

Oncology & the New NHS – How should companies respond to the new NHS?

Shailen Rao – Managing Director, Soar Beyond

Jatinder Harchowal MBE - Chief Pharmacist, Chair of the Royal Pharmaceutical Society's Hospital Expert Advisory Group (HEAG) and an appointed member of the King's Fund Advisory Board

8th July 2022





Shailen Rao
Managing Director
Soar Beyond Ltd
UK

- Founding partner and MD of Soar Beyond – working directly with the NHS and in partnership with industry
- Formerly Head of Meds Management NHS in England (NW London) - 25 years working in medicines and service optimisation
- Dual role – Diabetes lead – developed one of the first intermediate care services for diabetes
- Led strategic partnerships between industry and NHS to improve patient care and workforce development
- Passionate about fully realising the benefits from medicines through patient pathway integration
- I2i network – education & implementation support to +2,800 clinical pharmacists
- Commissioned directly by NHS – pharmacist support, pathway & service development
- Collaborative working initiatives

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Agenda

Timing	Session	Facilitator
13:00-13:05	Welcome and introductions	Ian Chamberlain - LSAA
13:05-13:10	Policy and organisational change – brief overview	Shailen Rao, MD, Soar Beyond Ltd
13:10-13:40	Discussion with Jatinder Harchowal– sharing personal insights experiences and vision	Q&A / discussion led by Shailen Rao
13:40-13:50	Open Q&A with audience	Shailen Rao



**Jatinder Harchowal MBE
Chief Pharmacist, Chair of the Royal
Pharmaceutical Society's Hospital
Expert Advisory Group (HEAG) and an
appointed member of the King's Fund
Advisory Board**

- Jatinder Harchowal MBE has been a Chief Pharmacist for over 18 years having worked at Ealing Hospital, Brighton & Sussex University Hospitals, The Royal Marsden and now University College London Hospitals NHS Foundation Trust (UCLH)
- In March 2020, Jatinder was seconded as Director of Pharmacy for the Nightingale Hospital, leading the set up and running of a 24 hour-7 day medicines optimisation service to help support the COVID-19 pandemic. Jatinder has also supported health systems across the world with the safe introduction and adoption of Biosimilars
- Jatinder is the Chair of the Royal Pharmaceutical Society's Hospital Expert Advisory Group (HEAG) and is an appointed member of the King's Fund Advisory Board. He is a Health Foundation Fellow and was awarded a Fellowship for the Royal Pharmaceutical Society.
- In October 2020, Jatinder was awarded an MBE in the Queen's Birthday Honours for his work during the COVID-19 pandemic and services to the pharmaceutical profession
- In May 2022, Jatinder was awarded the Guild of Healthcare Pharmacists Gold medal for achievements and contributions to the profession at a national level
- Jatinder is a qualified career coach and trained to Masters level in Quality Improvement and Leadership and is currently completing his IHI Improvement Advisor training



