STATE OF THE RELATIONSHIP

From Collaboration to Capability

What distinguishes the UK's most effective NHS-industry partnerships?

Insights from an anonymised analysis of recognised partnership excellence.

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PRACTITIONER PERSPECTIVE

Having worked across the NHS, life sciences, academia, charities and the wider health innovation ecosystem one lesson has remained remarkably consistent: the biggest barrier to better healthcare is rarely a lack of good ideas. More often, it is our collective ability to translate those ideas into routine practice, at scale, and in ways that create lasting value for patients and the health system.

That translation depends on partnership. Not partnership as a slogan, a funding mechanism or a single project, but partnership as an organisational capability.

The challenges facing today's NHS, including workforce pressures, health inequalities, prevention, productivity and innovation adoption, are too complex for any one organisation to solve alone. Our greatest opportunities lie at the intersection between organisations, sectors and disciplines.

The 16 case studies analysed for this report reached a consistent conclusion. Strong partnerships were not defined by the size of the investment, the prominence of the organisations involved or the sophistication of the innovation. They were distinguished by how partners worked together: building trust, involving stakeholders early, making governance visible, adapting when circumstances changed and designing for sustainability from the outset.

For me, the central message is clear. Partnership is not simply something organisations do; it is something they must become capable of doing well.

The Visions4Health Partnership Maturity Model captures these lessons in a practical framework that organisations can use to assess, strengthen and continuously improve collaboration. If this work helps partnership move from exceptional practice to standard operating capability, it will have served its purpose



Roshani Perera

Commercial & Operations Director, Visions4Health

SYSTEM LEADER PERSPECTIVE

Effective partnership working is fast becoming a precondition for delivery and meaningful change. The ambitions set out in the 10 Year Health Plan, Life Sciences Sector Plan and associated policy documents on earlier diagnosis, prevention at scale, digital transformation, workforce resilience, and the reduction of health inequalities cannot be realised by any single organisation acting in isolation. They depend on the NHS, industry and the wider innovation ecosystem combining complementary capabilities around shared, clearly defined outcomes. From a HealthTech perspective, this reframes the central question: no longer whether to collaborate, but whether the operating model in place is credible, governed and built to endure. This reflects a central component of the approach we are seeking to embed across our system.

Delivering meaningful and sustainable impact accordingly requires organisations to develop specific capabilities: the discipline of genuine co-design around a shared problem; governance and accountability that are visible to all partners; resilience and appetite for change; a sustained approach to engagement across the system that continues well beyond initial implementation; and the capacity to adapt delivery in response to evidence and frontline feedback. Sustainability and evaluation must be designed in from the outset, not retrofitted once funding concludes.

I believe that partnerships must be treated as an organisational capability to be assessed, strengthened and matured — not as a relationship left to goodwill.



Yousaf Ahmed

ICS Chief Pharmacist and Director of Medicines and Pharmacy

A growing body of work

Since 2019, Visions4Health has been exploring what makes these partnerships successful, what barriers stand in the way of effective collaboration, and how organisations can build the capability needed to deliver meaningful and sustainable change.

Our **State of the Relationship** programme has evolved from examining perceptions of NHS-industry collaboration to analysing what high-performing partnerships actually do in practice.

2019	**Establishing the baseline** Explored NHS-life sciences collaboration and identified trust, shared purpose, governance, accountability and joint ownership as critical foundations. The work also proposed Population Health Partnerships as a future model.
2023	**Understanding the relationship** Examined wider perceptions of NHS-industry working and found persistent barriers including uneven trust, local apathy, capacity pressure and uncertainty over how collaboration should be led.
2026	**From collaboration to capability** Analysed recognised examples of partnership excellence to identify the repeatable behaviours, structures and mechanisms that allow collaboration to become resilient, sustainable and scalable.

About the Excellence in Healthcare Partnerships Awards

The Excellence in Healthcare Partnerships Awards were established through a collaboration between PM Group Worldwide and Visions4Health to recognise, celebrate and share effective partnership working across health and care. The programme brings together examples involving the NHS, life sciences, HealthTech, academia, charities and patient organisations.

