

Accelerated Access Collaborative Terms of Reference

1. Background and Mission

1.1 The Accelerated Access Collaborative (AAC) has been established in response to Sir Hugh Taylor's Accelerate Access Review. The AAC aims to be a unique partnership that brings together key partners to deliver the world-leading innovation that will be transformational for patient outcomes. It has two core objectives:

- The NHS to be one of the most pro-innovation healthcare systems in the world, and for it to be seen as such by patients and industry
- Innovation will be delivered at a price that industry and the NHS think is affordable and fair.

1.2 The AAC does not disrupt existing statutory accountabilities for managing the NHS budget.

2. Role

2.1 The Core responsibility of the AAC is to designate innovative products as "transformative". These selected products will be able to access the market through the Accelerated Access Pathway (AAP) allowing strategically important, cost effective products to reach NHS patients as rapidly as possible within NHS resource constraints.

2.2 The AAC will agree a clear set of criteria against which this designation will take place. Once agreed, these criteria will be annexed to these ToR.

2.3 The AAC will ensure that its approach is consistent with any future medicines pricing scheme.

2.4 The AAC will focus on products with the biggest impact on health and care outcomes and will ensure that accelerated access is cost neutral for the NHS.

2.5 It is anticipated that ~5 products a year will receive breakthrough product designation and go onto the new pathway, subject to satisfactory commercial negotiation. Across this basket of products, any products placed on the AAP that are cost additive will need to be offset by products that deliver cost savings, beyond those already factored into NHS plans.

2.6 AAC members are responsible for delivery of the agreed acceleration activities allocated to their organisations for products which have been designated as "transformative" through the AAP.

2.7 The AAC will also be responsible for monitoring progress of designated products through the AAP and should remove designation from products if they no longer meet the criteria.

2.3 In addition, the AAC may carry out a number of other functions as appropriate, including:

- Measuring and evaluating the impact of the AAP and industry's response to it.

- Horizon scanning for new technologies to understand and prepare for new clinical innovations, so that the system is ready to manage these and the pathways to market are clear.
- Striving to facilitate innovation on the broadest front and avoid only focusing on specialty fields.
- Offering innovators earlier, joined-up advice and support including brokering access to the system.
- Helping set wider priorities for innovation within the NHS.

2.4 In carrying out these functions, the AAC will avoid duplication and will look to build on existing initiatives and programmes where possible.

2.5 The AAC may decide to establish and delegate responsibilities to a Steering Group, and other working group(s) as required.

2.8 The AAC will provide ministers with a regular report setting out progress. A clear set of success metrics and key performance indicators will be agreed by the AAC ahead of the first products being selected. These Metrics will be reported against on a regular basis as part of the AAC's Ministerial update.

3. Membership and attendance

3.1 The AAC will be convened by an independent chair appointed by, and accountable to ministers at the Department of Health and Social Care and the Department for Business, Energy and Industrial Strategy. Members of the AAC agree that the chair will act as a broker and representative of the Collaborative. The AAC will monitor partners' progress in delivering the objectives of the AAC and agreed implementation actions.

3.2 Members should work together to deliver the best outcomes for patients, leveraging their resources and respecting each other's organisational priorities. In case of dispute, the chair will lead resolution.

3.3 Membership of the AAC comprises:

- An independent chairman appointed by the Secretary of State for Health and Social Care.
- The chief executives or chairs of NHSE, NHSI, MHRA, NICE and the AHSN Network
- The relevant directors general from the Department of Health and Social Care, and the Department for Business, Energy and Industrial Strategy
- Two members appointed by the chair, and agreed by the AAC, to represent the views of clinicians and patients
- A limited number of members appointed by the chair, and agreed by the AAC, to represent the views of the pharmaceutical, medtech, diagnostics and digital industries

- In addition, the chair is expected to invite a relevant patient representative, physician and representative of the innovation sponsor to attend the specific meeting reviewing the product being considered for selection. However, the committee will make any decisions/discuss any commercial points in executive session
- 3.4 As representatives, it is expected that members will engage external stakeholders including patients, charities, industry, commissioners and providers at key decision points.
- 3.5 All parties will be required to declare any potential conflicts of interest on joining the board. The chair will seek assurance from members at the start of any AAC meeting that there are no conflicts of interest in relation to technologies being discussed.
- 3.6 Participation will be in person unless in exceptional circumstances where members of the AAC may participate by telephone or video-conferencing facility and be deemed to be present and constitute part of the AAC for that meeting.

4. Meetings and decision making of the AAC

- 4.1 The AAC shall meet as required in order to select products for the pathway, but is expected to convene at least twice a year.
- 4.2 Minutes of board meetings will be published, following approval by the collaborative, but will need to respect commercial confidentiality.
- 4.3 The AAC will be quorate providing the chair and a majority of representatives are present; representatives from NHSE and DHSC must also be present.
- 4.4 AAC members may nominate deputies in exceptional circumstances, but this should be on the basis that they are given the same decision making capacity on behalf of their organisation as the full member.
- 4.5 Decision making for selecting products for the AAP will be by consensus vote, having taken advice from the Steering Group.
- 4.6 Any decision taken by members of the Collaborative must be in line with their organisational remit and responsibilities, and no decision must cut across the statutory accountability of any member. Therefore, for a product to be selected, it is a requirement that representatives from NHS England and the Department of Health and Social Care must be comfortable that the product meets the NHS' strategic priorities, is affordable and can be sustainably funded, has a proven capacity to improve efficiency, fill an unmet need or make a step change in patient outcomes.

5 Administration

- 5.1 Partners will allocate sufficient senior and working level resources to execute the agreed functions, as identified in their organisational business plans.
- 5.2 The AAC will be supported by an independent secretariat hosted by NICE and operating on behalf of all partners. The secretariat will have two key functions:

- Case officer functions for individual technologies or classes of new emerging technologies
- Secretariat function to support the AAC and chair.

5.3 The Secretariat shall record the minutes of every meeting and shall circulate via correspondence for agreement, confirmation or otherwise. The minutes shall summarise the proceedings to reflect the advice offered.

5.4 Papers for all meetings shall be made available to members no later than one week in advance of each meeting. Papers shall only be tabled at meetings in exceptional circumstances.

5.5 The agenda for all meetings shall be reviewed by the chair and shared with members two weeks in advance of each meeting. The agenda for each meeting shall be agreed at the start of the meeting by a majority of members present.