

From reform to delivery: five priorities for embedding commercial clinical trials excellence across the NHS

This briefing has been developed following a virtual clinical trials roundtable organised and funded by MSD. The roundtable explored the current landscape for commercial clinical trials in the UK, including barriers, opportunities and priorities for strengthening clinical trial delivery across the NHS. The report reflects key themes and insights that emerged during the discussion but does not represent a consensus view of participants or their organisations. The recommendations set out in this report have been developed by MSD following the roundtable discussion. Attendance at the roundtable should not be taken to imply endorsement of the report or its recommendations. No participants received reimbursement for their involvement.

MSD

November 2026 | GB-NON-13922



1 Why is a conversation on commercial clinical trials needed now?

1.1 Clinical trial policy reform has created momentum

The UK is at an inflection point for clinical trials policy. It has made meaningful progress in restoring its position as a leading destination for commercial clinical trials, supported by a coordinated programme of policy and system reform. The Government's commitment to reduce clinical trial set-up times to 150 days by March 2026, reaffirmed in the Life Sciences Sector Plan,[i] has provided a clear basis for action across the system. The NHS Medium-Term Planning Framework builds on this momentum, with requirements for ICBs to support clinical trials, providers to recruit their first patient within 90 days of regulatory approval and NHS boards to regularly review research performance.[ii,iii]

One year on from the implementation of the Life Sciences Sector Plan, there are encouraging signs of recovery. 73% of studies that were initiated during the first six months of 2025/2026 and included within this measure met the 150-day setup ambition, up from 45% in the same period in 2024/25.[iv] By Q4 2025/26, the Government surpassed its target of 95% of studies meeting the 150 day set-up target, with all 24 commercial trials (100%) in this period set up within 150 days.[v] Additionally, the proportion of studies opening to recruitment within 60 days of regulatory approval has shown some improvement towards the 90% target (26% in 2024 to 35% in 2025).[vi] There is also growing alignment across Government, regulators, the NHS and industry through the UK Clinical Research Delivery programme and associated initiatives such as the VPAG Clinical Trials Investment Programme.[vii]

Whilst there has been meaningful progress, clinical trial delivery remains inconsistent across NHS trusts and faster set-up has not yet translated into sufficiently strong patient recruitment.[vi] The UK's global rankings similarly presents a mixed picture, with its position declining in both Phase I (6th to 7th) and Phase II trials (4th to 5th), despite remaining second in Europe for Phase II, while its position in Phase III trials remained unchanged.[vi] To maintain momentum on the progress that has been made, a shift is needed from policy reform to effective and equitable delivery.

