

Cross Party Group on Medical Research  
Second meeting of 2020

**Third evidence session of the Inquiry: Universities**

Tuesday 29 September 2020

12pm, Online via Zoom

Chaired by Angela Burns MS

**Minutes**

**In attendance**

Angela Burns MS, (AB) (chairing)

Dai Lloyd MS, (DL)

**Presenting:**

Professor Keith Lloyd, Head of Medical School at University of Swansea (KL)

Professor Robert Rogers, Director of Research, College of Human Sciences at University of Bangor (RR)

Professor James Walters, Director of MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University (JW)

Mike Bryan, Angela Burns AM's Office (MB)

Bethan Edwards, BHF Cymru (BE)

Adam Fletcher, BHF Cymru

Jonathan Roden, BHF Scotland

Lee Campbell, Cancer Research Wales (LC)

Pushpinder Mangat, HEIW (PM)

Carys Thomas, HCRW (CT)

Beverly Luchmun, HCRW

Corinne Squire, Cardiff University (CS)

Mathew Norman, British Lung Foundation & Asthma UK

Dr Christopher George, Swansea University (CG)

Dr Abdul Seckham, Cardiff Met University

Matthew O'Grady, Stroke Association Wales

Mark Briggs, Welsh Blood Service

Gemma Roberts, Cancer Research UK

Andy Glyde, Cancer Research UK

Joanne Ferris, Association of the British Pharmaceutical Industry

Professor John Parkinson, University of Bangor

**1. Introduction, welcome and review of minutes**

Angela Burns (AB) welcomes everyone and thanks Bethan Edwards (BE) for organising the session. AB mentions that BE will be leaving BHF Cymru soon.

BE announces that the new Policy and Public Affairs Manager for BHF Cymru is Gemma Roberts (GR), who will be taking on the role of the secretariat for the medical research CPG. GR introduces herself.

AB reviews the minutes of the last meeting and the minutes are agreed.

**2. Presentation by Professor Keith Lloyd, Head of Medical School, Swansea University**

Medical research is essential for Wales, not just for the economy but for the health and wellbeing of the population too. The problem is that Wales underachieves in medical research, apart from a few key areas, and this has been exacerbated by Brexit and Covid-19.

#### Swansea Medical Research Environment

- Wide portfolio of research which derives from UKRI funding, charitable funding & EU funding.
- The university has made a significant contribution to Covid-19 research e.g. with the ZOE Covid-19 symptom tracker. This is branded as King's College research but is also a Welsh success and hasn't been shared widely.

#### Sustaining existing excellence

- We have to sustain existing excellence in research in Wales, as we don't have a lot of this.
- We have to maintain infrastructure. Health and Care Wales (HCRW) are extremely important for this but they're funding hasn't increased in many years and can be considered thinly spread.
- Diamond Review: hints that the current funding model isn't sustainable. We should thus be focusing on the core UKRI fundable research in Wales.
- Augar Review: review of student fees in England and Wales. Whatever we do around teaching has an impact on what budgets are available for research.
- UKRI asks for 20% contribution rates from universities, which is likely to go up.

#### Sustaining future funding and careers

- Covid-19 & Brexit shouldn't divert from successor EU funding
- There's debate around whether successor EU funding should come from UK or Wales level administration. Specific funds we should consider are the Global Challenges Fund and the UKRI Investment Fund.
- Quality Research (QR) funding - how HEFCW weights Research Excellence Framework (REF) output and QR funding is something to be considered.
- Charitable funding - CRUK has no new funding & BHF is reducing its budget by 50%.

#### Sector and industry collaboration

- Despite loss of EU funding, key researchers are still being asked to contribute to EU research with industry partners. There are positives to consider.
- Approach to providing support for innovation is good but fragmented - Life Science Wales, MediWales, Catapult, A4B funding isn't joined up.

#### Applied & clinical research

- HCRW have an important role to play but their budget is constrained and thinly spread.
- Clinical trials capacity - taking part in these trials should be encouraged for the benefit of patients and innovation.
- More research should be encouraged within nursing and allied healthcare professionals

#### Innovative solutions to the above problems in the medical research environment in Wales

- Wales membership of Office for Strategic Coordination of Health Research (OSCHR) is critical to opening up funding to Wales.
- REF in 2021 gives us an opportunity to look at how HEFCW gives out QR funding.
- Universities in Wales should be working together to avoid funding being spread thinly.
- Innovation in Wales needs to be more joined up, perhaps as a result of funding being administered at different levels and from different bodies.
- We should have a mixture of Wales and UK administered schemes to replace EU funding e.g. OSCHR should be on UK level.

AB thanks KL and introduces RR.

