Life sciences investment – techUK response to call for evidence

Executive summary

techUK is the UK's technology trade association, representing over 1,000 organisations, the majority of which are UK-based SMEs. Our members span the full breadth of the health and life sciences ecosystem – including pharmaceuticals, medical technology, digital health, genomics, biotech, AI, and data science – and work extensively with the NHS, UK Government and health care organisations to deliver digital transformation and innovation.

We are submitting this evidence to the Science, Innovation and Technology Committee in response to its consultation on Life Sciences Investment. Our submission reflects the views and experiences of techUK's Life Sciences Working Group and wider health and care membership and aims to support the Committee's efforts to identify actionable steps to strengthen the UK's position as a global leader in life sciences.

While the UK boasts world-class research institutions, a strong innovation base, and a globally respected regulatory system, its competitiveness is declining. Foreign Direct Investment in life sciences fell by 58% between 2021 and 2023, clinical trial activity has dropped significantly, and venture capital is increasingly flowing to the US and EU. techUK members cite regulatory delays, fragmented adoption pathways, pricing pressures, and structural uncertainty as key barriers to investment and growth.

We welcome the ambition of the Life Sciences Sector Plan (LSSP), which sets out clear goals and deliverables around R&D, manufacturing, and data. However, delivery must now be the priority. techUK calls for stronger emphasis on operational infrastructure, digital integration, and industry collaboration to ensure innovations reach patients and deliver measurable impact. techUK and its members are ready to work with government, regulators, and the NHS to deliver the LSSP and unlock the full potential of UK life sciences.

How far the UK's life sciences sector is internationally competitive.

- What steps, if any, the UK government should take to increase the competitiveness of the life sciences sector.
- The biggest barriers to pharmaceutical, biotech, and medtech companies increasing investment in the UK.

The UK boasts one of the world's most advanced life sciences ecosystems, underpinned by globally renowned academic institutions, the headquarters of pharmaceutical giants like AstraZeneca and GSK, and a thriving community of innovative SMEs. It is a global leader in genomics, digital health, and clinical trials. However, competitiveness is declining. The UK's life science sector has been missing out on £15 billion a year over the last decade as it has fallen behind international rivals in competitiveness and as an attractive market for investment[i].

Investment and global competitiveness

Foreign Direct Investment (FDI) in life sciences fell by 58% between 2021 and 2023[ii]; and the number of clinical trials initiated in the UK has decreased by 8% since 2017/18[iii]. Additionally, clinical trial activity in the UK dropped by 44% between 2017 and 2021, and venture capital is increasingly flowing to the US and EU due to more favourable regulatory and pricing environments[iv].

Some of the root causes of this decline include slow clinical trial setup times, with the average time to get NHS sites live currently standing at approximately 250 days[v]. The Government's proposed 150-day target, while a step in the right direction, is unlikely to go far enough to restore competitiveness – especially when compared to countries like Australia, which offer significantly shorter timelines and more streamlined processes[vi].

High costs per patient recruited also make the UK a less attractive destination for trials. The time it takes to secure ethics approvals and activate sites is a major bottleneck, and NHS sites are often difficult to engage due to competing priorities and operational pressures[vii]. In this context, the UK must look at its existing strengths - such as making better use of the datasets it already holds to identify opportunities for faster, more efficient trial delivery.

Additionally, the UK life sciences and biotech sector face significant challenges in public market access and capital raising domestically. According to the BIA, there were no UK biotech IPOs in Q2 2025, continuing a trend of limited public market activity that has persisted since 2022. We've seen promising biotech such as Immunocore and Bicycle Therapeutics, who have chosen to launch their IPOs in the US after years, sometimes decades of research and development in the UK[viii]. By listing in the US, capital and high-growth opportunities are diverted away from the UK economy reducing reinvestment into the domestic biotech ecosystem. This can undermine the long-term sustainability of the UK's biotech ecosystem[ix].

