Global insights for UK clinical research: Bridging policy and practice

Summary of an evidence review

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CANCER RESEARCH UK

Together we are beating cancer

Context

Clinical research has played a pivotal role in improving cancer outcomes over the past 50 years. During this time, cancer care has advanced significantly, with survival rates doubling.[1] Evidence shows that greater research activity in the health service is associated with an overall higher quality of care, lower levels of patient mortality and improved staff recruitment and retention.[2–4] Through clinical trials, patients can access the latest drugs and technologies while their suitability for future use in the health service is determined. Clinical trials are not only central to delivering cutting-edge treatments but also form a cornerstone of the UK life sciences ecosystem and attract commercial investment.

Despite this clear value, the UK is not realising its full potential as a global leader in clinical research. Across the UK, key developments present opportunities to change this. To achieve its Health and Growth Missions, the UK Government is implementing a 10-Year Health Plan, alongside a Life Sciences Sector Plan as part of its Industrial Strategy. The Department of Health and Social Care (DHSC) has a renewed UK-wide Clinical Research Delivery Programme. In England, we expect a National Cancer Plan with a research component, and NHS England is being brought back under DHSC oversight. Northern Ireland is developing a Cancer Research Strategy, Scotland is implementing its 2023-2033 Cancer Strategy, and the Welsh Government has an initiative to address cancer through clinical trials. In this dynamic environment, the UK Government and devolved administrations can reshape healthcare to better support clinical research.

The challenges facing the clinical research system are well known. An ageing population and rising prevalence of chronic conditions are placing rising pressure on healthcare systems across the UK. Healthcare staff have limited capacity to conduct research due to high workloads. Trials in the current system are burdensome to approve and set up, joint working within the system is challenging, and different elements often compete for resources.

More than 200 recommendations have been made in less than a decade by the government, the private sector, and non-profit organisations to improve the current situation. However, stakeholders remain frustrated by the perceived lack of progress, largely due to the lack of effective implementation.

To address this, Cancer Research UK commissioned the research consultancy Transforming Evidence to investigate the disconnect between clinical research policy and practice in the UK. The aim was to identify system- and macro-level barriers and enablers affecting the delivery of promising policy changes.

The resulting evidence review compares the UK clinical research policy environment with those of comparator countries: Australia, France, Germany, Spain, and the United States.[5] The goal was to understand why progress is limited in

practice, and if useful lessons could be drawn from other systems. The insights point to a set of fundamental shifts to be explored further by system leaders to help improve the UK clinical research ecosystem, which are summarised here.

The evidence review was conducted over 2024 with evidence drawn from published research, grey literature, and relevant databases tracking clinical research funding and outputs. Eighteen interviews were also conducted between June and September 2024 with stakeholders involved in the organisation and delivery of clinical research in the UK and comparator countries.

To capitalise on the government's current agenda, now is a critical moment to ensure ambition is translated towards tangible improvements in practice. This can be achieved through collaboration between the clinical research community and policymakers to collectively discuss whether and how to take forward the fundamental shifts identified.

Four fundamental shifts to explore to strengthen clinical research across the UK:

1. **R&D Governance**: Governments across the UK should clarify their objectives for health and social care research and assign their research efforts accordingly (page 4).

2. **National-Level Portfolio Review**: A mechanism is needed to review clinical research portfolios across major funders, enabling strategic prioritisation of funding where appropriate (page 5).

3. **Strategic Coordination**: A unified strategic plan – outlining shared priorities across system partners, supported by a detailed implementation strategy – is essential to improve collaboration and reduce competition. Strong leadership will be necessary to deliver this plan (page 7).

4. **Collaboration and Partnerships**: Improving cross-sector collaboration is necessary to deliver commercial and non-commercial research agendas (page 8).

1. Governments across the UK should clarify their objectives for research within health services and focus their research efforts accordingly

A research-ready health service

The UK is regarded by both domestic and international stakeholders as a favourable environment for conducting research. This strong reputation is underpinned by key system enablers that help embed research within the healthcare system. These include:

- A national funder dedicated to applied research: the National Institute for Health and Care Research (NIHR) in England, the Chief Scientist Office (CSO) in Scotland, the Health and Care Research Wales (HCRW), and the Health and Social Care Research and Development (HSC R&D) in Northern Ireland.
- Support from Royal Colleges and faculties for workforce recruitment, training and retention.
- The ability to create job plans for healthcare professionals that incorporate protected research time.

