Getting back on track:
Restoring the UK's global position in industry clinical trials

November 2023

Executive Summary

- To achieve its science and technology superpower ambitions and improve the health and wealth of the nation, the government must restore the UK's global position in industry clinical trials and maximise their benefits to patients, the NHS, and the UK economy.
- The ABPI and its members support and are engaged with government initiatives intended to accomplish this goal, including the UK-wide vision for clinical research and the O'Shaughnessy review, and the Integrated Care Systems and their research mandate.
- Data for 2022/23 shows that 16,000 fewer people in the UK are participating in industry clinical trials per year, compared with the 58,048 participants recruited in 2017/18. Furthermore, the UK's global rankings for late-phase industry trials have not improved, and delays to regulatory approvals for clinical trials seriously eroded the global pharmaceutical industry's confidence in the UK as a destination for research.

However, thanks to efforts from government, system partners, and the life sciences sector, data collected in the past six months is beginning to show early signs of recovery and progress:

- Data from system partners shows a 15% increase in annual recruitment to industry clinical trials in the UK, from 36,722 participants in 2021/22 to 42,088 in 2022/23.
- ABPI data shows that the total number of industry clinical trials initiated in the UK per year rose by 4.3% from 394 trials in 2021 to 411 in 2022.
- The National Contract Value Review is making progress in streamlining study set-up, reducing timelines by 36%, and its second pilot stage represents a major leap forward.
- To capitalise and build on the progress to date, the government should adopt a focused implementation of the actions in the clinical research vision and the O'Shaughnessy review. Prioritising actions that will create tangible progress in the short to medium term and delivering them at pace and scale is crucial to enabling more patients to benefit from research and regaining the global pharmaceutical industry's confidence in the UK.
- Drawing on previous reports, the insights of our members, and new data on the UK's performance, the ABPI has prioritised the following short to medium-term actions:
    1. Improving timeframes for clinical trial approvals and set-up
    2. Increasing the UK's capacity to deliver clinical trials
    3. Improving visibility and accountability for clinical trial performance
- A PwC report commissioned by the ABPI found that delivering the Life Sciences Vision could reduce the burden of disease in the UK by 40%, raise £165 million of additional revenue and £38 million of additional cost savings for the NHS in England every year, and generate £68.1 billion in additional GDP over 30 years from increased industry investment in R&D. If the progress seen to date on improving the clinical trials ecosystem can be maintained and the actions described above are delivered, the benefits to patients, the NHS, and the UK economy will be immense.

Introduction

Industry clinical trials are crucial to delivering the Life Sciences Vision, achieving the government's science and technology superpower ambition, and improving the health and wealth of the nation. Yet despite these benefits, recruitment to industry trials in England declined by 44% between 2017/18 and 2021/22, and the UK's global ranking for phase III industry trials plummeted from 4th to 10th during that period.[1]

The ABPI's 2022 paper, Rescuing patient access to industry clinical trials in the UK, outlined the causes of these declines, explained their negative effect on the global pharmaceutical industry's confidence in the UK, and called for urgent action to resolve the situation.

The government responded in February 2023 by commissioning an independent review, led by Lord O'Shaughnessy, to assess and address the UK's declining global share of industry clinical trials. The O'Shaughnessy review was published in May and made 27 policy recommendations designed to help the UK "double the numbers of people taking part in commercial clinical trials in the next 2 years".[2]

The review's recommendations build on the actions in the government's 10-year vision for clinical research, Saving and Improving Lives, published in 2021.[3] The Clinical Research Recovery, Resilience, and Growth (RRG) Programme is responsible for the delivery of this UK-wide vision, including the Research Reset programme's efforts to address the impact of the pandemic on non-COVID studies.

The government accepted the O'Shaughnessy review's recommendations in full and began implementing five of them in May. It also committed to publishing an implementation plan for the remaining recommendations, plus a progress report on the delivery of the clinical research vision, in the autumn of 2023.

The ABPI welcomed Lord O'Shaughnessy's findings and the government's acceptance of his recommendations.[4] The ABPI and our members have actively engaged with the RRG Programme and remain committed to working with government and system partners across all four nations to deliver on the actions laid out in the clinical research vision and the O'Shaughnessy review.

As part of this commitment, the ABPI is publishing this paper to assess the UK's global performance in industry clinical trials and review the progress made by government and system partners to strengthen the clinical research ecosystem over the past 12 months. This paper concludes by identifying three areas that the government should prioritise in the short to medium term to build on the progress to date, restore the UK's global position in industry trials, and maximise their benefits for patients, the NHS, and the UK economy.

The state of industry clinical trials in the UK

This paper brings together quantitative and qualitative insights to holistically assess the performance of the UK clinical research ecosystem in areas that are important to the global pharmaceutical industry. The analysis includes a retrospective snapshot of industry trial activity in the UK and its competitors, which the ABPI commissions from Clarivate each year.

