Minutes of the meeting held on 12 October 2017, Cathedral Room, Richmond House, Whitehall, Westminster, London SW1A 2NS

Present

Members

Chris Whitty – Department of Health, England; Chair
Mike Thompson – The Association of the British Pharmaceutical Industry (ABPI)
Helen Bodmer – Department for Business, Energy and Industrial Strategy (BEIS)
Aisling Burnand - Association of Medical Research Charities (AMRC)
Simon Denegri – INVOLVE
Pamela Kearns – Cancer Research UK (CRUK)
Beth Thompson – Wellcome Trust
Alan McNair – Scottish Government Health Directorates
Paul Stewart – Academy of Medical Sciences (AMS)
Rosie Lovett – National Clinical Institute for Health and Care Excellence (NICE)
Jonathan Mogford - Medicines and Healthcare products Regulatory Agency (MHRA)
Steven Hill – Higher Education Funding Councils (HEFCE)
Joy Todd – Economic and Social Research Council (ESRC)
Jonathan Weber - The Association of UK University Hospitals (AUKUH)
John Savill – Medical Research Council (MRC, Deputy Chair)
Mike Batley – Department of Health, England (DH)
Neena Modi - Academy of Medical Royal Colleges (AoMRC)
Bernie Hannigan – Public Health England (PH England)
Michael Bowdery – Health and Care Research Wales
Iain Cameron – Universities Representative
Tim Cave – Senior Representative from the Pharmaceutical Industry
Phil Brown – Association of British Healthcare Industries (ABHI)
Teresa Allen – Health Research Authority (HRA)
Nick Partridge – Independent (Deputy Chair)

In attendance

Sarah Qureshi – Partnership Manager, UKCRC
Alex Mclaughlin – Department of Health, England (DH, items 1-4 only)
Jennifer Short - Department of Health, England (DH, items 1-7 only)
Tamsin Berry – Office of Life Sciences (OLS, items 1-7 only)

Observers

Helen Campbell – Department of Health, England (DH)

1. Welcome and Apologies Oral

The Chair welcomed the Board to the meeting. John Savill (Deputy Chair) was especially welcomed to his last meeting and was thanked for his significant contribution to the work of the UKCRC.
2. **Minutes of the thirty-fourth UKCRC Board Meeting**

The Board approved the minutes of the last meeting.

3. **Matters arising**

The Board were informed that an item for discussion at the next UKCRC Board meeting in May next year will be non-clinical trainees. An update on Antimicrobial Resistance (AMR) is also being arranged.

All other matters arising were covered in the agenda.

**Discussion**

4. **Vaccines**

Alex Mclaughlin presented the ‘Lessons from the UK Vaccine Network’. He highlighted the following:
- The UK Vaccine Network was established in 2015 with £120M Official Development Assistance (ODA).
- The network brought together academia, industry and philanthropy from multiple fields e.g. vaccinology, immunology, epidemiology, bioengineering etc.
- There were four programmes of work: pathogen prioritisation, the vaccine development decision tool, the vaccine development process map and vaccine manufacturing in the UK.
- Current investments include: 55 live vaccine development projects, over a dozen Phase I trials planned or underway and establishment of the Centre for Innovative Vaccine Manufacturing.
- Key lessons learnt include: bringing together interdisciplinary teams (allowing real drive and focus), the challenge of using development aid (Government and the Life Sciences Sector do not largely understand it), timing of the introduction of the Industrial Strategy (£66M vaccine manufacturing centre) and taking forward and applying the models developed to other areas (e.g. AMR).

During discussion, the following was raised:
- The models and tools used were publicly available.
- Flu is not included in the top 12 vaccines in development priorities by the Network due to scientific barriers.
- A similar approach is being used to tackle AMR.
- The Network will now review the 12 areas of vaccines in development priorities.
- Policy questions need to be addressed, such as use of(placebos in epidemic areas.

The Board asked to be kept up to date with developments.