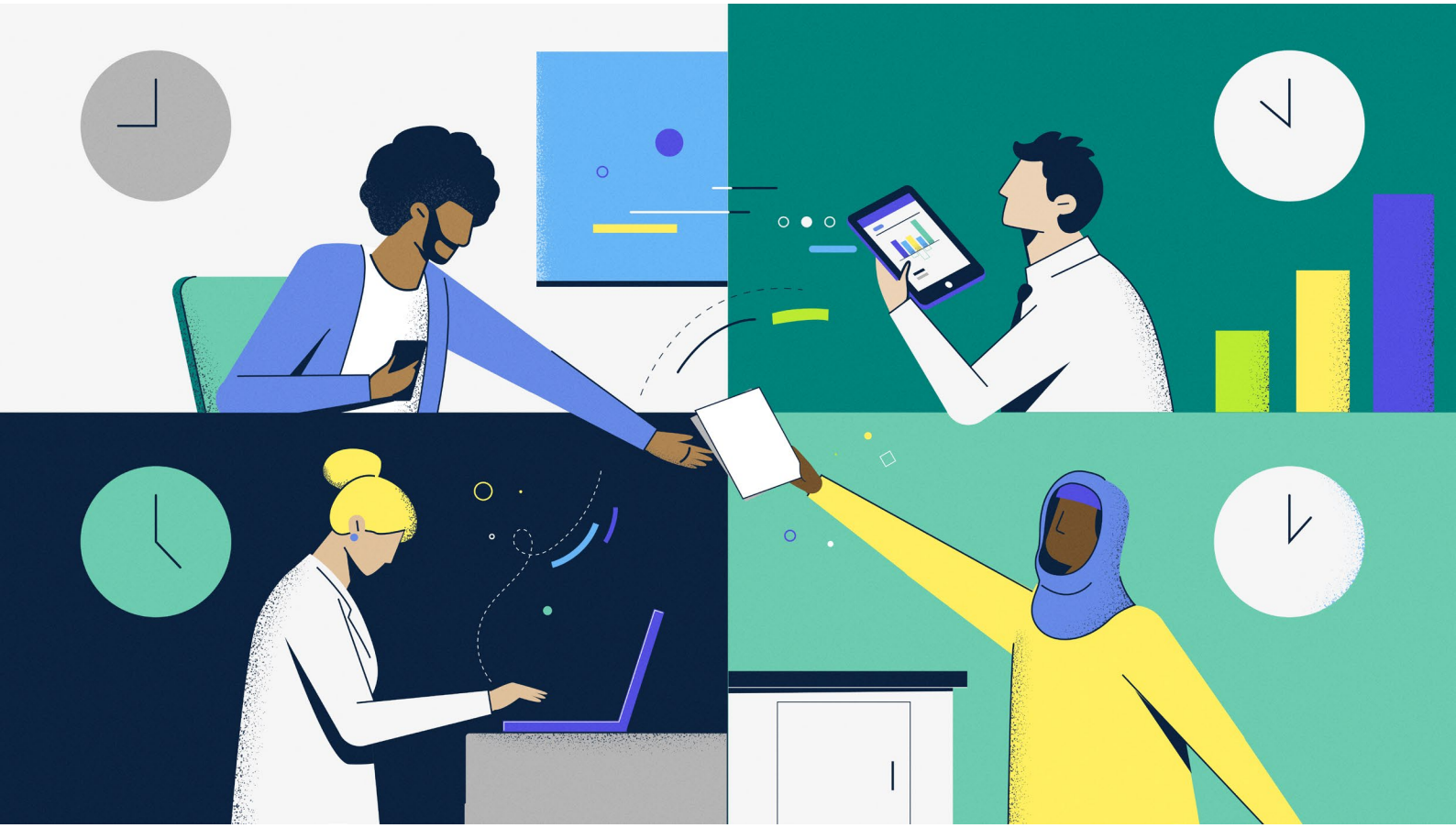
1.2 How this report was informed

To consider the changes and system wide collaboration needed to deliver this shift, MSD held a virtual roundtable entitled 'From commitment to delivery: embedding clinical trial reform across the NHS', in September 2026. Chaired by former NHS England Chief Strategy Officer Chris Hopson, the session brought together representatives from across the healthcare system including the Department of Health and Social Care (DHSC), NHS England (NHSE), the Shelford Group, NHS Trust leaders and other clinical trial policy stakeholders. A list of participating organisations that agreed to be acknowledged is included at the end of this report.

The conversation sought to reflect on the current landscape for commercial clinical trials, discuss the key barriers and opportunities for delivering commercial clinical trials across the NHS and explore how industry, Government and the NHS can work in partnership to strengthen commercial clinical trial delivery across the NHS. This paper's key themes and recommendations have been drawn from the insights that emerged at this roundtable.

2 Five priorities for the future of commercial clinical trial delivery

The UK has taken important steps to strengthen the environment for commercial clinical research; but sustaining this momentum will require the next phase of reform to focus on how trials are delivered successfully from set-up through to recruitment and clinical trial completion. Drawing on insights from the roundtable discussion, MSD has identified five core areas of focus to inform the next stage of clinical trial reform. Taken together, these recommendations seek to build on the progress made to improving clinical trial-set up and strengthen the UK's ability not only to attract commercial clinical trials, but to deliver them successfully at scale.





2.1 The next phase of clinical trial reform should shift from measuring how quickly trials open to measuring how effectively they are delivered.

The national focus to reduce the time taken to establish and start a commercial clinical trial to within 150 days, has been a welcome target to drive improvements in UK clinical trial delivery. This Government target, alongside the requirement for individual NHS providers to measure the percentage of studies that meet the NHS' 90 days portion of the 150-day target,[viii] has helped to reduce duplication, provide greater clarity on timelines and strengthened the case for clinical research to receive greater organisational attention by research teams.

