Bringing healthcare home: A blueprint for collaborative clinical homecare

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About this report

This report, commissioned by the Association of the British Pharmaceutical Industry (ABPI), seeks to highlight the unique partnership between pharmaceutical companies (marketing authorisation holders - MAHs), the NHS, and specialist providers of clinical homecare.

Developed with input and support from the NHS via the National Homecare Medicines Committee (NHMC), the National Clinical Homecare Association (NCHA) and several national pharmaceutical companies, the report provides brand new insights into the scale of homecare. It also provides actionable recommendations on how the potential of this unique form of healthcare can be realised.

Special acknowledgments
Special acknowledgment to Ross Maclagan, Distribution and Supply Chain Policy Manager at the ABPI, and Carrie Longstaff, Chair of the ABPI Homecare Group and Customer Supply Chain Manager at AbbVie, for their leadership and significant contributions throughout the development of this report.

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Foreword: unlocking the potential of clinical homecare

David Watson, Executive Director, Patient Access at the ABPI

"If the system is to meet the needs of an ageing and growing population, then it must invest in both innovative new medicines and vaccines and methods of delivery that don't rely entirely on acute hospital settings. Clinical homecare does just that, bringing cutting-edge specialist therapies through the front doors of those with long-term and chronic conditions, regardless of who they are and where they live.

When delivered well, the benefits of homecare are clear. Our research shows that clinical homecare can save the NHS money. Services like intravenous infusions administered in people's homes reduce the need for NHS hospital care, releasing NHS capacity and funds.

For hundreds of thousands of patients, it can alleviate the significant burden of repeat trips to hospital for medicine and treatment.

But despite the benefits of homecare and its established role in healthcare delivery, it often has a limited profile or is misunderstood. Homecare at this scale is unique to the UK compared to the rest of the world.

Despite its benefits, we know that homecare can still be improved. Our NHS colleagues have provided great feedback on where they want to see changes. With questions of sustainability in the sector, now is the time to give this service the focus it deserves, so that it is sustainable and used in the most effective way possible

This report has been commissioned by the ABPI to provide new insight into homecare in the UK, and in particular the significant investment made by pharmaceutical companies – many of whom are ABPI members.

I am pleased that we have had the support of colleagues from the NHS and homecare providers in the development of this report. We have, for the first time, been able to quantify the funding and resources provided by pharmaceutical companies. We have also worked together for the first time to poll NHS colleagues who are responsible for delivering homecare services around the UK.

It is my hope that this report will add to the important conversation around the future of homecare, helping to shape future developments so that patients can benefit from this unique and patient-centric service."

Executive summary: moving care out of hospital and reducing the burden on the NHS

Meeting the healthcare challenges of today and tomorrow requires innovative solutions that shift healthcare into the community. This report, commissioned by the ABPI, explores the unique role of pharmaceutical companies in the delivery of clinical homecare, and the potential of this patient-centric service.

Combining a survey of NHS professionals, data from pharmaceutical companies, and – for the first time – patient-level outcome data, the report highlights the scale and impact of pharmaceutical companies' involvement and offers actionable recommendations for realising the full potential of homecare.

This new data underlines the significant potential of homecare in line with government and NHS objectives, moving patients out of hospital and reducing burden on the healthcare system.

Key stats:

Pharmaceutical companies invest **£173 million** per year into the delivery of homecare, funding **512,000** patients

Feedback from the survey of NHS professionals showed that:

71% believe clinical homecare improves geographical access to care for patients

90% say homecare brings financial savings for the NHS

92% report that homecare increases NHS capacity by extending services outside hospitals

2.4
hospital bed days are saved per patient

based on an observation of patient-level data comparing those receiving homecare versus those in the hospital.

1/2 the rates of A&E attendance and admissions are seen with homecare

Challenges and pressures

Clinical homecare is not a perfect system. Complexities and operational challenges hinder homecare from reaching its optimal capability, with this report highlighting several key areas of improvement:

- **For patients:** access to homecare is often determined by capacity within local trusts and hospitals; lack of integrated systems and digitisation can impact set up and delivery
- **NHS funding and resources:** limited funding and resources make managing homecare at scale challenging
- **For homecare providers:** limited funding and stability of contracts hinders innovation and improvement
- **Pharmaceutical companies:** cost-containment pressures make long-term planning and investment challenging

The future of clinical homecare: ABPI recommendations

The report outlines key recommendations to improve the sustainability of clinical homecare:

Greater collaboration is needed overall between the NHS, homecare providers and pharmaceutical companies to streamline processes and reach shared goals for the future of homecare services

Centralised contracting: a centralised contracting framework could reduce admin burdens and ensure equitable access for patients

Homecare design flexibility/innovation: allowing appropriate review and modification of individual patient services could drive efficiency and empower patients

Digitisation of NHS/ provider interface: transitioning to digital solutions could streamline operations and delivery for all

Creating a more resilient and competitive homecare provider market: structural changes to incentivise providers could promote healthy competition and drive continual improvements to service quality

Clinical homecare is a vital component of the shift toward more sustainable, patient-centric healthcare. To fully realise its potential, pharmaceutical companies, homecare providers and the NHS must work together to address key challenges and drive innovation. By fostering a more integrated and scalable system, homecare can alleviate pressures on the NHS while improving patient outcomes and access to care.

