Department
of Health &
Social Care

Review of NIHR's Industry Engagement and Delivery

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Executive Summary

The National Institute of Health and Care Research (NIHR) engagement with industry is crucial to support the Government's mission for economic growth and facilitate inward investment into the UK, provide patients with access to novel treatments and care and support the UKs life science sector and academic base.

In August 2024, the Industry Engagement and Delivery Review was launched to identify gaps and overlaps in NIHR's engagement with industry. The review aims to ensure NIHR's partnerships with industry align with and support the Government's Health and Growth Missions, driving innovation, fostering economic growth and improving patient care through collaborative research.

Through extensive engagement with stakeholders across NIHR, DHSC, and industry, the review evaluates current capabilities and proposes actionable recommendations. Backed by new performance metrics, these changes aim to sharpen collaboration, enhance transparency, and position NIHR as a driving force for the UK's health and economic ambitions.

Key findings

Industry engagement within NIHR extends far beyond the NIHRCC Business Development team and the Research Delivery Network, encompassing the entire organisation. However, these interactions often lack clarity, leading to duplication, siloed efforts, and an absence of a unified "One NIHR" approach.

With targeted changes to strategy and operations—such as implementing robust performance metrics—NIHR can position itself as the go-to partner for all industry sectors navigating the UK health research landscape. These enhancements aim to not only attract greater investment but also foster innovation, enabling the NHS to deliver cutting-edge treatments and improved care to patients.

In addition to structural and operational improvements, fostering a culture that embraces commercial research as a core part of NIHR's mission is essential. This means shifting perceptions around industry partnerships—not just as funding opportunities but as a means of driving innovation, accelerating patient access to cutting-edge treatments, and reinforcing the UK's position as a global leader in life sciences. A stronger culture of collaboration with industry will not only improve engagement but also help ensure that NIHR and the wider NHS fully capitalise on the economic and healthcare benefits that commercial research brings.

Conclusions

The NIHR's engagement with industry is largely successful and has contributed significantly to patient outcomes and economic investment. But there is scope to improve these opportunities. Through strengthened leadership, better internal coordination and a more wide-ranging industry strategy, the NIHR will be able to streamline its processes, improve transparency and deliver a better service for all types of industry partners.

Recommendations

The review outlines several key recommendations aimed at enhancing NIHR's industry engagement and delivery capabilities:

1. **Internal Coordination & Leadership:** The NIHR should establish an NIHR-wide Strategic Industry Engagement and Delivery Board, to increase visibility, streamline support, and drive cross-NIHR collaboration.

2. **Key Account Management (KAM) principles:** The NIHR should unify cross-NIHR KAM practices and foster collaboration between the existing teams by co-producing a set of guiding KAM principles that are consistently applied across the organisation.

3. **SMEs:** The NIHR should set up an SME-focused working group to develop and shape NIHR's SME engagement and delivery strategy.

4. **Metrics:** The Board should establish consistent organisation-wide metrics for measuring industry engagement and delivery.

These recommendations aim to set clear priorities alongside ambitious targets to drive progress & measure performance. By bridging resources, the NIHR will be able to work with industry more effectively and better understand strategic risks and opportunities, meaning delivery teams are able to effectively deliver support for industry.

1. Introduction

1.1 NIHR engagement with industry is crucial to support the Government's mission for economic growth by facilitating inward investment into the UK, while also providing patients with access to novel treatments and care and supporting the UK's life science sector and academic base.

1.2 Clinical research has direct benefits for patients, the public and the life science sector. It is well documented that high quality clinical research improves patient outcomes, creates jobs and drives economic growth, including through supporting the growth of companies; the NHS also benefits from additional revenues and patients gaining access to novel treatments and interventions.

1.3 Beyond clinical research, NIHR plays a vital role in advancing translational and implementation science, accelerating the adoption of new discoveries into routine practice. By supporting research in MedTech, digital health, and service innovation, NIHR helps transform healthcare delivery, improve efficiency and ensure patients benefit from the latest advancements. Strengthening collaboration between academia, industry, the NHS and other healthcare settings fosters a dynamic research ecosystem that extends beyond traditional clinical trials, supporting the development of cutting-edge technologies and driving improvements across the entire healthcare system.

Recent challenges

1.4 The global clinical research landscape has faced significant challenges in recent years, with many countries experiencing declines in activity due to a range of factors. However, as reported by the Association of British Pharmaceutical Industry (ABPI) – and highlighted by Lord Darzi – the UK's decline in commercial clinical trial activity has been particularly pronounced. Between 2017-2018 and 2021-2022 patient enrolment in commercially sponsored studies supported by the NIHR dropped by 44% and the UK's ranking for initiating Phase 3 trials—a critical phase for patient access and NHS revenue—dropped from 4th in 2017 to 10th in 2021, behind countries like Spain, Australia and Poland.

1.5 Recent [data from the ABPI](#) indicates some encouraging signs of recovery, with trial initiations rising by 3.7% in 2023 and a marked increase in patient recruitment. While this improvement is promising, a portion of the progress reflects the contribution of a single high-recruiting study. These results highlight the system's capacity to deliver large-scale studies effectively but also underline the need for sustained efforts to secure long-term recovery and re-establish the UK's position as a global leader in clinical research.

1.6 Annual recruitment remains well below 2017/18 levels, which represented a peak in commercial clinical trial recruitment. In comparison, 16,000 fewer participants enrolled in industry trials compared to six years ago. The pivot to COVID-19 research during the pandemic was a necessary but disruptive element for commercial clinical trials. However, the concerted efforts of the NIHR, MHRA, HRA, and NHSE have ensured that recruitment into commercial clinical trials has more or less recovered to pre-pandemic levels.

1.7 Despite this progress, the decline compared to the 2017/18 peak has resulted in an estimated financial loss of £930 million for the NHS over five years, including £360 million in direct costs and £570 million in lost revenue from commercial trials.

1.8 This decline in trials does not reflect the UK's potential but rather highlights systemic challenges that have been recognised and are being actively addressed. Efforts to streamline approvals, boost NHS research capacity and strengthen infrastructure are beginning to show results.

<u>The role of NIHR in working with industry</u>

1.9 Beyond the clinical trial landscape, the NIHR plays a crucial role in supporting industry across the entire lifecycle of innovation. This includes driving product development, streamlining regulatory and adoption pathways, and facilitating access to expertise, data, infrastructure and networks within the NHS, other healthcare settings and across the wider innovation ecosystem.

1.10 Given its wide-ranging scope, the NIHR plays a vital role in fostering collaboration between commercial and non-commercial research, recognising that both are essential to advancing healthcare innovation. Together, these streams of research complement each other by creating a robust ecosystem where discoveries are translated into real-world solutions, regulatory pathways are informed by diverse evidence, and the NHS benefits from both cutting-edge innovations and improved care models.

1.11 In order to meet the government's ambitions for the UK's life sciences sector, the NIHR needs to ensure it has consistency and efficiency in the way it engages with, and delivers for industry. This should include a cohesive approach across all parts of the NIHR.

2. Purpose

2.1 This review was established in August 2024 to identify gaps and overlaps in the current NIHR industry engagement strategy and delivery offer. The review aims to enhance consistency, efficiency, and transparency across all parts of NIHR, creating a seamless and attractive service for commercial partners, enabling it to respond more quickly to industry's needs and develop better strategic relationships.

2.2 The review was structured into three phases:

   a. Phase I – Scoping and identification of key themes utilising initial information gathering/fact finding with stakeholders.
   b. Phase II – Interim assessment of findings to identify knowledge gaps and key areas for further exploration, plus targeted stakeholder engagement.
   c. Phase III – Synthesis of findings and evaluation of key outcomes and recommendations.

2.3 The review's methodology can be found in **Annex A: Full Methodology**.

2.4 It will consider the varying roles and functions across the NIHR when it comes to working with industry, including the NIHR Coordinating Centre (NIHRCC), NIHR's infrastructure and the NIHR Research Delivery Network (RDN).

2.5 The review also considers how NIHR engages with wider government groups, such as Science Research and Evidence (SRE), Department for Business and Trade (DBT) and the Office for Life Sciences (OLS), to understand how the broader UK system engages with the life sciences industry and the role of NIHR within this. This will be essential to explore to ensure any recommendations promote cross government alignment and ensure effective and efficient engagement with industry.

3. Scope

3.1 For the purpose of this review, "Industry" refers to companies and organisations that drive investment and innovation in healthcare within the UK. NIHR Industry partners contribute to advancing healthcare solutions, fostering economic growth and strengthening the UK's position as a global leader in research and development. This includes pharmaceutical, biotechnology and medical technology companies, as well as other commercial entities engaged in clinical research.

3.2 While the aim of this review is to improve the NIHR's engagement with industry, it is vitally important, as set out in Lord O'Shaughnessy's review, that we continue to improve all kinds of health and social care research in the UK, and that any work to improve the commercial environment should not be at the expense of non-commercial research.

4. Background

4.1 Touchpoints with industry are not focused in one part of the NIHR; all parts of the organisation work with industry – and it is clear this is a key strength of the NIHR. However, given the nature of these interactions, it is acknowledged that efforts are often disparate and in places, duplicative.

Breadth of NIHR's industry touchpoints

4.2 The NIHR connects industry, through its business development function, with the UK's leading research experts and Health Technology (HealthTech) specialists, to provide early advice on study design, clinical pathway analysis, human factors, usability, patient engagement and health economic analysis.

4.3 The NIHR directly offers companies free dedicated support to plan, place and deliver their studies, including feasibility assessments, effective study start-up and delivery. This also includes the ability to execute novel trial designs and digital recruitment approaches, and to 'decentralise' elements of a study where possible to improve recruitment and retention.

4.4 This review has demonstrated the breadth of NIHR teams that play a role in engaging and working with industry, as set out by the range of teams that engaged with the review and agreed to talk about their experiences (see **Figure 1**). While the Advanced Therapies Treatment Centre (ATTC) network was not specifically engaged as part of this review, input was received from several teams whose work overlaps with ATTC activities, particularly in the areas of advanced therapies and innovative trial delivery.

Figure 1: Breadth of NIHR teams involved in industry engagement.
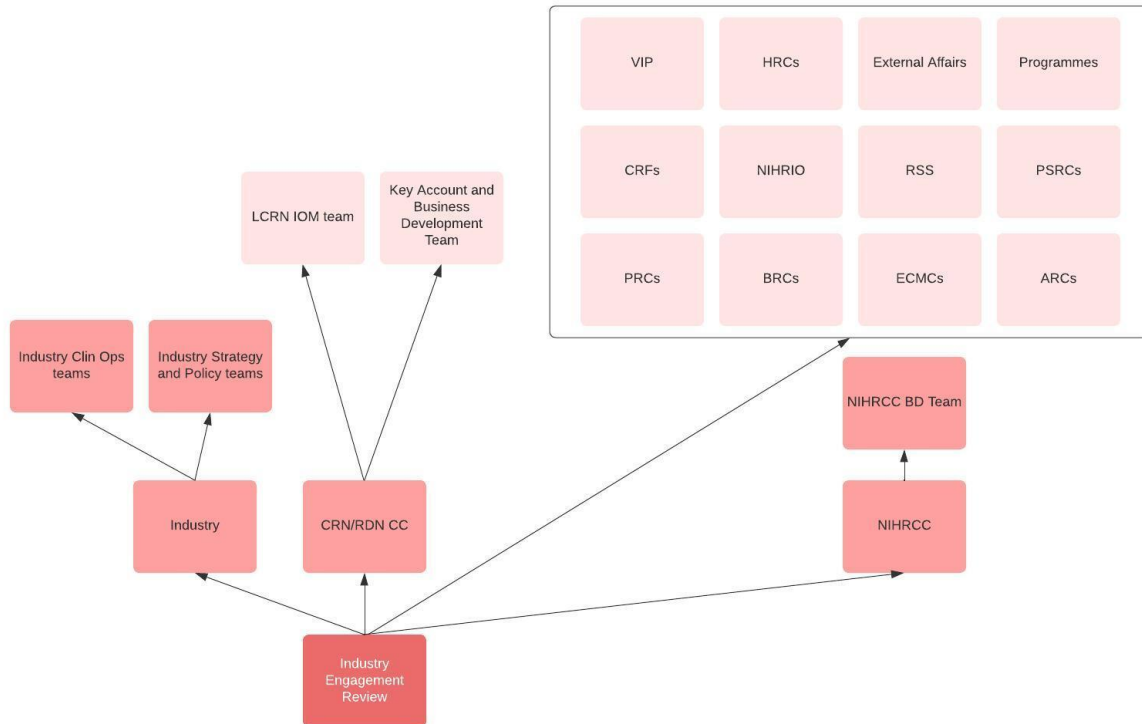
4.5 The NIHR is committed to building a consistent and collaborative approach with industry, particularly around health research and innovation through its Key Account Management. This service, led by the RDN, is already engaging UK and global companies in meaningful partnerships to elevate the UK as a leading destination for research. This commitment has evidence that is has and will continue to strengthen our life sciences sector, attract foreign investment, and drive economic growth while supporting the Government's mission to improve health outcomes.

The benefits of working with industry

4.6 NIHR must ensure it fully supports industry to increase their understanding and appropriate use of UK and NIHR's services, to help the smooth undertaking of research. To achieve this, it should act as a collaborative partner through the clinical research processes rather than simply acting as an entry point to the complex UK system. This can be achieved by responding to and engaging with the entire research and innovation pipeline in an agile way and increasing visibility of its strategies and priorities with industry partners.

