

Pharmacy and the 10 Year Health Plan

David Webb, Chief Pharmaceutical
Officer for England

@DavidWebb_1

[LinkedIn.com/In/David-Webb-CPhO](https://www.linkedin.com/in/David-Webb-CPhO)

QATS Symposium

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Enabling the Shifts

Backed by an extra £29 billion investment, key enablers will support delivery of three big shifts to make the NHS fit for the future.

Stronger patient power
through access to all your health
information via the NHS App

A workforce fit for the future,
benefitting from staff standards
developed with the Social
Partnership Forum

A rigorous focus on **health
inequalities**, including co-
production, local delivery and
workforce training in cultural
competence

A new **financial framework**
where spending is aligned to
delivering the best outcomes

**A new transparency of quality
of care** will focus patient voice
and transparency leading to
high quality care.

Innovation that drives
productivity and **transforms
care**, like robotic surgery or
wearable tech connected to
your SPR

A new operating model that gives more autonomy to
local providers



Pharmacy and the 10 Year Health Plan

Genomics

- Support the Generation Study – genomic sequencing of 100,000 newborn babies. Study to sequence the genomes of 150,000 adults.
- Pharmacogenomics will be integrated into routine clinical practice. Pre-emptive testing and integration with the Single Patient Record will optimise medication and prevent ADRs.
- Develop a unified genomic record, integrating patient genomic data with clinical data.
- Create a new genomics population health service.
- Support neighbourhood teams to work with the NHS Genomic Medicine Service.
- Every cancer patient will have the choice to receive a comprehensive genomic analysis and molecular profiling to guide precision treatment decisions, and liquid biopsy technology will enable early detection non-invasively.

Life sciences

- Expand role of life sciences and tech companies in service delivery – streamline procurement.
- New global institutes established in UK to lead science and innovation.
- Support for personalised medicines and biologics.
- Investing in innovative medicines and speeding up the way NICE evaluates certain medicines used to treat multiple conditions and simplify the way the NHS negotiates prices for such medicines.
- The MHRA and NICE will launch parallel approvals for medicines, supported by joint scientific advice and information sharing to speed up patient access.
- Move to a Single National Formulary for medicines.

Research

- Create a Health Data Research Service with the Wellcome Trust.
- Speed up clinical trial recruitment and set up to 150 days.
- Increased involvement of pharmacies in clinical trials and research activities.

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Innovation

- Expand NICE's Technology Appraisal process via a new Rules Based Pathway for MedTech; create a digital marketplace to procure technologies; and create an 'innovator passport' to reduce bureaucracy.
- Expand NICE TA process to cover devices, diagnostics, digital products.
- Ensure the best value medicines are consistently adopted everywhere by modernising the supply chain.
- Scale the use of robotics in pharmacy.
- Pharmacy automation and use of AI to enable medicines optimisation.
- Standardisation of digital prescribing and real-time medicines data.

Productivity

- Multi-year budgets introduced – NHS organisations to reserve 3% or more of annual spend for service transformation.
- Resolve the NHS' productivity crisis. For the next 3 years we have set the NHS a target to deliver a 2% year on year productivity gain.
- Break the old, short-term cycle of financial planning, by asking all organisations to prepare robust and realistic five-year plans, demonstrating how financial sustainability will be secured over the medium term.

Capital investment

- Reinvent the NHS foundation trust (FT) model. By 2035, every NHS provider should be an FT with freedoms including the ability to retain surpluses and reinvest them and borrowing for capital investment.
- Plan will require significant and strategic capital investment to drive improvements in patient care and productivity.
- Simplify and accelerate the capital approvals process.
- Multi-year capital budgets, set on a rolling 5-year basis and extending them every 2 years at regular spending reviews to provide greater certainty.
- Fewer restrictions on what providers can spend their capital on and greater flexibility to spend funding between financial years.

