

Automating 4 Better Care Forum: Jan 2025 Meeting Summary Paper

A Forum funded by BD and facilitated by Newmarket Strategy
January 2025

Overview and Chair's Reflections

1. On the 30th January 2025, the Automating 4 Better Care (A4BC) Forum convened the first of three scheduled meetings for the year. The A4BC Forum is a platform which aims to optimise the use of connected medication management (CMM) automated technologies in the NHS.
2. **Health and financial policy context.** In their opening remarks, the co-chairs reflected on recent policy developments and the persistent financial pressures facing the NHS. The Government remains committed to reducing waiting lists, but financial constraints pose substantial barriers to execution. While there was some optimism ahead of the Budget announcement, the capping of the Elective Recovery Fund (ERF) presents a significant challenge. As a result, the NHS must urgently explore more efficient ways of working. A key concern is whether the system can successfully implement the necessary operational and structural changes to enhance productivity in the coming years.
3. **Capital investment and system efficiency.** NHS capital investment remains constrained, with only a marginal increase expected in the coming year. While baseline funding is projected to remain largely unchanged, additional allocations will be targeted at specific projects. The issue of contracting-out, joint ventures and other commercial models was raised as an area which required further clarification, as limitations on capital investment could hinder efforts to improve productivity. It was noted that work is underway to expand the definitions of contracting-out within NHS operations, with further clarity anticipated following the Office for Budget Responsibility's (OBR) response to the Chancellor at the end of March. However, the group discussed that capital investment alone will not resolve the NHS's productivity challenges. Effective management is equally critical. The UK healthcare system is characterised by pockets of excellence, but systemic inefficiencies persist. Addressing these inefficiencies in management approaches, without undermining the public sector, remains a priority for the health system. Pharmacy automation presents one opportunity to align with capital allocations, but investments must be strategically targeted to deliver the greatest impact.
4. **Opportunities in hospital infrastructure and pharmacy reform.** On a more positive note, the relaunch of the New Hospitals Programme (NHP) presents an important opportunity for engagement around pharmacy automation and future-proofing hospital build specifications. The A4BC Forum agreed on the need to establish a structured approach to engaging with NHP stakeholders. Additionally, the government has confirmed its intention to introduce legislation in 2025 on hub-and-spoke dispensing in primary care. While legislative reform is only one aspect of this shift, it represents a significant step towards greater dispensing efficiency to allow more clinical care in the pharmacy sector. Regardless of the specific legislative framework, changes to dispensing models are expected to progress, both in primary care and hospitals.

A4BC Forum Advocacy

5. The secretariat and co-chairs reflected about the potential increasing role of the A4BC Forum in advocacy, considering that the A4BC Forum is gaining recognition and interest in its work is growing. In the last few months, advocacy activities had included a well-received webinar at the Healthcare Financial Management Association (HFMA), and a formal response to the 10 Year Health Plan. This has helped raise the platform of the A4BC Forum.
6. To expand the impact of the advocacy role of the A4BC Forum, members discussed the need for engagement between the co-chairs and Paul Corrigan CBE, considering his ambition to develop a vision to reinvent the NHS. We will need to ensure that any proposed solutions are executable and cost effective, and that we will think strategically at a systemic level.

Update from Exemplar Sites

7. A major milestone of the A4BC Forum has been achieved with internal BD approval of funding for a significant and groundbreaking evaluation study of the two Exemplar sites. Discussions with potential partners are ongoing, with consideration given to ensuring that such initiatives are independent.
8. The A4BC Forum received updates from the two sites: Plymouth University Hospitals NHS Foundation Trust and Liverpool Hospitals Trust.
9. **Plymouth University Hospitals NHS FT.** Plymouth's progress remains positive, with plans moving forward as expected. The site continues to work towards its objectives, demonstrating strong commitment to advancing pharmacy automation technology across the site. There has been strong support from c-suite executives as part of the project.
10. **NHS University Hospitals of Liverpool Group.** Liverpool has established a new working group and successfully deployed six BD Pyxis cabinets. Despite the challenges of launching the systems during the winter months, staff have responded positively to the implementation. Early lessons from the deployment highlight the resource requirements on the Trust side, emphasising the importance of adequate support during rollout. A key driver for Liverpool's programme is the transition towards a single e-prescribing system, replacing the current dual model. The executive team is being engaged, with the aim of positioning this initiative as a strategic objective for the 2025/26 financial year.

