

Accelerated Access Review: Key themes from survey responses

1. Literature review and stakeholder workshops identified a number of incentives and barriers affecting the speed of uptake of innovative products. Across these discussions, there was little agreement regarding the relative significance of each barrier or incentive, nor around where key decisions on uptake are taken in the health and care system. An online survey was designed by the review team to address these evidence gaps.
2. The survey was open for 8 weeks between July and September 2015, complementing the questions explored on the review's website over the same period. The survey was designed in an accessible format with respondents from the health and care system in mind, although other sectors were also invited to participate. In line with the review's Terms of Reference, the survey focussed on the NHS in England.
3. This analysis will focus on the overarching themes explored in the survey, namely:
 - a) Incentives to adopt and diffuse transformative new products;
 - b) Barriers to adopting and diffusion transformative new products;
 - c) Awareness of transformative new products; and,
 - d) The key decision makers in adoption and diffusion.

Survey structure and analysis

4. The survey asked 15 questions spanning its 4 overarching themes. Both open and closed questions were asked, and, whilst invited to give their name and organisation, respondents could also input anonymously.
5. The analysis of this survey was carried out by the Accelerated Access Review team. The purpose of the analysis was to draw out broad trends to be considered alongside the review's wider stakeholder engagement exercise. Taken together, the results of these two exercises have formed a strong basis for the propositions around adoption and diffusion outlined in the review's interim report.
6. Responses are reported in this document without reflection on the potential success or feasibility of comments. Quotes are used throughout the report to illustrate key points, provide a flavour of responses and highlight the variety of different respondents. These are not intended to be representative of all responses.

Characteristics of respondents

7. Individuals and organisations provided a total of 97 responses to the survey. Surveys which were opened but not started, or where respondents filled in their name and/or organisation but no other responses, were not included in analysis.
8. The breakdown of respondents is shown in Figure 1. Most responses (56%) came from individuals working in the health and care system. 47% of the responses from the health and care system were from individuals working in clinical roles.

