

Accelerated Access Collaborative Board Meeting

Wednesday 23rd November 2022

15:00 – 17:00

Chair:

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

Board Members in attendance:

Rosalind Campion (Director of Office for Life Sciences)

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

Tim Ferris (National Director of Transformation, NHS England)

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

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

Dan Mahony (Chair, UK BioIndustry Association (BIA))

Gail Marzetti (Director of Science, Research and Evidence, Department of Health and Social Care (DHSC))

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

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

Jacqui Rock (Chief Commercial Officer, NHS England)

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

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

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

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

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

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)

Apologies received from the following Board Members:

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

Sue Hill (Chief Scientific Officer, NHS England)

Amanda Pritchard (Chief Executive Officer, NHS England)

Guest attendees/ presenters:

Tony Young (Clinical Innovation Director, NHS England) - *co-presenting item 5*

Other attendees:

AAC Secretariat

Summary of agreed actions and resolutions

#	Action	Owner	Due Date
1	Amend and recirculate AAC Board minutes for 29 June 2022: Draft minute 3.2 to reference MHRA rather than NIHR.	AAC Secretariat	30 November 2022
2	Revised style and format of AAC Board meeting minutes, to reflect comments from Board Members.	AAC Secretariat	15 December 2022
3	Board Members to share any specific comments on the AAC Governance paper with the AAC Secretariat at aac.governance@nhs.net	Board Members	21 December 2022
4	Ensure arrangements are in place to improve joint working across the UK's Innovation Access System, with specific focus on: <ul style="list-style-type: none"> • Shared horizon scanning and demand signaling; • Better information and data sharing between partners; and, • Increased early NHS engagement, as part of MHRA and NICE processes 	AAC Chief Executive	November 2023
5	With support of government and industry partners, implement the action plan outlined in the Innovation Access System paper, prioritising activity within the following clinical area: <ul style="list-style-type: none"> • Cardiovascular disease (CVD) • Early cancer diagnosis, • Mental health (with a particular focus on digital products), and • Neurodegeneration (with a particular focus on dementia). 	AAC, MHRA and NICE Chief Executives	November 2023
6	Provide organisational support to address the challenges outlined in the Commercial Innovation paper.	AAC Partner Organisations	November 2023
7	Implement the proposed programme of work to develop the 'Commercial Innovation Pathway', as outlined in the Commercial Innovation paper.	NHSE Chief Commercial Officer	November 2023
8	Develop a shared innovation pipeline (the Innovation Repository), including the necessary data sharing arrangements, as outlined in the Commercial Innovation paper.	NHSE Chief Commercial Officer	November 2023
9	Provide details and timing for inclusion of research enrolment as part of the NHS App.	National Director of Transformation	March 2023

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

1. Welcome and introductions

- 1.1 The Chair opened the meeting and welcomed all Board Members and other attendees present. The Chair specifically welcomed new Board Member Gail Marzetti, Director of Science, Research and Evidence, Department of Health and Social Care (DHSC), who replaces Louise Wood as the representative for DHSC.
- 1.2 On behalf of the Board, the Chair thanked Louise Wood for her contributions to the Board and wished her well for the future.
- 1.3 Apologies were noted from the following Board Members:
 - Lucy Chappell – Chief Scientific Advisor, Department of Health and Social Care / Chief Executive Office, National Institute for Health and Care Research
 - Sue Hill – Chief Scientific Officer, NHS England
 - Amanda Pritchard – Chief Executive Officer, NHS England
- 1.4 There were no conflicts of interest declared at the meeting.
- 1.5 The AAC Governance Review paper (AAC005) had been circulated for the Board to note. The Chair invited members to direct any comments or queries on this paper to the AAC Secretariat.

