



ABPI Scottish Cancer Recovery Roundtable

July 2021

Introduction

The COVID-19 pandemic has brought challenges to the way cancer treatments and clinical trials are delivered across Scotland and it is clear that collaboration will be required to ensure care returns to pre-pandemic levels.

As a result of this challenge, ABPI Scotland arranged a roundtable discussion with key stakeholders across government, industry, patient groups, and the NHS to provide opportunities for shared learning and solutions. The commentary below provides a summary of the discussion and presentations that took place as well as some of the recommendations that were offered to provide policymakers with tangible actions for change.

The pandemic has demonstrated the benefits of greater collaboration between industry, academia, the NHS and government and we believe this model should be adapted for the return of cancer services and other care. This new spirit of partnership has the ability to improve patient outcomes and create efficiencies for the NHS and we hope that this document provides a stepping off point for further discussion.

Part 1: Perspectives and priorities

The Scottish Government

The new National Cancer Plan (*Recovery and Redesign – an Action Plan for Cancer Services*) was published in December 2020;

- of 68 actions, four are described by the Government as flagship actions:
 - that each patient should have a single point of contact with the NHS throughout their cancer journey;
 - the introduction of 'Prehabilitation' – multi-modal programmes to support a patients' wellbeing ahead of treatment, in areas such as nutrition, mental health, and through digital education tools;
 - the setting up of Early Cancer Diagnostic Centres – so far three NHS Boards have been awarded funding;
 - the creation of the Scottish Cancer Network.

The Government says it wants to make sure that it is engaging all appropriate groups and organisations as it moves ahead on delivering the plan and reviewing governance.

Within the structure, the following new governance groups are embedded or being created:

- The Scottish Cancer Oversight Committee, overseeing (including, but not limited to):
 - the Cancer Clinical Trials Resilience Subgroup
 - the SACT Programme Board
 - the Cancer Data Programme Board
 - the Scottish Cancer Network:
 - the National ‘MCN for low rarer cancers’;
 - Cancer Clinical Management Guidelines;
 - The National Cancer Medicines Advisory Group;
 - Transforming Cancer Care Executive Group.

National Cancer Medicines Advisory Group

Based on the COVID-19 National Cancer Medicines Advisory Group, this *Once for Scotland* collaboration of the three networks seeks to remove duplication in decision-making about medicines.

The National Cancer Medicines Advisory Group “will continue to approve new options for treatment, including maximising the use of off-label cancer medicines and new rapid decision-making processes”.

The Clinical Research Community

Clinical trial activity was almost totally halted during the first wave of the pandemic. Although the level of activity has not fully recovered, the level of demand for new studies is as high as ever.

To allow clinical trials to restart, trial sponsors have accepted modifications to their protocols in terms of monitoring visits, remote/virtual consent and increased telephone/remote assessment.

The CSO’s priorities for clinical research going forward are to:

- regain the level of activity seen before the pandemic;
- to retain bureaucracy reducing protocol modifications after the pandemic;
- to make trials less burdensome for busy clinical staff.

Patients

Surveys by Cancer Research UK of patients suggested significant impacts of the pandemic on treatment – both in terms of delays and cancellations – and on testing;

The CRUK helpline saw spikes in the number of enquiries that matched the waves of the pandemic, with callers wanting to discuss diagnostics and treatment during the first wave, then shielding and then, by January 2021, vaccination;

- callers often reported being unable or unwilling to engage their GP.

Research undertaken by the ALLIANCE found:

- a level of willingness to adopt digital access to services;
- in terms of re-mobilisation of services, when asked what is important to you, the response was: communication; being listened to; consistency.

Medicines Industry

The ABPI shares the ambitions of the NIHR and NRS restart advisory bodies and the UK Recovery, Resilience and Growth (RRG) programme:

- to transform the UK clinical research environment;
- to increase levels of research beyond pre-COVID-19 levels; and
- to ensure research and innovation are central to the U.K.'s trade strategy.

Five overarching themes of the RRG programme are:

1. embedding clinical research in the NHS;
2. patient centred research;
3. streamlined, efficient and innovative research;
4. research enabled by data and digital tools;
5. a sustainable and supported research workforce.

