

# Enhancing Access to innovative Treatments AAC RUP programme

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# The Accelerated Access Collaborative

The single umbrella body across the UK health innovation ecosystem to improve adoption bringing together a range of partners.

“Under Lord Darzi’s leadership, the partners of the AAC will be tasked with working together to oversee the health innovation ecosystem, **ensuring we have a seamless and efficient approvals process for new innovations ....**”

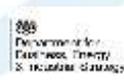
To enable this, a new dedicated unit is being established within NHSE and NHSI... This unit will be led by a dedicated chief executive who will jointly report to DHSC ministers and NHSE and NHSI.”

*Nicola Blackwood  
Health Minister  
May 2019*



omic Health  
e Network  
and North Cumbria

## The partners



## Key figures



Lord Darzi



Sir Simon Stephens



Matt Whitty



Prof. Gill Leng



Prof. Chris Whitty



Dr Louise Wood

<https://www.england.nhs.uk/aac/about-us/aac-board-members/>

NHS England and NHS Improvement

[www.ahsn-nenc.org.uk](http://www.ahsn-nenc.org.uk)

@AHSN\_NENC

# Our Programmes

Idea



Proof of concept



Real-world testing



Adoption and spread

Artificial Intelligence Health and Care Award

Academic Health Science Centres

Clinical Entrepreneur Training Programme

AAC Early Stage Innovations

Small Business Research Initiative for Healthcare

Test Beds

Early Access to Medicines Scheme

NHS Innovation Accelerator

AAC Rapid Uptake Products

Pathway Transformation Fund

Innovation and Technology Payment

The AHSN Network National Programmes

The AAC's programmes span the entirety of the innovation pathway, to get *the best innovations to patients, faster*



# The Accelerated Access Collaborative

Accelerating access to transformative healthcare technology to make the NHS one of the most pro-innovation health systems in the world.

- A** Improving the pipeline of proven innovations which meet the needs of patients and the NHS
- B** Improving uptake and spread of these proven innovation

<b>1. Single front door for innovators</b> 	<b>2. Demand signalling</b> 	<b>3. A single horizon scanning approach</b> 	<b>4. World-leading testing infrastructure</b> 	<b>5. Stronger adoption and spread</b> 	<b>6. Agreed funding strategy</b> 
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2019-2020  
Rapid  
Uptake  
Products

**High Sensitivity Troponin**

Early rule out for heart attack by high-sensitivity troponin tests



**PIGF Testing**

Rule out of preeclampsia by placental growth factor-based tests



**HeartFlow**

HeartFlow Non-Invasive Coronary Artery Disease Detection



**PCSK9i**

PCSK9 inhibitors for the management of hypercholesterolemia



**Cladribine**

Cladribine for very active relapsing-remitting multiple sclerosis



**UroLift**

UroLift for treatment of Benign Prostatic Hyperplasia



**FIT**

Quantitative faecal immunochemical tests for colorectal cancer in symptomatic patients



# Recap: Why were PCSK9 inhibitors selected by the AAC for PTF

1. NICE approved technology.
  1. TA393 - [www.nice.org.uk/guidance/ta393](http://www.nice.org.uk/guidance/ta393) [1]
  2. TA394- [www.nice.org.uk/guidance/ta394](http://www.nice.org.uk/guidance/ta394) [2]
2. Full evidence of clinical and cost effectiveness [3,4]
3. Helps address an NHS priority.
  1. CVD prevention is a key priority in the NHS Long Term plan and raised cholesterol was highlighted as a key modifiable risk factor.
  2. CVD is the biggest cause of premature mortality in the UK: For every 1 mmol/L reduction in LDL-C there is a 23% REDUCTION IN MAJOR VASCULAR EVENTS [5]
4. Adoption within the system was significantly lower than expected
  1. The NHS Innovation Scorecard showed uptake of these medicines was between 72% and 77% lower than expected [6]
5. Recognised as having proven value, either in terms of system efficiencies or health gains [1-4].

# \* Recap barriers preventing the uptake of PCSK9 inhibitors



## Lack of patient identification

Almost no policies, incentives or initiatives to drive cholesterol measurement/management



## Restricted prescribing (Red)

Prescribing is restricted to secondary care. Limits the number of prescribers/ may create long wait times



## Inconsistent pathways

Variations in care pathways for elevated LDL-C across England



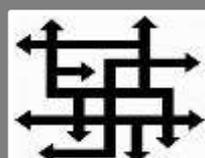
## Sporadic LDL-C measurement

An LDL-C measurement is required to initiate a PCSK9 inhibitor - not routinely measured or recorded



## Limited awareness

Some clinicians are unaware of the need for PCSK9 inhibitors and particularly in primary care lack of knowledge that this class of drugs exist



## Treatment complexity

LLT optimisation involves multiple steps & repeated blood measurements before PCSK9i considered

# Activities led by the RUP product working group supported by the AAC

