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Figure 1NHS Policies 2026

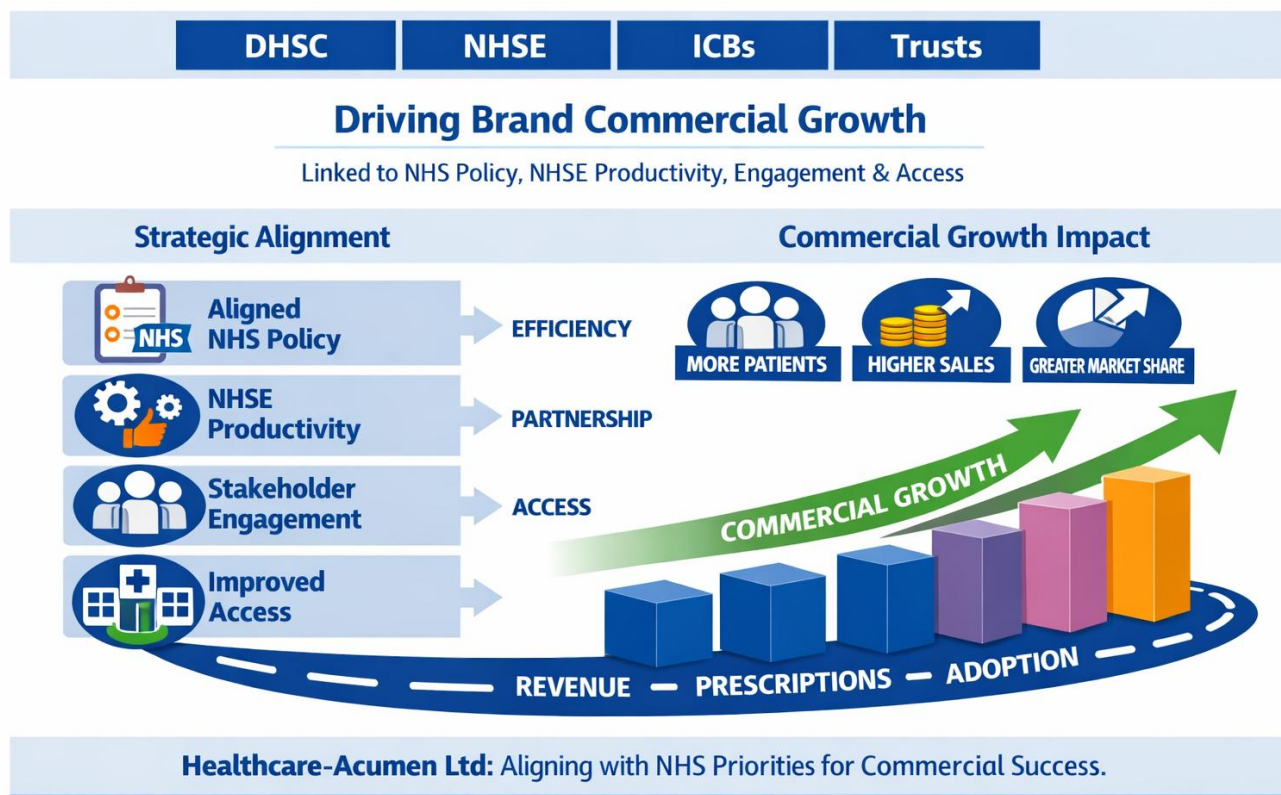
# 1 Executive Profile and Commercial Growth Model

I am a healthcare commercial leader with a track record of turning NHS insight, stakeholder engagement, and data-led value propositions into measurable market access, adoption, and growth. My experience spans marketing, market access, HEOR, NHS data analysis, and cross-functional leadership, with a consistent focus on translating complex system priorities into practical strategies that improve patient access and commercial performance.

My approach is grounded in a detailed understanding of how the NHS works in practice: its structures, decision-making processes, policy priorities, financial pressures, and service objectives. That understanding allows me to frame brand value in terms that matter to NHS stakeholders, connecting clinical outcomes, service improvement, efficiency, and affordability to create stronger engagement, broader adoption, and sustainable growth.

This document sets out the commercial growth model, NHS expertise, and representative case studies that underpin that track record.