However, the 150-day target alone cannot fully reflect the complexity of delivering commercial research across the NHS or variations in local delivery conditions, with the potential for "clock stops" to become an issue in how performance is assessed. Additionally, an excessive emphasis on set-up timelines could create unintended incentives to favour studies that are easier to establish, potentially discouraging sites from taking on more complex and ambitious research, which could elevate the standards of care and improve patient outcomes. Within this context, the potential patient benefits to be gained by taking the additional time and resource required to deliver more complex research are deprioritised to meet the 'simpler' trial set-up metric.

A renewed performance framework should balance speed with complexity, recruitment and successful delivery. This should include a more consistent approach to "clock stops" and account for differences between studies and local delivery environments. This approach could help in supporting the UK to attract and successfully deliver a broad and ambitious portfolio of commercial research, strengthening its position as a destination for global R&D investment as committed to in the Life Sciences Sector Plan.[i]

Additionally, any performance measures being implemented should be supported by greater alignment between national reporting and local operational data, alongside clearer national guidance on definitions and methodologies. This would give research teams and NHS leaders greater confidence in the data used to assess performance and identify opportunities for improvement. Recent guideline changes provide an opportunity to strengthen this approach, with assurance of research activity at provider level moving from ICBs to NHS regional teams,[ix] alongside the Medium Term Planning Framework setting out expectations for six-monthly reporting on research activity to NHS boards.[ii] Together, these mechanisms have the potential to support greater consistency in how research performance is understood and assured at provider, regional and national level, including across a broader set of measures beyond trial set-up times.

2.2 Clinical trial recruitment should be given the same sustained national focus that has been applied to trial set-up and activation, supported by a coordinated national approach to improving recruitment.

Recruitment to commercial clinical trials has declined for the fifth consecutive year, falling by 31% between 2022/23 and 2025/26.[vi] This fall is evident not only in the number of trial participants, but also in the share of commercial trial participants relative to overall recruitment to interventional clinical trials (which include academic, charity, public sector-funded non-commercial trials and commercial collaborative studies).[vi] This points to a wider challenge around how the health system prioritises commercial trial delivery, and whether the current performance metrics are adequately supporting end-to-end trial delivery.[vi]

Recruitment remains constrained by a range of practical barriers across the NHS, including difficulties identifying eligible patients, limited principal investigator and clinical team capacity, and challenges following patients across organisational and care pathways. For more complex studies, recruitment can also depend on patients reaching a particular point in their care, making recruitment inherently less predictable and reinforcing the need for approaches that recognise differences between studies.

A more coordinated national approach to clinical trial recruitment is needed, supported by robust study-level recruitment plans and more agile mechanisms for identifying and addressing barriers as they emerge. This should enable successful approaches to be shared more systematically across research sites and provide earlier support where studies are falling behind recruitment targets. Giving recruitment the same strategic attention as set-up would help ensure that faster study activation translates into more trials successfully recruiting to time and target, strengthening the UK's overall attractiveness as a destination for commercial research.

This could include clearer national ambition for recruitment, robust study-level recruitment plans, national data-enabled recruitment tools, earlier identification of barriers and more systematic sharing of successful approaches across research sites.

2.3 Better use of health data can support more effective trial recruitment and delivery.

Better use of health data could help address practical barriers to trial recruitment and delivery, particularly where current systems make it difficult to identify eligible participants or follow patients seamlessly across organisational and care pathways. The Health Data Research Service (HDRS), which aims to provide a single, secure method for researchers to access and analyse different datasets, represents an important opportunity to strengthen study feasibility, participant identification, recruitment, delivery and follow-up.

As data increasingly enables eligible participants to be identified across traditional organisational boundaries, this could also create opportunities to explore more flexible research delivery models where appropriate, alongside the use of HDRS for recruitment.

2.4 Commercial research should be more firmly embedded as a core part of NHS delivery, with greater NHS executive and board-level ownership of research performance and its contribution to organisational priorities.

