Accelerated Access Collaborative Board Meeting

Wednesday 29th June 2022

9:00am – 11:00am

Chair:

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

Board attendees:

Amanda Pritchard (Chief Executive Officer, NHS England)

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

Mike Batley (Deputy Director Research Programmes, Department of Health and Social Care) *Deputising for Gail Marzetti*

Rosalind Campion (Director of Office for Life Sciences)

Lucy Chappell (Chief Scientific Advisor, Department of Health and Social Care and Chief Executive Office, National Institute for Health and Care Research)

Peter Ellingworth (Chief Executive, Association of British HealthTech Industries)

Gary Ford (Chair, Academic Health Science Networks)

Sue Hill (Chief Scientific Officer, NHS England)

Tim Ferris (Director of Transformation, NHS England)

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

Nicola Perrin (Chief Executive, Association of Medical Research Charities)

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

Jacqui Rock (Chief Commercial Officer, NHS England)

Samantha Roberts (Chief Executive, National Institute for Health and Care Excellence)

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

Richard Torbett (Chief Executive, Association of the British Pharmaceutical Industry)

Dan Mahony (Chair, UK BioIndustry Association)

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

Mike Forster (Senior Advisor, NHS England) *Deputising for Amanda Pritchard where required*

Guest attendees:

Claire Bloomfield (Deputy Director Data for R&D, NHS England)

Lindsey Hughes (Director of Research and Engagement, AAC, NHS England)

Hannah Lom (Head of Innovation, Innovation & Growth, Office for Life Science)

Alison Austin (Deputy Director of Research, AAC, NHS England)

Other attendees:

Pollyanna Jones (Chief of Staff, Accelerated Access Collaborative, NHS England)

Ratified by AAC Board on 23/11/2022

Andrew Mabey (Communications Senior Manager, Accelerated Access Collaborative, NHS England) Georgia Coll (Project Support Officer, Accelerated Access Collaborative NHS England) *Secretariat* Naomi Miles (Accelerated Access Collaborative Senior Manager, NHS England) *Secretariat* Matthew Newman (Deputy Director Accelerated Access Collaborative, NHS England) *Secretariat*
Apologies: John Stewart (National Director of Specialised Commissioning, NHS England) Doris-Ann Williams (Chief Executive Officer, The British In Vitro Diagnostic Association)

Summary of actions

#	Action	Owner	Due Date
1	Board members to email any comments on the papers to note to the AAC Governance team at aac.governance@nhs.net	All Members	July 2022
2	Update on the Triage Board and new Director appointment at a future Board	Matt Whitty	March 2023
3	Establish dissemination process for the Chief Executive Report (two-way intelligence sharing)	Matt Whitty	March 2023
4	Present a paper around diffusion of innovation – AAC priority 3 for discussion at the November Board (formal commission to follow)	Led by ABPI and NHSE	November 2022
5	NHSE CCO (Jacqui Rock) to convene a forum to provide commercial expertise to NCVR programme	Jacqui Rock	November 2022
6	AAC Board to input into MHRA's redesign of the Regulatory Framework for clinical trials	June Raine, Lucy Chappell and Matt Whitty	November 2022
7	Establish a strategic group to inform local adoption and spread with a rapid focus on preparing for AHSN relicensing	AAC Secretariat	August 2022

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 opened the meeting and welcomed the following new board members:

- Richard Torbett (Chief Executive of The Association of the British Pharmaceutical Industry), replacing Ben Osborn.

1.2 Apologies were noted from John Stewart (National Director of Specialised Commissioning, NHS England)

1.3 The following guests were welcomed:

- Mike Batley (Deputy Director Research Programmes, Department of Health and Social Care), deputising as interim for Gail Marzetti
- Claire Bloomfield (Deputy Director, Research and Development, NHS England) and Lindsey Hughes (Director of Research and Engagement, AAC, NHS England) presenting agenda item 4, AAC Ambition for Clinical Research in the NHS

1.4 There were no conflicts of interest declared.

#	Action	Lead	Deadline
1	Board members to email any comments on the papers to note to the AAC Governance team at aac.governance@nhs.net	All	July 2022