The main priority actions for industry are:

- the recovery of clinical research;
 - a robust implementation plan for the vision;
 - to understand the impact and implications for trials of the changes in the NHS, such as a move to virtual appointments; and
 - to understand the impact on trials if more patients present more often with more advanced disease.
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Part 2: Recommendations for practical actions to speed recovery

Clinical Research

Administration

To reduce the administrative burden of setting up and running trials in an increasingly time and resource-poor NHS, Scotland and research sponsors need to:

- adopt regional or national models of working, replacing repetitive board by board, and even hospital site by site, protocols and approvals to end the situation whereby each new trial needs to be physically, legally and practically opened in each health board and, in some health boards, in each separate hospital;
- examine how access to clinical trials can be made more equitable for patients across Scotland – not least as some will remain reluctant to travel;
 - although there is clinician to clinician referral, regional or national models would allow patients to fluidly move between boards without extensive bureaucracy;
 - a study should be undertaken to assess the barriers and additional support needs for patients engaging in national or regional clinical trials.

Reporting

Clinical staff are getting tired finding the time to do the extra work required to run a clinical trial on top of a busy clinical practice. Time is precious for the NHS. Because of this, commercial/industry clinical trial sponsors should:

- design simplified, pro forma reporting systems, for instance for SUSAR notifications, to reduce the seemingly “endless” paperwork;
- find a way of collating or pre-processing notifications so the clinicians can record and present critical information and maintain the safety of clinical trials but in a way that reduces the administrative burden on health service staff;
- minimise the number of amendments to trials once they are up and running.

Certification

- Commercial/industry clinical trial sponsors should accept a single certification of the of credibility of labs and testing sites to reduce the administrative pressure on laboratories and other central facilities – as asking each testing site to establish its credibility creates needless duplication and delays;
- sponsors should accept a model (analogous to that where homes are sold in Scotland) where a single, credible professional survey is undertaken of a testing facility then shared and accepted by all parties.

Information governance

- The Scottish Government said it accepts the need for a national approach to information governance issues around clinical trials.

Regulators

- Conversations should continue with medicines regulators to examine how clinical trial protocols can be adapted to make administration easier for clinicians and sponsors, not least moving from predominantly paper-based systems to predominately digital recording of information.

Data and PROMS

- A sustainable resourcing model should be finalised, resourced and rolled out to allow the collection and analysis of anonymised real-world patient data, at both patient and population level, to inform and improve patient pathways;
- Industry should continue to engage and support the PROMS Advisory Group, formalised under the Plan, to consider cancer Patient Reported Outcome Measures;
- The Scottish Government said that it recognises that advanced therapies will require Scotland to ensure that it has the genetic testing and facilities required to ensure it can benefit from new therapies.

Primary care pathways

- The Scottish Government said it would look into the potential of the East of Scotland Formulary platform becoming a platform to share protocols and support primary care pathways.

Engaging with the government

- The role of ABPI in working with government and NHS teams to help define the 'ask' ahead of outreach to industry for support should be promoted – helping to ensure both partners are clear on what is expected and can be delivered in a partnership (see NHSX example below);
- The Scottish Government suggested that engagement by companies should initially be with its Medicines and Pharmacy Division to allow effective signposting to other teams, while allowing policy leads for medicines and pharmacy to maintain an oversight of the different initiatives.

Part 3: Where can Industry add value?

The meeting was given examples of current and recently completed collaboration projects across the UK.

The Association of the British Pharmaceutical Industry (ABPI)

In England, ABPI companies working through the Cancer Recovery Task Force supported:

- the restoration of diagnostic testing capacity;
- evaluation of the changes in treatment brought in during the Pandemic;
- provision of additional patient support services with a particular focus on virtual support;
- supported the DATA-CAN health data research hub to evaluate the impact of alternative delivery models of consultation, care and support; and
- worked with NHS X, the body set up to oversee digital transformation in England, to help the organisation articulate exactly what it needed from industry allowing NHS X to present a clear request for proposals – the extra upfront effort leading to more rapid identification of the right partners to work with NHS X.

In Northern Ireland, working alongside the Northern Ireland Department of Health and the Medicines Optimisation Innovation Centre, ABPI members:

- developed tools to support the use of virtual, digital care plans;
- provided secondments of appropriately skilled staff into health and social care to address capacity and skills deficits; and
- provided training resources and expertise on project management and data analytics.

AstraZeneca

- has developed a campaign to support NHS England to increase uptake of invitations for lung health checks;

Bristol-Myers Squibb

- supported the NHS in England to deliver improvements in cancer care, working together on medical education and capacity building;
- worked with the Wales Cancer Network on pathway mapping for cancer treatments;
- provided unrestricted grant funding that was used to support a public awareness campaign run by Cancer Research Wales;
- provided unrestricted grant funding that was used to fund mobile unit capacity run by the cancer charity Tenovus;

- supported pathway redesign support for the NHS in Wales to provide phlebotomy services closer to home.

