MHRA Board Meeting
PUBLIC SESSION

12 September 2016

CHIEF EXECUTIVE'S REPORT FOR THE MONTHS OF JULY - AUGUST 2016

1. HEADLINES for July/August 2016

EU Referendum - In light of the EU referendum result, the Corporate Executive Team has established a cross-Agency Task Force to consider and co-ordinate the MHRA response. The areas that the task force will be focusing on are:

- Considering regulatory options post Brexit
- Understanding and informing the wider HMG political and legal environment
- Reviewing the impact on the various parts of the Agency, including our operational model as well as finances, and considering options for addressing this impact
- Reviewing the implications for staff, for recruitment and retention and the role of staff in current leadership roles in existing EU committees
- Our internal and external engagement and communications as well as support for the life sciences industry.

Since the EU referendum decision in June, the focus of our Brexit communications has been on demonstrating that business is continuing. Now we are passing the initial 'reactive' phase, we are developing a longer term communications and engagement plan to align and coordinate this work going forward. In August we produced information materials for stakeholders and updated our lines to take. An early preview of the emerging scenarios was displayed for staff comments at both BPR and NIBSC. There will be further opportunities for staff to hear more about these at the managers' conference and all staff meetings in September.

First patient enrolled in real world data post marketing pragmatic trial using CPRD - A key milestone has been reached with the enrolment of the first patient into the Astra Zeneca (AZ) sponsored clinical trial, DECIDE, to provide the first data on clinical effectiveness of an approved Type 2 Diabetes medicine. DECIDE is a low intervention pragmatic clinical trial comparing the new treatment with current standard of care in the real world setting, without intervening in routine clinical practice beyond an initial point-of-care treatment randomisation.
The novelty of the DECIDE trial is the use of electronic health records (EHRs) within CPRD to support the entire life cycle of the study from identifying GP practices and potentially eligible trial participants to preparing the completed trial dataset to hand over to the Sponsor to analyse. EHR data is supplemented with patient reported outcomes data (PROs). The whole system is underpinned by a single clinical trials data platform developed by CPRD, TrialBase, which captures patient EHR directly into the electronic Case Report Forms (eCRFs). Participating GPs are able log into TrialBase and complete GCP and study training modules and access the list of potentially eligible patients located by CPRD, to invite to participate in the study. Using different access rights, recruited patients are able to log into TrialBase and complete their PRO questionnaires.
CPRD has recruited over required 125 participating GP investigators and these GP sites will recruit 872 patients to take part in the two years study. It is believed that this trial is the first large commercial real world pragmatic trial of its type using EHRs on a single electronic trials platform. A high level of innovation has been required to achieve this world-leading infrastructure and capability. Numerous challenges have

been overcome and many still lie ahead, however It is expected that DECIDE will attract global attention and will be the first of many real world data studies supported by CPRD services.

2. PRODUCT RELATED ISSUES

Medicines issues

Retinoids and pregnancy prevention/neuropsychiatric reactions – UK initiated a referral on retinoid medicines at the July Pharmacovigilance Risk Assessment Committee (PRAC). The referral will review the effectiveness of pregnancy prevention measures and consider the latest data on the possible risk of neuropsychiatric reactions with retinoids. Oral retinoids include isotretinoin, which is used in the treatment of severe acne and is a known teratogen and therefore strictly contraindicated in pregnancy. Isotretinoin has also been associated with depression and suicidal behaviour, although the extent to which this is a causal association with the medicine or is related to underlying disease in a vulnerable patient population is unclear. The level of warnings in relation to systemic effects of topical retinoids varies between and within member states. The aim of the referral is to ensure that the pregnancy prevention measures and the warnings on neuropsychiatric reactions are proportionate to the individual risks of the oral and topical retinoids across indications. UK and Portugal will lead the review.

Factor VIII products and inhibitor development – UK is leading a referral to the PRAC to consider the risk of inhibitor development for blood-derived versus recombinant factor VIII products. Factor VIII is used in patients with haemophilia A to stop or prevent bleeding episodes. The development of inhibitors stops the factor VIII from working. The referral was initiated by the Paul Erlich Institute following publication of a study[1] which suggested increased inhibitor development with recombinant products compared with plasma derived products.

