The partnership potential

With commissioning coming to the fore this year, there is huge partnership potential between pharma and the NHS, but just how eager are they to work together?

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Within just a few short weeks the NHS landscape in England is set to be radically transformed by a “revolution” that will provide patients with “the best customer service in the world”, in the words of NHS Commissioning Board chief executive Sir David Nicholson.

From 1 April, the Board will have oversight of NHS England’s £35.5 billion budget, and it has now allocated £53.4 billion for 211 new clinical commissioning groups to spend in 2013/14 on ensuring “improved service quality and better health outcomes for their patients and communities”.

At the heart of this planned revolution is local control over decision making. “We want to put power in the hands of clinicians who know their patients best. We want to give them the money, information and tools to do the job,” says Sir David.

This process will also involve the development of “constructive and meaningful relationships” with other stakeholders. “By working collaboratively and building coalitions with partners everywhere, we can achieve greater things together and deliver the best patient service, not only in England but the world,” said the Board in its planning guidance for 2013/14 entitled Everyone Counts, published shortly before Christmas.

The Board also pledges to “agree ways of working with other organisations where joint working will add value – these include the information commission, industry groups and professional groups”.

So, how confident and eager are all the various partners in this new collaborative landscape?

34 CCGs completed the first wave of the authorisation process in December, and three more waves are set for early 2013, but it is still unclear whether the groups will genuinely have the government’s promised freedom to make decisions based on local needs. Many fear this vision may be scuppered by the
NHS tradition aversion to change, plus a gradual – but perhaps inevitable – slide back to the old command-and-control system from Whitehall.

As the NHS faces up to the toughest financial challenge in its history, no-one underestimates what is at stake. CCGs will be forced to ration care even more than primary care trusts, Dr Laurence Buckman, chair of the British Medical Association’s GP committee, has warned, while Michael O’Higgins, chair of the NHS Confederation, believes the future of CCGs will hinge on their ability to usher in service change.

“People in CCGs will lose interest if this doesn’t have a local feel,” adds Dr Mike Bewick, NHSCB medical director for the north of England. But continued emphasis on the misgivings and concerns of clinicians have to some extent masked the enthusiasm and belief among many NHS and industry leaders that here, at last, is a real opportunity to transform how things are done, and that a true partnership with industry is the only way this can be achieved.

Early successes in meeting the goals of the Nicholson Challenge, which calls for the NHS to make up to £20 billion in efficiency savings during 2011-14, have been achieved largely by using short-term measures to pick off the easy targets. But moving forward requires a change in service provision, with less dependence on acute services, and more on improving care through the optimal use of medicines and greater use of technology, NHS Confederation chief executive Mike Farrar told the Association of the British Pharmaceutical Industry annual conference recently.

The opportunity for joint working between the NHS and industry has not been realised quickly enough, but we need to build trust ‘to allow the NHS to capitalise on what the industry has to offer”, he said.

Innovative medicines might have a short-term cost, but they come with long-term benefit and the NHS must find a way to manage their advantages, said Farrar, who remains optimistic that the new operating landscape will help to change attitudes and behaviour, ultimately improving medicines use. CCGs “will be more engaged with the clinical effectiveness of the pharma agenda”, he forecasts.

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The industry has an “absolute key role” as the focus moves from medicines management to medicines optimisation, according to the Department of Health’s chief pharmaceutical officer, Dr Keith Ridge. But success here will require “an enhanced level of partnership working”, he says, and he urges both sides to keep an open mind and to look at doing more.

Clinically led management

It is “absolutely critical that medicines management is seen to be clinically-led”, Dr Ridge told the Pharmacy Management National Forum in London recently. “The clinical engine room of the NHSCB needs absolutely to buy into this – every directorate in the Board will be interested in medicine,” he said.

The NHS Confederation and the ABPI are at the forefront of moves to implement, through more and better joint working, the delivery agenda set out in the Department of Health’s landmark report *Innovation Health and Wealth: accelerating adoption and diffusion in the NHS*, which was published in December 2011.

