IFF Research

NMS Healthcare Survey

National Physical Laboratory

May 2025

Contents

1 Executive summary

Introduction

The National Measurement System (NMS) provides the UK with an infrastructure of laboratories that deliver world-class measurement science and technology and provide traceable and accurate standards of measurement.

The aim of the NMS labs is to deliver impact to the UK through both its research and products and services. In addition, the NMS provides traceability of measurement to internationally agreed standards (for example, calibrations and legal metrologies).

The NMS operates under the Department for Science, Innovation and Technology (DSIT) and is delivered through the national measurement institutes (NMIs): the National Physical Laboratory (NPL) and the National Measurement Laboratory (NML, hosted by the LGC Group).

The National Physical Laboratory (NPL) commissioned IFF Research to conduct a survey to increase their understanding of how the health and life sciences sector use NMS services. The key objectives of the research were to explore how people use the NMS, how satisfied they are with the support they receive from it, and the impact it has had.

At total of 174 respondents took part in the research. This was an individual-level survey rather than a site or organisation-based survey, meaning the sample included multiple people within the same organisation. There were three sample sources, consisting of National Physical Laboratory (NPL), National Measurement Laboratory (NML), and Wilmington (an external sample provider).

A multi-mode approach was adopted which resulted in 154 interviews being completed using Computer Assisted Telephone Interviewing (CATI) and the remaining 20 completed the survey online. The survey took approximately 20 minutes on average to complete and took place between 25th February and 27th March 2025.

Key findings

Interaction with the NMS

Most respondents had interacted with a National Measurement Institute between 2019 and 2023, with around just one in six (17%) stating they had not used either the National Physical Laboratory or the National Measurement Laboratory.

Among respondents who had not interacted with either National Measurement Institute, most said they were unaware of the National Measurement System (NMS) labs (83%), while the remaining 17% said they were aware of them. Respondents most commonly became aware of the NMS labs through a recommendation from their network (39%).

Size and composition of NMS users

NMS users most commonly worked in the NHS (50%) and were based in the Greater South East: :London (17%) and the South East (13%), as well as Scotland (13%).

NMS users most commonly had a technical or scientific job role, with just under half (46%) describing their job in this way. Operational and managerial staff made up a quarter (26%) of respondents, and those in research roles made up 13% of respondents.

Most NMS users (82%) regarded themselves as working in the healthcare sector and most of these (82%) had been working in the healthcare sector for over 10 years.

A quarter of NMS users (26%) dedicated more than half their time to research and development annually in their current role, however, most spent less. Non-NHS organisations were more likely to spend more than half of their time on research and development compared to those in the NHS (49% vs 3%).

Over half of NMS users (56%) held a professional healthcare-related qualification, most commonly having spent 6 to 10 years in educational training to obtain these qualifications.

Almost all NMS users (88%) followed at least one healthcare standard, in particular those developed by the International Organisation for Standardisation (ISO) (73%). Around six in ten followed the British Standards Institution (BSI) (62%) and standards developed by the NHS (60%). Almost all NHS staff reported following NHS standards compared to just over a quarter of non-NHS staff (93% vs 28%).

Two-fifths of NMS users (39%) said they had official healthcare accreditations. The most common type NMS users had been officially accredited by was the United Kingdon Accreditation Services (UKAS) (26%).

Use of the NMS

Around two-thirds of NMS users had accessed calibration / reference materials (64%), just over two-fifths had used testing services (44%) or collaborated with scientists (42%), and around a third (35%) had attended training courses.

NMS users deemed it most important for them to engage with the NMS for the validation of processes, with 64% reporting it was important for them to engage for this reason. It was more important for NHS organisations to be able to engage with the NMS for cost efficiency compared to non-NHS organisations (44% vs. 21%). This was also the case for operational health and safety (58% NHS vs. 22% non-NHS) and validation of processes (72% NHS vs. 56% non-NHS).

Two-fifths (40%) of NMS users said it would greatly affect their work if the services the NMS provides them became unavailable, and an additional 28% felt it would somewhat affect their work. Those in NHS organisations were more likely to say it would have a great impact on their work if the services the NMS provides them became unavailable (61% vs. 19% among non-NHS organisations).

Most NMS users said they worked with other suppliers apart from the NMS for paid services. The most common was commercial suppliers (73%), followed by hospitals (51%) and academia (46%). Non-NHS organisations were more likely to work with academia (54% vs. 38% among NHS organisations).

The perceived benefit of working with the NMS over other suppliers included quality assurance or accuracy and confidence in measurement (84%), compliance with standards or meeting of a regulatory requirement (79%) and access unique technical expertise (77%).

Support provided by the NMS

NMS users tended to have worked with the NMS for several years, with the majority (66%) reporting they had worked with the NMS for over 6 years. NHS organisations were more likely to have worked with the NMS for longer than 6 years (75% vs 57% non-NHS).

Many NMS users (88%) described the NMS as beneficial to their work. However, fewer (56%) felt that NMS was a requirement for their work. Over half (55%) said NMS support was both required and beneficial to their work. Three in ten (30%) said it was beneficial but not a requirement. Just 1% of NMS users said NMS support was required but not beneficial, while 8% said it was neither required nor beneficial. NHS organisations were more likely to say that NMS support was a requirement for their work (76% vs 35% among non-NHS organisations). Additionally, NHS organisations were more likely to agree that NMS support was beneficial for their work compared with non-NHS organisations (93% vs 82%).

Almost three-quarters (72%) of NMS users thought the support had improved the quality of their work. In terms of productivity, responses were more mixed. Just over a third reported there was an improvement (37%), but around one in five (19%) thought there was no improvement at all.

Almost a third (28%) of NMS users thought the change or improvement made during their most recent project with the NMS was new to their organisation. Around one in seven felt the change was new to their industry (15%), or a radical shift in technology (14%).

When asked to proportion the scale of NMS input in relation to strategy and direction, time invested, and resources used, NMS users reported their own organisation made up roughly two-thirds of the contributions and the NMS made up roughly one third, on average.

In terms of the NMS supporting with Technology Readiness Levels (TRL) for research, development and deployment, NMS users were most likely to report that the NMS could help to a fair extent or a great deal with research (41%) and development (40%). They felt less confident in the support the NMS could offer with TRL for deployment or commercialisation, with almost half (47%) reporting the NMS could not support with this at all.

When NMS users were asked if they encounter measurement issues or challenges where further support from the NMS labs would be useful, three in ten respondents (30%) said that there was no issue they needed NMS support with. The most common issue they would like support with was calibration (12%). Those working in NHS organisations were more likely to report that they needed support with issues with calibration than those in non-NHS organisations (19% vs 4%).

Hospitals

Among hospitals, measurement was considered most important for quality assurance (92%) and the adoption and compliance of standards / regulations (91%).

Regarding processes, most of those working in hospitals who had used NMS labs said their work with the NMS had improved compliance with regulation and standards (82%). For around half of respondents, it had improved efficiency of testing through increased confidence (53%) or led to better and more effective adoption of new regulation (48%). Regarding testing, for three-quarters (76%), the support validated quality control processes. Just over half (54%) said it resulted in the application of new reference methods for quality control and 43% reported the application of new reference materials for quality control.

When asked to rate the level of change that was achieved through NMS support, on a scale of 1 to 10, where 1 is 'incremental (a small improvement)' and 10 is 'disruptive (it transformed the healthcare sector)', one in seven (14%) reported a higher level of change, between 6 and 10. Two-thirds reported lower levels of change, with one in five (20%) reporting a level 1, an incremental change and 19% reporting a level 5. Meanwhile, 18% were unable to answer.

Industry

Among those in industry, measurement was considered most important for developing new services, with 76% reporting that it was important. This was closely followed by quality assurance (74%) and the adoption and compliance of standards (74%),

When asked whether support from the NMS helped to increase the productivity or efficiency of their work, 14% said it improved product quality and provided additional data or confirmed results (14%).

Most NMS lab users working in industry (74%) reported that the NMS had not helped them to obtain intellectual property rights. However, 10% said the NMS helped them to obtain a patent or a trade secret, and 4% said the NMS helped them to achieve copyright.

Academia

Among those working in academia, measurement was considered most important for advances in applied research and validation of research results, with 100% deeming measurement important for these purposes.

When asked to rate the level of change that was achieved through NMS support, over half (53%) reported a lower level of change, between 1-5 on a 10 point scale. One in five (20%) reported higher levels of change of 6 or above, whilst a quarter (27%) were unsure.

Almost half (47%) of those working in academia felt that NMS had improved their research by confirming or increasing confidence in results and one in five (20%) reported the NMS had provided additional advice or guidance.

Two-thirds (67%) said support from the NMS had contributed to improving comparability of data and six in ten said it had contributed to the development of measurements capability in-house (60%), and publications (60%).

Under half of those working in academia who had used NMS labs (47%) reported the NMS helped to obtain know-how in relation to intellectual property. However, an equal number (47%) reported that the NMS had not helped them to obtain any intellectual property rights and 7% were unsure.

Customer satisfaction

NMS users were asked what barriers, if any, they had in accessing support from the NMS. Over half (52%) felt budgetary constraints were a barrier. Around three in ten stated that bureaucratic processes and being less aware of the range of services provided by the NMS labs were barriers (31% and 28% respectively).

Almost all NMS users said they were satisfied with the quality of service provided through the NMS (90%). Most were also satisfied with the timeliness of delivery (83%). The lowest levels of satisfaction was in relation to price, although most were still positive (67%).

Most NMS users (96%) were at least somewhat likely to recommend the NMS to a colleague or another organisation, ranking the likelihood at 5 or above on a 10 point scale. Almost half (45%) said they were very likely to recommend the NMS, selecting 10 on the scale. The findings results in a Net Promoter Score of 42.

When asked what could be changed to improve their overall satisfaction with the service(s) provided to them by the NMS, one in four (25%) said they were happy with the service and did not suggest any improvements. One third (33%) also said they did not know. The most common suggested improvement was lowering the cost of services or increasing funding (14%), followed by improving the speed of services (12%).

2 Introduction

Background

The National Measurement System (NMS) provides the UK with an infrastructure of laboratories that deliver world-class measurement science and technology and provide traceable and accurate standards of measurement.

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Methodology

At total of 174 respondents took part in the mainstage survey. This was an individual-level survey rather than a site or organisation-based survey, meaning the sample included multiple people within the same organisation.

A multi-mode approach was adopted which resulted in 154 interviews being completed using Computer Assisted Telephone Interviewing (CATI) and the remaining 20 completed the survey online. The survey took approximately 20 minutes on average to complete and took place between 25th February and 27th March 2025.

There were three sample sources for the survey, consisting of:

- National Physical Laboratory (NPL) – 1,077 contacts they believed had accessed their services
- National Measurement Laboratory (NML) – 67 contacts they believed to have accessed their services
- Wilmington (external sample provider) – a database of consisting of 3,000 hospital doctors and medical laboratory professionals

The total sample consisted of 4,107 usable records. The NML and Wilmington samples were sent an email inviting them to take part in the survey and those that had not completed the survey online, nor opted out, were later followed up with by telephone.

Meanwhile, the NPL sample was contacted by telephone straight away to invite them to take part in the survey. This was due to the poor response rate achieved in the pilot fieldwork. Details of the pilot fieldwork are included below.

Pilot fieldwork

A pilot was conducted to assess respondents' comprehension of the proposed survey questions and to get an idea of response rate for the online element of the survey.

On the 7th of January 2025, an invitation email containing a link to the online survey was sent out to 400 contacts from the NPL sample. Three reminder emails were subsequently sent throughout the fieldwork period.

Despite this, only three people completed the survey. Due to the low response rate, the decision was taken for IFF to commence CATI fieldwork immediately for the mainstage fieldwork. Meanwhile, as the response rate for the NML and Wilmington samples had not been tested, an invitation email with a link to the online survey was sent to avoid using up telephone completes on respondents who would have completed the survey online anyway.

Profile of respondents

Table 1 details the type of organisation respondents who completed the mainstage survey worked in. The majority of completes being with those working in hospitals reflects the starting sample. Similarly, the number of completes with those in academia was particularly small, reflecting the limited sample among this group. The National Physical Laboratory was undertaking other research with those in academia which subsequently limited the academia sample they provided for this research.

Table 1 Survey completes by type of organisation

	Count
Hospital	109
Industry	50
Academia	15
Total	**174**

Table 2 shows the mainstage completes broken down by sample source.

Table 2 Survey completes by sample source

	Count
National Physical Laboratory (NPL)	129
National Measurement Laboratory (NML)	11
Wilmington	34
Total	**174**

3 Interaction with the NMS

This chapter explores whether respondents had engaged with the NMS between 2019 and 2023 and how they became aware of the NMS.

Interaction with the NMS

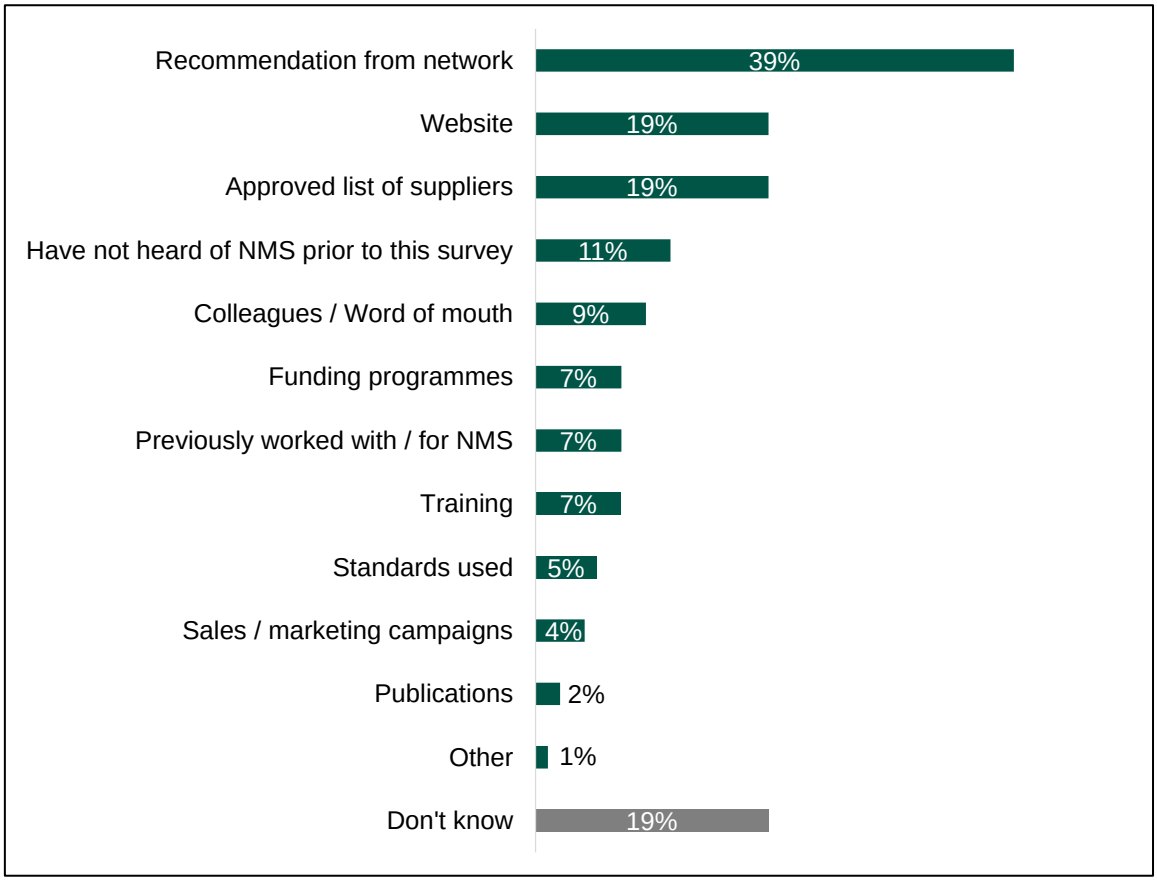
Most respondents had interacted with a National Measurement Institute between 2019 and 2023, with around just one in six (17%) stating they had not used either the National Physical Laboratory or the National Measurement Laboratory.

Among respondents who had not interacted with either National Measurement Institute, most said they were unaware of the National Measurement System (NMS) labs (83%), while the remaining 17% said they were aware of them.

As shown in Figure 3.1, respondents most commonly became aware of the NMS labs through a recommendation from their network (39%). This was more common among non-NHS organisations compared to those in the NHS (49% vs. 30%).

One in five became aware of the NMS labs via a website or from an approved list of suppliers (both 19%). One in ten (9%) heard of them via a colleague or general word of mouth. A similar proportion (11%) said they had not heard of the NMS prior to being invited to take part in this survey.

Figure 3.3.1 How respondents became aware of the NMS



A18. How did you find out about the NMS? [MULTIPLE CHOICE]. Base: Those who are aware of NMS labs (149)

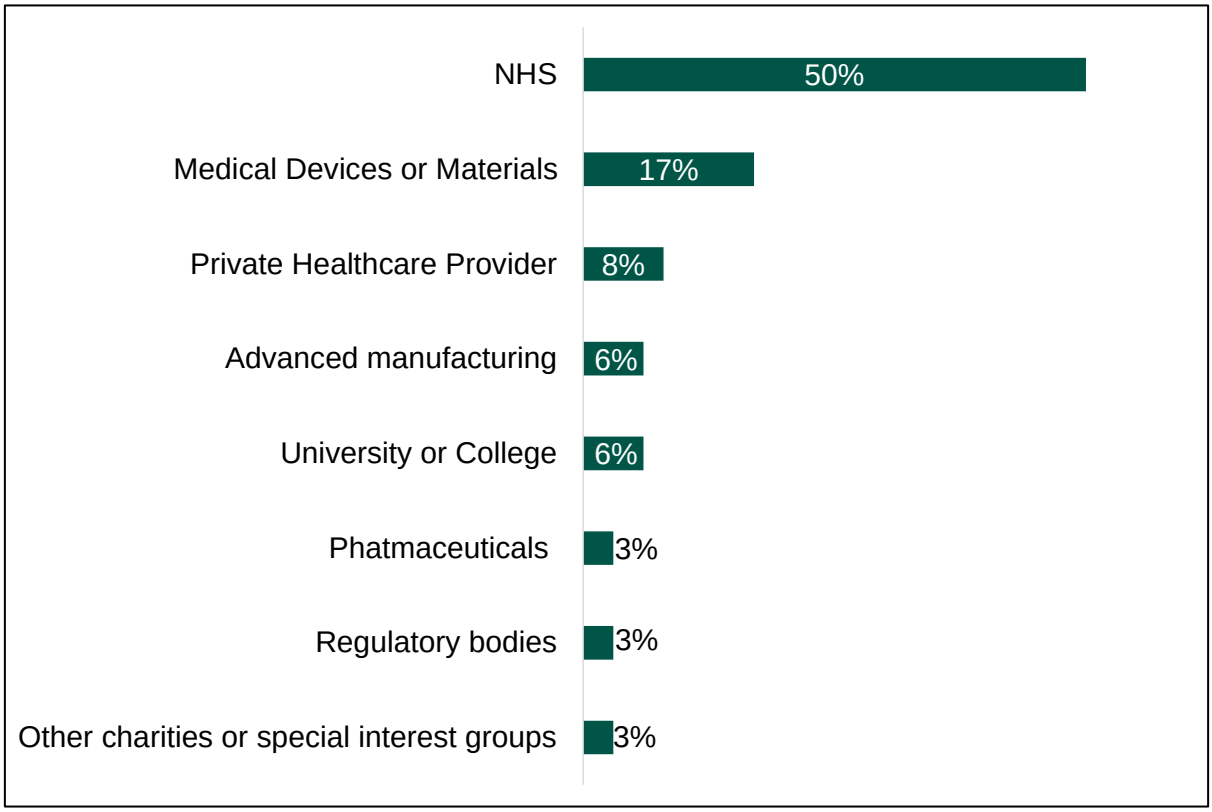
4 Size and composition of NMS users

This chapter explores the background to NMS users that took part in the survey, their job role, and whether they hold any healthcare qualifications or follow any healthcare standards.

Background to healthcare organisations

As shown in Figure 4.1, respondents most commonly worked in the NHS (50%). Around one in six (17%) worked in organisations supplying medical devices or materials, while 8% worked for a private healthcare provider . 6% worked in advanced manufacturing or in a college or university.

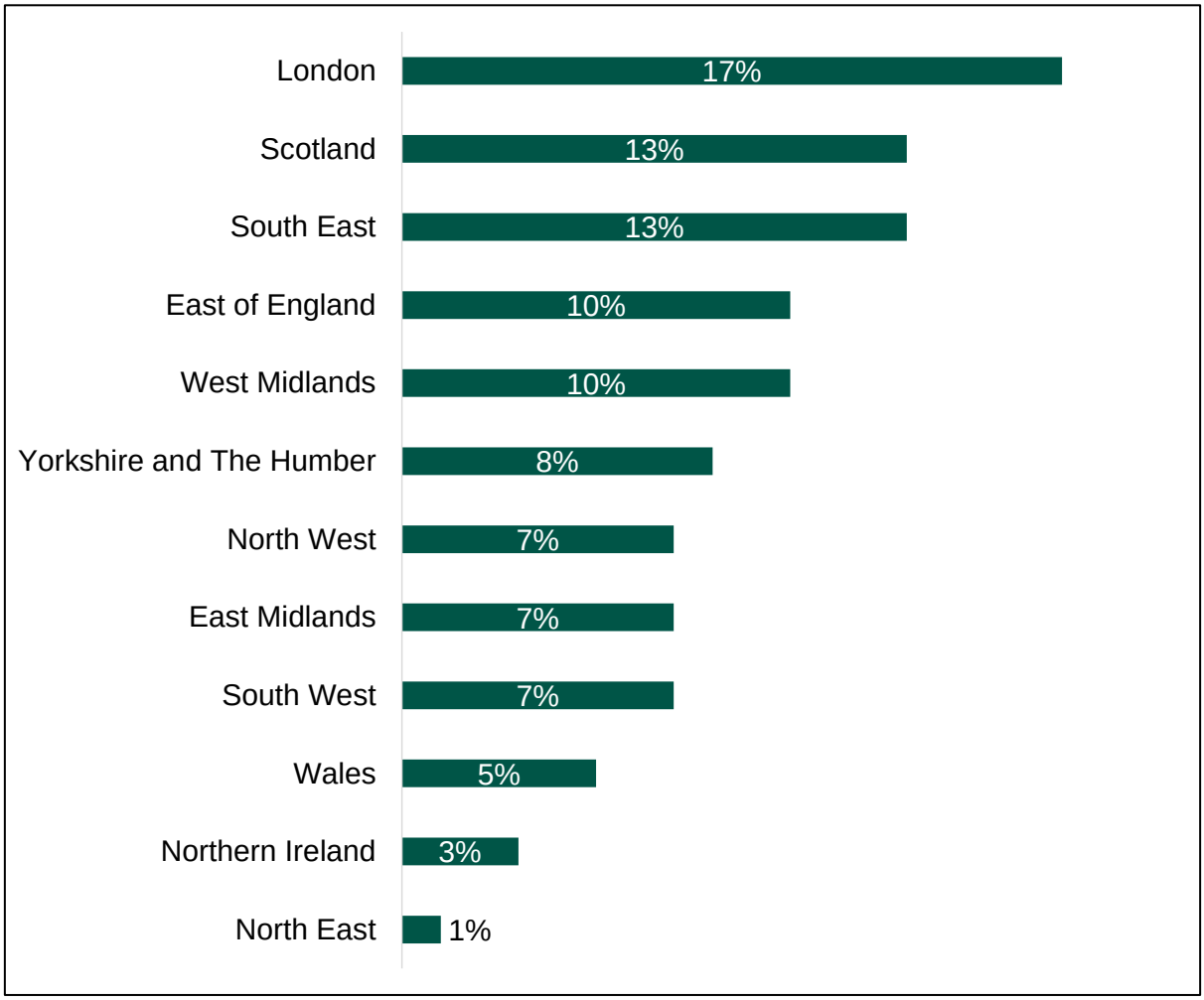
Figure 4.1 Type of organisation



A1. Type of organisation. [SINGLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

NMS users were based in organisations spread across the UK, as shown in Figure 4.2, but were most commonly based in London (17%), the South East (13%) and Scotland (13%).