Sports supplements - The Borderline Section's review of unauthorised medicines being marketed as sports supplements was published in early August, prior to the Rio Olympics. The review found that 69 unauthorised medicines were being sold as sports supplements and 16 companies were found to be selling one or more unauthorised medicines. This was a reduction of almost 50% compared to a similar study carried out prior to the 2012 London Olympics and is an encouraging sign that points to the sports supplement industry taking account of MHRA concerns regarding the sale of products regulated as medicines.
Where companies were found to be selling sports supplements, we issued 'Urgent Notices' which set out why the product was regarded to be a medicine. An Urgent Notice requires that the offending product is taken off the market within 21 days and, although compliance was achieved for all the offending sports supplements, in cases where a company fails to comply with an Urgent Notice the case is referred direct to Enforcement.
The Section worked with Communications Division (Comms) to publicise the findings using innovative digital graphics for social media, YouTube videos and press releases. Comms advised there had been 4 positive mentions in the media and significant interest on social media both of MHRA tweets, which included

[1] Peyvandi F, Mannucci PM, Garagiola I, et al. A Randomized Trial of Factor VIII and Neutralizing Antibodies in Hemophilia A. The New England journal of medicine 2016;374(21):2054-64

bespoke graphics, and of MHRA videos. These materials were also used by Police Scotland when going around talking to schools.

Expert Working Group on Hormone Pregnancy Tests - The Expert Working Group on Hormone Pregnancy Tests (HPTs) met for the fourth time in August and considered updated analyses of spontaneous reporting data for HPTs and congenital anomalies. One of the group's terms of reference is to draw any lessons for how drug safety issues in pregnancy are identified, assessed and communicated in the present regulatory system. In relation to this the group heard presentations on the existing mechanisms for recording and identifying congenital anomalies in the UK and on the current and planned regulatory guidelines in this area. The next meeting of the group is planned for October.

E-cigarette notification scheme – Development of the case management system for handling notifications is ongoing and has commenced for the website where notifications will be published. The transition period lasts until May 2017 and the legal requirement is to review and publish all notifications received by 20 November by that date. The full notification requirements for producers become effective from 20 November, meaning that all products that a producer wishes to sell after that date must have been notified. There is a further 6 months for sell-through of non-compliant products. We have received over 500 notifications from 8 companies. Updated advice on the scheme was sent to producers of e-cigarettes and final versions of guidance documents developed with other member states have been published.

Product recalls - There were 4 product recalls during August:

- A Class 2 recall of four batches of Respontin Nebules due to out of specification results for impurities obtained during routine stability testing
- A Class 4 Caution In Use for Actilyse 20mg and 50mg powder and solvent for solution for injection and infusion (alteplase) due to reports that rubber stopper may be pushed into vial during reconstitution, rendering the vial unusable.
- A Company-led recall by Claris of Furosemide 20mg/2ml Injection intended for the Australian market inadvertently distributed in the UK
- A Company-led recall of Kogenate Bayer Powder and Solvent for Solution for Injection / Helixate NexGen for due to reduced potency of the active ingredient

Devices issues

Medical Device Alerts – there was one device alert in July	
Number	**Title**
MDA/2016/010	RightSign HIV 1.2.O Rapid Test Cassette, HCV Rapid Test Cassette & HBsAg Rapid Test Cassette – devices may give incorrect results that could lead to a missed diagnosis.
Medical Device Alerts - there were three device alerts in August	
MDA/2016/013	SerenoCem Granules – risk of bone reabsorption around granules.
MDA/2016/014	Home use blood glucose monitoring system: TRUEresult and TRUEtrack blood glucose test strips – risk of false low blood glucose results.
MDA/2016/015	Accu-Chek® Insight insulin pump system manufactured by Roche Diabetes Care with NovoRapid® PumpCart® cartridges – risk of hyperglycaemia.

