

The future of evidence-based healthcare: beyond medicine

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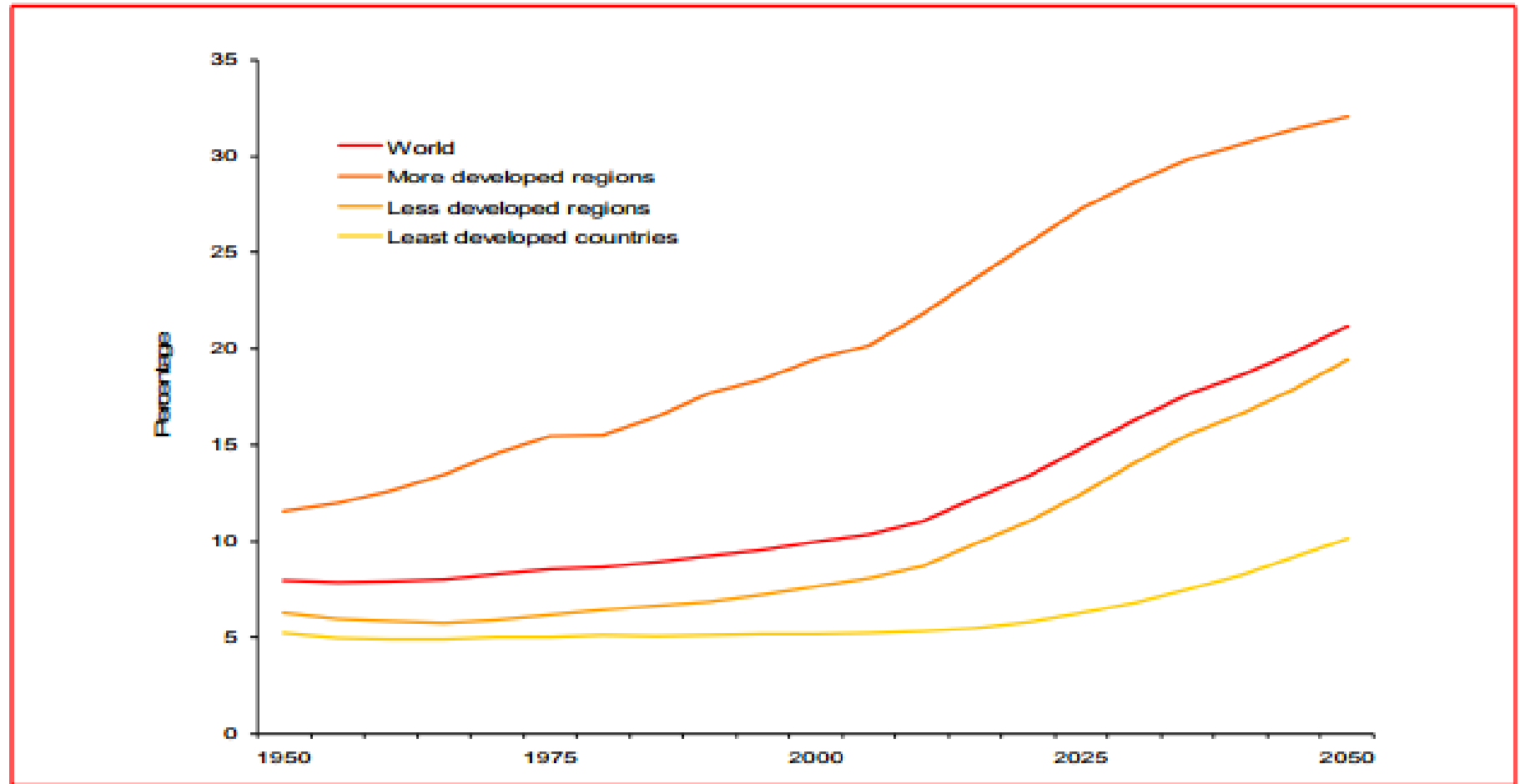
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- Challenges for healthcare economies around the world
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But first...a medical success story

Proportion of the population aged 60 years or over: world and development regions 1950-2050



Source: World Population Ageing 2013, Dept. of Economic and Social Affairs, Population Division, UN.

