CELEBRATING 5 YEARS



Al for Longevity Summit 2019 MedCity and Life Sciences in London & Greater South East – the Value of Al



The BioPharm Industry

THEN

Large in-house R&D teams – typically rigidly streamed into dedicated areas of focus

Secure gated access; physically, legally and often contractually closed.

R&D often co-located with on-site manufacturing/packaging and distribution

Location of sites dictated by scale requirements/price of land/access (in some cases) to road transport for distribution.

Academic proximity typically a **secondary** consideration

Compound lists proprietary and guarded.

Internally closed I.T systems

NOW

Streamlined R&D teams, new agile Innovation Groups which are heavily externally focussed.

Collaboration on fundamental science and early stage research increasingly common

Interface with SMEs and Academia key

Shared research teams Academia/Industry increasingly common

Pipeline by acquisition/licensing increasingly the norm.

Manufacturing increasingly off-shore through specialised CMOs

Compound lists more open for re-purposing

Premium on proximity! large pharma co-location in innovation zones open innovation...

Increasingly Al/Big Data partnerships



Ingredients for growth

Space, Proximity, Infrastructure

Convergence of disciplines and sectors, Knowledge Exchange

Data & Technology

Investment

Access to patients and clinical expertise

Regulatory environment

Policy frameworks

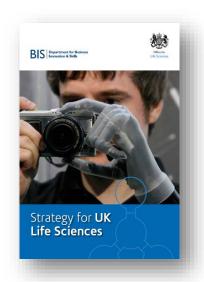
Large and Small Companies

Feeling of being connected and supported

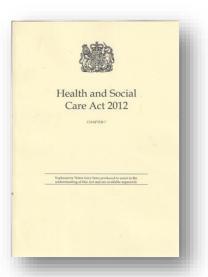


UK landscape

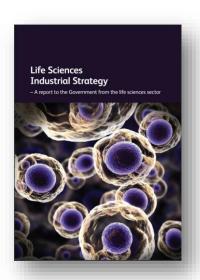
Political commitment to supporting life-sciences industry











2011 20

2011/12

2012

2013

2017



The Greater South East of England and the "Golden Triangle"

Consists of **Cambridge**, **London** and **Oxford** within the greater south east of England

Strongest biosciences cluster in Europe - > 3,000 life sciences companies within the regions (see medcitymap.com)

Close proximity to strong **academic** base, **research** institutions, leading **NHS** hospitals and a world-leading **financial** centre

The region is often seen as the **gateway to Europe** by large businesses



Built on Academic Excellence

QS World University ranking

4 universities in the top fifteen global ranking for life sciences & medicine (in the Greater South East of England)

3 London universities in the top 20 for life sciences & medicine

- University of Cambridge is ranked number two;
- University of Oxford is ranked number three
- University College London is ranked number eleven
- Imperial College London is ranked number twelve
- King's College London is ranked number eighteen

Times Higher Education World Ranking : 2 London HEIs in top 15 for biological sciences;

US News ranking: 2 in top 20 for Neuroscience and behaviour; 3 GSE HEIs in top 20 for genetics;

Centre for World University ranking: 3 GSE HEIs in top 10 for genetics; 2 London HEIs in the top 10 for immunology



London in numbers



- **8.17 million** patients living in London, rising to 20 million across GSE
- **140** Specialist Services
- **32** Clinical Commissioning Groups (CCGs)
- **39** Acute trusts (secondary, tertiary and quarternary care)

- 3 AHSCs (Kings's Health Partners, Imperial College Academic Health Science Centre, UCLPartners)
- 3 AHSNs (Health Innovation Network, Imperial College Health Partners, UCLPartners)
- 3 Clinical Research Networks
- 3 CLAHRCs (Collaboration for Leadership in Applied Health Research)
- 9 Biomedical Research Centres
- 1 London Diagnostic Evidence Cooperative (based at Imperial)
- 2 Health Technology Cooperatives (Cardio-vascular disease G&STT and Enteric Health- Barts)
- 5 therapeutic areas covered by the Health InformaticsCooperative (Oxford-Cambridge-London)



- 100k genomes
 (headquartered at QMUL)
- **3** Genomics Medicine Centres

In the last 3 years:

Over **3,200** commercial clinical trials took place,

Nearly **22,000** people were recruited

40% of (NIHR portfolio) clinical trials in England took place in London and GSE (2015/16)



A developing landscape

Centre for Population Genomic Medicine/East London Genes and Health

Cambridge Biomedical Campus

£250m dementia research institute headquartered at UCL

Imperial White City campus

London Cancer Hub

Oxford Bio-escalator

British library lands project between the Francis Crick Institute and the headquarters to the Turing Institute

Rosalind Franklin Institute on the Harwell campus (Oxfordshire)