2. Review of previous minutes and actions

2.1. The previous minutes were accepted by the Board as an accurate record of the previous meeting.

2.2. Matt Whitty noted the following three open actions from the previous meeting, all of which are ongoing.

- Matt Whitty to provide an update to the AAC members on the development on the complex transactions approach at future Board meeting. *It was noted that an update will be provided as part of item 3: Chief Executive's Report.*

- Rosalind Campion to provide an update on funding allocation against each LSV mission at the next Board. *It was noted than an update to be provided as part of agenda item 7: Life Science Vision Implementation Update.*

- OLS to be involved in Health Inequalities work led by IRLS team to ensure alignment with LSV Missions. *Remains open with Rosalind Campion as the lead.*

2.3. All other actions have been closed.

3. AAC CEO Update

3.1. Matt Whitty presented the refined Chief Executive report reflecting AAC Priority impact. Chief Executive highlights:

- **MedTech Funding Mandate** team announced the seven products being supported from April 2022. This includes spectra optia for sickle cell disease, ahead of the launch of the NHS's "*Can you tell it's sickle cell?"* campaign launch on 18 June

- A **Triage Board** has been established and has met to sign off a Terms of Reference allowing it to provide oversight of at-scale deals. A Director has been appointed and Matt Whitty committed to bringing an update to future a Board.

- The **NHS Innovation Service** will move into public beta imminently

- The continued focus of AAC programmes around addressing **health inequalities** and supporting the Core20PLUS5 agenda, working closely with Dr Bola Owolabi's team.

Impact Data

- AAC work has impacted over half a million (577k) patients in 2021/22. We are working to better understand our impact, this will include through the development of the new AAC Scorecard (mock-up included in CEO report).
- At Q4 2021/22 the estimated the impact of the AAC to be:
    - 2804 innovators being worked with,
    - 3092 innovations are receiving supports,
    - £228.6m of revenue generated (£203.7m in the UK, £24.9m in exports),
    - £431.7m investment secured,
    - 3,923 jobs created or safeguarded.
- The programme spotlight was Fractional Exhaled Nitric Oxide (FeNO) devices for asthma diagnosis uptake by AHSN. All AHSNs exceeded trajectory, with the lowest by 151% and highest over seven times trajectory. Each AHSN is estimated to have at least 2,000 fewer patients receiving unnecessary inhaled corticosteroid medication.

3.2. June Raine apologised for the delay in the MHRA signing the Innovation Service Support Organisation Agreement and assured Matt Whitty that it would be signed shortly.

3.3. Sarah Woolnough expressed support for FeNO and embracing of the Core20PLUS5 agenda.

3.4. Helen Stokes-Lampard queried the FeNO variations for AHSNs and asked if there was any deeper understanding of the outliers.

3.5. Gary Ford added that all AHSNs have exceeded their planned trajectories and assured Members that there is ongoing work to understand the outliers.

3.6. Lord Darzi added that FeNO is showing a great rate of diffusion. It would be interesting to understand what happened when patients were told they did not have asthma and that they were being mis-treated. Acknowledging it is beyond the discussion of this meeting and welcomed a conversation around lessons learned on diagnostics.

3.7. Helen thanked Members for their comments and said she is happy to chat offline regarding FeNO and primary care issues.

3.8. Richard Torbett expressed his gratitude on joining the Board. Reflecting on the CEO report that some insights and successes are poorly understood, and a communications piece of work is needed to help bridge this gap.

3.9. Tim Ferris reinforced the critical barrier to product dissemination is ensure our innovations and strategic questions are focused on addressing the population's biggest needs. The tension between product-focused push and a priority-focused pull. Richard Torbett and Peter Ellingworth agreed with the priority- versus product-focused and noted the need for a future deep dive on potential approaches.

3.10. Members complimented the new format of the Chief Executive Report.

3.11. Matt Whitty thanked all for the discussion. He concluded by saying that we can improve our communications and interpretation of the Chief Executive Report. He said that he agreed with priority- versus product-discussion but wanted to be clear that when we

talk about the AAC's priorities, we are continually looking for products to match those priorities.

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4. AAC Ambition for Clinical Research

4.1. Lord Darzi introduced the paper, reinforced the importance of supporting research and invited Lucy Chappell and Lindsey Hughes to present.

