Strategic direction for injectable medicines in the NHS

&

Upcoming launch of Pro-File 2 Specials Medicines Database

Presented by:
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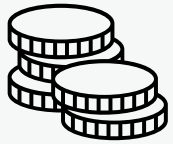
PDIG June 2026

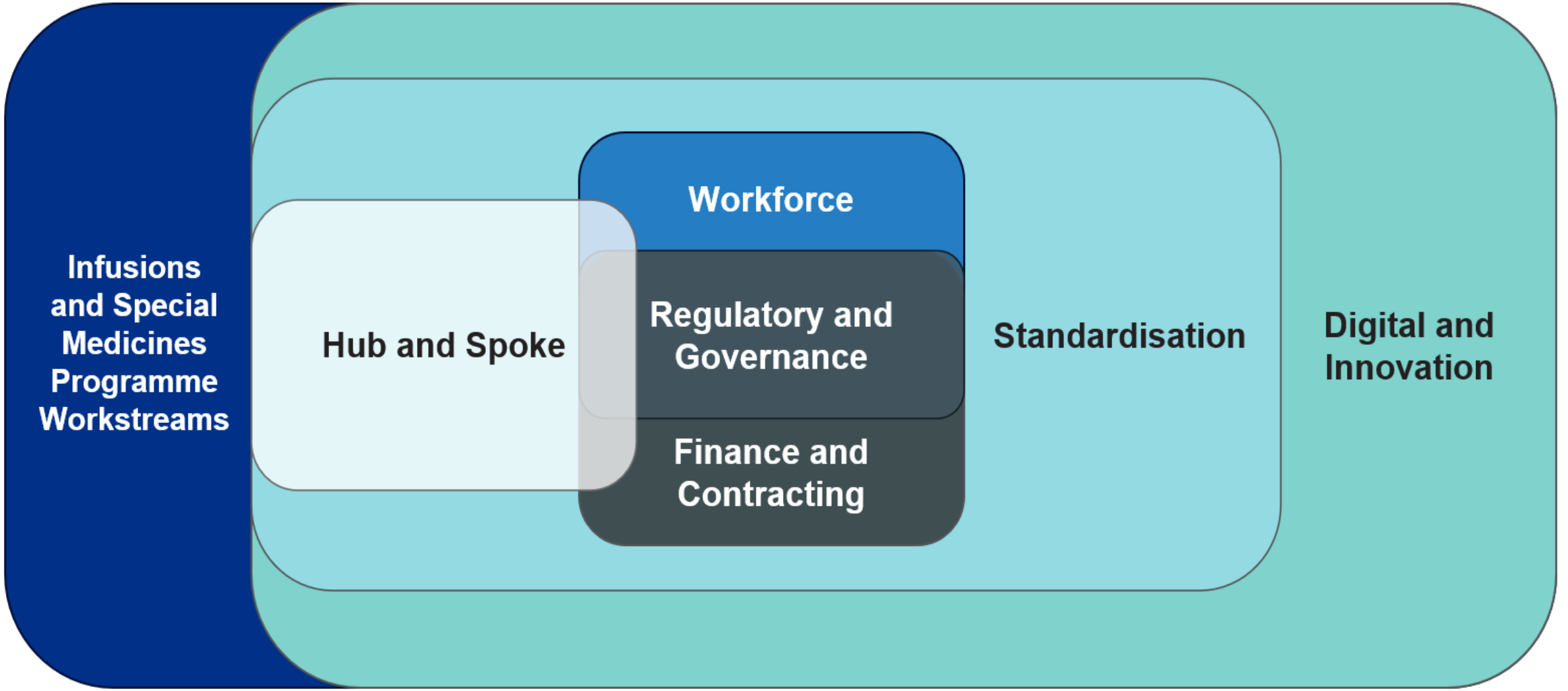
Aseptic medicines: How far have we come since the 2020 national review?

[Transforming NHS pharmacy aseptic services in England - GOV.UK]

Productivity ambitions



- NHS hospitals in England spend £7bn per year on injectable medicines - 70% of secondary care medicines expenditure.
- 4000wte nursing time in hospitals could be saved through a step-change in the use of ready-to-administer injectable medicines.
- 1m hospital bed days per year could be saved through increased outpatient intravenous therapy services (OPAT) enabled through ready-to-administer injectable medicines.
- Hospital pharmacy aseptic compounding services are essential to delivering the government's ambition on clinical trials.