5. **Life Sciences Industrial Strategy**

Tamsin Berry presented the ‘Life Sciences Strategy and Sector Deal’. She highlighted the following:
• The Life Sciences Sector in the UK has many strengths (e.g. The Institute of Cancer Research, Genomics England etc.). It is a sector for economic growth and good health (£64b annual turnover and more than £30b in exports) and has a history of innovation (more than 80 Nobel Prizes in Chemistry, Physics and Medicine).
• John Bell led the development of the strategy with a vision of ensuring the UK remains a top tier global hub following the UK leaving the EU.
• Life Sciences Sector Deal Ideas have been developed into key themes; Health Advanced Research Programmes (HARP), Science, Growth, NHS Digital and Skills.
• Announcements so far have included: £146m Industrial Strategy Challenge Funds, Advanced Therapies Manufacturing Task Force, Medicines Manufacturing Industry Partnership etc.

During discussion, the following was raised:
• A debt of thanks is owed to John Bell for development of the strategy.
• This was an industry led vision.
• A more holistic approach across policy and government departments was required e.g. Data Protection Bill.
• The strengths of the Devolved Administrations (DAs) were highlighted e.g. data in Scotland and they had a full role in the development of the strategy.
• Implementation of the strategy now needed to be decided, this could be via the OLS and the momentum maintained.
• The greatest asset to the strategy was the NHS, however the real risk was the increasing fragmentation of the NHS.

The Board asked to be kept up to date with developments.

6. **Leaving the EU**  Oral

The Chair introduced this discussion. Since the last Board meeting negotiations were continuing with the UK Government producing several position papers and a decision was still pending on the new location of the European Medical Agency (EMA). A useful discussion followed and Partners were encouraged to highlight any areas that may have been overlooked e.g. particular regulation.

The Board requested that this item remain a standing discussion item.

7. **Mental Health Review**  Oral

The Chair reported that this was an area where research had moved slowly and science underperformed. It was now a big public health issue with relatively strong Government support, including funding. A strategy review is taking place building on the UK’s strengths and identifying gaps. During discussion, it was raised that all seven of the research councils had recently come together to issue calls and that there was a need to expand over into other disciplines and geographically.

The Board asked to be kept up to date with developments. The framework for Mental Health research by DH would be circulated.

**Activities**

8. **Update from Health Departments**  Oral

Developments in Scotland included:
Appointment of David Crossman as Chief Scientist, Health, in succession to Andrew Morris, with effect from 1 November. Andrew Morris will continue to provide specific expert advice to the Scottish Government on the digital health and social care agenda.

Chief Scientist Office research budget for 2017-18 has now been finalised at around £63 million, broadly flat against 2016-17. The Scottish Government is anticipating a 2 year spend review process for 2018-19 to 2019-20, with the financial position continuing to very challenging over that period.

Scottish Government’s Programme for Government published in September, with a clear commitment to implement the Health and Social Care Delivery plan, including continued support for health R&D and innovation, and to assist the commercialisation of world-class research in precision medicine and genomics sequencing. Also, a commitment that the NHS in Scotland will support implementation of the Scottish Life Sciences Strategy and step up its engagement with industry and academia to support sustainable economic growth in Scotland.

Recruitment of over 175,000 participants to The Scottish Health Research Register (SHARE). SHARE is a register of individuals who have agreed to their coded data being used to check whether they might be suitable for particular research studies. Participants can also authorise the use of their spare blood from routine clinical testing.

Developments in Wales included:

- A successful annual conference on 5 October, which focused on health inequalities, and the publication of an annual report.
- Two year extension funding for Centres, Units, UKCRC registered Clinical Trials Units and Infrastructure Support Groups following Ministerial approval of the work programme for the current and following two years.
- Engagement in knowledge management/mobilisation activity across Welsh Government departments, having recently created a post specifically for this purpose.
- Engagement with colleagues from across all DAs to market welsh strengths to the life sciences sector on recent USA missions. A new industry-facing document that emphasises our research strengths, streamlined services and vibrant research culture.
- Launch of ‘Prosperity for All’, a new national strategy with key themes, including ‘healthy and active’, that have relevance to health and social care research.
- White Paper on Post-Compulsory Education and Training (PCET) that suggests the possible creation of a body (‘Research and Innovation Wales’) to co-ordinate the funding of science in Wales. Currently out to public consultation.

