



Novartis UK

Levelling Up Health:

A new approach to address health inequalities

 **NOVARTIS** | Reimagining Medicine

Health inequalities: The new national health emergency

Out of the pandemic has come remarkable progress and unprecedented innovation, highlighting how working together across organisational boundaries can accelerate innovative approaches to healthcare delivery in the most challenging of times. However, the pandemic has also shone a light on the deep inequalities that exist in society.

Health inequalities are not caused by one single issue, but by a complex mix of factors. These can include variable access to services, delayed diagnosis and a lack of early intervention, along with environmental and social factors which play out across local communities. Those living with pre-existing health conditions, from ethnic minority backgrounds, and from the most deprived areas suffer both higher mortality and more severe illness.

Addressing these health inequalities is now a key priority for the healthcare system. The NHS Long Term Plan proposed “a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care”¹ Since the pandemic there has been renewed initiative, with NHS England identifying five priority areas for action for 2021/22, including accelerating programmes that proactively engage those at greatest risk of poor health outcomes.² Integrated Care Systems and providers have also been directed to have a named executive board-level lead for tackling health inequalities. The Government’s levelling up agenda has also highlighted the cross-sector determination to address underlying causes of variable social, economic and health outcomes. With the newly created Office for Health Improvement and Disparities, there is an opportunity to galvanise national action and deliver greater impact.



Case study: Heart Failure

Cardiovascular disease (CVD) is a leading cause of premature mortality in England and is also one of the conditions most strongly associated with health inequalities. Novartis analysis of heart failure impact data indicates that a clear variability in outcomes exists across Clinical Commissioning Group (CCG) areas. In line with other recent findings, patients from socioeconomically disadvantaged parts of the country appear to have a greater likelihood of experiencing poorer outcomes. Analysis revealed, for instance, that 8 of the 10 CCGs with the highest number of heart failure hospital admissions (per 1,000 patients) were amongst the most deprived in England (ranking in the highest-third according to their level

of multiple deprivation).³ These inequalities have been amplified during the pandemic, due in part to the significant disruption to the patient pathway. Research has suggested that there were 23,000 missed diagnoses of heart failure in 2020 and 5,600 excess deaths.⁴ Poor diagnosis is a long-standing challenge; research by the British Heart Foundation found that 80% of people with heart failure are diagnosed in hospital.⁵ Nearly half of people diagnosed with heart failure die within five years of being diagnosed, but the mortality rate can vary according to geography, ethnicity and socioeconomic background, suggesting there are missed opportunities for improvement.⁵

8/10

CCGs with high heart failure admissions amongst most deprived in England³

23,000

missed diagnoses of heart failure in 2020⁴

5,600

excess deaths in 2020⁴

80%

of people with heart failure are diagnosed in hospital⁵

Nearly 1/2 of

people diagnosed with heart failure die within five years of being diagnosed⁵

Case study: Sickle Cell Disease (SCD)

SCD primarily affects people from African and/or Caribbean backgrounds. In the UK, approximately 15,000 people are currently living with SCD and around 270 babies are born every year with the disease.⁶

Data shows that people suffering from SCD are often disadvantaged by healthcare services⁷. A recent survey sponsored by Novartis found that,

of the reported 10,000 sickle cell crises of acute pain, experienced by SCD patients, nearly a quarter were managed at home.

SCD can have a significant impact on an individual's ability to engage in normal life, limiting career and educational opportunities, along with associated mental health challenges.⁸

SCD

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15,000

living with SCD in the UK⁶

270

babies born with SCD each year in the UK⁶

1/4

SCD patients with acute pain are managed at home

The need for a new approach to tackle health inequalities

Novartis UK's purpose is to reimagine medicine to improve and extend people's lives. To achieve this, we recognise that we have an important role to play in tackling health inequalities together with policymakers, healthcare systems and local communities.

A recurring feature of health inequalities is the challenge in identifying people at greatest risk, achieving early diagnosis and delivery of timely care. Novartis has a broad portfolio of treatments aligned to the clinical priorities of the NHS and its Long Term Plan, that focus on meeting the needs of those who are at greatest risk of ill-health and poor health outcomes. However, for innovation to have the greatest impact in addressing ill-health and reducing health inequalities, policy and system change solutions are needed to help the NHS reduce the time it takes to get the right treatments to those who are at the greatest risk. To realise this ambition, policymakers and healthcare systems, along with partners from across industry need to work together to:

- **Establish a proactive approach:** A more proactive approach to tackling health inequalities is required, that can target population groups who are at the greatest risk of ill-health and poor health outcomes, in a way that they are best engaged. This approach needs to focus on better diagnosis and early intervention, enabled by strong cross-sector, multi-agency partnership working and targeted community engagement, to better understand how different communities need to be engaged to improve health and wellbeing.



Novartis pipeline ranked

number 1

for value creation⁹

- **Invest in innovative models of care:** New models of care and innovative solutions are required to help reach those population groups who are at the greatest risk of ill-health and poor health outcomes, at every stage of the care pathway. This should include improved access to diagnostics, preventive interventions, digital solutions and health literacy support tailored to at-risk groups, working in partnership with other service providers, the third sector and industry partners.
- **Strengthen system leadership and capability:** Local healthcare systems need to mobilise the health service's strongest assets and capabilities, to lower the barriers to healthcare access for those populations who are at greatest risk of ill-health and poor health outcomes. This needs to include the effective collection, measurement and intelligent use of data, strengthened local integration and partnership between local institutions and the NHS to enable more coordinated approaches to reach at risk-groups.