2. Review of previous minutes and actions

- 2.1. The following amendments to the draft minutes of the Board meeting held on 29 June 2022 were identified:
 - Minute 3.2 should reference MHRA rather than NIHR.
- 2.2. Subject to the identified amendment, the minutes of the previous meeting held on 29 June 2022 were agreed by the Board as an accurate record.
- 2.3. The AAC Chief Executive highlighted the following actions from the previous meeting, both of which remained open and ongoing:
 - Update on the Triage Board and appointment of the new Director (March 2023). *The AAC Chief Executive noted the action had a March 2023 completion date and the Board would be kept apprised of progress through the AAC Chief Executives report.*
 - AAC Board to input into MHRA's redesign of the Regulatory Framework for clinical trials. *The Chief Executive of MHRA advised there was currently a delay to the process, with Ministerial approval outstanding.*

2.4. All other actions were closed.

2.5. The Board also discussed alternative styles for presenting minutes of meetings. Members agreed that going forward high-level discussion and action points would be captured.

#	Action	Owner	Deadline
1	AAC Board meeting held on 29 June 2022: Draft minute 3.2 be amended to reference MHRA rather than NIHR.	AAC Secretariat	30 November 2022
2	Revised style and format of AAC Board meeting minutes, to reflect comments from Board Members.	AAC Secretariat	15 December 2022

3. AAC CEO Update

3.1. The AAC Chief Executive presented the report, specifically highlighting the following areas:

- Impact data demonstrating progress against Priority 3: Increasing uptake of NICE-approved and proven innovations.
- Successful launch of the Innovation for Health Inequalities Programme (InHIP) in July 2022 in collaboration with the AHSNs aligned to the Boards commitment to address health inequalities. £4.2m was made available to Integrated Care Systems (ICSs) for innovative projects that will address health inequalities. The majority of successful applications focused on cardiovascular disease (CVD), with the programme also supporting other work areas such as respiratory, mental health, cancer diagnostics and maternity programmes.
- The development of the new AAC Information Portal, as the successor to the AAC Scorecard, an interactive tool that will help drive data-informed decision-making.
- Academic Health Science Network (AHSN) Relicensing and the impact of the current challenging financial environment across the public sector.
- Successful transition of the NHS Innovation Service 'new front door' to support innovators, into public beta in July 2022. This was resulting in innovations being referred to NICE for consideration for entry into topic selection.

3.2. The following discussion points were raised by Board Members:

- Potential negative impact of the current 'Creating a New NHS England' change programme on delivery of the AAC's priorities, while also recognising the potential positive opportunities the programme presents.
- Alignment of the new AAC Innovation Portal with the NHS Innovation Scorecard (medicines positively appraised by NICE) and the importance of capturing uptake in eligible populations.
- Evidence on the impact of the AAC efforts in terms of adoption and spread of innovations, also identified as a priority of the Secretary of State for Health and Social Care.
- The relationship between NHS England and the Office of Life Sciences as co-commissioners of Academic Health Science Networks (AHSNs) and potential future funding arrangements.
- Potential implications for AHSNs' capacity and capability arising from any budget reductions, with several Board Members supporting a landscape review of AHSNs.
- The NHS' Innovation Service was complimented by Members.

3.3. Members of the Board also expressed overall support for the direction of travel and proposals set out in the AAC Governance paper, highlighting the importance of ensuring all partners continued to be involved and engaged in the new arrangements. There was particular emphasis on ensuring the revised arrangements avoided duplication.

3.4. It was agreed that Board Members would share any specific comments on the AAC Governance paper / proposals with the AAC Secretariat outside of the Board meeting.

#	Action	Owner	Deadline
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3	Board Members to share any specific comments on the AAC Governance paper / proposals with the AAC Secretariat.	Board Members.	21 December 2022
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4. The UK's Innovative Access System – Building a World Leading Approach

4.1. The AAC, MHRA and NICE Chief Executives jointly introduced the overall genesis and purpose of the paper, as presented on the agenda, highlighting summary points, including:

- The timely opportunity for an open discussion with AAC partners around building on existing working arrangements, resetting ambitions and establishing a future vision for effective collaboration across all partners.
- The ongoing activities by MHRA, NICE and NHSE to accelerate the access environment through earlier engagement, parallel processes, greater flexibility, and clarifying implementation roles.
- The opportunities for the UK to further improve and develop the existing access environment to become an internationally recognised leader by focusing attention in two or three key clinical areas, aligned to the Long-Term Plan and Life Sciences Vision.