Introduction

Meeting the healthcare challenges of today and tomorrow

Moving people out of hospitals and into the community is central to government ambition and the NHS 10 Year Health Plan.[2] Clinical homecare is a key pillar of caring for people in their homes and keeping them out of hospitals.

Since its inception in the mid-1990s,[3] clinical homecare has been delivering healthcare in people's homes for a range of respiratory, musculoskeletal and cardiovascular conditions, as well as cancer and blood disorders. Offering specialist medicines and treatments for long-term and chronic conditions, clinical homecare can be transformative.

Clinical homecare has grown both in scope and scale, with the COVID-19 pandemic significantly accelerating demand for clinical homecare services. At the time of writing approximately 640,000 people are receiving clinical homecare across all regions of the UK, approximately 512,000 of whom are funded by pharmaceutical companies.[4]

The current scale of clinical homecare is possible due to a unique collaboration between the NHS, clinical homecare providers, and pharmaceutical companies.

Pharmaceutical companies pay for 80 per cent of patients receiving clinical homecare.[5] This specifically relates to medicines that require specialist handling, such as cold storage and pre-arranged delivery, as well as nurse-supported administering, patient training and education related to medicines, for example, intravenous infusions or injections.

What is a pharmaceutical marketing authorisation holder (MAH)?

An MAH is a company or organisation responsible for ensuring that a medicine meets the necessary standards for safety, effectiveness, and quality before it can be sold within a specific region.[6]

The pharmaceutical MAH will be the official entity licensed to supply the medicine by the Medicines and Healthcare products Regulatory Agency for the UK. While the pharmaceutical company that developed and manufactured the medicine is often the MAH, it can also be another organisation that takes on the responsibility of making the medicine available to patients.[7]

For the purpose of this report, reference to pharmaceutical companies should be understood to refer to the responsible MAHs.

Why pharmaceutical companies support clinical homecare

Pharmaceutical companies play a pivotal role in making homecare possible by funding the service without passing the costs onto the NHS. Their commitment stems from a shared ambition to improve patient access, outcomes and efficiency of healthcare delivery.

Pressures on the system

Clinical homecare is a complex service that involves many different organisations and is not without its operational issues. A recent inquiry by the House of Lords and the Scottish Government's Independent Review of Medicines Homecare in Scotland recognised the significant potential of homecare but highlighted the shared operational challenges that need to be addressed.

In a first for this report, the ABPI worked with the NHS's National Homecare Medicines Committee (NHMC) to survey 124 NHS professionals responsible for the commissioning, management and delivery of homecare at a regional level. Our research has identified some of the causes of operational pressures.

These challenges require collaboration from all parties, helping to improve the sustainability of the industry and ensuring it delivers the best possible care for patients.

Challenges:

- **For patients**, access to clinical homecare can be determined by the level of engagement and prioritisation of homecare given by their local trusts, leading to variations in availability across different regions. In the instances that homecare providers face operational challenges, patients can also be impacted, for example by delayed deliveries.
- **For the NHS**, limited funding and resources within hospital trust pharmacy departments make the management of homecare at scale more of a challenge.
- **For homecare providers**, limited funding and stability make innovation and improvement in operational efficiencies and service improvements difficult.
- **For pharmaceutical companies**, multiple cost-containment pressures, such as increasing payment rates in the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG), make long-term investment in homecare challenging.

Complex and admin-heavy contracting across multiple parties can make the delivery of clinical homecare services a burden. Streamlining communication and leveraging innovative solutions such as system-wide digitisation could help to improve efficiency. Standardised performance criteria for all stakeholders would also support clearer accountability and help to drive continuous improvement, with the benefits to patients being the central priority.

Ross Maclagan, ABPI Distribution and Supply Chain Policy Manager, said:

When done well, clinical homecare provides the opportunity for patients to receive treatment in the privacy of their own homes. This can support treatment adherence and allow for effective patient monitoring. Furthermore, it allows patients and their families, wherever possible, to continue with their normal family/working routine. A clinical homecare service provides significant personal, societal and environmental benefits; it negates the need to travel to hospitals for treatment, releasing resources and driving efficiencies within the NHS environment, reducing costs and time 'wasted'.

A patient-first service

Clinical homecare comes in many different delivery models. The flexibility of the service is one of its benefits, but typically they are categorised into three models:

- **Low tech:** a medicines management service that includes the supply and delivery of medicines or medical devices to a patient's home, with minimal clinical support required. This usually involves self-administered medicines. Specialist homecare providers will coordinate the deliveries with the patient, organise the issue of repeat prescriptions with hospital pharmacies, and manage waste disposal.
- **Mid tech:** incorporates medicines management and delivery in the same manner as the low-tech pathway, alongside clinical support. This type of homecare can also include remote or in-person nurse consultations to deliver training to patients on self-administering their medicine. It can also involve at-home blood tests or monitoring by homecare nurses.
- **High tech:** incorporates management of complex treatments that require specialist clinical care. This usually involves direct administration by a healthcare professional within a patient's home. If appropriate, clinical homecare professionals may provide training to patients in self-administering their medicine. This could also involve at-home blood tests and monitoring as needed.

