CONTRACT SALES

• The new market dynamics
• Why outsource?
• Which type of CSO team?
• Ensuring a robust RoI

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SEGMENTATION, TARGETING AND FORECASTING

One major key to success will be your ability to identify, appeal to, and communicate with differentiated segments. Find out how you do that...

In pharmaceutical markets, success is defined from more than one viewpoint concerning, not only the commercial success of manufacturers, but the success of physicians and patients in gaining access to products that are most suited to their needs. The better these needs are understood by manufacturers and suppliers, the more relevant the products that can be developed and marketed.

DEFINING YOUR SEGMENT
A powerful way to understand markets is to view them as made up from people with differing needs. Many of these needs are clearly defined, particularly in relation to specific medical conditions and within clearly defined therapy areas; others are less tangible, relating to prescribers’ knowledge, experience and perceptions, and the way they interact with their patients. The main point is that these people can be grouped in terms of all these characteristics, in a way that allows them to be better understood by marketers and then marketed to in the most relevant and effective way.

The idea of segmenting customers in this way dates back to the 1950s when marketers formalised the concept that had underpinned their work for decades already – that different products and messages appealed to different groups of individuals. What’s new is the proliferation of brands, products, media, communication styles and techniques, and the way they interact with their patients. The main point is that these people can be grouped in terms of all these characteristics, in a way that allows them to be better understood by marketers and then marketed to in the most relevant and effective way.

Of the three information sources (see xxxx) this article focuses on the last, both in terms of what it can give the marketer by way of effective market segmentation and how it can then feed effectively in forecasting the future success of a product. This is because all segmentation research requires a good level of customisation to be really effective.

Published reports will generally give useful indications of overall market size and trends, and may helpfully identify certain physician or patient typologies, together with the broad needs of those different groups. They are unlikely to provide detailed insights into the prospect for a particular product in relation to those segments.

Likewise, secondary data sources are limited in the sense that they provide information only on certain tangibles (patient conditions, prescribing patterns, volume sales), though these are all important. The content of the data determines the depth of segmentation that is possible, and limits the outputs to groups defined wholly in functional terms. We can, for example, classify physicians in terms of the products they currently choose to prescribe and relate this to their levels of experience, the institutional setting in which they work, the demographic profile of the patients they serve, and so on. All this information is valuable, essential even, but limiting one’s understanding to this type of data alone can allow important sub-groups in the market to be overlooked.

Consider the treatment of type II diabetes – there are established symptoms and treatment pathways, reflected in current types and levels of prescribing. But to what extent do ‘softer’ elements influence prescribing, and are there patient and physician groups who are currently under-served? How big a role does needle-aversion and the confidence of the physician in the patient’s quality of self-management in the prescribing decision? Are some patients receiving sub-optimal treatment because these important, but less easily identified factors, are not taken into account. when an appropriate delivery device would overcome many of the problems that currently limit their treatment options. Similar issues will exist in a wide variety of markets.

All this points to the value of ad hoc market research as a tool for segmenting markets effectively. The marketer can devise both qualitative and quantitative research tools that allow them to relate prescribing to a wide range of factors that relate to the features of the products, the physicians and the patients. They can also measure prescribing intentions for new products, which can then be used as important inputs into a product sales forecast.

CONDUCTING ATTITUDINAL SEGMNTATION, TARGETING AND FORECASTING

For some while, analytics data - in specialist secondary care - gathered by CSOs - will be instrumental - in providing - resource planning
/ BEHAVIOURAL
SEGMENTATION STUDIES
There are a number of elements that determine the success of a segmentation study:
• Close cooperation between the research agency(ies) and the client to take full advantage of the agency’s and the client’s unique knowledge and experience sets – at every stage of the process
• Clearly defined goals for the research – all parties need to have a clear idea from the beginning as to the focus of the research: is a general understanding of the market the main objective? Or is the aim to target specific sub-groups for whom a particular product will be most applicable? Or is the focus more on communication, understanding the different messages that need to be developed so that sales forces can sell the same product in different ways to different segments?
• Use of powerful analytical procedures – which, when combined with sound technical research expertise, allow well-differentiated segments to be identified.
• Clear, relevant, in-depth reporting – with particular emphasis on the business planning implications the research has for the client.

QUALITATIVE AND
QUANTITATIVE
Qualitative research, usually in the form of in-depth interviews or focus groups, will often prove invaluable as a first step in shaping a segmentation study. It can indicate the measures that a subsequent quantitative study should take into account, and can provide the basis for hypothesising certain segments in advance of quantification. The quantitative stage offers a variety of approaches, most typically being

In future, key-account managers with specialist knowledge are likely to become the bridge between primary- and secondary-care

phone-based or online surveys with prescribers. Often the most powerful studies are those that require physicians to profile patients that they have recently seen, both in functional and attitudinal terms. This can create a rich database – for example, a sample of 300 physicians each profiling five patients creates 1,500 records. The questionnaire can include the testing of new product profiles, including sophisticated simulation approaches, such as conjoint analysis.

In the analysis of quantitative techniques, powerful statistical procedures, such as latent class are available to quickly partition physician or patient data into distinct groups. But the most important step is to move quickly from segment production to segment profiling. This is the only way that the whole research team can fully assess the usefulness of the segments. The marketer must be prepared to go through a number of iterations, combining their market knowledge and experience with the technical expertise of the statisticians, so that together they can identify actionable segments that will allow the marketer to effectively target prescribers.

IMPLEMENTING TARGETING SOLUTIONS WITH THE SALES FORCE
An important output of segmentation research will be to develop summary reports that enable end-users of the information to ‘visualise’ the segments, and this can contribute to the development of material suitable for the guidance of sales representatives. These can include ‘pen portraits’ of patient typologies that help sales representatives and physicians visualise the patients they should target.

To construct an effective forecasting model, the marketer needs to establish:
• A forecasting template
• An understanding of the business context for the forecast
• A rigorous approach to forecast creation
• Principles of good judgement
• Sense checks

BUILDING EVIDENCE-BASED FORECASTING MODELS
A forecast is what we reason to be the most likely outcome, based on assumptions and applied resources. The potential complexity makes this a job for experienced experts, but this does not mean that the marketer should not be deeply involved in the process. The marketer needs to be aware of the importance of rigour at every stage of the forecasting process, set against a background of informed knowledge of the market.

Inputs from segmentation research can be very important components of a forecasting model, for example the prescribing intentions for a given product profile, but they will usually need careful calibration. The main point to draw from this brief look at segmentation, targeting and forecasting is that the whole process needs to be well planned throughout, with a clear idea of how the segments will ultimately be used.

Creating your forecast model

The characteristics of a good forecast model are that it is:
• Based on one set of assumptions
• Unbiased
• Transparent and logical
• Volume-based
• Fit for purpose
• Accompanied by indications of uncertainty and confidence

During the study, physicians can be presented with examples of future marketing messages as well as product profiles. If physicians can rate these in relation to the patients they have profiled, the marketer can then identify which products and communications are the most effective across all the segments. To get these outputs right, it pays to include representatives of end users in the initial specification of any segmentation research and where possible in the development of the final segments.

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For many pharmaceutical companies, selling is no longer about deploying a large, in-house sales team that can saturate the market with noise about the latest and greatest treatment for the masses. Rather, companies are looking to remain focused on their core competency of developing and marketing valuable medicines, but turning to contract sales organisations to speak directly to the right people about their brands.

Traditional pharmaceutical sales models, characterised by share of voice, are rapidly being replaced by a new generation sales model that responds to the combination of an increasingly discriminating NHS customer and a simultaneous reduction in potential blockbuster NCEs in the pipeline. This new model places a higher regard for targeting sales efforts with experienced, capable representatives who already know and have access to the right people. This means pharmaceutical companies aren’t wasting scarce resources on customers who are unable or unwilling to change their prescribing behaviour, or who simply do not encounter the target patient group.

With sales force spend one of the single most expensive costs for pharmaceutical companies, an intelligent and bespoke approach to sales that targets the relevant decision makers is vital. As more and more pharmaceutical companies feel pressure to manage tight budgets and maintain acceptable ROIs, contract sales teams are often the easiest and most cost-effective way to optimise sales force effectiveness and utilise alternative routes to market products in an evolving healthcare arena.

Right-sizing a super-sized pharmaceutical sales force, or simply redirecting a smaller sales team for optimal performance, can be a confusing process. For any company considering the move toward a contract sales organisation, it is important to know what types of teams are out there that could help you with your sales strategy.

**DEDICATED SALES TEAMS**

Hiring a contract dedicated sales team is the closest thing a pharmaceutical company can get to having its own internal sales force. Contract dedicated sales teams promote only products that belong to the client – basically, it is an internal sales team without the headcount on the company’s books.

This means that changing the team profile (including size, geography and skill mix for example) is never an issue for the company that has employed a dedicated sales team through a contract sales organisation.

The main benefit of a contract dedicated sales team is the flexibility of the team when it comes to deployment in your key regions, and the high level of sophistication of the team. These teams can be any size – from a small and highly focused team to 100 or more.

This option is undoubtedly the most attractive to many companies that wish to have the best of both worlds – a total focus on their brand strategy without the restrictions of a headcount sales force.

**SYNDICATED SALES TEAMS**

Syndicated sales teams operate with a maximum of three clients and promote up to three non-competing brands at any one time. Typically, pharmaceutical companies utilise a syndicated sales team when they are in need of specific additional national resources. For example, a company may require additional sales muscle to communicate the launch of an important new line extension or perhaps some breakthrough clinical trial data.

This is a cost-effective resource solution because the cost of running and managing the sales team is shared amongst the companies that utilise it. These sales representatives are also increasingly...
experienced and are already working in the field with established relationships with prescribers. Flexibility and the speed with which they can add another product to their portfolio makes this a good choice for companies that need an experienced team to lend support quickly.

**CO-FUNDED SALES TEAMS**
The contract co-funded sales team rests comfortably between the dedicated sales team and the syndicated team. It is similar to a dedicated sales team, and has many of the same benefits, but it is a more cost-effective solution, as the price tag is shared between two companies promoting non-competing brands.

All calls for the co-funded team are targeted and cross-matched for maximum coverage. Each company receives an equal number of first position details and teams devote 50 per cent of all their activities equally to each of their products.

These teams have great depth of knowledge in each therapy area and product, allowing for the knowledge advantage of a dedicated team but coming in at a price closer to a syndicated team.

**SPECIALIST SALES TEAMS**
Specialist sales teams are often the best option for companies searching for a bespoke contract team that can respond to the ever-changing NHS. These highly experienced and responsive teams move the quickest with marketplace changes.

Representatives working in specialist teams, as the name implies, tend to be utilised in secondary care. As a result, they are usually more experienced and knowledgeable in a specific disease area, eg oncology. Increasingly, pharma companies are keen to access this type of individual and CSOs are working hard to respond.

**ACCOUNT MANAGEMENT SALES TEAMS**
Contract account managers are ‘mini-general managers’ who work with a company for longer periods of time than other outsourced teams. In fact, these teams usually have minimum contracted commitments, for at least a year and often significantly longer.

The Regional Account Director (RAD) model fits into this sales team category. With this model, sales team members have a high level of operational autonomy in their area and responsibilities that include sales strategy, tactics, developing new initiatives, key opinion leader development, and negotiating with the NHS.

Account manager teams are made up of individuals with diverse backgrounds, making them a hot commodity and often very hard to find. The autonomy of their position means they must be of such high quality that they are able to make significant decisions to progress the business in a particular territory or region.

**HOT SPOTS SALES TEAMS**
Hotspotting is the strategic deployment of experienced contract sales teams to very targeted areas with high prescribing potential. Companies, along with the help of a CSO, can identify trends and opportunities in particular regions and then quickly activate these teams to respond quickly to marketplace changes, such as new NHS recommendations, line extensions or seasonal products.

Once a hot spots sales team is deployed, companies then capitalise on the experience of the sales team and their existing relationships with key opinion leaders and influencers. Implementation is quick, objective-driven and strong, saving an amazing amount of time and money that is often lost in the recruitment and adequate training of an in-house sales force.

**NURSE ADVISOR TEAMS**
A feature about outsourced teams isn’t complete without a mention of contract nurse advisor teams. Although they require very different management and utilisation, nurse advisor teams can be of incredible value. Many companies have recently retreated from hiring nurse advisor teams following unfavourable press, but there is still a significant advantage to this outsourcing model.

Nurse advisor teams bridge the vast gap between the NHS and the pharmaceutical industry by providing better use of medicines to the benefit of patients. They are most often called upon to educate prescribers around a specific disease area.

As long as a nurse adviser team adheres to a strict code of conduct and remains bound by strict policies and procedures, they are very effective. Before hiring a nurse adviser team, it is critical that companies investigate the quality of the provider of the teams to be sure they have a good understanding of compliance and processes, and a system to ensure adherence to all guidelines.

**MEASURING SUCCESS**
We can now see that there are many smart ways for pharmaceutical companies to acquire a highly capable outsourced team that rivals traditional in-house sales teams in quality, but out-matches them in flexibility. Outsourced teams that have unprecedented levels of agility and responsiveness and who can help to place resources where they are needed, when they are needed, and remove them quickly if necessary.

There are also several services available now that allow companies to efficiently monitor the effectiveness of an outsourced sales team to be sure quality sales efforts are being delivered. An effective way of proving that a new model of sales force is doing the job right is to conduct a sales force effectiveness audit and a benchmarking study to assess the effectiveness of the sales calls. Research shows that a relatively small improvement in sales call effectiveness can result in significantly enhanced sales of a brand, so it is well worth the investment in the research to stay on top of performance.

The future of pharmaceutical sales will no doubt continue to rapidly change and evolve around the deployment of flexible representatives with a broader and deeper product and therapy area knowledge. With the ever-growing pressure on the industry, reducing the risk involved in having fixed assets in the form of large, in-house sales teams is increasingly becoming an attractive solution for many.

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... make sure it’s the same as your customers’
### Choosing a contract sales organisation

#### AREA

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<thead>
<tr>
<th><strong>ACTION</strong></th>
<th><strong>1. What is the aim of the team?</strong></th>
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<tr>
<td>It is vital to be 100 per cent clear from the outset on what you want the team to achieve. Importantly, do not be constrained by traditional thinking if you want to get the best ROI from your additional contracted sales resource. Be very specific about how the team will fit into your marketing strategy. What will success look like and what ROI are you expecting? How will the new resource work alongside your existing team?</td>
<td></td>
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</table>

| **2. What type of team do you want?** | Define the type of contract sales team that will work most effectively for you and give you the best ROI. (As a first stage, refer to the options on pages 9 and 10.) |

| **3. What is your budget?** | Clarify with the supplier exactly what is included and excluded to set budgets. Be realistic about your spend. Managing the budget effectively will be critical in maximising ROI. |

| **4. Finding the right agency** | If you get the right supplier you are halfway there. Not all CSOs are the same. The company vision and culture of one organisation may fit your business needs better than another. The first thing to remember is that big isn’t always best. The critical aspect is whether they will get you the right people. So pick an agency which has a strong, proven recruitment function. Make sure that you and the supplier are a cultural fit. Make sure your supplier is flexible enough to fit in with your needs. Ensure the supplier’s project manager has the correct competence and experience to add value to the process. |

<table>
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<tr>
<th><strong>5. Preparing the brief</strong></th>
<th>This needs to be realistic, detailed and clearly communicated to all parties involved. Try to include:</th>
</tr>
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<tbody>
<tr>
<td>• Objectives</td>
<td>• Outcomes</td>
</tr>
<tr>
<td>• Project management relationship</td>
<td>• Critical timelines</td>
</tr>
<tr>
<td>• All relevant product and company information</td>
<td>• Selection criteria</td>
</tr>
<tr>
<td>Allow time for face-to-face contact to help the supplier really understand your needs</td>
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<tr>
<td>Getting the brief right will allow you to differentiate between suppliers and see who can best deliver on your aims</td>
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</table>

| **6. The pitch day** | Try and get all companies to pitch on the same day. Circulate the brief and other relevant information to key decision makers beforehand so they have adequate time to prepare. Make sure all the key decision makers are present and clear a session with all the key stakeholders at the end of the day to assess all the pitches while they are fresh in your mind. Extra time and effort spent by all relevant stakeholders now will pay dividends over the course of the project. |

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<tr>
<th><strong>7. How will we work together</strong></th>
<th>Ensure service level agreement for both parties includes:</th>
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<tbody>
<tr>
<td>• Level and type of communication for all involved</td>
<td>• Project review timelines</td>
</tr>
<tr>
<td>• Measurement, eg target rates, ROI, sales targets, bonus</td>
<td>• Ensure all agreements are cascaded down to the field and monitored for adherence</td>
</tr>
<tr>
<td>Getting a clear understanding of relevant responsibilities reduces misunderstandings and fosters an excellent working relationship. This, in turn, should lead to quicker and improved results</td>
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| **8. Communication plan** | Ensure all key stakeholders are informed of the project plans. Cascade this down through first line managers in a timely manner. Identify a project manager from both sides to ensure delivery of objectives. The success of the project can often come down to communication, at all stages. Therefore, ensure clear and concise communication of the aims, objectives and expected outcomes to all parties and maintain regular, clear communication throughout the project. |

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The Author: Paul Dermody

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## Maintaining the relationship

<table>
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<th>AREA</th>
<th>ACTION</th>
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<tbody>
<tr>
<td><strong>1. Strategic plan and direction</strong></td>
<td>You will have made one at the start of the process – is it still relevant and up to date? Has the market changed in the six or so months that this process may have taken? What do you and the CSO provider think is relevant for the team to be aware of? Have your internal stakeholders made clear to you what they are expecting of the process, eg measures and KPIs etc? (Much better to know this now than halfway through the process)</td>
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<tr>
<td><strong>2. Working with a CSO</strong></td>
<td>Make sure the business plan is robust, clear, well documented and that all CSO resources have read and seen it from day one Make sure the plan also makes sense on the ground – is it SMART and simple enough for day-to-day use by the teams Agree decision-making criteria and the path for major decisions that may have to be taken. Decide what involvement you want in these decisions Make sure the contract is legally checked and approved. Check that there are clear performance KPIs included with cost returns if they are not met Agree who is responsible for which piece of the plan and then stick to it. This avoids confusion, repeats or total misses How often do you want to sit down with this team? Agree on monthly meetings, weekly updates, etc What is your level of reporting internally so the CSO can provide the management information you need in the correct format for you?</td>
</tr>
<tr>
<td><strong>3. Company involvement</strong></td>
<td>Who is doing what? Get specific about who is responsible for and actions what Materials – who is providing them, you or the CSO? They need to be created, which with approvals can take a number of weeks Who is doing all the training? Are your team doing the product and company information? Invariably, this is best done by your company as your own team will have the best knowledge and passion about your products Make sure you and your key stakeholders spend time in the field with the new representatives once they are out there, to help ensure they are doing what you think you are paying for</td>
</tr>
<tr>
<td><strong>4. Things to think about</strong></td>
<td>Are there any added value services that you want? Plan any potential exit options carefully so they can be smoothly put into operation should the need arise Are the evaluation measures very clear and do you know what success of the plan will look like? Treat the team as if they where your own – this engenders an attitude that you care and the representatives will perform better Think about conferences and other major events – this can cause legal issues re employment rights – consider taking internal advice on what to do</td>
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<tr>
<td><strong>5. Delivering</strong></td>
<td>Most of all, are they a really valuable resource? Make sure you ask yourself all the time – are they delivering? Having ensured appropriate benchmarks for evaluation are established prior to initiating the contract, use these resources to establish where the structure and input is serving you well, and where it is falling short And, if the ROI figures don’t stack up, do your research. Is it that the contract sales team’s usefulness is outlived, or has the market, customer, etc, changed? Keep coming back to the question: are the right messages being communicated effectively, to the right people? Involve the CSO in this intelligence gathering process – give them the chance to respond to any concerns you have. Allow them to help you define both the small as well as the bigger picture. Close to the customer, defining strengths and weaknesses in a sales plan should be one of your CSO team’s strengths Don’t get overly set in your ways – be open to change… if it makes sound business sense. New NHS challenges require new sales solutions</td>
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</table>
The challenge for this CSO was, could they define the profile audience as closely as this client now wanted?

Our client was a leading healthcare company, with a product promoted largely through specialist nurses in secondary care by the existing sales force. On the back of a new product launch and some significant contract wins they needed greater resource in primary care to ensure that the practice nurses were aware of the new products on the formulary.

The Challenges
1. This client had previously tried a syndicated option, with GP representatives calling on practice nurses in the afternoon, which had gained the coverage of key target customers. The client felt that they now wanted a more dedicated approach, where they could have complete control over the geography and target list that the representatives called on.
2. As well as selling the product into the target market, the healthcare company wanted key messages to be conveyed specifically to establish confidence in the use of the product. It was vital that practice nurses who actually ran clinics were identified and communicated with.

Solution
The Marvecs’ solution was to offer a smaller but dedicated team of nine, on a part-time basis of five hours a day, for a six-month pilot. Our extensive recruitment operation meant that we were able to source an entire team of experienced representatives, with healthcare sales backgrounds and who were living in the target areas. Territories were selected based on recent PCT wins to ensure they were capitalising on potential in primary care. Our target audience was only those practice nurses who ran clinics for the appropriate disease area, rather than the practice nurse population in general. Although strictly client-managed, we provided monthly field visit support for all the team, to ensure no excessive burden was placed on the existing management team.

Results
After a successful pilot, the contract has been extended three times. Sales results indicate 50 per cent greater growth in territories with a Marvecs’ representatives compared to areas where there is no Marvecs’ representative cover.

How a consumer-dedicated business’s quick thinking and tactical outsourcing secured a new prescription market

This case study involves a large pharmaceutical company with a large consumer business attached to it. A product for smoking cessation which had been available for consumers to purchase GSL in supermarkets and pharmacies for around 10 years was made reimbursable by the government with less than one month’s notice. This was the first time a product had gone from GSL to prescription, rather than the other way.

The Challenges
1. Whilst the pharmaceutical side of the business had a prescription product in the marketplace, the consumer business had no real experience of detailing or selling in the prescription market.
2. Faced with this decision and two other competitor products entering the market in the same class, a number of decisions needed to be made and very rapidly acted upon if market leadership was to be gained and then maintained.

Solution
A decision was made to take on some syndicated GP detailing, as GPs at this stage were seen as the most likely source of prescriptions. Two detail 3 slots where taken, totalling some 120 representatives for a period of six months. As a result, the product became market leader from month one.

Results
It became very evident quickly that GPs where not the decision makers and that smoking cessation clinics where the target audience. Syndicated sales forces could not reach this audience easily, and then be in a position to have the time to influence their prescribing decisions. A decision was made to change the sales operation to a dedicated CSO team to specifically target smoking cessation clinics. This process was tendered between four companies (including the existing syndicated provider), to secure a strong specialist team. This team initially started with 16 representatives and two regional managers. After eight months the team was increased to 36 representatives with three regional managers. The remit for the team was that as well as targeting smoking cessation clinics they also detailed GPs and established some direct sales in PCTs and hospitals.

Kicking the habit

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Bucking the trend

An inspired, new type of single-view forecast put this company right back on track with a tight sales campaign

Twenty-five years ago, medical reps relied on graph paper charts to monitor sales and contacts against allocated time. Some striking patterns would emerge which highlighted where efforts had most impact on sales. Often as not these visual analyses were primary around how pathology labs would screen for sensitivity. Twenty-five years ago, medical reps relied on graph paper charts to monitor sales and contacts against allocated time. Some striking patterns would emerge which highlighted where efforts had most impact on sales. Often as not these visual analyses were primary around how pathology labs would screen for sensitivity.

The Challenge

This particular pharma customer recently downsized its contract teams and needed to run with a small number of unworked territories. The business intelligence challenges were about how to closely monitor sales trends and also how to measure the true impact of contacts over the last 24 months on sales, to see if re-deploying additional resource would result in positive ROI.

Solution

A new software tool, Tableau 3.0 (released in May 2007), was used for this project. Tableau 3.0 very quickly enabled us to display 20 or more territories’ sales trends, in a single view on the desktop. As a result, it was very easy to visualise which territories have the greatest sales, largest predicted increases / decreases and to compare different time periods. The real strength of this software, however, is that it also allows a third dimension to be displayed as a thematic colour onto the chart series, which really helps visualise the impact of contacts on particular territories compared with others.

Results

The innovative presentation of this customer’s business intelligence was pivotal to them forecasting their best ROI and defining future sales plans. As a result, this pharma company now has a very clear visualisation as to how sales are trending and where additional resource may need to be reintroduced.

How a CSO helped secure support and sales for a new therapeutic area with its peer-based solution

The client company is a niche US biopharmaceutical company which was due to launch a first in class antibiotic active against MRSA. This was a new therapeutic area for the company and one that they had limited commercial and technical experience in.

The Challenges

1. There had been no pre-launch work carried out with key opinion leaders in the UK, as much of the development work had been carried out in the US.
2. There were technical issues that needed to be addressed around how pathology labs would screen for sensitivity.
3. There was very limited knowledge of this therapeutic area within the UK organisation.

Solution

PharmaPoint worked with the client to develop a new field-based role of medical liaison specialist. This included development of the job profile, supporting competency profile and key performance indicators for the role.

A team of microbiologists with specific experience in antimicrobials, many with a PhD, were recruited and deployed with the client. They brought with them immediate academic credibility, through their research publications, and were specifically recruited for their specialist knowledge, communication skills, commercial acumen, drive and positive attitude toward this role.

Results

The team worked with key customers for six months prior to launch and have continued in this role, working alongside the sales force. At launch there was good support from key opinion leaders, a high level of awareness among key customers and technicians within the pathology labs. All of this resulted in a rapid adoption within secondary care formularies and successful positioning in treatment regimens. In addition, the team’s technical knowledge was highly valued and called on by the newly recruited sales team and the medical department.

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This project demonstrates the power of a peer-based sales solution with knowledgeable individuals speaking the same language as their customer to deliver the desired outcomes.

Conquering new ground

How a CSO helped secure support and sales for a new therapeutic area with its peer-based solution

The client company is a niche US biopharmaceutical company which was due to launch a first in class antibiotic active against MRSA. This was a new therapeutic area for the company and one that they had limited commercial and technical experience in.

The Challenges

1. There had been no pre-launch work carried out with key opinion leaders in the UK, as much of the development work had been carried out in the US.
2. There were technical issues that needed to be addressed around how pathology labs would screen for sensitivity.
3. There was very limited knowledge of this therapeutic area within the UK organisation.

Solution

PharmaPoint worked with the client to develop a new field-based role of medical liaison specialist. This included development of the job profile, supporting competency profile and key performance indicators for the role.

A team of microbiologists with specific experience in antimicrobials, many with a PhD, were recruited and deployed with the client. They brought with them immediate academic credibility, through their research publications, and were specifically recruited for their specialist knowledge, communication skills, commercial acumen, drive and positive attitude toward this role.

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This project demonstrates the power of a peer-based sales solution with knowledgeable individuals speaking the same language as their customer to deliver the desired outcomes.
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market analysis and insights

It’s all about leveraging business intelligence to understand your market, healthcare professionals and patients...

It’s a ‘dogfight’ out there. The number of NCEs launched in the UK dwindles every year. Blockbusters are becoming a rarity. The changes in the NHS, with practice-based commissioning, re-structuring of the PCTs (again), and ever-increasing pressure on healthcare professionals to reduce prescribing costs but improve patient outcomes, is enough to give pharmaceutical marketers hypertension.

Just as prescribers are being encouraged to prescribe more effectively, pharma companies have to work ‘smarter’ in order to ensure that patients get the best treatments – not just the cheapest.

Applying both commercial and emotional business intelligence to marketing decisions allows marketers to better understand the needs of patients and to better communicate with prescribers.

WHAT IS ‘BUSINESS INTELLIGENCE’?

Business intelligence is the science and art of ensuring commercial decisions take into account the environment that customers work in. It’s like conducting a survey before buying a house, or using a satellite navigation system to take you confidently into uncharted waters.

The information from which the ‘intelligence’ is derived for pharma marketing comes from two major sources. (We’ll exclude in-house sales data for the purpose of this feature.) ‘Primary’ research comes from projects conducted with the express objective of collecting a particular piece of information, or understanding a particular aspect of the operating environment. ‘Secondary’ research/data is information that has already been collected and is available to – or can be purchased by – anyone.

The UK healthcare market is well served with a wealth of secondary data sources. These range from large-scale, commercial databases to published statistics which, since the introduction of the Quality and Outcomes Framework in 2005, often include information at an individual practice level for each of the individual indicators covered in the GMS contract. Regional differences in the healthcare systems also significantly impact:

- How and what physicians prescribe
- Who makes prescribing decisions
- How pharmaceutical companies promote
- How patient care is funded

As a result, awareness of these differences is now more critical than ever, and this is reflected in the role of effective business intelligence.

WHY ARE THERE SO MANY SECONDARY DATA SOURCES?

The answer is simple. It’s because there are many different points in the prescription flow at which key performance indicators can be measured. Sources providing information at each step, with some examples of what can be measured, include:

- Internal sales data – total ex-factory sales
- Retail and hospital sales’ audits
- Sales out of wholesalers
- Opportunity audits – prescriptions in the dynamic part of any market as a source of business
- Promotional audits – share of voice, ‘noise’, salesforce effectiveness
- Patient audits – longitudinal tracking linked to prescriptions, patient and treatment flows/ algorithms
- Prescription audits – retail dispensing (including generics and PIs)
- Other data sources – government statistics, independent organisations (eg, WHO, ABPI).

COMPETITOR ASSESSMENT ANALYSIS

Many companies perform SWOT analysis to identify the impact of competitors on opportunities for new and existing brands. Combinations of the information from each of the sources listed above are also extensively used in competitive intelligence, building up profiles of other companies’ brands, promotion activity, targeting and communication strategies.

Although the temptation is often to commission primary research, many

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**Patient to pill flow**

The various points at which the journey of a pill to a patient can be understood through business intelligence

- Direct sales
- Hospital
- Promo effort
-Retail or hospital pharmacy
- PIs
- Direct sales
- Wholesalers
- CRM/surveys
- GP practice databases
- diary studies
- Rx/ pharmacy audits
- Prescribing decision
- Scripts

Chart adapted from an original by kind permission of Steve North at Red Kite Consulting
pharma companies are not getting the optimal RoI from their secondary data subscriptions beforehand. Marketing and business information professionals should step back when faced with a problem and think objectively whether the question that is being asked can be easily, quickly, accurately and cost-effectively answered by information within the available secondary data. It is amazing how often time-consuming, sometimes expensive, primary research is conducted, when the answer is readily available off the shelf, or more often than not in your own files!

But while secondary data answers the ‘what’s?’ and the ‘how’s?’ to establish behaviour, they cannot answer the ‘why’s?’ or the ‘what if’s?’ to establish, for example, decision-making rationale by prescribers and/or the influencers.

These answers are the meat around the bones of secondary data and the domain of primary research, both quantitative and qualitative, and are relevant at every point in the ‘patient to prescription’ flow diagram (see p3). There is far more to primary research than ‘running a couple of groups’.

**UNIQUE INSIGHTS**

Qualitative, motivational research has a key role in uncovering and identifying unique motivational insights. It provides opportunities to understand:

- Patient motivations that drive initial contact with the health professional and subsequent compliance
- Healthcare professionals’ (HCPs’) motivations that drive prescribing behaviour – what are they really looking for from the brands they prescribe?

To find out what makes people tick, don’t simply ask ‘why?’. Merely asking direct questions can lead to standard responses and post-rationalisation, so increasingly research agencies are using tools such as NLP (neuro-linguistic programming) to provide a deeper understanding of customer motivations. At the most basic level, NLP suggests that the question ‘why?’ is often less likely to fully understand motivations than asking what led to a decision or how a decision was made. Since these types of questions encourage respondents to describe more fully the various processes and stages involved. NLP approaches can be used to explore issues such as:

- Success profiling: how do patients and HCPs define ‘success’ (eg, what is ‘success’ in managing terminal cancer?)
- Personal aspirations: how do HCPs want to feel about themselves when making a prescribing decision? What would they want their patients and peers to be thinking about them?
- Motivational (LAB) profiling: are customers motivated to move towards success or away from failure?

**IMPROVING OUTCOMES**

It is important for a pharma company to overcome the disconnect between patients and prescribers. Typically, patients feel less positive about the management of their condition than the HCPs who manage them – both in terms of the effectiveness and side effects of treatments. Although patients increasingly use the internet as a source of information, patients are still often unwilling to mention problems to their doctor. Many are also unaware that, if only they did, the doctor could prescribe a different product that might suit them better. A good understanding of this disconnect can help pharma companies support HCPs to meet patients’ needs more effectively and maximise adherence – with a positive impact on patient well-being.

**COMPETITOR PROFILING v THE IDEAL BRAND**

To explore unmet clinical needs, the evaluation process requires careful research design since it is very easy for respondents to state that they are looking for products that are 100 per cent effective, have no side effects and are extremely inexpensive.

Various projective and enabling techniques can be used to provide a more thorough qualitative understanding of what is important to customers and provide a clear sense of the feelings doctors want to have when prescribing. However, these need to be used carefully since some traditional approaches, such as personification (asking the respondent to describe the brand as a person), do not always provide the best means of fully understanding the relationship between the prescriber and the brand.

‘Conjoint’ analysis can also be used to provide a more precise, quantitative understanding of clinical needs and to help with modelling future prescribing behaviour.

Conjoint analysis forces respondents to consider ‘joint’-ly various options and identify the relative importance of different parameters – for example, would the doctor (and the patient) prefer a product with 90 per cent efficacy and a 20 per cent risk of side effects, or one with 70 per cent efficacy but only a 5 per cent risk of side effects?

**MAPPING PATIENT FLOW – PATIENT DIARY STUDIES**

Secondary data usually provide a good understanding of the patient flow in primary care. But the interaction between primary and secondary care may require a bespoke research project. The most accurate way of obtaining this information is to conduct a patient history study, in which doctors record (anonymised) information on the referral and management of relevant patients.

Using this approach, the interaction between primary and secondary care can be fully explored, including crucial questions such as:

- What % of GP prescribing is based on hospital recommendation?
- In what % of hospital referrals back to the community is the recommendation to prescribe a brand of the hospital doctor’s choice, compared with the GP’s decision?
- What % of hospital v GP prescribing decisions are influenced by PCT guidelines?

Business intelligence is an essential tool for ensuring the effective allocation of resources to maximise commercial return on investment and, potentially, improve patient outcomes.
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In pharmaceutical markets, success is defined from more than one viewpoint. It concerns not only the commercial success of manufacturers, but the success of physicians and patients in gaining access to products that are most suited to their needs. The better these needs are understood by manufacturers and suppliers, the more relevant the products that can be developed and marketed.

**DEFINING YOUR SEGMENT**

A powerful way to understand markets is to view them as made up from people with differing needs. Many of these needs are clearly defined, particularly in relation to specific medical conditions and within clearly defined therapy areas; others are less tangible, relating to prescribers’ knowledge, emotions and perceptions, and the way they interact with their patients. The main point is that these people can be grouped in terms of all these characteristics, in a way that allows them to be better understood by marketers and then marketed to in the most relevant and effective way.

The idea of segmenting customers in this way dates back to the 1950s, when marketers formalised the concept that had already underpinned their work for decades – that different products and messages appealed to different groups of individuals. What’s new is the proliferation of brands, products, media, communication styles and techniques, and this means that marketers must constantly review their understanding of their markets.

So how do you best apply market intelligence to understand which customers will prescribe your product, and how best do you then actually reach them?

Of the three information sources (see right) this article focuses on the last, both in terms of what ad hoc primary research can establish by way of effective market segmentation and how it can then feed effectively in forecasting the future success of a product. This is because all segmentation research requires a good level of customisation to be really effective. Published reports will generally give useful indications of overall market size and trends, and may helpfully identify certain physician or patient typologies, together with the broad needs of those different groups. They are unlikely, however, to provide detailed insights into the prospect for a particular product in relation to those segments.

Likewise, secondary data sources are limited in the sense that they provide information only on certain tangibles (patient conditions, prescribing patterns, volume sales), though these are all important. The content of the data determines the depth of segmentation that is possible, and limits the outputs to groups defined wholly in functional terms. We can, for example, classify physicians in terms of the products they currently choose to prescribe and relate this to their levels of experience, the institutional setting in which they work, the demographic profile of the patients they serve, and so on. All this information is valuable, essential even, but limiting your understanding to this type of data alone can allow important sub-groups in the market to be overlooked.

Consider the treatment of Type II diabetes – there are established symptoms and treatment pathways, reflected in current types and levels of prescribing. But to what extent do ‘softer’ elements influence prescribing, and are there patient and physician groups who are currently under-served? How big a role does needle-aversion and the confidence of the physician in the patient’s quality of self-management play in the prescribing decision? Are some patients receiving sub-optimal treatment because these important, but less easily identified factors, are not taken into account, when an appropriate delivery device would overcome many of the problems that currently limit their treatment options? Similar issues will exist in a wide variety of markets.

**CUSTOMISING WITH AD HOC RESEARCH**

All this points to the value of ad hoc market research as a tool for segmenting markets effectively. The marketer can devise both qualitative and quantitative research tools that allow them to relate prescribing to a wide range of factors that relate to the features of the products, the physicians and the patients. They can also measure...
prescribing intentions for new products, which can then be used as important inputs into a product sales forecast.

ATTITUDINAL/BEHAVIOURAL SEGMENTATION STUDIES
There are a number of elements that determine the success of a segmentation study:
• Close cooperation between the research agency(ies) and the client to take full advantage of the agency’s and the client’s unique knowledge and experience sets – at every stage of the process
• All parties need to have clearly defined goals from the outset as to the focus of the research: is a general market understanding the main objective? Or is the aim to target specific sub-groups for whom a particular product will be most applicable? Or is the focus more on communication, eg. understanding the different messages that need to be developed so that salesforces can sell the same product in different ways to different segments?
• Use of powerful analytical procedures – which, when combined with sound, technical research expertise, allow well-differentiated segments to be identified
• Clear, relevant, in-depth reporting – with particular emphasis on the business planning implications the research has for the client, eg. Rol.

MIND YOUR ‘Q’S
Qualitative research, usually in the form of in-depth interviews or focus groups, will often prove invaluable as a first step in shaping a segmentation study. It can indicate the measures that a subsequent quantitative study should take into account and can provide the basis for hypothesising certain segments in advance of quantification.

Creating your forecast model
The characteristics of a good forecast model are that it is:
• Based on one set of assumptions
• Unbiased
• Transparent and logical
• Volume-based
• Fit for purpose
• Accompanied by indications of uncertainty and confidence

To construct an effective forecasting model, the marketer needs to establish:
• A forecasting template
• An understanding of the business context for the forecast
• A rigorous approach to forecast creation
• Principles of good judgement
• Sense checks.