Figure 4.2 Regions organisations were based in



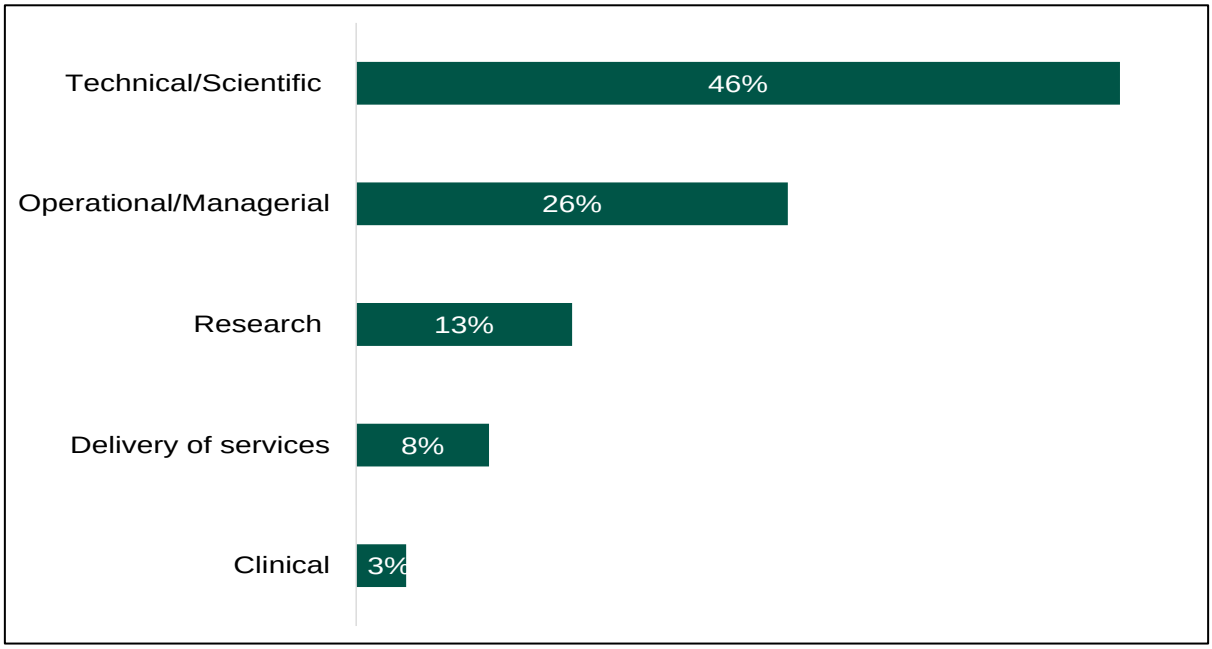
A2. In which region is your organisation based? [SINGLE CHOICE]. Base: Those who have used NMS labs (144).

NMS users were asked if engineering biology was relevant to their organisation or could be relevant in the future. Just over two in five (44%) said that it was relevant whilst 40% said it was not and 15% were unsure. Non-NHS organisations were nearly twice as likely to think that engineering biology was relevant compared to those in the NHS (56% vs 33%).

Users of the NMS

As shown in Figure 4.3, NMS users most commonly had a technical or scientific job role, with just under half (46%) describing their job in this way. Operational and managerial staff made up a quarter (26%) of NMS users, and those in research roles made up 13%.

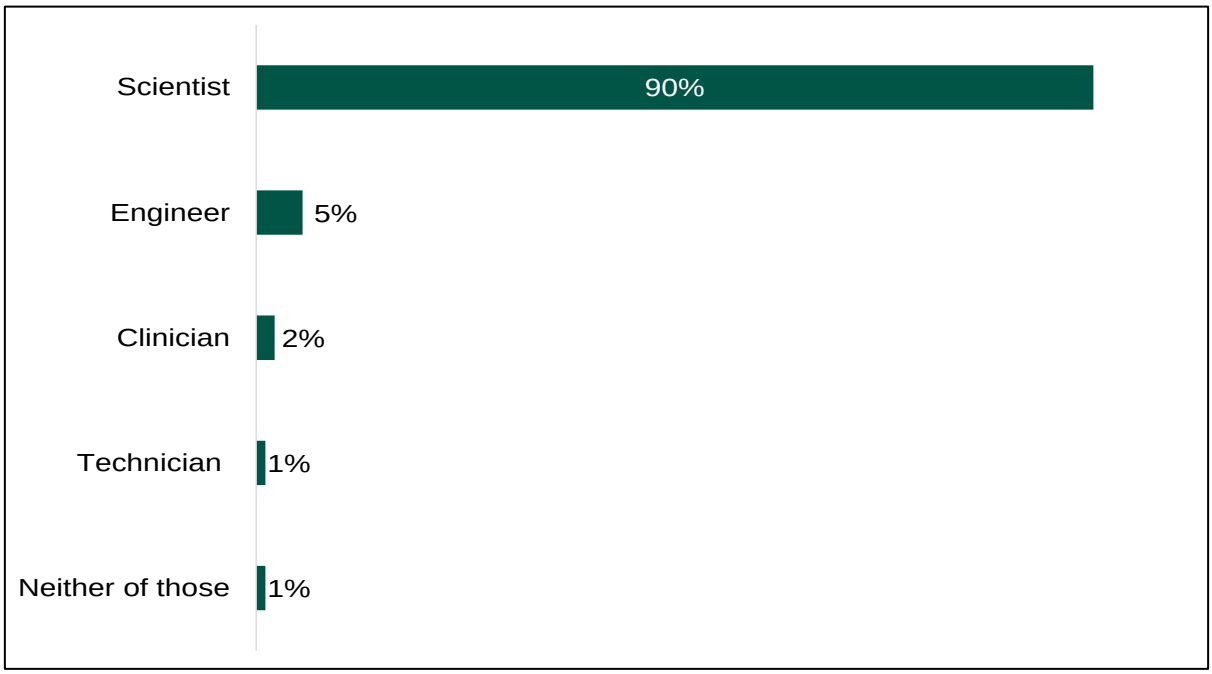
Figure 4.3 Job role



A3. Job role. [SINGLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

Most NMS users in research or technical/scientific roles primarily would identify themselves as a scientist (90%). Meanwhile, only 5% called themselves an engineer, and 2% a clinician. This is shown in Figure 4.4.

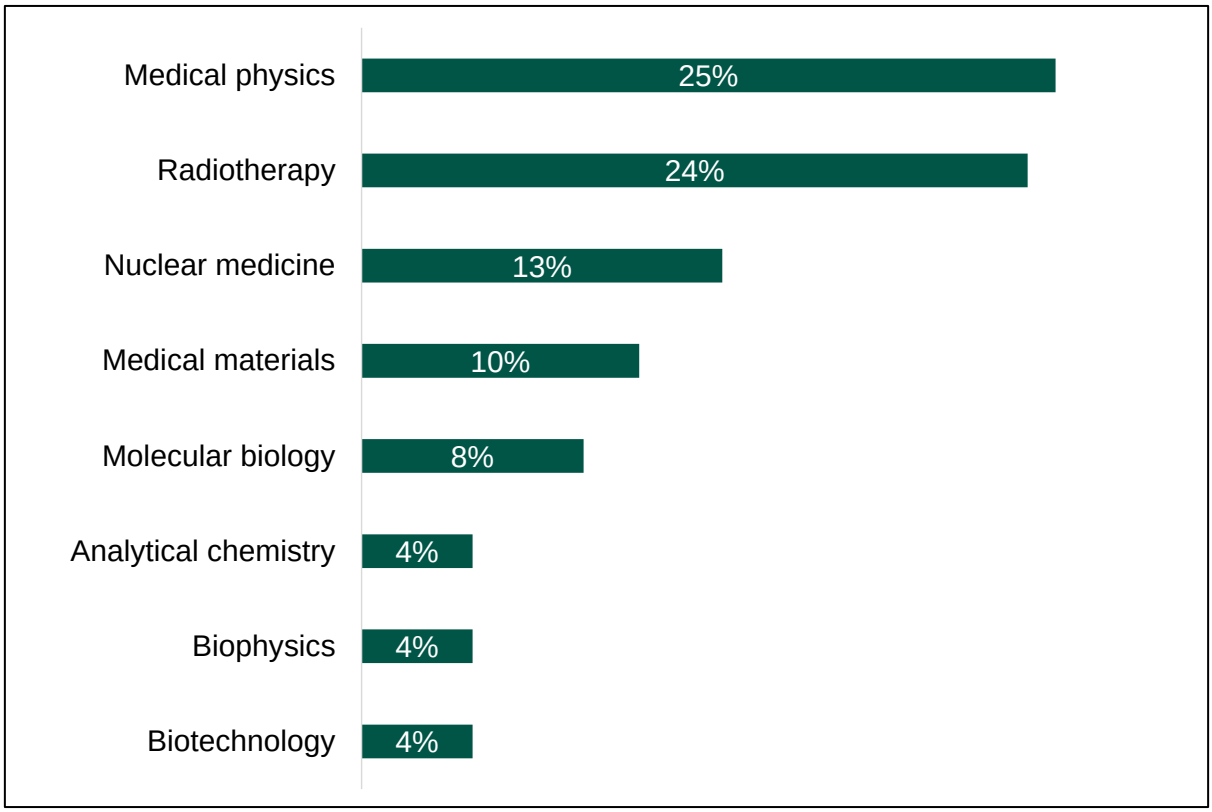
Figure 4.4 Scientific and technical roles



A4. Which of the following do you primarily associate yourself with? [SINGLE CHOICE]. Base: NMS users in research or technical/scientific roles (81).

Among scientists, the most common fields primarily worked in were medical physics (25%) and radiotherapy (24%), as shown in Figure 4.5.

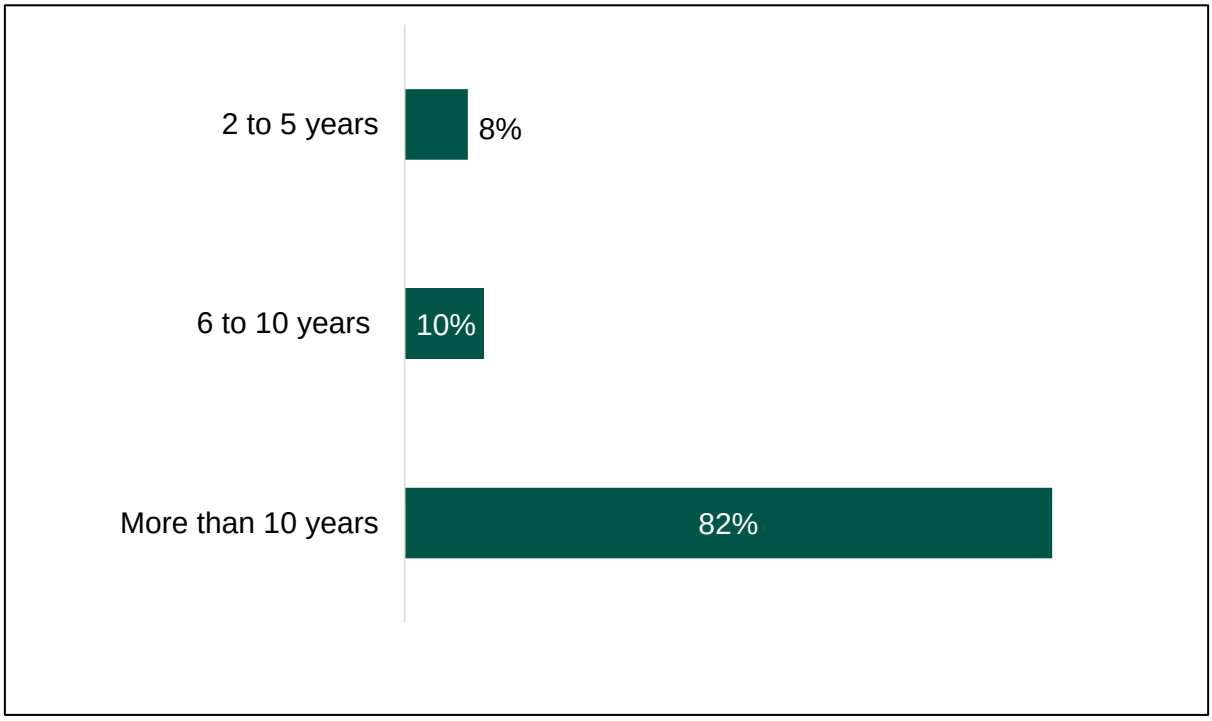
Figure 4.5 Scientific field



A5. Which of the following scientific fields do you primarily work in? [SINGLE CHOICE]. Base: Scientists (72). Responses <3% are not shown.

Most NMS users (82%) regarded themselves as working in the healthcare sector. Of these, most (82%) has been working in the healthcare sector for over 10 years, shown in Figure 4.6. Meanwhile, 17% said they did not regard themselves as working in the healthcare sector and 1% was unsure.

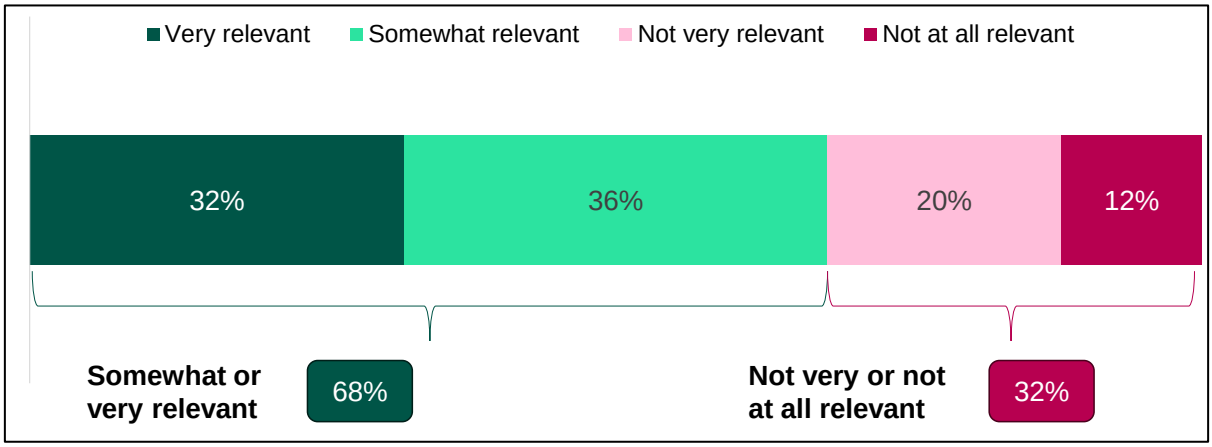
Figure 4.6 Length of time working in the healthcare sector



A9. How long have you been working in the healthcare sector? [SINGLE CHOICE]. Base: NMS users working in the healthcare sector (118).

Of the 17% who confirmed they do not work in the healthcare sector, most (68%) felt the work they did was somewhat or very relevant to the healthcare sector; a third (32%) reported that it was very relevant. The same proportion (32%) reported that the work they did was not very or not at all relevant to the healthcare sector, as shown in Figure 4.7.

Figure 4.7 Relevance of work to the healthcare sector amongst those not working in the sector

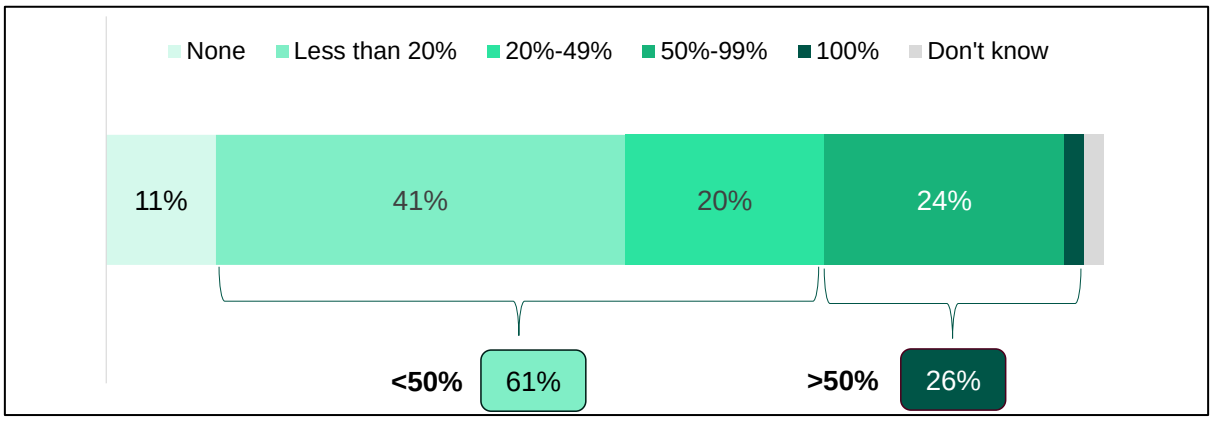


A10. To what extent is the work you do relevant to the healthcare sector? [SINGLE CHOICE]. Base: NMS users not working in the healthcare sector (25).

Of those who thought their work was relevant to the healthcare sector , a third (35%) said they supply medical equipment or devices. A similar number (29%) were involved in developing new technologies specific to the healthcare sector, while others (24%) were involved in medical research.

NMS users were asked how much time they dedicated to research and development annually in their current role. Around a quarter (26%) spent more than half their time dedicated to this, however, most spent less, as shown in Figure 4.8.

Figure 4.8 Proportion of time spent on research annually



A16. In your current job role, how much of your time do you dedicate to research and development annually? [SINGLE CHOICE]. Base: Those who have used NMS labs (144).Data labels <3% are not shown.

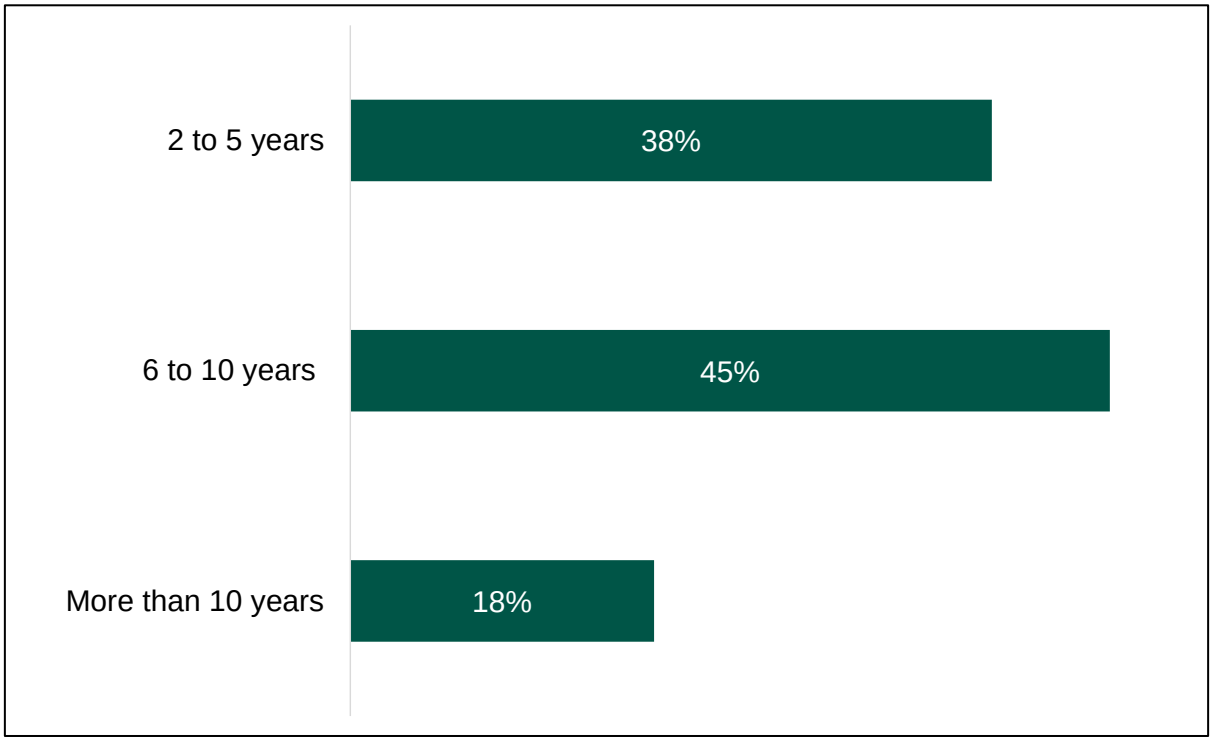
Perhaps unsurprisingly, those in industry tend to spend more time on research compared to those in hospitals. Those working in hospitals are more likely to have spent less than 20% of their time on research and development annually compared to those in industry (67% vs 8%). Those in industry are also more likely to have spent more than 50% of their time on research and development (54% vs 1% of those in hospitals).

Similarly non-NHS organisations are more likely to spend more than half of their time on research and development compared to those in the NHS (49% vs 3%).

Healthcare qualifications and standards

Over half of NMS users (56%) held a professional healthcare-related qualification. Among these, they most commonly spent 6 to 10 years in educational training to obtain these qualifications (45%). Nearly four in ten (38%) spent 2 to 5 years and around one in six (18%) spent more than 10 years in educational training, as shown in Figure 4.9.

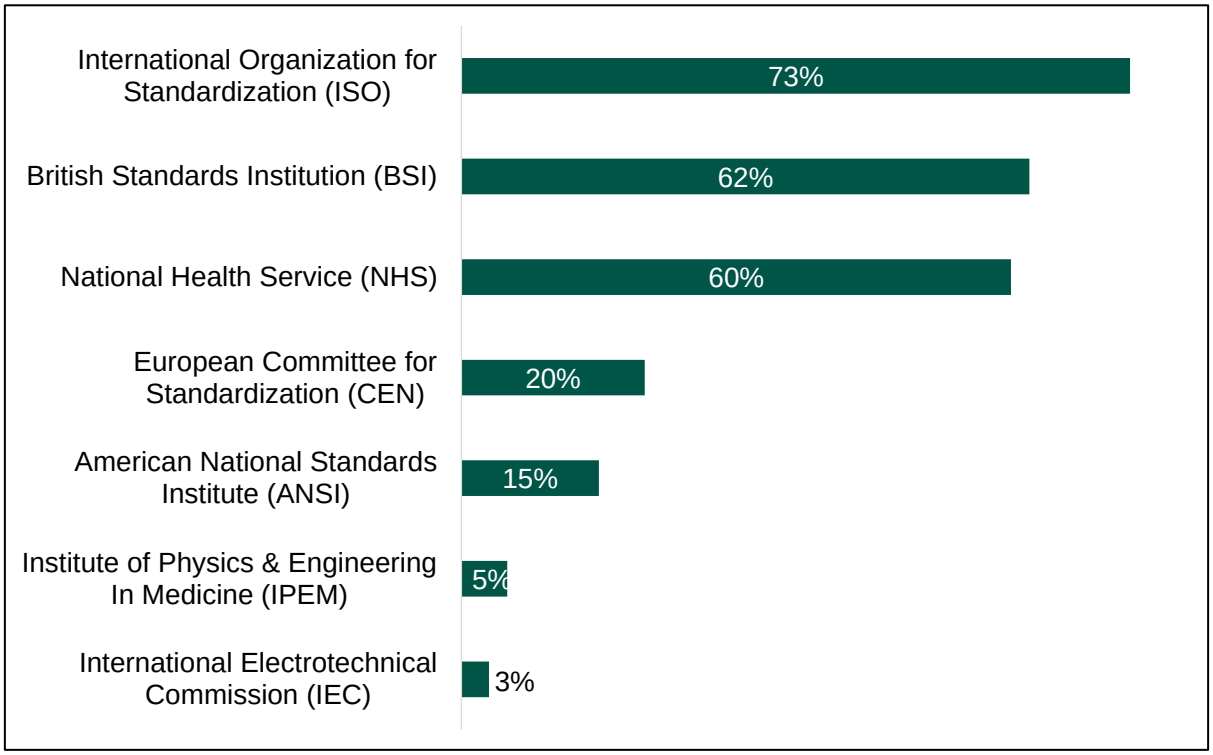
Figure 4.9 Length of time to attain qualifications



A13. How much time have you spent in educational training to obtain these qualifications? [SINGLE CHOICE]. Base: NMS users with professional healthcare qualifications (80).

Almost all NMS users (88%) followed at least one healthcare standard. As shown in Figure 4.10, the most common standards followed were those developed by the International Organisation for Standardisation (ISO) (73%). Around six in ten followed the British Standards Institution (BSI) (62%) and standards developed by the NHS (60%).

Figure 4.10 Healthcare standards followed



A14. Thinking specifically about healthcare, do you follow the standards developed by any of the following? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

As expected, those working in hospitals were more likely to follow NHS standards compared to those working in industry (85% vs 26%). Similarly, almost all NHS staff reported following these standards compared to just over a quarter of non-NHS staff (93% vs 28%).

Two-fifths of NMS users (39%) said they had official healthcare accreditations. The most common type NMS users had been officially accredited by was the United Kingdon Accreditation Services (UKAS) (26%). Other accreditations were only held by a small proportion of respondents, for example 6% were accredited by the International Organization for Standardization (ISO), and all other accreditations were held by 3% of respondents or less.