## 1.1 Commercial Growth Market Access Model

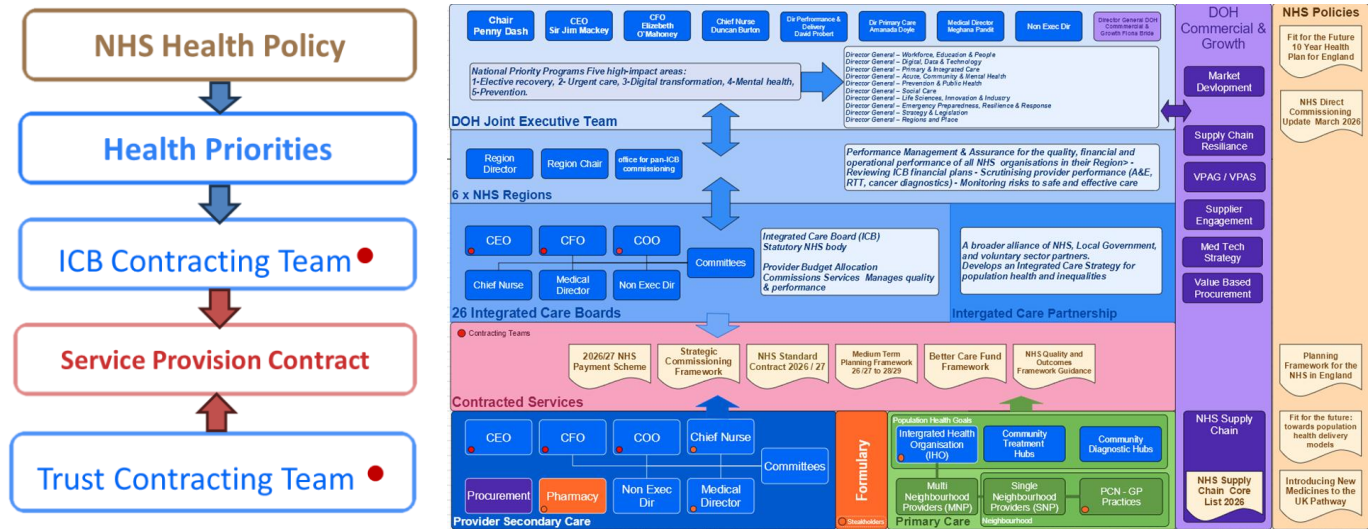


My commercial growth model is built on four practical disciplines that consistently support access, engagement, and execution:

- Sharing ideas in matrix environments.
- Engaging in quality internal & customer conversations, both 1:1 and online.
- Using storytelling to connect concepts memorably.
- Thriving with autonomy to think, problem-solve, and experiment.

## 2 NHS System Expertise

Figure 2 NHS 2026 Post Abolition of NHS England



*Deep knowledge of NHS structures, funding, policy, and system priorities allows me to identify where a brand can improve clinical services, demonstrate value, and support adoption in a way that is relevant to decision-makers.*

## 3 Marketing Leadership

My marketing approach is informed by direct experience of how NHS organisations operate, collaborate, prioritise, and fund care. Over many years of engagement with NHS England, CCGs, ICs, hospital trusts, and local authorities, I have developed a practical understanding of how to position brand value in a way that aligns with system needs rather than relying on product messages alone.

- Their organisational interactions and hierarchy, and how they collaborate.
  - **Who has authority over whom?**
- The procedures they follow.
- The priorities they establish and implement.
- How their finances are structured, and costs and return on investment are accounted for.
- Their relationship with pharmaceutical companies.
- What value means across their organisations and collectively for the healthcare system.
- How they interpret and implement NHS policy.

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. 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.

### 3.1 Associate Director, Marketing (CNS), Teva | August 2023 to January 2024

At Teva, I helped shape the strategic foundation of the fremanezumab brand plan by aligning brand value, stakeholder priorities, and access strategy into a single coherent framework. The process set out below shows how marketing, market access, and value communication were integrated to create a brand patient access plan that could be used both externally with NHS stakeholders and internally across the company matrix.

## NHS Service - Brand Patient Access



This strategic framework was adopted within two months of my joining Teva and was subsequently presented to and approved by Teva Europe.

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### *Teva Europe Early Success with KOL, Parliamentary and Patient Support Group Access & Collaboration*

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- Agreement from two Walton Migraine Specialist Centres national KOLs and the leadership of the Migraine Trust charity to collaborate on Migraine Costed Integrated Pathway Scenario HEOR publication.
- **Teva Stars Award**, for meeting with Rob Butler MP. “Steve drove engagement by describing the burden of Migraine, the patient pathways, and failures in the NHS system. How NHS data could be mapped to parliamentary constituency enabling the MP who suffers from Migraine to generate informed debate on Migraine services in the house.