Overall recruitment to all interventional trials in the UK following the pandemic grew between 2022/23 and 2025/26 (from 383,835 participants to 465,749 respectively).[vi] In contrast to the rise in NHS-delivered trials, recruitment to commercial contract trials in the NHS fell to just 3.8% of total interventional trial recruitment in 2025/26 compared to 6.6% in 2022/23.[vi] This suggests that the downward trend in recruitment to industry clinical trials is not necessarily a lack of willingness from the public to participate in research,[vi] but potentially a wider challenge around the perception of commercial research within the NHS.

National metrics can help raise the profile of commercial research. The 2026/27 Medium Term Planning Framework's requirement of providers to, for the first time, meet site specific timeframes and for NHS leaders to receive research activity reports on a six monthly basis[ii], can help to provide research activity a greater profile at NHS board level. However, sustained engagement will also depend on NHS leaders having a clearer understanding of the wider value that commercial research can bring to patients, staff and health systems.

This value should be considered beyond the direct income generated through commercial research. A stronger and more consistent evidence base is needed to demonstrate its contribution to patient access to innovation, workforce development, research capacity and improved outcomes, helping NHS boards make the case for investing the capacity and resources required to deliver research successfully.

Achieving this will also require research to become more fully integrated into day-to-day clinical delivery, rather than operating as a separate function. Greater NHS executive and board-level engagement with research should also be encouraged, alongside stronger multidisciplinary ownership across clinical and operational teams, so that delivering research becomes a shared organisational responsibility. Embedding this culture across the NHS would help ensure commercial research is recognised not as an additional pressure on an already stretched system, but as an integral part of delivering high-quality care and improving outcomes for patients.

To showcase the value of clinical trials, there is a need to build a stronger value proposition for commercial clinical trials in the NHS, and for this to be developed in partnership between R&D leaders, national stakeholders and the life sciences sector.

2.5 The development of more flexible, system-wide models of trial delivery to expand research capacity beyond established research-intensive centres.

If the UK is to increase the volume of commercial research it delivers, future growth cannot depend solely on existing sites absorbing additional activity. Workforce pressures, the loss of experienced research staff over the last decade[x] and the resulting need to rebuild and develop research delivery capability, alongside variable research capability across NHS organisations, continue to constrain capacity.

A more collaborative approach has the potential to enable different parts of the health system to contribute more meaningfully and according to their strengths, while creating additional research capacity rather than simply redistributing existing activity. This approach should also create stronger coordination between research-intensive centres and other NHS trusts, as well as primary and community care where appropriate, supported by more systematic sharing of study-level learning and expertise.

Further exploration of flexible trial delivery models should be considered, including 'just-in-time' approaches that allow research capacity to be deployed in response to study and patient need. Combined with greater collaboration across organisational boundaries and patient pathways, this could enable more parts of the NHS to participate in commercial research and create a more resilient national delivery infrastructure. Clearer escalation routes, earlier identification of likely sticking points and consideration of activities that could be completed once nationally (rather than repeated at each site) could help streamline delivery and avoid the need to navigate different processes, across different parts of the health system.

Moving towards collective, system-wide delivery would help the UK accommodate future growth in commercial research while expanding opportunities for patients to participate in trials closer to where they receive care.



3 Conclusion

The UK has an opportunity to build on recent progress and strengthen its position as a world-leading destination for commercial clinical research. Realising that ambition will require sustained and coordinated action across government, the NHS, industry and the wider research community to create an environment in which trials can be established quickly, recruit successfully and deliver effectively for patients.

MSD believes the priorities set out in this paper provide a practical foundation for that next phase. By taking a more joined-up approach to trial delivery, strengthening research capacity across the NHS and improving how patients can be identified and connected with research, the UK can build on existing momentum in clinical research and create a system that is more predictable for sponsors, more sustainable for research teams and more accessible for patients.

The opportunity for the UK extends beyond clinical research itself. A stronger commercial trials environment has the potential to support earlier patient access to innovative research, bring investment into the UK, build research capability and expertise across the NHS, and contribute to the wider health and economic ambitions of the life sciences sector. Capturing these benefits will depend on collective action and a shared commitment to making research an integral part of how the health system operates.

MSD is committed to working in partnership with government, the NHS and the wider research community to help realise this ambition. By maintaining the momentum behind reform and focusing collectively on successful delivery, the UK can create a commercial research environment that attracts ambitious studies, delivers them successfully at scale and, ultimately, enables more patients to benefit from taking part in clinical research.



