

Wilmington Healthcare

Knowledge Hub

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<https://wilmingtonhealthcare.com/integration-and-nhs-industry-partnership/>

Johnny Skillicorn-Aston and James Roach of Conclusio look at what this means for Pharma and the NHS

Conclusio has a long-held the view that partnership is the emerging motif for the relationships the NHS has with what it once called suppliers. However, true partnership is a necessary yet illusive commodity.

Trust, commonality, shared objectives, risks and rewards are important characteristics of partnership working. While the NHS might be more willing to use the 'C word' – commercialisation – and develop shared endeavours with the private sector, its history with pharma is a chequered one. But as we are seeing much that is new in the design of healthcare, we need to refresh the principles for how pharma should partner and engage with the NHS.

Just as Government is directing increased integration across the NHS, the draft ABPI Code of Practice 2021 seeks to align Pharma with the proposed new approaches. It sets the ground for Pharma to partner with the NHS with true purpose. On collaborative working it gives clear licence and legitimacy for Pharma to place itself at the centre of transformation and optimal care planning.

And it creates the ground on which meaningful patient-centric partnerships can flourish and drive better health outcomes. Together, this supports 'above brand' working and sets the tone for, and direction of, multiple entities, both statutory and commercial, engaging in a commonwealth for common health. Pharma companies are starting to engage with this opportunity and see themselves as potential partners of the NHS in a purposive approach.

However, on the other side of the coin of collaboration, the NHS must do its utmost to deliver clinical objectives by resetting governance to optimise partnership driven outcomes for patients and health systems alike.

Improvement principles

Not only is the case for change clear and manifest, the improvement principles on which it is made have resonance for many specialties. For instance,

- Developing trusted partnerships focused on tackling local/system health issues, improving patient care and delivering national requirements at local level. This is of universal benefit.
- The NHS is a universal service, and that principle also applies to the many challenges it faces – one partner’s challenge is everyone’s challenge and creating a solution must be a common endeavour.
- Shared endeavour leverages capacity, capability and impact and provides a locus for partners.
- Partners have access to much data: share and liberate it! Use it to determine the wider impact and long term consequences/costs of health conditions, e.g. chronic pain, disability, reduced quality of life, social exclusion, loss of employment and reduced productivity, together with increased financial burden on the individual, their families and society. Look beyond the numbers and apply what is learned from the study of data to inform action based solutions.
- Solutions must engage at place, system and pan system and evidence their value in each
- Demonstrating value must be identified at three levels: Allocative (ICS level), technical (at pathway level) and personal (at patient level).
- Identification of wider benefits/value – looking at detection and reducing variation in outcomes, developing a case study approach to present a holistic view and bring together key stakeholders in optimal ways.
- The optimal pathway should combine risk stratification and management of patients in the community, improving the quality of the patient experience nearer to home until there is no alternative but acute referral.
- Demonstrate how delivery of the optimal care pathway can improve quality of care, reduce harm and cost, generating wider societal, clinical and financial return on investment – demonstrated over multiple years.

While there is not a register of people who might be good candidates for better outcomes from optimised care pathways that address unmet need, the focus must remain on not precipitating inequalities in areas like prescribing medications. We need optimal care pathways to collect the data to help address unmet need and inequalities through interventions that are based on shared decision making between patients and health care professionals alike.

Widening clinical leadership

Much is spoken about leadership in the NHS; clinical leadership is vital but in many specialities it need not solely orbit the consultant. Community healthcare professionals and providers can be pivotal in shaping a new MDT approach that repositions clinical leadership nearer to the patient, diversifies clinical advocacy and increases the profile of 'place' within the available solution-assets.

A new schematic is required: one that preserves the position of Trusts, and consultants, as a lead provider while working in concert with community providers and HCPs as the delegated care delivery partner. Around this arrangement, the fullest MDT assets can be deployed, and that should include industry partners that can invest the pathway with additional sources of data, patient experience and therapeutic input.

Changes in the NHS landscape, the delivery of care and the COVID-19 pandemic have taught many things to all those engaged in providing quality patient care. A clear opportunity to act exists; everyone needs to change their mind-set and demonstrate a commitment to work in partnership across the whole healthcare system. Adopting shared goals that move us away from silo leadership and thinking and deliver more positive outcomes rather than just more barriers.

Setting a new agenda

We need a new development agenda and a cultural shift away from business cases founded on the old doctrine of PBR income, toward the ideals of system wide, long term benefits. Whatever the field of medicine, we need a clinical business to business approach that recognises that it is no longer about one organisation's growth at the cost of system sustainability; it is about sustainable, diverse and inclusive local health systems leading optimal care and driving better patient outcomes.

The NHS and the Pharmaceutical Industry need to consider a five-point approach

- Engage with confidence and insight, not speculatively
- Go above brand and product
- Live and breathe that partnership opportunity – as part of a cultural shift in an organisation
- Be accountable – for your own part and that of all other stakeholders
- Be aware – wide-angle focus on opportunities, outcomes and legacy