### 3.2 Payer Profiling and Value Communication

Payor Role	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											

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

- Understanding their role
- Their challenges
- By talking their language, become trusted
- Offer them service solutions
- Show how my Brand delivers
  - Patient Outcomes
  - Service Outcomes
  - Financial Outcomes
  - NHS Policy Delivery

This enables access & engagement leading to Brand Patient Access and Sales success in any Health Economy without relying on redundant existing contacts

I have demonstrated this multiple times in Market Access Plans

## 4 Market Access Achievements

### 4.1 NHS England Engagement to Accelerate Hydrex Uptake

At Ecolab, I used board-level NHS engagement and targeted financial analysis to turn a supply-chain savings opportunity into practical action. By identifying where Hydrex adoption remained low, linking that underuse to unrealised NHS savings, and escalating the issue to senior NHS England leaders, I helped secure system attention on implementation.

The resulting action was for the Director General of DOH Commercial and Growth to direct NHS Supply Chain to instruct all Chief pharmacists and NHS Trust procurement stakeholders, to review national savings with Hydrex and to complete and return demand capture forms showing how much Hydrex they will be switching to.

*Board Question “Phase one of the NHS Core List, which was launched in February of this year, 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*

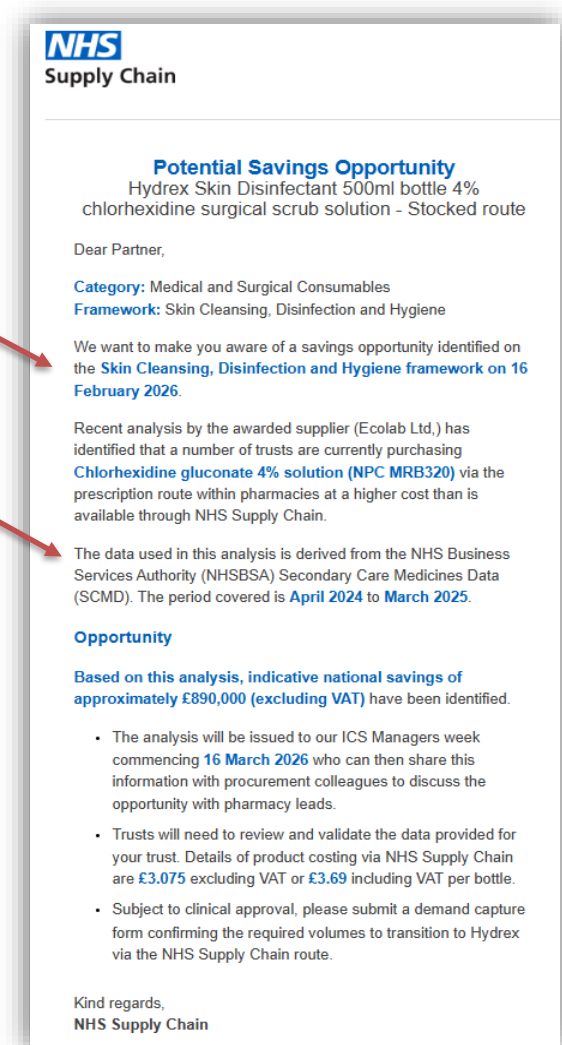


Initiating reciprocated communication regarding the unimplemented £2.3 million Hydrex of NHS Supply Chain (NHSSC) savings and those NHS Trusts most responsible for it with NHS England CEO Jim Mackey, Finance Director General Elizebeth O’Mahony, for further implementation and action by Commercial & Growth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

Resulting in direction In March 2026 to NHS Supply Chain (NHSSC) to issue communications re: £890K savings opportunity (recognising and validating our analysis of business services authority prescription data by NHS Trust) for Hydrex 500ml bottle firstly to the pharmacy community (Chief Pharmacists Network)

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 transition to Hydrex via the NHSSC purchase route for each NHS Trust.

