

Group calls for agency to boost UK bioscience industry

Mark Gould *London*

A government backed working group has this week called for the creation of a national body to coordinate “mutually advantageous” partnerships between the NHS and the bioscience industry, which would speed the development of new treatments and generate income for patient care.

The Bioscience Innovation and Growth Team (BIGT) says a national clinical trials agency would be at the centre of a raft of financial and regulatory changes to ensure that UK bioscience can compete with the United States and emerging competitors such as India and China.

The working group’s report says that the NHS is unique

among all healthcare systems in acting as a “single gateway to its patient population” and because of its “ability to monitor their treatment over time.”

“This makes the UK a distinctively strong location to conduct clinical research in general and clinical trials specifically,” the report says.

The agency would be set up with £5m (\$8.5m; €7.2m) in new cash to supplement £45m from existing research grants, but after five years it would get £200m a year, including £150m of new money.

The report is endorsed in a foreword by Prime Minister Tony Blair, who announced an extra £10m for clinical trials on conditions such as heart disease,

diabetes, and mental illness, to coincide with its launch. A working group chaired by Professor John Pattinson, the NHS’s director of research and development, will oversee the spending.

BIGT’s chairman, David Cooksey, chairman of the technology venture capital company Advent Venture Partners, said the agency would “improve the professionalism” of NHS clinical trials by creating a national network that would audit the capacity of the available clinical trials.

It would also establish up to 10 “infrastructure offices” to advise on the setting up, conduct, and regulation of clinical trials, develop national costing models, and provide essential

training, for example to research nurses.

“There are very real opportunities to improve patient health in this way, as research has shown that patients who participate in clinical trials have better health outcomes than those who do not,” Mr Cooksey added.

BIGT says that the Medical Research Council’s clinical trials unit could become part of the agency.

The council and the Academy of Medical Sciences welcomed the new money and the BIGT report. □

The BIGT report, *Bioscience 2015: Improving National Health, Increasing National Wealth*, is available at www.bioindustry.org/bigtreport

Fewer night emergency operations are performed by juniors

Susan Mayor *London*

The proportion of night time emergency operations that are performed by junior grade surgeons fell from 65% in 1995–6 to 20% in 2002, a new report on perioperative deaths in England and Wales shows.

But nearly half of emergency operations performed during the night are still carried out on patients anaesthetised by trainees. The fall in the number of juniors supervising night time work has been less marked in anaesthetics than in surgery, the latest figures show.

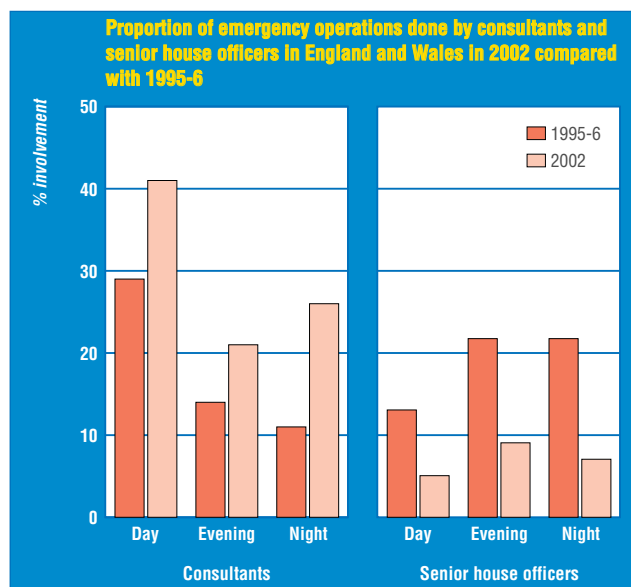
The National Confidential Enquiry into Perioperative Deaths (NCEPOD) reviewed data on 72 343 surgical procedures performed during March and April 2002 in 557 hospitals in England and Wales.

Results showed that 45% of emergency operations carried

out in NHS hospitals during the night (between midnight and 8 am) in one week were managed by junior anaesthetists compared to 67% in 1995–6.

The report says: “Consultants and SAS [staff grade and associate specialist] doctors were much more involved than in 1995/96, at all times of the day and night. This is commendable.”

Dr Anthony Gray, lead clinical coordinator of NCEPOD and consultant anaesthetist at the Norfolk and Norwich University Hospital, Norwich, said: “There has been considerable improvement in the supervision of the care of emergency patients out of hours by consultant surgeons and anaesthetists, but the majority of this work is still being done by relatively inexperienced, trainee doctors.



“This is a problem because previous studies by NCEPOD have suggested that some trainees may be working beyond their competence or without adequate supervision.”

Further findings in the report showed that 37% of NHS

hospitals taking part in the study did not schedule any emergency sessions during the daytime. □

Who Operates When? is available free at www.ncepod.org.uk or for £20 from NCEPOD, Epworth House, 25 City Road, London EC1Y 1AA.