Volume

Recruitment to industry clinical trials

Data from system partners show signs of recovery, with the number of participants recruited to industry clinical trials in the UK increasing by 15% from 36,722 in 2021/22 to 42,088 in 2022/23 (Table 1).

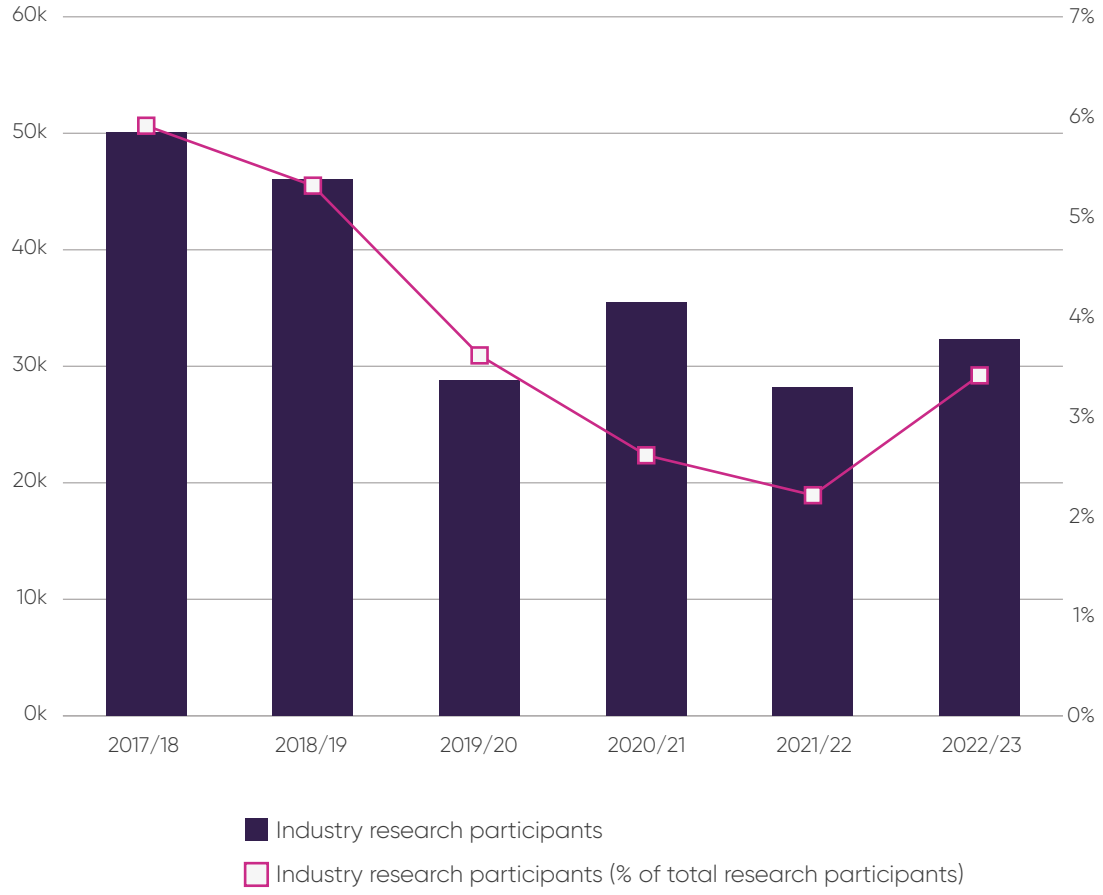
Table 1: Number of participants recruited to industry research studies in the UK per year, as reported by the NIHR CRN, NRS, HCRW, and NICRN (2017/18-2022/23)

Nation	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
England	50,112	46,064	28,832	35,488	28,193	32,328
Scotland	6,511	4,246	9,403	3,956	7,779	8,905
Wales	1,143	961	838	1,147	625	775
Northern Ireland	282	138	105	508	125	80
Total	**58,048**	**51,409**	**39,178**	**41,099**	**36,722**	**42,088**

While the ABPI welcomes this moderate growth in patient access to industry clinical trials, annual recruitment to industry trials in the UK is still down 27% from the 58,048 participants recruited in 2017/18. Over this six-year period, the number of participants recruited to industry trials in England per year has fallen by 35%, and recruitment to industry trials as a proportion of total recruitment has declined from 5.9% to 3.4% (Figure 1). Recruitment to industry trials in Wales and Northern Ireland has also declined 32% and 72%, respectively, since 2017/18, in contrast to Scotland, where recruitment increased by 37% due to the country's strengths in medical device trials.

It is encouraging that the overall trend of recruitment to industry trials since the pandemic has become positive and shows signs of recovery. It is now essential that government and system partners maintain this momentum to expand patient access to industry clinical trials up to and beyond 2017/18 levels.