### **3. Presentation by Professor Robert Rogers, Director of Research, College of Human Sciences at University of Bangor**

- The content of our research is very different to Swansea, focused more on health-based social, economic and intervention practices. The extent of our medical research is also a bit smaller.
- Funding comes from HCRW Wales, NIHR, MRC and increasingly from UKRI and the Wellcome Trust.
- We're committed to developing capacity in these areas and expanding research in preventative medicines, in line with *A Healthier Wales* and in eliminating health inequalities.
- Part of a Task and End Group with Welsh Government and BCUHB to consider the proposal of having a School of Health and Medicine in North Wales. This would have important effects on the provision of health and social care across the region.
- Interdisciplinarity is important in the future of medical research. We need to broaden it out to consider how the research interacts with social, environmental and economic factors to make a difference.
- Want to build research capability and this requires a balance between building on existing research excellence but also the research needed in Wales considering the health and scientific challenges that are faced.
- We need to think more strategically about what building capacity really means and how we measure whether capacity is changing and if it's improving.
- HCRW is important but we note that some aspect of funding available in England is not available in Wales. We need to offer a broader set of schemes.
- We value QR, but we agree with the Reid Recommendations and these need to be implemented.
- Studies have been suspended due to Covid-19 but are slowly coming back.

Dai Lloyd (DL) joins the meeting and AB provides brief recap and welcomes James Walters (JW).

### **4. Professor James Walters, Director of MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University**

- Research mainly consists of the genetics work around the basis of mental health research.
- National Centre for Mental Health (NCMH) also sits under the MRC centre, which was funded by HCRW.

The impact of Brexit

- Reputation of the research in Wales depends on having excellent researchers and due to the expertise needed for medical research we often have to search outside of Wales/UK. We need to have a global reach
- Many researchers coming from the EU - EU-funded PHD studentships and ERC research funding have been extremely useful (particularly for researchers being able to establish themselves as independent career researchers)
- The partnerships and relationships that researchers from the EU bring to Wales is irreplaceable
- Ser Cymru has been vital in attracting researchers to our facilities
- We've been able to establish a secondary care health data platform which brings benefits for the NHS, patients and for medical research. This highlights the importance of sharing resources, information and data in Wales.
- We've lost people due to what they perceive as being the negative impacts of Brexit and we've seen that people often no longer want to come and work in Wales due to uncertainties. For example, finding experts to work in CUBRIC (a Welsh Government funded project) is increasingly difficult.

#### Funding and collaboration

- If Wales is to be world-leading and competitive in research, then we need to do it strategically and pick areas that we can reach excellence
- We need funding to enable this. We're competing and collaborating with cutting-edge universities and the disparity is clear between the funding Wales is receiving and universities elsewhere in the UK.
- UKRI and MRC funding is going to become more important in the absence of EU funding.
- Specific schemes for funding and network development in non-EU countries (like Japan) have been set up, but nothing to maintain and encourage partnerships with EU countries.
- ERC funding is essential for career development as there aren't many dedicated schemes for early career researchers. The core of this funding is for those who are 3-7 years post-doctoral and want to start as independent researchers. This fund needs to be replaced with something substantial.
- Ser Cymru does aim to help with early career researchers but needs to go further.
- Case Study - Wolfson Centre for Young People's Mental Health. It creates a huge opportunity for Wales but we're struggling to attract the important and necessary people to maintain this so may be missing out on opportunities.

AB thanks JW and states that she has met with many third-sector organisations like CRUK and BLF whose ability to fund medical research has been impacted by Covid-19. AB particularly welcomed the insight into how this affects medical research further down the pipeline.

AB opens up the floor for questions.

#### **5. Questions & discussion**

KL notes how there was a great deal of overlap between presentations, focusing on early career researchers, on creating research excellence and sustaining infrastructure.

JW agrees and states that even competing in a UK context, we need to think about these three aspects more strategically than we currently do.

AB: The shrinking of charity funding has been mentioned. Can you give us any indication of the gap in funding we're likely to be facing? It's clear that we're already facing lower amounts of funding in Wales in comparison to other parts of the UK, is this likely to widen further?

JW: The gap in terms of NHS research is stark and we have to rely on MRC and EU funding to bolster this. But as these begin to be eaten away, there are further challenges. To counter this, we're speaking to MRC directly and pursuing the research where we have strength to maintain competitiveness. There's also an argument that HCRW research centres should be fewer and better funded.

KL: I would agree with this. We need to be focusing on the things that we're good at and it could be argued the current HCRW budget is too thinly spread. In terms of charitable funding, CRUK have stopped funding all new research and BHF have cut funding by 50%. This collapse in charity funding will impact basic laboratory science rather than health data science. Charity funding also doesn't include overhead costs, which causes a big problem for universities.

Lee Campbell (LC): Research is so fragmented in Wales. Wales is small enough that we reach a joined-up approach. Perhaps what we need is a research roadmap which cuts across a variety of disciplines within the research environment. We also need better integration between health and social care research.

My final point is to do with funding infrastructure. Cancer Research Wales have been approached to see if we can help fund a platform for gastro-intestinal and bowel cancer research. These projects not only need funding to implement but need funding to keep them running too. Initial set up should be funded centrally by Welsh Government and the running costs of specific projects using these platforms should be funded by charities.

