An ideal world

Last month, PharmaTimes Magazine reported on exclusive research results indicating misperceptions between the NHS and industry about joint working. The research also reveals views on the ideal model for partnerships. So what does this look like?

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Partnership working between the NHS and industry has had its fair share of ups and downs. But forget the past because an ideal world is possible, exclusive research shows. The findings, which are revealed in a survey of NHS and industry leaders conducted by Strategic North for PharmaTimes Magazine, indicate what joint working would look like in an ideal world and how this is different from today’s perceptions.

The ideal model is a long way from today’s ways of working, says David Coleiro, partner at Strategic North. It requires a totally new way of thinking and working to move beyond the challenges of our current restricted model, he says. “Current ambition levels are too low,” he adds. “Both sides lack a deep understanding of what a partnership could look like and what each side would be willing to commit. Yet far from being a conflict of interest, the NHS respondents believe this ‘ideal’ way of working together would be more joined up, more patient and outcomes focused, more efficient, and more open and honest – all of which can only be positive for the NHS, industry and patients alike.”

The core elements of this ideal world include: the patient at the centre with a firm focus on outcomes; internal promotion of industry joint working within the NHS; an industry mindset that focuses on long-term benefits; a true business-to-business partnership that is open and honest with joint working and sharing of resources; collaboration based on a relationship over three to five years rather than one-off projects; success measures to focus on relationships and reputation rather than short-term sales; and a partnership focus on areas relevant to the NHS, notably service redesign and improvement, patient and case finding for early intervention and prevention, and market research to better understand the patient journey and experience.

“At the moment, views on joint working mostly sit in the ‘too hard’ box,” says Coleiro. “For the ideal model to work, and to develop true long-term joint working partnerships, it involves a total reframing of what is required in terms of commitment on both sides.”

**Unexpected revelations**

A willingness to commit was an unexpected revelation to come out of the research. The traditional view, says Coleiro, suggests pharma is willing to invest in joint working but the NHS is hesitant to engage. However, the results paint a very different picture, with both industry and the NHS willing to commit more than the other party would demand or indeed expect based on current behaviours – and possibly further than guidelines would allow. Coleiro says this is surprising because the joint working guidelines do create misunderstandings as to the requirements, such as the need for a 50-50 share of resources, which has been a “sticking point” in developing partnership working. But, he adds, “pharma companies understand they have more available money and resources (time, etc) than the NHS, and therefore do not mind an unequal distribution”.

Although some healthcare leaders were slightly alarmed with the findings, saying if industry invests more than 50% then it no longer meets the definition of joint working, Coleiro believes this limits wider thinking on how to quantify – and ultimately share – resources. The point, he says, is that both parties are willing to commit more, which means they see the value in partnering.

Certainly, notes Dr Berkeley Phillips, UK medical director at Pfizer, the success of the company’s collaborative work so far suggests that its contribution – in terms of expertise, resource and time – is extremely valuable to the NHS and “helps them achieve outcomes they may not have previously attained by working alone”. Furthermore, he adds, NHS organisations have invited the company back to assist with other projects.

And a spokeswoman from Roche told PharmaTimes Magazine she is not surprised that both sides are willing to commit more than is either demanded or expected of them. “It has been our experience that familiarity developed through joint working leads to a greater realisation of common goals that ultimately benefit patients,” she says. “Mutual trust, respect and a commitment to delivery are vital to successful joint working.”

There does seem to be a split, however, between those in the NHS who are more conservative and those who are more open-minded. Mike Farrar, chief executive of the NHS Confederation, is one of those with an open mind. He says he is “keen to promote” how joint working can improve patient care and deliver organisational benefits to the NHS and industry partners. “What is important is that we ensure alignment of the sector’s agenda. Commercial motives are not incompatible with patient benefit, and what is important is that we balance commercial motives with value for patients and the taxpayer.”

