



## FPM Response to Consultation on the NHS 10-Year Health Plan for England

**Guidance:** Please respond to each question to the best of your knowledge within this document. Please provide your name alongside your comments. The completed document will then be circulated to the FPM PCG and any pertinent internal stakeholders (other contributors) for review.

### Consultation Summary

The government is seeking to [transform the NHS](#) in England by shifting from hospital to community, analogue to digital, and sickness to prevention. To inform these plans, it has launched a national conversation about the future of the NHS.

### Consultation Links:

- <https://www.england.nhs.uk/long-term-plan/>
- <https://change.nhs.uk/en-GB/>
- <https://change.nhs.uk/en-GB/folders/organisations>

**Deadline for submission:** Monday 2nd December at 17:00

**Internal deadline for submission:** Thursday 28th November

Please note - there is a 1000 word limit for each answer (this does not include reference links).

## Questions:

1. What does your organisation want to see included in the 10-Year Health Plan and why?

**Word count:** 779/1000 words

We are the Faculty of Pharmaceutical Medicine (FPM), a faculty of the Royal Colleges of Physicians of the UK, and a charity, professional membership, and educational body. Our mission is to advance the science and practice of pharmaceutical medicine by upholding the highest scientific and ethical standards, fostering competence, ethics, and professionalism, and ensuring innovations benefit the public.

Pharmaceutical medicine encompasses more than medicines—it includes vaccines, medical devices, diagnostics, and cutting-edge health technologies. FPM represents over 1,600 medically qualified members working across the pharmaceutical, biotech, devices, and diagnostics industries, as well as regulatory bodies and research organisations. Together, our members drive the development, evaluation, and implementation of these innovations to improve patient care and outcomes globally. FPM operates independently of pharmaceutical companies and trade bodies, ensuring an impartial perspective.

FPM welcomes the opportunity to contribute to the NHS 10-Year Health Plan. We believe that integrating pharmaceutical medicine—including its role in advancing vaccines, diagnostics, devices, and other technologies—is essential to addressing current challenges, improving patient outcomes, and strengthening the economy. Below, we outline the key problems, the benefits of addressing them, and our proposed solutions, supported by evidence.

### **Problem: Limited Integration of Innovation in Routine Care**

#### **Current Challenge:**

The NHS faces delays in adopting innovations such as vaccines, advanced therapies, diagnostics, and digital health technologies. These delays arise from regulatory complexities, fragmented decisions, cultural resistance, and infrastructure gaps. This leads to inequitable access and underutilization of the UK's leadership in research and development, areas where pharmaceutical physicians play a crucial role.

#### **Benefits of Addressing This Problem:**

Accelerating innovation adoption improves health outcomes, reduces disease burdens, and boosts economic productivity. For instance, targeted spending on prevention could double returns on investment, according to a report by the NHS Confederation.

#### **Proposal for Fix:**

1. Conduct a multi-stakeholder review to identify barriers to innovation adoption, such as inefficiencies, cultural resistance, and workforce readiness. This review can shape targeted interventions.

2. Develop a framework for implementing innovations, guided by real-world data and cost-effectiveness assessments.
3. Establish partnerships among industry, academia, and the NHS to streamline evaluation and implementation processes.

**FPM's Role:**

- Convene multidisciplinary discussions to address systemic barriers to adoption.

**Supporting Evidence:**

- [https://www.bmj.com/content/387/bmj.q2206?utm\\_](https://www.bmj.com/content/387/bmj.q2206?utm_)
- [https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm_)

**Problem: Lack of Embedding Clinical Research into Routine Care**

**Current Challenge:**

Clinical research is insufficiently integrated into NHS operations, leading to missed opportunities to generate real-world evidence, foster innovation, and ensure diverse patient participation in trials. Pharmaceutical medicine expertise is essential to bridging research and routine care.

**Benefits of Addressing This Problem:**

Integrating clinical research increases access to cutting-edge treatments, ensures diversity in trials for generalizable results, and supports conditional licensing, pharmacovigilance, and value-based pricing.