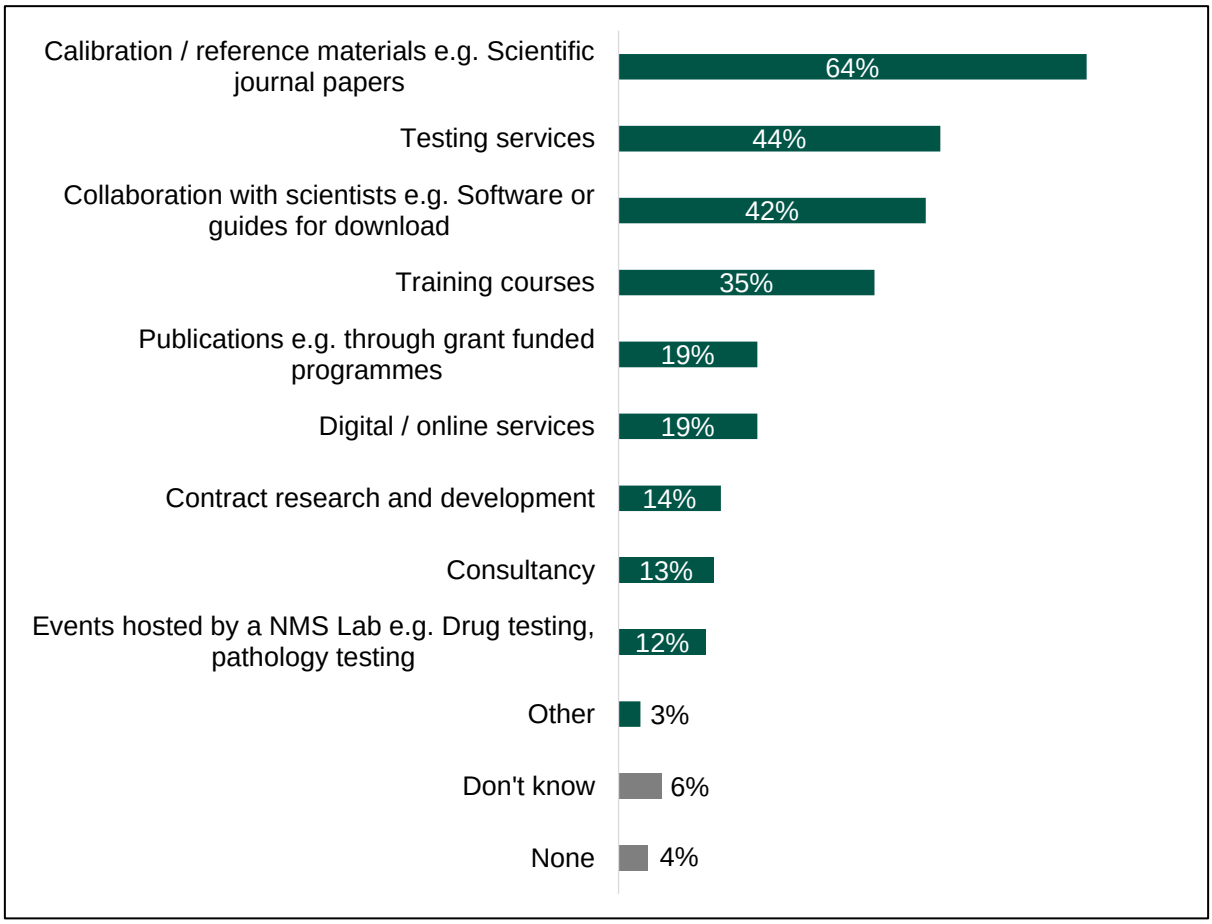
5 Use of the NMS

This chapter explores the importance of engaging with the NMS for various reasons among NMS users, the extent to which it would affect their work if the services the NMS provides them became unavailable, and the perceived benefits of working with the NMS compared to other suppliers.

NMS products and services

Those who had interacted with the NMS labs between 2019 and 2023[1] were asked which of the NMS products or services they had used. Around two-thirds had used calibration / reference materials (64%), just over two-fifths had used testing services (44%) or collaborated with scientists (42%), and around a third (35%) had attended training courses. Meanwhile, one in five had accessed publications, for example through grant-funded programmes (19%) or used online services (19%). All NMS products and services used between 2019 and 2023 are shown in Figure 5.1.

Figure 5.1 NMS products and services used between 2019 and 2023



B1. Which of the NMS' products or services have you used between 2019 and 2023? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144)

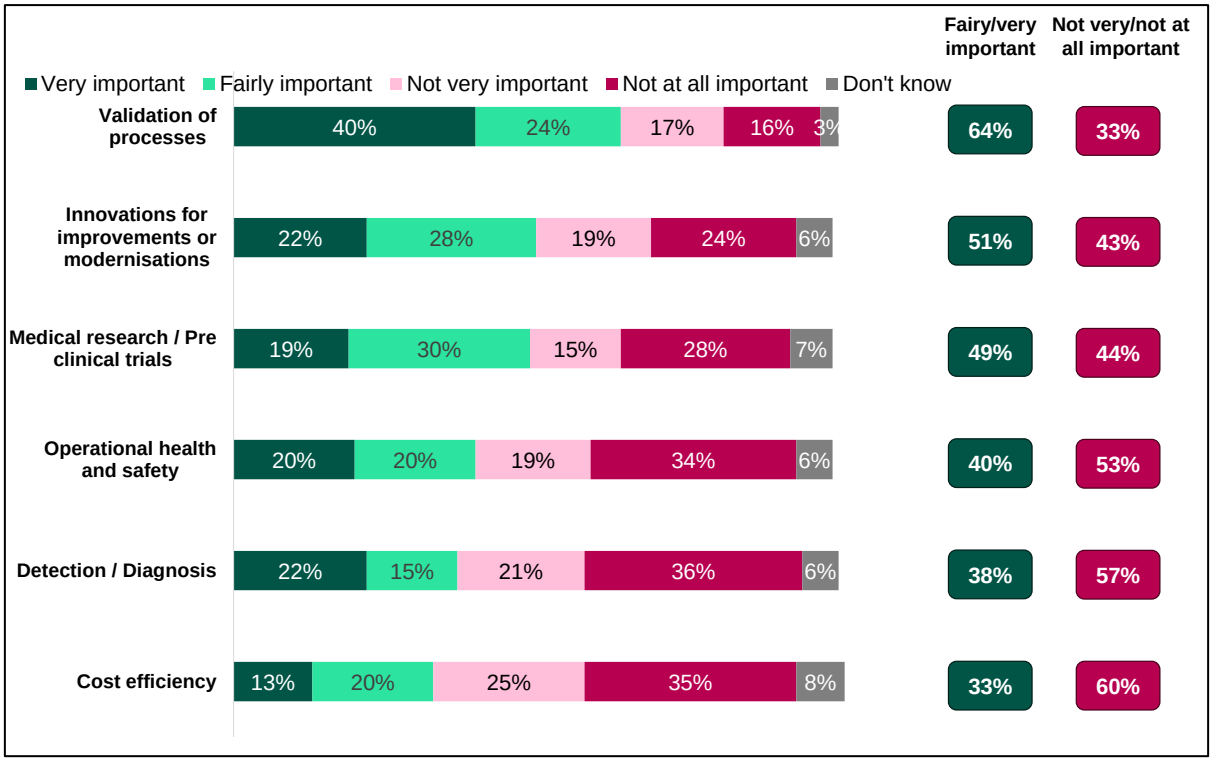
Those in hospitals were more likely than average to have used the NMS for calibration / reference materials (85%), training courses (49%) and online services (27%). Those in industry were more likely

[1] Referred to as “NMS users” throughout this report.

than average to have used the NMS for testing services (62%) and contract research and development (24%).

Figure 5.2 shows the extent to which NMS users felt it was important for them to engage with it for various factors. Just under two-thirds (64%) deemed it important for them to engage with the NMS for the validation of processes. Around half said it was important in relation to innovations for improvements or modernisations (51%) or medical research / pre-clinical trials (49%). Two-fifths (40%) reported it was important to engage with the NMS for operational health and safety, while a slightly lower proportion deemed it important to engage with the NMS for detection / diagnosis or cost efficiency (38% and 33% respectively).

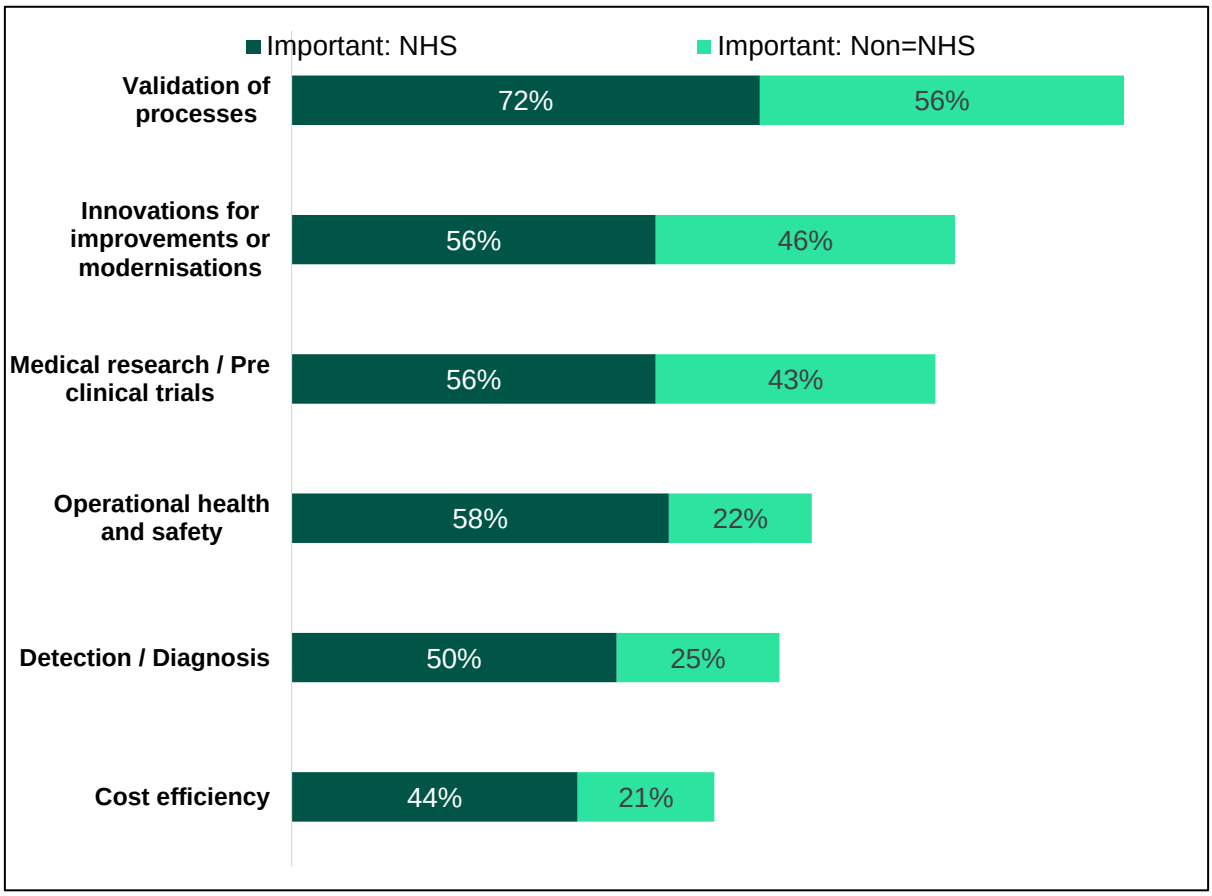
Figure 5.2 The importance of the NMS for various factors



B2. How important is it for you to be able to engage with the NMS for each of the following? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144)

Perhaps unsurprisingly, use of the NMS for detection / diagnosis was more likely to be considered important by those in hospitals compared to those in industry (47% vs. 20%). It was more important for NHS organisations to be able to engage with the NMS for cost efficiency compared to non-NHS organisations (44% vs. 21%). This was also the case for operational health and safety (58% NHS vs. 22% non-NHS) and validation of processes (72% NHS vs. 56% non-NHS). This is shown in Figure 5.3.

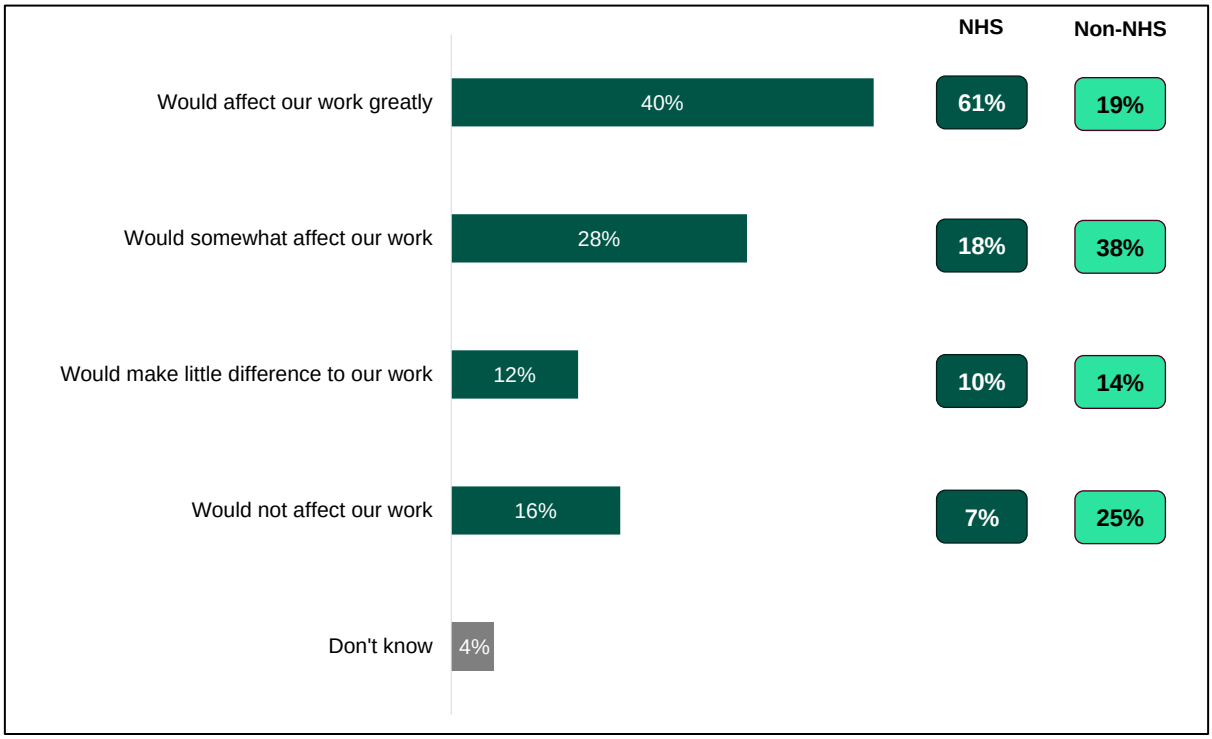
Figure 5.3 The importance of the NMS for various factors among NHS and Non-NHS



B2. How important is it for you to be able to engage with the NMS for each of the following? [SINGLE CHOICE FOR EACH]. Chart shows the proportion stating the NMS was fairly or very important in each respect. Base: Those who have used NMS labs (NHS: 72; non-NHS:72)

NMS users were asked the extent to which it would affect their work if the services the NMS provides them became unavailable. Two-fifths (40%) said it would greatly affect their work and an additional 28% felt it would somewhat affect their work. Just over a quarter (28%) said it would make little or no difference. Those in NHS organisations were more likely to say it would have a great impact on their work if the services the NMS provides them became unavailable (61% vs. 19% among non-NHS organisations).

Figure 5.4 Extent to which their work would be impacted if NMS services became unavailable

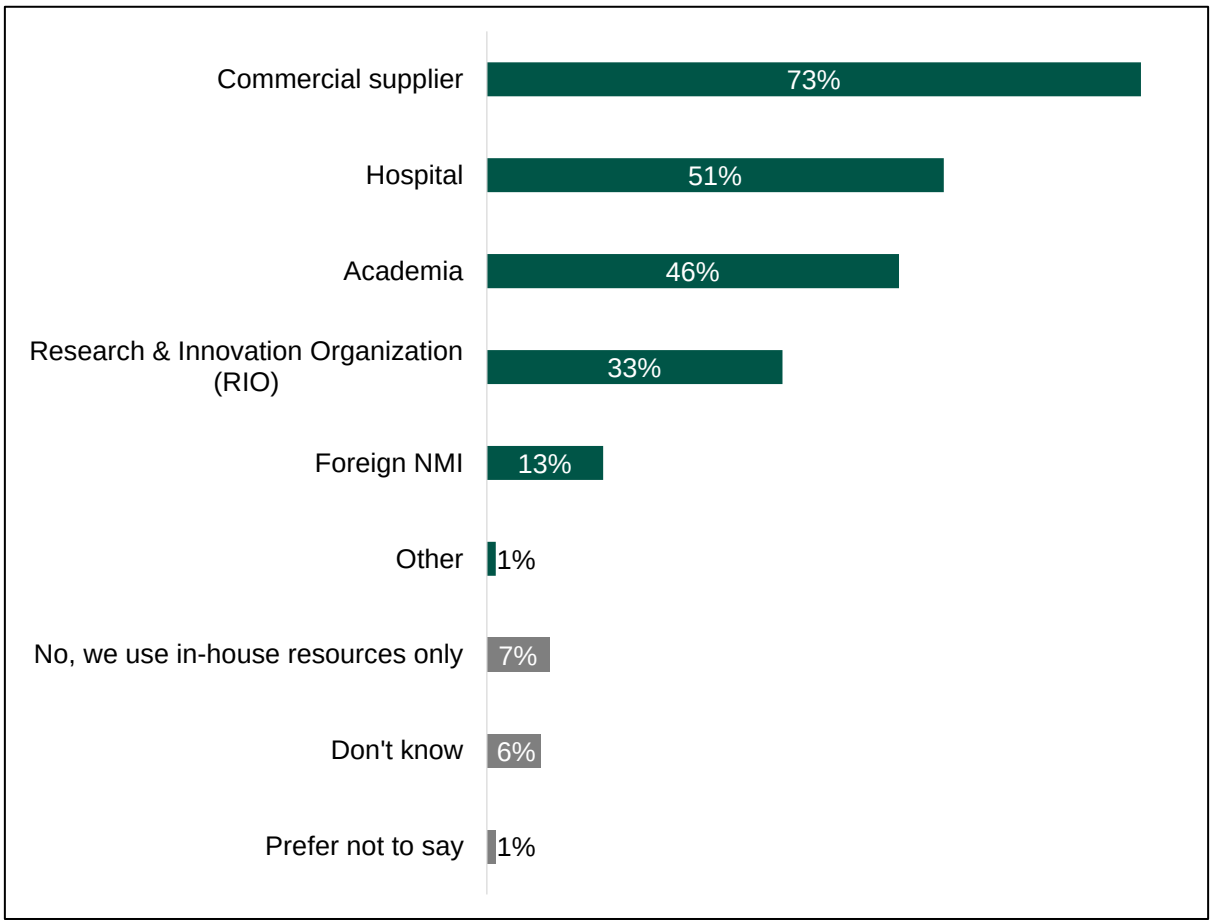


B5. If the service(s) NMS provides you became unavailable, to what extent would this affect your work? [SINGLE CHOICE]. Base: Those who have used NMS labs (NHS: 72; non-NHS: 72)

Experience of the NMS vs. other suppliers

Most NMS users said they worked with other suppliers apart from the NMS for paid services. As shown in Figure 5.5, the most common was commercial suppliers (73%), followed by hospitals (51%) and academia (46%). Non-NHS organisations were more likely to work with academia (54% vs. 38% among NHS organisations). 7% said they used in-house resources only besides the NMS.

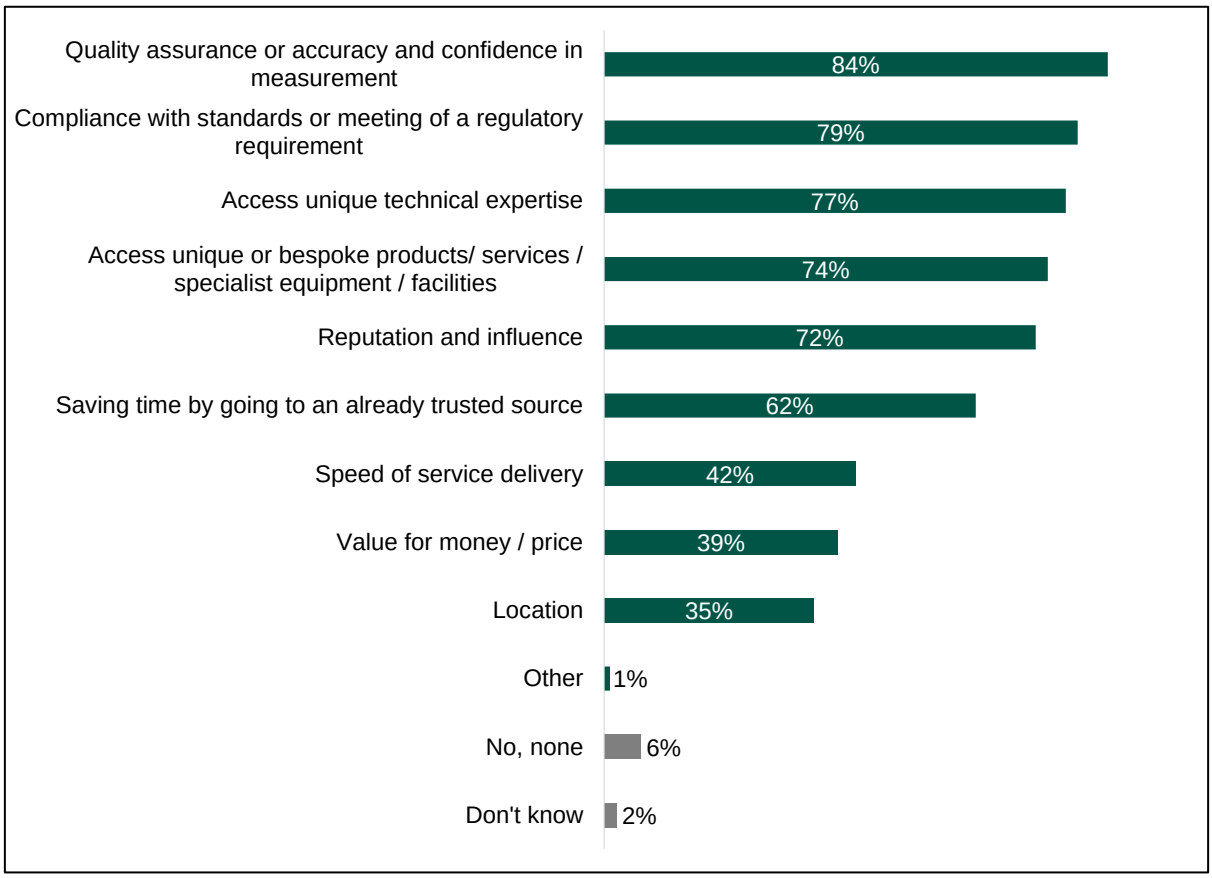
Figure 5.5 Other suppliers worked with for paid for services



B3. Do you work with any of the following suppliers apart from the NMS for paid services? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144)

Those who worked with other suppliers were asked whether they perceive any benefits of working with the NMS over other suppliers. Quality assurance or accuracy and confidence in measurement was the most commonly perceived benefit (84%), closely followed by compliance with standards or meeting of a regulatory requirement (79%) and access unique technical expertise (77%). Three-quarters (74%) said access unique or bespoke products/ services / specialist equipment / facilities was a benefit of working with the NMS over other suppliers and 72% cited reputation and influence as another benefit. The full list of perceived benefits is shown in Figure 5.6.

Figure 5.6 Perceived benefits of working with the NMS over other suppliers



B4. Do you perceive any of the following as benefits of working with the NMS over other suppliers? [MULTIPLE CHOICE]. Base: Those who worked with other suppliers (125)

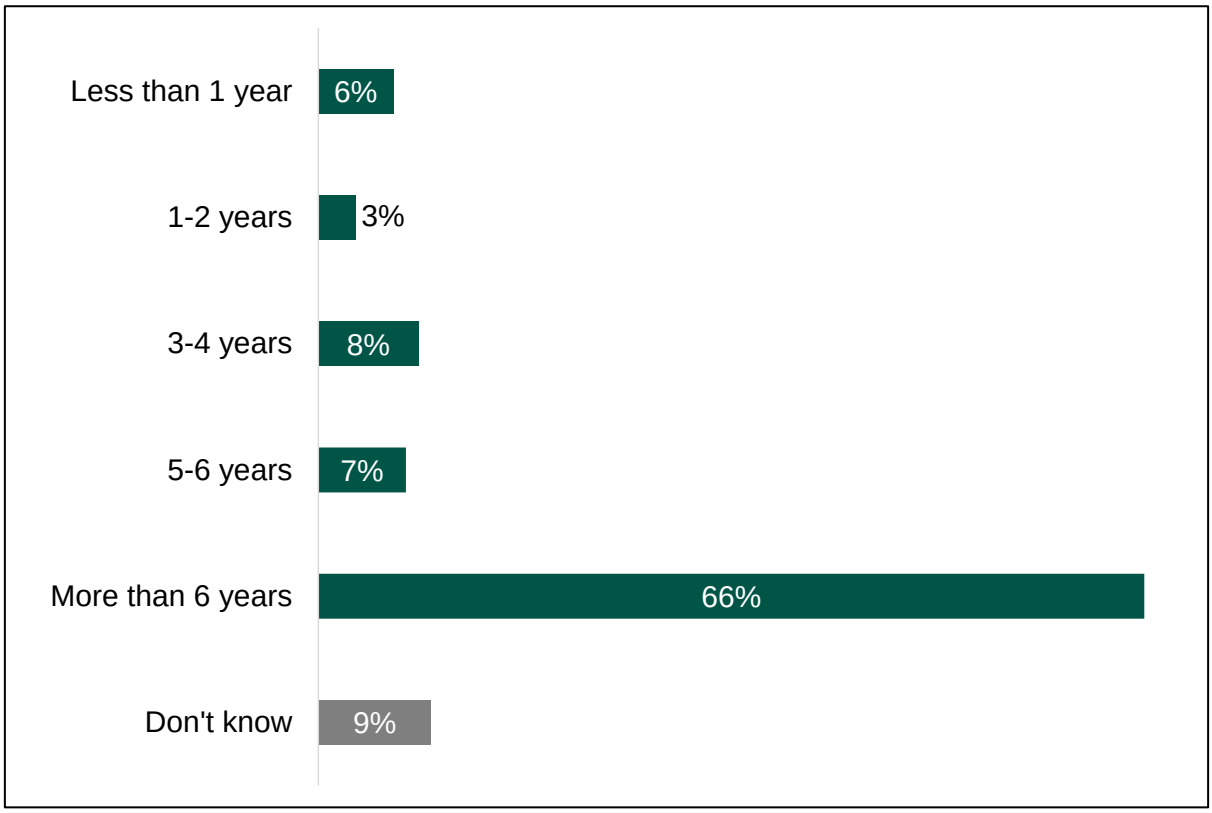
6 Support provided by the NMS

This chapter explores how long NMS users have worked with the NMS, the perceived impact of NMS support, the extent to which the NMS could support them with Technology Readiness Levels, and whether NMS users encounter measurement issues or challenges where further support from the NMS laboratories would be useful.