Challenges of an ageing population



- Pensions and public finances
- Poverty and ill-health
- Safe and appropriate housing
- Hospital admissions
- Creating a society in which older people can participate fully and feel valued/welcome

Finite resources to fund healthcare



Calls from patients to have access to new innovative treatments



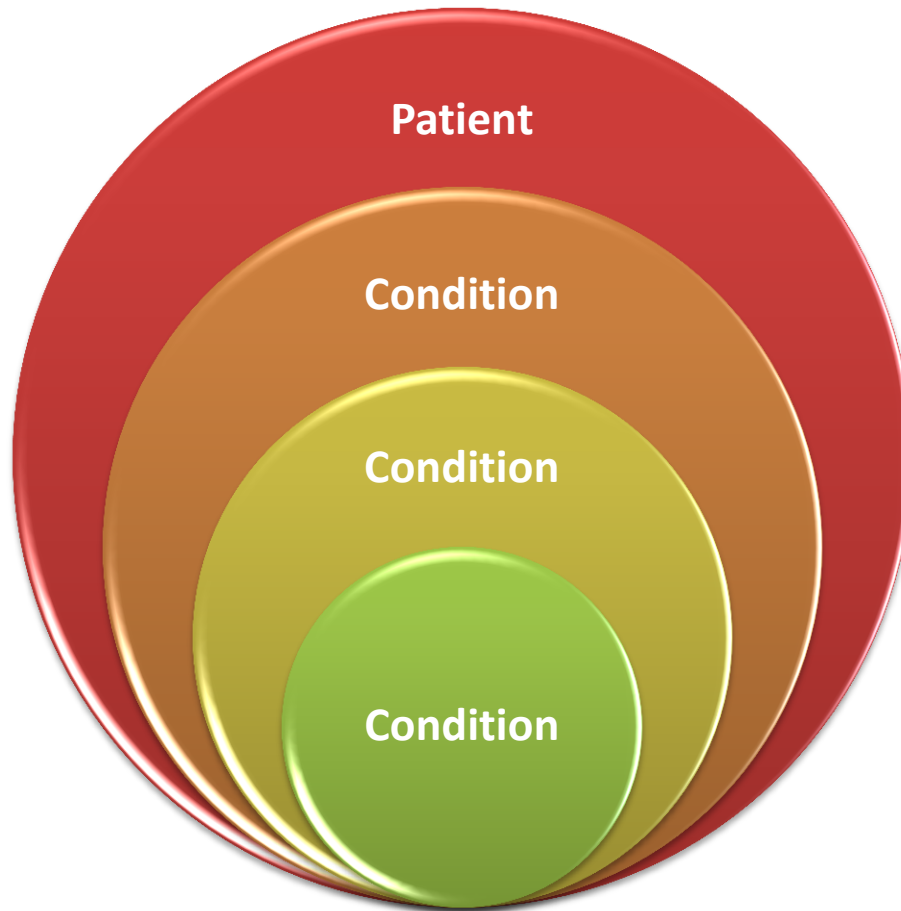
High costs of new medicines



A system under pressure