Regulation, reimbursement and adoption

On regulation, the MHRA has faced resource constraints post-Brexit, slowing approvals for both medicines and medical devices[x]. Once an organisation has surpassed the necessary regulatory approvals, fragmented procurement pathways and slow adoption timelines (often five to ten year[xi]) make it difficult for innovators to plan and scale. This is especially true for medical devices and digital technologies, which often face greater uncertainty and longer timelines within NICE's evaluation processes compared to pharmaceuticals. A 2023 consultation on NICE's HealthTech Evaluation Programme acknowledged that the existing pathways for non-medicinal technologies are less well-defined, slower, and more fragmented, creating additional barriers for innovators in these sectors[xii].

While work is being done to ensure that these delays and timelines are slowly decreasing, there is still a significant amount of red tape preventing startup-led innovation from reaching frontline public healthcare in the UK[xiii]. Where companies are not choosing to invest and develop in the UK first, businesses would benefit from international regulatory recognition frameworks with trusted partners such as the EU and FDA.

It is also worth flagging the structural challenge posed by single-year budgets – for example, the NHS is unable to invest to save over a multi-year timeline, even when technologies demonstrate long-term cost-effectiveness. This short-termism undermines innovation and adoption, particularly for solutions that deliver cumulative benefits over time. There is cautious optimism around the emergence of value-based procurement (VBP), which seeks to account for multi-year benefits. However, for VBP to succeed, budgetary cycles must be rewired to support multi-year investment cases. Whether devolved or centrally managed, the

current single-year mandate stems from government policy and must be reformed to enable faster, more strategic delivery of innovation.

Structural uncertainty

Another challenge is the system wide changes we are seeing from the government. While they may be necessary, the decisions to abolish NHS England and to require ICBs to cut running costs by 50%[xiv] have created significant uncertainty about which commissioning and partnership functions will remain intact moving forward. This makes it harder for SMEs and startups to navigate with confidence - resulting in duplicated effort, inconsistent standards and delays that can drain limited financial and human resources from early-stage businesses. For larger organisations, this uncertain environment makes investment unattractive.

Pricing and market signals

And finally, recent developments, including the inconclusive outcome of the VPAG mid-year review and announcements made by several major pharmaceutical companies to withdraw/pause their planned investment from the UK life sciences market, raise important questions about the current trajectory for both pharmaceutical and medical technology organisations in the UK. These shifts risk undermining the momentum needed to fully realise the UK's potential as a global leader in life sciences.

Looking at the inconclusive VPAG review as a key factor in the withdrawals by Lilly and AstraZeneca, the Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) places high rebate rates (up to 22.9%)[xv] on pharmaceutical companies in the UK, discouraging investment into the UK life sciences ecosystem. Additionally, the UK spends less on medicines than peer countries - 9% of health budget vs 15–17% in France/Germany/Italy[xvi], making these organisations shift towards relocating/refocusing on investing in nearby European markets.

Even when innovative medicines do secure regulatory approval and NICE recommendation, uptake is far from guaranteed. There is a persistent guideline-to-practice gap, where NICE guidance does not automatically translate into prescribing or adoption. For example, uptake of recommended migraine treatments and cholesterol-lowering therapies remains below 50% in some regions[xvii]. NICE does not currently have the remit or mechanisms to enforce uptake, leaving implementation dependent on local commissioning decisions[xviii].

This challenge extends beyond pharmaceuticals. Medical technologies and digital health tools, even when backed by positive NICE guidance, often face delayed or inconsistent adoption. The UK Government's 10-Year Health Plan and Life Sciences Sector Plan have set out ambitions for parity between medicines and medtech, including a Rules-Based Pathway (RBP) for funding and adoption[xix]. However, for this ambition to be realised, adoption must follow swiftly after guidance, supported by clear commissioning routes and aligned incentives.

How effective the Life Sciences Sector Plan is

techUK is supportive of the Life Sciences Sector Plan. The Life Sciences Sector Plan is ambitious and well-funded, with strong pillars around R&D, manufacturing, and NHS reform. The LSSPsets out key ambitions that techUK and its members have long advocated for, including the establishment of a national Health Data Research Service, reducing barriers to market entry through regulatory reform including for AI, and working to attract investment and support scaling for healthcare businesses in the UK. techUK is also supportive of the efficacy of the LSSP due to the clear timelines and structures for implementation and

accountability; as well as the commitments to refresh existing structures, and to ensure that the LSSP is implemented effectively in partnership with industry.

However, concerns remain around implementation, including specificity of some of the actions and the SROs – especially where some of these actions have longer timelines and positions may change. Additionally, techUK has heard concerns from members around consistent diffusion and adoption of these policy changes across the entire NHS ecosystem – this is often seen as a consistent problem across the sector when policy changes occur.

Additionally, while the LSSP addresses key points across R&D, regulation and manufacturing, techUK recommends stronger emphasis on the operational infrastructure required to translate innovation into clinical impact. This includes recognising the full digital lifecycle of innovation – from clinical trials and regulatory evaluation through to point-of-care decision support, structured real-world evidence capture, and outcome monitoring.

Ultimately, the Government's narrative around the LSSP rightly emphasises delivery – and techUK and its members are clear that implementation must now be the priority. This means working in close partnership with industry, not only to co-design solutions but to recognise and deploy innovations that already exist. Many of the technologies, platforms, and data capabilities needed to deliver the LSSP's ambitions are already being developed or deployed by UK businesses. The focus must now shift to removing barriers to adoption, aligning incentives, and ensuring that operational infrastructure – from clinical decision support to real-world evidence capture – is in place to translate innovation into measurable impact. Delivery will depend not just on policy, but on practical collaboration with those building the future of UK health and life sciences.

techUK's recommendations

techUK supports the Life Sciences Sector Plan, and the work that is being delivered by the Department of Health and Social Care, and NHS England on many of the areas outlined above. techUK's recommendations to make the UK more competitive are to:

Reform medicines pricing and reimbursement

techUK's membership includes both pharmaceutical companies and organisations that support/work alongside the pharmaceutical ecosystem within the life sciences sector. As such, techUK would recommend that the UK Government:

- Revise VPAG to ensure predictable and internationally competitive rebate rates, to reduce disincentives for investment.
- Increase NHS medicines budget to align with European peers.
    - Introduce outcomes-based pricing models and value-based procurement (VBP). techUK notes that the VBP beta phase is currently underway with NHS hospitals across England and looks forward to working with the Department of Health and Social Care on the learnings from this phase and future wider rollout.
- **Consolidate discount mechanisms** into a **single, transparent framework**, and eliminate **compounding factors,** where companies face both VPAG rebates and competitive tenders for the same product[xx].
- **Update NICE's cost-effectiveness thresholds**, which have remained fixed at **£20,000–£30,000 per QALY** for over twenty years. Adjusted for inflation, the upper threshold should now be closer to **£56,000–£59,000**[xxi], yet the current level continues to undervalue innovation and deter investment.

- **Recognise the guideline-to-practice gap**: Even when medicines are approved and recommended by NICE, uptake is inconsistent across the NHS. NICE does not have the remit to enforce adoption, and this gap also affects **medical technologies**, where positive guidance does not guarantee timely or widespread use. If the government is serious about achieving **parity between medicines and medtech**, adoption mechanisms must be strengthened to ensure innovations reach patients quickly and equitably.

Rapidly deliver planned improvements in Medtech Reimbursement and Adoption

techUK members' most consistent challenge when looking to supply into the NHS is navigation of the procurement landscape, and scaling adoption. techUK calls on the UK government to:

Streamline and simplify procurement and scale-up pathways for SMEs.

- Provide a clear commitment to implement and scale the RBP, including expanding the number of technologies assessed annually, ensuring timely commissioning and funding following positive NICE guidance, and embedding adoption mechanisms across NHS systems to avoid delays and fragmentation.
    - techUK welcomes the ambition of RBP, but notes that its current scope is limited, with only a small number of technologies selected for assessment. Without rapid expansion, the pathway will not deliver on the LSSP's promise of equal treatment for the most effective medicines and medical technologies.
- Clarify and standardise the evidence base required for digital health and care solutions, providing consistency in requirements, and establish a national reimbursement system. This includes considering industry's responses to the NHS England-NICE Integrated MedTech Pathway consultation, including regarding demand signalling and reimbursement for digital health and care innovations[xxii].
- Collaborate with Devolved counterparts to create a single UK-wide framework tracking environment to mitigate against each supplier doing so and remove disadvantages for SMEs[xxiii].
- Include clinical delivery systems such as in-practice workflow tools in planning, investment, and commissioning models - not just R&D and evaluation phases. This is especially important for pharmacogenomics, digital therapeutics, and data-enabled prescribing, which require point-of-care integration to realise clinical and system value.

Strengthen regulatory capacity

techUK has worked and continues to work closely with NICE and the MHRA on improving the regulatory environment for our members. techUK supports initiatives such as the RBP and the work the MHRA has done to become an AI-enabled regulator. However, techUK and our members believe that the UK must go further, faster in order to maintain its position as a world leading regulatory power. techUK recommends that the UK Government:

- Invest in MHRA and NICE to accelerate approvals and expand concurrent advice.
- Support central funding for digital products and services that NICE recommends as clinically and cost-effective[xxiv].

- Learn from the RBP rollout and expand this programme where relevant and appropriate.
- Support fast-track pathways for medical technology, digital health, AI, and personalised medicine.

Enhance international collaboration

- Promote UK-EU regulatory alignment where feasible, including through international recognition frameworks.
- Leverage trade agreements to support clinical trial collaboration and export growth.
- Conduct regular benchmarking of UK uptake and reimbursement performance against EU and OECD peers; and then use these benchmarking insights to inform NHS innovation strategy, regulatory reform, and industry engagement.

How recent shifts in US policy – including potential tariffs and most-favoured-nation pricing – impact this sector in the UK.

The US government has introduced two major policy shifts affecting global pharmaceutical markets:

1. Most-Favoured-Nation (MFN) Pricing Model: This model requires drug manufacturers to match or beat the lowest price paid by other developed countries when selling to US consumers.
2. Tariffs on Imported Pharmaceuticals: The US has threatened tariffs of up to 100–200% on branded medicines unless companies relocate manufacturing to the US.

While the imposition of tariffs and the prospect of retaliatory measures have direct implications for the UK tech sector, the predominantly services-oriented nature of the industry means the immediate impact may be less severe compared to sectors heavily reliant on goods exports. However, the UK tech sector is deeply integrated into the global economy and is highly susceptible to broader economic dynamics. Trade tensions among major partners, such as the US and EU, pose significant risks, as the sector thrives on a stable, rule-based international trading system that supports economic growth and innovation[xxv].

Specifically for the life sciences sector, Most Favoured Nation (MFN) pricing could lead pharmaceutical firms that operate in the US, to raise prices in lower-cost countries like the UK to avoid setting a low benchmark for US pricing. This undermines the UK's traditionally low-cost drug environment and could reduce NHS affordability and access. Additionally, companies may delay or avoid launching new drugs in the UK to prevent low prices being used as reference points. This could lead to slower access to innovative therapies for UK patients.

While the UK government has secured temporary preferential treatment in US tariff negotiations, pharmaceuticals are not yet explicitly exempt, and a deal has not been agreed. This uncertainty is leading many international organisations to relocate to the US, which could increase costs and reduce resilience for UK-based manufacturers and biotech firms.

How UK consumer pricing and uptake measures impact the life sciences sector's attractiveness for innovation.

- How effective the NICE quality-adjusted life years (QALY) assessment is, and how it could be improved.

- How the UK compares to other European countries for pricing and uptake.

NICE applies a QALY threshold of £20,000-£30,000, which has remained static for over 20 years[xxvi]. This threshold may undervalue high-cost innovations, such as gene therapies, rare disease treatments, and digital therapeutics. As a result, companies may delay or avoid launching new products in the UK to protect global pricing benchmarks[xxvii].

While the QALY framework provides a transparent, evidence-based framework, and aims to support allocate NHS resources efficiently, it is a static threshold that can disadvantage digital and personalised technologies, which often have diffuse or long-term benefits[xxviii].

Even when NICE approves a product, uptake across the NHS is slow and inconsistent. UK uptake of new medicines is 50% lower than comparator countries in the first 3 years post-launch[xxix]. Fragmented adoption and lack of centralised demand signals hinder adoption. This affects not only pharmaceuticals but also digital health and medical technology, where regional variation is even more pronounced[xxx].

Digital health and medical technologies also face unique challenges in the UK pricing and uptake landscape. Many digital technologies do not fit traditional funding pathways, which focus on drugs and procedures[xxxi]. This can hamper adoption of the most clinically- and cost-effective technologies recommended by NICE simply because of the way they are delivered – for example, an effective app-based treatment may not be reimbursed while an equally (or less) effective pill or injectable is automatically reimbursed. We welcome the Rules-Based Pathway that seeks to address this inconsistency but note that, given only a handful of technologies will be selected for the pathway in the first year, parity between pharmaceutical and non-pharmaceutical products will not be established until the pathway's capacity increases.

NICE's Evidence Standards Framework (ESF) and Early Value Assessment (EVA) also offer routes for digital therapeutics, but uptake is still slow[xxxii]. And while NICE's reforms aim to end postcode lottery access for digital and medtech innovations, regional NHS bodies still vary widely in their willingness and ability to adopt new technologies[xxxiii].

techUK recommendations

1. Consider updating QALY thresholds to reflect inflation and innovation value. Adjusted for inflation, the upper threshold should now be closer to **£56,000–£59,000**[xxxiv], yet the current level continues to undervalue innovation and deter investment. As a starting point, conduct a formal review of QALY thresholds and consider raising or flexing them for technologies that deliver transformational outcomes, especially in personalised medicine and digital health; and look to introduce modifiers for innovation, rarity, and prevention to better reflect value beyond immediate clinical outcomes.
2. Establish transparent, dedicated reimbursement pathways for digital and medical technology solutions, with clear criteria for evidence, evaluation, and funding; and ensure these pathways are aligned with NHS procurement and ICS commissioning models, to support national and local uptake.
3. Rapidly expand the capacity of the RBP, which offers a transparent, dedicated reimbursement pathway for digital and medical technology solutions, with clear criteria for evidence, evaluation, and funding; and ensure this pathway is aligned with NHS procurement and ICS commissioning models, to support national and local uptake. NICE's Early Value Assessment (EVA) and HealthTech Evaluation Programme are promising but need to be scaled and linked to either the Rules-Based Pathway or alternative funding mechanisms.

4. Conduct regular benchmarking of UK uptake and reimbursement performance against EU and OECD peers, and use these benchmarking insights to inform NHS innovation strategy, regulatory reform, and industry engagement.

What steps the NHS could take to improve implementation of innovations.

Despite the UK's strength in life sciences R&D, the NHS faces persistent barriers to adopting and scaling innovations. This includes as previously mentioned, fragmented procurement and commissioning, including local variation and siloed budgets, making it difficult for innovators to navigate NHS pathways[xxxv]. Additionally, proven technologies often remain stuck in pilots or take years to scale[xxxvi], with a large reason for this being a limited capacity for evaluation and implementation and lack of multi-year funding to assess and embed new technologies[xxxvii].

Furthermore, there are significant digital infrastructure gaps across the NHS including outdated IT systems, poor interoperability, and cybersecurity risks hinder adoption, and staff shortages and lack of digital skills reduce readiness for innovation[xxxviii]. techUK members have highlighted that these issues are particularly acute for SMEs and medtech companies, who often struggle to gain traction despite offering cost-effective solutions.

The NHS should also take steps to ensure innovations don't just get approved but are operationalised into care pathways. This includes ensuring digital innovations are represented in formularies and supported by real-world evaluation infrastructure.

Investing in end-to-end innovation delivery – from discovery to measurable impact – would help de-risk adoption for NHS organisations and demonstrate return on investment to international investors.

techUK recommendations

Strengthen digital Infrastructure and data foundations

- Accelerate the rollout of Electronic Patient Records (EPRs) and Digital Social Care Records, ensuring interoperability and open standards.
- Invest in secure data environments to support real-world evidence generation and genomics research.
- Deliver the Health Data Research Service, as committed to in the 10 Year Health Plan and Life Sciences Sector Plan.

Create clear innovation pathways

- A clear commitment to implement and scale the RBP, including expanding the number of technologies assessed annually, ensuring timely commissioning and funding following positive NICE guidance, and embedding adoption mechanisms across NHS systems to avoid delays and fragmentation.
    - techUK welcomes the ambition of RBP, but notes that its current scope is limited, with only a small number of technologies selected for assessment. Without rapid expansion, the pathway will not deliver on the LSSP's promise of equal treatment for the most effective medicines and medical technologies.

- Fund regional innovation hubs (e.g. Health Innovation Networks, ICS innovation leads) to pilot and scale genomics and digital solutions.
- Provide implementation funding, not just development grants, to support integration into clinical workflows.

Build workforce capacity

- Launch targeted training programmes in digital literacy, genomics interpretation, and data ethics for NHS staff.
- Support clinical informatics roles and digital champions within trusts and ICSs.
- Publish the NHS Workforce Plan, in consultation with the workforce and industry.

Foster NHS-Industry collaboration

- Promote co-designed and co-developed models between NHS organisations and techUK members to ensure solutions meet real-world needs.
- Encourage outcomes-based commissioning for digital and genomics tools.
- How MHRA and NICE processes account for personalised medicines, prevention, and medtech.

With regards to the MHRA and NICE evolving to support personalised medicine, prevention, and medical technology, techUK supports the work ongoing in these areas. However, techUK has provided a number of recommendations below to outline how the MHRA and NICE can build on the work already done.

The MHRA's new framework[xxxix] enables point-of-care manufacturing of cell and gene therapies, allowing hospitals to prepare personalised treatments on-site. techUK supports this, as this framework aims to supports faster access to genomic and precision medicine, especially in oncology and rare diseases[xl].

techUK also supports NICE's Early Value Assessment (EVA) and HealthTech Evaluation Programme, which both aim to offer faster, more flexible routes for digital tools and diagnostics[xli]. NICE has also placed increased emphasis on real-world evidence and adaptive trial designs, which are critical for genomics and AI-based technologies[xlii].

techUK recommendations

1. Scale concurrent MHRA-NICE reviews to cover genomics, AI, and digital health. For genomics, AI diagnostics, and digital therapeutics, time-to-market is critical - especially when real-world data and adaptive evidence are central to their value. MHRA and NICE have begun offering Integrated Scientific Advice via the ILAP and IDAP, and parallel review pathways, but these are not yet widely available or scaled. The government should also ensure that these pathways are accessible to SMEs and early-stage innovators.
2. Digital health tools and data-driven technologies often fall outside traditional NHS reimbursement models. Lack of clarity on who pays, how value is assessed, and how funding flows creates barriers to adoption. The government should develop transparent, dedicated reimbursement pathways for digital and data-driven technologies, with clear criteria for evidence and evaluation, defined links to NHS funding and commissioning, and provide flexibility to accommodate real-world evidence, adaptive trials, and patient-reported outcomes.

3. Even when technologies are approved, local NHS organisations often lack the capacity to implement them. Genomics and digital tools require workflow redesign, staff training, and IT integration, which are rarely funded. The government should fund implementation support for deployment of genomics and digital tools at ICS and trust level, including for workforce training and change management.
4. Fragmented data systems and inconsistent standards hinder the deployment of AI, genomics, and digital health solutions. Innovators face challenges accessing NHS data, integrating with EPRs, and ensuring compliance with privacy regulations. The government should accelerate national efforts to adopt open data standards and interoperability frameworks, clarify data governance and privacy rules for innovation use cases, and support secure data environments and the development of the Health Data Research Service. In doing so, the government should ensure alignment across NHS England, ICSs, MHRA, and NICE to reduce duplication and friction.
5. Conduct regular benchmarking of UK uptake and reimbursement performance against EU and OECD peers, and use these benchmarking insights to inform NHS innovation strategy, regulatory reform, and industry engagement.

---

[i] Society of Chemical Industry, (2025), UK life sciences missing out on billions through competitiveness gap, (Last Accessed: 06.10.25).
[ii] Association of British Pharmaceutical Industries, (2025), Creating the conditions for investment and growth Pharmaceutical industry investment competitiveness framework 2025, (Last Accessed 06.10.25).
[iii] Society of Chemical Industry, (2025), UK life sciences missing out on billions through competitiveness gap, (Last Accessed: 06.10.25).
[iv] Association of British Pharmaceutical Industries, (2025), UK tumbles down global rankings for pharma investment and research, (Last Accessed: 06.10.25).
[v] Department of Health and Social Care (2025), Unprecedented boost for clinical trials under 10 Year Health Plan, (Last Accessed: 08.10.25)
[vi] Precision for Medicine, (2024), Expediting Clinical Trial Study Start-up in Australia, (Last Accessed: 08.10.25)
[vii] Department of Health and Social Care, (2025), Transforming the UK clinical research system: August 2025 update, (Last Accessed: 08.10.25)
[viii] BioIndustry Association, (2025), UK biotech financing 2025, (Last Accessed 13.10.25).
[ix] BioIndustry Association, (2025), UK biotech financing 2025, (Last Accessed 08.10.25).
[x] The Pharmaceutical Journal, (2024), Medicines shortages and slow approvals put 'significant burden' on pharmacists, says report. (Last Accessed: 06.10.25).
[xi] PHG Foundation, (2019), Innovation in the NHS: making the most of new technologies, (Last Accessed: 06.10.25).
[xii] National Institute of Health and Care Excellence (2025), NICE health technology evaluations: the manual (HealthTech update), (Last Accessed: 06.10.25)
[xiii] CPI, (2025), Understanding investment barriers in the UK MedTech ecosystem, (Last Accessed: 06.10.25).
[xiv] The King's Fund (2025), Integrated Care Board Cuts: What Does It All Mean?, (Last Accessed: 06.10.25).
[xv] UK Government (2024), The 2024 voluntary scheme for branded medicines pricing, access and growth: payment percentage for 2025, (Last Accessed: 06.10.25).
[xvi] Association of British Pharmaceutical Industries, (2025), Achieving life sciences sector growth requires falling medicine payment rates, (Last Accessed: 06.10.25).
[xvii] NICE, (2025), Improving uptake and adoption of NICE guidance: the commissioner, provider and practitioner view, (Last Accessed: 13.10.25).
[xviii] National Institute for Health and Care Excellence (2025), Improving uptake and adoption of NICE guidance: the commissioner, provider and practitioner view, (Last Accessed 08.10.25).
[xix] Digital Health, (2025), NICE welcomes the equal treatment of health tech with medicines, (Last Accessed: 08.10.25).
[xx] Pharmaceutical Technology, (2025), VPAG stalemate – how can the UK pharma market be rescued?, (Last Accessed: 08.10.25)
[xxi] Association of British Pharmaceutical Industries, (2025), Why the government must urgently raise the NICE cost-effectiveness threshold, (Last Accessed: 08.10.25).
[xxii] techUK, (2024), Driving Digital Transformation Report, (Last Accessed: 06.10.25).
[xxiii] techUK, (2024), Driving Digital Transformation Report, (Last Accessed: 06.10.25).
[xxiv] Health Services Journal, (2025), New technology should be paid for 'like medicines', says NICE chief executive, (Last Accessed: 06.10.25).
[xxv] techUK, (2025), Update: US Tariffs and the Global Response – Implications for the UK Tech Sector, (Last Accessed: 06.10.25).
[xxvi] McCabe C, Claxton K, Culyer AJ., (2008), The NICE cost-effectiveness threshold: what it is and what that means, Pharmacoeconomics, (Last Accessed: 06.10.25).
[xxvii] Jesper Jørgensen, Spiros Servos & Panos Kefalas, (2018), The potential price and access implications of the cost-utility and budget impact methodologies applied by NICE in England and ICER in the US for a novel gene therapy in Parkinson's disease, Journal of Market Access & Health Policy, (Last Accessed 06.10.25)

