

Speech: Creating one of the most exciting health innovation systems in the world

Good morning – it is such a pleasure to be here today.

It is a privilege to be sharing a room with so many of our health leaders today.

I know we share a joint ambition to see the UK rise up – even through this period of uncertainty. Not merely to protect our life sciences sector, but to drive even further, faster to create the right conditions for one of the most innovative health systems in the world to flourish.

And I want to thank all of you for the tremendous contribution you have already made to ensuring we realise this ambition.

We should all be proud of the world-leading reputation the UK has built as a global life sciences hub:

- the UK received the highest level of foreign direct investment in life science projects in Europe
- we are in the top 5 for global exports of pharmaceutical products
- 25 of the world's 100 most-used medicines were developed here, using a public and philanthropic research infrastructure, which is, pound for pound, more effective than anywhere else on the planet

Underpinning this performance has been the exceptional collaboration we have built between government, industry, the NHS, patients and charities.

The very fact that the life sciences industrial strategy, driven by industry – and under the excellent leadership of John Bell, of course – has been followed by not one but two genuinely ambitious [Sector Deals](#) stands testament to the effectiveness of the UK life sciences ecosystem.

And already we are beginning to see the fruits of this collaboration on the ground. From the world's first [Test Beds programme](#) to the commercial flexibilities in the [voluntary scheme](#).

In the interests of patients, industry and the NHS are working together better than ever before.

The opportunity... and the challenge

However, this is no time to rest on our laurels. Whether we are working to end the diagnostic odyssey of rare diseases through genomics, searching for the next, vital antimicrobial, or using our expertise in AI to revolutionise radiology and pathology, the potential for today's health innovators to save

lives, transform our healthcare systems and shape the very health of society is genuinely game-changing.

No one will pretend that this rate of progress will be easy, however. It presents obvious challenges.

We will need to:

- evolve our regulatory system to keep pace with AI and digital health
- train and equip our staff to harness new technologies
- ensure that as we utilise datasets we retain public and clinician trust in how we use that data

And given the NHS is a single, tax-funded system, if we are to promise stratified diagnostics, we will have to follow up with affordable, evidence-based ways to evaluate and fund personalised treatment. And we all know the inherent uncertainties involved in that modelling.

All of this will be for nothing, though, unless we address the challenge I regularly hear from you: that the UK can be low and slow at adopting new innovations.

This is why the work we have done through the Sector Deals to strengthen our ecosystem is so vital – every country in the world is facing these same tensions but no government can meet them alone.

Overcoming them will require an ambitious collaborative effort.

This is why despite the distance yet to cover, I am so optimistic. Coming back into the job a second time, I have the advantage on all of you. I can see how much stronger the working practices are, I can see how much more pragmatic and responsive decision-making has become. I can see the key appointments who have made the difference.

But I also know that despite the undeniable progress we have already made, we must be restless and relentless in our drive to ensure that the UK maintains its rightful place at the cutting edge of innovation.

Remaining at the forefront of innovation

First, we need to support the sector to develop and grow, building on our strengths in genomics, digital, and diagnostics.

For diagnostics, the Sector Deal announced £79 million to establish the world's first cohort of up to 5 million healthy participants to support research, prevention and treatment across major chronic diseases, including cancer, dementia, heart disease and mental health disorders.

This new patient cohort will allow us to apply and develop new technologies to identify these diseases much earlier – before symptoms are present.

This has the potential to transform the way people are treated, save thousands of lives, create new opportunities for industry, and to support the

NHS in continuing to deliver the highest quality care for UK patients.

In genomics, we are building on the great success of the 100,000 Genomes Project, translating this achievement into clinical care with the Genomic Medicine Service and developing a National Genomic Healthcare Strategy.

From putting patients at the heart of everything we do, to taking a single streamlined approach to data and increasing public understanding of the benefits of genomics, the strategy will set out how we can make the most of our world-leading assets and put the UK at the forefront of the genomics revolution.

On data, our vision is to make the UK home to data-driven research, scientific advances and innovation to improve patient outcomes.

Through the £37.5 million we are investing in Digital Innovation Hubs, we are making positive steps towards providing access to high-quality, world-leading datasets to stimulate a new wave of innovation to benefit the UK healthcare system. This will improve the way we are able to prevent, detect and diagnose diseases such as cancer, heart disease and asthma and mean that patients can benefit from scientific breakthroughs much faster.

And we are driving a digital transformation in the NHS – the [Secretary of State's tech vision](#) set out a map for digital standards, interoperability and much more, and we have launched NHSX – a digital transformation team worthy of the task at hand to ensure the NHS has the capability to deliver on these commitments.

A slick and flexible innovation ecosystem

Secondly, to enable effective collaboration and innovation, we need to ensure the UK regulatory framework remains slick and easy to navigate.

The MHRA has a global reputation for innovation and leadership, and we are working to ensure it remains fit for the future.

From developing a framework for point-of-care manufacturing to support advanced therapies, to working with NHS Digital on a pilot to test and validate algorithms and other AI used in medical devices, to establishing a clear regulatory pathway for genomic medicines and tests – we continue to lead the way.

We are also providing regulatory flexibility to speed up patient access to innovative treatments.

The [Early Access to Medicines Scheme](#) has provided over 1,000 patients with early access to new treatments in areas of unmet need (ahead of market authorisation), and, of course, we must be proud to have been the first European country to have made CAR-T available to NHS patients.

As it reaches its 20th anniversary, NICE is rightly recognised as a world leader in its field. It has remained so by constantly evolving its approach

to ensure it keeps pace with developments in science, healthcare and the life sciences industry.

