The nurse advisor programmes offered by the pharmaceutical industry to the NHS over the last few years and the way the teams have been targeted and managed have, on occasion, caused controversy. In an environment in which partnership working between industry and the NHS is essential, there are many opportunities to devise, target and deliver nurse advisor programmes that are welcomed by the NHS. Understanding the returns from nurse programmes is an area for debate. It is possible to devise programmes that in their concept and delivery are in the interests of patients and the NHS and are commercially of value to the sponsor, all within the increasingly restrictive code. Some companies have moved the reporting lines for nurse advisor teams from marketing into medical departments, with others generating transparency by further separating centre recruitment and programme delivery from the sponsor by using a contract service organisation. The purpose of this article is to provide a simple overview of the 10 most important factors when considering nursing solutions.
1. UNDERSTANDING WHAT THE NHS WANTS

Obviously the provision of a ‘free nurse’ is attractive to the NHS. However, when clearly defined, the role of a sponsored nurse can add much more benefit to the NHS than ‘just an extra pair of hands’.

When looking at sponsored nursing programmes, experience suggests that the following are some of the criteria that make a programme more attractive to individuals and units in the NHS:

- Targeted at improved patient outcomes.
- Legacy effect where, after the programme has been completed, the unit is able to deliver to the same standards without assistance.
- Assistance in meeting management or government targets.
- Sustainable cost savings without compromise on patient care.
- Significant distance from the commercial part of the sponsor organisation.

2. IDENTIFYING YOUR OPPORTUNITY

As part of your ongoing business strategy it’s important to identify why and how key therapy areas would benefit from nursing support and, indeed, how this links back to meeting the ever-changing needs of the NHS.

Some key areas for consideration are:

- Key customer groups and the desired outcomes.
- Current and future barriers to prescribing.
- Patient and carer needs.
- Short-term vs long-term brand and portfolio requirements.

There are suppliers within the marketplace who have a wealth of experience in the provision of nursing services to the NHS. By involving third party providers at an early stage in your research, you are able to fully benefit from their knowledge.

3. KNOWING THE BOUNDARIES

Historically, nursing programmes have generated a number of high-profile cases before the PMCPA resulting in a significant number of clause 2s. Many of these clause 2s have arisen not from the programme design, but from the failure of internal controls in and around the delivery of the programmes.

Some companies have addressed these issues by changing internal reporting lines for nurse programmes to medical departments and by putting in place more detailed standard operating procedures. In the current environment there is the potential for internal regulatory teams to be less willing to sign off what are excellent programmes which represent all of the best in partnership working between industry and the NHS. This is due to concerns surrounding what is, and what is not, acceptable.

Here again, working with a third-party provider with a full medical compliance department specialising in this area can have considerable advantages, not only in programme design, but also in ensuring implementation and delivery is fully concordant with all appropriate regulations.

Fully documented process and procedures, full documentation at each site with complete management oversight supported by audit are essential in the current environment and represent current best practice. The additional costs are small and more than offset against the reputational costs of complaints upheld by the PMCPA. The right programme delivered by the right people within the right structure will only enhance the sponsor company reputation.

4. THE DECISION TO USE A THIRD-PARTY SUPPLIER?

The selection of the right partner can be pivotal to the success of your programme. Important factors which should influence your decision regarding choice of supplier should be their ability to offer the following services:

- Flexibility in terms of nurse resource to ensure that you have the right quality of nurse in the right place at the right time.
- Medical compliance department, with the ability to design and develop a bespoke programme that meets your need, yet adheres to all current regulations.

- Management support that includes the right balance of clinical and commercial expertise, for example using managers who are registered nurses provides the best possible clinical support.
- Ensuring that the supplier has the right infrastructure in place to support a long-term partnership. Nursing SOPs, Nurse ETMS, Specialist nurse training and management programmes along with in-house legal services all help to underpin an excellent nursing service.