Length of time working with the NMS

NMS users tended to have worked with the NMS for several years. The majority (66%) reported they had worked with the NMS for over 6 years, as shown in Figure 6.1.

Figure 6.1 Number of years working with NMS



C1. For how long have you been working with the NMS? [SINGLE CHOICE]. Base: Those who have used NMS labs (144).

Those who worked in hospitals were more likely to have worked with the NMS for more than 6 years compares with those in industry (77% vs 44%). Similarly, NHS organisations were more likely to have worked with the NMS for longer than 6 years (75% vs 57% non-NHS).

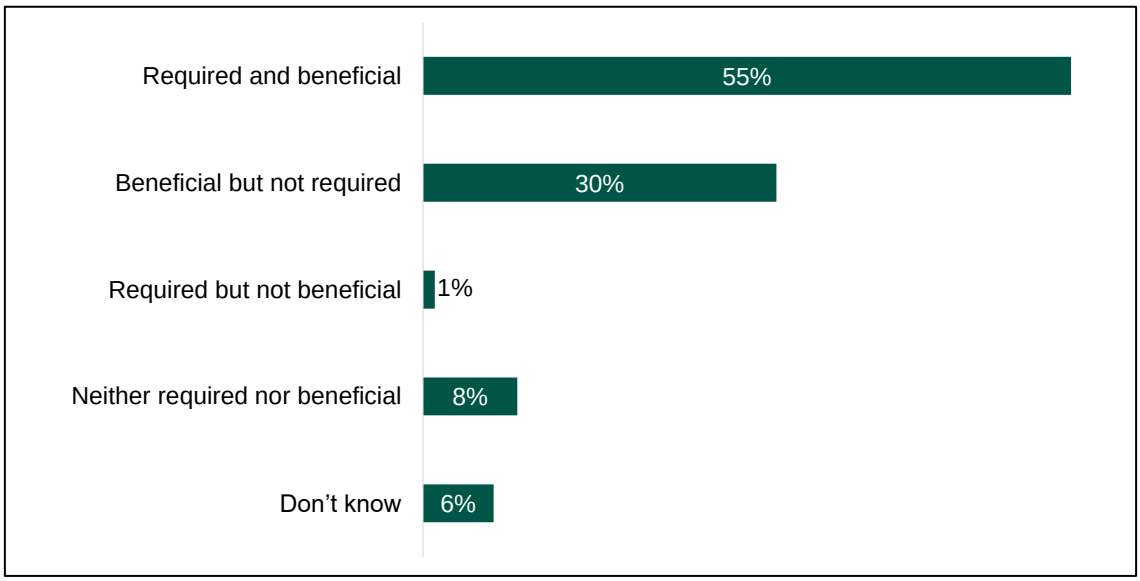
Those working in industry were more likely to report working with NMS for less than a year compared with those in hospitals (16% vs 1%).

Impacts of NMS support

NMS users were asked whether they would describe NMS support as a requirement for their work and beneficial for their work. Many NMS users (88%) described the NMS as beneficial to their work. However, fewer (56%) felt that NMS was a requirement for their work. As shown in Figure 6.2, over

half (55%) said NMS support was both required and beneficial to their work. Three in ten (30%) said it was beneficial but not a requirement. Just 1% of NMS users said NMS support was required but not beneficial, while 8% said it was neither required nor beneficial.

Figure 6.2 Impact of NMS support on work

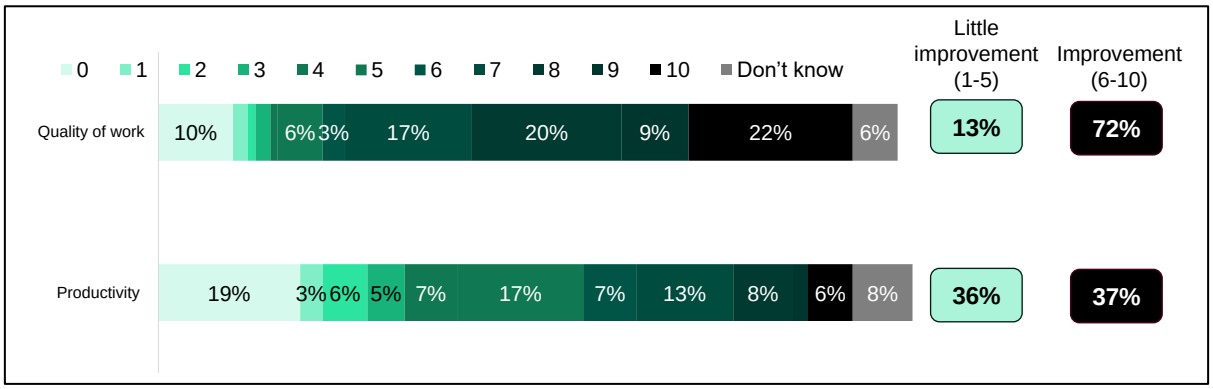


C2_1. Would you describe NMS support as a requirement for your work? C2_2. Would you describe NMS support as beneficial to your work? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144).

NHS organisations were more likely to say that NMS support was a requirement for their work (76% vs 35% among non-NHS organisations). Additionally, NHS organisations were more likely to agree that NMS support was beneficial for their work compared with non-NHS organisations (93% vs 82%).

Almost three-quarters (72%) of NMS users thought the support had improved the quality of their work. In terms of productivity, responses were more mixed. Just over a third reported there was an improvement (37%), but around one in five (19%) thought there was no improvement at all.

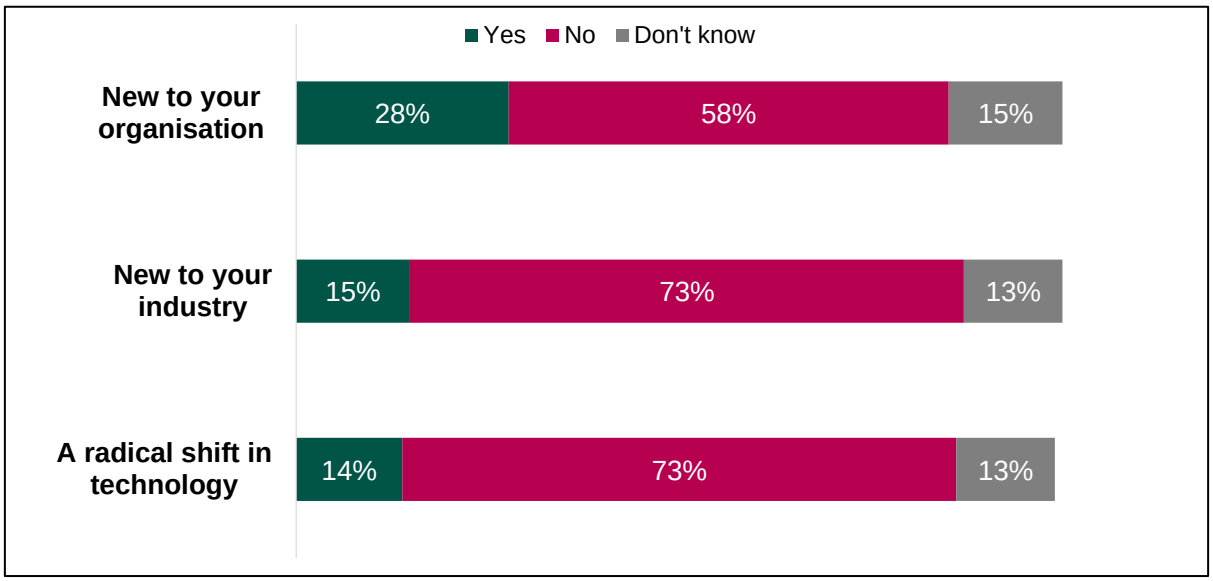
Figure 6.3 Improvement in role from support from NMS



C3. To what extent does support from NMS improve the following in your role…? Please answer on a scale from 0 to 10 where 0 is 'not at all' and 10 is 'very much'. [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

Almost a third (28%) of those that had used the NMS thought the change or improvement made during their most recent project with the NMS was new to their organisation. Around one in seven felt the change was new to their industry (15%), or a radical shift in technology (14%).

Figure 6.4 Description of the change made in recent project with NMS

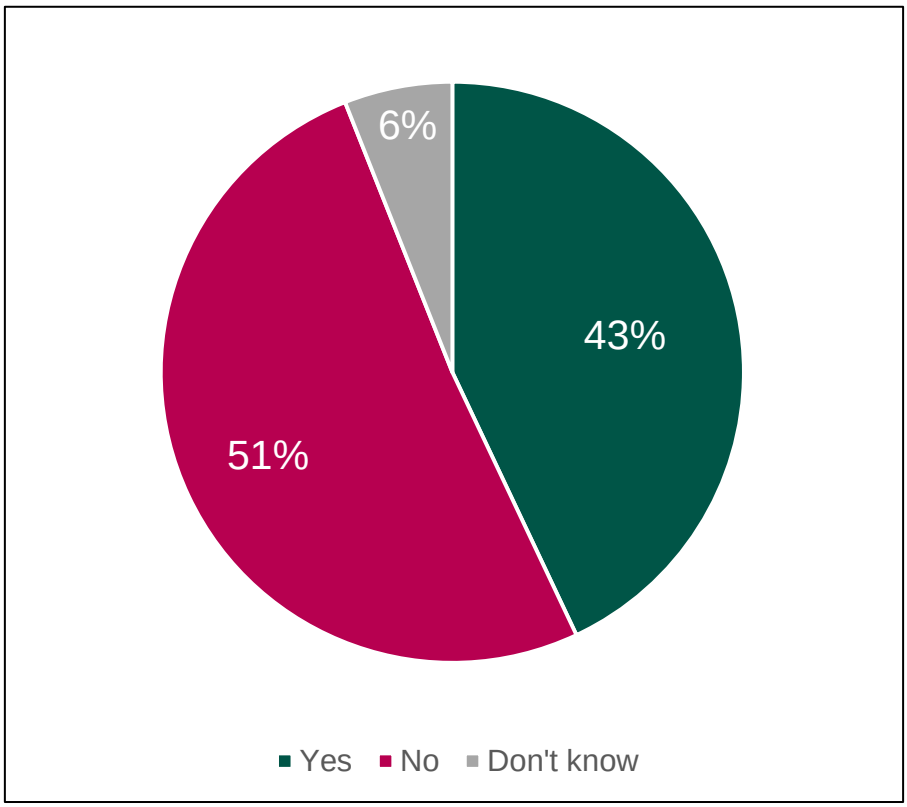


C4. How would you describe the change or improvement made during the course of your most recent project with the NMS? Was the change or improvement..? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144).

Those in industry were more likely to report that the change or improvement was new to their organisation compared to hospitals (44% vs 18%). This aligns with those in industry tending to having worked with the NMS more recently, whilst those in hospitals tended to have a longer standing relationship with the NMS. Those in industry were also more likely to report the change or improvement being new to their industry (30% vs 4% of hospitals). Similarly, those in industry were more likely to report it was a radical shift in technology (26% vs 5% of hospitals).

Those who reported changes or improvements that were new to their organisation, industry or a radical shift in technology (47 respondents) were asked whether they would have been possible without the NMS. As shown in Figure 6.5, over half (51%) said that the change or improvement made would not be possible without the support of the NMS. Meanwhile, around two-fifths (43%) felt they could have achieved the change or improvement without NMS support and 6% were unsure.

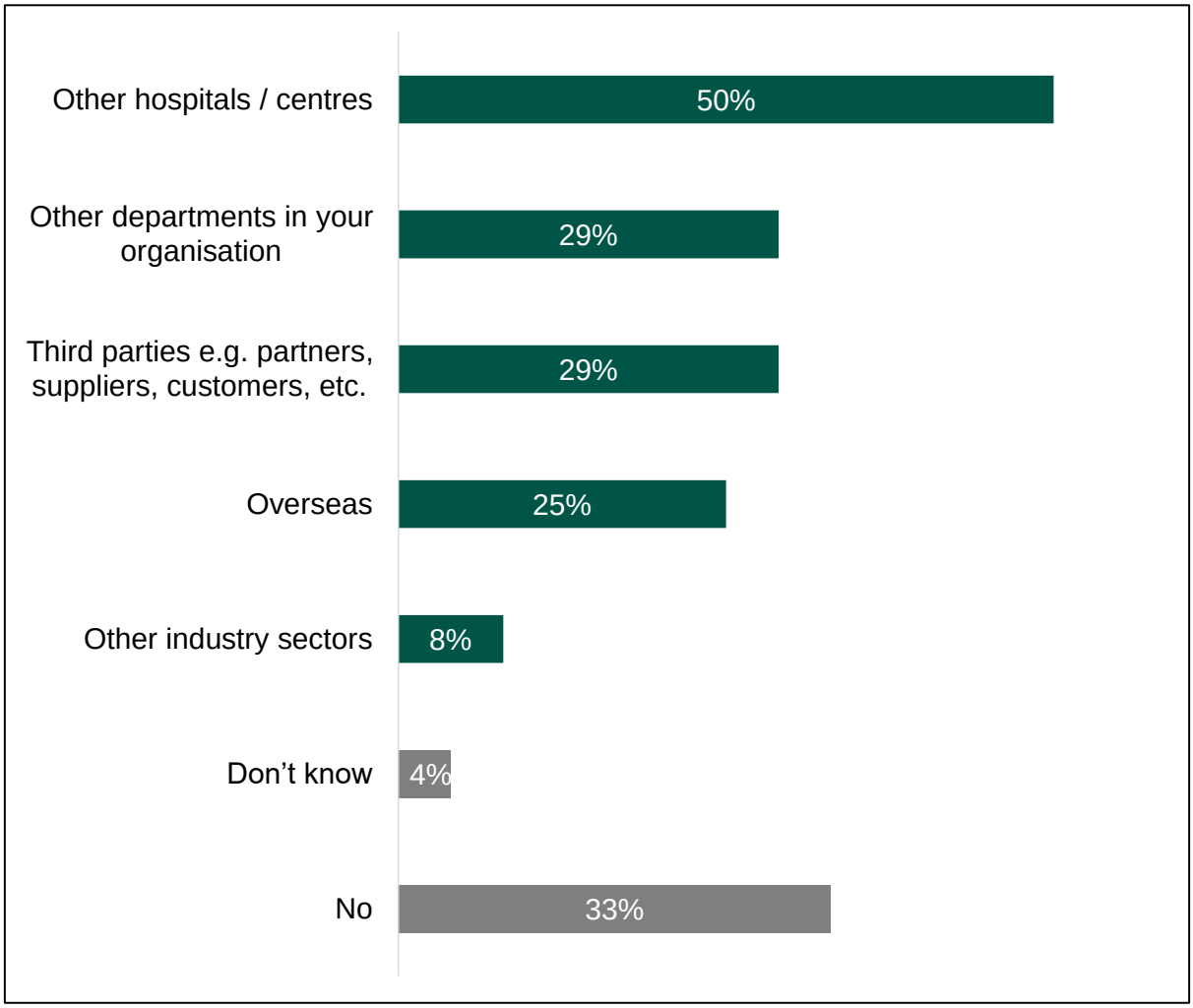
Figure 6.5 Whether the changes or improvements would have been possible without the NMS



C5. Would the changes or improvements made have been possible without the support of the NMS?
Base: Those who said the change or improvement was new to their organisation, new to their industry, or a radical shift in technology (47)

The 24 respondents who felt the change or improvement would not have been possible without NMS support were asked if the changes spilt over into any other areas. The most common area was other hospitals or centres (50%), followed by other departments in their organisation (29%) and third parties such as partners or suppliers (29%).

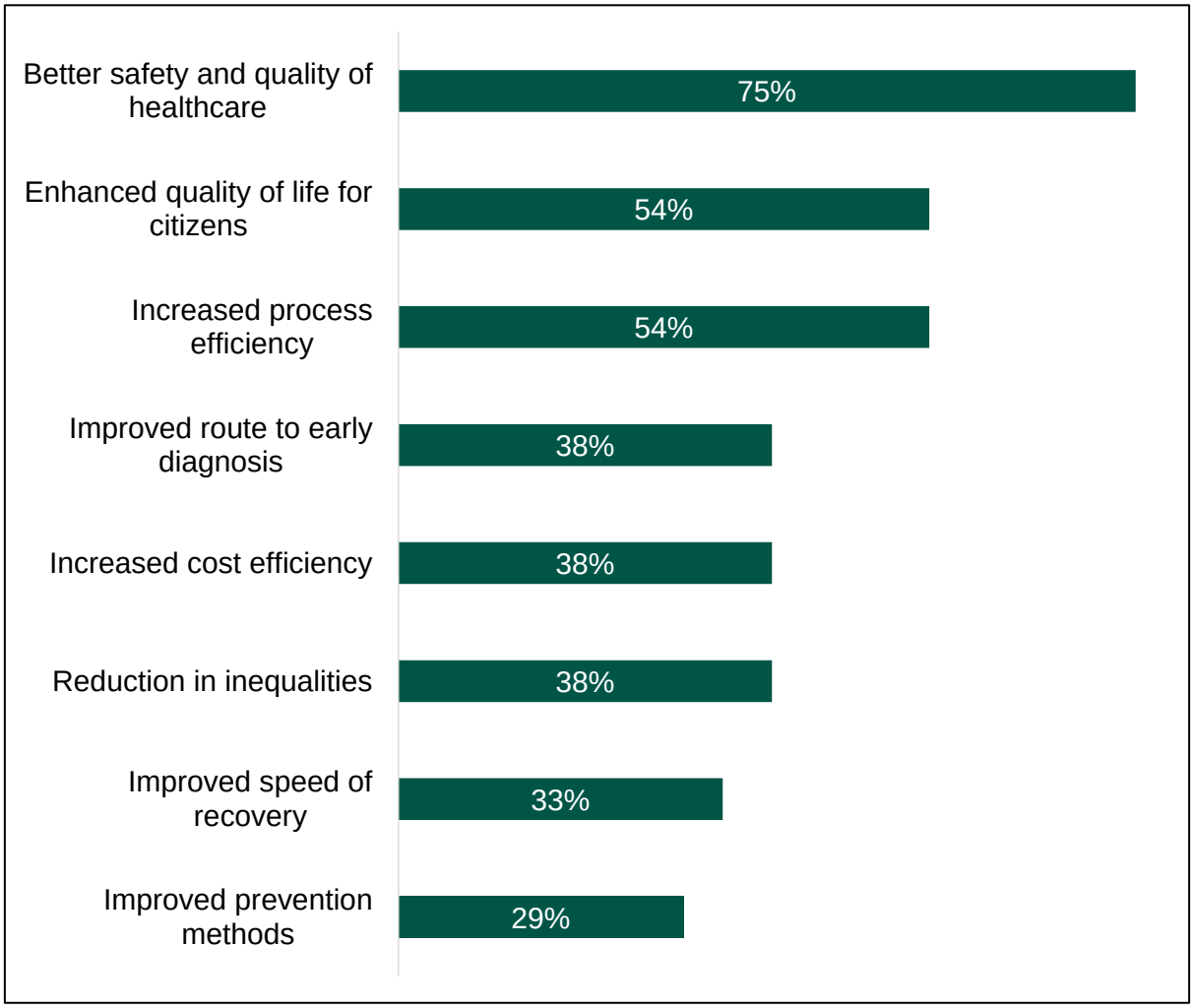
Figure 6.6 Areas of improvement



C6. Did these changes or improvements spill over to any of the following? [MULTIPLE CHOICE].
Base: Those who reported changes would not have been possible without NMS (24).

There were various impacts of these changes or improvements, as shown in Figure 6.7. The most common impact was better safety and quality of healthcare (75%). This was followed by enhanced quality of life for citizens (54%) and increased process efficiency (54%).

Figure 6.7 Impact of changes

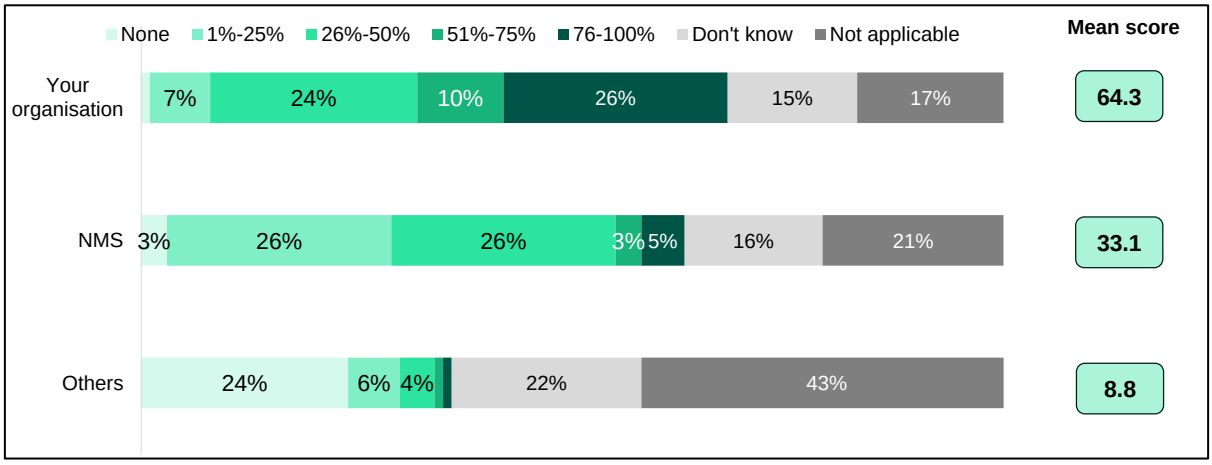


C7. What was the impact of these changes or improvements? [MULTIPLE CHOICE]. Base: Those who reported changes would not have been possible without NMS (24). Responses <5% are not shown.

Scale of NMS input

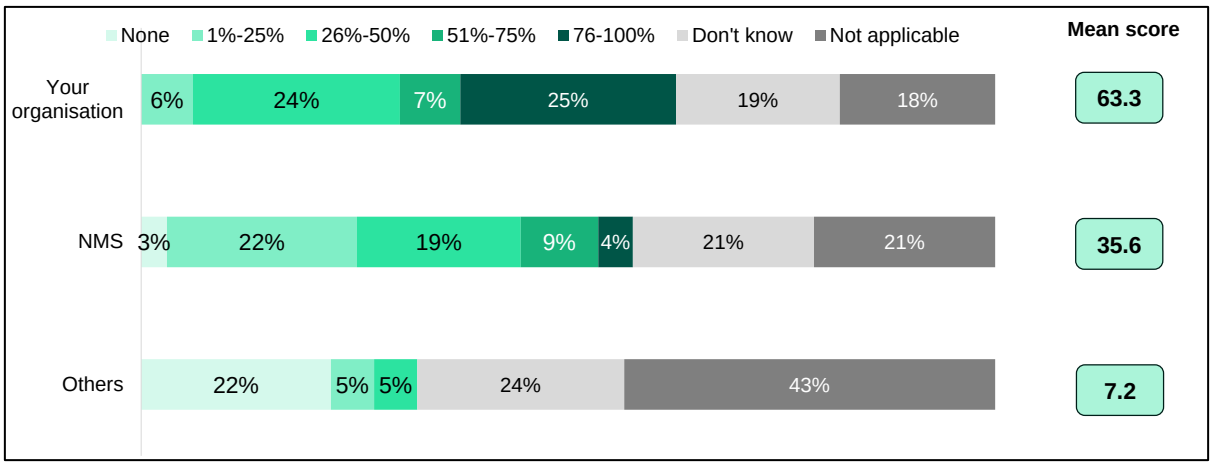
The scale of NMS input in relation to strategy and direction, time invested, and resources used is shown in Figures 6.8, 6.9 and 6.10. For each aspect, respondents were asked to proportion the input from their own organisation, the NMS and others. On average, the split was similar across all three areas, with respondents reporting their own organisation made up roughly two-thirds of the contributions and the NMS made up roughly one third. There were high proportions of those who could not answer or said it was not applicable, particularly for the other organisations option; at least 65% did not report a figure for any of the input areas.