Figure 1: Number of participants recruited to industry research studies in England per year, as reported in the NIHR CRN Annual Reports (2017/18-2022/23)



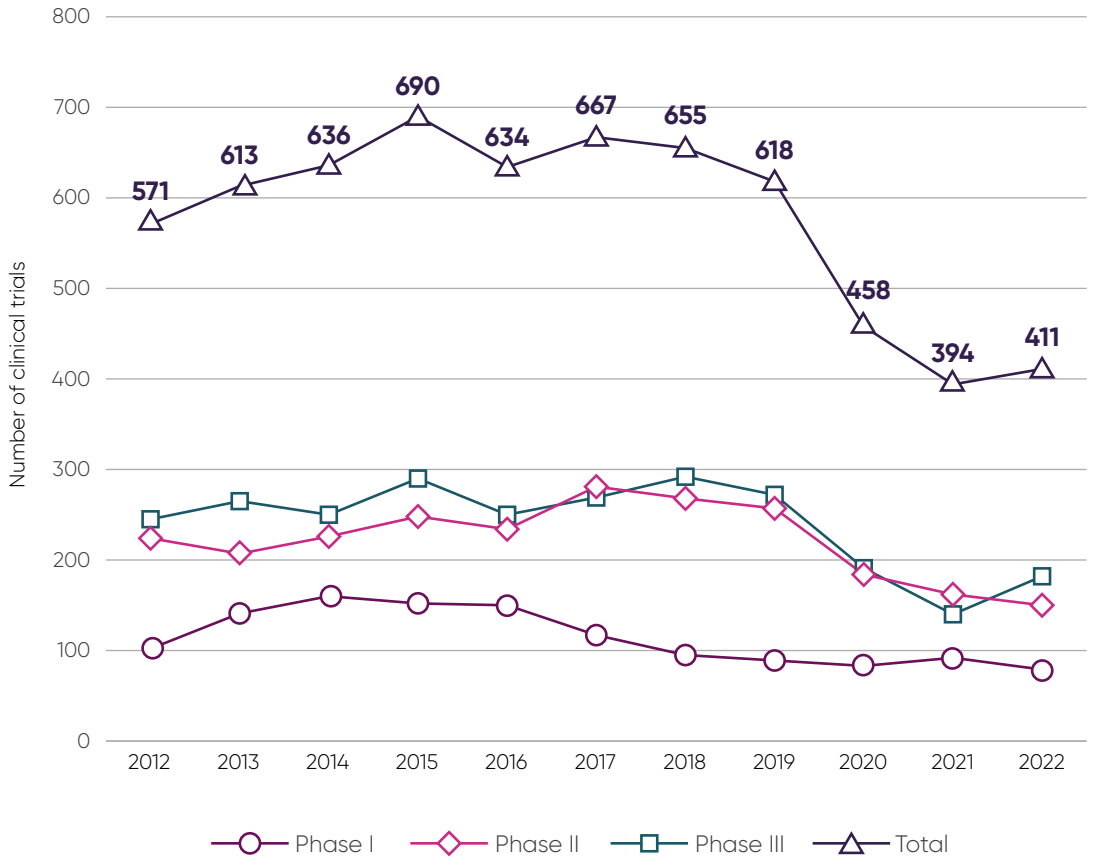
Data from the Research Reset programme also indicates the clinical research ecosystem is recovering. In October 2023, 82% of industry clinical trials were on track to be delivered to time and target, exceeding the 80% target, and data from recent months suggests that average monthly recruitment to industry trials may have already returned to 2017/18 levels.[5] These trends are the result of system partners taking action to support the delivery of industry trials and reflect the importance of join-up within the clinical research ecosystem. Examples include: the Department of Health and Social Care (DHSC) and NHS England directing sites to expedite the set-up and delivery of industry trials,[6] and the National Institute for Health and Care Research (NIHR) providing a financial incentive to sites that delivered 80% of their industry trials to time and target.[7]

While the 82% figure is positive, the total volume of recruitment to industry clinical trials still remains below 2017/18 levels. It is also important to continue monitoring average monthly recruitment to industry trials to determine if the recent increase was caused by a few, particularly large, industry trials or whether it signals the beginning of a sustained and widespread increase in patient access to research.

Volume of industry clinical trials

According to Clarivate data, a total of 411 industry clinical trials were initiated in the UK in 2022, which is a 4.3% increase from the 394 trials in 2021 (Figure 2). However, this still represents a 38% decline from the 667 industry trials initiated in 2017.

