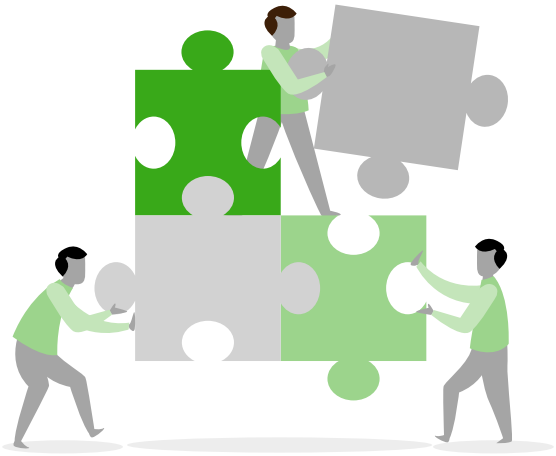
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STATE OF
THE RELATIONSHIP

What is the current **State of the Relationship** between the NHS and life sciences sector and how do we realise its full potential? Could the answer be in the development of Population Health Partnerships (PHPs)?

For some time, there has been a general recognition that the industry has significant skills and resources that could be utilised by the NHS, and clearly the NHS offers a unique opportunity to trial, test and innovate new products and services. Despite a number of national initiatives over recent years to promote better governance, increase transparency and develop more collaborative working, there remains some NHS reluctance to working more closely with the life sciences sector.[1] This is further exacerbated by headlines such as "Who let the drug companies in?".[2] Indeed, the culture of demonisation of the industry and one of 'hero' and 'victim' is somewhat entrenched in some areas of the NHS. Yet both the NHS and life sciences sector serve a common purpose: population and patient health and wellbeing.



The Life Sciences Industrial Strategy[3] presents a real opportunity for the industry to secure a better and more effective relationship with the NHS as a trusted partner, based on a common purpose to improve population health outcomes, enhance consumer experience, and drive value on a global stage. Also, in recognition of the role of cross-sector partnership in accelerating access to transformative healthtech, the remit of the Accelerated Access Collaborative (AAC) is increasing, to become the umbrella body across the UK health innovation ecosystem, to enable more joined-up support for innovators and set the strategy for innovation in the health system.[4]

In an NHS context of constrained finances, workforce pressures and a goal to improve population outcomes, the importance of a productive and mature partnership between payers, providers and suppliers is understood and supported, although a robust implementation plan to achieve this is yet to emerge. As a result, the operational delivery of effective partnership arrangements could at best be described as varied. Added to which, we do not have a formal benchmark of the 'State of the Relationship' today or how it could be strengthened.

With this backdrop, Visions4Health decided to evaluate the effectiveness of existing strategies to develop strategic partnerships between NHS organisations and the life sciences sector and establish a baseline upon which to improve.

1. The Association of the British Pharmaceutical Industry, 2010; The Association of the British Pharmaceutical Industry, 2005; Liam Cahill, 2014
2. https://www.bmj.com/content/365/bmj.l1581
3. https://www.gov.uk/government/publications/life-sciences-industrial-strategy
4. https://www.england.nhs.uk/ourwork/innovation/accel-access

What did we do?

Between December 2018 and January 2019 an online survey was fielded via LinkedIn, Institute of Healthcare Management (IHM), NHSManagers.net, PharmaTimes readership and the Visions4Health network. 132 responses were received, and the sample was evenly split between the NHS and life sciences sector. Most respondents were middle management and above.

The survey results were shared and debated by NHS and Industry senior leaders at a roundtable meeting in March 2019 (Appendix - Roundtable attendees). The leaders reviewed the survey findings, generated new insights based on their collective knowledge and experience and helped shape recommendations on the way forward.