The quantitative stage offers a variety of approaches, most typically being phone-based or online surveys with prescribers. Often the most powerful studies are those that require physicians to profile patients who they have recently seen, both in functional and attitudinal terms. This can create a rich database – for example, a sample of 300 physicians each profiling five patients creates 1,500 records. The questionnaire can include the testing of new product profiles, including sophisticated simulation approaches, such as conjoint analysis. In the analysis of quantitative data, powerful statistical procedures, such as latent class, are available to quickly partition physician or patient data into distinct groups. But the most important step is to move quickly from segment production to segment profiling. This is the only way that the whole research team can assess fully the usefulness of the segments.

The marketer must be prepared to go through a number of iterations, combining their market knowledge and experience with the technical expertise of statisticians, so that together they can identify actionable segments that will allow the marketer to effectively target prescribers.

IMPLEMENTING TARGETING SOLUTIONS WITH SALESFORCES
An important output of segmentation research will be to develop summary reports that enable end-users of the information to ‘visualise’ the segments, so that this can contribute to the development of material suitable for the guidance of sales representatives. These can include ‘pen portraits’ of patient typologies that can help sales representatives and physicians visualise the patients they should target.

During the study, physicians can be presented with examples of future marketing messages, as well as product profiles. If physicians can rate these in relation to the patients they have profiled, the marketer can then identify which products and communications are the most effective across all the segments.

To get these outputs right, it pays to include representatives of end-users in the initial specification of any segmentation research and, where possible, in the development of the final segments.

BUILDING EVIDENCE-BASED FORECASTING MODELS
A forecast is what we reason to be the most likely outcome, based on assumptions and applied resources. The potential complexity makes this a job for experienced experts, but this does not mean that the marketer should not be deeply involved in the process. The marketer needs to be aware of the importance of rigour at every stage of the forecasting process, set against a background of informed knowledge of the market. Inputs from segmentation research can be very important components of a forecasting model, for example the prescribing intentions for a given product profile, but they will usually need careful calibration.

The main point to draw from this overview of segmentation, targeting and forecasting is that the whole process needs to be well planned throughout, with a clear idea of how the segments will ultimately be used.

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**ESTABLISHING TANGIBLE NEEDS**

Your brand should always build on a solid foundation of the needs of the customer in your particular market. ‘Needs’ are a conceptual subdivision of the market, reflecting needs as they exist in customers’ minds. They are derived from an understanding of what customers are doing when they treat a condition: their goals (rational or emotional), which can be patient- or physician-led (eg, making the patient feel better v treating the disease). Qualitative research will provide you with a set of tangible needs that should be recognisable in customers’ minds. Each need should identify:

- Which component attitudes/considerations are encapsulated?
- Which patient characteristics and/or situations are included/excluded?
- Which functional product attributes are priority for treatment to be deemed a success?
- Which brand(s) owns the need or can lay a claim?

Quantitative research can add conviction as to the relative size of these needs and provide early strategic guidance about potential brand positionings. A simple example comes from the world of hypertension: the introduction of the GMS contract and accompanying BP targets meant that the market needs rapidly became physician-focused (ie, getting patients to goal) and a change in the communication approach of drugs in that area was rapidly noted.

**ESTABLISHING YOUR POSITIONING**

Your brand should occupy a clear place in customers’ minds (ie, they should relate to what it stands for). That is, when the prescriber is thinking, ‘I need X/I want to achieve Y’, then they reach for your tool from what can be a well-stacked armamentarium. The more crowded the marketplace, the clearer your positioning needs to be. Wanting to grab more than your fair share of the pie can achieve the undesirable positioning of ‘Jack of all trades, master of none’, and even a first-in-class should strive to occupy certain territory to establish its role ahead of the future competition. For new drugs, a positioning is often rational in nature – ‘I’m Mr Efficacy’, ‘I’m Mr Tolerability’, and so on. However, in instances of product parity or in particularly crowded markets, an emotional positioning may give you the necessary hook to ensure that your product is the one that customers reach for.

The following criteria, explored in market research, are key in identification of your product positioning:

- The positioning is clear, unique and ownable (ie, not occupied by an existing brand)
- The positioning addresses a need/is relevant
- Credibility – the clinical data must allow for this positioning to be achieved
- The premise that the product ‘has legs’, ie, that it is likely to remain relevant in the marketplace for at least a few years to come.

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**Stages of brand building**

Below is an outline of the type of business intelligence gathering relevant at varying stages of a brand planning cycle:

<table>
<thead>
<tr>
<th>Insight mining</th>
<th>Needs analysis</th>
<th>Positioning</th>
<th>Re-positioning</th>
<th>Brand audit</th>
<th>Needs analysis</th>
<th>Positioning</th>
<th>Detail story</th>
<th>Concept testing</th>
<th>Ad story</th>
<th>Messages</th>
<th>Ad executions</th>
<th>Detail ad testing</th>
<th>Logos</th>
<th>Name research</th>
<th>Ad tracking</th>
<th>Brand tracking</th>
<th>Detail effectiveness</th>
<th>A&amp;U</th>
</tr>
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<tbody>
<tr>
<td><strong>new product development</strong></td>
<td><strong>brand strategy</strong></td>
<td><strong>communications strategy</strong></td>
<td><strong>creative development</strong></td>
<td><strong>brand and communications monitoring</strong></td>
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YOUR CORE BRAND PROPOSITION/CHARACTER
Establishing your brand proposition and character is a distillation of all that your brand offers in terms of your product features, as well as its rational and emotional benefits. The result is the essence of who your brand is and what it stands for.

Ascribing human traits to your brand creates a tangible identity, which can be used in generation of a template to direct future communications in terms of look, style and tone of voice. Furthermore, it is a useful tool for internal use, to ensure that all relevant stakeholders have a clear and, importantly, consistent understanding of what the brand is about.

Your brand proposition/character can be developed through research by talking to all customers (HCPs and patients), asking them both to describe and depict what they see as the benefits on offer and ‘feel’ of the product. This builds a brand ‘portrait’. These tend to be creative pieces of research, utilising projective techniques such as collages, brand personification (what would brand X be like if they came to life?) and gestalt rooms (what does the ‘world’ of brand X look/feel like?).

Alternatively, a brand proposition/character can be developed internally and exposed to the appropriate audience for validation and development. A final brand proposition/character is often the result of both internal discussions and external research.

DEVELOPING KEY MESSAGES
Any brand wants to impart a clear story to customers about why they should be prescribed and the brand story can include:
• The introduction (communication of the problem and identification of the needs)
• A middle (information on the product offering)
• And an ending (when and why it should be used).

Message testing involves discussion of what, internally, are thought of as the most motivating messages to drive prescription. Respondents are asked to discuss the messages presented to them based on parameters such as relevance, uniqueness and fit with the brand proposition.

Credibility can be assessed by review of the clinical data hypothesised as supporting a particular message. Message testing can be carried out in both a qualitative and quantitative setting.

The outputs of the research should be a set of messages that tells the brand story in a logical order. The tone should be reflective of the brand/therapy area, and the language used should reflect customer vernacular. This story goes on to inform the structure for sales aids and other educational materials.

ADVERTISING TESTING
Your advertising is an overt communication of your positioning, brand proposition and brand character. It should clearly tell viewers what the product is about, accompanied by a visual expression of the brand character. For example, you may want to leave your customers thinking, eg, ‘this drug is about efficacy and it will empower me to feel confident in taking on the challenges ahead’. This will dictate what look and feel is most appropriate for the advertising eg, clear, bold layout, strong colours, etc.

Alternatively, a softer, more muted campaign could be used to transmit the same rational idea but with a different emotional twist, ‘this drug is about efficacy and it will allow me to relax as I’m comfortable with the fact that it will get the job done’. Your advertising can work in a number of ways:

• Persuasion-based approach
  – this involves an ad communicating rational/functional messages about the brand. It aims to instil a sense of clinical superiority so customers believe there is a true reason to prescribe your product

• Involvement-based approach
  – where brand commitment is driven primarily by customers identifying closely with the product values that make the brand mean more. To take this feeling out of the advertising, people have to become involved with the ad

• Salience-based approach
  – salience means standing out. Sheer currency and leadership behaviour can be enough on their own to drive brand commitment by forcing a radical appraisal.

There are no hard and fast rules on how often your ad campaign needs to be refreshed. New clinical data, evolution of the competitors and market changes may dictate the need for a rethink. Or business intelligence revealing poor ‘brand health’, ie, limited salience and recall for your brand (a jaded offering) can be enough to precipitate a change.

DETAIL AID TESTING
Qualitative research is the ideal setting for development of your detail aid(s). Ideally, the salesforce take part in the research to take respondents through the detail (so that as a realistic setting as possible is generated). Their involvement should facilitate ‘buy-in’ and engagement.

In-depth interviews can be utilised where the rep conducts a tell-sell with the respondent using the document (in a more thorough fashion than they may do in the field!) and the moderator then discusses the materials in detail. The primary areas to investigate are:
• The key messages recalled?
• Which are the most motivating pieces of information? Which are redundant?
• Reactions to the layout and flow
• Comprehensibility of graphs or diagrams
• Clarity and resonance of language used.

Depending on priorities, the research can undertake a wider remit, with reps conducting a more natural, two-way conversation with respondents (which, for legal reasons cannot be a true ‘sell’). This dialogue can then be analysed and guidance given on how best to embellish the call, the key areas of focus, what language the reps should use and how the call can be tailored to customer types to ensure each individual is being communicated to in optimal fashion.

Next, the reps themselves can become the respondent, giving their (anonymised) feedback to the research agency personnel. This is the chance for them to give their views on the materials to ensure they feel comfortable and proud using them.

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“Can my new CRM system work with the latest PBC information?”

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After years of development and pre-launch planning, every company needs to evaluate the success of a new product and understand how to optimise sales uptake and growth. The five key marketing questions below all need to be answered. They can be addressed via both continuous and ad hoc data collection.

**Key questions to ask:**

- **How** much is being sold?
- **Where** is it being prescribed?
- **What** do people know and think about the product?
- **When** is it being prescribed?
- **Why** is it being prescribed?

Now let’s work through each of these questions in turn, by assuming that you have just launched a new prescription medicine (for use in primary care).

**HOW MUCH IS BEING SOLD?**

In theory your company accounts department could provide the answer to the question. However, it would be an impoverished data set, as far more information is required on sales than monetary value alone. Other ‘how much?’ questions that need to be answered include:

- How much of my brand is being sold compared with competitor brands?
- How has my brand entered the market?
- How do sales fluctuate over time?

‘How?’ questions such as the above are most effectively answered via subscription to continuous sales data. Such data shows the number of sales into pharmacies, by region, across the UK. The continuous nature of the data enables both monthly fluctuations and long-term trends to be assessed. Purchasing competitor sales data means that your own brand is not evaluated in isolation, but is always considered within the wider context of the overall therapy area.

Such sales data will enable you to identify levels of penetration, provide information on how you are gaining market share and which (if any) competitor brands are being affected. So with a new product you would typically expect to see initial growth in sales – reflecting increasing awareness, the adoption curve (some individuals will be quicker to prescribe a new product than others) and the impact of personal experience, both of the prescriber and patient, later followed by a slower rate of growth or plateau.

**WHERE IS THE BRAND BEING PRESCRIBED?**

Once again the most reliable data is likely to come from continuous sales data. It is possible, for example, to purchase sales data that shows whether individual GP practices are higher or lower prescribers of your product. Such analysis takes into account average length of journey from GP practice to pharmacy and apportions sales into pharmacies back to GP practices. This data can then be used to direct future salesforce activity, and when combined with population data can be used to identify practices with more, or less, potential to grow sales.

The ‘how much?’ and ‘where?’ questions enable you to follow trends in sales, without necessarily enabling you to explain how such trends have arisen. To gain that understanding you need to ask the remaining questions.

**WHAT DO PEOPLE KNOW AND THINK ABOUT THE PRODUCT?**

This is one of the most important questions that you can ask as a market researcher. Once you understand what healthcare professionals know and think about your product, you can then begin to change or reinforce their beliefs.

Before exploring what healthcare professionals think about your brand, you need to establish whether it is even known to them, and if so the extent to which it is ‘top of mind’. This information is gained through measures of spontaneous awareness – whether people think of your brand when asked to list drugs in this therapy area, and also by prompted awareness – have respondents heard of your brand before?

A brand performance optimisation survey can be extremely wide ranging and address
both rational perceptions of the product, eg. efficacy, ease of use, speed of onset, value offered and side effect profile, as well as the non-rational aspects of brand image and personality. The inclusion of both sets of measures will allow you to see how your brand is differentiated from competitors’ in the minds of healthcare professionals, and the extent to which these perceptions meet your intended brand profile.

It is also important to interpret such brand perceptions within a wider context, and no brand performance questionnaire should overlook the wider environment and the extent to which environmental factors may be impacting on usage (power in the market). Such questions might address formulary guidelines and cost.

**WHY IS IT BEING PRESCRIBED?**

Two sets of data are needed to answer this question and the first links directly from the previous question. Once you understand how your product is perceived, you can begin to understand which product attributes are having most influence upon the prescribing decisions. Such assessment can be undertaken by asking people about the relative importance of different attributes, together with the performance of your brand on each attribute. Those attributes that are most important, and on which you perform the best, will be the key drivers of prescribing. You can also use advanced analysis, such as multiple regression to identify key drivers.

It is also important to know to what extent these perceptions result from rep visits or exposure to advertising, since expenditure on the salesforce represents a large investment.

Traditionally the performance of the sales team is assessed via ad hoc research known as ‘detail follow-up’, whereby healthcare professionals are contacted following visits by sales reps and asked about the visit. A detail follow-up survey typically asks about awareness, usage, rep performance, key messages delivered by the rep and the credibility of these messages. Such questions are usually asked of both your own and competitor products, in order that you can evaluate your share of voice. Detail follow-up surveys represent a particular type of survey, and listed below are some unique issues that need to be considered.

**CONSIDERATIONS FOR DETAIL FOLLOW-UP RESEARCH**

- How many days between visit and survey can elapse? Typically a maximum of 10 working days is allowed.
- What counts as a visit? Can it be a ‘drop in’ visit, or should it be a formally arranged visit? Can it be a team visit or only a ‘one-to-one’ visit? Ideally a question addressing these aspects of the visit would be included in the survey.

- **What contact details do you have for your customers?**
- **How many customers does your salesforce meet with each week, and what is a likely response rate?** What sample size can you realistically set?
- **How long will fieldwork need to run in order for you to achieve this sample size?** (Bear in mind, only those who remember the visit can be included.)

Detail follow-up surveys have traditionally been undertaken by telephone but it is now possible to capture information about sales calls and detail messages online. The use of a free-found technique allows for better quality information about share of voice, competitor noise and the messages that competitors are delivering to customers, in addition to those being delivered by your own team.

In overall terms, this approach allows you to closely compare your own brand’s performance across a range of parameters against competitors for the first time.

Of course, advertising and promotion in other forms may be influencing perceptions and prescribing. The impact of advertising can be addressed as part of a wider brand survey, but is more typically explored in specialised surveys designed to track the impact of specific adverts or campaigns.

**WHEN IS IT BEING PRESCRIBED?**

This question is also best answered via ad hoc research, which can be incorporated within a brand optimisation survey. Depending on the product, this will address:

- The number of specific patients seen within a defined period
- The number of patients prescribed medication
- The number of patients prescribed specific 1st line products
- The number of patients prescribed specific 2nd line products

The answers to these types of questions will enable you to understand how your product sits within the current prescribing environment.

**PULLING IT ALL TOGETHER**

The previous questions illustrate the types of information that you need following the launch of a new product. However, you should take certain other practical research considerations into account.

Sales data should form the backdrop against which your ad hoc research is planned. The practical considerations for ad hoc research are usually ‘how much?’ and ‘how often?’. A typical approach is to undertake a full brand optimisation survey at regular intervals (eg. annually) and only track a few, key performance indicators, during the intervening period. When deciding which indicators and the frequency of tracking, consider the following:

- Number of key indicators that can be realistically and meaningfully tracked
- Stability or volatility of the market
- Complexity of the market in terms of indications, numbers of prescribing groups, etc
- Time from fieldwork to data provision
- Time required to plan and implement any changes
- Time for any implemented changes to have an impact in the market
- Total marketing budget.

With the above plan in your mind you will be able to summarise the position of your product in the market, and most importantly be able to explain how it has reached that position.

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**Author:**

Louise Tamblin is client account director at TNS Healthcare and can be contacted on 01372 825787 or by email at Louise.tamblin@tns-global.com
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## A best practice guide to leveraging business intelligence to drive your marketing plan

### Assessing Your Business Intelligence Needs to Build a Market Research Plan

<table>
<thead>
<tr>
<th>ASSESSING YOUR BUSINESS INTELLIGENCE NEEDS TO BUILD A MARKET RESEARCH PLAN</th>
<th>DATE ACTIONED</th>
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<tbody>
<tr>
<td>1. Conduct a situation analysis, reviewing all available market data: both secondary data reports that can give you current trends for your market and any existing primary market research. Establish what global research may already have been conducted?</td>
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<tr>
<td>2. List current gaps in your knowledge, assuming a new launch – these could be who is the target customer, what is the brand positioning going to be, what are the key selling messages, what is the sales forecast, how many reps will we need?</td>
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<tr>
<td>3. Hold an internal stakeholder meeting with new product planning, marketing, medical and sales to leverage the internal knowledge available before deciding where to invest in business intelligence resources. Often medical will have advance insight into the market due to their earlier involvement in clinical trial design and facilitation.</td>
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<tr>
<td>4. Once you have identified the key questions you need to answer, build a market research plan. This should be split between primary ad hoc research needs and the purchasing of secondary data (sometimes referred to as audit data). The market research plan should always list the key business decision that will be influenced by the results from this investment.</td>
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### Commissioning and Sourcing Business Intelligence Needs

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<tr>
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<tr>
<td>1. To commission a primary market research project you should write a request for proposal. This should give a clear background to the therapy area and product in scope. Specify a) the marketing objectives, b) the market research objectives and c) the business decision that will be influenced by the research results and recommendations. Specify your preferred methodology for the research and also your expectations around timelines. Remember the quality of the research can suffer if you expect doctors to be recruited within very short timeframes.</td>
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<tr>
<td>2. When reviewing agency proposals it can be useful to compare costs, but also recommended methodologies, the experience of the project team and also the quality of the likely deliverable.</td>
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<td>3. Hold a briefing meeting with the successful agency and include marketing to ensure clear communication of the project objectives before fieldwork begins.</td>
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### Engaging with the Research Process and Staying within the Guidelines

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<tr>
<td>1. Work with the research agency to review core materials, for example the screener is a key document that will ensure the right types of respondents participate in the research study. Provide up-to-date product profiles and/or artwork to be assessed during the research.</td>
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<tr>
<td>2. Stay aware of the BHBIA guidelines for market research. The principle of confidentiality is crucial within market research. There is also legislation around data protection and guidelines that explicitly state that market research must not be used as a means of promotion.</td>
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<tr>
<td>3. Ensure processes are in place to report any adverse events that could be identified throughout the research process. Guidelines from the ABPI on adverse event reporting in market research are available from the BHBIA.</td>
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<tr>
<td>4. If viewing of qualitative research is available, encourage other stakeholders to attend. Medical, sales and senior management always benefit from attending primary market research in field.</td>
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<tr>
<td>5. In preparation for the results presentation work closely with the research agency to manage internal expectations and ensure conclusions and recommendations are relevant to your brand.</td>
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### Intelligence Driving the Business

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<tr>
<td>1. Use insights in to the market to determine your marketing strategy. What are the key drivers in generating Rxs – secondary care influence, primary care, SOV (Share of Voice)?</td>
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<tr>
<td>2. Formulate promotional materials that resonate with your target customers. Delivering the right message, with the right frequency to the right customer will yield far better RoI than a non-evidence based approach.</td>
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<td>3. Define clear targets and set up key performance indicators to provide you with a clear view of progress in the market.</td>
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The BHBIA has produced the Legal and Ethical Framework for Healthcare Market Research in consultation with the ABPI. From July 1, 2007 the ABPI has issued guidelines for collecting Adverse Events and Product Complaints from Market Research Programmes. For details of the guidelines, and also the comprehensive training programme in pharmaceutical market research provided by the BHBIA visit www.bhbia.org.uk

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**The Author**

Thomas Lee is head of market research at Novartis Pharmaceuticals UK and also chairman of the non-profit British Healthcare Business Intelligence Association (BHBIA). He can be contacted on 01276 698720 or via email at Thomas-1.lee@novartis.com
**Patient knows best**

**How clear commercial recommendations were established via a four-stage business intelligence plan…**

Our client, a global pharmaceutical manufacturer, had a portfolio of anti-psychotic offered products which, although they didn’t meet the target profile of monotherapy, still offered commercial value. In order to develop such assets to maximise their sales, the client needed greater clarity around the factors that would lead physicians to use their agents as a first line, second line or adjunctive choice.

**Challenges**

However, feedback from the salesforce was that the positioning supplied insufficient direction, and both customers and reps required greater clarity regarding where to prescribe. Which patients would most benefit? When the potential patient pool is so large, it’s hard for pharma companies to know where to begin.

As experience tends to show that every doctor tells a different story, it was decided that research should be conducted to better understand the customers’ viewpoint. Which patients would – in their view – best benefit from the brand? What features would they have and how could they be identified? This would then inform future positioning. However, it was clear that simply identifying a target patient without confusing existing customers would present considerable difficulties. Every doctor had a different patient image in their head: young, old, male, female, concordant, non-concordant, co-morbidities, no additional co-morbidities...

**Solution**

We now knew that to bring focus we needed to establish patient need. So the solution was to position the brand in terms of needs rather than line of therapy – patient, doctor and clinical needs: prescribe this brand when your patient needs greater control over their life; when you need confidence in the outcome; when you need immediate results... By redefining the scope of the brand’s positioning, the company was able to provide direction and focus, without fear of creating confusion. Reps were able to tailor their sell to individual customers and build on customers’ current use, without the fear of limiting the brand’s potential.

**Results**

It’s early days, but already the salesforce is giving feedback that sales calls are more focused and they have greater confidence as a result. And that has to be good news for the brand.

**In for fine tuning**

**How clear commercial recommendations were established via a four-stage business intelligence plan…**

Although on paper potential sales looked promising for this company, feedback from the salesforce flagged up the need for more product research. The client company promotes an established brand for a common, chronic disease. The patient positioning had been defined in terms of the treatment pathway, which provided the brand with a potentially broad patient base.

**Challenges**

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Author:
The BHBIA Annual Conference 2008 will explore the ways that Business Intelligence, whether in the marketing or sales environment can help drive the business.

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PLUS:
- 2 instant experts
I know failure might seem like a dead end... but it could just be a slip road onto the freeway of dreams.” Stephen Fry counsels a client in the BBC’s excellent series Absolute Power.

For many people, dodgy consultancy Prentiss PR, headed by managing director Fry, provides a perfect insight into the world of public relations. In the real world, Prentiss would probably not stay in business long, although we have all met people like him. Some of the situations he finds himself in are, however, remarkably realistic.

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A real joy of working in a PR consultancy is that you never know what’s coming your way from one day to the next, or what challenging assignment you might find in your inbox. Whatever your field or speciality, creativity and sensitivity to the client’s needs and business environment is paramount. The additional regulation and other ethical issues surrounding pharmaceutical marketing make healthcare among the toughest PR challenges in the business.

Even though the public have become more responsive to health messages from the government in the last five or so years, your PR team needs to be robust, sensitive to your audience, aware of the broader context and – most crucially – have, if we’re honest, a bit of luck. Add to that the creativity that an agency must bring to its client’s business, and you have a pretty good idea of what to expect from a PR consultancy.

**WHY HIRE A CONSULTANCY?**

It’s not an argument that we have to have that often in the pharmaceutical world but there are still some people who are sceptical about what PR can bring to the party. It’s true, it is a different discipline from marketing and, used correctly, can create an unbeatable momentum that can help transform a business.

The marketer who is given the right budget and clever market segmentation can put a product or service upfront and ensure that all the relevant stakeholders have at least heard of it. PR determines the key messages and develops strategies to influence the stakeholders, who will in turn influence opinion about the product or service.

So why not just stick with your in-house team to provide that support? That is one option of course but clients really value the outside perspective an agency brings. In-house PR teams are often tied up reacting to the latest story impacting the organisation, whereas the consultancy team can often focus on the proactive delivery.

Not being part of an organisation (even if you have the kind of long-term relationships with clients that many in PR cherish and work at) allows agencies to be creative while bringing experience of the wider sector to a particular piece of business.

Employing agencies, or indeed switching...
agencies, can sometimes bring new life to how the entire in-house team works. In selecting your consultancy, you should ensure that its capabilities meet your requirements. For instance, if you are running a campaign requiring support from political decision-makers, you might decide you need a PR consultancy that can also offer a public affairs team. It’s all about achieving the right fit.

**CHANGING LIVES**

It’s not an extravagant claim that good PR has the potential to transform a business. Nevertheless, sometimes it can even transform lives. Last year a round-robin email was written by someone whose life was almost prematurely ended by chronic myeloid leukaemia (CML). She was fortunate to be one of the first people to trial Glivec in its early days and her email was announcing to the world that, following her subsequent bone marrow transplant, she was in remission.

The negative NICE ACD for Glivec, if translated into a negative FAD, could have prevented people with CML from receiving the most effective treatment. The PR campaign to communicate the impact of this guidance, which led to a supportive FAD, helped ensure Glivec was accessible to those who needed it.

A PR consultancy can help clients create genuine and significant change, and an email like that really does make the job worthwhile.

**INFLUENCING BELIEF SYSTEMS**

For reasons that we all understand, clients often want results yesterday and can get irritated if they don’t see instantaneous return on investment.

Let’s make a comparison with marketing. Often it is straightforward to see the correlation between a direct marketing campaign and a change of behaviour within a target market. Spend a lot of cash; receive instant feedback. The results of a PR campaign will often take longer to come through if the goal is to shift behaviour or opinions in the long term.

Take the often quoted change in public attitudes to drink-driving. The campaign produced some spectacularly powerful advertising in the 1970s and 80s which undoubtedly had a massive impact. But the real change in public attitudes resulted from a long and sustained PR campaign, influencing the influencers and opinion formers until eventually the tide of public opinion turned.

**ACTIVITIES BACKED BY RESEARCH**

The best consultancies develop PR based on solid research. It shouldn’t be an afterthought, or a strategy for convincing Communiqué judges you merit an award. Research should be the foundation stone for the entire campaign. Consultancies too lazy to do research may be lucky from time to time – and some brilliant campaigns have been based on instinct – but the chances are that your message will neither reach nor persuade the audience you are trying to influence.

The perfect solution of course would be to develop audience understanding rather like Mel Gibson does in the film, What Women Want. Following a bizarre accident, he finds he can read women’s minds, resulting in his advertising agency winning a major pitch. PR consultancies do something similar... but with fewer tights and hairdryers (you need to watch the film!).

Doing research properly involves immersing yourself in your target audience’s issues. PR consultancies get out and about, spending time with people and really trying to understand how and what they think. There is no substitute for this kind of research.

**CREATIVE THINKING TO REACH THE RIGHT AUDIENCES**

Most of all, a PR consultancy should offer creative energy. Even in our highly regulated sector, the starting point for a PR campaign should be how we can best communicate our message and with the right impact, rather than being defined by the barriers that make communication difficult. The updated ABPI Code of Practice should spur us on to develop better, more innovative campaigns and should never be an excuse for lack of creativity.

The award-winning launch of Cialis confronted one of the most difficult challenges – how to get middle-aged men to discuss their health. Prior to the launch, the consultancy worked with Haynes, publishers of the iconic car manual, to produce a Haynes Man Manual – which went on to become the first in a health series – and this provided a grounding in men’s health. Cialis was then launched at the world’s first 24-hour press conference, which allowed targeted briefing by leading experts specifically designed for the diverse media reaching men.

Launch evaluation clearly showed that men welcomed the method used to reach them and the response was extremely positive. If you are lucky enough to have a PR consultancy with an in-house design team, this can add a whole new dimension, particularly if they are also working in other non-healthcare areas.

Cross-fertilisation of creative ideas can sometimes produce brilliant and alternative results. One caveat: it can take time to develop truly great ideas and so, for the best results, allow the consultancy you work with at least a bit of breathing space to produce its very best work. Of course, the client should be kept fully in the picture about how the work is going and about how their money is being spent. Just give your agency the chance to really amaze you.

**HITTING THE PERFECT PITCH**

In our industry, putting together a pitch is as controversial as asking a roomful of Michelin-starred chefs for the recipe for...
a perfect pastry. The answer is, rather mundanely, that it depends entirely on the circumstances – or as the chefs might more eloquently conclude, whether you’re after a light summer choux pastry or a pie-type crust for a rich, heavy steak and kidney pie. But the first basic step is quite simply to ensure that there is an effective pitch brief. As a client, be very clear about what you want, when you want it and the budget attached. (Some agencies are lucky enough to be able to draw on a vast pool of creative talent, especially in the consumer area, which means that ideas can be road tested on colleagues in a brainstorming session which often refines and clarifies their thinking.) You might decide to hold a meeting where you invite the prospective consultancies in for an initial discussion. That gives both sides an opportunity to see whether you want to work together. You also need to make time for a Q&A session, to allow the consultancies to question your brief. For the agency, the perfect pitch is the result of extensive research, creative brainstorming, plenty of inspiration... and loads of perspiration. A good pitch also relies on good chemistry on the day. Do you like each other and think you can work together? It really matters. And one footnote on pitching: please
don’t ask an incumbent consultancy to re-pitch if you have no intention of re-appointing them. It’s a waste of everyone’s time and you could be getting new, fresh ideas from another team.

CLIENT/AGENCY RELATIONSHIP
Once the contract has been awarded and the sounds of celebratory champagne corks have faded, there will be enthusiasm on both sides to get stuck in. An early planning meeting should agree on account logistics – invoicing, status meetings, reporting, etc. This is really important and you need to get things off to a good start.

What really matters for the consultancy is that both sides are crystal clear about what services are provided. There will often be an understandable desire to please the client which sometimes results in consultancies taking on more than they should. This is not always a good thing as over-servicing can upset the economics of the consultancy – which is not good for the agency or clients.

This brings us nicely on to money. PR consultancies are people-based businesses. They make money selling time and expertise. The economics are actually fairly straightforward, with fee income providing the life-blood to pay for staff and the other costs of doing business. Nothing will create more trouble for an account director than poor financial control – heavily over-serviced accounts, purchase orders not raised, unpaid invoices.

There are a number of different ways you can pay your consultancy. The three most common methods are fee (you pay for each hour of time spent on your work), retainer (you pay a set sum each month for an agreed level of support) and per project. The perfect client/consultancy relationship is based on openness and trust. A good PR agency will present their strategies, agree and amend them with their clients – and then go forward on delivering.

Although that agency will wish to keep its client informed it will not want to get bogged down in progress reporting to an extent that it means jeopardising them getting on with the job. Equally, as a client you need to be honest and open with your PR agency. and hopefully to stick to the original brief.

THE RIGHT MIX
PR consultancies all differ in size, make-up and ways of working. Do not assume that the consultancy will have all of the experience required from day one following the pitch. It may have to hire in additional staff to fill gaps and this is quite common following a pitch. This should not present a problem. Your brief may require specialist support – consumer, med ed, policy or other specific experience.

The most important thing is that there is transparency and an understanding between you the client and the account director about the team construction. New and different additions to the team can also help keep things fresh.

PR CONSULTANCIES AND THE DIGITAL WORLD
There was a time when your PR consultancy would have a few good contacts on the national media, local and specialist press. In an increasingly fragmented media world, the old models of influencing opinion begin to look distinctly inadequate. False claims or accusation about a company or individual can ping around the cyber-world unchallenged within seconds.

PR professionals build relationships based on trust and help establish conversations around issues, and that places them very well for coordinating PR in the digital space. Most consultancies are able to access digital capability, either in-house or contracted in from a good supplier. A good digital PR team should be able to offer:

- Consultancy and education on emerging media capabilities
- Campaign delivery using e-PR. blogs, viral videos, social networks and other tools
- Online tracking and evaluation.

These capabilities are particularly relevant to the pharmaceutical industry because the web is now such an important source of health information. Recent research showed that around 20 per cent of people using the web are discussing or investigating health issues. That, combined with the often emotive subject matter, makes the digital space one of the most important areas to plan for.

CRISIS MANAGEMENT
No one wants to think it’s going to happen to them, but prudent business planning nowadays always includes a section on what to do in the event of a crisis and this is nowhere more relevant than in the pharmaceutical business, where a crisis can involve loss of life. When trouble strikes in healthcare, the consequences can be enormous. Think back to the headlines in The Sun around the clinical trial disaster at Northwick Park hospital – “We saw human guinea pigs explode”.

With headlines like that, your crisis team needs to swing into action and fast. Planning and preparation should have taken place before a crisis strikes. One of the most common problems faced by organisations managing crises is a lack of planning. Your PR consultancy should be able to help with this through risk audits, media monitoring, development of materials and scenario training.

During the crisis itself, the PR consultancy can provide valuable strategic counsel and additional manpower as you manage the communications. One important role for the consultancy is to provide a valuable ‘external view’. When you are part of an organisation, it can be difficult to recognise and accept that you are dealing with a crisis – although Northwick Park-type headlines may be the deciding factor. The PR consultancy you are employing should be able to provide that alternative view and will often be able to speak more frankly than the in-house team about the state of the problem and the action required.

AND FINALLY...
Working with the right PR consultancy can be a truly satisfying experience. The consultancy should inspire and energise your communications – perhaps even coming up with the creative thinking to drive your wider advertising and marketing activities. For the consultancy, there are few things more likely to set the pulse racing than seeing its strategy adopted as the global branding initiative. Give your consultancy space and encourage it to push the boundaries. You may be surprised at what it comes back with.

As Prentiss managing director Stephen Fry said: “There was a time when only I knew where the bodies were buried. Now everyone has a map of the graveyard.” The best PR consultancies still have the best maps and tools. Encourage them to get digging!

Author:
Pat Pearson is director of Red Health Communications and can be contacted on 020 7025 6500 or via email at pat.pearson@redconsultancy.com
1999 Communiqué
Winner: Best small consultancy

Finalist: Consultancy of the year

2000 Communiqué
Finalist: Account team of the year

2001 Communiqué
Winner: Account team of the year
Highly commended: Account team of the year
Finalist: Best use of educational meetings
Finalist: Consultancy of the year

2002 Communiqué
Highly commended: Best professional education project - primary care
Finalist: Most effective use of the internet

2003 Communiqué
Winner: Launch of the year
Winner: Best secondary care-led project
Winner: Best use of international congresses
Finalist: Best media relations campaign
Finalist: Best product campaign

2005 Communiqué
Winner: Consultancy of the year
Winner: Best product campaign
Winner: Launch of the year
Winner: Best patient or public education project
Finalist: Launch of the year
Finalist: Best professional campaign
Finalist: Best use of UK meetings
Finalist: Writing excellence

2006 Communiqué
Winner: Best opinion leader/advocacy development
Winner: Best product campaign
Winner: Young achiever of the year
Winner: Best corporate PR campaign
Finalist: Best professional campaign

2007 Communiqué
Winner: Communiqué of the year
Finalist: Consultancy of the year
Finalist: Best professional education project

How many 10 year olds do you know as successful as this?
Choosing a communications agency should be a similar process to determining your brand essence through a brand audit. You will need to think about features and benefits, emotional triggers, differentiation, personality of the agency and its ‘brand promise’, as well as functionality and your needs as a client.

At this stage it’s worth considering – is a pitch really necessary? If you have already chosen who you want to work with, why not work on developing the programme together with one agency to see if it fits? You can always pitch the business if the agency under-performs. Pitching is expensive for an agency – around £20,000 in hours and £5,000 costs.

**STAGE ONE**
What type of agency do you want and what do you want from your agency?
A good place to start is to conduct a gap analysis of what is missing from your current agency – in other words, what do you want from a new agency that you aren’t currently getting? If you don’t have an agency in place, make a list of selection criteria and be specific – don’t select an agency to present medical education credentials if what you really want is media relations.

**Selecting agencies for credentials**
Some of the criteria you may use:
- Ask your colleagues in the industry which agency they rate and why
- Speak to a couple of journalists if you are looking for an agency that’s hot on media
- Go through Communiqué and find an agency that attracts you and is of the right size
- Check out who has won awards and who has been consistently shortlisted for awards in recent years.

**Checklist for credentials**
- Ring your shortlist of agencies rather than email. First impressions and how they deal with your call will give you a good steer on what they will be like to work with. Availability of someone senior to speak to and the speed of their response is a useful starting point
- Ask about conflicts in the disease area before you reveal too much about the brief. If they are conflicted then you don’t want to pursue the call any further
- Explain why you have decided to ring their company and list for them the core experience and credentials you are looking for
- When you tell the agency about the therapeutic area, make sure you include future licence indications (broadly) to avoid difficult conflict situations further down the line
- Find out how busy they are and whether they have capacity to both pitch and, even more importantly, do the work
- Be prepared to be flexible around the date of the credentials and/or pitch. You would be pretty annoyed if your own agency blew out a meeting with you in favour of a prospective client.

**Sourcing an agency for a European and/or global programme**
- What is the agency’s approach to working with affiliates?
- What is its track record in running European/global programmes?
- Does the agency understand the different regulatory environments?
- Do the agency have relevant media ability?
- Does it have a presence in each market?

**Always ask**
- Be specific about what you want to see from the consultancy
- For them to present case studies (and ask if the people who did the work on those case studies are still at the agency)
- If they are still working on the business and if not, why not?
- For a list of its other clients
- For examples of when previous client relationships ended and why
- For some background on the agency and its range of expertise
- About its approach to the Code of Practice (ask specifics, eg, would you pay a freelance journalist to attend a meeting, what do you consider appropriate honoraria, etc).
DO

- Make time for the agencies to ask you questions about the brief
- Ask them to submit questions in writing in advance
- Get agencies to sign a confidentiality agreement
- Make it an even playing field
- Listen to their views and challenges
- Read the research – it gives good insight into an agency’s strategic approach
- Read the proposal document – they take a lot of work to produce and can provide more depth than a presentation
- Allow enough time for the presentation and questions
- Ask them about the team
  - what else do they work on?
  - how much of their time will they devote to you?
  - who will be your day-to-day contact?
  - what their client management procedures and quality control systems are?
  - whether they are PMCPA code trained?
- Take up references from
  - clients
  - journalists
  - third parties.

DON’T

- Send the brief to 10 agencies – three is sufficient
- Ask a company to pitch which you have no intention of appointing
- Be swayed by gimmicks and creativity. If it’s off strategy it’s not that clever
- Read your Blackberry during their presentation
- Be afraid to challenge them
- Worry overly about a pitch budget – it’s impossible at this stage to gauge the exact budget
- Raise their hopes unnecessarily. If you liked the pitch, say so: if you didn’t, keep quiet and let the agency down gently later
- Worry about asking loads of questions – it gives the agency a chance to give more substance to their approach
- Give them a room the size of a broom cupboard to present in.

STAGE TWO
Getting the brief right
A great campaign starts with a great brief!

- For their views on PMCPA complaints and whether they have been responsible for work that has received a complaint
- About their staff training, welfare and retention – you need to know the team is looked after and having fun or they won’t be at the agency very long
- Are they actively involved in the HCA and, for example, do they follow best practice such as utilising the Evaluation Toolkit?
- Why they want to work for you?
- Ask them to sign a confidentiality agreement before you issue the brief
- Do they have the capacity for the work?
- How important your account would be against the agency’s current roster of clients.