Figure 2: Number of industry clinical trials initiated in the UK per year, by phase (2012-2022)



Comparing the UK with its competitors is vital to assess its progress towards recovering to 2017 levels of performance. In 2022, however, the UK's global rankings across all phases of industry clinical trials remained the same, compared with 2021, despite the 4.3% increase in total industry trial activity (Table 2). Furthermore, retrospective data from Clarivate, commissioned by the Office for Life Sciences (OLS), shows that the UK's global share of industry trial recruitment fell from 3.0% in 2020 to 2.2% in 2021.[8]

On a more positive note, the UK continues to be an international competitor for clinical trials of Advanced Therapy Medicinal Products (ATMPs). The number of phase III ATMP trials in the UK grew by 16% from 38 in 2021 to 44 in 2022, which added to the UK's 9% global share of ATMP trials.[9]

Table 2: Global rankings – Number of industry clinical trials initiated in 2022, by country, by phase (compared with global rankings in 2021)[1]

Rank	Country	Phase I	Country	Phase II	Country	Phase III
1	USA	454	USA	788	USA	475
2	China	343	China	370	Spain (↑ 1)	266
3	Australia	83	Spain	202	China (↓ 1)	247
4	**UK**	79	France (↑ 4)	175	Germany (↑ 1)	212
5	Japan	72	Germany (↑ 3)	156	France (↑ 3)	212
6	Spain	66	**UK**	150	Japan (↓ 2)	206
7	Germany	53	Australia (↓ 3)	131	Italy (↑ 2)	201
8	Canada	44	Canada (↓ 1)	126	Poland	194
9	France	43	Italy (↑ 1)	122	Canada (↓ 3)	186
10	Italy (↑ 1)	29	Japan (↓ 4)	122	**UK**	182

1 In 2022, Italy and Japan ranked joint ninth in the world for phase II industry clinical trials while Germany and France ranked joint fourth in the world for phase III industry clinical trials.

In summary, there has been a moderate increase in recruitment to industry clinical trials since the onset of COVID-19, which the ABPI welcomes. However, the volume of industry trials and patients' access to them remain below the levels seen in 2017, and the UK continues to be outperformed by its competitors abroad. This reflects the feedback from ABPI members that the global pharmaceutical industry remains reticent to place trials in the UK. It is therefore vital that the government takes further steps to increase global confidence in the UK and expand patient access to industry trials.

Speed

Streamlining regulatory approvals, costing and contracting, and study set-up is vital to restoring the global pharmaceutical industry's confidence in the UK. Doing so is important because delays to these processes reduce the time available to recruit participants in the UK, limiting patients' access to global industry clinical trials and undermining the UK's competitiveness.

Regulatory approvals

Data from the Medicines and Healthcare products Regulatory Agency (MHRA) reveals significant disruption to industry clinical trials in 2023. Between May and August, the first regulatory review of a trial involving patients lasted, on average, around four times longer than the MHRA's 30-day statutory target.[10] These delays had a major impact on patient access to industry trials, which was extensively evidenced in the O'Shaughnessy review[11] and widely reported by the ABPI's members.

Since September, the MHRA has taken steps to improve performance by triaging trial applications, reallocating staff from other functions, and contracting and training additional assessors.[12] These actions appear to have helped clear the backlog. The MHRA's data for September shows that, for applications received from the 1st of September, the first regulatory review of a trial involving patients took an average of 24 days.[13]

Though the ABPI welcomes the progress to date on restoring timelines for regulatory approvals, the importance of this issue cannot be overstated. The global pharmaceutical industry is closely monitoring the situation, and it is vital that the bottleneck does shift to other parts of the MHRA, such as licensing. Steps must also be taken to ensure sites in the NHS are not overwhelmed by a surge in the number of approved trials as we enter winter, and we support efforts by government and system partners efforts to prevent this.[14]

Costing and contracting

Costing and contracting of industry clinical trials, which historically relied on time-consuming and duplicative negotiations between a company and each participating study site, improved considerably in 2023. In the year since October 2022, when the National Contract Value Review's (NCVR's) stage one pilot was introduced, over 60 late-phase industry trials have completed set-up in an average of 194 days, which is 36% faster than the 305-day average observed during the 12 months before the rollout of NCVR.[15] This streamlined pathway has been further enhanced by NHS England and the NIHR working with NHS organisations in England to increase the proportion that accept standardised costings for all industry trials. Around 540 industry trials are now working their way through NCVR, and we look forward to seeing the performance data for these studies.[16] The ABPI and its members also welcome NCVR's second pilot stage, which introduced a requirement for all NHS organisations to accept standardised costings for trials currently eligible to use NCVR from October 2023.[17]

Overall timelines for study set-up

Clarivate data commissioned by the OLS shows that the UK took a median of 271 days to take a clinical trial from applying for regulatory approval to administering its first dose to a patient in 2021.[18] For context, that is 66 days slower than Spain and an increase from the UK's median of 222 days in 2018.[19]

In summary, while further work is required to restore and maintain the performance of regulatory approvals, the introduction of NCVR's second pilot stage represents a leap forward towards establishing a streamlined and nationwide approach to study set-up that facilitates patient access to industry research. ABPI members have reported a noticeable decline in the number of delays to trial approvals, which is encouraging, but continue to note that the earlier disruption has undermined global confidence in the UK. Focus must now be placed on achieving consistency in delivering globally competitive timelines from regulatory approvals through to patient recruitment to ensure the UK meets sponsors' needs for reliable and predictable timelines.