Developments in England included:

- Following the outcome of a call last year, the establishment of 13 internationally recognised Global Health Research Units and Groups.
- Announcement of the National Institute of Health Research (NIHR) theme 2017: complex health and care needs in older people, building on the 2015 themed call in multimorbidities.
- Continuing work with NHS England on Excess Treatment Costs.
- Publication of the Future of Health report, taking a 20-30 year forward view of health challenges in England. Details of responses can be found on the NIHR website.
- Development of a NIHR digital strategy.
- Development of a NIHR communications strategy.
- Following an open competition, leading NHS organisations have been awarded funding to host NIHR MedTech and In vitro diagnostic Co-operatives (MICs) with over £11m awarded across 11 NIHR MICs.
- BioResource centres are being established in the heart of NIHR Biomedical Research Centres and Units.
- Review of training to be undertaken.
- Over 30,000 whole genomes have now been sequenced by Genomics England. Data is now being analysed with health data to help find the cause of disease and results are now beginning to be returned to people who took part in the early part of the project.
• Development of a strategy in Rare Diseases.

The Board noted progress in these areas.

9. **Update from Health Research Authority** Oral

Teresa Allen reported that the HRA relationships with both policy and operational leads across the DAs are currently very collaborative and mutually supportive while working on a shared goal of making systems not only compatible but also consistent. Other highlights include:

- Introduction of the HRA Service Improvement Programme, a vehicle for optimising the approvals process and supporting development as an organisation. An invitation to the DAs and other stakeholders to share user experience to help design all externally facing aspects of the proposals. Now beginning the detailed planning stage.
- Working with users of the HRA services, a recently developed a new HRA Website. The new beta version of the website is now live and feedback is welcome.
- Review of HRA Assessment Review Portal (HARP) and Integrated Research Application System (IRAS) for the future.
- Preparation for the changes to the EU Clinical Trials Regulation and alternatives, including both IT, process and guidance.
- Collaborative work with NHS Digital, MRC and others to align and streamline arrangements relating to regulatory processes for research involving data. This is reported regularly through NHS Digital Research Advisory Group.
- Piloting of a new model commercial agreement, aiming for a single UK version. Also, progress with a model non-commercial agreement where we already have a single UK version.

Tribute was made to the progress the HRA had made.

10. **Open session of new research initiatives (Charities)** Oral

Partners were invited to given an update on research initiatives that their organisations are involved in.

Beth Thompson (Wellcome Trust)

- New funding approach to better manage Wellcome’s endowment, which currently stands at £23b, compared to around £12b in 2005. Replacing a funding system under which spending rose and fell with the value of the endowment, with a more stable approach that will allow funding of Wellcome’s core activity to grow predictably and sustainably under most market conditions.
  - Core activity, including grant schemes and centres of excellence in Science, Innovations and Culture & Society, will be supported through the Primary Fund. This will spend £903 million in 2017-18 and is intended to increase this with inflation over the next five years so it is protected in real terms.
  - A Reserve Fund will support six priority areas, and other initiatives where Wellcome wants to drive significant progress or change over five to ten years. Additions to the Reserve Fund will only take place when investments perform well enough to provide a surplus after Primary Fund spending.
- Mental health is currently being explored as a potential new priority area from the reserve fund.
- Publication of new science strategy: Improving health through the best research, developed by Jim Smith over his first year as Director of Science. With four broad aims: creating knowledge, strengthening research capacity, using knowledge effectively, promoting an environment in which research can flourish.
- Formation of the Science Strategic Advisory Group to help review and adapt activities so that the best science continues to be funded.
Commitment over the next five years of at least £600 million a year to the Science team’s open mode funding and to strategic investments such as the Sanger Institute, Wellcome Centres, and their Africa and Asia Programmes.