The distance provided between the sponsor and the nurse team is a clear benefit when outsourcing. The evolving ABPI code discusses at length the requirements surrounding sales and service separation. The use of a third party provider helps to make this happen.

5. DESIGNING THE PROGRAMME

There are a wide variety of options available when deciding upon a nursing strategy. It is important to be aware that there is no one size fits all with clinical programmes. Ensuring that a programme is tailored to meet your individual needs will be pivotal to deliver successful outcomes.

Below is a brief summary outlining some of the current trends in nursing programmes:

**Guideline implementation**

Read any set of NICE guidelines and you will see sections on implementation and audit. NICE and others have demonstrated on numerous occasions that adoption of best practice guidelines is limited.

Although all would like to believe that the treatment we receive is evidence-based, there remain many recommendations that are based more on opinion, rather than on hard fact. There are, therefore, opportunities to review current practice within NHS units and compare this with current best practice guidelines offering a service that is designed to facilitate the implementation of best practice.

This review procedure can also include audits to assess the extent and quality of implementation and outcome.

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**Working with a third-party provider with a full medical compliance department can have considerable advantages.**

**NICE and others have demonstrated on numerous occasions that adoption of best practice guidelines is limited.**
Service re-design
The NHS Institute for Innovation and Improvement has developed and published methodology for the assessment and redesign of services within the NHS. There are now numerous examples where the NHS has used the approach to bring about change. There are emerging examples where sponsored teams of nurses trained as facilitators in the NHS’s own methodology are the agents of important improvement in care delivery.

Educational programmes for HCPs and patients
Other established programme designs or elements include patient and healthcare professional education. In the latter case, the best programmes include training modules and competency assessments often accredited or in part delivered by an academic institution. Patient review clinics run by the healthcare professionals in the education programme supported by the sponsored nurse advisor are often important elements in the educational experience.

Quality assessment and improvement
The concept of guidance implementation can be taken one step further and take the form of a quality assessment of practice delivered in one or more therapy area. As well as auditing treatment against current best practice guidance, each general practice is assessed for a number of areas such as staff training and competency, equipment calibration and maintenance; documentation. Out of this assessment comes a rating and a development plan which is then facilitated by the sponsored nurse advisor.

6. FINDING THE RIGHT NURSES
Recruiting nurses with the right skills and experience is key to the success of your programme. It is logical to select your service provider based on their experience and success in this area.

The first step is to ensure that the skill profile and job description meet all programme and company requirements. This then leads to identification of the grade of nurse and key competencies required for the role. A robust nurse recruitment standard operating procedure should involve the following stages:
• Using nurses to recruit nurses provides a clear assessment of clinical competency.
• Full assessment of the non-clinical competencies required for the role. For example, interactive, presentation and negotiation skills are all crucial elements of a typical nurse advisors role.
• All nurses should be required to be CRB checked, have their NMC registration verified and complete a pre-employment occupational health screen when applying for positions. It is also important to include reference checks from the appropriate sources.

Recruiting for nurses is a specialist area. Taking the time, and not compromising on quality will reap rewards in the long term.

7. TRAINING FOR SUCCESS
Short-term, initial training
It’s not just about ensuring that the nurses have got the right clinical skills. If you break down the various phases of any nurse programme you will see that there are many skills that the nurse must adopt to be successful in his or her role. These include interactive skills, presentation skills, negotiation skills, and a thorough understanding of the NHS.

Use your third-party supplier to develop and deliver your initial training programme and ensure that all materials are approved as appropriate. It is advisable to use experienced trainers who have spent considerable time in the field as a nurse advisor and/or nurse manager. Validation is the norm for sales teams, and it is equally important that nursing staff sit an end-of-course assessment. This will ensure quality of:
• Clinical ability.
• Understanding of the programme and processes.
• Ability to perform in all aspects of the programme to the highest level.

Longer-term, Continual Professional Development
Following the initial training, it is important to conduct a training needs analysis on a regular basis with a view to providing ongoing continual professional development. This is an area that your chosen supplier should be an expert in.