Impact

Patients participating in industry clinical trials can benefit from receiving early access to new and innovative treatments. For those patients with conditions where there are no or limited standard treatments available, trials may be their only treatment option. Patients treated in research-active hospitals also experience better health outcomes[20] and are more confident in the care they receive.[21] As such, the ABPI welcomes the Care Quality Commission's work to better capture this impact when ev

aluating healthcare providers.[22]

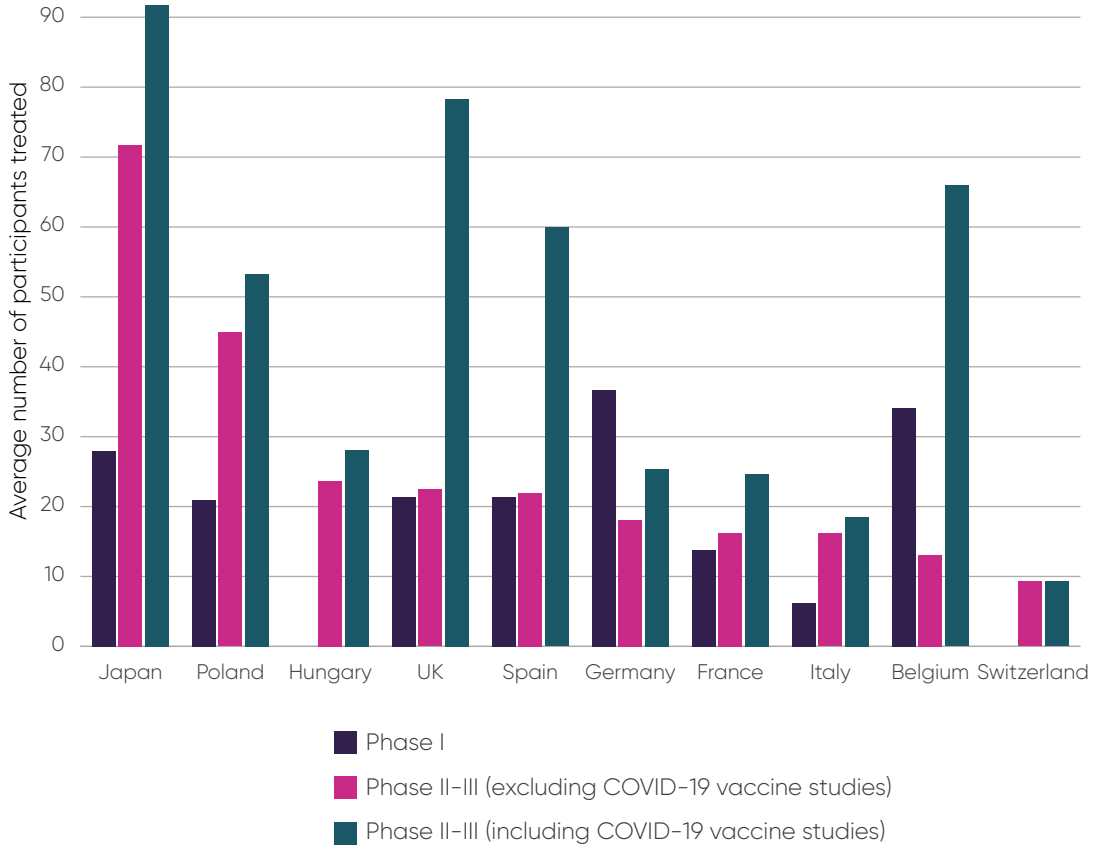
According to international datasets from Clarivate, the UK is relatively effective at providing treatments to patients via industry clinical trials (Figure 3). Between 2019 and 2021:

- Phase I industry clinical trials in the UK treated an average of 21.38 participants per trial
- Phase II-III industry clinical trials (excluding COVID-19 vaccine studies) in the UK treated an average of 22.44 participants per trial
- Phase II-III industry clinical trials (including COVID-19 vaccine studies) in the UK treated an average of 78.26 participants per trial

In addition, healthcare professionals involved in research experience higher rates of job satisfaction,[23] and research-active hospitals find it easier to recruit[24] and retain[25] staff. Industry clinical trials also generate revenue and cost savings for the NHS (worth £355 million and £28.6 million for the NHS in England in 2018/19[26]), meaning companies meet the full cost of research and provide extra funding to expand research capacity.

