East of England
All Party Parliamentary Group
Co-Chairs: Jess Asato MP & Pam Cox MP
Vice-Chairs: Blake Stephenson MP & Marie Goldman MP

Non-Verbatim minutes

Delivering health innovation and improvement in the East of England NHS

Wednesday 9th July, Attlee Suite, Portcullis House

PAM COX MP – CO-CHAIR, EAST OF ENGLAND APPG - OPENING

- Pam Cox MP opened the session by highlighting the timeliness of the discussion, aligning closely with the Government's recently published 10-Year Plan for Health.
- She noted how the agenda resonated with the national strategy, reinforcing the importance of regional engagement in shaping health innovation policy.
- She then introduced Jack Abbott MP, welcoming his reflections following the launch of a new Inward Investment Prospectus, and invited him to address the group.

JACK ABBOTT MP – OPENING REMARKS ON INWARD INVESTMENT

- **Regional prospectus and project pipeline:**
  - Jack Abbott MP opened by reflecting on recent efforts to champion inward investment across the East of England, highlighting the launch of a the Inward Investment Prospectus at UKREiiF in May.
  - The prospectus was developed in close partnership with local authorities, business leaders and regional stakeholders, and aims to support a shift from ambition to delivery.
  - Abbott noted that the publication brings together eight investment-ready projects, each valued at over £100 million and collectively representing a potential return of £4.3 billion in GVA.
  - He emphasised that each scheme is "shovel-ready" and able to proceed immediately with the right funding – an approach he described as essential to securing government attention.
  - He welcomed the cross-party and cross-authority support for the work, noting in particular the involvement of the Cambridgeshire and Peterborough Combined Authority.

- The initiative, he said, reflects growing regional consensus on the need for long-term investment in infrastructure, housing, health, and innovation.
- Abbott framed this as the start of a continuous programme of engagement, with further work planned through platforms such as IMPIN and Expo Real.
- He thanked delivery partners, including Kanda Consulting, and acknowledged the contributions of local government officials and business leaders in meeting the project's accelerated timeline.

- **Transport investment and infrastructure readiness:**
  - Turning to transport, Abbott welcomed recent government announcements as a timely reminder of the need for readiness. He noted that with projects now assessed against 5- and 10-year delivery windows, only those supported by strong business cases would move forward.
  - He stressed the need for the East of England to maintain pace with other regions advancing infrastructure proposals, and underlined the importance of long-term preparation.
  - In closing, Abbott called for a balanced approach – combining ambition with delivery. He welcomed recent wins, including investment in airport infrastructure at Luton and Stansted, and in Sizewell C, and reiterated that delivering for the East would require showing that "we can be ambitious and we can deliver".

ADAM KING – EXTERNAL AFFAIRS AND POLICY MANAGER, ENGLAND'S ECONOMIC HEARTLAND

- **Strategic transport context:**
  - Adam King, External Affairs and Policy Manager at England's Economic Heartland, reflected on long-standing efforts to improve infrastructure across the Oxford–Cambridge corridor and through key routes in Norfolk, Suffolk, and Essex.
  - He described the region as nationally significant for freight and passenger connectivity, noting that future services through the East could remove over 100,000 HGV journeys annually – bringing benefits for emissions, road safety, and network efficiency.

- **Rail investment and delivery challenges:**
  - On the Ely and Haughley Junction schemes, King welcomed their continued classification as priority schemes, as confirmed in the Secretary of State's recent announcement.
  - However, he expressed disappointment that neither scheme had been allocated funding within the current spending review period.
  - He called for greater clarity on timelines and status, and urged regional leaders to ensure business cases are updated and investment-ready ahead of the next funding window.

- **Road schemes and infrastructure planning:**
    - King highlighted concern over recent changes to the Strategic Road Network (SRN) programme, with two schemes paused or cancelled.
    - He noted that language from government on Major Road Network (MRN) schemes had become "ominous", with few exceptions – such as the Army and Navy junction, the A12, and the A47 dualling – still appearing to be firmly in scope.