Key findings and insights

- Currently, partnerships are not working for either party despite a clear recognition of their potential value.
- The NHS seems further inhibited from pursuing partnerships due to a lack of encouragement or 'permission' by regulators or policy makers to progress the agenda.
- This is compounded by fears and beliefs about working with the industry that promote defensive and risk averse behaviours, when more trust and openness is required to establish meaningful relationships from which they can transform services together.
- There appears to be little motivation at a local system level to actively invest time and energy to pursue the development of partnerships. There is no clear benefits case (pull factor) and/or policy requirement (push factor) that is clearly aligned or articulated within current NHS key priorities (e.g. generating savings, improving quality, transforming care, delivering performance targets) that drive action and attention.
- Equally, life sciences are not clear how to shape their 'offer' in order to generate the conditions for successful partnership; this includes adjusting their commercial expectations and the timelines to achieve them.
- Life sciences do not believe the NHS is ready to partner and the NHS do not believe the industry know where or how they could best add value as a partner.
- The top 3 areas the NHS would seek to partner with the life sciences sector are strategic thinking, cost saving initiatives, and capacity to support the delivery of services.
- Both NHS and life sciences respondents are generally in favour of more strategic-level measures to support and encourage partnerships between NHS and Industry.
- In order to actively transform services and deliver benefits for patients, it is critical therefore that the NHS, life sciences sector and policy makers now focus on creating the conditions and incentives that enable more collaborative relationships at local health system level.

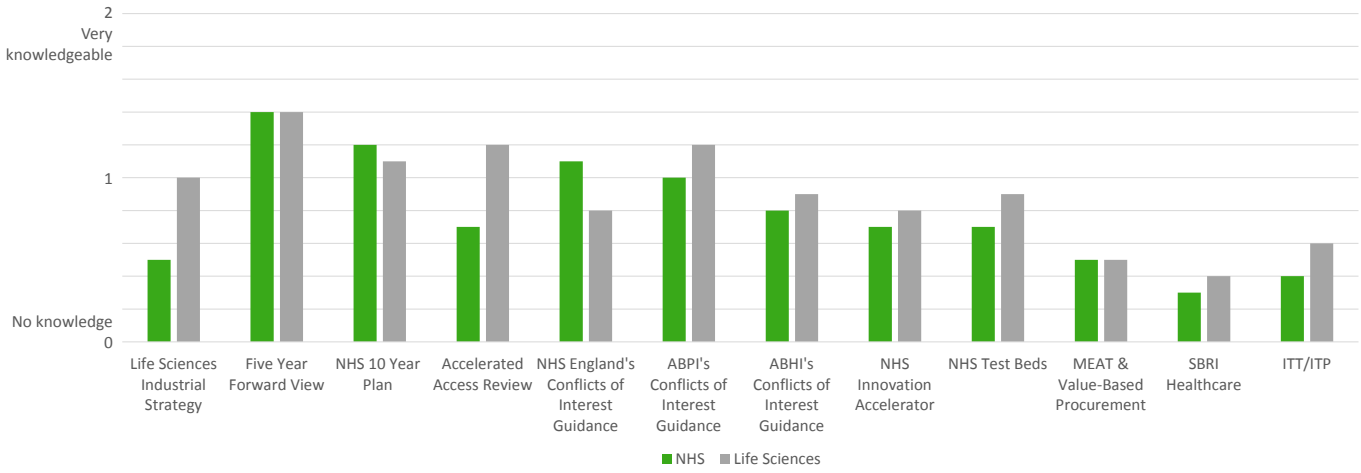
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The survey gave significant, in-depth feedback on the state of the relationship between the NHS and life sciences sector. Seven key findings related to the experience of NHS: Industry partnerships are set out.