4.7 A broad portfolio of research, including commercial activity, can also play a key role in supporting economic growth, as set out in **Figure 2.**

Figure 2: How the NIHR's industry functions support economic growth:

R&D Funding - supporting innovative health research stimulates economic activity and attracts further life sciences investment	Better access to research and more innovations being introduced into the NHS means a healthier population, cost savings for the NHS and wider associated economic benefits
Research provides funding for the NHS (through commercial partnerships, jobs in R&D teams and savings on medicines and other innovations)	Support for SMEs (innovation takeup etc. means supporting new businesses, jobs etc) and attracting new R&D talent to the UK

Centre: How NIHR's industry engagement and delivery can support economic growth

<u>Why industry want to work with the NIHR</u>

4.8 The NIHR positions itself as a key collaborator for industry. While the UK's health and research system are globally renowned, there are several wider benefits to industry working with the NIHR:

Access to expertise: Partner with a highly skilled academic research workforce.
Funding opportunities: Access funding opportunities and free support to prepare funding applications.
Access to facilities: Access specialist facilities and sites.
Research delivery support: Get help setting up studies and running trials across the NHS in England.
Access patients and participants: Reach a broad and diverse population of patients and participants across the UK.
Access to samples and data: Rich, high-quality datasets and biological samples to drive research forward.
Expertise Partnering Service: Connect with relevant contacts from the NIHR and wider UK research ecosystem.

The NIHR can work with industry at all stages of clinical development. They can also help develop opportunities for early career researchers.

5. Initial findings

5.1 In Phase I of the review, we spoke to a range of colleagues and contacts to identify the NIHR's strengths and weaknesses from both the NIHR's and industry's perspectives to inform development of the review's recommendations. The questions asked and complete responses can be found at **Annex B: Questionnaires and detailed**

comments from NIHR and Industry contacts; a summary is set out below.

Areas of strength

NIHR perspective

5.2 Feedback from NIHR colleagues pointed to a multitude of key strengths of the current NIHR industry offer and highlighted the many areas of excellence:

- **Expertise** – the breadth and depth of knowledge within the system is invaluable, particularly regionally, along with the ability to rapidly access focused intelligence.
- **Networks** – the existing infrastructure is unique through spanning the complete research pathway and lays the groundwork for a cohesive and collaborative approach.
- **Strong existing stakeholder relationships** – there are mature, positive relationships, both centrally and regionally, with industry at all levels providing valuable insight into future research pipelines.
- **Reputation and credibility** – the culmination of strengths feed into the historically positive status and credibility of the NIHR as an effective partner to industry.

Industry perspective

5.3 The key strengths expressed by industry were:

- **Ambition** – NIHR want to do innovative and tangible work and possess the real intention to continually improve the industry offer.
- **Strong regional experience** – local teams are enterprising and proactive.
- **Unique positioning** - the NIHR has the ability to communicate with the research system and NHS in a way industry cannot. Industry values the support of NIHR as an independent party with escalation pathways.

5.4 While this positive feedback demonstrates that the existing capability is of a high standard, there is an imperative need to refine, develop and evolve the NIHR approach to industry engagement and focus on being a collaborative, cohesive partner to industry.

5.5 We also invited NIHR and industry colleagues share perspectives on where they think there is scope for the NIHR to improve its industry engagement and delivery. These responses have been summarised in **Figure 3**.

Figure 3 – Areas the NIHR could improve its industry engagement and delivery

Fragmented system operation and lack of institutional knowledge	Delivery of services is perceived to be confusing, creating a perception of confusion and opaqueness both across the NIHR internally and for industry looking in.
	While it is inevitable that there will be multiple industry entry points, there is a lack of oversight of industry engagement once inside resulting in duplicative conversations or industry falling through the gaps in the system.
	NIHR colleagues find it challenging to keep up with constantly shifting landscapes, and updates are not communicated internally making signposting very difficult.
	A perceived environment of competition internally can mean centres are not incentivised to promote wider NIHR services and work in silos. There is a lack of the single mission, resulting in missed opportunities to leverage industry engagement.
	It is recognised that due to the breadth of NIHR infrastructure and the diversity of industry needs, there is likely to be variation in interfacing with industry, however we need to understand and embrace these nuances.
Fragmented business development and industry support	The definition and approach to key account management is inconsistent. This leads to areas of duplication whereby industry is speaking to different people about the same things, for example centrally and locally. NIHR is lacking a rounded, unbiased approach to key account management.
	Different approaches to confidentiality across the NIHR lead to a mismatch in detail available and impact the sharing of granular interactions.
	There is a need to consider the balance of proactive and reactive BD strategies. It is felt that the current model is skewed too far towards reactive.
	An overall industry strategy is perceived to be missing.
	While the NIHR CC BD Team are intended to function as a central coordinator of NIHR's industry engagement activity, it is apparent that industry engagement across the NIHR is functioning in a fragmented, disparate way.
Fragmented info and data access (including inconsistent tools for monitoring industry engagement)	We heard that regionally, there is effective collaboration and sharing of best practice, however the importance of this is not recognised and amplified by the CC team.
	Consistency in the offer is considered important but there is also a need to pick up successful ways of working across regions and share these strategically.
	There is a lack of information sharing across and between the wide infrastructure, further compounding the varying customer experiences.
	Limited monitoring and tracking of engagement across the whole of the NIHR, leading to duplication of efforts and conversations and inefficient targeting of support.

Support for SMEs is inconsistent and lacks focus	Feedback indicates that the process for SMEs can be difficult, slow and laborious. Funding timing and application difficulty is not considered to be SME-friendly.
	The NIHR industry website is not well tailored to SMEs, and results in uncertainty and missed opportunities for the NIHR to engage with this part of industry. Information is not always accessible for SMEs and there is a lack of an SME focused communications strategy.
	Due to the nature of SMEs, they would benefit from additional end-to-end support to navigate the complex system which is offered sometimes but not consistently.
	We heard that while there are regional pockets of excellence and expertise in SME collaboration, central NIHR lacks the means to expand this and adapt the offer accordingly.

5.6 The issues outlined above align with industry views on the hurdles with the current NIHR offer, with the following additional issues:
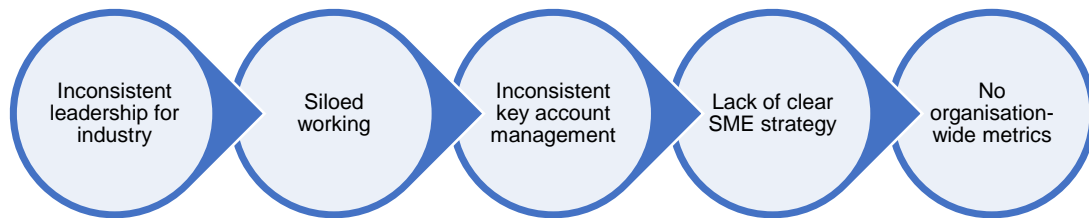
- **No single-joined up mission** – leading to variability in support from person to person and uncertainty on navigating the system.
- **Missing overarching strategic conversations** – while industry feel they are well supported by NIHR on reactive operational issues, they are missing the proactive conversations around strategic pipeline work at the right level in the NIHR.
- **Perceived imbalance in research priorities** – while NIHR plays a crucial role in supporting academic research, industry stakeholders feel that commercial research is not always given equal prominence. There is a need to ensure that commercial and academic research are seen as complementary, with both contributing to innovation, patient outcomes, and economic growth.

6. Problem Statements

6.1 With a small number of targeted changes to its operational processes and strategy, the NIHR can firmly cement itself as the right organisation to support industry including SMEs, helping them navigate the complexities of the UK health research system. This will support the growth of these companies while attracting additional investment to the UK.

6.2 Based on the evidence outlined above, we have developed a set of problem statements (**Figure 4**) that sum up the challenges in NIHR's industry engagement.

Figure 4 – NIHR Industry Engagement and Delivery problem statements

6.3 These are described in further detail below:

Inconsistent leadership for 'industry'
- Different parts of the NIHR interpret 'industry' in different ways; there is no common definition. This leads to inconsistent support.   - This results in a lack of alignment on strategy and objectives across the NIHR in relation to industry engagement. Therefore, no clear single 'One-NIHR' mission.   - NIHR lacks a figurehead to bring the offer to life-science industry together.
Siloed working
- NIHR colleagues struggle to understand the ever-changing 'NIHR offer' but are very competent at describing their departmental offer.   - Additional support and clarity are needed within NIHR itself to help colleagues understand the industry offer as a whole, to prevent inconsistent and fragmented communication to industry.
Inconsistent key account management
- Key account management lacks a consistent definition across the NIHR and requires a rebalance.   - Operational, reactive business development is good however there is not enough of a proactive, strategic business development outlook.   - Without focused, strategic NIHR industry facing leadership, this is difficult.
Lack of a clear SME strategy

• The SME strategy is sporadic and watered down – representing a missed opportunity.
• Where the offer is good, it is very good. However, broadly people are unaware of where to signpost.

No consistent metric to underpin industry collaboration and outcomes
• There are no NIHR-wide metrics that sufficiently measure the impact of working with industry and due to variation in systems, data is recorded differently across teams. Some teams do not currently measure any aspects of industry engagement.
• Without this underpinning data, there is no way to effectively understand the value of NIHR's work with industry and set long term cross-organisational goals and objectives.

6.4 In Phase II of the review, we undertook additional deep dives into these problem statements, based on the following overarching themes:
   a. Internal coordination
   b. Leadership
   c. Key account management principles
   d. SMEs
   e. Metrics

7. Recommendations

7.1 By conducting further stakeholder engagement in the form of deep dives and workshops, we developed a suite of recommendations seeking to address the problems set out above.

7.2 A summary of the review's recommendations can be found in **Figure 5**.

7.3 The recommendations outlined in this review are interconnected and interdependent and the intended outcomes will not be seen if delivered in isolation. Each recommendation builds upon and reinforces the others, creating a comprehensive approach to improving NIHR's engagement with industry. In the first instance, the NIHR should focus on appointing a cross-NIHR Director of Industry Engagement and Delivery and setting up a cross-NIHR Industry Engagement and Delivery Oversight Board; implementing these recommendations first will provide the leadership and momentum needed to drive forward the rest of the review's recommendations.

7.4 Implementation of the recommendations therefore requires cross-NIHR buy-in, as the success of these initiatives depends on the collective effort of various teams, from the NIHRCC to NIHR infrastructure and beyond.

7.5 Without cohesive support and collaboration across all functions, the full potential of these recommendations will not be realised. Therefore, a whole-system approach, underpinned by strong communication and shared accountability (and a suite of performance metrics) is essential for transforming how NIHR works with industry.

7.6 It is important to emphasise that the scope of the NIHR's engagement with industry must reflect the evolving landscape of health and social care research and innovation. While

clinical trials remain a core component, industry engagement spans much broader area, including the development and adoption of medical technologies, digital health innovations, diagnostics, and health and social care data analytics.

7.7 As some of the recommendations may take time to implement, some task and finish or working groups may be required in the interim, put in place by DHSC with delegated responsibility.

Figure 5 – Summary of Recommendations. Recommendations 1-3 outline the overarching governance that is key to underpinning and driving the implementation of further recommendations 4-10.

> **1. Appoint an Industry Director to the NIHR**
> **2. Establish an NIHR-wide Industry Engagement and Delivery Oversight Board**
> **3. Agree and implement a suite of performance metrics to drive improvements in NIHR's industry outputs**

> **4. Undertake a mapping exercise of NIHR's current engagement and delivery touchpoints with Industry**

> **7. Develop an SME strategy**

> **5. Update and expand the Clinical Trials toolkit ("Innovation Research Toolkit")**

> **8. Develop NIHR-wide Key Account Management principles**

> **6. Further develop internal comms on NIHR's industry offer**

> **9. Better integrate and publicise the NIHR offer to Industry on the NIHR's website**

> **10. Commercial trials pathway**

7.8 Part 2 of this review provides further detail and the underpinning rationale.

Part 2: Recommendations

Table 1: Summary of Recommendations

Recommendation	Theme	Rationale	Responsible	Timeline	Resource
Senior NIHR Industry Director	Internal Coordination Leadership	To enable a leadership function to begin addressing the fragmented nature of the NIHR interactions with industry and unify efforts across the organisation	SRE	Fill role (either through recruitment or via secondment) within 6 months	Director-level role Hosted by LGC in the CC. Deputy Director plus G7-equivalent.
NIHR industry board	Internal Coordination Leadership	To oversee NIHR-wide industry engagement; strategic issues, proactive and coordinated activity and implementing incentives.	SRE	Board to be established and initial meeting held within 3 months	(n/a reinstatement)
Metrics	Metrics	To drive the presentation of NIHR as a unified organisation by establishing consistent organisation wide metrics for measuring industry engagement across all parts of the NIHR	NIHRCC, SRE	Board to agree metrics at first meeting, implementation to follow	To be monitored by NIHR Industry Director plus existing analytical support
Intra-NIHR industry interactions	Internal Coordination	To increase visibility of the range of industry interactions enabling better oversight and communication of the industry touchpoints	NIHRCC	Within 12 months	x3 Full-time team for c.3 months. Project expertise essential.

Innovation Research Toolkit	Internal Coordination	To improve access to appropriate and relevant areas of NIHR support for industry and improve internal NIHR signposting.	NETSCC	Within 12 months	As above
BD team internal comms work	Internal Coordination	To increase visibility across the NIHR to support collaboration rather than competition and reduce siloed working.	NIHRCC	Initial comms (importance of working with industry) within 3 months	Existing BD and internal comms resource
SME offer and SME-specific strategy	SMEs	To strengthen NIHR's role in supporting SMEs and diversify the offer as a whole	NIHRCC	NIHR CC	Existing BD resource
NIHR-wide key account management principles (coproduction)	Key account management	To align expertise and priorities to present a consistent, integrated experience for industry partners	RDNCC BD	Work already initiated	Existing BD resource
Update industry-facing elements of the NIHR website	Internal Coordination / Key account managements	To build understanding and awareness of the offer externally, signalling an integrated, unified NIHR strategy	NIHRCC	Minor changes implemented immediately; further review after 6 months	Existing resource
NIHR Commercial Trials Pathway	Internal Coordination	To streamline interactions for industry partners by reducing duplication of efforts, minimising delays and enhancing resource utilisation	Senior Directors	Within 12 months	Existing resource, led by Senior NIHR Industry Director

Recommendation 1: Appoint an overarching Industry Director to the NIHR

What issue will this recommendation address?

