

**Health Partnerships Committee**

30 November 2022, 2.30pm

Minutes**Present Members:**

Professor David Lomas (Chair), Professor Gianluca Baio, Ms Kirsten Buckley, Professor Duncan Craig, Professor Andrew Dick, Mrs Claire Glen, Professor Graham Hart, Mr Richard Jackson, Professor Sam Janes, Mr Henry Killworth, Dr Alice Mortlock, Mr Michael Rowson, Professor Rebecca Shipley and Dr Kathryn Walsh

Apologies:

Professor Alan Thompson

In attendance:

Mrs Megan Gerrie, Director of Projects and Planning
Professor Sir Peng Khaw, Director of the Moorfields BRC
Professor Bryan Williams, Director of the UCLH BRC

Officer:

Ms Mary Moloney

Part I: Preliminary Business

Professor David Lomas, Vice Provost (Health), welcomed everyone to the meeting and, in particular, Professor Sam Janes (Director of the Division of Medicine), who had replaced Professor Derek Gilroy as the nominee of the Dean of Medical Sciences, and Kirsten Buckley (Director of Development), who had replaced Rebecca Whitham as the nominee of the Vice-President (Advancement).

1. Minutes (1-01)

1.1 The Health Partnerships Committee approved the minutes of the meeting held on 12 July 2022.

2. Matters Arising

2.1 Arising from minute 33:

- a. It was noted that the UCL Health Alliance is the required provider collaborative of the north central London Integrated Care System. UMC had approved use of the UCL brand for the Health Alliance. The Alliance's

status had been amended to become a ‘not-for-profit’ organisation but it would fundamentally operate in the same manner, as previously indicated. The Articles of Association would be presented to UCL Council for approval on 15 December 2022.

2.2 Arising from minute 35:

- a. Professor Duncan Craig (Interim Dean of Life Sciences) confirmed that good progress had been made: the General Pharmaceutical Council (GPhC) had agreed that pharmacists should be allowed to prescribe on registration at the end of Year 5, which would entail much higher clinical content for students. Funding for clinical placements and a tariff had been agreed and accreditation would start from 2023-24.

2.3 Arising from minute 37:

- a. The Memorandum of Understanding, between the UCL School of Pharmacy and the Centre for Medicines Optimisation Research and Education (CMORE), was reported to the University Management Committee on 13 September 2022.

Part II: Strategic Items for Discussion

3 Update on Biomedical Research Centres for UCLH and Moorfields (1-02)

- 3.1 As background, the Vice Provost (Health) noted that the role of the Health Partnerships Committee was to oversee UCL’s relationship with its external health partners with three of the most important relationships being the Biomedical Research Centres at GOSH, Moorfields and UCLH. The BRCs are funded by the National Institute for Healthcare Research (NIHR) to enable them to undertake patient centred research in collaboration with UCL. The recently announced BRC renewal outcome for GOSH, Moorfields and UCLH had amounted to c. £145m in total, with Moorfields receiving an increased allocation. Although this was less funding than in the previous round, it was considered a good result in view of the UK’s challenging political and financial situation.
- 3.2 The Vice Provost (Health) welcomed Professor Sir Peng Khaw (Director of the Moorfields BRC) and Professor Bryan Williams (Director of the UCLH BRC) to the meeting. Professor Thomas Voit (Director of the GOSH BRC) would report on the GOSH BRC at the next meeting of the HPC.
- 3.3 The [UCL announcement](#) on the BRC outcome was noted.

Moorfields BRC (1-02A)

