with the Board's priorities across AAC partner organisations.
c) Establishes the necessary time-limited delivery sub-groups to undertake the work and report progress, outcomes and any follow-on recommendations to the Board.

Next steps

32. Subject to the Board agreeing the proposed refreshed priorities and commissioning specific programmes of work and/or areas of focus, the next steps will include:

a) Mobilise the necessary delivery sub-groups and associated governance arrangements.
b) More detailed scoping of the identified programmes of work and/or areas of focus, including likely reporting timescales.
c) Developing a refreshed Chief Executive's report to focus on providing progress updates against the AAC's agreed areas of work.

Board members are asked to:

17. **Note** the progress that the AAC has made, and the broader ecosystem context identified through review and reports.
18. **Discuss and approve** the proposed updated AAC priorities for 2024/25
19. **Discuss** the areas of work where the AAC would add most value.
20. **Agree** to commission specific pieces of work aligned with the Board's priorities across AAC partner organisations.
21. **Approve** the establishment of the time-limited delivery sub-groups to undertake the work, and report progress, outcomes and any follow-on recommendations to the Board, as outlined in the proposed next steps.

Annex A: Summary of commentaries on the potential future role of research, innovation and technology in the health and care system

Report	Summary	Trends	Relevant Recommendations:

Times Health Commission Review (February 2024)	• Report written by the Times Health Commission, to consider the future of healthcare in light of the pandemic, the opportunities presented by new technology, the ageing population, workforce pressures, an obesity crisis and growing health inequalities.
	• Includes a 'ten-point plan for growth'. The most relevant points for the AAC being:
	  ○ Point 1: (creating digital health accounts / patient passports)
	  ○ Point 2: Incentivising research by ensuring clinicians have protected time to conduct it.
	• The report highlights the pressures faced by the NHS, and notes that whilst the NHS is facing an unprecedented crisis, the opportunity to embrace new innovations exist, which can help to transform the NHS and revolutionise healthcare.
		The report highlights the following innovation trends:
		• Increasing levels of digitalisation of patient records, allowing patients to access services and medical records more easily.
		• Use of new technologies such as AI algorithms, drones, and other products to deliver care and other essential functions such as the delivery of medicines, or new tests such as the Galleri Blood Trial.
		• Integration and interoperability of digital innovations; to enable communication between digital health accounts, patient passports and hospital services.
			• The development of patient passports tied to a digital health account, across the entire NHS. This would allow patients to identify themselves in hospital, access medical records, and help the NHS make better use of its data for medical research.
			• A requirement that tech providers wanting to work in the NHS must be required to guarantee interoperability with this new unified patient record.
			• The creation of a British Data Authority, modelled after the Danish Data Authority, to deal with privacy and ethical concerns which may arise from new tech, and to help guide the NHS through the process of digitalisation.
			• Incentivise senior clinicians and hospital consultants to participate in research by guaranteeing 20 per cent protected time to engage in research.
			• Ensure NHS staff have the necessary skills to engage and operate new digital technologies, and recruit both data scientists and AI specialists to work alongside clinicians.

Report	Summary	Trends	Relevant Recommendations:
BMJ Commission on the Future of the NHS: "The NHS founding Principles are still appropriate today and provide a strong foundation for the future." (May 2023)	• This report focuses on the founding principles of the NHS, and whether these principles are still appropriate for today. • It charts the evolution of these principles and notes how these principles have at times been in tension, such as the tension between providing a comprehensive service and being free at the point of need. • The report overall focuses on the structural challenges faced by the NHS, and the tension between those challenges and the principles that underpin it as an organisation.	• On innovation, the report notes the role technology has in framing the language of health, and shaping how health workers think about health problems. • As an example the report highlights AI algorithms and similar technologies, which have great potential to improve the quality of care provided for the NHS, but could also be disruptive and abused for private gain, which relates to issues of trust and confidence within the NHS. • The report highlights the example of NHS England's 111 service, where poor performance has led to criticism of diagnosis by algorithm, and suspicion of motives where private companies are involved among both patients and staff.	• On innovation, the report recommends for the NHS to adopt a 'principle of values-based innovation and to put in place robust governance structures to protect the core principles and values from trade-offs and dilutions.' • As part of wider, structural reforms recommended in the report, the commission also recommends that the NHS update service models to encourage greater use of technology and data. To support this and other recommendations in the report, the commission also advocates for the creation of a cross government and cross sector health, care and wellbeing strategy.

Report	Summary	Trends	Relevant Recommendations:
Institute for Public Policy Research North: Commission on Health and Prosperity; First Interim Report (April 2023)	• This report focused on the relationship between health and prosperity, by conducting analysis to demonstrate the impact that poor health can have on both individual and national prosperity. • It highlights the state of ill health in the UK, but notes the potential for health outcomes to improve, which would have a positive impact on overall prosperity. • The report argues that the biggest barrier to addressing this issue is not a paucity of policy or innovation, but instead a lack of capacity across government to make or sustain positive change. • To address this; the report advocates adopting a mission-based approach through the creation of a new Health and Prosperity Act, Modelled after the Climate Change Act. This Act would be designed to set a healthy lives mission, covering a 30-year period, to combat short termism and increase the overall saliency of this issue.	• The link between ill health, health inequalities and reduced prosperity. For example, the report notes that chronic physical and mental illness were responsible for an estimated £43 billion loss to the UK economy in 2021 alone. • A lack of political will to address these issues, because of short termism and lack of saliency for the issues addressed by the report, and the difficulty of establishing health as a priority across government.	The report advocates the adoption of a new Health and Prosperity Act, which would do the following: • Establish a 30-year mission to improve national and regional life expectancies. • Create an independent committee on health and prosperity, modelled after the Independent Climate Change Commission. • Create a National Institute for Excellence in Health Creation. This would be a complimentary body to NICE; focusing on providing the evidence necessary to deliver the mission envisioned by the act. It would take a different approach to NICE and move away from a strict hierarchy of evidence and instead focus on a 'what works' approach. • The development of a health creation fund, focused on the delivery of this mission. This would also operate on a 'what works' basis and would have a focus on inequality. • The creation of a state-owned health investment bank to work alongside the private sector on health creation, and to fill a gap in the UK'S capacity to take a long-term view and to pursue good health by working with markets, employers, businesses, and innovators.