Objectives



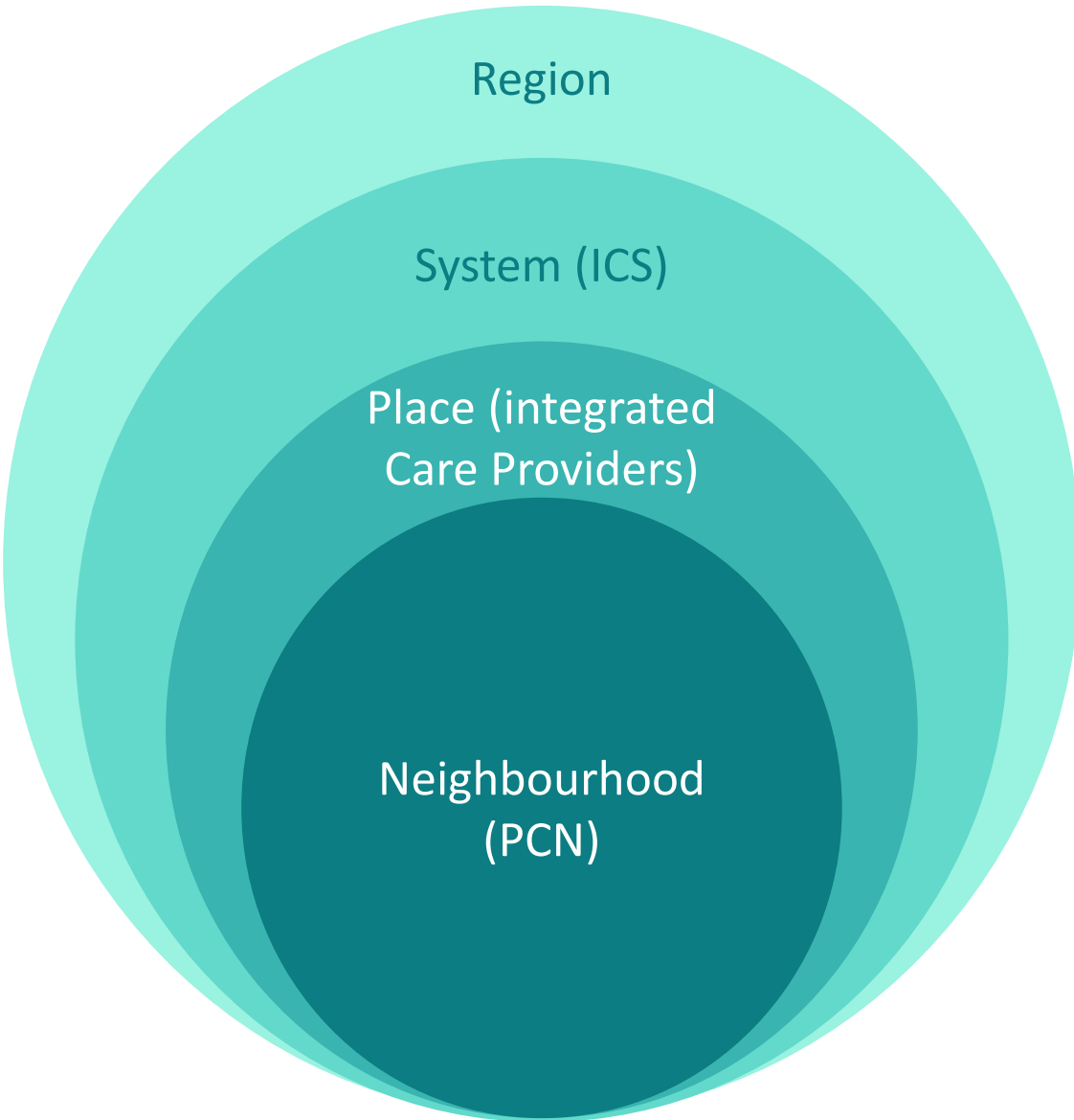
Objectives

- How will the NHS interpret the changes relating to ICSs?
- Where will decisions be made about oncology decisions and how will they be implemented?
- What progress has been made regarding cancer in the NHS backlog plan
- What are some of the likely tactical measures the NHS may deploy on national, regional or local levels?
- What impact will this have on the industry?
- How should companies interested in cancer respond in relation to the new NHS systems and policies?



