The UK Life Sciences Ecosystem

Update of a 2020 Review by the JPG November 23



The voice of Japanese Life Sciences in the UK

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Overview – about this project

In 2020 the JPG conducted a comprehensive review of the UK Life Sciences ecosystem from the perspective of the Japanese industry.

In 2023 we have undertaken an exercise to explore **any changes in perception** over the last three years

We are keen to explore ways in which we can work with other system players to leverage UK strengths to attract inward investment and **increase awareness of the UK offer in Japan**.



Key findings since 2020

In basic research, the UK has retained its position in the premier league of R&D countries: leading academics, great science, supportive funding institutions, a rich biotech ecosystem and willingness to collaborate.

The UK's position on late-stage trials has declined since Covid. Recruitment to late-stage trials is decreasing but there are green shoots due to action taken by MHRA to tackle delays and O'Shaughnessy review and implementation.

The UK should continue to leverage its world-leading data. The NHS has taken constructive steps that address the need for greater diversity in UK datasets since our last review.

The digital health landscape in the UK is dynamic and evolving. The combination of innovative start-ups, supportive policies, and robust research and development initiatives places the UK at the forefront of digital health globally.



What actions could improve competitiveness?

The system must keep its foot on the accelerator across the value chain as other countries are continually investing and improving. Rejoining Horizon is an important step forward since the 2020 review.

With MHRA as a sovereign regulator there is an opportunity for the UK to distinguish itself. But it is now EU4 plus UK and the UK needs to hold its own or better EU counterparts. Government needs to ensure MHRA is adequately resourced for this dual challenge.

The implementation plan of the O'Shaughnessy Review of Clinical Research should **prioritise actions that contribute to increasing speed of patient recruitment to trials.**

The system should seek to improve co-ordination and consensus across regulators (MHRA, NICE, NHSE) on acceptance of new types of data. From genomics through to RWE, PROs and research on health inequalities. The NHS dataset can be turned into a competitive advantage as payers' interest in RWE grows.

UK could adopt a leadership position as an enabler of international research. Better linkage between primary and secondary care NHS datasets should continue to be prioritised. The system should aspire to greater integration of genomics datasets with the NHS.

Any future new administration should be pragmatic, focus on implementation of existing Life Sciences Policy rather than attempt to reinvent it. An increase in R&D investment to 3% of GDP would place the UK in the top 5 of countries.



JPG Priorities for the O'Shaughnessy review of trials

Increase MHRA resourcing

Measures for UK performance in trials will enable companies to have objective discussions at global HQs about inclusion of UK in trials. Critical KPIs Time to CTA from submission needs to be achieved in less than 60 days Recruitment rates – patients/site/month for specific patient populations Time for amendment review Time to first patient enrolled

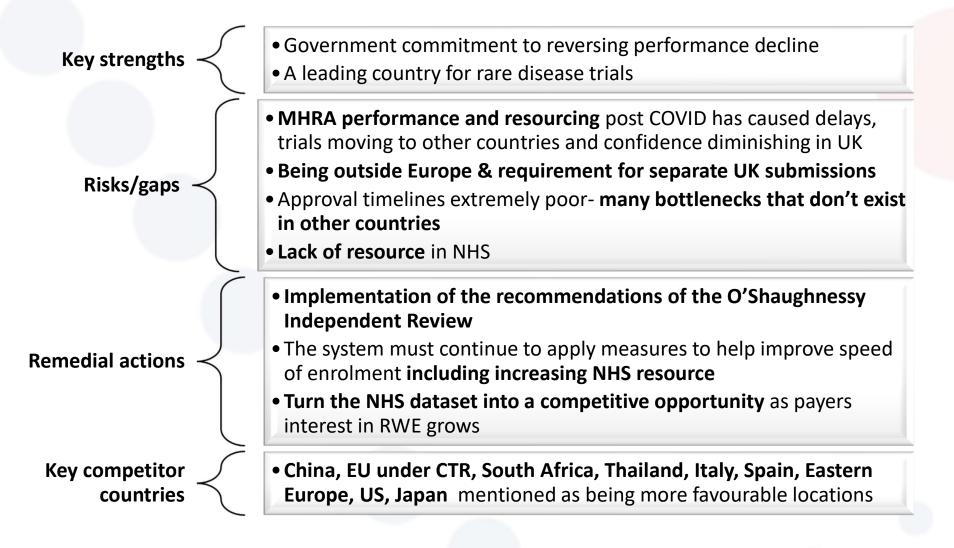
Mandatory centralised process for approval and costing and contracting by 2025 by expanding the National Contract Value Review process