1. **There is limited understanding and knowledge of published policy and initiatives designed to foster NHS: Industry collaboration (Figure 1).**

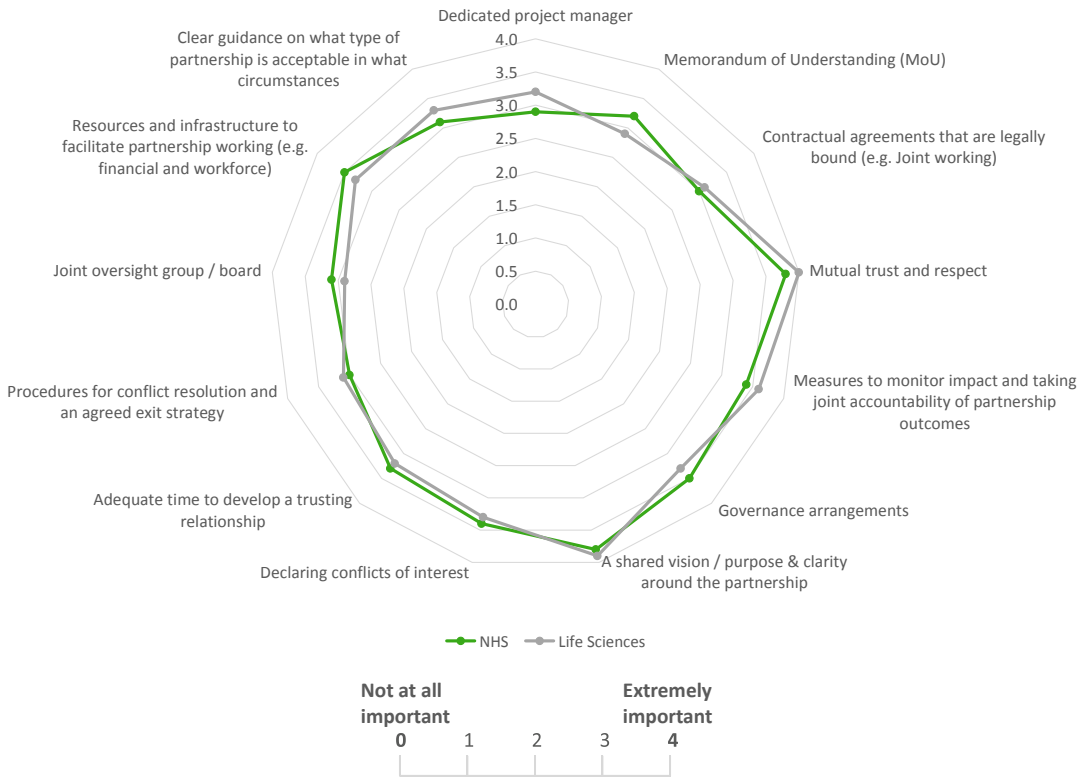
NHS respondents, particularly clinicians, were less familiar with initiatives designed to foster effective partnerships, compared to life sciences respondents. In fact, the least familiar selected 'Lack of understanding how Industry can help' as a key barrier to partnerships.

Figure 1: Current level of knowledge of formal publications and initiatives
NHS vs. Life Sciences Industry



2. **NHS and life sciences respondents are very closely aligned on the importance of specific attributes of effective partnerships** regardless of whether respondents had experience of partnership working (Figure 2).

Figure 2: Attributes for successful NHS-Industry partnership
Importance for NHS and Life Sciences Industry



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3. **NHS respondents who had experience of partnership working revealed low levels of satisfaction across all partnership attributes.** Particularly those relating to 'Mutual Trust and Respect' and 'A shared vision / purpose & clarity around the partnership' (Figure 3).

Figure 3: Attributes for successful NHS-Industry partnership (ranked by NHS respondents) **Importance vs. Satisfaction**



4. The **top 5 life sciences companies,** considered by the NHS to be **best set up to facilitate NHS-Industry partnership working,** in priority order, were Novartis, AstraZeneca, Pfizer, GSK and Roche.

When broken down into respondent type this result varied. For example, Pfizer and Roche were ranked higher in Acute Trusts and Novartis and GSK were ranked higher with non-clinical staff.