4.2. Board Members were supportive of the approach and proposals outlined in the paper, highlighting a number of discussion points and reflections, including:

- Learning the lessons from the pandemic to inform future system working, including future pandemic resilience.
- The outlined approach supporting future industry preparedness.
- Focusing attention on the priority clinical areas identified in the paper.
- The need to ensure and maintain high-level Ministerial support for the approach.
- Continued and integrated involvement and engagement with patients/ service users and industry to help ensure continued development and alignment with the overall policy framework.

- The context of the existing and predicted challenging economic and financial landscape likely to impact on partners.

4.3. The Chair thanked Board Members for their comments, the rich discussion and support for the proposals outlined in the paper.

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4	<p>Ensure arrangements are in place to improve joint working across the UK's Innovation Access System, with specific focus on:</p> <ul style="list-style-type: none"> • Shared horizon scanning and demand signaling; • Better information and data sharing between partners; and, • Increased early NHS engagement, as part of MHRA and NICE processes 	AAC Chief Executive	November 2023
5	<p>With support of government and industry partners, implement the action plan outlined in the Innovation Access System paper, prioritising activity within the following clinical area:</p> <ul style="list-style-type: none"> • Cardiovascular disease (CVD) • Early cancer diagnosis, • Mental health (with a particular focus on digital products), and • Neurodegeneration (with a particular focus on dementia). 	AAC, MHRA and NICE Chief Executives.	November 2023

5. Commercial Innovation: The Opportunity

5.1. NHS England's (NHSE) Chief Commercial Officer introduced the paper as presented on the agenda, highlighting a number of summary points, including:

- The development of NHSE's new commercial strategy and supporting operating model presented an opportunity to utilise NHSE's spending power to deliver the best health innovations to patients faster than ever.
- Scoping work had highlighted that the existing commercial and procurement system architecture had marked variation in processes and practices, with a lack of guidance and training on intelligent commercial contracting across the NHS.

- The key asks of the Board collectively and as individual AAC member organisations in the development a single innovation commercial pipeline and supporting national guidance.

5.2. The Clinical Innovation Director addressed the Board and outlined:

- The work and achievements of the NHS's Clinical Entrepreneurs Programme (CEP) to the Board: A workforce development programme that provides guidance, skills development, mentoring support, and experience needed to successfully develop and spread innovation solutions to challenges facing the NHS.
- The CEP InSites Programme (a system capacity building pilot programme involving ten NHS partners across England) that provided a model for greater collaboration across the NHS and a template for the broader commercial innovation framework outlined in the paper.

5.3. There was general support from Board Member for the approach and proposals outlined in the paper, with several specific matters highlighted during the discussion, including:

- Data sharing – the need for industry to share commercial data, while ensuring data sharing agreements are joined-up across the NHS (noting that this was in part addressed through the NHS Innovation Service).
- Building on the successes of the CEP InSites Programme to also support small and medium-sized enterprises.
- Ensuring the commercial landscape is not swamped by large commercial organisations.
- Describing the vision and what industry's experience will look like in five years.
- Challenges around enabling flexible contracting within a procurement framework that supports the commercial strategy.
- Recognising the different support needs for different organisations.

- Aligning processes to ensure earlier procurement and eliminating duplication of assessment or value judgements across partner organisations.

5.4. The Chair thanked NHS England’s Chief Commercial Officer and the Clinical Innovation Director for their presentation of the paper. The Chair also thanked Board Members for their comments and support for the proposals outlined in the paper.

