



Public Policy Projects

“Delivering the NHS Long-Term Plan”

with guest speaker Chief Executive for NHS England **Simon Stevens**

Tuesday 16th July 2019

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Foreword

Ben Howlett
Managing Director
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Advancing
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Gilead Sciences, Inc. is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need.

The company strives to transform and simplify care for people with life-threatening illnesses around the world. Gilead has operations in more than 35 countries worldwide, with headquarters in Foster City, California.

Published earlier this year, the NHS Long Term Plan is one of the most comprehensive policy documents ever produced by a universal healthcare system. As its architect, Simon Stevens has been at the forefront of championing the system's sustainability so that the NHS is fit for purpose in ten years' time.

In producing the NHS Long Term Plan and following the successful implementation of the Five Year Forward View, the leadership turned to those who know the NHS the best; frontline health and care staff, patients and their families. The team at NHS England have produced an ambitious but realistic plan designed to deliver actionable insights. The aim is simple: To give everyone the best start in life; deliver world-class care for major health issues, such as cancer and heart disease, and help people in old age.

Since its publication, Public Policy Projects has delivered several roundtables in partnership with NHS England, turning the NHS Long Term Plan policy into practice. For the acute, community and primary healthcare sectors we have championed the need for clear implementation planning, shared best

practice and further uptake of new innovative technologies and medicines.

In addition to Simon Stevens' keynote speech, we are pleased to hear from Hilary Hutton-Squire, General Manager of UK & Ireland at Gilead Sciences as sponsors of the event. Great collaboration with industry is vital to delivering on the objectives of the NHS Long Term Plan. Such innovations as CAR-T must be further embedded across the system and Public Policy Projects continues to explore ways to see patient outcomes improve.

Often in policy, documents are published and left on the proverbial shelf, gathering dust. At Public Policy Projects, we believe that this document should be shared, embedded, implemented and utilised. Our Summer Reception with Simon Stevens enables our network to come together for a solid discussion around delivering the Long Term Plan. For our audience tonight, we therefore give the opportunity to share examples of best practice and discuss ways that NHS England and partners can support its delivery.

We hope you enjoy your evening and look forward to seeing you at our Annual Conference in October.

For more information, please visit www.gilead.com.
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Our speakers this evening



Simon Stevens

Chief Executive
NHS England

Simon Stevens is CEO of NHS England, which leads the NHS' work nationally to improve health and ensure high quality care for all. As the NHS Accounting Officer he is also accountable to Parliament for over £100 billion of annual Health Service funding.

Simon joined the NHS through its Graduate Training Scheme in 1988. As a frontline NHS manager he subsequently led acute hospitals, mental health and community services, primary care and health commissioning in the North East of England, London and the South Coast. He also served seven years as the Prime Minister's Health Adviser at 10 Downing

Street, and as policy adviser to successive Health Secretaries at the Department of Health.

Simon was born in Birmingham, and was educated at Balliol College, Oxford University; Strathclyde University, Glasgow; and Columbia University, New York where he was Harkness Fellow at the New York City Health Department. He is married with two school-age children and volunteers as a director of the Commonwealth Fund, a leading international health charity. He has also been a trustee of the Kings Fund and the Nuffield Trust and Visiting Professor at the London School of Economics.



Hilary Hutton-Squire

General Manager & Vice President
Gilead Science, Inc.

Hilary Hutton Squire, is the General Manager and Vice President of Gilead Sciences in the UK and Ireland with 15 years of leadership roles, in both country and international roles. She has a Master of Chemistry degree from University of Oxford and a MSc in Information Management from Brunel University. Hilary has 20 years of extensive industry experience including previous roles at Novartis, IMS

Health and GSK. In her role at IMS Hilary worked with a range of companies of different sizes and so understands the needs of both small biotech as well as bigger companies. Hilary's wide experience includes working in oncology, antivirals, inflammation, respiratory, ophthalmology and rare genetic diseases as well as her considerable UK work, she also has international expertise in market access.

