Accelerated Access Collaborative Board Meeting

30 June 2021 9:00 – 11:00 am

Microsoft Teams Meeting

Chair:

Professor Lord Darzi of Denham OM KBE PC FRS (Director of the Institute of Global Health Innovation, Imperial College London)

Board attendees:

Matt Whitty (Chief Executive Officer, Accelerated Access Collaborative and Director of Innovation, NHS England and NHS Improvement)

Mike Batley (Deputy Director, Research Programmes, Science, Research and Evidence (NIHR/DHSC))

Simon Bolton (Interim Chief Executive, NHS Digital)

Peter Ellingworth (Chief Executive, Association of British Health Tech Industries (ABHI))

Gary Ford (Chair, Academic Health Science Networks (AHSN))

Tara Donnelly (Chief Digital Officer, NHSX)

Sue Hill (Chief Scientific Officer, NHS England and NHS Improvement)

Gillian Leng (Chief Executive Officer, National Institute for Health and Care Excellence (NICE))

Dame Ottoline Leyser (Chief Executive Officer, UK Research and Innovation (UKRI))

Hugh McCaughey (National Director of Improvement, NHS England and NHS Improvement)

Ruth McKernan (Chair, Bioindustry Association (BIA))

Ben Osborn (President, Association of the British Pharmaceutical Industry (ABPI))

June Raine (Interim Chief Executive, Medicines and Healthcare products Regulatory Agency (MHRA))

Hilary Reynolds (Interim CEO, Association of Medical Research Charities (AMRC))

Sir Simon Stevens (Chief Executive Officer, NHS England and NHS Improvement)

John Stewart (National Director of Specialised Commissioning, NHS England and NHS Improvement)

Doris-Ann Williams (Chief Executive Officer, The British In Vitro Diagnostic Association (BIVDA))

Sarah Woolnough (Chief Executive Officer, Asthma UK and the British Lung Foundation; National Voices Representative)

Other attendees:

Sohail Ali (AAC Manager, NHS England and NHS Improvement) *observing*

Ali Austin (Deputy Director of Research, NHS England and NHS Improvement) *for Item 5 only*

Sharon De Sa (Project Support Officer, AAC, NHS England and NHS Improvement)

Julia Dudley (Deputy Director, NHS Innovation, Office of Life Sciences)

Tim Ferris (Director of Transformation, NHS England and Improvement) *observing*

Chris Feinmann (Technical Support for the AAC National Institute for Health and Care Excellence (NICE))

Will Field (Head of Policy, IRLS, NHS England and NHS Improvement) *for Item 8 only*

Lindsey Hughes (Director of Strategy and Policy, IRLS, NHS England and NHS Improvement)

Emma Hutchison (AAC Manager, NHS England and NHS Improvement)

Pollyanna Jones (Chief of Staff, AAC/IRLS, NHS England and NHS Improvement) *observing*

Naomi Kellett (AAC Programme Manager, , NHS England and NHS Improvement)

Hannah Lom (Senior Policy Advisor, Office for Life Sciences)

Andrew Mabey (Communications Senior Manager, IRLS, NHS England and NHS Improvement)

Ilaria Mirabile (Head of Programmes, IRLS, NHS England and NHS Improvement) *for Item 6 only*

Steve McAteer (Advisor & Private Secretary to Lord Darzi)

Nick Paget (Senior Policy Advisor; Chair and Chief Executive's Office, NHS England and NHS Improvement)

Catherine Pollard (Director of the Centre for Improving Data Collaboration, NHSX) *for Item 7 only*

Ian Rees (Unit Manager, Inspectorate Strategy & Innovation, Medicines and Healthcare products Regulatory Agency (MHRA)) *observing*

Sutharsan Satkunarajah (Advisor to Lord Darzi; Imperial College London)

Sophie Stuart (Health Innovation Policy Advisor, Office for Life Sciences) *observing*

Jenny Turton (Deputy Director of Life Sciences, IRLS, NHS England and NHS Improvement) *for Item 6 only*

Alice Williams (Head of PPI, IRLS, NHS England and NHS Improvement) *for Item 4 only*