3. REGULATION AND POLICY

European issues

VAC2VAC consortium - On 18 July 2016, NIBSC was part of the VAC2VAC consortium for assessing the safety and quality of vaccines. NIBSC is part of this public–private consortium of 19 partners tasked with developing an alternative strategy for assessing the safety and quality of human and veterinary vaccines. Funded by the Innovative Medicines Initiative (IMI2), the VAC2VAC project will run for 5 years and brings together experts from the vaccine industry, academia and regulatory authorities. In addition to providing expert scientific and regulatory advice, NIBSC will lead on the development and evaluation of immunochemical methods for routine batch quality testing of vaccines including those that protect against diphtheria, tetanus and acellular pertussis.

Falsified Medicines Directive - Work continued on plans for implementation of the 'safety features' element of the Falsified Medicines Directive– due for full implementation by 9 February 2019. Building on the joint DH/MHRA implementation advisory board has now met twice (including stakeholders from across the supply chain – industry, professional bodies and the devolved administrations) – six working groups looking at different aspects of the supply chain have now met with three more scheduled for September for manufacturers and follow-up meetings on for community pharmacy and coding. The work on the impact also continued and has included visits to Wales and most recently Northern Ireland in July. The Agency also continued to oversee the work of what will become the UK Medicines Verification Organisation, the stakeholder group responsible for procurement of the UK medicines hub. We chaired and facilitated the first Safety Features communications working group in July, bringing together over 30 key stakeholders representing primary and secondary care, and the Devolved Administrations, to enable implementation of the Delegated Regulations to continue at pace.

Clinical Trials in France - The EMA is proposing changes to current guidance on first-in-human clinical trials to further improve strategies to identify and mitigate risks to trial participants. These changes are outlined in a new concept paper which has now been released for consultation (concept paper). The concept paper (announced via a press release on 21 July 2016) setting out the proposed changes to the guideline, was prepared by an EU-wide expert group that includes experts from the national competent authorities who authorise clinical trials in the EU and it was adopted by the Committee for Medicinal Products for Human Use (CHMP). It addresses the increased complexity of the protocols of first-in-human clinical trials. This concept paper and the comments received from stakeholders will form the basis for an update of the guideline. A draft revised guideline is expected to be published before the end of 2016 for consultation. Assessors from MHRA Clinical Trials Unit have contributed to both the clinical and non-clinical expert groups that have put together the concept paper and continue to be actively involved in writing the revision of the guidelines.

Medical Devices - EU Negotiations - A political agreement was reached in June between the three EU institutions on the Medical Devices and In Vitro Diagnostics Regulations. The text will now be checked by lawyers and linguistics across all official EU languages and we expect formal agreement to be reached in the autumn. We will then have 3 and 5 years respectively to implement the two new regulations.
MHRA has already started preparations to implement the Regulations and will conduct a public consultation to inform this in due course.

Conferences/Exhibitions/Visits/Meetings - MHRA hosted a meeting of the International Medical Device Regulators Forum (IMDRF) Working Group on Registries. The group is currently preparing guidance on registry benefit-risk evaluations and device outlier processes.

UK ISSUES

Agency Patient Safety and Vigilance Strategy – Work has continued on the strategy to pursue a common excellence model for patient safety and vigilance for both medicines and devices. The Steering Group met in July and endorsed proposals from Project Team 3 (risk communications) in six areas that will support the delivery of the strategic objective to improve MHRA's ability to deliver and target safety and learning messages. The proposals included a mixture of short term proposals that were immediately within the MHRA's gift and longer term proposals aimed at influencing the vigilance network. Project Team 3 is working to take these forward and they will be presented to CET in October. An away day with all Project Team members has been organised for 3 August to think big about what could be achieved by the strategy and to finalise the project plans for the CET in October.

Innovation: Accelerated Access Review (AAR) - Work continues to finalise the recommendations of the Accelerated Access Review which is anticipated to be published later this year

House of Commons Science and Technology Inquiry into regenerative medicines - Before the summer the Agency had submitted a response to the House of Commons Science and Technology Inquiry into regenerative medicines. In co-ordinating with submissions from other Government Agencies, the Agency response set out the regulatory framework and highlighted our role in influencing its development at EU level and ensuring sufficient flexibility for this innovative sector to develop in the UK. The Committee is likely to take oral evidence in October.