In this spirit, I have asked NICE to review its technology appraisal and highly specialised technology evaluation methods, taking full account of the benefits offered by new treatments for very severe, life-threatening and rare conditions. I encourage you all to engage fully with the review and, of course, in the spirit of collaboration, I expect the life sciences industry to come forward with proposals that are reasonable and fair.

A co-ordinated and joined-up system – strengthening the AAC

Finally, we must build a health system which supports the development and adoption of innovation in a joined-up way.

It is essential we create an environment which not only enables the UK life sciences sector to thrive and grow, but where innovators are able to access the NHS in a way that gets the most transformative treatments to patients as fast as possible.

When we announced our response to the accelerated access review, we made clear our ambition that NHS patients should be among the first in the world to get life-changing treatments.

There is a reason for that: it is because we know it will save lives.

In the last year, we have made real progress bringing together key government, NHS and industry partners to form the [Accelerated Access Collaborative](#) (AAC).

Under the direction of Lord Darzi, the AAC has taken concrete steps to improve patient access to innovation.

Many of you will have seen the recent media coverage on the increased NHS support to make pre-eclampsia tests more widely available. This represents just one of the 7 high-performing technologies already receiving dedicated support through the AAC, which have the potential to improve the lives of up to 500,000 patients and save the NHS up to £30 million.

This process of identifying the most transformative innovations and getting these to patients as quickly as possible remains the AAC's core mission.

However, today I am delighted to announce a step change in the scale and ambition of the AAC to ensure it fulfils that mission.

The AAC is now the single umbrella body across the UK health innovation ecosystem to improve adoption.

In the future, as now, the AAC will continue to be led by the AAC board chaired by Lord Darzi, and which brings together the chief executives and chairs of all the key healthcare system organisations with senior industry

and patient and clinician representatives.

However, its remit and responsibilities will be significantly expanded.

Under Lord Darzi's leadership, the partners of the AAC will be tasked with working together to oversee the health innovation ecosystem, ensuring we have a seamless and efficient approvals process for new innovations so that gaps and hand-offs are minimised as products move from one bit of the system to another.

It will enable early and flexible engagement on commercial arrangements, and once products are ready for national rollout, will ensure we are putting in place proper incentives, metrics and support so that innovative products are being used as quickly and as much as appropriate. For this to work, we also need to ensure that we stop using products that are no longer effective.

To enable this, a new dedicated unit is being established within NHS England and NHS Improvement to support Lord Darzi and the board in delivering their vision. This unit will for the first time bring together support for innovation with those who actually commission and buy things.

This unit will be led by a dedicated chief executive who will jointly report to DHSC ministers and NHS England and NHS Improvement for delivering the work of the AAC.

I'm delighted to announce that Dr Sam Roberts, currently Director of Innovation and Research at NHS England and NHS Improvement, has been appointed as the AAC's first chief executive.

In the next year, we have agreed that the AAC will make progress on delivering the following 6 key priorities:

1. implementing a system to identify the best new innovations and help the NHS adopt them – ensuring that regulators and the NHS have a unified, clear view on the pipeline of products being developed
2. establishing a single point of call for innovators working inside or outside of the NHS, so they can understand the system and where to go for support
3. signaling the needs of patients and clinicians at both a national and local level so the market can have a better view of what problems they need to solve
4. establishing a globally leading testing infrastructure, so innovators can generate the evidence they need to get their products into the NHS faster and at lower cost
5. overseeing a health innovation funding strategy that ensures public money is focused on the areas of greatest impact for the NHS and patients, and aligns with the excellent work of charities, research organisations and VC funds
6. supporting the NHS to more quickly adopt clinically cost-effective innovations, to ensure patients get access to the best new treatments and technologies faster than ever before

By delivering these priorities, the AAC will be able to better identify and support the best new products from across the development pipeline.

The AAC will be empowered to be flexible and pragmatic enough to identify truly game-changing innovations, that may not be cost-neutral in-year but are assessed by NICE to be both clinically and cost-effective.

Furthermore, the AAC will now look to support products from the beginning of the development journey – products which have shown potential to address unmet clinical needs, have novel modes of action or which enable a significant change to current pathways. They are likely to treat large target patient populations or have significant financial impact on the health service.

In delivering all of this, the AAC will, and must, remain a collaboration, requiring the input of all partners across the system to deliver on our vision.

And this must go beyond just the AAC board. The new AAC must continue to draw on the skills and experiences of all of you – our partners from industry, government and the health service – to deliver the improvements we know the system wants and needs!

Formal arrangements are being put in place to achieve this – I know Sam is speaking to you all later and will set out her plans in much more detail – I encourage you to get as involved as you can.

I'm also of course delighted that Haseeb has agreed to take over from Eric as representative for the pharmaceutical industry on the AAC.

Closing

As a rare diseases patient myself, you will understand my personal commitment to protecting and promoting the UK lifesciences ecosystem.

It is patients like me who depend on it the most.

That is why I look at what we are achieving and take courage: with the exceptionally strong foundations forged through the Sector Deals, to the establishment of NHSX to drive digital and data transformation, and now the major expansion of the AAC to drive adoption.

I am more confident than ever that together we are creating one of the most exciting health innovation systems in the world.

An innovation ecosystem that ensures:

- innovators are better able to understand what the system needs and how to access the NHS, so they can focus their resources on developing solutions that address our most pressing clinical priorities
- an ecosystem in which clinicians are assured that they will be able to access the innovations which are tailored to their key problems and

concerns

- and, most importantly, an ecosystem in which more patients have access to the innovations which offer them better prevention, earlier diagnosis and more targeted treatment