STATE OF THE RELATIONSHIP

State of the Relationship 2023:

A Journey Towards Effective Collaborative Working Between NHS and Life Sciences

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What is the State of the Relationship?

The State of the Relationship is a Visions4Health initiative that was launched in 2019. The aim was to initiate a survey benchmarking the state of the relationship between life sciences and the NHS, the challenges and opportunities for improving the relationship, and how to move forward in a pragmatic manner to foster effective collaborative working. The 2019 research found that partnerships were not really working for either party, despite the recognition that they could deliver value. The life sciences industry did not feel the NHS was ready to partner with them, and the NHS felt that industry did not know how or where to add value.

The world has recently emerged from a global pandemic and against a backdrop of an overstretched workforce, financial strain and unprecedented demand on the NHS on one side, and the acute commercial challenges faced by the life sciences sector on the other side we felt it timely to undertake the survey again. This report outlines the latest state of the relationship and offers insights into the key areas for improvement.

Executive Summary

- Since the last 'state of the relationship' was carried out there has been some subtle improvement in how the relationship has developed. It does remain characterised by inertia, despite the success of the Covid vaccine and the government publicised support for life sciences.
- There is still, however, recognition by both parties that this relationship is worth investing in.
- It continues to be the case that life sciences view the state of the relationship more positively than the NHS.
- Many policy initiatives to foster collaboration between NHS and life sciences are still unknown and a higher level of "local apathy" remains from the NHS point of view.
- The NHS does not have a formalised strategy for engagement with life sciences and life sciences still does not have clarity on who, how and where to engage with the NHS.

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Both the survey findings and subsequent interviews suggest that there are 3 key factors to enable success:

1. **Investing in the quality of relationships, particularly in relation to:**
   - A shared vision
   - Transparency
   - Mutual trust and respect
2. **Levers for Success**
   - Clarity on who should lead
   - Defining the implementation metrics
3. **Practical Enablers**
   - Establishing local operating agreements and brokering mechanisms to harness collaboration

Policy Context and Background

There have been multiple policy documents and initiatives to encourage collaborative working between life sciences and NHS in the past decade. In the NHS Long Term Plan[1] there was a pledge to inform collaborative working through the voluntary scheme for branded medicines pricing and access (VPAS) and around specific areas such as health research. The publication of the Accelerated Access Review[2] went further to encourage earlier uptake of products. More recently, the Life Sciences Vision[3] laid out a manifesto to support the NHS to address the greatest health care challenges, working collaboratively with industry. It laid out collaboration as a key theme to speed access and uptake of innovation, and on other topics of shared interest such as Net Zero.

The NHS is under unprecedented financial and workforce pressure, ensuring that the backlog built up since Covid can be cleared. NHS England (NHSE) have acknowledged there may be a £6bn funding gap for the next financial year 2023/4, exacerbated by industrial action and inflation.[4] It has been widely reported that partnerships are the future model for the NHS, whether that be partnerships in "provider collaboratives" at "place level" or with third sector organisations. However, life sciences or wider industry have rarely been stated as an explicit partner in these initiatives. The Hewitt Review[5], published April 2023, also emphasised the importance of working in partnership though there was a limited mention for life sciences within this context.

Survey Methodology

Initial interviews took place in Summer 2022 with six stakeholders from life sciences and the NHS. These insights were then used to inform the survey design. The survey ran from eight weeks, opening in December 2022 and closing in February 2023. A series of questions were also asked via the LinkedIn 'polls' function. There were 46 participants of which 52% were from the life sciences industry and 48% were from the NHS. NHS participants were mainly working in non-clinical roles with a smaller fraction in clinical roles. 80% of participants had been involved with collaborative working initiatives. As a follow up to the survey results three interviews were held with NHS and life sciences stakeholders to validate the findings.

Life Sciences and the NHS: What's the State of the Relationship Now?

