

Minutes
Cross Party Group on Medical Research
25th February 12 – 1:30pm
Online, via Microsoft Teams

Agenda

1. Welcome, apologies, AGM: Chair: Angela Burns AM [5 min]
2. Topic Discussion: Launch of the [findings from the inquiry](#) into the implementation of Professor Reid's recommendations to improve Welsh Medical Research environment
 - a. Dr Charmaine Griffiths [20 min]
 - b. Dr Bryan Deane [20 min]
 - c. Dr Alan Parker [20 min]
 - d. Prof. Kieran Walshe [20 min]
3. A.O.B [5 min]
4. Close

Attendees

- | | | |
|-------------------------------------|--------------------------|--------------------------|
| 1. Angela Burns MS (chair) | 23. Emma Henwood | 48. Matthew O'Grady |
| 2. Dr Dai Lloyd MS (Member) | 24. Felicity Waters | 49. Michael Bowdery |
| 3. Gemma Roberts, BHF (Secretariat) | 25. Fernando Pabst Silva | 50. Michael Stembridge |
| 4. Adam Fletcher | 26. George Christopher | 51. Mike Bryan |
| 5. Alan Parker | 27. Greg Pycroft | 52. Nick Thomas |
| 6. Alaw Davies | 28. Henry Lovett | 53. Nicolas Webb |
| 7. Alexander Smith | 29. Huw Jones | 54. Paul Spencer |
| 8. Andy Glyde | 30. Ian Lewis | 55. Penny Evans Angharad |
| 9. Ann Tate | 31. James Walters | 56. Rachael Adams |
| 10. Ben Hawkey Gilder | 32. Jamie Macdonald | 57. Rachel Lord |
| 11. Bethan Edwards | 33. Joanne Ferris | 58. Rae DePaul |
| 12. Beverly Luchmun | 34. Joanne Oliver | 59. Rhian Thomas-Turner |
| 13. Carys Thomas | 35. Jonathan Roden | 60. Rhodri Conway Davies |
| 14. Charmaine Griffiths | 36. Julie Williams | 61. Rich Greville |
| 15. Claire Kelly | 37. K. R Lloyd | 62. Richard Clarkson |
| 16. Colin Dayan | 38. Karen Leek | 63. Robert Rogers |
| 17. Delyth Morgan | 39. Katie MacGregor | 64. Rylan Doyle |
| 18. Denise McAnena | 40. Kieran Walshe | 65. Sarah Williamson |
| 19. Dominic Eggbeer | 41. Laura Longshaw | 66. Stephen Riley |
| 20. Dora Szalkay | 42. Lee Campbell | 67. T. E Howson |
| 21. Dreane Bryan | 43. Lee Campbell | 68. Tim Banks |
| 22. Ed Bridges | 44. Leila Gouran | |
| | 45. Liz Williams | |
| | 46. Matthew Morgan | |
| | 47. Matthew Norman | |

Item 1. Welcome and AGM

Angela welcomes everyone to the final meeting of the CPG on MR. Notes that the meeting is being recorded.

Dai Lloyd nominated Angela as Chair which was ratified by the Group. Accounts were agreed to be sent round the Members of the Group.

Established in 2019 and purposes of the group has to been to conduct a review of medical research in Wales in light of Reid Reviews. Welsh Government has not implemented these things. 1) Apparent and widening funding gaps 2) Collaboration issues 3) Lack of research career support

Urgent action must be taken to implement the Reid recommendations. Covid-19 shows importance. Need a step change in the support for research.

Angela notes how much she has enjoyed the meetings and left every meeting with a greater understanding of research. Covid-19 has enlightened this further and highlighted the imperative for greater support for medical research.

Thanks Secretariat and introduced Dr Charmaine Griffiths

Item 2a. Charmaine Griffiths

Thanks Angela

Talk about the impact of Covid-19 on research. Brought into light the actions in report and acting upon them. Need for Wales to place focus on research across all settings.