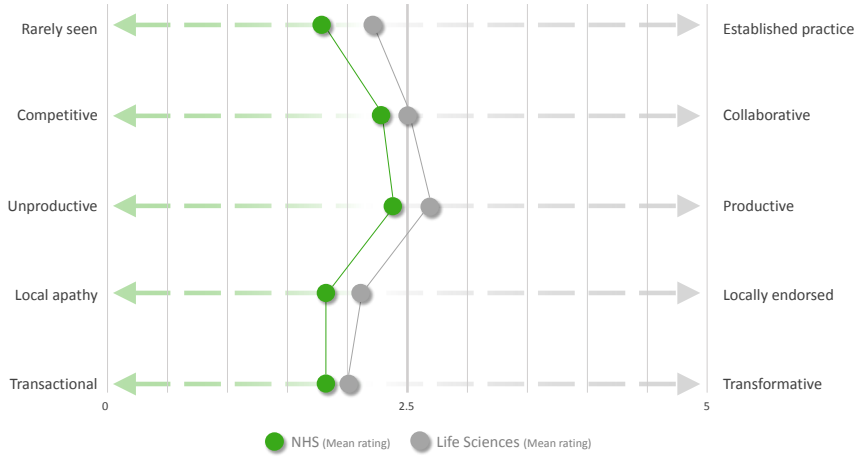
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5. When asked their opinions about NHS-Industry partnerships, most respondents scored below the mid-point showing that **more needs to be done to evolve to a more mature partnership relationship** (Figure 4).

Importantly and concerningly, the survey indicated that the **NHS was no more likely to look to the life sciences industry for partnerships** than compared to 5 years ago.

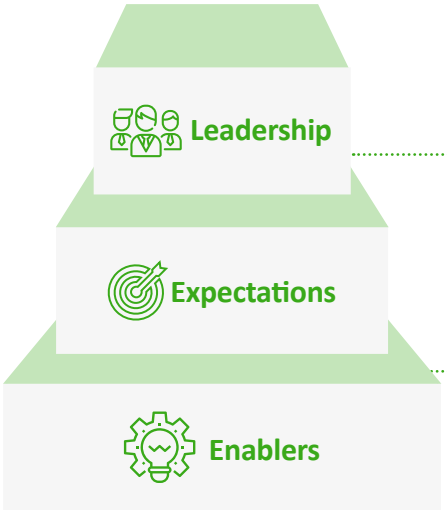
Figure 4: Based on their opinions and experience, respondents were asked to indicate the current state of play of NHS-Industry partnerships on a score from 1 to 5.

Mean Scores of NHS and Life Sciences Respondents



6. There was a high level of NHS and industry agreement on **slow and complex decision-making being a key barrier to effective partnership working.**

Both the survey and roundtable participants identified Leadership, Expectations and Enablers as areas for focus:



- Lack of joint vision, values and understanding (NHS strategic objectives and how industry can help)
- Lack of engagement of senior leaders and decision makers
- Lack of focus on strategic and long-term benefits and returns

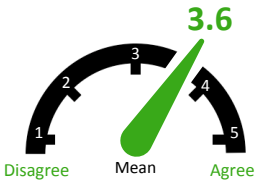
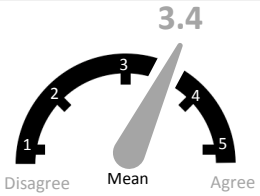
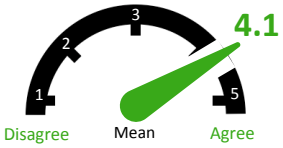
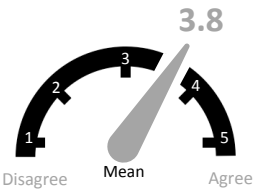
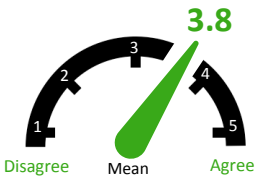
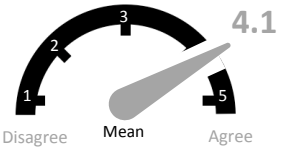
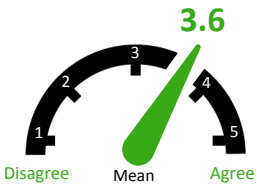
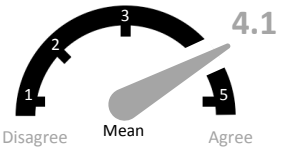
- NHS requires more clarity on joint purpose, their requirements and deliverables for partnerships with industry
- Conflicting expectations of timelines for establishing partnerships. The life sciences sector believe a reasonable timeline to establish a partnership is under 6 months whereas the NHS have a much longer timeline of between 6 months to a year

