HealthNet

From Hospital to Home:

High-Tech Homecare & The Future of Neighbourhood Healthcare for Complex Patients

CDO-MKT-026 | Version 2.0 | Issued: June 2026

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Introduction: The New NHS Neighbourhood Health Framework

The new neighbourhood health service aims to ensure people and communities can access care closer to home. In the recently published Neighbourhood Health Framework, the Minister of State for Care, Stephen Kinnock, said this would only work as a joint endeavour between the NHS and local authorities, alongside wider partners.

High-Tech Homecare Medicines Service providers must be one of those wider partners. They have the opportunity to play a huge role in this new model of care and can support the NHS to achieve many of the goals set out in the Neighbourhood Health Framework.

Under the new neighbourhood health model, care and services will be organised around a person's needs rather than organisational convenience with a view to:

+ Improving access to care
+ Moving more outpatient care into neighbourhoods
+ Improving continuity of care for those with long term needs
+ Improving the way services are co-ordinated for those with the most complex needs.

The changes need to be delivered against a backdrop of an ageing population with rapidly rising multimorbidity and an increasing reliance on specialist therapies. The latest data from the Office for National Statistics shows that the number of people aged 65 and over increased by 1.8%[1] between 2023 and 2024 in England alone. In addition to this, one in five people in their 50s already have two or more long-term conditions. This rises to two in three people by the age of 80[2].

The UK has also seen a rapid growth in oncology demand and diagnostics, with Cancer Research UK finding that more than 403,000 people were being diagnosed with the disease each year[3]. The rise is largely due to a growing and ageing population, as people are more likely to develop cancer as they get older.

The neighbourhood health service aspires to treat people closer to home, yet there is no real detail outlining how that "hospital to community" shift will be viable for the most resource-intensive patients. However, a blueprint for this model already exists. High-Tech Homecare Medicines Services enable treatments like IV infusions, biologics, enzyme replacement therapies, parenteral nutrition and cancer treatment to be delivered in a patient's own home or local clinic where they feel more comfortable and which is more convenient, rather than occupying hospital beds or making repeated outpatient visits.

Unlike Low-Tech and Medium-Tech Homecare Medicines Services, High-Tech Homecare Medicines Services focus on the most complex and clinically intensive home therapies. The medicines are incredibly specialist, high cost and have a high clinical risk and often require ongoing specialist nursing support and supervision as well as strong governance.

This report outlines how High-Tech Homecare Medicines Services can support the delivery of neighbourhood healthcare by enabling patients, including those with the most complex and resource-intensive conditions, to receive treatment safely and effectively at home.

Definitions of Homecare Medicines Services

Low-Tech Homecare Medicines Services:

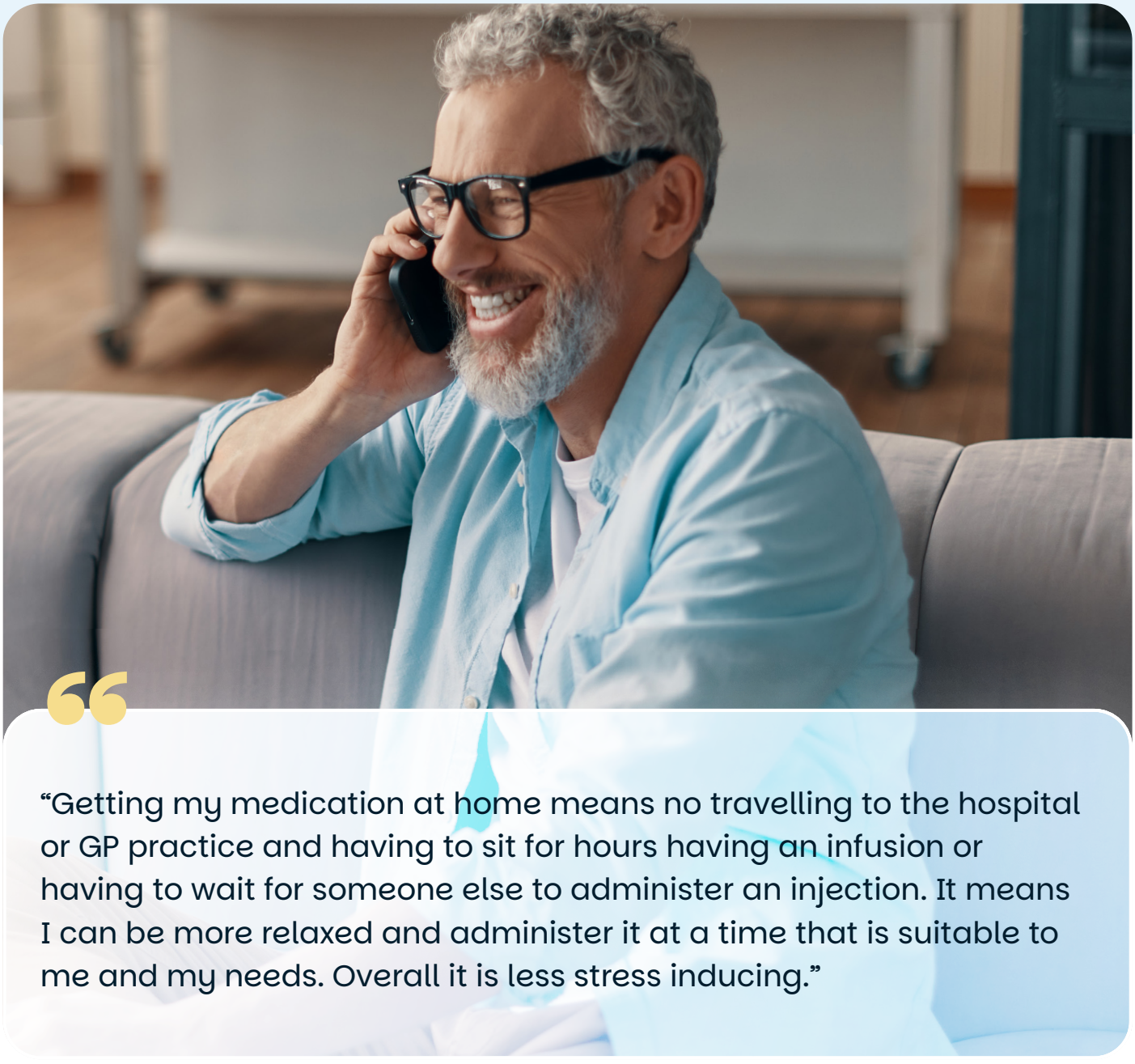
Delivery of medicines to a patient's home with minimal clinical support, usually for stable patients managing their own treatment.

Mid-Tech Homecare Medicines Services:

Home delivery combined with some clinical monitoring, training or nurse support for treatments that require moderate supervision.

High-Tech Homecare Medicines Services:

Complex home-based or clinic-based therapies involving specialist nursing, intensive monitoring, equipment or administration support for high-risk treatments.



"Getting my medication at home means no travelling to the hospital or GP practice and having to sit for hours having an infusion or having to wait for someone else to administer an injection. It means I can be more relaxed and administer it at a time that is suitable to me and my needs. Overall it is less stress inducing."

From Hospital Corridors to Home: Managing Clinical Complexity in the Community

Every year, approximately 640,000 patients across the UK benefit from NHS Homecare Medicines Services in England[4]. While there is no exact figure for how many of these fall within the High-Tech category, estimates from commissioning and procurement data suggest it could be somewhere within the region of 100,000 patients, accounting for a minority.

But while the numbers may be relatively small, High-Tech Homecare Medicines Services are often among the most expensive homecare pathways. They include:

- Biologic therapies for patients with conditions like rheumatoid arthritis, Crohn's disease and psoriasis
- Intravenous immunoglobulin (IVIG)
- Selected regimens of home chemotherapy
- Enzyme replacement therapies
- Parenteral nutrition
- Complex infusion therapies via pump or line

These services are already extending the continuum of care beyond hospitals for patients with the most complex and long term conditions, while maintaining the highest levels of safety and clinical oversight. By providing care to patients in their own homes, these services help to reduce the demand on outpatient appointments and specialist clinics which are already overloaded due to the increase in an ageing population coupled with multimorbidity.

High-Tech Homecare Medicines Services are already meeting many of the requirements of the Neighbourhood Health Framework by helping people stay well at home, with a focus on prevention and proactive care management and working closely with specialists traditionally based in hospital settings. They can also help to achieve the aims of the NHS 10-Year Cancer Plan, the long-term strategy from the UK Government and NHS England aimed at improving cancer prevention, diagnosis, treatment and survival between now and 2035. A major part of the plan includes faster treatment and reducing delays between referral, diagnosis and treatment.