NIHR interactions with industry are disparate and are not coordinated across the NIHR. There is no figurehead for industry contacts at the NIHR, and while industry have reported that the delivery service that they receive is excellent, there is a potential gap for high-level strategic conversations, pipeline planning and horizon scanning.

There is also a perception that NIHR prioritises 'big pharma', although per the Government's Growth Mission, we should seek to develop relationships with all types of industry, increasing investment from all parts of the life sciences sector for the benefit of the NHS and patients in support of the Health Mission.

What is the recommendation?

The NIHR should appoint a full-time **Director of Industry Engagement** (initially for a 2-year period) with an NIHR-wide scope. To enable this overarching view, we recommend this position sits within an umbrella part of the organisation such as the NIHR Coordinating Centre.

This person will:

- Drive escalation of issues with relevant NIHR colleagues – in the first instance, preparing an implementation plan for the recommendations set out in this review.
- Lead the development and implementation of a cross-NIHR industry engagement strategy.
- Drive the implementation of the recommendations set out in this review through close working relationships with the proposed board and NIHR Infrastructure.
- Sit on the UK CRD Advisory Group (as well as any other appropriate cross-DHSC governance groups) to provide the NIHR's overarching view on the challenges and opportunities for industry engagement.
- Lead efforts across the NIHR on a One-NIHR approach to working with industry in a cohesive and strategic way.
- Champion collaboration initiatives.
- Report progress of these objectives to the NIHR Industry Engagement and Delivery Oversight Board (see Recommendation 2).

This person is not intended to act as a single point of contact for industry queries; the scale of the NIHR and research system in England means this would not be feasible.

Instead, this person will be able to provide a strategic entry point for raising issues industry are frequently experiencing across the NIHR's offer. They will also act as a visible leader internally and externally, bringing together NIHR's industry-facing functions and increasing awareness of the cross-NIHR offer – under the One NIHR banner.

They will also work to increase the NIHR's collective understanding of the importance of working with industry, including for driving investment in the NIHR and NHS – benefitting the economy more widely – and for delivering more innovative treatments and interventions for patients, monitoring these improvements through a set of stretching performance metrics. As such, it would be helpful for the Director to have some system-wide understanding and a clinical or research delivery background.

The Director of Industry Engagement should have a small team of 2 people (likely secondments from elsewhere in NIHR):

- **Deputy Head of Industry Engagement** – who will be appointed with an operational focus. This person should have a strong understanding of the NIHR system as a whole and be able to build strong relationships with NIHR colleagues to be able to quickly and strategically solve common issues reported by industry.

- **Industry Engagement Lead** – who will work to develop strong relationships with industry partners to understand key challenges and identify areas of overlap, while also supporting the Deputy Head of Industry Engagement with identifying areas for further collaboration.

The Director of Industry Engagement and the Scientific Director for Innovation will work collaboratively to foster a unified and strategic approach to industry engagement and innovation adoption across the NIHR. While the Scientific Director for Innovation will focus on accelerating the adoption of innovation and encouraging inward investment at a strategic policy level, the Director of Industry Engagement will focus on enhancing operational consistency and efficiency across NIHR's industry-facing functions.

Consideration should be given as to whether the existing RDN Life Sciences Director vacancy should be repurposed as an NIHR-wide role, encompassing both engagement and delivery of commercial trials and projects across the entire NIHR. It should remain coordinating centre agnostic. However, the most obvious setting would be for this role to be positioned within the NIHR Coordinating Centre. Additionally, to maximise efficiency and enhance consistency in industry engagement, **consideration should be given to the potential transfer of relevant staff from the RDN into a centralised business development (BD) service.** This approach would enable the creation of a unified, highly skilled team capable of driving streamlined, proactive engagement with industry partners while ensuring alignment with NIHR's overarching strategic goals. A centralised structure would also support the new role in delivering its remit effectively, fostering collaboration across NIHR infrastructure and avoiding duplication of effort.

This would ensure efficiency in governance and alignment of responsibilities, avoiding duplication while maintaining the necessary focus on both strategic and operational aspects of industry engagement.

Why will this recommendation help solve the issue?

This recommendation will enable a leadership function to begin addressing the fragmented nature of the NIHR interactions with industry and unify efforts across the organisation. By serving as a strategic focal point, this role will enhance coordination, ensuring that NIHR's diverse parts work together effectively to meet the needs of industry and align with the Government's Growth Mission.

Having someone spearhead work to champion a more inclusive approach to engaging all sectors of the life science industry and driving the NIHR's industry engagement and delivery will improve the cohesiveness of the offer; it will also provide reassurance of NIHRs commitment to generating a balanced portfolio including commercial research across all specialities. This approach reinforces to industry partners that their contributions are valued and prioritised alongside academic work.

Coordination of this work will also provide a clearer pathway for industry's engagement, supporting implementation of the other recommendations in this review and driving better

strategic oversight of NIHR/industry pipelines. This role will aim to complement and unify the diverse relationships and conversations with industry across all NIHR infrastructures, enhancing rather than limiting these engagements. By recognising and leveraging the unique strengths of each part of the NIHR's offer, it will ensure a cohesive approach that maximises the value of the NIHR's collective capabilities.

What will the challenges be?

The individual in post must be able to navigate the complex and varied priorities across NIHR infrastructures, including the RDN, to create a cohesive, One-NIHR approach while ensuring individual strengths and specialisms are not diminished. This will involve building and maintaining trust within the NIHR and existing industry partners while fostering new relationships across a diverse range of stakeholders, including small and medium enterprises (SMEs), large pharmaceutical companies, and non-traditional industry players, to ensure the NIHR remains an attractive and collaborative partner.

This person will also need proper remit and buy-in from other NIHR directors to be able to enact proper change – they will need to be able to confidently articulate their remit to encourage collaboration rather than defensiveness where overlap exists. As part of this, it will be important to overcome the perception that the NIHR either prioritises academic research over industry collaboration or focuses predominantly on large pharmaceutical companies and ensuring a balanced portfolio of commercial and non-commercial work across all specialties.

For industry, this role will need to balance the expectations of industry partners who may seek a streamlined, single-point-of-contact model with the reality of NIHR's scale and structure, ensuring effective coordination without centralising all functions.

Outputs

Within 6 months of their appointment, the incoming Director will develop an action plan with clear timelines and deliverable for the rest of the objectives to be agreed by the NIHR Board.

Recommendation 2: Establish an NIHR-wide Industry Engagement and Delivery Oversight Board

What issue will this recommendation address?

NIHR engagement with Industry is disparate and siloed; there is no NIHR-wide approach to commercial work. This means that while individual interactions between industry and the NIHR are good, there is a gap for NIHR-wide strategic pipeline and horizon scanning discussions.

What is the recommendation?

The NIHRCC should establish an NIHR-wide strategic industry engagement board ('**Industry Engagement and Delivery Oversight Board'**). The Board will bring together all relevant parts of the NIHR in once place to discuss the challenges, strategic aims and action plans required to make the NIHR an easier organisation for industry to interact with.

Secretariat of the Board will be provided jointly by the Science, Research and Evidence Directorate and the NIHR CC's BD team to ensure NIHR and DHSC join-up. The Board will be co-chaired by Professor Mike Lewis, Director of Invention for Innovation (i4i) Programme, the Small Business Research Initiative (SBRI) and NIHR Scientific Director for Innovation and Dr Alex Churchill, Deputy Director at DHSC and Head of Clinical Trials Policy.

For the first 6 months, Board membership should be limited to NIHR/DHSC colleagues to enable development of a robust implementation plan to action the recommendations set out in this review. During this period, the Board will establish its purpose, priorities, and processes, laying the groundwork for effective delivery.

After this point, the Chair should evaluate the potential benefits of including industry representation, balancing the value of direct engagement with existing feedback loops.

The Board will play a pivotal role in NIHR-wide strategic issues, such as horizon scanning, identifying opportunities to align NIHR's capabilities with emerging industry needs and research priorities. It will focus on maximising opportunities for pipeline planning, ensuring proactive and coordinated engagement with upcoming industry-led studies and initiatives.

Additionally, the Board will explore and implement appropriate incentives to foster collaboration, strengthen partnerships, and reinforce NIHR's position as a globally competitive research partner for industry.

The Board's objectives will be as follows:

Strategic Oversight and Goal Setting

- Define NIHR's long-term strategic goals for industry collaboration, ensuring alignment with government priorities for the health and research system.
- Provide high-level oversight to foster a unified 'One-NIHR' approach to industry engagement.

Definition and Alignment

- Create and embed a clear, universally accepted definition of 'industry' across the NIHR structure to enhance consistency and clarity in engagement.

Pipeline Planning and Key Opportunities

- Regularly review the industry pipeline to identify significant partnership opportunities and develop long-term pipeline plans aligned with key account portfolios.

Metrics and Impact Measurement

- Develop and track metrics (see Recommendation 3) to set measurable, long-term goals for NIHR-industry collaboration and ensure accountability for delivering impact.

Regular Communication and Insight Sharing

- Establish consistent touchpoints with NIHR's industry-facing teams to exchange insights on key initiatives, funding opportunities, and collaborations with industry partners.

Innovation and Pilots

- Identify and develop pilot projects to test innovative approaches to industry engagement and collaboration.

Industry Engagement and Market Intelligence

- Facilitate regular dialogue with industry representatives to understand emerging trends, challenges, and opportunities, ensuring NIHR is positioned to respond effectively.

Progress Monitoring

- Oversee the implementation and progress of this review's recommendations, ensuring alignment with strategic objectives.

Why will this recommendation help solve the problem?

A Board with a strategic oversight function will address the current fragmentation and inefficiencies in NIHR's approach to industry engagement.

While there have been previous attempts to develop similar Boards, this initiative is distinguished by its NIHR-wide remit enabling a scale-up of the ambition and a unified approach. By driving cross-functional collaboration and aligning efforts under a single, strategic vision, the board will drive NIHR industry engagement and enable full representation as a global partner for industry.

What will the challenges be?

The Board will need to go faster and further than previous attempts to deliver real cross-NIHR change. It will also need buy in from across the NIHR to be able to collectively achieve its objectives.

The Board must also balance the varying priorities, capacities, and operational models across different parts of the NIHR to ensure that industry engagement objectives are practical and achievable.

It will need to ensure clear accountability across NIHR teams to prevent further duplication or gaps in responsibility, particularly in an organisation with a diverse and interconnected system.

It will need to build trust and transparency among all stakeholders, including non-commercial partners, to foster collaboration and reduce perceived competition for resources and attention.

Outputs

Within 6 months, the Board will sign off an action plan with clear timelines and deliverables, including agreement of performance metrics and targets.

Recommendation 3: Agree and implement a suite of performance metrics to drive improvements in NIHR's industry outputs

What issue will this recommendation address?

There are currently no consistent metrics to measure industry engagement or drive collaborative action across the NIHR, nor is there a single system to measure business development performance or engagement with industry. This makes it challenging to identify areas where NIHR could improve its offer to industry and makes it challenging for NIHR to present a 'One NIHR' approach to its industry engagement and ensure that all parts of NIHR work in alignment to meet industry needs and government priorities.

The need to develop and implement performance metrics for NIHR industry engagement and delivery is three-fold:

  a) Firstly, to drive the implementation of the recommendations set out in this review, embedding long-term change and improved ways of working across the NIHR.
  b) Second, to drive collaboration; this review has found this to be the biggest behavioural change required across the NIHR to avoid duplication and overlap and to support the Health and Growth Missions.
  c) Finally, to drive longer-term economic benefits – for the NIHR, NHS and UK economy.

What is the recommendation?

To drive the presentation of NIHR as a unified organisation, it is essential to establish consistent organisation wide metrics for measuring industry engagement and delivery across all parts of the NIHR.

We have identified 4 key enablers that should form the basis of any new metrics, set out in **Figure 6**.

Figure 6: Key enablers/behaviours the NIHR should seek to drive
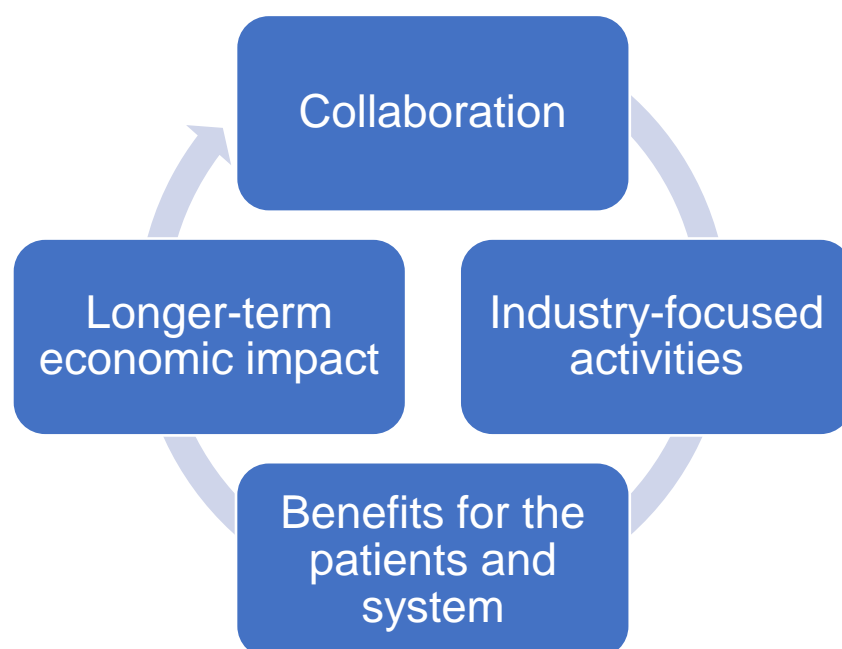
These enablers will form the basis of a balanced scorecard, aiming to drive specific behaviours to achieve improvements in operational performance, without driving unintended consequences or driving focus on one area at the expense of another.