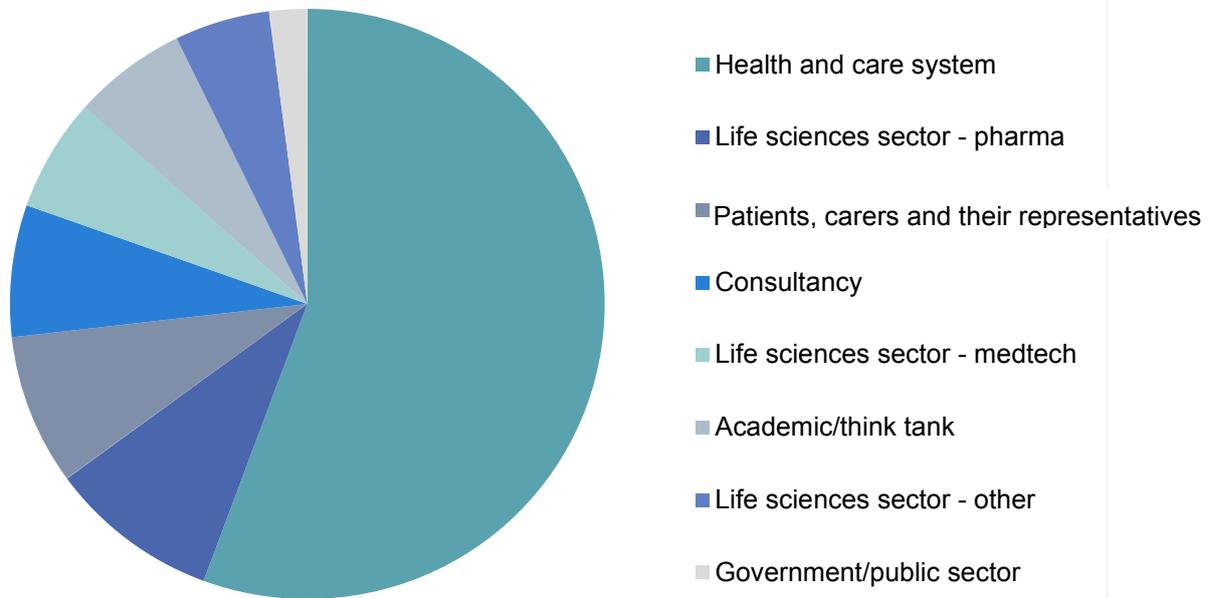


Figure 1: Breakdown of survey respondents

a) Incentives to adopt and diffuse transformative new products

Relevant questions

9. The survey asked respondents to:

- rank incentives on a scale from ‘not at all important’ through to ‘very important’ (with an additional ‘don’t know’ option). The incentives listed included those identified through literature review and early stakeholder engagement. There was also an invitation to identify incentives that might have been missed; and,
- identify the three incentives which, if strengthened, would have the greatest impact on speeding up the adoption and diffusion of transformative products

10. Responses are illustrated in Figures 2 and 3, overleaf.

Summary of responses

11. In answering both questions, respondents rated the importance of two incentives particularly highly:

- **Evidence of better outcomes:** identified as the most important incentive, with over four fifths (83%) of responses rating it as ‘very important’. This was particularly true of respondents from the NHS – over 90% identified it as ‘very important’.
- **Evidence of increased cost-effectiveness:** over three quarters (78%) of responses identified this incentive as ‘very important’. Again, this response was particularly common among NHS respondents (83%).
- Several responses linked the two incentives, for example:
 - *‘[Key incentives include] trusted sources of evidence of clinical and cost effectiveness for innovative products, prior to NICE judgements.’*
(Academic/think tank)
 - *‘National evidence evaluations including the clinical significance of patient outcomes and cost-effectiveness analysis’* (Clinical role in health and care system)

12. Over half of respondents also identified **funding direction for NICE approved medicines** as a ‘very important’ incentive.

13. When asked to identify the three incentives which, if strengthened, would have the maximum impact on improving innovation, **financial incentives** were commonly identified.

- Suggestions in this space included discrete funding streams, funding via structures such as Commissioning through Quality and Innovation Payments and the Quality and Outcomes Framework, and better financial support for delivery mechanisms such as the Academic Health Science Networks.