- Make sure you give them budget parameters. Agencies will often provide additional ideas and demonstrate which activities are priorities within the given budget.

STAGE THREE
The pitch
Invite three short-listed agencies to pitch and give them sufficient time to prepare. Three weeks is a minimum amount of time to prepare a decent pitch. The pitch is not just the presentation – the pitch process starts straight away. Insist that the team that will have day-to-day responsibility on the account will also participate to an appropriate extent in the pitch itself.

- Running up to the pitch, ask yourself:
  - How well did they engage with you prior to the pitch?
  - Did you enjoy talking to them?
  - Did they instil confidence in you?
  - Did they ask astute questions?
  - Have they done their research?

STAGE FOUR
Feedback
Take your time to decide on your chosen agency and always provide detailed and honest feedback to all the agencies that pitched. Agencies value honest and constructive feedback as they use this to develop team and agency performance.

DO’S AND DON’TS

• Requirements – what do you want the agency to do and by when?
• Are the objectives SMART – what does the campaign need to achieve and by when?
• Target audience – who can realistically influence behaviour and opinion?
• Situation – what are you trying to change? What does the current market look like and where does the brand fit (or not)? What do you want the brand to look like in that market?
• Supporting data – can you substantiate your wish list?
• What constraints are you operating under?
• What is the timing for this programme?
• What does success look like?

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Author:
One of the single biggest things that can be done to guarantee a good relationship with an agency is to see them as an extension of the in-house team. When this happens all the key elements that spell success for client-agency relationship will fall into place, ensuring both sides get the best out of the relationship and yielding a good return on investment.

The traditional marriage contract, ie, the vows, have barely changed since the Middle Ages. However, these days many couples have begun to write their own, more personalised vows. Perhaps these alternative vows should be taken as a more accurate interpretation of the ideal contract between client and agency, allowing for the ups and downs of a product’s life cycle, the impact of a successful PR campaign and taking into consideration the often shorter nature of modern relationships.

So in order to make sure that the right track is chosen, and is headed towards a future of blissful happiness and togetherness, here follows marriage guidance for clients and PR agencies!

**GRIEVANCES AND GRUMBLE**
As with most marriages, a relationship with an agency is bound to have its ups and downs. We are all human and there will be things about each party that irritate the other. However, if a mindset of teamwork is maintained most of these issues should be overcome by working together to identify potential flash points and develop solutions before things spiral out of control.

Rather than speculate on the themes that cause most friction in the client-agency relationship, a recent straw poll among friends and colleagues from both pharmaceutical companies and PR agencies revealed that both clients and agency staff cited poor communication as one of the key causes of relationship breakdowns. Poor financial management and lack of strategic direction were also recognised.

As the same points were raised by both parties it shows that very similar things are required by both parties but for some reason there is sometimes a disconnect. The majority of these issues could be ironed out really easily by addressing issues as they occur and focusing on working together as a team.

**TEAMWORK**
If you ask someone who has worked on a really successful PR campaign that has delivered on every parameter why they think that it has been so successful, teamwork will be one of the first positive things that they say. Usually, there are also some medium- to long-term relationships involved as well, which means that the individuals have got to know and understand each other’s working styles really well, and as a result, have worked seamlessly together to produce inspirational results for the brand – a true marriage of minds!

However, pharmaceutical marketing and communications is fast-moving and, compared with some industries, there is a relatively high turnover of staff. So, although it may be unrealistic to hope that both client and agency staff will remain the same indefinitely, there are still some examples of best practice that can be taken from these successful working relationships.

**SHARING IS GOOD**
It is important to share information about the brand and other current projects with the agency. The best strategic counsel and best tactical advice will come from a PR agency that is in possession of all the facts. This begins as far back as the pitching stage. Make sure that the PR

As any good relationship counsellor will tell you, if you want a successful marriage, you need to work at it. The client-agency relationship is no different...
agency are given the full picture, otherwise time will be wasted on both sides. All agencies will be operating under a confidentiality agreement and, ultimately, the time spent in sharing information will be recouped later when the proposed campaigns are a better fit with the overall marketing plans, making them more likely to deliver for the brand. Sharing the budget is also useful for agencies. Although there is a view that creativity may be hampered if an agency is told a budget, it is good to know the ballpark at least, otherwise expectations will not be met on either side. Once the agency is on board, it is good practice to keep up the flow of information. Also, being clear about objectives and critical success factors will help both sides to work as a team towards shared goals, providing good strategic direction.

DO’S AND DON’TS

WHAT AGENCIES FIND IRRITATING
ABOUT CLIENTS

Poor communication
• Not returning phone calls or emails
• Cancelling meetings at the last minute or not turning up at all
• Not providing feedback

Lack of a brand strategy
• Several agencies involved working at cross purposes
• No clear direction for the programme
• No objectives

Poor financial management
• Not processing purchase orders but expecting the agency to start work
• Project ‘creep’ – expanding or changing the parameters of a project without being prepared to pay for it
• Not recognising that time is money and if asked to do additional work the agency will have to charge

General management
• Documents left languishing in approval – the client does not champion or help to move along the process, resulting in delays for the PR programme and time challenges for the agency
• Not sharing all information but expecting a perfect strategy without giving all the facts

WHAT CLIENTS FIND IRRITATING
ABOUT AGENCIES

Poor communication
• Not listening to the client
• Lack of willingness to be involved in planning meetings
• Dishonesty

Lack of a brand strategy
• Presenting senior staff at a pitch who are never seen again
• Lack of guidance for the agency team in maintaining strategic direction
• Inability to link the programme to client objectives and critical success factors

Poor financial management
• Inability to keep track of purchase orders and invoices
• Failure to be able to provide an accurate estimate of budget spent to date
• Failure to communicate how programme changes impact on budget

General management
• Repeated errors in written documents
• Poor understanding and interpretation of the ABPI guidelines – using ‘banned’ words such as ‘safe’ and ‘new’
• Glossy pitches with no backbone – presenting ideas without any relation to the brand strategy, budget or ABPI guidelines

General business etiquette
• Claiming experience in a certain area then failing to deliver
• Not recognising that PR is part of a broader marketing strategy/budget
• Lack of appreciation that client has to argue the case for PR activity higher up the chain within the company
• No understanding or willingness to understand how PR can dovetail with other marketing activity

Trust
Some clients are afraid of sharing too much information with their agency and undoubtedly there will be times when it is inappropriate to do so. However, questioning integrity creates bad feeling. It is also not a good idea to hide things from each other. Honesty is always the best policy, even when it’s bad news. Budget cuts, or a study not reporting, are par for the course and mistakes are something that no one wants to make, but owning up as soon as possible will allow time to rectify them. And, of course, if an agency has not been told that a project may not be going ahead, it may start to work on it and therefore chargeable time and expenses may have been incurred.

Likewise, if there is dissatisfaction with the agency, be it the team structure, the direction in which a project is going or lack of access to senior staff, say something. Be honest and frank, because if issues are
PR Consultancies

as a key factor in developing successful

SPEND TIME TOGETHER
- IT’S GOOD TO TALK!

Good personal relationships are recognised as a key factor in developing successful business relationships. Consider involving the agency in existing brand planning meetings with the wider team. Many senior agency personnel have worked both in-agency and in-house and are likely to be able to offer useful insights and advice.

Although return on investment may be cited as a reason not to include agencies at this point, the benefits gained from having a better informed, more integrated team will be realised in the medium to long term.

A key factor in communicating effectively with an agency is maintaining regular updates for the life of the PR programme. While teleconferences are ideal for quick weekly progress updates, regular face-to-face meetings are essential to the success of the client-agency relationship. Meeting in person allows both sides to get to know each other’s personalities better.

Email should not be relied on. While email is a great way to get a ‘short’ message to someone, it is not a replacement for speaking to each other. Too many times misinterpretations arise from email. When meeting and speaking face-to-face, it is much harder to misinterpret what someone is saying.

Understanding how the agency works is also really useful for clients. Clarifying billing schedules, financial reporting, frequency of campaign updates and regularity of meetings will help client and agency to develop a working practice that meets both their needs and expectations.

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In particular it is important that everyone understands the company’s interpretation of the ABPI code. The absolute meaning of the code is not always clear and companies’ standard operating procedures (SOPs) can vary quite widely, so it is useful to review procedures with the agency before embarking on a campaign. Common areas where SOPs differ include travel policies, financial expectations should be agreed for these costs further down the line.

This may be fine but the agencies need to be realistic in the medium to long term. A better informed, more integrated team will be realised in the medium to long term.

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Trust and confidence are vital when working in a fast-paced, pressurised environment, which is often how PR programmes are conducted. Therefore, speaking to each other regularly and meeting frequently will bring with it confidence to challenge each other’s thinking. The best relationships are where there is confidence to suggest and debate the most outlandish ideas, which in turn broadens creativity, leading to a more inspired and innovative offering.

HAVE RESPECT

Although readers may be surprised to learn that clients fail to return calls, enough PR agency personnel mentioned it to merit inclusion on the list of top gripes. On the flip side, many clients say that agencies do not always understand the wider marketing picture; failing to realise that PR is only one element (and it can be a very small element) of the overall brand picture.

Although all parties are acting in good faith, it is important to appreciate each other. While the PR agency will be keen to meet the deadlines set or to follow up on a comment made at an update meeting, they will have no idea that their client is focusing on another priority unless they are told. A quick call or email to acknowledge that the information has been received and a suggested timeframe for when a response will be given is all that is needed. A simple step such as this will quell a keen account handler from making repeated phone calls and sending emails.

MONEY WORRIES

There’s nothing quite like a money problem to ruin a great relationship! Although projects may be ticking along well with objectives being met and in some cases exceeded, invariably trouble can quickly brew on both client and agency sides when it comes to financial matters.

Remember therefore that financial management can really benefit from good client-agency teamwork and openness. It is an area where PR agency personnel often feel most under pressure but also an area where they may have least appreciation of the kinds of pressures faced by their clients.

Most people would agree that it is best practice to sit down at the beginning of a programme and determine a procedure for financial reporting but this is often overlooked in the urgency to kick off activities and get programmes up and running. Be warned, finances will come back and bite you when you least expect. PR agencies have a bad reputation for producing ‘expensive surprises’ and we need to work together to improve this perception. However, pharma companies have very complicated financial systems and often agencies find themselves being asked to pay for things because the brand managers know that it will take too long to get through their own financial system. This may be fine but the agencies need to be reassured that they will be reimbursed for these costs further down the line.

From the pharma company’s side, financial expectations should be agreed with the agency at the outset as this is another area where requirements vary widely from company to company.

It is important that everyone understands the company’s interpretation of the ABPI code. Standard operating procedures can vary quite widely.
Negotiate the money minefield. If you’re able to agree a reasonable approach to money, it can save a lot of underlying tension.

A LAST WORD OF ADVICE
All this time spent developing the perfect team and ironing out the most effective working practices can take its toll. Don’t forget to have fun! Get to know and like your agency team offline. Most agencies take part in social activities throughout the year, be they industry award ceremonies, fund-raising activities or simply grabbing a quick coffee after regular meetings. As a tip, put finance at the top of the agenda so that it doesn’t get bumped off the list when you become too involved in discussing other matters.

Top tips for struggling relationships

- **Accept that change happens.** Neither time nor people stand still. If your relationship is flagging, you have to do something to renew it.
- **Be honest.** If you really have fallen out with someone, tell them. Don’t prolong the agony or raise expectations falsely.
- **Talk about the tough stuff.** Facing up to sensitive problems is half the challenge – you can then talk and deal with them.
- **Play together, stay together.** Get to know each other as people to improve your working relationship.
- **Continue the courtship.** Try to remember the reasons you were attracted to each other in the first place, for example the agency has an industry-leading reputation for delivering successful media campaigns; the client has an exciting new product that represents significant revenue for the agency for several years to come...
- **Have a shared goal to work towards.** Focus on what you can achieve as a team rather than as individuals – it reminds you of the power of togetherness.
- **Negotiate the money minefield.** If you’re able to agree a reasonable approach to money, it can save a lot of underlying tension within the relationship.
- **Let go of resentment.** It’s easier said than done, but it’s absolutely crucial to find a way of moving on from issues that have affected your past.
- **Argue well.** Arguments are part of every relationship so turn them into a positive lesson in communication. Agree to disagree and realise there doesn’t need to be a ‘winner’ at the end of every discussion.

**Agree your financial systems**

For both of you, it’s important to agree:

- **Purchase orders** – will the entire project be covered by one purchase order or by separate ones for each job? Purchase orders must be raised and signed off. It is uncomfortable for the agency to be asked to forge ahead before knowing where the money is coming from.
- **Invoices** – should these be sent to the marketer or directly to accounts?
- **Financial tracking** – when are budget updates required? How should the information be broken down: by total job cost, each job split into fees and costs or just an overview?

From the agency’s side, it is really important that pharma companies:

- Understand that payment terms of 30 days means payment in 30 days, not 60 or 90... Procurement, marketers and agencies are working together regularly now but failure to pay as per agreed terms is rarely mentioned. As agencies are small businesses compared with the pharma industry it seems ridiculous that they should be ‘bankrolling’ clients’ companies. This is often due to invoices going to the bottom of the pile of priorities rather than the finance department delaying payment.
- Acknowledge that a project specification will have usually preceded a purchase order and therefore, there is no need for invoices to be detailed with every hour accounted for.
- Remember that PR agencies charge by the hour and therefore, being asked to attend additional meetings or expanding a project will incur additional time. Also by always holding meetings at the client’s offices rather than sharing the venue and travelling to the agency’s offices, additional time for travel will be included in the agency’s time reporting.

In order to keep finances on track, make sure that time is made to review them at regular meetings. As a tip, put finance at the top of the agenda so that it doesn’t get bumped off the list when you become too involved in discussing other matters.
always the right angle
Are your communications truly connected?

Healthcare communications is not a single-output business. Every brief requires a response adapted to fit circumstance and audience.

Chandler Chicco Companies offers expertise across every discipline, with global presence in all major markets. No matter how elaborate the brief or how diverse the audience, all our work is powered by one simple principle:

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## Choosing the right agency

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<td>Does the agency have a good reputation within your organisation?</td>
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<td>Does the agency have the right expertise?</td>
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<td>Does the agency have previous experience in your disease area?</td>
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<td>Does the agency have previous experience of similar briefs, eg, product launches, data releases, established products?</td>
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<td>Does the agency understand fully your business and your needs?</td>
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<td>Do you have faith in the entire account team?</td>
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<td>Do you like and respect the proposed team?</td>
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<td>Have your key opinion leaders/stakeholders worked with the agency before? If so, what is their opinion of the agency?</td>
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<td>Does the agency have a good working relationship with the key medical and consumer media journalists?</td>
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<td>If the project requires it, does the agency have dedicated international capabilities?</td>
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<td>Does the agency have an impressive and current pharmaceutical client list?</td>
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<td>Does the agency have an impressive track record of achievements? (Against which parameters and how do you know?)</td>
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<td>Is the agency equipped to handle peaks and troughs in workload?</td>
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<td>Will your business be an important account to the agency – will you receive sufficient prioritisation and also input/counsel from senior agency staff?</td>
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<td>Does the agency have sufficient quality-control measures?</td>
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<td>Is the agency able to demonstrate its ability to evaluate its PR activity?</td>
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<td>Does the agency demonstrate sufficient market awareness?</td>
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<td>– Does it have sufficient knowledge of current key communications issues?</td>
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<td>– Is it able to effectively monitor the ongoing changes in the environment?</td>
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<td>Is the agency able to demonstrate that they are compliant with the ABPI Code of Practice?</td>
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<td>How good is the reputation of the agency’s senior personnel within the industry?</td>
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<td>Is the agency a member of the Healthcare Communications Association (HCA)?</td>
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At Ashley Communications we believe there is only one reason why you should ever call on our services. That is to hear the advice and recommendations of experienced healthcare professionals who have been in your shoes. So we’d never send along even the brightest graduate to discuss your needs, because if they haven’t been there and done it themselves, how will they be able to help you?

For healthcare communications advice from the real world, speak to Ashley Communications.

Call Chrissie Ashley on 01923 826 150.
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<td>Ensure agency confidentiality agreements are in place (and there are no conflicts of interest)</td>
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<td>Develop a product overview including: • Summary of Product Characteristics (SPC) and Prescribing Information (PI) • Brief product history including patent status, details of relevant line extensions etc • Key pre-clinical, clinical data and pending trials • Key thought leader and advocacy group relationships • Market analysis including competitive environment • Marketing goals/objectives • Brand essence • Corporate context, eg, relationship with other brands in portfolio, relative visibility of brand to senior management/shareholders</td>
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<td>Detail historical and current communication activities for the brand including key messages and target audiences</td>
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<td>Define the geographical scope of the assignment • If European/global, list priority markets</td>
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<td>State what capabilities you are looking for in a consultancy</td>
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<td>Define your SMART communications goals/objectives (Strategic, Measurable, Agreed, Realistic and Timebound)</td>
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<td>Specify the period you are looking at for communications activities</td>
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<td>Provide a budget guideline</td>
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<td>Outline the process for consultancies to raise questions and obtain additional information</td>
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<tr>
<td>Specify pitch date, location and length of time allocated to each consultancy for their presentation • List the individuals (explaining their functions) from your organisation who will be present for the actual pitch • State who from the consultancy you want to see at the pitch, eg, the team leader who will work on your business, the senior media consultant, etc.</td>
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<td>List and prioritise the criteria you will use to select a consultancy</td>
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<td>Define the decision-making process</td>
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<td>Set a decision date and inform agencies of result immediately following decision</td>
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Little Riding Hood

Missing something vital?

Then why not add a little colour to your brand?
fresh air
fresh thinking

For ideas that make waves
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or lb Bradley@pegasuspr.co.uk
www.pegasuspr.co.uk
TO AD AGENCIES

• What does it take to advertise effectively?
• Choosing an agency – liken it to a love affair...
• Make time to evaluate. Dig deep to understand your brand

PLUS:
• 1 case study
• 1 instant expert
Finally tuned The idea’s great, the execution sublime. Now there’s one final job: keep working on it. Great work isn’t simply something that looks good. It needs to perform outstandingly. And that’s where finely tuned work pays off.

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Gill.adams@ogilvyhealthworld.com, 121-141 Westbourne Terrace, London W2 6JR

www.ohwadvertising.com
When we think of effective advertising, what do we mean? What is effective? Does it mean sales? It could do. After all, that’s what is commonly desired in the end. But you may have other uses for advertising rather than simply moving products off the shelf. What about shifting beliefs – getting the reader to think differently after reading your advertisement? That is equally valid if that’s what you want your advertising to do. It may not directly ‘ask for the business’ as any good sales representative would do but shifting the target’s belief system may make them more receptive to your next communication.

The first step towards effective advertising is all about deciding what it is you want to do with your brand and then deciding what the role of each element of the marketing mix is going to play. If this sounds like simplicity itself, then think again. It isn’t a five-minute thought over a coffee. Only by deciding what you want to do with the brand can you possibly decide what part the advertising is going to play in the process and, indeed, what subtype of advertising you are considering.

Assuming you know what the advertising is going to be asked to do for you, then you need to work out what you want to communicate in order to achieve the response you desire. Agencies will spend a lot of time on this. Call it ‘insight mining’ if you like, it’s all about finding out what you need to say to get the reader to think differently.

Consider it this way: just because you think your brand is the best at what it does, it doesn’t mean others will automatically fall in line. We all perceive things differently. We have sets of social and cultural values that govern the way we read things and see them.

**HOW ADS SELL – WHAT DOES IT TAKE TO BE EFFECTIVE?**

How it works is actually quite simple. The difficult part is getting to that end point where our hard efforts have delivered something that has actually worked.

For many years, pharmaceutical advertisers have desired a consumer approach to healthcare advertising. Why? Because they want to see something different, something less pharmaceutical.

Actually, this desire is rooted in simplicity. If you ever work with creatives who spend their time advertising household consumer brands, cars and such like, you quickly discover they don’t want to know the detail. All they want to know is what you want to say to the target audience. “Just give me the one thing”.

Our problem in pharmaceutical advertising is that we are bound by detail: pharmacokinetics/dynamics, and the ins and outs of one clinical trial versus another. It’s no wonder we can’t see the wood for the trees.

All we have to say to ourselves is, “What is the single most important thing about our product that will get people to think positively?”

Then, once marketing management, legal, medical, registration, sales and whomever else you let have an influence on what you want to say have agreed to this single thought, whatever you do, don’t get side-tracked by anyone that says “But it doesn’t say x, y or z”. I’m sure you recognise the symptoms. Ever seen an ad with reams of body copy, or those oh so helpful bullet points. If you have to put

**Decide what you want to do with your brand then decide what the role of each element of the marketing mix is going to play**

**Work out what you want to communicate in order to achieve the response you desire. Call it ‘insight mining’**

**Pharmaceutical advertising is bound by detail: pharmacokinetics/dynamics and the ins and outs of clinical trials**
down all this extraneous information, you haven’t got a clear communication. Resist the temptation. Yes, I know there are many messages that help differentiate your product from the competition but the ad isn’t the place to put them.

Look at the winners of the PM Society Advertising Awards this year. They all have a simple idea and a little copy to help. It takes effort, time and dedication to produce so little copy; the more time spent on copy, the less you will see.

Stick to this and you won’t go far wrong.

THE PSYCHOLOGY BEHIND SHIFTING BELIEFS

Advertising has existed since the invention of papyrus. But it was only in 1841 when the first advertising agency was created that a more formalised approach to the art of advertising was undertaken.

With so many advertisements and messages delivered to your brain every day we need some way to help us cut through and leave a desire to buy, use, prescribe or recommend. In principle, the processing of advertising, in whatever form that takes, is based in cognitive psychology. Let’s look in a little more detail.

Think attention, perception, association and memory.

Clearly any advertising must first grab the attention of the audience. There are many tools used to do this: colour, messages, words, images and tone of communication. But others may apply too. Don’t forget sound and animation.

Having gained their attention we need to keep their interest. This is where association is often used. For example, in the healthcare market, imagery of a patient that has lost their hair is associated with cancer treatment. That immediately gives the physician an association based on experiences he or she may have had in the past. It certainly clearly defines the subject area. Colour can also help with association if that colour is brand specific, or you want it to be. Think cola, what colour comes to mind? Red perchance?

All this helps to create an immediate image or perception in the mind of the audience. Done well, this association lives in the memory and if clearly linked to the brand and name is likely to offer the greatest opportunity for sales success.

But there’s more. In order to effect a change in behaviour, ie. to get the audience to purchase or prescribe your product versus another one, first you need to effect a change in attitude and belief.

One theory states that there are two routes to persuasion. Elegantly referred to as the Elaboration Likelihood Model, it proposes that advertising information is processed by the brain in one of two ways, either centrally or peripherally.

The central processing route is an active conscious process to determine the merit of the argument presented. The audience will form favourable or unfavourable thoughts in response to
It’s not the ABPI Code of Practice that stifles creativity as some would have you believe, it’s our ability to think clearly

Author:

Richard Gibbs is managing director at DRAFTFCB Healthcare, London. He can be contacted on 020 30 48 0189 or at richard.gibbs@draftfcb.com
If you think your relationship together has become lacklustre, a dose of counselling could be needed...

You’re unstimulated, unfulfilled, little things annoy you, there’s a lack of creativity in this partnership, you don’t communicate as often as you should, and you seem to be spending more money. Is it time to look elsewhere? Working with an advertising agency is synonymous with dating the opposite sex. So, what worldly knowledge can I impart on this subject? I’m going to split it up into seven bite-sized chunks.

IS IT TIME TO GO YOUR SEPARATE WAYS?
Perhaps it’s time to ask yourself:

Am I unstimulated?
• Your agency should be responsive AND proactive and come to you with new ideas without you having to ask all the time. Whether the brief is for a new campaign or a leavepiece, they should suggest ideas on enhancement and give you a range of creative ideas on brief execution

Do little things annoy me?
• Quality control is important. You should not be receiving copy, design, artwork or, “God forbid”, proofs that consistently have errors. It’s the agency’s job to ensure that work leaves their domain error-free
• If you call or email them and they are unavailable, you should expect return contact within the same day, if not by the person you have tried to contact, at least by a member of your agency team

Is there an increasing lack of creativity?
• Once the agency has ‘bedded in with you’, their knowledge of your brand should have increased quite significantly, so there is no excuse for the creative juices to slow down

Do we communicate as often as we should?
• Service is key to a successful client-agency relationship. The agency should be in regular contact with you
• You should rarely have to chase for work that has been briefed and you should receive updates on job progress
• The agency team should also understand the clinical data behind your product and should take an interest in any new data, or even bring it to your attention.

Am I spending more money?
• Your agency should always provide you with an accurate estimate of time spent per job and should monitor that time for you
• It’s inevitable that some jobs will go over budget with the rigorous approval systems in place, but this should be occasional and not the norm. A good agency should flag this up in advance.

CAN YOU SALVAGE ANYTHING AND POSSIBLY TRY AGAIN?
If the answers to the previous questions ALL come out on the negative side, the relationship is doomed.

Maybe there are just a few of these areas that don’t work – if so, remember the grass isn’t always greener… There are always two sides to the story, so rather than show them the door, have a frank discussion with them. Maybe there have been misunderstandings on both sides.

Let them say their piece and make sure that you give them examples of where they have disappointed you to help them in future working relationships. If after that you
feel it’s worth another try, set them goals
and timescales in which to improve on your
points of dissatisfaction.
And in the end, if you are still unhappy
and you do decide to split up, you need to
part amicably and according to the terms of
your contract, just like a divorce certificate!

FINDING A NEW PERFECT PARTNER
Now comes the fun part. You’re free to go
out on the pull! But rather than hurtling
into a competitive pitch, take a bit of time
to do some research. Imagine that you are
looking for a date on the internet. Draw up
a list of criteria and this will immediately
narrow down your requirements for your
ideal agency partner, and off you go on the
search. The list may include:

How do they present themselves?
• An advertising agency that advertises and
promotes themselves consistently and
effectively bodes well for their creativity,
drive and enthusiasm. After all, if they
can’t promote themselves, which is their
business, then what can you expect them
to do for your brand?

What have they got to offer?
• Have a look at their website, it’ll give you
a feel for their creativity, services and
whether they can keep on top of things
(look out for old news!)
• Look at their creative portfolio
• Ask a few ‘hot prospects’ in to present
their credentials – to help test the water
before the big pitch date. First impressions
count for a lot

Are they experienced?
• From the credentials, you can find out if the
agency understands your market. Have they
worked on competitor brands before?
• They must obviously have no current
conflicts of interest in your market.
• Look at their current client and brand list to
gauge the scope of their capabilities

How will they service your needs?
• Ask them how and who would

manage your account
• Ask them to explain their quality
control procedures
• They need to be proactive and responsive
• They need to give strategic as well as
tactical insight for the life of your brand

Ask your friends what they think?
• Colleagues’ endorsement is often invaluable
And, is the chemistry right?
• It’s important that you feel you could work
with the agency on first meeting them
• Could you see them as a committed partner
for you and your business?

PREPARING FOR YOUR DATE
If you agree to all the above parameters,
then you’re ready to go. Invite your suitors
(no more than three or four by the way)
to pitch and set a date. Get them to sign
mutual confidentiality agreements that
would prevent the specific agency disclosing
your business to others, and also likewise
that the agency’s ideas and creative work
would not be shared with another agency,
should they not win the account.
Make sure everyone is competing on a
level playing field: everyone must receive the
same information at a similar time. whether
the brief is delivered in person, by post or
e-mail (although don’t put all agencies in
the same room at the same time – there’ll
be some interesting dynamics there!).
During the run-up to the pitch date, do
make yourself available to your suitors
should they require further information, or
ask to meet with you before the big day.
Make sure you give the agencies enough
time to work on the brief, as they may
want to conduct their own research for
their proposals. Four weeks is comfortable,
six weeks is even better. Then they should
be fully ready to “wow” you on the day!
Ideally the brief itself should contain:

Executive summary and pitch objectives
– so we all know where we stand!

Information on the product
and its indication(s) – including
clinical data and core claims.

Market data – eg. any relevant market
research with HCPs and/or patients,
post-detail follow-up, campaign or brand
research, competitor materials (advertising
and sales material if possible), SWOT
analyses (your brand vs competitors).

Marketing strategy and positioning
– although sometimes omitted, you need
to gauge how ‘the agency thinks’

Target audiences – key decision

Rather than hurtling into a competitive
pitch, take some time
to do some research.
Imagine that you are
looking for a date on
the internet

Make sure everyone
is competing on a
level playing field;
everyone must
receive the same
information at a
similar time

Assess all parameters.
Try and make your
mind up with your
colleagues soon after
all pitches are over
as the suspense will
kill your suitors.
GETTING PAST THE SMALLTALK

The date has arrived, the anticipation and excitement is killing you.

Often pitches are won on overall impressions and gut feel. After all, this is hopefully going to blossom into a long and successful relationship, and if you feel the attraction on the day, that’s a great start!

However, if a little help is needed in deciding on your perfect partner, give the pitch attendees an evaluation form and get them to score from one to five. Also make sure that the same people attend all pitches – back to level playing fields!

Evaluation list
Here are a few suggestions for you to choose from for your evaluation criteria:

- Understanding of the brief, the brand and the marketplace
- Identification of key issues
- Insight into the strategic challenge
- Adherence to the brief
- Willingness to challenge the brief
- Willingness of the agency to conduct attitudinal target audience research and/or concept testing
- Strategic recommendations
- Proposals for brand development
- Creative implementation of strategic recommendations
- Quality of creative work

So it’s all over and now it’s decision time. Try and make your mind up with your colleagues soon after all pitches are over, as the suspense will kill your suitors. Sit down and assess all parameters and don’t forget that first impressions count and size doesn’t always matter – quality is better than quantity.

In other words, don’t get swayed if they’ve come out all guns blazing – you need to know they are going to be there for you over the long haul and be adept enough to handle your demands.

How to say “no”
When you’ve made your mind up, contact each agency in turn and please remember that blood, sweat and tears are likely to have gone into the pitch process. Bear in mind, too, that as well as working diligently on your brief the agencies have had their existing client business to remain true to.

Give constructive feedback as to why the losing agencies have not been successful, as it will help them in future pitches and of course why the successful agency has won, so they can bask in the glory.

Then off you go. The winning agency should want to start the ball rolling immediately and bed down with you and your brand.

Get to know them well and ensure that they work with you as part of your team.

Baring all
Don’t be afraid to share as much information with them as possible and involve them in your everyday marketing decisions. They will be bound under contract (just like marriage vows), which should be drawn up on appointment and should be there to help you as much as they proactively want to.

The more they sense you respect and value their input and involvement, the deeper the feelings will grow between both of you. As in any relationship, you need to let down your guard if your agency is going to really understand your desires and thought processes.

You’re loved-up!
Well, if you’ve got this far and you are stimulated, fulfilled, there aren’t any little things that bug you, you’re knocked out by creativity, constantly in communication… and you’re getting a good return on investment, then I’d say this relationship is working pretty well for you. In fact, you’ve found the perfect match!

Author:
Juliet La Marque is managing director at Life Healthcare Communications and can be contacted at juliet@life-healthcare.com or on 01344 887525

You need to let down your guard if your agency are going to really understand your desires and thought processes
When working with an agency, like any relationship, honesty and appreciation can really turn that bond into a partnership. Here are some fundamental do’s and don’ts that will help to align Mars and Venus.

**DO SAY WHAT YOU REALLY WANT**

First, you have a vision as to where you want your brand to be, compared with where it is. So in an ideal scenario you write a brief detailing what needs to be achieved. Any form of advertising or design without a brief is like a game without rules – your brief will define the challenge.

If you play football without a defined pitch or goals you soon become bored, as there is no meaning or challenge.

Your agency will also work to their own rules – that is their integrity. Back to football, and your brief is, in effect, the ball the agency will play with strategically and creatively. The pitch and goalposts are in place – and the agency as a team will work with the ball (your brief) to get to the goalposts.

**DO FIND THE RIGHT MATCH IN YOUR AGENCY**

Can you really justify working with a global advertising agency if your brand/products are being targeted to a local market, or vice versa? Larger, globally focused agencies may have award-winning concepts, but can the synergistic fit be enhanced or will it fail to hit the right messages and objectives? Maybe a smaller UK agency can do better for you on this particular mission.

It is a common corporate interpretation that larger organisations are sometimes disadvantaged compared with smaller, possibly more agile companies when it comes to really understanding the immediate environment and being able to adjust quickly to chaos. The same applies when working with an agency. Ensure that your agency can deliver what you and your brand needs – they may be able to provide over and above what is detailed in the brief, but if it’s not required then can the cost of it really be justified?

**DON’T OVER-COMPLICATE IT**

The brief is going to your agency so your agency should (or soon will) know your brand. However, asking a creative to come up with a winning concept when they get an abridged bible landing on their desks, may be asking for the impossible. So, although background information should be included – product, company, customers, etc – make sure that what you are supplying is relevant and not confusing the proposition.

Try to sum up in one sentence, making one single point, what your proposition is – this is the challenge your agency needs. You can’t produce a concept to communicate three or four different messages – a single proposition is always the way forward.

**DO HAVE THE RIGHT EXPERTISE – NOT TOO MUCH, NOT TOO LITTLE**

Time and again clients ask agencies to pitch and want to see everyone in the pitch. Think about what your objectives are. Are you looking for strategic advice on positioning and creativity, or do you simply need some good visuals based on global guidelines without costing the earth? If it is the latter, do you really need the managing director, planning director, creative director and account managers in on the pitch – are they actually going to be doing the work? And if so – can you afford it?

Always ensure that the agency can provide a dedicated account manager who will deal with your project and manage all phone calls, emails, meetings and general correspondence. It will inevitably save time and hassle, and ensure the smooth running of the project, delivery of deadlines and, ultimately, give you peace of mind.

They say men are from Mars and women are from Venus – this relationship theory can be applied to the lines of communication between agencies and brand managers to prevent and dissipate possible areas of tension.
Depending on your requirements, sometimes this account manager is all you need; however, if you are not happy with the service make sure you communicate this.

**DON’T LET PROBLEMS ESCALATE**

If there is an issue, you need to communicate. Don’t let it get to the stage where you just want out. Openness and honesty is the best policy. Things sometimes do go wrong – you need to evaluate what happened and put something in place to ensure it doesn’t happen again.

Structured reviews and appraisals are a good way forward, but calling the managing director can serve just as well. Make sure you are justified and it’s not just an off day – give examples where possible and don’t treat it as an agony-aunt session!

If you speak up at the start, then things shouldn’t get to the stage where you need to get out. But, if things don’t change and nothing is put in place by your agency, you may have to step back and consider if you need something that they can’t deliver.

**DON’T GIVE UNREALISTIC TIMELINES**

Most agencies will adapt to changing needs and if you suddenly have a requirement for something urgent, schedules can be changed and work can be completed.

When looking at new campaigns, with new briefs, it is only fair to ensure you have given your agency enough time to work on them. You can’t expect the best positioning messages and multiple creative ideas if you only give a week. It can be done, but it seems a bit unfair to then take four weeks to make your decision if it was a pitch.

Think it through so you don’t start off on the wrong foot. Don’t ask your agency to pitch just before Christmas or before you go on holiday if you’re not making a decision until you get back. Pitching raises adrenalin and excitement – agencies want to know the decision for four weeks without any communication as to why can devalue work – after all we’re only human!

**DO TALK OPENLY ABOUT MONEY!**

This is always a difficult one. Often brand managers don’t like to reveal budgets for fear of the agency ‘holding back’ on creativity. There should however be a mutual trust between the client and agency, and the budget should be disclosed, if only to provide a vague calculation.

There is the obvious risk of an agency providing concepts and creative that you fall in love with only to realise that you can’t afford them, or an agency could resist by providing cost-effective solutions that you may not like, leaving you thinking that you’ve perhaps picked the wrong agency!

Be prepared to pay for creativity: creativity and quality can cost and can take time. If the idea is campaignable, or if you have struggled to find an agency to work with in a specific area, be prepared to pay for it. They are specialists in what they do.

**DO BE CONSTRUCTIVE**

It’s sometimes easier said than done but honesty is the best policy. If you don’t like something say so, but please, please give more feedback than “I just don’t like it”. Why don’t you like it? Has it not hit brief and if not, why not? If you personally don’t like it, think outside the box and think about your target audience – will it work for them? If not, why not – explain it to your agency. Make sure all the key players in this agency–pharma relationship have the skills to give and receive feedback constructively. The relationship should be built on trust, openness and not least a sense of enjoyment from working together.

Sometimes it’s the idea that doesn’t work and you can’t always put your finger on why. Agencies can struggle with this, but can also accept it if you tell them. But give them enough time to come up with something else!

The same is true if you do like something – if it works, tell your agency why.

**DON’T DECIDE BY A SELECTION COMMITTEE**

Go with your gut feeling. If you have written the brief and you know your brand, you can ask opinion from other sources, but make the decision yourself. If you are not the main stakeholder then let your agency know and allow them the opportunity to speak directly with that person.

Having said this, it can certainly help if your team gets involved with the brief itself so they know your objectives from the start – especially if you are involving your field force, as their objectives may be very different from yours.

This can prevent situations down the line where a concept you personally love needs changing because it doesn’t work for others in the team.

**THE LAST WORD...**

Do think of an agency–pharma partnership as a long-term commitment. Your agency will work best with you if you both do exactly that. If you treat them simply as a ‘supplier’, sending them letters or emails when you could easily pick up the phone, don’t expect to get the best out of your relationship. It is a relationship – it does need to be worked at. Constantly resorting to emails can change the way the relationship evolves.

Agencies are about people. You need to make sure the strategy and creativity is correct but in essence it is also the people that make the agency. If you just don’t click, in the long term it may not work out. But when you do and when you both think on the same wavelength, it can be the start of something very promising and commercially rewarding – for both of you!

**Ask yourself?**

- Is the brief accurate and workable?
- Have any objectives changed and, if so, have you told the agency?
- Is there a clear and concise proposition?
- Does the agency provide a good match to your needs?
- What skills do you really need for the agency to provide?
- Are there any potential issues you should nip in the bud?
- Are you being fair about timelines?
- Are you being realistic about the budget... and are you being upfront enough about what’s in the purse?
- Are you giving the agency enough feedback?
- Is the main stakeholder the decision-maker?

**Author:**

Melanie Kirk is managing director of Pulsar Healthcare Communications. She can be contacted at Melanie@pulsarhealthcare.com or on 0161 495 4801
We believe great branding begins with the customer. Get inside their heads; garner rich insights into what they want and need; apply industry-leading strategic, tactical and creative expertise, and successful, award-winning work will surely follow (well it does for us anyway).

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Why is so much of healthcare advertising so mediocre? This was a question raised at a recent IPA Healthcare meeting by one of the creative agencies! There were murmurs of low client budgets, poor quality briefs and regulatory constraints, but at the same time a great desire and optimism for the creative talent in healthcare to really come to the fore and lead a step change in the healthcare advertising of the future.

