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MARKET ACCESS OUTCOMES

Bridging the Implementation Gap

Delivering Commercial Success from HTA, NICE and NHS Supply Chain Approval

FIVE MARKET ACCESS CASE STUDIES | ONE OVERRIDING OUTCOME: SUCCESS

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1 New to Market Access

Pharmaceutical, health technology, and healthcare services organisations can have limited experience working with market access teams. As a result, they can be hesitant to move beyond their core customers — typically clinicians, medical and surgical teams, pharmacists, and procurement leads.

After securing NICE, HTA, or NHS Supply Chain approval, these organisations are often frustrated when expected commercial growth does not follow. This is the:

“The Implementation Gap”

The reality is that HTA bodies, NHS Supply Chain, and end users — including clinical and surgical teams, pharmacists, and procurement teams — **are not responsible** for planning, managing, funding, or locally implementing the national NHS policies mandated in delivering the **contracted services** in which patients access diagnosis and treatment.

The NHS managers who ARE responsible for implementing the national NHS policies that must be locally implemented in the service contracting process are the managers in:

NHS England › NHS Regions › ICBs › [Contracted Services](#) › Hospital Trusts › Primary Care

I translate what brands do for patients, how that changes subsequent NHS resource utilisation, and align that with the national NHS policies that **must** be locally implemented in the contracting process for the delivery of services through which patients access diagnosis and treatment with your brand.



Aligning brand impact with NHS priorities — the Healthcare-Acumen commercial growth model

My commercial vision and skills set combine NHS insight and stakeholder engagement to guide my clients and build trust with customers and roles they are not familiar with — delivering exceptional engagement, dialogue, and commercial adoption.

This document sets out five uniquely different market access successes to show organisations with limited experience of market access that success is achievable — even when the path is not clear-cut and made more so by NHS change.

2 Five Market Access Case Studies

2.1 NHS England Engagement to Accelerate Hydrex (Surgical Hand Scrub) Uptake

£2.3M SAVINGS IDENTIFIED	£890K ACTIONED BY NHSE	£1.2m 2026 NEW HYDREX SALES
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At Ecolab, I used board-level NHS engagement and targeted NHS England Board financial analysis to convert a supply-chain savings opportunity into practical action. By identifying low Hydrex adoption, linking underuse to unrealised NHS savings from NHS Supply Chain pricing, and escalating the issue to senior NHS England leaders, I helped secure system-level focus on implementation.

As a result, the Director General of DHSC Commercial and Growth directed NHS Supply Chain to ask chief pharmacists and NHS Trust procurement stakeholders to review the national Hydrex savings opportunity and submit demand-capture forms confirming planned switching volumes.

BOARD QUESTION

“Phase one of the NHS Core List (NHSSC Mandatory Products), launched in February, introduced nationally agreed pricing frameworks to improve uptake and savings through the NHS Supply Chain.

Can the board set out how learning from phase one will inform the prioritisation and design of future Core List categories, including the role that ease of implementation will play?”



Outcome

Initiating reciprocated communication regarding the unimplemented £2.3 million Hydrex NHS Supply Chain (NHSSC) savings opportunity, and the NHS Trusts most responsible for it, with NHS England CEO Jim Mackey, Finance Director General Elizabeth O’Mahony, for further implementation and action by Commercial & Growth Director General Fiona Bride.

This resulted in direction, in March 2026, to NHS Supply Chain to issue communications regarding the £890K savings opportunity — recognising and validating our analysis of Business Services Authority prescription data by NHS Trust — for the Hydrex 500ml bottle, firstly to the pharmacy community (Chief Pharmacists Network), and secondly to NHS Trust procurement colleagues, asking at the monthly procurement teams meetings for their submission to NHSSC of demand-capture forms confirming the required volumes to switch to Hydrex via the NHSSC purchase route for each NHS Trust.

This also secured advance sight of Core List inclusion criteria, with an invitation to discuss other Ecolab brands — a fantastic opportunity for Ecolab to review product portfolio Core List suitability.

NHS
Supply Chain

Potential Savings Opportunity

Hydrex Skin Disinfectant 500ml bottle 4% chlorhexidine surgical scrub solution - Stocked route

Dear Partner,

Category: Medical and Surgical Consumables

Framework: Skin Cleansing, Disinfection and Hygiene

We want to make you aware of a savings opportunity identified on the **Skin Cleansing, Disinfection and Hygiene framework on 16 February 2026**.