ISM Programme: Foundations for Success

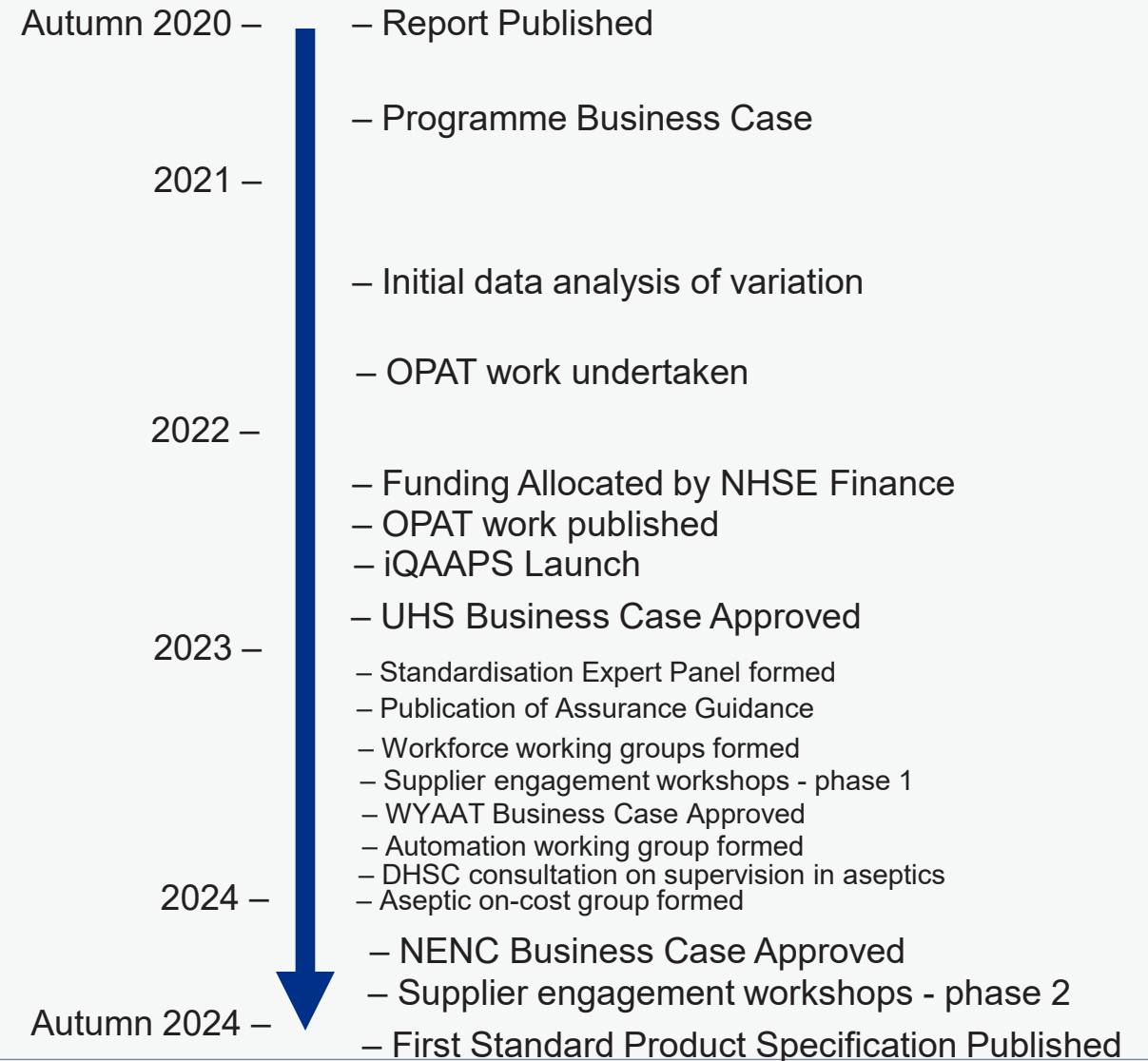
Achievements:

- Established pathfinder production hubs to scale up aseptic medicine preparation.
- Implemented the iQAAPS digital quality assurance tool.
- Strengthened guidance for safer and more effective production.
- Published first standard product specification.

Early Wins:

- Raised profile of aseptic services across the healthcare system.
- Improved collaboration with independent suppliers.

Outcome: A strong foundation to expand and meet future demands.



UHS Aseptic Hub

- Practical completion
31st March 2025
- Commissioning Jun/Jul
25
- Validation Aug/Sept
25
- Production for UHS
Oct 25
- MHRA License visit
Feb 26





Securing the future of injectable medicines

The NHS in England spends over £7 billion each year on injectable medicines — treatments patients depend on at the point of care, including chemotherapy, clinical trial drugs, and intravenous nutrition. But the current capacity is not keeping up with demand.

Over 4 million doses of cancer treatment are prepared annually, yet demand is increasing by 5% each year.

Patients are already experiencing **weeks-long** delays in hospital beds waiting for **home intravenous nutrition**.

By 2030, an estimated **13,000 patients** annually may face delays to life-saving chemotherapy due to lack of capacity.