Alongside these elements there is the current squeeze on marketing budgets and ever increasing pressure to justify advertising spend. Paradoxically, there’s no better time than now to make the case for the power of great advertising. Moreover, given how important the internet is to both physicians and patients, we also need to think beyond traditional print advertising and embrace the power of the digital world.

So where do we start? There is no doubt that great advertising campaigns in healthcare can drive hugely successful and profitable brands – the current Duac campaign shown at the same IPA meeting is a good example. So what generally separates the wheat from the chaff when it comes to advertising?

Well, as with most things, there are no guarantees of success – but rigorous thinking and appropriate qualitative and quantitative research to ensure ‘creativity with discipline’ will massively increase your chances.

It is important that the various parties involved – client, creative agency and research company – appreciate that while they need to work together well, there may be a creative tension between them. Rather than being a source of friction, this should be harnessed to produce a source of excellence. The whole team needs to be involved in briefings and presentations so there is a collective understanding and will. The client also sets the tone for openness of dialogue and constructive criticism between all parties.

THE CHALLENGE FOR RESEARCH

Research can make two major contributions to advertising success:

1. Development – to provide better insights and ideas... which lead to better briefs and inspire better creative work... which in turn can be nurtured by researchers and refined by the agency... to end up with work which will create relevant emotions, drive brand equity and generate revenue.

2. Evaluation – to indicate how successful the creative work is likely to be against the brief, how successful it is at building brand ‘preference’, and to confirm and diagnose the impact in market versus competitors.

Figure 1 (next page) shows a model of the involvement of research-based insights in the strategic positioning, creative development and evaluation process. It may be a luxury to follow every stage in every instance but it provides a great framework of best practice.

THERAPY AREA APPRAISAL

Pharmaceutical products exist on pharmacy shelves but pharmacy brands exist in the minds of the physicians who prescribe them. So get inside their heads to identify your target prescribers. What patients do they see and with what symptoms? What are their options for treatment? Find out how they think and what makes them loyal to a drug. What role do the brands play and how important is brand equity versus cost/budget constraints? Answers to these may come from on-going research programmes or bespoke qualitative groups or quantitative usage and attitude studies.

POSITIONING

What is the best light in which to present your product, the best angle to persuade people? Dig deep to understand your brand. Do you want to address any weaknesses or find the strongest competitive difference? The brand needs to stand for something but what? Can it credibly claim to be the most effective treatment or to have the best safety profile or to have the most convenient dosing options? Or do you need to engage more emotionally with potential prescribers to grow share? In short, what are you going to say to make physicians feel good about prescribing your brand? Both qualitative and quantitative research will help you understand your brand’s equity and from there help develop your advertising strategy.

COMMUNICATION PROPOSITION

Is the main job for the advertising to develop awareness, for example, or to position or re-position the brand? Be sure to have agreement on the communication objectives. Both the message and the delivery need...
to be motivating, engaging and maximise the differentiation from competitors. You’ll probably need some qualitative groups to establish this. From this point, the client and communications agency can now write a great creative brief.

CREATIVE DEVELOPMENT
So far so good – now over to the creatives, who with time and that certain je ne sais quoi, need to breathe life into the strategy. It is in this hotbed of creative output that the client, creative agency and research agency need to work most closely together.

All parties agree that creativity is the most important thing in successful advertising because it leads to higher memorability, and long-term advertising memories is one key element that builds brands and sells. But of course memorability, and by definition creativity, on its own is not enough. Unless the creativity draws attention to the brand, we have achieved nothing. Creative ads that win awards won’t justify the ad budget for next year, but creative ads that grow share will!

Once the creative team has produced some ideas that you are happy to research, qualitative research exposes them to your public. It does so gently and thoughtfully, so that good ideas are not killed off in their infancy. The stimulus material at this stage can take various forms; the key is to optimally represent the creative idea. Ultimately this will lead to the first real executions/copy.

EXECUTIONAL EVALUATION
At this stage you’ll probably have a number of possible executions. Use qualitative research to find out which are the strongest, what are the synergies, how will they work best together as a campaign, and which is the best lead execution? Continue to refine the idea all the time.

PRE-TESTING
This is the home of quantitative ad research, and given how far down the process we have come, is perhaps the most sensitive arena for creatives and researchers to work together. Check out how well your ad will deliver your message, and ultimately change prescribing behaviour versus industry or therapy norms. Of key importance here, how well does my brand stand out or am I advertising the whole therapy area or – worse – being mistaken for a competitor? When done well, research at this stage can dramatically improve your chances of success.

Ads edited after insights at this stage are typically 50 per cent more sales effective. Even more reassuring for the client, testing at this stage is highly predictive of sales potential. Many clients will set themselves and their ad agencies action standards and may not use copy, for example, unless it performs in the top third of all ads.

POST-TESTING
Back to quantitative research to diagnose the strengths and weaknesses of the copy and identify wear-out over time. Monitor the effect of the ads on brand equity and sales. Undertake sales modelling if you can. This creative development cycle is, of course, only one strand of research. In parallel there will be work into patient pathways, new positionings, brand experience etcetera. Connecting all the different strands can provide further valuable insights and lead to better creative work. So now you’ve got a great ad campaign!

Share is up, you’re being talked about in all the right places … Job done? Not quite! Make sure you feed all your learning and insight back into the development process for the next phase of the marketing and communications development strategy. Remember that consistency is a bedrock for many successful campaigns – retaining key messages but by way of a large number of different creative executions. It can be a difficult process, all in all, so if you succeed, congratulations.
case study

Lumigan European Photographic project

Consumer media habits are rapidly changing and so brand communication must too. However, as with all marketing communication, integration with existing disciplines is key, with an unwavering commitment to clear strategic direction and creative excellence.

Until relatively recently, the channels of communication in healthcare advertising were almost all print-based. The advent of digital media has provided a new and exciting dimension to explore, but it has to be one that really delivers on results.

This campaign to raise awareness about Lumigan – an ophthalmic solution to reduce elevated intraocular pressure (IOP) – blended old media with the new. It formed a cohesive pan-European campaign that captured the imagination of ophthalmologists and the Allergan sales and marketing teams across Europe.

Challenges

The primary challenge was to devise a campaign that would engage glaucoma-treating customers over a long period and enable repeated opportunities to deliver product messages.

It was also important to appeal to clinicians in the UK and all western European markets where the client had an interest. So the promotion needed to provide some uniformity across Europe while maintaining room for cultural latitude.

Solution

For some while, the striking print-based advertising campaign had featured a photographer working in various spectacular landscapes. The visual content held a universal appeal that translated well across cultural boundaries, providing clear, cohesive, coherent, coordinated communication.

And this was no mean feat due to Europe being a cultural mosaic with people from different cultures showing subtle variations in their value systems, ways of reasoning and methods of communicating, behaviour and customs.

With the universally appealing stunning imagery as the starting point, the advertising campaign evolved into a Big Picture ‘Project’ (or ‘Competition’ in markets other than the UK, where competitions are still permitted). A striking giant camera-style mailing was despatched to all targets inviting them to register at a dedicated website www.bigpicturephotograph.com and subsequently to submit their own photographs of impressive landscapes that would be displayed on their country’s web-based photo-gallery over a period of months and which all registered colleagues could view.

Pictures submitted ranged from the pyramids in Giza to the peaks of the Himalayas. But to surpass the tranquil beauty of the scene from the Scottish Highlands featured in the Lumigan advertisement was a tremendous challenge.

To encourage entry the company also offered to make a donation to an appropriate charity for every photograph received. After the closing date for submissions, the best images were selected for use in a printed calendar for the following year.

Results

While product sales data cannot be revealed, the major benefit was creating mailing reminders and access opportunities for representatives to discuss with customers their participation in the scheme and leading on to product message delivery. The project also created a friendly rivalry both within and between countries as to who would submit the most (and best) entries plus of course the honour of being selected to appear in the calendar.

Following the success of this project, a second photo-project was introduced. Under the theme of ‘Take Another Look’ customers were invited to submit images of objects or places, which were not immediately recognisable; this could lead seamlessly to an invitation to the clinicians to ‘Take Another Look’ at everything the product had to offer. Seeing more clearly is what Lumigan is all about and there is something immensely appealing about the accountability of the digital media within the gamut of marketing communication options, where it is possible to see how every Euro spent gives a result.

Author: Neil Smith is director of creative services Affiniti (Adventis Health). He can be contacted on 01494 731673 or at neil.smith@adventis-health.com
Developing a successful brief

The brief is fundamental. It’s the launch pad to inspire the creative powers of the agency. Clarity of thinking and purpose will save you time and money, and mean better results. Work with your agency. Write the brief, talk the brief. Be clear, do not confuse. The more the agency knows what matters, the better. Take the journey together, it is tough out there...

<table>
<thead>
<tr>
<th>DEVELOPING AND WRITING YOUR BRIEF FOR A SUCCESSFUL CAMPAIGN</th>
<th>ACTIONED</th>
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<tbody>
<tr>
<td><strong>Think about the relationship with the agency</strong></td>
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<tr>
<td>Is the relationship new to you or the company?</td>
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<tr>
<td>Is this a new project or the next stage for brand they know well?</td>
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<td>Do they know enough about the company, the culture, personnel and political dynamics?</td>
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<td>Do they know the product and its category well?</td>
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<td><strong>Have they:</strong></td>
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<td>Seen the factory and test labs? Been out with a rep?</td>
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<tr>
<td>Talked to customers, patients, consumers?</td>
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<td>Talked to your people in sales, R&amp;D, medical and regulatory affairs?</td>
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<td><strong>Does the agency have a clear view of where you are and want to be?</strong></td>
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<td>What is the reason for advertising, the business context?</td>
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<td>Is the scope of the brief national or international?</td>
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<td>Do they know the product inside out? And understand the supporting technical/clinical data?</td>
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<td>What is the brand positioning, its values and character? What are the market dynamics, who are the competitors?</td>
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<td>Who is the target audience? What is the communication objective? Is there a real issue to solve?</td>
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<td>What is the desired audience response: think, feel, do? What is the key message? Is it clear, simple, single-minded?</td>
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<td><strong>Have you considered the overall marketing plan and activity?</strong></td>
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<td>Med ed, PR, media planning, online, salesforce activity</td>
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<td><strong>Have you allowed enough time?</strong></td>
<td></td>
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<tr>
<td>Developing and executing the idea and printing support materials</td>
<td></td>
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<tr>
<td>Approvals</td>
<td></td>
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<tr>
<td>Is market research needed before and/or after?</td>
<td></td>
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<tr>
<td><strong>What else are you waiting for?</strong></td>
<td></td>
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<tr>
<td>Results of clinical trials or product tests</td>
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<tr>
<td>Packaging</td>
<td></td>
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<td>Regulatory sign-offs</td>
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<td>Global branding guidelines</td>
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<td><strong>Have you got a budget agreed?</strong></td>
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<td>Has your brief been approved by your boss and anyone who’ll approve the actual work internally?</td>
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<td><strong>Have you established your criteria for judging the creative work?</strong></td>
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<td>On strategy and brand?</td>
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<td>Based on insight? Is it a big idea that travels?</td>
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<td>Does it engage and how will it be executed?</td>
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<td><strong>How will you measure success?</strong></td>
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AIR (Average Issue Readership)
The estimated number of readers who have read or looked at the latest issues of a publication within the publication cycle.

ARTWORK
The final visual and copy elements of an advert or publication in its finished form (usually in electronic format ready to go to production these days).

BIND-IN or INSERT
A promotional piece bound into a journal or magazine often on a heavier print stock to increase its visibility.

BODY COPY
Main copy in an advertisement ie, not the headline or tagline.

BRAND IMAGE
The impressions of a brand as perceived by the market. The image may be as a result of marketing activity.

BRAND LOYALTY
Conscious support by consumers in selection and purchase of a particular brand in the face of competition.

BRAND PERSONALITY
The attributes giving a brand a recognisably unique quality.

BRAND POSITIONING
The process of placing a brand in the marketplace in relation to other brands to make it distinctive.

BOOKING DATE
The date by which advertising space must be booked in order for the publisher to produce the flat plan of the publication. Earlier than the copy date.

CPT (Cost Per Thousand)
The cost of reaching 1,000 people in your audience. Calculated by dividing the cost of the ad by the number (in thousands) reached by the publication based on its readership score. The standard measure for efficient buying.

CAD (Computer-Aided Design)
Drawings or layouts whose complexity benefits from the assistance of computers.

COPY CLEARANCE
The process where claims or themes are given approval by specialist representatives of the media eg, PAGB in order to avoid misleading or offensive claims.

COPY DATE
The date by which advertising material must be with the publisher for insertion into the publication.

COPY ROTATION
A planned rota of adverts for the same brand to maximise attention and impact.

COVERAGE
Penetration of target audience. eg, media schedule coverage of cardiologists is 87%.

CREATIVE
The conceptual input upon which a campaign or ad is based, usually utilising a visual and copy content.

DPS
Double page spread.

FILM RUSH
Unedited footage of film viewed or produced immediately after shooting to determine quality and content.

FIRST PROOF
An initial proof of an ad or publication for literal or printer errors.

HORIZONTAL MARKET
A market from which buyers from different markets purchase a common product or service, eg, computers.

IMPACT
The force with which an advertising message registers in the minds of the target audience.

LEAD TIME
The time required for the realisation of any project from its initial concept to the finished item.

MACHINE PROOF
Where a proof is taken directly off a printing press for immediate checking.

NARROW CASTING
Opposite to broad casting. Messages are channelled into an electronic medium in a way so as to reach well defined specialist audiences.

OTS (Opportunity to See)
The number of opportunities for the average reader covered by the media schedule to be ‘exposed’ to the campaign.

PAGE TRAFFIC
Number of readers of a certain page in a publication expressed as a percentage of the total readership.

PAID CIRCULATION
The total number of a periodical printed and dispatched to an audience on a subscription basis.

POS (Point Of Sale)
A retail sales outlet. Also refers to publicity material for use there.

POP-UP
Promotional material usually in direct mail, whereby a flat item becomes three dimensional upon opening.

PRE-TESTING
Exploratory work to determine the effectiveness of an ad prior to its actual use. Can also apply to copy only.

RPC (Reply Paid Card)
Can be incorporated onto an ad, stuck on or as part of a wrapper or outsert.

REACH
The number of readers of a publication based on its AIR.

SATURATION CAMPAIGN
Intensive use of mass media in a single campaign.

SATURATION POINT
The level at which sales are unlikely to expand further other than by replacement or population growth and where promotion is likely to be ineffective.

SHARE OF MIND
The extent to which a brand will be ‘thought of’ in its category.

SHARE OF VOICE
The extent to which a brand will be ‘heard or seen’ within the promotional activities of other brands in the same category.

SINGLE SELLING PROPOSITION
One benefit of the brand chosen as the best selling message for promotion to avoid dilution from multiple messages.

VERTICAL MARKET
The selling of a product or range of products restricted to one type of classification of market.

Author: Justin McCarthy is managing director at MJL Advertising. He can be contacted at justin@mjl.co.uk
There were times when you didn’t know whether to laugh or cry. But you kept your composure. Learning to step back when you weren’t needed, and diving in when you were. Now, months on, everyone is cooing and ooing, patting you on the back. The consummate professional. You make it all look so easy. They wish they were a natural at it, just like you.

WHO’S THE DADDY?

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What are five key pillars that support great brand development?

Life cycle planning to help your brand reach its destination

Finding a creative cure for uninspiring campaigns

The value of rigorous quantitative pre-launch ad testing
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Tel: 01628 477211
www.hansonzandi.com

“The mind receives a myriad impressions trivial, fantastic, evanescent, or engraved with the sharpness of steel.”

Virginia Woolf
What makes Nike such an enduring brand? How did Motorola go from the middle of the pack to the top of the tree? They were already established brands, but they wanted to grow faster and stronger. They have successfully achieved this by becoming relentlessly efficient developers of brands. But the real question is, what are the secrets of their success and how are they applicable to pharmaceutical brands?

**IT’S GOOD TO TALK, AND TO LISTEN**

The first tenet of success is simple. We are better at what we do when we work together. All great brand developers see themselves as a small part of a much bigger picture. They involve their colleagues across boundaries and functions in an intense conversation about where the brand can and should go. They never want or expect to solve a problem or come up with a great idea in isolation. However, while you need to listen to key people, a great brand also needs a strong leader; someone to make decisions and move the brand forward so that opportunities and momentum are not lost. Great brand development is also built on the philosophy that the brand needs to engage in a conversation with the customer. It’s not about ‘telling’ or ‘selling’ but about talking to them and learning from them to uncover new opportunities for growth.

**DIGGING DEEPER**

‘Insight’ in any form of marketing is a misused word. What many companies think are insights are actually just observations or statements of fact. Great brand champions and insight-driven companies know the difference between information and insight. They know the power of deeper insight and they know how to find it and recognise it. But why look for deeper insights?

Great insights inspire change by identifying a truth in a market and a tension. If you can identify these two things in your market, you have identified a customer challenge or need that the brand can potentially address.

Great insights are not found only in focus groups. To discover an insight that will radically change the brand, or your

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If you can identify a truth and a tension in the market, you have identified a customer challenge or need that the brand can potentially address.

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**The quick and easy suffix/prefix insight test**

Isn’t it interesting that...

...and as a result my action is...

Insert proposed insight here
understanding of the market, you need to use braver, more creative techniques.

In FMCG marketing, we generally use techniques such as disruption and deprivation to force consumers to think differently and understand what it is the brand – or product – really means to them. This is a little harder to apply in the pharma industry, but there are things we can do.

In pharma market research we generally speak to doctors in a formal market research facility or in their office, and then bemoan the fact that they are responding without emotion. Try taking them out of their work mode by talking to them in their local pub with their medical contemporaries, or over a round of golf. Then, maybe you would understand what it feels like to be a doctor prescribing your therapy area.

**STRONGER UNDERSTANDING**

Great brand developers have a stronger understanding of their markets, how they work and what drives them. Most marketers assume they know their market very well. Maybe they do, but do they know it better than their competitors? How much better do they know it? How can they be sure?

To really know your market you need to understand what makes it ‘tick’ in much greater detail. You need to understand your customers more intimately, what drives them, both rationally and emotionally. If you do understand your customer on both levels, you have a much better way of saying and doing things that your customers will respond well to.

You also need to know your competitors almost as well as they know themselves. This isn’t just about looking at their pipeline and clinical trials, it’s about understanding what space they are trying to own in your therapy area and how they are communicating with customers. This level of competitor intelligence also needs to be forward looking to anticipate potential competitor moves that may threaten your brand.

**CLEAR SENSE OF DESTINATION**

If you don’t know where you are going how will you get there? Average, boring brands drift aimlessly from one annual brand plan to the next. Great brands have an ambitious sense of destination, even if they don’t know exactly how they are going to get there. To use one very well-known example: Dove deliberately chose not to portray an ideal of beauty that women aspired to. They turned the popular notion of beauty (as characterised by supermodels and actresses) on its head and strove to become an inspiration to real women instead.

This paradigm shift was brave and founded on powerful insight into the worldwide tension – stretching from the UK to Fiji – that this popular notion of beauty is unrealistic and unattainable for most women and simply makes them feel less beautiful. Dove’s big idea is about celebrating real beauty in all its shapes and forms.

**BIG BRAND IDEA**

Behind every brand is a great ‘big’ idea. Everything we do in brand development, in particular the big idea, needs to be brutally simple. All successful brands have a big idea that everyone understands, regardless of the customer type (ie. patients, prescribers, payers). Great ideas capture the hearts and minds of all of your customers in equal measure. For McDonalds it is ‘family time’. For Motorola growth came from the idea of ‘style over technology’ while Dove’s idea of ‘celebrating real beauty’ has helped them grow from a sub-$1bn brand to a multi-billion dollar global megabrand.

Each of these big ideas is founded on a sound, rigorous market understanding and a powerful insight about their consumers. Their big ideas drive all aspects of the brand, strategy and execution. It may be a complicated road to find the ‘big idea’, but brutal simplicity is crucial. Your idea should tell a simple story that plays into the hearts and minds of each of your customers and, in turn, inspires action.

**DON’T TELL ME HOW I FEEL**

The continued reference to emotion is probably starting to feel tiresome, if it’s not, it should be. The experts are right, you need to ensure there is emotional engagement with your brand. But remember, emotions are not created by just adding words on a communication piece or to your brand positioning. True emotional engagement comes from the entire product experience; how your product performs, the language it uses, the service it provides, the people that work for the brand, and many other things linked intrinsically with the brand. In practice this means you need to define exactly what it is you want your customers to feel and then you need to create this feeling in everything you do.

**EVERYONE ON BOARD?**

If you enter any successful brand company you will be able to stop the first person you meet and ask them “what does your brand stand for?” and they will know. They will also know what part they play in helping to take this brand to its destination successfully. The take out is simple – make sure everyone in your organisation (not just sales and marketing) has truly understood and engaged with the big idea behind your brand, its destination and what part they play in getting it there. After all, if they do not know where you are heading, they cannot help you to get there.

**DARING TO BE DIFFERENT**

Now ask yourself, for this year’s marketing plan did you:

A) Just make incremental tweaks on last year’s plan?

Great brand development is also built on the philosophy that the brand needs to engage in a conversation

True emotional engagement comes from the entire product experience: how it performs, the language it uses, the service it provides...

You need to define exactly what it is you want your customers to feel and then you need to create this feeling in everything you do
B) Pull together a dusting down of last year’s off-strategy campaign? C) Employ 10 more sales representatives? If the answer is yes to any of these, you need to go back to the drawing board and start again.

Just think, if every customer in Europe receives over 500 commercial messages each day (in truth it’s more than that), then yours will stand out only if it is different. If you want your brand to grow you must be the one that stands out from the crowd by doing and saying things that are truly different and new, but still relevant and credible.

This means you must be truly different in everything you do, from PR to publications detailing strategies and online activities, but different in a way that is motivating for your target customers and true to your big idea.

**OBSESSIVE WITH CONSISTENCY**

Should you let someone get away with a message that’s not on strategy? No, of course not. Everything you do must be consistent with the big idea behind your brand and must help you build towards your brand vision. If you are not relentless about this one rule then your brand development will be impeded and brand consistency will not occur.

Travel anywhere in the world and you’ll find Dove standing for the same big idea. Sure there are cultural differences, even different adverts, but it is still instantly recognisable as Dove. Everything the brand says and does conveys and celebrates real beauty.

In fact, there are fewer cultural and behavioral differences in the pharmaceutical world than in most other industries so there is less argument for going off in different directions. You must have relentless, ruthless, obsessive consistency, and no exceptions to this rule.

**FOCUS ON EXTERNAL OPPORTUNITIES**

Great brand companies know that the market starts outside their office. They look outwards and actively avoid spending too much time on internal processes and organisation. They focus all of their energy on the outside market by looking, listening and learning from their competitors and customers everyday.

They are constantly scanning the market, looking for changes and opportunities and they instill these qualities in every employee. Again, the lesson is simple, you should spend 90 per cent of your time (at least) focused on the outside world, your customers, the competition and the performance of your brand, and 10 per cent of your time focused internally. This will ensure everyone is on track and motivated to deliver what is needed to make the brand a success.

**TOP TIPS**

Ultimately great brand development is underpinned by five key pillars that will unlock growth:

1. **Deep insight:** all great brands have uncovered a genuine insight about their market that they have tapped into
2. **A visionary strategy:** know where you are heading and how to bring everyone with you
3. **A brutally simple brand idea:** create a big idea you want your brand to own and stand for, and one that transcends the normal boundaries
4. **Practical creativity:** in order to stand out form the crowd you need to be brave and do things differently, while staying grounded in your big idea
5. **Execution:** relentlessly and consistently reinforce your big idea through all aspects of the brand experience.

**Author:**

Melvin Jay is managing director of Clear Ideas. He can be contacted at melvinj@clear-ideas.com or on 020 84398286
where do you sit on the Skoda acceptance curve? Do you still reject the idea of ownership of one of these cars out of hand? Do you admire its positioning but wouldn’t buy one yourself? Have you checked out the prices and specifications once or twice?

The Skoda relaunch is a great example of how good planning can change a brand’s fortune. When Volkswagen took over Skoda and improved the quality, a decision had to be made about how to advertise this. By acknowledging its previous position directly in the early ads – “I can’t believe it’s a Skoda” – the company found a way to inform the public that the cars had now improved without going down the traditional facts and figures route. It was a huge success.

Every brand’s life is a journey. At any one point along the way it has a past and a future, which affect the credibility and acceptability of the claims it needs to make. Given its positioning, it was not feasible for Skoda to immediately claim good quality.

It is also important to remember that nothing exists in a vacuum. Competition is everywhere and the changing landscape within which your brand is making its journey needs to be taken into account. It is the planner’s task to shepherd the product along and adjust the direction it is taking should circumstances dictate.

Effective planning requires awareness of the wider context for the brand and recognition that the outside world will not see the product in isolation, but rather as one element in a range of options.

Where a customer places a pharmaceutical product in their hierarchy of treatments does not depend entirely on the product features – it is about what the brand offers them. This is the element that the planner needs to manage.

Good planners create a context for a brand to thrive in – a rationale for purchase that is logical but also emotionally engaging – so that customers want to try it and accept it. The planner acts as the conduit between the client and the customer, and as the shaper of information – via the medium of the creative work.

The planner must be fully aware of the product’s advantages and also understand what the creative department needs to come up with is an engaging message.

Creative departments want to produce powerful work, but they can only do so if the planner has helped to create a single-minded, competitive and involving focus.

The planner’s work begins as early as the first set of data trials and the initial design of a logo. It is completed only when successful results are returned at the end of the brand’s life. The planner should be involved at every step, guiding and exploring – with
the client and customers, with the creative department and then with the customers – ensuring that what has been delivered is working and continues to work. Throughout this process the planner has many roles to perform.

**MARKET RESEARCH RESOURCE AND ADVISER**

To be an effective guide on the brand’s journey, the planner needs to act as the representative of the brand – and its customers – within the agency. This requires awareness of the market context within which it exists.

Good planners know all about the product and can also place it in a customer context because they understand why and when they do buy and don’t buy. This is the basis for creating a strong brand proposition which becomes the map that the rest of the team use to plot their activities.

The planner must establish that market research into the brand goes beyond generalised short-term data. It must be carefully designed to extract the right information for each specific stage of the brand’s journey. Research is a powerful weapon, but is only effective when pointed in the right direction. By offering a long-term context for research, the planner can make certain that it is conducted effectively and returns useful information.

**PLANNER OF THE BRAND JOURNEY**

Throughout the brand’s life cycle new sets of customers need to be pushed along the acceptance curve to arrive at the right frame of mind to accept the brand offer. The planner’s role is to understand where customers are positioned along this path and to help decide what is required to take them closer to where you want them to be.

Psychologists have analysed the process of communicating and persuading, and have come up with a route that the customer must always follow if they are to come around to your way of thinking. Knowing what point they have reached on this route is the key to deciding what to do next. The documented steps in the persuasion process are outlined below.

**THE COMMUNICATION/PERSUASION MATRIX**

1. **Exposure and perception**
   - It is not a given that you even get noticed
2. **Comprehension**
   - Make sure you say it in the language used by the audience
3. **Belief**
   - Does your message have “cut through” and persuasion, so that the customer will decide in your favour?
4. **Decision making**
   - You’ve made it — congratulations. This is the part you can measure most easily, the hard part is to clear successfully all the above hurdles.

**FACILITATOR AND NAVIGATOR**

For the brand to reach its destination, the planner needs to create a harmonious team of client, creatives and end customers. This is challenging as each speaks a different language and operates to a different agenda. The client wants to tell the customers what they should do and why, the customers are quite happy where they are now and the creatives want to draw the map in a new way to inspire them to want to change. The planner therefore has an ongoing role in organising and running workshops that can help the team to reach consensus on the right way forward.

It is also essential that the planner adds challenges to the process to make sure that the brand is always as competitive as it can be. The planner must check that the workshop’s output avoids the clichés of the sector it operates in and produces a differentiated direction for its communications.

The planning process should create team agreement about the location the brand has reached on its journey, and give each team member a practical understanding of the next steps required to take it to the required destination.

**PLANNING THE BRAND’S JOURNEY**

3. **Agreement**
   - The key part – the audience will now decide whether to believe your message, is it credible and valid? Does it fit with their prejudices? If not, what evidence does it offer to overcome them? Remember, you have only seconds to convince them – it’s more about tone than a list of facts
4. **Retention**
   - Will they recollect your message when they are next in decision-making mode? Have you made it interesting enough to remember? Did your visual bring the message to life, or was it ‘safe’?
5. **Retrieval**
   - Have you made it easy for the customer to recall the information when you want them to?
6. **Action**
   - Do you say it in the language used by the audience

**Author:**

Dominic Owens is head of planning at Seven Stones. He can be contacted at dominic@sevenstones.co.uk or on 020 7851 7500
The work we do for our clients says more about us than a mission statement ever could. If you like the look of what you see contact Justin McCarthy or Phil Ledger on 01462 431 477.
As someone who has spent more than 20 years in consumer advertising, my introduction to the world of pharmaceutical marketing has come as something of a shock.

Here we have one of the most ebullient business sectors on the planet, with worldwide sales of prescription drugs worth well over $602bn each year and an annual growth rate of an astonishing seven per cent. The UK-based pharma industry alone employs around 68,000 people – a quarter of them graduates – with approximately another 250,000 people employed in related industries. It is one of Britain’s leading manufacturing sectors with an export value nudging £15bn. This is close to £200,000 per employee.

Yet, for all its evident brilliance in growth, value and the quality of the people it employs, the pharmaceutical industry appears desperately poorly served in the area of advertising and communications. It’s not just that the art direction is so uniformly ham-fisted or that the copywriting is often stodgy, it’s that the basic rules of branding and the fundamental requirements for clear, differentiated positioning are either ignored or totally misunderstood.

WHERE ARE THE CAMPAIGNABLE IDEAS?
Most unsettling of all, especially for someone brought up in the unforgiving world of FMCG advertising, is the almost universal absence of campaignable ideas founded on remarkable or unique customer insights.

Perhaps the paucity of good work in healthcare could be attributed to the much-vaunted complexity of the regulatory environment, or to the mistaken belief that healthcare professionals do not react to advertising in the same way that normal human beings do.

Perhaps, in the grand scheme of getting a new drug to market, communications are regarded as a trivial afterthought. Perhaps it’s a function of product-led – rather than market-led – thinking in the typical pharma company. Or perhaps, because marketing investment in this category makes up such a small percentage of overall budget, it is difficult to justify the recruitment of highly experienced personnel with specific expertise in the field of communications.

There is no doubt, on the other hand, that few of the major healthcare communications agencies have been able to attract and retain advertising professionals with both the requisite knowledge of the pharmaceuticals category and significant credentials in marketing and promotions.

Healthcare agencies have been slow to invest in brand and communications planning, which is clearly one of the reasons why they are often regarded by consumer agency professionals as a second-tier career choice.

Whatever the reason, there can be no excuse for associating shoddy, silly or plainly amateur communications with products that represent the culmination of so much professional dedication and endeavour.

DEMONSTRABLE BENEFITS
All of this is hugely ironic. Pharmaceuticals fall into that rare and enviable set of product categories consisting of things that have proven demonstrable benefits. What’s more, many of these benefits are of startling consequence – such as the difference between life and death.

When consumer agencies are short of entries likely to pick up prizes at Cannes, they invariably turn to the soft target of ‘social responsibility’ in the hope of producing work that will have the judges sucking air between their teeth. Edgy campaigns for things like anti-smoking...
A prescription to remedy the inability to apply creative, campaign thinking to defined product benefits

1. NAME OF THE MEDICINAL PRODUCT
‘Imagination’.

2. PHARMACEUTICAL FORM
Naturally occurring brain substance. No synthetic version currently available.

3. CLINICAL PARTICULARS
3.1 Therapeutic indications
Imagination is indicated for the symptomatic relief of dull, boring, predictable, ineffectual and trite advertising campaigns typically associated with pharmaceutical and healthcare communications.

3.2 Dosage and method of administration
• To be taken with eyes closed and a deep breath immediately upon arrival at the office
• Adults engaged in any aspect of marketing or advertising pharmaceutical products or services, particularly during the launch phase when the fundamental brand differentiators are at their most vulnerable
• Do not give to children under 18 years of age. They already have more than enough of it
• For the time being there is no data to suggest that the dosage needs to be reduced in the case of highly experienced marketers and advertisers
• Can be administered as an enema in extreme circumstances.

3.3 Contraindications
A history of hypersensitivity to right-brain activation.

3.4 Special warnings and precautions for use
‘Imagination’ should not be used until a clear, simple and effective strategy has been identified and agreed. Do not use as a substitute for thorough knowledge of the product, the category and the target audience. Quantitative or qualitative research is recommended in those cases where meaningful insights are not readily available. Patients with rare hereditary problems of creative intolerance should take special care when choosing their communications’ partners.

3.5 Interaction with other medicinal products and other forms of interaction
Despite some evidence to the contrary (Coleridge et al., 1798) it is advisable to avoid excessive alcohol consumption and all psychotropic drugs when taking Imagination.

3.6 Undesirable effects
Butterflies in the gastrointestinal tract, racing pulse, giddiness, envy from the competition.

3.7 Overdose
As long as the marketing brief is fully understood and respected there is no limit to the amount of Imagination that can be taken during the process of delivering optimal communications. Continued excessive usage can, however, lead to delusions of grandeur, excessive vanity and hallucinations about collecting large gold statues at various awards ceremonies.

3.8 Undesirable effects
Should overdose occur, go back to basics. A heavy dose of ‘reality’ will usually be sufficient to restore normality.

4. PHARMACOLOGICAL PROPERTIES
By generating many strange and unexpected ideas, ‘imagination’ attacks the status quo of industry communications dominated by whizzy drawings of molecules, stock photography of happy people, bullet-points listing product efficacy, and a total disregard for human insight. By undermining clichés and challenging received wisdom, ‘magination’ ignites the enthusiasm of internal and external audiences, particularly when attached to a compelling product advantage.

5. INCOMPATIBILITIES
Doing things by the book.

6. STORAGE
Keep out of reach of assistant brand managers, especially during the presentation phase. ‘Imagination’ can be stored in a bottom drawer for many years without deteriorating significantly.

The paucity of good work in healthcare could be attributed to the much-vaunted complexity of the regulatory environment.

breast cancer, STDs and child abuse will generally guarantee a prize or two. And the cost of production and media placement will happily be absorbed by the agency as an investment worth making. In healthcare agencies these briefs are a dime a dozen. Vaccines against cervical cancer, blood preparations for people with haemophilia or drugs to help stroke victims are briefs that most consumer agencies would die for. Any of these could be turned into D&AD winners if someone in healthcare advertising had the inclination to apply a consumer-agency approach.

So while understanding the merits of competing phosphate binders is less glamorous than flying to Bali with 10 supermodels and an A-list director for a vodka shoot, there is something peculiarly satisfying about working on products that actually do something.

To reduce the process of developing an advertising campaign to a series of simple-to-follow steps would be to collaborate in exactly the kind of amateurism that characterises the industry approach to communications. So in the box above, instead, is a prescription for the remedy that will palliate the worst of the symptoms while we continue working towards the cure.

Author:
Gordon Torr is the interim creative director at Langland. He can contacted at gordon.torr@langland.co.uk or on 01753 833348
Creating successful advertising can be painful. Some creative directors shudder at the words ‘research’ or ‘test,’ while researchers can shoot themselves in the foot through a lack of understanding and insensitive analyses. The client, who is desperate to have a campaign with a strong likelihood of driving sales, can often get caught in the middle.

This pressure on clients is leading to an era of more rigorous quantitative testing of print and online ads before they are rolled out. So how can we help guide our clients and their brands through the stormy waters of culture clashes, entrenched positions and misunderstandings?

To help maximise the chances of success, it is clear that advertising research needs to be a team sport from the outset – not a boxing match! We need all the players from the client, creative agency and research agency pushing towards the common goal.

The client plays a crucial role in pulling the team together and involving the whole team in briefings and presentations so there is collective understanding and will. The client sets the tone for openness of dialogue and constructive criticism between all parties.

The creatives need to bring the brand strategy to life by applying their considerable skills to the task in hand. They have that certain *je ne sais quoi* and artistic flair that is the basis of all great advertising. The quantitative researcher’s job is to make sure we evaluate the advertising against metrics proven to predict real life performance, understand what is working well and what is not, and engage with the rest of the team to optimise the final edit and build learning into future copy development.

A useful framework for the research is to think:

1) Will the target doctors notice and remember the ad?
2) Will it communicate the desired message?
3) Will it motivate physicians to prescribe and hence increase sales?

**WILL TARGET DOCTORS REMEMBER THE AD?**

Researchers and creatives agree that creativity is the most important element in successful advertising. It is the power of the creativity that gets the ad noticed and leaves behind positive memories that help to build brand equity and sell products.

We can’t measure creativity but we can measure the reaction to it. For example.

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*Kindly reproduced with permission from Pharmaceutical Marketing ltd 2008*
how many people stop and take notice of the ad is a key measure that can be explained via metrics such as interest and engagement – is the ad original and intriguing or dull and boring?

But, on its own, grabbing attention is not enough. Unless the creativity draws attention to the brand in some way we have achieved nothing. This lack of brand distinction is perhaps the biggest potential pitfall in advertising today. I’m sure we can all recall ‘great’ ads that we talk about with our friends, but cannot actually remember what was being advertised. Not such great ads then!

Strong integration of the brand in advertising can be achieved by incorporating of the brand name itself into the creative or via brand cues such as colour. In long-running campaigns it may be achieved through continuity of style – but in all ads it is rarely enough to stick the brand name in the bottom right-hand corner and think ‘job done’.

While impactful creativity, with the brand central to the idea, will not be the only driver of short-term sales effectiveness it will be key to longer term sales effectiveness that is likely to provide most of the RoI. The good news is that this impact can be predicted from research before advertising budget is spent (see chart above).

WILL IT COMMUNICATE THE DESIRED MESSAGE?

An engaging creative with strong brand impact gives you the opportunity to communicate your strategic message and make it stick – and yet over a third of all ads fail to communicate on strategy. Much like brand distinction, to be successful the message needs to be highlighted by the creativity.

Messages buried in boring copy will probably never be read, while those jumping out of the visuals and headline cannot be missed! This is where measuring the eye track is vital. What first catches the eye when they see the ad? What else do they look at and what is missed?

WILL IT MOTIVATE DOCTORS TO PRESCRIBE?

Persuasive messages that drive short-term sales are those that are new, relevant and credible to the target doctors – so we need to measure these responses to the messages being communicated to help us predict immediate sales effects. Not all brands and ads have such news to deliver of course and it’s important we interpret research results against what is feasible. Nothing will upset the creative agency more than criticising them for something they were never asked or able to deliver.

But we should say something new or in a new way if we can – we can see the most sales effective ads are those combining persuasion with brand impact. Such ads are up to 700 per cent more effective than the weakest ones.

Armed with all the above, the researcher can really engage with the wider team of creatives and client, giving clear direction to harness the creativity to best effect.

Small edits to copy at this stage can have big affects – its not unusual for ads to become 50 per cent more effective.

With proliferating channels and media choice, clients now want to evaluate online ads and e-details, as well as print advertising. In fact, the most demanding clients now want to evaluate all elements of a campaign against the strategy. They want to diagnose which elements are working hardest and give insight into not just creative but channel effectiveness too.

The challenge for researchers is to lead the way by identifying which part of the marketing mix has the best RoI and in turn show a healthy RoI from ad research. Researchers will become even more important members of the team by embracing the digital age and providing innovative and forward-thinking research solutions to these new challenges.
### DEVELOPING AN ADVERTISING STRATEGY

<table>
<thead>
<tr>
<th>AREA</th>
<th>ACTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. What needs to be achieved through advertising?</strong></td>
<td>Do you need to raise awareness?</td>
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<td></td>
<td>Does the target audience need to be reminded of the brand?</td>
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<td>Do you need to reinforce current behaviour?</td>
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<td>Do you need to change current behaviour?</td>
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<td></td>
<td>Are you expecting to collect personal details for future promotional activities?</td>
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<tr>
<td></td>
<td>Other</td>
<td>[ ]</td>
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<td><strong>2. Who are we talking to?</strong></td>
<td>New users</td>
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<td>Lapsed users</td>
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<td>Current users</td>
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<td></td>
<td>Other</td>
<td>[ ]</td>
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<tr>
<td><strong>3. What do we know about these people?</strong></td>
<td>What do they currently do/use?</td>
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<td>[ ]</td>
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<td></td>
<td>What do they currently believe about our brand?</td>
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<td>Do they have an unmet need/reason to change their behaviour?</td>
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<td></td>
<td>Do you know what they read/where they look for information, eg, journals, websites?</td>
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<td>How many of them are there?</td>
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<td></td>
<td>Is advertising really an efficient and effective way of reaching them?</td>
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<tr>
<td><strong>4. Which media is going to be most effective?</strong></td>
<td>Are you looking to make a big announcement (eg, launch campaign aiming to gain widespread awareness very quickly might have a high percentage of weekly journals with double-page spreads)?</td>
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<td>Are you looking to remind and reinforce behaviour (eg, if it is an ongoing campaign might you use monthly journals with smaller space ads)?</td>
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<td>Are there other media channels (eg, banner ads, viral ads) that can support the campaign?</td>
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<td>Do you know what weight and type of activity the competition is doing?</td>
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<td><strong>5. When should the campaign run, and for how long?</strong></td>
<td>Is there a crucial external date that the advertising should work with (eg, seasonality of the brand/area, National ‘Disease Awareness’ week)?</td>
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<td></td>
<td>Is there a crucial internal date that the advertising should work with (eg, new licence, other promotional activities)?</td>
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<td>Do we know the frequency of usage of the brand (eg, a brand used infrequently may require a longer-running campaign or a serious of bursts of activity)?</td>
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Brands are amongst the most valuable assets your business can own. Up to 98% of GPs in the UK express a preference for a particular brand in a given therapy area and up to 70% of brand prescribing decisions are made for a given diagnosis before seeing a specific patient*. Therefore creating sales effective advertising to support and build brand equity has never carried so much importance.

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To learn more please call Trevor Acreman on +44 (0) 1926 452233 or email trevor.acreman@uk.millwardbrown.com

*Millward Brown Healthcare Research 2007*
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• Involving opinion leaders – how to make it work

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• 1 instant expert
Be all together inspired

Effective Medical Education programmes involve scientifically sound concepts and the development of tailored communication packages. Implemented effectively, they can demonstrate a very positive ROI and strongly influence the way customers evaluate your brand.

As one of the top 5 UK healthcare Med Ed and PR agencies, our 600-strong global team prides itself in nurturing a strategic approach to modifying behaviours and providing counsel, to cultivate and drive the communication needs of your brand. From KOL development and mapping, through publications planning, to symposia development and management, Huntsworth Health offers a wealth of expertise, and currently develops global and national programmes with a number of eminent pharma companies, across a broad range of therapy areas.

In addition to our medical communication expertise, Huntsworth Health is leading the way in integration, delivering consistent and cohesive communication across all four corners of the marketing mix, to all four corners of the planet.

By eliminating inter-agency competition, we work hand-in-hand to deliver synergistic, integrated solutions, via all appropriate communication channels, advising what’s best for the brand, not what’s best for the agency.

So whether you need an ad board, publication planning or a totally integrated communication programme, contact:

SandyRoyden@hhealth.com
+44 (0)1628 483196
good publication practice

Pharma has come in for some stick about the publication of data and the involvement of KOLs, so what are the common pitfalls and how best can you avoid them?

Pharmaceutical companies invest heavily in the clinical trials that are an integral part of the development of their products. The publications resulting from these trials form the scientific core of the marketing activities used to educate payers, prescribers and patients, and to promote products/brands. From a pharma perspective, the process of publication planning for a product requires that due diligence and consideration be given to:

- Positioning and key messages
- Competitors
- Place in the market
- Position in its life cycle

As well as:

- The audiences likely to be interested in your product
- How best to communicate with the audience
- When you would like the information to be in the public domain.

**COMMON PITFALLS**

However one of the most common aspects overlooked by pharma companies in this process is following the numerous publication guidelines that exist. In recent years many companies have received bad press due to selective reporting of trial results and/or failure to meet the requirements of the journals that publish these results. This is likely to reflect a lack of understanding of the processes, information and standards now required by the journals. This forms the basis of current good publishing practice.

A few of these headlines won’t be news to most people, as there are several well-known cases amongst them. Indeed, selective reporting of clinical trial results has made the headlines recently, with the results of an analysis published in the *New England Journal of Medicine*, suggesting that positive clinical trial results for antidepressants are more likely to get published in medical journals compared with studies with negative results. This has been defended by the Pharmaceutical Researchers and Manufacturers of America (PhRMA), who say that the analysis is based on data from pre-2004 and since then the pharmaceutical industry has taken steps to make information from clinical trials more transparent.

Some of the other negative headlines deal with the tricky issue of ‘ghost writing’ and ‘ghost authorship’. Over the years some key opinion leaders have not been backward in talking to the lay press about occasions when they have been asked to put their name to a final draft manuscript that they have never even seen or, even worse, author a paper from a trial that they had no involvement with. Unfortunately, this continues to happen (although less frequently in recent years).
ENSURE THERE IS SOME ACTIVE INVOLVEMENT

Some pharmaceutical companies have been keen to have the top-named physicians in therapy areas as authors on their papers, as it adds certain kudos to the data. However, if a doctor has had no involvement in the trial being presented then they have no place as an author on the paper and it’s not ethical to involve them.

As you can see from the headlines on the previous page, many doctors themselves disapprove of this practice, as do the editors of scientific journals, and no pharma company would want their name appearing in headlines such as these.

Consequently, the pharma industry has changed the way it communicates the results of clinical trials to the public in recent years. Medical and scientific journals have imposed new, more rigorous rules in an attempt to make pharma companies and others submitting trials for publication as transparent as possible, not only with the actual trial results themselves, but also asking them to disclose who funded the trial, who conducted it, who was involved with the analysis of the data and who wrote the clinical papers.

However, although the publishing requirements are becoming more stringent and specific, and getting clinical trial results published in good quality scientific journals is not as easy as it used to be, there are a number of sets of guidelines to steer you through what can seem to be a complicated process.

SUMMARY OF THE GUIDELINES

The most relevant set of guidelines for pharma companies to follow are Good Publication Practice (GPP) – see www.gpp-guidelines.org for details. There are other guidelines that are aimed at authors, professional medical writers and journal editors but the essence of GPP is:

- Transparency
- Agreement on processes and standard documentation at the outset
- Author input at the earliest stage and throughout the development process
- Author(s) sign-off prior to submission for publication
- Accurate and well-balanced publications
- Recognition of editorial support
- Full financial disclosure.

CLINICAL TRIAL REGISTRATION

As the headlines have shown us, pharma companies have not always made all results from their clinical research available to the public, particularly when the results have been less than favourable. In 2004 the International Committee of Medical Journal Editors (ICMJE) tried to address this issue by publishing an editorial aimed at promoting registration of clinical trials, specifically randomised studies. More recently this recommendation has been extended to include all clinical trials.

Many scientific journals now subscribe to this policy and many journals will now not consider publication of a clinical trial unless the trial has been registered on a publicly available trial registry. Importantly, trials must be registered before the first patient is enrolled in a study (or within 21 days of enrolment of the first patient) and there is a minimum amount of information required (a data set of 20 items). For details see www.icmje.org/clin_trialup.htm. Some important tips for registering clinical trials are listed in the figure below.

There are two registries most commonly used for trial registration: ClinicalTrials.gov (www.clinicaltrials.gov) and the World Health Organizations (WHO) International Clinical Trial Registry Platform (ICTRP) (see www.who.int/ictrp). Many journals require the registry identification number to be included with the manuscript submission.

In addition to trial registration, there are also moves to make publication of clinical trials results mandatory (positive or negative results). Currently, voluntary guidelines of publication within either one or two years of trial completion are in place.

RULES ON AUTHORSHIP

One of the main issues for medical journals is who qualifies to be an author on a scientific paper reporting original research. The ICMJE criteria for authorship provide clear direction and are the most widely used. They state that authorship credit should be based on:

1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published.

Authors should meet all three conditions. Many pharma companies have authorship agreements with their investigators prior to the start of a clinical trial. This may set out, for example, that the lead investigator(s) of the trial is eligible to be an author along with (for example) the top three or four recruiting investigators in the study. This can often help get around the tricky situation of deciding who will author a manuscript when the results of the trial become available.

Internal personnel who have had trial involvement should also be included if they meet the ICMJE requirements (eg, study medic or statistician).

Authors must be involved with manuscript production from the start of the project; they must be given the chance
In summary – key points to remember

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<tbody>
<tr>
<td>1.</td>
<td>Register your clinical trials (ideally before patients are recruited) – it will be difficult to publish the results in a good quality journal if you don’t</td>
</tr>
<tr>
<td>2.</td>
<td>Get authors involved as early as possible</td>
</tr>
<tr>
<td>3.</td>
<td>Make sure your authors meet authorship requirements – you don’t want to be accused of ghost-writing</td>
</tr>
<tr>
<td>4.</td>
<td>Acknowledge everyone involved with a trial, including writing of the manuscript</td>
</tr>
<tr>
<td>5.</td>
<td>Provide full financial and conflict of interest disclosures, according to journal requirements</td>
</tr>
<tr>
<td>6.</td>
<td>Be transparent!</td>
</tr>
<tr>
<td>7.</td>
<td>Keep up to date with publication guidelines – they are constantly evolving.</td>
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</table>

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST**

As part of the push for greater transparency, full financial disclosures are required by most medical and scientific journals. This ranges from a statement detailing the source of funding for the research and the role of the sponsor in the study and manuscript, to all authors having to declare any research funding they have received. Information on any investments authors may have, and their positions on any boards should also be disclosed if they could be considered relevant.

In the interests of transparency, readers of a scientific paper should have all information about potential conflicts of interests of the authors available to them. Different journals have different requirements so you must always check the individual journal when submitting a manuscript; the key though is always to be transparent in disclosing information.

**USEFUL CONTACTS**

GPP should be part of any internal publication policy your company may have. If your company does not currently have a policy then it may be time to put one in place. Remember, transparency is key to meeting these guidelines! Further information can be found at the following websites:

- Uniform requirements – www.icmje.org
- Good publication practice for pharmaceutical companies – www.gpp-guidelines.org
- World Association of Medical Editors – www.wame.org

**Author:**

Cathy Baker is scientific services director at Wolters Kluwer. She can be contacted at cathy.baker@wolterskluwer.com or on 01829 772706

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**ACKNOWLEDGEMENT OF PROFESSIONAL INPUT**

As already outlined, the authors of and contributors to manuscripts (ie. researchers, healthcare professionals and statisticians) should have full involvement in the preparation of the manuscript. However, professional medical writers (pharmaceutical company employees, agency employees or freelance medical writers) can be employed to assist the authors as doctors/researchers are often short of time, or they may lack the expertise to produce the high-quality manuscripts that peer-reviewed journals demand.

Professional medical writers are trained individuals who not only have the necessary writing skills but will also be fully conversant with journal requirements and be up to speed with the latest developments in the publication guidelines. They can therefore speed up manuscript preparation time, make informed journal submission suggestions, and offer guidance on how to fully comply with GPP, whilst working closely with the named authors throughout the writing process.

GPP states that “The contribution of the medical writer should be acknowledged.” For primary research papers, medical writers do not meet the ICMJE authorship requirements and should therefore be recognised in the acknowledgements section at the end of the manuscript. The European Medical Writers Association (EMWA) provide the following guidance on writer acknowledgment:

“Vague acknowledgments of the medical writer’s role, such as ‘providing editorial assistance’ should be avoided as they are open to a wide variety of interpretations. We suggest wording such as ‘We thank Dr Jane Doe who provided medical writing services on behalf of XYZ Pharmaceuticals Ltd’.”

Recently, in an attempt for even greater transparency, several journals (including the *British Medical Journal*) have changed their requirements and now demand that the contribution of each individual to a publication is provided and, in many cases, published. Therefore, as well as the authors’ names being published, individuals who have analysed the data or written the first draft of a manuscript are also listed and are termed ‘contributors’. Journals that operate with the contributor system also require one of the authors/contributors to act as a guarantor who will take public responsibility for the study and content of the paper.
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Traditionally, pharmaceutical companies have used promotion of products direct to healthcare professionals as the mainstay of their marketing approach. However, whilst these promotional activities have been aligned with market authorisations, the industry generally has come under mounting public scrutiny and criticism over the last five years for the ethics and worthiness of some of its activities.

This has led to tightening of the Association of the British Pharmaceutical Industry (ABPI) and European Federation of Pharmaceutical Industries and Associations (EFPIA) Codes of Practice, as well as the development of clinical trials registries and publication guidelines.

Together, these changes have provided new opportunities and increased the relative importance of non-promotional activities which can, at their simplest, be thought of as any activities that do not fall within the ‘promotional’ definition.

Thus, non-promotional activities do not focus on product, but rather cover areas such as disease awareness and unmet medical need, although products can still be mentioned as part of an unbiased appraisal of all therapy options.

It is clear from widespread experience in the US that continuing medical education (CME) – educational activities undertaken by qualified doctors (voluntary in some countries but mandatory in others) to maintain and develop their clinical skills – is a non-promotional activity they highly value. Pharma companies in the UK and Europe have varied in their response to the changing European environment, but actions they have taken include (see Figure 1):

- Considering non-promotional activities as an integrated part of the strategic communications mix and building them into tactical plans
- Separating the budgets for promotional and non-promotional activities
- Completely separating the functions and staff involved in these different activities, with promotional projects remaining with the marketing groups, and medical departments given responsibility for non-promotional work.

This response is still evolving in the UK and Europe and is likely to be influenced by additional changes in the US, where regulations are expected to tighten further.

**Examples of non-promotional medical education activities include:**

- Market research
- Corporate activities
- Press releases (non-product focused)
- Pre-launch communication of new scientific data as part of a balanced programme
- Non-clinical skills training
- Disease awareness activities
- Disease management initiatives
- CME accredited activities
- Meetings
- Enduring materials
- Advisory boards
- Educational grants.

**WHAT’S IN IT FOR ME?**

So why should you budget for activities where you can’t push your key messages? Firstly, products cannot be actively promoted before they have a marketing...
authorisation, so in the pre-launch phase only non-promotional activities can be carried out. At this stage, programmes on disease awareness and exploring unmet medical needs can help define a new product’s role.

Secondly, non-promotional events and materials can be used to attract delegates in a competitive market environment and demonstrate a broad corporate commitment to a therapy area or to healthcare provision in general. This can raise a company’s profile, underpin corporate values and help build company brand value.

A non-promotional approach may also be useful when a company is entering a new therapy area, has a portfolio of products within a particular disease area or has a first-in-class agent with a new mode of action. Under these circumstances, it is still possible to present product data as part of a balanced educational programme (see Figure 2 above).

**NON-PROMOTIONAL v ACCREDITED CME**

During the last five years, there has been increasing availability and uptake of CME events across Europe. The preferred term in the UK is Continuing Professional Development (CPD), which is broader and encompasses non-clinical as well as clinical skills training. This is also the preferred term of the European Union of Medical Specialists (UEMS) and is likely to gain wider use.

Increased awareness of CME in Europe has been borne out by our recent intra-company survey conducted across our European network, where all five major European markets reported high levels of awareness of CME and an increasing number of CME events. Interestingly, all markets also expected increased regulation of CME and were watching closely for any further changes to US guidelines. Another consistent finding was that all markets expected the development of similar initiatives for other healthcare professionals such as nurses and pharmacists.

CME events and enduring materials are formally accredited by independent national bodies, such as the Royal College of Physicians in the UK. Pan-European accreditation can also be obtained for educational meetings via the European Accreditation Council for CME (EACCME). Part of the UEMS, this body facilitates access to CME for European doctors, maintains quality standards and allows the recognition and transfer of credit points. In general, the process of CME accreditation for a meeting involves submitting the educational rationale (needs assessment), learning objectives, event agenda, faculty and details of sponsorship to the accrediting body for approval. Points are awarded, with some mutual recognition between different European countries and with the US. Attendees complete a self-assessment exercise and receive attendance certificates that can be used to support their own personal development plans.

**The benefits to a pharma company in supporting accredited CME:**

- These events are perceived as high quality and unbiased, as the content is driven by physicians who are experts in their field
- Product awareness can improve (within a balanced framework)
- The activities address clearly defined medical educational needs and contribute to the lifelong learning that underpins improved patient care
- Through CME activities, there can be discussion and awareness of advances in medicine

The differing options of promotional, non-promotional medical education and accredited CME are appropriate in different situations and should be selected accordingly (Figure 2 above).

**THE ROLE OF PHARMA IN ACCREDITED CME**

Although the role of pharma companies in CME-accredited activities is very limited, the following actions need to be undertaken by any pharma company considering offering this form of support:

<table>
<thead>
<tr>
<th>Promotional</th>
<th>Non-promotional</th>
<th>Non-promotional accredited CME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education</td>
<td>• Education</td>
<td>• Education</td>
</tr>
<tr>
<td>• Pre-launch</td>
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<td>• Pre-launch</td>
</tr>
<tr>
<td>• Entering a new therapy area</td>
<td>• Entering a new therapy area</td>
<td>• Entering a new therapy area</td>
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<tr>
<td>• To support a portfolio</td>
<td>• To support a portfolio</td>
<td>• To support a portfolio</td>
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<tr>
<td>• To maintain market presence</td>
<td>• To maintain market presence</td>
<td>• To maintain market presence</td>
</tr>
<tr>
<td>• To raise corporate profile</td>
<td>• To raise corporate profile</td>
<td>• To raise corporate profile</td>
</tr>
<tr>
<td>• When focus is on disease awareness/therapy options</td>
<td>• New mode of action</td>
<td>• First/only product in class</td>
</tr>
<tr>
<td>• To establish KOL relationships</td>
<td>• Product is already standard of care</td>
<td>• Product will perform strongly in a balanced appraisal of treatment options</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attraction for delegates</td>
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</tbody>
</table>

**Our recent intra-company survey reported high levels of awareness of CME in all five major European markets**

**The activity supported by pharma companies and considered most important by doctors was non-promotional programmes**
• To work with a reputable CME provider to ensure the programme is conducted within CME regulations – the proposal should include a needs assessment, have clearly defined learning objectives, contain an outline of the programme, and possibly indicate faculty
• To ensure the activity is aligned with corporate ethos and objectives
• To establish suitable internal processes to provide sponsorship
• To note that there can be restrictions on sponsor attendance at the event
• To review feedback, and action it appropriately.

And, of course, all the above actions occur within a complex regulatory environment and must conform to national and international laws, company operating policy and industry codes of practice. At present, input into accredited CME events from pharma companies varies from country to country in Europe but is expected to become limited to financial support only (as in the US) to maintain the impartiality of CME.

It is interesting to note that our recent survey of more than 400 medical opinion leaders showed that the provision and funding of educational activities was the second most important thing that doctors felt pharma could do more of (Ogilvy4D Clinical Expert Survey, 2007).

Moreover, the activity supported by pharma companies which was considered most important by doctors was also non-promotional – namely, the provision of educational programmes without any product bias to support patients.

The same survey showed that CME programmes and development of other educational materials were among the most common activities that opinion leaders were involved in with pharmaceutical companies.

**CRITICAL SUCCESS FACTORS**

Critical success factors for accredited CME activities fall into three broad areas:
• Expert faculty – well versed with current and future CME guidelines
• Experienced CME provider – to ensure CME guidelines are adhered to at all times, record attendance, facilitate the achievement of learning objectives, etc
• Insightful clients – those who understand CME and are prepared to play by the rules.

**IS ACCREDITED CME THE RIGHT ACTIVITY?**

To establish if accredited CME is a suitable option for you, ask yourself key questions such as, is there an educational need for the activity, do you trust the CME provider to deliver this CME programme within guidelines, is there sufficient time to gain accreditation (it takes six to eight weeks), does the activity include a self-assessment for participants, and, of course, is the activity aligned with regulations such as the ABPI Code and your individual company directives? If you answer “no” to any of these initial questions, you should reconsider your options.

**WHAT THE FUTURE HOLDS**

It seems likely that over the next five years the use of non-promotional medical education strategies will increase and pharma companies will raise their corporate profiles by supporting a broad range of training activities for doctors and other healthcare professionals. This is likely to be linked to an increased use of e-learning, with the possibility of novel and highly individualised personal development programmes.

Our understanding of adult learning has advanced in the last 20 years and access to digital technology has already opened up new delivery channels and new ways to learn. Whilst there has always been widespread agreement that CME/CPD is a valuable ethical commitment, it has been hard for healthcare professionals to set aside dedicated time for study.

E-learning allows the healthcare professional to manage his/her time more effectively and is a natural progression from current undergraduate teaching. Thus, digital delivery channels are likely to become the most frequently used and the most cost-effective options in the future.

**Digital formats include:**
• Interactive CD ROMS
• Podcasts
• Webcasts and tutorials
• Radio and TV broadcasts
• Disease education websites
• Interactive treatment pathways
• DVDs
• e-books
• Text messaging
• Moderated discussion/chat rooms
• Blogs
• Virtual patient applications
• Digital case studies
• Online physician communities.

The EACCME is already developing a position on e-medicine, including e-learning, and it is likely that the organisation will provide pan-European accreditation of both meetings and enduring materials in the not-too-distant future, in line with the situation in the US. It is expected that accredited e-materials in Europe will need to comply with similar standards of accuracy, content, independence, quality, peer-review and certification as events do at present. This will give doctors increased flexibility to choose how, when and what they learn.

In the US, where CME is highly regulated, there is continued debate on the role of commercial companies. Whilst we cannot say that what happens in the US will automatically happen on this side of the Atlantic, it seems reasonable to assume that the accreditation rules will be interpreted more strictly.

So what will this mean for pharma marketing? Whilst there will still be an important role for the sales representative, there is likely to be a shift away from traditional AIDA-driven (ie, awareness, interest, desire, action), product-focused marketing to less overtly promotional approaches and a more balanced non-promotional approach. This refocusing will be welcomed by healthcare professionals and has the potential to improve patient care across Europe, as well as to provide benefits for the pharmaceutical industry.

**Author:**

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Pharma recognises that a strategic key opinion leader (KOL) programme plays an important role in the drug development process, along with its corresponding communication and education initiatives. The valuable relationship between KOLs and pharma requires a foundation built on trust and openness. A well-planned and managed approach, with intelligent use of resources, can lead towards a successful programme with benefits to both parties, as well as patients and medical advancement.

The challenges for market entry have never been greater, particularly in small or niche markets. It is a competitive and regulated arena. The implications of the NHS’s changing face on UK prescribing practices require a thorough knowledge of the local health economy. This includes decision-making processes and emerging new influencers, eg, nurses and pharmacists. Understanding the needs and perceptions of KOLs is, therefore, crucial and will help determine how this relationship evolves.

**TERMINOLOGY**

‘KOL’, ‘expert’, ‘thought leader’ and ‘specialist’ are terms often used by pharma to refer to scientific experts that they engage with. In a straw poll of KOLs, opinion on terminology appears divided. ‘KOL’, ‘expert’ or even a form of title that reflects their job title, eg, senior lecturer, can impact on how the KOL is positioned. (eg, ‘generalist’ versus ‘specialist’). Discuss terminology with your KOL.

Be aware that if a KOL becomes associated with only one specific disease, this may influence the perception of pharma and their medical peers about that KOL’s experience in the wider therapeutic condition, resulting in a ‘block’ on them being invited to participate in other disease areas.

**INVOLVE YOUR KOLS EARLY IN THE PRODUCT LIFE CYCLE**

KOL input can be beneficial at all stages of the product’s lifecycle. However, early input maximises the amount of time available to build a relationship. At the initial stages, KOLs take on more of an advisory capacity; helping to identify market needs, understand competitor challenges, and how to prioritise research, input into clinical trials and patient recruitment. At a later stage in the life cycle, the KOL becomes more of an advocate in terms of authoring publications and becoming a product champion.

The number and type of KOLs are tailored to specific drug development. As shown in Figure 1 (below), the base of the pyramid can be broadened as the life cycle progresses by identifying national, regional and local experts. The type of KOL segmentation will change accordingly, comprising advisers, investigators, authors, advocates, educators, policy-makers and emerging stars.

**WAYS TO INVOLVE KOLS**

Programmes to optimise KOL input most often take the form of advisory boards and clinical trials. Other areas comprise:

* Strategic publication planning
* Pre clinical trials
* Regulatory process
* Product in-licensing
* Training

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**I. Product life cycle and KOL involvement**

<table>
<thead>
<tr>
<th>ADVISORY ROLE</th>
<th>ADVOCATE ROLE</th>
</tr>
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<tbody>
<tr>
<td>PRE CLINICAL</td>
<td>PHASE I</td>
</tr>
<tr>
<td>PHASE II</td>
<td>PHASE III</td>
</tr>
<tr>
<td>PHASE IV</td>
<td>POST LAUNCH</td>
</tr>
</tbody>
</table>

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**Figure 1:**

- **Established**
- **National**
- **Regional**
- **Local**
- **Emerging Stars**

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Managing KOL relationships is complex, however building and maintaining lasting relationships can prove invaluable for years to come.
2. Identification of opinion leaders: types of approach

<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>HOW</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to KOLs</td>
<td>Face-to-face meetings, attend relevant presentations at conferences and events</td>
<td>Understand how different groups work together, assess presentation and chairing skills</td>
</tr>
<tr>
<td>Ask your own colleagues</td>
<td>Who do they know? Who has impressed them?</td>
<td>Increase the KOL database of contacts already known and working with the company</td>
</tr>
<tr>
<td>Desk research</td>
<td>Review publications, who is presenting at conferences/events? Position at key institution(s)</td>
<td>Increase understanding of KOL sphere of influence</td>
</tr>
<tr>
<td>KOL software tools</td>
<td>Identification and segmentation of KOLs</td>
<td>Helps initial identification of potential KOLs</td>
</tr>
<tr>
<td>Medical education agencies</td>
<td>Help in identification and recruitment process, manage projects and challenges of KOL relationships</td>
<td>Experience of working with KOLs over a number of years, experience in working with potential KOLs who work with different pharma clients</td>
</tr>
</tbody>
</table>

**BE TRANSPARENTLY ETHICAL**

Rigidly follow codes of practice and country industry standards. Clarity about what is expected from the KOLs for any honoraria provided is vital and in all dealings ensure that professional integrity for all parties is protected. This includes confidentiality issues and policy for reimbursements and compliance with data protection legislation. Recognise that when negotiating reimbursements, KOLs frequently incur additional expenses, such as locum fees, when travelling for you.

**SOME TIPS ON MANAGING KOL RELATIONSHIPS**

- Plan well ahead of any product launch to identify the key players – this should be an integral element within the early phase of drug development.
- Be transparent and provide them with clear timelines and contracts to match both your and their expectations.
- Keep up to date with relevant KOL clinical data and literature – this will provide you with an opportunity for regular communications, even when there are no specific projects. KOLs are only human and like to be thought of as part of your team.
- Be prepared to deal with issues in your relationship – this is when experienced agencies can sometimes negotiate on your behalf for a mutually agreed outcome.
- Understand your KOL’s softer skills, eg, presentations, chairmanship or team building – be prepared to invest time and money into strengthening any weak areas.
- Have an exit strategy in place for when KOL relationships are not working or become redundant. Parting of the ways can then be managed diplomatically and professionally.

**THE MAKING OF A GOOD WORKING RELATIONSHIP**

Within some large companies, where departments are ‘siloed’, KOLs may be segregated into global, national, regional and local categories. Therefore management and integration of this relationship across the different functional groups is of key importance. A coordinated and integrated approach will mean that KOLs are not over- or under-used and consistency of communication and message should prevail.

There is a plethora of reasons why a KOL gets involved with pharma. One of the main advantages is that it offers a KOL the opportunity to participate in research, educational initiatives, share experiences with colleagues and the wider audience, or satisfy the KOL’s desire to interact with a company’s R&D.

Get to know each KOL’s capabilities, cultural and social attitudes, as well as their own needs, so that you can identify the right mix of KOLs for your product/brand.

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Patient education is a fundamental aspect of medical education. Follow our guide on how to implement these important initiatives...

Not only is patient education increasingly necessary for certain conditions and lauded by governments and professional groups, but funding and information are often actively sought from the industry, and can provide tangible benefits for all concerned.

Yet unclear regulations mean many marketers just avoid the area. This article looks at the pros and cons of patient education and provides some helpful tips and guidance for those considering an initiative.

WHY OPT FOR A PATIENT EDUCATION PROGRAMME?
Along with some health providers, patients increasingly view themselves as decision-making partners that work with medical staff to agree the best management strategy for their condition and lifestyle. The new ‘patient-centred NHS’ calls for patients to take a more active role in their own health.

This paradigm shift means consumers now proactively seek reliable information about their medicines and this is widely agreed to be a good thing. Health challenges like obesity, for example, can be met only in active partnership with informed patients who assume responsibility for the day-to-day control of their condition.

Concordance is also much more likely if patients understand how their medicines work. So education also contributes to rational medicines use.

THE DOWNSIDE
Despite increasing demand for better quality information, particularly via the Internet, a practical framework for this is still lacking.

Current regulatory systems impose restrictive conditions on direct communication with patients and many companies believe that they are insufficiently clear about what is possible in terms of patient education. Some Code breach precedents have also caused companies to add further restrictions with their own guidelines.

Fear of unethical interaction means that companies will not, for example, provide patients with copies of research papers even when these are specifically requested. Even patient information leaflets are ultimately regulatory documents, which are frequently inaccessible to the lay public and, in any case, are often read too late to meet the requirement for education.

TYPES OF INITIATIVE
Many different initiatives can be employed to ensure that patient-friendly information is distributed when it is needed – in many cases before diagnosis.

• **Disease awareness campaigns**: must always be non-branded to comply with the UK’s stringent restrictions on DTC advertising of medicines. MHRA guidelines stipulate that the main objective must be to encourage people to take appropriate steps, which may include seeking advice from healthcare professionals. They can be incredibly successful, particularly in areas of embarrassing conditions such as female incontinence.

• **Public–private partnerships**: provide information to cover wider patient needs, such as guides covering treatment options or specific therapeutic areas. They are transparent partnerships between industry and a healthcare provider, usually a PCT, and have been effective in smoking cessation where the PCT could not otherwise afford to provide a value-added service to patients.

• **Concordance programmes**: to take medicines every day, even for conditions that may be asymptomatic, patients...
Many patient education projects would be difficult to plan or implement without the support of an advocacy organisation.

Many patient education projects would be difficult to plan or implement without the support of an advocacy organisation.

Expert patient initiatives: involve the introduction of self-management training programmes for people living with long-term medical conditions. Often the result of a collaboration between industry and health services, these may also be industry-driven initiatives.

Websites: are often the first place patients look for information and are a necessary component of most contemporary campaigns. However, although EFPIA clarified regulations in 2007, the international reach of internet-based information has led to uncertainties in applicable rules and enforcement possibilities. It’s also important to be aware of responsibility for links from a company-sponsored website to an advocacy resource – one large pharma was recently held in Code breach when they linked to another website on which a discussion board contained a glowing user report on their drug.

**FIRST STEPS**

If you are considering spending some of your budget on a patient education initiative consider the benefits first. Is the initiative worthwhile? Many disease areas are already swamped with information and you may need to have a good reason for wanting to update existing copy.

Map what education initiatives currently exist by talking to health providers and patient groups to find out what they might need. When the market leader in haemophilia treatment wanted to provide a value-added service for patients, market research revealed that for the parents of newly diagnosed children, support from similar families, not education alone, was needed. This led to the establishment of a mentor scheme.

Because patient education must be non-branded, many marketers consider it pointless unless they either have no competitors or are clear market leaders. But you don’t have to be the leader to develop the market, so long as you have a reasonable share then such activities will reap rewards. Provision of services and education can also raise corporate reputation.

**WORKING TOGETHER**

Many patient education projects would be difficult to plan or implement without the support of an advocacy organisation.

Working together as a true partnership is crucial, as is working out which patient group is right for your initiative.

It’s important to remember that such stakeholder relationships should be long-term and based on trust, many advocacy organisations feel let down by the industry when people drop relationships after one short project or due to job changes.

In addition, nothing is more confusing to patients groups than being approached by several people from the same company who know nothing about each other’s projects.

Before you approach a likely organisation, ask the following questions:

- What is their influence?
- Do you share a common goal?
- What corporate relationships exist historically?
- Are any of your colleagues currently working with the group?
- Can you maintain an ongoing relationship?
- Have you read your company’s SOP?

**MAKING IT WORK**

If you decide to provide any form of written educational information to patients, it is crucial to set up a relevant multidisciplinary editorial board of clinicians, scientists, nurses, or pharmacists with patients or patient group representatives. This helps to ensure that the material is accurate, balanced and accessible to the patient.

Further clarity can be achieved through Crystal Marking (www.plainenglish.co.uk). Remember, some materials may need to be translated into several languages – particularly in disease areas that affect certain ethnic minorities.

**SUMMARY OF TIPS**

- It is important to recognise that patient education is a process and not a single event, so make sure your initiative has ongoing potential.
- Brief, simple education linked to patient goals and outcomes is most likely to be acceptable to patients.
- Inclusion of all stakeholders (patient groups, healthcare providers, the DoH, etc.) will yield better results and increase the credibility of your campaign.
- Consider specific campaigns aimed at carers to work in tandem with patient awareness – we have found this especially important in mental illness.
- Research the area first to ensure your campaign is relevant and necessary.
- Work with a multidisciplinary editorial board to ensure all material is accurate, relevant and meaningful to the patient.
- Consider a variety of resources for information distribution. One of our most highly successful campaigns provided literature and advice via GPs, pharmacists and nurses as well as the Internet, to capture the widest possible patient base.

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Narcolepsy is a rare and little-known condition. Through patients recognising their condition and presenting to their GP with some knowledge of narcolepsy, they are more likely to be referred to the correct specialist and receive appropriate treatment.

The Challenges
Unfortunately, narcolepsy is poorly understood and many sufferers do not realise that help is available. It takes an average of nine years for someone with narcolepsy to be diagnosed because the condition is so under-recognised.

Solution
The power of a well-respected, prime-time TV documentary was used to increase awareness of narcolepsy among both consumers and the medical community, supported by a consumer and medical features programme. One-to-one meetings with researchers and broadcast journalists were held. Throughout the process, we worked closely with the patient groups in the sector to secure their involvement in programmes and to ensure they were prepared to deal with enquiries after they were broadcast.

Lead clinicians were media trained in preparation for interviews with the broadcast media, as were patient case studies. Fact-sheets on narcolepsy were developed and issued to the print media to support spin-off coverage, including TV reviews, around the airing of the programmes. They were also issued to patient groups and editors of online information services.

Results
• Two documentaries on prime-time TV (Nap Attack, an hour-long BBC1 documentary and Living Nightmare); a 50-minute programme on BBC2’s Horizon); a further five regional TV broadcasts, and 114 pieces of print coverage raised awareness of narcolepsy
• 400 people contacted one London clinic alone in the 48 hours following the broadcast of Nap Attack
• One-third more patients were referred for appropriate treatment and support to meet their needs.

More than catnapping

Haemophilia is a rare, genetic, bleeding disorder treated by replacement of a missing protein called a clotting factor. From patient research it is clear that patients are not well informed about their treatment and, as market leader, Baxter BioScience wished to address this.

The Challenges
Patients have very limited understanding about their treatment options and many do not even know what treatment they are taking.

Solution
A value-added educational service was initiated to benefit the haemophilia community. The website aimed to act as a central resource for those with haemophilia and engage with key stakeholders to ensure information was appropriate to the needs of patients and their carers.

The site is split into a general section and a password-protected section specifically for Advate patients. It was developed in conjunction with clinicians, nurses and patient representatives to ensure that it was comprehensive and useful.

To launch the initiative, the team capitalised on World Haemophilia Day and created a viral email campaign to generate traffic. The site was also promoted via all haemophilia centres.

Results
• Feedback from the haemophilia centres to date has been very positive
• Feedback from the centres has shown nurses to be using the site as an extended resource to deepen the knowledge of interested patients
• Patient Council initiated as a means to receiving more in-depth feedback for potential site expansion, with further qualitative research planned.

Reaching the patient

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Developing a med ed programme

**FIRST… DETERMINE YOUR STRATEGY**

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<tr>
<td><strong>1. Establish corporate strategy</strong></td>
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<tr>
<td>Develop your corporate mission/objectives and a summary of overall position and corporate strategy</td>
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<td>Clarify the resource available</td>
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| **2. Understand your external and internal environments** |
| Overview of the market – include a patient flow, changes in the NHS, government guidance, etc |
| Competitor analysis – what are your road blocks to future success? Evaluate future trends/competitors |
| SWOT – Strengths and Weakness are the internal perception of the company and your brand. Opportunities and Threats are the external factors you need to address |

| **3. Develop the brand vision and strategic goal** |
| One sentence that sums up the positioning and effects of your brand. (Tailor brand messages to market segments) |

| **4. Define the Critical Success Factors (CSFs)** |
| Four or five key actions that will overcome obstacles to achieve the brand vision and strategic goal |
| eg, expand acceptance of Brand A among X stakeholder audience |

| **5. Prepare the strategic objectives** |
| Elements that will build that tactical plan and drive the operational business for the year ahead |
| Based on how you will ensure that each of the Critical Success Factors is met |

**THEN, DEVELOP YOUR TACTICS**

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<tr>
<td><strong>1. Map your KOLs and other stakeholders</strong></td>
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<tr>
<td>Align with your brand and strategic objectives</td>
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<tr>
<td>Include a measure of sphere of influence and advocacy</td>
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| **2. Draft your tactical objectives** |
| Deliver per strategy to determine your tactical programme, eg, engage key rising stars in a communications programme |

| **3. Identify suitable tactics** |
| Who should deliver the message, to whom, how and when (to maximise outputs for the year ahead)? |
| Formulate your budget tactics |
| Put evaluation criteria in place to measure success and RoI |

| **4. Implement** |
| Schedule key tasks in the operational year, highlighting critical brand and environmental issues, and critical milestones for each tactic |
| Ensure appropriate resource allocation for delivery, monitor budgets, and re-forecast if necessary |
| Measure your success via the evaluation criteria from stage 3 |
exceeding expectations...

Last year we became part of FD International, PR Week’s “International Consultancy of the Year”. By combining Santé’s award-winning medical education, marketing and campaigning skills with FD’s financial, corporate and public affairs expertise, we can provide an unparalleled range of consulting services, locally and globally.

This new partnership enhances Santé’s international capability, broadening our reach by providing us with a presence in most of the world’s major healthcare markets.

This year we changed our name to FD Santé and moved to FD’s headquarters. If you would like to know how FD Santé can exceed your expectations contact Liz Shanahan, Managing Director on: 020 3077 0477 or info@fdsante.com.
always the right angle
TO OTC MARKETING

- Find out what the new opportunities are
- Advertising and PR – developing campaigns to drive your sales
- Why distributors can help you with your marketing plans
- PAGB approval – how to work creatively within the Codes
About lots of things.

Like how you need to make your brand sing whilst achieving hard-core results.

Like how you need us to inspire you with our commitment and creativity.

Like how we like to listen.
In many ways, the market for OTC medicines in the United Kingdom is one of the most liberal in Europe. There are three key factors:

- Availability of products is widespread and not limited to pharmacy
- Pricing to consumers allows for discounting and promotional activity
- The range of indications available for treatment through self-medication is extensive.

Since the 1960s, when the distribution of OTC medicines was first allowed outside of pharmacy, consumers in the UK have accepted the role that self-medication should play in personal health management. Understanding that pain-relief can be self-assessed and an appropriate product purchased from any retail outlet without a dialogue with a pharmacist or healthcare professional is now part of everyday life. Compare this to France, for example, where basic OTC products like paracetamol can only be purchased at a pharmacist, with no option for product self-selection.

The OTC medicines market has grown steadily over the years, as more products are made available for purchase by consumers. The migration of medicines products from prescription-only (POM) status to pharmacy-bound, over-the-counter status (P) has helped to fuel the growth in the OTC market.

Latterly, the migration of products from ‘P’ status to availability in all sales outlets (general sales list or GSL) has enhanced the consumer-oriented nature of the market.

MARKET GROWTH
In the year to end August 2007, the OTC medicines’ market in the UK was valued at approximated £1.8bn (excluding vitamins and supplements) and has grown by 3.7 per cent versus previous year.

Growth in value sales in the market varies sharply by type of retail outlet. In multiple grocery chains (eg, Tesco, Sainsbury, Asda) the average rate of market growth is 10 per cent, whereas in traditional chemists and drugstores (eg, Boots, Superdrug, Lloyds and independent pharmacies) the average rate of growth is only 0.5 per cent.

In the last year the split of total sales value by type of trade outlet was split:

- Multiple grocery chains – 34.7%
- Traditional chemists and drugstores – 56.1%
- Impulse and convenience outlets – 9.2%.

The largest single category within OTC medicines is adult oral analgesics (latest year sales of £335m), although the combined winter remedies sector, made up of cold remedies, decongestants, cough liquids and medicated confectionery, is valued at a combined £387m. Other large categories in the OTC medicines’ landscape (with sales values in excess of £100m in the last year) are indigestion remedies and nicotine-replacement treatments.

INCREASING CHOICE IN OTC RETAIL OUTLETS
With the multiple grocery chains continuing to grow their share of the OTC medicines category, manufacturers have had to adapt to methods long employed by more traditional FMCG manufacturers, in terms of category management, sales management and business partnering.
The days when OTC manufacturers had large salesforces calling on small community pharmacies to take orders and provide detailing to healthcare professionals have not disappeared, but that part of the overall sales focus for manufacturers has diminished and been replaced by stronger national account engagement with major customers.

Major multiple chains, including chemist, grocery and drugstore formats, expect professional sales and marketing expertise to be part of their interaction with suppliers.

Major multiple chains, including chemist, grocery and drugstore formats, expect professional sales and marketing expertise as part of their interaction.

With space at a premium, sophisticated stock management systems, and retailers not tolerating poor performing products in the assortment, manufacturers are having to manage different challenges to those of the past, when the primary objective was to load up pharmacies with large quantities of stock.

**USING CONSUMER RESEARCH TO DRIVE SALES**

Additionally, understanding consumer needs is increasingly the way to develop competitive edge for both retailers and manufacturers. From basic knowledge about the level of suffering and medicating against specific ailments, to sophisticated analysis of who buys what, where, when and why, consumer research is a vital tool. Out of consumer research comes ideas for new products, an understanding of the way brands relate to each other in the eyes of users, and qualitative and quantitative evaluation of brand health.

Complementing the consumer research will be market measurement data sourced from the point of sale. This data provides a robust assessment of market dynamics – category size, growth, brand shares, price points and levels of distribution. Additionally, depth analysis of store level data delivers analysis of effectiveness of sales and marketing mechanics. Successful manufacturers derive their category understanding from an holistic approach to research, integrating different methods to build their competitive edge.

So against the backdrop of the challenges provided by the relatively deregulated market in the UK, consumer and retail-based market research is the key enabler for manufacturers in building their understanding about the OTC sales environment and their competitive advantage.
Although there are special advertising rules and regulations for your medicine, medical device, food supplement or vitamin, an OTC product deserves to be treated like any other brand. So ask yourself, what would Nike do with your condom brand? How would Apple relieve headaches? How would Carlsberg sell contact lenses, and what would Mercedes-Benz do with a haemorrhoid cream?

STOP THINKING PRODUCT, START THINKING BRAND

There is more to be achieved with creative thinking than simply engaging the customer’s attention for a few moments. A big idea at the centre of your advertising strategy can transform dry statements of function into more emotional propositions. A big idea will help people get beyond attributes to attitude, which if you think about it is how products become brands. According to the psychology of advertising we make decisions subconsciously and then justify them consciously. Put simply, this means people choose brands emotionally and then post-rationalise. It means that the last time you had a headache you may have reached for Nurofen, rather than the alternative – a ‘film-coated 200mg ibuprofen caplets for the relief of headache’.

Think carefully before loading your advertising with facts and product messages. It may come across as desperation or at least a lack of confidence and hamper your chances of building a brand. There are many other ways to take care of the details – through pharmacy staff training, PR or websites, for example. In your advertising you can say much more by saying less.

ADVERTISING IS ABOUT MORE THAN JUST ADS

Everything you do to communicate your brand is advertising – so don’t just think ads. Please, please, please spend your money somewhere else (or don’t spend it) if you think another form of communication is the best thing for your brand. Agencies can tell if you are not committed to making ads, your direct mail or whatever, and it does little to motivate them to work on something you are not sure about. More importantly, customers can sense if you have been half-hearted about advertising. Be sure why (or why not) and how you are choosing to advertise – don’t put yourself to the effort of buying media space, renting mailing lists, buying web domains or hiring agencies if you don’t have to or do not really feel committed to the process.

Who... AND HOW?

Who are you trying to appeal to and how do you engage them? Are you planning to talk to pharmacists and other healthcare professionals, or are you looking to influence purchasers or end users of your product? Are you trying to influence retailers to stock your product? Some advertisers make the mistake with OTC products of appealing to children when they should be making ads that appeal to mums. Don’t forget that women remain a key purchaser of OTC products – whether for themselves, partners or children. Other advertisers forget to talk to pharmacists. Whoever you are talking to, treat them like real people. Too often when we instruct someone to put words and pictures together we become very formal and fail to engage. When making ads remember that you are, in effect, talking to customers one-to-one. If you can be relaxed when talking about your brand, chances are you’ll produce advertising that is more at ease with its audience, eg, Vicks’ First Defence ‘supermarket tantrum’ ad.

The next stage is how do you create engagement between your brand and its audience? Remember, your ad will be turning up uninvited into someone’s life vying with a raft of other suitors. Engagement comes from doing your homework. The more you know about your customers, the better chance you have of finding the approach and message that will make them feel ‘this is for me’.

THE CUSTOMER’S POINT OF VIEW

When writing creative briefs and developing campaigns it’s easy to forget that we are consumers too: and that we experience other people’s advertising all the time. Forgetting to see things from a customer’s point of view is a big mistake. To make our advertising more effective we need to do...
just this. We would do well to remember that for the most part we, as consumers, find advertising intrusive, irritating and irrelevant. We don’t buy magazines, watch TV or go online to see the advertising, but there it is anyway, cluttering up the place and patronising the hell out of us.

It is only when the advertiser has taken the time and trouble to understand us and to communicate in an intelligent, engaging way that we begin to feel in any way responsive. That’s important to remember, because ultimately you are not paying for people to see your advertising; you are paying for people to respond to it.

The next time you’re approving a campaign, think about the advertising you’ve responded to. Chances are that it was witty, clever or thought-provoking or that it touched you in some way – I drive a Honda… it’s no better than many of the other cars I could have chosen but I hated my previous car and wanted to “change something”. There’s no reason why your advertising can’t be like that. Honda isn’t doing something that you cannot do in OTC land – it just saw life from this customer’s point of view.

**KNOW YOUR MARKET... AND WHERE IT IS GOING**

Find out as much as you can about what the competition is doing and where the market is going. There should be few surprises for you or your agency if this is done well. Pharmacy and store staff can be very helpful.

Also look at what your competitors are doing in other territories – the US is a good place to start because typically products appear in the US 12-18 months ahead of other markets. Equally, look to undeveloped markets – how is the problem your brand solves dealt with there? Don’t keep what you learn to yourself: make sure your ad agency knows as much as you do.

**BECOME THE EXPERT**

Your advertising is too important (and too expensive) to allow your agency to be the only experts. Building up your understanding of what’s worked for other people and the thinking that went into successful campaigns will help to make you a more effective advertiser. You will be more able to spot a big idea when you see one and know how far you can push your agency when you don’t see one.

By being involved in the creative process you will get a feel for that most elusive of concepts, the brand, and see that it lives not in the logo but in intangibles like tone of voice, attitude and personality. Good agencies will offer training in writing a brief, production techniques and so on. By the same token, good clients pay for their advertising agencies to become experts in their brands. Sharing expertise works. The very least you should do is explore the IPA and ISBA websites and get hold of publications they offer on best practice techniques.

If you still feel you have a blind spot about the competition, why not try some scenario planning or war gaming? This works best if you get people who do not work on your brand to play the role of the competition. By getting your colleagues to challenge you and compete with your brand you can often gain insight into what the competition might do next or how they might react to your next promotion.

Consider booking yourself onto an advertising course. Also, two publications I’d recommend reading are *Shared Beliefs* by Mike Hall and Claire Bickerton (published by the IPA; www.ipa.co.uk). Full of great insights and advice, this takes only half an hour to read. Even if you don’t bother with anything else, get this book. My second recommended read is *Cutting Edge Advertising* by Jim Aitchison. This is a step-by-step guide to producing great press ads, with case studies to support all the points made.

Also look at advertising awards. Again, not just those with an OTC focus or confined to your territory. Look elsewhere – many studies have shown that innovation in organisations comes from the fringes and the same is true of advertising – take a good look around. The D&AD Global Awards in the UK and The One Show Advertising Awards held in the US are two good places to start. Your agency should have copies of the published submissions. You may notice a recurring theme: the strong correlation between creative advertising and brand success.

**KEEP YOUR MEDIA PLANS CENTRAL TO YOUR THINKING**

Your media budget and how you intend to deploy it are not separate issues to be saved until after the fun of creating a campaign. They should be central to the mix from the outset. The level of your resources sets the agenda for your advertising.
Is your budget really enough to get the response you want – if not think again. You won’t be in the business of building relationships with just one press ad – and you’d be wasting your money even to try. But with the right idea your one ad may still be an effective way to make an announcement or to drive people to other stages of your promotional plan, such as a website.

Even if you’ve got the money for blanket coverage, you should consider the irritation factor. Don’t buy media if you don’t need to – you may increase your ‘share of voice’ and ‘opportunities to see’ but what will they think of your brand after they’ve seen your ad for the umpteenth time? Familiarity breeds contempt!

With more options than ever before, how you choose and use media is a creative process in itself. Make very sure that the campaign you produce works in its environment and ensures your brand stands out from the clutter, eg, Durex ads where users of other brands were wished ‘happy father’s day’ or Berocca on underground trains where the audience may feel enticed by the thought of a pick-me-up.

DEVELOP CUSTOMER INSIGHTS
Alas, putting your total faith in how consumers may respond to your ad concept at the research stage can be misguided, as this quote explains.

“It is not possible to make a realistic test of the effectiveness of a commercial in a laboratory situation in advance of real-life exposure. Until this simple truth is grasped much advertising research will go on being sterile and unproductive.”
From Testing to Destruction, published by the IPA, 1974.

Over 20 years later the above publication was reviewed and this sentiment was found to be “still absolutely valid”.

So if testing isn’t predictive of success then why should you as an advertiser bother? (Apologies to all those good people at Ipsos MORI and others who’ve read this feature this far and already know the answer.) Research works best at the planning stage before anyone has even begun to think about an advertising idea. Work with your researcher and ad agency in developing the plan.

MEASURE RESULTS
In some ways this should come at the beginning. When you are setting out to make your next set of OTC ads, make sure everyone knows what is being measured and how their efforts will be judged: then leave them to get on with it. This will increase the likelihood that you will achieve the results you want – what gets measured, gets done and what doesn’t work, gets changed.

Simon Cooper is strategy director at Woolley Pau and can be contacted on 0207 836 6060 or by email at simon@woolleypau.co.uk
Public Relations is probably the least understood of all the marketing disciplines and OTC, or consumer, PR is probably even more misunderstood. Pharma consumer PR is about communicating brand benefits and raising brand awareness. This is achieved through influencing what consumers read, hear or see.

Perhaps most importantly, in addition to communicating brand benefits and building brand awareness, PR can have a significant and measurable impact on sales. It can help to establish and maintain market buoyancy throughout the product lifecycle in a credible way.

**DEFINING PUBLIC RELATIONS**

Broadly speaking, PR covers anything, with the exception of advertising, direct mail or in-store merchandising, that interrupts the continuity of life for your intended audience so that they stop and take notice.

Within the limits of the PAGB Code of Practice, the scope of PR activities to support OTC brands is as broad as your (or your agency’s) imagination. This may include:

- Online, social networking or digital activities
- Sponsorship, roadshows or experiential marketing
- Compelling public- or journalist-only events
- Perceived KOL or celebrity endorsement
- Groundbreaking or light-hearted research
- Heart-rending features based on true-life stories
- Sensible advice from media doctors
- Eye-catching photostories
- Urgent ‘calls to action’.

Such tactics can be used to create or raise awareness of existing brands, products or disease areas. They can also be employed to inform the public about the availability of new or existing products that have recently become available in pharmacy, or over-the-counter, following reclassification from prescription-only status.

The majority of pharma consumer PR campaigns will include press relations – the media is undoubtedly a powerful communications tool. The effective placement of a news item or feature can have a dramatic impact on brand awareness and sales performance.

As with any PR activity, targeting is key. Getting your migraine product for mums mentioned by Dr Chris Steele on *This Morning* is much more likely to achieve interest (and therefore sales) than placing an item in the *Financial Times* about the rising incidence of migraine among stressed City workers.

If you and your PR team are working well you should feel that there’s almost no limit to what PR can do for you – it’s primarily down to the creativity and imagination of your in-house team or agency to tell you what they can do and what they think it can achieve.

What PR shouldn’t do is create a false picture and expect people to retain respect for your brand. You can’t fundamentally change the truth and you will lose all credibility if you try to convince people otherwise.

**KEY PART OF THE MARKETING MIX**

PR is typically assigned to the ‘promotion’ strand of the marketing mix and sits alongside direct sales, advertising, sales promotion and direct marketing, often working synergistically with (or indeed overlapping) some or all of these disciplines. Together, they aim to influence all stages of the purchase decision-making process, outlined in the diagram below: Pharma consumer PR can offer much within the synergy of the marketing mix.

**THE PURCHASE DECISION-MAKING PROCESS**

Consumer PR for OTC pharma brands is
Consumer pharma PR is also critical at the ‘information search’ stage, with its ability to influence most (if not all) of the key, non-commercial information sources open to consumers, these being:
- Personal: peers, friends, family
- Professional: pharmacists, doctors, dentists, nurses
- Media: TV, newspapers, radio, television, specialist magazines and online
- Public: consumer organisations, support groups.

Research suggests that we trust personal sources the most, but increasingly media commentators are becoming personal to us, and we are just as likely to trust a TV doctor as our own GP. So boundaries are blurred.

At the evaluation stage, the customer must choose between any number of similar and competing brands. Again, PR plays a vital role in helping to influence the purchasing decision through generating third-party endorsement and communicating consumer brand values. A recommendation by a leading TV doctor or high-profile publication can have a phenomenal impact on awareness and sales.

**THE POWER OF PR**

Consumer PR can certainly turn an everyday product into a household name or superbrand. To really understand the power of consumer PR you have only to look outside the healthcare arena.

Unilever successfully re-positioned Flora from a margarine to a life-enhancing health food through a huge investment in PR, which kicked off with the sponsorship of the London marathon back in the early 90s. Where would the likes of Nike, Coca-Cola, Virgin and Microsoft be without an on-going commitment to consumer PR? “If I were down to my last dollar I’d spend it on PR,” as Bill Gates at Microsoft, famously quoted.

So let’s get more specific about what PR can achieve for a healthcare brand? First, an effective PR launch can ensure that your target audience is saturated with powerful brand messaging for a fraction of the cost of a TV ad. A brand’s association with a children’s charity will undoubtedly create a feel-good factor with young mums.

Patient group recommendation of your brand will convince a whole community of sufferers of your brand’s credibility while event sponsorship or ‘experiential’ marketing may generate ‘brand bonding’ with hard-to-reach consumers.

However, we do have to weigh all this up against the fact that with PR nothing is guaranteed and you always run the risk that the national paper feature that your agency has taken months to generate distorts the key messages, or even worse your brand is omitted. So… why take the risk of that investment in PR?

Because PR-generated editorial has the ability to communicate complex messages about an embarrassing condition, expert opinion and brand recommendation in a more detailed and authoritative tone than paid-for space. Even in today’s cynical age, a feature on your product that has successfully passed through the BBC’s news filter is likely to be viewed with much greater credibility than the same item emanating directly from its original source, for example, via advertising or direct mail.

Another strong reason for doing PR is that it can also be more reactive than advertising. Your PR team should be adept at responding quickly to topical debates or putting a brand’s positive side to negative news. They can also do much to level off fluctuating seasonal slumps in sales.

**POWER OF ENDORSEMENT**

The media is just one example of the type of credibility-enhancing filter used within PR to communicate persuasively with consumers. Consumer PR is also about building relationships with leading lights in the relevant field, as well as with journalists.

Health professionals, charities, support groups and individuals affected by conditions relevant to your product are all key opinion formers whose input is critical in achieving success.

Of course, third-party endorsement is not without its risks, particularly when celebrities are involved. However, for every brand that has suffered at the hands, nose or unruly libido of a wayward celebrity, there’s another that has profited from exactly the same behaviour.

**FROM WIKIS TO VIRTUAL WORLDS**

With the internet offering an almost unimaginably range of opportunities to communicate directly with consumers, every consumer pharma PR campaign should consider an on-line element in its strategy.
According to a recent Ofcom report, the UK is now a nation of social networkers, with MySpace, Facebook and YouTube all in the top 10 sites by time spent. Interestingly, the report also found that women aged 25-34 spend over 20 per cent more time online than their male counterparts, and the 50s age group account for nearly 30 per cent of total time spent on the internet.

Clearly, in order to maintain credibility it is vital that PR practitioners respect the boundaries of what PR can realistically hope to achieve in these peer-driven communities. Heavy-handed sales techniques are most certainly not welcome.

e-PR is clearly making its mark. The infamous Dove video of a so-called ‘normal’ person receiving a digital makeover received one million hits within the first month of being posted on YouTube. Traffic to the site was initially generated by media coverage which led consumers to think it was a non-commercial offering. When it comes to devising eye-catching tactics that appeal to consumers and the media, then creativity is king.

Technology is fast-changing and trends come and go. Last year, podcasts (downloadable, spoken-word broadcasts for download to MP3 players) were the talk of every PR agency in town, but the Ofcom report shows that while just over a quarter of UK adults now own an iPod-type device, only 5 per cent use them for listening to podcasts.

PLAYING BY THE RULES
Fortunately the rules governing the OTC sector are slightly more flexible when it comes to PR than for paid-for advertising. The trade association covering OTC medicines in the UK – the PAGB – works closely with member agencies to ensure that PR outputs designed for public or media consumption are measured, truthful and accurate.

When it comes to devising eye-catching tactics that appeal to consumers and the media, then creativity is king and fortunately this can still be achieved while working within the rules.

CRITICAL FACTORS FOR SUCCESS
The most crucial part of any consumer PR activity is to understand fully what pushes your consumers’ buttons. Only then can you hope to identify the right tone, imagery, opinion formers, tactics and media channels to engage your potential customers. As with advertising, PR can be effective only if you hit the right audience with the right message at the right time. Also be clear about what you define as ‘success’ ensuring that your communications’ objectives are measurable and achievable.

Four steps to campaign success:
1. **Know your audience**
   Their habits, preferences, lifestyles, age, gender and media consumption
2. **Set clear and measurable objectives**
   We’d all like our athlete’s foot treatment to be market leader for all eternity, but as an objective that’s neither specific, measurable, achievable, realistic or time-limited so it fails
3. **Work to an agreed strategy**
   Don’t just go for random tactics simply because you think they might get a quick media hit. It’s more likely that off-message activity will confuse your audience
4. **Define your key messages**
   That means no more than three… and stick to them.

**WHY WORK WITH AN AGENCY?**
Choosing and clearly briefing a specialist agency with relevant experience and contacts will take much of the pressure off you, enabling you to focus on other areas of the marketing mix that need your attention. Make sure you bring them on board as fully as possible so that they are an integrated part of your marketing team, and allow them enough time to get to know your brand. Rushing in an agency at the last minute for a quick fix won’t make the most of your budget or work so effectively. Look for an agency with specific consumer expertise, and preferably within healthcare so they understand the restrictions of the industry. Healthcare journalists on consumer or national titles are always a good source of independent, unbiased referral.

**CONCLUSION**
For healthcare brands to become true superbrands, consumer pharma PR needs to become an integral part of the marketing mix and not just be considered an ‘add-on’ discipline. Effective consumer PR can deliver a cost-effective and measurable return on investment and have a direct influence on the bottom line.

**DIGITAL JARGON-BUSTER**

Blog is short for web log – where entries on a topic are added in date order by consumers or corporations see Johnson & Johnsons blog at http://jnjbto.com

SMS – short message service (texting), useful for alerting younger consumers to a campaign or event or as a response mechanism

Social networking – MySpace, Facebook and Bebo enable consumers to exchange information and advice. PR agencies are using Facebook to network with journalists

Second Life – one step beyond social networking. Second Life enables you to do or discuss things you may be too embarrassed to do in real life as your animated online character. Residents of Second Life live in a virtual world where the possibilities are endless

Wikipedia – the updatable, global encyclopaedia much loved by students, journalists and PR agencies who have managed to edit their clients’ entries

YouTube – where anyone can share videos of interest with other users.

**Author:**

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fresh air
fresh thinking

For ideas that make waves
contact Lisa Bradley on 01903 821550
or lbradley@pegasuspr.co.uk
www.pegasuspr.co.uk
Creating a standout campaign for any product in a competitive market is a challenge. But what about a campaign for a licensed medicine when you have an extra regulatory hurdle to contend with? Your budget has been confirmed and you’re just bursting with innovative ideas that will help your product achieve this year’s challenging marketing objectives. But hold your horses – don’t let your enthusiasm totally overtake you. Your product isn’t a new shampoo or a computer widget. It’s an over-the-counter, licensed medicine that’s going to be on sale in pharmacies and supermarkets around the country. This not only means ensuring that your campaign meets all the appropriate advertising or direct marketing regulations but also adhering to the Proprietary Association of Great Britain (PAGB) Medicines Advertising Codes.

WHAT ARE THE CODES?
The PAGB Medicines Advertising Codes are the primary means of self-regulatory control for OTC medicine advertising in this country and are designed to ensure that all advertising and promotion is ‘responsible’ and of the highest standard. The 60+ page Codes are administered and periodically updated by the PAGB in its role as the national trade association representing manufacturers of OTC medicines. They not only reflect the law (including European Directives) but also go beyond this to cover how this affects various aspects of marketing.

WHO DO THEY APPLY TO?
They apply to everyone who wishes to market an OTC medicine in this country. Agencies such as advertising and PR companies also need to abide by the guidelines and in fact can join PAGB as associate members if they already work with at least one OTC manufacturer. This will give them direct access to a pre-publication approval process (Figure 1).

WHAT TYPES OF ACTIVITIES ARE COVERED?
There are two Codes – one for consumer advertising and promotion and one for professional communications (from medical consultants to chemist counter assistants). Each Code has very distinct activities which it covers as well as areas which it does not (Figures 2 and 3). The Codes also deal with when and how advertising can be deemed misleading and provide guidance on what may or may not be acceptable. For example, while the image of a person with their head in a vice might seem to be a powerful way to highlight the impact of pain in a new migraine poster campaign, this would be – and in fact has been – rejected by the PAGB as too sensational or shocking.

PRE-PUBLICATION APPROVALS FOR CONSUMER ADVERTISING
The PAGB operates a pre-publication approval system for member companies’ consumer advertising and promotions, to help ensure that activities comply with the Code and the law. It is a condition of membership that all relevant activity is

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The PAGB operates a pre-publication approval system for member companies' consumer advertising and promotions, to help ensure activities comply

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Working within the PAGB’s Medicines Advertising Codes can be testing but it doesn’t need to stifle your creativity or strategic thinking.
submit to PAGB for approval prior to the first occasion it is seen by the public and then again if any subsequent changes are made. The system is not available for material aimed at professionals but activities should still comply with the Code.

USING THE CODES – SOME KEY ELEMENTS
It would be impossible in one short article to cover all the guidelines in the Codes, but here are some key elements and what these mean in terms of developing a viable OTC marketing campaign:

• No product sampling. No product sampling either directly (e.g., handing out at events) or indirectly (such as via a third party managed ‘goody bag’) to consumers. However, you can develop memorable branded items that would be relevant to the product area and help to ensure consumers are given a key message about the product/brand. For example, a special edition pack of playing cards was used recently by one nicotine replacement therapy brand to reach out to quitters and health professionals.

• Claims and language. Any descriptions of the use of the product must match those already laid down by its SmPC. For example, if a product is indicated: ‘for the relief of mild arthritic pain’, you cannot turn this into: ‘treats mild arthritis’. You will also often have to say that a product ‘helps’ to relieve particular symptoms rather than something more direct. In consumer advertising, the product’s active ingredient(s) and the phrase: ‘Always read the label’ must appear in the copy, usually at the end, in a font no smaller than 10 point.

• No celebrity or health professional endorsements. Celebrities and health professionals are not allowed to endorse OTC medicines, either directly or by implication. They cannot therefore be used as brand spokespeople. However, they could be present at a press conference and talk about their experiences with a particular disease or condition, provided that they do not talk about the sponsoring product. They could also be interviewed on radio purely about this experience to perhaps spearhead a disease awareness campaign. The Code also prohibits companies from using unsolicited favourable comments about a brand that appear in the media. So, if the likes of George Clooney are snapped buying your product or are quoted praising it, you can’t exploit this in any advertising material. However, the speed and reach of today’s media, particularly the internet, is highly likely to spread the word regardless of your actions so be ready to respond.

• Maximum consumer competition prize value of £1,500 per person. This means that if you want to give away a holiday for a family of four, it can actually have a perceived retail value of up to £6,000. However, if you want to offer a garden makeover as your prize then you will be restricted to the £1,500 maximum value because the benefit of the makeover is considered to be shared by everyone in the house.

• Professional prizes and incentives. CPD training modules often include a prize draw as an incentive to send in their end quiz. The prizes must not...

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2. OTC Professional Code

Activities covered:
• Audio and audiovisual advertising eg, CD-ROMs
• Hospitality at professional, scientific or promotional meetings and events
• Printed advertising materials (journals, advertorials, booklets, posters, direct mail and retailer house publications etc)
• Representations (ie. any oral communication) in order to promote a brand, including the activities of company reps. (NB. Training materials do not need to be approved but should comply with the Code)
• Supply, offer or promise of “any gift, pecuniary advantage or benefit in kind”
• Sponsorship of professional, scientific or promotional meetings/events attended by persons qualified to prescribe or supply a medicine
• Websites, electronic media advertising and other internet materials, including press releases intended for internet publication under the editorial control of the manufacturer
• Promotional aids (eg. branded pens)
• Samples and free packs.

Activities not covered:
• Pack shots – including for use in editorial features where the company has no control of the publication (this is even so when a colour separation charge has been paid)
• Advertisements with no product claims eg. talking about a condition or therapeutic category or advertising relating to the prescribing of a medicinal product (ABPI)
• Factual and informative announcements and reference material without medicinal claims eg. trade catalogues, listings in directories
• Public relations (eg. press releases and product launches) where it is unlikely that use of the materials will be completely under the company’s ultimate control
• Responses to correspondence and enquiries eg. standard letters or those sent to publications for use in ‘right to reply’ columns
• Labels and packaging. However copies of MHRA approved packaging should be lodged with PAGB for reference
• Prices, margins and discounts; listing fees; stock and/or display deals
• Corporate activities where there is no mention of a licensed medicine or one awaiting marketing authorisation
• Products not subject to market authorisation eg. food supplements
• Statements related to human health or disease if there is no mention of a specific medicine.
3. OTC Consumer Code

Activities covered:
• Advertorials
• Aerial promotions (such as hot air balloons)
• Branded materials relating to sponsorship
• Competitions
• Consumer booklets and leaflets
• Direct mail materials
• Online advertising
• Outdoor advertising
• Point of sale materials
• Posters
• Print advertisements
• Promotional aids
• Promotional scripts for use by helplines
• Promotional text messages
• Sales promotions
• Television, radio and cinema commercials
• Websites and other Internet materials including press releases intended for Internet publication under the editorial control of the manufacturer.

Activities not covered:
• Price – it is up to the company concerned to ensure this is not misleading
• Public relations materials where the company won’t have full editorial control over what is eventually published. These should still comply with the Medicines (Advertising) Regulations 1994
• Corporate sponsorship agreements
• Product labels, packaging materials and in-pack leaflets (dealt with by MHRA). (NB. If it is intended to use any on-pack statements in a consumer advertisement then these would need to be submitted for approval)
• Legal notices and disclaimers included on websites
• Food supplement advertising. The PAGB can offer advice but this is actually covered by the Food Standards Authority regulations (including EU directives).

Do use the PAGB team as a sounding board. Passing an idea by them costs nothing more than a phone call and could save you time and money.

SIX HASSLE-SAVING TIPS

1. If you are unclear about how the Codes might apply to your ideas, call the PAGB for clarification.

2. Do use the PAGB regulatory team as a sounding board. Passing an idea by them costs nothing more than a phone call and could save you time and money. A key tactical idea could get stalled by a ‘Not Approved’ notice late in the day, or worse: a valid complaint from competitors, other organisations or the public sent to the PAGB or ASA might derail your whole strategy.

3. Do attend (and get any relevant members of your team to attend) one of the PAGB’s training courses (usually held every few months). These are invaluable as they not only keep everyone up to date on the current interpretation of the Codes but also provide practical examples of what can and can’t be done.

4. Don’t assume you can’t do something new either conceptually or tactically. It is perfectly possible that you may be able to agree a compromise with the PAGB that keeps to the spirit of your original idea but also keeps you within the Codes.

5. Allow a minimum of 48 hours turnaround for your proof or copy to be returned with the PAGB’s official stamp of approval. Of course, after any internal process. In fact, it is generally best to allow more like 72 hours in a production timetable for each approval stage, just in case changes and re-submission are required.

6. Do give full references on copy submissions, particularly when making a factual point. This includes IRI data and any clinical papers or publications. Claiming that a brand is the ‘top-selling’ product in its field will always need to be verified. Quoting references also applies when you have found something on the internet. The site should be a reliable one and easily checked by PAGB, so make sure you include a hyperlink when submitting your copy.

A FINAL TIP
As with any regulatory framework, it not only pays to be thoroughly familiar with the rules but also to be aware of how they are (and have been) applied to your own field of operation. That way you can be creative… and stay legal.

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Product demand in OTC is low and sporadic, unlike the more stable, predictable world of ethical sales. Wholesalers specialising in this field will happily explain that out of a full range of OTC medicines, and health and beauty lines (more than 6,000 individual products), fewer than 100 are required by a community pharmacy on a more-than-one-per-week basis. However, with 12,000 pharmacies across the UK, total demand for OTC is massive. For wholesalers, the need to handle fluctuating demands, store products securely until ordered and then deliver to individual customers is no mean feat.

Not only are pharmacies a massive channel for OTC product sales, they offer something even more important – endorsing ground. When products are bought by consumers from pharmacists and healthcare assistants it helps to create viable brands, with enduring sales appeal and endorsement value: a level of endorsement that can never be offered through forecourts and convenience stores.

Let us consider how to resolve this Herculean task of distribution – and then at the scope for this channel to offer stronger marketing opportunities.

THE LOGISTICS CHALLENGE

Distribution in this just-in-time, electronic-ordering age is almost wholly fulfilled by wholesalers who act as the link between manufacturers and doctors, pharmacists and hospitals. Wholesalers operate a system of milk-round, van delivery schedules to customers on a twice-a-day basis. The foundation of this service is a shared-user distribution platform currently utilised by more than 600 suppliers and manufacturers.

This shared-user platform provides the benefit of economies of scope and scale for the manufacturer in the areas of order-taking, order-processing and delivery, customer and product file maintenance, debt collection and product returns and recalls. No single manufacturer has to build this infrastructure, and the pharmacist, dispensing doctor and hospital benefit from a unified system of ordering, invoice and delivery.

The biggest wholesaler in the market, AAH Pharmaceuticals, picks and dispatches more than 15 million items a week, holds more than 20,000 products in stock at any one time and makes more than 100,000 deliveries a week via 700 vans. That is a transactional scale that is on a par with high street banks.

The numbers’ game – a typical scale of operations undertaken by the leading distributor.
• Picks and dispatches over 15 million items per week
• Processes an order every three seconds
• Stocks more than 20,000 products in at any one time
• Merchandises more than 50,000 metres of retail shelving every year
• Processes 92 per cent of orders electronically
• Fields 320,000 customer calls per month

Moreover, as the largest supplier of OTC products to independent UK pharmacies, this twice-daily delivery enables them to order their OTC lines as part of their daily routine. Electronic ordering lets most product categories be delivered on demand in any quantity required, starting in single units. Electronic ordering provides auto-replenishing systems to ensure stock is always available, and keeps distribution channels fluid and glitch-free. It also helps the pharmacist spend more time on patient-facing services.

ENHANCING THE PHARMACIST RELATIONSHIP

While all this helps the UK’s 12,000 high street pharmacists to receive
unrivalled service in terms of product delivery direct to the door, sophisticated distribution strategies can also work to strengthen the manufacturers’ relations with the pharmacists.

A classic example is through a transfer order system where the manufacturer remains customer-facing and customer-focused, continuing to agree orders and terms with the individual pharmacies, leaving wholesalers to distribute and fulfil the order, along with other orders in a single delivery.

Transfer orders enable manufacturers to pre-sell seasonal lines – such as spring and winter remedies – and know they will always be held in stock by the wholesaler for the pharmacists.

Just as critically, it helps pharmacists to become profitable OTC retailers and respond to good sales opportunities when they are presented to them by the manufacturer’s OTC marketers.

GOOD MERCHANDISING
Sophisticated distribution strategies go far beyond mere logistical excellence and work alongside marketing and retail excellence. The entire supply chain needs to keep goods moving off the shelves and into the customer’s basket, especially those that account for the bulk of sales.

eg. Pmeds, GSL’s, baby products, skincare, smoking cessation and special foods. That means wholesalers giving support on merchandising, category management and shop makeovers to make best possible use of presentation and sales-floor layout. Two-thirds of buying decisions are made by consumers at the shelf and a huge proportion of ‘front-of-shop’ income relies on impulse purchases.

Having the right combination of products in the right place at the right time is, therefore, essential. Forward-thinking wholesalers see this type of work as an extension of their OTC distribution network, rather than an added extra.

As pharmacists move to become front-line providers of healthcare so they will obtain fresh opportunities to sell related products, for instance those associated with obesity, diabetes, smoking cessation, asthma, minor ailments, stress-relief and allergies. In turn, ensuring the correct range of OTC products are available to support services will be key to pharmacies becoming true healthcare providers.

THE INCREASING ROLE OF PRODUCT SUPPORT
With retail shelving space being squeezed to make way for consultation areas, pharmacists will become increasingly reluctant to stock slow moving products and will be looking for innovative lines – such as those supported with a range of aids; among them training materials, special offers and point-of-sale promotion.

Wholesalers are increasingly developing initiatives to meet this need, such as diabetes support programmes, which can be supported with the relevant OTC products, and literally be built around the pharmacists’ world.

Some pharmacists who have embraced these sorts of initiatives have reported increases in sales of OTC products of up to 20 per cent, especially where they have concentrated on promoting lifestyle products for obesity and stress relief – two of the fastest growing quasi-disease states – or anti-ageing.

All these products are ideally suited to delivery in a pharmacy environment and by trained healthcare professionals, and all are being increasingly delivered by an OTC distribution network that is among the most effective in Europe, and continues to grow more responsive and more efficient.

Monthly and seasonal promotions, regular newsletters, dedicated tele-sales and customer care staff all add complexity to the distribution challenge, but are essential to ensure maximised sales through this channel. This is a mix of marketing services that increasingly wholesalers manage and implement as part of their overall support to pharmacy.

Suddenly, what looked like a daunting task – that of distributing small amounts of OTC products to a large number of far afield pharmacies – doesn’t look so intimidating. Wholesalers are, in fact, suitably placed to distribute on demand and with flexibility to a channel that is essential for OTC.

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Before we look behind the terminology of ‘compliance’, ‘adherence’, ‘concordance’, we need to know which word is preferred. In some respects the answer is dependent on your environment, country, patient group, and disease area and you can use all three and they all have the same end.

However, ‘compliance’ implies that if you, the stakeholder, don’t comply you may be liable to some form of penalty. ‘Concordance’ and ‘adherence’ are less emotive words and currently the word of choice appears to be the former. So for the purpose of this Guide, we’ll go with ‘concordance’. ‘Concordance’ carries with it a sense of ‘cooperation’, ‘support’, ‘agreement’ and ‘harmony’.

THE SCALE OF THE PROBLEM
“The extent to which a person’s behaviour – taking medication, following a diet and/or executing lifestyle changes – corresponds with agreed recommendations from a healthcare provider.” Adherence to Long-Term Therapies, Evidence for Action, World Health Organisation 2003.