Multi-supplier approach

11. The A4BC Forum had a discussion on becoming a multi-supplier platform. While this can be complex, several potential benefits were discussed. A multi-supplier approach to the Forum would facilitate future engagement with NHS England and Government, and that in the future a multi-supplier A4BC Forum could be highly beneficial to NHS England supplier management teams and the development of policy.
12. However, it was also noted that one of the challenges in adopting a multi-supplier model is that each organisation has different suppliers and priorities. While a coalition model may seem attractive, bringing all suppliers into a single discussion can stifle dialogue due to commercial sensitivities. Careful structuring of discussions will be necessary to ensure productive engagement.
13. Some members suggested existing forums where the A4BC Forum could model approaches. In diagnostic imaging, the Association of Healthcare Technology Providers for Imaging, Radiotherapy and Care (AXREM) could serve as a model, and should be explored. However, caution must be exercised in engaging with trade bodies to ensure neutrality. Representatives from NHS organisations noted that a multi-supplier approach would add credibility, but that shared priorities should be established in a manner that does not hinder innovation. Governance structures will be critical in ensuring that recommendations align with NHS priorities rather than individual commercial interests.
14. It was concluded that the future of the Forum is multi-supplier. A draft proposal outlining these priorities would be required quickly, with input from the Chairs before wider circulation. The proposal should focus on the economic, clinical and patient benefits of multi-supplier approaches rather than financial commitments. The Forum has a significant role in convening the right leaders and suppliers to discuss and resolve complex issues for the benefit of patients, the NHS and suppliers. The final approach to multi-supplier involvement in the Forum would be signed off at the next meeting, albeit the interoperability sub-group is likely to continue engaging with a range of suppliers before then. In due course, it was envisaged the co-chairs would invite suppliers to attend the Forum, aiming for implementation within 6 months.

The role of automation for CD management

15. The A4BC Forum then had a discussion around the challenges in Controlled Drug (CD) Management. CDs are essential to clinical care but are highly regulated due to their potential for addiction and misuse. Government policy seeks to balance their legitimate use while minimising harm, requiring strict controls over production, storage, prescription, supply, and destruction. This in turn forms a barrier to the deployment of automated technology.
16. Digital and automation technologies offer significant opportunities to enhance CD management, improving accuracy, traceability, and efficiency. However, key barriers to adoption remain:
 - a. Complexity and interoperability issues - Many digital systems for CDs do not integrate seamlessly with hospital workflows and electronic health records (EHRs), leading to administrative burdens.
 - b. Regulatory misinterpretations - There is a belief that existing technologies cannot fully accommodate CD regulations, particularly around storage and destruction.
 - c. Additionally, Safe Custody Regulations 1973 - which apply to pharmacies and care homes, not hospitals - are often misinterpreted as a barrier to adoption.
17. The A4BC Forum members agreed with the recommendations that there are four key actions to address challenges and accelerate the adoption of pharmacy automation technologies:
 - a. Raising awareness among NHS decision-makers about existing enablers and solutions.
 - b. Advocating for clear national guidance on auto-dispensing technology from NHS England, including clarifying myths which block or slow down deployment.
 - c. Exploring forthcoming or proposed regulatory changes to the Misuse of Drugs Regulations to support automation design and deployment.
 - d. Building a stronger evidence base on the benefits and impact of pharmacy automation.
18. Members of the A4BC Forum agreed that to drive progress, building confidence in technological capability is critical. Demonstrating that automation solutions are deliverable will help shift conversations away from feasibility concerns and towards realising tangible benefits for patient safety, efficiency, and compliance.

Priorities for 2025

19. The A4BC Forum co-chairs noted that there needs to be a balance between tackling issues, but also ensuring the A4BC Forum remains impactful, interesting and relevant for members. In 2025, therefore the A4BC Forum have included 4 additional aims into its Terms of Reference. These are:
 - Advocating for policy, regulatory, and legislative improvements to accelerate the adoption of CMM automated technologies.
 - Increasing governmental and NHS policymaker awareness of key challenges and opportunities.
 - Sharing best practices from exemplar sites to drive innovation and learning.
 - Expanding the coalition of support, including engagement with NHS nursing and finance leaders.

Agreed Commitments for 2025

20. Key focus areas:
 - The A4BC Forum will showcase NHS Trusts leading in automation, ensuring exemplar sites are a resource for wider adoption.
 - The A4BC Forum will also establish a governance role in evaluating these sites.
 - The A4BC Forum will build a broad coalition of support, including a multi-supplier approach by 2026.
 - The A4BC Forum will work to address interoperability challenges, leading a supplier sub-group to drive solutions.
21. To enhance engagement, the Forum will invite keynote experts on AI, automation, and regulatory changes. Potential speakers include Care Quality Commission (CQC) representatives to discuss evolving regulations. Key discussion areas for future A4BC Forums could include:

- Automation in aseptic services – exploring potential advancements in this field.
- Engagement with pharmacy wholesalers – understanding their strategies and implications for NHS pharmacy automation, and the impact on connected medicines management strategies.