Barts Life Sciences Cluster Development

St Thomas MedTech Hub



London and the Greater South East...Bingo

- ✓ Close to major Academic life science research hubs
- ✓ Close to clinical research centres/trials centres
- ✓ Close to transportation
- ✓ Close to multiple SMEs
- √ Walkable
- ✓ Proximity to restaurants, transit, pubs and coffee bars
- √ Venture Capital co-located
- √ Varied size and maturity of companies
- √ Capacity to Grow/Scale-Up
- ✓ A.I/Big Data in close proximity
- ✓ International Linkages
- ✓ Proximity to animal/imaging



Investment into the sector (2017-18)

UK has the strongest pre-clinical/clinical product pipeline in Europe

Country	Preclinical*	Phase I	Phase II	Phase III
UK	351	43	70	15
France	192	23	39	11
Germany	147	34	38	6

£515 million in VC funding

~ £2.4 billion raised in IPOs and offerings on the London Stock Exchange - £2.1 bn was follow on funding which represents a 6X increase on 2016

UK-based biotech companies raised £2.2bn in funding in 2018, compared to £1.2bn in 2017; over £1.1bn of VC capital was invested in UK biotech companies

UK companies listed on Nasdaq:

- NuCana, Nightstart, Verona
- Autolus \$150m June, 2018

More info: bia.me/pipelineprogressing

Areas of strength

Rare diseases

Zayad Centre for research into rare diseases in children

Genomics

Genomics England and the 100k genome project

Immunology

Specialist paediatrics

Biomedical engineering/ bio materials and dentistry

Health data research and Digital health

Neuroscience and neurodegeneration

Mental health

Advanced therapies

(cell, gene, regenerative medicine)

> 80% of all UK gene therapy phase ½ trials emanate from London



Al and Data landscape...



Imperial Data Visualisation centre, largest data visualisation centre in Europe.

The **UK ranks first** in the world in the Government AI Readiness Index 2017 Rankings - reflecting its world-leading centres for AI research and strong technology industry.

London is home to more software developers than any other European city, with over 251,000 workers across the capital, ahead of Paris, Berlin and Madrid (Stack Overflow 2018).

A four-year £37million investment from the UK Government to create a UK-wide system for the safe and responsible use of health-related data on a large scale.

Seven Health Data Research Hubs across the UK to enable cutting-edge research for health discoveries. Six Hubs have involvement from institutions in London and the Greater South East.



Al – putting policy into practice



Artificial Intelligence: How to get it right

Putting policy into practice for safe data-driven innovation in health and care

Diagnostics

- Image Recognition e.g.
- Symptoms
 Checkers
 and Decision
 Support
- RiskStratification

Knowledge Generation

- DrugDiscovery
- Pattern Recognition
- Greater knowledge of rare diseases
- Greater understanding of casuality

Public Health

- Digital epidemiology
- National screening programmes

System Efficiency

- Optimisation of care pathways
- Prediction of Do Not Attends
- Identification of staffing requirements

P4 Medicine

- Prediction of deterioration
- Personalised treatments
- Preventative advice



Regulatory Framework Simplification

Developing an evidence standards framework for digital health innovations – are we there yet?

Continuous and collaborative development

A collaborative working group consisting of NHS England, NICE, Public Health England, MedCity and DigitalHealth London came together to look at how to make it ceater for immosators and commissioners to understand what 'good' exidence for digital innovations looks like, while meeting the needs of the NHS and patients. This would enable better NHS commissioning and a better understanding of how the NHS makes decisions and the standards expected of SMEs. It would facilitate a dynamic, value driven market.

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the national standards formulation was developed over a six-except partial through an eight, one carbot process. This trade-lad related national formulation of the trade-lad related national formulation, referred to exchange and the carbot habitation of monthly is related to the carbot habitation and monthly is recently developed to be a few or the lates and the resulting formulating by national the resulting formulation for monthly habitation and the resulting formulation of the latest habitation and the resulting formulation and the resulting formu

Version two

Since the first publication of the standards in December, the NEE team has incorporated teedback from over 200 survey responses and published a second, updated version.

Membes of the working group have been active in presenting the standards at industry, investor and NF-Sevaltor, detiveing hands on sentinas to accelerator orbest companies. The learn have been invited to present the work overseas to the WHO, as well as to countries looking to England's earnpile in setting the direction for the evaluation and adoption of quality defail. health technologies. This raises the peoplect of the cosation of transcribed outdone standards for digital health technologies, which would be invaluable to companies looking the a global market.

Application in practice

it's a common misconception that the hard work onto once guidance, signification or policies are published, in reality, the work is only beginning at this stage, as it's then that we begin to measure impact through adoption and outcomes.

