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Bringing medicines to life

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A global science superpower

The future of medicines valuation

A global science superpower: the future of medicines valuation

The Government has set out its ambition to become a world leader in the life sciences. This will mean supporting its ecosystem with effective regulation and investment; as well as promoting the adoption of new treatments being developed whilst ensuring these deliver value for money.

Reform was delighted to host a webinar on the future of medicines valuation in October 2020, with the generous support of the Association of the British Pharmaceutical Industry.

The panellists included:

- Lord Bethell of Romford, Parliamentary Under Secretary of State, Department of Health and Social Care
- Samantha Benham-Hermetz, Director of Policy and Public Affairs, Alzheimer's Research UK
- Professor Gillian Leng CBE, Chief Executive, National Institute for Health and Care Excellence (NICE)
- Dr Richard Torbett, Chief Executive, Association of the British Pharmaceutical Industry (ABPI)

As the country prepares to leave the European Union, regulatory divergence will ensue. This could give the UK a unique opportunity to optimise the regulatory and health technology appraisal process carried out by NICE. The NICE Methods Review is a good opportunity to start the discussion on how to create a dynamic life sciences ecosystem – in which companies are attracted to innovate and invest; and patients can recieve highest standards of treatments and care.

The life sciences ecosystem

The Government sees the life science ecosystem as playing an important role in helping people lead healthier and longer lives. Lord Bethell highlighted that the sector can enable greater patient empowerment as well as a reduction of disparities in healthcare outcomes across the country. These goals can be achieved with three key engines of innovation: Artificial Intelligence, big data and genomics.

Technologies like Artificial Intelligence can be used to optimise the drug development process, which can in turn reduce costs and enable patients to get faster access to medicines. This is why Dr Richard Torbett referred to us being in the "golden age of drug discovery".

To unleash the power of Artificial Intelligence, big data and genomics, the panellists agreed that there are several building blocks the UK must get right.

Matt Fetzer
Researcher
Reform

"The COVID-19 pandemic has clearly exposed weaknesses in the health system but has also been a catalyst for innovation."

Firstly, it must invest in its digital infrastructure to ensure that the data pipeline needed to power these technologies is in place. Secondly, the UK must reform its clinical trials regime to focus on reaching out to a more diverse set of patients and by learning key lessons from COVID-19. Finally, having the right regulatory system in place is particularly pertinent as the UK prepares to leave the EU. This would mean injecting more efficiency in the regulatory process by trying to align where possible some of the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) and those of NICE. Gillian Leng commented how the increased collaboration between these two bodies during COVID-19 has been beneficial in preparing for this transition.

NICE Methods Review

NICE plays a crucial role in the life sciences ecosystem and and as Lord Bethell commented it is the "envy of the world". Part of its role is to assess whether a new drug or device provides value to patients and the NHS through its health technology assessment. Although NICE consistently updates its methods, the Review is set to be the biggest in the last 20 years.

Gillian Leng highlighted that the Review would be an opportunity to improve the appraisal process to achieve better outcomes for patients, industry and the taxpayer. It is also a chance for the UK to attract innovators in this space post-Brexit. In Lord Bethell's words, this can promote Britain as "a place where you should be introducing medicines and showcasing them."

The Methods Review must also be balanced and make sure patients can gain access to new treatments, according to Samantha Benham-Hermetz.She brought attention to a recent report from the Institute of Cancer Research, which states it is "now taking longer to get drugs through clinical trials and into the NHS than it was a decade ago."

This signals the need for change as it is key that medicines that make it onto the market and are cost effective, actually reach patients.

A key part of the Review will be to address challenges in the assessment of new medicines under the current framework, and potentially according to Gillian Leng bring "more innovative medicines in the system earlier." She focused the top three priority areas covered by the Review which are: modifiers, the value framework for how decisions are made; uncertainty, refining the approach to understanding uncertainty in decision making about technologies and treatments; and discounting, understanding the net present value of future benefits that might accrue from a treatment.

The panelists agreed that reforms to these priority areas would help patients access innovative treatments faster and, in Lord Bethell's words, ensure that "we actually adopt the innovative science that is developed through the life sciences mission."

The patient perspective

Medicines development and valuation is most effective when those who benefit from new treatments are included in the process. However, considering how to include them in this process was raised as a key concern. Samantha Benham-Hermetz made the case for greater patient involvement in the early stages of drug development, stating that patients often feel their involvement in NICE reviews is "tokenistic"

Giving patients a voice means understanding there is a "wider range of considerations" than just the individual, such as carers for those who suffer from Alzheimer's..Gillian Leng agreed that patient voice is critical and stressed that going forward NICE is always looking for fresh ways to collect views from patients so that it is as effective as possible.

Diversity and clinical trials

To reduce healthcare inequalities and to make sure that effective medical treatments are available for everyone, it is crucial that clinical trials recruit a more diverse set of patients. Panellists highlighted that bias in clinical trial data has been well documented and COVID-19 has provided an urgent reminder that action is needed. Richard Torbett emphasised that early dialogue and engagement with communities is crucial to achieve greater diversity in clinical trials.

There are various innovative solutions that could be explored to improve diversity in clinical trials. Samantha Benham-Hermetz suggested that the Government look to the United States, where initiatives led by tech start-ups are successful at improving diversity. By changing to trial settings away from acute care and using courier services to deliver medicines to peoples' homes, a more diverse pool of patients could be reached.

Lessons from COVID-19

The COVID-19 pandemic has clearly exposed weaknesses in the health system but has also been a catalyst for innovation – panellists agreed that this should be carried forward. Lord Bethell referenced the Oxford RECOVERY trial, which achieved therapeutic results quicker than anywhere else in the world. However, the re-starting of clinical trials, which were paused during COVID-19, has been slow. Action needs to be taken quickly to combat this.

Streamlining the clinical trials process could save valuable time and help the clinical trials pipeline get back on track. Generally, clinicians can find it difficult to carry out trial work alongside their daily duties. However, as shown by the RECOVERY trial, increased process efficiency which reduces the amount of data healthcare workers need to collect, has a huge impact on clinicians' involvement in trials.

The pandemic brought about an important cultural shift in healthcare around data sharing. Historically, the health and care system has suffered from a lack of data sharing due to cultural barriers and misconceptions around regulation. However, there was a much more proactive approach to data sharing during the pandemic. It was not the case of "throwing out the rule book", according to Lord Bethell, but of giving people more space to be creative in how they share data across organisations.

For the UK to become a global life science superpower, its regulatory and medicines valuation regime needs to be updated and optimised. Patients need to be placed at the centre of this, by ensuring that the diagnostics and treatments pipeline delivers world class care safely and equitably. The NICE Methods Review is an opportunity to update current assessment frameworks and ensure that patients get rapid access to the most cost-effective treatments.

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