- 3.4 Professor Sir Peng Khaw explained that he was Co-Director of the Moorfields BRC with Professor Andrew Dick (Director of the Institute of Ophthalmology), who was also a member of the Health Partnerships Committee. Professor Sir Peng Khaw highlighted the following:
- a. As context for the discussion, the cost of visual impairment to the UK economy was huge and, in July 2021, over 570,000 patients were waiting for eye treatment. MEH offers the largest number of outpatient appointments in the UK. Across the world, sight is considered to be the most important sense. MEH's vision is to preserve sight and drive equity through innovation.
 - b. There is great disparity in availability and delivery of eye healthcare across the UK. MEH hopes to improve this by patient/public engagement and inclusivity. The BRC is currently working on five themes:
 - i. Translational data science is used to investigate the causes of eye disease with the aim of its prevention, and early treatment. This objective had led to the establishment of a rapid diagnostic clinic at Brent Cross shopping centre with involvement from other UCL faculties, particularly The Bartlett. AI and eye imaging had highlighted the strong connection between cardiovascular and eye disease with cognitive loss.
 - ii. Vascular disease and inflammation were major causes of eye conditions such as those relating to diabetes and macular degeneration. MEH had undertaken some key, early phase studies on new molecules which would soon progress to full clinical trials.
 - iii. MEH is a major contributor to the 100,000 Genome project (covering 100,000 patients), working on genetic causes of eye disease. The IoO had discovered the greatest number of mutations, and this had led to policy change and access to full genetic screening for relevant individuals. Test tube models could now facilitate rapid tracking of new treatments and therapies.
 - iv. Regenerative therapies and use of stem cells can address the common eye diseases which result from ageing. The eye is under huge metabolic stress so is particularly prone to degeneration through ageing. New lasers are being tested, which can be used within three seconds to treat increased eye pressure and will revolutionise the treatment of glaucoma.
 - v. Imaging is being employed to look at the role of statins in multiple sclerosis for earlier diagnosis. Google and DeepMind have returned to the NHS the licensing for OCTane, the most advanced diagnostic AI in the world.
- 3.5 The Vice Provost (Health) congratulated both Co-Directors on the outstanding work and vision of MEH and this appreciation was echoed by HPC members.

3.6 Key discussion points were:

- a. The Director of the Institute of Ophthalmology highlighted an exciting development in relation to using imaging and algorithms to predict disease in those 'at risk'. The Moorfields Excellence programme creates a platform to triage patients, thereby revolutionising the care pathway. The scanners are highly portable so can be deployed in a number of settings, including optometry shops. Scan results can all be delivered remotely to the relevant eye doctor. In this way, it is hoped that the NHS backlog in eye disease can be addressed. In London, this new system was already in place and NHS England would use it as a pilot with potential roll out across the UK.
- b. The Director of Strategy and Operations pointed out that use of digital pathways could inadvertently create inequality. Moorfields was aware of this and hoped to work towards solving the problem. Sir Peng added that staff, as well as patients, were being monitored at the Brent Cross hub. They were highly motivated and from very diverse backgrounds. The Director of the Institute of Ophthalmology would be invited to present to all UCL Faculties at a meeting of the Health Strategy Forum when the new digital referral pathway was operational, possibly linking in with UCL Health of the Public.

UCLH BRC (1-02B)

3.7 The Director of the UCLH BRC reported the following:

- a. UCLH differs from MEH in covering a huge number of diseases. The partnership between UCL and the hospital is critical to the success of the BRC which undertakes an enormous amount of nationally commissioned work. This facilitates early-stage innovation.
- b. Although 'levelling' up and spreading resources across the UK are key objectives of the current Government, he noted that London contains a quarter of the UK's population and is one of the most diverse cities in the world. These factors allow more diverse recruitment to clinical trials than might be found elsewhere in the UK. He also felt that the 'knowledge quarter' at King's Cross presented an exciting opportunity to focus on Life Sciences. MEH was due to move to this area of London in 2026.
- c. For the renewal application, it had been necessary to demonstrate the added value in UCL's having three connected BRCs despite each being independent. Synergies in management, governance, education and enterprise had been highlighted. Collaboration between the three BRCs would increase in importance, as budgets decreased.
- d. Additional partnerships had been forged with Camden & Islington, RNOH, the Whittington, the North Middlesex and the Francis Crick Institute as well as with the Royal Free. Industrial partnerships were being developed, particularly in the data science space, with a strong and growing relationship

with Microsoft. The recent BRC Directors' Forum had highlighted that the relationship between all three BRCs would need to be even stronger for the next funding round. The UCLH BRC maintained a relentless focus on clinical translation and impact, funding the interface between science and clinical care.

- e. In terms of funding outcome, UCLH had been awarded £91m in comparison with £131m in the previous round. Taking account of inflation and loss of other research funding, the BRC had undergone nearly a 50% funding cut. This decrease would necessitate strategic decision-making over funding choices.
- f. The application had contained five 'clusters' rather than themes: neuro; medicine; cancer; data engineering imaging; and cardio-metabolic.
- g. The BRC had a strong governance structure with UCL and patient representation at every level.
- h. The reach of the UCLH BRC was national and 30% of trials recruited patients outside London with 20% from deprived, coastal areas.
- i. The Director of the UCLH BRC highlighted the size and excellence of the UCLH BRC in research and clinical trials, particularly for cell and gene therapy with the largest programme in Europe. He also outlined the outstanding, ambitious and far-reaching plans for the next five years, which should lead to transformative change in many serious diseases. He predicted that a more upskilled workforce would be required to adapt to the future changes in medicine.