Recent analysis by the awarded supplier (Ecolab Ltd.) has identified that a number of trusts are currently purchasing **Chlorhexidine gluconate 4% solution (NPC MRB320)** via the prescription route within pharmacies at a higher cost than is available through NHS Supply Chain.

The data used in this analysis is derived from the NHS Business Services Authority (NHSBSA) Secondary Care Medicines Data (SCMD). The period covered is **April 2024 to March 2025**.

Opportunity

Based on this analysis, indicative national savings of approximately £890,000 (excluding VAT) have been identified.

- The analysis will be issued to our ICS Managers week commencing **16 March 2026** who can then share this information with procurement colleagues to discuss the opportunity with pharmacy leads.
- Trusts will need to review and validate the data provided for your trust. Details of product costing via NHS Supply Chain are **£3.075** excluding VAT or **£3.69** including VAT per bottle.
- Subject to clinical approval, please submit a demand capture form confirming the required volumes to transition to Hydrex via the NHS Supply Chain route.

Kind regards,
NHS Supply Chain

NHS Supply Chain communication to trusts, confirming the £890K Hydrex savings opportunity identified through this analysis

2.2 Securing NHS England Support for Licensed Surgical Skin Preparation

This work addressed a regulatory and patient-safety risk created when cost-led product choices were not consistently aligned with licensing requirements for preoperative skin preparation. By raising the issue through an NHS England board question, I helped prompt a clear system-level response confirming that clinically appropriate, licensed, and compliant products should be used through national contracts, clinical guidance, and procurement frameworks. The outcome was authoritative NHS England support for the appropriate use of licensed surgical skin preparation products.

BOARD QUESTION

"How does NHS England assure that cost-driven product choices, including those used for preoperative skin preparation, continue to meet the appropriate regulatory, licensing, and patient safety standards?"

NHS ENGLAND'S PUBLIC REPLY

"Specifically, around products that contain active antiseptic ingredients that are intended for preoperative skin preparation — these are defined as medical products and therefore must hold the appropriate Medicines and Healthcare products Regulatory Agency approval and authorisation for that purpose.

We work closely with the Royal College of Surgeons and the MHRA on a joint statement on how these products can be clearly signposted and licensed for their intent.

NHS England therefore provides system-level assurance through the NHS Standard Contract, national infection prevention standards, clinical guidance, and procurement frameworks — all of which set clear expectations that NHS trusts use clinical products that are safe, clinically appropriate, and compliant with regulatory requirements."

CLIENT FEEDBACK

"I wanted to personally thank you for your outstanding contribution.

You have delivered a truly excellent piece of work. Your commitment, professionalism, and patience have made a meaningful impact, and the quality of the outcome clearly reflects the ownership and diligence you consistently demonstrated throughout.

Successfully navigating the complexities of an ever-changing NHS landscape, while contributing to the adoption of the brand and securing anti off licence biocide endorsement, is a significant achievement and a testament to your expertise and perseverance.

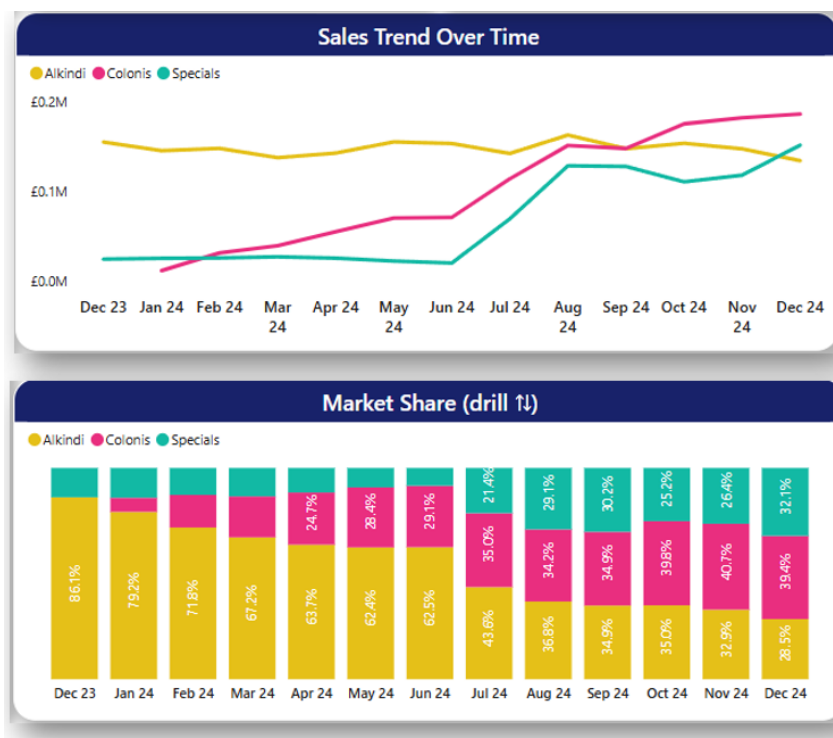
I look forward to the opportunity to work with you again very soon."