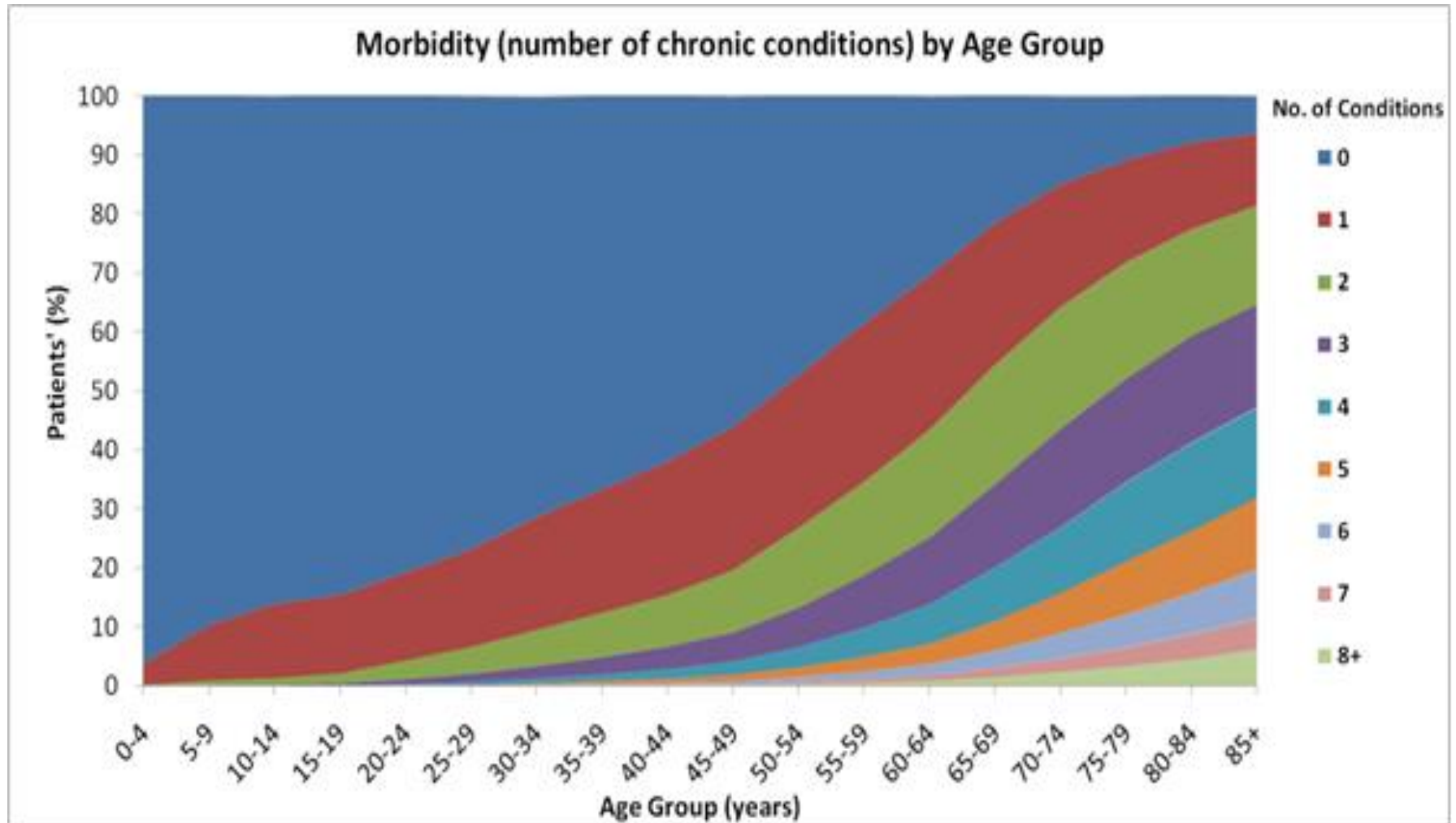


The multimorbidity challenge



Treatments, like guidelines, that are effective in a single system disease may have reduced benefits in co-morbid patients

Multimorbidity is common in Scotland



- The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions

The risks of polypharmacy

Patients with a number of long term conditions may be taking a range of different drugs.