The Infusions & Special Medicines Programme is focused on ensuring safe, ready-to-administer injectable treatments are available when needed

£105m capital investment to support medicines production in NHS hospitals – building 4 new ‘hubs’ to increase capacity for producing standard products at scale, using advanced technology to enhance safety and productivity in Southampton, West Yorkshire, North East and North Cumbria, Devon.

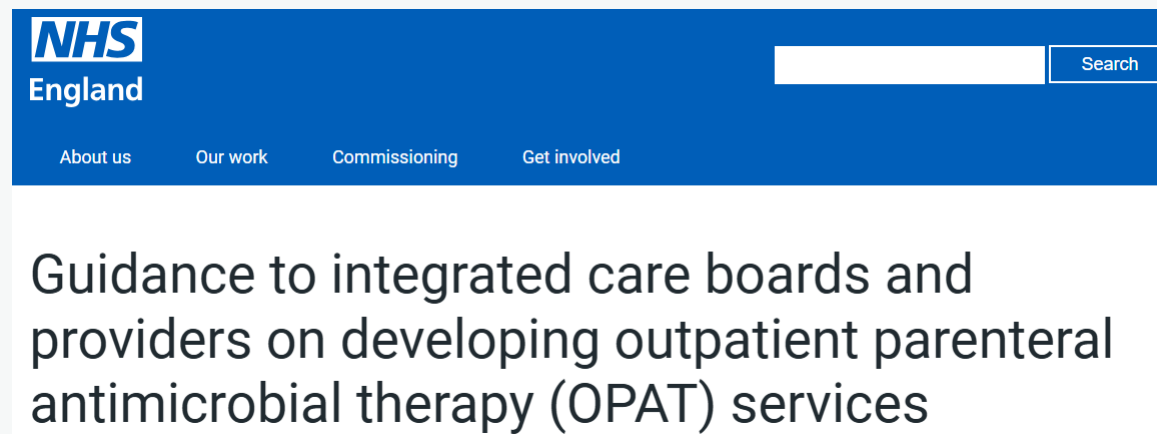
Without investment in further capital infrastructure, ageing infrastructure and workforce shortages put patients and staff at risk.

The Opportunity:

- ❖ £475 million in annual productivity gains.
- ❖ One million hospital bed days released each year.
- ❖ Expanded support for clinical trials and advanced therapies.
- ❖ Greater equity in access to innovative treatments.
- ❖ Reinforced NHS leadership in global healthcare innovation.
- ❖ Over 2,000 jobs generated in STEM and apprenticeship roles.

OPAT Guidance

- Benefits of OPAT
- OPAT service models
- Implementing or expanding an existing OPAT service – procurement & contractual considerations
- Appendix 1: preparing a business case (downloadable template) & SWOT risk scoring template
- Appendix 2: writing an OPAT service specification
- Appendix 3: applicable service standards – includes BSAC [Good Practice Recommendations](#), [drug stability considerations](#)



Improving homecare medicines services

Services provided to around 500,000 patients, costing approx. £3bn in 2023/24

The programme will improve the delivery and patient experience of homecare medicines services. Homecare medicines support care closer to home, easing demand on hospital services, and providing an efficient use of taxpayers' money.

Programme Deliverables:

- Developing patient safety data
- Developing one consistent set of key performance indicators
- Publishing KPI data in a standardised form
- Developing EPS for homecare providers
- Homecare medicine service governance model
- Homecare spend survey
- Industry engagement

Achievements:

- Patient safety data has been reviewed but no significant trends identified; working to develop alternative patient safety reporting for homecare.
- KPIs have been developed and being implemented during 2025.
- A national KPI dashboard has been developed and published on the NHS Medicines Optimisation pages.
- EPS in homecare proof of concept live from August 2025.
- Governance workshops held and the model is being developed.

Opportunities:

- Ready to administer injectable medicines set to revolutionise accessibility to treatment for

inpatients and outpatients and via homecare and community infusion clinics.

- Homecare medicines services could support more patients a year with updated approach.
- The opportunities include meeting the needs of a wider range of patients in out-of-hospital settings, particularly in relation to complex treatments.