Also, advance sight of Core List Inclusion Criteria with Invitation to discuss. A great opportunity for Ecolabs to review product portfolio core list suitability



## 4.2 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 NHS England assures that cost driven product choices, including those used for preoperative skin preparation. Continue to meet the appropriate regulatory, licencing, and patient safety standards?”*

*“Specifically, around products that contain active antiseptic ingredients that are intended for preoperative skin preparation.*

*These are defined as medical products and therefore they must hold the appropriate medicines and healthcare products regulatory agency approval and authorization for that purpose.*

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

*Therefore, NHS England 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”.*

## 4.3 Colonis Hydrocortisone: Targeted Tertiary-Care Access Strategy | June 2024 to March 2025

For Colonis Hydrocortisone, I designed a focused tertiary-care access strategy aimed at 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. The result was 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.

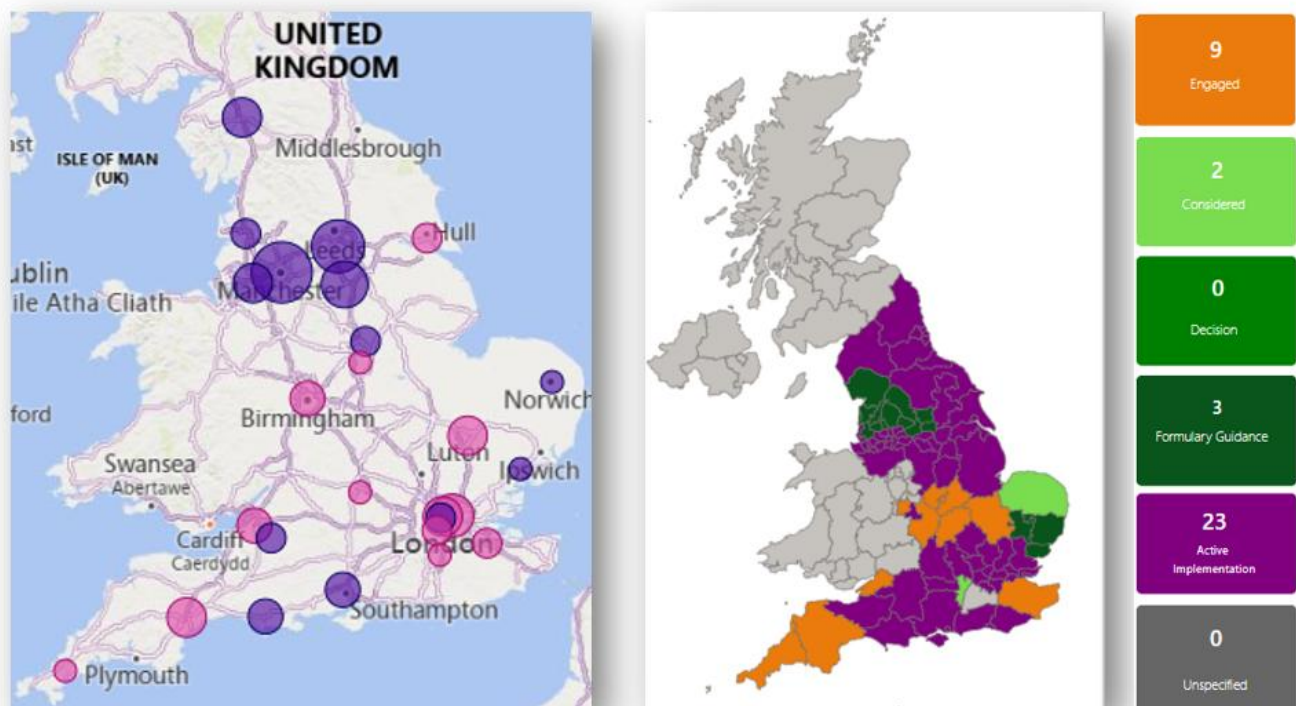
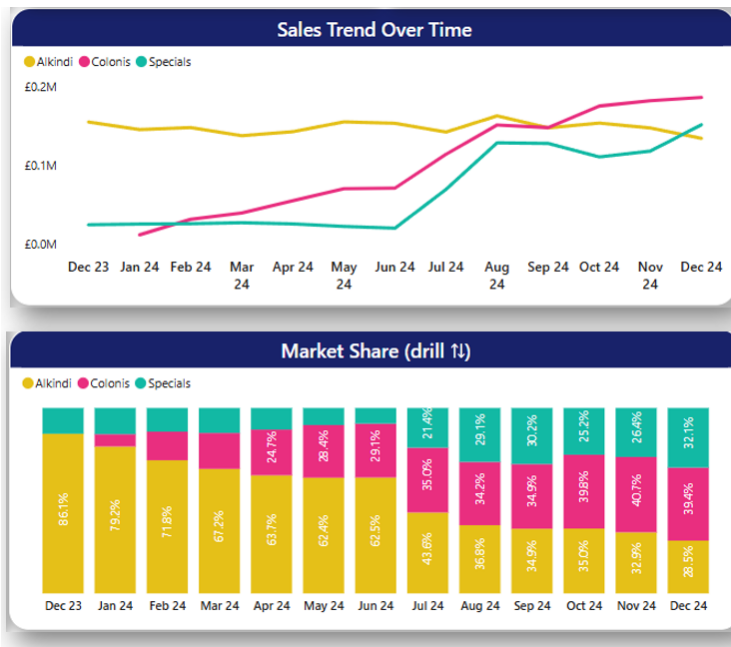


