Improving uptake and adoption: horizon scanning and system preparation

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Background and policy context

- Horizon scanning is a vital tool to understand the future healthcare environment and is a central pillar of medicines policy at NICE, NHS England and the DHSC.
- The Specialist Pharmacy Service (SPS) has built an enhanced horizon scanning program for late-stage medicine horizon scanning which provides a number of scans ranging from rapid to fully enhanced.
- The late-stage medicine horizon scanning program fits into a complex UK-wide ecosystem for horizon scanning which includes a plethora of stakeholders with various overlapping programmes looking at different timeframes and different types of innovation and technologies.
- 2024 Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) reconfirms the shared ambition for health systems involved in all elements of the provision of medicines and health services in the UK to have comprehensive and up-to-date information about the products coming through the pipeline.
- Program docks with other cross-Governmental initiatives e.g. Medicines and Medical Devices (MMD) Access initiative.

There are a growing number of technologies and therapeutic areas which are challenging to evaluate and complex to implement

- **Lecanemab and donanemab** are currently being assessed for dementia with key challenges including the cost and capacity of expanding diagnosis, high administrative costs and extensive follow-up requirements. The incremental clinical benefit with the products are modest.
- GLP-1 products in obesity (**tirzepatide and semaglutide**) are challenging due to the service requirements for the NHS to implement and the scale of the budget impact. A funding variation was required (tirzepatide), and this brings into focus the methods for application of the mechanism.
- **MASH** (non-alcoholic fatty liver disease) is an area of rapid pharmaceutical development from 2025-2030 and the NICE HTA lab are actively looking into this therapeutic area. NICE ran a masterclass for pipeline manufacturers in December 2024.
- Products such as **teplizumab** for type 1 diabetes and **dupilumab** for chronic obstructive pulmonary disease (COPD) will be complex to evaluate and implement due to screening requirements and/or service infrastructure issues.

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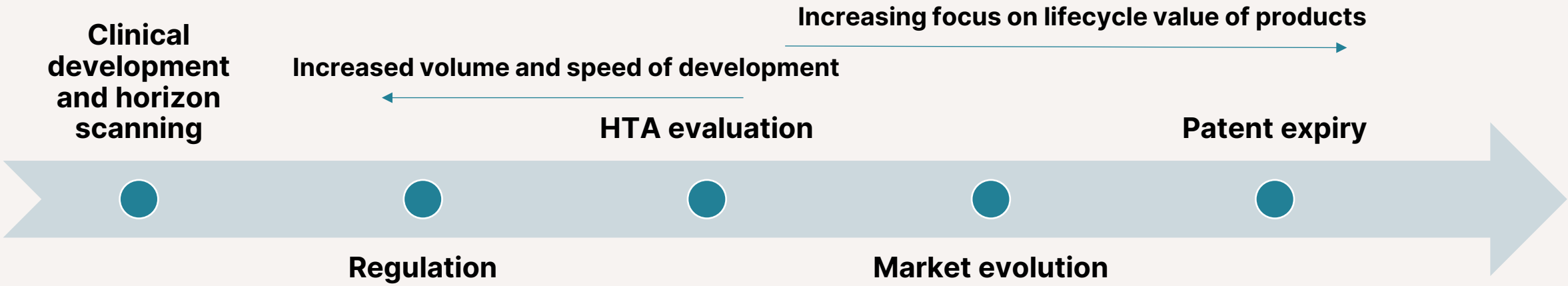
Looking at lifecycle value: collaboration is vital to ensuring the end-to-end pathway delivers timely medicine access for patients

MHRA, NICE and NHS England actively collaborate to ensure the end-to-end pharmaceutical pathway is robust and delivers clinically and cost-effective medicines to patients in a timely manner.



Industry play a vital role across the end-to-end pathway lifecycle. 3 key reflections:

1. Providing horizon scanning information is vital to ensure the NHS is ready to regulate, evaluate and crucially implement products.
2. Preparing a simple value proposition – engage early and utilise the existing channels to optimise this and have these conversations upfront.
3. Market access does not end with positive NICE guidance – industry can support the NHS to ensure the service is ready to deliver the latest innovations.

The future – service evidence generation via pathway modelling – the key is ensuring granular work in advance of technology appraisals

Pre-appraisal phase → **Post-appraisal phase** →

Stage 1: Horizon scanning

- Horizon scanning identifies key topics and provides initial assessment of technologies and pipeline.
- Initial pathway mapping and clinical engagement undertaken via enhanced horizon scanning.

Stage 2: Granular pathway mapping and initial costing

- Granular mapping of the patient journey – this includes an assessment of resource implications and initial costings.
- Engagement with clinical and costing experts to refine assumptions and inputs.

Stage 3: Service model building*

- Based on granular pathway mapping and costing work, develop initial version of model (or models).
- Patient flows and key assumptions should be transparent.
- Produce version 1 of the model to test with key stakeholders.

Stage 4: Model refining and clinical validation

- Refine model and gain feedback based on initial version.
- Refinement can be linked to clinical assumptions, costing assumptions and/or missing data.
- Important to note evolving scenario (e.g. clinical evidence, SmPC).

Stage 5: Quality assurance , model updates and outputs

- Independent review of the model to Quality Assure (QA) assumptions and inputs.
- Produce revisions to the model as required.
- Share outputs in line with key internal and external process milestones.

Stage 6: Post-appraisal monitoring and data collection

- Post-appraisal monitoring and data collection to reflect uncertainty in service evidence generation/pathway modelling.
- Check that product delivery model and uptake is optimal (e.g. if a funding variation is implemented).

Link back to horizon scanning

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*noting that there may be multiple service models to build/test