Certain models of homecare can provide truly patient-centric care. It can transform how patients experience treatment, by delivering medicines and in many cases administering them in the comfort of their own homes.

Unlocking access to healthcare

Jean Thomas, a patient from Oxfordshire said:

> "I am SO pleased to be able to have my infusions at home. It would take me about half a day to get to the hospital, and I would have to go three times a month, which is a lot of time and expense for petrol and parking. I am very pleased with this service."

For patients living in rural or underserved areas, accessing healthcare can be challenging. Barriers such as geographical distance, limited transportation options, and time constraints can all be significant challenges. This is especially critical for individuals managing chronic conditions who would otherwise require frequent trips to hospitals or pharmacies, supporting the longstanding ambition of UK healthcare policy to ensure equitable access to healthcare[8]. According to our survey of NHS professionals, 71 per cent believe clinical homecare improves geographical access to care for patients.

A service tailored to the individual

In many cases, at the heart of clinical homecare is its ability to adapt to the unique needs of each patient. Unlike traditional healthcare settings, which can require patients to travel long distances, adhere to rigid appointment schedules, or navigate unfamiliar environments, homecare can provide personalised, flexible solutions.

Depending on the service offered, benefits may include:

- **Tailored medicines deliveries** – ensuring medicines arrive conveniently for the patient, allowing patients to continue work, education or caregiving responsibilities
- **Self-administration support** – patients are trained by specialist nurses to safely manage their treatments, fostering independence, confidence and improving adherence
- **Specialist nursing care** – for complex cases, nurses visit patients at home to administer medicines or provide clinical support

Beverley Failes, a patient from Nottinghamshire said:

> Being able to do my treatment at home means I'm able to book breaks and holidays and take the medication with me, whereas having to go into the hospital limited where and when I could go somewhere. It's been absolutely brilliant for those reasons. Having someone show you how to do everything at the beginning makes you feel more secure. The nurses don't leave you until you are confident in administering the medication correctly.

Driving progress and innovation

Pharmaceutical innovation has also played a crucial role in enhancing a patient-centric approach and providing access to a growing number of medicines at home. New devices, such as pre-filled injection pens and wearable medicine delivery systems, have made treatments simpler, faster, and more flexible for patients to administer. For instance, some patients with multiple sclerosis can now use a self-injectable pen at home rather than needing to use a syringe and needle or travel to a hospital for IV infusions. These advancements have expanded the scope of clinical homecare, enabling it to cater to an ever-growing number of conditions.

Designing high-quality clinical pathways

Clinical homecare is an intricate service combining logistics, clinical expertise and medicines with complex storage and handling requirements. These carefully constructed pathways, designed in collaboration with the NHS (via the NHMC), patient advocacy groups, homecare providers and pharmaceutical companies, take an average of one year to develop prior to launch, ensuring that the service meets the requirements of therapies and patient populations.

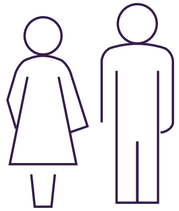
The pathway design process incorporates many considerations, including:

- **Therapy-specific requirements** - determining the safest and most effective methods for medicine administration, be it injection, infusion, or oral formulations
- **Logistical considerations** - coordinating temperature-controlled transport, storage, and delivery to maintain the integrity of medicines
- **Patient education and support** - ensuring patients receive the training, resources, and clinical support needed to manage their treatments confidently

Selecting the right homecare providers to provide specialist transport and nurse-led clinical care is a critical element of pathway design. Pharmaceutical companies assess homecare providers based on their reach, capacity and clinical expertise, to ensure that every aspect of service delivery meets rigorous standards. This careful vetting process leads to a service that is efficient, safe and high-quality.

How a homecare pathway is designed:

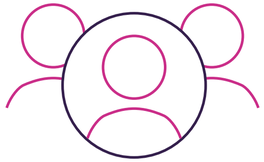
Insights from clinical trials suggest whether a new medicine could be suitable for homecare.



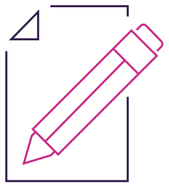
Pharmaceutical company works with patient groups and the NHS to understand the support patients might need.

Pharmaceutical company uses this insight to create a homecare proposal. Pharmaceutical company puts this homecare service out to tender.

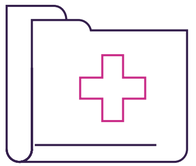
Following formal tender process, pharmaceutical company chooses 2-3 homecare providers from those that tender the service – based on those that best meet requirements for the NHS. The choice of homecare provider is also reviewed by the NHMC. For highly specialist medicines, fewer homecare providers may be selected.



Once the medicine is approved and launched, NHS organisations wishing to take up a homecare offer choose homecare provider(s) from the shortlist, funded by the pharmaceutical company.



NHS organisations will set up a service level agreement (SLA) with the homecare provider, ensuring the NHS retains ownership and oversight of patient and shared governance.



