

Cross-Party Group on Life Sciences

15 November 2022 17.45 – 19.30

Minute

Present

MSPs

Humza Yousaf MSP, Cabinet Secretary for Health and Social Care
Kenneth Gibson MSP
Graham Simpson MSP

Invited guests

Warren Cowell, UK Market Access Director, Shionogi Europe
Dr Kate Anderson, Interim Team Leader, AMR Policy and Strategy Team

Non-MSP Group Members

Alison Culpan, ABPI
Anishka Cameron, University of the West of Scotland
Brenda Dooley, Axis Consulting
Brian Forbes, Astrazeneca
Calum Smith, Scottish Government
David Littlejohn, Strathclyde University
Erin McElhinney, Truffle Pig Consulting
Frank Gunn-Moore, SULSA
George Davidson, GSK
Greg Stevenson, Health Consultant
Helen Reilly, ABPI
Howard Stuart, Advanz Pharma
John Macgill, Ettrickburn
John Ratcliffe, Scottish Government
John Mackenzie, The Pioneer Group
Katie Young, Scottish Government
Leigh Mair, InnoScot Health
Lindsay McClure, NHS
Mark Cook, ILG Chair
Mark Wilkinson, The Data Lab
Matt Barclay, Community Pharmacy Scotland
Michael Barrett, SULSA
Nathan Barnett, Glasgow University
Neil MacDonald, MSD
Neil Smart, NHS Healthcare Improvement Scotland

Philip Jones, Bioascent
Richard Mole, Moredun
Ross Stevenson, Thermo Fisher
Steve Brown, Roche
Till Bachmann, Edinburgh University
Tracey Bowden, MAP Patient Access Limited

Apologies

Miles Briggs MSP

Opening, Welcome and Introductions

Kenneth Gibson welcomed everyone to the meeting. He drew members attention to the recently published annual report of the CPG, which was available on the website.

Minutes of the previous meeting (June 8th, 2022)

The minutes of the previous meeting were proposed by Graeme Simpson MSP, accepted by the group and seconded by Alison Culpan.

Scottish Government update, Humza Yousaf MSP, Cabinet Secretary for Health and Social Care.

The Cabinet Secretary recognised that Scotland was not realising its potential within life sciences in Scotland, particularly around data. He believes there is more work to do but the challenges we face are not insurmountable. Dame Anna Dominiczak's work around the triple helix is very important and he would add communities as a fourth arm to this. There is a need to unlock the potential of the CHI number. Reducing demand on the health and social care service is vital and the life sciences sector is crucial to making that happen.

The Scottish Government is working closely with the UK on the AMR pilot programme. There's a piece of work to be done to reduce use and communicate the issues to the public and clinical colleagues. But this also requires a global effort, and the Scottish Government is committed to being a part of that.

RCGP and BMA very keen to be a part of the solution. More difficult to get message across to the public. There is a need to increase the profile of AMR with the public. Need to sense check which messages resonate with the public. There is learning to be done from the pandemic, such as being aware that the public are more trusting of messages from clinicians rather than politicians.

Need to recognise there is better public understanding of public health. Should also ensure that we consider the solutions that diagnostics can offer.

Pharmaceutical companies need to be part of the solution.

The financial picture is challenging but the Cabinet Secretary assured the group that investment in digital is as important as investing in bricks and mortar. Data infrastructure isn't where we want it to be, and it is high up on the agenda. Need to see what the budget will be but investment in digital and data is a priority.

Reducing demand on health and care services is multi-faceted, policies to address social deprivation, poverty are vital. The Deputy First Minister is doing work to bring together the cabinet secretaries and ministers to consider how best to focus our investment. Scotland has a unique offer with regard to life sciences and would be keen to pursue any opportunities for Scotland to be an exemplar of what can be achieved.

Need to be less risk averse and get on with addressing the challenges we face. Dame Anna will be good at moving this work forward. Need to ensure the public are reassured about the safety of their data and the goal we hope to achieve. Other countries, such as Iceland, have done this successfully.