Impact of Covid-19 has been profound on charity sector funding.

Pandemic has exposed the need to have a healthy nation to endure the pandemic and be resilient for the future. Also- the power of medical research to make breakthroughs for the future and equip ourselves to be resilient.

We should be proud of our work. BHF fund 55% of all non-commercially sponsored research into heart and circulatory disease. Concerned about impact of pandemic on that.

£4 million research funded in Wales. Funding research in wales that we know will impact patients long-term.

Clear early on in pandemic between heart disease and Covid-19 outcomes. Funded flagship efforts to understand this connection. Stood in solidarity with other charities in sector to call for support for medical research charities. Never more needed for our support services.

Charities instrumental in R&D ecosystem through building innovation opportunities, increasing skills and de-risking early stage research.

BHF is funding 29 active clinical trials right now, amounting to around £30m in investment.

1,700 research staff across UK on 800 projects. 440 early career research.

Covid-19 pandemic is the biggest challenge in 60-year history. Events cancelled; shops closed. BHF was losing around £10m a month in revenue in first lockdown. £320k lost in sales in Welsh autumn fire break lockdown. Shops lost 62% of sales since April. Means less funding for research. No clear support for research funding. Been lobbying hard. £750m for uni's not applicable for medical charity research.

Sector facing a shortfall of around £310m. 3 years to recover to previous levels of funding. 4 in 10 early career researchers are leaving the UK. We are working with them to understand their needs and better support them. Offered extensions to PhD students by 6 months, 110 students. Risking a generation of lost researchers.

BHF has had to halve research funding. Worried that if we don't maintain the ecosystem, we will lose the research base we currently have. Having to say no to research we would like to fund. Looking at options to keep core research funding.

Still seeing breakthroughs every day and week, worried that threats to funding will stall progress. Need to see support from Welsh and UK Governments.

Angela thanks Charmaine, sobering analysis of threat to charity research.

Angela welcomes Bryan Deane, ABPI.

Item 2b. Bryan Deane:

Thanks Angela.

With advances in genomics and movement towards stratification, medicines are transforming lives. Want to make UK best place for new medicines.

Pharma employs 63k people and is 6 times more productive than the UK average.

Reflections on inquiry report. Welcome the launch, brings forth issues. Asks the question of whether we want to focus on areas of strength.

Funding – Wales has relied on EU funding. We need to understand UK-EU association on research and whether there are any gaps and whether these can be filled. Keen to recover from the pandemic in the clinical research area.

Collaboration – Member companies already have good collaborations. Need collab between academia, industry, health service and charities. Covid-19 has highlighted how it can move things forward and we need to build on this as emerge from Covid-19. Ran through examples of collaboration. Published toolkit on joint working in Wales.

Research Careers – Clinical trials report showed the need to open research to all – not specialised few. Need to bring into wider clinical care to allow more patients to access it. Published paper last year. Need also to support STEM in education – ABPI does this.

Patient and Public Involvement – Support this. Covid-19 has shown that this isn't yet fully embedded in our work in research. Need to design future research to be more open to patient need.

Main theme is to collaborate on where we need to focus and how we move forward.

Angela thanks Brian. Opens up to questions for Charmaine and Bryan.

Questions

Julie Williams asks on clinical trials. Relatively few done in Wales, is there more we can do on this? Particularly Genomics.

Bryan – 220 trials in Wales prior to Covid-19, biggest issue is getting trials restarted post-Covid-19. Timing needs to happen site by site for restart.

Charmaine – BHF funds many trials in response mode. On data science – BHF data science centre is informing Covid-19 and informing linking of data.

Lee Campbell commented about HB service contracts have been prohibitive to research.

Angela question on wales shortfall for BHF in Wales.

Adam Fletcher - Net income down by 50%. £5m raised in Wales. £4m spend on project wales, also CPR and HBP projects. 50% drop is a huge impact.

Item 2c. Dr Alan Parker

Thanks Angela.