2.3 Colonis Hydrocortisone — Targeted Paediatric Tertiary-Care Access Strategy

June 2024 – March 2025

0→39% MARKET SHARE GROWTH	£1.4M SALES DELIVERED	Runner-up UNIPHAR EUROPE AWARDS 24/25
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For Colonis Hydrocortisone, I designed a focused tertiary-care access strategy aimed at specialist paediatric endocrine centres, where patient identification, specialist prescribing, and formulary decisions could most directly influence uptake. By combining targeted NHS data, customer knowledge, and disciplined account prioritisation, the project delivered rapid formulary inclusion and scalable usage — growth from zero to 39% market share and sales of £1.4 million, alongside recognition as runner-up in the Uniphar Europe 2024/25 Project Awards.



Sales trend and market share growth, December 2023 – December 2024

CLIENT FEEDBACK

“What struck me right from the start was the expertise, professionalism, knowledge, and commitment that you all displayed. This has all been borne out with great results on formulary inclusion and subsequent sales.

Your use of data combined with great customer knowledge has allowed for an efficient targeted approach — what you have delivered for us has been great. Thanks again for all you’ve done in helping make the launch of our hydrocortisone solution such a success.”

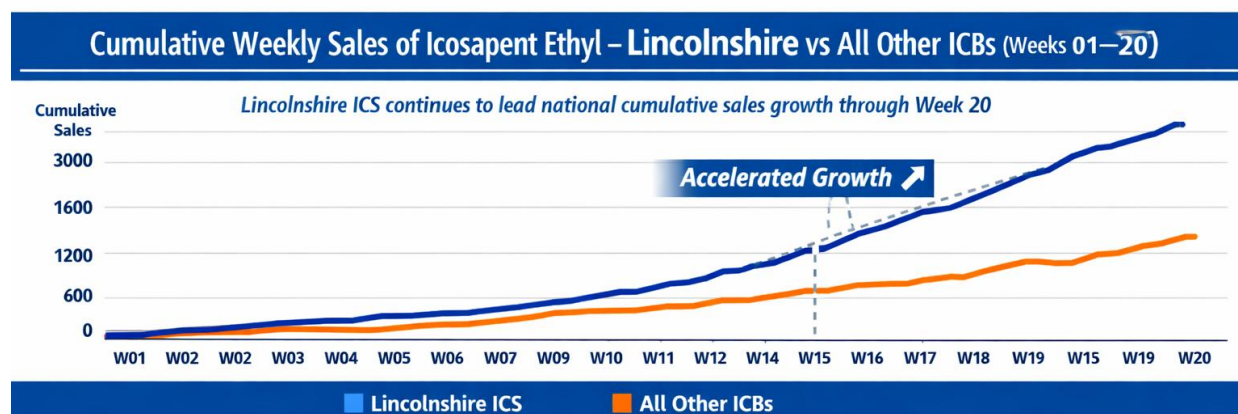
2.4 Amarin — Lincolnshire CVD Secondary Prevention Partnership (Icosapent Ethyl)

Associate Director, Market Access

LINCOLNSHIRE Rx 55%
OF NATIONAL SALES VOLUME

NHSE > ICB > NNS Trust > PCN
COMMERCIALISATION STRATEGY

This partnership demonstrates how NHS policy engagement can be converted into practical local implementation. By aligning secondary prevention priorities with population health objectives, pathway redesign, and collaborative working, I helped create a model that supported leadership buy-in, service development, and sustained commercial momentum in Lincolnshire and beyond.