- **Call for collaboration:**
    - He reaffirmed the role of Sub-national Transport Bodies in maintaining momentum and confirmed that England's Economic Heartland would continue working with government and local authorities to advocate for vital schemes.
    - King closed by stressing that transport investment is about more than connectivity – it underpins wider regional development, including access to health and economic opportunity across the East of England.

PIERS RICKETTS – CHIEF EXECUTIVE, HEALTH INNOVATION EAST

- **Innovation in health and care:**
    - Piers Ricketts opened by emphasising the central role of innovation in the future of health and care delivery.
    - Referencing the 10-year health plan, published one year into the government's term, he noted a clear policy direction: shifting from hospital-based care to preventative, community-oriented services, with innovation as a key enabler.
    - Ricketts offered a working definition of innovation as "the point at which an invention becomes sufficiently practical, affordable, reliable, and ubiquitous to be worth using." He stressed that innovation is not the same as invention, but rather a scalable process – especially relevant in the highly regulated context of healthcare.

- **Role and remit of Health Innovation East**
    - Health Innovation East forms part of a national network of 15 NHS-backed innovation bodies supporting the identification, testing and implementation of new approaches across the East of England.
    - The organisation's remit spans primary care, mental health, and specialist services, underpinned by a three-stage innovation model:
        - Find – identifying solutions aligned with NHS and regional priorities, including cardiovascular disease, cancer diagnostics and digital therapeutics.
        - Test – building the evidence base and preparing innovations for real-world deployment.

        - Implement – enabling system-wide adoption through partnerships and engagement.
    - Ricketts highlighted impact in areas such as cardiovascular disease management, respiratory diagnostics, women's health, and the use of AI-enabled tools.

- **Building networks and demonstrating impact**
    - He stressed the importance of building robust networks that engage stakeholders, promote best practice, and advocate for sustainable innovation.
    - Referencing a recent report by Frontier Economics, Ricketts noted that health innovation could unlock up to £246 billion annually in productivity and economic benefits, underlining its wider relevance to national growth.
    - He concluded by positioning the NHS as a potential "engine for economic growth", contingent on its ability to scale innovation effectively.
    - Ricketts reaffirmed Health Innovation East's commitment to supporting this transition and welcomed the opportunity to showcase practical examples during the exhibition following the meeting.

VICKY HEAD – DIRECTOR OF PUBLIC HEALTH, BEDFORD COUNCIL

- **Role and scope of public health:**
    - Vicky Head opened by emphasising that public health is not only about treating illness but about preventing disease, promoting healthier lives, and addressing health inequalities.
    - She outlined her statutory responsibilities, including oversight of the Public Health Grant and commissioning of local services such as sexual health provision and substance misuse treatment.

- **Demographic pressures and future demand:**
    - Head set out the growing scale of demand in the local Integrated Care Board area, which is expected to see a 25% population increase over the next two decades.
    - Within this, the number of residents aged over 85 is projected to double – leading to:
        - 50,000 more elective admissions
        - 40,000 additional emergency admissions
        - Nearly 100,000 more A&E attendances
        - 500,000 additional outpatient appointments
        - A further 1.5 million primary care consultations annually
    - She described this as a significant challenge for system capacity and future planning.

- **Innovation, prevention and system capacity:**
    - While innovation and prevention were both essential, Head cautioned that technology alone was not sufficient. A capable and sustainable workforce was critical to meet future health needs.

    - She welcomed infrastructure investment – including the proposed Universal Studios development – but stressed the need to integrate housing and transport growth with long-term public health planning.
    - Head highlighted successful collaboration with partners including Health Innovation East, NHS providers, and academic institutions as a model for local delivery.

- **Examples of innovation and impact:**
    - A pilot introducing fall-prevention chairs in care homes reduced ambulance callouts by 18% and saved more than 1,600 hours of staff time in one year.
    - Digital home testing for sexually transmitted infections significantly improved access and contributed to an 11% reduction in STI rates in Bedford over the past 12 months.

