ROYAL PHARMACEUTICAL SOCIETY

House of Lords Select Committee on Science and Technology
Life Sciences and the Industrial Strategy

About the Royal Pharmaceutical Society

1. The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all pharmacy sectors in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy.

General comments

2. Many of the issues considered by the committee have been addressed by Sir John Bell's Life Sciences Industrial Strategy, published on 30 August 2017. We would welcome a number of its recommendations, including making the most of the Accelerated Access Review, initiatives to encourage investment in science and research, and ensuring the sector is underpinned by the necessary skills base. We would hope that the appropriate steps now be taken to translate recommendations into action.

3. As set out in the strategy, the role of large companies and small and medium enterprises will be pivotal to its success, as well as greater collaboration with the NHS and charities. The strategy's implementation should be supported by the appointment of a dedicated Life Sciences Minister by the Government, with UK-wide responsibilities. This would help promote a coherent, joined-up approach across government and the UK.

Responses to individual questions

> *Q3. What can be done to ensure the UK has the necessary skills and manpower to build a world class life sciences sector, both within the research base and the NHS?*

4. The UK pharmaceutical science and life sciences sector is reliant on a highly-skilled and qualified workforce that is multidisciplinary in composition and flexible across sectors and geographies.

5. The RPS report 'New Medicines, Better Medicines, Better Use of Medicines' recommended encouraging investment in scientific education and training to ensure a skilled and adaptive pharmaceutical science workforce, which would support the UK's continued position as a leader in life sciences.[1]

6. UK investment in research and development needs to be closer to the OECD average and this should fund an increase in the number of PhDs in pharmaceutical science supported by the Industrial Strategy Fund. It will also be important to fund post-doctoral posts and more senior fellowships. This includes applied health scientists and clinical academics. Although some support is available from the National Institute of Health Research and Medical Research Council, this is not sufficient to support the strong scientific base that the UK needs.

7. In order for the UK to remain competitive in pharmaceutical science, young people, of school age, need to be encouraged into science. The UK has some of the top universities in the world

[1] *New Medicines, Better Medicines, Better Use of Medicines*, RPS 2014
www.rpharms.com/resources/reports/new-medicines-guide

including some of the most highly rated schools of pharmacy and pharmaceutical sciences. The higher education sector should be balanced by a stronger technical education sector (delivering science-related national vocational qualifications) that addresses skills shortages in science subjects.

8. In the last decade, the process of developing medicines has undergone great change and different skills are now required if this impact is to be sustained. Skills gaps in translational medicine and clinical pharmacology have been reported in the UK biopharmaceutical industry.[2] Greater provision for accessible education and training would enable the pharmaceutical and life sciences workforce to be to re-skill or up-skill in order to remain flexible and adaptable.

Q6. (If published) Does the strategy contain the right recommendations? What should it contain/what is missing? How will the life sciences strategy interact with the wider industrial strategy, including regional and devolved administration strategies? How will the strategies be coordinated so that they don't operate in 'silos'?

Electronic prescribing

9. The Life Sciences Industrial Strategy recommends mandatory 'ePrescribing' – or electronic prescribing – in hospitals. Electronic prescribing systems speed up the discharge process and enhance patient flow, providing a more person centred approach to care.

10. Consistent use of electronic prescribing in hospitals would also help benchmark the use of antibiotics. This would promote the vital issue of antimicrobials stewardship and pharmacists will play a key role in helping the Government meet its target of reducing inappropriate prescribing of antibiotics by 50% by 2020.

11. At the time of writing the RPS was consulting with members as part of a review of its hospital pharmacy standards. Pharmacy teams should be involved in leading, with multidisciplinary engagement, the development of digital systems that support medicines use across hospitals and the wider health system. The pharmacy team should also be regularly engaging with commissioners and primary care to review prescribing in order to deliver value across the health system.

Patient data

12. We would welcome proposals for NHS Digital and NHS England to set out clear and consistent national approaches to data and interoperability standards and requirements for data access agreements.