These enablers are interdependent; but improvements in the metrics is expected to be sequential. 4 enablers, each inter-dependent. Metrics should first seek to drive better collaboration (intra-NIHR and also with industry) which will in turn drive an increase in industry-focused activities with a better service and better outcomes.

Benefits for patients and the NHS will then follow, with longer-term economic impacts and increased investment a natural result, beginning the cycle again.

Each enabler maps to elements of the government's Missions. A suite of suggested metrics can be found in **Table 2**. The NIHR Industry Engagement Director should establish a metrics working group, reporting to the Board, to identify the priority metrics, baselines and targets, plus establish whether introduction of any particular metrics might drive unintended consequences in the system.

Why will this recommendation help solve the issue?

Introducing and implementing this set of stretching performance metrics will further drive NIHR's engagement and delivery with industry. As set out below, there are a number of improvements that can be made to NIHR's performance monitoring of industry work in the short- and medium-term to improve NIHR's industry engagement and to strengthen performance.

What will the challenges be?

Due to the lack of current NIHR-wide metrics and systems, it will be challenging to gather the initial and ongoing data to deliver the proposed metrics. The NIHR should reallocate existing analytical resource to support this work.

Outputs

The metrics to be taken forward should be identified by a working group established and monitored by the NIHR Industry Engagement Director (including additional analytical support) and agreed by the NIHR Industry Engagement and Delivery Oversight Board at the first meeting. Metrics should then be reviewed after 18 months.

Table 2 – Proposed metrics

Mission: An NHS that is there when people need it	Mission: Fewer lives lost to the big killers
The main behaviour this review seeks to drive is an increase in collaboration – both within the NIHR and with Industry. Given this, the NIHR should be set explicit performance targets related to collaboration, which will in-turn drive more industry-focused activity with the NIHR – to the benefit of the NHS. Example metrics: NIHR/NIHR - Cross team/infrastructure engagement/collaboration rate - Number of shared initiatives or projects initiated jointly between different NIHR teams % of projects leveraging multiple NIHR infrastructure resource - Timeliness of internal approvals - Number of events jointly attended by NIHR teams Example metrics: NIHR/Industry - Number of new industry partnerships formed - Industry satisfaction – measured through surveys or other feedback mechanisms % of NIHR/Industry partnerships that develop into longer-term collaborations (through the entire research pipeline) - Number of SMEs participating in NIHR programmes Other - Number of industry clinical trials supported by NIHR - Number of industry research projects supported by NIHR - Extent of infrastructure utilisation by industry partners - Number of industry NIHR projects initiated – both new and repeat business, and broken down by type of industry	Example metrics: - Time taken for regulatory and ethical approval for NIHR/Industry collaborative research % of industry partnerships focused on high-priority disease areas - Number of new treatments adopted by the NHS into clinical pathways - Time to market for joint industry/NIHR innovations or products - Value of cost savings for the NHS – short-term (i.e. cost savings due to industry provision of intervention) and long-term (i.e. cost savings due to fewer interventions needed in a patient's lifetime)

• Levels of patient recruitment to industry research – speed and diversity	
Mission: Fairer Britain, where everyone lives well for longer Example metrics: • Health outcomes of patients who participated in NIHR-supported industry research • Time taken to recruit first patient to NIHR/Industry research • % of industry partnerships focused on prevention vs intervention activity • Number of GP practices involved in industry research	**Mission: Driving economic growth** Example metrics • % of global R&D spend for KAMs – broken down by type of industry • Number of new companies establishing R&D footprints in the UK – broken down by type of industry • % of industry portfolio for key accounts supported by NIHR • Value of industry investment into research supported by NIHR to the UK

Recommendation 4: Undertake a mapping exercise of NIHR's current engagement and delivery touchpoints with Industry

What issue will this recommendation address?

As highlighted previously, it is inevitable that there are and always will be multiple entry points for industry into the NIHR and NHS system. Given how complex the NIHR is as an organisation, the diversity of access points should not be seen as negative. However, the extent and scope of these entry points are not clearly understood across the NIHR. This can result in an inefficient and ineffective delivery of services to industry partners.

To address this, we recommend ceasing all attempts to create a "single front door" for industry engagement in any of the infrastructure or organisation wide. Instead, efforts should focus on embracing the existing diversity of access points while ensuring they are better coordinated and aligned under the 'One NIHR' banner. By creating a more cohesive and transparent framework that maps out these entry points and establishes consistent standards, we can provide industry partners and NIHR colleagues with clarity and confidence in navigating the NIHR's offer, while maintaining the flexibility and strength inherent in the diversity of NIHR's infrastructure and capabilities.

The review initially set out to complete this mapping exercise as part of the phase I work. However, we were unable to do this given how widespread NIHR's industry engagement is. Almost all areas of the NIHR have some element of an industry-facing role therefore further resource is required to complete this.

What is the recommendation?

The NIHRCC and RDN teams responsible for communicating the NIHR offer should, using existing resource, undertake an exercise to map and understand the landscape of entry points for all types of industry into the NIHR. This mapping should differentiate between how NIHR collaborates with industry in the broader sense (e.g. designing research) vs how it delivers research through its infrastructure – identifying all the engagement across both Programmes and Infrastructure plus the commissioning centres.

Mapping existing industry engagement activities and relationships should be prioritised to identify gaps and overlaps. This exercise could also inform discussions about which informal lines of communication might be opened to foster better coordination and collaboration across NIHR infrastructures. Establishing a taskforce group to explore how these partnerships and opportunities could be better managed and shared might be a practical first step, before moving to the remit of the NIHR Industry Engagement and Delivery Oversight Board.

Ideally the entire NIHR would use one system to monitor and record industry engagement (e.g. Salesforce). This would provide a unified platform for tracking partnerships, identifying opportunities, and ensuring consistency in interactions and communications across all parts of the organisation. However, implementing such a system would be a significant undertaking, requiring time, investment, and cultural change, but should be revisited in the future.

This exercise should be overseen by the Industry Engagement and Delivery Oversight Board.

Why will this recommendation help solve the issue?

This recommendation will provide a comprehensive overview of the breadth of industry engagement undertaken by NIHR, increasing visibility of the range of industry interactions.

This will enable better oversight and communication of the industry touchpoints and support development of an innovation research toolkit (see Recommendation 5), as well as support identification of areas where multiple contacts with industry can be streamlined.

What will the challenges be?

The extent of industry touchpoints is vast; this will require dedicated resource to create a map with the desired impact, enabling other recommendations in this review to be implemented.

It is essential to consider confidentiality concerns when discussing and sharing industry engagement information. Any mapping or system implementation must comply with legal and ethical standards to protect commercially sensitive data and the trust of industry partners. Clear guidelines and safeguards will be required to address these issues while enabling more open and effective communication across the NIHR. However, this ambition is currently limited by the fact that NIHR operates across multiple host organisations, each of which holds individual non-disclosure agreements with partners. Efforts will need to focus on identifying solutions that respect these agreements while enabling greater transparency and alignment across the NIHR.

Outputs

A map of the as-is NIHR industry engagement should be completed within 6 months. This will then inform conversations at Board level about how to better streamline and collaborate across the NIHR.

Recommendation 5: Update and expand the Clinical Trials toolkit ("Innovation Research Toolkit")

What issue will this recommendation address?

The full NIHR offer to industry is comprehensive and multi-levelled which can create a perception of confusion across the NIHR internally and for industry looking in. While the journey is well communicated for 'big pharma', other life sciences companies do not have a consistent journey during their engagement with NIHR. This is often the elements of the industry that require the highest level of support, meaning that NIHR colleagues often expire high energy with low, sometimes no, reward in terms of outputs.

This is further compounded by NIHR colleagues feeling that they do not have the support or clarity of information to play their part in guiding these industry partners through the system effectively.

Industry partners do not need to be able to full understand the NIHR landscape to be able to engage with its support effectively. However, a simple 'directory', set out as a journey map, is a simple way to upskill industry partners on the relevant parts of NIHR support to them, reducing duplicate or redundant conversations. This will enable accurate signposting to relevant parts of the system and offer a sustainable and system wide view.

The [Clinical Trials Toolkit](#) is an existing resource that provides guidance for researchers designing and conducting publicly funded clinical trials in the UK. It consists of an interactive route map providing information on best practice and outlines the current legal and practical requirements for conducting clinical trials. While its scope is limited, its content is reported to be very useful to those whose work is in scope.

However, there are a number of challenges with the Clinical Trials toolkit at present:

- It does not provide industry-specific advice and is tailored towards conducting publicly funded clinical trials. This means there is nowhere industry can easily visualise their journey through the NIHR system. Equally, it is challenging for industry to pinpoint where, when and how the NIHR can support companies (including which part of the NIHR supports each element). This is especially crucial for SMEs and less well-established life science organisations.

- It lacks visibility on the NIHR website and is hosted on a separate website altogether. While the NIHR Industry email address (run by the CC BD team) is encouraged to be the main and first source of information for industry partners to reach rapid in-person advice, it would be beneficial for industry who are not yet ready to engage with the NIHR directly to be able to visualise some of the services available to them in a straightforward, informative way.

What is the recommendation?

The NETSCC team should look to adapt the toolkit to widen its scope, so it is not an academic research-specific resource. This "Innovation Research Toolkit" should cover the range of NIHR's industry interactions – across the full lifecycle (i.e. not just clinical trials). Through gathering feedback, suggested updates include:

1. Adaptation and expansion of the toolkit to widen the scope to cover commercial research across the whole research and innovation pathway. Titling the adapted or new toolkit the 'Innovation Research Toolkit' would ensure inclusivity for all types of industry at all stages of their research pathway.

2. Tailoring the content to the needs of different industry types e.g. SME, Medical Technology (MedTech), pharma etc. This could be in the form of a separate toolkit for each audience, or an adaption to filter the toolkit depending on the audience.

3. NIHR support for industry should be linked more clearly within the toolkit itself to ensure services are accessed at the right time and utilised in full. A good example of this can be seen by [Tayside Clinical Trials Unit](#) who have adapted the toolkit to include details of the support/services they offer at each step.

4. The toolkit should be made more visible on the NIHR website i.e. linked to directly on the [Industry landing page](#) or ideally hosted on the main website.

The Toolkit should be worked up in partnership with industry colleagues to ensure its utility.

Why will this recommendation help solve the issue?

The timing, type and extent of support that NIHR offers is evidently variable depending on the type of industry accessing the services. However, this is not currently clearly laid out in public-facing resources. Whether to adapt an existing resource such as the Clinical Trials Toolkit or create a new one, depending on cost effectiveness, could help to fill these gaps in understanding.

An expansion of the scope of the toolkit to cover commercial research conducted by all types of industry would enhance the tool's utility in 2 ways:

1. Industry partners will be able to better map where, when and how to access NIHR support across the entire research journey to improve access to appropriate and relevant areas for life science organisations dependent on need.

2. Building on the internal comms work, NIHR colleagues will be able to better understand other parts of the NIHR involved in a particular company's interactions. It may act as a guide for signposting and reduce the extent of siloed working across NIHR.

An expansion to include a commercial toolkit would include and highlight the strengths of NIHR Infrastructure and provide clear pathways tailored to different industry sectors, including MedTech, large pharmaceutical companies and SMEs. By addressing these specific needs, the toolkit could become a more effective resource for guiding diverse industry partners through the clinical research process, from funding opportunities to delivery. Feedback from industry highlighted that updating the toolkit as laid out above would be invaluable especially for SMEs who struggle to understand the NIHR system.

What will the challenges be?

This work will require extensive engagement from across the NIHR and as such, will need significant support from the NIHR Industry Engagement and Delivery Oversight Board. This Board may need to decide to limit the scope of the tool to provide an output in a more time-limited manner. Consideration will also need to be given to the long-term resourcing of the tool; given it will need to be updated regularly to make sure the information contained within in remains correct.

Outputs

The updated or new toolkit should be completed and available for use within 12 months. This will then be visible as a useful resource for those both internal and external to NIHR.

Recommendation 6: Further develop internal comms on NIHR's industry offer

What issue will this recommendation address?

Across the NIHR, there is a lack of understanding of how other teams work with industry. This means industry are talking to people who may not be best placed to help them and end up having duplicative conversations – or are given conflicting information.

Given this, it is difficult to present a 'One NIHR' approach to industry engagement – both in individual interactions with industry representatives, or at events – such as conferences – where multiple NIHR teams might be in attendance.

What is the recommendation?

The NIHR should undertake a piece of internal comms work to increase cross-NIHR awareness of the various aspects of its industry engagement. Implementation of this recommendation should follow the mapping exercise referenced in **Recommendation 4**.

Sequential messaging will be required: firstly, the NIHR should seek to raise awareness of the importance and benefits of working with industry – for example sharing positive case studies and highlighting that commercial partners will not take away from NIHR's academic offering. Once there is a better understanding of the NIHR-wide shared objectives on industry partnerships, internal comms should then focus on building on the outputs of the touchpoint mapping and revised toolkits to improve cross-NIHR awareness. This should include sharing of best practice and case studies, for example.

Why will this recommendation help solve the issue?