4.2. Lucy prefaced the paper saying that it is essential for research and innovation to be woven through the NHS, and Integrated Care Systems (ICSs), and that a lot of the work described in the paper describes how this ambition will be delivered.

4.3. Lucy shared reflections from NHS ConfedExpo 2022 particularly highlighting that the concept of *Research for All,* was well received. She added how vital it is to retain the good elements experienced during the response to the Covid pandemic. Phase 2 of the Research, Resilience and Growth (RRG) Implementation Plan was published today (29 June 2022). This sets out plans to focus on better outcomes for patients and healthcare, including an aim for 80% of all open studies on the clinical research network portfolio to be delivering to time and target by 2023.

4.4. Priority areas within the paper include faster approval, set-up, and delivery time, whilst reducing variation across sites and increasing research in community settings. The paper looks at how collective responsibility can be taken across the delivery pipeline, through initiatives such as National Contract Value Review (NCVR). There is a further focus on making it easier for companies to navigate the NHS' research and innovation offer. Lindsey expressed that they would like support of AAC to work with RRG partners on the strategic plan to look at capabilities and improvements.

4.5. Lindsey described the role NHSE's Innovation, Research and Life Sciences (IRLS) Research Unit will play to deliver increased capacity in the system and in creating dynamic research environments. The paper focuses on where they can best use policy levers for impact. The team have worked closely with Lucy's team and the RRG programme to ensure complete alignment of the ambitions in the paper.

4.6. Lindsey talked around the concentration of research this year, including the development of the assurance framework to support ICSs and helping them to play their parts to undertake research which meets the needs of patients.

4.7. Lindsey emphasised how vital diversity in research is in addressing health care inequalities, including the diversity of participants, geography and of workforce.

4.8. Lindsey invited questions on the paper and welcomed the Board's comments on the ambition for research.

4.9. Lord Darzi thanked both and extended his support for this priority area and how it feeds into the vision of a state-of-the-art health care system.

4.10. Richard Torbett expressed support for Phase 2 implementation plan and the work that DHSC, NHSE and Research Resilience and Growth (RRG) delivery partners have done. [*Redacted in public minutes:* Currently unpublished ABPI data is showing that 5-year trend data shows a drop in clinical research and a 41% decrease in number of trials initiated since 2001. In Phase 3 trials, UK's global ranking has fallen to 10th place. In the financial year 20/21, the lost income to NHS Trusts associated with that research is £447m.] Richard commented on how instrumental Ukraine has been for clinical research from an industry perspective and the effect that the current events in Ukraine will have on clinical research. He said he will be publicly supporting the plan when live.

4.11. Dan Mahoney advised that for SMEs being able to navigate the system's needs is crucial but at present, extremely difficult.

4.12. Helen Stokes-Lampard express support for research having greater prominence in the NHSE agenda. She questioned if primary care research features strongly enough.

4.13. Jacqui Rock questioned whether the NCVR was still the right thing, acknowledging she has not been involved to date. She offered commercial expertise to assist will the programme and addressing the blockers to roll out.

4.14. Lindsey added that they are now in a good position on NCVR despite initial challenges and welcomed support and expertise from Jacqui.

4.15. Sarah Woolnough complimented the ambitions of the paper. She felt the paper was lighter on plans for public/patient dialogue and asked how they intend to keep on-going dialogue about research opportunities, form a patient perspective, going when services are struggling service.

4.16. Gary Ford added that most trusts do not have a plan to expand research, and their plans are dependent on funding. He said it is worth reflecting on what they want ICSs to focus on, suggesting social care research and primary care.

4.17. Tim Ferris supported Gary's point on the importance of trusts (and future ICSs) having a proactive strategy for trial recruitment.

4.18. June Raine updated the board regrading redesign work by MHRA to transform the regulatory framework for clinical trials. She encouraged AAC Board members involvement into the redesign to ensure the design is right emphasising that this is a generational opportunity to influence regulatory processes.

4.19. Lord Darzi thanked all for a rich discussion adding that historically, focus has been supplier-end and reminded Members not to overlook the demand-side and the public's appetite to participate in trials.

4.20. Lucy added that she is pushing for the ability to sign up to research via the NHS app and would like to see this go live as part of the implementation plan.