A presentation on the UK's pilot study for subscription-based payments by the NHS of new antibiotics, Warren Cowell, UK Market Access Director, Shionogi Europe

Shionogi is one of the two companies in the UK pilot scheme. There's a high morbidity burden from AMR across the world and it is one of the top ten concerns currently facing humanity. There aren't enough antibiotics available and those that are available are becoming less effective. Commercial sustainability is a challenge.

The UK pilot offers an incentive of up to £10million per annum per product over 10 years. The arrangement is that they pay once and use as much or as little as is required. Needs to be a four-nation approach to ensure success. This is very much a proof-of-concept project on the global stage. Contracts went live in July and are proceeding well. Mechanisms are in place to ensure AMR stewardship is being adhered to. There is a lot of international interest in the project as it is the first pure subscription scheme with no payment for volume.

NICE is collecting the learnings to inform the redesign of the permanent UK system and a public consultation will take place early next year.

Covid demonstrated that we can work on a four-nation basis.

In answer to being asked if they were already seeing resistance, Warren reported that there was low resistance at launch, but there has now been some observed.

Warren was asked about global law on IP and how it can protect patents. He stated that there have been discussions around patents, but this was not something Warren was involved with. There is a potential issue around global law and so it is important to get commitment to do the right thing in this case.

This scheme has encouraged Shionogi to do more in this space. It is a bit early yet to evaluate whether other companies are developing their investigation side in light of the pilot, but this will hopefully begin to change as progress of the scheme is reported.

NICE evaluations are very robust and clear about where products can be used and no exception in this case. Neither product was completely new. In response to a question about whether the scheme will save Scotland money, Warren indicated that the NICE analysis

indicated that the scheme could generate some cost-savings, particularly over the longer term.

A presentation on the Scottish Government AMR work program, Dr Kate Anderson, Interim Team Leader, AMR Policy and Strategy Team

The UK National Action Plan on AMR focuses on reducing need, optimising use and investing in innovation, supply and access. This plan expires in 2024 and a new plan is in development for the next five years.

SONNAR was published today – the UK's only one health data report. This gives a comprehensive view of where Scotland is on AMR. It also reports on progress against the National Action Plan.

The Cabinet Secretary has committed to engaging with the antimicrobial purchasing project in principle on a case-by-case basis. Scotland's contribution will depend on the mechanism used to determine its share (the Barnett Formula seems the most sensible way to decide this) and the medicines chosen.

Dr Anderson also discussed AMR in animal health in Scotland. SG funds Scotland's Health Animals website which helps to inform stakeholders.

With regard to AMR in the environment, the national plan focuses on reducing unintentional exposure.

The Scottish One Health AMR register aims to bring together all data and research in Scotland and is a valuable resource.

Risk associated with AMR is captured by the National Risk Register and is also managed within the Scottish Government's AMR work programme.

The Scottish Health Technologies Group has recommendations about to be published on the potential of bacteriophage therapy (viruses which attack infection), which will be shared with the group once available. There is significant potential to take advantage of phage therapy in Scotland.

Scotland is heading in the direction of being fully involved in the UK project, dependent on the funding available. Cost projections are made on head count rather than volume used so economies of scale are not a relevant decision-making factor in joining the scheme, other than in terms of the administrative elements. Scotland was committed in principle to joining the UK-wide system of evaluation and payment on a case-by-case basis either as part of a UK-wide scheme, or via a separate Scottish arrangement.

In answer to a question asking why Scotland hadn't participated earlier, i.e., in the pilot phase, Kate replied that Scottish Government hadn't been invited to participate during the pilot stage.

The effective data surveillance programmes in Scotland ensure that flags are raised as soon as issues are detected, though speed of policy change is dependent on a number of factors, including whether the issues are reserved or devolved, financial landscape and Ministerial priorities.

Closing Remarks

The Convener thanked all the speakers for their presentations and members for their contributions. He reminded members to submit suggestions for upcoming meetings in 2023. He also confirmed that the date and timing of the next meeting will be sent to members along with a copy of the Annual Report.