Increased visibility (including better understanding of best practice and the importance of working with industry partners) across the NIHR will support collaboration rather than competition (and reduce siloed working). By shifting perceptions, it will aim to tackle historical attitudes around industry partnerships and help foster a culture of embracing and welcoming commercial research alongside non-commercial work across the NIHR. It will ensure better alignment of individual teams' strategy and objectives into NIHR-wide industry engagement objectives and provide a clearer cross-NIHR view of roles and responsibilities.

The intention is that this will lead to more streamlined decision-making and better-coordinated support across an industry partner's pipeline in conjunction with the other internal communications recommendations. This will provide a more cohesive view of the impression given to industry – translating into better partnerships.

Challenges

The NIHR is made up of diverse teams that work with industry; and information should be tailored depending on individual need, while retaining an NIHR-wide consistency in messaging. Consideration should be given as to the best routes for sharing updates, given the diversity of communication tools used across the NIHR. These comms should seek to supplement, and not cut across, any existing messaging channels.

There may also be a lack of awareness or resistance among some staff members about the value of engaging with industry; care should be taken to creating a unified NIHR culture.

Outputs

Initial comms work on general importance of working with industry should be delivered within 3 months. After this point, further comms should be delivered once the mapping of current NIHR and industry touchpoints is complete and toolkits are updated (recommendations 4 and 5) to increase visibility of these new or updated resources.

Recommendation 7: Develop an SME strategy

What issue will this recommendation address?

We heard through stakeholder engagement that the pathways for NIHR support for SMEs is slow, difficult to navigate and laborious.

SMEs are key to the NIHR's long-term strategy:

- They provide the greatest opportunity for innovation; they are often more agile and able to respond to emerging research and innovation trends.
- SMEs are more likely to prevent new solutions that will transform the health and social care system – such as AI, wearables or medical devices.
- SMEs will diversify the innovation pipeline.

It has been highlighted that there are pockets of excellence, particularly regionally (due to strong personal relationships), when it comes to strategic collaboration with SMEs. However, due to a lack of an overarching, consistent SME strategy this good practice has become sporadic and diluted nationally.

At present, SMEs seeking to work with NIHR find the website confusing and difficult to navigate; it is not well-tailored to SMEs. This, combined with the lack of an SME-focused comms strategy, means we risk driving SMEs to seek support in other countries (such as the USA). Also looking inwardly, the lack of clarity around the offer for SMEs means NIHR are not clear internally on how and where to signpost when it comes to different types of industry. There is also scope to better link in with other organisations such as the NHSE Innovation Service,

Stakeholders also highlighted that while the funding for SMEs from NIHR is good, it takes too long to be able to access funding; given the financial status of SMEs, this is often problematic and can stifle innovation. Research delivery is less strong, although we appreciate this is not all in NIHR's control.

What is the recommendation?

The NIHR should set up an SME-focused working group to develop and shape NIHR's SME engagement and delivery strategy. This group will be a true champion for NIHR collaboration with SMEs and work to define the UK offer. The group should define NIHR's key objectives for working with SMEs and identify the key elements of the pipeline SMEs would benefit from tailored support when navigating. These will likely include: funding opportunities, regulatory processes and NHS access. These outputs should be built into the Innovation Research Toolkit (**Recommendation 5**).

This working group should have 2 co-chairs; one from NIHR and a SME or relevant trade body representative. The NIHR co-chair should also sit on the NIHR Industry Engagement and Delivery Oversight Board.

In the first instance. the working group should develop a two-tiered SME support framework to better address the diverse needs of SMEs engaging with NIHR. For SMEs with high potential for impact, this could involve a tailored partnership pathway, offering bespoke, hands-on support through funding opportunities, regulatory approvals, and research delivery. For others requiring foundational guidance, the NIHR could build on the provision of structured

resources, such as interactive toolkits or workshops, to help SMEs navigate the research ecosystem independently.

Additionally, an Innovation Hub could facilitate collaboration and knowledge-sharing across the sector, serving as a space for SMEs to engage with each other and with the NIHR to better understand strategic opportunities and best practices. This approach allows the NIHR to focus its resources effectively while fostering broader sector development.

The group should also seek to identify pockets of excellent working with SMEs (for example, MedTech Connect North). Noting that regional excellence was identified as a strength of the NIHR's industry engagement, the group should not seek to dampen particular areas of excellent at the expense of improving NIHR's UK-wide SME offer. Instead, the working group should focus on addressing how regional best practice and SME collaboration could be shared and adapted across different regions. This work will be overseen by the new Director of Industry Engagement.

Why will this recommendation help solve the issue?

SMEs would benefit from additional end-to-end support to navigate the UK's complex health and research system – this is currently offered in pockets but is not consistent. This means SMEs often do not engage with the NIHR early enough in the pipeline given lack of system understanding, further compounding challenges for SMEs in the UK.

Through strengthening the NIHR's role in supporting SMEs – across the entire pipeline, we increase the likelihood that the UK can benefit from SME innovation.

What will the challenges be?

Given lots of interactions with SMEs will not result in innovations being pulled through the pipeline, the NIHR should consider how it can differentiate between different companies and the support they need.

Outputs

The working group should look to develop key principles and outcomes within 6 months, following that the complete SME strategy should be developed within 12 months.

Recommendation 8: Develop NIHR-wide Key Account Management principles

What issue will this recommendation address?

As reported by Industry and parts of the NIHR, the current approach to Key Account Management (KAM) faces several challenges that limit its effectiveness and consistency across the organisation. A key issue is the lack of an NIHR-wide understanding of the definition of KAM and in some cases the existence of ongoing conversations as part of that offer.

This has led to fragmentation, overlap and repetition in how the organisation's full offer is communicated to industry partners, in some cases, resulting in missed opportunities and confusion for external stakeholders.

Additionally, the current decentralised model for Business Development and Key Account Services further complicates engagement by introducing variability in the processes and standards applied across the NIHR. While there is significant value in maintaining diversity in expertise and specialisation, it is worth exploring whether centralising some aspects of Business Development Services could offer a more coordinated and streamlined service to industry partners.

Industry often views anyone they engage with as representing the whole NIHR, regardless of internal structures. While this perception may not fully align with NIHR's operational reality, it highlights the importance of a unified approach to placing the right projects in the right place at the right time, with all parts of NIHR contributing to this process.

Furthermore, there is a lack of a cohesive pipeline plan that defines what the NIHR can offer to industry across different stages of research. This often leads to external business development colleagues feeling as if the offer they communicate may not be deliverable. Engagement can often be reactive, focusing on what industry feel is short-term operational delivery rather than strategic foresight. The absence of NIHR-wide, industry-facing leadership exacerbates this issue, making it difficult to plan proactively or coordinate long-term engagements effectively.

What is the recommendation?

Key Account Managers (KAMs) should adopt a more comprehensive approach by representing the full scope of the NIHR's offerings with those Key Accounts, beyond the Research Delivery Network (RDN), acting as truly cross-NIHR Key Account Managers. This offer needs to be well communicated across the NIHR to ensure take up and avoid repetition of roles and responsibilities in the wider organisation.

By doing so, KAMs will showcase the breadth of NIHR's capabilities, strengthening the perception of a unified NIHR presence across all industry interactions. One potential solution is to centralise Key Account and Business Development Services to provide a cross-NIHR service. While this may not have emerged explicitly from the review, a centralised service could enhance visibility and coordination across different teams, ensuring consistent standards in how the NIHR engages with and delivers for industry. This would further enable collaborative working with business development, external affairs and vaccine innovation pathway teams to reduce duplication.

To ensure achievement of this, regardless of location, we propose that the leadership teams from NIHR RDN KAM and the NIHR Business Development collaborate to lead on co-

production of a set of guiding principles for KAM and updated BD operations. This process should include identifying and addressing any existing gaps in representation, establishing a clear workflow for transitioning accounts between teams, and defining key terms—such as what constitutes a Key Account, the role of business development, and how responsibilities are shared. Additionally, it is essential to delineate roles in external relations and clarify who represents NIHR at conferences, ensuring that the depth of expertise across NIHR is strategically represented.

There are 2 options for how this function will sit in the organisation: either the KAM function could sit in the Coordinating Centre, or it could remain in the RDN with strengthened reporting lines into the NIHR Industry Director.

Why will this recommendation help solve the issue?

Stronger connections between all parts of NIHR will be critical to delivering a joined-up framework for industry engagement. By aligning expertise and priorities across the organisation, KAMs and BD teams can present a single, integrated interface for industry partners, offering a consistent and strategic experience.

Exploring a centralised approach for certain Business Development Services would help reduce inefficiencies, streamline internal processes, and strengthen the perception of NIHR as a unified entity. Such a framework would enable a coordinated approach to placing the right projects in the right place at the right time, increasing confidence among external stakeholders and demonstrating the NIHR's commitment to innovation and collaboration.

A cohesive approach will ensure that NIHR effectively communicates its value proposition, reduces inefficiencies and positions itself as a proactive, innovative leader in the global life sciences sector. By working together, NIHR can meet industry needs more effectively and strengthen its reputation as a premier destination for research collaboration.

Leadership and governance will play a pivotal role in aligning KAM and business development functions, ensuring they work collaboratively while retaining the flexibility needed to respond effectively to industry demands. Transparent communication across NIHR will support this alignment, enabling teams to contribute fully to the wider industry engagement strategy.

Managing external perceptions of NIHR as a single, cohesive organisation will be equally important. Balancing the consistency of a unified message with the depth of expertise from each part of the organisation will strengthen NIHR's reputation as a trusted and innovative partner in the global life sciences sector.

What will the challenges be?

Implementing a unified Key Account Management (KAM) framework will require addressing several challenges to ensure its success. Stronger connections between NIHR's diverse parts are essential but may encounter resistance due to existing operational silos and variations in processes. Achieving a shared understanding of KAM across the organisation will necessitate cultural change and clear communication to align priorities effectively.

Establishing clarity around roles and responsibilities will be critical to avoiding overlap and duplication. Ensuring that teams across NIHR understand how they contribute to the wider industry engagement strategy will help create a streamlined approach. A cohesive pipeline plan that demonstrates what NIHR can offer at every stage of research will be vital for building trust and confidence with industry partners.

Leadership and governance must guide this alignment, ensuring that business development and KAM functions operate cohesively while maintaining sufficient autonomy to be effective. Additionally, external perceptions of NIHR as a unified organisation must be managed carefully, balancing the need for consistency with the depth of expertise that each part of NIHR brings to industry collaboration.

Outputs

This work is not intended to rewrite the definition of what is and what isn't a Key Account but should develop into consideration of where Key Accounts are important for the whole organisation. Therefore, establishing a shared understanding of roles and responsibilities in both Key Account Management and Business Development across the NIHR will eliminate duplication, streamline internal processes, and provide a more coordinated interface for industry partners. A full understanding of the NIHR offer at each stage of research, will help to build trust and foster confidence with external stakeholders.

Recommendation 9: Better integrate and publicise the NIHR offer to Industry on the NIHR's website

What issue will this recommendation address?

The challenges surrounding industry engagement with the NIHR are exacerbated by the design and accessibility of the NIHR's lack of clear industry [landing page](#).

While the site provides a wealth of information, variable, complex language makes the system difficult to navigate both within NIHR and from outside it, impacting both industry's perception of the NIHR (and its role) – but also internal institutional knowledge.

The website is perceived in a fragmented way, much of which echoes the fragmentation seen across the NIHR as an organisation. This may be due to compromises that were made between different teams during the recent redesign process, resulting in a lack of coherence.

The industry landing page lacks prominence. It is not easily accessible at the NIHR website homepage as it is only accessible via a dropdown menu. For NIHR to communicate its commitment to industry more effectively, and for industry interest to translate into partnerships, we should ensure a streamlined, user-friendly interface that is easier to find relevant information.

What is the recommendation?

It is important to highlight that the industry web pages have recently been refreshed and significant improvements have been made with limited resource. Any further changes should be backed with additional resource and web development support to ensure that essential changes can be implemented.

While it is essential to allow time to measure the impact of recent changes (e.g. in 6 months), there are a number of short-term enhancements that will significantly improve the utility of the NIHR website for industry partners.

In the short term, the NIHR industry pages should be:

1. Better embedded on the NIHR homepage – making it easy for industry partners to identify what support is available and how to access it.

2. Better targeted to specific types of industry – i.e. better tailored to specific audiences. Ideally, information should be filtered out based on the type of company seeking support and should provide a holistic view of the NIHR's support.

Why will this recommendation help solve the issue?

The NIHR website can often be the first point of engagement for new industry partners. By simply improving visibility and access to the support NIHR offers to industry on their website, this is a clear signal to industry partners that the NIHR presents a cohesive, unified offer and reinforces the NIHR's position as a strong partner with industry collaboration as a top priority.

By adjusting the website to be friendly to all types of industry, the aim is to improve understanding both for industry partners looking in, and institutionally within the NIHR. Audience tailoring of the website would be particularly helpful for SMEs, whereby clear end-to-end support is essential.

What will the challenges be?

- The NIHR needs a cultural shift for it to realise the importance of working with industry – in order to increase visibility of industry on webpage and for it to stay there.

- There are limitations to the website's capability – the NIHR will need to maximise how it utilises this capability for maximum function.

Outputs

Minor changes should be implemented immediately, following which the website should be reviewed in 6 months for further improvements. The NIHR should then see improved feedback from industry and more traffic on industry-specific webpages.

Recommendation 10: Commercial trials pathway

What issue will this recommendation address?

The current process for set-up and delivery of commercial clinical trials within the NIHR infrastructure is the same as at NHS sites; individualised, inconsistent and difficult for industry partners to navigate. All trials, through early, late, and post-marketing—are supported by site teams with varying levels of coordination and expertise, which leads to well acknowledged inefficiencies and delays.