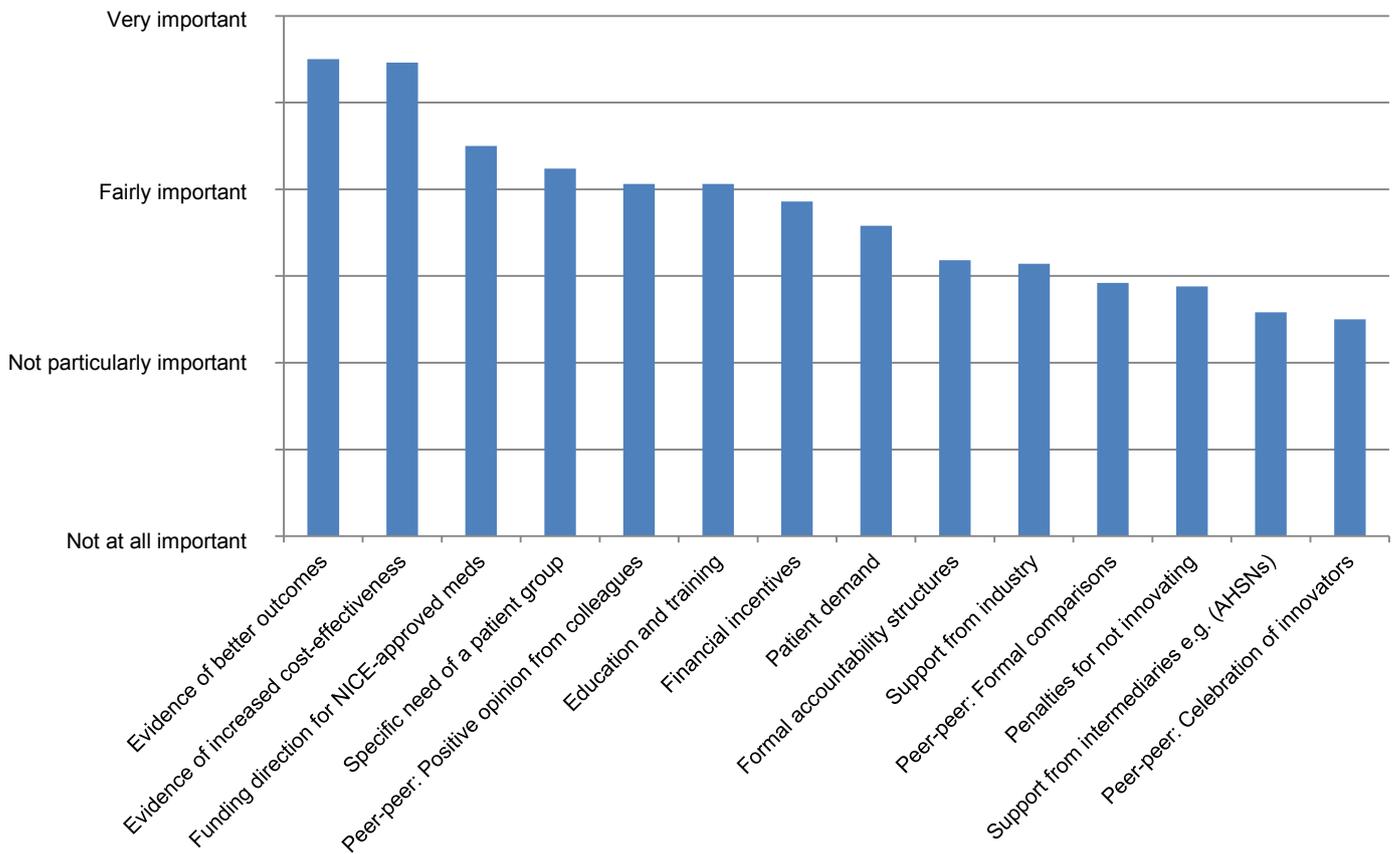


Figure 2: Responses to 'How important do you believe the following are in incentivising or enabling decision makers to use/choose transformative new products in the current health and care system?' (Averaged on a scale where 'very important' = 3 and 'not important' = 0)

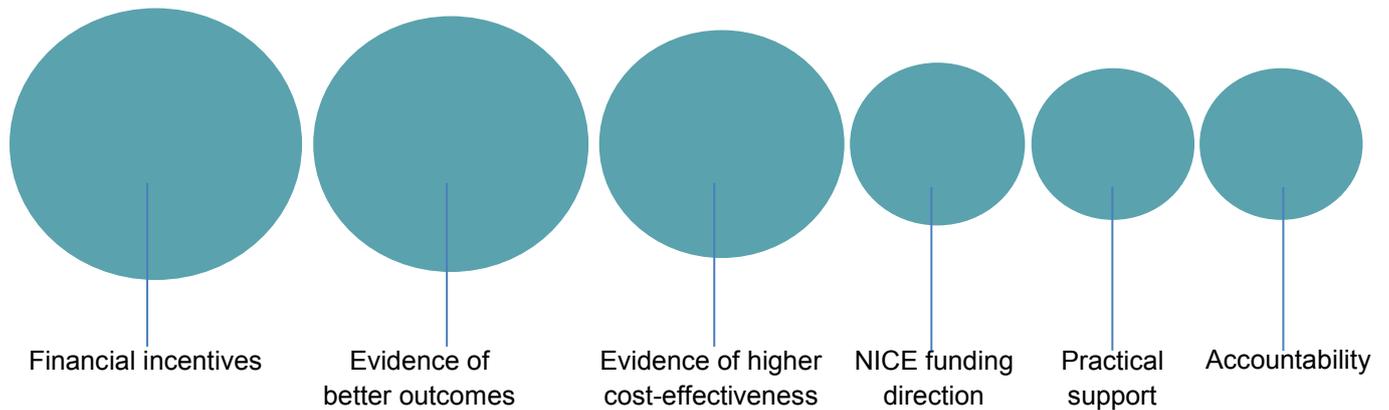


Figure 3: A proportional representation of the most common incentives identified when respondents was asked to 'Identify three incentives which, if strengthened, would have the maximum impact on improving innovation'.

b) Barriers to the adoption and diffusion of transformative new products

Relevant questions

14. The survey asked respondents to:

- rank barriers on a scale from 'not at all important' through to 'very important' (with an additional 'don't know' option). The barriers listed included those identified through literature review and early stakeholder engagement. There was also an invitation to identify barriers that might have been missed; and,
- identify the three barriers which, if reduced or removed, would have the greatest impact on speeding up the adoption and diffusion of transformative products

15. Responses are illustrated in Figures 4 and 5, overleaf.

Summary of responses

16. The most important perceived barrier was **lack of evidence of better outcomes**- the converse of the primary incentive highlighted in Section A. Three quarters (74%) of responses said this was a 'very important' barrier to the rapid uptake of transformative products. This rating was particularly frequent in responses from the NHS (almost 90%).