Non-concordance, where patients fail to complete drug treatments, not only wastes pharmaceutical expenditures but also results in a continuing, if not worsening, state of health, both of which increase costs to healthcare systems.

Non-concordance is such a problem that the ability to reduce it may have a far greater impact on society’s health than most advances in specific therapy areas. Despite the fact that we are all aware that poor concordance is associated with poor clinical outcomes, increased admissions to hospital, higher overall healthcare costs and ultimately a lower quality of life, it remains a global problem and sometimes as high as 70 per cent of patients are non-concordant.

Three-quarters of patients suffering from a chronic illness are non-concordant with their directed therapy.

To compound this it has been suggested that 90 per cent of doctors do not discuss concordance during their consultation with their patient; subsequently efficacy and safety are not managed.

Some have estimated that an astounding €25bn is lost in revenue by drug companies each year from non-concordance. Other statistics show that the pharmaceutical industry is leaving an estimated $25bn on the shelf every year through lack of patient concordance.

WHAT DOES NON-CONCORDANCE LOOK LIKE?
Addressing concordance issues means that we need to understand consumer behaviour.
• What are the motivating factors for this behaviour?
• What do they perceive to be the issues?

Patient categories
Non-concordant patients can be categorised into three general types:

1. The hidden patient:
This group have a symptom-less disease and/or are a time bomb waiting to happen and due to their ignorance and poor lifestyle choices will develop a serious chronic disease at some stage; these patients are also reluctant to “bother the doctor”; an example being the middle-aged person who smokes, drinks and eats a high fat diet – who then goes on to develop coronary heart disease or diabetes or has a stroke – and is then an emergency admission. All of which could have been avoided with a little health education.

2. The intentionally non-concordant patient:
This is the most difficult patient to influence as they have a “don’t care” attitude and have a dangerous ignorance towards their treatment. They do not complete their prescription medication or do not even start their medication. Some just refuse treatment, however obvious and severe their disease.

3. The unintentionally non-concordant patient:
They are willing but may not be so able. For example, the asthma patient who has poor technique when using their devices to deliver their drug may stop therapy because they no longer feel the benefit of their medication.

This is easily fixed by teaching them the correct technique, but is often not identified, so the patient joins the statistics as non-concordant. The other patients in this group are those who have a poor understanding of their medication and the instructions: they may take the wrong dose at the wrong time, or even forget.

When you provide support to the third group in the form of concordance programmes, the outcome is very positive and has a lasting impact on these patients complying with their therapy.
ACTIVITIES TO ENCOURAGE CONCORDANCE

How can you begin to build your concordance programme? There are numerous channels available to pharma companies to improve the statistics. It is important to select the right combination for the patient, their therapy, their health professionals and their disease area. The most effective is a multi-channelled approach, including:
- Face-to-face specialist nurse support – giving clinical support and training. Pre- or post-prescription
- Direct mail
- Packaging with calendar and/or concordance information
- Innovative devices
- SMS prompts
- Internet sites
- Nurse-led call centres
- Motivational techniques (Prochaska’s model of change).

In a patient survey conducted by the NHS there were four key findings that would help the patient concur with their treatments and therapies:
- That it should be available closer to home
- That they be treated ‘as a person’
- That they be a partner in their care
- That they have a choice with their therapy so it fits into their life… and above all for it to be safe.

There are three principles with concordance programmes:
- **Simplicity** – provide patient information on a need basis
- **Clarity** – provide information in patient-friendly language.
- **Empowerment** – the pharma industry to instil trust, thereby enabling healthcare professionals to clarify and endorse the value of the medicine.

STARTING THE PROCESS

The process for setting up a patient support concordance programme should look something like this.
- **Step 1**
  - Obtain senior management buy-in
  - Appoint a dedicated project manager
  - Create a cross-functional team for the programme
  - Ensure resources available
  - Ensure your tactics fit with the overall brand strategy and positive impact
- **Step 2**
  - Identify and motivate key stakeholders

Top 10 critical success factors

1. **Outsource** specialist provision and only choose the ‘Gold Standard’ providers with relevant expertise who will give you added value and continuity.
2. **Right people** – identify all relevant target audiences, including HCPs, patients and stakeholder groups.
3. **Right messages** – understand the behaviours/relationship dynamics. Use effective language, eg, “What do you need?”, not “What do you want to happen?”
4. **Right time** – establish when to deliver support.
5. **Right medium** – listen to needs and design support solutions to match.
6. **Agree goals and outcomes** – show positive mid-term effectiveness.
7. **Assess and evaluate effectiveness** – ensure key milestones are in place.
8. **Define and accept any restraints** and work with them.
9. **Customise needs** – local/regional/country.
10. **Maintain internal stakeholders commitment** – to secure longevity of the programme.

Outcome

- Align objectives to internal and external needs
- Include regulatory bodies
- Increase acceptance of concept internally and externally
- Define a clear roadmap.

**Step 3**
- Design, build and implement the pilot programme
- Create country-specific adaptations
- Communicate detailed brief, provide training
- Establish continuous 360 feedback from learning points
- Analysis
- Project manager to foster cross-country fertilisation in continual improvement process.

The fruits of your efforts and investment in developing a proactive approach to patient concordance should reflect the adage: ‘win, win, win’, with improved quality of life for patients; reduced patient/care costs to payer, and reduced loss of revenue for pharma.

**Author:**

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We’re only just beginning to see the affects and implications of patient concordance and although it’s a new business area, it’s one that creates a very important role for pharma. Here are some of the issues to think about before drawing up a strategy for concordance support.

**ASSESS THE CLIMATE**
A number of trends have aligned to create a climate for concordance. First, of course, the internet is a highly effective catalyst for more informed and empowered patients. (It can, of course, work to disadvantage a brand.)

A second key trend is the NHS policy to give patients greater choice over their treatment. Combined with a shift in emphasis towards primary care, multidisciplinary team working, and the strengthening of the roles of specialist nurses to the extent where some can prescribe, in theory the NHS climate is more than ready for pharmaceutical companies to help introduce concordance programmes. One factor to take into account, however, is that patients’ experience will vary greatly from place to place, doctor to doctor. Think carefully about the customers you may want to give concordance support. How welcome would your support be in these units?

**ASSESS HOW CONCORDANCE CAN SUPPORT YOUR BRAND**
Consider which of your brands will benefit most from having concordance support in place. As the diagram below shows, investing in concordance can protect and drive sales wherever the brand is in its lifecycle.

---

**Value of concordance support across the lifecycle**

- **Development and pre-launch**
  - Build reputation in therapy area
  - Prepare market for product launch
  - Including a concordance element in the drug research phase may assist in NICE submissions and meeting other health economic data requirements

- **Launch**
  - Maximise concordance and therefore perceived efficacy and value

- **Growth**
  - Build sales
  - Maxmise patient and prescriber loyalty

- **Maturity**
  - Retain loyal patients and prescribers in face of new entrants

- **Decline**
  - Differentiate offering versus generic competition
  - Manage ultimate migration of patients to other products in portfolio
WHAT CAN YOU ACHIEVE?
Your concordance support programme cannot suddenly transform the population’s lifestyle, patient psychology, how patients and healthcare professionals communicate and so on. It’s important to identify what you should focus on to use resources effectively. Successful concordance programmes target specific concordance barriers. Consider the following:

• What type of healthcare professional are you targeting?
• What sort of patient are you targeting?
• What do these patients need and want? – for example, typically patients find it hard to navigate the information relating to their condition or may need someone to talk to, to manage their expectations around their treatment.
• What other concordance support is already available for patients, and where are the key gaps?
• Are there opportunities to build on and integrate with materials or concordance support already created?

BALANCE THEIR NEEDS WITH YOUR RESOURCES
As with any part of the marketing mix, there is a wide range of media and tools to draw on when creating a programme of concordance support. Because of regulatory restrictions on communicating direct with patients, and the specialised nature of concordance, you need to look for external agencies with a proven track record in concordance, whichever mix of media you want to use. The mix could include:

• Direct mail (eg, for reminders, motivation)
• Telephone call centres (eg, for helplines, nursing support, telephone medication reminders, and managing patients’ expectations of their medication)
• Medical education online or printed (eg, helping patients to understand their condition, and how to manage it)
• email and SMS reminders.

CHECK THE BASICS FIRST
Before investing in concordance support, make sure that you are getting some of the groundwork right. Try this ‘hand on heart’ test. Pull the patient information leaflet out from one of your products. Look at it cold. Try it on your granny. Are you absolutely confident that it’s as clear as it can be? As your key, in situ information source for patients, is it doing its job in promoting concordance?

There is a powerful concordance advantage to be gained by brave marketing departments triggering work with regulatory to carefully develop a clear patient information leaflet through the approvals system. The alternative is the endemic madness of concordance programmes having to create leaflets to explain their patient information leaflet.

KEEP YOUR REGULATORY TEAM ON BOARD
Carefully induct your regulatory team about what you are trying to achieve and how. This relationship is absolutely key. The closer you try to get to patients, the further you move from regulatory’s comfort zone. For example, relevant codes of practice, such as the ABPI’s, are clear about what is forbidden, and the easy and safest route is for regulatory to kill concordance support programmes at inception.

Don’t be deterred, there is still huge potential within these codes but this relies on expert interpretation from your regulatory team and flexibility, both on your part and theirs. Keep them in the loop to avoid expensive rework and delay, and build realistic time into your schedule for their input.

PREPARE THE SALES TEAM
Sales teams get switched on about concordance programmes because they see the potential for increased access to customers, strengthening relationships, building reputation and driving sales. The impact of potential regulatory breaches could be so high that it is vital to make no assumptions about the sales team’s understanding of the relevant codes of practice, and their commitment to live up to these. For example, while sales teams may know they need to steer clear of product messages in meetings on medical education support with customers, practising some challenging scenarios may help to reinforce how they keep these two areas separate in the real world.

BUILD ALLIANCES WITH PATIENT ORGANISATIONS
Seek alliances with the most relevant patient organisation(s). There are a number of benefits that go with this, including:

• Credibility (ideally badging the support with the organisation’s endorsement).
• The recruitment of patients for contributing to and testing any resources or services you create.
• Related publicity and profile to your concordance support.

Patient input to any concordance work is vital. Patients:

• Need to see how other patients deal with the challenges they share.
• Need positive role models to see how they can manage their treatment better.
• Like to hear the views and experiences of other patients in plain, direct English.

MEASURING SUCCESS
The reality is that effective concordance is a medium- and long-term investment from your marketing budget. This is far from philanthropy – it is enlightened self-interest and, done well, a well thought out concordance programme benefits you, your customers and their patients. The impact on patient retention and sales will take time to filter through, but an effective concordance programme is a key way to extend the profitable window of a product, and build sustained sales.

In addition to your internal marketing and sales measures, it is vital to measure the change in patients’ concordance in an anonymised way, through a third party. Thinking through concordance issues well in advance and planning how to address them will make all the difference between a leading, effective, targeted concordance support programme, and an expensive, delayed, ‘lip service’ and ultimately irrelevant piece of marketing.

Author:

Sunita Apte is pharmaceutical business manager at AXA Assistance UK. She can be contacted at Sunita.Apte@axa-assistance.co.uk or on 01737 852519
“We’re going to get in a contract field force, up advertising and do a DM campaign. HOPE it works.”

“I’m using a Wizzard patient communication campaign. I KNOW it works”
creating a strategy

Encouraging patient concordance is about more than marketing gimmicks that get patients to take their medicine. Behavioural change is a complex and long-term aim, and in order for it to happen all stakeholders in the patient concordance equation need to be involved in the development of a strategy.

Patient concordance has reached the top of the healthcare agenda in recent years as a result of the government and the pharmaceutical industry realising the true cost of patients failing to comply with medical advice and medication regimens. Patients failing to fill prescriptions are estimated to cost the pharma industry globally about $25bn in lost revenues. The cost of non-concordance to the NHS is thought to be about £1.3bn a year.

Encouraging concordance, however, is not all about economic cost. The cost of non-concordance to society and to patient care is significant. In 2002, the Department of Health officially adopted the principle of concordance in recognition of this huge cost and as an attempt to encourage concordance. With this in mind, any patient programme will need to address concordance from the outset.

Research over the past decade has clearly shown that poor communication is a major factor leading to non-concordance. The principle of concordance is to change the dialogue between healthcare practitioners and their patients, so that patients feel involved in treatment decisions regarding their illness.

A good patient concordance programme will therefore seek to change attitudes and behaviours in all stakeholders at all levels. In many instances, the patient, in fact, will require the least attention. A good programme will bust the myth that the ‘prescriber is king’ and encourage a dialogue between all stakeholders.

Different diseases or health concerns will have individual factors that determine which direction a concordance programme takes, but essentially what we are talking about here are support strategies that ultimately lead to more patients taking their medication and following medical advice. The development of a strategy for a patient concordance programme is a logical process, along the lines of the following steps.

**STEP ONE: APPOINT EXPERTS AND IDENTIFY OBJECTIVES**

It is vital to clearly identify your objectives right at the beginning and make these apparent in every step of your strategy development. If you were running a patient-concordance programme for a prescribed asthma medication, your over-arching objective might be to encourage more patients to actually take their prescriptions to the pharmacy for dispensing, since we know that unfilled prescriptions are a major source of lost revenue and that asthma patients are commonly cited as having a high rate of non-concordance.

If, on the other hand, you were running a patient concordance programme for mental health, your objective might be to enhance the knowledge of patients and healthcare professionals on the range of treatment options available in mental health, since we know that the difference between atypical and typical antipsychotics is not widely understood, and that access to talking therapies (eg, cognitive behavioural therapy) varies around the nation.

The involvement of external specialists and groups would differ vastly in these two programmes – potentially a much wider range of stakeholder groups would need to be engaged in the mental health programme than in the asthma medication programme.

Making your objectives clear at all stages and to all parties involved in the development of your strategy is key to achieving the open dialogue that will bring positive results.

**Bringing in external expertise**

Appointing a medical education agency should take precedence over setting final objectives. An agency with experience in patient concordance programmes will have a process to help you arrive at realistic and time-focused objectives.

When choosing medical education and creative agencies, you must keep in mind they will need to work together closely. If you don’t choose an integrated medical creating a strategy

An effective patient concordance programme aims to change attitudes and behaviours in both healthcare providers and patients. So, in practice, how can pharma affect these thought/behavioural processes?
education agency with a branding arm, you should consider two agencies that have demonstrable experience in working together or working with third parties to produce successful pharmaceutical or medical campaigns.

**STEP TWO: IDENTIFY AND INVOLVE ALL STAKEHOLDERS**

In any patient concordance programme, it is advisable to seek input from external stakeholders: medical and nursing practitioners, pharmacy professional bodies, patient groups and academia. Although the following is not an inexhaustible list, here are some groups to consider for input:

- Medical and nursing practitioners from the acute sector
- Healthcare providers from the primary care sector
- Representatives from primary care trusts, eg, medicines' management teams
- Patient interest groups and other advocacy groups with an interest in your treatment area
- Pharmacy professional bodies, or local pharmacy representatives, if you are

conducting a localised campaign
- Academics with an interest in your treatment area or who specialise in patient concordance
- Carers associations, such as Carers UK.

You will also need to establish a stakeholder group from within your own company and ensure all relevant areas, such as medical, regulatory and legal, are represented.

**STEP THREE: GROUP BUY-IN**

Now that you have secured the involvement of stakeholders you will need to use their expertise to define your strategy. It is important that all stakeholders buy in to the approach you decide to take. Gaining agreement and buy-in from all stakeholders is essential in developing a strategy that will work in the long term. The conversation that happens at this level is actually a key element of the concordance programme. At this stage you should be hoping to mould the stakeholders in your group into advocates. This is much more likely to happen if your stakeholders truly believe they have been part of developing a programme that will work. And it’s more likely to work if they become long-term advocates of it.

**STEP FOUR: TACTICS**

Develop tactics and initiatives for your campaign in conjunction with your appointed agency(ies). Tactics employed will largely depend on your programme’s objectives and will vary widely depending on whether you are targeting prescription medicine or over-the-counter concordance. Although the following is by no means a full list of all the possible activities that could be employed, here are some that could be considered:

- Education material for healthcare professionals
- The development of methods and collateral that facilitate conversations between the healthcare professional and the patient, and between all stakeholders
- Patient information material
- Packaging – how can packaging make it easier for patients to remember to take their medication?
- New technologies, such as electronic devices that remind patients when to take their medication and can be tracked
- Marketing material – make sure you are using these materials in the appropriate way, in line with guidelines.

**STEP FIVE: DELIVERY**

Don’t let all your hard work fail at this stage. Your programme should be executed with thorough attention to detail. Professional quality checking should take place on every deliverable in your programme. Developing realistic timelines and then meeting them is important in the delivery stages.

Remember, your stakeholders have this name because they have a stake in this programme. You must deliver what you have promised them and continue to communicate with them as you roll out your programme, so that they know what is happening and when. They will become – or remain – advocates of the programme only if they know how and when it is being delivered and if they have faith that the delivery is what the programme promised.

**STEP SIX: EVALUATE**

Measuring the success of your campaign will help you to understand concordance issues better in your treatment area. Your ultimate evaluation will not only measure increased concordance, but it should aim to measure a shift in behaviours and attitudes at all levels in the equation. It is important to engage your stakeholders in the evaluation process. You will want to know how they felt about their involvement and they will definitely want to know the results of the programme itself.

Patient concordance programmes that ultimately succeed will change behaviours in both patients and healthcare professionals. In order for that to happen, all stakeholders who can influence concordance – both within and outside the NHS – need to be truly engaged in a conversation about the best way to ensure patients follow the advice of healthcare professionals. Patient concordance programmes are truly hearts and minds

Most of this expense was incurred in hospital – 59 per cent of costs were for hospital services, compared to just 7 per cent psychiatric costs and 5 per cent for the cost of medication. Studies in the UK (Almond S, Knapp M, Francois C et al. British Journal of Psychiatry 2004; 184: 346-351) and Finland (Tiihonen J, Wahlbeck K, Lönnquist J et al. British Medical Journal 2006; 333: 224-227) show that relapse is a major cause of hospitalisation in schizophrenia patients, and other studies (DeQuardo JR, Tandon R. Journal of Psychiatric Research 1998; 32: 229-242) have found the best way to prevent relapse is through concordance.

WHO ARE THE STAKEHOLDERS IN MENTAL HEALTHCARE CONCORDANCE?

So what stakeholders would you involve in developing a patient concordance programme for schizophrenia that could potentially have such widespread effects? Based on the checklist from step two, let’s see why these groups are so relevant:

- Medical and nursing practitioners from the acute sector – representation from the acute sector is essential since the majority of mental healthcare costs are hospital-related
- Healthcare providers from the primary care sector – GPs will need to be consulted and have a full understanding of the impact of mental health outside the primary care setting
- Representatives from primary care trusts – representatives from mental health trusts plus commissioners and medicine management teams
- Patients’ interest groups and other advocacy groups – the Schizophrenia Association of Great Britain, SANE and Mind could all provide valuable input
- Pharmacy professional bodies – in a widespread or national campaign, professional bodies should be involved at the outset
- Academics – there has been a wide range of academic interest in the area of mental health in recent years
- Carers – carers have a particularly important role to play in mental health and have traditionally been involved in patient treatment.

Mental healthcare concordance – the specific challenges and stakeholder parties

Mental healthcare concordance – the specific challenges and stakeholder parties

As we see from the above boxed copy, mental healthcare has its own, specific requirements. An open dialogue between the stakeholders appointed to the advisory group will provide a blueprint for a concordance programme, but what might some of the tactics in, say, a patient concordance programme for schizophrenia include?

**Encourage dialogue between primary care and mental health trusts**

Mental health trusts should be fostering a clear and open dialogue with the acute sector and primary care trusts. The acute sector needs to know mental health patients have support once they are discharged, and GPs need a full picture of what is happening in mental health outside the primary care trust. How can your programme facilitate this dialogue at a local and national level?

**Encourage dialogue between patients and doctors**

A range of tools and techniques could be employed to encourage more open conversations between healthcare professionals and their patients. These conversations need to enable the patient to have a say in his or her treatment.

**Educate service providers about different treatment options**

Focusing on cost in prescribing antipsychotics could be counter-productive, especially given the relatively low cost of drugs in the treatment of schizophrenia and the high cost of relapse due to non-compliance. Commissioners and medicines management teams should also be a target of any education programme on the differences in the treatment of schizophrenia.

The education programme should aim to educate stakeholders on the range of treatment options available. That is, it would include talking therapies, as well as information on the differences between typical and atypical antipsychotics, and the differences between the atypical antipsychotics on the market.

An ongoing campaign that used credible, reliable – either existing or commissioned – research could be effective.

**Providing patients with information**

Finally, on this quick checklist of activities for concordance for patients with schizophrenia, we need to include of course direct communications with the patients. If schizophrenia patients are to be given real choice in their treatment regimen they need to have access to clear, plain English information on the range of treatment options available, and both their benefits and their side-effects. (This point, of course, applies equally to every area of patient support.) A strong patient information campaign will make it as easy as possible for patients to receive and understand this information.

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Recipe for Success

Ingredients:
Take - 1 part Client Aspiration and 1 part Peach inspiration

Add in the ingredients for success:
• Listen to and deliver your business needs as your chosen contract service organisation
• An alliance with Peach, who will share your goals and act as a true ambassador for your organisation
• Just the right amount of hand picked Peach Professionals who have been rigorously selected and trained to deliver the Gold Standard of clinical nurse support
• The most cost effective, multi channelled, patient focused programme to “wrap around” your product of choice

Mix with the exact quantities of the following:
• Abundant experience in delivering successful “wrap around” programmes
• Copious amounts of expertise in communication and education
• Ladlings of specialist knowledge and professional conduct
• Vast amounts of innovative and “on-message” support materials
• Inexhaustible amounts of passion and vision

Method:
Mary the beast this “Peach formula for success” to give you the triple win;
1. WIN for the Patient
2. WIN for the HCPs
3. WIN for your Product

Dessert: A sumptuous dish of ROI.

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Managing Director Peach Associates Limited
T: 01564 742 167
Jayne.williams@peach-associates.com
Clinical researchers estimate that, with most conditions, patient concordance rates are 50-60 per cent, but with some conditions they drop as low as 10-20 per cent. Whichever end of the scale your customers sit, the reasons for non-concordance are often varied, but contributory factors include:

- Unwanted side effects
- The complexity of the regimen
- The patients’ view of their illness and treatment
- Confusion or physical difficulties.

According to a 2003 study by the Medicines Partnership (an initiative of the Department of Health), effective ways of improving concordance rates involve the complementary use of educative, practical, and emotionally and behaviourally supportive interventions. The study also showed that, regardless of the specific knowledge imparted, self-management programmes, which help to raise people’s sense of self-efficacy and confidence, promote better medicine taking.

Our experience has shown that involving patients in the management of their condition has a considerable impact on their ability and desire to comply with their treatment and make lifestyle changes.

**DO RESEARCH ON YOUR PATIENT**
Every patient concordance/support programme should start with a full understanding of the reasons why those patients don’t concur with their treatment. Qualitative patient research will provide you with valuable insights into what impact the condition has on the patients – physically and emotionally – and give you a deeper understanding of their lifestyles and when they’re most likely going to require support. Starting a concordance campaign with this in place will ensure you deliver the right message and at the appropriate time.

The two types of qualitative research techniques open to you are to conduct either focus groups or individual in-depth interviews. The decision to use one method over another will depend on the stigma attached to the condition.

For example, patients suffering from depression are unlikely to speak out in a focus group and so more would be gained from speaking to them individually. whereas patients living with conditions such as hypertension or venous leg ulcers can benefit from focus group dynamics, as it offers a forum to vocalise their common experiences.

Don’t be afraid to ask the same questions of different age groups, sexes and races, as you can find the responses highlight an interesting and unknown fact, or even a new method of communicating with them.

A typical research discussion guide would include questions about the patients’ experience of:

- The disease pathway
  - When they require the most support?
  - When they are most likely to come off their medication and why?
- The emotional impact of living with the condition
  - How they feel before they go on treatment and during treatment?
  - Who they ask for support?
  - Who they would like to have supporting them?
- The physical impact of taking the medication
  - Do they feel worse before they feel better (side effects)?
  - Whether their view of the treatment alters as they start to feel better?
- The preferential communications methods:
  - Personal support through nurses?
  - Text messages?

So, we have a fair idea of the opportunities – and challenges – for pharma. The next step is to ensure you are equipped with appropriate expertise and practical tools to reach the key stakeholders...
Through web-based routes?
– Via email?
– Or mailed materials?

Conducting qualitative research also provides you with an ideal opportunity to ‘test market’ a concordance campaign. To gain maximum benefit from this research it is worth doing some preparatory work to produce a series of compliance campaign names, visual identities and brandings. Ask for patient feedback on names, straplines, colours, words and images to gauge which campaign is likely to resonate most with the target audience during their care pathway. This will help ensure your campaign doesn’t patronise the key audiences you aim to support.

**SETTING OBJECTIVES**

As stated in earlier features, in order to comply with the ABPI Code and to measure the success of the patient concordance campaign, it is essential you set clear objectives. An example of these could be to:

• Empower patients with tools for lifestyle change and improved health outcomes
• Increase therapy duration and compliance
• Educate HCPs
• Increase brand loyalty and awareness through the development of relationships with HCPs and patients.

**KEEPING THE FIELD FORCE INVOLVED**

The pharmaceutical field force team play a crucial role in ensuring the successful uptake of the patient concordance campaign amongst HCPs. Detail aids (both e-detail and printed formats) should be developed that enable the field force to guide the HCP through the programme. These should explain the benefits to both HCP and patient. Many patient concordance programmes involve gaining the HCPs’ support in the registration process. To launch the programme, we always recommend hosting a meeting that showcases the qualitative research results, showing a distinct need from patients for this type of support, and explaining in detail the structure of the programme. Sometimes this is not practical or timely and so another technique is to conduct a train-the-trainers programme utilising CD-ROM or web-based tools and roll those out through field force managers.

**In summary – key points to remember**

As patients feel better, they consider stopping treatment. “Why do I need this anymore?”

To launch a patient concordance programme, we always recommend hosting a meeting that showcases the qualitative research.
TOOLS FOR THE MEDICAL COMMUNITY

Patients are increasingly well informed and, whilst they will seek advice and guidance on medical treatment, a concordance programme offered through the HCP who is involved in that specific form of treatment is more likely to be taken up than one the patient finds themselves.

A well-designed and well-managed patient concordance programme should save HCPs’ time in handling general queries from patients, and aid concordance.

When engaging with HCPs, you need to reassure them that their patients will benefit from the programme and that it won’t add to their already considerable work-load. It is, therefore, essential that all information-sets are created specifically to explain the programme to the HCP and provide an easy method for patients to access the support available.

A strong leave-piece should aim to engage the HCP by outlining the latest non-compliance data for that condition, providing an explanation of how the programme works. Showing the benefits the programme offers to both the patients and the HCP and providing details of how the patient can register on the programme.

When devising materials for the HCP, remember to consider the fact that most of them have limited space to store information and once stored, access to that information may be difficult. For that reason, make sure the programme information and registration tools are compact and memorable – items such as tear-off pads, DL leaflets, and credit-card-sized leaflets with registration details (website, postal address or freephone numbers) have proved to be most effective.

PUTTING IT INTO PRACTICE

Patients respond best to personal contact and yet can feel intimidated by their HCP, expressing concerns about ‘wasting his/her time’ or finding it too embarrassing to discuss physical or emotional aspects of their condition. However patients tend to view nurses as being more approachable and having more time available to discuss their concerns.

One of our campaigns supported patients with mental health conditions to continue taking their medication during the period they were most likely to feel worse (because of side effects). The programme also successfully provided on-going support and education as these patients were shown to be discontinuing treatment when they felt better.

This campaign sought the involvement of qualified health professionals to proactively contact patients to provide information, advice and encouragement throughout the course of their treatment.

Nurse-led support concordance programmes are more effective than those without personal contact. While these programmes require some effort to set up, the impact upon concordance can be significant. Companies such as International SOS provide education, counselling and support to patients through teams of qualified health professionals. These HCPs proactively contact patients to provide information, advice and encouragement throughout the course of their treatment.

International SOS has worked across a number of therapy areas, offering programmes that are primarily telephone-based, offered through a support network of qualified nurse consultants who guide patients through a customised programme. The programmes involve regular, proactive telephone contact with patients, and key messages are reinforced through mailings at crucial points throughout the treatment regimen.

In addition, patients have access to a freephone support service as often as they require, for queries on dosage, side effects and lifestyle, or simply to have a motivational chat.

MAKING GOOD USE OF THE LATEST TECHNOLOGY

Datamonitor’s eHealth Insight Survey from 2005 revealed that patients have a strong interest in using technology-enabled services to facilitate their interaction with their physician. The survey showed that email communication with their physician and access to technology-enabled concordance tools were rated most highly.

The use of mobile devices such as PDAs, iPhones and Blackberries is growing, although adoption of these as a means of support is relatively slow and often focused around business usage. However, they are not to be ignored – many patients have access to laptops and use them regularly to search for health-related information. In this day of ‘always-available’ communications, mobile phones can also be incorporated into patient concordance programmes.

Email and SMS messaging services are useful tools for reminders about re-filling prescriptions, taking medication (particularly if the medicine is weekly or monthly) and for scheduled medical appointments. SMS messaging is particularly successful for younger audiences who are avid users of mobile technology but is unlikely to reach the more senior age groups. However, even for younger audiences it does have limitations for more complex messaging, because of the 160 character limit.

Web-based concordance programmes are more attractive to patients who already spend more than 10 hours a week online. These patients may also respond favourably to support provided through CD-ROMs. These media work well for personalised treatment diaries, downloadable information booklets, practical video clips from clinicians and patients. They can incorporate more extensive questions and responses about the condition and treatment. They are also very easy to measure to ensure objectives are met.

Concordance campaigns, that provide your key audiences with the most effective information at the most appropriate time, create a win-win-win situation for the patient, healthcare professional and for pharma.

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Putting the ‘patient’ into patient compliance

At 90TEN, we develop compliance programmes with the patient in mind, building programmes that understand the patient journey and when patients’ most require support.

To find out more, call Paul Tanner or Carole North on 020 7627 0990 or email paul.tanner@90ten.co.uk

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We know what they’re thinking

If you want to talk direct to consumers, talk to Rapp Collins Consumer Health. We know more about consumer behaviour than any other agency in the pharma sector.

Our deep insights and expertise have enabled us to create powerful disease-awareness campaigns to drive consultations, award winning relationship marketing programmes and highly-successful persistence and compliance programmes that build loyalty.

We love what we do, and we enjoy doing it. That’s important to us. Equally important is our commitment to delivering serious returns on all our clients’ investments.

To find out how we’ve achieved this, and how we could do the same for you, contact John Perkins at john.perkins@wwavrc.co.uk or call 020 8735 8846.

www.rcch.co.uk
**Bespoke homecare solution**

Currently over 25,000 patients in the UK are receiving artificial nutrition (BANS). The evolving services offered by the NHS means that many of these patients are looking to be treated within the community. A homecare service can be critical to a patient remaining compliant with their nutritional regimen and ultimately preventing the severe consequences associated with malnutrition.

**Challenges**

The level of care needed differs for each patient and often access to GPs and pharmacies can prove enough of a barrier to prevent concordance. Therefore services need to be adaptable not only to the patient but also to the Primary Care Trust responsible for their care, therefore:

- Ensuring patients receive a level of care that allows them to be concordant with their nutritional needs and maintain a quality of life, but in a way that doesn’t dominate day-to-day living.
- Removes the frustration of the prescription cycle and collection.
- Provides a working partnership with the PCT that is flexible enough to allow for bespoke needs, depending on services available in the area.

**Solution**

From our experience we know that there are many opportunities for pharmacies and pharmaceutical companies to collaborate and improve information flow to the patient. By establishing a direct IT-enabled communications service that operates at the point of dispensing, we could provide timely prompts and information (see below) from within the pharmacy software, at the time of the patient’s visit to collect their prescription.

**Results**

The activities we put in place were measurable – we were able to evaluate the effect on patient care and concordance, and provide feedback to both the pharma company and participating pharmacists. By seeking advice from an independent pharmacy panel when developing the programme, we were able to ensure that the information provided would have the best outcome.

**Below: An example of a prompt received by the pharmacist**

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**Reaching patients through pharmacists**

Without the right advice, too many patients fail to take their medicines properly. Most usually the pharmacist is the last step in the sequence of healthcare professionals to see the patient. With the right information to hand, the pharmacist is perfectly placed to advise the patient about how they should take their medicine correctly.

**Challenges**

There were several reasons why patients were not being fully concordant with their asthma medicaton. Research had shown that there was a high incidence of patients not using their bronchodilators correctly, which impacted on the improvement in their symptoms. This, in turn, led to poor patient motivation to continue treatment and either intermittent use or even the patient discarding their medication altogether.

**Solution**

A homecare service has been developed that can be tailored to offer anything from full nursing care to a logistical delivery service or a 24-hour advice helpline. This ensures that patients receive their prescribed nutrition in time and with minimal disruption.

Offering this support network means patients can receive advice and care to fit with their lives. The level of care offered is agreed with each Trust to ensure all factors are taken into consideration.

All the interactions with patients are recorded and then this information is returned to the relevant healthcare professional. This enables patients to improve concordance with their nutritional regimen. The bespoke nature of the homecare service reduces part of the pressure that is associated with their continuing care and supports them in managing their lives.

**Results**

- Proven reduction in hospital admissions
- 99 per cent satisfaction rate, assessed through patient and customer surveys
- Increased uptake of services offered.

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Bespoke homecare solution

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Author: Alison Williams is vice president, marketing and communications, at Aegate Ltd.
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Reaching patients through pharmacists
There are better ways to improve compliance.

You know what non-compliance can do to both clinical and business outcomes: on average, only ⅓ of patients take all their medicine; ⅓ take some; ⅓ none at all.

What you may not know is that compliance programmes can work, have worked and together we can make yours work.

AXA Assistance can share with you more than 8 years’ experience in tailoring and managing successful compliance programmes. These involve a highly professional team of nurses and clinical managers using integrated telemarketing, mail and web communications.

We have supported many brands and, with an average increase in compliance of 30%, demonstrated a profitable return on investment.

AXA Assistance compliance survey 2007 confirmed that pharma industry has a role to play in order to improve patient compliance.

For a copy of the survey or for further information, please call Sunita Apte on +44(0)1737 852519 or email sunita.apte@axa-assistance.co.uk

Through us, you can talk to patients.
The role of PR in the marketing mix
Why organisations need to exploit new technology
How to create a defensible and measurable strategy

PLUS:
1 instant expert
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At 90TEN we provide strategic insight, set SMART objectives, and combine these with half a century of PR expertise to deliver award-winning campaigns that are compelling and targeted. Campaigns that mobilise your audiences, giving them the greatest access to information that empowers them to make the right choice.

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www.90ten.co.uk
Public relations has clearly established itself as an essential part of the pharmaceutical marketing mix. Now recognised as a strategic element in the marketer’s armoury, PR is no longer an ‘add on’, a ‘luxury’, or simply a way of leveraging an advertising campaign. So, what can PR deliver? How can you ensure that it plays an integral role in your marketing strategy? And, how do you ensure PR works in synergy with the other parts of the marketing mix? The answer, in part, is integration. We generally interpret the word ‘integration’ (from the Latin integer, meaning whole or entire) as combining parts so that they work together or form a whole. As the adage goes, the whole is greater than the sum of the parts.

IN TIMES OF BUDGET RESTRAINTS
It is hardly surprising that in a post-blockbuster era, integration is becoming an increasing reality in pharma marketing. With budgets squeezed, marketers need to see a greater return on their marketing spend – they need campaigns that can feed and fuel themselves. These campaigns need to maximise synergies and capitalise upon the strengths of each discipline within the pharmaceutical marketing mix.

It is no coincidence that the most successful PR campaigns over the years have been those that were strategically synchronised and planned alongside other marketing disciplines, from sales rep visits to mailings and advertising.

Gone are the days where planning was conducted on a discipline-by-discipline basis, each responding to a specific part of the brand challenge. From the outset, marketers have woken up to the demonstrable benefits of adopting a brand-centric channel neutral approach to planning. Adopting an integrated approach works on the principle that no one discipline is better than another but that each can deliver something different for the brand. Recognising and respecting this helps to ensure that the brand is the number one priority when planning any programmes.

The channel neutral approach sees the development of a central strategy – the big idea/creative platform and core messaging – before decisions are made about which marketing disciplines to deploy and when. Only once these are defined can they be rolled out via the relevant channels (i.e., PR, advertising, market research, direct marketing, medical education, etc). The relevant disciplines will then be selected based on a number of criteria – including impact, cost-effectiveness, budgets, demographics, target audience habits, timelines etc. The investment and spend allocated to the different disciplines will often play a greater or lesser role, depending on where the brand is within the product life cycle.

THE PR PART OF THE PLAN
Whether PR is one of the channels required to bring alive the big idea and deliver the brand message as part of an integrated brand campaign, or it is used on a stand-alone basis, it is important to understand what PR can and cannot achieve.

There are various definitions of PR but the one from The Chartered Institute of Public Relations (CIPR) provides a good starting point and is commonly adopted in UK PR circles: “PR is the planned and sustained effort to establish and maintain goodwill and mutual understanding between an organisation and its publics.”

From a pharmaceutical perspective, the Healthcare Communications Association (HCA) has a similar definition, but adds that, “successful PR is about leveraging advocacy, and must be underpinned by clear objectives and outcome criteria.”

So what does that mean to pharma brand management? In the simplest terms, PR is about acquiring and capitalising upon advocacy or third-party endorsement.

Drilling down, healthcare PR can:
• Reach a highly defined target audience
• Increase awareness of a particular disease
• Build understanding of the need for a new or existing treatment
• Increase share of voice in a competitive marketplace

It is no coincidence that the most successful PR campaigns have been those that were strategically synchronised.


**Figure 1**

<table>
<thead>
<tr>
<th>PR</th>
<th>Advertising</th>
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<tbody>
<tr>
<td>Indirect communication via third party</td>
<td>Communication directly from the company</td>
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<tr>
<td>Third-party delivery confers increased credibility to messages</td>
<td>Overtly commercial messages</td>
</tr>
<tr>
<td>Less control of messages – what is communicated is subject to change and interpretation by medium/third party</td>
<td>Absolute control over what appears</td>
</tr>
<tr>
<td>Good for communicating more complex issues</td>
<td>Good for simple, hard-hitting or emotional campaigns</td>
</tr>
<tr>
<td>Effective at reaching highly targeted audiences</td>
<td>Effective at reaching broad audiences</td>
</tr>
</tbody>
</table>

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**Public Relations**

1. **Research and qualify**

   Establish a thorough understanding of the current marketplace. Any marketing or communications campaign needs to be built upon a thorough understanding of the current market, including: competitor landscape, regulatory framework, guidelines and current practice, etc.

   Alongside this it is important to establish a clear understanding of the opportunities and challenges associated with the brand (you may wish to consider this as a SWOT analysis).