Key Findings

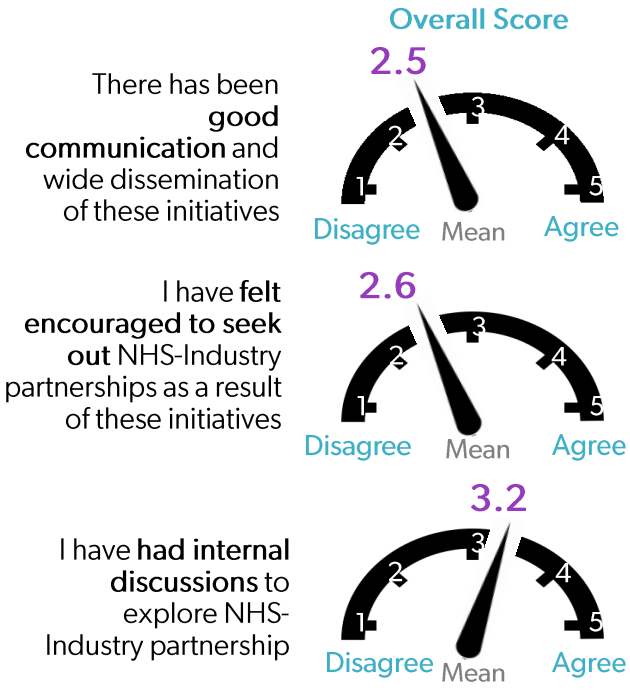
Whilst an improvement in the relationship seems to be observed there still is some way to go. The last four years have raised fresh challenges but also demonstrated new opportunities. The speed of development of the Covid-19 vaccine from bench to bedside provides the best case study of the huge potential of collaboration between the life sciences industry and the NHS ecosystem. This underscores the importance of life sciences but also the constrained environment in which health systems are operating. However, the conditions which made this a success seem to have evaporated in a return to 'business as usual'.

How Impactful has Collaborative Working Been?

Just under 80% of all respondents had some or good familiarity with collaborative working initiatives. Life sciences participants showed they were more familiar than NHS. This was similar to the 2019 findings and points to the continuing gap in this area.

There was still limited awareness of the policy initiatives that have been set out to improve collaborative working. For example, just a third of NHS respondents felt "very knowledgeable" about conflict of interest policies within the NHS or the ABPI code. There were also lukewarm responses on the impact of policies to encourage collaborative working as shown in Figure 1. These results were almost identical to the results from 2019. Although there have been a number of government and 'centralised' policy initiatives this does not seem to have 'cut through' on the ground.

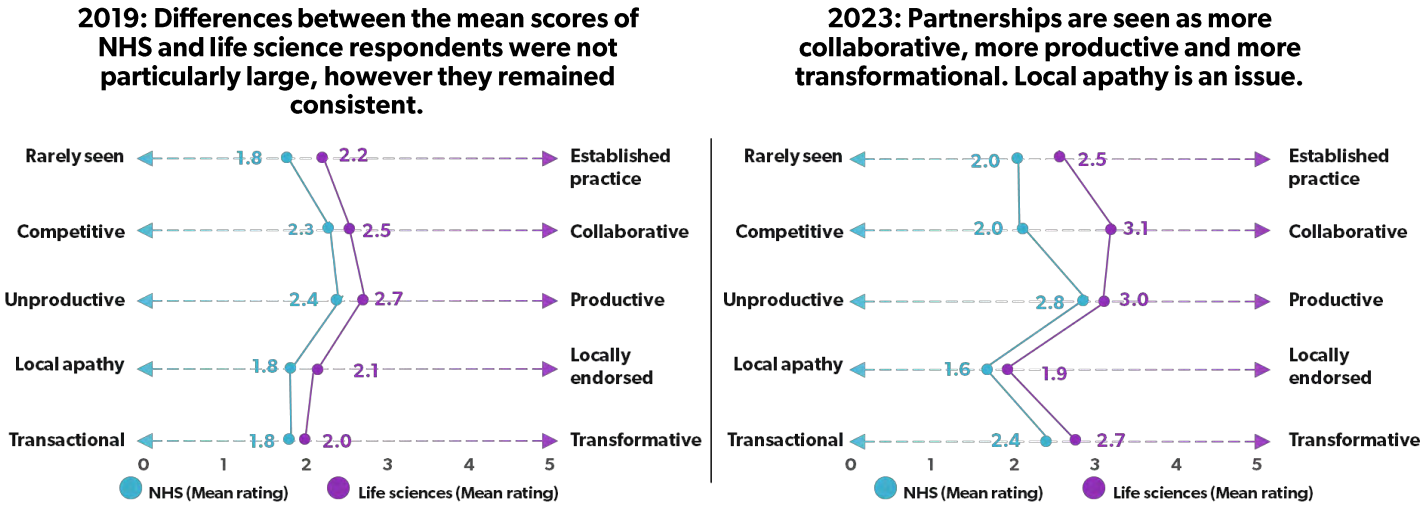
Figure 1. Summary of the impact of initiatives on collaborative working



How is Collaborative Working Perceived?