- **Broader determinants of health:**
    - Head reiterated that health outcomes are shaped more by environment and social conditions than by healthcare alone.
    - She called for innovation that empowers communities and shared an example of targeted health visitor outreach among GRT communities, supporting trust and more inclusive service design.
    - In closing, she advocated for coordinated, cross-sector approaches involving councils, the NHS, housing, transport and local communities. Examples in Bedford include family hubs, high street health access points, and integrated planning between public health analysts and local authority planners to embed health into new developments.

DR PETER PRINSLEY MP – MEMBER OF PARLIAMENT FOR BURY ST EDMUNDS & STOWMARKET

- **Grounding innovation in clinical experience:**
    - Dr Peter Prinsley MP, a newly elected Member of Parliament and retired ENT surgeon, offered reflections grounded in his experience within the NHS.
    - He welcomed the meeting's focus on innovation but cautioned against overlooking the importance of coordinated, community-based care.

- **Challenges in out-of-hours provision:**
    - Prinsley shared an anecdote to illustrate current issues in out-of-hours care, describing the experience of an elderly patient falling ill in the evening:
        - Remote triage by phone
        - Repeated assessments
        - Long ambulance waits
        - Delayed hospital admission
    - He noted that in many such cases, hospitalisation occurs by default – not due to medical necessity, but because timely, in-person community care is unavailable.

- **Learning from past models:**

    - Prinsley contrasted the current model with the former neighbourhood health centre model – open into the evening and staffed by multidisciplinary teams.
    - In that model, a district nurse or clinician could visit the patient promptly, make an informed judgement, and initiate early treatment, preventing escalation.
    - He emphasised that this was not theoretical, but a return to what once worked well in practice.

- **Balancing innovation with continuity:**
    - While acknowledging the value of technologies such as genomics and data-led diagnostics, Prinsley questioned whether all challenges required new solutions.
    - He warned that the drive to innovate can at times obscure the value of restoring locally trusted, human-scale services.
    - In closing, he called for a balanced approach to innovation – one that embraces future developments while restoring principles of continuity, access, and responsiveness at the heart of NHS care.

JEN CRAFT MP FOR THURROCK, MEMBER, HEALTH AND SOCIAL CARE COMMITTEE

- **Costs of inaction and early intervention:**
    - Jen Craft MP drew on recent work with the Health and Social Care Committee, emphasising the importance of shifting government thinking from the cost of intervention to the cost of inaction.
    - She noted that delayed support leads to more expensive and less effective outcomes, contributing to hospital backlogs and rising social care pressures.
    - Recent inquiries – into the first 1,000 days of life and community mental health – highlighted the value of early, preventative models, citing Blackpool as an example of community-led innovation delivering long-term benefit.

- **Determinants of health and integrated care:**
    - Craft underlined that many health outcomes are shaped by social factors such as housing, income and education.
    - She shared an example from Thurrock, where adult social care and community health teams operate in a shared space – improving coordination and delivering more joined-up, person-centred care.

- **Innovation and system reform:**
    - Craft argued that innovation should be seen not as a cost-cutting exercise, but as a means of improving the effectiveness and sustainability of current investment.
    - She called for political will to reform outdated service models and design care that reflects today's realities.

- **The role of community:**

- In closing, Craft stressed the importance of strong community infrastructure in tackling issues such as social isolation – now recognised as a significant health risk.
- She called for place-based innovations across the East of England to be recognised and scaled, particularly in underserved and coastal areas.

JESS ASATO MP – CO-CHAIR, EAST OF ENGLAND APPG

- **Health disparities in coastal communities:**
  - Jess Asato MP highlighted the significant health inequalities facing coastal areas and emphasised that innovation must reach all parts of the country – especially those with the greatest need.
  - She noted that 31% of coastal residents are aged over 65, compared to 22% in inland regions, yet these communities face a 15% shortfall in consultant numbers, limiting access to specialist care.
  - These challenges are compounded by wider deprivation, including poorer housing, lower employment rates, and increased health risks.

