Medicines Access in a Changing National Policy Landscape

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What does change mean for medicines?

Medicines are central to NHS transformation. The NHS spends £21bn on medicines annually, the second largest expenditure after workforce, growing at ~7%.

- **From hospital to community, sickness to prevention, and analogue to digital** — as care systems evolve, medicines procurement must support new care models consistently and equitably across all care.

- **Ensuring value** from medicines spend is critical to provide headroom for the new, innovative medicines currently in development

- **Strengthening procurement and supply resilience** builds a sustainable, value-driven system — one that is ready for the next generation of medicines and capable of delivering better health outcomes.

These principles form the foundation for a medicines system that is financially sustainable, consistently delivered, and genuinely equitable.

The 10 Year-Health Plan and Life Sciences Sector Plan

Reduce friction in the system and optimise access and uptake of new medicines so the most clinically and cost-effective can reach patients faster.

Introducing a Single National Formulary will **remove bureaucratic delays to access, reduce unwarranted variation in prescribing, and free-up administrative time** so staff can spend more time with patients.

Local prescribers (such as clinicians and pharmacists) will be encouraged to use products ranked highly in the SNF but will retain clinical autonomy.

The intention of this policy is to ensure that we can **drive rapid and equitable adoption of the most clinically and cost-effective innovations**.

Local formularies in England: current situation

Wide variation in type of categorisation used to denote where, how and by whom medicines can be prescribed

Variety in decision making - different approaches to process required for listing of medicines

Uneven system maturity and inconsistent display of information

Unequitable access to medicines and sub-optimal uptake

Standardised approach to categorisation of medicines

Consistent national baseline of expectations around content and display of formulary information

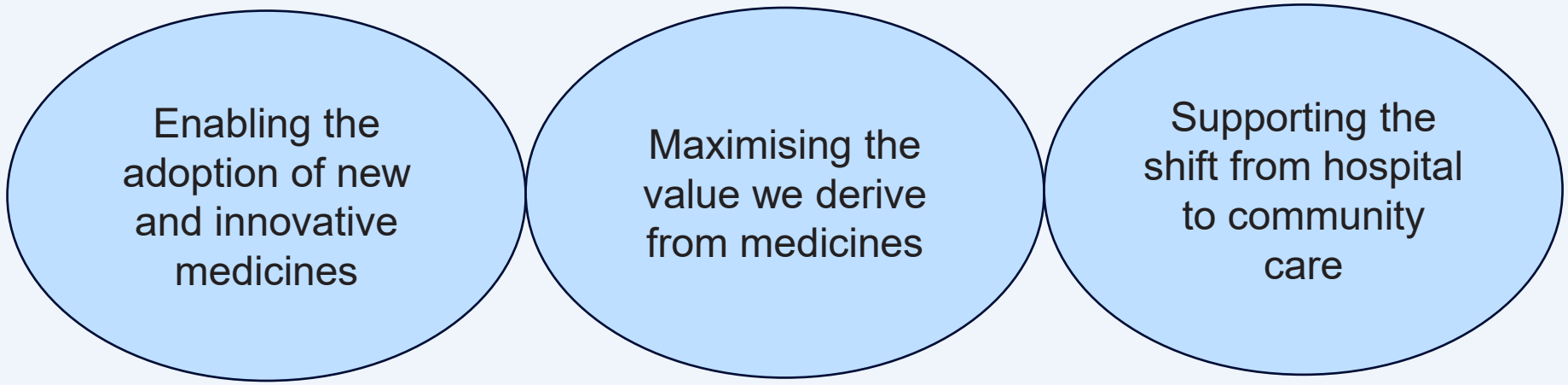
Single National Formulary (SNF)

Key measures of success :

- A product that at 2 years, will provide a national steer across the initial therapeutic areas, and is genuinely integrated with prescribing systems.
- Is the product well implemented by local systems and not overridden by local decision making
- Reduced variation in medicines use within phase 1 therapeutic areas

Delivery

- The SNF will be delivered in phases - initial areas of focus will align to key 10YHP commitments.
- Initial areas will cover three broad priorities:



Phase 1
up to July 2027

Deliver a product which includes medicines in a select range of therapeutic areas.