During the review and backed up by ABPI data, industry stakeholders have highlighted that these inefficiencies make the UK a less competitive destination for global clinical trials. For instance, Spain has implemented a streamlined, centralised approach that enables faster trial initiation timelines, particularly for late-phase studies. Their use of integrated regulatory frameworks and national coordination mechanisms has attracted significant commercial investment, leaving the UK at a disadvantage. Without a unified pathway, industry partners working with NIHR face duplicated efforts, delays in regulatory approvals and challenges in accessing phase-specific expertise and infrastructure.

This lack of a standardised approach not only impacts the volume of commercial studies conducted in the UK but also limits patient access to innovative treatments and undermines NIHR's genuine offer and ability to achieve its objectives under the UK Life Sciences Strategy. While this is universally accepted as an issue and work is underway to fix, we have a unique opportunity within the publicly funded infrastructure to example new ways of working.

What is the recommendation?

To address these issues, we recommend establishing a streamlined NIHR Clinical Trials Pathway to strengthen NIHR's engagement with industry by enabling a more strategic pipeline across all clinical trial phases. The pathway will be a collaboration between the new NIHR director of Industry Engagement (see Recommendation 1) and industry partners, providing industry with a clear pathway through the CT pipeline, backed by guaranteed NIHR capacity.

This pathway will ensure a consistent and efficient process that aligns NIHR's offerings with the needs of industry, drawing on best practices from successful models, such as those in Spain, while tailoring them to the UK's context.

This proposal will build on existing entry points, offering consistent support, tailored expertise, and infrastructure-specific services from early to late-stage trials to optimise the journey of commercial studies through the NIHR system. Key elements include:

- **Phase-Specific Expertise:** Utilise NIHR-wide existing infrastructure—such as ECMCs, CRFs, ARCs, HRCs and CRDCs—to deliver targeted support through early, late and post-marketing trials, ensuring that sponsors have access to the right expertise at the right time. This aligns with Spain's focus on leveraging specialised research centres and networks for different trial phases.
- **Regulatory and Operational Efficiency:** Work with MHRA, HRA and other stakeholders to establish fast-track mechanisms for approvals and study setup, mirroring Spain's integrated regulatory approach, which eliminates unnecessary delays and provides clear timelines for industry.
- **Integrated Data and Technology Solutions:** Develop digital platforms to enable seamless data sharing. Similar to Spain's focus on interoperability and advanced data systems, this will ensure consistency and efficiency across trial phases, through the infrastructure.

This pathway will ensure a consistent, efficient and well-coordinated process across all phases of clinical trials—from early-phase studies to late-stage trials— pulled through the phases and delivered within the NIHR Infrastructure. This will allow a specific focus on a small number of sites to address gaps in setup, delivery and scalability, while continuing to test and pilot translatable innovation in processes.

Why will this recommendation help solve the issue?

By creating a clear and standardised pathway across all phases, through partnerships with industry sponsors, NIHR will simplify interactions for commercial sponsors, ensuring they have a consistent, high-quality experience throughout their trial journey. A clear, efficient, and responsive pathway will lead to higher levels of industry satisfaction, strengthening long-term partnerships and fostering greater investment in UK clinical research.

Streamlining processes across the different phases of clinical trials will reduce duplication of efforts, minimise delays and enhance resource utilisation across NIHR. This will ultimately lead to cost savings for both NIHR and its commercial partners, while also improving trial delivery times.

A streamlined, well-coordinated pathway will attract more global life sciences companies to place trials in the UK, contributing to the UK's economic growth and enhancing patient access to new treatments.

What will the challenges be?

- NIHR's current infrastructure operates across diverse settings with varying levels of expertise, coordination and processes. Standardising these into a unified pathway will require significant alignment and collaboration across teams and organisations. Resistance to change, particularly from sites accustomed to established processes, may hinder adoption.

- Achieving streamlined regulatory and operational efficiencies will depend on close collaboration with the MHRA, HRA and other stakeholders. Differing priorities, resource limitations, or delays in adopting harmonised practices could slow progress.

- Spain and other countries with streamlined systems already have a competitive edge. Demonstrating that NIHR's pathway offers a comparable or superior experience will require delivering quick, tangible results, particularly in attracting high-profile trials.

- A unified approach demands a cultural shift within NIHR, fostering a sense of shared ownership and accountability for commercial trials. Building this mindset across a large and diverse organisation will take time and effort.

Successfully addressing these challenges will require strong leadership, a phased approach to implementation, and proactive engagement with both internal and external stakeholders.

Outputs

- Within 6 months, have mapped out a pathway and process for delivering the rec (including feasibility) and then get it up and running within 12.
- Clear documentation of the NIHR Clinical Trials Pathway including roles, responsibilities, workflows and standard operating procedures (SOPs).

- Pilot phase, including feedback loop, implemented across select NIHR infrastructures to test the new pathway, with measurable baseline data collected.
- Evidence of coordination across NIHR teams, demonstrated by strategic input from relevant NIHR departments.

Acknowledgements

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NIHR colleagues:

- NIHRCC Business Development team
- RDN Business Development and Key Account Management team
- RDNCC team
- LCRN/RRDN regional teams
- NIHRCC External Affairs team
- NETSCC Team
- NIHRCC Programmes team
- RSS colleagues
- BRC colleagues
- HRC colleagues
- CRF colleagues
- ECMC colleagues
- ARC colleagues
- PRC colleagues
- NIHR BioResource team
- NIHR Academy team
- NIHR Innovation Observatory
- Wider colleagues within the NIHRCC

Industry representatives from:

- The BioIndustry Association (BIA)
- The Association of the British Pharmaceutical Industry (ABPI)
- The Association of British HealthTech Industries (ABHI)
- The British In Vitro Diagnostics Association (BIVDA)
- AstraZeneca
- Abbvie
- GSK
- Pfizer
- Wave Life Scientific
- Boots

Government colleagues from:

- Department for Business and Trade
- Office for Life Sciences
- Science, Research and Evidence

Their support, insights, and efforts were instrumental in the completion of this work.

Annex A: Full Methodology

1. Phase I

    1.1. The aim of Phase I was to scope out key themes and carry out initial information gathering/fact finding with stakeholders.

    1.2. We used an existing NIHRCC industry contacts list, consisting of internal industry facing NIHR contact points, to identify initial stakeholders for the review. To ensure broad and comprehensive engagement, we included industry partners from established relationships and groups, such as the Clinical Research Working Group. A wide range of internal NIHR contacts were also approached, ensuring the opportunity for input was far-reaching across the organisation. Figure 1 provides a summary.

    1.3. We aimed to engage the entire NIHR, recognising that every part has an Industry offering and did not want to assume engagement via other sources.

    1.4. Over 100 NIHR contacts were approached for input into the review by means of a short qualitative survey. Over 42 individual written responses to the survey were received, and subsequent follow-up meetings were held to discuss the responses in further detail. Survey questions sent to NIHR contacts can be found in Annex B**: Questionnaires and detailed comments from NIHR and Industry contacts**.

    1.5. 14 industry contacts were approached for input via another set of qualitative questions or via meetings. Responses were received from AstraZeneca, Boots, AbbVie and Wave Life Sciences, and the review was well-received. Survey questions sent to industry can be found in Annex B**: Questionnaires and detailed comments from NIHR and Industry contacts**.

2. Phase II

    2.1. The aim of Phase II was to build on findings from Phase I of the review and develop a well-rounded, realistic and stakeholder informed set of recommendations along with an action plan. This was achieved through further exploration of the Phase I themes via targeted stakeholder interviews and deep dives.

    2.2. We reviewed our Phase I findings to identify knowledge gaps and areas that required further exploration. Through this exercise, we identified the key stakeholders in NIHR that could feed into these themes further and help us to shape recommendations.

    2.3. We engaged with these key NIHR stakeholders via deep dive sessions and workshops to discuss detail around our themes and initial recommendations i.e. to gather feedback, and determine what, how and by who the recommendations should be carried out.

    2.4. We also met with colleagues from the Department of Business and Trade (DBT) and the Office for Life Sciences (OLS) to gather their input on our initial findings and relevant recommendations. This was essential to gather a cross government view on NIHR's engagement with industry partners.

    2.5. We then met with a range of industry contacts to test our developed recommendations and gather feedback. These included representatives from the Association of the British Pharmaceutical Industry (ABPI), the Association of British HealthTech Industries (ABHI), the BioIndustry Association (BIA), the British In Vitro Diagnostics Association (BIVDA), Pfizer and GSK.

3. Phase III

3.1. Phase III consisted of reviewing all feedback and insights informed by phase I and II to synthesize findings and evaluate key outcomes and recommendations to develop a clear, informative final report.

Annex B: Questionnaires and detailed comments from NIHR and Industry contacts

NIHR

1. Please outline your role in NIHR's offer to industry:

   a. How is your offer communicated to potential industry partners?

   b. Who is your offer aimed at (e.g. SMEs, BioTech, Pharma, CROs)

   c. What channels or platforms do you use for outreach and engagement?

   d. Who within your team is primarily responsible for industry engagement, and how are these roles structured?

2. What are the key strengths of NIHR's offer to industry?

3. How do you leverage these strengths in your marketing and business development strategies?

4. What are the problems with this offer? Have you had any feedback from industry?

5. In what ways do you think NIHR's offer to industry should be improved? Where are the gaps in NIHR's offer to industry?

6. What short-term wins can you identify that would improve NIHR's offer to industry?

Industry

1. How do you interact with the NIHR?

2. How does NIHR communicate with you? Do you have a specific contact?

3. What do you believe are the NIHR's strengths when it comes to their industry offer?

4. Where do you think NIHR could improve its offer to industry? How do you current share feedback with NIHR?

5. Are there any parts of the NIHR you find particularly challenging to engage with?

6. Do you have any case studies of where your engagement with NIHR has been either particularly successful or challenging?

NIHR:

How is your offer communicated to potential industry partners?
The offer is verbally communicated through events, in person and virtual meetings. Usually in excess of 600 individual opportunities with industry each year, sometimes also in collaboration with other relevant industry supporting teams e.g. NIHR i4i, NIHR RDN LSP, NIHR EA.
https://www.nihr.ac.uk/partners-and-industry/industry/ creating user journeys specific to typical company needs and NIHR's ability to support them
Marketing offers for specific areas of interest e.g. AMR – focused on areas of priority or where there is strong UK capability. These use NIHR as a central element in the messaging to attract international companies to the UK.
Offer also shared through the NHS Innovation Service. BD teams support the NIHR in enquiries received this way
External resources to support companies that require more support and understanding of the research journey that they may need to undertake by using tools like ABPI ATMP roadmap, Health Technology Pathway and have previously used the Clinical Trial Route map
Different ways; directly F2F i.e. MTI expo, webinar, at other life science events. NIHR Industry and SME roadshows
ARC Industry Strategy - makes a series of guarantees on our part such as ensuring a named Industry contact and that we will communicate openly and seek cooperation that is mutually beneficial.
We tend to respond to approaches rather than communicate an 'ARC offer' as we tend not to have with spare capacity.
Longstanding relationships with parts of big pharma who have a product pipeline.
We contact/communicate our offering to industry through direct outreach, conference attendance, site visits, presentations (remote and in person), and via our general inbox (email communication).
Different ways; directly F2F i.e. MTI expo, webinar, at other life science events presenting i.e. keynotes at Norwich Research Park, or charity conferences, or in review groups that bring other partners together to specifically support the development of new medtech products or services i.e. Leicester and Nottingham translational research review groups.
We present our regional offer via our website which outlines our Industry Team support, local innovations and profiles around our partner organisations. Presentations online and at local / national research events, direct engagement with companies, presence and support provided at meetings between Industry and NHS
This offer is predominantly communicated via word of mouth and presentational promotion from NIHR business development teams

Omnichannel marketing approach, engagement, and collaboration with existing platforms such as NHS Innovation Service. Additionally, the close collaboration and engagement with existing NIHR infrastructure and expertise who are aligned with industry.

Online promotional launch events and/or webinars, Attendance at regional/national events, NIHR website provides information on how to apply, NIHR social media promote launch events and funding opportunities, Cascade email to partners to spread the word to other networks, For NIHR wider industry offer an animation has been created

Our offer is communicated with the support of NIHR Research Delivery Network and NIHR External Affairs colleagues.

Who is your offer aimed at (e.g. SMEs, BioTech, Pharma, CROs)

Primarily SMEs (RSS)

SMEs, clinicians or academics looking to spin out companies, medical research charities looking to work with SMEs to drive their translational research activity and generate more impact, VCs working in the space

We seek to work with industry partners across a range of sectors and size of company and despite some specialist areas as outlined above we have worked with SMEs, CROs alongside the traditional pharma and medtech companies that form our main partners.

All different sectors of industry: This goes beyond the life science sector due to the nature of our programmes. We have awards working with Iceland, pharmacies, and social care private providers as well as the life sciences sector

All of these but currently predominantly Pharma and CROs.

Operating in the NIHR CC BDM environment, we take a system-wide approach to supporting research, working with all elements of the NIHR infrastructure who have been provided NIHR funding i.e. ECMC through to HRCs – As such our offer is aimed at a very broad-church of potential customers.

In terms of Industry, the offer is aimed at SMEs in the medtech (devices, diagnostics and digital health – including AI) sector.

Life Sciences Industry, including diagnostics, medical technology and biopharmaceutical, the food industry, as well as associated industries such as 1 digital, design and artificial intelligence, and small and medium-sized enterprises

What channels or platforms do you use for outreach and engagement?