Attendees

We are grateful to everyone who contributed their expertise and perspectives to the roundtable. With their agreement, we are pleased to acknowledge the following participants:

- Association of the British Pharmaceutical Industry
- Barts Health NHS Trust
- Department for Health and Social Care
- Lexington Communications
- Manchester University NHS Foundation Trust
- MSD
- NHS England
- The Shelford Group

About MSD

This roundtable was organised by MSD. At MSD, known as Merck & Co., Inc., Rahway, NJ, USA in the United States and Canada, we are unified around our purpose: We use the power of leading-edge science to save and improve lives around the world. For more than a century, we've been at the forefront of research, bringing forward medicines, vaccines and innovative health solutions for the world's most challenging diseases. For more information, visit www.msd-uk.com

At any one time, MSD conducts approximately 150 clinical trials in the UK, with around 2,000 patients participating each year.[xi]

To discuss this paper in more detail and hear more about MSD's work on clinical trials policy please contact:

Rosie.lowe@msd.com

References

i. Department for Business and Trade, Department of Health and Social Care, Department for Science, Innovation and Technology and Office for Life Sciences. The Life Sciences Sector Plan. July 2025. Available at: www.gov.uk/government/publications/life-sciences-sector-plan (Accessed 2nd October 2026)

ii. NHS England. Medium Term Planning Framework- delivering change together 2026/2027 to 2028/2029. October 2025. Available at: www.england.nhs.uk/wp-content/uploads/2025/10/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29.pdf (Accessed 2nd October 2026)

iii. UK Clinical Research Delivery. Policy Statement: Action to enhance visibility of clinical research delivery against the UK government's commitment to reduce the set-up time for clinical trials to less than 150 days. October 2025. Available at: https://sites.google.com/nihr.ac.uk/thefutureofukclinicalresearch/home/study-set-up/policy-statement-action-to-enhance-visibility-of-clinical-research-delivery (accessed 13 November 2026)

iv. Department for Science, Innovation and Technology, Department for Business and Trade, Department of Health and Social Care and Office for Life Sciences. Life Sciences Sector Plan: One Year On. 9 July 2026. Available at: www.gov.uk/government/publications/life-sciences-sector-plan-one-year-on (Accessed 2nd October 2026)

v. Department of Health and Social Care. Faster clinical trials bring cutting-edge treatments to patients. October 2026. Available at: www.gov.uk/government/news/faster-clinical-trials-bring-cutting-edge-treatments-to-patients (Accessed 4 November 2026)

vi. Association of the British Pharmaceutical Industry. Annual clinical trials report 2026. November 2026. Available at: https://www.abpi.org.uk/publications/annual-clinical-trials-report-2026/ (Accessed 05 November 2026)

vii. Department of Health and Social Care. UK secures £400 million investment to boost clinical trials. August 2024. Available at: www.gov.uk/government/news/uk-secures-400-million-investment-to-boost-clinical-trials (Accessed 2nd October 2026)

viii. NHS England. NHS Oversight Framework 2026/27. June 2026. Available at: https://www.england.nhs.uk/long-read/nhs-oversight-framework-2026-27/ (Accessed 13 November 2026)

ix. NHS England. Framework for NHS boards: monitoring research activity. August 2026. Available at: https://www.england.nhs.uk/long-read/framework-for-nhs-boards-monitoring-research-activity/ (Accessed 13 November 2026)

x. Medical Research Council. Clinical researchers in the UK: Reversing the decline to improve population health and promote economic growth. June 2025. Available at: https://www.ukri.org/wp-content/uploads/2025/01/MRC-290125-ClinicalResearchersReversingTheDecline.pdf 0Accessed 11th November 2026)

xi. MSD. Clinical research. Available at: www.msd-uk.com/research/clinical-research/ (Accessed 2nd October 2026)

Merck Sharp & Dohme (UK) Limited

Registered in England, No. 233687 Registered Office: 120 Moorgate, London, EC2M 6UR

Copyright © 2026 Merck Sharp & Dohme (UK) Limited. All rights reserved.

November 2026 | GB-NON-13922