

## UK government moves to boost R&D and harness NHS data



[Jonathan Gardner](#)

The UK's life sciences industry received a welcome boost today with news that the British government is proposing a range of initiatives to try and energise a sector struggling to punch its weight on the global scene.

Attempting to capitalise on some of the inherent strengths of the UK's National Health Service (NHS), including access to a huge number and range of ethnically diverse patients, the government hopes to attract greater investment and activity from pharma companies which statistics show have been gradually turning their backs on the UK as a place to conduct research and run clinical trials. The creation of a £180m (\$280m) Biomedical Catalyst fund, detailed by Prime Minister David Cameron at the FT Pharmaceutical & Biotechnology Conference, will also be sweet music to the ears of those in academia and early stage research companies trying to bridge the 'innovation gap'.

"We are entering a new paradigm for life sciences and we must make sure the UK stays ahead," Mr Cameron said in a speech to the conference. "Progress has been remarkable but that does not mean it is inevitable. We must keep pushing for progress. We are determined to support it, invest in innovation, stoke early stage innovation and tear down barriers to development."

### Money and access

A few details emerged throughout the day as the government sought to make a splash before an audience of global pharma executives. Broadly speaking, the aim is to attract R&D with the enticement of financial support, but also offer up government owned and operated health care institutions as early adopters of new medicines and technologies - especially those sickest patients through a plan to give access to medicines a year before they are licensed.

The wealth of data contained in NHS patient records is also being offered as an enticement. Analyses of the databases of such large US health plans as Kaiser Permanente have yielded important information, such as the extent of the risks associated with arthritis drug Vioxx, so the records of 60 million Britons held by the NHS should be able to reveal equally important public health data.

With research into innovative medicines being increasingly targeted and personalised, the government also intends to provide pharma companies with access to anonymous patient records from the NHS database, to help in designing trials and targeting the right patients, should they wish to make their details available. While this has attracted inevitable criticism from some patient advocacy groups and privacy lobbyists, many European countries already provide access to medical records to aid understanding of disease epidemiology and the development of the right products and technologies.

For assisting medical research, £90m in new backing over three years will go to the government's Technology Strategy Board, which will then be combined with £90m in already allocated funding to the publicly-backed Medical Research Council for supporting translational research to form the £180m fund. The assistance is likely to take the form of grants rather than equity positions.

"Historically, the UK has benefitted greatly from a strong pharmaceutical and a strong biotechnology industry. Both are under threat," Sir John Bell, regius professor of medicine at the University of Oxford, said in an emailed statement. "The new government life sciences strategy, if implemented, will make the UK an excellent environment for small or mid-sized companies and will help engage the NHS in the programme to develop medicines more quickly. Ultimately, this will be better for both patients and economic growth."

### A little buys a lot

At about £60m a year, the catalyst fund is dwarfed by the billion-dollar R&D budgets of domestic giants GlaxoSmithKline and AstraZeneca, not to mention Pfizer, which announced in February it is shutting down a major research facility in the southeast of the UK ([Pfizer's R&D cull yet to take shape, February 7, 2011](#)).

But as its aim is assisting small- and medium-sized firms, the fund is of huge significance when compared to the dwindling investments made in early-stage UK-based biotechs by venture capital ([\*UK in urgent need of innovation funding boost, December 5, 2011\*](#))

“What we have learnt from the US and elsewhere is you have to take public funding further down stream before you can expect venture capital to come in,” said David Willetts, the UK's science minister.

### **Losing share**

It is a much-needed move, notes Sir David Cooksey, chairman of the Francis Crick Institute and a founder of Advent Venture Partners. As a report from the National Endowment for Science Technology and the Arts noted, the UK's share of global clinical trial enrollees dropped from 6% in 2000 to 2% in 2006; not all of that attributable to migration to China and India, as Germany and Japan also increased their shares of enrollees.

Since the National Institute of Health Research was set up in 2007 to help facilitate clinical research within the NHS and the UK, the quality of clinical development happening in the country has increased, Sir David said.

“But progress is still very slow. We need to get to a situation where the NHS will embrace this in much better ways.”

A lack of incentive to run trials has been a big barrier, as well as access to patients.

“Improvements won't happen if the government doesn't lead,” he said.