Yet there remains room for improvement. The way homecare services are commissioned means there can be inequalities in service delivery. Even though access should be based on need, there can be differences between regions because hospitals use different frameworks and suppliers. Just like elsewhere in the NHS, the system is fragmented with multiple providers and contracts. Previous national reviews have highlighted geographic variation in service levels, procurement practice and competition which can affect availability and consistency of services.

While a small number of patients receive High-Tech Homecare Medicines Services, they often represent very high spend per person. This, coupled with fragmented commissioning and rising demand, means that this complex operational service often faces financial pressures. To address this, there needs to be a standardised approach to contracting these services, more providers and competition within the market along with continued investment in High-Tech Homecare Medicines Services. This is the only way to ensure the new neighbourhood health models don't exclude the very patients most in need of integrated care.

Breaking the Bottleneck: Competition and Capacity in High-Tech Homecare Medicines Services

A review by the House of Lords Public Services Committee (2023) three years ago said Homecare Medicines Services have the "potential to transform the lives of patients"[5] as well as providing a significant opportunity to alleviate pressure on hospitals. The same report did however highlight structural weaknesses across the Homecare Medicines Services market, many of which have now been improved off the back of the report. But there remains an acute challenge in the High-Tech market due to a lack of competition, one of the areas highlighted in the review. High-Tech services are still delivered by a very small number of providers, limiting competition, reducing resilience and constraining patient choice.

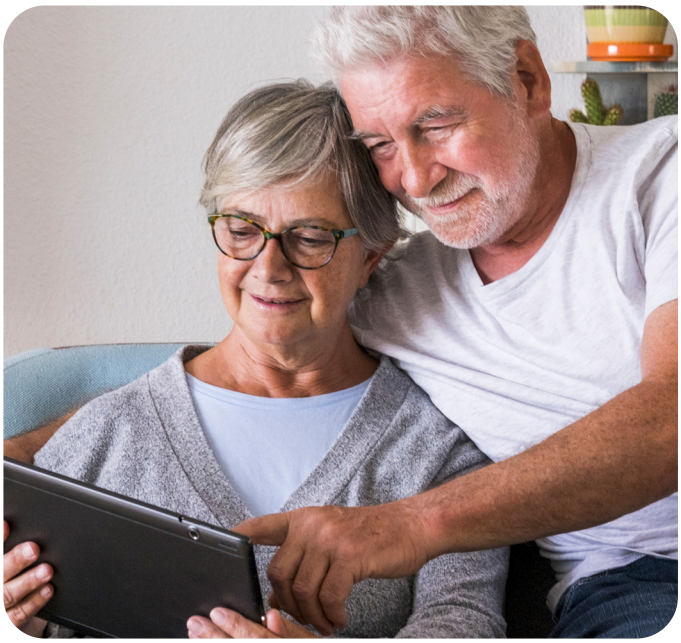
Unlike Low-Tech or Mid-Tech Homecare pathways, High-Tech Homecare Medicines Services require a specialist nursing workforce, advanced governance structures, complex cold chain logistics and close integration with NHS Trusts and specialist consultants. These operational and regulatory requirements create substantial barriers to market entry, meaning only a very limited number of providers currently operate at scale within the High-Tech market. Some therapy areas are effectively reliant on only two major providers nationally.

In High-Tech Homecare, where patients are often receiving time-critical or life-altering therapies, a lack of provider choice can have particularly serious consequences. Delays to treatment initiation, missed doses or limited service capacity can directly impact patient outcomes, especially in areas such as oncology, neurology and rare disease management.

In the High-Tech market, changing providers can be difficult as some services have no realistic alternatives if a provider's performance is poor, reducing market discipline. There is also a risk of local monopolies with certain providers dominating specific therapy areas or regions. This lack of competitive pressure makes it harder to ensure optimal pricing.

As the NHS increasingly shifts complex care away from hospital settings and into neighbourhood and home-based models, dependence on High-Tech Homecare providers will continue to grow. Yet the market remains highly concentrated, creating operational and strategic risks for the wider NHS if providers continue to face capacity constraints, service disruption or supply chain pressures.

Without greater competition, investment and provider diversity within the High-Tech sector, the NHS risks constraining its own ambitions to deliver more complex care closer to home. Expanding High-Tech capacity is therefore not simply a procurement issue, but a strategic requirement for the future sustainability of neighbourhood healthcare.