Beyond recognising excellence, the submissions offer a unique perspective on the behaviours, capabilities and operating models associated with high-performing partnerships. They therefore provide a valuable evidence base for examining what partnership maturity looks like in practice.

From relationship building to capability building

The context for NHS-industry partnership working has changed significantly since the publication of the 2023 State of the Relationship report. Collaboration is no longer simply encouraged as good practice. It is increasingly recognised as essential to delivering the ambitions of the NHS and the wider health innovation ecosystem.

The 10 Year Health Plan and the Life Sciences Sector Plan rely on organisations working across traditional boundaries to advance prevention, earlier diagnosis, digital transformation, productivity, workforce resilience, innovation adoption and reductions in health inequalities. These challenges cannot be solved by any one organisation acting alone. They require the NHS, life sciences, HealthTech, academia, charities and patient communities to combine complementary capabilities around shared priorities.

THEN	NOW	NEXT
Should we partner?	**How do we partner effectively?**	**How do we build partnership capability?**
Establish trust	Embed shared ownership	Develop repeatable capability
Clarify intent and boundaries	Make governance and accountability visible	Build resilience beyond individuals
Create permission to collaborate	Deliver sustained value	Assess, strengthen and scale

This matters because our analysis in this report suggests that **the most effective partnerships are already operating in the way national policy now requires.** The evidence suggests the strongest partnerships are not transactional funding arrangements or isolated pilots; they are structured collaborations built around shared ownership, sustained contact, transparent governance, named accountability, patient and clinician involvement, and a clear route to sustainability.

This reframes the central question for NHS and industry leaders. The question is no longer simply, "Should we partner?" It is: "Which outcomes are we trying to deliver, which partners are essential to delivering them, and what operating model will make the partnership credible, governed and sustainable?"

Seen through this lens, **making partnership working "business as usual"** is not a cultural nice-to-have. It is an operating requirement for delivering the 10-Year Health Plan and making the Life Sciences Sector Plan real for patients, services and industry.

Executive summary

The strongest partnerships turn shared intent into sustained delivery.

NHS-industry partnership working is entering a new phase. National ambitions around prevention, digital transformation, earlier diagnosis, productivity, innovation adoption and health inequalities depend on organisations collaborating across traditional boundaries. Yet collaboration alone is not enough. The central challenge is whether organisations possess the capability to design, govern, sustain and scale partnerships in complex and changing systems.

What we examined

Visions4Health analysed 16 anonymised case studies submitted to the Excellence in Healthcare Partnerships Awards. Each was coded against nine recurring relational and organisational mechanisms. Findings were compared with the 2023 State of the Relationship survey to distinguish exemplary practice from wider sector conditions.

What we found

- Six recurring themes across nine relational mechanisms explain how stronger partnerships work.
- Three relational mechanisms appeared in most cases: sustainability planning, genuine co-design and sustained contact.
- Visible governance, named relationship leadership and respect for boundaries helped make collaboration more resilient.
- Successful partnerships managed barriers deliberately through redesign, adaptation, evidence and relationship infrastructure.
- Scale was associated with credible evidence, replicable design, standardised processes and a repeatable method for building trust.
- Strongly alignment with current NHS priorities particularly practical delivery pressures relating to workforce capacity, access, pathway flow and service resilience.

What it means

The next phase of NHS-industry collaboration is not simply about encouraging more partnerships. It is about making effective partnership working a standard operating capability across all system partners. The Visions4Health Partnership Maturity Model translates the evidence into a practical diagnostic for organisations seeking to assess, develop and strengthen that capability.

FIVE MESSAGES FOR LEADERS

The findings at a glance

1 

Partnership is a capability

High-performing partnerships rely on disciplined and repeatable ways of working, not goodwill alone.

2 

How partners work matters

Shared ownership, visible governance, sustained engagement and adaptability shape delivery.

3 

Foundations come first

Sustainability planning, co-design and a regular contact rhythm were the most consistently evidenced mechanisms.