Infusions and Special Medicines Programme Workstreams
Hub and Spoke
Workforce
Regulatory and Governance
Finance and Contracting
Standardisation
Digital and Innovation

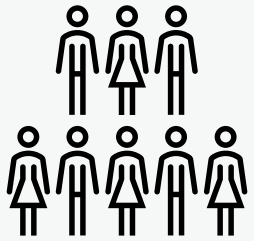
Hub and Spoke

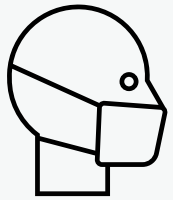
- Four new NHS aseptic production hubs opening by 2028
- Planned annual production – 75% increased NHS output, accounting for about 20% of total need in 5 years:

Chemotherapy & immunotherapy	530,000 units
Parenteral nutrition	37,000 units
CIVAS (e.g. antibiotics)	1.1m units

- Different models for hub-spoke relationships
- Good collaboration between pathfinder hubs
- Sharing learning [Hub and Spoke - NHS Infusions and Special Medicines Programme - Futures]

Workforce





- Routine data collection through iQAAPS:

Staff group	WTE in post*	Vacancy rate
Support staff	1160	12.3%
Pharmacy Technicians	824	8.9%
Pharmacists	490	8.3%
All trainees	163	8.4%
Science Manufacturing Technicians	109	17.6%
Healthcare Scientists	70	6.2%
Total	**2,816**	**11.7%**

- Task, competency and E&T mapping
- Standard job role library
- Career pathways

* Extrapolated totals from 104 unit (80%) returns

[Workforce - NHS Infusions and Special Medicines Programme - Futures]

Go Back

B. Production/Aseptic Services Technician

Read description

Role description

Agenda for Change (AfC) Band 4 equivalent

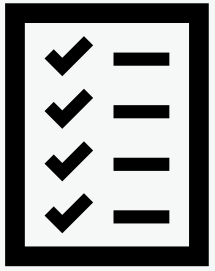
Pay scales for 2026/27 | NHS Employers

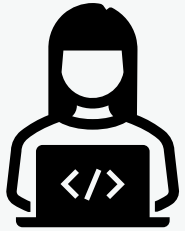
Main Duties and Responsibilities:

Cleanroom and Production

- Support the supervision of day-to-day tasks within cleanrooms and preparative technical services, including aseptic product preparation, operating of production software and equipment (e.g. Medcura®, sterilisation equipment, compounding robots, etc.), authorising production processes (i.e. gassing) as per GMP.
- Demonstrate and promote best practice in cleanroom behaviours, monitor staff compliance with GMP standards and provide appropriate challenge where required
- Maintain awareness of health and safety risks associated with cleanroom working, ensuring a safe working environment for self and others
- Prepare clinical trials products in line with relevant protocols and standards
- Undertake the quarantine and release of unlicensed medicines, particularly externally procured ready-to-administer products
- Perform pre- and in-process equipment checks
- Conduct visual inspection of final products to ensure quality standards are met
- Supervise operator validation activities

Other workstreams





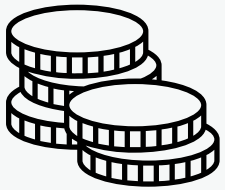
- Routine activity data collection through iQAAPS:

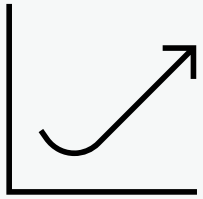
Systemic anti-cancer treatment	1.26m doses
Parenteral nutrition	150k doses
Others	750k doses

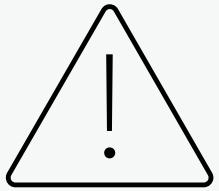
- Assurance of aseptic preparation of medicines: NHS England » Assurance of aseptic preparation of medicines
- Update of QAAPS by RPS
- Pharmacy technician supervision legislation
- Standard product specifications: Standardisation of Aseptically Compounded Products - NHS Futures
- Economic evidence for licensed ready-to-administer intravenous products: a systematic review - Al-Rawi - Anaesthesia
- Digital/automation - new Pro-File database, standard user requirement specifications: Standard URS - NHS Futures

Aseptic medicines: What's changed and what have we learnt?