Radiopharmacy Short Life Working Group

- NHS England Quality and Performance Committee set up
- Objectives:
 - National clinical prioritisation guidance for those organisations with service or supply constraints
 - National template for radiopharmacy business continuity planning and supportive regionally led assurance process
 - Guidance on the safe and effective management of radiopharmacy service outages.
- Led by the Chief Pharmaceutical Officer

Supporting the use of precision medicines and pharmacogenomics through the Genomics Informed Medicines Optimisation Group

Brings together representatives from NHS England, NHS GMS regions and national experts within the field of pharmacogenomics, precision medicines and medicines optimisation to provide oversight and expert input as well as supporting projects, such as work led by consultant pharmacists looking at access to precision medicines following genomic testing

1

Enabling access to new and existing medicines informed by genomics, including gene therapies & ATMPs

2

Facilitating access to clinical trials when access is genomically stratified in cancer and rare disease, and working with partners e.g. ECMCs, ABPI and CRUK

3

Supporting safe use of medicines with genomics through pharmacogenomics

4

Integrating genomics into existing treatment pathways and working with NICE, MHRA & ABPI

Informing the life saving treatment Libmeldy



New partnership to boost research into vaccines for cancer

New cancer trials to begin using personalised treatment to save lives.

From: [Department of Health and Social Care](#) and [The Rt Hon Steve Barclay MP](#)
Published 6 January 2023



Clinical Commissioning Urgent Policy Statement Pharmacogenomic testing for DPYD polymorphisms with fluoropyrimidine therapies [URN 1869] (200603P)

Commissioning position

Summary

Pharmacogenomic testing for DPYD polymorphisms which cause dihydropyrimidine dehydrogenase (DPD) deficiency is recommended to be available through routine commissioning as a pre-treatment screening test prior to the administration of fluoropyrimidine-based therapies through routine commissioning within the criteria set out in this document.

Familial Hypercholesterolaemia
Implementing a systems approach to detection and management

NICE National Institute for Health and Care Excellence



NHS
England

Digital medicines – enabling better care

- **Electronic Prescriptions Service:** delivers electronic prescriptions to a pharmacy or dispenser of a patient's choice without the need for a paper form; all providers to deploy the Electronic Prescription Service wherever possible.
- The **NHS App** helps patient to easily self-manage their medicines, including the national prescription tracking service.
- **Medicines interoperability** enables important digital information about patient medications, allergies, intolerances, and prescriptions to securely flow across all NHS clinical IT systems.
- **Closed-loop medicines systems** enhance visibility and traceability across the entire medicines' pathway from manufacturing to patient. The data generated will enable the NHS to measure the impact on medicines spend and patient outcomes.
- A **weekly collection of data from hospitals in England** about medicines prescribed and administered to patients.



Pharmacy Professional Workforce Development

Key Facts:

- ❖ The pharmacy professional workforce is expanding:
 - ❖ **Pharmacists**: from 46,952 (2019) to 56,380 (current).
 - ❖ **Pharmacy technicians**: from 19,460 (2019) to 22,786 (current).
- ❖ **Pharmacist independent prescribing**:
 - ❖ NHS England continues to fund more than 3,000 independent prescribing places at universities across England this year.
 - ❖ GPhC data reported there are now more than 19,000 IP pharmacists – more than a third of all registered pharmacists in England.

Data and Achievements:

- New standards for **Initial Education and Training of Pharmacists** published in 2021.
- The GPhC delegated responsibility for **quality management of all training sites** in England, including community pharmacy for the first time, to NHS England as the Statutory Education Body.

- All foundation trainee pharmacists must be recruited through the National Recruitment Scheme on the Oriel platform from 2025/26 – with **harmonised funding** provided to all employers by NHS England.
- NHS England **funding to train existing pharmacists** in general practices, primary care networks and community pharmacy as independent prescribers.
- **Pharmacy technicians' clinical practice expanded** – since June 2024, pharmacy technicians in England are able to supply and administer medicines under patient group directions.
- DHSC **Supervision Legislation changes** to be laid before parliament Autumn 2025.
- NHS England funded 525 learners through the **Community Pharmacy Technician Apprenticeship Programme** in 2024/25 and 2025/26.

Getting ready for the ‘next generation’ pharmacists

First cohort of **Foundation Trainee Pharmacists** on the 2025/26 Programme, with a single consistent funding offer for all those training across all sectors

- All Trainee Pharmacists (including those in community pharmacy) now have equitable access to:
 - A **funded training course** - Three providers were awarded contracts to commencing the FFTP training course provision across England.
 - A consistent **Assessment Strategy and e-portfolio**, which must be used by all sites.
- In addition to a Clinical Tariff to support experiential learning placements, **Undergraduate MPharm students** now also have access to DHSC **Travel and Accommodation Funding**.
- NHS England continues to provide a funded **Newly Qualified Pharmacist support offer**, including resource for supervision and an e-portfolio.