Figure 6.8 Scale of strategy and direction



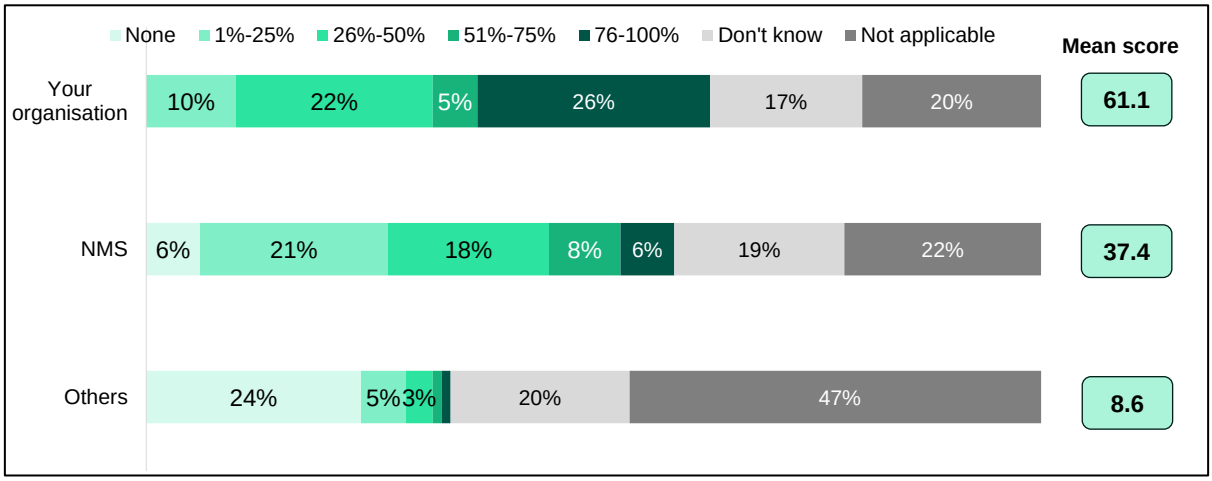
C8. How would you describe the scale of each organisation's input into the project in terms of strategy and direction? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144). Data labels <3% are not shown.

Figure 6.9 Scale of time



C9. How would you describe the scale of each organisation's input into the project in terms of time invested (in person hours)? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144).

Figure 6.10 Scale of resource

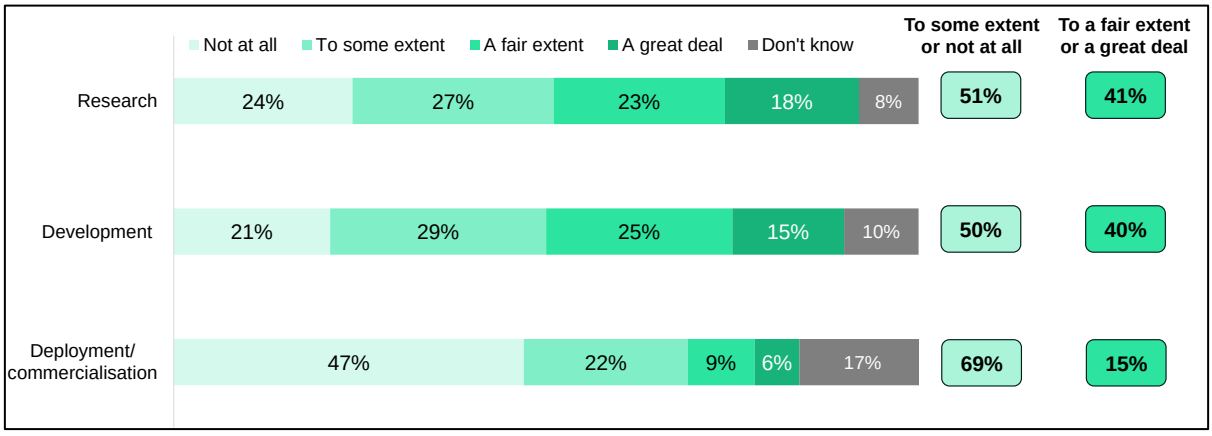


C10. How would you describe the scale of each organisation's input into the project in terms of resources used (e.g. facilities, materials)? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144). Data labels <3% are not shown.

Technology readiness levels

NMS users were asked to rate the extent to which the NMS could support them with Technology Readiness Levels (TRL) for research, development and deployment. Respondents were most likely to report that the NMS could help to a fair extent or a great deal with research (41%) and development (40%). NMS users felt less confident in the support the NMS could offer with TRL for deployment or commercialisation, with almost half (47%) reporting the NMS could not support with this at all.

Figure 6.11 Extent to which NMS could support organisations with technology readiness levels



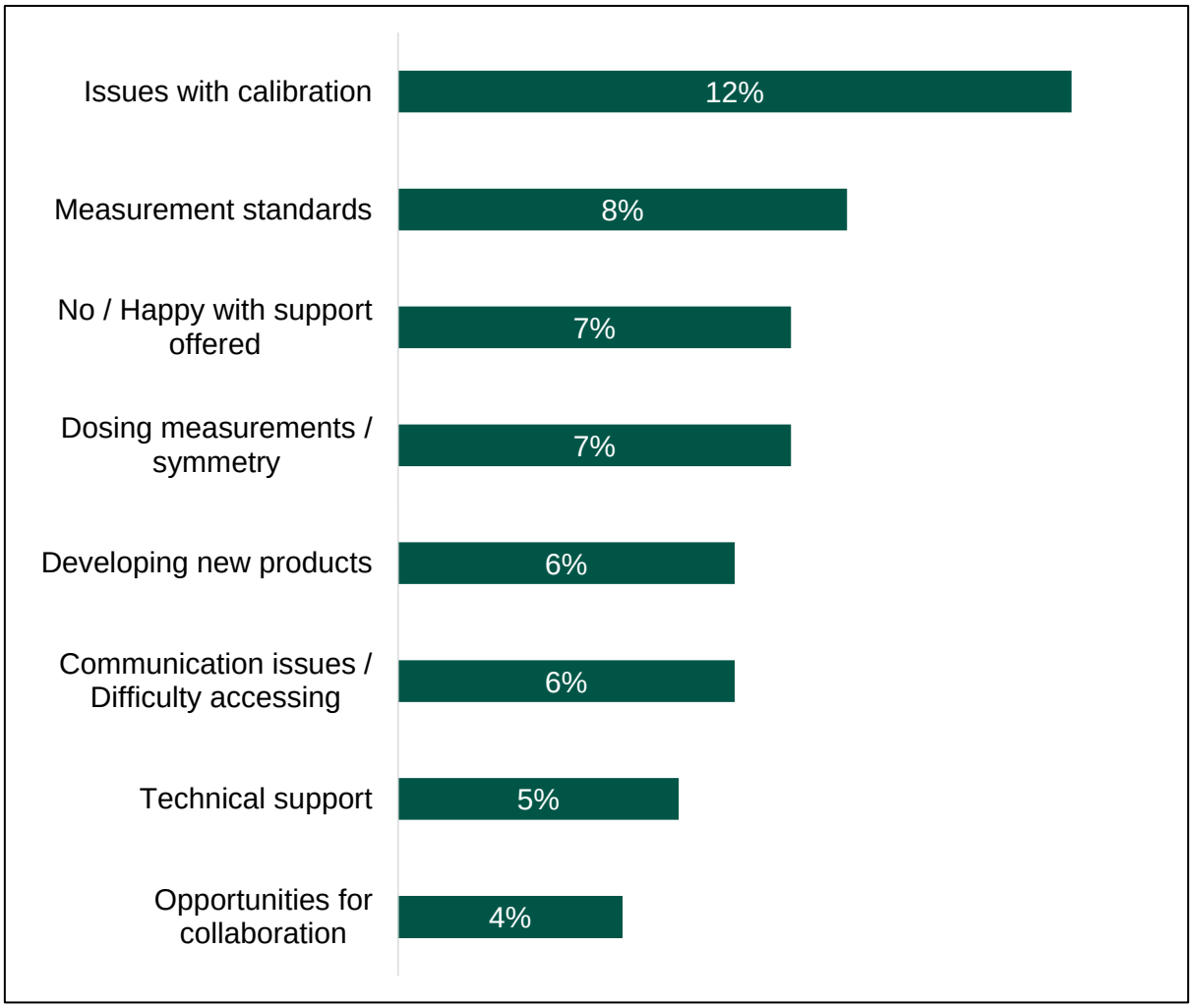
C11. Thinking about the Technology Readiness Levels (TRL), to what extent could the NMS support you in the following aspects? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144).

Measurement issues or challenges

NMS users were asked if they encounter measurement issues or challenges where further support from the NMS labs would be useful. Three in ten (30%) said that there was no issue they needed

NMS support with. The most common issue they would like support with was calibration (12%), as shown in Figure 6.12.

Figure 6.12 Support needed for challenges



C12. In your role, do you encounter measurement issues or challenges where further support from the NMS laboratories would be useful? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

Those working in NHS organisations were more likely to report that they needed support with issues with calibration than those in non-NHS organisations (19% vs 4%).

Those in industry were more likely to report that they needed support for developing new products (12% vs 6% overall).

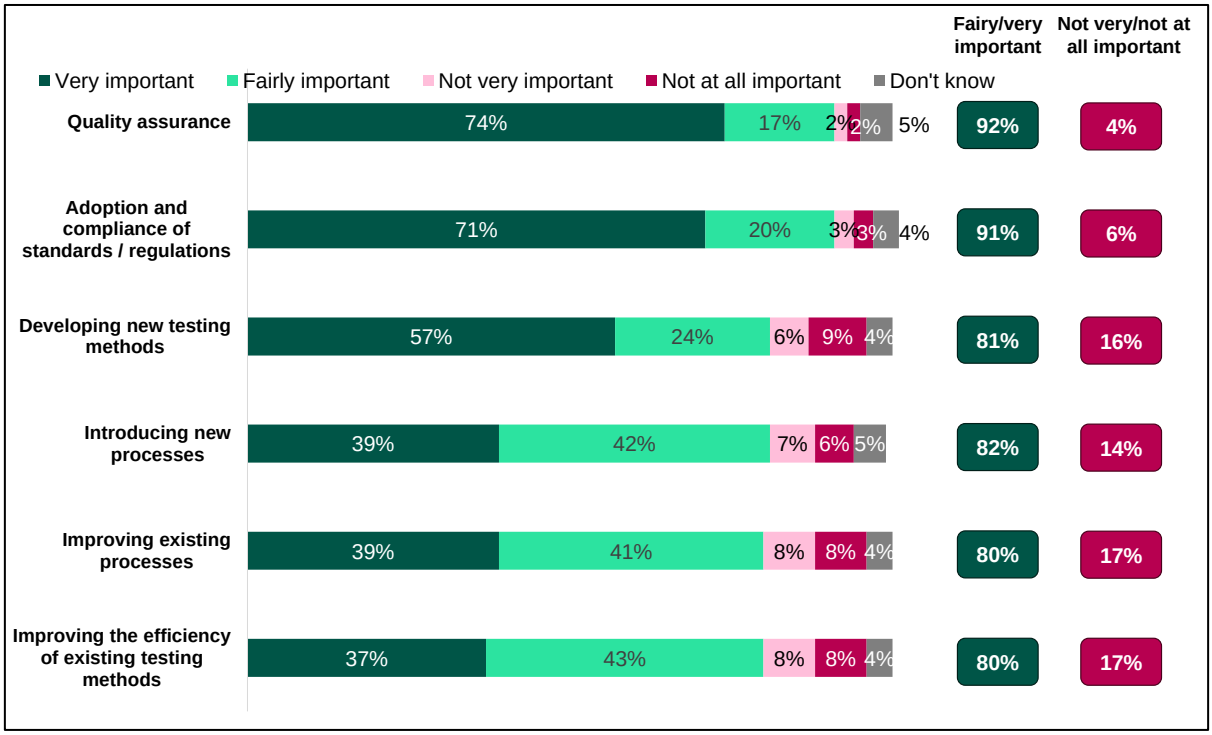
7 Hospitals

This chapter reports findings on the survey questions asked to those working in hospitals (109 respondents). It first covers the importance of measurement, followed by the ways in which working with the NMS has improved processes and testing. It also covers the level of change achieved through NMS support and the immediate measurement challenges they are facing that they need help with.

Importance of measurement

Those working in hospitals were asked how important measurement is for various purposes. As shown in Figure 7.1, it was deemed important for all purposes, with at least eight in ten respondents saying it was either very or fairly important for all purposes. Measurement was considered most important for quality assurance (92%) and the adoption and compliance of standards / regulations (91%).

Figure 7.1 Importance of measurement

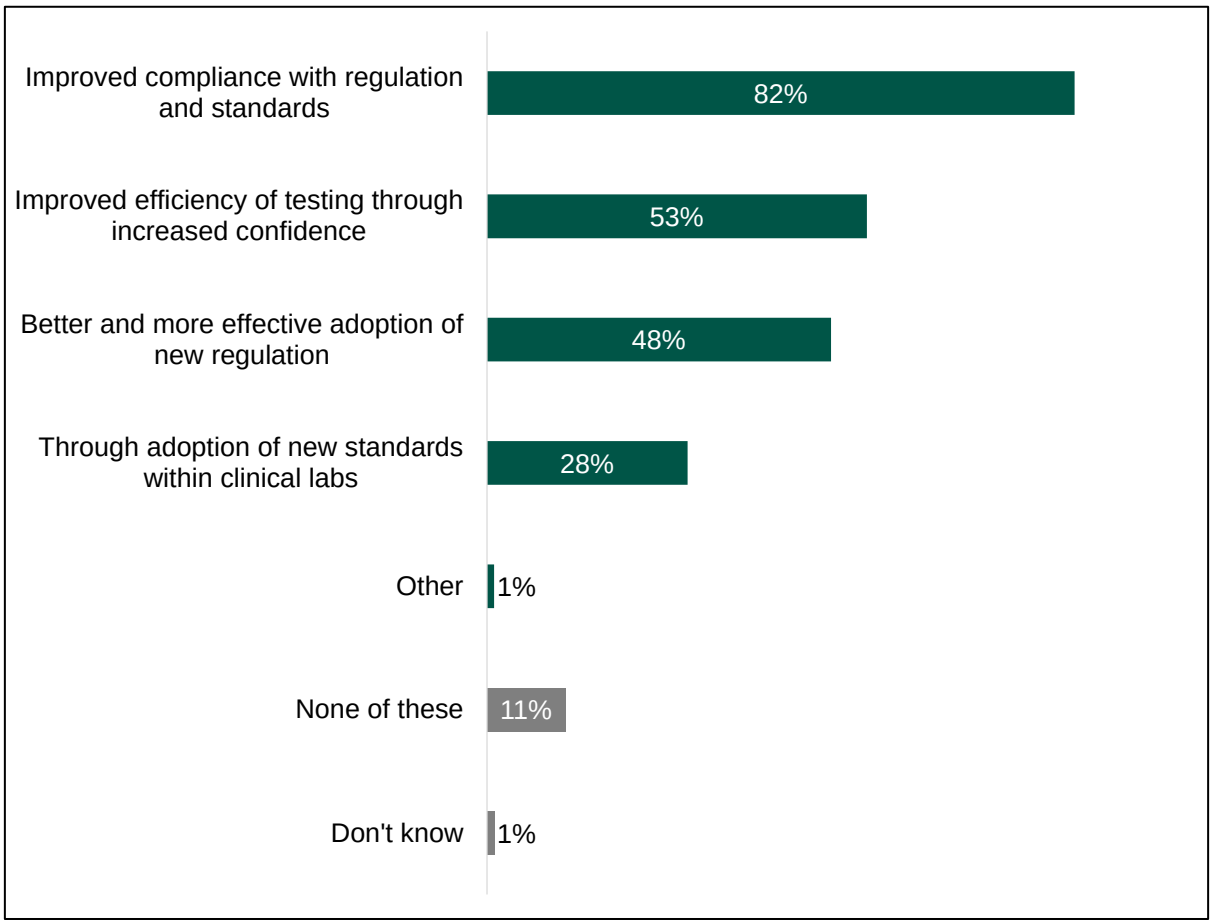


D1. How important is measurement for each of the following? [SINGLE CHOICE FOR EACH]. Base: All hospitals (109)

Process and testing improvements

Those working in hospitals who had used NMS labs were asked in what ways, if any, did their work with the NMS improve their processes. Most said it had improved compliance with regulation and standards (82%). For around half of respondents, it had improved efficiency of testing through increased confidence (53%) or led to better and more effective adoption of new regulation (48%). Just over a quarter (28%) said they had adopted new standards within clinical labs as a result of their work with the NMS.

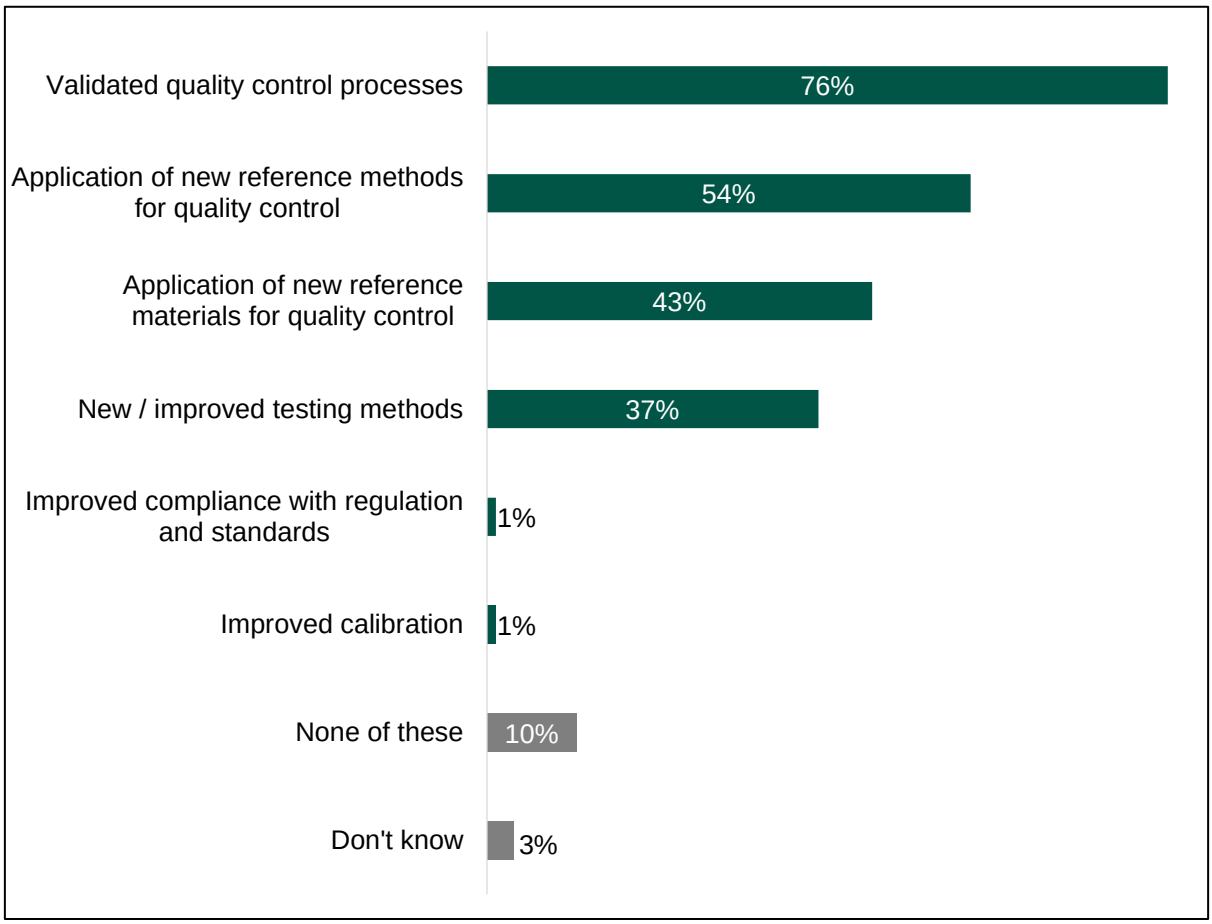
Figure 7.2 Ways in which working with the NMS improved processes



D2. In what ways, if any, did your work with the NMS help improve your processes? [MULTIPLE CHOICE]. Base: Those who have used NMS labs and work in hospitals (79)

Those working in hospitals who had used NMS labs were subsequently asked how, if at all, the support from the NMS helped to improve their testing. As shown in Figure 7.3, for three-quarters (76%), the support validated quality control processes. Just over half (54%) said it resulted in the application of new reference methods for quality control and 43% reported the application of new reference materials for quality control. Meanwhile, 37% said the support from the NMS resulted in new or improved testing methods.

Figure 7.3 Ways in which support from the NMS helped to improve testing

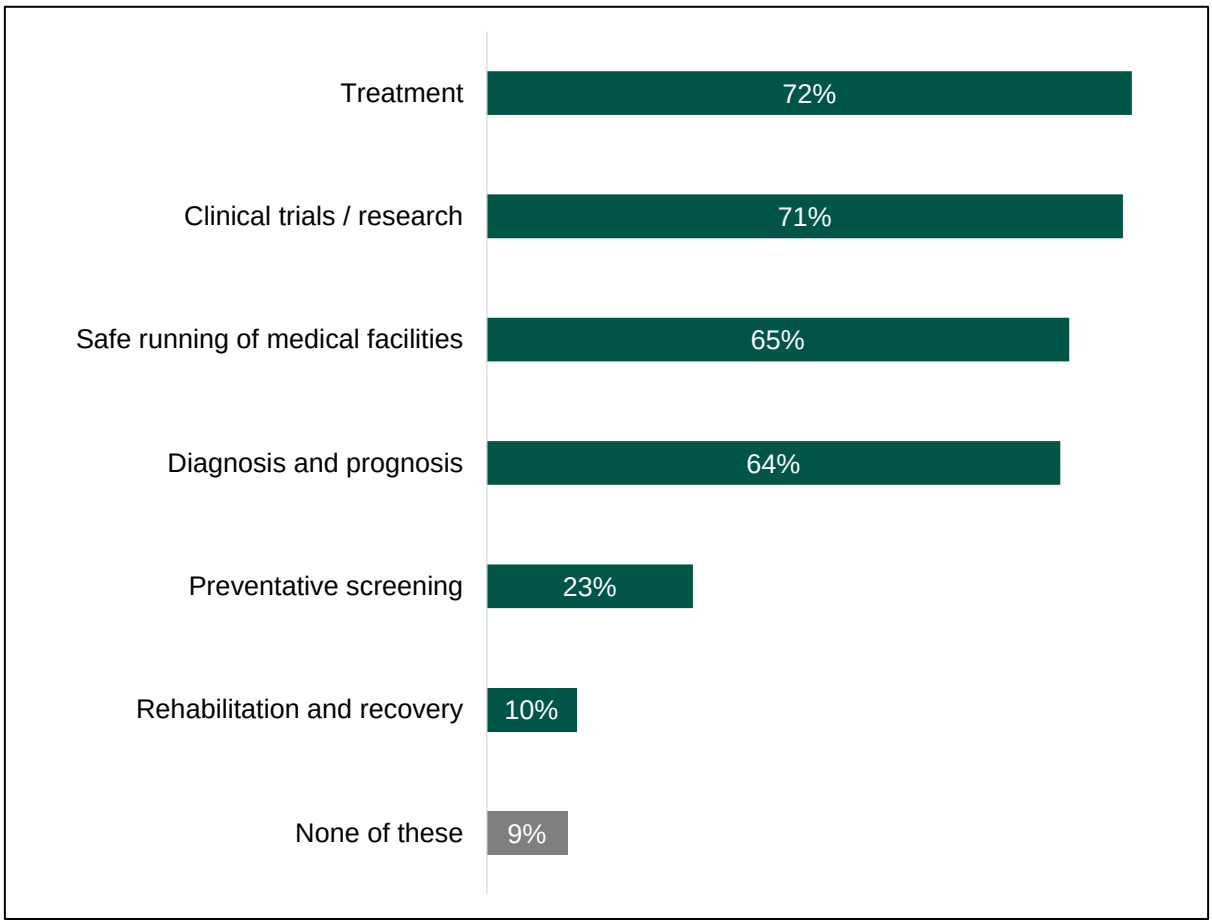


D3. How, if at all, did the support from the NMS help improve your testing? [MULTIPLE CHOICE].
Base: Those who have used NMS labs and work in hospitals (79)

Involvement in health research

All respondents working in hospitals were asked which areas of health research they are involved in. Treatment and Clinical trials / research were most common (72% and 71% respectively). Just under two-thirds were involved in the safe running of medical facilities (65%) and diagnosis and prognosis (64%). Although less common, 23% were involved in preventative screening and 10% in rehabilitation and recovery.