Wider context and learning



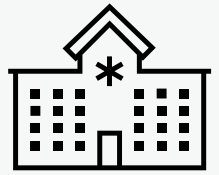


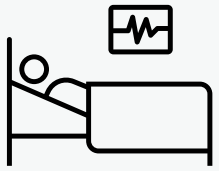


- Severely limited resources - sufficient NHS capital investment increasingly unlikely
- Organisational change environment
- Government growth strategy (clinical trials)
- Growing SACT and PN demand is taking priority over growing the capacity for unmet CIVAS need (e.g. antibiotics)
- Pathfinder hubs will add significant capacity and resilience, but development takes time
- Now in a risk mitigation situation
- Projections suggest there will be a shortfall of SACT and PN within 5 years
- Independent sector can do more and want to do more

10 Strategic principles for injectable medicines

1. No patient will have their treatment delayed, have their treatment choices restricted, need to remain in hospital, or travel outside their local area solely because there is insufficient aseptic service capacity* locally, regionally or nationally to meet their clinical needs.
2. In the interests of patient safety and NHS productivity, manufacturers will produce, and the NHS will purchase and use, reasonably priced **licensed** ready-to-administer and ready-to-use injectable medicines wherever possible.
3. Injectable medicines will not be prepared at the bedside or roadside where a suitable **licensed** ready-to-administer or ready-to-use product is available.





* Capacity means the ability of a service to meet demand using its available staff, space, equipment, time and funding

“The most compelling case for licensed ready-to-administer products is patient safety. Financial considerations are secondary to the potential to prevent harm, save lives and reduce risk in the system. Adoption will require a joined up multi-action approach across organisations.”

Claire Fuller

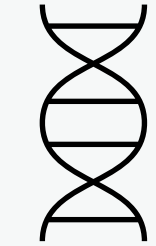
National Medical Director

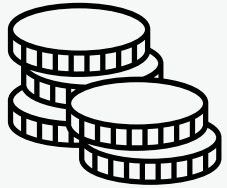
10 Strategic Principles for injectable medicines

4. For product quality and therefore patient safety, product choice will be in the following order of preference:
    a) Licensed ready-to-administer / ready-to-use product from a licensed manufacturer
    b) Unlicensed ‘special’ ready-to-administer / ready-to-use product from a licensed manufacturer
    c) Ready-to-administer product prepared in an unlicensed hospital pharmacy aseptic unit
    d) Near-patient preparation by clinical staff at the bedside using aseptic non-touch technique

10 Strategic Principles for injectable medicines

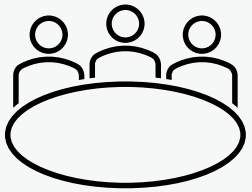
5. To ensure equitable patient access, hospital pharmacy aseptic services will prioritise local production of bespoke, short shelf-life and complex treatments, including ATMPs and clinical trial products. These services and the facilities, protocols and expertise required to provide them should be shared across local sites for efficiency, in accordance with prevailing laws and regulations and logistical feasibility.
6. Standardised routine aseptic medicines with longer shelf-life will be purchased from licensed NHS or independent manufacturers.
7. Sufficient capital and revenue funding is provided through Trust and regional funding arrangements, to ensure provision of local services that meet relevant regulations and standards.

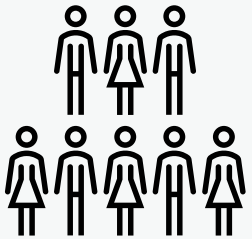


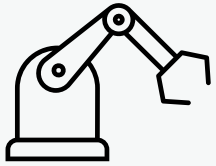


10 Strategic Principles for injectable medicines

8. Strategic planning and oversight for ensuring adequate supply and quality of aseptic medicines will be done at regional level.
9. Local, regional and national workforce planning will ensure adequate supply of appropriately qualified and trained staff from multiprofessional groups. Training will be standardised to support staff movement and progression, and clear career pathways and development opportunities will support recruitment and retention.
10. Digital and automation technology will be used to safely modernise services and improve efficiency. Services, product suppliers and regulators should work together to enable implementation to meet regulatory standards.