On 27 February, they will hold their second joint event in London showcasing examples of how partnerships between the NHS and industry are stimulating innovation and radical practice to improve outcomes for patients and deliver value for money, and how local NHS organisations can adopt and develop such initiatives in their own areas.

At the first such meeting, held a year ago, Farrar emphasised the need to short-cut both the understanding of what works and bring it more quickly into NHS organisations, and the costs that industry incurs to sell into the Service. The pharmaceutical industry is a “kindred spirit” with the NHS, he said, but he also acknowledged that the real barrier to adopting innovation may be getting the people on the ground to want to do it. Innovation cannot be imposed on the NHS, but when the Service “owns” something, it really makes a difference, he told the meeting. The ABPI has also set up
an NHS Partnership team to engage with the emerging leaders of the new NHS in England, to help bridge the gap between the industry and local NHS organisations, enabling successful regional partnerships to be established and – ultimately – to be taken up elsewhere in the country.

The team is led by Kevin Blakemore, who wants to see more joint working initiatives like that set up by Buckinghamshire PCT with several pharmaceutical companies, to diagnose and treat chronic obstructive pulmonary disease patients earlier. This project eventually resulted in savings of £1.2 million. “If we could only see projects like that copied in other local NHS organisations, then we would really start to make a big impact on patient outcomes, and save the health service a lot of money,” he says.

But Blakemore acknowledges there is room for improvement, both in pharma – which often fails to look beyond immediate return on investment in projects – and the NHS, which still harbours mistrust and misunderstanding of the industry. Entering into true partnership needs determination and people on both sides who are willing to be pioneers, he says.

The Health Service Journal reported recently that 3,500 managers from strategic health authorities and PCTs began 2013 without knowing whether they have a job within the new NHS, while many hundreds more who are still employed have yet to be told what they are doing. But they will have to start implementing their organisations’ plans for the year, and quickly.

And another new initiative is coming up shortly that will seek to bring together, as potential partners with pharma, not only CCGs but also NHS providers. Visions4Health, the healthcare network agency, and PharmaTimes will be holding Partnerships in Health Day in London at the end of April, bringing together pharmaceutical companies, CCGs and NHS providers in a “speed-dating” event to help them find the partners who will assist them in achieving their priorities for the year ahead.

2013 will be a critical year for both the NHS and pharma and both sides will be heavily engaged in drawing up their longer-term strategies. They are still in the business of providing healthcare, but need now to be tackling vital issues such as patient concordance and education, as well as uptake of NICE guidance, says Visions4Health managing director Sabina Syed.

“What are the priorities this year for CCGs and the hospital trusts – what are they trying to achieve?” she asks. “For the NHS, the Partnerships in Health event is an efficient way to meet potential partners, and similarly help pharma pinpoint the people they need to be engaging with in the new NHS structures.”

Joint working 2.0

After years under the radar, joint working is clearly becoming more popular as a means by which money can be saved within the NHS (remember that £20 billion) and treatment outcomes improved. Joint working is “an increasingly high-profile initiative”, says Cameron Lockwood, an analyst with IHS Healthcare. A recent report from the firm, presented at the annual European Congress of the International Society for Pharmacoconomics and Outcomes Research, identified 165 joint working projects involving 37 different pharma companies documented in the public domain, with 129 (78%) of the projects involving a single company and most operating in the respiratory therapeutic area, particularly COPD. Other common therapeutic areas include metabolic, oncology and cardiovascular, while initiatives such as medicines review or medicine waste management programmes were also popular.

By activity, service development initiatives accounted for a quarter of all projects, followed by patient and healthcare professional education initiatives and service optimisation projects.

From the initial projects in the early years, “to the ‘generation 2.0’ of joint working, certain therapeutic areas and activities seem to have gone mainstream, suggesting both industry and the NHS are becoming more confident with the practice of collaboration”, Lockwood writes. With a diversity of schemes already in play, there is considerable scope for creativity and innovation on the part of industry and the NHS when it comes to working in partnership. PT