Monthly comms pushed out across NIHR each month

Horizon scanning at conferences – but this could probably be more consistent across NIHR

Conversations with key accounts

Online learning system (Health Innovation East Midlands Innovation Academy), events

UK and international events – at an international level, NIHR's visibility is limited

Presentations at selected events, life science conferences with partnering facilities, meetings with individual companies, referrals from (such as Department of Business and Trade, DSIT/OLS, regional innovation groups e.g. NHSA, Medilinks, MedCity/London and Partners), mailing lists (e.g. NIHR industry newsletter), LinkedIn AskNIHR campaign leveraging a growing repository of case studies which support NIHR impact team, referrals from colleagues across NIHR including Scientific/Programme Directors, TRC Leads etc

Enquiry sources are tracked through NIHR's CRM system Salesforce, website/email metrics etc and the events/conferences schedules are amended annually based on the review of the metrics and changes in priorities.

Non-NIHR boot camps/accelerators like Panacea Stars and ODP2, and has worked with embassies (e.g. Israel and Canada) and the Department of Business and Trade delegations to provide access and information through webinars and other activities to companies exploring the UK and NIHR's support.

Event attendance and an event booth. The NIHR BioResource Marketing and Communications Team engage on social media, forums, and have a NIHR BioResource Science Conference

Multiple channels, including a dedicated BD comms officer who is responsible for coordinating with the wider NIHR comms experts to illustrate system wide offers and case studies. Engagement with industry is inherent in everything we do as a BD Team – Every email, every infrastructure engagement, and every referral we receive as an organisation (NHS Innovation Service etc) we are effectively conducting outreach and engagement.

NIHR website, NIHR social media (LinkedIn) – the AskNIHR campaign was recently launched, Innovations' led events are promoted via NIHR social media and through Eventbrite, Mailing lists to promote i4i/NIHR industry offer, Partners' platforms such as the NHS Innovation Service and Medilink, Presentation and/or stands at selected events

Outreach and engagement with industry partners is primarily done with support from NIHR Research Delivery Network and NIHR External Affairs colleagues as outlined above, however, in order to communicate and promote opportunities for early career researchers to work with Industry, we have recently created an Enhanced Engagement Lead role with focus on commercial partnership.

Who within your team is primarily responsible for industry engagement, and how are these roles structured?

6 team members dealing with a pool of key accounts

4 of us in the team (Innovation Programmes team of NIHRCC)

The new Industry Operations manager will be a very key and single point of contact for industry and charities (UKCRF network)

Director of NIHR Academy Programmes) has oversight of the work the Academy undertakes with Industry partners. We have also developed an enhanced engagement lead role, responsible for communication and promotion of our Industry offer.

What are the key strengths of NIHR's offer to industry?

Knowledge is very focused which other services do not have

Relationships are already established with industry at all levels – global, UK clinical ops. Lots of good stakeholder relationships exist.

Access to key opinion leaders - industry often surprised to hear this is available and free

Companies report a lack of success when independently approaching NHS trusts. NIHR's investment into research infrastructure provides companies with the opportunity to access experienced staff who have time to engage. This can support e.g. mapping onto care pathways (which supports adoption of innovation)

NIHR contributes to design of research and trial protocol to make sure high-quality data is collected and relevant to the outcomes needed by the companies

NIHR research delivery infrastructure, staff and facilities resourced outside of the NHS's standard of care that are dedicated to deliver research and clinical trials.
NIHR provides access to patients to both advise on and participate in research - something large pharma companies are often very keen to only engage indirectly.
NIHR provides access to data and clinical samples - identification of both is challenging and access for companies is complex but can be facilitated through academic/NHS collaborations.
Support is compelling particularly when national teams provide the understanding and guidance of how to navigate the offer. This conversation needs to be tailored to each company, and NIHR colleagues have this skill
Expert connectivity service, RSS, access to public participants, data, funding
Our expert partnering service and data provision are unique and undersold in our industry offer
The NIHR is able to signpost industry partners to whomsoever can provide the most effective partnership
the experience of the NIHR and track record of working with industry means that it is a reliable partner for industry partners seeking new collaborations.
Expertise in rigorous evaluation, including use of routinely available data (i.e., 'real world') and implementation science.
NIHRs national reach across research infrastructure which includes the NIHR Expertise Partnering Service.
The scale of, and access to, research evidence across the funded infrastructure is a key strength, but this sometimes requires further refinement and curation
There is an infrastructure, and it's unique in that it spans early to late phase, and there is a delivery function. The networks within the infrastructure are invaluable.
Expertise in the system is valuable but not tapped into. For example, patient panels are not known about but are hugely valuable.
Knowledge and understanding of NHS and Care structures and networks, and the rigour of our academic methods.
Probably the access to expertise and partnership and RDN for later stage products in larger clinical studies; in our sector the HRCs are an important and growing strength who will almost always be signposted, along with RSS.
The IOM community is massively supportive, agile and a main driver for the NIHR industry improvements.
Regional IOMs are great at sharing best practice across regions, but CC does not recognise the importance of this work
Intelligence on the ground
The key strength is the togetherness of the respective business development leads and teams, discussion forums to work together and the ability to reach 'the NHS' and notably acute sector effectively.
The key strength of the NIHR is threefold: • A single coordinated approach to facilitate the identification of research sites and expertise. The ability to quickly engage with innovators and expertise, using the same front door!

- "Breadth and Depth" of expertise available in a single research support system.
- The ability for the UK to provide "streamlined processes and systems" for industry to adopt to enhance study start-up timelines.

NIHR reputation and credibility: robust processes, transparency, funded research methodologically rigorous.

Multiple touch points for industry

By collaborating with Industry partners we provide the opportunity for them to work with the future leaders of research from different areas/disciplines and career stages. This can be especially attractive to SMEs looking to bring academic expertise into their organisation.

Industry partnership also allows us to broaden networks and build collaborations between Industry, NHS, HEIs and the wider NIHR network.

National: Single point of entry into the UK Life Sciences ecosystem across all phases of research including effective signposting to the wider UK research and health system

National: Key account management of existing relationships that have been built over a number of years and provide links into the NIHR network and valuable intelligence on upcoming pipelines

Local: Matured and positive relationships with companies/CROs and local research active sites to enable streamlined query resolution at site / study level for set up and delivery

How do you leverage these strengths in your marketing and business development strategies?

NIHR BD has a mix of proactive and reactive marketing – greatest obstacle is having enough time to find good stories and work them up sufficiently for use with external audiences

Case studies should be holistic, not just reflecting an individual centre. Need one NIHR angle

Some aspects of NIHR's offer can't easily be marketing because they are provided on a case-by-case basis

BD team approach companies for strategic BD work in selected topic areas. Target lists are developed using insight from a Global Data subscription, ScanMedicine or websites. Salesforce also has company contacts.

The current proactive/reactive business development split is skewed towards handling reactive enquiries (more than 600 per year - mostly new but some repeat business varying between 10-20%).

Talk about the whole offer, as the Business Development team in NIHRCC does, and tailor as required for the audience

Outreach work

Responding to local need

We do not have a specific marketing strategy aimed at business and industry, but leverage our existing partnership network as well as our multi-modal communications strategy. Our evidence hub and existing free training offers are shared with a network of over 600 subscribers

Where we have a specific request, we also work with our university network of business development teams (for example, expansion of our stakeholder board membership).

Academics are the best salespeople to bring in industry as they have the expertise and knowledge required
We use it to present ourselves as the gateway to the NHS, to support establishment of trust and academic credibility and rigour. Co-development opportunities enable industry partners to present themselves as being developed within and for the NHS
Trusted brand
For the NIHR BioResource, our key strength is participant recall. Coupled with the CRF Network, the ability to recall participants by genotype or phenotype to take part in clinical or translational research and have interventions administered or measures taken anywhere in England at a CRF is very appealing to industry.
It's not so much about leverage but about targeting, a combination of 'most bang for buck' as well as what are the gaps in the ecosystem that can best support industry (depending on definition)
Increasingly via approaching industry from agreed strategy groups like NCVRF and with NIHR business development leads' blessing.
Optimised strategies and processes are explained to industry colleagues in person and electronically through high quality, consistent communication channels. Offers and case studies are collated by the NIHR CC Team, illustrating those inherent advantages to operating in the UK.
Through regular webinars, roadshows, social media, the website, etc. Importantly, we also provide examples of successful cases to demonstrate the importance of the funding and how we engage with the project teams to keep the work on track.
We currently have a small number of case studies in progress on individuals who have used their NIHR awards to engage with Industry.
National: Applying principles of an Account Based Marketing approach - a customer-focussed business marketing strategy that concentrates resources on key accounts and targets marketing messages and campaigns on the specific attributes, needs and pain points of those accounts.
National: Emphasising long-standing relationships and valuable pipeline insights to position the RDN as a trusted partner with deep industry knowledge.
National: Developing key account profiles, including a joint action plan and objectives set with key accounts to ensure alignment and leverage the RDN's strengths effectively in collaborative efforts.
Local: Development of sustainable growth strategies focussing on regional expertise where there is the infrastructure and capacity and capability to deliver commercial research.
Local: Developing marketing content/targeted events and resources to promote regional capabilities and infrastructure available.
What are the problems with this offer? Have you had any feedback from industry?
Language is highly variable and complex.
Signposting within the NIHR can be complicated and difficult
There will be duplication of people speaking to the same people about the same things – e.g. repeating conversations at the local and national level – can this be made slicker?

Approach to key accounts isn't consistent – e.g. NOCHRI don't have key accounts but the RDN hare key accounts with DBT
Life science companies don't know where to go and see the NIHR as one organisation – but that isn't reflected internally
Internally, it is challenging to keep up with the constant shifting landscapes, so it's impossible to explain to industry
When SMEs and industry interact with NIHR INF they have to do this through multiple sources via multiple forms all asking essentially the same thing. This is off-putting and laborious
Huge amount of internal competition to drive single-site performance – a collaboration KPI would help fix that
Lack of understanding and collaboration exists between parts of the system – e.g. AHSNs and MICs not working together for the most part
Commercial delivery workforce needs to be more agile across specialities – they're too focussed in single disease areas.
Multiple front doors and side entrances – although some of this inevitable as relationships form – but the number of front doors is growing
Revisit proposal for a cross-NIHR virtual BD team linking together the industry-facing teams from the CCs and infrastructure
No central coordination or organisation looking at how services overlap, what stages companies should access them and who delivers them – leaving a fragmented picture which has to be explained and navigated
Different approaches to confidentiality – e.g. the RDN often takes receipt of information while using confidentiality agreements which limits sharing. There is a mismatch in the level of detail available
NIHR BD teams ask for regular feedback from companies, and sometimes send out more specific feedback questionnaires
Below national level, delivery of services is confusing and overlapping, and industry don't have the time to try and understand the complexities – they just want guidance on the best next steps for them (instead of having to work through several similar services to identify the best one for them)
NIHR infrastructure is both broad and complex, therefore the offer will differ in relevance to differing types of organisations
There is duplication in the technologies and innovations that are currently being developed by innovators, and although an innovation may be promising, and showing good results in test settings and pilot studies, the innovation may not provide the best solution to the challenges an ICS is facing. Similar innovations, from competing innovators, may provide an equally good or even better solution. NIHR/ARCs need to think carefully about their role in supporting wider adoption of commercial products in the NHS
Best approach is face to face engagement.
Disjointed and disparate. Lack of a single mission which leads to missed opportunities for the UK.
The pace at which our institutional systems and processes typically move is often prohibitive and so projects typically would often die on the vine after initial enthusiasm

Industry does not understand or find it easy to differentiate across the NIHR infrastructure - they often comment that they would like a single point of contact for help and support.
Looking at the webpages, is does look diverse and could therefore be potentially confusing to companies.
We tend to get comments on pace of contracting, immediate availability of resource to meet industry timelines, and establishing competitive market rates
Some of the early translational and/or experimental companies are unprepared for the cost and the time it takes to conduct recall studies. I don't think those specific companies have a solid understanding of the resource requirements of getting their product to market (this is a common issue). Mid to large companies have not provided any negative feedback.
People struggle to take it all in. Even parts of the ecosystem that know us and are NIHR funded like the RSS do not understand it all. There is an education piece needed for NIHR colleagues as well.
Comprehensive and multi levelled can create a level of confusion and opaqueness.
Regional IOMs input feedback into a central place but there seems to be no communication about any trends/analysis from this – lack of information sharing
Also, there is still not one, cohesive and agreed central point of contact though 'industry@nihr.ac.uk' could be.
The problem is that while more cohesive the NHS and research is still clogged, post-pandemic and struggling for diagnostic and support service access etc. Therefore, we are still (and seen as) slow and bureaucratic.
Industry (particularly CROs), to get quicker results, is wont to bypass the NIHR systems and go to sites of past success which leads to duplication.
SMEs perceive the NIHR application process primarily focused on academic applicants and overly complex, and asked for a more streamlined approach. The process is seen as slow and overly bureaucratic.
The awareness of support available from NIHR Infrastructure is limited and difficult to navigate. The overall NIHR is hard to navigate.
Non-SME friendly website
Although we have not had any feedback from Industry, there is a lack of targeted communication to promote the benefits of partnering with the NIHR Academy to offer jointly funded opportunities.
We track/monitor current awardees who are engaging with Industry via Researchfish as part of standard monitoring which gives an indication of the commercial partnerships individuals have developed. The quality of Researchfish returns is variable so it is likely we are underreporting the number and impact of these partnerships. Further work is required to improve the quality of returns so we can better understand the impact.
National: We regularly receive feedback through numerous national and local relationships and report this via a live spreadsheet to the Executive Board of the RDNCC through a monthly report. This enables the identification of trends, including information on the impact of NCVR, site identification and intelligence services, and industry's experience of navigating the UK systems.
Inconsistency in support offered, which is in part driving the transition to the RDN
There are limitations when it comes to resolving the issues/blocks to delivery in NHS Organisations - this is a challenge when it comes to our offer with helping resolve delivery

issues for studies. There are many issues within the NHS that are outside of the NIHR's influence to resolve.