4 

Barriers require design responses

Capacity, access, culture and infrastructure constraints were usually addressed through redesign and alignment, not funding a lone.

5 

Scale is a maturity issue

Evidence, standardisation, replication and trusted ways of working allow learning to travel beyond the original setting.

The defining shift is from relationship-led collaboration towards capability-led delivery.

SIX RECURRING THEMES

What successful partnerships look like

Across the 16 case studies, the strongest partnerships were not distinguished by a single feature, but by the how they worked together to create shared momentum across nine recurring relational mechanisms.

1. Genuine co-design (versus consultation after the fact)
2. Sustained contact rhythm (regular meetings, reporting, or review cycles)
3. Named, trusted individuals credited by the partner organisation
4. Explicit or formally shared governance
5. Boundary-respecting behaviour by the industry/delivery partner
6. Responsiveness or evidence of a mid-course pivot based on feedback
7. Shared financial risk or genuinely equal investment
8. Sustainability or exit/transition planning built in from the outset
9. Independent third-party validation of outcomes



Successful partnerships tended to begin with a clearly defined NHS or patient problem, involve the right stakeholders early enough to shape the work, and maintain a purposeful rhythm of contact beyond launch. They were strengthened by named individuals who could sustain trust, visible governance that made accountability clear, and a willingness to adapt when feedback showed that the original plan needed to change. Crucially, the most effective examples were designed around real NHS capacity constraints, making the partnership feel relevant, practical and capable of being sustained rather than simply delivered as a time-limited project.

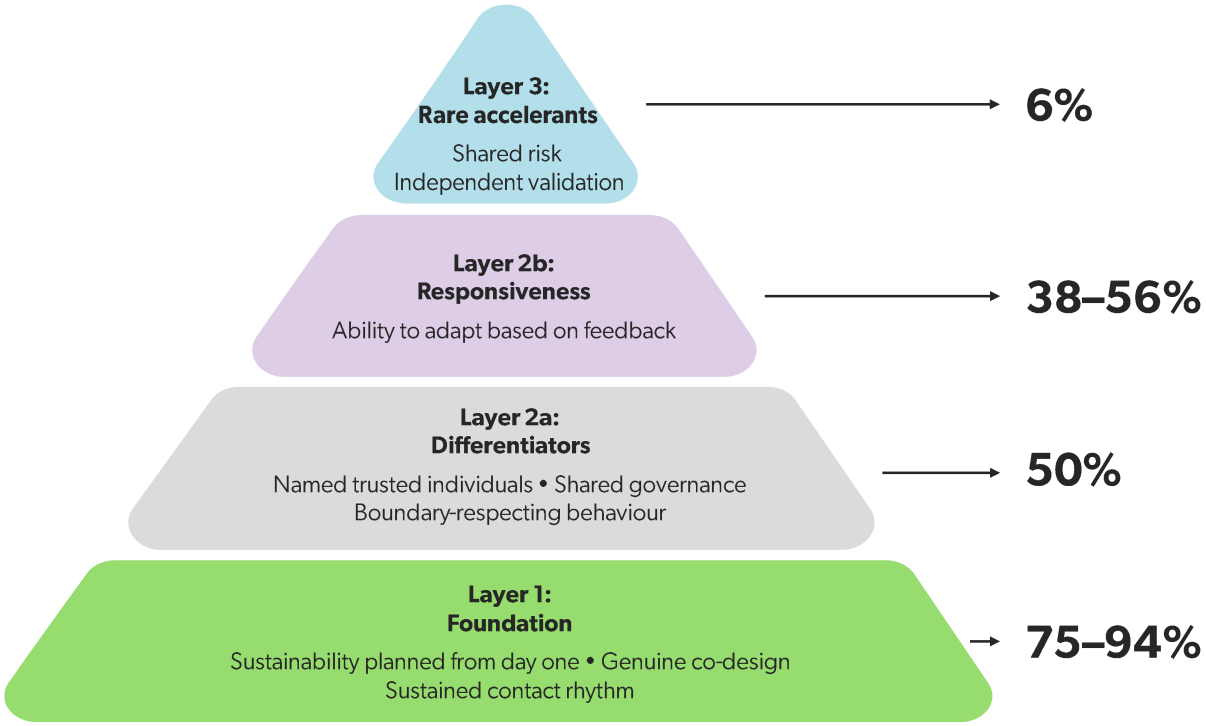
Success is rarely determined only by what organisations are trying to achieve. More often, it is determined by how they choose to work together.