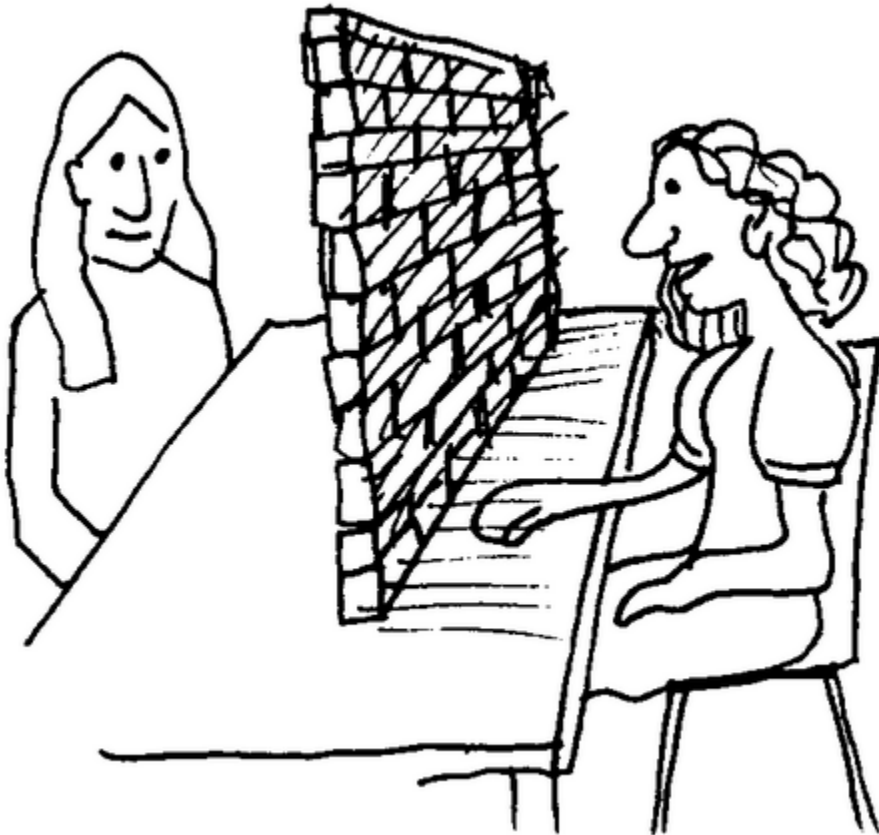
Are they safe?

How do they interact?

Are they all absolutely necessary?



Barriers to effective communication across sectors



Health and social care services speak different 'languages' and have different budget/payment systems.

Evidence-based care across sectors



What does good care look like?



Person-centred

Data and evidence



Recommendations



Explore health
beliefs



Discussion and
explanation of risks

In the pipeline – *Multimorbidity: assessment and management*

- NICE clinical guideline due to publish in Sept 2016.

Will include:

- ✓ Identifying people who need a tailored approach to care (ie. those taking large numbers of prescribed drugs or having unplanned hospital admissions)
- ✓ Assessing and prioritising interventions
- ✓ Strategies for managing healthcare for people with multimorbidities
- ✓ Effects of stopping common drug treatments

Tackling polypharmacy

“*Care home residents are often vulnerable and often have complex medical needs requiring them to take a number of medicines*”

NICE National Institute for
Health and Care Excellence

Social care guideline

Managing medicines in care homes

<http://www.nice.org.uk/guidance/sc/sc1.jsp>

Published: 14 March 2014

1.8 Reviewing medicines (medication review)

1.8.1 GPs should ensure that arrangements have been made for their patients who are residents in care homes to have medication reviews as set out in the residents' care plans

