

Portland

# Portland's 2022 lookahead:

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The health policy  
challenges for the NHS  
and government



# Foreword



Dame Ruth Carnall DBE, Portland Senior Advisor  
& former Chief Executive of NHS London

**'The coronavirus pandemic has dominated healthcare in every respect for almost two years. As new variants have come and gone, impacting day-to-day lives across the country, immense pressure has been placed on health services. Vaccines and prior infection are now reducing the need for hospital admission, yet the idea that the pandemic is truly on the way to becoming a manageable endemic disease remains fragile.'**

The impacts of the pandemic are vast and will be felt into 2022 and well beyond. The most obvious of these is the need now to create sustainable capacity to deal with very large backlogs in care.

More positively, the vaccine programme has shown that innovation can be quickly translated into action and that the health and care system can work effectively in partnership with others to deliver on a focussed national objective. There has been a welcome simplicity to this drive, meaning the key question for 2022 will be 'how do we keep that ability to deliver at pace when all the complexity of conflicting objectives returns?'

There are a whole set of strategic policy and leadership challenges ahead including but not limited to:

- The Health and Care Bill now delayed till later in the year
- The Government's published vision for Life Sciences
- NICE's recently published final methods and processes
- General Sir Gordon Messenger's report to Government on leadership in health and care
- A delayed White Paper on integration across health and social care

The challenge for senior leaders will be to agree and gain legitimacy for a limited set of priorities and to work with a complex array of partners to maintain the focus necessary to deliver measurable results. The public have been very understanding of the pressures on urgent and emergency care but once COVID-19 is no longer the principal threat, public pressure will build.

Where might we expect to see senior leaders and policy makers focus their attention over the next 12 months?

- **Workforce** is probably the most significant constraint with NHS workforce depleted both in numbers and also in energy and morale. Although there is a short-term crisis to resolve, a long-term sustainable plan is needed, bolstered with political commitment
- Capacity to clear backlogs in care will require arguably greater **financial investment** than has been committed to date
- The leadership and organisation model described in the Health and Care Bill is complex and potentially ambiguous, just at the point where **clarity of authority** to deliver change is required
- COVID-19 has revealed and exacerbated **inequalities** in our society which make the levelling up agenda even more compelling in term of life and health outcomes

COVID-19 demonstrated that the UK retains the potential to be a global leader in life sciences. However, this was demonstrated through total focus on one unifying objective. This next stage needs to show how the ambition and drive of those partnerships can bring synergy to the more complex task of recovery and growth with all the conflicting pressures that implies.'

*Lookahead content developed by Portland Communications healthcare specialists Vashti Miller, Gregor Smith, Ellie Gomes, Martha Baker, Alexander Richardson and Abigail Bishop.*





## Pandemic challenges: learning to live with COVID-19

The UK delivered world-beating vaccination rates for COVID-19, alongside a world-leading sequencing programme. However, as the booster programme continues to be rolled out, a challenge for government will be to build and retain vaccine confidence, whilst avoiding complacency amongst the general public.

Vaccination coverage is currently disproportionate across the UK, in terms of geography, age and ethnicity. In communities where coverage is lower, there is a need for tailored interventions from government, the NHS and local actors to build vaccine confidence through trusted voices and to tackle misinformation.

If further doses are needed, the Government faces an additional challenge of communicating the effectiveness of existing vaccines, whilst also iterating the importance of obtaining an additional dose.

However, a continuous booster programme seems unlikely. The UK's Chief Scientific Adviser, Sir Patrick Vallance, recently stated that a booster programme 'every three or six months' is not a long-term strategy, with plans likely to move to an annual booster. If this is the case, we may see the vaccine campaign evolve into an annual vaccination programme, alongside flu. This would signify 2022 as the year that we start to live with COVID-19 as a reoccurring winter pressure.