A LAYERED MODEL

The anatomy of high-performing partnerships

The most common mechanisms across the case studies were sustainability planning, genuine co-design and a sustained rhythm of contact, suggesting that these are the foundations of effective delivery. However, the strongest partnerships went further by making leadership, governance and boundaries more explicit, reducing reliance on informal goodwill or individual relationships alone. Responsiveness to feedback appeared less frequently across the full sample, but was particularly visible in the more mature examples, where partners were willing to adapt delivery in response to practical learning. By contrast, shared financial risk and independent validation were rare, but strategically important, because they help make value, accountability and credibility more visible beyond the original partnership.

Taken together, the analysis suggests that partnership maturity is not defined by the presence of every mechanism, but by the ability to combine core foundations with the differentiators that make collaboration more resilient, transferable and scalable.



Note: Percentages describe prevalence within this specific 16-case sample and should not be interpreted as sector-wide statistics.

DELIVERY CONTEXT

Where partnerships focus and what gets in the way

FOCUS OF PARTNERSHIP ACTIVITY	RECURRING BARRIERS
• Workforce capacity and service resilience	• NHS workforce and capacity constraints (31%)*
• Patient access and pathway flow	• Digital exclusion and unequal access (19%)*
• Digital transformation embedded in workflow	• Practice inertia or low awareness (19%)*
• Health inequalities and inclusive access	• Fragmented data or infrastructure: (13%)*
• Prevention and earlier intervention	• Fragile trust where roles or intent were unclear±

*Percentages describe prevalence within this specific 16-case sample and should not be interpreted as sector-wide statistics.

± Explicitly visible in only one case but reinforced by the 2023 survey findings.

Successful partnerships do not avoid barriers. They manage them deliberately.

Across the sample, barriers were rarely resolved through additional funding alone. Stronger partnerships redesigned workflows, clarified governance, adapted to context, generated credible evidence and invested in the relationship infrastructure required to keep partners aligned.

Across the submissions five factors were repeatedly associated with greater potential for spread and scale:

1. Credible validation of outcomes
2. Modular and replicable design
3. Standardised operational processes
4. Purposeful dissemination through relevant networks, forums or system channels
5. A consistent partnership method for rebuilding trust in new settings

The implication is that scaling is not primarily a product, technology or funding problem. Scale should be seen as a maturity issue, not simply an implementation issue. The more mature the partnership capability, the easier it becomes for evidence, learning and trust to travel beyond the original context.

FROM INSIGHT TO CAPABILITY

The Visions4Health Partnership Maturity Model

Using the evidence from this analysis, Visions4Health has developed a Partnership Maturity Model: a practical diagnostic framework that can help organisations assess the strength of their current partnership approach, identify capability gaps, and prioritise where development effort is needed.

The model treats partnership quality as a profile rather than a pass/fail judgement. It helps organisations identify where current capability is strong, where it is vulnerable and what would enable progression.

Maturity Stage	Relationship Status	Relationship Overview
1	TRANSACTIONAL	The relationship exists because a project requires it and is largely driven by immediate need or one-way funding.
2	COOPERATIVE	Basic structure exists, but the relationship remains fragile and dependent on goodwill or individuals.
3	COLLABORATIVE	Ownership and governance are genuinely shared, with ways of working that can survive personnel change.
4	TRANSFORMATIONAL	The relationship is a proven, replicable system asset that builds wider trust, learning and capability.