These features, often absent in comparator countries, were highlighted by international interviewees as major strengths. However, they were also described as underutilised levers, rather than mechanisms operating at their full potential.

Evidence from the literature[2–4] links increased research activity within health services to:

- Improved quality of care,
- Lower patient mortality,
- Better recruitment and retention of staff.

Nevertheless, research capacity within the health service is limited. Current system incentives appear to encourage NHS Trusts to take part in as many studies as possible, rather than prioritising strategically. **The evidence review recommends thinking strategically about what would be most useful and effective locally.**

The lack of a shared vision for what research should deliver in the NHS

There is a strong need for a shared, clearly articulated vision for what research should achieve in national health services across the UK. A unified vision would enable different parts of the system to coordinate more effectively and align efforts towards common goals. Organisations must also be appropriately incentivised to collaborate and contribute to shared priorities.

Simply injecting new funding into the clinical research pipeline is unlikely to deliver the desired impact without broader alignment among stakeholders and without the necessary infrastructure, patient cohorts, and staffing in place.

Coordinating Research Goals: Lessons from France

To foster a more coordinated approach to clinical research, the French Government established an **interministerial steering committee** "for the purposes of sharing clinical research objectives, coordinating the various actions decided upon and assessing their progress shared indicators and dashboard".

Fundamental shift: R&D Governance

2. A national-level review mechanism is needed to prioritise clinical research portfolios across major funders

Towards a national and cross-sector portfolio review and prioritisation mechanism

The evidence review found there is no transparent or consistent mechanism in the UK for determining which clinical research studies should be prioritised for support and access within the health system. When resources are limited, studies in key areas – such as cancer – should be given priority access to NIHR, CSO, HCRW, and HSC R&D resources. Prioritisation currently occurs in a fragmented way, often driven by individual entrepreneurship, competing funder agendas, or institutional preferences.

This *ad hoc* approach means that the research being produced does not always align with the needs of health systems or with government priorities.

For example:

- In England, the NIHR Task Force supports study delivery but does not set research priorities.
- The Office for Life Sciences promotes research but does not fund or select specific studies.
- Funders often operate independently, using criteria such as scientific quality, return on investment (e.g. cost savings in treatment and care), and potential to reduce disease burden.

Identifying duplication and gaps in research activity is challenging without sufficient coordination among funders and government bodies. Areas of Research

Interests (ARIs) offer a useful mechanism for government departments to articulate their research agendas. The ARIs could provide a basis for a prioritisation approach for clinical research to help ensure that research efforts are targeted where they are most needed, improving coordination with research funders and providers.

Research Prioritisation Mechanism: Lessons from Australia

The Australian Clinical Trials Alliance (ACTA) established a Research Prioritisation Reference Group. The group published a review of current methodologies for prioritising clinical trials, which informed ACTA's comprehensive **Research Prioritisation Framework**. This framework helps Clinical Trials Networks and funders identify priority areas and align research with stakeholder preferences.

Fundamental shift: National-Level Portfolio Review

What would a national-level portfolio review and prioritisation mechanism look like?

In the absence of a forum responsible for reviewing the UK clinical research portfolio against strategic criteria, data systems remain fragmented and are held by multiple organisations in inconsistent formats. This makes any attempt at a comprehensive portfolio review extremely difficult. A more radical, system-level approach to prioritisation is therefore required.

An effective mechanism would involve all major funders and delivery partners, including devolved representatives, agreeing on shared criteria for prioritisation, which might include scientific excellence, potential to reduce disease burden, return on investment for the health system (e.g. cost savings in treatment and care), alignment with local needs and service pressures. Since prioritisation inevitably means making difficult choices and declining some proposals, strong leadership will be essential to convene key stakeholders and develop a realistic, transparent strategy.

Research Prioritisation Mechanism: Lessons from France

The French Health Innovation Agency supports up to 100 projects each year that align with its strategic priorities, through three targeted programmes:

- **The Priority Access Programme** provides support to help innovations reach the market.