- NHS felt there was lack of metrics and oversight arrangements to demonstrate the benefits of partnerships
- NHS clinicians at a local level require 'permission', a structure and governance reassurances from senior leaders and regulators to feel able to engage in the development of partnerships
- Whilst some NHS participants at the roundtable expressed a lack of desire for any more top-down directives, they also were clear that national initiatives supported by the life sciences sector had made a huge difference and demonstrably driven real change e.g. the Stroke Tsar driving adoption of NOACs in AF
- Roundtable participants were also clear that it was less about national vs local and more about the approach and change method used, as some national initiatives set a clear standard that incentivised people locally to drive forward improvement e.g. GIRFT for changes in orthopaedics to reduce unwarranted variation
- NHS resources: In general, there is a lack of resources and project management expertise to implement change. In addition there is not enough change management capability and capacity to drive new initiatives forward

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7. There is an appetite from both sectors for strategic-level measures and governance standards to support and incentivise the development of partnerships between NHS and Industry.

Figure 5: Respondents were asked to indicate to what extent they agree or disagree with a range of statements

	NHS	Life Sciences
We need a **nationally accepted performance indicator** to measure and monitor any NHS-Industry partnership		
A **model** for NHS-Industry partnership **governance framework** is needed to help develop **local partnerships**		
There needs to be **adequate incentives** to support adoption of innovations and partnership working (e.g. CQUIN, GIRFT)		
NHS leaders should encourage / mandate NHS-Industry partnerships		

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Reflections

The **State of the Relationship** survey results provide a good indication of where we are now and the gaps that need to be addressed in order to establish a more transformative relationship between the NHS and life sciences sector, perhaps also signalling where to prioritise effort.

Well-established government and NHS policy (e.g. Life Sciences Industrial Strategy, NHS Long Term Plan (LTP), Accelerated Access Collaborative etc.) lay out a clear ambition for more effective partnerships between NHS and Industry. **NOW** is the time for realising this ambition and improving the state of the relationship. That said, the findings in the survey suggest that leadership and engagement at a national level do not often translate to local situations and drive change. As such there continues to be a vacuum between national intentions and local system realities.

In order to actively transform services and deliver benefit for patients, it is critical that the NHS, life sciences sector and policy makers now focus on creating the conditions and incentives that enable more collaborative relationships at local health system level.

The LTP requires all current NHS Sustainability and Transformation Partnerships (STPs) to transition into Integrated Care Systems (ICSs) covering the whole of England by April 2021. For an STP to become an ICS it has to agree to take on a budget for a defined population and demonstrate system leadership, a shared culture, and effective population health management (PHM) capabilities.

Population health management refers to ways of bringing together health-related data to identify specific population cohorts that health services may prioritise for preventative action. Population health management brings together a deep understanding of population need, through big data, patient engagement and new health and care delivery models.

For population health management to be implemented, there are a number of barriers to overcome, such as linking previously disparate datasets and developing models of collaborative leadership that embrace new integrated ways of working and a shared vision, culture and mindset.