The value of the model lies not in labelling a partnership, but in showing where capability needs to be strengthened. A partnership may already be collaborative in some areas while remaining cooperative or transactional in others. That pattern is often the most useful starting point for development.

What the assessment explores

- Shared problem and purpose
- Co-design and stakeholder involvement
- Contact rhythm and relationship leadership
- Visible governance and clear boundaries
- Adaptability, sustainability and credible evidence

What progression could look like

The maturity model becomes more useful when it is viewed as a profile across several capabilities, rather than as a single label. The illustrative radar below plots the wider relationship conditions described in the 2023 survey against the pattern evidenced across the 16 award submissions analysed for this report.



Figure: Illustrative partnership maturity profile, comparing the 2023 sector survey with the 2026 award-submission sample.

The comparison suggests that exemplary partnerships are more consistently associated with co-design, sustainability planning, regular engagement, visible governance and trusted relationship leadership. These are therefore useful areas for assessment and development. Shared financial risk and independent validation remained comparatively uncommon even within the award sample, indicating potential areas for future maturation.

Important interpretation note: *this is an illustrative comparison between two different evidence sources, not a longitudinal measure of the same partnerships progressing over time. It shows the gap between wider sector conditions and the practices evidenced in recognised submissions; it should not be read as proof that the sector as a whole has advanced by the amount shown.*

The largest opportunity is to move from relationship-dependent working towards repeatable organisational capability.

WHAT HAPPENS NEXT

From evidence to action

The maturity model becomes more useful when it is viewed as a profile across several capabilities, rather than as a single label. The illustrative radar below plots the wider relationship conditions described in the 2023 survey against the pattern evidenced across the 16 award submissions analysed for this report.

The next step is not more collaboration. It is more mature collaboration.

FOR NHS & SYSTEM LEADERS	FOR INDUSTRY & HEALTHTECH	FOR PARTNERS TOGETHER
• Define shared problems before solutions • Make decision routes and ownership visible • Design around real capacity constraints	• Build cross-functional partnership capability • Strengthen continuity beyond one sponsor • Plan evidence, sustainability and exit early	• Use a common maturity language • Review progress and adapt together • Build methods that can travel and scale

From evidence to action

Building on the findings of this report, Visions4Health is developing a practical **Partnership Maturity Assessment** that helps organisations identify existing strengths, capability gaps, and opportunities for development. The assessment is intended to provide a maturity profile, not a simplistic score, and to inform targeted support in governance, stakeholder engagement, collaborative and joint working, evaluation, sustainability and scale.

The wider opportunity

The evidence base, maturity framework and capability review create a connected platform: research explains what good looks like; assessment identifies where capability is strong or vulnerable; and tailored development helps organisations progress.

THE CENTRAL IMPLICATION

Conclusion

Partnership maturity is the bridge between ambition and delivery.

This analysis should not be interpreted as evidence that the wider NHS-industry relationship has fully transformed. The structural challenges identified in earlier State of the Relationship research, including uneven trust, limited capacity, uncertainty over leadership and variable understanding of collaborative working, remain relevant.

What the award submissions demonstrate is more focused, but strategically important: some partnerships are overcoming these constraints through repeatable disciplines. They start with a shared problem, involve stakeholders early, sustain engagement, make governance and accountability visible, adapt to feedback and plan for sustainability from the outset.

The central shift is therefore from viewing partnership as a relationship-dependent activity to treating it as an organisational capability. This matters in a changing NHS, where projects must withstand stakeholder turnover, shifting priorities and operational pressure without losing purpose or momentum.

The practical challenge is not to invent an entirely new set of principles. It is to assess how consistently those principles are embedded, identify where capability remains vulnerable and support organisations to progress. The Visions4Health Partnership Maturity Model provides a structured starting point for that work.

If national ambitions for prevention, digital transformation, productivity, innovation adoption and improved access are to translate into impact, effective partnership working cannot remain exceptional. It must become a credible, measurable and continuously improving part of how organisations deliver change.

That is the next phase of maturity for NHS–industry collaboration.

Explore the full technical report and partnership maturity resources at **visions4health.com**