Introduces himself. Large group supported by a number of third-party funders. 20 researchers in group – large group in academic terms.

Work spans cancer, immunology and virology and links in multiple building with multiple specialties enables work. Working on smart viruses to tackle cancer.

Expertise in virology. Considered to be international leaders in cancer and wider virology. 3000+ viral vectors.

During pandemic used viral vectors to develop vaccines. Got funding to bring over infectious disease expert from America to support.

Not only team in Cardiff reactively supporting Covid-19 response. Lists examples but lots more in Cardiff and around wales.

Impact of Covid-19 on research – 90% of his research was halted Impact on productivity. Phased return in priority order. Still impacted productivity due to distancing. Also impacted access to clinical samples. Now work in shift patterns. Seeing impact of loss of coffee room discussion on research ideas etc. Impact being seen on mental health.

SWOT analysis of research in Wales. Strengths – pockets of international research (cancer, neurology, immunology & virology), Unique infrastructure and history of IP generations. Weaknesses, lack of critical mass (even in areas of strength), loss of future talent. Lack of infrastructure to move research into clinic, lack of an innovation fund to support commercialisation. Opportunities – Alignment in the translational pipeline, tripartite Cardiff cancer research hub, with investment could be world leading. Threats – IP lost outside wales, third sector budget cuts, Increase in costs of basic reagents due to Brexit (double or triple), non-implementation of CReSt.

2d. Prof. Kieran Walshe

It's a great report. Reid review was limited in scope, but recommendations in the report are very much sound.

Funding is a complicated picture of public, private and third sector and across Wales. Range of producers and users. Important to think about how research is translated into policy.

Wales gets 2.4% of public and charity funding. About half what you might expect. Similar to Northern Ireland, South West England and North East England. Very unequal funding towards golden triangle. Not capturing share of UK-wide research funding and Welsh Government invests less in HCRW than NIHR.

Ran through aims and purpose of HCRW. It's important to create a sustainable research system to support research careers.

HCRW is using resource to act as a catalyst for wider grant funding and to create a support and delivery system for research.

What HCRW has learned from the pandemic. Shown the importance of research in how we respond to these things. What has happened in UK has shown impact across the work. RECOVERY trial, development of genomics and vaccines for Covid-19. UKRI has funded a large amount of research. Lessons – research matters, staying up to date with evidence is challenging, research needs to move quickly to keep up. Rapid evidence synthesis and communication. Government invested in a Covid-19 evidence centre. Focusing on using evidence.

Questions

Angela asks if we can do what we've done for Covid-19 so quickly – could we take things to do the same for other areas.

Alan - if we look for silver linings, one is the speed at which all of the various stages can work – should add impetus into all of our work to drive work forward.

Kieran – word of caution of damage to wider research, linking of data has been a huge lesson in Covid-19 needs to be taken forward.

Matthew Morgan asks question on wider research outside of chronic disease and what support is planned for clinical academics.

Kieran – HCRW and HEIW reviewing mapping support for career pathways. Funding schemes exist and not unique issue to Wales.

Keith Lloyd – SAIL databank has been a strength for research in Wales. Asks about HCRW budget

Kieran will take recommendations from report forward to make the case for greater investment from WG.

Julie Williams - asks about why public funding levels so low. Asks whether this is a capacity issue and need to stop doing research on the cheap. Covid-19 has shown the importance of investing and that it gets results.

Alan agrees this, and states Wales is losing future talent through lack of support. Easy to make business case as generate more money than cost to keep. IP also being lost from Wales (company with starting investment of £10-30m). Need to get better at converting IP to increase inward investment.

James Walters – Fundamental point is the equity of funding. Funding incomparable to England and it is this funding allows wider investment.

Item 3. AOB

Gemma thanks Angela for all her work on the CPG.

Angela will send report to the health minister, we will also be forming a legacy report for the CPG report in this session.

Angela also thanks Dai Lloyd. Thanks Gemma and everyone for attending and their work on the CPG.

Item 4. Close 1.37pm.