Finally, clinical trials make a marked contribution to the UK economy, generating £2.7 billion of Gross Value Added and supporting over 47,000 jobs in 2018/19. Trials also represent around half of the global pharmaceutical industry's spending on R&D;[27] and in 2020, the UK pharmaceutical industry invested £5 billion into R&D,[28] more than any other sector.

Figure 3: Average number of participants treated per industry clinical trial, by country, by phase (2019-2021)



Staying on track: Short to medium-term priorities

The UK clinical research ecosystem is showing early signs of recovery and progress, but there were also 16,000 fewer people participating in industry clinical trials in 2022/23 than there were six years ago. A focused implementation of the actions in the clinical research vision and O'Shaughnessy review, delivered at pace and scale, is now essential to capitalise and build on this progress.

Specifically, the government should prioritise actions that will create tangible progress in the short to medium term, allow more patients to benefit from research, and regain the global pharmaceutical industry's confidence in the UK. This can be accomplished by continuing to streamline clinical trial approvals and set-up, expanding capacity to deliver industry clinical trials, and increasing visibility and accountability for clinical trial performance.

I. Improving timeframes for clinical trial approvals and set-up

Enhancing the UK's ability to reliably approve and set up industry clinical trials within competitive timeframes remains the top priority for the ABPI's members.

As such, the government should ensure the MHRA is appropriately resourced to maintain a high level of performance and deliver on the UK's post-Brexit ambitions for streamlined and innovative regulation.

The government should also prioritise expanding the scope of NCVR's single costing review to include early-phase and ATMP clinical trials[29] and delivering initiatives, in line with existing commitments in the vision, that will build on the progress to date.

Those initiatives include:

- Introducing the updated UK clinical trials legislation into Parliament, as outlined in the government's consultation response,[30] and providing the life sciences sector with a clear timeline for when it will be implemented.
- Ensuring NHS England and the Health Research Authority (HRA) have the capacity and resources necessary to explore and deliver innovative ways of streamlining other parts of the study set-up process (e.g. technical assurances for radiation and pharmacy).
- Working with the Integrated Care Systems (ICSs), Health Boards, and system partners like the HRA to develop more streamlined approaches to study set-up that expand patient access to clinical trials, such as hub-and-spoke contracts.

II. Increasing the UK's capacity to deliver clinical trials

Capacity constraints across the UK's clinical research workforce, facilities, and infrastructure continue to limit patients' access to industry clinical trials and their benefits. The government must focus on resolving these constraints if it is to restore the UK's global position.

Workforce

Addressing the long-term scarcity of dedicated research time within the workforce is vital to increasing the UK's capacity to deliver clinical trials. A 2020 study by the Royal College of Physicians found that 57% of physicians wanted to participate in research, but 53% of all physicians were unable to because they lacked dedicated research time.[31] Even before the pandemic, limited access to dedicated time was the most common barrier to healthcare professionals delivering more research,[32] and evidence shows that this barrier is unequally distributed across professions[33] and demographic backgrounds.[34]

Without intervention by policymakers, the capacity of the UK's clinical research workforce will continue to deteriorate. The NHS Long Term Workforce Plan highlighted the importance of research in meeting future patient needs, and it estimated that training places for healthcare scientists must rise by 20-34% by 2033/34 to keep up with demand for research delivery and routine diagnostics.[35] Clinical trials also rely on frontline services to screen, recruit, monitor, and care for participants, so they are susceptible to wider workforce pressures that, if left unaddressed, are estimated to leave the NHS in England with a shortfall of between 260,000 and 360,000 staff by 2036/37.[36]

To avert this shortfall and strengthen the workforce's capacity to deliver industry clinical trials, the government should prioritise implementing the following two actions:

1. Reinvest revenue from industry clinical trials into the workforce that delivers them. Pharmaceutical companies invest hundreds of millions of pounds into UK-based trials every year[37] and are required to pay an additional 20% premium that is intended to fund capacity building[38] (e.g. hiring additional staff to protect research time from clinical pressures in routine care). However, the staff who deliver industry trials rarely see the financial benefits and lack visibility as to where the capacity-building charge is spent,[39] which reduces the incentive to deliver industry trials. Therefore, the government should prioritise developing and disseminating financial guidance that enables R&D departments in the NHS and its devolved equivalents to retain and reinvest revenue generated by industry trials into maintaining and building capacity.
2. Assess the capacity and skill gaps of the UK's clinical research workforce and develop a plan to fill them. This plan should include proposals to invest in a range of career pathways into clinical research, with a focus on expanding healthcare professionals' access to dedicated research training and time. There is strong support for this action among NHS staff, 85% of whom agree that research activity would increase if training became more accessible.[40] Furthermore, widening access to research training is vital to both growing the clinical research workforce and retaining the workforce we already have but risk losing due to declining rates of job satisfaction among nurses and doctors.[41]

Facilities

In addition to resourcing and expanding the clinical research workforce, the government should prioritise investing in the research facilities that host the spaces and equipment necessary to deliver industry clinical trials.