The relationship has become more positive but there are some areas where there is work to be done. On average, participants found that relationships were now more collaborative, more productive and more transformational in nature.

Figure 2. Mean scores from NHS and life science respondents rating the nature of partnerships



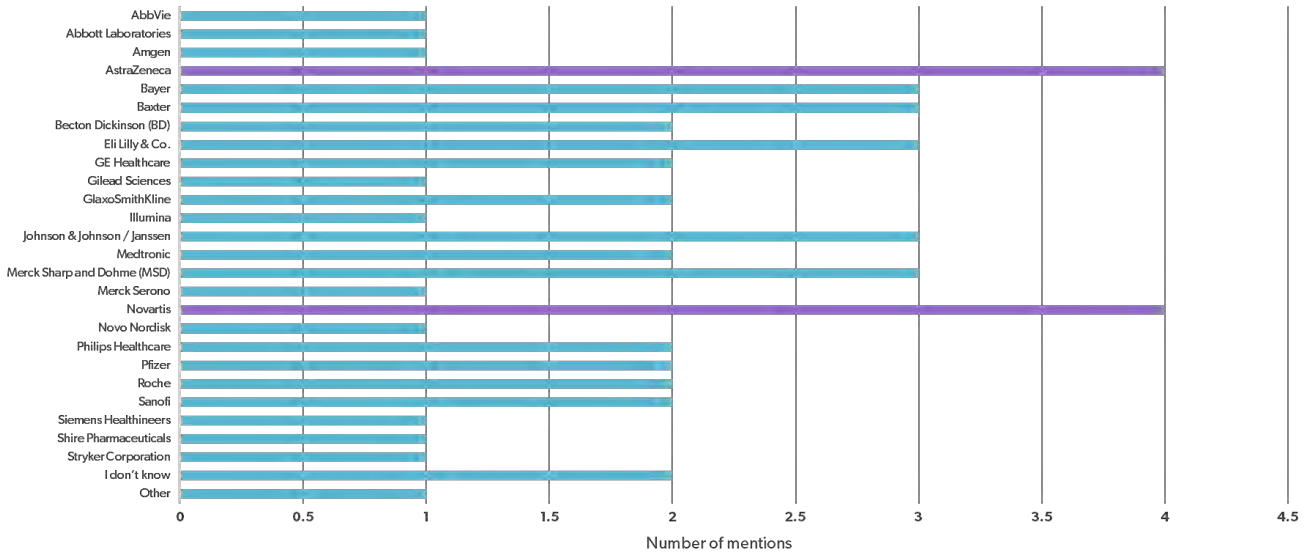
One example of a potential transformational approach to collaboration between the NHS and life sciences was Leqvio® (inclisiran) a novel treatment to lower LDL cholesterol. Whilst intent was admirable with a preventative population health approach, the NHS was not mobilised to implement. More recently, the large scale UK clinical trial for Leqvio® has also been halted.[6] This can only be bad news for patients.

Broadly, the trend was similar to 2019 where life sciences respondents were found to be slightly more positive. However, there is now more local apathy which could be as a result of the strain that the healthcare system has been under since the global pandemic.

The Accelerated Access Collaborative (AAC) has had some success but they have driven projects centred around a select number of medicines rather than focus on the incentives needed to drive innovations at a 'place' level. This local apathy is more keenly felt by the NHS respondents. With participants also highlighting constrained resources to support collaborations on the ground, it is not surprising there has been divergence in this regard.