Overview of NHS change – ICS / ICBs during pandemic recovery

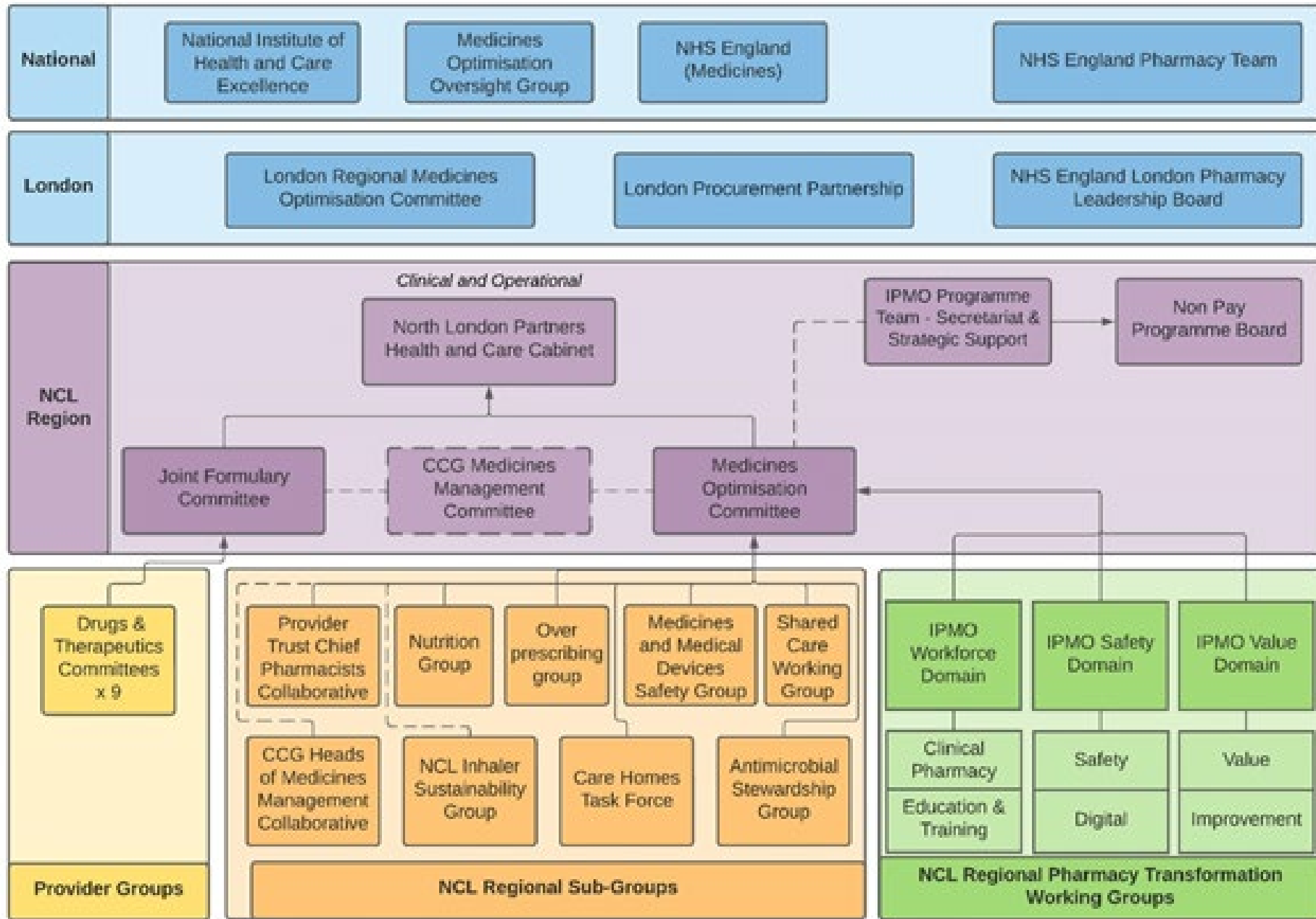
The new NHS model – working at scale



5-10 M	<p>7 regional teams: Regional leads collaborate to:</p> <ul style="list-style-type: none"> Plan workforce and infrastructure Reconfigure large scale services Establish major partnerships Agree shifts in priority 	Regional Pharmacist	<p>Region: North East and Yorkshire¹</p>
1M +	<p>42 Integrated Care Systems: Providers and commissioners collaborate to:</p> <ul style="list-style-type: none"> Hold system accountability Implement strategic change Take on responsibility for operational and financial performance Manage population health 	ICS Chief Pharmacist	<p>4 x ICS¹</p> <p>1 chief pharmacist per ICS</p>
100K – 500K	<p>Providers work collaboratively to:</p> <ul style="list-style-type: none"> Integrate primary care, mental health, social care and hospital services Work preventatively to stop people becoming acutely unwell Redesign care models and pathways 	CCG Chief Hospital Pharmacists	<p>South Yorkshire & Bassetlaw ICS²</p> <p>5 x Places²</p>
30K - 50K	<p>Local health and care services work together to:</p> <ul style="list-style-type: none"> Enhance access Provide proactive person-centred services Give additional resilience Share workforce 	PCN Practice Community Care Home Pharmacists	<p>36 x Neighbourhoods²</p>

1. NHS England. ICS leadership. Available online: <https://www.england.nhs.uk/integratedcare/ics-independent-chairs/> Access date: June 2021

2. The Kings Fund. Integrated care systems explained: making sense of system, places and neighbourhoods. Available online: <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#development> Access Date: June 2021.





Perspective

Interactive Q&A
with **Jatinder Harchowal MBE**

Objectives

- How will the NHS interpret the changes relating to ICSs?
- What impact will this have on the industry?
- Where will decisions be made about adoption of oncology treatments? national vs local
- How will these decisions be implemented?
- Cancer as a priority in the NHS backlog plan – where next?
- What are some of the likely tactical measures the NHS may deploy on national, regional or local levels?

Senior NHS Management Perspective



Where do you see the main drivers & challenges regarding oncology within the new NHS



How is covid recovery progressing? What progress shas been made in oncology?



What if any flexibility will there be for local tailoring?
What conversations are currently happening between cancer networks and ICS/ICBs look like?

Senior NHS Management Perspective



Are there / do you see any particular pressures re pharmacy / meds?
Are there any potential models of care are you considering to meet demands (re: meds and directly from patients)?



What advice would you give companies interested in oncology on how they can best add value to the NHS?



Who would you say the key stakeholders for oncology companies will be? Different to before?

Q&A

Q

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Thank you

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