Impact of the 150-day study set up target on non-commercial research: evidence synthesis

Summary

In March 2025, the government announced its ambition to reduce the time it takes to set up a clinical trial to 150 days.[1] The target was aimed initially at commercial clinical trials. This has since been extended to all studies, including non-commercial studies. While progress towards meeting this ambitious target has been significant, anecdotal evidence suggested that it may be having a detrimental impact on non-commercial studies. The UK Clinical Research Delivery Programme (UKCRD) therefore asked the Association of Medical Research Charities (AMRC) and UK Research + Development (UKRD) to undertake an analysis of the impact.

This paper summarises evidence collated from AMRC member charities, UKRD leaders, the UK Collaborative on Cancer Clinical Research (UK3CR) and a number of Clinical Trial Units. It should be noted that this is not a comprehensive, quantitative analysis, and there were a number of examples where researchers were reluctant to provide evidence in writing. Some evidence combined multiple views and several examples into a single response, for example following a Clinical Research Group discussion. It is also possible there may be an element of bias in the responses, and that specific examples could have been submitted through more than one route. However, it gives a qualitative picture of the feeling on the ground at this moment in time.

The evidence provides a mixed picture. Just over half the responses indicated that non-commercial research was being deprioritised, either directly or indirectly. A significant proportion of responses highlighted other challenges that led to delays with non-commercial research, but that were not specifically related to the 150-day target. On the other hand, approximately one third of the examples indicated that commercial and non-commercial trials were not treated differently and reported that measures to improve commercial trial set-up were also improving non-commercial research. This is also reflected in the most recent data about study set-up times.

More strikingly, some very consistent themes emerged from all the responses about the current challenges in getting studies off the ground. These include: governance and set-up inefficiencies, workforce capacity, issues relating to recruitment, infrastructure limitations and financial pressures.

Where non-commercial research was felt to be struggling it was often because of these systemic challenges across the NHS. All examples reported that research colleagues are under huge pressure and doing what is expected of them to deliver explicit KPIs, with limited resources and in extremely challenging financial environments. If commercial clinical studies receive greater operational priority, partly due to income and performance incentives, it means that non-commercial studies then struggle with reduced institutional support, delayed activation and slower recruitment.

The situation is continuing to evolve, and the impact on non-commercial studies should be kept under review. The inclusion of non-commercial trials in the targets should have a positive impact. And measures that improve system-wide challenges have potential to improve study set-up times for all studies, whether commercial or non-commercial, which is crucial to allow research in the NHS to flourish.

[1] https://www.gov.uk/government/news/prime-minister-turbocharges-medical-research

Introduction

Non-commercial clinical research

Non-commercial clinical research is funded by public sector bodies and charities. This includes charities (including AMRC members), UK Research and Innovation (UKRI), the National Institute for Health and Care Research (NIHR) and the health administrations of the devolved administrations.

Non-commercial clinical research makes an irreplaceable contribution to the research ecosystem. It complements commercial research, often addressing underserved areas that are less commercially attractive. These include prevention and public health research, which are a key focus of the Government's 10 Year Health Plan for England. More broadly, non-commercial clinical research contributed to over 32,000 research publications between 2015 and 2024. These were cited 2.85 times more than the world average[2].

Non-commercial clinical research contributes extensive benefits to the UK, including[3]:

- £72.7 billion[4] of Gross Value Added (GVA) to the UK economy between 2014-2024.
- A triple dividend of unlocking growth, supporting the NHS and improving lives.
- Investment in people and underpinning foundations, as well as researching innovative and underserved areas.

Non-commercial clinical research also supports infrastructure and the workforce, providing underpinning foundations for commercial research. It enhances knowledge exchange between researchers, clinicians and industry. There is a strong connection between commercial and non-commercial funders – papers backed by both receive almost double the number of citations as non-collaborative publications[5].