MSD

- is part of a coalition to address a drop in lung cancer referrals in Greater Manchester;
- has mapped the pathology pathway in the North of England leading to a halving in the time involved;
- is supporting the development of prehabilitation for lung cancer patients across physiotherapy, diet and nutrition, and psychological services;
- is working with NHS Highland using a capacity insights tool to support scenario planning for their infusion suites;
- has begun a programme with the Edinburgh Health and Social Care Partnership to assess the role of community links workers in supporting socially isolated elderly people amongst whom incidence of, and survival from, cancer are particularly poor.

Amgen

- is working with community pharmacy to pilot new ways of working to deliver cancer services.

Janssen

- is working with the Welsh Government and NHS Wales Health Collaborative to deliver HaemBase Cymru, a data solution for haematological malignancies that gathers data during a patient's cancer treatment, starting from their first clinic visit, to allow real-time information to be used to assess the impact of treatment on patients' survival and quality of life.

National Cancer Plan

- the Scottish Government is open to ideas for collaboration to achieve the four National Cancer Plan actions on SACT:
- embedding pre-treatment and follow-up tests – including a focus on GP-based community treatment and care services;
- increasing oral delivery of SACT;
- developing a national approach to support non-medical prescribing of SACT;
- optimising the potential of community pharmacy and building on community pharmacy SACT dispensing pilots.

Part 4: At the table

Convener Martin Coombes, Chair of the ABPI Scottish Life Sciences and Government Affairs Group.

Speakers

- Rachel Reel, Senior Policy Manager, Cancer Policy, Scottish Government;
- Dr John A Murphy, Consultant Haematologist, NHS Lanarkshire, Chair SACT/RT Subgroup, National Cancer Recovery Group;
- Professor David Cameron, University of Edinburgh, CSO Clinical Cancer Research Champion;
- Ben Chiu, Policy Manager, Cancer Research UK;
- Dr Sheuli Porkess, Interim Medical Director, ABPI;
- Colette Goldrick, Executive Director, Strategy and Partnerships, ABPI.

Stakeholders

- Denise Calder, Cancer Services Manager, NHS Lothian;
- Dorothy Boyle, Manager, South East Scotland Cancer Research Network (SESCRN);
- Dr Peter Hall, Senior Clinical Lecturer in Cancer Informatics;
- Irene Oldfather, Director of Strategy and Engagement, ALLIANCE;
- Jacqui Stevenson, Macmillan Lived Experience Programme Manager, ALLIANCE
- Dr Lorna Porteous, GP Lead for Cancer and Palliative Care in Lothian and Co-Chair of Scottish Primary Care Cancer Group;
- Michael Moore, Public Affairs Officer, Cancer Research UK
- Professor Alison Strath, Interim Chief Pharmaceutical Officer, Scottish Government,
- Professor Marion Bennie, Strathclyde Institute of Pharmacy and Biomedical Sciences.

Part 5: Conclusion

From both the discussion and presentations it was clear that there is a shared desire to see cancer care and trials return quickly following the pandemic and for patients to receive faster access to diagnosis and treatment.

The Scottish Government's Cancer Recovery plan will be a key document in taking this forward, but given it was penned during the middle of the pandemic second wave, there is a need to ensure policy is fluid and that changes are made as and when required.

From the discussion it was evident that there is a need to simplify processes for both the set-up and administration of clinical trials, especially if research is truly to be open to all. The Scottish Government and the NHS will need to work together to simplify these processes in order to reduce the burden on clinicians and provide clarity for industry partners.

Contributors were also clear that these solutions must be seen within the context of the soon to be released implementation plan for the UK Government's clinical trial vision. This document, a landmark policy paper, commits all four nations to improving the landscape for clinical trials through the deployment of digital solutions and embedding research within care.

The need to ensure solutions and efficiencies are developed collaboratively and consensually is something industry and government are agreed on, and the recommendations within this document should dovetail with what is included within the finalised implementation plan. There is also a need to ensure that actions are delivered across the UK, as global companies look at sites nationally and not just regionally.

Above all, there was a shared desire to put patients at the heart of care and to make services easier to access and simpler to understand. The pharmaceutical industry was clear in their desire to partner with the NHS and to offer solutions through collaborative working. The need to maintain dialogue and ensure that there are clear NHS points of contact will be critical to these efforts and we hope that this roundtable provides a starting point for future collaboration and discussion.

The Association of the British Pharmaceutical Industry

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