



Cooksey Review Secretariat  
HM Treasury, 4<sup>th</sup> Floor  
1 Horse Guards Road  
London, SW1A 2HQ

28 July 2006

Dear Sir or Madam

### **Review of UK Health Research**

I write on behalf of Welsh Innovations in Healthcare, the NHS Intellectual Property Hub for Wales. WiSH is a project operated by a partnership of ANGLE plc and TrusTECH, on behalf of the Welsh Assembly Government. We would like to offer the following comments for consideration by the Cooksey review.

1. What is research and development within the NHS to designed to achieve? There are many aspects of research, for example better delivery mechanisms, blue skies research, development of new technologies and drugs. The NHS is better placed to deliver some of these aspects than others, at the current time it is trying to do them all. It has been our experience that ideas and innovations within the NHS come from 2 categories of the R&D process;
  - a. Technology developments, guidance is required as to what areas the NHS should develop.
  - b. Developments in service delivery that have associated IP. Focused R&D support can help deliver service improvement from the ideas of the clinicians. There is a perception that such translational developments are peripheral and there is not a will or flexibility within the management structure to implement such changes to benefit the NHS as a whole, whereas they can have a major impact on the efficient operation of the organisation.

With better guidance the NHS can produce quality translational R&D which benefits patient care, while the more quality fundamental R&D can be delivered through alternative frameworks such as Higher Education. R&D which benefits patient care will result in improvements in healthcare delivery, which will enable the general health of a region to improve. This healthier population has the capacity to generate increased economic prosperity for a region, and will be less of a burden on resources as a whole.

2. The IP Hubs could become involved in the promotion of knowledge transfer of this translational R&D within the wider healthcare community.
3. In ensuring a joined up approach to R&D in the NHS, the system needs to interact more with the devolved administrations in Northern Ireland, Scotland and Wales. The current position with the IP Hubs is that the devolved regions have observer status at the Department of Health IP Forum, and with the NHS Institute. R&D delivery within the NHS needs to be co-ordinated across the 4 administrations so that best practice can be shared and efforts are not replicated. There has been a perception in Wales for instance that the efforts of the organisations facilitating R&D in Wales are not recognised nationally, and that there is no co-ordination within the governmental structure to overcome this.
4. During ANGLE's wider consulting work amongst NHS Trusts, medical schools and other healthcare research stakeholders, we have regularly encountered confusion, or lack of definition, with regard to the difference between clinical research and clinical trials. This may seem a somewhat trivial problem, but it can lead to serious strategic and operational difficulty. The need for clear definitions and separation of these two activities should be incorporated into the review.

I hope you find these comments constructive, if you would like to discuss them further, please do not hesitate to contact me. We wish the team every success with what we see as a highly important and valuable exercise.

Yours sincerely,

Dr. Nicholas Shilton,  
Innovations Manager, Welsh Innovations in Healthcare