Pharmaceutical company will retain shared governance of the homecare service alongside the NHS. Pharmaceutical company receives updates and KPIs from the homecare providers and reviews with the homecare provider as necessary. This allows the pharmaceutical company and the NHS to retain oversight around the quality of service contracted.

Monitoring quality through key performance indicators (KPIs)

Once a homecare service is launched, pharmaceutical companies maintain a proactive approach to monitoring and quality assurance.

Common KPIs monitored by pharmaceutical companies and homecare providers include:

- **service delivery metrics** – monitoring the timeliness of medicines deliveries, adherence rates, and the effectiveness of patient training
- **safety and compliance** – ensuring the service operates within regulatory standards, including medicines storage and administration
- **patient experience** – patient safety, duty of candour, adverse events

By closely tracking these metrics, the objective is for pharmaceutical companies, NHS trusts and homecare providers to identify and address issues in real time to ensure minimal disruption to the patient's treatment. If a KPI is missed or an issue arises, it is imperative that pharmaceutical companies, the NHS and homecare providers work together to ensure that issues are solved as quickly as possible.

Contracting

Once the pathway has been designed, contracts between pharmaceutical companies, NHS hospital trusts and homecare providers are finalised. In most cases, this is a long process, with every new indication of every medicine in every trust often requiring a separate SLA.

Neil Boutel from Takeda, a pharmaceutical company that delivers a wide range of medicines under clinical homecare said:

> If things don't go to plan, the pharmaceutical company, with the support of the homecare providers and the referring trust team, will act to ensure patient safety. Patients typically have buffer stock to prevent disruptions, but in rare cases where an urgent delivery is needed, homecare providers conduct a risk assessment to determine the best course of action and ensure that the patient issues are resolved. Pharmaceutical companies who fund the service are often a key part of that decision, particularly around funding, to ensure the patient receives their therapy as quickly as possible. If a delivery delay occurs, patients are notified immediately, and emergency deliveries are arranged.

In some cases, this can impact how quickly a patient can receive their first delivery. Contracting can also be an onerous task for NHS staff, with 55 per cent of those we surveyed saying the contracting process is a significant time burden.

The need for simplified and standardised contracting was highlighted in our survey. One respondent called for change to "improve [the] SLA process", with another saying, "Once a national SLA is in place, these services should be available and not require too much local set up. Why does each health board need to set up for themselves? Can the service not be then automatically available for use for all?"

Homecare reduces bed days and A&E visits: a case study in Kent and Medway

Clinical homecare services deliver positive impacts for patients and healthcare systems. A new analysis of homecare patients has revealed that A&E attendance rates are much lower than for matched patients on similar medication but not utilising homecare. The use of homecare saves an average of 2.4 bed days per patient.

The benefits of clinical homecare are widely discussed, but quantifying them has remained difficult. To study the health impact of homecare, the ABPI collaborated with Medway Maritime NHS Hospital, Kent and Medway Integrated Care Board, and health-data platform provider Graphnet Health to monitor health outcomes. GRiP Analytics used an initial matched cohort of 916 people receiving homecare and 916 not receiving homecare. GRiP were licensed to work with pseudonymised patient-level data.

The hypothesis behind homecare is that it helps people to stay well and out of hospital. For the first time, we have been able to demonstrate this. Six-months after medicines have been dispensed, the following was observed:

There were **419** visits to A&E from people not receiving homecare compared to **150** for people receiving homecare.

There were **452** hospital admissions for people not receiving homecare, compared to **169** for people receiving homecare.

People not receiving homecare spent a combined **3,533** days in hospital beds, compared to **1,337** for those receiving homecare.

To test this further, the study team applied restrictions to the data to focus on patients receiving drugs with similar patient numbers on both homecare and hospital treatment. This reduced the cohort size to 295 people receiving homecare and 295 not receiving the service. The trend remained the same. This suggests that homecare significantly reduces the rate at which people attend A&E and are admitted to hospital, leading to an average 2.4 bed days saved per patient.

2.4 bed days saved per patient receiving homecare

To explore this further, the study team focused on another smaller group receiving specific medicines offered both in hospital and via homecare. They found that when a person moved from hospital to homecare, while remaining on the same medicine, the rate of A&E admission fell from 0.5 to 0.3 per patient. The number of bed days also fell, from 2.4 to 1.8 per patient.

Reducing hospital bed days not only benefits patients but also delivers significant cost savings to the NHS. Based on official cost collection data for 2020/21, the average cost of a non-elective bed day was £901[9]. Adjusted for inflation using the Bank of England's inflation calculator, this equates to £1,095.45 per bed day in today's terms[10]. With an average of 2.4 bed days saved per patient, the potential cost saving is enormous. In total, patients receiving homecare spent 703 fewer days in hospital beds compared to those who did not - equating to a cost saving of £770,101.35.

Extrapolated to the estimated 640,000 people currently receiving clinical homecare across the UK, this equates to a total of 1,523,200 bed days saved – representing a potential saving of £1.67 billion to the NHS.

