

ACCELERATED ACCESS COLLABORATIVE

ROLE OF THE BOOSTED ACCELERATED ACCESS COLLABORATIVE

Summary

1. In April 2018, the Secretary of State requested that the Accelerated Access Collaborative (AAC) expand its remit. In addition to identifying specific products to support through accelerated regulatory approval and/or uptake, he asked the AAC to tackle some of the more fundamental challenges in the innovation ecosystem.
2. This paper summarises the key elements of the innovation ecosystem that the Secretary of State requested the AAC address, initial proposals of what the AAC should deliver in the next 12 months, and how governance of the AAC should be updated to reflect this expanded remit.
3. Board members are asked to:
 - Note the expanded remit of the AAC;
 - Consider the role of the Board, given the AAC's expanded remit, and agree an updated terms of reference;
 - Agree key deliverables for the AAC for the next 12 months

Background

4. In March 2019 Lord Darzi, Lord Prior and the Secretary of State agreed a vision to bring the innovation ecosystem together under a boosted AAC. The Secretary of State subsequently asked Simon Stevens to build the AAC delivery model out of NHS England and Improvement.
5. It was agreed that:
 - The AAC delivery function would be run by a Chief Executive appointed in NHSE, jointly reporting into the Secretary of State and the Department of Health and Social Care. This function will act as a delivery unit for the AAC Board and will to be sufficiently resourced to take on its new responsibilities.
 - The current AAC Board, chaired by Lord Darzi, will continue to hold responsibility for overseeing the innovation landscape, with regards to all

types of technology. The AAC is to work closely with NHSX on digital innovation, and to reflect this, the NHSX CEO is to join the AAC Board.

- The AAC's existing role in identifying and supporting high quality innovations will be maintained. The Secretary of State agreed with Simon Stevens that the AAC will take a more flexible approach to the criteria used for filtering products, empowering the Chief Executive to consider products which may not be cost-neutral in-year, but which are viewed to be clinically beneficial and cost-effective.
- The AAC Delivery Unit will be co-located with NHS England's Specialised Commissioning and Commercial Medicines function to ensure key commissioning and commercial levers for accelerated access can be harnessed.
- Ministers will retain responsibility for HMG innovation policy and strategy, supported by the Office of life Sciences (OLS). To avoid duplication, OLS will transfer funding and responsibility for relevant programmes to the new AAC Chief Executive.

Objectives of the boosted AAC

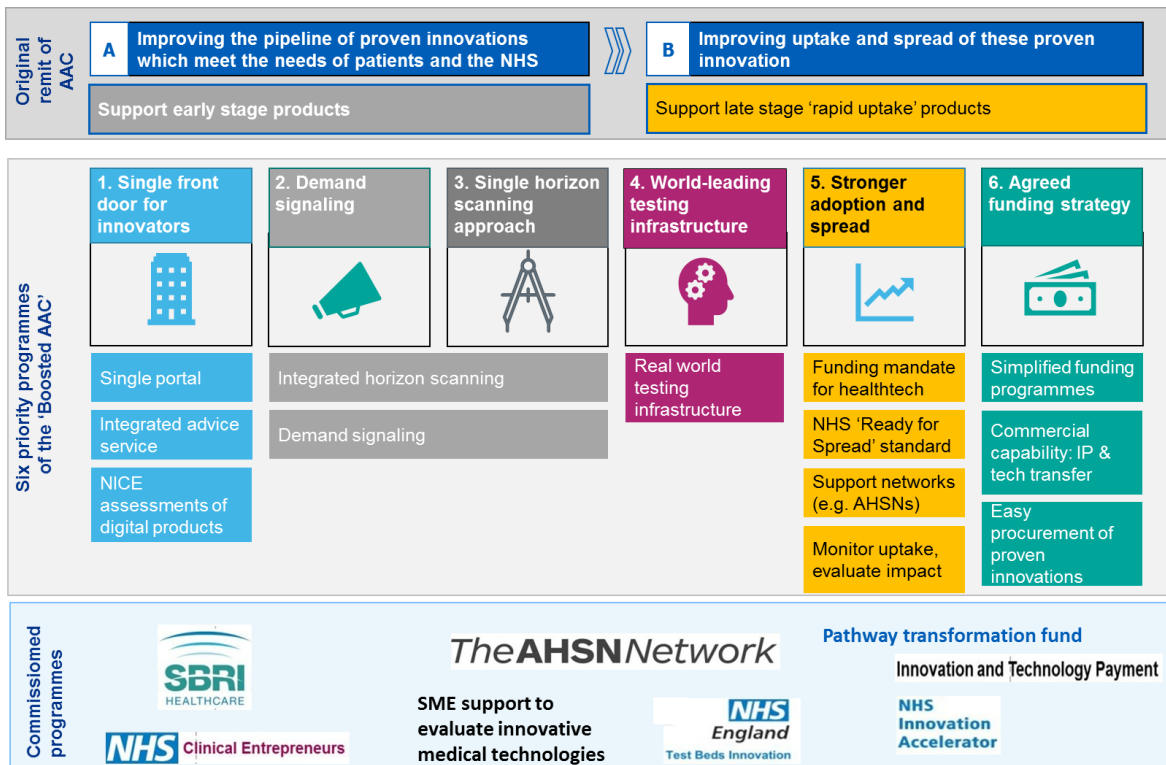
6. The Secretary of State outlined six priority areas for the AAC's immediate focus:
 - Create a "single front door" to the innovation ecosystem. envisioned as an online portal with information, support, and signposting that links to existing teams that provide more detailed advice on certain aspects of the innovation pipeline (AHSNs' innovation exchanges for local testing opportunities, NICE's scientific advice for queries regarding evidence etc.). In turn we anticipate these partners will also include signposting on their existing portals to the AAC portal.
 - Bring together horizon scanning for the best new innovations, so that the UK's health services has an idea of what is coming down the track and is aligned and prepared to support them;
 - Develop an approach to local and national demand signalling, sending clear signals to the market about what the NHS needs, or the problems it is facing and would like the market to address;
 - Establish globally leading testing infrastructure that provides the necessary opportunities for innovators to develop and improve their products,

