

EMERGING SCIENCE AND BIOETHICS ADVISORY COMMITTEE (ESBAC)

MINUTES OF THE 5th MEETING

7 February 2014

Skipton House, London

Present

Professor Sir Alasdair Breckenridge (Chair)	
Professor Andrew Baker	Professor Nicholas Lemoine
Dr Mark Bale	Professor Peter Littlejohns
Dr Paula Boddington	Dr Bina Rawal*
Dr John Brown	Dr Neil Scolding
Professor Angus Clarke	Professor Joyce Tait
Dr Inez Cooke*	Dr Naho Yamazaki
Professor Bobbie Farsides*	Mr Hugh Whittall
Mr Julian Hitchcock	

* joined by phone

Apologies

Dr Dipti Amin	Dr Jonathan Mill
Ms Madeleine Colvin	Mr James Peach
Dr Stuart Hogarth	Dr Rachel Quinn
Dr Aileen Keel	Professor Sir John Savill
Dr Katherine Littler	Dr Bella Starling
Dr Julie Maxton	Ms Diana Sternfeld
Professor Duncan McHale	Dr David Townend
Dr Michael McBride	

DH

Dr Dorian Kennedy
Dr Tom Barlow

Secretariat

Ms Melanie Pepper

1. Chair's Welcome

- 1.1 The Chair welcomed Members to the fifth ESBAC meeting noting a number of absences before introducing Dr Tom Barlow from the Department of Health.
- 1.2 In a change to the agenda order, the Chair invited Dr Mark Bale to start the meeting with the agenda item on the future of ESBAC and to combine this with the DH update.

2. The future of ESBAC / DH update

- 2.1 The original appointments to ESBAC were for two years and are due to finish at the end of April 2014 for the Chair, and the end of May 2014 for Members. Dr Bale informed Members that ESBAC would not continue as a Committee when the current terms of office come to an end. This decision had been reached in discussion with CMO and agreed by the Minister.
- 2.2 The Department had come to the view that whilst a forum to exchange views is of value, continuing with a standing Committee format is not the best way forward. Instead, the Department is keen to develop a more flexible approach to ensuring there is appropriate discussion of ethical and social aspects of health science as issues emerge. Dr Bale indicated the Department would now consider how this more fluid approach might be best developed and welcomed Members' thoughts on this.
- 2.3 Dr Bale also explained that in many areas ESBAC had been overtaken by events. Many of the key issues identified were being taken forward by others. For example, work on genomics, regenerative medicine and dementia. Dr Bale also noted that changing circumstances and shifting priorities had necessarily diverted DH resource away from supporting ESBAC.
- 2.4 Some Members indicated that they were not overly surprised by the decision and broadly agreed with Dr Bale's analysis of the situation.
- 2.5 The Chair noted that DH had been unable to verbalise its expectation of ESBAC and instead what ESBAC had intended to deliver was decided by the focus groups. Another Member expressed the view that although the environment had changed and there was not enough support to help ESBAC function the process had been useful and importantly the work done to date could be used, or feed into work being done by others.
- 2.6 Discussion moved on to the focus groups and how best to progress the issues that ESBAC has been working on so that they could come to a natural conclusion or be taken up by others.

3. Focus group and horizon scanning updates

Innovative Governance Focus Group

- 3.1 The lead for the Innovative Governance Focus Group indicated that it would perhaps now be difficult to encourage people to attend the Group's proposed workshop that had been earmarked to take place on 4 April 2014.
- 3.2 Dr Kennedy said that the Regenerative Medicine Expert Group (RMEG) had met for the first time on 22 January and was planning to hold a workshop on 19 March to help inform RMEG's work areas that would be taken forward through three subgroups (delivery, commissioning and evaluation, regulation and licensing). It was suggested that the Innovative Governance Focus Group lead and other interested Members could be invited to attend the RMEG workshop and feed into that discussion and debate.
- 3.3 It was also suggested that members of ESBAC interested in this area might help the stem cell catapult progress areas of work identified when RMEG reports. Thus, the idea for the workshop might be put on hold for the time being.
- 3.4 ACTION: Outside of this meeting the Group's lead would consider whether the Innovative Governance Focus Group's workshop should go ahead or instead link in with the work of the RMEG or later the Stem Cell Catapult.

Dementia Focus Group

- 3.5 The lead for the Dementia Focus Group provided an update on recent discussions held with a couple of the Group Members, and the idea that the group could develop a short paper similar to the short briefing notes (POSTnotes) prepared by the Parliamentary Office of Science and Technology to highlight the potential ethical issues of developments in dementia treatment and testing. Under the direction of one Member, work had already been undertaken to review the direction of research and development in relation to testing and treatment.
- 3.6 ACTION: The lead of the Dementia Focus Group agreed to provide what had been sketched out. It was agreed the Group could reconvene to produce a draft and the Secretariat would liaise with the Champion and Members of the Group to arrange a meeting.

Technologies to Optimise Treatment

- 3.7 The lead for the Technologies to Optimise Treatment Focus Group provided an update on progress. Over the last few months the Chair and lead for this group had met with interested parties (including the Academy of Medical Sciences, Faculty of Pharmaceutical Medicine, NICE, industry, and academics) and the plan was to hold a summer workshop on patient

adherence in conjunction with the Academy of Medical Sciences and the Faculty of Pharmaceutical Medicine as co-sponsors.

- 3.8 The Chair indicated the workshop would go ahead regardless of ESBAC no longer existing as a Committee and his intention would be to report back to CMO. It was agreed that this work would proceed independently. Issues around whether the workshop could be labelled as an ESBAC project would need to be considered.

4 CRISPR-based gene modification

- 4.1 Dr Barlow introduced CRISPR- based gene modification, a technique that allows cuts to be made to DNA within cells in a targeted and specific manner to facilitate editing of genome sequences.
- 4.2 There was some discussion on the technique, including whether it could be applied *ex-vivo* and *in-vivo*. It was noted that the technique was very new, its potential remains to be explored and that currently it was not viable for applications in humans. It was agreed CRISPR and other gene modification were areas where the Department would continue to keep a watching brief.

5 DH update (cont'd)

- 5.1 Dr Bale resumed his DH update including updating on the progress of Genomics England Limited and the Regenerative Medicine Expert Group.
- 5.2 ACTION: On the future of ESBAC, following the meeting a letter from Dr Bale would be sent informing absent Members of the decision not to continue with ESBAC as a committee when the current terms of office end.
- 5.3 The Chair expressed the view that he hoped members of ESBAC would continue to feed into future fora where emerging issues of health science would be discussed, and thanked Members for their contributions. Dr Bale endorsed this and hoped that the Department could call on members' expertise in the future.

6 AOB

- 6.1 None