These figures underscore the broader economic value of clinical homecare, not only improving patient outcomes and reducing pressure on emergency services but also freeing up critical healthcare resources and delivering substantial financial benefits to the health system.

While this is early analysis and further investigation is recommended, this new data clearly underlines the significant impact of homecare, reducing uptake of emergency services and demand on hospital beds.

Commenting on the results, Stephen Cook, Chief Pharmacist at Medway Maritime NHS Trust:

This is a really interesting result and certainly warrants further investigation. We have good evidence that use of clinical homecare provides a better patient experience and a range of economic benefits. Early analysis of this data would suggest that it also provides better health outcomes for our patients and reduces demand on local healthcare services. I hope to see further outputs from this line of research."

The cost of clinical homecare and who pays?

Our research with pharmaceutical companies and NHS professionals responsible for homecare reveals both the cost and the value of clinical homecare.

There are two main funders of clinical homecare in the UK: the NHS and pharmaceutical companies, a 20/80 per cent split respectively.

For the first time, we have calculated that pharmaceutical companies spend an estimated

£173 million

a year on the delivery of clinical homecare.

This investment funds approximately 512,000 people around the UK, allowing them to receive medicines and treatment at home (see the methodology for more detail).

The £173 million figure may only represent part of the investment and does not include the pharmaceutical company staff costs or the cost of developing a homecare pathway. Our new research shows that on average each pharmaceutical company employs three full-time staff to manage its homecare service, resulting in an average of 324 hours per month. With approximately 55 pharmaceutical companies operating within the homecare environment in the UK, this equates to 17,820 hours of staff time a month supporting NHS trusts and homecare providers to manage homecare services.

NHS savings

Ninety per cent of the NHS professionals who completed our survey said homecare brings financial savings for the NHS – at a time when NHS budgets are under immense pressure.

Medicines being administered in people's homes saves the NHS from having to provide this service in a hospital or clinic setting. For the NHS, 92 per cent of those surveyed said that homecare increases capacity by extending services outside of hospital. This aligns with the government's current ambition to move healthcare into the community.

When NHS managers were asked what they thought the outcome would be if the NHS had to self-fund more homecare, 63 per cent said the impact would be significant and they would have to cut back other services to fund homecare. Crucially, 49 per cent said it would limit the number of patients who could receive homecare, leading to more people needing to access treatment and care within a hospital setting.

Clinical benefits

In our survey, 57 per cent of NHS professionals said homecare improves health outcomes and 56 per cent said it improves adherence. 58 per cent said that homecare facilitates efficient switching of medicines when needed. By providing flexible interventions that most often have digital support, homecare may also support adherence, with the aim of ultimately improving health outcomes.

Survey respondents recognised that patients of all complexity levels benefit from homecare of both funding types. However, pharmaceutical company-funded homecare was seen as particularly valuable for medium-complexity patients, with a 38 per cent majority of NHS professionals identifying this group as being the most likely to benefit. Meanwhile respondents identified low-complexity patients as being more suitable for NHS-funded homecare, with a 40 per cent majority stating this. These findings suggest that pharmaceutical company-funded homecare can complement existing services, enhancing access to tailored support without placing additional strain on the healthcare system.

Improving access

Responding to the survey, 71 per cent of NHS professionals said homecare improves geographical access for patients. NCHA research last year found that 75,000 clinical homecare patients avoid a 40-mile round trip with each delivery, mitigating geographical inequalities and burden. Within this number approximately 40,000 avoid a 60-mile roundtrip. For those needing several appointments a week in particular, this travel would be a significant burden

Improving efficiency and sustainability

Homecare is not without its challenges and there is potential for improvement, which would help to ensure the sustainability of the service. Of those surveyed, 84 per cent said that managing homecare is a burden, taking a significant amount of time and admin.

Other challenges highlighted included lack of oversight of the management of homecare companies (43 per cent), lack of oversight when/if safety incidents occur (43 per cent) and lack of data about performance (35 per cent).

When asked how they would like the relationship between the NHS and pharmaceutical companies to evolve, better collaboration was the most commonly mentioned theme. Said one NHS professional: “The NHS and pharma companies should collaborate to streamline processes, ensuring clear communication, shared goals, and transparent funding arrangements. This includes co-developing protocols, leveraging digital solutions for efficient management, and focusing on patient-centred care to optimise outcomes while reducing administrative burden.”

One respondent added: “E-prescribing would be a massive benefit – quicker, less chance of prescribing errors.” Others called for greater system integration: “Centralised systems for real-time communication between patients, providers and healthcare teams to streamline processes. These models would enhance efficiency, improve patient satisfaction, and reduce healthcare system strain.”

Learnings

The research highlights the opportunity for further collaboration between the NHS, homecare providers and pharmaceutical companies to streamline processes, ensuring clear communication, shared goals, and transparent funding arrangements. This may include co-developing protocols, leveraging digital solutions for efficient management, and focusing on patient-centric care to optimise outcomes while reducing administrative burden.