collaborate with the NHS, and establish the high-quality evidence that clinicians need for adoption and spread;

- Improve the quality of adoption and spread support for the best new innovations, to deliver on the innovation commitments in the NHS Long Term Plan and the second Life Sciences Sector Deal, including through better join-up between the AAC and Specialised Commissioning;
- Deliver better practical innovation support funding in line with HMG's health innovation funding strategy.

7. The AAC delivery team in NHSE/I and the Office for Life Sciences developed the boosted AAC's detailed work programme by considering the innovation commitments in the Long Term Plan for the NHS, the Life Sciences Sector Deal 2 and the Secretary of State's Tech Vision, aligning these with the six objectives above and creating 15 workstreams (Figure 1).

Figure 1: Workstreams to deliver the six objectives of the boosted AAC



8. These workstreams have been phased throughout 2019/20, with the workplan of the AAC outlined in Appendix A.

9. The six objectives for the AAC outlined by the Secretary of State sit alongside a broader set of activities which are already being carried out by AAC partners to improve the wider innovation ecosystem. These activities include:
- MHRA's work on innovative regulation, establishing a regulatory pathway for genomic tests and methods and supporting advance therapies manufacturing by establishing a framework for point of care manufacture;
 - The Implementation of the 2019 Voluntary Pricing Scheme, including a number of access-related commitments e.g. the NICE methods review and the creation of a new commercial framework by NHSE;
 - The establishment of NHSX to drive digital and healthtech in the NHS including the creation of open standards;
 - The establishment of a National Genomics Strategy;
 - Cross partner work to improve the speed and efficiency of clinical trials in the UK;
 - Implementation of the Life Sciences Sector Deal including the establishment of the "Accelerating the Detection of Disease" challenge and work to improve access to finance for health tech innovation;
 - Increasing the focus on innovation in accountability mechanisms, including the new innovation metric within the CQC framework.
10. It is not the intention that these wider actions should be undertaken explicitly by the AAC (or brought under its purview). However, the board could act as a forum by which cross-cutting activities which impact on the innovation ecosystem can be explored and aligned. The AAC delivery unit could support in this co-ordinating role.