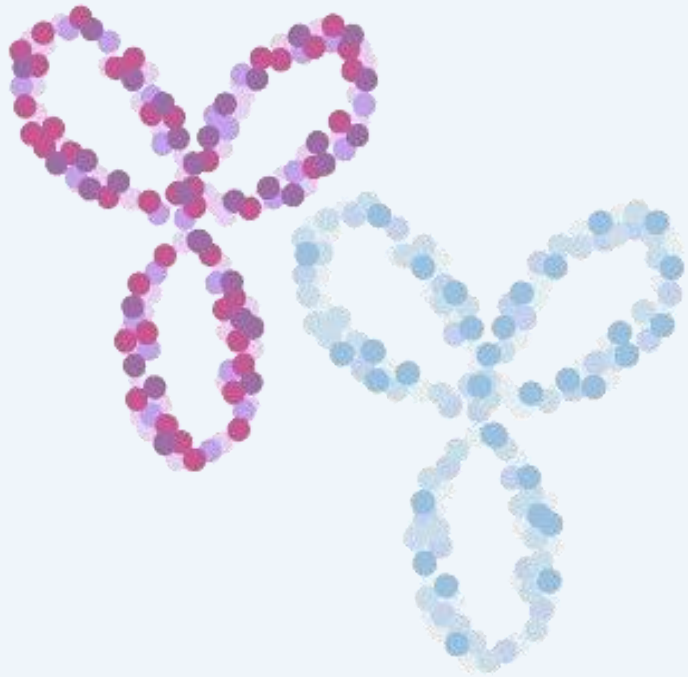
Phase 2
2027-2030

SNF will evolve to cover more medicines and indications, incorporating MedTech over time, and constituting **a vital prescribing decision-making tool.**

Adoption of biosimilars

The NHS has the ambition to be a world-leader in the adoption of advanced therapies, enabled by being a world-leader the uptake of biosimilars

- We recognise the rising costs of medicines and treatments, 8 of the 10 highest cost medicines are biologics
- By capitalising on patent expiries and the rapid adoption of biosimilars, we have identified **£1bn** in savings that could be delivered in the next 5 years
- Our **best-value approach** creates financial headroom for ICBs and the ability to invest in new innovative medicines
- Our strong track record has shown record-breaking uptake of biosimilar ustekinumab, a treatment for Crohn's, colitis, and psoriasis, saving the NHS around £150m a year



Whole Lifecycle Approach

NICE is moving towards a whole lifecycle approach to health technology assessment for priority pathways.

- This will **improve patient outcomes** and **maximise the value of innovation** by keeping guidance in priority clinical areas up to date as new evidence emerges.
- Currently, NICE does not routinely appraise generic medicines when it already has recommended the originator medicine. As part of this evolution, NICE is considering how to review indications where the originator was not recommended.
- One of the test cases under its whole lifecycle approach is NICE's review of abiraterone for prostate cancer which NICE initiated and self-funded.