Chris Carver, treasurer of the National Clinical Homecare Association said:

Clinical homecare is the best kept secret in healthcare – this data sheds new light on the huge benefits it has for patients and how it alleviates the burden on the NHS. Looking forward, we would like to see national policy that establishes a clear framework for standardisation and long-term planning, to improve the sustainability of homecare. Collaboration between the NHS, pharmaceutical companies and homecare providers is key to ensuring that access to homecare remains equitable for all.

The future of clinical homecare: ABPI recommendations

Clinical homecare has been available on the NHS for four decades. This report has consulted in depth with the people in the NHS and pharmaceutical companies who make homecare a reality for more than 640,000 patients.

This report demonstrates the significant investment of pharmaceutical companies in homecare, and the value this brings to the people who use the service and the NHS that commissions it. However, change is needed to improve the sustainability of the service.

Operational and financial pressures within the NHS make managing the service increasingly challenging. Appropriate funding for NHS homecare teams could alleviate some of this strain. Additionally, policies driving downward pressures on medicine prices that are out of line with other countries, such as VPAG, put financial pressure on the longer-term sustainability of homecare and greater pressure on the organisations that fund it. Now is the time to make improvements to how this important service is commissioned and delivered.

Closer collaboration and partnerships among all stakeholders are essential for the safety, efficiency, and sustainability of clinical homecare. This report recognises the unique collaboration between the NHS, homecare providers and pharmaceutical companies. Continued investment by all parties is critical.

As recommended by the House of Lords, we would like to see a cohesive, nationally aligned clinical homecare policy. We believe that this will help to unlock the full potential of this service - deliver patient-centric, equitable and efficient care.

The following steps should be taken within this policy to support the sustainability of the service:

1. Centralised contracting

A unified and centralised contracting framework would reduce the administrative burden that currently exists for NHS trusts, homecare providers and pharmaceutical companies, reducing delays and waiting lists for patients. This equity of access is particularly vital in ensuring no patient is disadvantaged due to regional disparities or inconsistencies in local processes. This fosters a fairer healthcare system, where the availability of life-changing treatments and services is no longer dictated by postcode. Achieving this requires close collaboration between all three parties, working towards shared objectives that reduce geographical health inequalities for patients.

For stakeholders such as pharmaceutical companies, homecare providers and NHS trusts, centralisation reduces the complexity of negotiating and managing numerous localised agreements. It alleviates administrative burdens, enabling all parties to allocate resources toward improving patient care rather than duplicating efforts. By consolidating expertise, such as all facets of due diligence performed by pharmaceutical companies, centralised contracting fosters greater trust and partnership across the healthcare ecosystem.

2. Homecare design flexibility/innovation

Allowing individual patient services to be reviewed or modified, with unnecessary aspects scaled back, such as gradually reducing nurse-led training as patients become self-sufficient, would drive down costs and empower patients, enhancing their confidence and independence. Furthermore, additional services could be added, such as the increased use of apps or other high-tech service additions, which could be beneficial for all parties.

But to do this, the process between the NHS (NHMC), homecare providers and pharmaceutical companies that are used to review the way a homecare service is designed and delivered once the contract is set up must be reviewed. This must ensure that adequate notice is provided to all parties to prevent any unintended consequences from service changes (i.e., unnecessary administration burdens, supply issues or overstocks). Wherever possible a pro-active, collaborative and streamlined approach that removes complexity should be applied.

3. Digitisation of NHS/provider interface

Digitising the interface between NHS systems and homecare providers has the potential to drive efficiency and improve patient experience.

Transitioning from manual, paper-based processes to digital solutions - such as electronic prescription transfers, automated workflows, and real-time tracking - holds the potential to streamline operations, reduce delays, and enhance transparency and oversight across the care pathway to all stakeholders.

For patients, digital integration delivers faster access to treatments, better communication, and increased visibility of their care journey. These advancements reduce anxiety, build trust, and empower patients to take an active role in their health management.

For the NHS, digitisation offers a transformative solution to resource administrative challenges, freeing clinical teams from time-intensive manual tasks and allowing them to focus on other priorities.

4. Creating a more resilient and competitive homecare provider market

At present, there are limited incentives for homecare providers to continue to invest in improvements, or for new providers to enter the homecare market. This leads to a market with fewer players and little incentives to boost competition and service quality for the benefit of patients. For example, homecare providers receive no guarantee of revenue despite signing homecare supply contracts. This makes it very hard to invest in services or improvements to patient care.

Changes to the structural mechanisms, such as ordering guarantees in NHS contracts and policy-driven incentives, could increase the number of providers, including start-ups, and promote dynamism in the market. Incentivising homecare providers to innovate and invest will result in solutions that are not only cost-effective but also responsive to evolving patient needs. This will support improvement in service quality and delivery.

The future of pharmaceutical company-funded homecare lies in its ability to adapt, innovate, and integrate deeper into the UK healthcare system. Addressing key challenges will ensure that homecare is reformed so that it can offer the best possible care to patients. Homecare has an important role in supporting the shift to care in homes and communities while keeping patients out of hospitals.

In addition to the recommendations outlined in this report, in the longer term, pharmaceutical companies, homecare providers and the NHS must share responsibility for fostering an integrated system that works for all parties. Clear communication and mutual understanding are key to ensuring the success of homecare. By embracing these principles, homecare can evolve into a more scalable, patient-centric model that alleviates healthcare pressures and improves outcomes for patients and the NHS alike.