Case Study Highlight

HealthNet deliver virtual patient support programs including recording outcome measures for oncology drugs. So if people have prostate cancer, for example, they check they're adhering to their medication regime and then report back on anything that they feel the Trust needs to know about. This demonstrates that High-Tech homecare is not just about going into a patient's own home, it can be virtual too. This is an example of an add-on service that can be really time consuming in the NHS but which a homecare medicines provider can do as a check-in call to make sure the patient is okay. It saves NHS time and can reduce costly admissions to the NHS.

Expanding Choice in High-Tech Homecare

High-Tech Homecare has very different clinical, regulatory and operational demands. If a provider currently delivering Low-Tech and Mid-Tech Homecare Medicines Services entered the High-Tech market, it could make a meaningful difference.

A new provider, or providers, would have the biggest system impact because it would increase competition and increase the number of approved suppliers per therapy area. This would give hospitals and Integrated Care Boards more procurement leverage. It would also potentially reduce a reliance on manufacturer-linked arrangements and long-standing incumbent providers. This could have a downward pressure on prices, provide more of an incentive for incumbents to improve service quality and lead to greater resilience within the system in case of provider failure. Even limited entry into the market could create system-wide improvement through competition signalling.

High-Tech Homecare is complex and a new entrant could improve the market by introducing better digital tracking systems, improved patient communication tools, more efficient delivery logistics and modernised patient support models. But this would need a provider that has experience in the wider homecare market who could match clinical safety standards from day one.

Entering High-Tech Homecare is not just about scaling up Low-Tech and Medium-Tech services. High-Tech services require robust pharmacovigilance systems, specialist nursing competency frameworks, complex escalation pathways and close integration with hospital specialists. High-Tech medicines often involve strict cold chain requirements, high-cost stock and time critical administration schedules.

Any new provider must pass NHS frameworks and audits, meet stringent commissioning requirements and integrate with multiple hospital pharmacy systems. Even if a provider is technically capable, they must have built trusted relationships with hospital consultants and chief pharmacists.

In practice, if a Low-Tech or Mid-Tech provider specialist enters High-Tech Homecare successfully, over time it could increase competition in selected High-Tech pathways, lead to some price competition in tenders and improve service differentiation. This would ultimately lead to a more balanced provider market, reduced dominance of existing providers in the High-Tech space and lead to better resilience in supply chains.

A More Resilient High-Tech Homecare Medicines System

As outlined earlier in this report, the number of suppliers in the High-Tech Homecare market is too small. An existing homecare provider has now made the decision to enter the High-Tech Homecare sector to increase the number of providers and increase choice. HealthNet already operates fully in the Low-Tech and Mid-Tech markets and has also been doing a small amount of work in the High-Tech space.

This existing experience means they are well placed to now fully enter the High-Tech market. In preparation for delivering this new service, the company has scaled up its operations in a number of ways.

Firstly, they have significantly increased their nursing staff and senior nursing teams. They have also provided extensive training to their team of nurses. This ensures they have the capacity to deliver the clinical support required to administer medication to a patient in their own homes from day one.

Secondly, investment in automation has allowed HealthNet to significantly scale its operations. The company now has an established automated hub solution at its two bases in Swadlincote and Featherstone. They are the first homecare provider in the country to use hub and spoke dispensing technology to automate their dispensing process.

The team at HealthNet uses a secure electronic prescription platform that integrates with the hub software and which Trusts can use to create and sign prescriptions quickly and efficiently. The hub technology uses workflows to support the dispensing of cold chain medicines so that they can be processed in one go and so that the amount of time that the medication is not in a refrigerator is minimal.

The Swadlincote hub site has already been inspected by the General Pharmaceutical Council and met all standards, with inspectors commenting: “The pharmacy manages its services well and it supplies medicines safely. It continues to evolve and has introduced innovative projects to improve its efficiency and support patient safety.”

The hubs have transformed the dispensing process so that HealthNet is able to operate a more efficient service for patients, with substantial capacity and minimal risk. There have also been benefits for staff as it provides them with support, an invaluable safety net and ensures the provider is resilient.

They are also lobbying to have homecare nursing seen as a profession in its own right and are challenging bureaucracy. They are working with the National Clinical Homecare Association to have homecare nursing skills recognised and are lobbying to put in place platforms and passports that can be transferred from one company to the next for nurses with the relevant experience. In addition, they are looking to work with other homecare providers to target and educate the NHS on what homecare nursing can offer and the level of competency within the sector. They are also working with organisations like the UK Oncology Nursing Services to be seen as a credible partner to the NHS.