Regulatory Excellence - The Regex Working Group is now meeting monthly, with a renewed focus on the coherence and proportionality of the Agency's regulatory programme and the delivery plan for the burden reduction work. The next meeting will take place on September 13. Three Agency/Industry Task and Finish Groups have been created to progress the individual strands of burden reduction suggested by industry. These are focused on Authorisation Issues, Post-Authorisation Issues and EU Issues. The first two of these have now taken place, with the next meetings due to take place in September. The Task and Finish Group on EU issues has been postponed for the time being pending agreement with industry of the tasks that are now appropriate to take forward. The Devices industry has been asked to forward their own suggestions for burden reduction through the Devices Industry Liaison Group and if required, a Devices Task and Finish Group will be set up to progress these. A Light Touch Review of Guidance is now also under way, as one of the areas in scope of the Business Impact Target. Agency colleagues are considering a list of suggestions forwarded by industry and will meet later in August to agree the delivery plan for these and any other focused amendments to simplify and clarify guidance.

Regulatory Futures Review - The Cabinet Office Regulatory Futures initiative seeks to identify opportunities to achieve significant improvements in operating efficiency by reviewing functions across the regulatory sector, identify the sources of burden on regulators themselves, and develop taxonomy of effective regulatory delivery models which might be extended across all regulators. In particular, the

initiative is seeking to identify commonality between regulators where joint working may be of benefit.
Policy and Finance divisions have participated in the fieldwork phase, which sought to understand the operating models of regulators and the constraints they are working to, and the Chief Executive met members of the Review team on 11 August. Policy have engaged in a series of workshops and a final workshop, which aims to feedback to the CEOs and Chairs of Regulators the key emerging conclusions and recommendations is scheduled for 6 September.

CPRD - National Data Guardian Review (Caldicott 3) - The long awaited National Data Guardian (NDG) Review of Data Security, Consent and Opt-Outs was published in early July. The purpose of the review was to propose a new consent model for data sharing which would enable patients to make informed decisions on how their personal confidential data (PCD) might be used for secondary purposes outside of direct care. It is essential for CPRD and MHRA's safety and vigilance functions that data available for research are complete and demographically representative, as incomplete data can cause research bias leading to inaccurate clinical guidance and advice. The NDG report recommends that research using anonymised data should be exempt from patient opt outs and it would only be research involving PCD that would be subject to opt out. CPRD are studying the report and will respond to the consultation.

Guidance on apps as medical devices – Devices division issued updated guidance on apps as medical devices, which contains advice on how users can spot if their health app is a medical device and what to look for to make sure it's acceptably safe. The guidance also provides advice to software developers on how to comply with the medical device regulations.

CE-marked Clinical Virology working reagents for Nucleic Acid Amplification Tests (NAT) - NIBSC promoted its recent expansion to its range of CE-marked Clinical Virology working reagents for Nucleic Acid Amplification Tests (NAT); the Clinical Virology Multiplex I: Immunodeficiency Panel. The new multiplex Immunodeficiency Panel had been developed in collaboration with Clinical Diagnostic Virology laboratories across the UK in accordance with ISO 13485. The freeze-dried preparation combines 11 analytes, AdV-2, BKV, HCMV, EBV, HHV-6A, HHV-6B, HSV-1, HSV-2, JCV, B19 and VZV, five of which have been assigned an International Unit.
The whole virus preparation can be extracted and amplified alongside unknown samples to monitor assay performance, enabling inter - and intra - laboratory comparisons, that form part of a continuing quality control programme and is an essential requirement of ISO 15189. The reconstituted material can be stored at or below 2-8°C for up to seven days.

4. MINISTERIAL AND PARLIAMENTARY PRIORITIES

Parliamentary Questions (PQs): the target for 2016/17 is to meet DH deadlines in at least 90% of cases. Performance for the month was 100%.
The Agency answered **four** PQs in July about:

- Assessment of the level of compliance with MHRA regulations on monitoring of biosimilars until the safety of such medicines is well established.
- Restrictions on the quantities of medicines that can be bought from online pharmacies.

- What proportion of the population have GP records contained in the Clinical Practice Research Datalink (CPRD) and of those patients how many have a GP note of malnutrition contained in those records.
- Whether there are plans in place following the EU referendum for ensuring that conditional marketing authorisation granted for new treatments by the EMA continue to have validity in the UK.