The UK's ongoing success as the top country in Europe for phase I industry clinical trials is due, in part, to the government's sustained investment in facilities dedicated to delivering early-phase trials, such as the Clinical Research Facilities (CRFs) and the Experimental Cancer Medicine Centres. The ABPI supports the NIHR's efforts to build on this success, by increasing annual funding for its 28 CRFs by 43% to an average of £32.2 million per year between 2022/23 and 2026/27,[42] and to replicate it in late-phase research.

In 2020, the NIHR provided pump-prime funding to five Patient Recruitment Centres (PRCs) dedicated to delivering late-phase industry trials in underserved areas. The PRCs played a critical role in trialling COVID-19 vaccines and treatments during the pandemic. Since then, they have achieved impressive results delivering late-phase industry trials, 85% of which achieved their recruitment targets in full and on time in 2022/23.[43] If the UK is to expand its global share of late-phase industry trials, then support for dedicated research facilities like the PRCs must be maintained in the long run.

Infrastructure

Finally, the government should ensure that the clinical research ecosystem's infrastructure effectively coordinates its workforce and facilities to set up and deliver industry clinical trials reliably and within globally competitive timeframes.

In 2024, the NIHR will evolve the Clinical Research Network (CRN) into the Research Delivery Network (RDN). This presents a once-in-a-decade opportunity to support innovative practices in clinical trial design and improve the join-up of trial delivery across regions and care settings. Achieving this joined-up delivery between primary and secondary care is becoming more important, as 18% of participants recruited to industry trials in England in 2022/23 came from primary care, an increase from previous years.[44] As the system readies for the RDN, DHSC and the NIHR must clearly articulate what changes sponsors can expect to see and what infrastructure and service offering will be available in the UK to support the delivery of industry trials going forward.

Lord O'Shaughnessy's review also highlighted the importance of infrastructure in delivering industry clinical trials and disseminating innovation across the ecosystem.[45] The ABPI supports the review's analysis that there is no clear pathway for innovations in trial design and delivery to be adopted system-wide, and we agree that this gap in the ecosystem must be filled. However, the proposed Clinical Trial Acceleration Networks must avoid creating additional layers of infrastructure, as doing so would risk making the ecosystem more complex and impede efforts to improve the coordination of trial capacity. Instead, any efforts to accelerate the testing and adoption of innovative delivery approaches should be embedded in existing infrastructure, with co-development with the research community and industry sponsors on where the focus of these efforts will be placed and what mechanisms will be used to test and scale these innovative approaches. This effort should also build on existing initiatives within the clinical research vision, such as the NIHR Remote Methods of Trial Delivery project.[46]

III. Improving visibility and accountability for clinical trial performance

In conjunction with the measures above, the government should prioritise strengthening accountability for the clinical trial portfolio by increasing the visibility of trial performance.

Increasing the visibility of clinical trials and embedding them as a core part of care delivery in the NHS is vital to increasing patient access to industry trials. A 2021 study by Cancer Research UK found that 44% of NHS staff were unsure if research was a priority in their organisation's strategy and that the resulting misconception of trials as a "nice to have" impeded research delivery.[47]

Performance data and metrics can help to address this problem by demonstrating the benefits of clinical trials on health outcomes and the efficacy of patient care. For example, the Spanish government has worked with industry, academia, and the healthcare system to regularly publish performance metrics that create a single narrative on what is working well, what needs to be improved, and how clinical trials benefit the country.[48]

The UK does produce metrics on clinical trial performance, but unlike Spain, these metrics are not comprehensive or published in a collated and accessible way. To address this, the NIHR has committed to invest £81 million into generating near real-time data on trial activity and performance across the CRN's portfolio.[49] It is essential that the government commits to delivering this work at pace.

To ensure system partners and sponsors use the intelligence generated by data and metrics on clinical trial performance to drive improvements that benefit patients, the government must strengthen accountability for the UK's clinical trial portfolio. Assigning accountability for the portfolio's performance is complex, as it depends on a breadth of organisations and is affected by a multitude of external factors, but existing initiatives are making progress:

- The legislative mandate for ICSs to deliver and report on research within their catchments is an example of how this system-wide approach to accountability can be implemented. Therefore, the government should ensure that NHS England has the capacity to develop and implement the planned ICS research metrics at pace.[50]
- The ABPI welcomes the NIHR's decision to align the regional boundaries of the RDN with the catchments of the ICSs and NHS regions, as this provides an opportunity for greater join-up between the NHS and NIHR in setting up and delivering clinical trials.
- The ABPI also welcomes the General Medical Council's updated standards on Good Medical Practice, which from January 2024 will place a clear expectation that doctors should tell patients about opportunities to participate in appropriate research.[51]

Finally, the commitment to clinical trials shown by the Prime Minister, ministers, and shadow ministers has been welcomed by the ABPI and its members. To ensure progress continues into the future, visibility and accountability for trial performance must remain a top priority within senior levels of government.

