

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC13:

Ymateb gan: | Response from: The Association of the British Pharmaceutical Industry



16th May 2023

Supporting people with chronic conditions

About the ABPI

The ABPI exists to make the UK the best place in the world to research, develop and use new medicines and vaccines. We represent companies of all sizes who invest in discovering the medicines of the future.

Our members supply cutting-edge treatments that improve and save the lives of millions of people. We work in partnership with Government and the NHS so patients can get new treatments faster and the NHS can plan how much it spends on medicines.

Every day, we partner with organisations in the life sciences community and beyond to transform lives across the UK.

This consultation response is submitted by Dr Richard Greville on behalf of ABPI Cymru Wales. We give permission for the contents of this response to be made public. If you require any further information, clarification, or we can provide further briefing, please contact the ABPI Cymru Wales office – [REDACTED]

Background

Thank you for the opportunity to contribute to Stage 1 of your Inquiry on Supporting People with Chronic Conditions. We hope the information that follows may assist you in the following specific areas:

NHS and social care services

- Access to essential services and **ongoing treatment**, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.

Impact of additional factors

- The **impact of the pandemic** on quality of care across chronic conditions.
- The extent to which services will have the capacity to **meet future demand** with an ageing population.

Prevention and lifestyle

- Action to **improve prevention and early intervention** (to stop people's health and wellbeing deteriorating).
- Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking, etc.); and **to address inequalities and barriers faced by certain groups**.

Supporting People with Chronic Conditions: the role of medicines

The development and use of new medicines have been at the heart of human health and progress for hundreds of years. The ongoing discovery, development, and application of innovative medicines has changed the lives of millions of individuals, and also the global community's ability to affect population health and wellbeing. The World Health Organization (WHO) has published a list of essential medicines every two years since 1977¹. The list has grown from 208 to 479 in 2021 and reflects the importance of innovative medicines and the need for investment in their development.

However, access to innovative medicines is inequitable, not only across the globe but within the UK. Where a person lives affects their opportunity to receive the most effective treatment for them, regardless of their condition. Despite new medicines having National Institute for Health and Care Excellence (NICE)² or All-Wales Medicines Strategy Group (AWMSG)³ approval, there is significant variation in access and, against comparator countries, where the UK lags in uptake. Any unnecessary delay in access to approved innovative medicines can have an impact on those with chronic conditions.

Slower and inequitable uptake of innovative medicines contributes to poorer health outcomes, including for those populations disproportionately impacted by disease, including chronic conditions. Data drawn from England has shown that there is a greater premature mortality across numerous diseases than other better performing countries:

- 50 per cent more years lost to ischaemic heart disease than France or Spain
- 60 per cent more years lost to lung cancer than Finland or Sweden
- 50 per cent more years lost to stroke than Austria.⁴

The graph overleaf, taken from page 5 of the PwC Report for the ABPI, '*Transforming lives, raising productivity: Is the UK missing out on the full potential of innovative medicines?*'⁵ shows the relationship between mortality and medicines availability in the UK.

Using data from the European Federation of Pharmaceutical Industries and Associations (EFPIA), in their '*EFPIA Patients W.A.I.T. Indicator 2020 Survey*', April 2021⁶; and the WHO, '*Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (SDG 3.4.1)*'⁷, there is a moderate yet statistically significant, positive correlation between the median time to medicine availability and the probability of dying between ages 30-70 from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease⁸.

¹ <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>

² <https://www.nice.org.uk/>

³ <https://awttc.nhs.wales/>

⁴ <https://www.abpi.org.uk/media/5frnryxy/transforming-lives-raising-productivity-v4-may.pdf>

⁵ <https://www.abpi.org.uk/media/5frnryxy/transforming-lives-raising-productivity-v4-may.pdf>

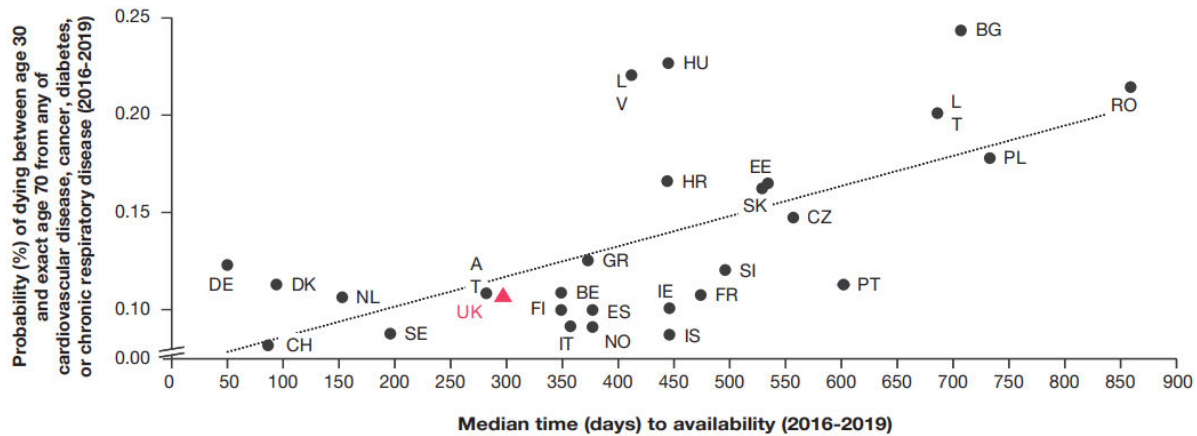
⁶ <https://www.efpia.eu/media/602652/efpia-patient-wait-indicator-final-250521.pdf>

⁷ [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-of-dying-between-exact-ages-30-and-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-(-))

⁸ (SDG 3.4.1): $r(26) = 0.637$, $p < 0.0001$.