4.21. Lindsey and Lucy thanked members for the discussion and asked members to ensure they stay linked in with them if they would like to support on any of their ambitions.

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5	NHSE CCO (Jacqui Rock) to convene a forum to provide commercial expertise to NCVR programme	Jacqui Rock	November 2022
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5. Adoption and spread of innovation

5.1. Lord Darzi introduced the item, inviting both Matt Whitty and Gary Ford to present the accompanying paper.

5.2. Matt introduced the paper, the paper talks to the difficulties and challenges for adoption and spread of innovation and importance of supporting the workforce and system for success. Matt reflected on the recent AHSN Tour, visiting each AHSN, speaking to patients about the impact of innovations, clinicians about their frustrations and success stories and to AHSNs directly to ascertain what they need to support their needs.

5.3. Matt emphasised that there is no single method for spreading innovations with many dependencies and factors at play. He highlighted the need to clearly define what we mean by 'adoption of innovation' to avoid confusion with service improvement.

5.4. Matt expressed support from ICSs to understand their role and the impact on their priorities, acknowledging that a large part of their support will be from the AHSNs. Matt reminded members that the current license with the AHSNs expires in March 2023 and they are currently undergoing the relicensing process.

5.5. Gary Ford reassured members that AHSNs see adoption of innovations as a key part of their role, opposed to supporting improvement. He advised that they have a lot of solutions in the pipeline which need to be matched to key issues and priorities.

5.6. Lord Darzi added that ICSs is a big opportunity for AHSNs. ICSs will need AHSNs to facilitate their work and they will be looking to AHSNs to help them deliver. He advised that they need to exploit this opportunity for the future and look at new governance structures intended to empower.

5.7. Sam Roberts asked for clarity on the difference between national and local positions and priorities for the AHSNs.

5.8. Gary responded that 50% of the AHSN work is national and it has been agreed it should remain that. There is now a clear governance structure to hold the 15 AHSN Boards to account to deliver agreed national priority work.

5.9. Jacqui Rock said that she was fortunate enough to attend some AHSN tours. Whilst really impressed by the work and findings, she had the same questions each time, "Why is this not being shared? Why is this localised?"

5.10. Rosalind Campion agreed that the relicense is a good opportunity to refresh the ask AHSNs but stressed the importance of remaining cautious as not to reinvent structures. She said it would be helpful to start from the perspective of "*what do we think will get us to the place we want to?"* This will form a united commission and a collective ask of the AHSNs. She added that the name of the AHSNs is a misnomer and may be holding them back due to exclusivity.

5.11. Peter Ellingworth advised he has now spoken to the vast number of ICSs. ICSs have a lot of work to do and AHSNs could (and should) boost their earlier work but strongly advised AHSN should not be given everything to deal with.

5.12. Richard Torbett asked if this was an opportunity to think about priorities verse products, the starting point should be clinical need, further work is needed to understand how priorities and products intersect at a national and local level.

5.13. Gary Ford agreed the name [AHSN] is potentially misleading.

5.14. Helen Stokes-Lampard said that improving and enhancing the adoption and spread of best practice is something that AMRC are working on. She suggested linking in with Matt outside of the Board as they are setting up a roundtable with colleges and colleagues across various locations.

5.15. Richard Torbett raised that the discussion at the Patient Access to Medicines Partnership (PAMP) in May agreed an action on joint industry / NHS work on systemic barriers to uptake. There is a clear link to this work.

5.16. Matt thanked Richard saying it was agreed at the March AAC Board to pick this up as part of the broader medicines pathway work and he will be in touch over the summer about this.

5.17. Ottoline Leyser said that connectivity is crucial, and she is very keen to ensure UKRI-funded research is properly networked across all disciplines.

5.18. Matt Whitty thanked all for their input into the relicensing process and invited interested partners to form an oversight group to look at local adoption and spread with a rapid focus on preparing for AHSN relicensing.

#	**Action**	**Lead**	**Deadline**
7	Establish a strategic group to inform local adoption and spread with a rapid focus on preparing for AHSN relicensing	AAC Secretariat	August 2022

6. Upcoming Government Strategies

6.1. Lord Darzi invited Lucy Chappell to provide a verbal update on upcoming government strategies.

6.2. Lucy Chappell introduced the item saying it is an exciting opportunity to present this at the Board with the ambition of coming away with a joint purpose and agreement on

what Members collectively want to accelerate and to pull on the Board's wealth of knowledge.