150-day study set up target

In March 2025, the government announced its ambition to reduce the time it takes to set up a clinical trial to 150 days[6]. The Department of Health and Social Care (DHSC) has now clarified that the 150-day study set up applies to all studies, including non-commercial studies. The UKCRD comms team has been asked to provide a clearer message that the 150-day study set up target requires cross sector behaviour change and applies to non-commercial studies too. The evidence contained in this paper was collated before the targets were updated to include all studies, including non-commercial clinical research. The clarification is welcome; however, concerns have been reported across non-commercial research settings that the initial target has resulted in some non-commercial studies being deprioritised because of the intense focus on commercial interventional trials.

Methodology

In response to concerns that non-commercial studies have been unintentionally impacted by the focus on boosting commercial studies, the Association of Medical Research Charities (AMRC) and UK Research and Development (UKRD) were asked by UKCRD to identify and collate any evidence of impact of the 150-day study set-up target on non-commercial research.

[2] https://www.amrc.org.uk/health-and-growth-how-non-commercial-clinical-research-benefits-the-uk
[3] https://www.amrc.org.uk/health-and-growth-how-non-commercial-clinical-research-benefits-the-uk
[4] March 2025 prices
[5] https://www.amrc.org.uk/health-and-growth-how-non-commercial-clinical-research-benefits-the-uk
[6] https://www.gov.uk/government/news/prime-minister-turbocharges-medical-research

The evidence contained in this paper has been sourced from:

- AMRC charities (with requests for information sent to AMRC's Clinical Research Advisory Group and Research Management Working Group as well as information from AMRC's annual data collection exercise)
- The UK Collaborative for Cancer Clinical Research (UK3CR, hosted by AMRC)
- UKRD
- Clinical Trial Units (CTUs)

It is important to note that this evidence collation is not comprehensive and does not allow a quantitative analysis. Some evidence combined multiple views and several examples into a single response. For example, individual responses from charities reflected the views of many researchers, gathered through discussions at funding committees, Clinical Research Groups or direct surveys to the healthcare workforce and award holders. Information was received from four CTUs across England and Wales, and 14 responses were received from UKRD members. In addition, there were a significant number of cases where researchers were reluctant to provide written evidence but provided verbal anecdotes. There was a feeling that there was a real difference between the people on the ground who were spoken to (who were doing the research) versus the official position of the leadership at sites.

There may be some element of bias in the responses (for example, if only people with concerns submitted evidence); it is also possible that some specific examples could have been submitted through more than one route (e.g. via funder and CTU). This is therefore not a quantitative analysis, but it gives a qualitative picture of the feeling on the ground at this moment in time.

UKCRD Performance Indicators

In April 2026, the UK Clinical Research Delivery (UKCRD) key performance indicators showed the average time to set up a commercial interventional clinical trial has fallen from 169 days to 122 days when comparing the same 6-month period this year to last[7]. Other UKCRD KPIs show that the improvements in study set-up reported against the 150-day metric for commercial interventional trials are also being seen for a broader range of studies.

[7] https://www.gov.uk/government/news/government-drives-forward-its-150-day-clinical-trial-target

Month	All	Commercial contract	Commercial collaborative	Non-commercial
July 2025	84%	77%	87%	86%
August 2025	83%	78%	85%	85%
September 2025	83%	79%	86%	85%
October 2025	83%	80%	83%	84%
November 2025	83%	80%	83%	84%
December 2025	83%	81%	83%	83%
January 2026	82%	80%	82%	83%
February 2026	83%	79%	83%	84%
March 2026	82%	79%	83%	83%
April 2026	83%	79%	83%	84%
May 2026	82%	79%	81%	83%
June 2026	82%	79%	82%	84%

Figure 1: Percentage of studies recruiting to time and target by month and study type[8]

Study opening to recruitment month	Percentage of studies that recruited their first participant within 30 days of opening to recruitment	Number of studies that recruited their first participant within 30 days of opening to recruitment	Number of studies that recruited a first participant	Number of open studies that have not yet recruited a first participant, or have not recorded doing so
January 2025	51%	28	55	15
February 2025	52%	46	88	15
March 2025	52%	28	54	18
April 2025	54%	33	61	20
May 2025	57%	45	79	13
June 2025	56%	30	54	16
July 2025	43%	24	56	22
August 2025	52%	32	61	14
September 2025	57%	55	96	17
October 2025	62%	51	82	20
November 2025	71%	49	69	20
December 2025	58%	34	59	21