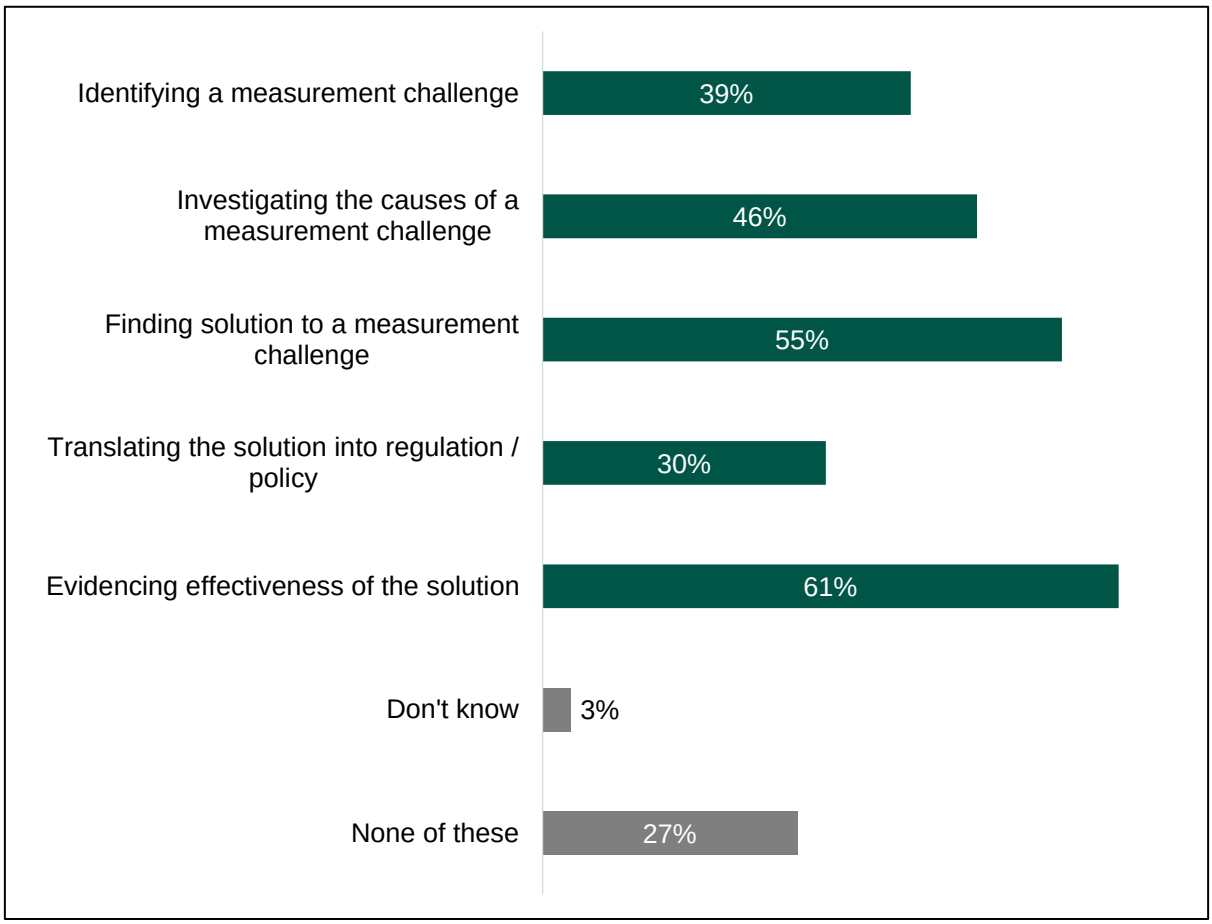
Figure 7.4 Areas of health research those in hospitals are involved in



D4. Which of the following areas of health research are you involved in? [MULTIPLE CHOICE]. Base: All hospitals (109)

The stage of health research those in hospitals were performing measurement activities in is shown in Figure 7.5. Two-fifths (39%) were in the initial stage, having just identified a measurement challenge. 46% were investigating the causes of a measurement challenge and over half (55%) were performing measurement activities in attempting to find a solution to a measurement challenge. Three in ten (30%) were at the stage of translating the solution into regulation / policy. Six in ten (61%) were at the final stage of evidencing the effectiveness of the solution.

Figure 7.5 Stage of health research in which they are performing measurement activities

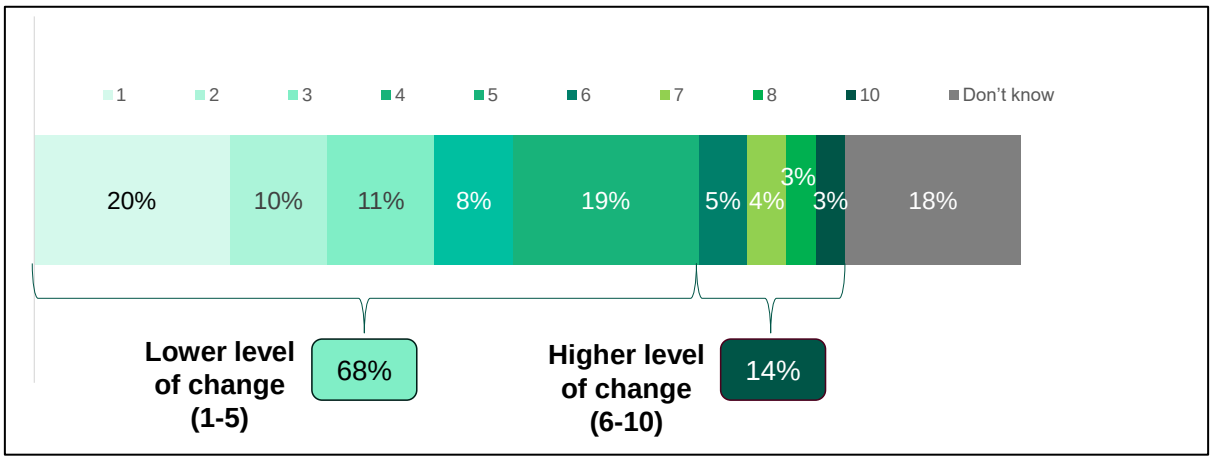


D5. In what stage of health research are you performing measurement activities? [MULTIPLE CHOICE]. Base: All hospitals (109)

Level of change achieved through NMS support

Those in hospitals who had used the NMS were asked to rate the level of change that was achieved through the support received, on a scale of 1 to 10, where 1 is 'incremental (a small improvement)' and 10 is 'disruptive (it transformed the healthcare sector)'. One in seven (14%) reported a higher level of change, between 6 and 10. Two-thirds reported lower levels of change, with one in five (20%) reporting a level 1, an incremental change and 19% reporting a level 5. Meanwhile, 18% were unable to answer.

Figure 7.6 Level of change achieved through the support provided by the NMS

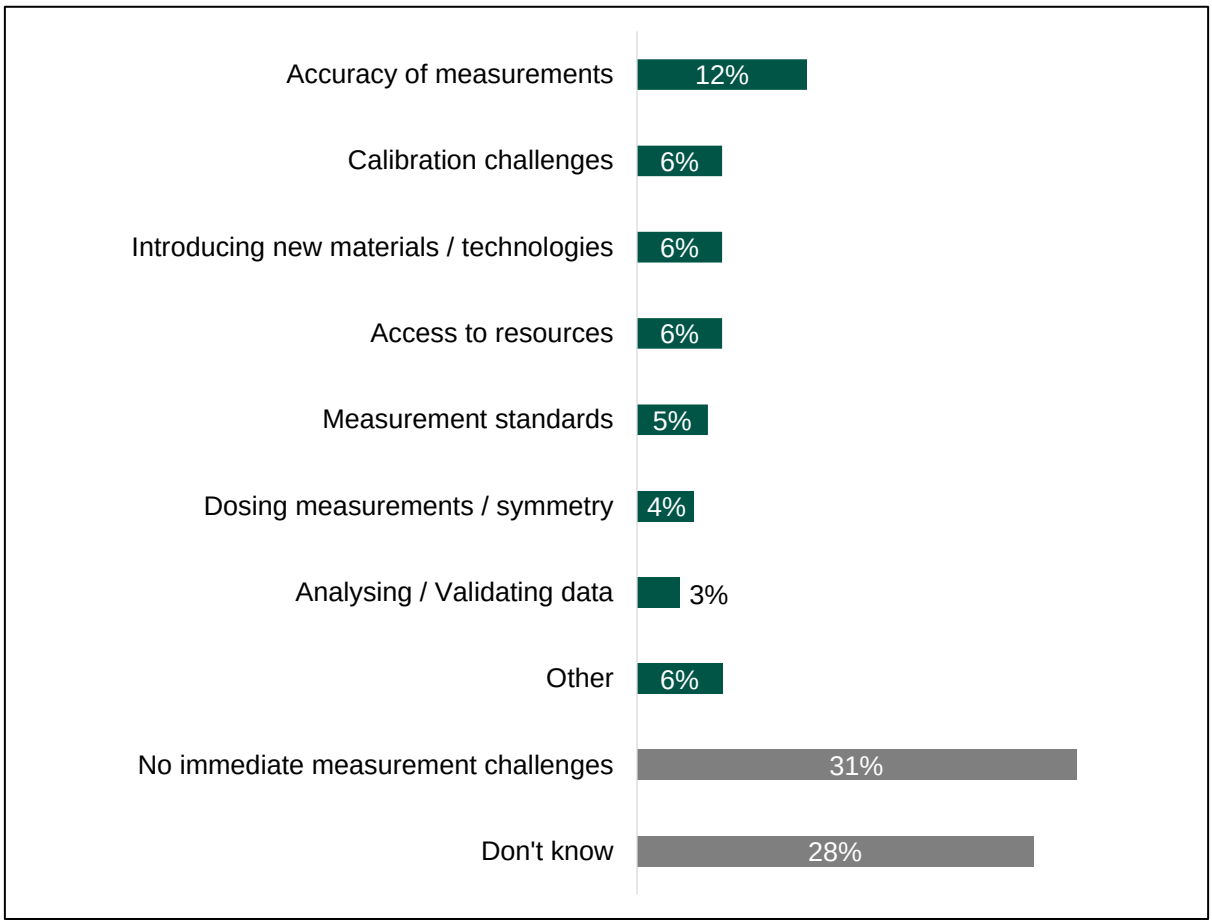


D6. What level of change was achieved through the support provided by the NMS? [SINGLE CHOICE]. Base: Those who have used NMS labs and work in hospitals (79)

Immediate measurement challenges

All respondents working in hospitals were asked what the immediate measurement challenges they were facing that they needed help with. The most common challenge cited was regarding the accuracy of measurements (12%). 6% reported facing challenges with calibration, introducing new materials / technologies, and access to resources. Three in ten (31%) said they were not facing any immediate measurement challenges that they need help with and a further 28% were unsure.

Figure 7.7 Immediate measurement challenges hospitals are facing that they need help with



D7. What are the immediate measurement challenges you are facing that you need help with? [MULTIPLE CHOICE]. Base: All hospitals (109)

8 Industry

This chapter reports findings on the survey questions asked to those working in industry (50 respondents). It first covers the importance of measurement, followed by the impact of NMS support on productivity and efficiency, and obtaining intellectual property rights. The chapter concludes with some background information relating to the organisations.

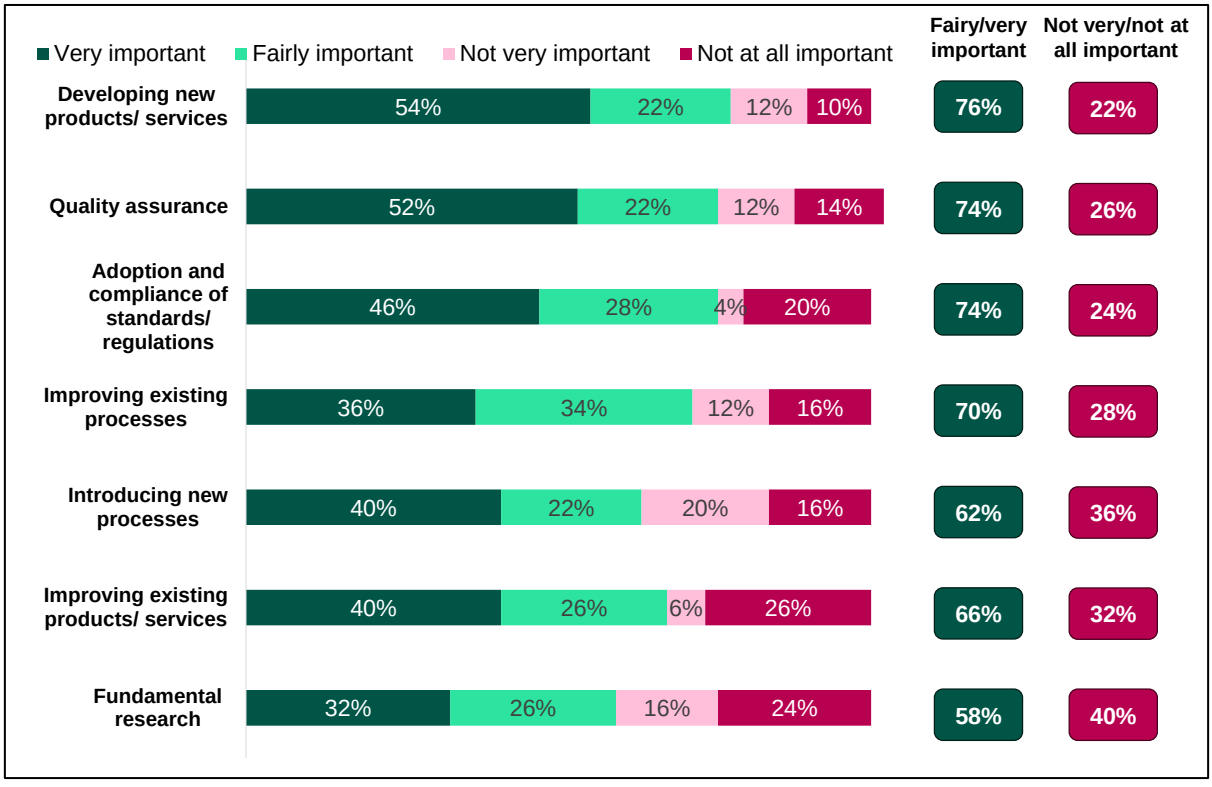
Some of the questions were asked to a subset of the 50 respondents working in industry, meaning they have a small base size and the findings should therefore be treated with caution.

Importance of measurement

Respondents working in industry were asked how important measurement was to their organisation for various purposes. Measurement was considered most important for developing new services, with 76% reporting that it was important, and more than half (54%) reporting that it was very important. This was closely followed by quality assurance (74%) and the adoption and compliance of standards (74%), as shown in Figure 8.1.

Measurement was considered less important for fundamental research, with 40% reporting that measurement for this was not very, or not at all important to their organisation.

Figure 8.1 Importance of measurement



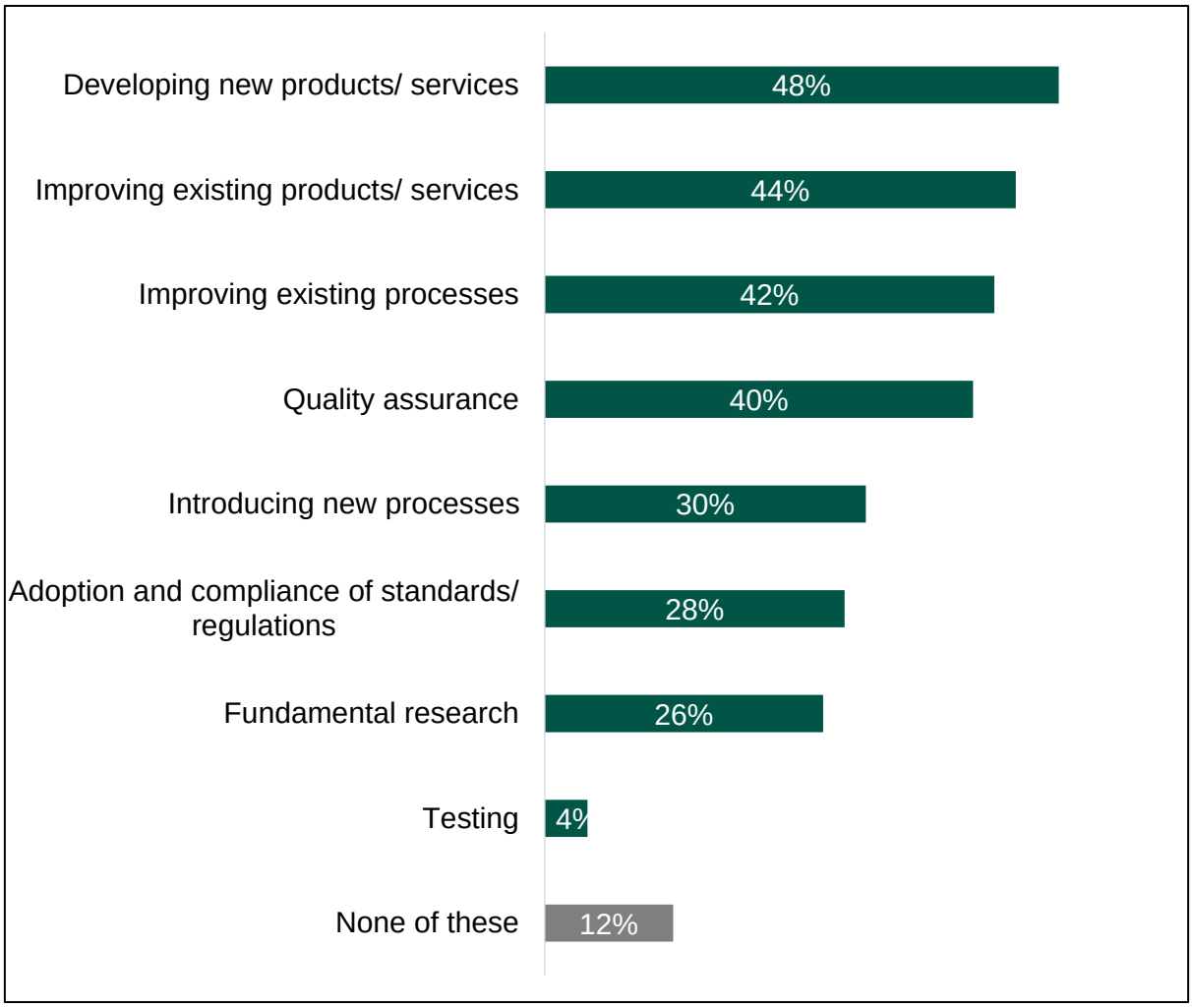
E1. How important is measurement to your organisation for each of the following? [SINGLE CHOICE FOR EACH]. Base: All who work in industry (50).

Type of innovation project the NMS contributed to

Those working in industry who had used NMS labs were asked what type of innovation project they worked most closely on with the NMS. The most common answer, applying to just under half of

respondents (48%), was developing new products or services. This was followed by improving existing products or services (44%) and processes (42%).

Figure 8.2 Innovation project worked on

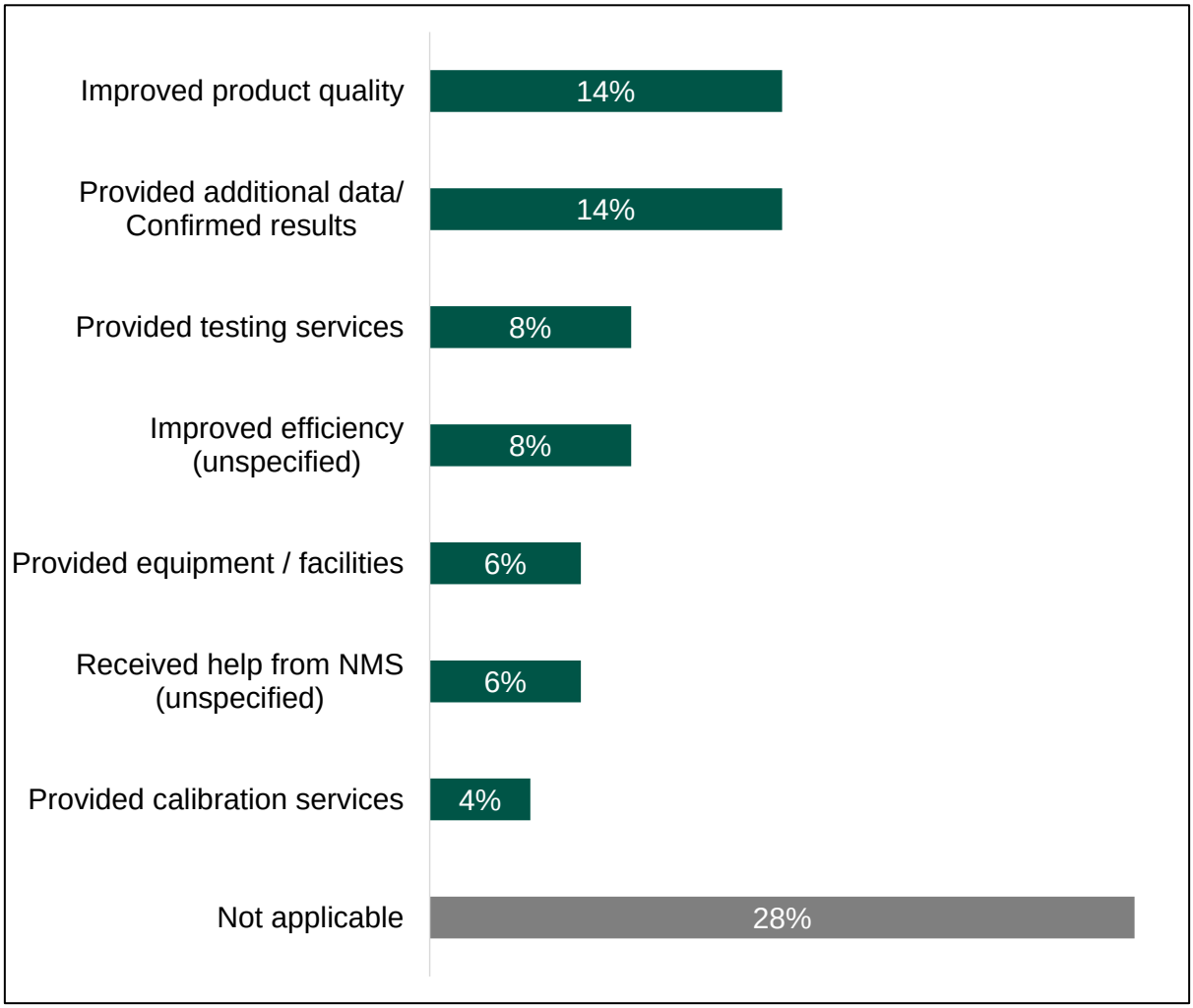


E2. Which of the following best describes the innovation project on which you worked most closely with the NMS? [MULTIPLE CHOICE]. Base: Those who have used NMS labs and work in industry (50). Responses <3% are not shown.

Impact on productivity and efficiency

Those working in industry were asked how, if at all, the support from the NMS aid in increasing the productivity or efficiency of their work. As shown in Figure 8.3, the most common response was that it improved product quality (14%) and provided additional data or confirmed results (14%).

Figure 8.3 Impact of support from NMS



E3. How, if at all, did the support from the NMS aid in increasing the productivity or efficiency of your work? [MULTIPLE CHOICE]. Base: Those who have used NMS labs and work in industry (50). Responses <3% are not shown.

Impact on intellectual property rights

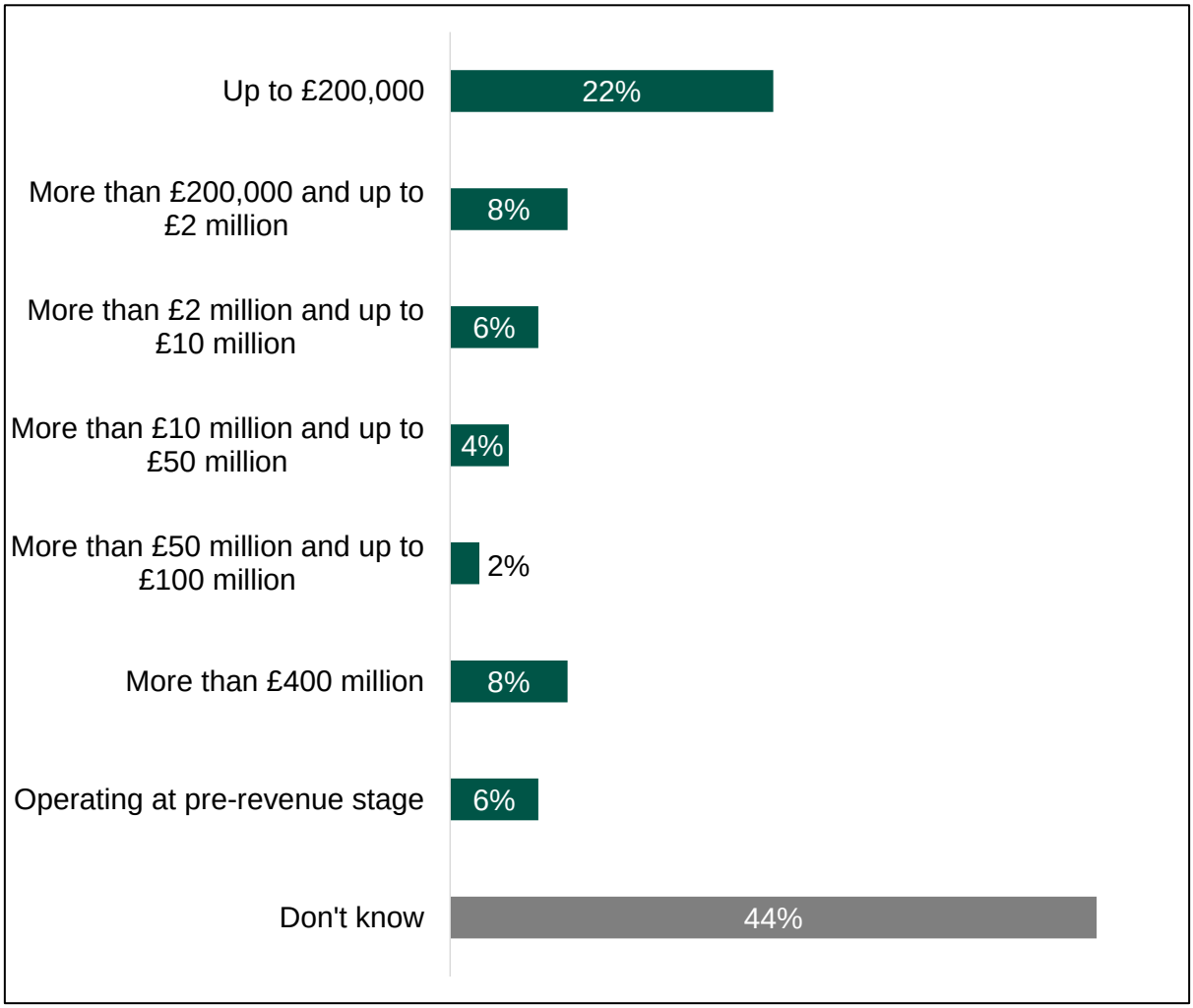
Most NMS lab users working in industry (74%) reported that the NMS had not helped them to obtain intellectual property rights. However, 10% said the NMS helped them to obtain a patent or a trade secret, and 4% said the NMS helped them to achieve copyright. Meanwhile, 6% were unsure whether the NMS helped them in obtaining any intellectual property rights.