Apologies:

Louise Wood (Director, Science, Research & Evidence, Department of Health and Social Care (DHSC))

Kristen McLeod (Director, Office for Life Sciences)

Matthew Gould (Chief Executive, NHSX)

Helen Stokes-Lampard (Chair, Academy of Medical Royal Colleges (AoMRC))

Steve Oldfield (Director General, Commercial and Life Sciences, Department of Health and Social Care (DHSC))

Chris Whitty (Chief Medical Officer, Commercial and Life Sciences, Department of Health and Social Care (DHSC))

Summary of actions

#	Action	Owner	Due Date
1	Board members to email any comments on the papers to note to the AAC team at aac.innovation@nhs.net by 7 July 2021	All	7 July 2021
2	Sue Hill and Hugh M McCaughey to work with the AAC and the Community Diagnostic Hubs to align any ongoing work	Sue, Hugh and AAC	Sept 2021
3	Matt Whitty and June Raine to discuss MHRA's involvement in the Innovation Service further	Matt and June	Sept 2021
4	AI Award Team to ensure Ottoline and UKRI are engaged with the AI Award evaluation work	AI Team	Aug 2021
5	Early Stage Programme update (HITs and ATMPs) to be added to the Nov Board agenda	AAC Team	Nov 2021
6	Alice Williams and Sarah Woolnough to discuss how Sarah can provide support for the implementation of the PPI Strategy	Alice and Sarah	Aug 2021
7	Ottoline Leyser, Ben Osbourn, Hilary Reynolds, Sarah Woolnough and Peter Ellingworth to work with Alice regarding their support for the PPI communications and mapping work	Alice, Ottoline, Ben, Hilary, Sarah, Peter	Aug 2021
8	Update at the next Board on more detailed AAC implementation and delivery plans, success metrics and reporting structures that will allow effective monitoring and managing of the programmes.	AAC Team and Will	Nov 2021

Note: These minutes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion.

1 Welcome and introductions

1.1 Lord Darzi welcomed the new board members to the meeting; Simon Bolton, Interim Chief Executive, NHS Digital, Professor Gary Ford, CBE, Chair Academic Health Science Networks, Sue Hill, Chief Scientific Officer, NHS England and NHS Improvement, Ben Osborn President, Association of the British Pharmaceutical Industry (ABPI), Dame Ottoline Leyser, CEO UKRI and Doris-Ann Williams, CEO BIVDA.

1.2 Apologies were noted from Chris Whitty, Matthew Gould, Helen Stokes-Lampard, Louise Wood, Kristen McLeod and Steve Oldfield.

1.3 There are three papers (papers 8-10) for the Board to note which will not be presented at this meeting.

Action - Board members to email any comments on papers to note the to the AAC team at aac.innovation@nhs.net by 7 July 2021

2 Review of the actions from the previous meeting

2.1 Matt Whitty noted the following three open actions, which can now be closed:

- Work with Devolved Nations to develop and agree promising areas for joint working.
- Patient and Public Involvement strategy to be brought to the relevant AAC meeting.
- AAC's new workplans and deliverables to be tabled at the next AAC Steering Group in June.

2.2 Matt Whitty updated the board on engagement with the Devolved Nations. The first of the Devolved Nations subgroup meetings will take place on the 27 July 2021. Matt assured the board that the AAC is already involving the devolved nations within work programmes, such as the AI in Health and Care Award which has UK wide representation, and for which we have worked closely with NHS Scotland and NHSX.

2.3 Gillian Leng highlighted that NICE has recently hosted a meeting with the Devolved Nations regarding the Health Technology Assessment (HTA) Programme that will help cement on-going work with all the devolved nations. A follow up meeting has been scheduled for September 2021.

2.4 Matt was delighted to update the Board on the PPI Strategy which is to be presented by Alice Williams at item 4, paper 3.

2.5 Will Field presented the update to ACC Strategy to the Steering Group in June and will be presenting to the Board today; item 8, paper 7. The AAC has continued to proactively engage patients and the public within our work programmes. People with lived experience have been (and are being) recruited to sit in strategic roles within programme working groups.

