UK Government unveils £20 billion plan to revitalise NHS in England

£2.3 billion earmarked for mental health services

Prime Minister Theresa May and NHS England Chief Executive Simon Stevens have announced a new long-term plan for the National Health Service in England which, through a focus on prevention and early detection, aims to save up to 500,000 lives.

In essence, the NHS Long Term Plan lays out how the previously announced NHS budget boost of £20.5 billion will be allocated. The cash injection will be spread out over five years until 2023/24, representing a 3.4% increase year on year.

Developed in partnership with frontline health and care staff, patients and their families, the plan seeks to tackle major conditions including cancer and respiratory disease, with a range of aspirational goals such as the prevention of 150,000 heart attacks, strokes and dementia cases. It also aims to cut the number of stillbirths,

maternal and neonatal deaths, and serious brain injuries in half by 2025, and accelerate hospital discharges and cut outpatient appointments by a third.

£2.3 billion of the total made available will be channelled into mental health, with support to be provided in schools as well as 24-hour access to crisis care through the NHS' 111 service, while GP and community care is set to receive £4.5 billion over the next five years. Digital solutions will be leveraged, allowing for online GP booking and remote monitoring of ongoing conditions, while DNA testing for children with cancer and rare genetic disorders will also be introduced to determine the best course of treatment.

Health and Social Care Secretary Matt Hancock said of the strategy: "Whether it's treating ever more people in their communities, using the latest technology to tackle preventable diseases, or giving every baby the very best start in life, this government has given the NHS the multi-billion-pound investment needed to nurture and safeguard our nation's health service for generations to come."

Some welcomed the plan; Sarah Wilkinson, Chief Executive at NHS Digital, commented: "This plan offers a hugely exciting vision for the future of the NHS. We are particularly pleased that the plan recognises the extent to which new and improved technology and digital services can enable many of the goals set-out, all of which we whole-heartedly support.

"A key focus of the technology and digital agenda, as with the plan overall, is allowing patients to better manage their own health and care. A broad spectrum of digital services will support individuals to take a much more proactive and responsible approach to monitoring their own health and well-being, enabling them to recognise their individual health risks and symptoms as early as possible, and manage their personal response to these risks. This, in turn, reduces the demand for health and care services."

However, concerns have been raised as to the extent to which the 3.4% annual increase will help in any meaningful way to restoring the vitality of the NHS. Anita Charlesworth, Director of Research and Economics at the Health Foundation, remarked: "This will help stem further decline in the health service, but it's simply not enough to address the fundamental challenges facing the NHS, or fund essential improvements to services that are flagging. Increases of at least 4% a year are the minimum needed to tackle the backlog of financial problems from eight years of austerity."

Furthermore, unions have warned that staff shortages may act as a hindrance to the government's ambitions. Strikingly, one in 11 positions in the NHS currently remain vacant. Unison Head of Health Sara Gorton commented: "Without the staff, there is no NHS. Ministers must say more about how they plan to address the staffing shortages."

In speaking to the BBC, NHS England Chief Executive Simon Stevens noted that the NHS plans to train between 25% and 50% more nurses: "We've got to do a better job of looking after the staff that we have. I think people are under huge stress and pressure. We've got to change the way the health service works."

On top of this, Brexit may heighten cause for concern. While Theresa May has made the spurious suggestion that the new funding is being paid for by a Brexit dividend, it is feared that an end to freedom of movement may intensify issues relating to staff shortages as a significant proportion of workers earn below the £30,000 a year threshold which would make them eligible to work in the UK. Around 5% of the NHS workforce is from Europe.

Pharmafocus speaks to...

As the Brexit crisis continues in Westminster, firms within and beyond pharma and life sciences are rightfully worried by the lack of clarity and security. As a 'No Deal' exit looks increasingly likely, Robert Darwin, partner at law firm Dechert and a specialist in M&A and Private Equity deals, discusses how such an outcome could impact the industry going forward:

"Given the recent rejection by the House of Commons of the government's proposed Withdrawal Agreement, absent of an agreement between the EU and the UK or extension to the timeline for the Brexit date of 29 March 2019 ('Brexit Day'), the UK will leave the EU without a transition period or bespoke arrangements. From the perspective of the EU, the UK will then become a 'Third Country'.

In relation to this possibility as it affects the pharmaceutical industry, it is the UK Government that has so far shown most flexibility. It has published several guidance documents setting out its position in a 'No Deal' scenario; in essence, aimed at preserving the UK's role as a leader in public health, providing a framework to enable smooth and aligned market access to pharma companies selling into the EU and the UK, and to try to minimise patient disruption. Here are some key issues in relation to a 'No Deal' scenario, as they affect the pharmaceutical industry:

Marketing authorisations (MAs)

The approaches in relation to marketing authorisations and associated processes of the UK Government and the EU in the case of a 'No Deal' differ markedly. While the UK Government has essentially proposed unilateral recognition of existing EU processes to minimise disruption, the EU has offered no equivalent plan. Specifically:

- All existing EU centrally authorised MAs would convert automatically into UK MAs on 29 March 2019. Non-UK companies would have a period of transition before they are required to form a UK established entity to hold its MA (likely until the end of 2020)
- After Brexit Day, new applications for UK MAs would be required for the UK market; although it is intended that this would be a process dovetailed with the EU, with the aim of issuing a UK MA at the same time as the EU MA
- Conversely, the EU would require that any UK-based company who wishes to rely on an EU MA to sell products in the EU following Brexit Day, will need to immediately establish (or use) an appropriate EU-based entity as MA holder

Pharmacovigilance and batch testing

Following Brexit Day, the UK would no longer be part of the EU system for sharing pharmacovigilance information and it will no longer be shared between the UK and EU. Managing this information for the UK would be taken over by the MHRA, and a responsible person would need to be identified in the UK to collect this information; the opposite would be the case in the EU.

The UK would continue to allow the importation of medicines and products subject to batch-testing carried out in certain EU countries, and would also accept packaging and labelling in English for UK countries that mentioned other countries (provided that the information provided did not contravene UK rules). The EU has not suggested it will do the same; so far suggesting it would require batch control to be performed on importation. Pharma companies would therefore need to update their processes to allow for this. This issue, plus unresolved questions of tariffs/customs checks, could negatively affect the complex cross-border supply chains affecting medicines, many of which are time-sensitive.

Clinical testing

While the new EU Clinical Trial Regulation (the CTR) would not be incorporated into UK law on Brexit Day, the UK has stated that it intends to align itself with the CTR as far as possible. The current clinical trial regulation would largely remain the same, though an individual with responsibility for the trial would need to be based in the UK. Conversely, UK sponsors of clinical trials in the EU could well have to appoint a representative in the EU."