

## Written evidence submitted by The ABPI (EPW0027)

### 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.

### Executive summary

- Clinical research makes a vital contribution to patients and the NHS by improving quality of care and health outcomes,<sup>1,2,3</sup> enhancing the resilience and growth of the NHS workforce,<sup>4,5,6,7</sup> and generating income and cost savings for the NHS.<sup>8</sup> This research is underpinned by a range of healthcare professionals, and the Government's commitment to embed research in the NHS means that research should become a part of everyone's role in the NHS, as was the case during the COVID-19 pandemic.
- Despite the increased awareness and engagement in clinical research during the pandemic, COVID-19 has significantly disrupted the NHS's capacity to deliver non-COVID19 clinical research, with staff shortages and lack of access to clinical facilities the main causes of delays to clinical trials.
- The recovery of UK clinical research has lagged behind other countries, with patient enrolment in clinical trials in Spain and Italy 37% and 34% higher in June 2021 compared with June 2019.<sup>8</sup> In contrast, the UK has been unable to restore enrolment to pre-pandemic levels.
- **To ensure the UK remains a destination of choice for pharmaceutical R&D, the Government should continue to work with clinical trial sponsors and sites to support set-up and delivery of clinical research.**
- To support recovery and enable the NHS to operate fully as an innovation partner, the UK's skills pipeline must be able to meet the NHS's research workforce needs now and in the future. **The Government and system partners should use the NHS People Plan and HEE Long-Term Strategic Framework for Health & Social Care Workforce Planning to identify and meet the NHS's research workforce needs and set out ways of supporting the delivery of innovative clinical research.**
- The Health & Care Act's new research mandate for Integrated Care Systems (ICSs) provides a critical opportunity to realise this commitment. **To successfully implement this mandate, the**

**Government should provide ICSs with guidance on how to ensure that the NHS organisations for which they are responsible, deliver research, including how they can collaborate more effectively with industry on commercial clinical trials.**

## **1. The value of clinical research in the NHS**

- 1.1. Clinical research plays a vital role in delivering and improving patient care and is underpinned by a workforce comprised of a range of healthcare professionals (HCPs).
- 1.2. Research-active healthcare sites achieve better patient outcomes and improved survival rates,<sup>1</sup> which contribute to better patient experience<sup>2</sup> and higher Care Quality Commission ratings.<sup>3</sup> In addition, research benefits the staff involved, as participating in research leads to increased job satisfaction<sup>4</sup> and helps clinicians to avoid burnout.<sup>5</sup> Research also helps the NHS meet its workforce needs by aiding recruitment<sup>6,7</sup> and increasing retention rates of staff.<sup>4</sup>
- 1.3. In particular, commercial clinical research brings significant economic benefits, with commercial clinical trials generating an estimated income of £355 million and an estimated cost saving of £27.6 million for the NHS in 2018/19.<sup>8</sup>
- 1.4. These benefits explain why 78% of the public want health research to be offered as part of routine NHS care,<sup>9</sup> and the pharmaceutical industry welcomes the Government's commitment to embed research in the NHS and make it an innovation partner.
- 1.5. The Health and Care Act includes a strengthened mandate for Integrated Care Systems (ICSs) to promote, facilitate and report on research. The inclusion of this mandate within the primary legislation provides important impetus to embed research within the new NHS structures and has been supported by the ABPI, our members and the wider medical research community.
- 1.6. **For this mandate to be implemented effectively, it is critical that NHS organisations at all levels have the necessary expertise, resources, and workforce. This must include the provision of guidance and best practices on how ICSs can facilitate the setting up and delivery of high-quality research efficiently and collaborate with others in the sector, including industry. Integrated Care Boards should also demonstrate how they are enabling their workforce to engage in research, when they plan and report on their enhanced research duty.**

## **2. The pandemic's impact on the NHS research workforce**

- 2.1. The pandemic has significantly disrupted clinical research and the workforce that delivers it, with non-COVID-19 research studies paused in over 40% of NHS Trusts during the first wave.<sup>10</sup> The resulting loss of commercial research activity across the NHS is estimated to generate a deficit of up to £447 million in 2020/21.<sup>8</sup>