The full impact of the pandemic on individuals is not yet fully known, and patients could continue to present to the health system with undiagnosed conditions for years to come, including those suffering from 'Long Covid'. The NHS waiting list in England is already the highest since records began, with

over 6 million patients waiting for non-emergency treatment. This comes at a time when the NHS workforce is increasingly depleted due to COVID-19 infection, isolation and the possible future impact of the vaccine mandate. With social and primary care also facing immense pressure, exacerbating pressure on A&E services and reducing hospital discharge to care settings, the Government has its work cut out on multiple fronts.

The policy challenge for the Government will therefore be to demonstrate that they are providing the right infrastructure and resource to address the backlog. Given that funding allocated to combat the backlog, as part of the National Insurance rise, has already been criticised as far below levels required to sufficiently address the issue, 2022 is likely to see continued calls for further investment. Yet with the Prime Minister already being criticised for his high-spend and high-tax agenda, No. 10 will have an immediate need for alternative solutions.

There is, therefore, a clear role for external stakeholders to work in partnership with the Government to develop new models of care and innovative solutions that address efficiency challenges.

The communications challenge will be for the Government to mitigate the Labour threat. With a lead in the polls, the opposition will continue to amplify this narrative, as they begin to build their policy agenda for the next election. This could lead to a shift in focus for activity in 2022, with stakeholders considering how to engage with both the Government and the opposition on the pandemic recovery and the need to 'build back better'.



### **Gabriel Milland, Partner**

**'The public has put up with an amazing amount over the course of the pandemic. Predictions of early 'lockdown fatigue' and low levels of compliance with non-pharmaceutical interventions (NPIs) turned out to be massively wide of the mark. People turned out in their tens of millions to get their jabs with thousands volunteering to help.**

**Attitudes however have changed and two years on fatigue really has set in. Mobilising the country for another set of blanket NPIs would undoubtedly prove more much difficult. Many people simply want their lives back, even if that does mean an elevated level of risk from COVID-19.'**



## **Reform and change for NHS England:** **familiar priorities and new structures**

With a new Chief Executive and outgoing Chair, NHS England (NHSE) enters 2022 on a platform of significant leadership change.

Characterised as a 'steady hand' with vast NHS experience, and well-liked within the service, it is hoped the appointment of Amanda Pritchard as Chief Executive will bring continuity and stability to the NHS. Although seen by many as less of a 'Whitehall campaigner' when compared to her predecessor Sir Simon Stevens, she is said to be building strong relationships in the Department of Health. Her approach to navigating Whitehall may therefore be less overt, but nonetheless still effective as she works closely with Health Secretary Sajid Javid on NHS reform and pandemic recovery.

2022 will see the confirmation of Richard Meddings as Chair of NHSE. Previously Chair of TSB Bank, and a chartered accountant by background, Meddings has no previous NHS experience. Reports have speculated on the Government wanting a 'critical friend' in this role, to hold the NHSE Board to account, bring an outsider's eye to the NHS and nurture links with business and industry.

Together, Pritchard and Meddings offer two distinct routes to working with the NHS in 2022, with the former focused on delivering established priorities, such as workforce support and elective recovery, and the latter opening the door to further reform and partnership.

The opportunity for this new leadership team to make their mark will come with the renewed focus on the NHS Long Term Plan. The Plan will be updated in 2022 to reflect the challenges the NHS is facing as a result of the COVID-19 pandemic. A draft is already in creation, but the total plethora of priorities to now address means there is a need to recalibrate and simplify.

This refresh will come alongside the long-awaited NHS People Plan, setting out the national strategic framework for the NHS workforce. With workforce pressures mounting, in part due to the pandemic, but before that, Brexit and the introduction of the Immigration Bill, bolstering and sustaining the workforce will remain a key priority for NHS leaders throughout the next year.

Finally, the introduction of integrated care systems (ICSs) will now start three months later than planned, in July 2022. Their state of readiness to take on their new responsibilities, as set out in the Health and Care Bill and planning guidance, varies widely across the country. In some areas the leadership and organisational form are clear, and personnel are well aligned, but in other localities the opposite is true. The ICS

map is therefore not homogenous, with leadership and accountability unclear.