Figure 3 Focused Tertiary Care Action Delivered ICS Patient Access and Usage at Scale

- Market Share growth 0 to 39% Sales 0 - £1.4m
- Runner up Uniphar Europe 2024/25 Project Awards for Colonis Hydrocortisone



Hi All

I just wanted to drop you all a line to both thank you and congratulate you on a great job for us. I know I've only sat in on a couple of the review meetings, but 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. We've been really delighted with what you've achieved for us. In addition, your use of data combined with great customer knowledge has allowed for an efficient targeted approach. We weren't able to put a lot of resource behind this project, but what you have delivered for us has been great. You should be proud of what you've done.

So, I wish you all the best in your next project and thanks again for all you've done in helping make the launch of our hydrocortisone solution such a success.

Best wishes

Andy

#### 4.4 Associate Director of Market Access, Amarin UK Ltd | February 2021 to August 2023

At Amarin, I led NHS policy alignment and value commercialisation strategy for cardiovascular disease secondary prevention, working across medical, marketing, commercial, digital, and external stakeholder groups. My focus was to position icosapent ethyl within NHS priorities, develop the supporting policy narrative, and create materials that linked clinical outcomes to system goals. This included authoring and leading the Icosapent Ethyl NHS Policy Handbook and helping establish policy-aligned health communications as a core component of the 2023 strategy.

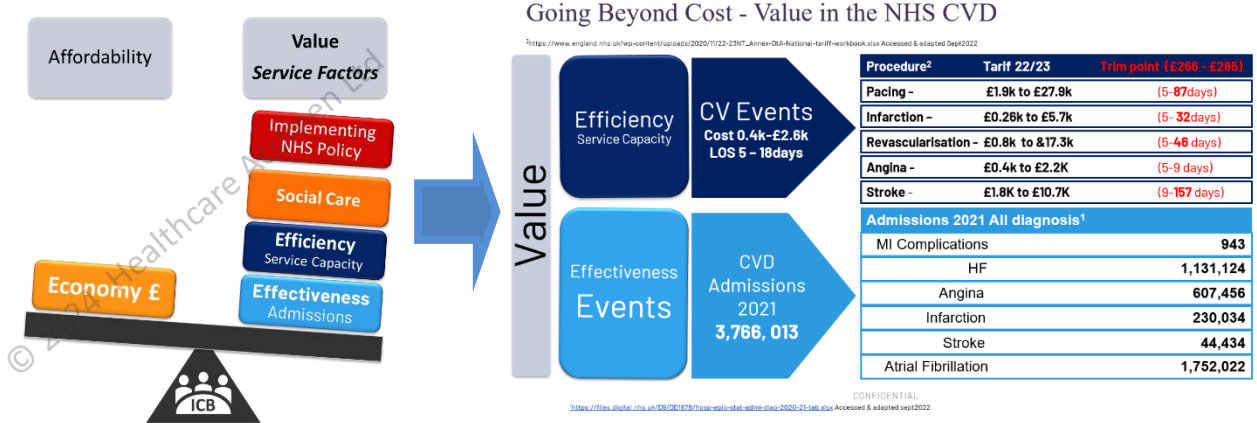
- NHS Policy Functional lead for CVD Pathways, Value Commercialisation Analysis & Strategy Development.
- Matrix working across, Medical, Marketing, Commercial, Digital leadership, and Charitable organisations.
- Author & project lead for Icosapent Ethyl **NHS Policy Handbook**