Supervisor Development:

- Support to improve recruitment, retention and capability of prescriber supervisors and educator-supervisors across all sectors.
- Includes DPP and Pharmacy Technician Supervisor training (Propharmace)
- ‘Teach and Treat’ prescriber environment development support (CPPE)
- Education Supervisor and Clinical Leadership development (CPPE).

Creating the pathway to enable pharmacy technician professional practice

- ✓ VAT exemption
- ⚖️ PGD legislation enabled
- 🤝 DHSC legislation on Supervision
- 🔬 Service specifications – BP, Emergency Hormonal Contraception and Smoking Cessation
- 📖 Community Pharmacy Trainee Pharmacy Technicians – 1,050 apprenticeships
- 🎓 CPPE post registration training, ACPT, PGD preparedness, Advancing Community Practice





Supervision

Build An NHS Fit For The Future

01

enable pharmacists to authorise pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, and sale and supply of medicines;

02

enable pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescriptions in the absence of a pharmacist – avoiding repeat visits from patients when a pharmacist is not there; and

03

allow pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a specials manufacturer's licence.

Life Sciences Sector Plan



"we will make the UK the most attractive place in the world to develop and deploy new treatments and technologies."



Menu

[Home](#) > [Health and social care](#) > [Medicines, medical devices](#) > [Manufacturing, wholesaling, importing and exporting medicines](#)

Press release

Cutting-edge personalised treatments, made while you wait, will deliver specialised care to patients more quickly

New regulations effective today will make it faster and easier for cutting-edge cancer treatments and personalised gene therapies to be made right where patients are treated.

OUR MISSION

The Rare Therapies Launch Pad (RTLTP) was established in the UK to model a scalable and sustainable system to meet the new era of individualised medicines, focused on putting in place an innovative regulatory and reimbursement end-to-end pathway to allow for rapid access to cutting-edge science by anyone who could benefit.

ATMPs in England – some facts and figures



Commissioned
since 2016



13 ATMPs
commissioned
across 15
indications



30 hospitals
delivering ATMPs



22 ATMPs in 24
indications within
next three years



1700+ patients
completed ATMP
treatment to date



CAR-T treats the
most patients
(1200+ treated to
date)

Supporting rapid access to ATMPs

- The NHS in England has a track-record of using commercial capabilities to secure cell & gene therapies for NHS patients.
- Recent agreements enabling patient access have included:
- **Lisocabtagene maraleucel (Breyanzi®)** – a CAR-T therapy for relapsed or refractory aggressive B-cell non-Hodgkin lymphoma (2nd line)
- **Etranacogene dezaparvovec (Hemgenix®)** - a gene therapy for moderately severe to severe haemophilia B
- **Exagamglogene autotemcel (Casgevy®)** – a gene therapy for treatment transfusion-dependent beta-thalassaemia and sickle cell disease
- **Eladocogene exuparvovec (Upstaza®)** – a gene therapy for treating aromatic L-amino acid decarboxylase deficiency
- **Atidarsagene autotemcel (Libmeldy®)** – a gene therapy that offers the prospect of a normal life for children with metachromatic leukodystrophy.
- **Onasemnogene abeparvovec (Zolgensma®)** – a one-off gene therapy that can enable mobility in babies and young children with spinal muscular atrophy. One of three SMA treatments that has transformed paediatric outcomes [right]

World's most expensive drug slashes rare disease death rate for children

Spinal muscular atrophy type 1 was deemed a death sentence before 2019 but new cutting-edge treatments are saving lives

By Michael Searles, HEALTH CORRESPONDENT
7 August 2023 - 7:00am



Hidayat Iqbal from West Yorkshire, was diagnosed with SMA type 1 as an infant when her mum noticed that she appeared to have delayed development

UK Pharmacy Research Strategy

UK Pharmacy Research Advisory Group engagement exercise on the first draft strategy – closing date Friday 26 September

Home > Recognition > All Our Campaigns > Science & Research > [UK PRAG national pharmacy research strategy feedback](#)

National Pharmacy Research Strategy Engagement

UK Pharmacy Research Advisory Group (PRAG)


Help us to develop the [UK Pharmacy Research Strategy](#) by giving **your** feedback on the proposals.

[GIVE US YOUR FEEDBACK](#)

Who can participate?

Pharmacists, pharmacy technicians and other healthcare professionals are invited to participate, including individuals involved in research. Interested organisations and members of the public are also invited to participate.

Your responses to this engagement are anonymous. The information you provide will be aggregated for analysis and will not be personally identifiable.



Closing date for feedback

Please submit your feedback by **11:59 PM on Friday, 26 September 2025**.

Your Feedback