2021 Cumulative weekly sales of Icosapent Ethyl — Lincolnshire ICS vs all other ICBs

- Designed a nine-phase commercialisation strategy for Lincolnshire that, through payer and HCP networking, helped **deliver 55% of national sales volume** due to proactive patient discovery and prescribing in General Practice.
- Led board-level NHS engagement to support cardiovascular secondary prevention policy and translate that policy into local leadership support across the ICB and PCN environment for primary care prescribing.
- Connected NHS population health priorities, local pathway redesign, and the evidence base for icosapent ethyl within a broader secondary prevention risk-reduction strategy.
- Coordinated commercial, medical, legal, finance, and approval functions to align the programme with NHS England population health strategy and local service delivery goals.

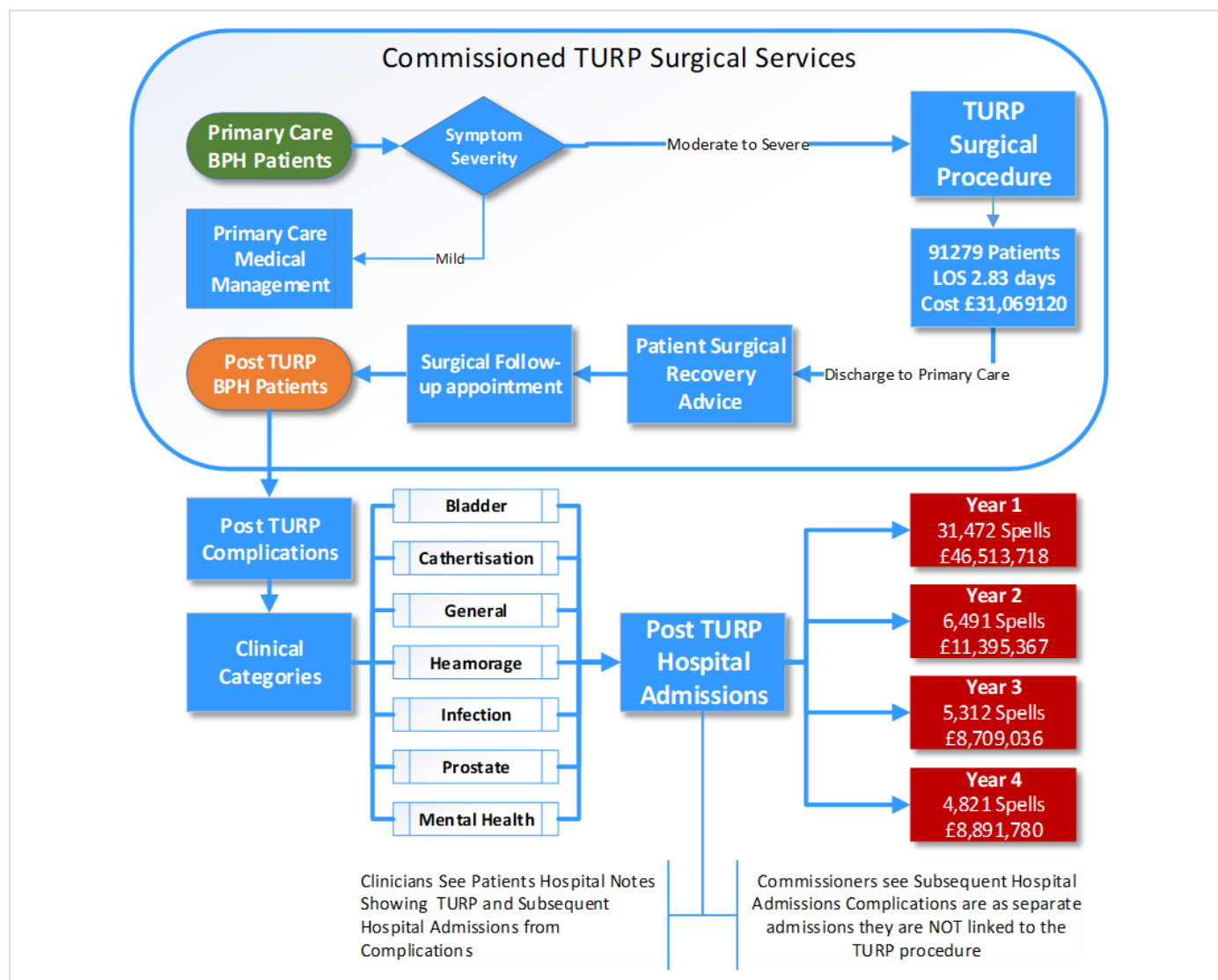
2.5 Urolift — Hospital Episode Statistics Analysis for BPH Complications

2017 FIRST NHS AAR ITT AWARD	BOBI 2015 AWARDS FINALIST ENTRY
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I designed a Hospital Episode Statistics (HES) analysis of patient numbers and the short- and long-term cost of complications following transurethral resection of the prostate (TURP) for the treatment of benign prostatic hyperplasia (BPH).