3 Programme Update

3.1 Matt Whitty gave a verbal update on the AAC's work programmes.

- **AI Award** round 2 winners were announced by the Secretary of State, on 16 June 2021 and round 3 opened on 28 June 2021. Evaluation partners have been appointed for all of the round 1 winners and technologies deployed to over 80 sites.
- This fits in well with the **Horizon Scanning** Update; the output of which has been key to informing AI award; collaboration continues with NICE on developing a proactive design. Horizon scanning has also been working in a more reactive approach to specific policy developments.
- Patients are now benefiting from the **MedTech Funding Mandate** which was launched in April and will accelerate the uptake of selected NICE approved cost-saving medical devices, diagnostics and digital products in the NHS by making their use a contractual requirement for providers and commissioners. The data for this will be available in the quarter 1 reporting of the AAC scorecard (July 2021).
- Work continues at pace on the **Innovation Service** and private beta testing will take place in July and August 2021, followed by GDS beta assessment at end of August 2021 and then transition to public beta if successful. The private beta phase has been extended following advice from stakeholders to allow for

increased numbers of users in private beta phase and to support a successful GDS assessment.

- **Inclisiran** is now going through NICE appraisal and funding routes and mechanisms are being agreed with DHSC and BSA. Matt thanked our colleagues at NHS Digital, NICE and NIHR for their support in developing the Inclisiran commercial model.
- Matt also expressed his thanks for their support of **GRAIL** which has developed a type of genomic sequencing test, Galleri®, that in studies, has been shown to identify multiple cancer types at an early stage from a single blood test. Two Studies; an asymptomatic study involving 140,000 participants, and a symptomatic study involving 15,000 will commence shortly.
- Matt updated the Board on progress incorporating **Research and Innovation (R&I)** responsibilities into the job description for CEO and Chairs of Integrated Care Systems (ICSs). We are collaborating with the deputy Chief Operating Officer to work closely with the ICSs to support embedding R&I which has also been made a statutory duty for all ICSs.
- The **AAC Scorecard** now includes delivery metrics for the 2020/21 financial year **Q1-Q4 (1 Apr to 31 Mar 2021)**. The number of patients accessing our innovations (327,836) is down on last year by almost half. This can be accounted for by a) innovations that we no longer support (particularly Troponin), b) innovations that have seen no activity due to COVID-19 and c) data for the Atrial Fibrillation (AF) programme which is not yet available from the QOF and therefore excluded from the current data. AF contributed ~150k to the figures last year. In year savings to the health system have more than doubled on last year to £119M, however this figure will decrease once data from the AF programme is included due to the programme being cost incurring in-year. Nonetheless, AF cost £17.5M last year, so even once included the total should remain very strong. The value of investment secured, at £251.1m, is down from the £463.5M reported for 2019-20. This will in part be accounted for by the missing Clinical Entrepreneur data as noted on slide 4, and by us having applied more prescriptive, uniform definitions for the economic growth metrics this year. Matt thanked Gary Ford and our colleagues at the AHSNs for continuing the work through COVID allowing us increased reach to support innovators.

3.2 Sue Hill congratulated Matt and the team for the fantastic work achieved over the past 12 months and suggested collaboration with the AAC to explore the impact of the pilot diagnostic accelerator sites, which have been set up to accelerate the NHS recovery by trialling new ways of working and tackling waiting lists, on wider diagnostics. Matt Whitty welcomed this and said the AAC are already engaged with the Department of Health (DHSC) and are linked into the National Diagnostic Board. Lord Darzi agreed that lessons learnt from COVID need to be translated into diagnostic methods to treat the pandemic of diabetes and cancer.

Action: Sue Hill and Hugh M McCaughey to work with the AAC and the Community Diagnostic Hubs to align any ongoing work

3.3 June Raine commented on the phenomenal progress made by the Innovation Service and reiterated MHRA's offer to continue linking in to ensure the service delivery is optimised. Lord Darzi thanked June Raine for her support during the work on the transition to a new regulatory framework for medical devices and he commented on the unique relationship the AAC has with MHRA.