Aisling Burnard (AMRC)
- Publication of Making a difference: Impact report 2017. Containing over 5000 pieces of data (via Researchfish) detailing the impact of charity-funded research. Data is available to the public with some caveats.
- Particularly considering the impact on mental health research from 38 charities.
- Collaborating on drug resistance in relation to AMR.
- The second collaboration with the ABPI to put together the ‘Patients First’ conference.
- Model how the ‘opt out’ function of Using Patient Data to Improve Health and Care will work including communications, due to be implemented in March 2018.
- Looking at the opportunities and challenges of the General Data Protection Regulation.
- Part of the Brexit Health Alliance, formed to safeguard the interests of patients and the healthcare and research they rely on.

Pamela Kearns (CRUK)
- Peter Johnson is stepping down as Chief Clinician, Charles Swanson will be taking over.
- Second round of Grand Challenges, focussing on 8 themes. Shortlisting to be announced in January 2018.
- Brain Tumour Centre of Excellence funding call, up to £3m over 4 years for a single located hub or newly created network of collaborating locations.
- Early detection funding schemes innovation in early detection £20m in 2021.
- Review of funding of Clinical Trial Units, not just UKCRC registered units but other core funded units as well. The outcome of this review is due in December.

The Board noted progress in these areas.

Subgroups and Fora

11. Clinical Trials Unit Network

The Board noted this paper for information.

12. Experimental Medicine Funders Group

The Board agreed the proposed changes to the terms of reference and membership of this group to include Precision Medicine as outlined in the paper.

Collaboration

13. **Office for Strategic Co-ordination of Health Research (OSCHR)** Oral

John Savill reported that the OSCHR Board had met twice since the last UKCRC Board. Main items of discussions were:
- The Health Informatics subgroup with Alex Markham as the chair, meeting regularly. Accessing data for research for industry is still the biggest problem.
• Health Data Research UK has appointed Andrew Morris as its Director. A roadmap of data architecture is expected by the end of the year.
• A Public Health Research sub-group is being established.
• The UK Prevention Research Partnership has been established with a £50m initiative to support multidisciplinary research teams investigating the upstream and environmental determinants of health relevant to a range of non-communicable diseases.
• Office for Data Release has been established to provide a systematic approach to reviewing requests to release personal confidential data by PH England, it is not part of NHS digital.

The Board noted progress in these areas.

14. **Clinical Academic Workforce**  Oral

Paul Steward reported that following the Shape of Training Greenaway report and the UKCRC English Academic Trainees Task and Finish group that a reduction in workforce numbers was still occurring and therefore questioned whether a cross-funder consortium approach was required. During discussion, the following was raised:

- That this area (clinical academic workforce) would benefit from a UK integrated approach.
- A significant fall off is occurring at senior positions.
- A key aspect in this area is funding.
- Innovation scholarships have been created.
- A breadth of view is required, this would include the DAs.
- A survey of early and late clinicians would be useful.
- Post-doctoral positions have been created in children’s research.
- Biomedical Research Centres could host a number of posts.
- One of the key stakeholders is Health Education England and therefore engagement with them needs to be prioritised.
- The MRC and the Wellcome Trust are leading on work in this area.
- A new body would need to be created or an existing one used to include this remit.

The Board requested that an agenda item for the next Board meeting be given to this topic with a proposal.

**UKCRC General**

15. **UKCRC Partnership Manager’s Report**  UKCRC/17/09

Sarah Qureshi reported that this was a standing item detailing the work of the Partnership Manager and the financial position of the UKCRC.

The Board noted this paper for information.

16. **Any Other Business**  Oral

No other items of business were declared.

The next Board meeting was confirmed as 10th May from 2pm-5pm.