17. **Financial barriers** were also viewed as very significant, particularly affordability, siloed budgets (across years and across health economies), and issues around tariff. A wide range of opinions were expressed on how financial barriers could block the rapid uptake of innovative products, for example:

- *'Risk/share tariffs e.g. for specialised commissioning NHSE/commissioners see medicines as cost to be managed rather than critical value added component of improving patient outcomes... [there should be] Multiple assessments of medicines' value within the system'* (Anonymous)
- *'Financial: siloed budgets - especially when cost of innovation and saving on outcomes come from different budgets'* (Academic/Think tank)

18. Another key barrier identified by stakeholders was '**need for system re-design**', with 85% of stakeholders identifying it as either 'very important' or 'fairly important'. In addition, **capacity and skills** for adoption – closely linked to system re-design and change – were also seen as significant, particularly by NHS respondents.

19. There was a clear difference between the answers given by industry and those in the health and care system to the question around which three key barriers which, if reduced or removed, would have the most significant impact on speeding up adoption.

- Those in the health and care system identified **evidence of outcomes, affordability and the need for system change, training and skills**, as key barriers;
- Industry respondents saw these barriers as far less significant – industry focus was, overwhelmingly, on **silos budgets and complexity of the commissioning system**.

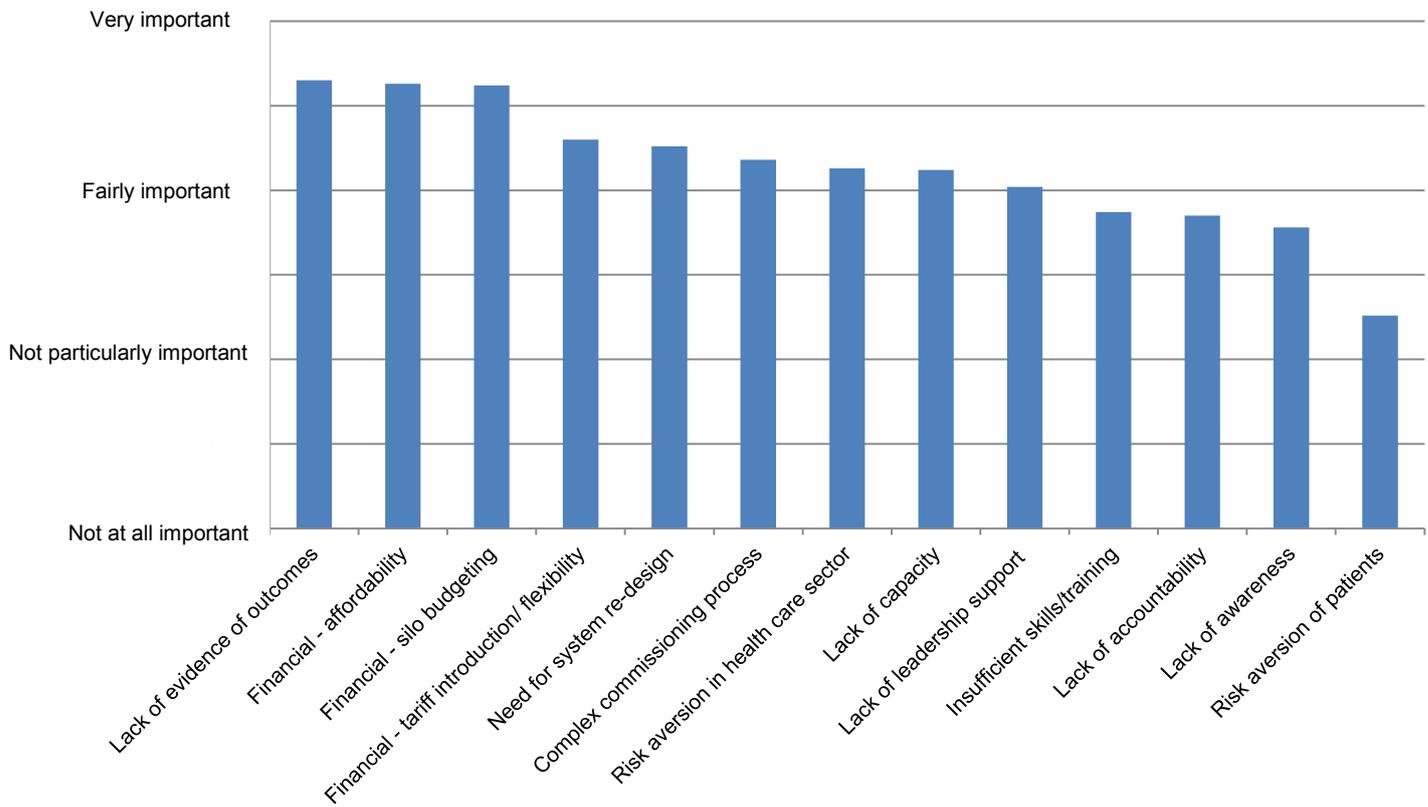


Figure 4: Responses to 'When decision makers are considering using transformative new products, how important do you think the following issues are as barriers to their rapid uptake?' (Averaged on a scale where 'very important' = 3 and 'not important at all' = 0)

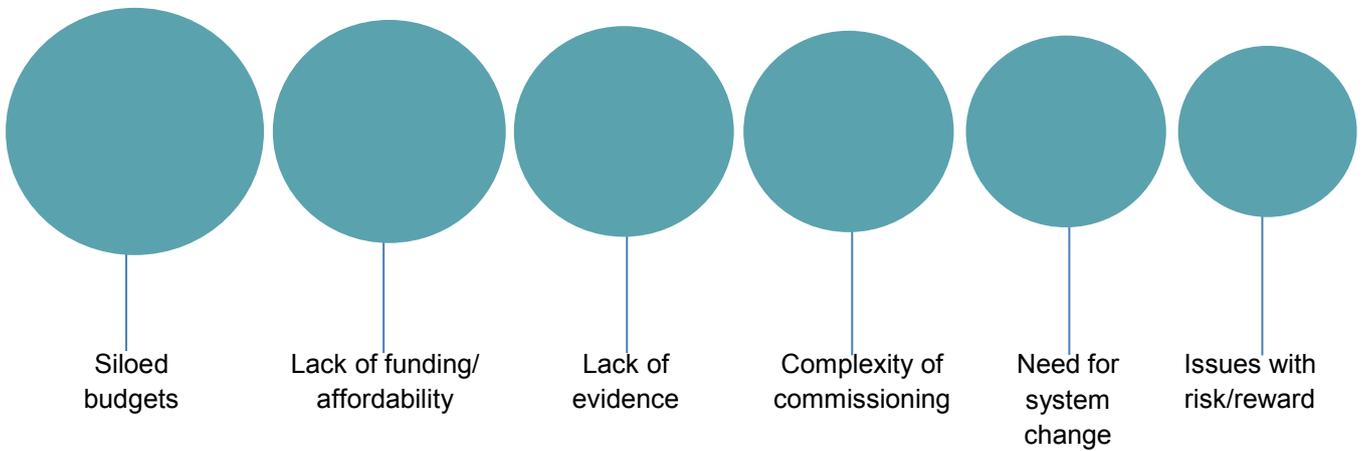


Figure 5: A proportional representation of the most common barriers identified when respondents was asked to 'identify three incentives which, if strengthened, would have the maximum impact on improving innovation'.

c) Awareness of transformative new products

Relevant questions

20. The survey asked respondents:

- To identify the importance of various sources of information about transformative new products on a scale from 'not at all important' through to 'very important' (with an additional 'don't know' option). The information sources listed included those identified through literature review and early stakeholder engagement. There was also an invitation to identify information sources that might have been missed;
- Whether they thought that key decision makers were generally aware of transformative new products in their field; and,
- To identify ways in which awareness could be improved.