Homecare: what the numbers say…

620k patients

1.3M prescriptions

2.8M deliveries

550k clinical services

£3.7B*

~50% Low-tech Services

MAH Funded Homecare:
~75% of homecare market

£250M funded service fees **

>200 MAH funded services

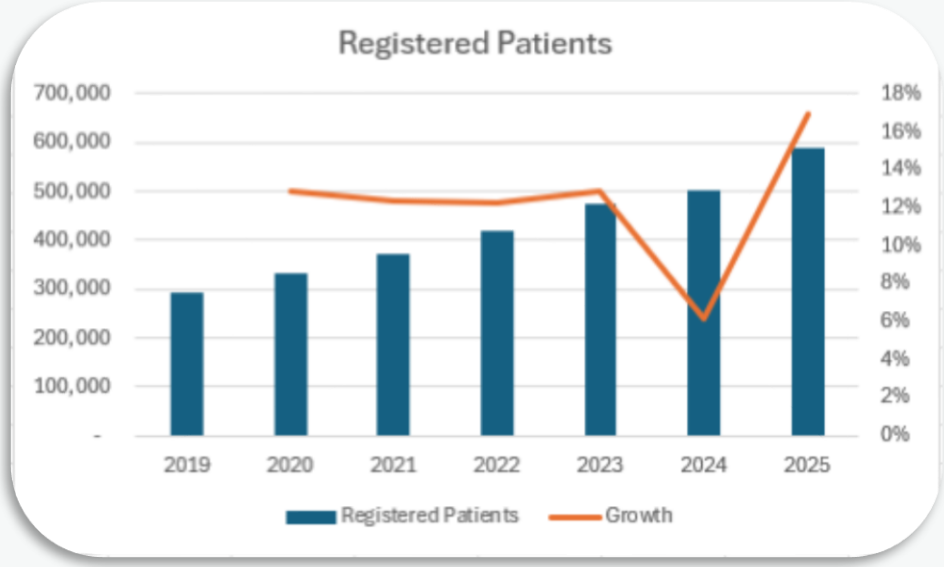
65 Manufacturers

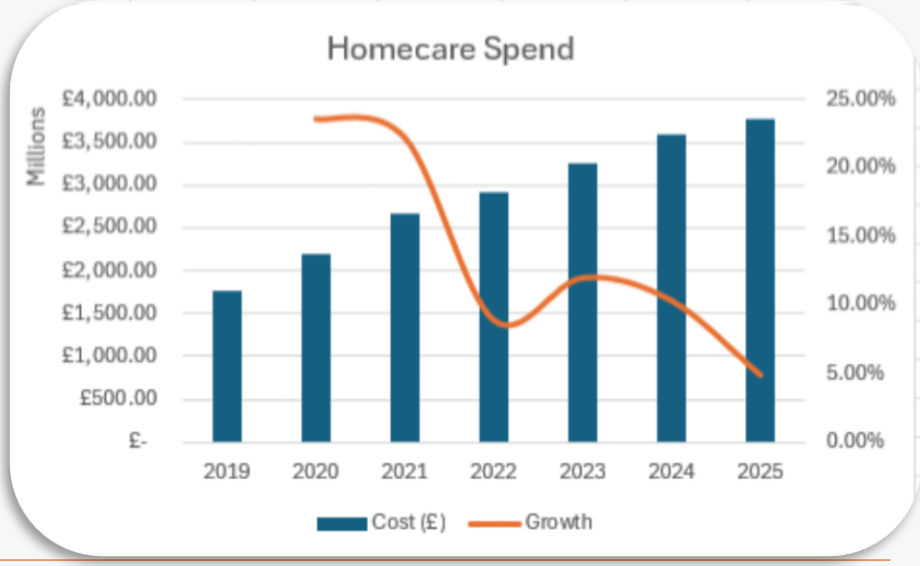
71 (35%) Solus arrangements

Patients rating overall service as very good or good

Year	Score
2023	82.6%
2025	90.6%

Growth:
Homecare use & spend growing but a shift towards lower cost medicines





Direct NHS spend only (excludes value of service fees for MAH funded services). KPI data Oct 2025 England only.
*** Estimated total value of service fees for MAH funded services from national spend data. ABPI: published £173M estimate. Medicines UK: no published data*

Homecare is well positioned to deliver the key objectives of the 10-year plan for more patients to access medicines and associated care at home.

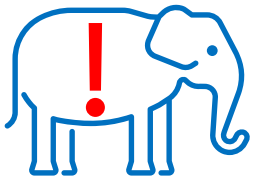
- **From Hospital to Community**
- **From Analogue to Digital**
- **From Sickness to Prevention**

But hurdles to overcome…

Homecare Improvement Programme

- KPI Data
- Performance Transparency
- Patient engagement
- Governance
- EPS
- Incident reporting

Manufacturer Funded Homecare



- Influence without NHS direction
- Ineffective contractual model
- Lacking planning and contingency
- No patient choice
- Barrier to biosimilar / generic uptake
- Financial reliance*

VAT Change ?

*£1 Million cost of BMS termination of Orencia Service

Homecare Improvement Programme

Progress and Priorities

- **National KPI dashboards now live** – public and NHS internal, with KPIs published locally and regionally.
- **Local Insights Survey** – around 70 trusts responded. Preliminary findings align with expectations; notable variation in local funding.
- **Homecare Spend Data** – the validation exercise underway comparing trust-reported homecare spend with supplier data to improve accuracy and transparency.
- **Patient Safety Pathway** in development with NHSE to enable direct homecare patient safety incident reporting and supplier system validation.

Homecare Improvement Programme

Next Steps

- **Future commissioning models** - ongoing engagement with MAHs and homecare providers on current pain points and alternative delivery models.

- **Governance recommendations** and improvements coming shortly – including clearer regional escalation pathways and stronger clinical input from medical and nursing colleagues.

- **Electronic Prescribing System –** expanding scope of pilot for additional products, clinics, trusts, and suppliers.

Together, these workstreams are laying the foundations for a homecare model that is safer, more consistent, and better equipped to deliver the care in the community.

Thank you.

Questions?