In what ways do you think NIHR's offer to industry should be improved? Where are the gaps in NIHR's offer to industry?
Improve communication of the offer
Whatever changes are made, they need to be phased – to make sure NIHR can continue to service its current accounts while continuing to develop the offer
Better information sharing to ensure the customer gets the same experience no matter where they land
A more logical approach to the services, access points etc
Is there a way CPMS could be used to streamline the customer journey? E.g. so there's one place with all the info on where the sites and investigators are etc. At the moment, this info is spread out inconsistently across NIHR e.g. through CRF Network, ECMC etc
Single front door
Hub and spoke model – get keen and motivated parts of the NIHR to pull through customers and alleviate barriers to entry
Customer journey should be quicker, and communication needs to be better
SMEs would benefit from having a navigator that helps them through the end to end journey. This exists in some places already, but not consistently – it depends on the centre as to how good this offer is
Do the national team need better resourcing?
We need to work better on horizon scanning and what we see as the future (AI – SME – MedTech) and our workforce need to adapt to the needs of those alongside new delivery methods
Consider how confidentiality agreements are impacting the sharing of granular interactions at a company level
Campaign featuring case studies of the successful adoption and spread of new innovations could help change perceptions of the UK as a place that doesn't harbour innovation
Consider the balance of proactive and reactive BD
Look at introducing a set of priority areas for NIHR infrastructure with expectations set for engagement – aligned to NIHR incentives
Research funding is the least strong aspect of NIHR's current offer to industry – continue to develop plans for an NIHR industry fund
Explore other ways to develop partnerships with companies – more work with the investment community
Clarity of DHSC's collective investment in NIHR – the use of existing systems and processes needs to be reviewed so companies can use one process to access the most relevant services
Remove overlap and competing services to increase efficiency locally and nationally
Need to focus more regionally to exploit other ecosystem players SME knowledge, research needs of the health and care system and capability

There is potential for this to be more nuanced, for example recognising that some parts of NIHR infrastructure are working at a different stage of research development and will therefore interface with diverse types of industry in different ways.

No clear standard of evidence exists for innovators along the various gateways of the innovation pathway. NIHR can play a role in setting these standards and introducing mechanisms that would allow for this evidence to be tested, and in doing so, supporting the health and care system to understand available evidence and its value. In parallel, NIHR can support innovators in increasing the standard of evidence they collect whilst developing, testing and evaluating their innovations.

Finally, there is a gap, that may be filled by NIHR, where the health and care system are supported in understanding what solution/innovations are available to support their local needs.

ARCs are not the same as BRCs i.e. we don't tend to align with life sciences industry because we are applied research (further along the research pathway). This nuance doesn't always seem to be understood by NIHR.

There is no where in the NIHR to discuss an industry partner's strategy. Lack of industry focus and strategy, and unclear who in the NIHR manages each partner – lack of information flow between BD team and the wider infrastructure.

It feels like the NIHR focuses on making the introductions, but less on facilitating continued engagement beyond the intro and streamlining the processes of engagement – IG, IP, contracting etc

We see NIHR primarily as a funding organisation. If industry share this perspective then they may not be very aware that the NIHR is keen to support industry and has a significant offer.

NIHR needs to do more of the 1 to many engagement with parts of itself, other ecosystem players such as TTOs, research parks, VCs and focus more regionally to exploit other ecosystem players SME knowledge, research needs of the health and care system and capability i.e. national rehabilitation centre and linking opportunities to support UK assets.

NIHR is not SME-friendly when it comes to funding and even when awards are made, the time it takes to get money to them (without which many can't actually start work at all) is disproportionate. NIHR is set up to support large industry (or academic) studies in pharma, bio-pharma and needs to adjust to the reality of the more rapidly innovating, start-up ecosystem that is medtech

We need to reach out more to big pharma and devices over and above what is being done by the NIHR external engagement team - they have done an amazing job.

Consistency is important, but there should be ways of picking up ways of working that work well regionally and strategically share these nationally

The regional RDN offer is distinctly different to the CC offer – CC want consistency, but industry needs a fluid and adaptive conversation

Regions do not have a central info repository (CC does)

Regions do not have the info to be able to signpost to other parts of the NIHR

Gap for Medical Technology companies that are wanting to deliver Investigator Initiated Trials particularly feasibility and pilot studies. Our experience is that these small scale pilot trials are not routinely supported by NIHR infrastructure and fall between the cracks of the current offer. Local variations can make or break these opportunities.

More cohesive work between different parts of the NIHR infrastructure to simplify the system for LSI partners.
Higher focus on marketing services to industry to help them understand how to get the best out of the NIHR - clearer online presence.
Central point of contact though 'industry@nihr.ac.uk' which technically exists but is not widely utilised yet.
Establish a business development forum for all areas of NIHR and cement it with a national conference and regular meetings.
Smaller biotech needs additional support and expertise with trial delivery, an end-to-end service may help in certain sectors such as advanced therapies like the vaccine model.
Siloed work across trusts and community healthcare - Companies know where the patients are they need access to, yet sometimes struggle reaching these patients in the community for early phase studies which are often led via large trusts. There are good examples of mixed delivery models across trusts and community healthcare that could showcased and adopted more widely.
Feasibility services must be simplified and streamlined + FLEXIBLE! to meet the needs of the client!
Translational funding dedicated to SMEs which could expand to biotech, advanced therapeutics and any other emerging and highly growing market. Entrepreneurial training for academics and clinicians. Pre-competition support. Enhanced engagement with investors. NIHR industry showcase event. Regular roundtables with SMEs. Industry case studies repository for annual roll-out. SME comms strategy.
More targeted promotion and communication of the NIHR Academy offer to both Industry/SME and individuals interested in undertaking NIHR career development/research training awards.
Improved monitoring (via Researchfish) of awardees engaging with Industry will allow us to better identify the longer-term impact and benefit of working with Industry.
Gap for Medical Technology and Digital SME companies that are wanting to deliver Investigator-Initiated Trials, particularly feasibility and pilot studies. Our experience is that these small-scale pilot trials are not routinely supported by NIHR infrastructure and fall between the cracks of the current offer.
More cohesive work between different parts of the NIHR infrastructure to simplify the system for LSI partners.
Higher priority/more resources for marketing services to industry to help them understand how to get the best out of the NIHR.
What short-term wins can you identify that would improve NIHR's offer to industry?
Summarise all services into one map
Streamline NIHR so central team is better utilised to optimise conversations
Development of an industry roadmap for clinical trials – generalised, but up to date
HRA communication of change and their website is a good example of how to interact with industry as they offer a genuine front door
A rationalisation of existing services available to industry – mapped against key types of industry needs e.g. clinical trials delivery

NIHR-wide resource for early-phase studies (this was piloted for the strategic partnerships)
Support continual engagement with certain groups – e.g. a clear pathways showing the support for SMEs with aligned marketing
Clear gaps in NIHR national offering – e.g. in business coaching, regulatory support. These could be joined together with other organisations across the UK
Gain internal agreement on what key account management means for and across the organisation to ensure a holistic and unbiased approach. This should be testing with industry representatives of different tiers of customers
Balanced scorecard – what is best for the company, not for an individual team in the NIHR
For true cross-NIHR KAM model, would need to resolve the use of existing confidentiality agreements
Need to define business development priorities and the role of the national coordinating centre to avoid unnecessary duplication or unhealthy competition within the NIHR
Development of a set of clear industry priorities and objectives that can be measured in a balanced and holistic scorecard across NIHR – allowing NIHR to define current state of play with industry and measure change and impact. Different teams interact in different ways and at different levels and this should be accounted for. Outcome – each part of the NIHR can be appropriately involved in the collective industry agenda. Need to consider unintentional behaviour change.
Improvement of internal comms channels – regional colleagues often unaware of national changes and communication happens on different timelines.
Streamline job titles for industry-facing roles
Wider understanding of the current offer internally across the NIHR infrastructure. There is something to offer everybody, just need to find the right bit of the system.
Work in partnership with other players to tailor our understanding of local research needs requirements and local research capability. Need to be sensitive to regional differences.
Events are resource-intensive but are an important intro
Additional ring-fenced resource
understanding the pressures and priorities for NIHR in relation to working with industry in the applied research space could support the development of a targeted and/or coordinated response
Overall, it's not very clear to industry what NIHR has to offer – so better sign posting. It's also not clear to NHS and Academia what the NIHR can do to broker an interaction
It would be helpful if NIHR could identify and share good examples of other parts of the NIHR working with industry. How do they develop relationships with industry? How do they develop their offer and get buy-in from researchers internally?
Simple resource pack/website for internal NIHR to understand the strategic industry offer
Website and comms needs to be clearer and broken down by audience.
We have had some challenges with them questioning the embargo policy for example. Much earlier engagement (at application stage) from NIHR regarding expectations should the application be successful would be helpful.

Their understanding of the need to not access data early; not having access themselves etc is challenging. So again, hearing this from NIHR rather than the academic partner would be helpful.

The main thing I'm aware of is that small companies have very different priorities and incentives to academic institutions and not the financial reserves. This can create additional work to support them with navigating NIHR funding. I think working with industry is an additional skill set and requires additional resources. This is not normally taken into account (or funded). Academics need resources to do this work themselves, (as we end up leading and responsible for the project and consequently the relationship with industry).

Wider understanding of the current offer internally across the NIHR infrastructure as well as i4i team, promoted more externally to ecosystem players etc. Work in partnership with other players to tailor our understanding of local research needs requirements and local research capability.

A cross-programme call out to industry (topic unspecified) stipulating that the lead CI (or joint lead) has to be from industry. We did prepare this call, but for various reasons it was not implemented even though it had initially be signed off by DHSC.

KAM should stay in CC, but additional capacity is needed for industry work within the region looking at engagement across settings and specialties but with a commercial angle. There is not enough emphasis on the energy and time it takes to build industry relationships

A single known and identified industry lead for all NIHR would be an asset.

Build stronger links to CROs that support drug development and other organisations such as the catapults to understand the joint offer/plug gaps.

Link with MHRA, NICE and ABPI to develop a framework for supporting across the drug development and trial delivery pipeline.

The quick win in this instance, would be to encourage the closer collaboration between teams, sharing systems (CPMS, ODP and Salesforce) and working approaches (knowledge sharing), with the "shared goal" of continually improving said systems and processes.

I would also like to see more sessions where multiple components of the NIHR system can collaborate to present a united front to the Sponsor. i.e. BDM, RDN operational Team, IOMs from various regions and infrastructure Industry Leads working as a collaborative team to provide both reassurance and innovative ideas on a study-by-study basis.

1. Simplify invoice payments
2. Make info more accessible to SMEs (communication channels are very much academic)
3. Introduction of NIHR Industry Growth Cards to identify KPIs and being able to compare outcomes across different research programmes and/or centres

Educating internal colleagues/teams within NIHR on the Academy's offer to ensure that all centres are promoting opportunities for partnership/collaboration when engaging with Industry.

Working more closely with the NIHR Research Delivery Network and NIHR External Affairs teams to take a more hands-on approach to promoting opportunities for Industry to partner with NIHR, as well as opportunities for NIHR awardees to work/collaborate with Industry as part of their fellowships/awards.

Industry:

How do you interact with the NIHR?
via the CC BD team
BD team
Mainly via Industry leads at LCRNs
Via the BD team, and the IOMs

How does NIHR communicate with you? Do you have a specific contact?
BD managers have regular touchpoints with operational teams, however there is no suitable contact for long term strategic conversations
Multiple contacts – happy for this to be the case but there needs to be a pathway to join it all up
No specific contact, lots of people with different titles. In need of one advocate as if there is a local issue would not be clear who to contact.
Majority of NIHR information seems to filter through via ABPI – this is valuable but there is no bespoke element to communications

What do you believe are the NIHR's strengths when it comes to their industry offer?
High levels of ambition to do innovative and tangible work
There is a strong industry offer but it is not bespoke or outward looking enough
Nice to know the support of NIHR is there if needed as an independent party. Reassurance that there is an escalation pathway (if functional)
Strong regional experience in LCRNs – enterprising and proactive
The intent to improve the industry offer is there
NIHR has the experience and ability to be an effective in-person bridge between industry and the system, and can communicate in a way industry cannot

Where do you think NIHR could improve its offer to industry? How do you currently share feedback with NIHR?
It has been challenging to work out who the best people to speak to are
Not always clear what the role of the person they were speaking to was (what their remit was, where decisions could be taken etc.)
Ambition has been challenging to translate into actions – impression was that internal mechanics are what prevented this
There should be two levels to NIHR's engagement – the operational side (where there are already touchpoints) and the overarching strategic conversations with a senior team which is not happening
There are UK wide opportunities missed due to lack of cohesiveness
Need a joined-up vision that the whole NIHR is aligned to so everyone is empowered in conversations with industry and reducing uncertainty
All individuals should be clear on what their role is with industry
Increased agility
Need to have regular check ins with a consistent contact – both strategic and operational conversations would be useful. Currently would feedback to lead CRNs.

Are there any parts of the NIHR you find particularly challenging to engage with?

There is a lack of mechanisms to feed back that research is missed due to red taping e.g. NIHR funding of workforce
There is too much variability between individuals
Engaging with central NIHR is generally slow so usually bypass this and go directly to lead CRNs

Do you have any case studies of where your engagement with NIHR has been either particularly challenging or successful?
Working on a cross-NIHR/DHSC project was challenging – DHSC and NIHR had different priorities and levels of ambition
Complex but small research study with NIHR expert input ran smoothly and gave high quality outputs – "boutique" study quality is high but larger "vanilla" studies require focus
VIP has an ambitious approach to working with industry
Found it challenging when it came to some elements of data sharing – i.e. NIHR speaking about commercial things – and this depending on who specifically they were talking to.
Experience of NIHR coming in to facilitate an independent conversation between industry and the relevant people which was positive.
Experience of effective information and best-practice sharing between and across regional sites (by LCRNs).