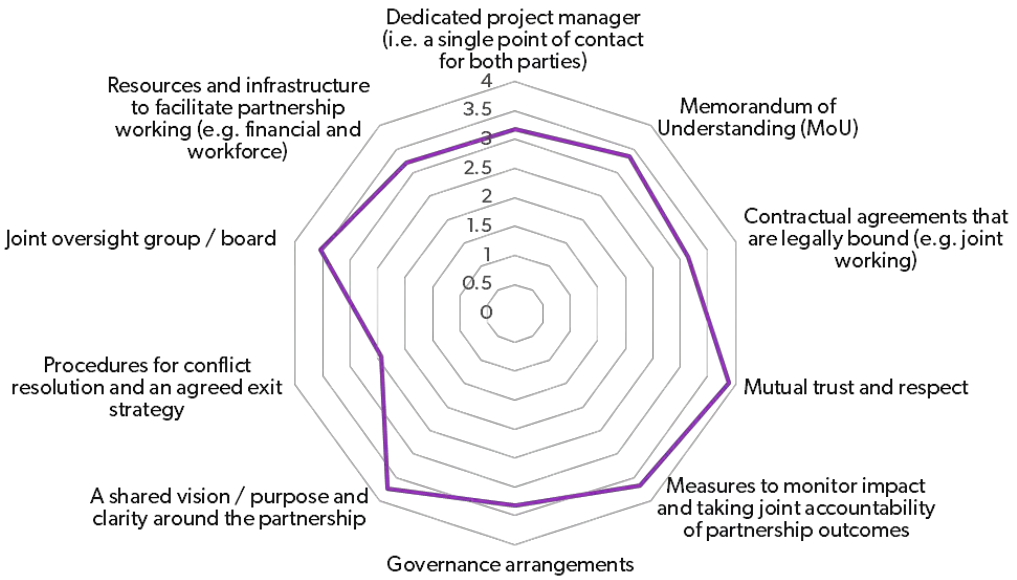
However, the pandemic also offered an extremely quick rollout of a new medicine (Covid vaccine) which shows that the industry and NHS can work in partnership effectively when certain conditions prevail. When asked if the pandemic had made collaborative working more difficult, the opinion was mixed with 37% agreeing and the remaining disagreeing (42%) or neutral (21%). NHS respondents were also asked about which life sciences companies were best set up to faciliate an NHS-industry partnership. The results are shown in Figure 3. AstraZeneca and Novartis stand out as receiving the most mentions.

Figure 3. Who is best set up to facilitate an NHS-industry partnership? (NHS respondents only)



When examining the attributes that contribute to effective NHS-life science relationships, the answers were similar to our 2019 findings. The most important attributes were based on the relationship between the parties including "mutual trust and respect" and "a shared vision/ purpose." In qualitative feedback, the responses from both sides focused overwhelmingly on transparency between the parties.

Figure 4. Important attributes in an NHS-life sciences partnership



Scale 0= Not Important at all to 4= Very Important



"Massive improvements have been made, but scepticism remains. Transparency is key, pharma are not a bank, but there are many opportunities for mutual benefit where prevention focused approaches exist. "
(Life sciences respondent)



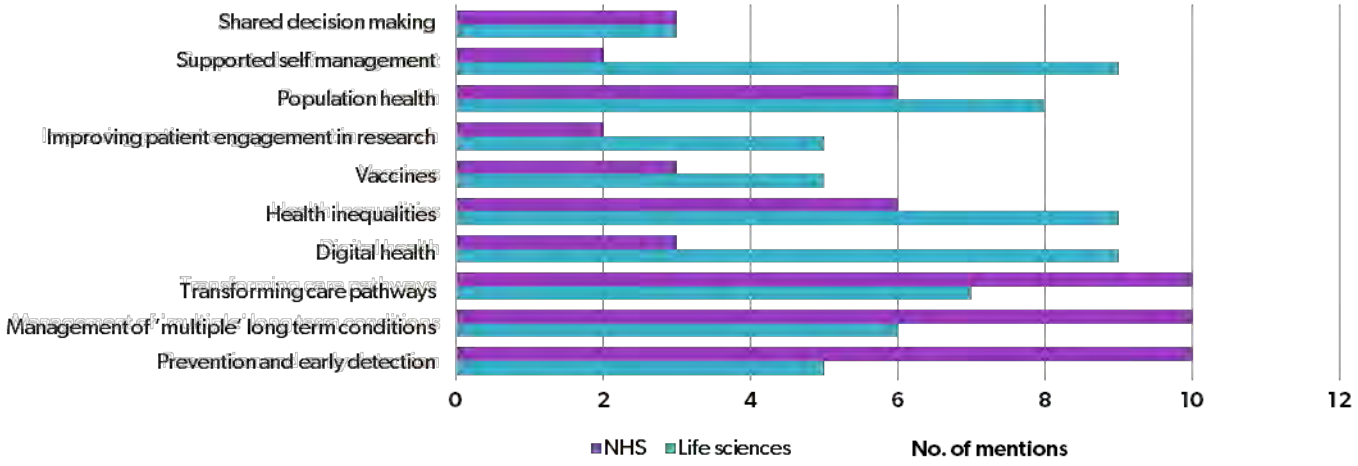
"Openness by the NHS about its financial position and impact on priorities. Openness by industry on real world impact including (operating) budget."
(NHS respondent)

