

Restoring Britain's Place in Global Clinical Research

Prepared for the House of Commons Health and Social Care Committee

Between 2017 and 2021 the UK fell from 4th to 10th in the world for industry clinical trials, and commercial patient recruitment fell 44 percent.

SAY: Thank you, Chair. I want to start with a number that should worry all of us. In four years, Britain went from fourth in the world for industry clinical trials to tenth, and recruitment into commercial trials fell by almost half. This is not a story about decline we have to accept. It is a story we can reverse, and the purpose of this session is to show you the single step that would do most to reverse it. COACH: Slow down on "fourth to tenth". Let the room sit with it before you turn the page. Warm, not adversarial; you are an ally of the NHS, not a critic.

Helix Biotech, a UK clinical-stage biotech

280 staff. Four rare-disease therapies in development. Trials running in three countries.

- Founded in Cambridge in 2014, we develop treatments for rare autoimmune disease and run our trials across the UK, Spain and Australia, so we compete for trial placement every day.
- That footprint matters for this evidence: we place the same trial into three different health systems, and we watch in real time which one is fastest and which one loses out.
- We are here because we want to keep bringing that work home to the NHS, and right now the practical maths of running a trial is quietly pushing it abroad.

SAY: A word on who we are, so you know why our evidence is worth your time. We are a Cambridge-founded biotech, two hundred and eighty people, four rare-disease therapies in development. The important thing is not our size; it is that we run the same trials in three countries at once. So when we tell you Britain is slower, we are not theorising. We are reading our own data. COACH: Keep this to forty seconds. The credibility line that matters is "the same trial in three systems" — land it and move on. Do not turn this into a company pitch.

A life sciences sector that delivers for NHS patients and the public purse

- Life sciences contribute 36.9 billion pounds in gross value added and employ over 304,000 people, making it one of the most productive sectors in the British economy.
- Each worker generates around 104,000 pounds in value, more than double the UK average of 49,000, so every high-skilled job this sector keeps onshore pays back disproportionately.
- And every commercial trial does double duty: it brings NHS patients earlier access to new medicines, and it pays research income directly into NHS trusts.

Sources: [ABPI / PwC, Life Sciences Superpower](#) · [European Pharmaceutical Review](#)

SAY: Before the problem, let me be clear that we want exactly what this Committee wants. A life sciences sector that works is not a gift to industry; it is one of the most productive parts of our economy, nearly thirty-seven billion in value, three hundred thousand jobs, and productivity per worker more than double the national average. And crucially, every commercial trial pays the NHS twice: earlier access to medicines for patients, and research income into trusts. COACH: This is the shared-goal beat. The Committee should be nodding. Frame the sector as a national asset that pays for itself, never as a special interest.

The decline is structural, not a pandemic blip

- 1 Recruitment of patients into commercial trials fell 44 percent between 2017 and 2021, while the number of industry trials actually initiated in the UK fell by 41 percent.
- 2 Over the same period Britain slipped from 4th to 10th in the world for trials initiated, as global sponsors quietly moved programmes to faster systems.
- 3 In 2020 the median time from approval to first patient dosed was 247 days in the UK, against under 200 in Spain and Australia, and just 155 in the United States.
- 4 Every lost trial is an NHS patient who waits longer for tomorrow's medicine, and research income that walks out of the health service with the trial.

Sources: [Lord O'Shaughnessy Review, 2023](#) · [ABPI Clinical Trials Position Paper](#)

SAY: Here is the scale of the problem, and please notice the dates. Recruitment into commercial trials fell forty-four percent and the number of trials initiated fell forty-one percent between 2017 and 2021. The decline began before the pandemic, so this is structural, not a blip. And it shows up most clearly in speed: in 2020 it took us two hundred and forty-seven days to get from approval to the first patient. Spain and Australia did it in under two hundred. The United States in a hundred and fifty-five. COACH: Anticipate the "this was just Covid" objection and pre-empt it in the words "the decline began before the pandemic". Do not soften the numbers; let them land.

Recovery has begun, but the advantage is still moving abroad

- The Government commissioned the O'Shaughnessy review and accepted its 27 recommendations, so the diagnosis and the plan already exist and command genuine cross-party support.
- Early signs of recovery are real but fragile; without a hard, binding delivery standard the momentum fades and sponsors keep designing the UK out of their global programmes.
- Trial placement is path-dependent: once a sponsor builds the sites and the relationships in Spain or Australia, that programme does not simply come home to Britain the following year.

Sources: [Lord O'Shaughnessy Review, 2023](#)

SAY: So why act now, this Parliament? Three reasons. First, the hard work of diagnosis is done: the Government commissioned Lord O'Shaughnessy's review and accepted all twenty-seven recommendations. The plan exists. Second, recovery has started but it is fragile, and without a binding standard it will stall. Third, and this is the one I would ask you to hold onto, trial placement is sticky. Once a sponsor builds its sites and teams in Madrid or Melbourne, that programme does not come back to Britain next year just because we ask nicely. The cost of waiting compounds. COACH: The phrase to emphasise is "the cost of waiting compounds". This is your urgency; deliver it as the reason a future report is not good enough.

Three Reforms That Would Restore Competitiveness

6 / 10

Speed, certainty and capacity, in the sponsor's own language

1

SPEED. A binding 60-day national standard for trial set-up, backed by one national costing template, so individual sites stop renegotiating the same contract from scratch every time.

2

CERTAINTY. A public dashboard of site-level trial performance, so a global sponsor can see exactly where the UK delivers and place its trials here with confidence.

