

THE FACULTY OF PHARMACEUTICAL MEDICINE RESPONSE TO EQUITY AND EXCELLENCE: LIBERATING THE NHS

The Faculty of Pharmaceutical Medicine (FPM) of the Royal Colleges of Physicians of the UK is pleased to respond to the Government White Paper “Equity and Excellence: Liberating the NHS”. The FPM has about 1400 members worldwide of whom about 1000 work in the UK as Pharmaceutical Physicians within pharmaceutical companies or the Regulatory Authorities, or as consultants to pharmaceutical companies. As the main customer of pharmaceutical companies in the UK is the NHS, the FPM feels it is right to respond to the consultation.

Foreword

The promise to increase real terms spending on the health service in every year of this Parliament is welcome but will be very difficult to achieve as NHS inflation traditionally is higher than standard inflation.

The Strategy

The FPM welcomes the commitment to patients having greater control over their own care records. There is a tendency for doctors to be paternalistic towards the use of patient records and this has undoubtedly had an adverse effect on their use for research purposes. The FPM believes that the proper use of patient records for research purposes will have a beneficial effect on the population as a whole.

Choice of treatment for patients is welcome but inevitably this commitment will involve additional cost so the FPM will be interested to see how this will be delivered. The same applies to the provision of personalised care and how the provision of stratified medicines will fit into this concept.

The FPM welcomes the commitment to increase patient safety and yet fails to see how this will be achievable with the abolition of the National Patient Safety Agency which has done a good job in highlighting prescribing errors in recent years.

The FPM will be interested to see the detail of value based pricing for medicines once it becomes available but cautions against replacing the current Pharmaceutical Price Regulation Scheme (PPRS) unless the new system is able to provide the benefits of the current system. These include the retention of reimbursement at medicine launch in the UK and hence maximising the UK’s attractiveness as a clinical trial location. The PPRS has also been a major factor in global pharmaceutical companies continuing to invest in the UK, which is a vital component of the UK’s trade balance.

The FPM supports the development of a Cancer Drug Fund as long as patients really do get access to the treatments that they need. This has not always been the case in the recent past.

The FPM supports the development of a NHS Commissioning Board as there has been too much politically motivated interference in the NHS in the past. However with the

development of more Foundation trusts with the ability to manage themselves it is difficult to see how greater equality for patients will be acquired. We believe that the current Postcode lottery might well increase.

Specific comments

- Para 1.8 – The FPM notes with interest the reference to the avoidable deaths due to venous thromboembolism and believes that the Department has so far missed a real opportunity to reduce these deaths by not introducing a national prescription chart for hospitals.
- Para 2.3 – There is no doubt that patients in clinical trials have at least as good an outcome as those not involved and often better. Clinical research is key to the development of new medicines and the FPM welcomes any activities that improve the culture of the NHS to become truly research-based.
- Box Extending choice – The FPM welcomes patients having more information on research studies available to them. This will inevitably help to maintain the UK as a major location for global clinical trials.
- Para 3.16 - All the members of the FPM work within the life sciences industry in one way or another and we totally concur with the statement “A thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes”. The FPM welcomes the current Rawlins enquiry into the future of clinical research in the UK and believes that its report will be crucial to maintaining and enhancing the UK as a good location for clinical research in what is now a global activity.
- Para 3.22 – The community pharmacist plays a key role in ensuring that patients get the right medicine at the right time and with all the information that the patient requires. The FPM welcomes any initiative that enhances that role and makes the community pharmacist a vital cog in healthcare delivery.
- Para 4.10 – The FPM welcomes the proposed role of the NHS Commissioning Board in hospital discharge. This is particularly important in the provision of discharge medicines and ensuring that the GP and/or community care team are adequately informed of what medicines the discharged patient is taking. It is at this interface where errors often occur that may have an adverse effect on the patient.
- Para 4.11 – The FPM welcomes the proposed involvement of the NHS Commissioning Board in the promotion of research. However in order for that to happen it is vital that at least one member of the Board is appointed to lead on research activity in the NHS and that person has a background in research administration.
- Para 4.22 – The FPM supports the abolition of the arbitrary cap on the amount of income Foundation Trusts may earn from outside sources. This is particularly important for the commercial research sector as pharmaceutical companies will be happy to invest in Trusts that deliver high quality research within demanding timelines.
- Para 5.5 – The FPM is concerned about some of the proposals for abolition of some of the arm’s-length bodies particularly the National Patients Safety Agency which includes the National Research Ethics Service(NRES). In the last few years

NRES has been doing a good job in ensuring that ethics review of clinical research is of good quality and timely. This is key for clinical trials of Investigational Medicinal Products and the FPM wishes to be assured that the newly proposed single research regulator will not in any way diminish the current activity of NRES.

- Para 5.8 – The FPM welcomes the review of medical research and suggests that R&D offices within Trusts should be brought within the legislative framework and not just be left within a governance framework which has clearly failed.