- **Equity in innovation:**
  - Asato argued that health innovation must be driven by equity as well as efficiency.
  - She cautioned against national strategies, such as the creation of Centres for Excellence, becoming overly concentrated in urban or affluent areas.
  - Instead, she called for such centres to be extended into underserved and high-need regions, supporting more inclusive access to care, research, and innovation.

- **Closing remarks:**
  - She concluded by reiterating that health equality must sit at the heart of innovation policy.
  - If the UK is to improve overall population health, it must ensure that the benefits of research, investment and technology are distributed fairly across all communities—including those historically left behind.

DR ARAMINTA LEDGER – MANAGING DIRECTOR, CAMBRIDGE UNIVERSITY HEALTH PARTNERS

- **About Cambridge University Health Partners (CUHP):**
  - Dr Araminta Ledger introduced Cambridge University Health Partners as an academic health science centre uniting two universities (University of Cambridge and Anglia Ruskin University) with three NHS Trusts:
    - Cambridge University Hospitals
    - Royal Papworth Hospital
    - Cambridgeshire & Peterborough NHS Foundation Trust

    - CUHP also works with global research institutes and industry partners.

- **The NHS as a platform for innovation:**
    - Ledger argued that the NHS should be viewed not simply as a constraint but as a vital part of the solution in modern healthcare.
    - She noted that the East of England, and Cambridge in particular, has the people, infrastructure and partnerships to lead in health innovation nationally and globally – provided collaboration remains central.

- **Innovation Ecosystem Programme:**
    - CUHP's *Innovation Ecosystem Programme* sets out practical steps for embedding innovation within NHS operations.
    - These include:
        - Introducing innovation-related KPIs into NHS performance frameworks
        - Supporting frontline staff to develop and implement new ideas
        - Participating in national schemes such as the NHS Entrepreneurs Programme
    - She highlighted CUHP's pilot of *Innovation Landing Zones* – hospital-based hubs where staff and entrepreneurs can test new technologies and access tailored support.

- **Clinical trials and economic value:**
    - Ledger cited the findings of the O'Shaughnessy review into clinical trials, noting that the UK has lost over £1 billion in commercial trial investment in recent years.
    - Beyond economic value, she stressed that clinical trials offer early access to cutting-edge treatments and significant cost savings for the NHS – each participant generating an estimated £9,000 in value and £6,000 in reduced treatment costs.

- **Research and data-enabled discovery:**
    - Two strategic priorities underpin CUHP's work: industry collaboration and ethical use of secure health data.
    - Ledger highlighted new infrastructure such as NHS Secure Data Environments and the Health Data Research Service, which enable safe and consented analysis of health data to support discovery in cancer, rare disease, mental health, and health inequalities.

- **Hospitals as engines of innovation:**
    - CUHP is supporting three major new hospital developments in Cambridge, focused on children's health, cancer, and acute care.
    - These are designed not only for clinical delivery but as innovation centres – where NHS clinicians, university researchers and industry partners are co-located.
    - At the Cambridge Cancer Research Hospital, genomic sequencing has enabled four in ten breast cancer patients to avoid unnecessary chemotherapy. Similar

models are being adopted in brain cancer and neonatal diagnostics.

- **Closing remarks:**
    - Ledger closed by urging support for the region's innovation agenda, noting that with the right backing, the East of England can deliver faster, fairer and more effective healthcare outcomes for the UK as a whole.

Q&A DISCUSSION

Q1: What are the barriers to adoption and scaling of innovation in the NHS, and what trade-offs are needed to enable scale?

- Respondents acknowledged systemic friction when trying to adopt innovation across multiple healthcare settings.
- Even when a product or approach succeeds in one setting, it often faces duplicative approval processes elsewhere.
- While not a criticism of clinical staff, this "re-proving" barrier was recognised as a major hindrance to scaling.
- **Multi-year budgeting** was seen as a core solution. The 10-Year Plan includes provisions for a portion of budgets to be dedicated to transformation, but HMT's short-term funding model and system conservatism remain challenges.
- Shifting institutional culture and structural planning would help, but these are slow-moving changes.

Q2: How can we better communicate to investors that the NHS remains a reliable partner for innovation funding?