Actions

22. There were several actions that arose from the discussion. These included:

- Secretariat to draft a concise document within the next week outlining the Forum’s key priorities, focusing on ward-based automation, interfaces, and their economic impact. Circulate for feedback before submission to Paul Corrigan.
- BD to identify NHS hospital sites using Epic where BD solutions are well-integrated in the USA.
- Convert a previously developed Controlled Drugs summary and real-world examples into a short, nationally endorsed document. Aim to secure endorsement from key authoritative bodies (e.g., Chief Pharmaceutical Officer, RPS, CQC) to clarify legal and practical aspects of e-cabinets and e-registers, and for the Chief Pharmaceutical Officer to write to senior pharmacy leaders referencing the guidance.
- Increase engagement from senior nursing representatives (e.g., RCN) to future meetings to ensure their perspective on controlled drug workflows is considered early.
- Compile a short reference table of key automation innovations, summarising benefits such as time savings, safety improvements, and return on investment. This will help senior leaders and finance teams assess the value of these solutions within budget constraints. The timing of this action should be discussed, as it is hoped that exemplar sites will provide additional detail.

About BD and Newmarket Strategy

BD has been at the forefront of healthcare safety and technology leadership for over a century. Leveraging their extensive experience and global presence, BD is a pioneer in ensuring the safety of patients and healthcare workers. Additionally, they excel in developing technologies that support medical research and enhance clinical laboratory capabilities.

Newmarket Strategy are a bespoke consultancy whose expertise spans across all the key sectors in healthcare, life sciences and health-tech. They offer the full spectrum of strategic advice and technical support to clients across the whole innovation value-chain.

For the avoidance of doubt, BD is supporting and funding the development of the A4BC Forum and has commissioned Newmarket Strategy to provide secretariat and guidance. However, the objective of the A4BC Forum is to seek independent views and advice, ensuring an unbiased and inclusive platform for discussion and decision-making.

Contact information

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Participants

Name	Role	Organisation
Lord Carter of Coles	Co-Chair	House of Lords
Dr Keith Ridge CBE	Co-Chair	Former Chief Pharmaceutical Officer for NHS England
Dr Rahul Singal	Chief Pharmacy & Medicines Information Officer & Senior Responsible Owner for Digital Medicines	NHS England

Sue Ladds	Hospital Pharmacy Modernisation Lead	NHS England
Dr Raliat Onatade	Chief Pharmacist – Director of Medicines and Pharmacy	NHS North East London and Bards Health NHS Trust
Vinodh Kumar	Chief Pharmacist	St George’s NHS Foundation Trust
Kandarp Thakkar	Chief Pharmacist	University Hospitals Plymouth NHS Trust
Rob Duncombe	Chief Pharmacist	The Royal Marsden NHS Foundation Trust
Will Johnson	Head of Strategic Finance	The Royal Marsden NHS Foundation Trust
Sarah Thompson	CCIO (Pharmacy and Medicines)	Liverpool University Hospitals NHS Foundation Trust
David Campbell	Clinical Director of Medicines Optimisation	Northumbria Healthcare NHS Foundation Trust
Michael Pace	Managing Director (formally managing director of NHS London Procurement Partnership)	ZCJ Consulting
Ann Slee	Independent Specialist	Independent Specialist
Hayley Grafton	Chief Nursing Information officer	University Hospitals of Leicester NHS Trust
Kim Ball	Professional Lead – Primary Care	Royal College of Nursing
Ed Jones	Chief Executive Officer	Newmarket Strategy
Matthew Robinson	Senior Manager	Newmarket Strategy
Nancy West	Northern Europe Hub Director – Medication Management Solutions	BD
Dipak Duggal	Director of Medical Affairs International	BD
Tanya Serebryanska	Market Development and Access Manager - MMS	BD

Apologies

Name	Role	Organisation
David Webb	Chief Pharmaceutical Officer	NHS England
Steve Cook	Chief Pharmacist	Medway NHS Foundation Trust
Uzoma Ibechukwu	Director of Pharmacy & Medicines Optimisation	Royal United Hospitals Bath NHS Foundation Trust
Pippa Roberts	Chief Pharmacist, Clinical Director for Medicines Optimisation	Liverpool University Hospitals NHS Foundation Trust
Suzanne Lynch	ICS Chief Pharmacist	NHS Cheshire and Merseyside
Professor Bryony Dean Franklin	Executive Lead Pharmacist Research & Director, Centre for Medication Safety and Service Quality	Imperial College Healthcare NHS Trust & Co-Editor-in-Chief, BMJ Quality and Safety
Jono Broad	Patient Representative	Patient Representative
Mike Fairbourn	Vice President & General Manager, UK & Ireland	BD
Hayley Grafton	Chief Nursing Information officer	University Hospitals of Leicester NHS Trust
Emma Knowles	Director of Policy and Research	HFMA
Dr Teena Chowdhury	Deputy Director, Care Quality Improvement Department	Royal College of Physicians

Dr Anne Kinderlerer	Digital Health Clinical Lead	Royal College of Physicians
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Observers

Name	Role	Organisation
Patrick Wilkinson	Associate Marketing Manager - MMS	BD
Donna Atkins	Head of Marketing - MMS	BD
Colin Edmondson	Director Commercial Excellence Strategy	BD
Robert Navesey	Strategic Account Manager	BD
Andy Parr	Director Strategic Account Engagement and Inside Sales	BD
Greg Quinn	Director of Public Policy & Advocacy	BD
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