3

CAPACITY. Protected research time for NHS clinicians, so delivering commercial trials is a recognised part of the job, not unpaid effort squeezed in around a full clinical load.

Sources: [Lord O'Shaughnessy Review recommendations](#)

SAY: What would actually fix this? Three things, and I have put them in the language a sponsor uses. Speed: a binding sixty-day set-up standard with one national costing template, so we stop renegotiating the same contract at every hospital. Certainty: a public dashboard of how each site performs, so sponsors can place trials where they know we deliver. And capacity: protected research time for NHS clinicians, because right now delivering a trial is unpaid effort on top of a full clinical day. COACH: If asked which matters most, say speed and the costing template, because contract renegotiation is the single biggest source of set-up delay. Keep all three in their terms: time, certainty, people.

Comparable countries reformed set-up and won the trials Britain lost

1

AUSTRALIA. A streamlined trial-notification scheme lets studies begin in as little as four to six weeks; combined with R&D tax incentives, it now ranks third in the world for Phase I trials.

2

SPAIN. A decade of deliberately cutting approval and set-up times delivered an average 5.7 percent annual rise in industry clinical-trial investment, while Britain's share fell.

3

UNITED STATES. The fastest major system, dosing the first patient a median of 155 days after approval, against Britain's 247, on far larger trial volumes.

Sources: [Lord O'Shaughnessy Review, 2023](#) · [Pharmaphorum](#) · [Guide to Clinical Trials in Australia](#)

SAY: This is not Britain against the impossible. It is Britain against countries that simply moved faster. Australia lets a trial start in four to six weeks and now ranks third in the world for early-phase trials, despite a small population. Spain spent a decade cutting set-up times and was rewarded with nearly six percent annual growth in trial investment. The United States doses its first patient in a hundred and fifty-five days to our two hundred and forty-seven. Everything I am asking for has already been done somewhere comparable. COACH: The reassurance here is "in step with comparable countries". This retires the fear of doing something radical or untested. Name Australia first; it is the most striking given its size.

The Ask

One recommendation, deliverable within this Parliament

Recommend that Government mandate a binding 60-day trial set-up standard across all NHS sites, backed by a single national costing template.

This one step would do more to reverse the decline than any other single recommendation.

- It needs no new primary legislation and runs through existing NHS and Health Research Authority mechanisms.
- It builds directly on the O'Shaughnessy review the Government has already accepted.
- It is measurable and reportable within twelve months through the trials performance dashboard.

SAY: So here is the single ask. I would ask this Committee to recommend that Government mandate a binding sixty-day trial set-up standard across all NHS sites, backed by one national costing template. That is it. One standard, one template. [Then stop talking and let it sit.] LIKELY OBJECTION: "the NHS is overstretched, this is one more target it cannot meet." REBUTTAL: this replaces duplicated effort rather than adding to it; the national costing template removes the single biggest cause of delay, so it makes overstretched sites faster, not busier, and it is measurable within a year so you can hold delivery to account. FALLBACK (voice-over only): if the Committee will not back a binding standard, steer to a smaller win: ask them to call, in their next report, for the Government to publish a dated delivery timeline against the O'Shaughnessy recommendations. Do not volunteer the fallback unless the primary ask is clearly refused. COACH: One ask, then silence. The instinct to fill the pause is what loses the room.

Evidence-based, bounded, and already endorsed

- 1 No new legislation is required; the standard runs through existing NHS and Health Research Authority processes, so it can begin without waiting for a parliamentary slot.
- 2 Patient safety is untouched. The reform compresses the administrative set-up timeline only; ethics review and safety oversight remain exactly as rigorous as they are today.
- 3 It builds on 27 recommendations the Government itself commissioned and accepted, so endorsing it aligns the Committee with work already underway, not a new and untested venture.
- 4 Progress is measurable within a year through the trials dashboard, so the Committee can hold delivery to account with hard numbers rather than promises.

Sources: [Lord O'Shaughnessy Review, 2023](#)

SAY: Let me close the obvious worry before you raise it, which is "what could go wrong". The honest answer is very little. No new law is needed; this uses mechanisms the NHS and the Health Research Authority already have. Nothing about patient safety changes; we are compressing paperwork, not ethics review. It builds on recommendations the Government already accepted. And it is measurable within a year, so if it is not working, you will know. COACH: The specific objection to pre-empt is "this adds risk or bureaucracy". Close it explicitly with "we are compressing paperwork, not ethics review". This slide exists to make a yes feel safe.

What a Yes Unlocks

A concrete path from this session

- 1 The Committee endorses the binding 60-day set-up standard in its next report, giving Government a clear, costed, cross-party signal to act on.
- 2 Helix Biotech submits written evidence and anonymised site-level set-up data within two weeks, so the recommendation rests on real numbers, not assertion.
- 3 A short follow-up session with NHS trial leads confirms feasibility and agrees how delivery against the standard will be measured and published.

Returning the UK to the global top five for industry trials is achievable within this Parliament.

Helix Biotech | United Kingdom

SAY: So where do we go from here? Three concrete steps. You endorse the sixty-day standard in your next report, which gives Government a clear cross-party signal. We hand you the evidence within two weeks, including anonymised data from our own sites. And we hold a short session with NHS trial leads to confirm feasibility and agree how it will be measured. Do that, and returning Britain to the global top five is not aspiration; it is achievable inside this Parliament. COACH: End on the achievable, not the aspirational. Offer to do the work for them — that is what makes endorsement easy to say yes to.