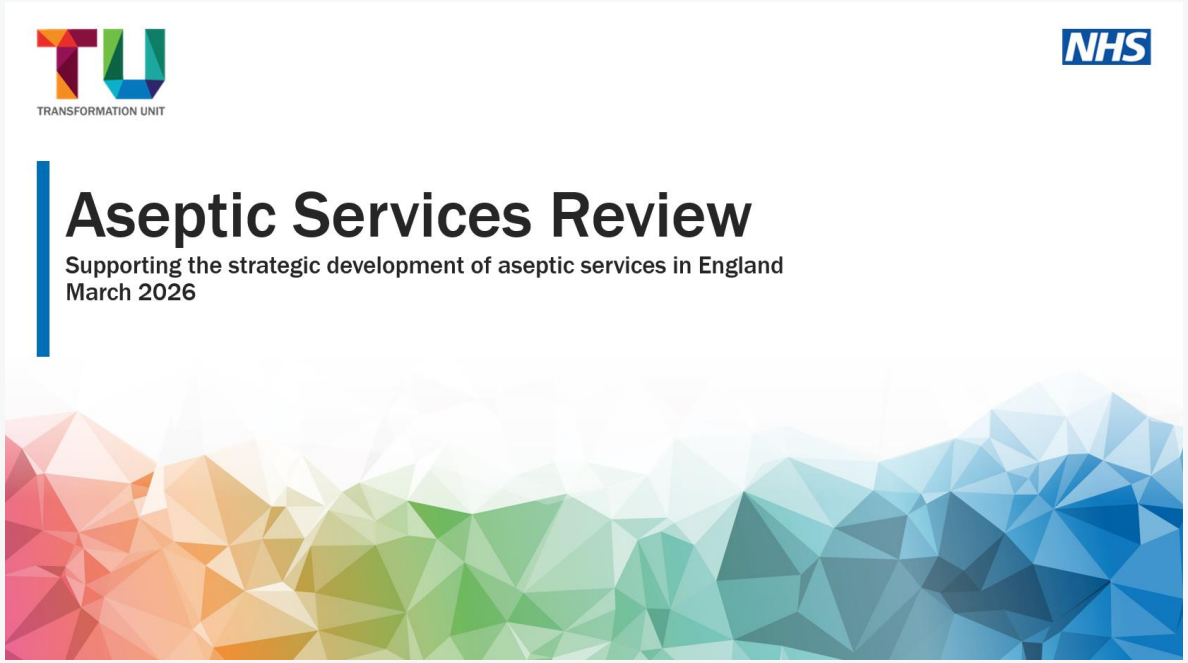






Independent Aseptic Services Review 2026

Time for a strategic rethink?



Aseptic Services Review 2026

NHS Transformation Unit - internal NHS consultancy team that partners with organisations to deliver major change programmes.

Conducted an independent national aseptic service review via a range of interviews across the NHS and independent sector during Jan-Mar 2026.

Aims

1. Create the intelligence and practical steps to inform a 5-year strategic vision
2. Identify impactful change that can be delivered within the next 1-2 years
3. Build on previous engagement and analysis

Design & methodology

- Key stakeholder groups identified for interview
- Key lines of enquiry developed
- Random sampling of NHS aseptic sites for interview - at least two per region
- Independent aseptic compounders identified with support from BSNA
- Semi-structured interviews conducted and information analysed

Category	Target number of interviews	Interviews completed
NHS Pathfinder Hub sites	4	4
NHS hospitals that fully outsource	5	3
Public-Private Partnership sites	3	3
NHS Section 10 sites with no hub or partnership	20	16
Independent Aseptic Compounders (IAC)	8	7
Additional interviews	0	2
TOTALS	40	35

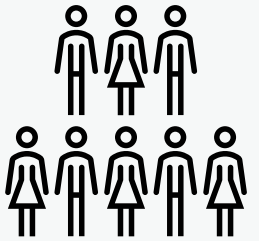
Findings headlines

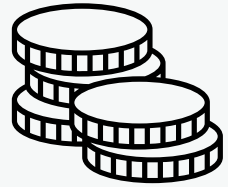
- NHS aseptic units are working hard to remain viable. They provide bespoke, short shelf-life, complex ready-to-administer injectables and clinical trial preparations that cannot easily be provided another way.
- Variation in NHS trust approaches to the challenges:
  - improving internal capacity
  - Seeking Manufacturer's Specials (MS) licence to serve a broader population
  - Extending long-term partnerships with industry
  - Looking to collaborate through joint venture
- Collaboration between hub and spoke sites is varied and localised.
- Strategic relationship between the NHS and IACs is strained.

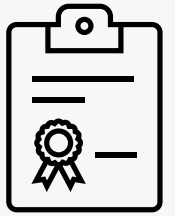
"The 2020 ambition for a transformed aseptic service based around a network of regional hubs is far from being realised."