Parliamentary Questions (PQs): Due to Parliamentary recess, there were no PQs tabled in August.

Private Offices Cases (POs): the target for 2016/17 is to meet DH deadlines in at least 90% of cases. Performance for both July and August were 100%.
The Agency led on five responses in July about:

- Regulatory classification of a product
- Herbal dispensaries.
- Reducing the packaging used for certain medicines.
- Labelling of cytotoxic medicines.
- Restrictions around the sale of Paracetamol and Ibuprofen to those under the age of 18.

The Agency led on **eight** responses in August on a range of subjects including:

- Concerns related to the use of statins.
- Regulation of herbal medicines.
- Importation of a prescription medicine for personal use.
- Valproate in pregnancy (2 cases).
- The Falsified Medicines Directive.
- Encouraging companies to develop paediatric medicines to treat cancer.
- Antidepressants

FOI Response Time Compliance: the target for 2016/17 is to ensure that 100% of requests receive responses within statutory limits (20 working days; or exceptionally within 40 days where an extension is required to complete a complex public interest test). The table below shows FOI activity and compliance for requests received to date.

Requests for information as at 2 August 2016

	Q1	**July**	**Total**
Received	156	54	210
Replies sent on time	155	39	190
Replies not yet due	0	54	54
Breaches	1	2*	3
Compliance %	99.4%	96.3%	98.6%

**Devices case and Finance contribution to Communications led case late by two and one days, respectively*

Appeals: applicants who believe that the agency has mishandled their request may seek an internal review. Should they remain dissatisfied they may complain to the regulator, the Information Commissioner's Office (ICO), who will ask us to justify our response before reaching a decision. Either party may appeal to the First Tier Tribunal if they disagree with the ICO's decision.

We have had two requests for internal review which will be handled as normal**.**

Requests for information as at 31 August 2016

	FOI Requests Received 2016/2017		
	Q1	**Jul**	**Total**
Received	161	55	**216**
Replies sent on time	158	53	**211**
Replies not yet due	0	2	**2**
Breaches	3	0	**3**
Compliance %	**98.1%**	**100.0%**	**98.6%**

5. COMMUNICATION

Innovation - we published our latest innovation case study featuring Queen's University Belfast's development of novel hydrogel-forming microarray patches. The case study is a timely reminder - following the UK's decision to leave the EU – of the expertise that academia can access through the MHRA Innovation Office. Promotion of the case study is supported by a programme of social media and work with key stakeholders.

Annual Report 2015/16 – we co-ordinated the production and laying before Parliament of the Agency's Annual Report 2015/16. To support the publication we took key facts and figures from the report and transformed them into animated graphics for use on social media. We also condensed key findings of the report into a CEO/Chair stakeholder letter and distributed to 1,000 of our key stakeholders.

Falsified medicines and medical devices campaign - the falsified medicines and medical devices campaign was launched in mid-August, with phase 1 focusing on slimming pills and wider messages about buying products online. Launch activity included digital and PR activities, and endorsement from partners. New content is being released on a regular basis to keep our audience engaged and extend our reach to different groups. We worked with Coronation Street on the development of a storyline that involves a character taking unlicensed slimming pills – this story was featured during the second half of August and reached around 7 million viewers per episode. We supported with social media and news coverage, including a feature article in the Mirror on the dangers of buying diet pills online.

Anthony Nolan appeal – we worked to publicise an internal appeal to encourage staff to sign up to the Anthony Nolan donor register. This was a success with more than 25 people signing up to the register – we were very pleased with this result as the Anthony Nolan register only takes new donors up to age 30. This was supported with a blog on INSite and promotional messages on the screens.