Agenda

“Delivering the NHS Long-Term Plan”

Simon Stevens, Chief Executive, NHS England

6.00pm:

Arrival

7.00pm:



Chairs Welcome - Rt Hon Stephen Dorrell, Chair - Public Policy Projects

7.05pm:



Hilary Hutton-Squire, General Manager UK & I - Gilead Sciences: Partnering with industry to maintain UK's position as a thriving life science ecosystem

7.15pm:



Simon Stevens, Chief Executive - NHS England: Delivering the NHS Long-Term Plan

7.25-7.45pm:

Q & A

7.45-8.30pm:

Networking Drinks & Canapés



Partnering with industry to maintain the UK's position as a thriving life science ecosystem

We all want to do what we can to ensure that the best care possible is delivered through the NHS. And we are lucky to be living in a golden age of scientific research and we expect to see dramatic advances over the course of the NHS Long Term Plan - new technologies will emerge, new innovative and sometimes 'personalised' treatments will be pioneered, and the very meaning of 'healthcare' may shift entirely from its current understanding. But this decade of change will not be without its pressures.

The NHS continues to face challenges from increased demand and an ageing population, not to mention the threats of antimicrobial resistance, growth in co-morbidities, and rare and previously undiagnosed or untreatable conditions. Significant investments will be required to research, develop and test new innovative medicines to beat these challenges. However, according to a recent report from Deloitte, pharmaceutical company R&D returns fell from 10.1 per cent in 2010, to just 1.9 per cent in 2018. During the same period, the

average cost of bringing a medicine to market rose from \$1.19 to \$2.17 billion.

The Life Sciences industry is a thriving sector in the UK contributing over £30 billion per year to the economy and supporting around half a million jobs. The industry leverages private investment to fund research and development that has changed the face of medicine over our lifetimes. And yet, it remains controversial, with challenges to drug pricing making regular headlines. "It is a tremendous responsibility to be

part of an industry that delivers health improvement and innovation through a 'for-profit' model" acknowledges, Hilary Hutton-Squire, General Manager and VP for Gilead Sciences UK & Ireland. "The industry is able to leverage global investments into research and development to make huge breakthroughs in the management of disease. But to do this, we need to ensure that medicines are valued in the right way. Too high and the health systems can't justify the investment in the here and now - but too low and we risk stifling development in areas of unmet need for the future."

"When you ask for investment into something where 95 per cent of projects will fail, then your investors want to know that your technology will be appropriately valued if it succeeds." One of the primary challenges facing the industry is how to better explain to the public the value it brings to patients, communities and society, and why the model operates as it does.

"Industry must play its part by better communicating the work it is doing to combat and cure potentially fatal diseases" Hilary explains. "At Gilead, our staff take pride in the work they do but too often we don't talk about it. I encourage my teams to have conversations with their friends and families to explain what the company does for patients and why."

Our exit from the EU will change Britain's position in the world, as well as the perception of the UK among global boardrooms. If the UK is to remain as an appealing market for investment, and if we want patients in the UK to continue to be able to access the most innovative and life changing medicines, then the way that industry and the NHS work together must respond to this challenge.

If government and industry are willing to explore new partnerships, these can act as the catalyst for more cooperative and productive ways of working together to deliver better healthcare to patients. Hilary speaks from the perspective of someone

who works for a company that is focused on solving some of the biggest health challenges today in HIV, liver disease and cancer; with a team motivated by the urgent need to develop medicines that help save and improve lives. "We in the industry must work to build closer partnerships with the NHS, following the example of the recent Hepatitis C Elimination Deal which reflects the commitment from NHS and Industry to work together to eliminate this life-threatening disease by the end of the NHS Long Term Plan."

Partnerships have also been crucial to the delivery of the ground-breaking CAR-T cell therapy, which was made available to patients in England and Wales within weeks of European market authorisation. The complexity of delivering this personalised therapy - which involves reprogramming the patient's own immune system to target cancer - required very close cooperation between industry, the delivery hospitals and the NHS. Each party bringing a broad range of expertise to ensure that patients receive the right levels of care and support and have access to this new treatment option.

For similar benefits to be seen elsewhere across the health service, long-term partnership and planning is absolutely vital. Systematic collaboration and earlier, regular consultation between senior NHS policymakers and industry

representatives can facilitate this, enabling the most recent innovations to be made available to UK patients. If the future of

medical innovation is to reach UK patients, this model of shared engagement and partnership is the model to be followed.