3.8 The Vice Provost (Health) and HPC members congratulated the Director of the UCLH BRC on the first-class science and vision.

3.9 Discussion highlighted the following:

- a. The Director of the UCLH BRC confirmed that the slides on future plans could be used by the OVPA for philanthropy purposes.
- b. Most of the spinout companies associated with UCLB related to cell and gene therapy.
- c. In view of work undertaken on sight and hearing loss in shopping centre clinics, it was agreed that further thought should be given to breaking boundaries between hospitals and communities in other creative ways in order to make engagement with populations more proactive.
- d. In terms of the future NHS workforce, it was agreed that UCL should give strategic consideration to developing appropriate courses and degrees.
- e. There were currently significant funding calls for AI hubs and digital hubs across the UK. Despite this, a major challenge for UCL related to access to NHS patient data and the Director of the Institute of Healthcare Engineering suggested that a sub-group of the Committee, or another appropriate forum, might be established in order to address this important issue.

3.10 The Vice Provost (Health) thanked Professor Sir Peng Khaw (Co-Director of the Moorfields BRC) and the Director of the UCLH BRC for their outstanding presentations and for the success of their BRC renewal bids.

4. Report on research contracts with external partners (1-03)

4.1 The Vice Provost (Health) thanked Claire Glen, Executive Director of Research & Innovation Services, for taking up the invitation to present. She highlighted the following:

- a. As context, she reported that Research and Innovation is a back-office function, which supports the academic mission for research. She outlined the huge number of applications and awards set up over the last year. The active portfolio is £2.27B in value across more than 4,500 awards.
- b. Over the last 18 months, the Executive Director of Research & Innovation Services had reviewed the overall service in view of the following factors: funding had changed considerably over the last decade with much greater complexity involved; external funders were trying to reduce their own cost base; Government priorities had changed; and, overall, research had become increasingly international. The Investment and Security Act that came into force in early 2022 addresses how IP is shared with international organisations.
- c. The research funding landscape has therefore changed considerably and UCL has under-resourced Professional Services' research support. As a result, there have been some pain points in relation to the service provided over several years. The Executive Director of Research & Innovation Services had now broadened the service to include innovation (non-sponsored research activity), and restructured to improve planning and insight. In addition, a new compliance and assurance function, which was vital to external funders' auditing, had been created. It was hoped to align UCL's ethical processes and due diligence, especially for lower/middle income countries, and to ensure that compliance covered legal, risk and ethical aspects, as well as financial ones.
- d. Work was being carried out on the Nagoya Protocol on access to genetic resources and fair distribution of benefits.
- e. There were now excellent metrics on research performance but key indicators were less good for application flow.
- f. The new structure would be implemented in early 2023 with new Directors assuming their roles. It was hoped that academics would be provided with a better, more integrated service with clearer guidance and, over the coming months, the Executive Director of Research & Innovation Services would focus on resourcing, automation and the establishment of robust negotiating positions. The Worktribe and MyFinance systems were now synchronised and a phased launch for innovation projects by faculty, starting with FMS, Engineering and FPHS, had begun in October 2022.

- g. Contracts Services used to be part of Research Services and, as a result of the poor service in this area, it was moved into 'special measures'. Sally Wilson (Interim Director, Contracts) had carried out considerable restructuring in 2021. Despite best attempts to recruit research contract managers into the team, this had been very difficult as HEs found, in general, that there was only a small pool of people with the required expertise available for these roles. The consequence was that the UCL Contracts service currently relied heavily on expensive external legal support (mainly CMS and Andersons). The Faculty of Engineering was managing its own work in-house, so the major difficulties were in the LMS area where contracts were often more complex.
- h. In terms of service standards, the life cycle of 80% of contracts was less than the requisite 100 days. However, there were still significant pain points that needed to be addressed. There are currently 47 different types of contract and material transfer agreements passed from UCLB to RIS in 2021 in order to ensure oversight by UCL. There has been a huge growth in data sharing agreements during the covid crisis.