**Proposal for Fix:**

1. Mandate Good Clinical Practice (GCP) training for research leads.
2. Support training in research skills for health professionals from different career backgrounds
3. Create NHS-wide structures to pre-identify and support investigators
4. Leverage NHS data for cost-value assessments

**Supporting Evidence:**

- [https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08832-3?utm\\_source=chatgpt.com](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08832-3?utm_source=chatgpt.com)
- [https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting?utm\\_](https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting?utm_)

**FPM's Role:**

- Deliver research skill development programs.
- Provide thought leadership in utilizing NHS data for value-based evaluations.

**Problem: Insufficient Support for Workforce and Professional Standards****Current Challenge:**

The NHS struggles with workforce shortages and insufficient recognition of pharmaceutical medicine professionals' unique skills. This limits the ability to deliver innovative treatments and meet growing healthcare demands.

**Benefits of Addressing This Problem:**

Recognizing and integrating pharmaceutical medicine as a distinct specialty strengthens workforce capacity, fosters collaboration, and bolsters the UK's global healthcare leadership.

**Proposal for Fix:**

1. Recognise pharmaceutical medicine as a discipline and implement standardized training programs to integrate its expertise into NHS systems.
2. Address workforce shortages by expanding recognition of international medical qualifications.
3. Improve staff well-being through competitive pay, permanent contracts, and measures to mitigate burnout.

**Supporting Evidence:**

- [https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting?utm\\_](https://www.nhsconfed.org/publications/creating-better-health-value-economic-impact-care-setting?utm_)
- [https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm_)

**FPM's Role:**

- Advocate for pharmaceutical medicine recognition and integration into NHS workforce strategies.

**Problem: Broader Public Health and Societal Challenges****Current Challenge:**

The NHS faces societal health challenges like obesity, mental health, and inequalities, alongside broader sustainability goals, such as achieving net-zero carbon emissions.

**Benefits of Addressing This Problem:**

Tackling these challenges will reduce long-term health costs and improve economic

productivity. For instance, addressing mental health among young people could save the economy significant amounts in lost productivity.

**Proposal for Fix:**

1. Invest in marginalised communities to reduce healthcare disparities.

**FPM's Role:**

- Provide thought leadership and expertise in using pharmaceutical medicine innovations to address public health issues.
- Advocate for evidence-based, equitable healthcare interventions targeting obesity, mental health, and disparities.
- Convene stakeholders to design and implement interventions tailored to societal health priorities.

**Supporting Evidence:**

- [https://www.nhsconfed.org/publications/paving-new-pathway-prevention?utm\\_](https://www.nhsconfed.org/publications/paving-new-pathway-prevention?utm_)
- [https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/blogs/return-investment-public-health?utm_)

**Conclusion**

Addressing these challenges will accelerate innovation, improve access, and boost the economy. FPM is committed to supporting the NHS through education, advocacy, and collaboration.

**Introducing the three shifts**

The next questions relate to **3 'shifts'** – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

- **Shift 1:** moving more care from hospitals to communities
- **Shift 2:** making better use of technology in health and care
- **Shift 3:** focussing on preventing sickness, not just treating it In answering the following questions on the 3 shifts, we'd welcome references to specific examples or case studies. Please also indicate how you would prioritise these and at what level you would recommend addressing this at, i.e. a central approach or local approach.

The next questions relate to 3 'shifts' – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

**Shift 1:** moving more care from hospitals to communities This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies. More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment.

Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies

2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

**Word count:** 993/1000

The Faculty of Pharmaceutical Medicine (FPM) acknowledges the NHS's initiative to transition more care from hospitals to community settings. This shift brings services closer to patients and alleviates hospital pressures while introducing challenges. With expertise in medicines development, regulation, and research, FPM can help ensure better outcomes and innovation. Below, we outline challenges related to pharmaceutical medicine and propose evidence-based solutions.

### **Problem: Impact on Clinical Trials**

#### **Current Challenge:**

Transitioning care to community settings risks disrupting clinical trials, particularly in oncology, which relies on hospital infrastructure. Adapting trials to these settings is logistically and regulatorily complex. Pharmaceutical medicine is central to clinical trial design and execution. Ensuring community trial viability is vital for innovation and patient access to therapies.

#### **Benefits of Addressing This Problem:**

Adapting clinical trial methodologies for community settings maintains the UK's leadership in pharmaceutical research and broadens trial access. Ensuring regulatory flexibility also accelerates treatment integration into care.