Finally, this report sets out why homecare is important to many patients both for medicines supply and other support. Of course, homecare sits within a range of other medicines supply channels and patient support programmes. The safe and effective supply of medicines to patients in the NHS will also be the top priority, but the ABPI and its members are cognisant of the need to constantly consider and test new ideas that might benefit patients and/or the NHS.

Methodology

NHS survey

The survey was disseminated to NHS local and regional teams involved in the management of homecare throughout December 2024 and until 10 January 2025.

- There was a total of 124 respondents, most from local NHS trusts and homecare leads (65 per cent)
- There was a good regional spread across England, Scotland, Wales and Northern Ireland
- More than half (55 per cent) set up/arrange homecare for a patient more than once a week
- Three in four (75 per cent) manage homecare once a week

Pharmaceutical companies data analysis

Data analysis from members shows the significant investment made in homecare, both financially and in terms of the hours spent to manage homecare and design pathways prior to launch

- Nine pharmaceutical companies submitted data, eight submitted enough detailed data to include in the analysis
- Aggregated, they cover around 191,000 patients, equivalent to 38 per cent of the estimated 512,000 patients on pharmaceutical company funded homecare
- The total annual spend for the data submitted was ~£63 million. When scaling this to the total pharmaceutical company funded patient population this results in ~£173 million (±10% = £156m - £190m).

Data from The Best Kept Secret (2024) report, published by the NCHA

- The investment of pharmaceutical companies brings significant value to the NHS and society:
  - More than £211 million in annual quantifiable value to the UK's health economy. This is derived from a multitude of factors such as improved adherence, reduced did not attends (DNAs) and operational savings
  - Annual staff resource savings are equivalent to 564 FTE NHS pharmacy staff and 346 FTE NHS nurse staff
  - Each year clinical homecare provides additional day-case elective activity equivalent to 12 NHS trusts
  - Annual carbon emissions reduced by 17,600 metric tonnes

Kent and Medway case study

Methodology: Data Construction for Patient-Level Healthcare Metrics
This methodology outlines the process used to construct a comprehensive patient-level dataset using SQL from various clinical data sources. The objective was to extract, transform, and integrate data relevant to medication usage and healthcare resource utilisation over defined time periods.

The study was co-designed and executed by GRiP Analytics in close collaboration with Medway's Chief Pharmacist.

1. Focal Population Identification

- Patients were identified from the Medway Hospital prescribing database.
- Inclusion was based on receipt of specific medicines of interest (e.g., METHOTREXATE, TOCILIZUMAB, INFLIXIMAB, etc.*).
- For each included patient, the following were derived:
  - First and last dispensing dates.
  - Duration of therapy.
  - Count of distinct specialties, medicines, and formulary status.
  - Total issue cost and total dispensations.
  - Output stored in temporary table #focal.

- **Medicine Marker Construction**
- Binary flags were created to indicate if a patient received each medicine of interest
- A wide-format table (#medicine_matches) was produced with one row per patient.

3. Therapy Type Transitions

- Earliest and latest therapy "type" for each patient were identified from homecare records.
- #start and #end tables captured the starting and ending treatment classifications.
- Merged to track therapy transitions.

4. Event Timing Anchoring

- The earliest homecare record per patient was used as a temporal anchor (#person_start) for downstream event calculations.

5. Emergency Department (ED) Utilisation

- Linked acute ED attendance records from A&E data
- Summarized ED visits for each patient in relation to the anchor date:
  - 360 days prior, and 90, 180, 360 days post-index.

6. Inpatient Admissions

- Data sourced from Inpatient records.
- Admissions were classified as Elective or Emergency based on Admission Type Code.
- Derived counts and total bed days for:
  - 360 days prior and 90, 180 days post-index.

7. Outpatient Appointments

- Retrieved completed outpatient appointments from the Outpatient dataset.
- Computed the number of outpatient attendances in:
  - 360 days prior, and 90, 180 days post-index.