**ACTION:** AB suggests that the speakers should liaise with the chair and secretariat to co-write a letter to Minister, and for the CPG to send a letter outlining the effects Covid-19 has had on the medical research environment.

DL suggests that copy should also be sent to the chair of the Health Committee.

AB and DL leave meeting to attend Plenary and Mike Bryan (MB) to continue chairing.

Pushpinder Mangat (PM): HEIW doesn't have a major research function but it is something that we're looking to change. What we do is provide support for some medical trainees to undertake academic teaching and research. Would it be valuable to extend this to other professional groups?

KL: Excellent schemes for this exist already e.g. WCAT which trains medics, HCRW Research & Capacity Building Training Scheme for nurses, midwives and allied healthcare professionals, and Clinical Sessional Time Awards. What we need is to develop career pathways in health data science which don't currently exist. As a country, we need to ensure that we're training people in the skills that we need.

RR: We're very keen at Bangor University to revamp our own medical research agenda to include interdisciplinary professional training. There's a huge value in arranging training to make research accessible and Bangor would be keen to develop this discussion with HEIW.

Corinne Squire (CS): What opportunities are there and what support is available for collaborative research between NHS and industry?

KL: This is vitally important and there are different models for this. HCRW does a good job in terms of the remit of its funding towards the end of the research pipeline. But there isn't the same Welsh Government support available for industry collaboration, whether internal or external, and this should be within HCRW remit.

JW: From the NHS perspective, one of the goals of the NCMH is to establish those links with the NHS, services and clinicians. But to do this, you need to have something to offer. We need to think carefully about establishing excellence to encourage this collaborative research.

In terms of collaborating with industry, for instance strength in places bids, we struggle in this area as we don't have big industry in south Wales. It would be helpful if people knew where to go for support for this type of thing and for this to be more coordinated. There should also be mechanisms in place for researchers to talk to industry that aren't necessarily based in Wales but might be if they knew the research opportunities that exist.

Chris George (CG): The points of commonality among the speakers has been really useful, particularly regarding the need for strategic planning. But where does this strategic planning need to come from?

KL: We're looking at more planned partnerships between WG and universities and we have to collaborate more within this space if we're going to succeed. We also need to do this where our strengths lie. HCRW has a role to play in this in terms of WG, but universities also have a role to play in shaping this environment e.g. conversations with HEFCW around QR funding and REF.

JW: We've got a facility to measure our research strengths and its REF. It has got limitations but it's a valid way of assessing excellence and this can give us an opportunity to assess where that excellence lies in Wales. We need to get universities around a table with HCRW and WG to strategically discuss how we build on these strengths. But this also needs to be strategically combined with nurturing and encouraging new research ideas.

RR: HCRW are interested in promoting discussions with universities to develop joint perspectives and develop our research in a more coordinated way. Research is becoming more of a contacts board and we need to sit down to strategically figure out what we want to achieve and be able to use REF to develop existing strengths, but also be able to spot new and developing areas to exploit those opportunities.

Carys Thomas (CT): HCRW is only one part of the picture of the funding landscape. Some of the work we've done at HCRW has found that Welsh researchers are sometimes not applying to streams that are available to them internationally and in the UK, and even when they do apply, they're less likely to win this funding. My question is, where the particular gaps are here which is resulting in this outcome?

KL: Welsh Academics are still underrepresented on UKRI panels and boards. We're also still in the midst of establishing our reputation in areas beyond the research we're perceived to hold excellence in. Many of our really good researchers have also reached capacity in terms of accepting grants and we need to be focusing on our what are strengths are.

JW: NCMH sits on the Translational Research Collaboration (TRC), which is an NIHR organisation bringing together all the centres across the UK which have mental health as its focus. What UKRI requested with their Covid-19 applications, was that they're collaborative in nature. The leader of the TRC led on the bids, which demonstrates that if you're leading a collaborating in a UKRI context then you're much more favourably placed

to lead a grant application. This is the same with NIHR funding too; we need to be competitive in the UKRI and NIHR context to be able to lead on grants which lead to increased funding in the future.

RR: The insight we've heard today needs to be shared across Wales to increase the capacity across universities. We should be sharing training opportunities etc. to develop collaborative capacity.

JW: Perhaps we should be asking the MRC for feedback on a Wales-wide level what we could be doing to improve applications.

RR: I agree with this, it would be interesting to talk to MRC directly and see the evidence.

CT: We have been having these conversations with MRC lately and they do visit some universities yearly, like Cardiff University, to have these discussions. This is definitely something we could facilitate and support going forward and perhaps I can make contact with speakers after this meeting to pursue this.

ACTION: CT to make contact with KL, JW and RR to facilitate conversations with MRC going forward.

## **6. Close**

BE thanks the speakers for their presentations and to members for their contributions to discussion. BE assures members that GR will be in touch soon as the new secretariat, with any upcoming meetings. The session is brought to a close at 1:20pm.