6.3. Lucy caveated that these strategies are all at different points in gestation and publication dates.

6.4. A paper of particular importance is the upcoming Health Disparities White Paper. This paper focuses on reducing the gaps in health care outcomes through prevention, which is often an afterthought due to its difficulty and longer horizon to demonstrate impact. The work strongly chimes with Core2PLUS5 strategy.

6.5. Lucy pulled out the upcoming Women's Health Strategy which is due for publication soon. This work followed a call for evidence receiving 110k public responses, speaking to the appetite for engagement in this area. The Strategy also links with some of the work around health disparities. It includes both women and non-women specific diseases, posing a number of key questions including; *'How do we ensure that what we do is equitable within business as usual?' 'Are we giving enough focus to women's voices, education and training?' 'Are we paying enough attention to equity of provision of service and research?'*

6.6. Lucy invited the Board to consider the impacts of this work and advised it may be an area which comes back to the Board in future.

6.7. Lucy spoke around two 10-year strategies, cancer and dementia. Both strategies showcase the difficulties in not having a single problem to tackle with a simplistic solution. Lucy added that there are also others in the pipeline, including Medtech and National Patient Safety.

6.8. Lucy advised a key topic of discussion across government departments is how we get out of health and care silos to think about the bigger picture.

6.9. Lord Darzi encouraged members to see politics as short term and civil service as the long-term game and not to forget the potential of prevention, pre-emption public health.

6.10. Tim Ferris thanked Lucy for the update and echoed some of her frustrations with siloed working. Tim said that NHSE is undergoing a structural change and new ways of working intended to combat siloed working but stressed that it is difficult to tackle. He cautioned that when you create population or disease specific programmes, the people working in silos can start to move in directions that are contradictory to overall strategies.

6.11. Sarah Woolnough picked up on the Health Disparities White Paper, building on Lord Darzi's point on short term politics and evidence base, which is often seen around prevention. She questioned if there is anything we can be doing as a community to ensure as much evidence-based policy finds its way into these documents?

6.12. Lucy responded that this is quite topical. She said that Sir Patrick Vallance's vision is clear that science should underpin policy. She echoed Tim's point around silos and unintended consequences and that without change, this will continue.

6.13. Ottoline Leyser added that the silo issue is the root of many collective problems. There is a real tension between focusing on targeted missions with ring-fenced budgets and empowered leaders, and the systems-level interventions needed to tackle complex challenges such as health disparities, multi-morbidity, prevention, social care

interventions. Investing time in joining things up is crucial. The empowered leaders who run missions have a crucial role ensuring that careful join up.

6.14. Lucy concluded by saying that policy professionals are crucial partners and illustrative of how we work across silos and not within them.

7. Life Science Vision Implementation (LSVI)

7.1. Lord Darzi invited Rosalind Campion to present the paper.

7.2. Rosalind began by saying that this July marks one year on from the launch of the LSVI. On 14 July, an implementation plan update will be published as part of the Prime Minister's Moment, which will set out progress over the last year. It will be a meeting between the PM and Secretary of State. The Moment will be framed around several key announcements, which include four of the eight health care missions. It is intended that the new approach to clinical trials regulation will be launched.

7.3. The mission launches will be staggered as to not lose traction. There will also be a commitment to the remaining four missions.

7.4. Rosalind detailed budget allocations which were requested as an item to be brought back at the March Board:

- Dementia - £95m over 5 years
- Cancer - £61m
- Mental health - £20m

7.5. Rosalind concluded by saying that role of the collective at the Board is in the delivery of the mission from a national lens. This means understanding our big population health issues and working about these big priorities link down to local level.

7.6. Members thanked Rosalind for the comprehensive update and expressed excitement for the 14th July.

8. AOB

8.1. No other matters of any other business were raised.

8.2. There were no further comments from Board Members.

8.3. Lord Darzi thanked Members, presenters and attendees and then closed the meeting.

Next AAC Steering Group meeting is Wednesday 12 October 2022 at 13:30 – 15:30

Next AAC Board meeting is Wednesday 23 November 2022 at 15:00 – 17:00