Participated in more than

12 X

the number of

Joint Working Projects
with the NHS than the
industry average.⁹



Case study: Royal College of Physicians Health Inequalities Clinical Fellowship

In 2021, Novartis UK partnered with the Royal College of Physicians (RCP) to establish a Health Inequalities Clinical Fellowship, a project to develop practical advice and guidance to help doctors address health inequality in their practice.¹⁰

The RCP developed the role after its advisory group on health inequality found that foundation doctors, core medical trainees, higher specialist trainees and physician associates wanted to be more involved in population health work.

These groups of RCP members said that, as well as more time and leadership from others, they

needed some additional education and training. After further discussion with members we found that, while students and trainees are taught about the social determinants of health, they want to better understand health inequality and how they can address it.

Over two years, the project will engage with student and foundation doctors, trainee doctors, new consultants and physician associates. The Fellowship will aim to ensure that, in the years after the project, participating clinicians will report being better able to address health inequality in their daily practice.

The power of partnerships to address health inequalities

Novartis UK has a track record of working with the NHS to improve patient outcomes at both a local and national level. Partnerships can create new possibilities to improve and extend the lives of people in the UK, create better experiences for patients and find smarter ways of working together to build a healthcare system fit for the future.

Case study: Novartis and Population Health Management

Due to its largely preventable nature, CVD was identified in the NHS Long Term Plan as the single biggest area where the health service can save lives over the next ten years.¹¹ In 2021 Novartis entered into a partnership with the NHS in England to improve awareness and implementation of the lipid management pathway. As part of the partnership, Novartis will work with the NHS Accelerated Access Collaborative and the Academic Health Science Network, with the support of NHS Digital. They will apply population health management (PHM) strategies to optimise uptake of lipid-lowering therapies, in line with National Institute for Health and Care Excellence (NICE) guidance, and drive greater equity of care.

The partnership will seek to enable appropriate clinical management of patients and evaluate the PHM approach to target large-scale health needs across a population.

PHM is an approach that supports local healthcare partnerships to use data to develop models of proactive, instead of reactive, care. Thus, allowing them to understand local issues and begin to tailor care and solutions to their greatest unmet healthcare needs. These partnerships may involve different parts of the system, including the NHS, local authorities, other government organisations, academia, charities, and industry.

Bold action is needed to address health inequalities at pace and scale. As an important contributor and partner to the UK healthcare ecosystem, Novartis UK is committed to playing its part in tackling health inequalities by leveraging innovative partnerships, such as population health management solutions in cardiovascular disease, health-tech challenges through the Novartis Biome to identify solutions to support health literacy and improving diversity, inclusion and patient experience in clinical trials and research.

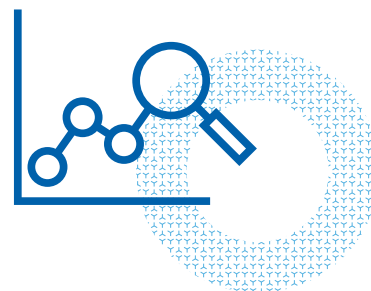
In 2021 Novartis UK launched its Health Inequalities Pledge, a multi-year commitment to work in collaboration with partners from across the healthcare ecosystem to accelerate collective action on tackling health inequalities. This includes:

- **Improving access to healthcare:** using Novartis UK capabilities in data and research to help identify those population groups who are at the greatest risk of ill-health and identify opportunities to improve early diagnosis and intervention.
- **Enabling innovative models of care:** co-creating solutions, in collaboration with healthcare systems and partners, to improve access to diagnostic and preventive interventions, digital solutions and health literacy support for population groups who are at the greatest risk of ill-health.
- **Working with the UK research community to strengthen patient inclusion in clinical research:** working with partners across the research ecosystem to improve patient engagement, inclusion and access to clinical research, so that patients from all backgrounds have the opportunity to participate in clinical research, and thereby develop a better understanding of the needs of underserved populations.
- **Capability building and knowledge transfer:** upskilling our staff to ensure that they are equipped with the knowledge, tools and insights, to meaningfully engage and collaborate with healthcare systems, and co-produce initiatives designed to tackle health inequalities at system and place level.

Joint collaborations in

big data analytics and AI

including with Oxford Big Data Institute, Microsoft AI Innovation Lab, Benevolent AI and UK BioBank.⁹



Case study: Health Inequalities Engagement Toolkit

The Health Inequalities Engagement Toolkit is an interactive tool housing a range of educational content and practical tools, designed to support Novartis UK staff to engage with healthcare system stakeholders and clinicians, to facilitate immersion sessions aimed at developing solutions to address health inequalities.

Through such collaborative engagement, based on co-creation with local healthcare system leaders, the toolkit will enable associates to strengthen local partnerships and drive action towards tackling inequalities in health and wellbeing.

Seizing the opportunity to tackle health inequalities

Tackling health inequalities will depend on cross sector collaboration, collective accountability and responsibility between partners, across the private, public and third sectors, working together with local communities.

As the recently published Life Science Vision sets out, through accelerating the adoption and spread of new treatments, and supporting the NHS's transition to a population health system, innovation can make an important contribution to addressing the UK's underlying inequalities in health.¹²

Moving forward there is an opportunity, through the implementation of the Life Science Vision and the NHS Long Term Plan, to create the right structures, incentives and metrics, to drive whole-system action on tackling health inequalities and unlocking the power of innovate solutions. The reformed NHS system architecture, with the creation of Integrated Care Systems and the Office for Health Improvement and Disparities, can also accelerate progress in targeting entrenched inequalities in health.¹³

Through embedding a proactive approach and seizing the opportunity of innovation, the NHS and its partners can make important steps to reduce disparities in health.

At Novartis we reimagined our business to be closer to the NHS at every level and believe we are strongly positioned to help level up health outcomes across society.



The **leading industry**
sponsor of clinical trials
in the UK over the past

10 years⁹

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