Figure 2: First participant recruitment performance of studies by study opening to recruitment month[9]

[8] https://www.gov.uk/government/statistics/uk-clinical-research-delivery-key-performance-indicators-data-to-june-2026/uk-clinical-research-delivery-key-performance-indicators-data-to-june-2026

[9] https://www.gov.uk/government/statistics/uk-clinical-research-delivery-key-performance-indicators-data-to-june-2026/uk-clinical-research-delivery-key-performance-indicators-data-to-june-2026

Key findings: evidence of the impact of the 150-day study set-up target

The evidence submitted to AMRC and UKRD provides a mixed picture. Just over half the responses indicated that non-commercial research was being deprioritised, either directly or indirectly. A significant proportion of responses highlighted other challenges that led to delays with non-commercial research, but that were not specifically related to the 150-day target. On the other hand, approximately one third of the examples indicated that commercial and non-commercial trials were not treated differently and reported that measures to improve commercial trial set-up were also improving non-commercial research. This is also reflected in the most recent data about study set-up times.

More specifically:

- There were fourteen specific examples at a site level of non-commercial research being de-prioritised in favour of commercial research.
- Seven responses reported anecdotal evidence of studies having been deprioritised but stated that this was often informal rather than a direct policy. Most of this evidence was in responses that collated evidence from several sources, for example a summary of discussions at a UK3CR Cancer Clinical Research Group. These responses reflect practice at multiple sites, identifying overarching themes.
- One AMRC charity focusing on neurological research conducted a survey with the clinical research workforce. 83% of respondents reported that R&D departments always or sometimes encouraged support for commercial clinical studies over non-commercial clinical studies.
- The impact on non-commercial research was consistent across a wide range of disciplines: oncology, cardiovascular, musculoskeletal, neurological and respiratory.
- Ten responses focused on other challenges and delays that impacted non-commercial research but were not related to the 150-day target.
- On the other hand, ten examples specifically stated that sites treated commercial and non-commercial research in the same way, and a further five had seen no evidence of non-commercial research being deprioritised.

In addition, all examples reported that research colleagues are under huge pressure and doing what is expected of them to deliver explicit KPIs, with limited resources and in extremely challenging financial environments.

Challenges faced by non-commercial trials

Just over half the responses indicated that non-commercial research was being deprioritised, either directly or indirectly, as a result of the 150-day set up target. Some reported that commercial research was given priority, but this was not directly the result of the 150-day target.

Some consistent themes emerged from all the responses as to why this was happening:

- Commercial clinical studies often receive greater operational priority due to associated income and performance incentives
- Non-commercial clinical studies experience delayed activation, slower recruitment and reduced institutional support
- Competition for limited staffing, pharmacy, radiology and governance capacity disproportionately affects non-commercial clinical studies
- Non-commercial clinical research experiences delays in contracting, governance and site activation.

Commercial clinical studies often receive greater operational priority due to associated income and performance incentives

- There is anecdotal evidence that R&D departments are operating at capacity, and prioritise commercial clinical research as generates income for them. Some sites are prioritising studies which are guaranteed to be set up within 150 days.

- For example, one NIHR-funded trial reported two cases where a site has explicitly reported it is now prioritising commercial clinical studies over non-commercial studies.

- One site reported prioritising their organisation's first two commercial research projects. The 150-day set up target was cited as an influential factor in the prioritisation. Another site reported they prioritised a commercial clinical study over a non-commercial clinical study for set up. The respondent highlighted that they did seek to open both studies, but the non-commercial clinical study was considered for a later opening date. They note that they would not wish to turn away a commercial clinical study to ensure they remained attractive as a site for future studies.

- Two sites acknowledged that commercial clinical studies are more urgent and dealt with first due to the timelines, their revised processes and procedures which have been developed will apply equally, regardless of study sponsor.

- A CTU had several conversations recently whereby sites are prioritising commercial clinical studies due to the higher funding available. This is also impacting on setting up sites for non-commercial clinical trials. AMRC charities working across musculoskeletal and neurological conditions have also reported this.