- 2.2. The recovery of UK clinical research has lagged behind other countries, with patient enrolment in clinical trials in Spain and Italy 37% and 34% higher in June 2021 compared with June 2019.<sup>8</sup> In contrast, the UK has been unable to restore enrolment to pre-pandemic levels.
- 2.3. A key reason for this slow recovery has been the pandemic's effect on the NHS research workforce. Increased rates of sickness and fatigue<sup>11</sup> have reduced the workforce's capacity to deliver clinical trial set-up, recruitment, delivery, and follow-up activities. Compounding this reduced capacity has been a significant increase in the number of studies on the UK clinical trial portfolio,<sup>12</sup> stretching capacity even further and creating severe delays in restarting paused trials and setting up new ones.
- 2.4. COVID-19's impact on workforce capacity is not limited to R&D teams, as clinical facilities, particularly radiology and pharmacy, have also experienced a substantial reduction in capacity.<sup>8</sup> These facilities are vital to the delivery of clinical trials (e.g. radiology services for cancer studies) and so reductions in their capacity have a knock-on impact on the capacity of the NHS research workforce. For example, the Institute for Cancer Research found that staff shortages in research delivery, pathology, and radiology contributed to a 59% fall in patient recruitment to cancer trials in 2020/21.<sup>13</sup>
- 2.5. The ABPI has welcomed the important work across the Department of Health and Social Care and the NHS to accelerate the recovery of clinical trials<sup>14</sup>. However, persistent challenges, including staff shortages<sup>8</sup>, mean that trials still face significant delays and are not delivered reliably. In response, the National Institute for Health and Care Research has reviewed the UK's trial portfolio to identify underperforming studies that should be closed, as detailed in a letter dated 22 March.
- 2.6. The ABPI has engaged with this process constructively, which is critical for our members, as the ongoing disruption of clinical research risks impacting the attractiveness of the UK as a destination for commercial clinical research and reducing opportunities for patients to participate in potentially life-changing research.
- 2.7. **The Government and system partners should continue to work with clinical trial sponsors and sites to support the set-up and delivery of clinical research. Doing so is essential to ensuring the UK remains a competitive destination for pharmaceutical R&D and the investment and new medicines that it brings.**

### 3. The skills need of the NHS research workforce

- 3.1. The Government has committed to embed clinical research in the NHS, making research a part of everyone's role in the NHS. To achieve this goal, the Government must ensure the UK's skills pipeline is capable of meeting the NHS' research workforce needs now and in the future.

- 3.2. Limited access to and awareness of research training remains a significant barrier to NHS staff participating in research, with 66% of physicians unaware of how they could access research-focused mentoring schemes.<sup>15</sup> Despite these barriers, NHS staff strongly believe research training is beneficial and 85% agree that providing more of it would increase research activity in the NHS.<sup>16</sup>
- 3.3. The content of this training must also be aligned with the evolving needs of clinical research, including commercial research. The pandemic has prompted an increase in the use of innovative approaches to clinical trials (e.g. decentralised clinical trials and platform studies) and NHS staff must have the skills needed to design and deliver these types of trials. Staff must also have the training required to deliver genomic testing, which is playing a growing role in clinical trials testing precision medicines and developing treatments for rare diseases – both are growing areas in pharmaceutical R&D.<sup>17</sup>
- 3.4. Key to building a skilled workforce, is access to experienced talent. In the ABPI’s report on bridging the skills gap, we identify disciplines of particular need, including pharmacodynamics, computational sciences and genomics, and highlight the importance of the UK’s ability to attract, recruit and retain experienced staff to the NHS and broader life sciences workforce<sup>18</sup>. Having these skills in the NHS are essential if we are to analyse, interpret and translate the results of research, genomic testing and health data curation, into meaningful clinical decision-making and effective precision medicine.
- 3.5. **The Government and system partners should therefore leverage the Spending Review’s £5 billion health research budget<sup>19</sup> to invest in research training for NHS staff, especially initiatives that support the delivery of innovative and genomics-data enabled clinical research. The Government should also expand the list of global prizes and characteristics that determine eligibility for the Global Talent and High Potential Individual Visas, as well as expand the Global Talent Network to additional regions.**

#### **4. Long-term planning for the NHS research workforce**

- 4.1. Whilst the pandemic has certainly posed new challenges to the NHS research workforce, it has also exacerbated pre-existing barriers to research that have limited UK clinical research.
- 4.2. Despite 57% of physicians wanting to be involved in research, 53% of all physicians said they faced barriers to participating in research because of a lack of time.<sup>15</sup> This scarcity of dedicated research time is a well-documented limitation on the NHS research workforce<sup>16</sup> that creates significant inequalities in staff’s access to research. For example, women and rural physicians are 12% and 18% less likely to participate in clinical research respectively.<sup>15</sup> Inequalities also exist in access to research training, with 36% of nurses and midwives reporting difficulties accessing training compared with 25% of doctors,<sup>16</sup> limiting the NHS’s ability to expand and develop its research workforce.
- 4.3. These long-term limitations on the NHS research workforce’s capacity to deliver research sit in a context of declining UK performance in commercial clinical trials. In 2020 the UK’s global

share of phase II and III commercial clinical trials fell to 5th and 7th in the world.<sup>8</sup> This represents a significant drop compared to the UK's position in 2018, where it ranked 2nd and 4th globally for phase II and III trials respectively.<sup>20</sup>

- 4.4. Addressing these persistent challenges to the NHS's research workforce is essential to delivering the Government's commitment to make the NHS an innovation partner – as outlined in the Life Sciences Vision.
- 4.5. **The Government and system partners should use the NHS People Plan and HEE Long-Term Strategic Framework for Health & Social Care Workforce Planning to identify and meet the NHS's research workforce needs and identify ways of supporting the delivery of innovative clinical research, across primary, secondary, and tertiary care settings.**

## References

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