The Agency's News, Digital and Content (NDC) strategy - To meet the demands of today's news and digital environment and ensure we are in the best place to meet those needs, the press office and digital communications teams were brought together in December 2015 as a single group to form the news, digital and content (NDC) team. The CET recently endorsed the Agency's news, digital and content (NDC) strategy. This replaces and updates the Agency's former strategies on media relations and digital communications. It supports a continued drive for excellence in all our media and digital communications, tailored to the audience, including our staff, and builds on our existing strengths in these areas. It is one of the six sub-

strategies of the Agency's overall communications and reputation strategy 2014-2018. The basis for the NDC strategy going forward, that meets changing business need and those of our audiences in the UK and internationally, can be summarised around five key areas:

- **Effective issues management –** continue to provide an effective and robust Agency service in handling high-profile risks and issues, particularly those with the potential to attract media and public interest.
- **Planning targeted content -** have a greater focus on planning news and content that is creative, relevant, targeted, considered authoritative and acted on as required, and ensure the Agency's news and digital channels remain relevant to our audiences.
- **Capability –** have the right resources and infrastructure to deliver content and the right news across well-managed and monitored traditional media and digital channels
- **Continuing to build relationships with key journalists and digital influencers, e.g. bloggers –** to inform and ensure balanced coverage of our work, highlighting our key Agency messages and building understanding and awareness of the work that we do.
- **Better use of evaluation –** understanding the impact and reach of our news and digital communications and using this insight to shape them further.

  Leading the delivery of this strategy, and implementing it, is the responsibility of the communications division as a whole, working with colleagues throughout the Agency.

Northwick Park documentary - NIBSC has been asked, along with other agency colleagues, to contribute to a BBC Documentary on the Northwick Park clinical trial. A production company who have been commissioned by the BBC have contacted the agency regarding an hour-long documentary they are making on the 10th anniversary of the Northwick Park clinical trial. It seems the programme will be a retrospective documentary looking at the work of professionals from across our public services, such as the MHRA and the NHS and will include the contribution NIBSC provided in the response to the crisis. The filming should be taking place towards end of August or early September, with it airing in January 2017 and is being coordinated through Comms.

6. ORGANISATIONAL TOPICS

Malta Medicines Agency - At the end of July the CEO travelled to Malta to pay a visit to the Malta Medicines Agency where he gave a presentation on the MHRA; and following this held discussions on various topics.

3rd Annual Allergies Conference - Dr Carl Dolman was one of the keynote speakers at the 3rd annual Allergies conference held in London in July 2016. Carl, who is Immunoglobulins & Allergen Study Director in the NIBSC Biotherapeutics Division, spoke about the need for standardization of biological medicines, the standardisation process and the NIBSC portfolio and future developments. The event is attended by senior scientists and allergy specialists involved in immunology and drug research and provides a good opportunity to discuss pioneering clinical developments and the next generation of allergy therapeutics.

Meeting with NIHR - Several representatives from Licencing and Devices Divisions met with members from the NIHR clinical research team to discuss the regulatory aspects of patient monitoring in clinical trials, including patient reported outcomes. The meeting was requested by colleagues at NIHR with a view to debate the

requirements of software and new “smartphone or tablet” based monitoring of patient activities as a method of enhancing participation in trials and data gathering NIHR are supporting many SMEs and research methods that will utilise these monitoring. The meeting provided an opportunity for exchange of ideas and ways of collaboration. The general consensus was such methods would be valuable additions to trials so long validated software and methods were adopted. Overall the current regulations address the requirements for such technologies.

PIC/S seminar - Over the first week in July MHRA hosted the 2016 international event of the Pharmaceutical Inspection Co-operation Scheme (PIC/S). This is an annual international event attended by both member and non-member authorities of PIC/S. The theme of the seminar was "Inspectorates of the future" and around 180 inspectors from over 50 countries attended with MHRA representatives from all GxPs. Ian Hudson provided an opening address on behalf of MHRA and several MHRA inspectors were involved in delivering presentations, workshops and facilitating the event. The seminar reviewed the current landscape with regard to inspection findings and trending, with a particular focus on data integrity issues and then explored the changes Industry have on the horizon and how these can be met. It also considered how various Inspectorates are collaborating on a number of topics and look to establish best practice for risk based inspections and compliance management.