Non-commercial clinical studies experience delayed activation, slower recruitment and reduced institutional support

- Evidence from AMRC members working across cardiovascular, respiratory and musculoskeletal conditions shows that non-commercial clinical research studies are delayed and face recruitment challenges.

- One non-commercial oncology clinical trial was informed it was not going to meet the target. The sponsor was then offered a choice of three actions: for the trial to be set up "off the clock", for the trial to be returned to the feasibility stage or for the site to decline the trial.

- There is reported confusion across about whether the 150-day target applied to all trials, with sites implementing different interpretations of when the clock starts and stops. One oncology response reported sites found the information available online about the 150-day target to be confusing and contradictory and therefore were seen to prioritise commercial clinical trials as per the online information.

- There were comments that the KPI system can appear to be gamed, through paperwork rejections at sites for arbitrary reasons so the clock is stopped, particularly for non-commercial studies.

- In relation to cardiovascular research, some NHS sites are choosing not to be named as potential sites for non-commercial clinical trials. This is because responsibility for meeting the 150-day target rests with the associated NHS organisation. To manage the 90-day site-level target, some sites are also reported to be delaying formal site acceptance (i.e. receipt of the Local Information Pack [LIP]) or timing engagement to suit

internal capacity, effectively controlling when the performance clock starts. An unintended consequence of the 150-day target is that sites appear to delay engagement until there is sufficient capacity to support non-commercial clinical research.

- Insufficient local capacity and disengaged studies mean that recruitment for a major UK-led multinational trial in cardiovascular research is falling far short of its targets, due to insufficient local capacity and disengaged sites. This trial follows on from a major trial which recruited participants between 2013-2018, which did not experience the same recruitment challenges.

- At least two sites have informed the Principal Investigator of a respiratory non-commercial clinical trial that they will delay commencing recruitment because the trial is a sponsored by an academic site.

- Other respiratory research sites have stated that they do not deprioritise based on sponsor type. Their prioritisation process is dependent on several factors, including patient benefit, local and national strategy as well as study funding. There is some evidence to suggest research posts which are funded by charities may not experience the same prioritisation of their portfolios as their funding is ringfenced.

- Non-commercial studies have been seen as at "the back of the queue" in musculoskeletal research. This is resulting in sites simply not willing to consider non-commercial studies at all.

- In one specific example, recruitment was said to have started for a commercial clinical trial, even when the internal assessment committee deemed them not ready to do so. There was a feeling this would not happen for non-commercial clinical studies.

Competition for limited staffing, pharmacy, radiology and governance capacity disproportionately affects non-commercial clinical studies

- AMRC members have reported that local site capacity, and recruitment barriers are stopping a multi-arm, multi-stage platform trial for a neurological condition from scaling up. This is despite ready and available access to the patient population, and a highly collaborative and focussed clinical trials community.

- A survey of the clinical workforce in this disease area found that 83% of R&D departments always or sometimes encouraged support for commercial clinical studies over non-commercial clinical studies.

Non-commercial clinical research experiences delays in contracting, governance and site activation

- Evidence from CTUs demonstrates the 150-day study set-up target has influenced a site's decision to withdraw from a non-commercial clinical trial. The site was in advanced set-up when it withdrew from the trial, citing the fact it has been in set-up for more than 60 days.

- The same site had also contacted a different trial set up team, noting that the trial was approaching the 60-day target, wanting an update on when the site would be open. This is despite the delay being incurred by the site team, rather than the trial team. The trial team are concerned that this indicates the site may pull out of the trial if it is not open within their timelines.

- Evidence from AMRC members focused on neurological and musculoskeletal conditions also suggests there are contracting and governance delays for non-commercial clinical research.

System-wide challenges

This evidence-gathering exercise has also exposed the wider structural issues facing non-commercial clinical research in the NHS. Recruitment barriers, workforce capacity, concerns that the income generated through non-commercial research activity is not consistently reinvested into sites, and significant variation across the NHS were all consistently highlighted as key barriers.