Findings – key themes

- Workforce is the primary constraint on capacity* — universally
- A clear national direction and operating model is needed
- Partnership between the NHS and industry is essential, but trust needs to developed on both sides.
- Lack of commercial awareness may be preventing the NHS from getting the best value for patients.
- Ageing estates pose systemic risks, with many Section 10 units approaching end-of-life.
- The Quality Assurance/Quality Control and MHRA regulatory burden is rising faster than NHS trusts' ability to respond.
- Clinical trials capacity is severely constrained across the system.

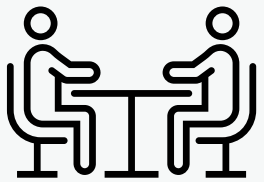






*In NHS operational terms, capacity means the ability of a service to meet demand using its available staff, space, equipment, time and funding. There is a mixed view on the definition of capacity between NHS and industry.

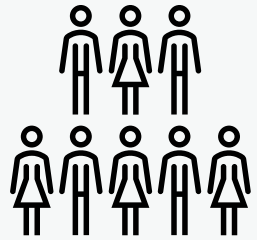
Partnership between the NHS and industry

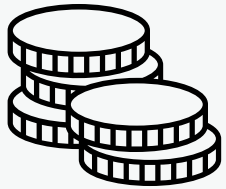


- IACs produce 50-60% of aseptically compounded medicines and are frequently called on to support NHS unit closures/restrictions
- The NHS needs reliability, consistency and value from the IACs
- IACs need more communication and engagement, consistent demand signalling and strategic direction from the NHS
- Relationships vary from transactional to strategic partnership
- Chief pharmacists understand their immediate costs (staffing, raw materials, etc) but few know their total costs including overheads - no comparable unit cost to compare to industry pricing
- Public sector mindset driving in-house production
- Procurement frameworks help but have limitations

NHS and industry working together will ensure patients get the treatments they need and provide the best value for taxpayers

Recommendations





- Workforce plan, standard core competencies, training passport, career pathways
- Aseptic operating model – who should make what, where
- National and regional level strategies and ‘do-once’ work
- Development of NHS-industry strategic relationship
- Product standardisation
- Spread productivity initiatives
- Develop NHS commercial agility – to understand costs, create partnerships and improve procurement

Pro-File 2: Modernising the specials database for the NHS

Improving visibility, resilience and usability for procurement and medicines teams

Why specials visibility matters

Reducing sourcing effort for NHS pharmacy teams, PMUs and Regional and National Teams

Specials sourcing can still be time-consuming and operationally difficult.

The database is intended to help NHS procurement teams identify who manufactures specials and who has stock, while also supporting PMUs with better coordination and visibility.

The aim is to improve patient experience, support more efficient hospital pharmacy working, and give a clearer national view to support oversight and planning.

Pro-File 1:Recognising what the existing platform achieved

- Developed within NHS pharmacy to support the safe procurement of unlicensed “specials” medicines
- Designed as a central, shared database accessible to NHS pharmacy teams
- Built on collaboration between NHS pharmacists and subject matter experts (including technical services and procurement)
- The existing platform has been widely used and has provided valuable visibility of specials.
- Its core purpose has been to help NHS users find special medicines more easily

Why change is needed now

01

The current system is not scalable or sustainable in its current format.

02

It is not possible to pull data out to make informed decisions about what is being made in the NHS, by who and in what quantities.

03

There is a resilience risk from dependence on one individual for management and upkeep.

04

Pro-File 2 is intended to replace the existing platform with a more sustainable solution.

What stays the same / changes?

What stays the same?

A single national source of visibility for specials.

Helping NHS users know who makes products and has stock.

What changes?

A more modern and sustainable platform.

Better data handling and easier retrieval of information.

Better use of IT systems and digital tools

Inclusion of dm+d coding.

A key goal is to provide dm+d codes for products.

Why dm+d matters:

dm+d coding enables wider digital interoperability.

This supports products being added to electronic prescribing and medicines ordering and stock control systems.

PMUs were asked to include SNOMED codes where already available, it is thought only around 5% of NHS produced specials are currently coded.