#### **Proposal for Fix:**

1. Support adaptations to trial methodologies for community care.
2. Advocate for regulatory bodies to maintain flexibility, like during COVID-19.

#### **Role of FPM:**

- Provide expertise in trial adaptation and decentralised methodologies
- Collaborate with the MHRA and other stakeholders to develop guidance for community trials.

#### **Supporting Evidence:**

- <https://www.gov.uk/guidance/managing-clinical-trials-during-coronavirus-covid-19?utm>

### **Problem: Inconsistency in Standards**

#### **Current Challenge:**

Localising care risks variability in quality without clear standards. Patients are at risk of uneven care depending on location. Pharmaceutical physicians are critical to setting standards, particularly for new treatments.

#### **Benefits of Addressing This Problem:**

Defining and enforcing minimum standards ensures consistent outcomes, fosters trust, and preserves hospital-quality care.

**Proposal for Fix:**

1. Establish centralised definitions of care delivery standards and approved technologies.
2. Implement inspections to ensure compliance.

**Role of FPM:**

- Contribute to setting standards for medicine use and evaluation in community care.
- Incorporate quality standards into training resources.

**Supporting Evidence:**

- [https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality?utm_)

**Problem: Coordination Across Systems****Current Challenge:**

Poor coordination between hospitals and community services creates inefficiencies, particularly for patients receiving care "out of area." Shared care agreements are fragmented, and electronic health record systems lack interoperability. Pharmaceutical physicians rely on coordinated systems for prescribing, monitoring, and evaluating treatments. Better integration supports consistent and safe patient care.

**Benefits of Addressing This Problem:**

Improved coordination would reduce care gaps, enhance patient safety, and ensure seamless transitions between care settings.

**Proposal for Fix:****1. Enhance the Role of Integrated Care Boards (ICBs):**

Task ICBs with developing and implementing robust, seamless shared care agreements across hospitals, community services, and primary care providers. These agreements should emphasise standardised protocols, clear accountability, and streamlined communication pathways to ensure patients experience consistent, high-quality care regardless of their location. ICBs should also champion the adoption of interoperable electronic health record systems to facilitate real-time information sharing and improve care coordination.

2. Implement interoperable electronic health records accessible across all care providers.

**Role of FPM:**

- FPM could support cross-sector discussions to improve interoperability for medicine-related data.



**Supporting Evidence:**

- [https://bmjopenrespres.bmj.com/content/9/1/e001226?utm\\_](https://bmjopenrespres.bmj.com/content/9/1/e001226?utm_)
- [https://www.kingsfund.org.uk/events/moving-care-closer-to-home?utm\\_](https://www.kingsfund.org.uk/events/moving-care-closer-to-home?utm_)

**Problem: Perception of Care Quality****Current Challenge:**

Patients may perceive community-based care as inferior, particularly if delivered by staff viewed as less qualified than hospital-based professionals. This perception undermines trust and uptake of services. Pharmaceutical medicine can ensure that high-quality, evidence-based care is delivered in all settings, reinforcing trust in community providers.

**Benefits of Addressing This Problem:**

Building public trust in community care providers ensures higher engagement and satisfaction. It also demonstrates that care quality is consistent regardless of the setting.

**Proposal for Fix:**

1. Launch education and awareness campaigns highlighting the qualifications and expertise of community healthcare providers.
2. Establish public-facing assurances of care quality through minimum standards.

**Role of FPM:**

- FPM could develop public-facing materials that explain the role of pharmaceutical physicians in ensuring care quality.
- FPM could support NHS initiatives to maintain patient trust in community-delivered treatments.

**Supporting Evidence:**

- <https://www.england.nhs.uk/south/our-work/at-home/>

**Problem: Limited Use of Technology and Data Collection****Current Challenge:**

The shift to community care creates opportunities for improved data collection and technology adoption, but current systems lack standardisation and evaluation frameworks. Pharmaceutical medicine relies on robust data collection and evaluation to monitor treatment safety and efficacy.

**Benefits of Addressing This Problem:**

Standardised data collection enables ongoing and meaningful comparisons across care settings. Proper evaluation ensures technologies deliver patient benefits while maintaining safety and efficacy.