Action: Matt Whitty and June Raine to discuss MHRA's involvement in the Innovation Service further

3.4 Tara Donnelly complemented Matt on the collaboration and pace of work over the past year and highlighted the significant impact the AI award has had on the scale and adoption of life changing technologies into the hands of clinicians and the frontline. The learning from evaluation of the technologies will be invaluable. Lord Darzi thanked Tara for her leadership at NHSX and commented the need to engage various other partners for AI Award evaluation such as UKRI.

Action: AI Award Team to ensure Ottoline and UKRI are engaged with the AI Award evaluation work

3.5 Peter Ellingworth added his congratulations to Matt and was pleased to hear plans for alignment with the devolved administrations, which will be welcomed by companies who view the United Kingdom as a single entity. He asked what further could be done by the AAC and its partners to engage new innovators and make them aware of the AAC. Peter was supportive of the focus on diagnostics and suggested that the ACC also focused on digital reimbursement in the NHS particularly as the ICS develop as it is a great enabler.

3.6 Hugh McCaughey commented that we need to embed new methods of diagnostic testing and evaluating in the Community Diagnostic Hubs (CDHs) which are going to be the first early adopters and a feature of the landscape post COVID. Gary Ford agreed with Hugh; that it was important the CDHs are linked with regional and national research and innovation activities.
Dame Ottoline Leyser fully agreed with centralised diagnostics and is keen for UKRI to join up as helpfully as possible with all this excellent work.

3.7 Lord Darzi advised the Board that an update on the Early Stage programme (HITs & ATMPs) would be presented at the next Board meeting in November 2021.

Action: Early Stage Programme update (HITs and ATMPs) to be added to the Nov Board agenda

3.8 Matt thanked everyone for their comments and attributed success to the dedication of the AAC and Innovation, Research and Life Sciences team as well as the collaborative engagement of all the AAC partners. He said collaboration has already commenced between the AAC and AHSNs on community diagnostic hubs following Professor Sir Mike Richards's Independent Review of Diagnostic Services. Matt responded to Peter Ellingworth's comment on reimbursement and said that we are working with NHSX, ABHI and other partners to progress this.

4 Patient and Public Involvement (PPI) Strategy

4.1 Alice Williams presented the PPI strategy which has been developed collaboratively with AAC partner representatives and patient partners including a diverse range of people with lived experience. A desktop review to determine alignment was conducted, using core areas with a real focus on health inequalities and inclusion. The team were grateful for the rich tapestry and the shared insight and intelligence that this collaborative effort has generated. Building in small changes and thinking about health inequalities early in the development of a product such as thinking about skin tones for wearable devices can make significant difference.

4.2 Having a strong focus on supporting the workforce and helping them to develop their own learning and training feeds through into supporting patient engagement.

Alice asked the Board to support the PPI Strategy and support the development of a Patient and Public Involvement Advisory group to provide accountability and ensure implementation. The Group will take a lead in ensuring our engagement activity is effective and is delivering our aims.

4.3 The following six aims to embed PPI, which are aligned to UK National Standards for Public Involvement, are proposed;

- Ensure that a diverse range of patients and the public, especially people with lived experience, are involved in influencing the direction and delivery of the AAC work programmes,
- Proactively address equality and inclusion in our work,
- Work collaboratively across the AAC partnership and wider system partners to embed a culture of patient involvement across AAC programmes,
- Support patients and public partners who work with us to have a positive experience of their involvement,
- Measure our impact and outcomes,
- Communicate our impact.

4.4 Lord Darzi welcomed and complimented Alice on a well written paper.

4.5 Sarah Woolnough was delighted with the paper and was particularly pleased with the plan to demonstrate impact and report on outcomes by developing a framework of qualitative and quantitative performance measures. We need to work on developing a narrative of feeding back to patients, demonstrating how their involvement is beneficial and adds real value. Sarah was keen to emphasise ongoing collaboration with the voluntary and charity sector who are ready and willing to help with the implementation of the strategy.