In other words, faster access to medicines is moderately, and positively, associated with progressing against the UN’s Sustainable Development Goal regarding ‘Good Health and Well-being.’

Figure 3: Relationship between mortality and medicine availability²⁰



Source: PwC analysis of time to medicine availability data from EFPIA, ‘EFPIA Patients W.A.I.T. Indicator 2020 Survey’, April 2021; and WHO Global Health Observatory.

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In Wales, the New Treatment Fund¹⁰ has worked to address these inequalities and has been cited as an example of how government policy can change patient access to innovative medicines¹¹. However, there is more to do. By working together, system leaders and decision-makers across the health and care services, the pharmaceutical industry, universities, and the third sector can ensure that patients are able to access and benefit from innovative medicines – wherever they live, and whatever their condition.

In doing so, it can be shown how improved uptake of innovative medicines and vaccines can contribute not only to the control of disease but also to reducing the burden of care in both primary and secondary healthcare settings, where chronic conditions can make up a significant part of demand on services (e.g. phlebotomy clinics or prevention impact of vaccines for shingles, pneumococcal infection). If efforts are coordinated to embed new medicines in the redesign of service pathways and set alongside other new approaches to treatment in these conditions, such as telemedicine, patient-led assessment apps, triage services, and at-home testing, innovative treatments can support the NHS and enable its evolution into a more prevention-focused and efficient health system.

The ABPI has published widely on the vital role of medicines in supporting patient outcomes. Looking at just four medicine groups - DOACs (direct oral anticoagulants) used for the prevention of thrombosis in several cardiovascular contexts; sodium-glucose cotransporter-2 (SGLT2) inhibitors to lower blood sugar in adults with type 2 diabetes alongside diet and exercise; severe asthma biologics; and vasopressin V2-receptor antagonists used in hyponatremia associated with euvolemic (SIADH) and hypervolemic (CCF and cirrhosis of liver) states - there are an estimated 1.2 million patients across the

⁹ <https://www.abpi.org.uk/media/5frnryxy/transforming-lives-raising-productivity-v4-may.pdf>

¹⁰ <https://www.gov.wales/new-treatment-fund-access-new-treatments>

¹¹ <https://www.nhsconfed.org/publications/transforming-lives-improving-outcomes>

UK deemed eligible by HTA bodies (as proxied by NICE) who are missing out on the potential benefits of a more innovative treatment. This is a population greater than the combined populations of Glasgow, Swansea, and Sunderland¹².

According to a recent study, and in aggregate, if the UK were to increase uptake across these four classes of innovative medicine to cover the total additional NICE-recommended eligible patient populations¹³, it would see an estimated patient benefit of 429,000 additional Quality Adjusted Life Years (QALYs). In other words, treating this group of patients with the latest innovative medicines would afford them 429,000 additional or better quality years living in perfect health. One QALY is equal to 1.5 years in 66% of perfect health, 2 years in 50% of perfect health, and so on. Therefore, greater uptake of just these four innovative medicine classes could provide patients with healthier, more productive and fulfilling days or even longer time with their loved ones.

And for the NHS, new innovations promise to free up NHS staff and other resources to deliver more healthcare for patients, improve outcomes and contribute to the success of A Healthier Wales¹⁴:

- Some asthma biologics can halve the number of exacerbations for patients and therefore significantly reduce the number of emergency admissions for respiratory care,
- And, as seen during the pandemic, DOACs reduce the need for outpatient anticoagulant clinics which frees up the time of healthcare professionals.

The current pressures across NHS Wales increase the need for safe, efficacious, and cost-effective innovative medicines, no more so than in chronic conditions. The NHS has identified major disease challenges where new innovative medicines will be imperative, including dementia, cancer, ischaemic heart disease and stroke, and chronic obstructive pulmonary disease (COPD).

Estimating the financial benefit of increasing uptake across the four types of medicines (DOACs, SGLT2 inhibitors, severe asthma biologics and vasopressin V2-receptor antagonists) to the NICE recommended eligible patient populations, would deliver over a lifetime horizon alongside the 429,000 additional years of life in good health for patients:

- £17.9 billion in productivity gains for the United Kingdom
- £5.5 billion of which would be paid directly back to the UK Exchequer through taxes.

Please see the table overleaf.

¹² <https://www.abpi.org.uk/media/5fmrnyxy/transforming-lives-raising-productivity-v4-may.pdf>

¹³ Note that the eligible patient populations are defined by the NHS Digital Estimates Report for nine of the thirteen medicines for which it is available. The eligible patient populations for the remaining four medicines are sourced from IQVIA, NICE guidance and analysis from ABPI member companies. Industry sources have confirmed in each case that these are the appropriate figures to use.