Current areas of focus for the AAC delivery function

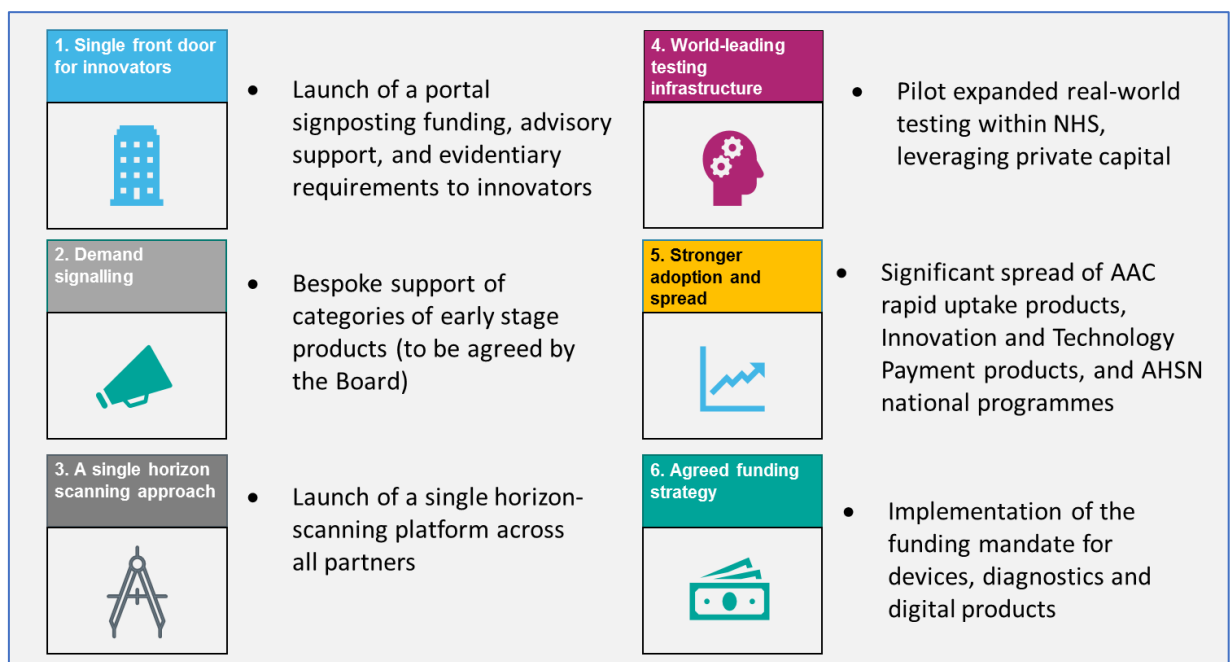
11. The AAC delivery function's current work includes:
- Initiating four of the workstreams indicated in Figure 1, including:
 - i. Creating an innovator portal;
 - ii. Developing a single horizon scanning function;
 - iii. Introducing a funding mandate for devices, diagnostics and digital products by May 2020;
 - iv. Identifying factors associated with greater adoption of innovation in Acute Trusts to inform the CQC's innovation measure;

- Significantly expanding the support offered to rapid uptake products which were identified by the AAC last year;
- Communicating the role of the boosted AAC, with the launch of a new website, presentation at 10 events, 2 newspaper articles, a monthly blog and Twitter activity. During July, communications activity will shift to:
 - i. increasing awareness of the AAC in member organisations with webexes offered for each AAC member organisation;
 - ii. sharing the decisions of the Board through publication of summary papers on the AAC website

Key deliverables for the AAC in the first 12 months

12. The credibility of the boosted AAC will rest on our ability to deliver visible changes to the innovation ecosystem at pace. We therefore propose we focus on six key deliverables in the next 12 months (Figure 2).