8. CENTRE RECRUITMENT
Traditionally, pharmaceutical companies have used their sales forces to recruit the centres to be incorporated into medical services programmes. Recent years have seen the development of specialist teams within some companies specialising in liaison with the NHS and the promotion of the company’s services at the PCT, cluster, Trust and practice levels.

Delegating centre selection to the contractor using criteria that are agreed beforehand, are compliant, objective, quantifiable and documented, removes this area as a potential minefield. This approach often helps marketers to consider and document what they want to achieve where and how.

The results for one recent programme, which used a contractor’s team to recruit centres and generate referrals, demonstrate the success of this approach. In the first three months the target for practice referrals for the team was 45. The team out-performed this target by 45 per cent. The nurse advisor team was then able to exceed the targets for clinics and patient reviews.

Within a third-party contractor, the team with responsibility for centre recruitment, is non-promotional and seen by potential NHS customers as distant from the sponsor. This leads to significantly easier access to the key decision makers, often people who have not seen a standard sales representative for years.

The practices report that they feel more confident in having a nurse advisor in their practice who has not been introduced by a representative promoting a particular drug. In addition, proposed changes to the ABPI Code currently at consultation and due for implementation in July 2008 may make the use of sales forces to sell services more difficult.

9. MANAGEMENT
The management principles that apply to sales forces and nurse advisor teams in the pharmaceutical industry are very much the same. In neither case is it possible to measure the effectiveness of the individual customer interaction on the basis of an order. Key metrics are activity and quality measures of the interaction.

With nurse programmes, performance management, based round active centres, time to close centres, clinics run, and patients reviewed are all standard. Key management tools include the ability to see in real time forward-booked activity for each nurse advisor. A central responsibility for first-line managers is to ensure each nurse advisor diary is fully booked with the right activities.

Simple online management tools such as nursing electronic territory management systems and traffic light reporting systems (see next page) for a regional team are examples of simple management tools applied in the nurse advisor environment. The use of a bespoke online nurse ETMS system, such as www.nurse.net greatly helps in this area.

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Measuring quality is often more of a challenge and again the primary responsibility of nurse managers. The line of devolved responsibility for programme delivery requires that qualified and registered regional nurse managers assess the quality of the service delivered by each of their reportees. This implies that the majority of the time for these managers should be in the field.

Assessment of clinical and non-clinical competence and recording their outcomes is an absolute requirement. These should provide feedback seamlessly into ongoing training, again assessed and documented.

10. DATA COLLECTION AND REPORTING
Collecting and reporting data is an interesting area for discussion. It’s also an area that has, on occasion, led to controversy. Marketers have to be focused on the impact that their programme has on the use of their product. Medical departments however, will only allow the collection of activity statistics without any outcomes data. Simply recording one outcome implies that the programme has been devised merely to achieve this effect. Properly devised and delivered programmes will allow for a series of potential outcomes; these normally being governed by NICE or other good practice guidelines. The collection of the full range of outcomes data often encompasses audit objectives in the treatment guidelines, which is to be applauded. Having collected the information, there is of course an onus placed on the service provider to analyse and report the data.

Concerns over confidentiality and the Caldicott principles have made many companies wary of assessing the data that is generated within their programmes. It can be argued that not to learn from the data is in itself inappropriate. Many programmes include audits designed to identify sub-optimally (defined by guidelines) treated patients. The sensitivity and specificity of those audits are very rarely assessed.

In one recent programme, 25 per cent of the patients who were called for therapy review were categorised as being outside the target patient population. This raises three questions:

1. Was this clinical categorisation made by the nurse advisor at the clinical review correct?
2. Was the information included in that patient’s computer record complete and/or accurate?
3. And, thirdly, were the criteria embedded in the audit (whether automated or manual) the right questions with the right thresholds?

It is important to close the loop and to continuously improve our programmes, ensuring the acceptable use of data with the appropriate guidelines.

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“In my role as a nurse advisor, there are countless occasions where we help to change the lives of our patients.”

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