



# Better joint working between the NHS and the pharmaceutical industry

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These recommendations are based on sessions facilitated by PCC for government, industry and NHS organisations interested in improving the uptake and effectiveness of joint working.

## Policy context

The white paper *Equity and Excellence: Liberating the NHS* creates significant opportunities for delivering a large number of small service improvements designed and implemented locally and which are capable of producing large national benefits both to health and the public finances when performed at scale.

Joint working, which similarly focuses on small scale projects addressing local health needs with the potential to be repeated elsewhere or at scale, presents a real opportunity to local health economies to work in partnership with the pharmaceutical industry to improve services. With NHS budgets remaining flat, at best, for the foreseeable future, and the state of the economy set to increase pressure on public services, access to commercial skills and resources will be more important than ever in 2011 and beyond.

The ethos and local focus of joint working are closely aligned with the principles of clinical commissioning. Joint working partnerships at clinical commissioning group level could tap into the local knowledge of clinicians and the expertise and other resources of industry to produce demonstrable health benefits to local communities and help meet government targets for improved efficiency and productivity.

## Industry code of practice

The Association of the British Pharmaceutical Industry (ABPI) has issued a code of practice on joint working and, with the Department of Health, a toolkit to help get projects off on the right foot. The code of practice is not difficult to follow or onerous, but is not being used effectively, according to Martin Anderson, former ABPI director of NHS policy and partnerships and now an independent consultant.

"Pharmaceutical companies are rightly concerned about ensuring that they do not break the ABPI code of practice, however, with regards to joint working, some appear to bend over backwards and then tie themselves in knots to avoid doing so," he says.

"The requirements of the ABPI code in relation to joint working are very simple. The code says 'a formal written agreement must be in place and an executive summary of the joint

working agreement must be made publicly available before arrangements are implemented'. Achieving this should be quite straightforward.

"The code defines the required content of the agreement and there are templates available in the ABPI/DH Moving Beyond Sponsorship toolkit. The toolkit advises both parties about the need to avoid too much bureaucracy.

"ABPI guidance notes on joint working are also available which should be taken into account but go beyond the requirements of the ABPI code. Joint working can be very effective in improving care to patients and the explicit expectation is that both the NHS organisation and the pharmaceutical company will also benefit."

## Recommendations and practical steps

1. Explicitly position joint working as an enabler of clinical commissioning highlighting the similarities of approach and ethos, and the contribution joint working can make in addressing the QIPP challenge, supporting local health service improvement led by clinical commissioning groups and their constituent general practices and focusing on the most effective use of NHS resources and value for money.
2. Share results: joint working case studies need not only to be developed but shared effectively and widely so that organisations interested in undertaking joint working should be able to find information about previous projects. There is a clear need for a common repository for case studies and supporting materials including business cases, project documents, needs analyses and research reports. Agreement to publish results to a national repository should be a formal requirement of joint working arrangements.

There is also a need to access "live" information including discussion, contact details of individuals involved in or interested in joint working projects, access to networks and other means to connect to individuals and organisations able to offer support or willing to enter into joint working relationships.

The Commissioning Zone, a web portal backed by the clinical commissioning community, is being redesigned to provide better search, uploading of user-generated content, discussion forums and the ability to find and connect to potential partners. The Commissioning Zone fulfils the technical criteria for a repository with the added advantage of connection to an existing community of 34,000 clinicians, managers and professionals through NHS Networks.

3. Agree criteria for the assessment of case studies. This would:
  - Provide a checklist against which to test project goals at inception and help shape the business plan
  - Enable evaluation of projects based on like for like comparisons

Criteria should not be so fixed or onerous that they discourage joint working, innovation or the production of case studies.

4. Add "educational benefit" to the joint working criteria. Better educated patients will be better able to manage their own health and better educated clinicians will be better able to prescribe appropriate treatment.

5. Add “obstacles, failures and setbacks” to the criteria. Intelligence about what to avoid doing may be as valuable as positive learning.
6. Develop a communications programme to ensure that joint working examples are reaching the attention of key stakeholders, particularly:
  - Emerging clinical commissioning groups
  - Commissioning support organisations
  - Pharmaceutical industry leaders and representative bodies
  - Local authorities with regard to future public health roles
  - Policy makers
  - The NHS Commissioning Board

The main goals of any communications programme should be to address the cultural barriers to joint working and to provide clear evidence of success.

7. Consider renaming joint working. While the concept is sound the programme has not been conspicuously successful to date and a new name might help inject renewed vigour.
8. Publish data and feedback about case studies. How often has it been read? How did people rate the information? Rating case studies would help potential partners to assess their value. Highly rated case studies would have higher PR value for the partners. Lower rated ones might encourage forensic analysis of projects and stimulate improvement. Ratings systems are straightforward to implement when documents are made available online.
9. Proof of replicability. The best evidence for replicable case studies will be from those that were based on earlier examples. Partners should be encouraged to show where their success was built on a previous success story. This will allow for the progressive refinement of project methodologies and increase the chances of successful replication, since approaches that have been shown to work more than once stand a greater chance of being adopted again.
10. Build on the existing joint working toolkit produced by the DH and Association of the British Pharmaceutical Industry (ABPI) to include some or all of the following with the case study template:
  - Example business cases
  - Further tools for measuring the value of projects particularly around benefit to patients
  - Guidance on communications
11. ABPI and DH should lead a coordinated approach to the promotion of joint working to avoid duplication of effort and confusion of messages.

## Further reading

*Working together to help the medicine go down* (article in autumn 2011 edition of Better Health Outcomes, PCC)

<http://www.pcc.nhs.uk/better-health-outcomes>

*Moving beyond sponsorship: interactive toolkit for joint working between the NHS and the pharmaceutical industry*

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082840](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840)

*ABPI guidance notes on joint working between pharmaceutical companies and the NHS and others for the benefit of patients*

<http://www.abpi.org.uk/our-work/library/guidelines/Pages/code-guidance.aspx>

## Contact

Marion Todd  
marion.todd@pcc.nhs.uk  
07500 102 330