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General Manager,
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Why Primary Care Networks sit at the heart of the NHS Long Term Plan

By Dan Male, Editor of PCJ

On 1 July, over 1,200 Primary Care Networks (PCNs) came into being across England. Many of these networks were already up and running and delivering improved outcomes for patients in their area. However, others are still finding their feet and assessing how best to use the resources at hand to improve care and deliver on the aims of the NHS Long Term Plan.

While the addition of 'PCN' to the growing list of confusing health acronyms may cause some to roll their eyes in exasperation. In this case, it would be a mistake. Due to the manageable size of patient/population cohorts that PCNs seek to serve – a flexible 30-50,000 range to account for geographic and demographic variation – leadership is able to be dynamic enough to have impact, while operating at sufficient scale to allow for larger schemes to be successfully implemented.

The trailblazing Primary Care Home model, pioneered by Dr Nav Chana and Professor James Kingsland at the NAPC, demonstrated the importance of strong leadership and 'building system-wide relationships' in order to improve population health. PCNs will take the learnings from here and package them up in a national framework enabling them

to benefit from the Royal College of GPs 'six enablers' as outlined in their Vision for General Practice: Funding, workforce, modernised GP premises, training and education, digital technology and research and innovation.

Integration, prevention and digital

The NHS Long Term Plan, which set the direction for health and care delivery in England for the decade ahead, placed an emphasis on three key areas; integration, prevention and digital. Each of these is likely to be a top consideration for the newly assigned Clinical Directors – the formal leads for every PCN. While the practical size of PCNs enables these policy focuses to be impactable within visible timeframes, the supporting framework at the national level gives them credibility and the necessary support to act on the directives.

Integrating services starts with workforce. GPs will recruit multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers to support PCNs, freeing up family doctors to focus on the sickest patients. These will sit alongside newly created Integrated

Care Systems which link primary care providers to acute sector trusts and community services. Going further, PCNs have the opportunity to engage further with local government to ensure the specific needs of communities are met.

Simon Stevens, Chief Executive of NHS England and Improvement, called the new way of working one that will "keep all that's best about British general practice, while future-proofing it for the decade ahead," adding that, as PCNs get up and running, "patients will begin to see the benefits, freeing up GPs to focus on the sickest."

This endorsement has been supported by funding for primary medical and community care which has seen increases as a share of the NHS budget for the first time in the health services' 71-year history. An extra £4.5 billion a year is to be invested in primary care by 2023. This is expected that this boost will further empower GPs ability to identify, intervene and prevent illness before it develops.

Through PCNs, GP practices will be able to drive further action detecting and preventing conditions such as cancer and heart disease, as well as doing more to tackle obesity, diabetes and mental ill health, and support older people at home and in care homes. In the case of Healthier

South Wirral PCN, for example, Age UK worked in partnership with the PCN to appoint Personal Independence Care workers as part of a frailty pilot aimed at helping people in their own homes. In this locality, the network has reduced the need for GP appointments among those getting proactive support by more than half, and experienced a 25 per cent reduction in unplanned hospital admissions.

With Leadership from the Department for Health and Social Care and support from bodies such as NHSX and NHS Digital, PCNs can open the 'digital front door' to new innovations. The conditions are now in place for technology such as video consultations and digital appointments to be adopted across primary care services. Of course, for this to be impactful, effective data sharing processes need to be implemented. The LTP set an ambitious vision and, even in their earliest days, PCNs look to be instrumental in seeing it to reality.

Article originally published on: primarycarejournal.co.uk



Time for a change? Making the case for wellbeing policy

By Dan Male, Editor of ACJ

Last month, Labour's Shadow Health and Care Secretary, John Ashworth unveiled his plan for a Future Generations Wellbeing Act to enshrine a 'health in all policies' approach to policymaking. This would ensure that health and wellbeing is taken into account in all public policy decisions. Currently, this exists as little more than a sapling being explored in partnership with the Fabian Society. However, it is not unfamiliar elsewhere around the world.