Long Term Plan	• Priorities for NHS England • <b>Secondary CVD Prevention No1 Priority</b>
NHS Mandate	• Annual Gov't Instruction to NHS England • <b>Secondary CVD Prevention No1 Priority</b>
NHS England Board Meeting Dec 2021	• <b>Secondary CVD Prevention</b> • <b>No1 Priority until 2025</b>
NHS Outcomes Framework	• Measuring Mandate Performance e.g CVD Mortality, Avoidable CVD Admissions
Directed Enhanced Services	• PCN CVD Risk Management Instruction
Quality Outcomes Framework	• Incentivising CVD Risk Management
Better Care Fund	• Local Authority - Reducing Avoidable admissions & Social Care Utilisation
Elective Recovery Plan	• Freeing up 25% of Hospital Consultations

- Aligned NHS Policies that Icosapent Ethyl CVD Secondary Prevention Patient Outcomes Support, a cornerstone of 2023 Health Comms Strategy

# Sales Conference 2022 Secondary CVD Prevention Presentation - Value in the NHS



## 4.5 Lincolnshire CVD Secondary Prevention Partnership

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.

- I 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.
- The partnership connected NHS population health priorities, local pathway redesign, and the evidence base for isosapent ethyl within broader secondary prevention risk reduction.
- I coordinated commercial, medical, legal, finance, and approval functions to align the programme with NHS England population health strategy and local service delivery goals.
- The work supported collaborative implementation in Lincolnshire, including Advanced Coronary Practitioner funding, QIPP-aligned service improvement, and a further NHS England funding application.

# Service Map

## Lincolnshire ICS Secondary CVD Prevention Clinical

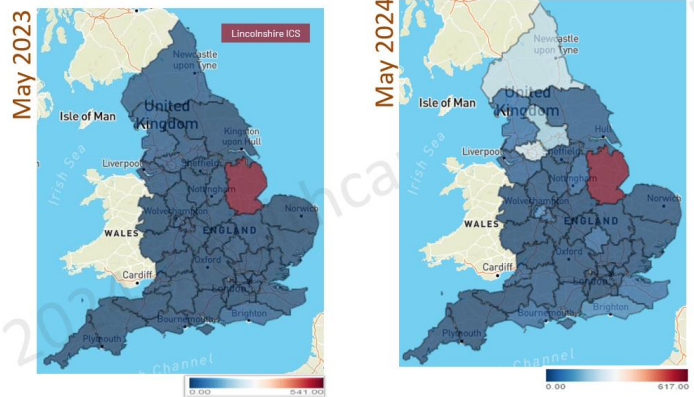
Planned CVD Pathway

Current CVD Pathway

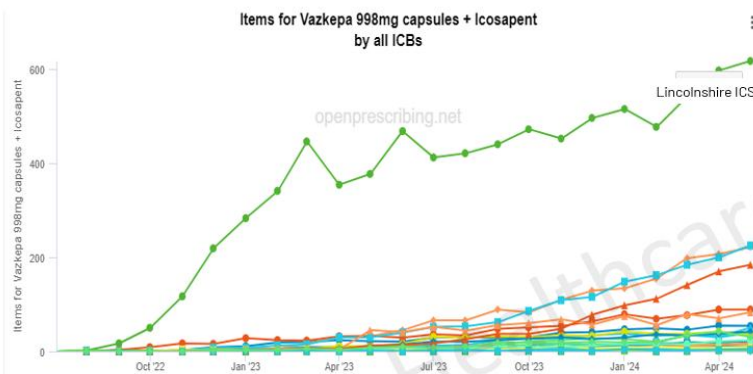


### 4.5.1 Lincolnshire ICS Population Health Outcome Partnership

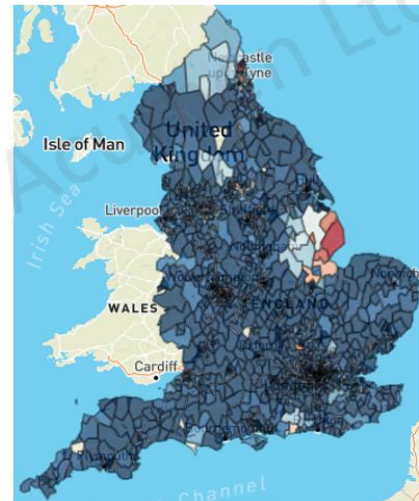
- Growth outside of Lincolnshire aligned with Market Access Advisory Board members.
- After one year Lincolnshire sales are still five times that of the nearest competing ICS