Background to organisations

Turnover

Many (44%) of those who work in industry chose not to disclose their revenue from the 2022-23 tax year. The most common revenue recorded was up to £200,000 (22%). Figure 8.4 details all responses.

Figure 8.4 Revenue in 22/23 tax year



E5. What was your financial turnover/revenue in the 2022-23 tax year? [SINGLE CHOICE]. Base: Those who have used NMS labs and work in industry (50).

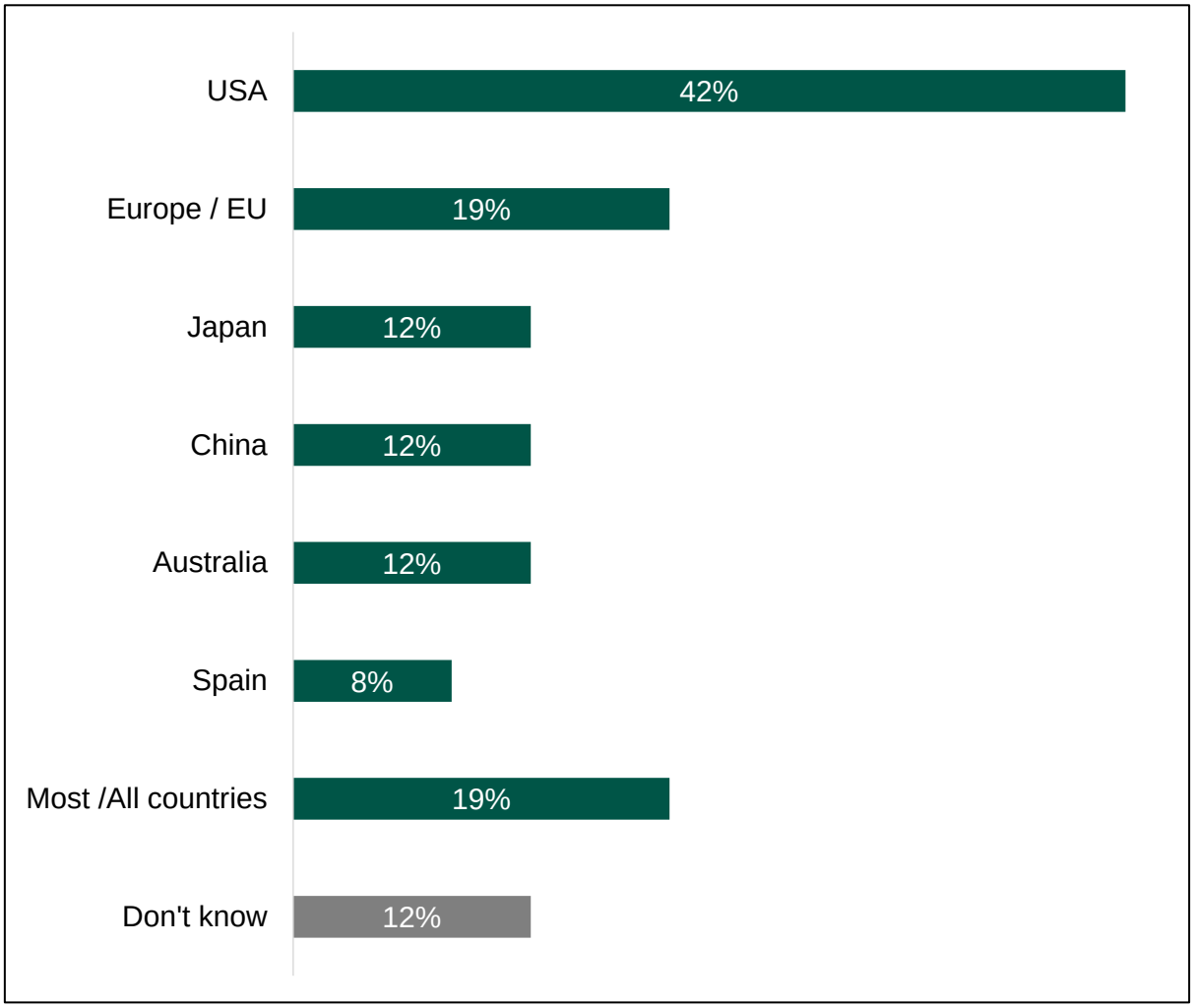
Main market

Over half (52%) of those working in industry reported that their main market was overseas, whilst just over a third (38%) reported that their main market was domestic. 10% were unsure.

Among those who primarily worked in domestic markets (38%), most (74%) said that their organisation feeds into the NHS in some way. Only 16% did not feed into the NHS in any way, and 11% were unsure.

Among those who said their main market was overseas (52%), the most common country they exported to was the USA, with 42% respondents reporting this. This was followed by Europe, as shown in Figure 8.5.

Figure 8.5 Most common countries exported to



E8. Which countries do you export to? [MULTIPLE CHOICE]. Base: Main market is overseas and work in industry. Base: Main market is overseas and work in industry (26). Responses <5% are not shown.

Engagement with patient cohorts

Most (64%) of those in industry reported that their work did not involve direct engagement with patient cohorts. However, one third (32%) of respondents did engage with patient cohorts. A small proportion were unsure (4%).

9 Academia

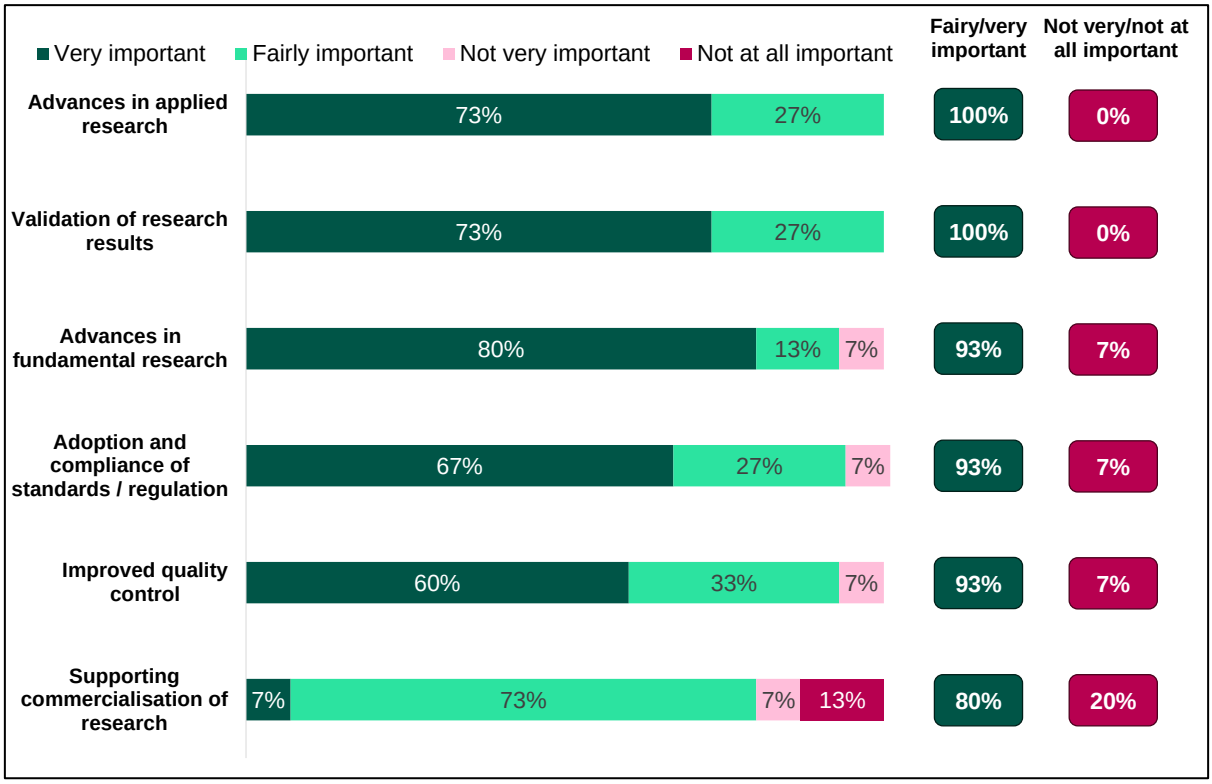
This chapter reports findings on the survey questions asked to those working in academia (15 respondents). It first covers the importance of measurement, followed by the level of change achieved through NMS support, whether working with the NMS has improved their research, and the impact of NMS support in obtaining intellectual property rights. The chapter concludes with the immediate measurement challenges being faced and whether their work feeds directly into the NHS.

All questions in this chapter have a very low base size and the findings should therefore be treated with caution.

Importance of measurement

Those in academia were asked to rate the importance of the measurement for various purposes, as shown in Figure 9.1. Measurement was considered most important for advances in applied research and validation of research results; all respondents rated measurement as fairly or very important for these aspects. Measurement was seen as less important for supporting the commercialisation of research, with 20% reporting that measurement was not very or not at all important for this.

Figure 9.1 Importance of measurement

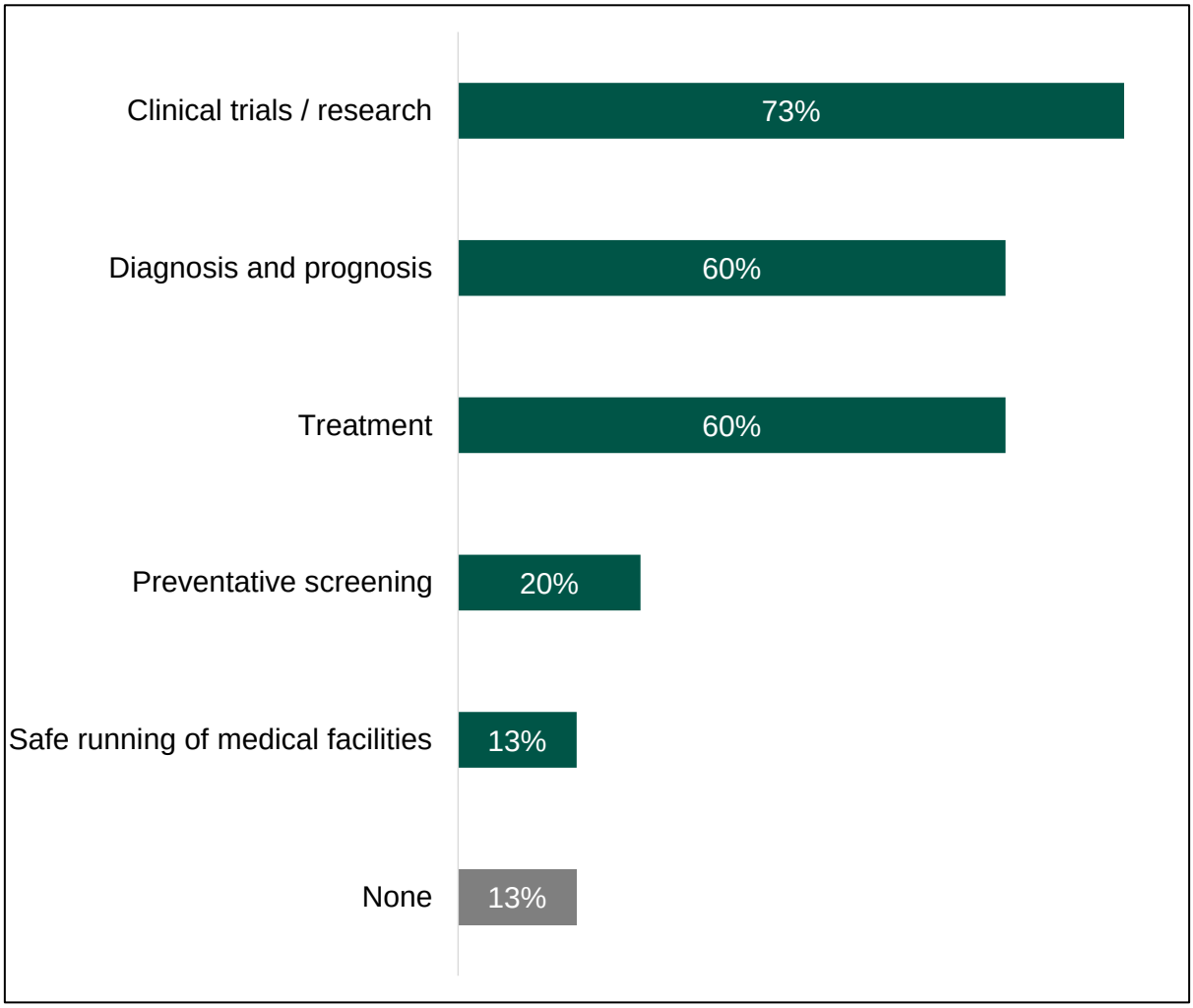


E1. How important is measurement to your organisation for each of the following? [SINGLE CHOICE FOR EACH]. Base: All in academia (15)

Involvement in health research

The most common area of health research those in academia were involved in was clinical trials (73%) followed by treatment (60%) and diagnosis and prognosis (60%), as shown in Figure 9.2.

Figure 9.2 Involvement in areas of health research

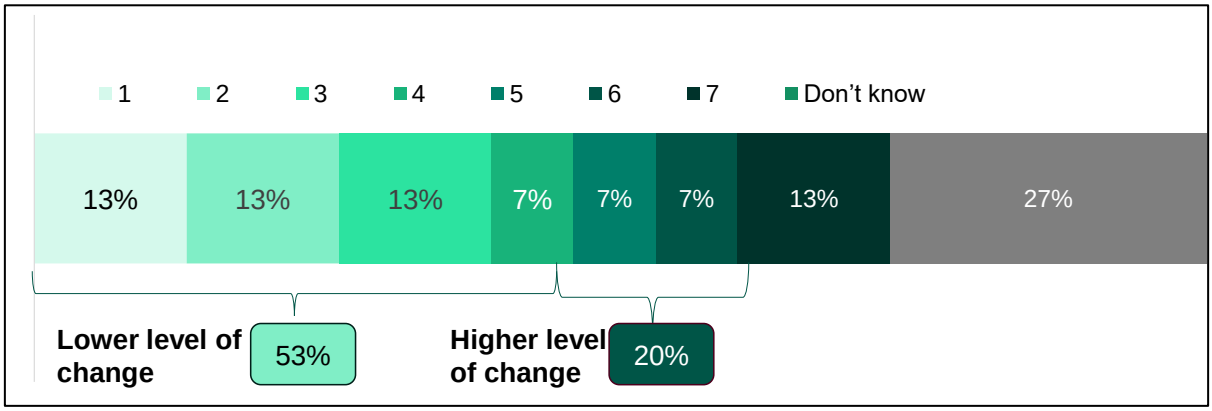


F2. Which of the following areas of health research are you involved in? [MULTIPLE CHOICE]. Base: All in academia (15).

Level of change achieved through NMS support

Those in academia were asked to rate the level of change achieved through the support provided by NMS. Over half (53%) of those working in academia reported a lower level of change, between 1-5 on a 10 point scale. One in five (20%) reported higher levels of change of 6 or above, whilst a quarter (27%) were unsure.

Figure 9.3 Level of change achieved through NMS support

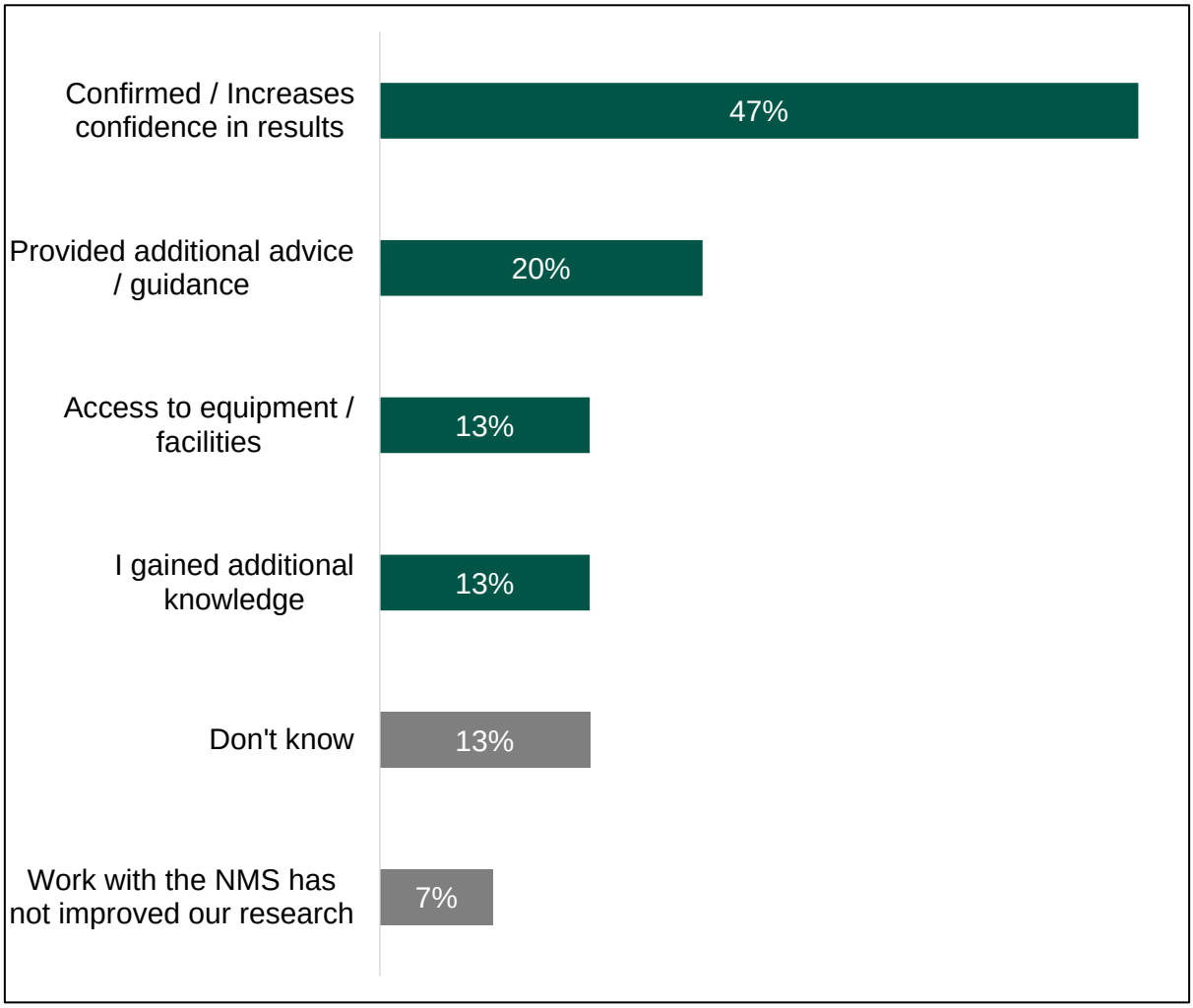


F3. What level of change was achieved through the support provided by the NMS? Please answer on a scale of 1 to 10, where 1 is 'incremental (a small improvement)' and 10 is 'disruptive (it transformed the healthcare sector)'. [SINGLE CHOICE]. Base: Those who have used NMS labs and work in academia (15).

Improvements to research

Almost half (47%) of those working in academia felt that NMS had improved their research by confirming or increasing confidence in results and one in five (20%) reported the NMS had provided additional advice or guidance. Other ways in which their work with the NMS had improved their research are shown in Figure 9.4.

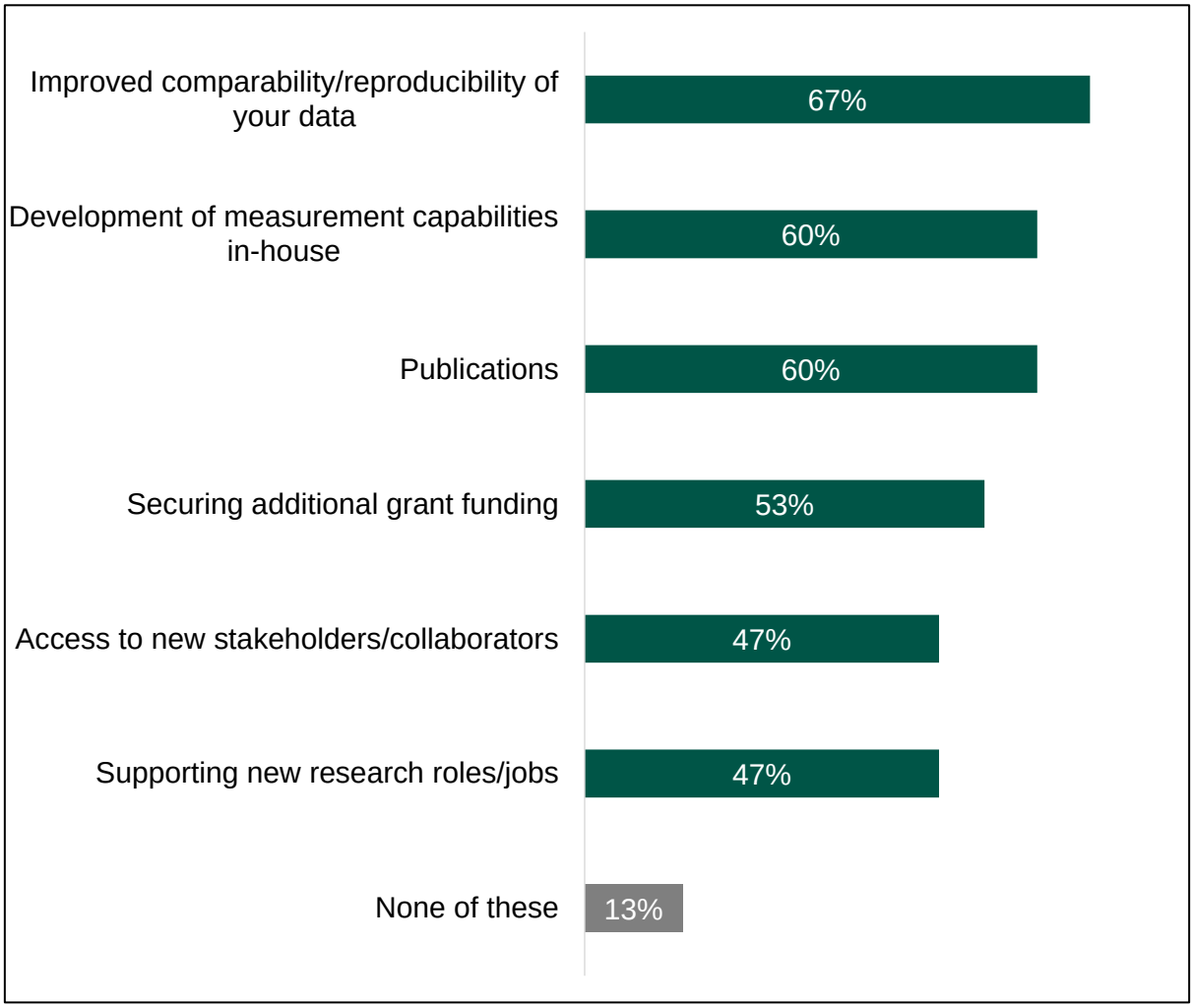
Figure 9.4 Ways NMS has improved research



F4. In what way did your work with the NMS improve your research, if at all? [MULTIPLE CHOICE].
Base: Those who have NMS labs and work in academia (15).

Those in academia were asked whether support from the NMS contributed to any of the developments listed in Figure 9.5. The most common impacts were improving comparability of data (67%), development of measurements capability in-house (60%), and publications (60%).

Figure 9.5 Contributions of NMS



F6. Has support from the NMS contributed to any of the following? [MULTIPLE CHOICE]. Base: Those who have used NMS labs and work in academia (15).