**Proposal for Fix:**

1. **Y Introduce Standardised Data Collection Systems at the Integrated Care Board (ICB) Level:** Task ICBs with developing and implementing uniform data collection standards across all care settings within their regions. This will ensure consistency, enable meaningful comparisons, and facilitate the effective use of data to improve patient outcomes and streamline care delivery.
2. Establish formal evaluation and monitoring frameworks for community care technologies.

**Role of FPM:**

- FPM could assist in defining standards for pharmaceutical data collection.

**Supporting Evidence:**

- [https://www.bmj.com/content/376/bmj-2021-069761?utm\\_](https://www.bmj.com/content/376/bmj-2021-069761?utm_)

**Problem: Lack of Research Integration in Community Care****Current Challenge:**

Local care settings are not fully used for research. These settings offer opportunities for geographically diverse studies to address disparities and test innovative solutions. However, inadequate research frameworks limit these opportunities. Pharmaceutical medicine drives research critical to treatment development and healthcare policy. Leveraging community settings as research platforms can enhance care and inform new therapies.

**Benefits of Addressing This Problem:**

Embedding research in community care enhances outcomes, generates real-world evidence, and tackles health disparities.

**Proposal for Fix:**

1. Design research protocols that account for regional diversity, including demographics, genetics, and social determinants of health.
2. Use community settings for comparative studies to assess outcomes and cost-effectiveness.

**Role of FPM:**

- FPM could act as a thought leader, creating guidance for integrating research into community care and fostering collaboration between researchers, providers, and the NHS.

**Supporting Evidence:**

- [https://www.kingsfund.org.uk/insight-and-analysis/blogs/moving-care-closer-to-home-three-unanswered-questions?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/blogs/moving-care-closer-to-home-three-unanswered-questions?utm_)

**Conclusion**

While shifting care to the community introduces challenges for pharmaceutical medicine, particularly in clinical research, it also creates opportunities to innovate and enhance care delivery. By addressing these challenges with pragmatic adaptations to research methodologies, ensuring consistency of care standards, and leveraging technology and research opportunities, the NHS can successfully transition to a more community-focused care model.

**Shift 2:** Analogue to Digital Improving how we use technology across health and care could have a big impact on our health and care services in the future. Examples might include better computer systems so patients only have to tell their story once, video appointments, AI scanners that can identify disease more quickly and accurately, and more advanced robotics enabling ever more effective surgery.

3. What does your organisation see as the biggest challenges and enablers to better use technology in health and care?

**Word count:** 855/1000

The Faculty of Pharmaceutical Medicine (FPM) recognises the transformative potential of technology in health and care to enhance outcomes, streamline care delivery, and foster innovation. Pharmaceutical medicine is uniquely positioned to drive this transformation through expertise in data use, research, and regulation.

### **Problem: Fragmentation and Lack of Interoperability**

#### **Current Challenge:**

The NHS faces significant barriers due to a lack of interoperability between digital systems and databases. Hospitals and services within the same Integrated Care Boards (ICBs) often use incompatible systems, while cross-regional collaboration is further hindered. This fragmentation limits the NHS's ability to conduct clinical trials, collect and monitor data, and implement innovations effectively. It also affects pharmaceutical medicine, where seamless data sharing is essential for clinical trials, pharmacovigilance, and assessing real-world medicine use. Patients with chronic or multiple conditions face inefficiencies and frustration due to these systemic issues.

#### **Benefits of Addressing This Problem:**

Enhancing interoperability would enable seamless data exchange, improve care coordination, and accelerate the adoption of innovative treatments and technologies. This would also strengthen pharmaceutical medicine by ensuring better access to high-quality, real-world data and improving the evaluation of treatment efficacy and safety.

#### **Proposal for Fix:**

1. Develop and implement standardised data formats and exchange protocols across all NHS systems.
2. Invest in technologies that facilitate real-time data sharing and integration.
3. Establish clear governance structures to ensure data security and appropriate use.

#### **FPM's Role:**

- Act as a thought leader by convening multidisciplinary discussions on improving interoperability for pharmaceutical data.
- Provide expertise on data standards to ensure high-quality collection and secure sharing of pharmaceutical information.
- Support the development of guidelines for integrating real-world evidence into NHS systems to inform medicine use and clinical trials.