### 4.5.2 Value in the NHS: Driving Population Health Gains Through Finding, Reviewing and Treating in PCNs



*"In Primary care CVD Secondary Prevention proactively Finding, Reviewing & Treating in primary care piloted in Meridian PCN & adopted by Lincolnshire ICS at Scale for Every PCN avoiding relying on secondary care initiation because more patient could be treated than would be possible if treatment was limited to capacity limited CVD outpatients. This is an example of integrated selling combining NHS Policy, Health service value outcomes and adherence to NICE TAs with local KOL / PCN support to implement population Health Gains"*



PCN Sales May 2024

## 4.6 Market Access Materials, Approval and Internal Capability Building

- I developed and reviewed a range of market access materials that supported launch, formulary implementation, and post-NICE adoption, including notification documents, implementation packs, and decision-support materials.
- I also led internal capability building through cross-functional collaboration, Veeva approval processes, and companywide education sessions designed to strengthen understanding of market access across the organisation.

## 4.7 Development of the Icosapent Ethyl HTA Value Proposition

- I supported the NICE TA805 and CG181 submission process by authoring a review of the health economic impact of stroke and helping shape the wider value case for icosapent ethyl.
- This work translated clinical and economic evidence into a more compelling HTA narrative, strengthening the reimbursement case and supporting cross-functional decision-making.

## 4.8 HEART UK Alignment and External Engagement

I helped strengthen alignment between Amarin and HEART UK by facilitating productive external engagement around cardiovascular prevention, clinical leadership, and best-practice implementation.

- This included supporting HEART UK with expert clinical input and helping connect national charity objectives with credible local implementation examples.
- The result was stronger external alignment and more effective use of advocacy, clinical expertise, and audit-based best practice to support cardiovascular prevention activity.

## 4.9 Novartis Pharmaceuticals, East Midlands | Multiple Sclerosis Market Access

At Novartis, I led market access work that secured early funding and pre-launch use of fingolimod, the first oral treatment for multiple sclerosis, in the East Midlands. By building a multi-stakeholder business case across providers, commissioners, pharmacy, finance, and clinical teams, I helped demonstrate the service productivity gains of oral therapy and establish a model that was later used nationally as a template for pre-launch access activity. The programme combined local commercial success with broader leadership across national pathway-mapping and partnership initiatives.



1st Fingolimod (First Oral MS treatment) Business case submitted 4 months prior to launch.

Following a meeting with the QMC Trust CEO, I helped establish a fingolimod business-case stakeholder group spanning pharmacy, the MS department, commissioners, and hospital finance to quantify the service productivity gains of oral therapy.

The resulting Nottingham fingolimod business model was accepted across senior local provider and commissioner groups and then used nationally as a template for pre-launch market access activity.

Secured East Midlands pre-NICE funding and use of Fingolimod 1st oral treatment for Multiple Sclerosis 4 months prior to launch.

National Market Access Project Lead for:

- Fingolimod– Mapping Multiple Sclerosis CCG Funding pathways nationally.
- Nottingham Identification of productivity gains by the introduction of oral MS therapy.
- NHS Lincolnshire - Business 2 Business CEO Agreement 2010
- HSJ Awards Finalist Grosvenor House for building partnership with Notts. City PCT Happy Heart Project
- Winner of the 2005 Novartis Victory Club award for innovative market access and commercial success.



## 4.10 Asthma Branded Generic Access Success at Star Outico

At Star Outico, I used finance-led board engagement to position a branded generic asthma inhaler as both a clinical and cost-saving opportunity. By securing formulary inclusion across Manchester hospitals and medicines management support in primary care, the programme expanded into Bolton and Bury and delivered rapid prescription-share growth. Across the three CCGs, branded generic prescription share increased from 0% to 61% within six months.

Board-level engagement with a CCG finance director translated a clear savings case into formulary and prescribing action across Manchester, Bolton, and Bury.

- Formulary inclusion of Sereflo across all Manchester hospitals.
- Medicines management support for active substitution of Sereflo in primary care.
- Adoption of the same policy approach by Bolton and Bury CCGs.
- Prescription share for branded generic asthma inhalers increased from 0% to 61% within six months across the three CCGs.

