

Genomics England GeCIP Board Meeting

Minutes of meeting held on 7th January 2016

Chair: Kay Davies **(KD)**

In Attendance: Michael Dunn **(MD)**, Sue Hill **(SH)**, Mark Bale **(MB)**, Mark Caulfield **(MC)**, Tom Fowler **(TF)**, Dina Halai **(DH)**, Nick Maltby **(NM)**, Matina Prapa **(MP)**, Jacqui Real **(JR)**, Richard Scott **(RS)**, Simon Thompson **(ST)**, Kate Witkowska **(KW)**

Called in: David Cox **(DC)** (present for first half of the meeting), Michael Parker **(MPa)**

Apologies: Nathan Richardson

1. Chair's introduction, welcome and apologies

- KD opened the meeting, welcomed those present and announced the apologies.

2. Last meeting's minutes and update on actions

- NM clarified an error in the recorded minutes from the last meeting that states the Board recommended that quoracy include Chair and six members and that this would not be ideal. It was agreed that the quorum be three members including the chair and funder, KD agreed.
- MC corrected 'Interoperation' in 'Genomics England Clinical Interoperation Partnership (GeCIP) Board' to 'Interpretation'.
- Update on action to revise and modify IP policy:
 - NM presented on this during the meeting.
- Update on action to invite Professor Michael Parker to join the Board:
 - KD informed that MP accepted invitation to join the GeCIP Board and was present by teleconference during this meeting.
- Update on action to liaise with GMC PPI Leads for nominations to be represented on the Board:

- MC explained that Genomic England (GeL) are happy to receive nominations from GMC patients. Ideally there should be a patient representing each Genomic Medicine Centre (GMC) and GeL are very keen to involve patients. Currently there are patients on the Ethics Advisory Committee but we should broaden this to include patients from the GMCs.
- SH suggested that it could be helpful to look for PPI representatives outside of GMCs who are more aligned with GeCIPs. KD suggested people in charitable organisations.

3. Genomics England Pilot and Main programme update

This part of the agenda was not addressed.

4. GeCIP Update

a. Genomics England IP policy

NM and MC presented:

- NM explained that section four on other IP and IP licensing are how we protect NHS and give NHS the advantage. The entire IP policy is underpinned by the GeCIP rules. It was highlighted that in the sequencing centre, some activities costs more than others so some activities may be discouraged. GeL will be asking researchers on how much compute they might need so that GeL can prepare resources in as required in advance.
- MJC explained that researchers may not be aware of certain downstream costs and so it is up to GeL to manage costs because GeL have a duty to embed these processes into the NHS and therefore they have to be affordable by the NHS. In some cases GeL may approve the additional research but the researcher will have to source funding from elsewhere. It is anticipated that researchers will want to bring in data that they have already generated where there is a new computational requirement and their existing funding has run out or will run out soon. Where we can we will be fair and equitable if no extra cost is incurred.
- NM clarified that GeL will own IP that comes out of the GeCIP, this is set out in the rules and now we need to think about effective management of IP going forward. GeL may consider outsourcing management of IP to a government or academic body that does this kind of work on a daily basis. GeL would need to work with the government or academic body on how to do this. GeL anticipate that in the next few months they will produce guidance on how to engage with GMCs and processes for granting data.
- MC raised that researchers have to be aware that it is unlikely that one university will own data, it'll be a collaboration across multiple partners and it is this that allows GeL and its committees to say it is not in the public interest for IP to be patented but better used to stimulate competition i.e. It is more beneficial to publish than to commercialise.
- DC inquired as to whether GeL are on course to spend the MRC clinical research infrastructure award by the end of financial year.
- MC confirmed that GeL are on track and that GeL has received tenders this week which are being looked at. It was clarified that this will be a staged delivery that will benefit from the price at point of delivery. MC confirmed that Hugh at MRC is happy that all orders will be placed by the deadline.
- NM further confirmed that GeL are due to award the final contract by 27th January.

- KD queried that a lot of spin-offs are based on technical know-how but this is not mentioned in the IP policy.
- SH informed that this is partly covered in section three (patents) of the IP Policy but may need expansion as well as being included in other parts of the document.

ACTION: GeL to review inclusion of technical know-how in the IP Policy.

- MB explained that there is a process going on to understand what we mean by IP. Ministers have looked at the IP policy and have set out higher level principles in a letter

ACTION: GeL to share the letter received from the Ministers regarding the IP Policy.

- MD agreed that it is important to understand what we mean by IP and how principles will be applied. It would be useful if there were more dialogue regarding this over next few months.
- NM informed that GeL will produce a strategy document concerning IP in the context of GeL, which will be a valuable contribution to this debate.
- MC contributed that GeL cannot bring anyone into domain unless they've signed an agreement and agreement says that they have read the GeL IP policy. MC thanked the GeCIP Board for their thoughts.
- MD added that it has to be clear what is within scope and what isn't otherwise there will be a worry of double funding.
- MC explained that the team have set up a process map on funding partnerships and the GeCIP Board are invited to consult on the process so that there aren't any ambiguities.
- NM agrees that it would be helpful to sit down with the funders and to capture their concerns.

