Automating 4 Better Care Forum: May 2025 Meeting Summary Paper

A Forum funded by BD and facilitated by Newmarket Strategy
13th May 2025

Overview and Chair's Reflections

1. On the 13th May 2025, the Automating 4 Better Care (A4BC) Forum convened the second 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. It is currently sponsored BD, but is developing options to become a multi-supplier forum by 2026.

2. **Political context.** In their opening remarks, the co-chairs opened the meeting by thanking members for their continued engagement and outlining recent national policy signals, notably the forthcoming NHS Ten-Year Plan that ministers intend to publish in the last week of June, ahead of the Government's first anniversary on 5 July. The A4BC Forum was reminded that the Forum's role is to act as a *"house of experts",* focusing on a small number of high-impact priorities to accelerate adoption of Connected Medication Management (CMM) automated technologies.

Provider Collaboratives and Beyond – Talk by Sir David Sloman

3. **Capital investment and system efficiency.** Sir David set out the context for the Government's impending re-organisation of the NHS, cautioning that the advantages of abolishing NHS England could become an operational challenge if not handled well. The central challenge is to reverse record-low public satisfaction (24 % in 2023, a 29-point fall since 2017) by tackling key access targets and the 7 million-strong elective waiting list.

4. **Seven sources of value.** Sir David described seven sources of value that healthcare leaders across the ecosystem should focus on to improve the NHS. These were population health, quality & efficiency, clinical configuration, people & leadership, financial incentives, planning/performance review, and digital & analytics. Behaviour follows context, so structures must reinforce the desired behaviours.

5. **Slimmer, more strategic ICBs.** The draft model ICB blueprint signals a significant shift in the role and structure of ICBs. It outlines a move towards slimmer, more strategically focused ICBs, with a clear delegation of operational responsibilities to provider collaboratives and regional systems. Under this vision, ICBs will refocus their efforts on core functions such as population health intelligence, long-term strategic commissioning, and system-wide planning. As part of this evolution, the number of ICBs is expected to be reduced from 42 to around 25, with each covering a population of at least one million. This consolidation aims to streamline decision-making, reduce duplication, and enable a more effective focus on improving outcomes across larger geographies.

6. **Stronger regional authorities.** There is a clear move to strengthen the authority of the regions across England, each responsible for populations of approximately 10 million people and managing budgets in the region of £18–20 billion. It is possible that regions may be made statutory bodies. The regional bodies would be tasked with overseeing critical system functions such as workforce planning, digital infrastructure, and performance management of NHS Trusts. The proposal reflects a broader trend

towards regional consolidation and a rebalancing of responsibilities between national, regional, and local levels. By embedding strategic capabilities at a regional tier, the model aims to strengthen the capacity to address cross-cutting challenges that cannot be effectively managed at the local level alone.

7. **Provider collaboratives will become more important.** Provider collaboratives are set to play an increasingly central role in the future organisation of health services, with a clear emphasis on delivering scale, integration, and efficiency. The evolving model envisages two distinct levels of collaboration.
    a. **At the sector-wide level,** collaboratives across specific domains, such as acute care, mental health, and diagnostics, will focus on consolidating functions across the back office (e.g., finance, HR), middle office (e.g., pathology and contamination), and front-line services. In this latter category, surgical hubs were cited as a particularly effective example of how service consolidation can boost productivity and reduce waiting times.
    b. **At the neighbourhood level,** collaboratives will focus on integrating non-hospital services around populations of roughly 50,000. These place-based partnerships aim to better align primary care, community services, and social care to local needs. A key policy issue remains how to embed general practice more firmly in the leadership of these collaboratives to ensure that GPs play a central role in shaping local service delivery and population health strategies.

8. **Tackling unwarranted variation.** An explicit national drive to reduce unwarranted variation is expected, with a stronger emphasis on transparency and accountability. This will be sorted by publishing comparative performance across key metrics, such as average length of hospital stay, prescribing patterns, and levels of community-based activity. The aim is to expose inconsistencies, challenge underperformance, and promote the adoption of best practice across systems. By making variation more visible to both professionals and the public, national leaders hope to create stronger incentives for local improvement and peer-led performance management.

9. **Health and social care integration.** On the integration of health and social care, national leaders seem to be adopting a pragmatic stance. While wholesale structural reform is not anticipated during this Parliament, there is openness to limited, locally-led experimentation. In particular, systems that demonstrate financial stability and mature, effective leadership may be permitted to trial more integrated models of commissioning and delivery. This cautious approach reflects a desire to test what works in a controlled way, while avoiding the disruption and risk associated with top-down reorganisation at a time of ongoing service pressures.