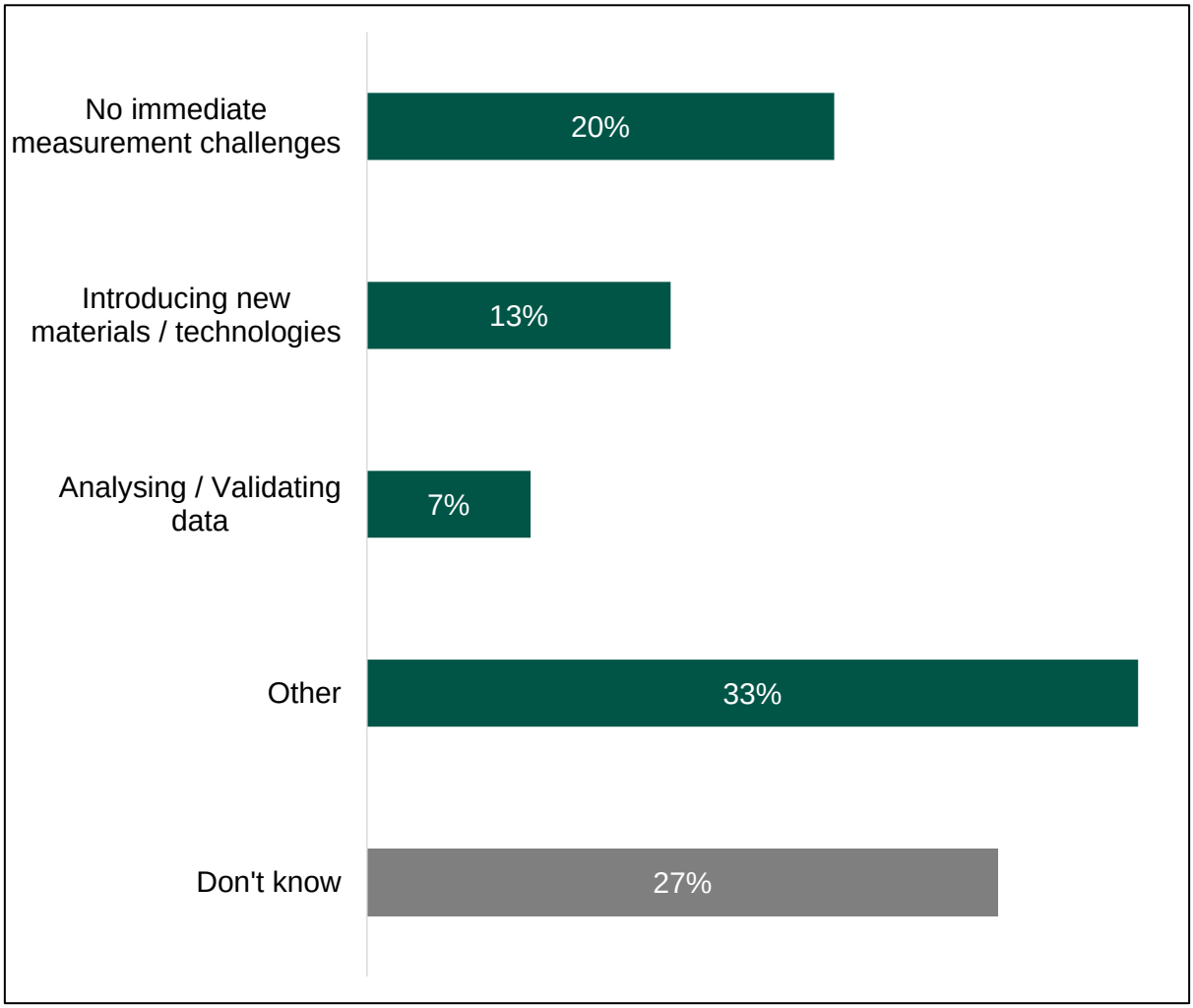
Impact on intellectual property rights

Under half of those working in academia who had used NMS labs (47%) reported the NMS helped to obtain know-how in relation to intellectual property. However, an equal number (47%) reported that the NMS had not helped them to obtain any intellectual property rights and 7% were unsure.

Immediate measurement challenges

Those in academia were asked what immediate measurement challenges they were facing that they need help with. One in five (20%) felt there were no immediate measurement challenges and 27% were unsure. Around one in eight (13%) were facing challenges in relation to introducing new materials or technologies and 7% with analysing or validating data.

Figure 9.6 Measurement challenges



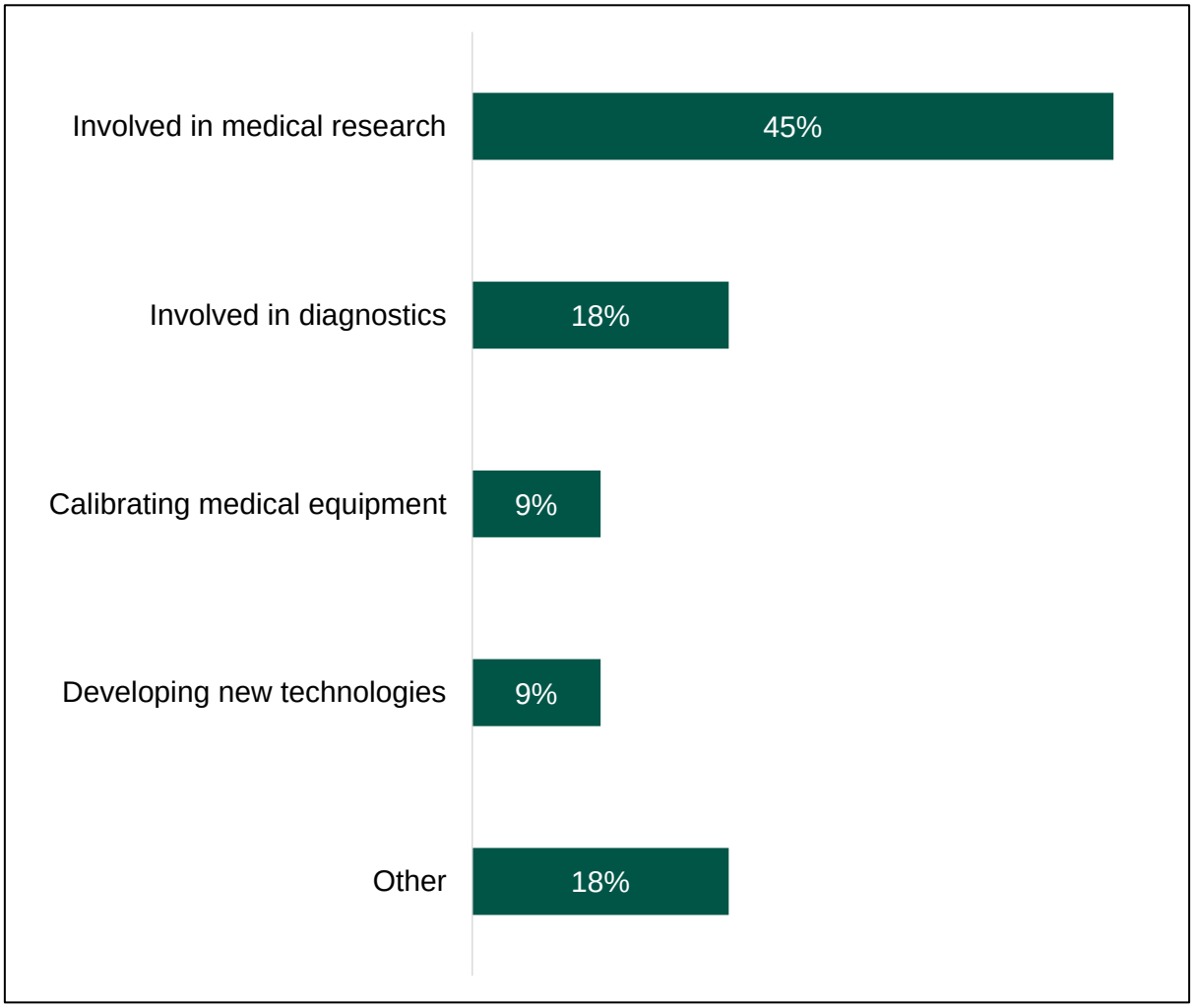
F7. What are the immediate measurement challenges that you are facing that you need help with? [MULTIPLE CHOICE]. Base: Those who have used NMS labs and work in academia (15).

Other challenges included nano positioning, optical alignment, and DNA damage. There was also a request for more guidance around the use of Next Generation Sequencing reference materials.

Work feeding into the NHS

Around three quarters of the respondents working in academia (73%) reported that their work fed directly into the NHS. Of these, 45% were involved in medical research, and 18% were involved in diagnostics. Those involved in medical research gave examples of their work such as analysing work from clinical trials, repurposing drugs and Covid-19 sequencing data.

Figure 9.7 Ways of feeding into the NHS



F9. In what way do you feed into the NHS? [MULTIPLE CHOICE]. Base: Those in academia who feed into the NHS (11)

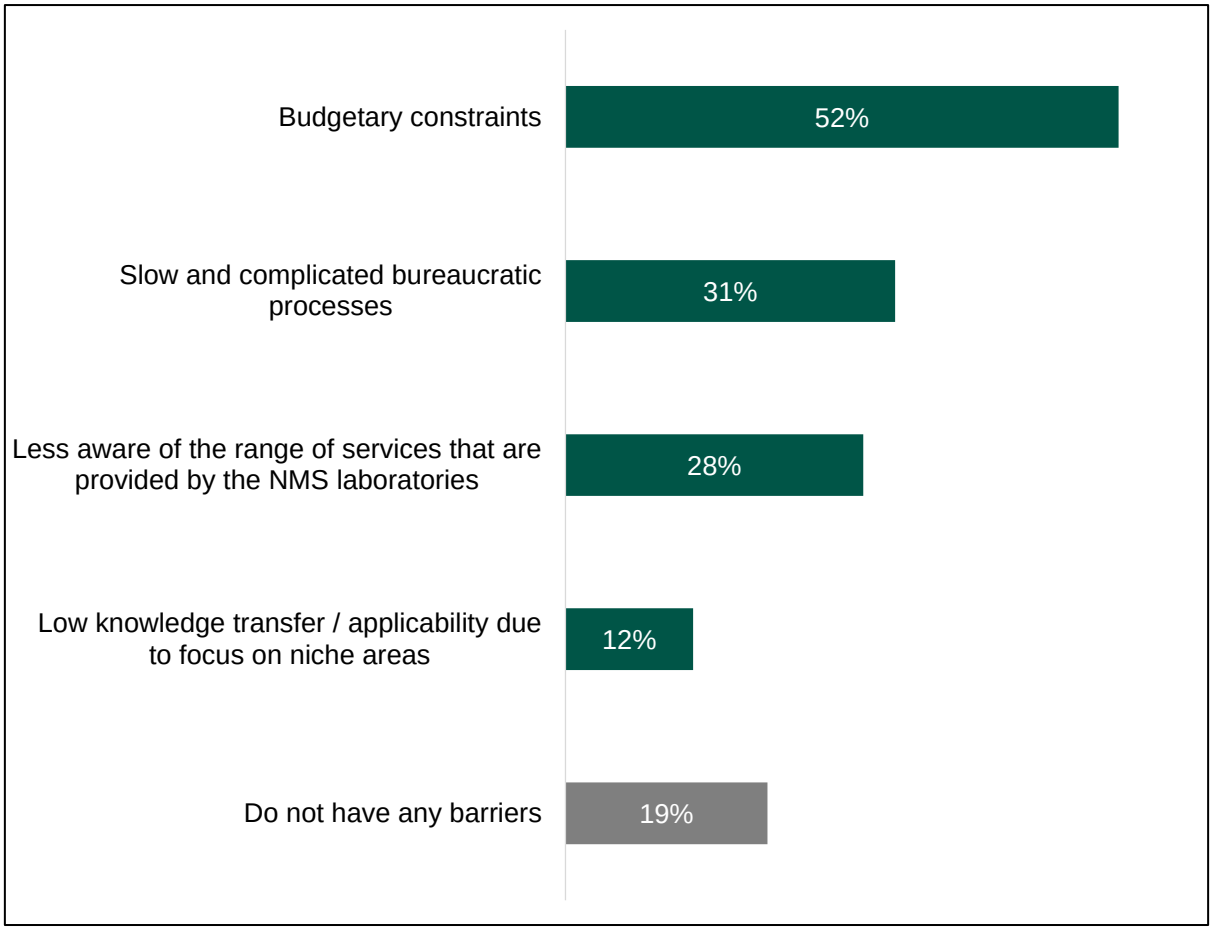
10 Customer satisfaction

This final chapter explores whether NMS users face any barriers in accessing support from the NMS, how satisfied they are with the services provided, how likely they are to recommend the NMS to others, and any suggested improvements to the service.

Barriers to accessing support from the NMS

NMS users were asked what barriers, if any, they had in accessing support from the NMS. Over half (52%) felt budgetary constraints were a barrier. Around three in ten stated that bureaucratic processes and being less aware of the range of services provided by the NMS labs were barriers (31% and 28% respectively).

Figure 10.1 Barriers to accessing support from the NMS



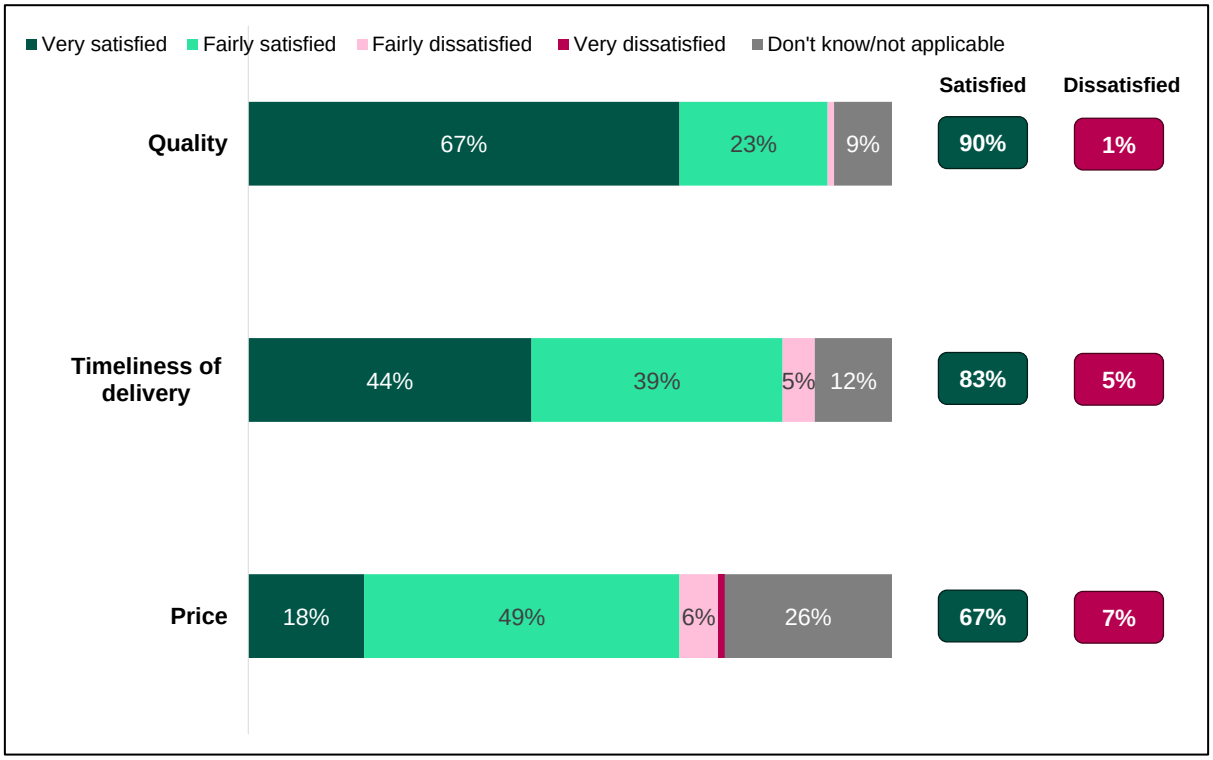
G1. What barriers, if any, do you have in accessing support from the NMS? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

Those who worked in the NHS were more likely to feel budgetary constraints were a barrier compared to those who did not work in the NHS (61% vs 43%). They were also more likely to report being less aware of the range of services provided by the NMS labs (36% vs 19%).

Satisfaction with the services provided through the NMS

NMS users were most satisfied with the quality of service provided, with almost all reporting they were satisfied (90%) and only 1% reporting being dissatisfied with the quality. Timeliness of delivery also had high levels of satisfaction (83%). The lowest levels of satisfaction was in relation to price, although most were still positive. Fewer than one in five (18%) felt very satisfied, with just over two in three (67%) being satisfied overall.

Figure 10.2 Satisfaction with the NMS

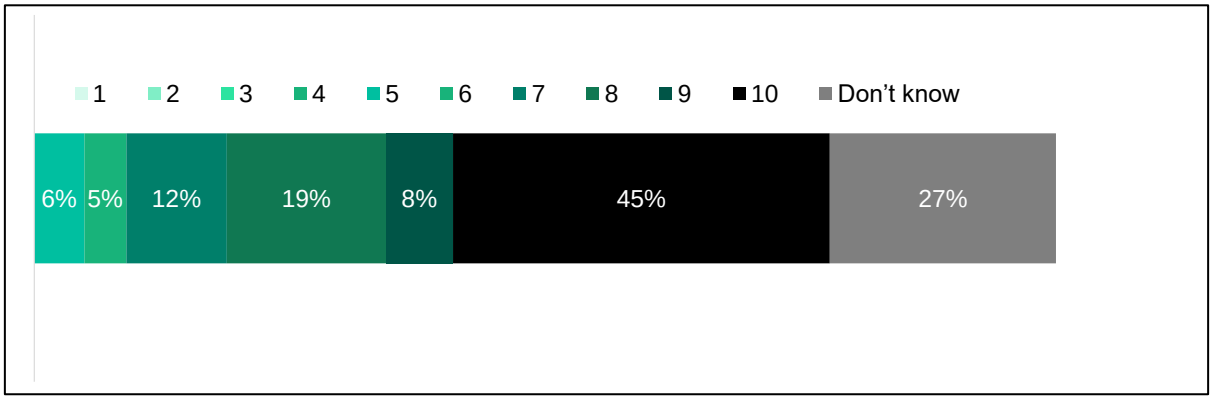


G2. How satisfied were you with the service the NMS provided in terms of the following? [SINGLE CHOICE FOR EACH]. Base: Those who have used NMS labs (144).

Those in industry were more likely to be satisfied with price (82%) compared to those working in hospitals (62%).

Most NMS users (96%) were at least somewhat likely to recommend the NMS to a colleague or another organisation, ranking the likelihood at 5 or above on a 10 point scale, as shown in Figure 10.3. Almost half (45%) said they were very likely to recommend the NMS, selecting 10 on the scale. The findings results in a Net Promoter Score of 42.

Figure 10.3 Likelihood of recommending NMS

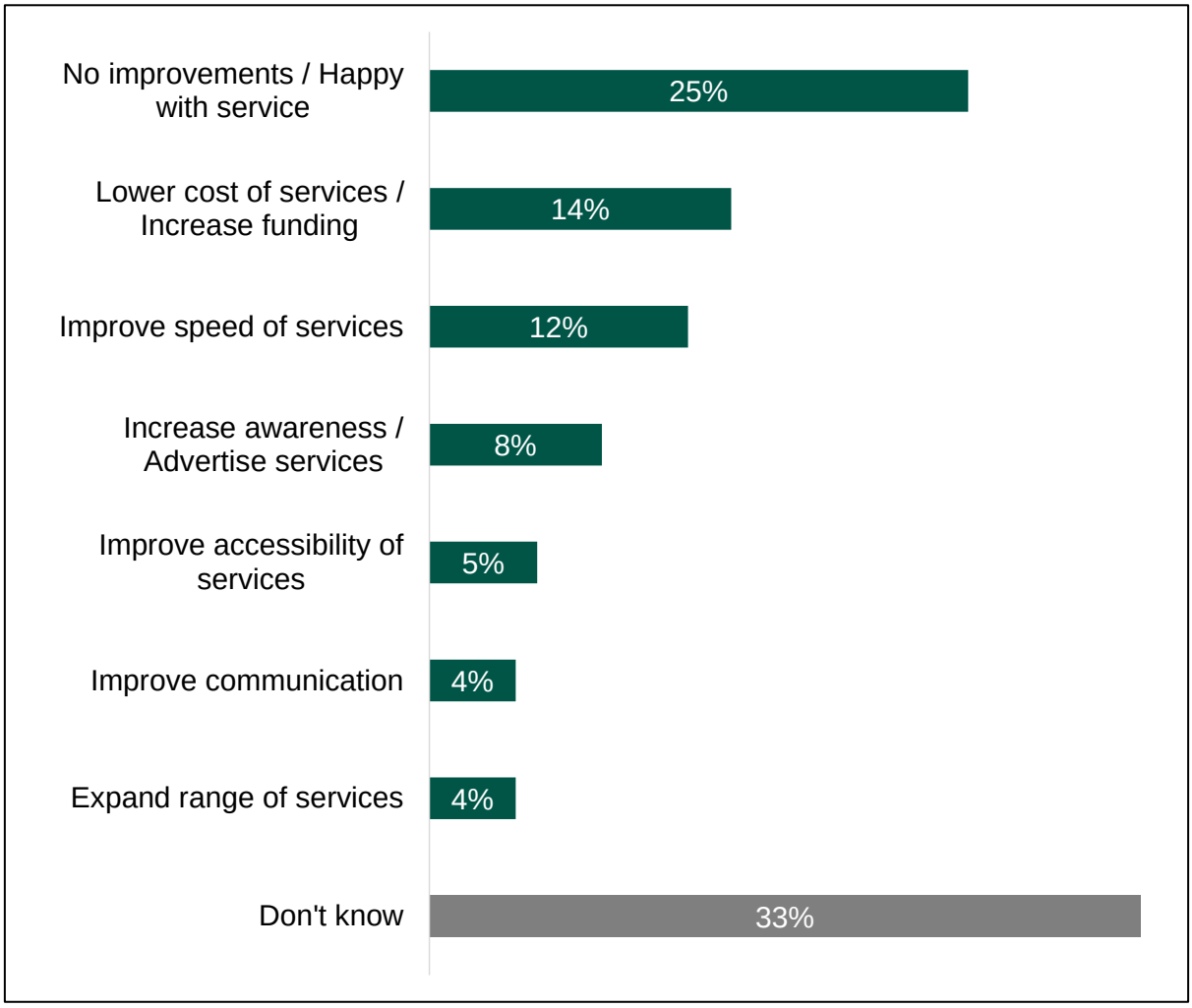


G3. How likely is it that you would recommend the NMS to a colleague or another organisation? Please answer on a scale of 0 to 10, where 0 is 'not at all likely' and 10 is 'very likely'. [SINGLE CHOICE]. Base: All (144).

Suggested improvements

NMS users were asked what could be changed to improve their overall satisfaction with the service(s) provided to them by the NMS. Although there were a range of suggested improvements, one in four (25%) said they were happy with the service and did not suggest any improvements. One third (33%) also said they did not know. The most common suggested improvement was lowering the cost of services or increasing finding (14%), followed by improving the speed of services (12%). This echoes the lower satisfaction with pricing as detailed earlier in Figure 10.4.

Figure 10.4 Suggested improvements



G4. What could be changed to improve your overall satisfaction with the service(s) provided to you by the NMS? [MULTIPLE CHOICE]. Base: Those who have used NMS labs (144). Responses <3% are not shown.

11 Conclusions

NMS users most commonly worked in the NHS and tended to be based in either the Greater South East or Scotland. They most commonly had a technical or scientific job role and most regarded themselves as working in the healthcare sector, with most having done so for over ten years. Most NMS users held a professional healthcare-related qualification and nearly all NMS users followed at least one healthcare standard.

NMS users most commonly used the NMS for calibration / reference materials, followed by testing services and collaborating with scientists. NMS users deemed it most important for them to engage with the NMS for the validation of processes.

Most users said that their work would at least be somewhat impacted if the services the NMS provides them became unavailable, with two-fifths saying it would greatly impact their work. Around nine in ten NMS users described NMS support as beneficial to their work and over half felt it was both beneficial and a requirement for their work.

Among hospitals, measurement was considered most important for quality assurance and the adoption and compliance of standards / regulations. Most of those working in hospitals who had used NMS labs said their work with the NMS had improved compliance with regulation and standards, and that the support validated quality control processes. When asked to rate the level of change that was achieved through NMS support, on a scale of 1 to 10, one in seven reported a higher level of change, between 6 and 10. Meanwhile, two-thirds reported lower levels of change.

Among those in industry, measurement was considered most important for developing new services, quality assurance, and the adoption and compliance of standards. One in seven said NMS support had resulted in improved product quality and provided additional data or confirmed results.

Among those working in academia, measurement was considered most important for advances in applied research and validation of research results. Almost half of those working in academia felt that NMS had improved their research by confirming or increasing confidence in results. Two-thirds said support from the NMS had contributed to improving comparability of data and six in ten said it had contributed to the development of measurements capability in-house. When asked to rate the level of change that was achieved through NMS support, over half reported a lower level of change, between 1-5 on a 10 point scale. Meanwhile, one in five reported higher levels of change of 6 or above.

Among all NMS users, the biggest barrier to accessing NMS support was budgetary constraints, stated by around half of NMS users. Almost all NMS users said they were satisfied with the quality of service provided through the NMS and most were also satisfied with the timeliness of delivery. The lowest levels of satisfaction was in relation to price, supporting the finding that the biggest barrier to access is budgetary constraints, although two-thirds were still positive in this respect.

Nearly all NMS users were at least somewhat likely to recommend the NMS to a colleague or another organisation. Almost half said they were very likely to recommend the NMS, selecting the maximum number 10 on the scale. The findings resulted in a Net Promoter Score of 42.

When asked what could be changed to improve their overall satisfaction with the service(s) provided to them by the NMS, one in four said they were happy with the service and did not suggest any improvements and a further third were unsure. The most common suggested improvement was

lowering the cost of services or increasing finding (suggested by one in seven), followed by improving the speed of services (suggested by one in eight).

Suggestions for further research

The NPL may wish to conduct qualitative research to explore some of the areas covered in the survey in more depth. These include NMS support being deemed a requirement and/or beneficial, how NMS support has improved the quality of work / improved productivity, and the impacts of NMS support more generally. This could be used to create case studies showcasing the impacts of NMS support. Another potential area for further exploration is the barriers to accessing NMS support, as well as conducting qualitative research with the smaller audiences, for example NML users or those working in academia.

“

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IFF Research

5th Floor
St. Magnus House
3 Lower Thames Street
London
EC3R 6HD
Tel: +44(0)20 7250 3035
Website: iffresearch.com

Contact details: