



Who, where and when? Redrawing your NHS stakeholder map for 2026

Thought leadership

by Oli Hudson, Content Director | 05 February 2026

The number one question pharma asks us at HSJ Information at the moment is: has the NHS stakeholder map changed?

We understand why. Knowledge of your client networks, and of course reliable, up-to-date NHS contact data is the bloodline of any successful UK pharma business. It feeds all revenue generating activity, customer engagement, relationship building, and detailed customer analysis and reporting.

Yet many organisations underestimate just how quickly this data is going out of date in the current landscape. We use the term “data decay” - and it’s fair to say the NHS is currently in a high-risk place for it.

People are changing roles. Organisations are restructuring. And physical and digital locations are evolving.

What we are seeing now is not simply another NHS reorganisation, but a fundamental shift in how power, influence and accountability are expressed across the system.

The old certainties - clearly defined commissioning routes, stable senior roles, and predictable lines between clinical leadership and financial control - have largely gone. In their place is a more fluid, negotiated environment, where decisions about pathways and medicines are shaped over time, across multiple forums, and often outside formal governance structures.

For pharma sales teams, this represents a significant change in operating reality. Access used to mean identifying the right organisation; now it’s more about understanding where influence truly sits at a given moment, who is shaping clinical consensus, and who ultimately controls spend. Increasingly, budget holders, senior clinicians and medicines optimisation leads are required to balance local priorities against system-wide financial pressures, often revisiting decisions that would previously have been considered settled.

This complexity creates both risk and opportunity. The risk is obvious: outdated assumptions about stakeholders, reliance on legacy contact data, and missed signals about emerging decision makers can slow progress or derail carefully planned account strategies. The opportunity lies with organisations that can see change early, adapt quickly, and maintain a current, nuanced view of the NHS landscape as it actually operates.

In this environment, accurate, timely stakeholder intelligence becomes a commercial differentiator. Sales effectiveness can't just depend on strong products and compelling value propositions, but on the ability to engage the right people, at the right time, with a clear understanding of how decisions are really being made.

The fast-paced change within the NHS, and another period of confusing, unbalanced and inconsistent restructure, presents a huge risk to business performance. Who are the new budget holders? Who is involved in the decision-making processes? Who are the key influencers pertaining to your products and therapy areas in which you operate?

What to expect next

Over the next two years, ongoing political battles and financial constraint is expected to drive further change in how medicines are evaluated, prioritised and funded.

While we wait for the outcome of the proposed single national formulary, ICBs are likely to continue consolidating decision-making around medicines optimisation, formulary management and pathway redesign, with greater scrutiny of value, outcomes and system-wide impact. This will place increased influence in the hands of interim pharmaceutical committees, prescribing leads and senior clinicians operating at system or collaborative level. Even if the SNF does happen, there will still be local market access variations, and figures to influence on usage.

And turnover in commissioning, medicines optimisation and senior clinical roles remains high, increasing the risk of lost relationships and outdated stakeholder intelligence. Decision-making is also shifting earlier in the pathway, with more emphasis on clinical consensus and system-wide alignment.

For sales teams, this means success will depend on knowing who the real decision makers and budget holders are today - not who they were six or twelve months ago - and understanding how local processes operate in practice.

So understanding NHS change: who is in charge, what are they in charge of and when will responsibility change, is critical. Contact data is a constantly evolving beast - but how do you monitor and maintain it on an ongoing basis and feel confident that you are prepared for any future structural changes?

Accurate data: The self-managed route

Taking on this responsibility yourself is possible but the internal cost of doing this is often under-estimated. You need consistent and proactive process to ensure data integrity and compliance is maintained, and ROI is optimised. Who is doing the research and how? What reliable sources and methodologies are you using? An NHS restructure often means commensurate changes in your CRM systems and software. Hierarchies and their associated links and affiliates change, new roles need to be captured, and critically old data needs to be removed.

All that takes time, effort and dedicated resource.

Third-party providers

The external cost of using a third-party provider needs to be considered and budgeted for, but the pros far outweigh the cons when it comes to contact data management. A third-party provider brings contact data expertise and knowledge to the table, with established processes and data protocols that cover change management and ensure compliance. Methodologies and sources are tried and tested to deliver accurate and comprehensive coverage of your target audiences. Data integrity is maintained and your ROI far more likely to be optimised.

Below we look at five reasons why accurate and up-to-date customer data is a must.

Why invest in contact data?

Investing in accurate and comprehensive contact data is essential for:

- 1. Stronger sales performance** – Your time should be spent talking to the right people, not chasing those who have left, changed roles or moved to a different physical or digital location. Quality data sharpens targeting, boosts efficiency and shortens sales cycles.

2. **More effective marketing campaigns** – Up-to-date data improves segmentation, personalisation and deliverability. Campaigns hit the right people and engagement increases. Poor data can damage sender reputation and waste money and resource.
3. **Better customer experience** – When your internal systems contain up to date roles, responsibilities and contact preferences, your interactions can be more relevant and timelier. Good data builds trust, bad data creates friction.
4. **Reliable reporting & forecasting** – Businesses make decisions based on the information in your CRM. If data is inaccurate, forecasts skew and strategy planning suffers. High quality data ensures a clear and reliable picture of your pipeline and performance.
5. **Stronger compliance** – With regulations such as GDPR, PECR and other data privacy standards, maintaining accurate and compliant contact information is a legal obligation. Quality data reduces compliance risk and strengthens governance.

Saving on data costs in the short-term will hit you harder financially down the line.

So my final thought: don't let your contact data decay. Invest now for a stakeholder map that shows the NHS as it is, not how it was; even if this means it may not look how you want it to look...