This investment in technology, resources and credibility means that HealthNet has the ability to scale quickly and take on a large number of patients. Their past experience within enzyme replacement and immunoglobulin therapies and the Low-Tech and Mid-Tech markets means they are ideally positioned to now offer homecare across the entire High-Tech market.

Expanding into High-Tech Homecare: A Strategic Imperative

Kerry Hinton

CEO of HealthNet

Historically, HealthNet's focus has been the Mid-Tech market with selective involvement in High-Tech. That is changing following our investment in leadership, capacity, and clinical capability which will allow us to offer our services across all High-Tech therapy areas. We are now ready to move decisively into this space.

High-Tech Homecare remains a sector with significant scope for broader provision, presenting an important opportunity to work alongside the NHS to improve access, capacity and patient outcomes. Our goal is to give NHS partners greater choice and to ensure more patients receive high-quality care in the comfort of their own homes.

At HealthNet we have the nursing capacity and a highly-trained workforce to manage complex patients across multiple disease areas. What differentiates this area of homecare is not just clinical competence, it is the quality of the relationship between nurse and patient. Receiving treatment at home from a consistent, familiar clinician, creates an environment where patients feel comfortable, informed and genuinely heard.

For someone navigating a cancer diagnosis, for example, that continuity of care can be transformative and it provides opportunities that a hospital setting simply cannot replicate.

That support doesn't end with treatment, our virtual nursing team remains available to patients who have ongoing questions or concerns.

We see HealthNet as a seamless extension of the NHS rather than a private provider operating independently. Our nurses will be embedded in hospital discharge planning, introduced to patients before they transition home, so there is no disruption, just continuity. Our ambition is to be indistinguishable from the hospital team in the eyes of the patient.

Delivering care in the home also demands the highest standards of clinical excellence. One-to-one care requires absolute vigilance, rapid escalation capability and a level of individual accountability that is distinct from a hospital environment. We take that responsibility seriously.

The scale of the opportunity here is significant. Approximately 640,000 patients currently receive homecare services, yet between two and three million could benefit. High-Tech Homecare has the potential to make an exponential contribution to the Neighbourhood Health Framework, reducing pressure on NHS capacity, shifting care closer to home, and improving quality of life for patients and their families alike.

The NHS was designed for acute care but managing the growing burden of chronic conditions requires a different model, one where trusted partners deliver complex, High-Tech care in local communities, while the NHS retains full visibility and oversight. We are committed to making our systems and processes entirely transparent, so the NHS can track patient outcomes at any time.

To realise this potential fully, I believe High-Tech Homecare must be formally embedded within the complex care NHS pathway, with consistent national commissioning standards rather than the fragmented local approaches that currently exist. Variation in commissioning is a barrier to scale and that needs to change.

Finally, there is an opportunity for homecare providers to collaborate more effectively. If we collectively mapped our nursing capacity and offered it as a unified resource to the NHS, the difference we could make, for patients, for the health system and for the communities we serve, would be extraordinary.

Case Study Highlight

HealthNet is currently piloting a specialist clinic for Multiple Sclerosis patients on behalf of King's College Hospital, London at a health centre in Bromley. This is a service that would usually take up chair space in the NHS. Providing it in a clinic frees up that space. It also gives patients the choice to receive the service in a health setting nearer to home as not every patient wants to receive treatment in their own home.

A Nursing-Led Vision for High-Tech Homecare

Victoria Walsh

Nursing Director

Victoria Walsh is Nursing Director at HealthNet and has extensive experience of working as a peadiatric community nurse specialist, prescriber and oncology nurse in both the NHS and homecare markets. Here she explains why HealthNet is well placed to move into the High-Tech market.

“You enter a profession like nursing because you want to do the right thing by putting the patient first and providing high quality care, choice and empowerment to patients so they can live their lives. The reality is that in the NHS they can’t see as many patients as they need to as quickly as they need to and that’s where we come in.

In order to get sustainability in the NHS you need to be able to offer additional services. Providing more complex services and therapies to patients will provide resilience in the system and allow for greater choice. The only way to get more capacity within the system is to introduce another credible homecare provider in that specific market. That is why we are now moving more into the High-Tech market. It is about reaching more patients equitably and aligning with strategic plans like neighbourhood health services and the National Cancer Plan. These are the areas where the NHS is telling us they need help and where we can step into as a credible partner.