10. **EPR consolidation and new capital models.** In response to a question on digital infrastructure, Sir David predicted a continued consolidation of electronic patient record (EPR) platforms, driven by the need for greater interoperability, improved user experience, and economies of scale. He also suggested that new models of attracting third-party capital will emerge to support digital and estates investment. These models are likely to move away from the legacy of PFI, instead being framed as *"value-based partnerships"* that focus on shared outcomes, long-term collaboration, and risk-sharing between the NHS and private partners. The shift in language reflects a desire to create more sustainable and publicly acceptable forms of investment that avoid the political and financial pitfalls of earlier models.

Insights from NHS Trust visits from NHS England Digital Medicine team

11. Rahul Singal, the Chief Pharmacy and Medicines Information Officer at NHS England, shares insights from visits the NHS England Digital Medicine team have been making to Trusts across England.

12. **University Hospitals Plymouth.** At Plymouth, the team observed the live pilot in which the Better Meds EPMA sends real-time messages to BD Pyxis cabinets. The Trust's small in-house development team has already built several local fixes to close workflow gaps, demonstrating how home-grown capability can accelerate commercial integrations. While leadership is strong, with the CIO and CCIO actively sponsor the project, the Trust faces a familiar hurdle: capital for broader interoperability remains tight. Nevertheless, the visitors judged Plymouth *"ready for exemplar status"* once national funding lines open.

13. **Liverpool University Hospitals**. Liverpool is attempting a bold consolidation of four inherited EPR estates into a single platform while simultaneously attacking unwarranted variation in prescribing. Executives recognise that reducing interface complexity is essential, yet bespoke links and sprawling formularies continue to slow progress. Encouragingly, the pharmacy-informatics group enjoys visible board-level backing, which the team felt would be crucial when difficult standardisation decisions loom.

14. **Imperial College Healthcare**. Imperial is upgrading its Oracle/Cerner system and piloting paediatric dose-calculation decision-support. The project shows how the Trust's multi-site configuration can lead to variation, but it also shows the power of good data to drive change. Senior clinical champions are embedded in the programme, giving confidence that lessons will feed quickly into trust-wide practice.

15. Across all three visits, a common storyline emerged. Digital maturity and leadership depth, rather than the choice of technology, are the real determinants of success. Many Trusts, the team noted, have merely digitised existing processes; true productivity gains will come only when pathways themselves are redesigned. Looking ahead to the 2025 capital round, NHSE signalled that bids prioritising interoperability over *"shiny kit"* will score highest, so Trusts were urged to get robust business cases ready early.

Update on exemplar sites

16. The A4BC Forum also heard an update from Dipak Duggal, Director of Medical Affairs International at BD on progress in developing CMM exemplar sites at University Hospitals Plymouth NHS Trust and the NHS University Hospitals of Liverpool Group.

17. Implementation planning is progressing well at both sites. In both sites, BD are working closely with the associated universities to establish a research evaluation of the programme at each location. Informed by Professor Bryony Franklin's expertise, this will be a BD-sponsored study, with the aim of generating novel insights and contributing UK-based evidence around CMM. The proposed methodology has been submitted by Imperial, BD's global team are leading on the proposal, and meetings are in the diary to agree and plan onsite research which will be conducted by local universities.

18. **Liverpool.** The business case has been submitted in Liverpool. Aintree Hospital Leadership Board has approved the project, but there are ongoing discussions around funding. BD note that there is strong executive support with a request to expand with pace across the Trust if project delivers anticipated ROI. BD is aiming to sign a Memorandum of Understanding, which would represent a further step towards

formalising contractual arrangements. Aintree is also working with BD and SystemC to enable eMPA in Aintree.

19. **Plymouth.** Work is progressing, and Mark Hacket, Interim Chief Executive, is very supportive and driving for a business case submission by the end of May 2025. There will also be a review of workflows required in advance of EPIC roll out in Aug 25.

Case Study: EPMA Integration – Real-world insights (Better Meds, BD & University Hospitals Plymouth)

20. The A4BC Forum heard a case study from Better Meds, who have been working to support electronic prescribing and medicines administration (ePMA) system integration at University Hospitals Plymouth NHS Foundation Trust, in collaboration with BD. The project was funded through NHS England's digital medicines programme, and aimed to integrate the ePMA system with BD Pyxis automated dispensing cabinets.