ACTION: GeL to arrange a call with funders in 6-7 weeks (middle of February) to allow them to consult on the process map on funding partnerships.

b. GeCIP Steering Committee formation – proposal for approval

ST presented:

- The responsibilities of the GeCIP Steering Committee were presented which include advising the domains and the GeCIP Board.
- The proposed changes to the GeCIP Steering Committee were also presented with three options given. It was expressed that GeL's preferred option was option three – single meeting of all domains leads, one meeting per year with domain leads from each arm meet separately, one or more meetings per year.
- SH suggested a conference with everyone and also biannual GeCIP lead specific meetings.
- MC agreed that it would be useful for domains to discuss things in a room face to face.
- KD and SH agreed that option three is most sensible.
- MC proposed the idea of offering GeCIPs the use of a WebEx funded by GeL so that GeL can be aware of meetings occurring and a GeL personnel can attend the WebEx and input if any queries or issues arise.

5. Funders update

a. Devolved nations

MB presented:

- NHS Scotland will commission 4 GMCs to take part in the 100,000 Genomes Project (100KGP).
- MC explained that the programme manager at NHS Scotland changed half way through submission, and the new programmed manager had quite a few questions for GeL that caused nervousness but he is confident that they will be funded. A review of why the revised application was unfavourable is on-going.
- MC informed that GeL have had a call with Professor John Bisson, from the Welsh Government Research body NISCHR, and they are also getting ready to join 100KGP.
- Scotland and Wales have requested a change of GeL name but this was rejected because GeL are too far down the line. The solution could be a separate 100KGP logo to reflect devolved nations.
- SH reminded the GeCIP Board and GeL that the important thing is the ability to of partners to supply data and samples to standards required.

b. Partnership with external funding opportunities

MC presented:

- The process for partnership with external funding opportunities for consultation by the GeCIP Board was briefly presented.
- The GeCIP Board were informed that the process had not been widely commented on within GeL.
- GeL do not want to interfere with grant submissions but GeL should be informed on submissions made, this way we ensure funders' time is streamlined and to avoid ethical issues that could arise.
- MC expressed that the input of the key four funders on this GeCIP Board would be valued.
- The GeCIP Board were informed the GeL hope to finalise the process in next six weeks.

ACTION: GeL to email the process for partnership with external funding opportunities to all GeCIP Board members for consultation.

- MD reminded that GeCIP Board that once again transparency of what is and what isn't within remit is important.

6. GeCIP grant applications awarded or in play

MC presented:

- A summary of grants awarded or in play was presented to the GeCIP Board:
 - Awarded
 - Wellcome Trust Strategic Award- Variant curation and function – Naz Rahman with others – GeCIP Domain application is pending.
 - Wellcome Collaborative Award – Imputation methodologies – Jonathan Marchini – Population Genomics GeCIP Domain.
 - Under submission
 - Bloodwise- Co-Fund proposal from Anna Schuh and the Haematological Oncology GeCIP. Funding agreed is 5M from Bloodwise and in kind from GeL to recruit. MC explained that GeL will not be able to fund multiomics

beyond GeL's mission. There is a major Haematological Oncology programme tied to unmet needs, trials and multiomics. Clare Turnbull from GeL is an applicant on this proposal which was submitted on 22nd December 2015, MC is following up with the CEO of Bloodwise, Cathy Gilman, on the progress of the application.

- Planned for submission.
 - BBSRC – Reference library – EBI and Colleagues – Ewan Birney & functional effects GeCIP.
 - UK Functional Genomics Network – Bitner-Glindicz, Beales and multiple GeCIP Domains. There is substantial UK scientific power here.
- The oesophagus/stomach/pancreas grant application was not done in relation GeL mainly because it is strongly embedded in ICGC.

7. GeCIP Update

ST presented:

- The GeCIP Board were updated that there now 2,100 prospective GeCIP domain members across 300 institutions from 24 countries.
- New domain proposals were presented, all for Cancer.
 - MC informed that the Upper GI domain application is complicated.
 - GeL are expecting a couple more domain proposals including a head and neck one but they have not been received yet.
 - The pharmacogenomics domain is to be embedded within the stratified medicine umbrella and may be operated under our supervision because of the crucial utility to the GeL programme.

MP presented:

- The research plans for three out of 13 Rare Diseases have been received.
- The research plans for two out of nine Cross-cutting have been received.
- The research plans are currently under review by GeL and will be brought to the next Scientific Advisory Committee meeting and the next GeCIP Board meeting.

8. AOB

- SH informed that there is work that needs to be done with Public Health England to ensure the clinical phenotypic data is of the right standard for it to be fully utilised by GeCIPs. MC, SH, Derek Crook to liaise and begin motions to ensure a collaboration.
- SH thanked all for attending and closed the meeting.

The next meeting will be held on 21st July 2016, 11:00-13:00.

Room 3, Dawson Hall, Queen Mary University of London, Charterhouse Square, EC1M 6BQ.