[xxviii] Unsworth et al., (2021), The NICE Evidence Standards Framework for digital health and care technologies: Developing and maintaining an innovative evidence framework with global impact, Digital Health, (Last Accessed: 06.10.25).
[xxix] UK Government, (2024), Life sciences competitiveness indicators 2024: summary, (Last Accessed: 06.10.25).
[xxx] National Institute of Health and Care Excellence, (2025), NICE expands HealthTech evaluations for NHS patients(Last Accessed: 06.10.25).
[xxxi] Association of British HealthTech Industries, (2024), DIGITAL HEALTH REIMBURSEMENT CONCEPTS: DISCUSSION DOCUMENT, (Last Accessed 06.10.25)
[xxxii] Unsworth et al., (2021), The NICE Evidence Standards Framework for digital health and care technologies: Developing and maintaining an innovative evidence framework with global impact, Digital Health, (Last Accessed: 06.10.25).
[xxxiii] Reid and Norrell, (2024), Unleashing innovation in the NHS: barriers and opportunities for the adoption and uptake of Healthcare technologies, (Last Accessed: 06.10.25).
[xxxiv] Association of British Pharmaceutical Industries, (2025), Why the government must urgently raise the NICE cost-effectiveness threshold, (Last Accessed: 08.10.25).
[xxxv] Reid and Norrell, (2024), Unleashing innovation in the NHS: barriers and opportunities for the adoption and uptake of Healthcare technologies, (Last Accessed: 06.10.25).
[xxxvi] The Health Foundation, (2025), Could the Life Sciences Sector Plan be more transformational for the NHS than the 10-Year Health Plan?, (Last Accessed: 06.10.25).
[xxxvii] NHS Providers, (2024), Digital transformation hampered by budgets, NHS pressures and poor IT infrastructure, (Last Accessed: 06.10.25).
[xxxviii] The New Statesman, (2024), The NHS's digital problem: how old infrastructure is slowing down healthcare services, (Last Accessed: 06.10.25).
[xxxix] UK Government, (2025), Cutting-edge personalised treatments, made while you wait, will deliver specialised care to patients more quickly, (Last Accessed: 06.10.25)
[xl] UK Government, (2025), Cutting-edge personalised treatments, made while you wait, will deliver specialised care to patients more quickly, (Last Accessed: 06.10.25)
[xli] Office for National Statistics, (2019), How does UK healthcare spending compare with other countries?, (Last Accessed: 06.10.25).
[xlii] Nolan T., (2025), The cost of NICE appraisals … and other research, British Medical Journal, (Last Accessed: 06.10.25).