Transparency is required from both sides to to maximise the relationship to deliver benefits to patients. Whilst there is an encouraging view on the importance of transparency from both the NHS and life sciences this points to a gap in the relationship which must be bridged to enable success.

There is no Consensus on Where Partnerships Should be Prioritised

Overall survey results may suggest that there is misalignment on where the NHS and life sciences should collaborate. Life science respondents were more likely to include categories that related to supported self-management, vaccines, digital health and population health. NHS respondents were most likely to point to early prevention and detection, management of long-term conditions and transforming care pathways. Many life sciences companies focus on the latter and employ roles to support improvement in pathways. Could this perceived misalignment simply be that the NHS and life sciences use different languages but are aiming for the same goal i.e. improvements in patient and population health? One difference you would find for example is that the NHS focuses on a patient centred approach to long term condition (LTC) pathways and service planning (i.e. patients with many co-morbidities). Life sciences may focus on multiple treatment options for a therapeutic area in the development of their innovations and activities to support pathways.

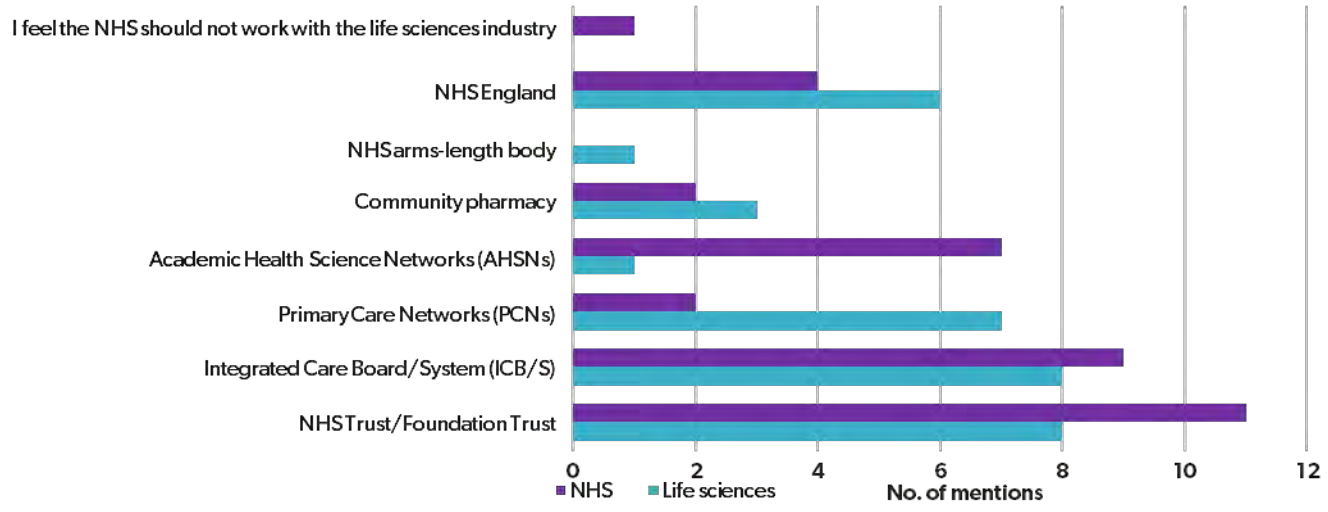
Figure 5. Which of the following areas should the NHS prioritise for partnership with Industry?