- **The Off-Framework Programme** assists projects with novel innovations that fall outside current regulatory structures.
- **The Scaling Up Programme** helps successful innovations expand nationally, offering support for broader implementation.

Fundamental shift: National-level Portfolio Review

3. Strategic coordination, leadership, and detailed actions

A unified strategic coordination plan

The evidence review highlights a strong appetite among clinical research stakeholders to move beyond broad recommendations and towards tangible, system-wide improvements to strengthen the UK clinical research environment. While there has been progress in specific areas, such as faster clinical trial approvals, a central convening body to unite stakeholders and drive coordinated progress remains absent.

Clinical research involves numerous providers, funders, and delivery partners. Effective coordination is essential to ensure high-quality research is delivered efficiently and ethically. This requires:

- **Policy agreements** to articulate shared priorities between funders and improve collaboration while reducing unnecessary competition.
- **Ethical agreements** to ensure research is conducted responsibly and with patient safety at its core; and
- **Cross-sector collaboration frameworks** that bring together funders, delivery partners, and healthcare professionals.

National Oversight for Clinical Trials: Lessons from Australia

A multi-sector stakeholder group, known as the Inter-Governmental Policy Reform Group, was appointed under Australia's Ministry of Health and Aged Care. This group meet bi-monthly, and its role includes providing policy and operational oversight of the "National One-Stop Shop" to streamline clinical trials through a consistent, national system and set of regulations.

Fundamental shifts: R&D Governance & Strategic Coordination

A tangible implementation strategy with a roadmap to success

Interviewees across the UK stressed the need for a clear implementation strategy

that links recommendations to a detailed roadmap, outlining roles, responsibilities, expected outcomes, and timelines.

Strong leadership is essential to driving the success of any strategy or plan and ensures that stakeholders across the system understand their role in the wider research ecosystem. The COVID-19 response provides a compelling example: governments across the UK, along with national health leaders and research bodies such as NIHR and HCRW, played a pivotal role in rapidly identifying and prioritising the most impactful research. Clinical research leaders were empowered to deliver these studies at speed and scale.

While COVID-19 presented unique circumstances, including a large eligible population and a shared sense of urgency, there are valuable lessons to be learned. **We could collectively learn from this experience and consider how coordination, leadership, and implementation planning can be applied in a non-pandemic context.**

4. Collaborating to deliver different research agendas

The evidence review highlights that the UK does not always produce the research most needed to benefit patients or wider society. A patient-oriented research agenda may prioritise different goals than those led by academia, industry, or arm's-length agencies focused on public health. **An effective national research strategy will likely need to integrate elements from all of these perspectives, and doing so will require coordinated leadership across the UK.**

Stakeholder interviews revealed a strong appetite for building a next-generation clinical research system. Many stakeholders were eager to share their personal priorities for what this future system should look like. The UK is well placed to lead this transformation, having already taken steps toward building a health system focused on research-rich healthcare delivery.

New interventions in the clinical research ecosystem should be designed to support a shared vision for research by identifying and mapping the costs and benefits across all organisations in the ecosystem. Evaluation metrics should also evolve, moving away from assessing success solely at the organisational level and instead reflecting performance across the system as a whole. **A critical early step will be to identify organisations that have both the capacity and the commitment to lead this work and drive the system forward.**

Cross-Sector Collaboration: Lessons from Spain

The Instituto de Salud Carlos III in Spain has 32 associated Biomedical

Research Institutes that **provide coordination for research activities and facilitate collaboration** among academia, public, non-profit research centres, and industry. Spain's very coordinated national health system "comes after years of collaborative work between health authorities, research hospitals, patients, and pharmaceutical companies".

Fundamental shift: Collaboration & Partnerships

Next steps

Deciding on whether and how to implement the fundamental shifts presented here will take time and sustained engagement with a wide range of stakeholders before a clear roadmap with practical steps can be established.

Cancer Research UK will engage representatives from across the clinical research landscape to reflect on these findings, share ideas, and explore how we can work together to build a more strategic, effective, and patient-oriented research system.

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About Cancer Research UK

We're the world's leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

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Our values

Our values help guide our behaviour and culture in an ever-changing world, building on the best of what we do today and what we aspire to be in the future. They unite and inspire us to achieve our ambitious plans and our mission of beating cancer, together.

Our values are: