

NHS readiness and future resource capacity

NHS England's role in the
adoption of commissioned
ATMPs

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Commissioning of ATMPs in England – what we do

- Horizon scanning
- Intelligence gathering through company, clinical and patient engagement
- Engage with, set standards for and commission NHS providers
- Service costs for ATMPs if needed (cost of ATMP is set separately)
- Monitoring of commissioned products (including data collection)



ATMPs in England – some facts and figures



36 ATMPs in 34 indications within next three years.*



20 hospitals delivering ATMPs



700+ patients treated per year / 3000+ treated in total so far



CAR-T treats the most patients (500+ per year in 2023/24)

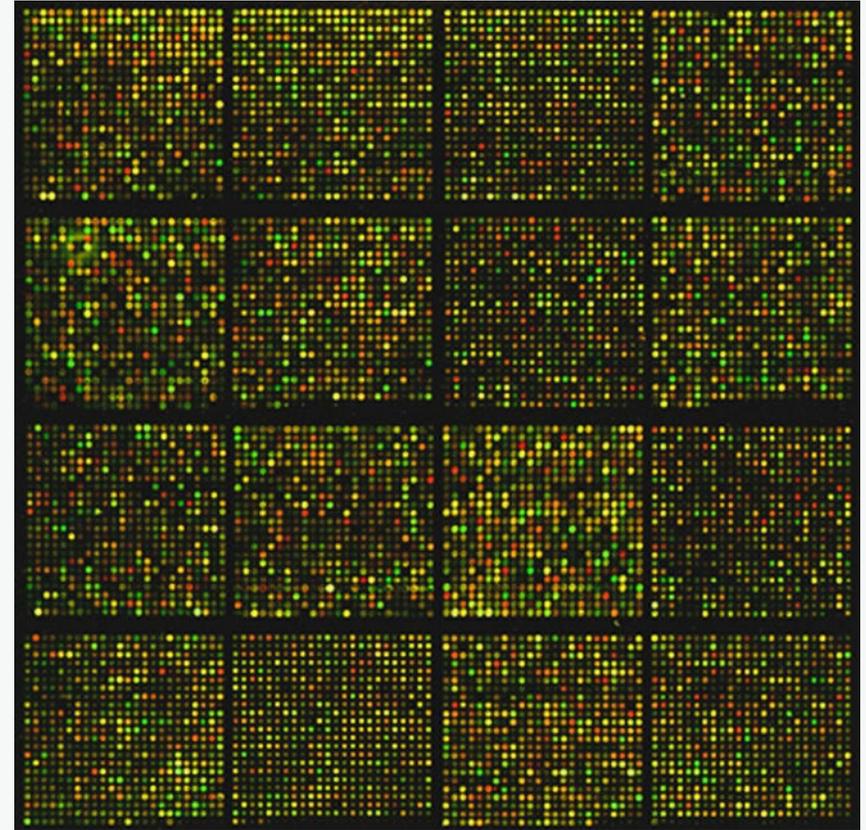
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Some facts and figures (£££)

	21/22	22/23	23/24
Total Specialised Commissioning budget			£22.9 billion
Specialised commissioning medicines budget			£5.3 billion
Total ATMP drugs spend	£181m	£111m	£149m
CAR-T drugs spend	£61m	£63m	£108m
CAR-T service cost spend	£29m	£31m	£66m
Total CAR-T spend	£90m	£94m	£174m

Strategic approach to ATMPs

- Commissioned services ready as close to a **NICE decision** as possible
- Gradual **increase** of providers to meet the promise of the future pipeline.
- Build ATMP expertise through the **disease-specific centres**
- Provider selection approach that takes account of the **broader** future pipeline (not just ATMPs)
- Providers may be commissioned in waves (similar approach to CAR-T) to **gradually build expertise**



The context NHS England works within

- Commission to meet NICE statutory requirements
- Commission generally on a topic by topic basis
- Provider onboarding at risk
- No investment in advance (no capital investment)
- Gradual increase/demand (and projected increase) in other services: ICU, apheresis, aseptics
- Data collection on a per topic basis
- Workforce changes respond gradually over time
- We are not 'in control' of topics coming to market