Action: Alice Williams and Sarah Woolnough to discuss how Sarah can provide support for the implementation of the PPI Strategy

4.6 Sue Hill thanked Alice for the paper and offered her support for the strategy and the development of an advisory group. The Histology Independent Therapies Workshop organised by the PPI team hosted some productive discussions around genomics. Sue asked if given the focus of the AAC on the importance of public dialogue would we consider adding aspects from the Ipsos MORI literature review which gives clear direction on uses of genomic information, the role of public and private partnerships and the role of international data sharing. Sue flagged that it would be helpful to include inclusivity as well as equity of access in the PPI approach.

4.7 Hilary Reynolds thanked Alice for the paper and acknowledged it had been written in line with good standards guidance and commented on the richness of patient engagement; that we need to embed genuine patient feedback after involvement. Hilary said that Priority Setting Partnerships (PSPs) led by charities would be in keeping with good practice and would allow diversity to be recognised. Continuing to aim for ever better practice is vital.

4.8 Dame Ottoline Leyser welcomed the strategy and reminded the Board that people do not always identify as patients when they engage; they are public voices before they are patients. UKRI is keen to work collaboratively to create communications that bridge gaps with these messages. Hilary Reynolds agreed with Dame Leyser in that people often do not recognise the labels placed on them by others.

4.9 Ben Osborn complimented Alice on the well written paper and said ABPI would like to work with the AAC and share in the learnings. Real importance should be given to including voices less heard and learnings from comms around vaccines and COVID on how we reach/engage across all members of society. We need to get the balance of metrics right; for instance, those metrics that measure actual outcomes and therefore will be the success of the strategy.

4.10 Hugh McCaughey endorsed the excellent paper and commented on the work carried out by the AAC with the Beneficial Changes Network (BCN). While writing the strategy is a good start, the challenge we face is mapping the progress of what is done well and what more needs to be done. Hilary Reynolds added that AMRC would be very happy to support mapping work and would like to extend invite to members charities who may be able to be involved in this work already. Sarah Woolnough commented that National Voices would be happy to assist with a mapping exercise too.

Action: Ottoline, Ben, Hilary, Sarah and Peter to work with Alice regarding their support for the PPI communications and mapping work

4.11 Gary Ford also praised the paper and suggested this would be a good opportunity to think about incorporating the research and innovation pathway into the clinical pathway which would help public voices to be heard.

4.12 Further written comments included:

- Gillian Leng who said it was an excellent strategy and that it was great to see the focus on inequalities, as there's always a potential risk for increasing inequalities with new technologies, so this will be key.
- Mike Batley agreed with mainstreaming PPI and suggested embedding patient voice in AAC board and steering group.
- Dr June Raine added her strong endorsement to the PPI strategy. She said that in terms of the patient benefit framework we need to really focus on outcomes that are meaningful to patients rather than to us.
- Peter Ellingworth also offered support on behalf of ABHI.

5 Horizon Scanning Vision

5.1 Alison Austin presented the paper which proposed a revised vision for the AAC's Horizon Scanning Function, moving it from a reactive to proactive function. The Board was asked to discuss the Horizon Scanning vision and planned feasibility work. Ali asked the Board to support the feasibility pilots which have already been approved by the Horizon Scanning and AAC Steering Groups. Alison explained that during COVID innovations were identified and adopted speedily and this momentum should be captured and utilised post COVID. The post pandemic landscape differs vastly; along with new Innovative Licensing and Access Pathway (ILAP) and we need to capitalise on the relationships and undertake Systems and Strategic Horizon Scanning.

5.2 Gary Ford commented that it is important to respond to early signals and prepare for disruptive technologies and innovations, influencing infrastructure and workforce changes early, rather than waiting for the research and evidence to be complete. Doris Ann Williams agreed and said the big challenge for lab diagnostics is the pathway and engaging all parts of the pathway to support pathology.

5.3 Sarah Woolnough welcomed the paper and referring to paragraph 29 highlighted that National Voices would be keen to work with the Horizon Scanning team to strengthen dialogue with patients and carers with a view to ensure informed decision making. Hilary Reynolds agreed and said that dialogue with patients can be amplified and strengthened by using charities as convenors and coordinators.