To give confidence and clarity to local leaders, NHSE may need to reduce their own numbers - there are more than 11,000 staff in NHS England and Improvement alone. Those in NHS leadership positions will be looking closely at General Sir Gordon Messenger's forthcoming review into health and social care leadership, with suggestions that central regulatory roles are to be cut in favour of a greater focus on regions.

The NHS has of course been subject to significant structural overhaul before, often with mixed reception and success. There may be a degree of scepticism amongst local NHS leadership as to what can be realistically achieved with these further reforms, who may look for guidance from the centre in order to justify further local change, such as new disease pathways or service redesign.

With leadership changes at the top of NHSE and the introduction of ICSs, there is a new and interesting balance of power to engage with in 2022, requiring an approach which appeals to both national and local decisionmakers.



### **Dan Munden, Director**

**'Facing extensive backlogs, an exhausted workforce and an ageing estate, has a new NHS England leadership team ever faced such significant challenges so early in a premiership?'**

**While there has been relative peace between Amanda Pritchard and DHSC Ministers so far, 2022 could prove to be the litmus test of how their relationship plays out over the long term. NHS reform may still prove a flashpoint between the parties, while the looming economic impact of the pandemic could mean it's only a matter of time before the Treasury comes knocking.'**



## Improving access and uptake: ambition and implementation in 2022

The unprecedented pace with which COVID-19 vaccines were approved and made available highlighted both the feasibility and potential impact of rapid patient access to a first-class treatment. It certainly raises the question of what might be possible beyond COVID-19 vaccination, and where tangible improvements might be made to the speed and scale of innovative medicine access more broadly across the NHS.

Government certainly made its intentions clear throughout 2021, with multiple policy initiatives designed to position the UK as a life sciences leader, and the NHS as a global figurehead for the rapid approval and uptake of innovative medicines.

Consultations on NICE's final methods, as well as the Innovative Medicine Fund and publication of NHS England's commercial framework are just a few examples of such initiatives. Several flagship deals were also agreed between the pharmaceutical industry and NHS England to provide access to new treatments, with managed access agreements being utilised.

Despite this flurry of policy activity, latest data from the Office for Life Sciences' Competitiveness Indicators evidence that there is more to be done, with the UK showing low uptake of newly approved medicines compared to comparator countries. But with these recent publications and the political will to improve rapid access and uptake, there is a lot industry can look ahead to in 2022 to collaborate with policymakers as these policies are implemented.

High on the list will be not only be NICE's final methods and processes, but where NICE goes next with reform. While industry have welcomed some steps forward through the consultation process, such as efforts to create a new severity modifier, there has been widespread disappointment in the level of ambition in the final recommendations for reform.

Going forward, NICE's new approach to updating its methods through incremental changes could allow all stakeholders to foster collaborative relationships, working towards gradual but more ambitious changes. This will

require ongoing and sustained efforts from industry to demonstrate that with the end of the methods and processes review, the work to improve access to innovation is not done.

Another point of focus for medicines access policy will be whether the Medicines and Healthcare products Regulatory Agency (MHRA) can chart a unique path post-Brexit, and foster patient access post-pandemic. If the recently published consultation on proposals for legislative changes for clinical trials is anything to go by, the MHRA is keen to show their distinct path post-Brexit.

Elsewhere, the MHRA has taken recent steps to improve rapid patient access through the introduction of the Innovative Licensing and Access Pathway and Project Orbis, specifically for cancer treatments. Notwithstanding the detrimental impact of cuts to the

MHRA, there is great opportunity ahead. But the ongoing implementation of such schemes will be what drives discussion in 2022. Already clear challenges have arisen with Project Orbis and its alignment with NICE timelines and achieving UK uptake – much like the NICE Methods and Process review, the intent is well understood and supported but the feasibility of implementation remains a topic for engagement.