Governance and set-up inefficiencies

- There remains substantial variability in how site pharmacies operate. As a result, the anticipated efficiencies in site set-up are often not realised. Variabilities include sites not fully adopting agreed trial processes and the use of locally developed training materials rather than CTU-provided materials.

- Data from a CTU which analysed the performance of a trial across its sites demonstrates the main delay occurred in early start-up governance and contracting. This indicates the issue is mainly driven by sites approvals, contract execution, site activation readiness for recruitment.

Workforce capacity

- Workforce shortages across research nursing, pharmacy, radiology, governance and contracting, and research delivery infrastructure and space were cited as major barriers to delivering non-commercial clinical research.

- For example, limited staffing capacity was cited as a factor for a site withdrawing from a non-commercial clinical trial post-site selection. Another non-commercial clinical trial has also been postponed.

- Figures from AMRC's annual data collection show 32 AMRC members reported delays to research they funded in 2025 as a direct result of clinicians being unable to dedicate their time to research. This is in line with reports from the previous year.

Recruitment barriers

- Recruitment targets agreed at trial set-up can present challenges during delivery. Where recruitment falls behind projections, sites may request target reductions or consider withdrawing entirely, driven by local performance management processes.

- There are several instances of sites setting extremely conservative recruitment targets (up to six times lower than those reported in the expression of interest). These conversative estimates are then being increasingly treated as expected delivery levels.

- Recruitment numbers for musculoskeletal clinical trials have underpredicted relative to recruitment potential so "easy" targets can be hit and focus placed elsewhere.

- In addition, non-commercial clinical trials have reported sites requesting a reduction in their initial targets. The reasons provide include acute staffing pressures (staff shortages or

sickness), the perception that reducing targets will improve portfolio metrics, and that lowering targets will be more realistic.

- Recruitment can also be paused when a target is reached, either due to capacity issues, or due to a perceived need to prioritise other studies.

- Other recruitment barriers include R&D set up delays, income not flowing to research teams, site staff capacity and access to local facilities, and Trust-wide recruitment freezes.

- Figures from AMRC's annual data collection shows 63 AMRC members reported delays to research they funded in 2025 because of delays in recruiting participants to studies (up from 51 members in 2024).

Financial pressures

- Sites have described how they continually ensure to reinvest appropriately, however, the balance has not been achieved. As a result, they have had to delay opening some non-commercial clinical studies that were in the pipeline in favour of commercial clinical activity.

- Some sites have described a "perverse" incentive to support more commercial activity because it brings additional income that can be used to build further capacity and capability.

- Non-commercial clinical research projects offer only service support costs, which are often exceptionally small. There is also no funding to support governance review work, and no activity-based funding. As a result, there is very little interest in non-commercial clinical research in primary care due to the lack of financial incentive.

- An AMRC member reported their researchers have explicitly stated the barriers to non-commercial clinical research were not about workforce capability or willingness but were about money and the consistent flow of money.

Infrastructure limitations

- Sites have declined trials because of infrastructure and resource limitations. UKRD is aware of a radiology department being unable to accommodate trial MRIs, despite the possibility additional costs could be met by a private provider.

- Sites noted the challenges specific to primary care settings, including a limited administrative capacity and use of localised computer systems, limited research expertise which requiring additional CTU support and resource.

Conclusion

It is an encouraging sign that UKCRD KPIs show that the improvements in study set-up reported against the 150-day metric for commercial interventional trials are also being seen for a broader range of studies[10]. However, the above evidence shows the unintended consequences of a study set-up target which explicitly focussed on commercial clinical studies. Some of the submissions from the non-commercial clinical research environment demonstrate that non-commercial research has been negatively impacted. Initially, the narrative around the 150-day study set-up target explicitly prioritised commercial research, and in a system which can be slow to change, the revised position has not been as strongly communicated.

[10] See Figure 2

More broadly, the non-commercial clinical research is being challenged by wider factors which include financial pressures, recruitment challenges, workforce pressures, institutional capacity constraints, and performance and delivery pressures. Non-commercial clinical research contributes extensive benefits to the UK and must be placed on an equal footing to commercial clinical research.