5.4 Gillian Leng said that NICE was supportive of this approach and volunteered to bring a proposal to the November Board on the selected technologies. Matt said we could consider this once a strong criterion has been decided after consultations with patient groups from various specialties.

5.5 Dame Ottoline Leyser said we need to capitalise on the strong interest in horizon scanning across government, ensuring it feeds into this work.

5.6 Sue Hill welcomed the paper and the real opportunity it produces to align the work around genomics so that AAC has an oversight and no duplication occurs.

5.7 Ben Osbourn flagged that while he was really supportive of this approach, which is critical to ensure whole system readiness at the point of innovation being ready to reach patients. One point to consider is whether all organisations are clear and aligned on what is meant by 'disruptive technology'. He suggested giving a more granular description to avoid later debate. He welcomed the clarity this paper gives; industry is keen to share pipeline data as early as possible, but the challenge has been who/what information need to be shared.

5.8 Lord Darzi agreed with the Board that this was a great paper and the intelligence from it should be shared across partners such as National Institute for Health Research (NIHR) and UK Research Integrity Office (UKRIO). Early sharing of information is key, for example the Biogen announcement of Alzheimer's disease which generated negative publicity but will have huge demand from patients and public. It is good to review from NHS and the Long Term Plan perspective

6 Update on Life Sciences Sector Vision and AAC Strategy

6.1 Julia Dudley gave a verbal update on the Life Science Sector Vision which was being co-developed with the sector, including industry, charities, the NHS and academia. [N.B. Since the meeting the Vision has been published here: https://www.gov.uk/government/publications/life-sciences-vision]

Action: ABHI are keen to support on this agenda

AAC Strategy

6.2 Will Field presented this paper, following the Board approval of the new AAC priorities in February this paper sets out the alignment of the AAC work programmes against the new priorities;

a. Put patients and the public at heart of innovation and research in the NHS
b. Develop a prioritised pipeline of innovation and research for the NHS
c. Embed research in the everyday work of the NHS
d. Support stronger adoption and spread of proven innovations
e. Empower a frontline culture of innovation
f. Create a collaborative commercial environment

6.3 Will asked the Board to comment on whether there were any key programmes work areas missing or key cross partner projects that should be included. We are adapting individual timelines by creating clean pathways to maximise benefits realisation, at ICS, local and regional levels tapping into health inequalities and patient and public involvement. The board will be updated at the next meeting on more detailed implementation and delivery plans, success metrics and reporting structures that will allow effective monitoring and managing of the programmes.

6.4 Gillian Leng agreed with Lord Darzi's comment that jointly the OLS, AAC and NHSE/I were driving the agenda taking a bottom-up approach.

Action: Update at the next Board on more detailed AAC implementation and delivery plans, success metrics and reporting structures that will allow effective monitoring and managing of the programmes

7 Sir Simon Stevens's Reflections

Lord Darzi stated that it had been a great privilege to work with Sir Simon Stevens both on the NHS England and Improvement Board and the AAC and thanked him for the pivotal role he played in transitioning the responsibilities of the AAC into NHS England and Improvement. He also thanked Sir Simon on his leadership of the NHS, in particular through the pandemic and asked him for his reflections.

7.1 Sir Simon thanked Lord Darzi for his leadership of the innovation agenda that has led very important change. Simon reflected on the priorities of the AAC in scaling innovation and adoption that has led to beneficial change for patients. The success for the AAC has been getting the right group of people working collaboratively in the right way creating a consistent approach to innovation. Simon suggested we need to focus on the pull from clinical practice and patient needs not just the push from the life science sector. He highlighted key areas where innovative work will be needed over the next five years. Simon noted that the success of the NHS Covid-19 vaccination programme was the result of collaboration between industry, NHS and communities working together. On the health data debate, he agreed that trust and public consent was crucial and incumbent on all of us to get right. There should be transparency and integrity in partnerships and research to underpin patients' trust and in support for data sharing.

7.2 Matt Whitty thanked Sir Simon for his leadership and support to the AAC.

8 **AOB**

No other business was raised

Next AAC Steering Group meeting is 6 October at 13:00 – 15:00
Next AAC Board meeting is 10 November at 15:00 – 17:00