HR policy development - Two further policies were launched in July – Managing Poor Performance and Organisational Change

Mylifestyle - The mylifestyle employee benefits portal went live on July 25, with all agency staff on our payroll receiving an email from mylifestyle inviting them to open an account. The agency, along with DH who went live on the same day, are early adopters of this employee benefit, which eventually will be available to the entire civil service and ultimately other public sector employers. New starters will be added monthly, and leavers taken off monthly too. The portal offers staff 1000’s of discounts on a huge range of products/events and from October 2016 it will also offer childcare vouchers and cycle to work schemes at significantly reduced administration costs.

7. OPERATIONAL PERFORMANCE

ASSESSMENT PERFORMANCE

New UK Marketing Authorisations (MAs) - New Active Substances - No new drug substances were assessed in July; four new active substance applications were assessed in August with a mean assessment time of 54 working days. The overall mean assessment time for the year to date is 52 working days or 77 calendar days.

New UK Marketing Authorisations (MAs) - Existing Active Substances The following tables give the numbers of new Marketing Authorisation applications assessed and determined (granted, refused, and withdrawn) during August compared to the monthly averages for 2015/16.

July figures:

Procedure	MAA Assessed This Month	MAA Assessed 2015/16 Average per month

National, UK-only	37	24
Decentralised, UK=RMS	20	28
Decentralised and MR, UK=CMS	51	45
Total	108	97

Procedure	MAA Determined This Month	MAA Determined 2015/16 Average per month
National, UK-only	26	19
Decentralised, UK=RMS	29	26
Decentralised and MR, UK=CMS	59	48
Total	114	93

August figures:

Procedure	MAA Assessed This Month	MAA Assessed 2015/16 Average per month
National, UK-only	42	24
Decentralised, UK=RMS	44	28
Decentralised and MR, UK=CMS	47	45
Total	133	97

Procedure	MAA Determined This Month	MAA Determined 2015/16 Average per month
National, UK-only	24	19
Decentralised, UK=RMS	26	26
Decentralised and MR, UK=CMS	48	48
Total	98	93

The number (volume) of new MA applications assessed in July remained similar to June's volume; the volume in August increased significantly compared to July's volume, with National applications once again charting well above last year's average. The total volume of assessments for July and August are higher than the average number of assessments completed 2015/16. The numbers of new MA applications determined in July and in August were also higher compared with the average monthly figures for 2015/16.

Pharmacovigilance Adverse Drug Reactions (ADRs) – During July the Division continued to meet all Agency targets related to the capture of ADR reports and signal detection. A total of 3017 UK ADR reports were received in July 2016, of which 480 were received from patients, parents and carers. A further 22285 non-UK reports were received in the month. Results against key performance measures for fatal and serious reports were both 100%. For black triangle and established medicines 93% of signals generated were initially evaluated within 5 days. Of 267 general enquiries received, 99% were answered within 7 days working days and 100% within 10 working days.

During August the Division continued to meet all Agency targets related to the capture of ADR reports and signal detection. A total of 3755 UK ADR reports were received in August 2016, of which 570 were received from patients, parents and carers. A further 28548 non-UK reports were received in the month. Results against key performance measures for fatal and serious reports were both 100%. For black triangle and established medicines 91% of signals generated were initially

evaluated within 5 days. Of 201 general enquiries received, 99% were answered within 7 days working days and 100% within 10 working days.

Device adverse incidents - 1,378 Adverse Incident reports received in July (which compares with 1,533 for the same month last year), a decrease of 10.1%. Cumulative total for 2016 is 9,828, which compares with 9,378 in 2015, an increase of 4.8%.
In August, 1,439 Adverse Incident reports were received (which compares with 1,325 for the same month last year), an increase of 8.6%. Cumulative total for 2016 is 11,267, which compares with 10,703 in 2015, an increase of 5.3%.

Device clinical investigations – in July, 100% of clinical investigations were completed within 60 days and the average review time for the year to date is 49 days. Six clinical investigations were completed in July 2016. During August 100% of clinical investigations were completed within 60 days and the average review time for the year to date is 49 days. 5 clinical investigations were completed in August 2016 and 28 have been completed year to date.