As well as Low-Tech and Mid-Tech Homecare Medicines Services, HealthNet has experience of delivering some High-Tech therapies, for example we already provide enzyme replacement therapy, immunoglobulin therapy and other infused therapies for Multiple Sclerosis and Parkinson’s Disease. We have a repertoire of complicated therapies, some of which require you to be in a patient’s home for up to four hours, we are now just expanding that scope to cover a wider range of High-Tech services including Systemic anti cancer therapies (SACT).

In preparation for this transition, HealthNet has invested heavily in a new nursing structure and new nursing roles and we now have around 200 nurses working for the organisation. We have created a number of strategic speciality roles and expanded our nurse management team, and we now have nine regional managers and growing. Each one is linked to a specific therapy as our specialist in that field, including rheumatology, gastroenterology and cancer. In addition to that we have expanded our clinical training team so that it supports the specialist training of complex therapies. All our nurses are band six and above, which is the NHS equivalent, so they’ve already got a good baseline level of training and experience and we are cross training our nurses. We will soon have 80% of the workforce cross-trained in IV therapies and High-Tech medicines and we have also started to recruit a specialist cancer team. All our nurses have experience of working in clinical homecare as well as the NHS.

We are educating NHS Trusts about our high levels of training to ensure we are seen by the Trust and its patients as a knowledgeable, credible partner and extension of the team rather than a private provider. Before we take on a service for the NHS, our nurses can go into the

actute setting and work with their teams and colleagues to do the discharge planning and to demonstrate our level of training and expertise The NHS wants reassurance from us that we are competent, credible and that risk is mitigated and managed as they would expect and that their patients are well looked after.

They want the reassurance that the patients are going to be getting the same level of service in their home or a local clinic as they do at the Trust and that is what we are demonstrating.

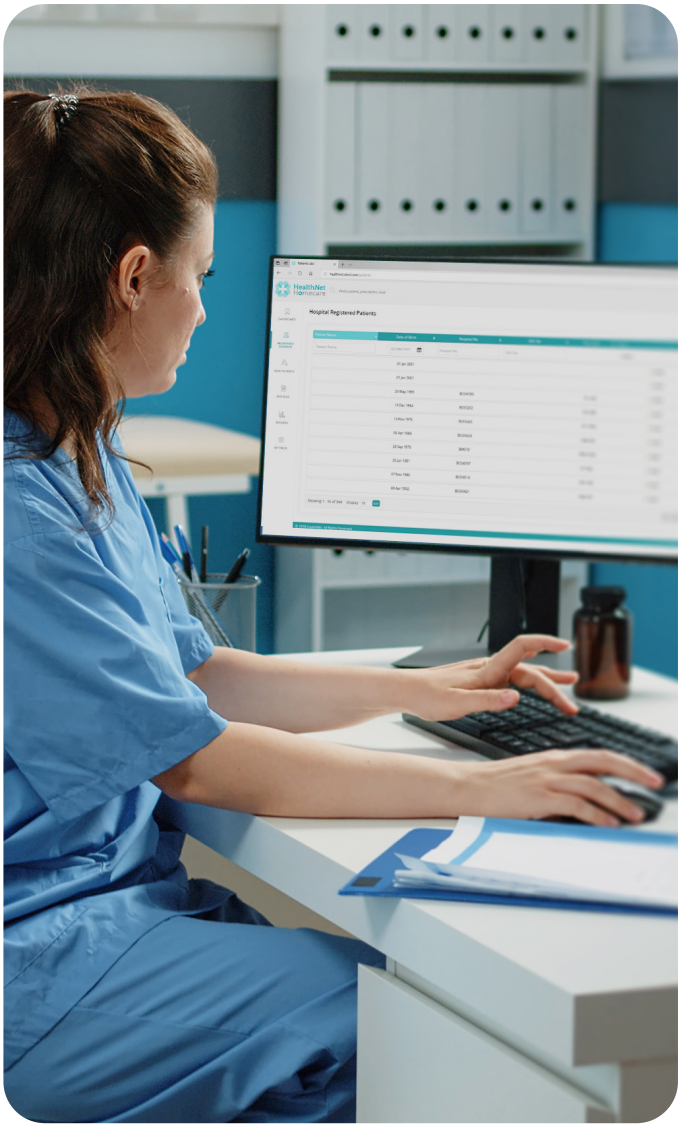
I am proud to say that our patients really do get a gold standard service with High-Tech Homecare because we are held to a higher account as a homecare provider and we have to abide by strict policy, protocols and contracts. This means we take the time and are not rushed. If we are paid to spend one hour dedicated to a patient, then that is what we do. We don't have several other patients to see in that hour, that time is solely dedicated to that one patient we are being paid to care for. We partner with Trusts to develop protocols together and ensure our practices directly reflect what the referring centre requires and expects from us.