Figure 2: Key deliverables for the AAC in 2019/20

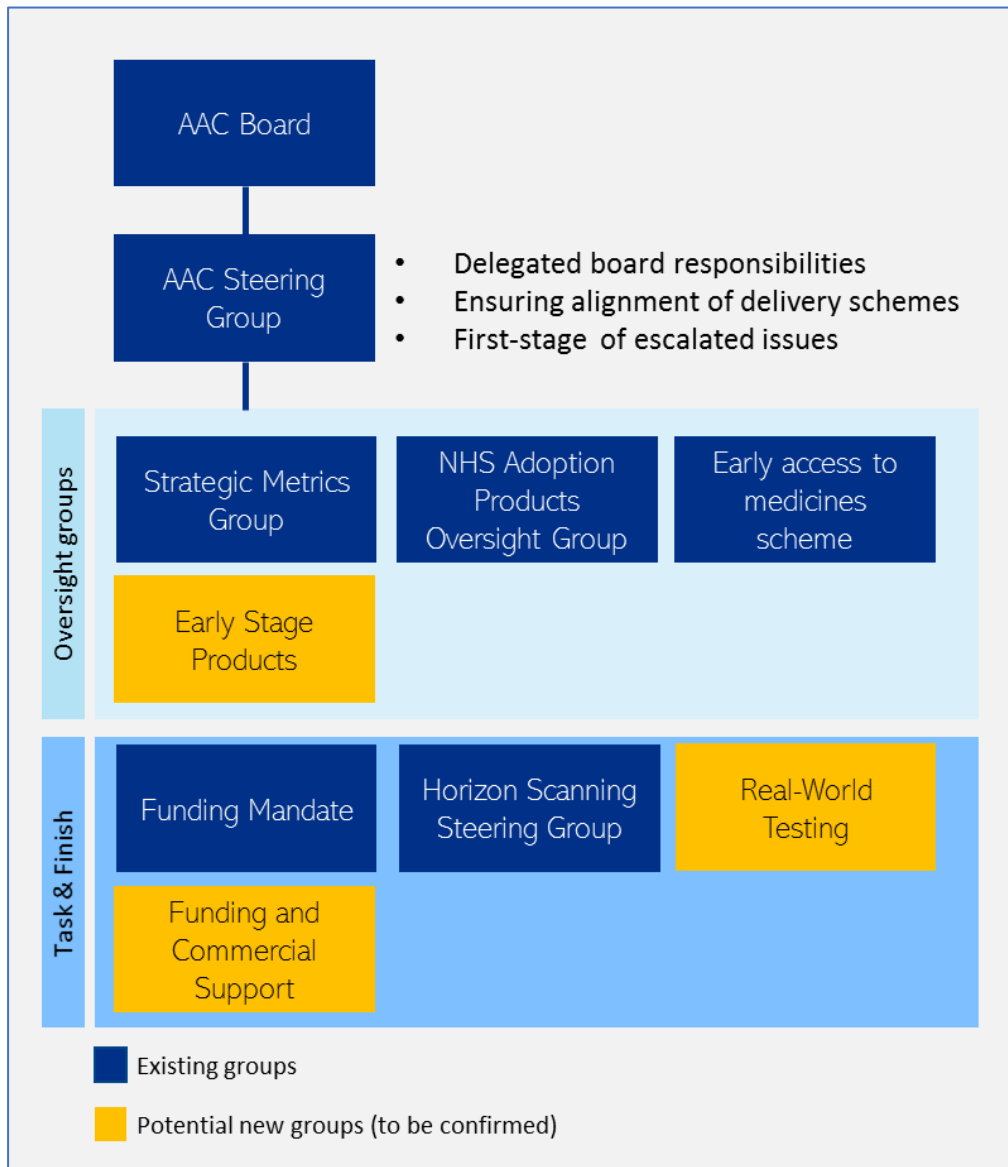


Governance and accountability

13. The responsibilities of the AAC will continue to be discharged through the AAC Board, supported by the AAC Steering Group. In addition, member organisations of

the AAC are invited to be involved in the detailed work of the 15 workstreams outlined above and the standing sub-groups of the AAC Steering Group (Figure 3).

Figure 3: Governance of the AAC



14. Responsibilities of the AAC Board:

- Given the expanded remit of the AAC, the role of the Board should expand to include:
 - i. Oversight of the boosted AAC’s work programme;
 - ii. Selection of early stage products (pre-NICE approval) or late-stage rapid uptake products (post-NICE approval);

- iii. Ensuring strategic alignment of programmes that may affect the innovation ecosystem substantially but are beyond the AAC's direct responsibility (point 9 above).
- An updated Terms of Reference, reflecting this expanded role of the Board is included in paper (04)(03);
- Membership of the Board will also be expanded to include the Chief Executive of NHSX and the BioIndustry Association.

15. Responsibilities of the AAC Steering Group:

- In a similar vein, the role of the AAC Steering Group will expand to encompass:
 - i. An expansion of oversight to reflect the boosted remit of the AAC, with a focus on alignment across oversight and task & finish groups (Figure 3);
 - ii. Delegated actions as agreed by the board;
 - iii. Supporting oversight groups to resolve member concerns or escalated issues before these are raised at a board-level.
- We propose expanding the membership of the AAC Steering Group to include representatives aligned to all Board member organisations. However, as some discussions of the Steering Group will involve commercially-sensitive decisions such as selecting products for AAC support, members of industry associations will be included in the Steering Group by invitation.

Board members are asked to:

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- **Consider the role of the Board, given the AAC's expanded remit, and agree an updated terms of reference;**
- **Agree key deliverables for the AAC for the next 12 months**

Appendix A

The priorities of the AAC Delivery Team have been phased across the year.