**B2B partnerships**

The spirit of joint working should be a true business-to-business partnership, the research suggests. And this means that many of the NHS stakeholders who took part in the research are willing to commit to: exclusivity in disease areas, with board-level agreement on long-term partnerships; a commitment to
joint planning and annual investment for a three-year period; the potential for pharma representatives to be considered for membership on appropriate committees; and agreement that the NHS incentivises the use of products in agreed therapeutic areas, with an endorsed joint message, in return for pre-agreed pharma commitments.

Meanwhile, those pharma leaders who were interviewed were happy to provide the NHS with expertise and access to all levels of decision makers and information within the company; to involve the NHS in discussions about company priorities for their local area; as well as agree with the NHS the targeted use of salesforce, company investment in value-added programmes over a three-year time frame, and annual joint planning and investment. “This is interesting,” Coleiro says, “because, according to the research, this level of partnership goes for beyond current thinking but is never put into practice. The fear of linking the product to service hinders partnerships and does not occur in any other industry. But if there is proven benefit to the patient, why should this be the case?”

Sabina Syed, managing director at Visions4Health, is a proponent of joint working, saying it is a transparent way for the industry to work with the NHS because it clearly outlines the company’s interests. “Commercial benefit is not wrong per se and if the industry is honest about this the NHS can make the call about whether they are happy to take part.” But, she warns, for joint working to work well industry has to invest in skills and capabilities. “It is not the skills of the standard selling or even account manager call,” she says, but those of “understanding the governance, having the skills to write business cases, facilitating the process within their own company and the NHS organisation, and measuring the outcomes so they can be shared and published.”

The ideal model is certainly possible but barriers need to be overcome to achieve this. That means breaking down misperceptions but also, as Syed says, ensuring the right skills and leadership are in place. In addition, she says, the mindset around “quick wins” needs to be abolished because, the truth is, benefits in outcome terms are not seen for at least 18 months. Syed also suggests that a move towards the ideal model can be achieved if pharma and the NHS are rated on their ability to work together. “Perhaps we need to consider a kitemark-style approach for pharma companies,” she says. “That way, if the NHS sees that ‘kitemark’ it reassures them the company in question has the competency to partner in joint working initiatives.” Furthermore, she believes joint working should become part of the competency framework process for the new clinical commissioning groups, and NHS England, via its area teams, can assure this competency.

Rallying the herd

Coleiro says he is disappointed at the low awareness of the many examples of good practice. “There are some change management concepts that are highly relevant here,” he says. “Firstly, ‘rallying the herd’, where people will imitate good practice – in a risk-averse NHS seeing these examples will encourage people to do the same; and secondly, ‘following the bright spots’, where highlighting and recognising the success stories encourages others to pick up the baton.”

Farrar agrees. “Developing new ideas isn’t actually the hardest part of innovation,” he says. “It is spreading their adoption throughout the system that has proven most difficult to date and embedding changes in practice across the health economy.”

Ultimately, joint working is about patients and how they can benefit, but equally it is about meeting the needs of both pharma and the NHS as they journey on this quest to improve outcomes. The optimism is there for an ideal world model of joint working but, as Farrar says, “hunkering down and focusing on the immediate to-dos” is not the equation for successful partnerships. “It is worth bringing with us things we have learned from the past,” he says, “but we must also look forward.”

This article is based on exclusive research conducted by Strategic North on behalf of PharmaTimes Magazine.

PharmaTimes and partner Visions4Health are bringing together CCGs and NHS providers to present their cleared and ready-to-go partnership projects to industry stakeholders at a one-day networking event on 12 July. The day will also include training workshops on joint working best practice and case studies, commissioning for outcomes, an update on Academic Health Science Networks, how to partner with new NHS organisations, and understanding medicines management from a CCG perspective.

This networking day will be followed by an awards ceremony to recognise the best existing partnership projects between pharma and the NHS.

To attend contact Gill Chalk on: gillc@pharmatimes.com, tel: 020 8487 9114, or go to www.pharmatimes.com/partnerships.