- Attendees identified a gap between early-stage NHS R&D and real-world system adoption. A suggestion was made to hold future events with **VC and private capital participation**, strengthening links between innovation and investment.
- The idea of joint work between APPGs (e.g., Health and Life Sciences) was raised as a route to present a **more coherent national narrative**.
- Innovation should be seen as integral to both **patient outcomes and economic growth**. One practical step in this direction is the creation of "innovation landing zones" within hospitals—designated spaces where innovation can be tested and scaled alongside routine operations.

Q3: Can devolution support innovation and address regional health challenges?

- There was agreement that **devolution could be a game changer**, particularly by enabling **strategic, cross-sector collaboration**—across health, transport, housing, and education.
- However, it was noted that current arrangements lack coherence; despite positive intentions, different sectors often still operate in silos.
- Several speakers emphasised the need to move beyond doing "more of the same," and use devolution to catalyse joined-up action.

Q4: How do we ensure that the most disadvantaged communities can access and benefit from innovation?

- This was recognised as a major challenge.
- Historically, those who most need access to new technologies and services are least likely to receive them.
- Speakers advocated for **"down-up" listening approaches**, such as Essex's community-led Caring Commission, which emphasises community diagnostics (e.g., the new Clacton centre) and infrastructure investment in underserved areas.
- Better use of data and more precise targeting were also suggested to ensure that innovation reaches those who need it most.

Q5: How can we bring patients and staff along on the journey of transformation?

- It was observed that **change is often poorly communicated to patients and staff**.
- Cultural assumptions—for instance, a belief that hospital attendance equals better care—can undermine reforms.
- More needs to be done to frame changes as improvements, not reductions.
- Attendees stressed the importance of co-design, system-wide approaches, and involving both NHS and community partners from the outset. Innovation should be done *with* people, not *to* them.

Q6: What is the role of the VCSE sector in innovation—and is it sometimes leading the way?

- Participants from Age UK and other voluntary bodies noted that **VCSE organisations often move faster** than statutory systems, with more flexibility to tackle foundational challenges like **frailty and falls**. These were framed as low-tech but high-impact areas for improvement.
- It was also noted that **basic interventions already backed by NICE** often struggle for uptake—not due to lack of evidence, but systemic inertia.

Q7: What is the role of culture and creativity in health innovation?

- Representatives from Creative Arts East and others called for **greater investment in creative health**, particularly in the East of England, which has received little support under the current industrial strategy.
- Creativity was framed as a **preventative health tool**, with the potential to reduce pressure on acute services and improve wellbeing.
- Social prescribing and community-based cultural initiatives were described as vital and under-resourced.
- **Piers Ricketts** closed by noting that the government's task over the summer is to turn the **NHS 10-Year Plan into a Delivery Plan**.
- He emphasised that the East of England is well placed to lead this work, thanks to its **diverse population**, **biomedical expertise**, and **strong networks of collaboration**.

Closing remarks – Dr Edward Morris, Regional Medical Director, East of England

- **Recognising regional strengths:**
  - Dr Edward Morris closed the session by reaffirming the East of England's role as a leading centre for health and medical innovation.
  - He praised the region's depth of expertise across clinical, academic, and commercial sectors, and highlighted the significant progress already being made.

- **Sustaining momentum through investment:**
  - Morris cautioned that the region's momentum must not be taken for granted.
  - He stressed the importance of continued investment in innovators and in the wider conditions that support innovation.
  - Without this, he warned, the region risks losing both its talent and the wider health and economic benefits of innovation-led growth.

- **Final call to action:**
  - He urged all attendees to continue championing the region's innovation ecosystem to ensure delivery of cutting-edge care, stronger economic resilience, and better outcomes for patients and communities.

- **Visits to exhibits:**
  - **PocDoc**: PocDoc Healthy Heart Check is an at home, finger-prick test offering lipid results in under ten minutes.
  - **C the Signs**: C the Signs is a clinical decision-support system that assists healthcare professionals to spot cancer at an earlier stage.
  - **TEND VR**: Tend is a scalable way to support mental wellbeing anywhere in the world, right where it is needed most at a cost affordable to all.
  - **TidalSense**: Transforming respiratory care pathways with AI-driven diagnostic and monitoring technologies.
  - **SiSu**: Empowering preventative health through accessible digital solutions and population health data.
  - **P.Happi**: Supporting women's health with innovative microbiome solutions. Active in Norfolk and Waveney and Suffolk and North East Essex.