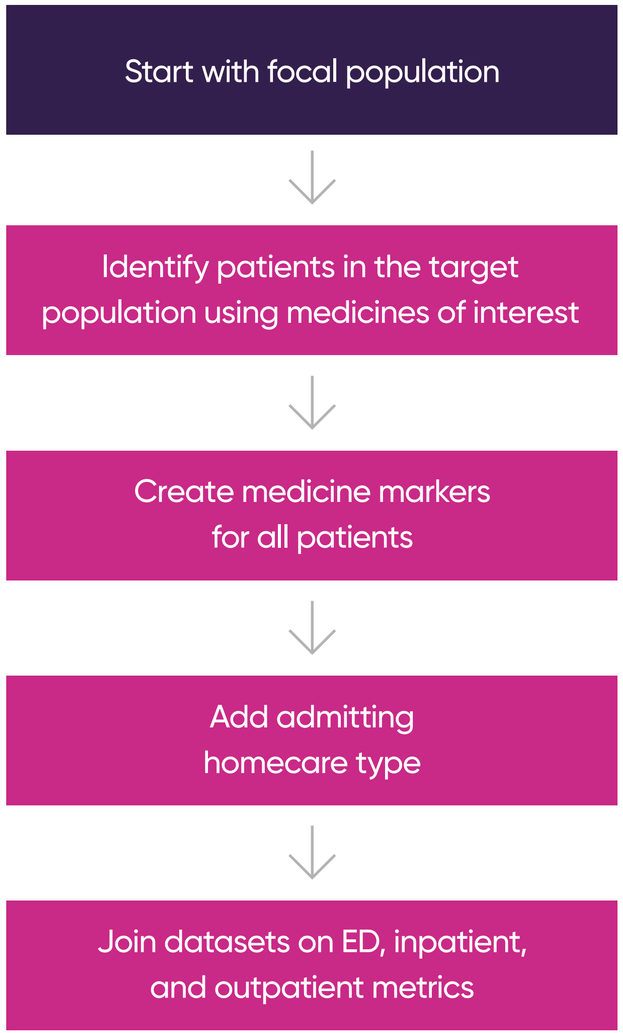
8 Socioeconomic Stratification

- IMD (Index of Multiple Deprivation) scores were added from an external source.
- Patients were assigned to deprivation quintiles (1–5).

9. Final Dataset Assembly

- All derived tables were joined on common patient pseudonym.
- This integrated dataset includes demographic, pharmacological, clinical activity, and socioeconomic indicators—ready for modelling, analysis, or reporting.

Data construction methodology



Medicine name

1	Methotrexate
2	Tocilizumab
3	Abatacept
4	Infliximab
5	Enzalutamide
6	Vedolizumab
7	Lenalidomide
8	Epoetin Beta
9	Eltrombopag
10	Apalutamide
11	Abiraterone

Methodology: Comparing Outcomes Between Homecare and Hospital-Based Patients

1. Overview

This analysis aimed to compare patients receiving care in the home (homecare) to those receiving care in a hospital setting. We wanted to understand differences in healthcare usage, costs, and outcomes by carefully matching individuals from both groups to make a fair comparison adjusting for confounding factors.

2. Data preparation

- We began by accessing a structured dataset containing records of patients and their healthcare activities.
- The dataset included details like age, chronic conditions, medicine prescriptions, healthcare usage (e.g., emergency visits), and costs.
- We grouped and categorized continuous variables (like number of prescriptions or days under care) into bands to allow for meaningful comparisons (e.g., 1–4 vs. 5–9 medications).

3. Group definitions

- Two main groups were defined:
  - Homecare: Individuals who started their care at home and only received homecare
  - Hospital: Individuals whose care began in hospital settings and only received hospital care
- These groups were coded as binary variables for analysis.

4. Balancing the groups (propensity score matching)

- To ensure we were comparing similar individuals across the two settings, we used a technique called propensity score matching. This approach matches individuals from each group who have similar characteristics.
- We built a model that estimated the probability of a person being in the homecare group, based on:
  - Demographic data (e.g., age, area-level deprivation)
  - Medical history (e.g., number of chronic conditions, prior hospital use)
  - Medication use
  - Total healthcare costs
- These probability scores (propensity scores) were used to match homecare patients with similar hospital patients.

5. Matching patients

- We matched each homecare patient with one hospital patient with a similar profile using a statistical method that minimizes differences between matched pairs.
- After matching, we checked that the two groups were balanced—meaning they were similar in terms of health status, demographics, and prior healthcare usage.

6. Outcome measures

For the matched groups, we compared:

- Rates of emergency visits at 90 and 180 days after the start of care.
- Combined emergency visits and bed days (a proxy for intensity of hospital care).
- Total healthcare costs.

7. Data analysis and visualisation

- We summarised and visualised the outcomes to clearly show differences between the groups before and after matching.
- Propensity score distributions were visualised to confirm that matching was successful.
- We used standardised mean differences to assess how similar the groups were before and after matching—a key step in validating the fairness of our comparisons.

8. Output and export

- Summary tables and matched datasets were exported for review and reporting.
- The final dataset can be used for further analysis or to support decision-making around care models.

Methodology: Comparing outcomes Between homecare and hospital-based recipients

Data preparation

- Import and categorise patient data

Group definitions

- Define and code homecare and hospital groups

Balancing the groups (propensity score matching)

- Estimate the probability of homecare based on demographics, medical history, etc.

Matching patients

- Match similar homecare and hospital patients

Outcome measures

- Emergency visits at 90 and 180 days
- Combined emergency visits and bed days
- Total healthcare cost

Data analysis and visualisation

- Evaluate balance of matched groups, visualise propensity score distributions

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About the ABPI

The Association of the British Pharmaceutical Industry is the trade association representing more than 60 UK pharmaceutical companies that have a role in the research, development and use of new pharmaceuticals. All ABPI members abide by a rigorous code of practice to ensure transparency and high standards across all working areas. Founded in 1891, the ABPI has a long history of working with the government and the NHS to facilitate access to new treatments for patients[1].

For more information on the ABPI visit www.abpi.org.uk