- For Urolift, my analysis showed that the **long-term cost of complications following TURP outweighed the additional upfront cost of the Urolift procedure.**
- That work helped Urolift secure the **first NHS Accelerated Access Review Innovation and Technology Tariff award in April 2017**, enabling adoption across urology surgical units in England and inclusion as a case study in the AHSN Network Impact Report 2017.
- This and two other projects of mine were the only Harvey Walsh projects that met the entry standards for submission to the British Healthcare Business Intelligence Association (BHBIA) BOBI — Best of Business

Intelligence — Awards 2015, with my Roche Idiopathic Pulmonary Fibrosis Dashboard shortlisted for the final in the Excellence in Business Analytics category.



HES analysis design: patient pathway, complication categories, and post-TURP hospital admissions cost by year

3 Going Beyond Brand Cost

3.1 How I Add the Brand Value That Makes Payers Want to Implement

NICE and HTA guidance determines whether a brand is value for money — but it does not determine affordability.

My approach goes further by incorporating the political value of the brand in implementing NHS policy locally. NHS managers must implement these policies in contracted services, so there is clear political value in demonstrating how your brand's impact on patients can also support local NHS policy implementation, through positive changes in contracted resource utilisation that a treated patient exhibits with your brand.

A Brand Policy Handbook brings together, in one place, the NHS policies with which a brand is aligned.

Social Care Value – Delayed Transfers of Care (DTC) – Care Home Capacity – Supported Care Packages – Avoidable Referrals	Implementing NHS Policy — Political Value – Ten-Year Health Plan – NHS Payment Scheme – NHS Quality & Outcomes – NHS Standard Contract – Medium Term Planning Framework – Strategic Commissioning Framework
Effectiveness (Admissions) Value – Elective – Non-Elective – Day Case – Avoidable Admissions – Ambulatory Care – Readmissions (28, 90 day)	Efficiency (Service Capacity) Value – Patient Numbers – Length of Stay – Complex Care – Trust Location – Referral Pathway

How a brand's impact connects to the four value dimensions that NHS managers are measured against

When communications to NHS managers are framed around the language of the policies aligned to the brand, they become more accessible and, importantly, show that you understand the contracting and policy pressures managers face. This makes them more likely to engage with you and consider implementing your brand for patients.

3.2 Payer Profiling and Value Communication

In any NHS management system, an effective market access plan must identify the priorities, pressures, and success measures of each payer role. My approach tailor's communication to each stakeholder by showing that I understand their responsibilities, the challenges they face, and the outcomes that matter to them.

That perspective has strengthened my work across marketing and market access, including value proposition development, project leadership, brand planning, and materials approval. It enables me to connect clinical outcomes, service impact, financial value, and policy relevance in a way that supports both internal alignment and external engagement.

Payer Role ■ Primary ■ Secondary	Clinical Evidence	NHS Policy Delivery	Policy Creation	NHS Finance	NHS Service Performance	Contracting	Brand Cost	Deprivation	Clinical Safety	Service Outcomes	Supply Chain Resilience
Medicine Management	■						■		■		■
CEO		■		■	■	■		■		■	
Finance Director		■		■	■	■	■	■		■	
Chief Nurse		■							■	■	
Chief Operating Officer				■	■	■				■	
Risk & Audit Chair	■			■			■		■	■	
NHS Supply Chain	■	■		■		■	■		■		■
MHRA	■			■			■		■		
Commercial & Growth	■		■	■	■	■	■			■	■
NICE	■						■	■			

How ten NHS payer roles weigh eleven value dimensions — primary vs. secondary relevance

The result is marketing that is more credible with NHS stakeholders, more coherent across matrix teams, and more effective in supporting patient access and commercial performance.

4 Summary for Clients

A UNIQUE COMBINATION OF MARKET ACCESS, MARKETING AND NHS DATA EXPERTISE

Building client trust and project adoption with the assurance of an unmatched record of translating policy, data, and stakeholder insight into patient access, adoption, and commercial growth.



Let's talk about your brand.

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TRUSTED BY MARKET ACCESS AND COMMERCIAL TEAMS AT

Ecolab · Colonis Pharmaceuticals · Amarin · Urolift · Harvey Walsh

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