There is no Consensus on who Should Lead the Collaboration with Life Sciences

There was no clear consensus on which kind of NHS organisation should lead the collaboration with life sciences. Both NHS and life sciences respondents favoured Integrated Care Boards (ICBs)/ Integrated Care Systems (ICSs) and NHS Trusts/ Foundation Trusts. However life sciences placed greater preference on Primary Care Networks (PCNs) whilst the NHS favoured a role for the AHSNs. Could this lack of clarity also contribute to the sense of inertia within the relationship? With advent of the new NHS structures and a shift to local accountability, could the answer be in the research and innovation agenda of the Integrated Care Boards (ICB)/ Integrated Care Systems (ICS)/ provider collaboratives?

Figure 6. Who in your opinion is best placed to facilitate NHS collaboration?



The NHS is not a single entity but is made of heterogenous organisations with differential accountabilities – encompassing payers and providers, from primary to community and secondary care. Since the establishment of ICSs there has been another shift in this system. The more recent emergence of provider collaboratives has also created an opportunity for NHS delivery organisations to work at scale.

The formal establishment of ICBs in July 2022 has meant that this structure could provide an overarching mechanism for collaboration. They have a legal obligation "to promote innovation" and a "duty in respect of research."[7] As most ICSs have now issued a strategy[8] and those remaining will do so shortly, there should be an articulated set of priorities for which the life sciences industry can base partnerships. However, with ICBs recently facing a 30% cut in their operating costs it is not clear if they are able to actively fulfil this role amidst other statutory duties.[9] This was also emphasised by NHS respondents who most frequently cited capacity support to deliver services, cost saving initiatives and fresh ideas as their three highest expectations from a life sciences partner, illustrating the gap that currently exists.

This was also echoed in the follow up interviews – where it should be possible to broker a deal that is win - win and does not disenfranchise or 'risk' either party. Policy may give permission for change but practical mechanisms including resources for implementation are vital to ensure success.

Practical Enablers for Collaboration

Building a more trusted and transparent relationship comes from seeing benefits to both parties. Many of the respondents outlined that a trusted brokering mechanism taking place at a local level would be of benefit in building collaborations. Therefore a framework for local collaboration with life sciences can be seen as essential, even when there may have been a strategic agreement with national bodies on specific initiatives.

A select number of ICSs have roles in place or publicly issued job descriptions which make a head of innovation role a priority to be embedded into the ICS,[10] although, there is no clear mandate on how to implement this duty and a lack of consistency on partnership working with industry. For example, a role in Cambridge and Peterborough ICS mentions industry and life sciences[11] whilst a role in North East London does not[12]. Each locality will of course take different approaches but should collaboration with life sciences be mandated within each ICS?

The NHS need strategies for engagement and life sciences need to know where and how to engage. The below table represents a potential approach for engagement between the NHS and industry at a local level:

The NHS and Life Sciences: A Framework for Collaborative Working

	NHS	Life Sciences
Purpose	**A belief in the purpose of the partnership and motivation to see it through.** **Mutual recognition that there is a not 'one size fits all' approach.**	
People	• Appoint a lead for innovation within an ICS system who has industry engagement as a responsibility within their portfolio.	• Single point of contact to manage strategic NHS partnerships.
Processes	• Publish their challenges and priorities within the healthcare system, which may benefit from industry support. • Initiatives could focus on whole populations or specific therapeutic categories.	• Life sciences to 'signal' and match their interests around priorities set out in ICS plans and invest in relationships.
Learning	• Conduct conflict of interest training for NHS parties to increase their confidence in collaboration.	• Conduct best practice 'partnership management' with the NHS.
	Publish case studies and celebrate success and/ or joint learning	

Summary

Whilst the government has held up life sciences as a key industry in the UK, there have been some recent developments which have caused a fracture in the relationship such as the higher than expected payments due to the VPAS scheme and the continuing pressures on the health service from the Covid pandemic and beyond. Amidst this landscape there is also a realisation that collaboration between the healthcare system and life sciences industry is more imperative than ever. There is no doubt this is a nuanced and complex situation. Our research has highlighted some key areas of misalignment – these could be used as a means of progressing the relationship and improving care for patients. Through a focus on building quality relationships and a pragmatic brokering mechanism within the new NHS architecture the state of the relationship can only continue to improve.

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