Why this matters for procurement

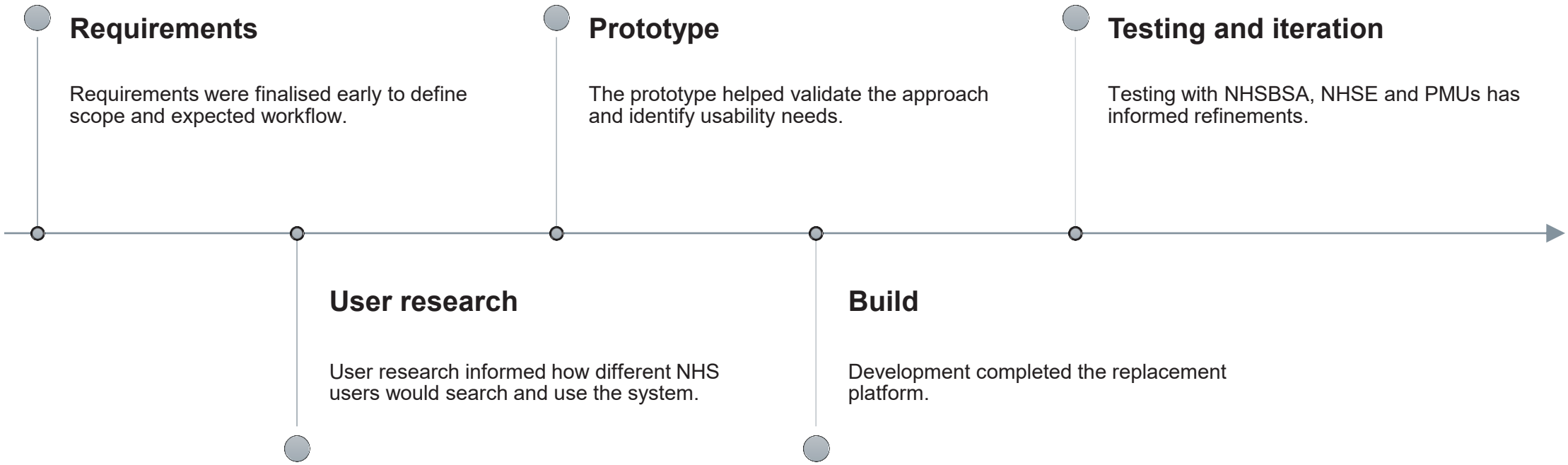
For procurement teams, the value is practical: clearer visibility of who manufactures specials, easier access to product and stock information, and better support for planning, shortages response, and mutual aid.

Key Benefits

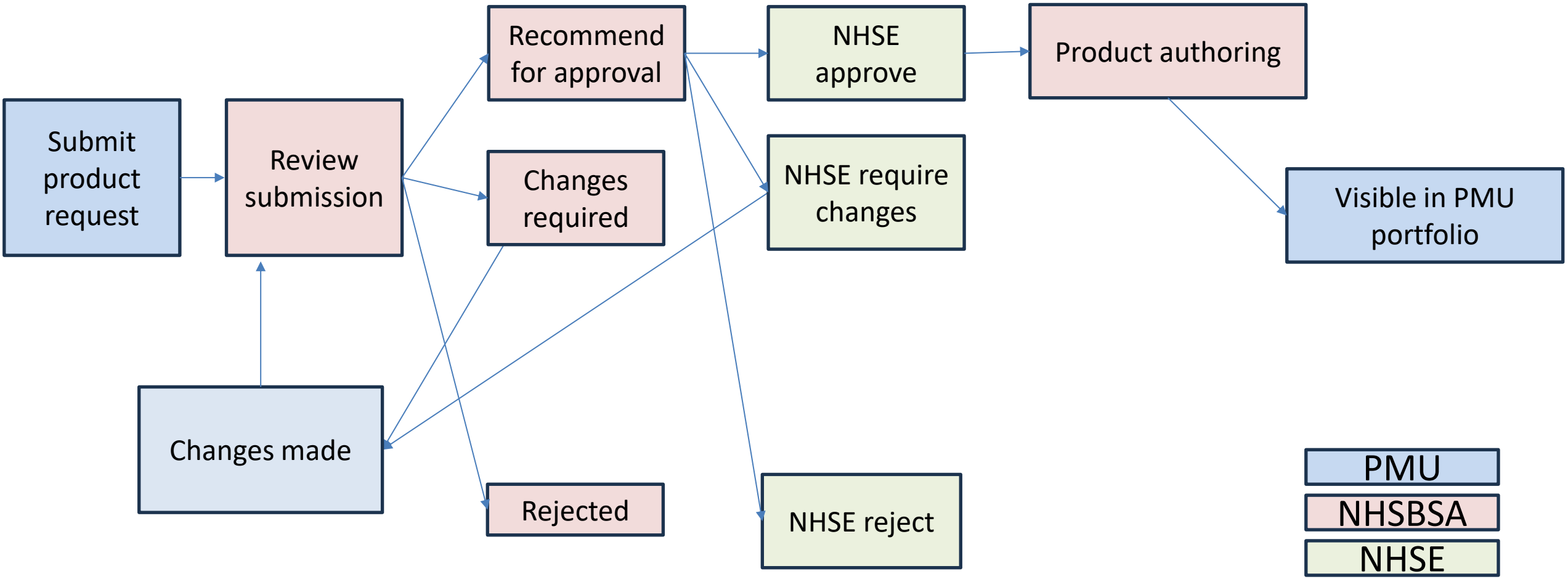
- Better visibility of specials manufacturers.
- Easier access to product and stock information.
- Better support for planning, shortages response, and mutual aid.
- Less reliance on manual enquiries and local knowledge.