Embedding the standards is a shared seponsibility and a continuous process, involving a digital enception with multiple players. As with the collaborative development approach, this needs to involve industry, commissiones, AHSNs, academic estanachers and segulators that as string the fermowerk and can keep softwire. Having accelerators, in particular the Ogital-hatth London Accelerator, and the NHS innovation Accelerator, use the standards harnework to support and guide their cohort of companies in evidence generation has been an important tactic to gain early adoption of the standards within the SHE base. The Conventor, for example, is an initiative enabling companies within the

through patriostrips with the academic research community. The DHLA programme radges NHS numbgalors to each company and, with support from partners including HN and HodDily, has been using the evidence standards framework to support cohort companies developing evidence generation plans for their products to all adoption. This has been done on a 13 hash as well as through workshaps, in addition to the, the generate supports development of the appropriate research methodologies the products that align with the standards.





The standards in practice

To allow poject, including on distinct poject, and those we will do with industry patters, we are developing a scraing and camposation optimus in this way any poject can be mapped to our priorities, the WHO digital information categories, and the evidence standard incommunity to determine what their of middence would be expired for prioritial clarical inco.

The idea of this is to make it vary too us, to open too the waters different types of activities that we are desirg and also serves can positive elicitum where we are on the pullmay for the marious projects, in terms of how door

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The Evidence Standards Framework for Digital Health Sectorologies is the document that his entitled into develop alterneous where each digital test we engage/poorse we excelle have write to realize one our poorness which have mathed me to cost as a Digital Applical Board with his memberal phone the CEA, Amino, Connells to entirely according to Amino, and the realized parts of inchession and comment impact. The framework and gride has given me the ability to use this board to the through all proposals, which comes that we are doing things come and to a MMC.

These that are coptical or find that the guide is ambiguous need to appearate that this is a framework which is supposed to be localled and bull upon. The harmwork defines on its objective of providing a solid methodology to investigate lend in digital health its our countries."

Kornsi Affe

Digital Ottom and Immediate Lea Berth West London CCG

onto Excited by Hadility



A World-Leading, Globally Connected Life Sciences Cluster, Gateway to the UK and Top in Europe

A front door to the region and gateway to the UK

A seamless and functional front door service, meeting needs of international and national clients across the three pillars of academia, NHS and industry

Connecting excellence within the region and to the rest of the world

Enabling collaborations between industry and academia nationally and internationally

Attracting Investment

Enabling access to finance, space, Angels in MedCity, exports and global strategic partnerships A globally dynamic hub for SMEs and spinouts

Increasing and accelerating opportunities to commercialise

Our Core Values:
Objectivity, Expertise, Integrity, Transparency

Front Door

MedCity front door service

Cumulative number of new clients

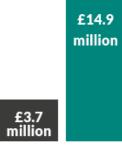


994

2015/16

2018/19

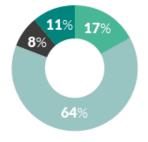
GVA (cumulative) of additional direct life sciences jobs resulting from inward investment projects that MedCity has supported



2015/16 2018/19

Breakdown of new MedCity clients for 2018/2019

- Large Corporate 44
- SMEs 167
- Investors 21
- Other 30 (charities, real estate etc.)







International Missions



Bio US 2018



50 strong life sciences delegation to Japan & Korea



Infrastructure and Ecosystem development



British Library development



National project to develop digital health evidence standards



Collaborate to Innovate - first round (projects are drawn from all types of life and health sciences research and development)



15

collaborative research projects between SMEs and academic research groups

13

jobs created for SMEs

9

new to firm products

£9 million

net GVA created by programme



- Collaborative research projects between SMEs and Academics at 4 London universities, up to £100K each
- Focuses on lack of investment in research and innovation by SMEs, due to funding constraints and lack of awareness of the relevant expertise available
- Addresses a well documented market failure
 - SMEs want to work with top London HEIs; but find the process complicated, inefficient, and confusing
- It removes the requirement for matched funding by the SME
- Broad range of companies including LiFT Biosciences who have recently attracted over 100 investment approaches



Globally dynamic hub for SMEs and spinouts

DigitalHealth.London Accelerator (August 2016 – January 2019)

The DigitalHealth.London Accelerator is a collaborative programme delivered by MedCity, CW+, and London's three Academic Health Science Networks.



82 digital health companies supported through DigitalHealth.London Accelerator



More than £64 million raised in investment – 66% who had raised funds said the accelerator helped them do this



467 new jobs created, 141 attributed to the accelerator



All above figures are self-reported. 61 SMEs from cohorts one and two from August 2016 to January 2019 were asked to complete a survey, which had a 67% response rate.



Clinical Entrepreneurs

MedCity have supported
22 NHS England Clinical Entrepreneurs
over 3 cohorts through
mentoring, guidance and office support





MedCity – Thank You

MedCity's annual review, along with our other reports, can be accessed from

MedCity's website - http://www.medcityhq.com/about-us/our-publications/