Taking a holistic view of medicines access will be essential in this debate. Ensuring appropriate access to innovative treatment can help in addressing current and future challenges such as the NHS backlog and tackling health inequalities – we have seen this direct impact through the pandemic. Articulating and evidencing this link will drive successful engagement and reform in 2022.



### *Katie Saxon, Senior Partner*

**'Never before has there been greater public understanding and appreciation for what innovative medicine can do for a society. The main actors in the debate – industry, Government and the regulators – now have a shared ambition to show the world that we can do it best, getting the most innovative technologies to patients when they need them, where they need them.'**

**Before the pandemic, the UK's position as a launch market diminished. With a real reform agenda now in motion, there is a chance to re-establish the UK as a country where innovation is not only nurtured, it is adopted.'**

## **Bolstering UK life sciences: turning rhetoric into reality**

In the summer of 2021 the Government published its new UK Life Sciences Vision. The 10-year strategy looks to build on successes of the COVID-19 response and accelerate delivery of innovations to UK patients. Amongst a number of commitments, it seeks to 'make the UK the best place in the world to discover, develop, test, trial, launch and adopt new treatments and technologies, by creating a forward-thinking commercial environment where the NHS can strike flagship deals.'

While an important policy lever for engaging government stakeholders, this new vision for the sector follows a long line of government strategies that have sought to cement the UK as a life science powerhouse. From the 'Strategy for Life Sciences' and 'Innovation, Health and Wealth' in 2011, to the Life Sciences Industry Strategy and Life Sciences Sector Deals in 2017 and 2018, there has not been a shortage of such planning documents over the last decade.

While such strategies indicate direction and intent, the real measures of success are investment, implementation and practical change. 2022 will see Government's ambition put to the test, as the sector, the system and patients expect delivery.

As ever the challenge will be to evidence the interplay between the scientific endeavour and the uptake of the final product. Innovation and uptake policy have rarely complimented one another, but perhaps this time it could be different. On this occasion both the strategy (the Life Sciences Vision) and the developments for uptake (NICE methods and processes review) have landed concurrently, if not by design. However, the link remains implied rather than explicit and so there is still work to be done.

As industry looks towards the renegotiation of the Voluntary Scheme for Branded Medicines Pricing and Access (VPAS), how all of these strategies interplay will be of particular importance. There is an opportunity to continue on the path of the 2019 VPAS and its PPRS predecessors by including commitments on access and uptake which go beyond the core rebate discussions, perhaps though incorporating commitments from the Life Sciences Vision or continued NICE reform.

Finally, overarching government priorities will continue to have an impact on the implementation of the Life Sciences Vision and related policies. The Levelling Up White Paper, expected in early 2022, will be an important policy lens through which to see the potential impact of healthcare interventions. The White Paper is expected to include a host of 'missions' which will include health, all with a 2030 deadline. But key to its political success will be policies that can

drive a more immediate impact, that will be felt by voters ahead of going to the polls as early as 2023.

An interesting question and area for engagement will be exactly how inequalities are translated into tangible gains in health and life sciences. So far, the Government has focused on the regional/geographical aspect of

inequalities. The link between health and wealth is clear and will form a strong case for investment in health interventions this year. There is also an expanse of other areas to consider in regard to health inequalities. For example, tackling the issue of inequalities across race, ethnicity, gender, or access to treatments and services for particular groups of patients, such as those living with a rare disease.



### **George Pascoe-Watson, Chair**

**'This is the year for the life science industry to establish a new relationship with the public, with clinicians and with the National Health Service. It's the moment for all of us as a population to recognise the brilliance of science, the strength of our industry, and the can do attitude that keeps us well and gets us better.'**

**The health of our nation depends on the health of our industry. This is also the year to fix a new voluntary medicines agreement with the government. One which makes Britain the home of life science but, crucially, the best place in the world for patients.'**