21. **Technical integration.** The team highlighted that a strong focus by all sides on technical integration is important. The integration is built using HL7 FHIR messaging, aligned to NHS Dose Implementation Guidance. This allows prescription information, scheduling data, and patient identifiers to flow directly from the ePMA system to the dispensing cabinet in real time. This eliminates the need for manual transcription and reducing the risk of medication errors caused by human input.

22. **Clinical workflow improvements.** The team described how the solution supports safer and more efficient clinical workflows. Nurses log into the dispensing cabinet, select a patient, and are presented with a filtered list of due doses. The system then guides them directly to the correct drawer and compartment, significantly reducing the chances of missed doses or controlled drug errors. This streamlined process is designed to improve compliance, speed, and safety at the point of care.

23. **Co-designed development**. Development has been delivered in three agile sprints– focused on processing new orders, handling modifications and cancellations, and testing failure-mode scenarios. Each stage has been co-developed and tested with active input from hospital pharmacy and nursing teams, ensuring the solution meets frontline needs.

24. **Anticipated benefits.** The integration is expected to deliver several measurable improvements:
    a. Reduced medication administration errors and more precise dosing.
    b. Faster drug retrieval, freeing up nursing time for direct patient care.
    c. Rich, end-to-end audit data to support ongoing quality improvement and research.

25. A formal before-and-after evaluation of the integration is scheduled to begin following go-live in summer 2025. The project offers a potential model for other sites looking to link ePMA systems with pharmacy automation to improve safety, efficiency, and data use across medication pathway.

System C and BD: Development of a Benefits Framework for Interoperability.

26. System C presented a draft benefits framework developed in collaboration with BD, designed to support more consistent and evidence-based evaluation of interoperability initiatives across the health and care system. The framework categorises benefits into five key domains: clinical safety, patient experience, productivity, cash-releasing

savings, and non-cash savings.

27. Each domain is aligned to HM Treasury's Green Book methodology, with the intention of helping systems and suppliers articulate benefits in a format recognised by national decision-makers, including regulators and funding bodies. This alignment is intended to bridge the gap between frontline innovation and the formal business case requirements that underpin large-scale investment.

28. The framework aims to serve as a practical tool for both NHS organisations and technology suppliers, enabling them to define, evidence, and compare the value of interoperability interventions in a structured way. It is also intended to support better procurement decisions and post-implementation evaluations by moving beyond vague or anecdotal benefits toward quantifiable impact.

29. Meeting participants were invited to review and refine the draft material over the following weeks to ensure that the content is appropriately accurate and broadly applicable across settings. The goal is to publish a version of the framework that can be adopted sector-wide, supporting a shared understanding of the benefits case for interoperability and encouraging more coordinated digital transformation across the NHS.

Multi-supplier approach

30. To end the meeting the A4BC Forum held a discussion on policy development around becoming a multi-supplier platform.

31. BD is working with an external consultant who is providing an independent evaluation of the options available to the A4BC Forum to become multi-supplier. BD is building on this advice, and the A4BC Forum heard initial results from this work, which proposed that the A4BC Forum should, for the time being, retain a UK-only focus to maintain alignment with NHS priorities and regulatory frameworks. To support practical progress, BD recommended the formation of a formal advisory board alongside a series of themed working groups. These groups would be tasked with developing implementation guidance on key enablers, including system interfaces, procurement models, and standards alignment - areas seen as critical to accelerating adoption and delivering value from automation in medicines and care processes.

32. A4BC Forum members agreed that clarifying A4BC's governance model will be essential to its evolution. Establishing a clear structure for decision-making, engagement and accountability was viewed as vital for moving into the "next chapter" of the initiative. In particular, participants acknowledged that if A4BC is to transition toward a multi-supplier model, the group will need to address not just technical interoperability challenges, but also the behavioural and commercial dynamics that can hinder.

Actions

33. There were several actions that arose from the discussion. These included
    a. Members to comment on the Interoperability Benefits Framework by the end of May.
    b. Site-visit findings to be distilled into an "implementation readiness" checklist for Trusts seeking 2025 capital
    c. Further engagement from BD and the A4BC Forum take place with other suppliers over the summer and another paper would come to the next meeting, aiming to move to the new multi-supplier model by the end of the year.

d. Governance options paper for an A4BC advisory board to be tabled at the next meeting
e. All slide decks and papers to be uploaded to the A4BC website.

The chair closed the session by emphasising that, with public expectations rising and capital scarce, A4BC Forum must support the NHS be *"doing fewer things, better"* and working to demonstrate tangible value from connected medication management over the next 12 months.

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.

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