   All this qualification of the marketplace helps to benchmark the programme – particularly important when looking to measure the success of your PR programme, whether it is in isolation or as part of a broader marketing programme.

2. **Know your target audiences**

   Paint a clear picture of the audience(s) the brand needs to reach. How and when target audiences like to receive information forms the basis of any successful PR campaign – where do they go to get information about the latest medical advances, who and what are their trusted sources of information, what do they need and want to know, etc. At this stage it is also important to understand their perceptions and understanding of the brand so that behavioural goals can be established.

   This will not only establish the specific needs of the different target audiences, but will also help to build a picture of what will resonate with them and what they will respond to.

3. **Set SMART objectives**

   Setting SMART (specific, measurable, achievable, realistic and timely) objectives at the outset helps to ensure accurate objective assessment of a campaign’s success. It is important to garner consensus and buy-in to these objectives – ensuring they link to the commercial targets for the brand – before progressing further with planning the specific PR approach.

   Examples of SMART objectives include:
   - Product X is included on 50 per cent of formularies six months after launch
   - Awareness of condition Y among young women increases from 20 per cent to 50 per cent in one year
   - 60 per cent of parents seek information about product Z from their health visitors
   - 95 per cent of media coverage associated with campaign A includes at least one key message.

4. **Define your PR strategy**

   While objectives are about where the brand wants to be, strategy is about how it is going to get there. Building upon an understanding of the needs of the target audiences, research insights then inform the strategic direction for the campaign.

   Using the thorough research and understanding of the target audiences, a number of key insights can be determined to inform the strategy. There are many factors that influence a strategy and these will vary throughout the brand life cycle, such as competitor launches, research data and publication of new treatment guidelines.

   The objectives and strategy for the brand should be continually reviewed and, where necessary, refined. Ideally, this should be conducted in association with the other elements of the marketing mix to ensure that each work in synergy to best support the brand.

5. **Messaging**

   Although core messaging for the brand may have been defined as part of the integrated approach, it is important to ensure that these work for PR audiences – the media and third-party advocates. As PR can be used to communicate complex concepts, this is the opportunity to add detail to the core messages through proof points and evidence.

6. **Tactical plan**

   Having defined the objectives and strategy for the brand, the next stage is to determine how to bring them, and potentially the integrated ‘big idea’ alive, in the form of a tactical PR plan.

   This plan details the specific tasks required to implement the strategy – the how and when. This tactical plan will comprise a range of activities including:
   - Press announcements and press conferences
   - Third-party roundtable briefings
   - PR toolkit including core media materials
   - Media training for spokespeople

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**THE USPS OF PR**

With PR, outcomes cannot always be guaranteed because it relies upon a third party to deliver brand or campaign messages. What is said and what is ultimately received by target audiences cannot be directly controlled.

As shown in Figure 1 (above) a useful comparison of the USPS of PR and what it can achieve versus the merits of advertising can be drawn.

**DELIBERATING AN EFFECTIVE PR PROGRAMME**

Whether PR is used as part of an integrated campaign or as a stand-alone vehicle, there are some universal principles which guide the planning process:

- Prepare a market for a new brand/indication
- Communicate brand differentiation
- Influence decision makers
- Work synergistically with other marketing activities.
DELIVERING THE PR PLAN
Delivering a PR strategy effectively is dependent on building a successful PR team. The investment in PR can vary across the life of a brand – at key times, such as pre-launch, when it is important to consider the benefit of working in partnership with external specialists – a PR agency. This consultancy can provide not only additional manpower but also creative firepower and experience to help deliver a successful PR programme. Not all PR consultancies are the same; they vary in size, expertise, quality and reputation. They each bring different perspectives to a brand challenge and care should be taken to select the right consultancy to meet the brand’s needs. In general, PR consultancies will offer a number of core services:

• Third-party and advocacy development
• Internal communications
• Disease awareness programmes – unbranded PR campaigns aimed at increasing understanding of a particular condition
• Media relations – news, features, case studies – targeted at medical, trade, consumer media including online, print and broadcast
• Data communication/launches
• Conference and event management
• Issues preparedness and management
• Media/presentation training.

At this stage it is important to say that this PR consultancy support is not intended to replace any internal PR resource within the company. Both bring different perspectives and skills to the brand including:

The role of the PR consultancy is to bring:
• External perspective
• Resources to deliver large-scale activity including on an international basis
• Wide-ranging experience with varying projects for different clients
• Extensive – and pooled – media relations contacts
• May be able to draw upon resources/learnings from other industry sectors (particularly if a part of a full-service agency).

IN CONCLUSION
PR is a key component of the marketing mix. One of its major benefits is to build advocacy for the brand it can deliver credible messaging and understanding among target audiences. If you enable PR to work in partnership with other marketing disciplines – by adopting an inclusive and integrated approach – and it will ensure you reap maximum rewards for the brand.

Top tips to building effective client/consultancy relationships

There are five key points in building an effective partnership:

1. Treat the consultancy as an extension of the in-house team – where possible, ask them to attend marketing team meetings and encourage relationship-building with other members of the marketing team (including other external consultancies where used)
2. Establish expectations from the outset – be clear about what is expected from the agency team and what is not required
3. Provide them with a thorough briefing and all the information they need to do to deliver success. Keep the agency team informed of developments as they happen so that they have the opportunity to respond and adjust their proposed approach
4. Avoid impossible deadlines – give the consultancy the time and opportunity to do the best job for the brand
5. Encourage an honest and open working relationship – praise them when they do something well and provide them with constructive feedback when perhaps things haven’t gone quite as well as expected.

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• Issues management tools including Q&A and statements
• Online media relations including webcasts and podcasts.

As with other parts of the marketing mix, it is important to remember that both at the conceptual stages and again when defining the tactics, the Association of the British Pharmaceutical Industry (ABPI) Code of Practice should be considered at all times. The challenges it poses are very specific to healthcare communications and it is paramount that activities comply with the Code. This is course applies to all areas of marketing.

7. Evaluate success
PR is one of the most powerful tools in the marketing mix and used wisely it can deliver impressive results. It is most often compared with advertising and is, in some cases, still evaluated against equivalent advertising spend.

Although this can be a useful demonstration of value for money, it fails to take into consideration the value of the most important aspect of good PR – third-party endorsement.

Establishing some form of benchmarking at the start of the campaign will ensure that the PR programme stays on track. It is a false economy not to set funds aside for this purpose.

When evaluating the PR campaign, its success can be gauged both in isolation and as part of the overall brand strategy. Did the PR activity meet its SMART objectives? Which tactics were most effective? Did the campaign deliver a good return on investment? How could it be improved upon in the future?

This evaluation may be informed in a number of ways:

• Media analysis – including coverage analysis, key message uptake and delivery, media reach, etc
• Event evaluation – feedback from participants/attendees
• Brand/marketing research – how has PR activity specifically influenced a change in behaviour
• Sales data – uptake in sales, etc.

For advice and guidance on how to evaluate the success, the HCA has developed a useful and informative Evaluation Toolkit.
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As one of the top 5 healthcare PR and Med Ed agencies, our 40-strong team prides itself in nurturing a strategic approach to modifying behaviours and providing counsel, to cultivate and drive the communication needs of your brand. From media and advocacy relations through to issues management, Huntsworth Health offers a wealth of expertise, and currently develops global and national programmes with a number of eminent pharma companies, across a broad range of therapy areas.

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In days gone by very little was understood about what PR did, how it did it and the results it achieved. Those days are gone. As our profession has evolved and become more sophisticated, so have the people who purchase PR services. Today, a successful public relations programme is not one that delivers results, but one that delivers the right results.

Any successful, modern marketer will acknowledge that PR is a critical component to any marketing plan. It is one of the most effective and powerful mediums of communication and it can be the most cost-effective method to reach your target audiences.

At the centre of any good PR programme is a solid, defendable and measurable strategy.

**SETTING COMMUNICATIONS OBJECTIVES**
At the root of any good strategy is clear and measurable objectives. Before we review how to develop communications objectives, it is important to differentiate between a goal and an objective. Often in PR we are asked to help achieve a corporation’s or product’s goal or ambition. A goal, by its very nature, is aspirational and several objectives may be required to achieve one goal. For example, the goal of a corporation may be to become the leader in diabetes, and in order to achieve that, they may need to meet several objectives such as:

1. Launch diabetes product by end of 2008
2. Establish franchise in diabetes through acquisitions following launch of product.

Most of you will be familiar with the concept of ‘SMART’ objectives. The SMART acronym is used to describe the key characteristics you would like your objectives to capture – specific, measurable, achievable, realistic and timely. There is no easy formula to developing an objective. However, once you have developed your objectives, checking them against the SMART criteria is an important first step to achieving a viable PR strategy.

**ASSESSING THE ENVIRONMENT**
After you have established your SMART objectives, it is important to evaluate and assess the market environment to appreciate how best to achieve your objectives. For the purposes of this discussion, let us assume that the PR strategy you need to develop is for a product or brand public relations programme.

Here are some of the steps you must follow to reach the desired PR strategy:

1. **Understand the target audiences**
In order to understand who your target audience is and what motivates them, start by developing a clear assessment of the patient or consumer journey.

By mapping clearly out the patient or consumer journey, you can evaluate who is influencing the patient/consumer from the point they identify a problem or a need to the point that they are given the product you are promoting.
This will clearly highlight who you need to reach, with what messages and at what point in the patient journey. The two key questions you must be able to answer when you have identified the audiences are: who are they and what motivates or influences them?

When dealing with a number of target audiences, you must also be able to prioritise the audiences to determine which are most influential in getting the desired brand or product in the hands of the patient/consumer.

2. **Conduct a competitive assessment**
A good PR strategy should not only position your product, but it must also allow you to respond effectively to competitive situations.

The next step in assessing the environment is understanding the patient journey and key messages for your competitors.

- Analyse past public announcements, both official releases and media coverage, from competitors to determine not only how they communicate about their product but also how receptive the media are to their messaging
- Pull together a list of key spokespeople (internal and external) that comment on competitor news

3. **Understand expert opinion**
Never underestimate what first-hand experience can add to the mix. Speak to experts along the patient/consumer journey for anecdotal information about the key market or product drivers and barriers.

4. **Identify the challenges**
Once you have a better understanding of the environment, assess key insights to determine what the main challenges to your achieving your determined objectives may be.

After you understand who you need to reach, and what the competitive barriers and drivers are, develop clear and concise messages that communicate solutions to these challenges to your target audiences.

Here are a few tips you should keep in mind when developing your messages:

- The average person’s attention span can be measured in seconds, not minutes, so make sure that your messages are clear, simple and easy to remember
- To be effective, messages need to be memorable. Tangible statistics or numbers often help people retain key facts. Just remember to use statistics or numbers that your audience can relate to. For example, “x million people in the UK suffer from disease y” may be less relevant than “two out of five people in the UK suffer from disease y”
- Your messages must “speak” to your target audience. They must be relevant, not only to their daily lives, but also to their frame of mind when they are considering your product or brand
- The more exposure the target audience gets to your messages, the more likely they are to remember them. Make sure that you are consistent in your messaging. The more you change your messages the less likely they are to resonate with your audience.

### A WINNING PR STRATEGY
SMART objectives. target audiences and messages based on insights – you should now have all the tools you need to pull together a PR strategy to achieve your objectives.

Your PR strategy should provide the simplest method by which to achieve your objectives and communicate your messages to your target audience.

When pulling together your strategy, here are a few of the questions you should consider:

- Is this the most direct and appropriate way for me to achieve my objectives?
- Have you explored all alternatives?
- Does the method of communication you have selected work well with your identified target audiences?
- Does your strategy allow you to communicate your messages to your target audiences in the simplest and most direct way possible?

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**2. Are you SMART enough - a pop quiz!**

Test the following objectives against the SMART criteria to determine which are SMART and which are not. If they are not SMART already, how can you make these objectives SMART?

A. Launch new treatment

B. Establish ‘Corporation X’ as an innovator in the field of ophthalmology

C. Clarify issues relating to the brand through consistent and relevant coverage placed at least three times during the year in key target audience publications

**The answers:**

A. This objective is not SMART – it is not specific, measurable or timely. Suggested alternative: launch new treatment for the treatment of post-surgical pain by Q4 2009

B. This is more of a goal than an objective and several objectives may be required to reach it. Suggested alternative: communicate technological advancements of Corporation X’s new treatments in the field of ophthalmology

C. Finally a SMART objective! It is specific, achievable, realistic, easily measurable and with a clear timeframe for delivering results

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**Your PR strategy should provide the simplest method by which to achieve your objectives and communicate your messages to your target audiences**

**When dealing with a number of target audiences, you must also be able to prioritise the audiences to determine which are most influential**

**A good PR strategy should not only position your product, but it must also allow you to respond effectively to competitive situations**

**Your PR strategy should provide the simplest method by which to achieve your objectives and communicate your messages to your target audiences**
3. Common pitfalls to avoid
If it’s so simple, why do so many communications programmes fail? Here is a simple checklist which will help you to avoid some of the most common pitfalls in developing and executing a PR strategy:

- **Remember the regulations!** When developing your PR programmes, especially when selecting your tactics, remember to double-check that all methods of communication and content of communication are compliant to any relevant regulations (eg, ABPI Code, PAGB guidelines, etc.)

- **News is a fickle friend!** No matter how earth-shattering your news may be, there is always the chance that something bigger may come up. Always have a contingency plan to communicate your messages to your desired target audience if the news cycle does not go your way.

- **Keep it simple!** The more complicated your messages, the less likely your target audience is to remember them.

- **No measurement no success!** There is no point being able to know that you were successful if you cannot show you were successful. Ensure that you identify some way of measuring your success. From the number of articles to a shift in messaging, success can be quantifiable if your objectives are SMART and your strategy is clear.

- **Experience matters!** Know-how from past experience can be an invaluable asset in helping you navigate any pitfalls to developing and executing your PR strategy. If you don’t have the necessary experience, talk to someone who does.

- **Be opportunistic!** Ensure your programme is flexible enough to respond quickly to an erratic marketplace. Be prepared to fine tune tactics to respond to a changing environment.

4. **Expert activity** – advisory boards, roundtables, etc. These are effective at both securing expert opinion and in briefing key experts; these tactics are best used to gain insight, hone messaging and build understanding among the expert community.

5. **Educational activity** – seminars, symposia, training materials, etc. As the name suggests, these activities inform and educate target audiences directly.

6. **Word-of-mouth activity**
Any of a number of activities that disseminates your messages directly among or between your target audiences.

**MEASUREMENT IS KEY**
Critics of PR claim that it is not measurable or quantifiable. They are gravely mistaken. PR is the ultimate goal-oriented profession. We are often told to achieve a goal that marketers know other parts of the marketing mix cannot achieve. As the goals we are told to realise are often aspirational, it is critical that these goals are translated into SMART objectives, as starting your programme with SMART objectives will make measuring success significantly easier.

PR can be measured and for every type of tactical activity clearly defined measurement criteria can be determined. Some methods of measurement can be quantitative, measuring number of media articles or number of delegates at an event. Others can be qualitative, like conducting a survey of your target audience before and after a programme to determine attitudinal change.

Whatever method you employ, ensure you determine at the start of your programme the specific criteria that will measure your success. And remember! PR is not an exact science, so if your programme is adjusted to accommodate the market environment, make sure to change your measurement criteria as well.

This simple guide should help to steer you through the process of developing a measurable and robust PR strategy and programme. If your insights are sound, your objectives SMART and your strategy clear and simple, success is only a few steps away.

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Change is a difficult challenge for any business or sector to face up to. Human nature compels us to fear it rather than embrace it, and often with good reason.

The statistics on marketing spend from Q1 2008 provide a real indicator of this shift. According to the Bellweather report from this period, marketing budgets have fallen for the second consecutive quarter and have been downgraded for the rest of the year. This is no surprise given the economic uncertainty of the time, but the true story lies beneath the surface.

While we read about the death of traditional advertising and the shift away from direct mail, the biggest budget drop can be found in a category which includes PR and market research. The star performer so far this year has been the internet where spend is increasing in both volume and as a proportion of overall allocation.

**INDICATORS OF CHANGE**

So what does this mean? Maybe nothing – it could be a short-term trend. Or maybe, in a time where banks are facing instability and retail sales are falling, marketers look for a channel which gives them more bang for their buck. Or maybe we’re seeing the early stages of a trend which will change our industry forever.

Basing a huge assumption like this on spend in two quarters would, of course, be foolish to the extreme, but we are doing so in the context of major behavioural changes which are happening right before our eyes.

The internet is the most disruptive communications technology since the telephone and there is little doubt that it will go on to take the all-time prize very soon (if it hasn’t already). Added to this, technology is affordable, converging and entering all areas of our lives. This inevitably changes the way we behave, particularly with regard to our consumption of information.

Consider the facts. We now go online for up-to-the-minute news – if it’s in the papers it’s already a day old. Many of us conduct, expand and control our relationships within the walled gardens of social networks. Blogs have made it simple for anybody with an opinion to tell the world and be heard. Email, instant messaging tools and internet telephony have replaced letters and fixed-line phones as our favoured communications tools.

Google gets far more eyeballs than prime Superbowl advertisement slots could ever hope for (especially if you’ve used Tivo or Sky+ to filter the ads). YouTube is also the most viewed video/TV channel anywhere by a colossal margin.

People use Last FM to share music and gig preferences; Facebook to get back in touch with old friends; Twitter to keep updated on what’s happening at any given time; and Digg to create their own versions of online news and information sites, tailored to their preferences.

**FUNDAMENTAL CHANGES**

It’s not just the way we do these things that has undergone a transition. Our approach to information has also changed considerably. The content
overload caused by this has turned us into a society of thin slicers, who scan information and hop from source to source to find what we want.

If it’s not relevant and compelling, we move on in seconds. We are more promiscuous and unforgiving than ever before.

The most important sub-elements within this shift are inclusion and inter-action. Datamonitor estimated that by the end of 2007 230 million of us belonged to an online social network; Pyramid Research predicts that by 2012 950 million of us will access these services via mobile devices; and there are, at the current time of writing, 113 million blogs tracked by Technorati.

These numbers, however, are already out of date (and when I look back at this article in even a year’s time, I’ll probably be quite embarrassed by how basic and backward it seems!).

The reason for this is the sheer speed at which the space is developing. A new blog is created every second and millions of posts are recorded each day. While this represents stellar growth, there is an even more important (and in many ways frightening) fact: any one of these posts could be talking about you, your company, your staff, your service or your products.

Here lies the crux of the problem faced by businesses, marketing departments and agencies alike: like it or not, we are all having to face up to a major loss of control.

While we have all become dab hands at media and reputation monitoring, ‘traditional’ media now represent a tiny slice of the overall coverage pie.

Newspapers, magazines and broadcast channels are all dwarfed in number by blogs and social networking forums, all of which are largely unregulated, subjective and incredibly knee-jerk in the way they report news and views. Try as we might, we can never monitor them all.

Dell, Apple, Wal-Mart. The UK government. David Hasselhoff. Steve Jobs. HBOS. George W Bush. All have been damaged by these new communications channels. Show me an organisation or high-profile figure that hasn’t faced real, brand-damaging criticism and I’ll show you somebody who hasn’t been looking hard enough. Healthcare companies are not immune and some of the largest have been hit by online chatter turning into direct criticism.

**TURNING NEGATIVE TO POSITIVE**

To focus on the negative is extremely one-dimensional. Barack Obama, for example, has not been successful at raising campaign funds and galvanising support purely because of his charisma or policies. Take a look at his website and see just how social in nature it is. How it draws curious parties in, turning them from interested observers to motivated participants.

Equally, cast an eye over how a European operator like Saga (which sells holidays and financial services to a tightly-defined target audience of over 50s) has drawn actual and potential customers into the brand. It has created Saga Zones, a social network (or Facebook for the over 50s), which delivers value and shared experiences for users, but which also keeps them captive in a controlled environment and aligns them with the Saga vision.

Both represent successful deployments of technology, applications and creativity which do things that traditional marketing techniques have found extremely difficult to achieve. The key realisation is that new marketing channels can be both positive and negative: to view them as predominantly one over the other is extremely dangerous. A sword and shield approach is what’s needed.

**INTEGRATION, INTEGRATION, INTEGRATION**

While the above are tools that are becoming increasingly popular, it’s important to understand that social media, Web 2.0, interactive services – call them what you will – are not islands. Whatever the strategy in this area, it needs to be integrated with marketing, customer service, support, business strategy; in fact everything an organisation does.

The reason for this is down to behaviour. We don’t throw marketing messages at people: where we will sell is via personal recommendation; where customer service is delivered via dialogue; and where we market with the permission, collaboration and endorsement of our message recipients.

That’s why Google puts new applications online before they are finished; why Burger King unleashes a Simpsons-branded viral where you can transform yourself into a character. These new tactics draw customers in and give them a stake. Whether it’s in defining the ultimate look and feel of a product, immersing themselves in the brand environment or feeling their voice is heard, they feel included. Then they tell people all about it. They are your best and most credible endorsement if you keep them onside.

**PROBLEM WITH HEALTHCARE**

Being a recent recruit to Ruder Finn, I came from the tech space, where much of this is taken for granted. Technology companies are generally young in comparison with other organisations, most haven’t been around for 10 years (let alone 100, like some major corporations). They don’t usually have the ingrained processes and traditions which would make change in this area so daunting for other industries. Equally they live and breathe innovation. But very few have got the balance right in this area, which shows the size of the task ahead for those in less advanced markets.
In areas like pharmaceutical PR, the task is even harder. How, when you can’t openly promote products and are hamstrung by legislation around drug use and results, can you open yourself up to possible criticism and feedback? There are ways and means, many of which can bear fruit. If you look at the Webby awards this year (the online industry Oscars) there are both pharma and healthcare, which proves how successful socially-oriented campaigns can be and also how they can be executed within the rules. Companies such as Amerifit and Allergan are shortlisted for product and issue-based campaigns, drawing on key elements such as advocacy, inclusion and patient support to deliver comprehensive brand experiences. In healthcare, a number of NGOs and health bodies are engaging supporters and those in need of help through interactive media. Larger bodies and businesses are notable by their absence. It may be that they just weren’t entered, they were not as innovative or that they just aren’t doing it on the same level as their smaller, more nimble and less risk averse competitors. However, the fact remains that companies in this sector don’t seem to have embraced online channels in the way that other industries have. Yet, try they must, as they are no longer the masters of their own destinies where communications are concerned. There is a balance to be struck, but this can’t be a barrier to progress.

GETTING STARTED
To recap, when embarking on a social media strategy, getting to know the landscape is always the best start:
• Perform a quick Google blog search on your company – what does it reveal? It’s odds-on that there are conversations happening that you are not party to. In order to monitor these moving forward, it’s best to use RSS.
• Sign up to a free RSS feed monitoring service, such as Bloglines (www.bloglines.com). RSS is basically a way of creating or tapping into feeds of relevant information from across the web and the blogosphere. So perform your Google blog and news searches as above, and hit the little orange RSS button once you’ve done them. Then follow the process of importing those feeds into your Bloglines reader.
• This will give you your own personalised monitoring page and you can add to it with any blogs or areas of interest simply by clicking on the RSS symbols displayed on them. This will ensure all relevant content and news comes directly to you as it appears.

NEXT STEPS
To propose a one-size-fits-all approach would be foolish – all individuals and companies are different and their ideal social media mix will differ. Here’s a good way to get a taste of what’s out there and how it fits together:
• Start blogging – you needn’t expose all your thoughts to the world, as blogs can be closed communities or password protected. The best way to get to know your way around is to try it, so sign up to a free Blogger (www.blogger.com) or Wordpress (www.wordpress.com) account. If you want some password protection or more advanced facilities, TypePad (www.typepad.com) is good – you will need to pay a monthly subscription for this. Then follow the instructions to build your blog and start adding thoughts and content.
• Sign up to a media sharing site – Flickr (www.flickr.com) is popular – and start uploading your photos and sharing them with friends and family. Once you’ve done this, you can link your Flickr account to your blog very easily to add a more pictorial element to it.
• You’re probably already a member of Facebook, MySpace, Bebo or Linkedin, the major social networking sites. These are a great way to see how relationships develop and grow online, and are an essential part of the social media landscape. If you aren’t a member, either sign up or ask somebody to show you how it works and how they use it, as they are invaluable in understanding consumer online behaviour.
• Once you have an insight into these key areas, it’s time to start micro-blogging. Twitter (www.twitter.com) is an increasingly popular free service allowing you to follow friends, colleagues and people of interest – all of whom post in a maximum of 140-character updates. It’s the type of thing you have to see in order to understand its importance, but it’s definitely worth signing up and following a few people for a week to get used to it. What’s more it’s integrated with mobile phones via SMS, so can get highly addictive.

THINGS TO CONSIDER
Before you start looking at social media as a viable set of channels to reach your audience, it pays to ask yourself a few questions:
• Why am I doing this? Is this a viable route to hitting my business and marketing goals? Am I just doing this because I think I should? You would be forgiven for thinking that ‘social media’ is the answer to every question in marketing circles according to some, but it has to be right for you and tie into your aims.
• Who am I trying to reach? Social networking is self-segmenting, in that you can drill down to niche groups who are defined according to interests. It is a sophisticated set of channels therefore, so it pays not to be too generic and to ensure your audience is clearly defined.
• How will this enhance other business and marketing activities? Social media works best when it is integrated, if it stands out like a sore thumb, it won’t look credible.

The rest – how the campaign looks, feels and the mix of media used – is up to you. But remember the Five ‘I’s…
• Inclusivity – focus on your audience, draw them in and encourage them to pass on the good news
• Interaction – allow them to become part of the brand experience
• Integration – ensure that it maps onto your business strategy and does not stand alone
• Insight – look at what your audience really wants and tap into it
• Insulation – ensure you are comfortable with the levels of participation without imposing excessive control.

Many of us conduct, expand and control our relationships within the walled gardens of social networks – blogs have made it simple for people to be heard.

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Look at the newspapers and news magazines on your desk. Watch the TV tuned to Sky News or CNN. Go to your favourite news website. What do you see, read and hear? Reports of financial doom and gloom, management incompetence, allegations of corruption, claims of drug side effects, and whistle-blowing employees. All are examples of companies in crisis.

Here’s a question: how many of the crises that appear in media reports could have been predicted? The answer, amazingly, is almost nine out of 10. A US-based organisation, the Institute of Crisis Management, analysed 60,000 newspaper reports of crises over 10 years and divided them into ‘sudden’ and ‘simmering’. Those in the first category were completely unexpected events that hit companies with no warning. Those described as ‘simmering’ were the kind of events that could have been identified in advance, and managed.

Below are some examples of both types of crisis. The type of events listed under ‘simmering’ are those that you would realistically expect an issues management programme to identify. If they happen, you can prioritise and manage them. If you don’t, you risk them escalating into a crisis. In the memorable words of former US Secretary of State, Henry Kissinger, “An issue ignored is a crisis ensured.” An understanding of how to run an issues management programme is now essential for all PR practitioners, whether in-house or in consultancy.

**WHAT IS AN ISSUE?**
Issues are events that usually occur outside the control of an organisation that may affect the strategic direction, core business, mission, reputation or mandate of the organisation, and may require the organisation to take action to defend the company or industry sector.

For example when a UK government minister recently expressed the view that flying bottled water thousands of miles was immoral when there was perfectly drinkable water available at the turn of a tap, it immediately became a serious issue for the bottled water industry. There had been low-level noise about the issue for some time, but such a statement by a prominent politician moved it on to the front pages. Similarly, if a poll shows that pharma companies are seen by the public as untrustworthy and primarily driven by profits rather than patient need, that is an issue for the industry as a whole.

If issues are not managed effectively, the consequences can be:
- Political, eg, tighter or unfavourable legislation
- Financial, eg, product recall or withdrawal, a drop in sales or share price
- Criminal, eg, the company can be fined or directors charged.

In all of these, the other serious consequence is the damage to the company’s (or industry’s) reputation. All of this can be avoided by effective issues management. The driving force behind all issues management programmes is best summed up as: “Hope for the best but prepare for the worst.”

### Crisis management

<table>
<thead>
<tr>
<th>Sudden</th>
<th>Simmering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural disaster</td>
<td>An escalated issue</td>
</tr>
<tr>
<td>Technical accident/disaster</td>
<td>Financial problems</td>
</tr>
<tr>
<td>Criminal activities</td>
<td>Negligence</td>
</tr>
<tr>
<td>Terrorist attack</td>
<td>Fraud</td>
</tr>
<tr>
<td>Contamination due to equipment failure</td>
<td>Management misconduct</td>
</tr>
</tbody>
</table>

14 per cent | 86 per cent
ISSUES MANAGEMENT TOOLS
An issues management programme is usually divided into four parts:
• Gathering and monitoring intelligence and information
• Analysing the information, clarifying the issues
• Prioritising the issues
• Taking action and evaluating the results

The first challenge with any issue is to see it coming. When you have a heavy workload, it is tempting to focus just on today’s tasks, this month’s figures, this quarter’s targets, or the annual review. That’s how issues catch you unawares, and a call from a journalist can throw your plans into chaos. It can also have the bosses saying: “What do they do in the PR department?” With good reason… identifying issues in advance of them becoming a problem is an area where PR practitioners can really add value to the business. Fortunately, we have a number of tools that can help you to identify and prioritise issues. The practice is known as ‘horizon-scanning’.

One way is to conduct a PESTLE (political, economic, sociological, technological, legal and environmental) analysis. To do this, gather your senior managers around the table, and ask them to come up with issues that may become problematic for you under the following headings:

**Political**
Examples here could be planned legislation about advertising spend, a new version of NICE, another Select Committee inquiry, or upcoming EU directives, for example about research. Some pharma companies are heavily involved in planning for an avian flu pandemic, and many governments have apparently signed orders for stocks of antivirals. Any of this could attract media attention, and become an issue to be managed.

**Economic**
Your company’s financial performance comes under this heading, along with the chief executive’s salary and potential changes to tax laws. Redundancies and reorganisation of the corporate structure can also produce issues that need managing.

**Sociological**
Changes in working practices, eg, more working from home or remote locations (or imposing new restrictions on remote working, as one major pharma company is currently doing), younger people being less willing to work evenings and weekend, the European Working Time Directive, banning smoking in the workplace... all of these can affect your company.

**Technical**
Pharmaceutical manufacturing is complex and can easily break down. In recent times a number of companies have been fined for breaking Good Manufacturing Practice regulations, while others have seen a shortfall in supply, eg, of flu vaccine in one high-profile case. If your company is involved in preparations for an avian flu pandemic expect a very bright media spotlight to shine on your manufacturing network at the appropriate time. All of these issues are sure to attract media attention.

**Legal**
When I trained as a journalist more than 30 years ago I was taught that the key questions were, who, what, where, when, why and how? Now there is a seventh question: ‘Who can we sue?’ We live in an increasingly litigious society, and class action lawsuits are increasingly common. However, don’t miss the smaller legal problems, eg, the female worker taking you to an industrial tribunal because she claims she was sacked for having an affair with the boss, while he’s been promoted! Many of these cases attract media attention far beyond what you may imagine.

**Environmental**
The environment is possibly the biggest topic in the world at the moment... so check out your carbon footprint, be familiar with your carbon offset policies, and make sure the corporate jet is not flying with only one passenger! In addition, don’t forget to check the green policies of your suppliers; for many of them this may not yet be a major concern.

The PESTLE analysis should identify most of the issues that are already on the radar of managers. But what about the issues that are so far off they are almost invisible dots on the horizon? This is another opportunity for PR personnel to shine.

Your own horizon-scanning should include monitoring of all the groups that watch and criticise your own activities. They range from high-profile, well-established organisations such as Public Citizen or No Free Lunch, to product-specific groups which spring up occasionally. To identify your detractors, start by putting the names of your major products plus ‘complaint’ or ‘side effect’ into internet search engines. Sign up to anti-industry chatrooms and newsgroups. Read your media monitoring closely, and keep an eye out for new complaints, names of individuals or groups.

**ANALYSIS AND CLARIFICATION**
You may be surprised by how many potential issues these techniques identify. Your next step is to analyse and clarify this information. Many high-profile, anti-industry campaigns are driven by motivated individuals. Discuss the names you find – and their complaints – with senior colleagues who may have encountered them in the past. If people or groups are raising specific complaints, check out their concerns.
For example, if someone claims to have suffered a rare side effect from one of your products, ask a range of people in the company whether this is technically possible. Don’t limit your discussions to one department ask a medic, an R&D scientist, a basic scientist, a pharmacologist and a senior colleague in medical.

PRIORITISING THE ISSUES
It is very likely that this will still leave too many issues to deal with at once, so you need to prioritise. Here we have another technique, known as the ‘risk and exposure analysis’. The quadrant diagram (above) shows how it works. Plot each individual issue on the graph, in terms of how likely it is, and how exposed you will be if it does attract media attention. Your priorities are any issues that fall in the top right-hand quadrant, ie. high likelihood and high risk. The managers in your company will be able to tell you how likely an event is. The more difficult question concerns the plotting on the ‘exposure’ axis. To decide this, consider the following impact factors:

TAKING ACTION AND EVALUATING RESULTS
Now that you have a list of issues to tackle, in order, you can start to prepare the ground. To do this effectively you will need the support of senior management. They (or more particularly the CEO him/herself) need to realise the importance of the issue to the business, and give you or your team the backing to pull together the team needed to handle it.

To achieve this you may need to make the case to him yourself, backed up by senior colleagues. Assuming you have that support, the next part of the issues management programme goes like this:

**Establish expert group/taskforce**
It is important that this group is as small as possible but as large as necessary. The nature of the issue will dictate the functions of the people in the group. They may include representatives from medical, R&D, pharmacovigilance, marketing, QA, legal and communications.

**Monitor and track the issue**
Continue the horizon-scanning activities. Highlight any major events planned (eg, court cases or deadlines if relevant, or demonstrations) that may attract media attention.

**Prepare case for attack/defence**
Decide whether you are going to be proactive or reactive. Are you going to accept your opponents’ view and justify your actions, or challenge their version of events? Whatever you decide, start to develop and test robust key messages.

**Get opinion leaders involved**
You are seen as having a vested interest in the success of the company whether this is technically possible. Don’t limit your discussions to one department ask a medic, an R&D scientist, a basic scientist, a pharmacologist and a senior colleague in medical.

**Prepare your core materials**
You can prepare Q&As, position statements, holding statements, reactive press statements and explanatory notes at every stage of the issue’s development. Prepare them, and get them approved, so that you are ready to respond quickly.

Clarify the procedure
Ensure everyone knows their role. Are you going to send out your statements solely to any journalist who asks? To national or medical press? To wire services? What is the ‘tipping point’ where you decide to tell everyone? You need to discuss and decide all of this in advance.

Analyse the effect
Your ongoing media monitoring should demonstrate the effect of your actions. Track your corporate reputation in particular.

Stay in control of communication
While an issue is developing, it is important to stay in control of the communication about it. This is a balancing act that requires judgement. You don’t want to alarm people unnecessarily, much less make things worse by talking about it. But you must also be ready to communicate more widely when appropriate. To do this you must have a clear picture of the key stakeholders who must be brought into the loop at the right time.

Finally... an issue is a moving target. Expect it to change, and expect that much of your work will never be used. Think of it as an insurance policy.

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- Silver Bulldog Award for AVI Biopharma, 2004

If you would like to find out more, please contact:
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Tower House, 10 Southampton Street, Covent Garden, London, WC2E 7HA
# Media checklist for launch

## Media checklist for launch

<table>
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## 8 weeks

- Brief the agency and allocate a budget
- Agree target audience(s) for the campaign
- Agree on objectives for the campaign
- Write a media launch plan (agree responsibilities and breakdown of daily activity)
- Review plan in context of ABPI guidance and internal Standard Operating Procedures – involve medi/leg/reg team to obtain early buy-in
- Develop a message matrix with supporting references for each message and submit for approval
- Check whether materials are subject to MHRA approvals – if so, adjust timescales accordingly

## 6 weeks

- Set up benchmarking parameters (eg, tracking effects on brand awareness, formulary status, sales data etc, over the launch period)
- Agree specific dates for media launch in context of other product milestones (eg, licence approval, salesforce launch, Dear Dr letter, data at congress)
- Consider the environmental context: keep in mind any events/activities that may work for or against the campaign (eg, media events, awareness days, congresses, competitor activity)
- Consider holding war games session to anticipate likely competitor response to your launch
- Identify relevant spokespeople and source appropriate patient advocacy group contacts

## 4 weeks

- Brief spokespeople and identify presentation skills training required
- Inform patient groups of launch activity (include clinical briefing from medical team, if required)
- Media materials development:
  - Review global/EU resource available and adapt where appropriate
  - Materials for development/adaptation: press release (consumer and/or medical), product and disease area fact-sheets, animation/VNR/B-roll, image bank & full set of marked up refs
- Liaise with corporate/global over their media strategy and media distribution list
- Consider pros and cons of holding a press launch event versus desk sell-in/web launch/one-to-one interview-based approaches
- Consider holding a radio livelinks session/recording newsbites – brief a specialist radio marketing agency, if required

## 3 weeks

- Develop a tiered media list, prioritising journalists with a specific interest in the therapy area
- Develop a Q&A following near-approval of the media materials
- Consider exclusive media interview opportunities and likely outcomes – agree approach to potential exclusives as a team
- Arrange one-to-one briefings with select journalists (under embargo)
- Consider newswire distribution of the press release(s)

## 2 weeks

- Conduct internal team briefings and inform salesforce
- Share press materials with all spokespeople and relevant patient groups
- Contact planning desks on broadcast outlets
### Media checklist for launch

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct final briefings with spokespeople</td>
<td></td>
</tr>
<tr>
<td>Ensure all press materials are fully approved and ready for use</td>
<td></td>
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<tr>
<td><strong>Launch week</strong></td>
<td></td>
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<tr>
<td>Hold one-to-one interviews with select journalists (under embargo)</td>
<td>1 week</td>
</tr>
<tr>
<td>Set up print and broadcast media monitoring</td>
<td></td>
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<tr>
<td>Distribute the press release and follow up with targeted sell-in</td>
<td></td>
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<tr>
<td>Co-ordinate Radio Livelinks, if required</td>
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<tr>
<td>Organise and co-ordinate studio appearances and telephone briefings for your spokespeople</td>
<td></td>
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<tr>
<td>Conduct daily monitoring and develop progress report, identifying necessary next steps</td>
<td></td>
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<tr>
<td>Send your agency flowers!</td>
<td></td>
</tr>
<tr>
<td><strong>Afterwards</strong></td>
<td></td>
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<tr>
<td>Develop a media coverage report and evaluate against metrics (collate broadcast excerpts if required)</td>
<td></td>
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<tr>
<td>Identify any long lead feature opportunities</td>
<td></td>
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<tr>
<td>Evaluate impact of activity against benchmarked information</td>
<td></td>
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<tr>
<td>Review the final expenditure versus original budget</td>
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</table>

### The Author

Laura Chambers is a senior consultant at Just:: Health PR Ltd and co-directs Just:: Newsflash – the agency’s coordinated approach to media management. She can be contacted at laura@justhealthpr.com or on 020 8877 8405
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