

**Written Comments to the OECD Health Committee**

October 2026

Report on Strategic Hospital Planning for Better Value Health Systems

General Comments

- The strategies, as mentioned in the report around specialisation, resource prioritisation and moving patient treatment into the community (as per the UK NHS 10-year plan) seem sensible.
- The identification that collaboration is required across national/regional Govts and the healthcare sector is rightly identified (example page 6), but we do not believe that it sufficiently recognises that all of the healthcare sector needs to be aligned/support/collaborate to ensure that the delivery of revised patient treatment models is operationalised effectively and in a timely manner.
- There is a clear risk that if MAHs, wholesalers, pharmacies, private healthcare providers, homecare providers are not 'in the loop' that the revised delivery/patient treatment models may not be operationalised/delivered efficiently. Which in turn could lead to a delay in patient treatment, supply/forecasting complexities and much frustration.
- The paper sometimes presents innovation as a cost/capacity pressure, whereas medicines, diagnostics and new models of treatment can also release hospital capacity and enable care closer to home.
- Centralisation needs to be considered across the whole patient pathway. Greater specialisation is plausible, but benefits will depend on diagnostics, referral pathways, medicines access, commissioning/funding and workforce moving in step - otherwise bottlenecks may simply shift elsewhere.
- Strategic planning should be sufficiently forward-looking to account for the innovation pipeline. Planning based predominantly on current activity and capacity risks becoming outdated as new medicines, diagnostics and treatment models change where and how care is delivered. Particularly in hematology and cell therapy, there is a clear need to strengthen outpatient and community-based capabilities to improve convenience, capacity, and cost efficiency.
- For diseases requiring specialised care (eg. rare diseases) a more balanced scorecard of measures could be introduced, that reflects the patient pathway and outcomes, for example: Clinical outcomes; time to diagnosis; time from diagnosis to specialist referral; waiting times and time to treatment initiation; patient-reported outcomes and experience; equity of access by geography and population; avoidable admissions and emergency care use; continuity and coordination of care especially transition of care from paediatrics to adult services and implementation and uptake of evidence-based innovation. This is particularly important for

rare diseases, where specialised care, referral pathways and geographic access can be as significant as hospital capacity itself.