21. Responses are illustrated in Figures 6 and 7, overleaf.

Summary of responses

22. Only 6% of respondents thought that key decision makers were always aware of new products, whilst 54% thought that awareness could be improved.

23. The three top current sources of information about transformative products were:

- **NICE guidance:** 'very important' in almost two thirds (63%) of responses;
- **Peers/clinical networks:** 'very important' in well over half (58%) of responses. NHS respondents rated the importance of this information source particularly highly; and,
- **Journals (online and print):** either 'very' or 'fairly important' by over four fifths (84%) of respondents.

24. The importance of **horizon scanning services** split different categories of respondent. Over half (51%) of respondents from the health and care system saw these as 'very important', whilst only a tenth of industry respondents chose this rating.

25. In addition to the options listed, a number of respondents identified **social media** as an increasingly important source of information and way of diffusing information.

26. Key suggestions on how awareness could be improved included **shorter, more regular updates on new products** (identified by a quarter of respondents) and **improved use of horizon scanning** (nearly a fifth of respondents), for example:

- *'Easier digestible information. A NICE guideline is often over a hundred pages long. No one with any clinical responsibility has the time to read more than a couple a year'* (Clinical role in health and care system)
- *'At the moment, horizon-scanning for new products is conducted by a number of bodies which creates unnecessary duplication and bureaucracy. For example,*

NICE, NIHR and NHSE all conduct horizon-scanning. There should be a single form for industry to provide to these bodies, to reduce bureaucracy. The process should also allow review of budgetary planning requirements, to ensure decision-makers are aware of and can prepare as early as possible for potential budget impact issues.' (Industry – pharmaceutical)

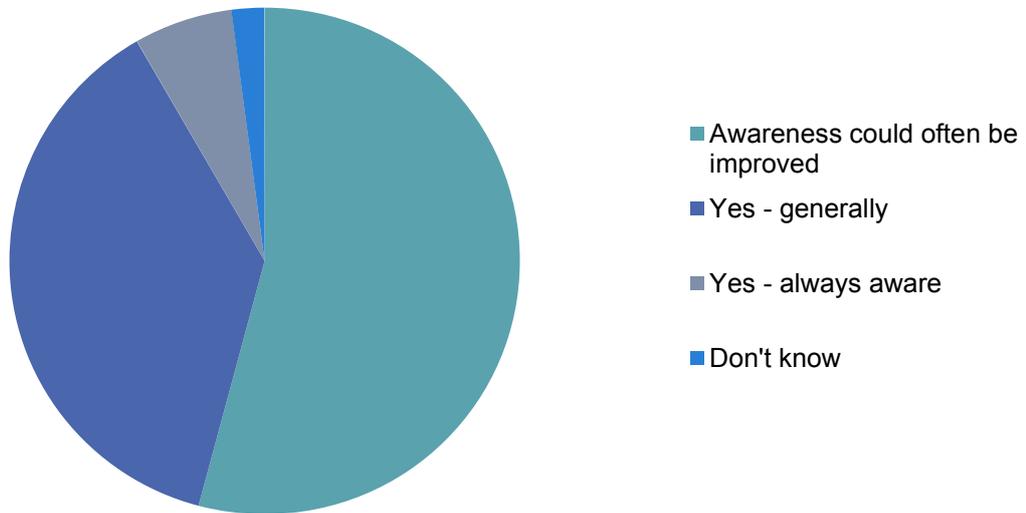


Figure 6: Responses to 'Do you think that key decision makers are aware of transformative new products in their field, or could their awareness be improved?'