#### **Supporting Evidence:**

- [https://www.kingsfund.org.uk/insight-and-analysis/reports/digital-nhs?utm\\_](https://www.kingsfund.org.uk/insight-and-analysis/reports/digital-nhs?utm_)

### **Problem: Cost and Complexity**

**Current Challenge:**

The cost of implementing, maintaining, and upgrading technology is a major barrier for the NHS. Many systems are already resource-stretched, and the complexity of integrating new technologies into existing workflows often deters adoption.

**Benefits of Addressing This Problem:**

Allocating appropriate resources to support technology adoption can yield long-term cost savings through improved efficiency and better patient outcomes. Simplifying integration processes can also reduce the burden on healthcare professionals and administrative staff.

**Proposal for Fix:**

1. Prioritise sustained funding for technology initiatives.
2. Simplify processes for integrating new technologies into existing workflows to reduce administrative burden.

**FPM's Role:**

- Advocate for funding dedicated to systems supporting pharmacovigilance and real-world evidence generation.
- Offer guidance on streamlining digital tool integration into workflows related to medicine safety and efficacy monitoring.

**Supporting Evidence:**

- [https://www.nhsconfed.org/publications/nhs-long-term-plan?utm\\_](https://www.nhsconfed.org/publications/nhs-long-term-plan?utm_)

**Problem: Training and Awareness****Current Challenge:**

Inadequate training and awareness among healthcare professionals (HCPs) hinder the effective use of technology. Even the best systems may remain underutilised if staff lack the necessary skills to integrate them into their workflows.

**Benefits of Addressing This Problem:**

Comprehensive training equips HCPs to utilise technology effectively, improving both efficiency and patient outcomes. It also ensures a smoother transition when new technologies are introduced.

**Proposal for Fix:**

1. Mandate ongoing professional development programs focused on digital skills and technology use.
2. Provide practical training for healthcare professionals on how to integrate technology into their daily workflows.

**FPM's Role:**

- Integrate emerging digital tools into FPM's educational resources.
- Support NHS digital transformation efforts by ensuring the integration of pharmaceutical training into broader HCP programmes.

**Supporting Evidence:**

- [https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy?utm\\_](https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy?utm_)

**Problem: Inconsistent Use of Technology****Current Challenge:**

There is inconsistency in how technology is used across the NHS. For example, while some clinicians offer video consultations, others in the same institution or team may not. This lack of uniformity undermines patient trust and hinders widespread adoption of technology.

**Benefits of Addressing This Problem:**

Ensuring consistent use of technology across teams and institutions improves patient experiences and builds confidence in digital healthcare solutions.

**Proposal for Fix:**

1. Establish uniform protocols for the use of key technologies, such as video consultations.
2. Monitor and evaluate technology usage across NHS teams to ensure consistency.

**FPM's Role:**

- Provide guidance on standardising digital practices relevant to pharmaceutical medicine, such as medicines monitoring and reporting.

**Supporting Evidence:**

- [https://www.england.nhs.uk/blog/digital-first-primary-care-and-how-the-nhs-long-term-plan-set-a-clear-direction/?utm\\_](https://www.england.nhs.uk/blog/digital-first-primary-care-and-how-the-nhs-long-term-plan-set-a-clear-direction/?utm_)

**Problem: Insufficient Patient-Centred Design****Current Challenge:**

Patients are often excluded from the design and implementation of new technologies. This can result in systems that fail to meet patient needs or exacerbate inequities, such as limited access for those in low-income or rural areas.

**Benefits of Addressing This Problem:**

Involving patients in the design process ensures technologies are user-friendly, accessible,

and meet diverse needs. Addressing inequities in access fosters trust and improves health outcomes.

**Proposal for Fix:**

1. Engage patients in the design and deployment of digital health solutions.
2. Address inequities in access by ensuring technologies are available to all patients, regardless of socioeconomic or geographic barriers.

**FPM's Role:**

- Lead multidisciplinary discussions on equitable access to medicines-related technology.

**Supporting Evidence:**

- [https://www.nuffieldtrust.org.uk/research/supporting-patient-engagement-with-digital-health-care-innovations-lessons-from-the-care-city-test-bed?utm\\_](https://www.nuffieldtrust.org.uk/research/supporting-patient-engagement-with-digital-health-care-innovations-lessons-from-the-care-city-test-bed?utm_)

**Conclusion**

To harness the full potential of technology in health and care, the NHS must address challenges related to interoperability, cost, training, consistency, accessibility issues, people unwilling/hesitant to engage with technology and patient-centred design. By investing in infrastructure, professional education, and equitable patient engagement, the NHS can unlock the transformative potential of technology to improve patient outcomes and streamline healthcare delivery.