## 5 NHS Data and HEOR Capability

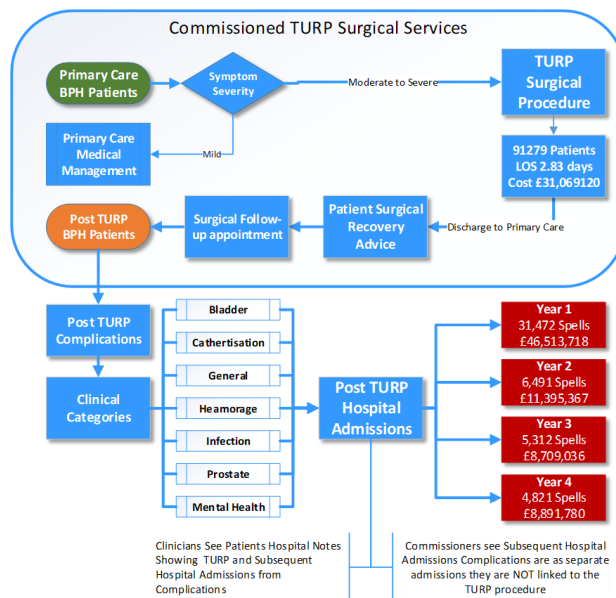
My NHS data and HEOR capability was developed through five years at Harvey Walsh, a Hospital Episode Statistics licence holder, where I combined healthcare system insight with disease burden, service utilisation, and outcome analysis to create evidence that strengthened value propositions and supported commercial decision-making.

### 5.1 Multi-Channel Manager, Star Outico | April 2019 to January 2021

- At Star Outico, I combined multichannel execution with NHS data insight to support market access and customer engagement programmes, including work within the NHS Accelerated Access Collaborative for Mavenclad.
- I designed a Multiple Sclerosis Hospital Episode Statistics tool that revealed treatment and referral patterns and created additional value for the client relationship.
- The work generated an additional £12,000 for Star Outico on top of the existing contract while strengthening the quality of insight available to the customer.

### 5.2 Harvey Walsh Ltd | NHS Service Data Analysis for the Pharmaceutical Industry

- **£400,836** of on-target sales in 2015 across Roche, Boehringer Ingelheim, Allergan, Grünenthal, and Gedeon Richter reflected the commercial value of the projects I led and delivered.
- I led projects that translated complex customer briefs into practical NHS data tools and analyses that could inform access strategy, service redesign, and economic arguments.
- **Roche:** designed HES analysis and project management for idiopathic pulmonary fibrosis referral flows into tertiary providers.
- **Allergan:** designed analysis of the impact of NICE TA260 implementation on A&E admissions for migraine treated with botulinum toxin type A.
- **Neotract – Urolift:** designed HES analysis for patient numbers and the short- and long-term cost of complications following TURP in benign prostatic hyperplasia.
  - HES Analysis Design for Patient Numbers and Costs of short / long-term complications following Transurethral Resection procedure for the treatment of Benign Prostatic Hyperplasia
- 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.***
- These projects of mine were the only Harvey Walsh projects that met the entry standards for submission for the British Healthcare Business Intelligence Association BOBI (Best of Business Intelligence) Awards 2015 with Roche - Idiopathic Pulmonary Fibrosis Dashboard shortlisted for the Final in the Excellence in Business Analytics category.




## 6 Collaborative Leadership

I work most effectively in cross-functional environments where strong relationships, trust, and clarity of contribution are essential to delivery. The feedback below reflects how colleagues experienced my contribution during the launch phase at Amarin, highlighting collaboration, professionalism, knowledge, and commitment.

**Feedback from whole Cross Functional Team – KAMS, Market Access, Medical and Management**

**Kerry Prentice  
KAM  
Cambridgeshire**

Randomly chosen to collate feedback from the cross functional team on me



### Approachable

- Really nice guy
- Will take the time to speak to you
- Down to earth
- Friendly disposition

### Knowledgeable

- Industry leading knowledge of the NHS and makes it relevant to the business

### Personable

- Engaging
- Disseminates information in a relevant & non patronising way
- Very engaging with customers
- Interesting

### Fun

- Amusing
- Funny
- Charismatic
- Not boring!

### Passionate

- Passion for what he does &
- Passion for NHS

### Helpful

- Pro active
- Gets stuck in
- More than willing to assist colleagues

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## 7 Summary

### *Steve Meadows*

*Market Access, Marketing and NHS Data Expertise  
A commercially focused, NHS-facing leader with a strong track record of translating policy, data, and stakeholder insight into patient access, adoption, and growth.*