Five-stage delivery journey and delivery principles

How the project has been delivered



Product submission high level process map



Finding and using information

Search: User searches for a special medicine.

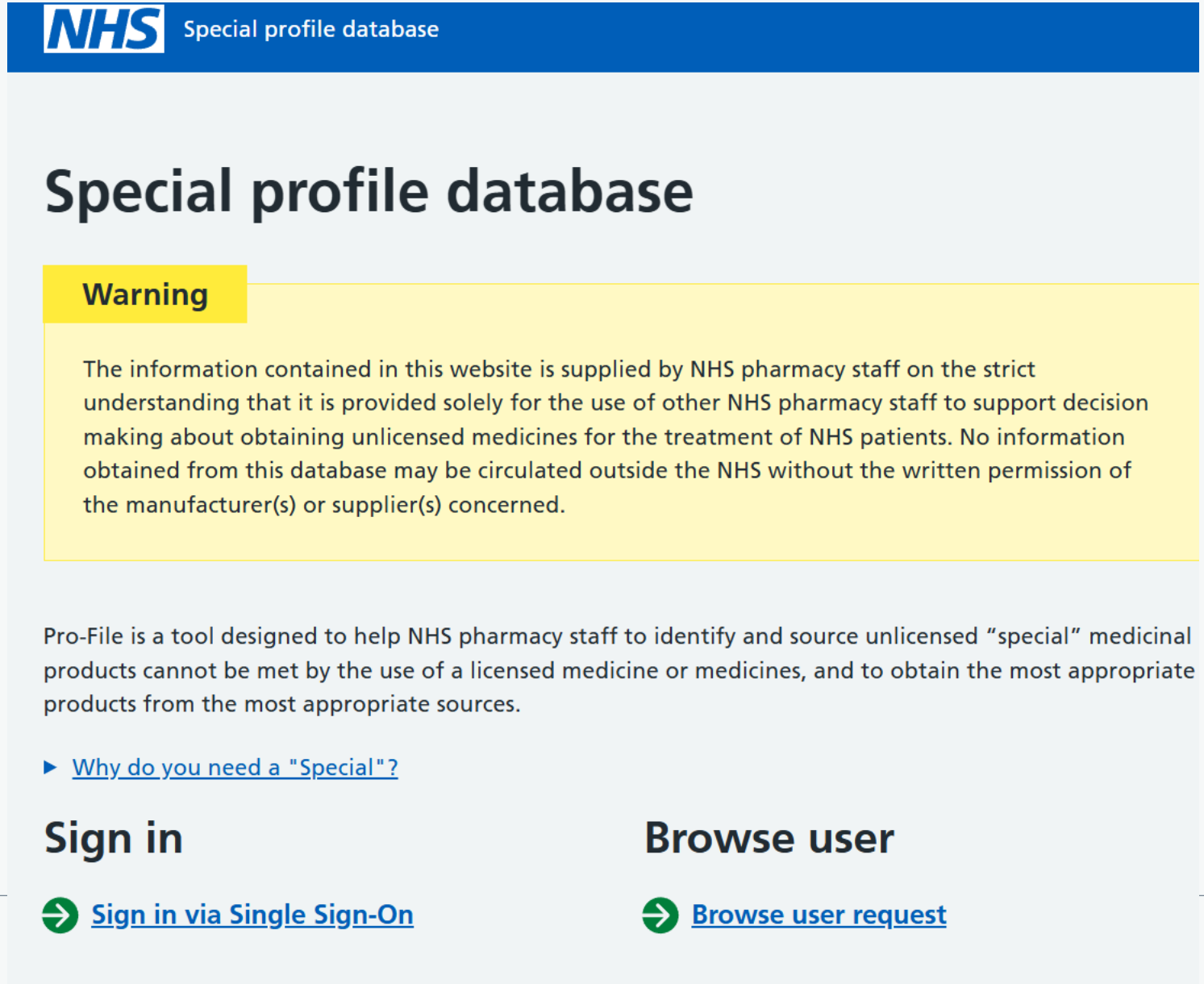
View details: User sees product and manufacturer information.