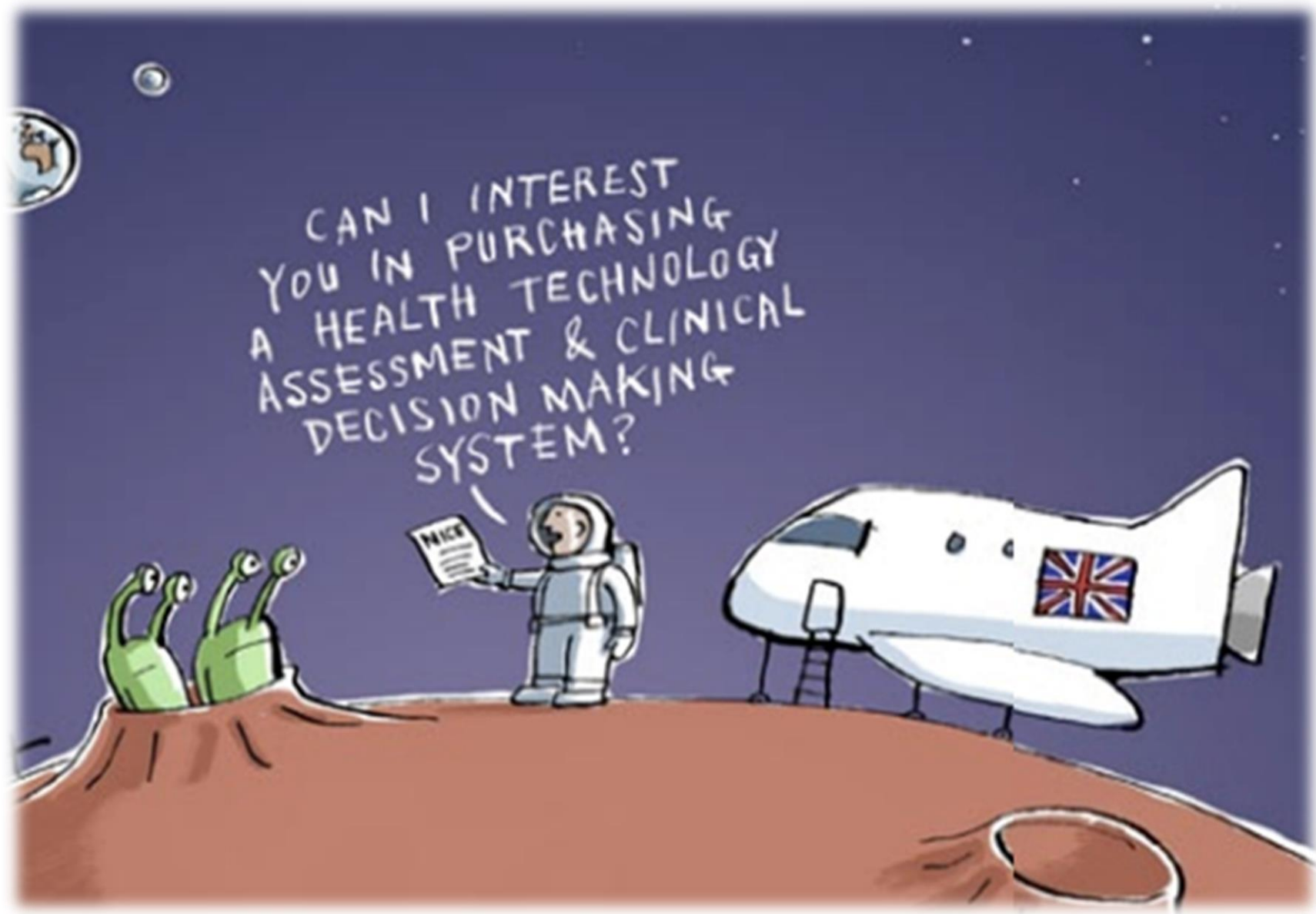
Integration at NICE



- From Jan 2015, one standard process for five different kinds of guidance
- A joined up, consistent approach
- Will allow better links between NICE's social care, PH and other clinical programmes

Challenges for HTA





NICE calls for a new approach for managing the entry of new drugs into the NHS

"It's clear that just changing NICE's methods will not overcome concerns about how the NHS accesses new treatments."

- NICE proposes an office for innovation inside NICE to provide companies with a 'flight path' through the stages of the development, evaluation and adoption of their products into the NHS
- We need agreement between NICE, NHS England and the Department of Health, on the NHS's willingness to pay for new treatments, which would take account of any special cases, such as ultra-orphan conditions and cancer
- Plus more productive sharing of risk between companies and the NHS.

Early Access to Medicines Scheme

Will give patients with life threatening or seriously debilitating conditions access to medicines that do not yet have a marketing authorisation when there is a clear unmet medical need.

Launched in April 2014.

First drug successfully entered the scheme in September 2014.



Thank you

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