REGISTERED ATTENDEES - PARLIAMENTARIANS

Name	Constituency
Jess Asato – Co-chair	Lowestoft
Pam Cox – Co-chair	Colchester
Blake Stephenson – Vice chair	Mid Bedfordshire
Marie Goldman – Vice Chair	Chelmsford
Alice Macdonald – region mission champion	Norwich North

Jack Abbott - Region mission champion	Ipswich
Dr Zubir Ahmed – PPS to Health Secretary	Glasgow South West
Bayo Alaba	Southend East and Rochford
Chris Vince	Harlow
Ian Sollom	St Neots and Mid Cambridgeshire
Jerome Mayhew	Broadland
Nick Timothy	West Suffolk
Pippa Heylings	South Cambridgeshire
Dr Peter Prinsley	Bury St Edmunds and Stowmarket
Rachel Hopkins	Luton South and South Bedfordshire
Richard Holden	Basildon and Billericay
Lord Andrew Lansley	Peer
Baroness Scott	Peer

REGISTERED ATTENDEES

Name	Organisation
Adam Igra	Cambridge University Hospitals NHS Foundation Trust
Adam May	AHP Suffolk
Alex Berry	Norfolk and Norwich University Hospitals NHS Trust
Amanda Stranks	Cambridge University Hospitals / NIHR Cambridge Biomedical Research Centre
Arun Muthirulan	Innovate UK Business Growth / Exemplas
Barbara Domayne-Hayman	Francis Crick Institute
Bea Bakshi	C the Signs
Candida Perera	The Health Foundation
Carl Woodroffe	Monmedical Limited
Caroline Angus	Integrated Care Academy
Caroline Donovan	Norfolk and Suffolk Foundation Trust

Charlotte Williams	North West Anglia NHS Foundation Trust
Chiara Board	B.Y.M. Technologies Ltd / P.Happi
Chris Taylor	Health Innovation East Midlands
Clarice Benney	Health Innovation East
Daisy Mann	PLMR
Dan Skipper	Age UK Norwich
David Everiss	University of Essex
Denise Rossiter	Essex Chambers of Commerce & Industry Ltd
Diana Hodgins	Dynamic Metrics Ltd
Dominique Shiells Edwards	NIHR Applied Research Collaboration East of England
Douglas Barrett	Alpha MD
Dr Gary Howsam	NHS Cambridgeshire and Peterborough ICB
Eashan Saikia	Aseptuva Ltd
Eddie Morris	NHS England
Eilish Midlane	Royal Papworth Hospital
Emily Faulkner	Cambridge University Hospitals
Emma Brown	Bedfordshire, Luton and Milton Keynes ICB
Eva Crespo-Rodriguez	P.Happi
Gabriela Juarez Martinez	Innovate UK Business Connect
Gasia Cavusyan Uncu	WeWALK
Ginny Idehen	Mid & North East Essex Mind
Hana Langa Allen	Cambridge University Health Partners
Hasan Djenan	Skin Analytics
Iain McNab	Essex Chambers of Commerce
Ian Hutchison	East Coast Community Healthcare CIC
Jade Uko	FSB
Jagjit Sethi	NHS East of England
Jasmine Yeandle	Labour Party
Jayne Knight	Suffolk County Council
Jean Marc Feghali	WeWALK