**Shift 3:** Sickness to Prevention Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

**Word count:** 854/1000

The Faculty of Pharmaceutical Medicine (FPM) recognises the transformative potential of data science, precision medicine, and advanced diagnostics in enabling earlier detection of illnesses and addressing the root causes of poor health. Pharmaceutical medicine is pivotal to these efforts, driving advancements in data integration, diagnostics, and tailored public health strategies. Below, we outline the challenges, propose solutions, and identify FPM's specific roles.

### **Problem: Fragmented Data Systems**

#### **Current Challenge:**

The NHS currently operates with fragmented and non-interoperable databases, hindering the ability to collect and analyse data at scale. This fragmentation limits comprehensive patient insights and impedes the development of effective, data-driven health interventions.

#### **Benefits of Addressing This Problem:**

Integrating data systems would facilitate a holistic view of patient health, enabling healthcare providers to identify patterns and risk factors more effectively. This integration is crucial for the successful implementation of precision medicine and targeted public health strategies.

#### **Proposal for Fix:**

1. **Develop Integrated Health Data Platforms:** Establish centralised databases that consolidate patient information from various sources, ensuring data is accessible and usable across the NHS.
2. **Enhance Data Interoperability Standards:** Implement standardised data formats and protocols to enable seamless data sharing between different healthcare systems and providers.

#### **FPM's Role:**

- Provide expert guidance on data standards for pharmaceutical applications, ensuring that data systems meet the needs of clinical research and real-world evidence.
- Act as a thought leader, convening multidisciplinary discussions on integrating clinical trial and real-world data.

#### **Supporting Evidence:**

- [https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape\\_0.pdf?utm\\_](https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape_0.pdf?utm_)

### **Problem: Underuse of Predictive Analytics**

#### **Current Challenge:**

There is a significant underutilisation of predictive analytics within the NHS. The



healthcare system is not fully leveraging demographic, social, and physiological data to predict health risks and inform targeted interventions.

**Benefits of Addressing This Problem:**

Utilising predictive analytics can lead to earlier detection of diseases, personalised treatment plans, and more efficient allocation of healthcare resources. This proactive approach can improve patient outcomes and reduce healthcare costs.

**Proposal for Fix:**

1. **Implement Predictive Analytics Tools:** Adopt advanced analytics platforms that can process diverse data sets to identify at-risk populations and predict disease outbreaks.
2. **Train Healthcare Professionals:** Provide comprehensive training for healthcare staff on the use of predictive analytics tools to ensure effective implementation and interpretation of data insights.

**FPM's Role:**

- Promote education initiatives that incorporate predictive analytics into pharmacovigilance and treatment planning.
- Advocate for the adoption of analytics tools tailored to pharmaceutical applications, such as risk stratification for adverse drug events.

**Supporting Evidence:**

- [https://www.brookings.edu/articles/the-opportunities-and-challenges-of-data-analytics-in-health-care/?utm\\_](https://www.brookings.edu/articles/the-opportunities-and-challenges-of-data-analytics-in-health-care/?utm_)

**Problem: Barriers to Diagnostics Innovation**

**Current Challenge:**

The adoption of innovative diagnostic tools within the NHS is hindered by high costs, complex regulatory pathways, and insufficient training for healthcare professionals. These barriers delay the implementation of advanced diagnostics that could facilitate earlier disease detection.

**Benefits of Addressing This Problem:**

Overcoming these barriers would enable the timely adoption of cutting-edge diagnostic technologies, leading to earlier and more accurate disease detection, improved patient outcomes, and more efficient healthcare delivery.

**Proposal for Fix:**

1. **Streamline Regulatory Processes:** Simplify and expedite the approval pathways for new diagnostic tools to encourage innovation and rapid implementation.
2. **Invest in Training Programs:** Develop and fund training initiatives to equip healthcare professionals with the necessary skills to utilise new diagnostic technologies effectively.

3. **Provide Financial Incentives:** Offer funding and incentives to healthcare providers to adopt and integrate innovative diagnostic tools into their practice.

