

## **NHS: Guess Who?**

**Winning BHIA Conference Training Session presented by  
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The NHS is constantly evolving, and it can sometimes feel like a guessing game of who is who?

It can be hard to keep up with this constant change and the temptation is either to give up or just to leave it to market access teams! Therefore, as part of our BHIA training session, we wanted to give ~~you~~ an overview of some of these more recent changes: including the move to Integrated Care Systems, the changing role of the Primary Care Networks, and developments in the Genomics Services. Not only that, but what do these changes mean for market research and pharma more broadly?

### **Integrated Care Systems (ICSs)**

The biggest change to the NHS structure in recent years is the introduction of Integrated Care Systems, or ICSs. Though their evolution has been many years in the making, they went formally 'live' on July 1st 2022.

Existing CCGs will be combined and absorbed within ICSs. Their commissioning functions will be taken on by the ICSs Integrated Care Boards (ICBs). There is no blueprint for ICSs they are being allowed to develop organically within a broad national framework. This is likely to lead to significant variation in their structure.

The purpose of ICSs is to integrate care across different settings, bringing together community and hospital-based services, social care and third sector organisations. There are 42 ICSs across England. ICSs have the potential to drive developments in population health, and tackle inequalities by reaching beyond the NHS, and integrating health and social care, to meet patient needs in a holistic manner.

At an over-arching level, ICSs have the following 4 strategic purposes:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value-for-money

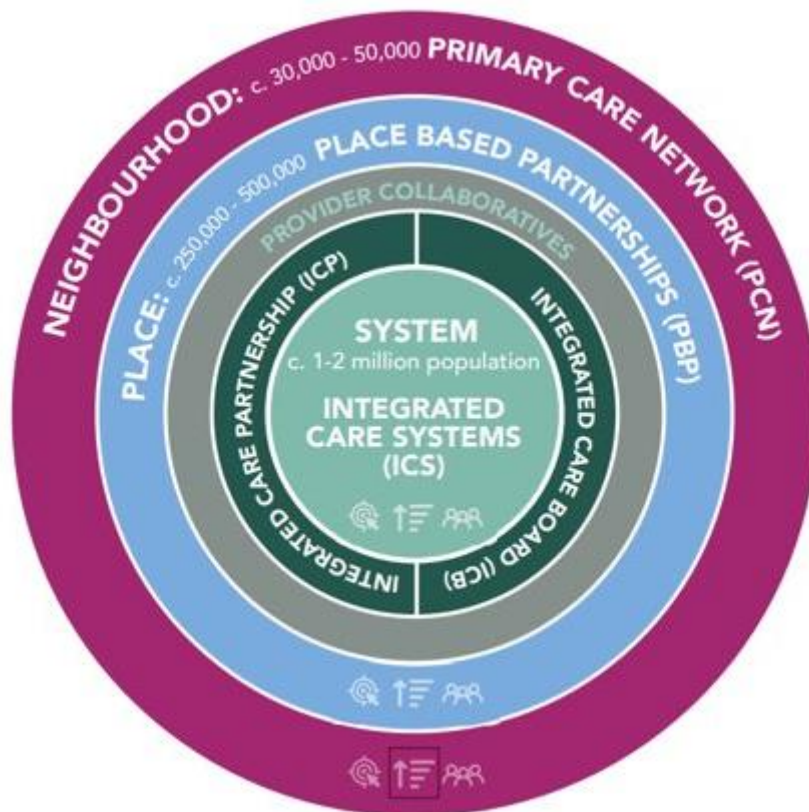
- Supporting broader social and economical development

On top of this, the ICSs will follow the NHS 10 priorities for 2022/23, as well as the CORE20PLUS5 priorities. These will cover topics from COVID recovery to utilisation of digital services. However, the ICSs will also have their own, localised priorities as well, depending on the needs of their communities and local population.

During the workshop we had input from an ICS Head of Medicines Optimisation. He gave some insight into the current state of play in his areas.

***“The ICS is looking at the development of a 5-year plan, which is the priority. Although ICSs have been discussed for quite some time they are still finding their feet esp. on the ground level. It is more at the top level where the changes have been made.”***

The ICS will develop a strategic plan which will cascade down through Place via Place-Based Partnerships (PBPs) and to a neighbourhood level through the Primary Care Networks (PCNs).



*Diagram highlighting the organisations within an Integrated Care System.*

## Primary care networks

Primary Care Networks (PCNs) are localised groups of practices, working together to provide a more integrated health and social care service for patients. There are 1,250 PCNs across England.

For 2022/23, there are 5 areas of focus:

1. Improving prevention & tackling health inequalities in the delivery of primary care.
2. Supporting better patient outcomes in the community through proactive primary care.
3. Supporting improved patient access to primary care services.
4. Delivering better outcomes for patients on medication.
5. Helping to create a more sustainable NHS.

We know the NHS loves an acronym – so we have a few key ones that are useful to know!

The first acronym is the 'ARRS' - Additional Roles Reimbursement Scheme. In order to help improve access, funding has been made available through the ARRS for 26,000 additional roles. This includes a whole host of potential new customers – physician associates, clinical pharmacists, paramedics, physios, dieticians and social prescribing link workers to name but a few!

Over the years, we have seen that where the funding flows, activity typically follows. Therefore initiatives aligned with funding are likely to be important and there are 2 key PCN funding mechanisms (both with catchy acronyms) to be aware of:

- the Network Contract Direct Enhanced Services (DES)
- the Investment and impact fund (IIF) which forms a part of the DES.

A Clinical Director, who we interviewed said ***“One can talk for days and days about the funding! But in short, there are criteria where you have to do a certain amount of cancer screening, improve access, education, structured medication reviews etc. So the PCN gets points for that and with every point comes the funding. They all come under the umbrella of the IIF, so the money comes from the centre to the PCN. If pharma focuses on the IIF requirements that will help PCNs research their goals.”***

Both the DES and IIF encourage PCNs to deliver the priorities set out in the NHS Long Term Plan and GP contract.

## Genomic services

The final area we covered was the Genomics service. As part of the NHS 5 year plan, there have been major developments in the provision of genetic testing across England. The Genomics service aims to ensure more standardised and routine genetic testing with equitable access across England.

To enable the delivery of this, England has been divided into 7 areas each having:

- **Genomic laboratory hubs (GLHs)** which provide testing services. A national test directory has been developed which includes all the genetic tests that are available across England. The GLHs must provide access to these tests (even if they have to send samples to another area to have the test fulfilled).
- **Genomics Medicine Service Alliances (GMSA)** which have been set-up to help the mainstreaming of genomics throughout the healthcare system. The GMSAs contain a mix of clinicians who use genetic testing, geneticists and GLH leadership. They set the direction and priorities for the delivery of genomic testing, funding and education.

Both the GMSAs and GLHs are looking to pharma to help improve pathways.

***“One of the good things we collaborate with pharma on is network mapping. Oncology, pathology and molecular teams work together to smooth the whole referral and testing pathway...identifying bottlenecks and blocks and working out how to overcome them.”*** Scientific lead for cancer genomics

## Impact on market research

There was a great deal of interesting discussion during each of the workshop sessions about the impact of these changes on market research.

- When is the right time to engage these stakeholders?
- Should we include PCN and ICS stakeholders who are at different levels of organisational maturity?
- Which research studies should we include these newer stakeholders in?