Jess Glenn	Health Innovation East
Jez Ellerd-Styles	SiSU Health UK
Jo Douglas	Allied Health Professionals Suffolk CIC
Joanne McCormack	NICE
Joe Swann	Health Innovation East
John Patman	Norfolk and Norwich University Hospital and University of East Anglia
Johnny Yuen	Norfolk Initiative for Coastal & Rural Health Equalities – NICHE Anchor Institute UEA
Jonathan Barber	James Paget Hospital
Joseph Crowe	Norfolk and Waveney ICB
Joseph Russell	Allied Health Professionals Suffolk CIC
Kanu Batra	Speek Health Ltd
Kelly McGovern	West Hertfordshire Teaching Hospitals NHS Trust
Kelly Tham	BFB Labs
Kevin Minier	East of England Citizens' Senate
Kim Bevan	Tend VR Ltd
Lawrence Morris	University of Cambridge
Liam Loftus	Health Equity Evidence Centre
Lindsey Cook	Health Innovation East
Lloyd Humphreys	Cogniss
Louise Allen	Cambridge University Hospitals NHS Foundation Trust
Luke Wyatt	C the Signs
Maddie Reed	Health Innovation East
Manjul Rathee	BFB Labs
Mark Gleeson	TidalSense
Mark Graver	Essex Partnership University NHS Foundation Trust
Mark Morrin	ResPublica

Mark Slack	CMR Surgical
Martin Pipe	Proxximos Limited
Mary Dixon-Woods	THIS Institute
Mary Stamp	House of Commons
Matthew Hoad Robson	Tend VR Ltd

Melanie Handley	University of Hertfordshire
Mike Mavrommatis	Eastern Powerhouse
Mike Rigby	Eastern Promise
Mrs Sanhita Chakrabarti	Bedfordshire, Luton and Milton Keynes ICB, Women's Health Champion
Nader Alaghband	Ampersand Health
Natalie Jode	Creative Arts East
Nick Presmeg	Essex County Council
Nicola Kemp	CLCH
Nik Johnson	North West Anglia NHS Trust
Paul Driscoll	Suffolk Primary Care
Paul Gill	Novartis
Paul Stokes	Cambridgeshire County Council
Paula Kersten	University of Suffolk
Pete Smith	AstraZeneca
Peter Bakare	Nutri Troops
Peter Coombes	Standard Gas Technologies
Peter Fish	Mendelian
Phil Mynott	Philip Mynott Photographer
Phillip Smith	East and North Hertfordshire NHS Trust
Piers Ricketts	Health Innovation East
Rachael Cubberley	Anglia Ruskin University
Richard Watson	SNEE ICB
Robert Baker	Department for Transport
Robert Sherwin	NHS England (East of England)

Rosa Wilson-Goldberg	Office for Life Sciences
Sally Cartwright	Cambridgeshire County Council
Sally Field	Cambridge Wireless
Sam Chenery-Morris	University of Suffolk
Samantha Fay	SiSU Health
Shain Khoja	Thriving Ai Ltd
Shazia Bhatti	Cambridge University Hospitals NHS Foundation Trust
Shylaja Thomas	NHS Cambridgeshire and Peterborough Integrated Care System
Sian Stanley	Stort Valley & Villages PCN
Steve Roest	PocDoc
Stuart Catchpole	Space East
Sunil Gupta	East of England Clinical Senate
Thomas Hildebrand	Office for Life Sciences
Thorben Seeger	Lifebit
Tommy Parker	KiActiv
Tracy Anne Dowling	Eastern Academic Health Science Network
Tricia D'Orsi	NHS Norfolk and Waveney ICB
Val Moore	Cambridgeshire & Peterborough ICB Citizen Innovation Group
Way Wong	Mid and South Essex NHS Foundation Trust
Wendy Matthews	NHS England
Will Davies	Royal Papworth Hospital NHS Foundation Trust
William Pope	NHS Suffolk and North East Essex ICB & NHS Norfolk and Waveney ICB
Zoe Billingham	Norfolk and Suffolk Foundation Trust
Zoe Walker-Fagg	Anglia Ruskin University

The East of England APPG is kindly supported by:

The academic partners of the East of England APPG are:

The East of England APPG's business partners are:

Disclaimer: Please note that this is a non-verbatim meeting note. While it draws in part on a transcript of the session, contributions have been summarised and edited for clarity and conciseness. Speakers should not be taken to have expressed these points in precisely the terms recorded here.