4.2 Points raised during discussion were, as follows:

- a. In relation to the Clinical Trials' review, the Director of Strategy and Operations, OVPH, indicated that it would be useful to know how this work would align with the new RIS structure. It was agreed that the Director of Strategy and Operations, OVPH and Executive Director of Research & Innovation Services would meet to discuss further.
- b. The Director of Development raised alignment of RIS due diligence with that of the OVPA. The Executive Director of Research & Innovation Services confirmed that a steering group was reviewing due diligence and associated risk across relevant UCL areas, *i.e.* RIS, RIGE, Credit Control, Procurement and the OVPA with a view to the eventual establishment of a CRM system. The Executive Director of Research & Innovation Services would be invited to present an update to a future meeting of the HPC.

5. OVPH Strategic Operating Plan (1-14)

5.1 The Director of Strategy and Operations, OVPH, updated HPC members, as follows:

- a. The Plan had been drawn up in spring 2022 and discussed at the Health Partnerships Committee, the Health Strategy Forum, by UCL Vice-Provosts, the UCL London Group, UCLP, and hospital partners, before being approved by UMC on 8 November 2022. The Plan had received support from UMC and it had been agreed that it aligned well with the UCL Strategy.

- b. A few areas to expand were highlighted so the Plan had been amended to include more on the pan-London data bid and NHS England. It had also been felt important to highlight branding and to receive OVPA input.
- c. The new Health website would be key to communicating the UCL Health agenda across UCL and to external stakeholders.
- d. Progress was being made across a number of work packages: for example, initiating dialogue with Grant Mills of The Bartlett to develop an NHS focused workplan; working across digital pathways; engaging with London Boroughs, such as Camden and Islington over childhood immunisation; supporting ICS with its research agenda, including the successful northeast London bid with a focus on cardiovascular disease, obesity and other co-morbidities. This would also include developing research networks and assisting underserved communities.
- e. In terms of the skills required by the NHS workforce of the future, the idea of a UCLH Academy had been paused whilst the apprenticeship scheme was fully explored. NHS partners were extremely enthusiastic to promote staff retention. The Director of Strategy and Operations, OVPH would write a high level paper on opportunities and challenges in this area which would be integrated into the OVPH annual planning process in spring 2023.
- f. Clinical Trials' review: the Terms of Reference had not been signed off but a great deal of stakeholder feedback had now been received. The Director of Strategy and Operations, OVPH would liaise with the Executive Director of Research & Innovation Services and others to ensure avoidance of duplication of remit and effort.

5.2 Matters raised in discussion were:

- a. The Director of the Institute of Ophthalmology noted that one challenge would be to progress the Health agenda with education and that the issue of workforce retention would be a big piece of work. UCL would need to ensure that the requirements of NHS partners dovetailed with those of UCL.
- b. Mike Rowson, Faculty Tutor for Population Health Sciences, had recently co-written a report for UCL on flexible education models and their implementation difficulties. He felt that this area would require further consideration.

Part III: Other Business for Approval or Information

Committee members noted that all minutes were 'draft' as they had not yet been approved by the relevant Board.

6. List of UCL Non-Executive Directors for NHS Hospital Foundation Trusts (1-04)

6.1 The list of NEDs was noted by Committee members.

7. AHRI Programme Board (1-05)

7.1 The HPC received, for information, the minutes of 18 October 2022.

8. UCL-UCLH Cancer Strategy Board (1-06)

8.1 The HPC received, for information, the minutes of 13 September 2022.

9. UCL Crick Board (1-07)

9.1 The HPC received, for information, the minutes of 6 October 2022

10. Hampstead Campus Masterplan Project Board (1-08)

10.1 The HPC received, for information, the minutes of 7 November 2022.

11. UCL Health of the Public Oversight Board (1-09)

11.1 The HPC received, for information, the minutes of 25 January 2022

12. Health Strategy Forum (1-10)

12.1 The HPC received, for information, the minutes of 1 November 2022.

13. Oriol Project Board (1-11)

13.1 The HPC received, for information, the minutes of 7 November 2022.

14. London Health Data Strategy Programme Stakeholder Board (1-12)

14.1 The HPC received, for information, the notes of 14 November 2022.

15. Research agreements July to November 2022 (1-13)

15.1 The HPC received, for information, a list of research agreements since the last meeting, signed by the Vice Provost (Health).

16. Any Other Business

16.1 The Vice Provost (Health) thanked all presenters and HPC members.

17. Date of next meeting

17.1 The next meeting of the Health Partnerships Committee would be held on 15 May 2023 from 9 to 10.30 a.m.

Ms Mary Moloney
Secretary to the Health Partnerships Committee
December 2022