There will be many benefits for the patient, the first one being increased choice which will empower them when it comes to their treatment. They will also be seen quicker because often they're waiting to be seen and we can fill that gap. It is also more convenient for the patient and gives them more time to carry on with their daily lives. For example, if you have a patient impacted by cancer who feels quite well, we can just go and see them in their own home, or they can come and see us under our clinic model. Their quality of life has improved. They also don't get the potential infection risk that comes with going into a hospital if you're immunosuppressed.

There are benefits for the wider NHS too. Strategically, it costs thousands of pounds to have a patient go into hospital each day, whereas our service costs hundreds of pounds so there is a massive cost-saving for the NHS. It also improves accessibility, reduces waiting times and frees up resources to be used elsewhere.

HealthNet is an agile company, and we have a Board and CEO that absolutely gets the day-to-day operation and are very hands on. They understand the requirements of the NHS and what our patients need and are very accessible and supportive.

The fact we are moving into the High-Tech market is good news for everyone. There are more than enough patients to care for, and we should all be working together and collaborating to get the best outcome for the patient and ensure there is patient choice. It also mitigates the risk for the NHS, because they're not putting all their eggs in one basket. They get to choose. If there's a drug shortage or resource shortage at one company, then they can switch to another. It gives them resilience and a backup plan."



A Patient's High-Tech Homecare Journey

Myles Broughton

High-Tech Patient

Myles Broughton is a HealthNet patient and is currently receiving High-Tech therapy for the genetic disorder Mucopolysaccharidosis Type 1 Hurler Scheie, which prevents his body from breaking down sugar proteins. Here he talks about his experiences of receiving treatment in his home and what it means for him.

"I started enzyme replacement therapy with Aldurazyme enzyme in January 2001, initially under a clinical trial by the Willink Biogenetics Unit at Pendlebury Children's Hospital.

I then started receiving treatment at Pontefract General Hospital before becoming a homecare patient. HealthNet has been my homecare provider for the last two years.

I have a nurse who comes to the house once a week to deliver my infusion which takes around six hours. The medication must be kept at between two and eight degrees and HealthNet uses a specialist cool bag to transport the medication which works well.

Because I have an allergic reaction to the treatment, I must be looked after in a certain way. But one of the nurses who visits me has always looked after me and he always makes sure I am safe. I've always said that I need at least three or four nurses that are trained specifically around my own circumstances and that means if my regular nurse is on holiday there is someone to come to my home who is trained in my specific needs. My regular nurse has trained the other nurses on my own requirements, and they are all familiar with what I need.

When I initially started having treatment at the Willink Biogenetics Unit that wasn't too bad because everyone that was there was having the same treatment and we all had the same understanding of what the treatment does. But when I was having treatment in a regular hospital that didn't really work as I was around other patients having chemotherapy and because they didn't understand my condition and my allergic reaction, they would ask for me to be moved.

When they first told me I would be getting my treatment at home under homecare I was a bit apprehensive, because on the wards you've got a lot of nurses and you've got a doctor. I am more confident now with HealthNet and one of the main reasons is that when I say something I know they are listening to me.

The main thing I like is the fact I don't have to leave my home for treatment, and I don't have to travel. When I was going to Pontefract General Hospital in the beginning, they would get me an ambulance but sometimes I would be waiting for around three hours to come home. So, then I tried public transport, but I would always start to feel a bit rough after my treatment on the way home so that wasn't ideal either.

Now I don't have to worry about that. It has made things so much easier. I can just sit on my own sofa and pop what I want on the TV and watch that while I am having my treatment.

There is also more flexibility. At the moment I am waiting to have heart valve replacement surgery, and I had to go all the way to Southampton for my assessment for that operation.