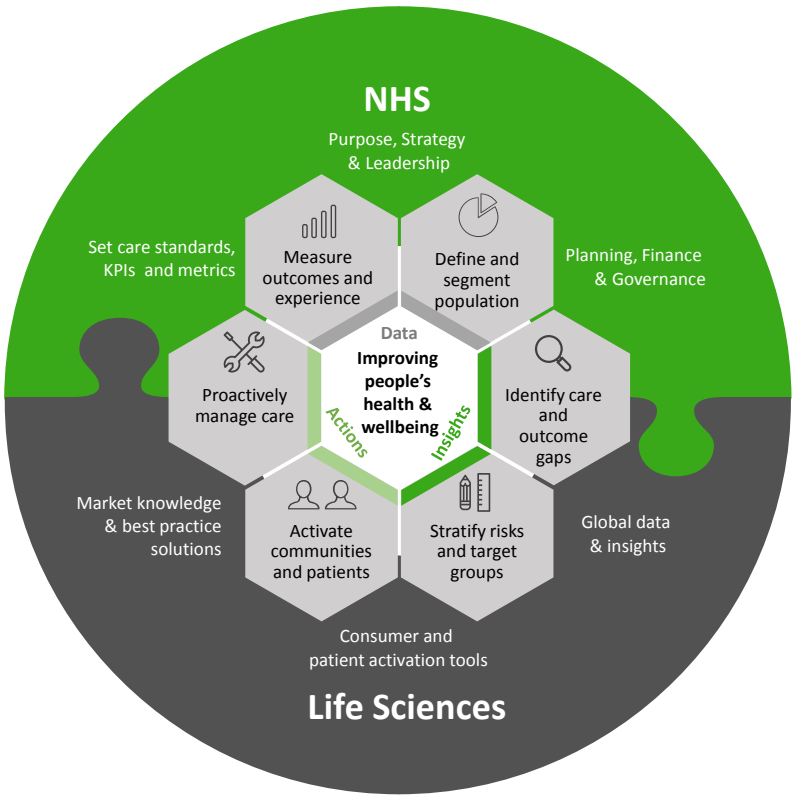
It could be argued that this change is the 'sweet spot' to envision the future state of the relationship. For both parties, it will require a significant change in culture, the deployment of new incentives and new ways of working to be systematised. However, done right, it will yield significant benefits and help to realise NHS ambitions and deliver the LTP.

Population Health Partnerships (PHPs) could be the way to do this…

Bringing together NHS and life sciences sector capabilities into new partnerships within ICSs focused jointly on implementing population health management has great potential to demonstrate collaboration values, quality improvement, address the self-care/prevention agenda and actively pursue patient activation and engagement with appropriate use of data and digital technology.

Population Health Partnerships:

An opportunity for improved or more effective NHS: Industry collaboration?



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Creating the environment for Population Health Partnerships (PHP) between the NHS and Life Sciences Sector to thrive

In order to realise the ambition, it is critical to explore the actions and changes required from both parties. The table below provides an approach to consider:

1. Set a joint vision for change

Who	Action Required
Jointly	• Develop a national concordat to support Population Health Partnerships (PHP) underpinned by a vision of excellence, a set of values and principles and measures of success. This could be led by the AAC board, ABPI/ ABHI, AHSN network, ICS leaders and/or the newly established NHS Innovation Accelerator • Strategic messages and a communication plan should be agreed and shared with key bodies e.g. Professional bodies, media, trade associations, universities etc.
NHS	• Understand what a Population Health Partnership (PHP) looks like and scope the requirements from an industry partner • Develop the concordat implementation plan • Consider initiatives (e.g. GIRFT) to lead by example by proactively involving the life sciences sector in the development of their work to reduce unwanted variation
Life Sciences	• Understand how life sciences can contribute to ensure Population Health Partnerships are successful • Specify their PHM capabilities and credentials • Develop the concordat implementation plan