Conclusion

The progress achieved by the government, system partners, and the life sciences sector is encouraging and proves the potential of industry clinical trials can be realised for the benefit of patients, the NHS, and the UK economy. However, the UK continues to be outperformed by its competitors in both trial volume and speed of set-up, patient access to industry trials remains below the levels seen in 2017, and the global pharmaceutical industry's confidence in the UK has been eroded following the disruption caused by delayed regulatory approvals.

Now is the time for focused implementation, at pace and scale, of prioritised actions that will deliver meaningful benefits for patients, the NHS, and the UK economy in the short to medium term:

1. Improving timeframes for clinical trial approvals and set-up
2. Increasing the UK's capacity to deliver clinical trials
3. Improving visibility and accountability for clinical trial performance

The government's stated ambition is for the UK to be a science and technology superpower. A PwC report commissioned by the ABPI found that delivering the Life Sciences Vision could reduce the burden of disease in the UK by 40%, raise £165 million of additional revenue and £38 million of additional cost savings for the NHS in England every year, and generate £68.1 billion in additional GDP over 30 years from increased industry investment in R&D.[52] If the progress seen to date on improving the clinical trials ecosystem can be maintained and the actions described above are delivered, the benefits to patients, the NHS, and the UK economy will be immense.

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Appendix: Additional data on clinical trial recruitment

Number of participants recruited to industry research studies in the UK per year, as reported by the NIHR CRN, NRS, HCRW, and NICRN (2017/18-2022/23)

LCRN/Devolved Nation	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scotland	6,511	4,246	9,403	3,956	7,779	8,905
Wales	1,143	961	838	1,147	625	775
Northern Ireland	282	138	105	508	125	80
East Midlands	3,384	1,627	1,298	1,767	1,471	1,716
Eastern/East of England	3,389	2,690	4,664	2,770	2,471	2,579
Greater Manchester	3,606	4,452	3,192	3,809	3,982	3,449
Kent, Surrey & Sussex	4,880	1,464	1,078	1,374	944	847
North East & North Cumbria	2,623	1,724	1,448	2,009	1,899	2,571
North Thames	4,325	6,305	2,406	4,808	2,997	2,723
North West Coast	2,966	1,916	1,354	2,276	1,371	1,840
North West London	1,809	4,536	1,532	1,949	999	3,216
South London	2,964	2,897	1,914	2,590	2,889	2,255
South West Peninsula	2,211	1,946	1,473	2,630	1,442	1,807
Thames Valley & South Midlands	4,372	4,990	1,707	1,773	1,380	1,432
Wessex	1,776	2,810	1,195	1,856	1,165	1,692
West Midlands	5,482	4,379	1,933	1,883	1,310	2,507
West of England	1,842	1,209	1,027	915	1,437	1,262
Yorkshire & Humber	4,483	3,119	2,611	3,079	2,436	2,432
England-only total	**50,112**	**46,064**	**28,832**	**35,488**	**28,193**	**32,328**
UK-wide total	**58,048**	**51,409**	**39,178**	**41,099**	**36,722**	**42,088**

Number of participants recruited to research studies in England per year, as reported in the NIHR CRN Annual Reports (2017/18-2022/23)

Year	Total research participants	Industry research participants	Industry research participants (% of total research participants)
2017/18	853,904	50,112	5.9%
2018/19	870,250	46,064	5.3%
2019/20	732,176	28,832	3.9%
2020/21	1,390,483	35,488	2.6%
2021/22	1,289,937	28,193	2.2%
2022/23	952,789	32,328	3.4%

Appendix: System partner acronyms

NIHR CRN: National Institute for Health and Care Research Clinical Research Network

NRS: NHS Research Scotland

HCRW: Health and Care Research Wales

NICRN: Northern Ireland Clinical Research Network

Endnotes

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About the ABPI

The ABPI exists to make the UK the best place in the world to research, develop and use new medicines and vaccines.

We represent companies of all sizes who invest in discovering the medicines of the future. Our members supply cutting edge treatments that improve and save the lives of millions of people. We work in partnership with government and the NHS so patients can get new treatments faster and the NHS can plan how much it spends on medicines.

Every day, we partner with organisations in the life sciences community and beyond to transform lives across the UK.

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