In May, the government of New Zealand announced policy changes to move beyond GDP as a core policy measure and instead allocate billions of dollars to mental health services and child poverty reduction as part of their alignment towards wellbeing. They are absolutely right. For too long policy has been measured against GDP, a metric

which is outdated and ineffective at delivering improved wellbeing for people, and social value for communities. Through its use, we have seen an increase in inequality in many places. In particular, health inequalities; disparities which are now measured in the decades between the most and least deprived parts of the UK. Not only can you expect to live a shorter life in more deprived parts of the country, but the number of years you can expect to live in good health varies dramatically. This is all preventable and comes down to the social determinants of health.

CVD is responsible for 1 in 4 preventable deaths in the UK and people are four times more likely to experience CVD in the North West of England compared to the South East. This results in the 10 per cent most deprived in our population being twice as likely to die as a result

of CVD than the 10 per cent least deprived. So long as productivity remains a core policy priority, there is likely to remain a divide here as the incentives are not strong enough to make the case for practical change.

It is not all bad news. CVD is outlined in the NHS Long Term Plan as a core priority for new prevention strategies at the local level, and we will no doubt see a reduction in cases over the next few years. However, this will not be the case for all determinants and health inequalities remain, therefore, something to be addressed across the policy spectrum, not just through the NHS-led vision for the next decade. Simon Stevens should be commended for his leadership as architect of the Long Term Plan. However, it is the remainder of the policy spectrum, from housing to transport, where real change must be sought.

Starting with the introduction of the NHS Five Year Forward View, there has been a flurry of ideas about how to deliver early intervention and prevention strategies to keep people well rather than just treating them when they get ill. With growing concerns surrounding workplace wellbeing and hidden mental health issues to inactivity among young people and increasing rates of knife violence in urban areas, using wellbeing measures to develop and evaluate policies in all sectors has the potential to yield monumental benefits. With the right attention, this sapling could grow into a forest.

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The evolution and future of UK dentistry

Sara Hurley, Chief Dental Officer for NHS England, provides a comprehensive analysis of what the future holds for dentistry in the UK.

Since the beginning of the NHS, General Dental Practitioners (GDPs) have delivered the majority of NHS dentistry and contributed hugely to the improvement in the oral health of the nation. The need for dental care endures but the evident changes in dental disease patterns suggest a need for a greater emphasis on different treatments and integration care pathways.

The requirement for a change in tack and a reconfiguration of the workforce was at the heart of the 2009 Steele Review, frequently cited for its recommendation that NHS dentists be paid according to the number of patients seen, as well as their quality of service. It is expected they focus on disease prevention and not just treatment. Professor Steele's Review also highlighted how much of the routine clinical work traditionally carried out by a dentist might be undertaken by a suitably trained therapist in the future.

What does the Long-Term Plan mean for dentistry?

The intent and ambition behind the 2014 "Call to Action" have evolved over the past four years as its key tenets have re-emerged within the NHS Long Term Plan (LTP). Rather than a siloed "strategy for dentistry," we now have tangible examples of integration of dental care and oral health, as the concept of "putting the mouth back in the body" is progressed.

Notable within the LTP and the integration of oral health is the focus on "a strong start in life for children and young people". The LTP highlights the "Starting Well Core" dental access initiative, the focus on early and holistic prevention and reducing inequalities with a redesign of the existing dental service that provides diet, healthy habit development and prevention advice for early years families.

Early evaluation of the Starting Well Core indicates success in advancing access opportunities for 0 to 2-year-olds, and a raising of public and professional awareness of "Dental Check by One". A small



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reduction (7.8 per cent in 2017) in the number of 0 to 4-year-olds admitted to hospital for dental extractions during 2018 offers an indication of further tangible improvements that may be achieved with continued investment and roll-out of the Starting Well Core across the whole of NHS England.

Integrating care pathways with oral health

Work is underway to firmly include the oral health team into the integrated care system (ICS). Within ICSs the development of the Primary Care Network will enable the oral health message to reach a wider group of healthcare professionals for the complete treatment of patients at a community level. This relationship will be reciprocal: providing oral health perspectives to the ICSs will give them a chance to see the need to include dental teams.

With the LTP actively supporting the integration of oral health into care pathways, it has set a clear direction for national and local level recognition for intent and implementation. The LTP fosters the adoption of a more holistic approach to "good oral health" provision through placing greater emphasis on an intent to "work with partners to bring hearing, sight and dental checks to children and young people with a learning disability in special residential schools".

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