13. Access to the patient's health record, their laboratory results and previous treatment with medicines is routine for pharmacists working in hospitals, in the interest of high-quality, safe and effective patient care. We have welcomed the more recent roll-out of greater access to the Summary Care Record in other pharmacy settings, but believe that this should go further, with interoperability between IT systems enabling pharmacists to update a patient's record after treating them. This would help optimise the use of medicines and deliver better integrated patient care.

[2] *Bridging the skills gap in the biopharmaceutical industry*, ABPI 2015
www.abpi.org.uk/our-work/library/industry/Documents/Skills_Gap_Industry.pdf

14. The Life Sciences Industrial Strategy recommends 'streamlining legal and ethical approvals' around access to national datasets. When considering proposals to make greater use of the wealth of anonymised patient data held by the NHS for the ultimate benefit of the patient, it is vital that the bond of trust between the public and the science and research community is maintained.

15. To this end the public must be assured that the release of data is controlled by robust processes and legal and ethical oversight in which the patients themselves are involved. It is essential that there is a coherent and consistent approach to confidentiality. The science and research community also need to communicate to the public a vision for research in the UK which is centred on improving patient care, which will help ensure a legacy of improving health for the future.

Responsibility and accountability

Q15. Does the Government have the right structures in place to support the life science sector? Is the Office of Life Sciences effective? Should the Government appoint a dedicated Life Sciences Minister? If so, should that Minister have UK-wide or England-only responsibilities?

16. The Government should appoint a dedicated Life Sciences Minister, with UK-wide responsibilities.

Brexit

Q16. What impact will Brexit have on the Life Sciences sector? Will the strategy help the sector to mitigate the risks and take advantage of the opportunities of Brexit?

17. It is essential that Brexit is negotiated so that the UK pharmaceutical and biotechnology industries have access to European markets, and any lost research income is replaced.

18. Over recent years the rapidly increasing cost and complexity of research has meant that collaboration with colleagues both within and beyond the EU has become more important. Consideration needs to be given to aspects such as researcher mobility, the purchase, operation and maintenance of joint equipment, as well as the dissemination and exploitation of the research. Brexit negotiations must avoid adding unnecessary extra layers of complexity that put an extra burden on the researchers and thereby reducing value for money.

19. Current scientists and researchers, together with those EU nationals who come to work in the UK prior to departure from the EU, should have the right to remain for the duration of their existing contracts or courses under the same conditions as before. This must include scientists and researchers who have permanent positions with open-ended contracts. Similarly, current undergraduate and postgraduate students, together with those EU nationals who have come to the UK prior to any formal departure from the EU, should continue to be charged fees equivalent to UK students.

Q17. How should the regulatory framework be changed or improved after Brexit to support the sector?

20. New EU Clinical Trials Regulations are set to come into force by the end of 2018. These regulations are meant to harmonise procedures for assessing clinical trials applications, as well

as enhancing collaboration between ethics committees, streamlining safety-reporting procedures and increasing transparency surrounding the outcome of clinical trials. These regulations will create a centralised gateway for clinical trial applications. However, Brexit means that UK patients will be left out of this new system, leaving EU patients ahead in accessing the latest innovative clinical research. The likely impact on the UK of not being involved in these new regulations needs to be carefully assessed.

Q18. To what extent should the UK remain involved with and contribute to agencies such as the EMA post Brexit?

21. It is imperative for the Life Sciences sector that the UK remains actively involved with and contributing to the various regulatory agencies, such as the European Medicines Agency (EMA). The Medicines and Healthcare products Regulatory Agency (MHRA) currently plays a major role as rapporteur for registration filings as it is a much respected and valued competent authority.

22. The impact of Brexit on medicines licensing through loss of access of centralised processes, currently performed by the EMA needs to be fully understood. Duplicate arrangements may need to be introduced leading to inefficiency and inconstancies in access to medicines. It is likely to involve the pharma and biotech industries in additional work and cost, increasing the cost of the drug development pipeline which might ultimately be passed onto the NHS and may result in new and innovative medicines not being licensed in the UK, to the detriment of patients in the UK.

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