Better use of UK datasets to connect patients to clinical trials

Action to address NHS resource challenges

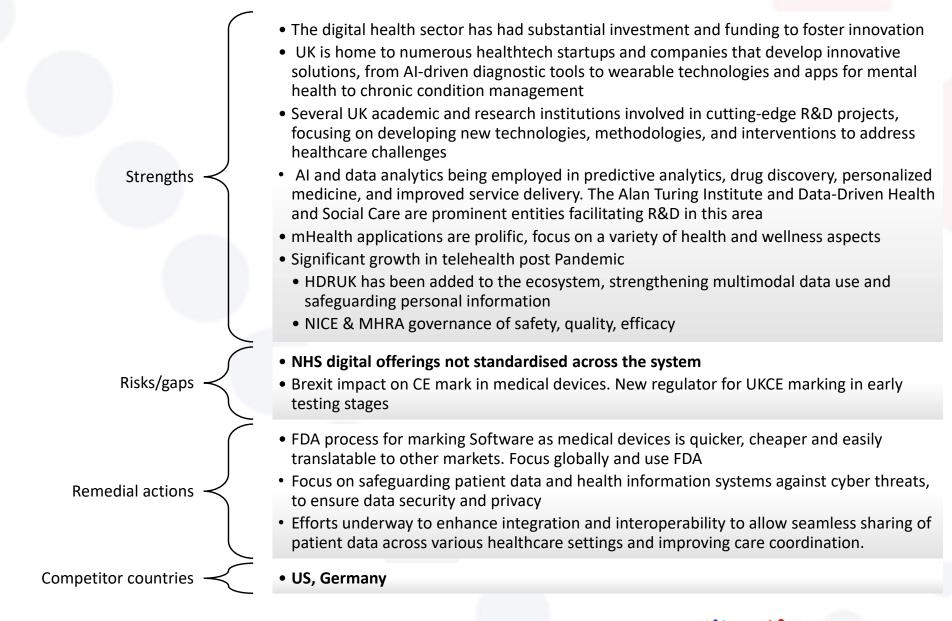


Decline in UK late-stage trials post Covid



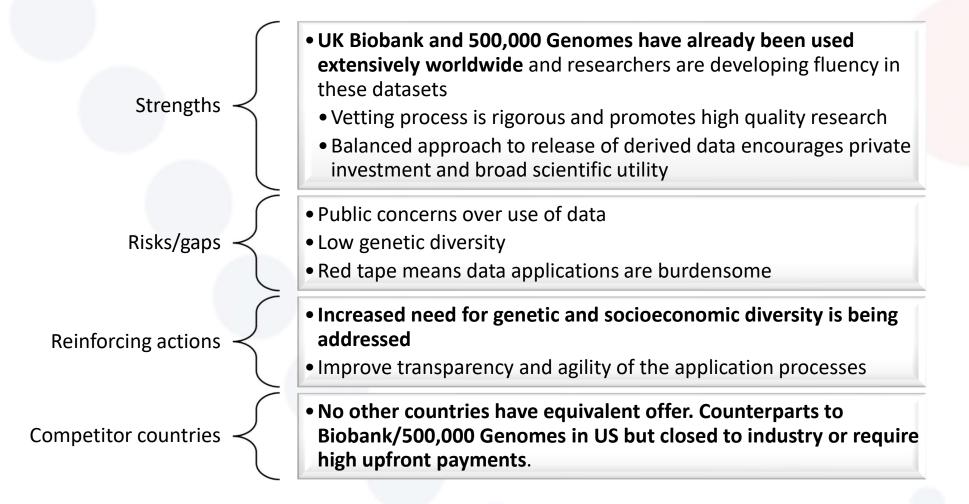


UK an emerging global leader in digital



Japanese Pharmaceutical Group

World-leading Datasets – Biobank and 500,000 Genomes





World-leading datasets - Real World Data

• UK datasets have an excellent reputation and provide a wealth of data for epidemiology across all care settings • Guidance to help researchers increase diversity of participants in clinical research supported by UK Policy Framework for Health & **Social Care** Strengths • NHS Data Saves Lives programme • CPRD data can support NICE dossiers and appraisals in other settings NHS Commitment to implementing HER for all hospitals and community practices by 2025 Inadequate linkage between primary and secondary care **Risks/gaps** • Time lag in data availability Industry is over-reliant on third-party vendors • Ensure data collection aligns to changes in treatment paradigms. Improve speed and access to data • Action to position UK as enabler of international research **Reinforcing actions** Data protection and public support • Linkage of health records to other socioeconomic determinants of health Netherlands and Sweden **Competitor countries** Can vary according to disease area