But I still needed the enzyme treatment to keep me as healthy as possible. HealthNet was able to work around my appointment and put a treatment plan in place that meant I didn't miss my therapy the week of that assessment. That flexibility is really important.

The other benefit of not having to go into hospital is that I am not at risk of catching an infection in hospital because I am immuno-suppressed. I am more likely to catch something else if I go into hospital.

I think the main thing with homecare is you have nurses who listen to you as a patient. If the patient is telling you that something isn't quite right or something doesn't add up, then it is important to listen to them. HealthNet really does that and I feel confident with them providing my treatment."

Case Study Highlight

HealthNet already provides an infused therapy for Parkinson's Disease. This service is complex and requires close liaison with the NHS and consultants to consider elements like the dosing of medication and it also involves carrying out psychiatric and mental health assessments on the patients. It's very involved and demonstrates that HealthNet already has the skillset to expand into other High-Tech therapy areas.

Conclusion: Making High-Tech Homecare Central to Neighbourhood Healthcare

The NHS is entering a period of real transformation. The Neighbourhood Health Framework sets out an ambitious vision for delivering more care closer to home, improving continuity of care and creating services that are organised around the patient rather than the institution. But if this vision is to succeed, it cannot focus solely on lower-acuity community services, it must also include the patients with the most complex, clinically intensive and resource-heavy conditions. High-Tech Homecare Medicines Services already provide a proven blueprint for how this can be achieved.

Every day, specialist homecare nurses across the UK deliver complex therapies in patients' homes or neighbourhood clinics, reducing hospital attendance, freeing up capacity in hospitals and improving quality of life. These services are already demonstrating what integrated neighbourhood healthcare can look like in practice: personalised, proactive, clinically robust and centred around the patient.

Yet despite growing demand, the High-Tech Homecare market remains constrained by limited provider capacity, fragmented commissioning structures and inconsistent access pathways. Without action, the NHS risks creating a neighbourhood health model that works well for lower complexity patients, while leaving those with the greatest needs reliant on overstretched acute services.

Providers like HealthNet are stepping up to tackle the lack of provider capacity but the other constraints need to be addressed by the wider system. High-Tech Homecare can support the future NHS model, but the challenge is whether the system is prepared to scale and standardise it fast enough.

To achieve this, five key actions are required:

Calls to Action

01

Recognise High-Tech Homecare as a core component of the Neighbourhood Health Activities and Complex Care Pathway: High-Tech Homecare Medicines Services should be formally embedded within NHS neighbourhood and complex care strategies, not viewed as an optional add-on service. These services are essential infrastructure for delivering advanced care closer to home for complex patients.

02

Develop a nationally consistent commissioning model for High-Tech Homecare: Variation between regions and Trusts continues to create inequity, inefficiency and barriers to expansion. NHS England/the Department of Health and Integrated Care Boards should work towards a standardised commissioning framework for High-Tech Homecare Medicines Services to ensure consistency, transparency and equitable patient access nationwide.

03

Invest in the specialist homecare nursing workforce: Homecare nursing should be recognised as a specialist profession in its own right. National competency frameworks, transferable skills passports and greater collaboration between providers, NHS Trusts and professional bodies are needed to support workforce growth and mobility.

04

Improve integration between NHS Trusts and homecare providers: Homecare providers should be embedded into discharge planning, digital patient pathways and multidisciplinary care teams so that patients experience homecare as a seamless extension of NHS services rather than a separate system.

05

Foster greater collaboration across the High-Tech Homecare Medicines sector: As demand for complex care continues to rise, providers should work more collaboratively to support the wider NHS rather than operating in isolation. Greater co-operation around workforce planning, nursing capacity, clinical standards, training and service resilience could help create a more unified and responsive High-Tech Homecare Medicines Service ecosystem. By sharing expertise and developing more consistent approaches across the sector, providers can collectively expand access to High-Tech Homecare, reduce pressure on the NHS and ensure patients receive the right care, in the right place, at the right time.

The future sustainability of the NHS will depend on its ability to move complex care beyond hospital walls while maintaining the highest standards of safety and clinical excellence. High-Tech Homecare Medicines Services are uniquely positioned to help achieve this ambition.

The opportunity now is to move from isolated examples of excellence to a nationally co-ordinated, resilient and scalable model of care. If the NHS is serious about delivering neighbourhood healthcare for all patients, including those with the most complex needs, then High-Tech Homecare must move from the margins of the system to the centre of it.

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