Public Assessment Reports (PARs) - 100% of UK Public Assessment Reports and Lay Summaries (32/32) completed in July 2016 were published within the 60-day high-level target time from grant of the marketing authorisation. There was one update to a PAR (Type II Medical) with non-safety variations of clinical importance in July 2016, completed on time.
100.0% of UK Public Assessment Reports and Lay Summaries (15/15) completed in August 2016 were published within the 60-day high-level target time from grant of the marketing authorisation. There were two updates to PARs (Type II Medical) with non-safety variations of clinical importance completed in August 2016, all completed on time.

Parallel imports - In July, 121 PLPI initial submissions were received, 114 were assessed and 127 were determined (165, 111 and 127 respectively in June).
Median time from submission to grant was 4.6 months (4.6 months in June). 541 PLPI variation applications were received, 536 were assessed and 663 were determined (736, 691 and 764 respectively in June). Average time from submission to grant was 3.0 months (3.1 months in June).
In August, 107 PLPI initial submissions were received, 111 were assessed and 109 were determined (121, 114 and 127 respectively in July). 760 PLPI variation applications were received, 607 were assessed and 699 were determined (541, 536 and 663 respectively in July).

Clinical Trial Authorisations (CTAs) - In July, there were 14 Phase 1 applications processed in an average time of 12.4 days with 14/14 (100%) within the 30 day target. In the year to date there have been 47 Phase 1 applications processed in an average time of 12.6 days. Of all other CTAs, 66 were processed with an average time of 25.2 days and 62/66 (93.9%) within the 30 day target. In the year to date there have been 277 non-Phase 1 CTA applications processed in an average time of 24.0 days.
In August, there were 12 Phase 1 applications processed in an average time of 13.5 days with 12/12 (100%) within the 30 day target. In the year to date there have been 59 Phase 1 applications processed in an average time of 12.8 days. Of all other CTAs, 68 were processed with an average time of 26.03 days and 67/68 (98.5%) within the 30 day target. In the year to date there have been 345 non-Phase 1 CTA applications processed in an average time of 24.4 days.

Biologics batch release – Test release certificates for vaccines and blood products were issued for 200 product batches in July. 197 plasma pool batches were issued. All releases are now being processed through the CT-LIMS systems. During August, test release certificates for vaccines and blood products were issued for 159 product batches in August. 202 plasma pool batches were issued.
Targets for timeliness of product testing were met during both months.

8. OTHER INTERNATIONAL TOPICS

T**he Indian Central Drugs Standard Control Organization (CDSCO) on 1 July** - A number of Agency officials, including the CEO and Gerald Heddell, participated in a video conference with senior officials from the Indian Central Drugs Standard Control Organization (CDSCO) on 1 July. Constructive discussions were had on progress on the MOU and how the relationship between the two Agencies can be further developed. A number of actions were agreed, including a potential visit of a CDSCO delegation to the UK in December 2016.

The UK Stem Cell Bank presented a number of posters and hosted a workshop at the International Society for Stem Cell Research (ISSCR) 2016 conference. The conference, held in San Francisco, showcased the latest basic discoveries, technological innovations and translational stem cell research. Nearly 3,500 scientists from over 55 countries convened to share their science, network with colleagues and set the foundation for future discoveries. As part of the communications aspect of the event, a series of tweets were scheduled for when the posters where presented.

Polio Now - A series of polio tweets were posted to highlight NIBSCs contribution to the End Polio Now campaign, promoting the role of NIBSC as a WHO Collaborating Centre in the worldwide efforts to eradicate polio. NIBSC and Comms have been working together on a series of infographics around Polio that were used through the social media.

Oral Killed Cholera vaccine - Following the reference by Dr Margaret Chan at the MHRA Annual Lecture of NIBSC's role in Supporting the Global Supply of Oral Cholera Vaccines, promotional work has been carried out to highlight further the international effort undertaken to build a stockpile of Oral Killed Cholera vaccines. The stockpile of vaccines is intended to address the global shortage of Cholera vaccine, expand access and assist with the containment of Cholera outbreaks and epidemics in susceptible populations. Since 2000, NIBSC as a WHO Collaborating Centre has undertaken extensive testing and auditing of several vaccine formulations, which make up the stockpile. More information on the Cholera work undertaken at NIBSC has been provided on the NIBSC website.

Dr Ian Hudson
Chief Executive