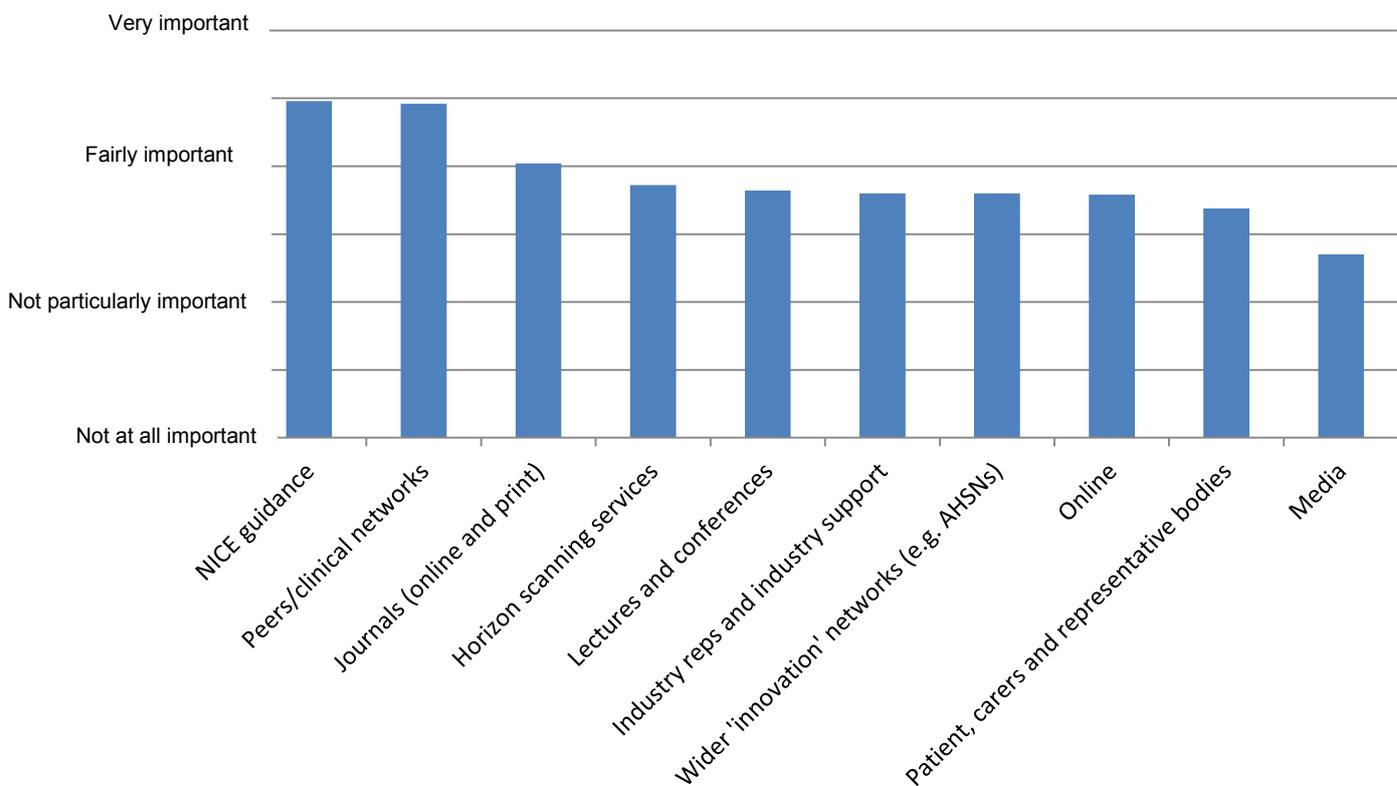


Figure 7: Responses to 'How important are these sources of information in ensuring that decision makers are aware of transformative new products?'

d) Key decision makers

Relevant questions

27. The survey asked respondents:

- To identify the key decision makers involved in deciding whether an innovative product reaches patients, both:
 - once it has been approved through national reimbursement or commissioning processes (i.e. has been approved by NICE, through specialised services or the Cancer Drugs Fund); and,
 - if it is not suitable for national reimbursement or commissioning processes (i.e. 'non-NICE', 'non-specialised' products)
- To identify how key decision makers differ both across different product types and different health and care sectors.