**FPM's Role:**

- Collaborate with regulators to streamline approval processes for diagnostics relevant to pharmaceutical care.
- Lead education initiatives to train pharmaceutical physicians in the application of advanced diagnostic tools.

**Supporting Evidence:**

- [https://www.who.int/europe/news/item/26-05-2021-using-big-data-to-inform-health-care-opportunities-challenges-and-considerations?utm\\_](https://www.who.int/europe/news/item/26-05-2021-using-big-data-to-inform-health-care-opportunities-challenges-and-considerations?utm_)

**Problem: Limited Application of Precision Public Health**

**Current Challenge:**

While precision medicine has advanced, its application in public health strategies remains limited. There is a need to extend precision approaches beyond high-tech solutions to address broader public health needs, integrating targeted interventions and prevention strategies for diverse populations.

**Benefits of Addressing This Problem:**

Applying precision public health strategies can lead to more effective prevention programs, reduced health disparities, and improved population health outcomes by tailoring interventions to the specific needs of different communities.

**Proposal for Fix:**

1. **Integrate Precision Approaches into Public Health Programs:** Develop public health initiatives that utilise precision medicine principles to target interventions based on specific population needs.
2. **Conduct Multifactorial Risk Analyses:** Utilise comprehensive baseline data, including age, ethnicity, and social factors, to refine population-level health strategies and guide research.

**FPM's Role:**

- Provide guidance on integrating precision medicine approaches into public health strategies.
- Convene multidisciplinary discussions to align public health priorities with advances in pharmaceutical research.
- Support the development of population-level health models that incorporate pharmacogenomics and social determinants of health.

**Supporting Evidence:**

- [https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape\\_0.pdf?utm\\_](https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape_0.pdf?utm_)

**Conclusion**

To enable earlier detection of illnesses and address the root causes of poor health, the NHS must tackle challenges related to fragmented data systems, underutilised predictive analytics, barriers to diagnostic innovation, and limited precision public health applications. Pharmaceutical medicine plays a vital role in driving these advancements. By integrating data systems, adopting predictive tools, streamlining diagnostics, and applying precision strategies to public health, the NHS can enhance patient outcomes and reduce health inequalities. Through its expertise, the Faculty of Pharmaceutical Medicine can lead efforts in setting standards, fostering collaboration, and supporting innovation to realise these transformative goals.

**Ideas for change**

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high quality care more effectively.

- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
  - Ideas about how individuals and communities could do things differently in the future to improve people’s health.
5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:
- Quick to do, that is in the next year or so
  - In the middle, that is in the next 2 to 5 years
  - Long term change, that will take more than 5 years

**Word count:** 755/1000

The Faculty of Pharmaceutical Medicine (FPM) proposes a series of policy initiatives to enhance health outcomes and system efficiency within the NHS. These initiatives are categorised by implementation timelines: short-term (within 2 years), medium-term (2–5 years), and long-term (beyond 5 years). Each initiative highlights the involvement of pharmaceutical medicine and delineates FPM’s specific roles.

### **Short-Term Initiatives (Within 2 Years)**

#### **Strengthen NHS-Pharmaceutical Industry Collaboration**

**Proposal:** Enhance partnerships between the NHS and the pharmaceutical industry, replicating successful collaborations like developing the AstraZeneca COVID-19 vaccine.

**Benefits:** Such collaborations can accelerate the development and deployment of innovative treatments, improving patient outcomes and system efficiency— pharmaceutical medicine benefits by fostering innovation in medicines research and delivery.

#### **FPM’s Role:**

- Act as a convenor, bringing together NHS and pharmaceutical stakeholders to identify collaboration opportunities.
- Provide expertise to support the rapid translation of research into practice.

#### **Supporting Evidence:**

- <https://www.ox.ac.uk/news/2020-04-30-oxford-university-announces-landmark-partnership-astrazeneca-development-and>

#### **Improve Access to Medicines**

**Proposal:** Remove barriers to adopting NICE-approved technologies and optimise schemes like the Voluntary Scheme for Branded Medicines Pricing and Access (VPAS) to maximise patient access to effective treatments.

**Benefits:** Streamlined access ensures patients receive timely, effective care, enhancing overall health outcomes. Pharmaceutical medicine plays a central role in providing treatments that are evidence-based and accessible.