#	Action	Owner	Deadline
6	Provide organisational support to address the challenges outlined in the Commercial Innovation paper.	NHSE Chief Commercial Officer	November 2023
7	Implement the proposed programme of work to develop the ‘Commercial Innovation Pathway’, as outlined in the Commercial Innovation paper.	NHSE Chief Commercial Officer	November 2023
8	Develop a shared innovation pipeline (the Innovation Repository), including the necessary data sharing arrangements, as outlined in the Commercial Innovation paper.	NHSE Chief Commercial Officer	November 2023

6. Life Sciences Vision Implementation

6.1. The Director of Office for Life Sciences presented a verbal update around the Life Sciences Vision (LSV) implementation, including the following:

- Continued commitment from the Secretary of State for the LSV missions and strong desire for progress over the coming 18 months.
- The Life Sciences Council scheduled for 28th November 2022, to be held at No.10 and attended by the Prime Minister, represented an important moment for the Government and the NHS to demonstrate its partnership approach with industry. The meeting was likely to cover:
 - The launch of LSV missions for cancer, obesity, mental health and diabetes.
 - Announcement of a series of commitments between MHRA and the MedTech system regarding the post-Brexit regulatory pathway.
 - An opportunity to reflect on positive progress and areas for improvement.
 - The branded medicines voluntary pricing and access scheme (VPAS)
 - The UK’s zero-inflation policy for Medtech deals.

- The LSV implementation update, delayed due to ministerial clearance, likely to be published in Summer 2023, including funding agreements for missions which at present are unfunded.

6.2. Noting the verbal updated provided, Board Member highlighted a number of points, including:

- While difficult for external stakeholders to remain informed on Ministerial changes during, what has been, a turbulent period politically, there was great momentum, and it was important not to miss the opportunity to share the messaging with all stakeholders.
- Appreciation on the engagement with industry on post-Brexit regulatory arrangements.

6.3. The Chair thanked the Director of Office for Life Sciences for the verbal update provided.

7. Future Government Strategies

7.1. The Director of Science, Research and Evidence presented a verbal update on the current landscape for future strategies, including assurance that, despite the recent turbulent landscape, the Government's priorities had remained the same, with the current and consistent focus including:

- Primary Care
- Workforce
- Ambulance waiting times
- Delayed discharges
- Elective recovery
- The New Hospitals Programme
- Learning from Covid
- Preparing for winter pressures

7.2. Confirmation that research remained a key priority, including driving diversity in research – as evidenced by:

- Provision of new research funding to embed a culture of evidence-based decision-making within local government. Through the development of ten

Health Determinants Research Collaborations (HDRCs) the investment aimed to boost local authorities' capacity and capability to conduct high-quality research to tackle health inequalities, in some of the most deprived areas of the country

- The NIHR Equality, Diversity and Inclusion strategy – published September 2022.

7.3. Current pressures on the Recovery, Resilience and Growth (RRG) programme to ensure only appropriate studies remained in the pipeline was also highlighted.

7.4. Noting the verbal updated provided, Board Member highlighted a number of points, including:

- Commercial clinical recruitment and NHS Trusts implementing regulations – alongside the need for a consistent framework for Integrated Care Systems / Boards (ICSs/Bs).
- The supporting infrastructure for clinical trials (currently overburdened) and the need to clear unproductive backlogs.
- Acknowledgement that insufficient NHS Trusts identify research as 'core business', while recognising that including clinical research engagement as part of the delivery expectations for NHS Trusts (in the context of the current landscape) remained challenging.
- Current development work to include research enrolment within the NHS App.

#	Action	Owner	Deadline
9	Provide details and timing for inclusion of research enrolment as part of the NHS App.	National Director of Transformation	March 2023

8. AOB

8.1. As there were no other matters of business raised, the Chair thanked the Board and attendees for their contributions and closed the meeting.

Next AAC Board meeting is Wednesday 22 March 2023