2. Create the infrastructure for change

Who	Action Required
Jointly	• Create a national PHP development fund to pump prime the establishment of PHP 'test beds' • Develop a quality improvement performance indicator set • Develop and agree governance standards that are adopted as a 'link' between the national concordat and any local plans and relationships • Develop a joint 'Capability Development Programme' that brings together interested local system NHS and Industry leaders and helps partnerships to start up
NHS	• Contribute to the PHP fund • Enhance the NHS leadership competency framework to include partnership development and governance management of public: private partnerships • Include partnership competency in the NHS Improvement and CQC framework for leadership teams • Set a metric that requires demonstration of intention to seek PHPs and collaboration with Industry in the NHSE ICS performance framework • Mandate AHSNs to locally facilitate and support development of PHPs
Life Sciences	• Contribute to the PHP fund • Include partnership development and governance management of NHS partnerships within commercial and medical team competencies • Performance management incentives to include demonstration of PHPs • Put in place staff with the appropriate seniority and budget to work alongside the NHS to deliver PHPs

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3. Delivering the change

Who	Action Required
Jointly	• Set a target of 5 PHP test-bed areas (e.g. ICS, primary care network and ICP model, chronic disease management, data and digitally-enabled patient activation) by 2021 and define business case for change • Create a national knowledge hub for sharing and communicating PHP best practice • Create a PHP training academy for both parties, backed with certification to ensure appropriate levels and competencies for working in partnership • Consider a regional 'approval' system for PHP projects
NHS	• Support clinicians and managers to train on PHPs and shift mindsets from transactional to transformational care • Provide 'headroom' for senior system leaders to engage with PHPs • Realign or create new approaches to funding flows and incentives that encourage staff to collaborate and engage in PHPs across organisations
Life Sciences	• Support training and education of clinicians in PHPs and outcome-based delivery • Generate real world data and demonstrate the impact on outcomes for the NHS • Make change and project management skills available for joint initiatives • Share patient/consumer engagement methods to support patients to become more activated in self-management • Identify appropriate research and evaluation techniques to better pinpoint success factors and hurdles

To summarise

The UK needs systems that build health and enable patients to live longer, healthier lives at a lower cost. The life sciences industry has always had a role in achieving this goal and the NHS has an opportunity to derive greater value from this important supplier. The 'State of the Relationship' survey shows that this opportunity is being missed and provides a clear baseline on which to build to the benefit of both parties and the patients they serve.

NOW is the time for the NHS and life sciences sector to actively explore and develop Population Health Partnerships so that collectively they transform the delivery of health and care. There is a huge opportunity to radically improve population outcomes with relatively little effort or investment through improved collaboration and sharing of capabilities.

If we delay, we lose the momentum behind national policy intent, to the detriment of the public and patients. Key to success will be local engagement supported by NHSE/I. Local NHS managers will require an environment where they are actively encouraged to seek out partnerships with the life sciences sector on mutually beneficial PHPs without the fear of negative consequences or adverse media headlines.



VISIONS4HEALTH™
"WE REALLY GET IT"

The team at Visions4Health are committed to support both the NHS and life sciences industry to become more effective partners and improve patient outcomes through PHPs. We would be happy to book a 1-hour meeting, discuss the survey findings in more detail and discuss implications for your organisation.

Please email your interest to amy@visions4health.com

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Roundtable attendees

Director of Market Access and Government Affairs UK, AstraZeneca
Strategic Partnerships Lead, Novartis
Associate Director, Policy, Comms and Government Affairs, MSD
Sales and Market Access Manager UK, Merck
Director of Market Access and Pricing UK and Ireland, Takeda
Market Access Director, Baxter Healthcare
Chief Executive, Eastern AHSN
Chair, London Clinical Senate Council
Independent Chair, Programme Board, South West London Health and Care Partnership
Head of Commissioning, North West London CCGs
Pharmacist, Enucleo Limited
Market Access Director, ABHI
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