28. Responses are illustrated in Figure 8, overleaf.

Summary of responses

29. For both nationally and locally approved products, **clinical staff in the health and care system** were identified as the decision makers with the most influence, with over four fifths of respondents suggesting they have 'significant' or 'some' influence over the use of an innovative product.
30. Again for both types of product, **Clinical Commissioning Groups** were identified as the second most significant decision makers. For nationally approved products, almost 85% of respondents thought CCGs had 'significant' or 'some' influence, whilst for non-nationally approved products, this figure was over 75%.
31. As would be expected, the importance of **NHS England** as a decision maker was judged to be higher for nationally approved products than locally approved products. For the latter, **management of individual organisations** and **pharmacists** was thought to be more significant decision makers.
32. The influence of patients was generally thought to be insignificant – almost half of respondents found it of 'no' or 'little' significance for both types of product.
33. There was common agreement that decision makers varied across care sectors – this view was particularly strong for nationally approved products, where many respondents identified differences in NHS England's commissioning policy across different product types.
- *'There would appear to be more robust processes for the introduction of drugs compared to devices, diagnostics and digital health products which may reflect the robustness of the evidence required for drug licensing'* (Clinical role in health and care system)

- *NHSE hugely influential in specialised commissioning via that directorate... CCGs would have little / no effect thereafter on uptake... Hospital trusts will impact on uptake (once NHSE has allowed 'access'). EMG evidence suggests when NHSE allows access, uptake can be good. However, CCGs hugely important (and variable) for any non-specialised commissioned medicine. NICE can recommend access - but few penalties on CCGs if they don't adopt. Sadly patients have very little impact. (Industry - pharmaceutical)*

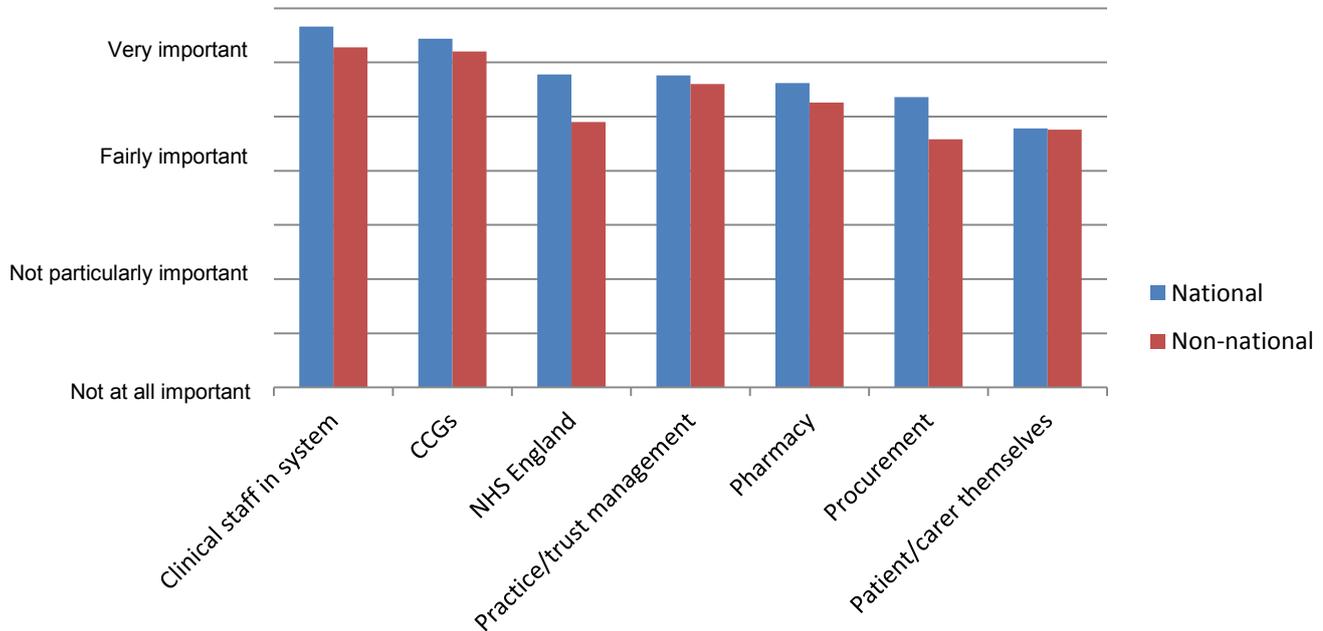


Figure 8: Stakeholder responses to 'a) if a transformative new product is suitable for national commissioning or reimbursement (i.e. has been approved by NICE), or b) if a transformative new product is not suitable for national commissioning and/or reimbursement ('non-NICE', 'non-specialised' products) ...From your experience, how much influence do each of these decision makers have in deciding whether a product reaches patients?