Next steps

1. **Check stock:** User views stock levels for products.
2. **Take action:** Information supports sourcing, planning and action.

This represents the end-user journey, not the full interface detail.

System walkthrough: landing page



1

new and ongoing requests

4

approved and rejected requests within the last 30 days

Product enquiries

New and ongoing product enquiries

View enquiries from companies about special products outside their portfolio.

Closed product enquiries

View our responses to enquiries from companies regarding special products outside their portfolio.

Special products and pharmaceutical manufacturer units (PMUs)

Special products

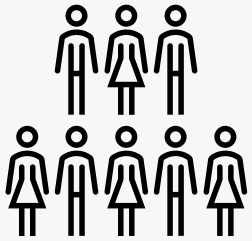
View and search for special products from all registered PMUs.

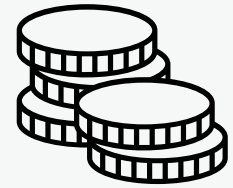
PMU directory

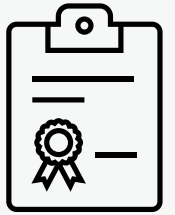
View all registered PMUs.

Next Steps for Pro-File 2

- Finalise national data standards and governance arrangements to ensure consistency in how products are described, maintained and updated across all PMUs.
- Establish clear ownership within each PMU for catalogue maintenance, including defined roles, responsibilities and update cycles.
- Implement a structured onboarding plan for PMUs, including targeted engagement sessions, training, and practical guidance to support adoption.
- Once database is populated with products further engagement with procurement colleagues will commence.







Ensuring Success Through PMU Buy-In

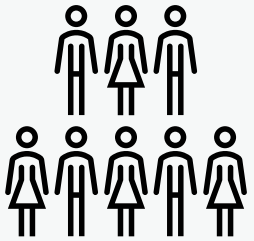
- Clearly articulate the benefits to PMUs, including improved procurement efficiency, reduced duplication of effort, and enhanced visibility of available products.
- Align Pro-File 2 requirements with existing PMU workflows to minimise additional administrative burden.
- Establish strong regional and national sponsorship to reinforce expectations and accountability.
- Provide ongoing support and feedback loops, ensuring PMUs can influence development and feel a sense of ownership.
- Recognise and share best practice from early adopters to build momentum and peer-to-peer advocacy.

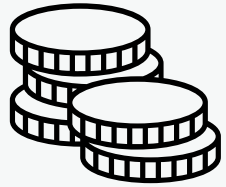
Future Vision and Scope Expansion

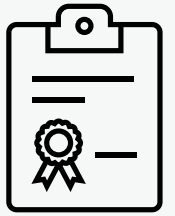
- It is anticipated that Pro-File 2 will be extended beyond NHS PMUs to include commercial manufacturers of specials, enabling the development of a comprehensive, national catalogue of all available products.
- This expanded scope would ensure greater transparency across the supply chain, supporting more informed procurement decisions.
- The catalogue will aim to include not only standard products, but also over-labelled products and pack downs, ensuring it truly reflects the breadth of medicines available for purchase.
- This broader inclusion will help reduce variation, improve access to alternatives during shortages, and support more resilient supply arrangements.

Closing message

- Pro-File 2 builds on the strengths of Pro-File 1 while addressing sustainability and usability issues.
- It aims to improve visibility of specials, support better sourcing decisions and enable better digital integration through dm+d.
- Success will depend on careful rollout, user engagement and high-quality data.







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