¹⁴ <https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>

Indications and health benefits of direct oral anticoagulants (DOACs), severe asthma biologics, sodium-glucose cotransporter-2 (SGLT2) inhibitors and vasopressin V2-receptor antagonists (VPAs)

Class	DOACs (direct oral anticoagulants)	SGLT2 inhibitors (sodium-glucose cotransporter-2)	Severe asthma biologics	VPAs (vasopressin V2-receptor antagonists)
Indication	Treatment and prevention of deep vein thrombosis and pulmonary embolism and prevention of stroke in atrial fibrillation	Type 2 diabetes mellitus	Severe allergic asthma and severe eosinophilic asthma	Autosomal dominant polycystic kidney disease (ADPKD) in adult with chronic kidney disease stage 2-3
Health benefits	<p>Save lives through prevention of deep vein thrombosis, pulmonary embolism and stroke.</p> <p>Prevent the long-term impacts including physical impairment, communication challenges and fatigue.</p>	<p>Reduce major cardiovascular and renal outcomes.</p> <p>Prevent hospitalisations and end stage kidney disease in addition to helping patients keep their diabetes under control.</p>	<p>Reduce the of asthma exacerbations for patients, saving lives, keeping patients out of hospital, reducing anxiety and supporting patients to live normal lives.</p> <p>Reduce reliance on oral corticosteroids thereby reducing significant adverse effects of long-term corticosteroid use.</p>	<p>Helps slow the progression of cyst development and progression to end-stage renal disease.</p> <p>Reduces pain for patients and improves quality of life.</p>

Source: PwC

One of the ways that the NHS in Wales could help address some of the issues it faces during the recovery from COVID-19 phase would be to engage in more extensive collaborative-working and joint-working with the pharmaceutical industry. For published examples please see *‘Transforming lives, improving health outcomes: tackling the true cost of variation in uptake of innovative medicines’*¹⁵ a joint report from the ABPI and the NHS Confederation with further examples of initiatives across the UK available as part of the NHS-Industry Partnership Case Studies Repository¹⁶.

In Wales, the ABPI has worked with the Welsh NHS Confederation over a number of years to highlight how best the NHS in Wales and the pharmaceutical industry could work together, within appropriate governance. As well as delivering workshops at Welsh NHS Confederation conferences outlining projects that have taken place across Wales, we co-

published a Toolkit in 2021^{17,18}. This recognised that the way services are delivered in Wales changed, sometimes beyond all recognition, during the pandemic and set us on the right path to deliver patient care, which is safe and sustainable across the whole country for the years ahead. The introduction to the Toolkit also recognised that the effective delivery of those services would benefit from greater collaboration across all sectors. This must be fundamental to the recovery journey and the introduction of services for the future.

Key points

- Innovative medicines transform individual patient lives as well as bringing significant benefits to the UK economy and to society as a whole – through greater patient and carer productivity, NHS productivity and more. It is estimated that the UK economy would achieve £17.9 billion additional productivity gains through the increased uptake of innovative medicines¹⁹. **For the NHS and the wider health and care system to survive and thrive for the benefit of its users, innovation at every stage and in every aspect is not only desirable, but necessary.**
- **Adoption of innovation is challenged by the fact that NHS staff and leaders face ongoing operational pressures every day.** However, partnership working with the life sciences sector, and improved uptake of biomedical innovation can help overcome increasing demand, reduce health inequalities, and improve outcomes within constrained resources.
- **Rapid and consistent adoption of evidence-based, innovative medicines is a strategic opportunity for health systems.** While medicines themselves have vital clinical benefits in individual treatment, they also have an important broader impact on patients, the NHS, society, and the economy.
- However, despite the NICE and AWMMSG approving new medicines for use by patients, **there is significant geographical and sub-population variation in their usage**, leading to millions of patients missing proven treatments that would make a clear difference to health outcomes, as well as a failure to realise economic benefits for the NHS and wider society.
- Improving appropriate uptake and reducing unwarranted variation in the use of innovative medicines presents an important opportunity for Health Boards in Wales to achieve the aims not only of ensuring individuals receive the best care possible, but also of reducing health inequalities and supporting broader social and economic development.
- **Understanding the barriers to uptake of innovative medicines, and identifying and sharing practical solutions system-wide, are vital to making progress both operationally and strategically.** The overarching challenge is to ensure that all health and care system leaders position medicines as a strategic enabler of improved patient outcomes, NHS productivity, and efficiencies across the system as well as a clinical intervention for individuals.

¹⁷ <https://www.abpi.org.uk/publications/collaborative-working-and-joint-working-a-toolkit-for-industry-and-nhs-wales/>

¹⁸ <https://www.abpi.org.uk/publications/cydweithio-a-chydweithrediad-pecyn-cymorth-ar-gyfer-y-diwydiant-a-gig-cymru/>

¹⁹ <https://www.abpi.org.uk/media/5frnryxy/transforming-lives-raising-productivity-v4-may.pdf>