**FPM's Role:**

- Provide thought leadership to address barriers to the adoption of approved medicines.
- Advocate for policies supporting faster implementation of NICE-approved technologies.

**Supporting Evidence:**

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

**Accelerate Digital Transformation**

**Proposal:** Upgrade IT systems and enhance interoperability to improve data sharing and patient care.

**Benefits:** Modernising digital infrastructure facilitates seamless information flow, leading to more coordinated and efficient care delivery. Pharmaceutical medicine relies on robust digital systems for real-world evidence and pharmacovigilance.

**FPM's Role:**

- Collaborate with NHS Digital to develop standards for medicines-related data sharing.
- Advocate for investments in interoperability that enhance pharmaceutical research.

**Supporting Evidence:**

- <https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/interoperability/>

**Embed Clinical Research into Routine Care**

**Proposal:** Integrate clinical research into standard care practices, providing patients access to innovative treatments.

**Benefits:** Embedding research within clinical settings accelerates the development of new therapies and ensures patients benefit from cutting-edge medical advancements. Pharmaceutical medicine thrives in environments where research is integral to care.

**FPM's Role:**

- Advocate for increased research capabilities among healthcare professionals.
- Advocate for the inclusion of pharmaceutical research in clinical care pathways.

**Supporting Evidence:**

- <https://digital.nhs.uk/services/research>

## Medium-Term Initiatives (2–5 Years)

### Address Foundational Needs

**Proposal:** Prioritise essential needs, such as staffing and establishing robust organisational structures.

**Benefits:** Ensuring adequate staffing and strong organisational foundations is crucial for effectively implementing other improvements and the overall sustainability of the healthcare system. Pharmaceutical medicine relies on a well-supported healthcare infrastructure to deliver safe and effective treatments.

**FPM's Role:**

- Develop guidance on integrating pharmaceutical expertise into workforce planning.
- Support multidisciplinary collaboration to ensure robust healthcare delivery structures.

**Supporting Evidence:**

Addressing foundational issues is critical for system-wide improvements.

- <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/153/report.html>

### Promote Social Change and Education

**Proposal:** Implement public health education programmes focusing on prevention and early intervention, including diet, exercise, and lifestyle choices.

**Benefits:** Educating the public on healthy lifestyle choices can reduce the prevalence of chronic diseases and alleviate pressure on healthcare services. Pharmaceutical medicine supports these efforts by providing evidence-based approaches to prevention and treatment.

**FPM's Role:**

- Advocate for public health campaigns promoting the responsible use of medicines.
- Provide expert input on integrating pharmaceutical insights into health education.

**Supporting Evidence:**

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

**Enhance Systemic Efficiency**

**Proposal:** Collaborate with patients to identify inefficiencies within the healthcare system and implement strategies to streamline care delivery.

**Benefits:** Engaging patients in identifying and addressing inefficiencies can lead to more patient-centred care and improved system performance. Pharmaceutical medicine benefits from improved efficiency in treatment pathways and access.

**FPM's Role:**

- Support engagement initiatives to involve patients in improving medicines-related care.
- Provide expertise in identifying inefficiencies in prescribing and treatment protocols.

**Supporting Evidence:**

- <https://www.kingsfund.org.uk/publications/transforming-patient-experience>

**Long-Term Initiatives (Beyond 5 Years)****Sustain and Build Upon Foundational Improvements**

**Proposal:** Continue strengthening staffing, infrastructure, and organisational structures to ensure adaptability and resilience.

**Benefits:** A strong foundation supports ongoing innovation in pharmaceutical medicine, ensuring effective medicines use and patient safety.

**FPM's Role:**

- Collaborate with stakeholders to ensure sustainable improvements in healthcare delivery.

**Supporting Evidence:**

- <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/153/report.html>

**Conclusion**

By prioritising short-, medium-, and long-term initiatives, the NHS can significantly enhance patient outcomes, improve system efficiency, and ensure a sustainable future for healthcare. Pharmaceutical medicine is integral to these advancements, from developing innovative treatments to improving medicine safety and access. With FPM playing a pivotal role in setting standards, fostering collaboration, and promoting continuous improvement, the NHS can realise its vision of a resilient, patient-centred healthcare system.