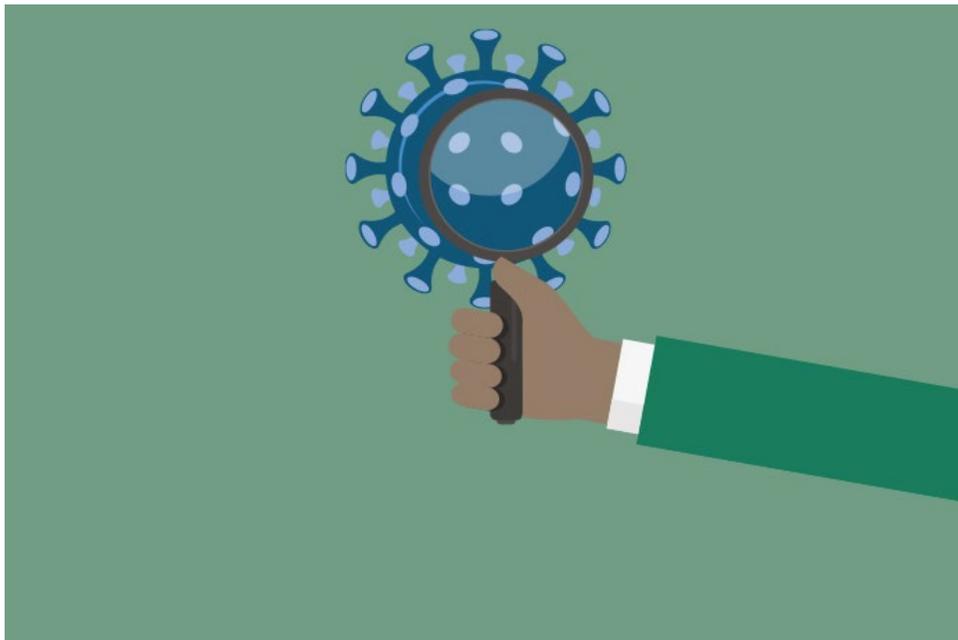


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COVID-19

# Partnering with impact across the supply chain, post COVID-19

By James Roach & Johnny Skillicorn-Aston - October 14, 2020



The COVID-19 pandemic has brought about significant change across all business sectors; unanticipated, unprecedented and a set of new dynamics to which we have all had to adapt. What effect has this had on the wider supply chain and how can partnering with greater impact aid wider recovery of the NHS?

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In a recent online seminar, leading health transformation consultancy, Conclusio, considered how intelligent targeting could identify opportunities for private and public partnership, particularly in the pharma industry, in a post COVID-19 NHS. Drawing on the experience of the 2008 financial crash, and from a range of data, the seminar reflected on the first phase of the pandemic and the insight it provides on where and how to intelligently target new areas of business development, widen the supply chain and partner with the NHS to support recovery and restoration.

Chaired by Conclusio Managing Director, James Roach, an expert panel comprising Conclusio's health economist, Jeremy Hooper, primary health science and population health specialist, Dr Anant Jani, University of Oxford, and scientist and strategist, Professor Joanne M. Hackett, focused on the impact of the pandemic on the population and lessons learned from the 2008 financial crash. The case put before the audience of senior pharma industry leaders emphasised the application of analysis and data to support pharma in identifying the opportunities for wider recovery and partnering with greater impact with both supply chain and the NHS.

## Context

Dr Anant Jani opened the seminar by examining the commonality between the 2008 financial crash and the COVID-19 pandemic.

"Both financial and pandemic crises are a reality and, just as they share an inevitability, they are both drivers of poor health. Writing in 2013 on the 2008 financial crash, Dr. Nikos Christodoulou, Clinical Lecturer in Psychiatry, University of Nottingham, observed:

'Financial crises are a reality that unavoidably affects mental health. Direct socioeconomic consequences like material



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disadvantage and inequalities, social fragmentation, unemployment, debt and worsened standards of living, as well as collateral consequences such as poor educational standards, can lead to poor mental health. There is direct evidence from previous global financial crises as well as the present one linking these consequences to psychopathology, notably depression and suicide. The effects extend beyond personal and societal morbidity to systemic consequences that can affect mental health services, service delivery and policy.

Ramifications are longitudinal and transgenerational, and therefore it is worth considering their management from a preventive viewpoint.’<sup>1</sup>

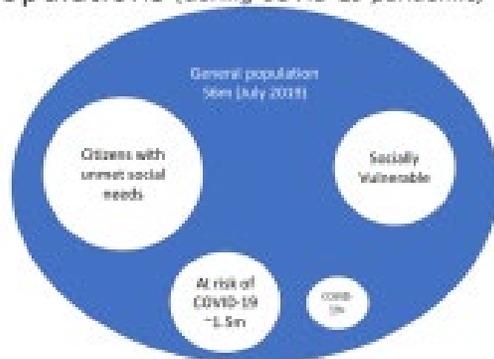
“It will be difficult to predict exactly what will happen in COVID-19’s aftermath but one thing we do know is that social and health needs will go up dramatically and this will lead to unnecessary suffering for our citizens. Navigating COVID-19’s aftermath to minimise suffering will require us to work and think in sometimes radically different ways.”

## Evidence based-actions

COVID-19 vicissitudes like school closures, job losses, food insecurity, spikes in domestic violence and alcohol misuse impute a range of impending impacts. Taking evidence-based action to mitigate projected negative health impacts is critical.

The following tables illustrate the scale of the challenge:

### Populations (during COVID-19 pandemic)



## Populations *(post-COVID-19 pandemic)*



While the root of the pandemic lies in virology, its effects are being felt acutely in the financial and social realm. In the area of mental health, lessons from 2008 evidence that managing down impacts depend on action in five key areas:<sup>2</sup>

1. Active labour market programmes.
2. Family support programmes.
3. Control of alcohol prices and availability.
4. Primary care for the people at high risk of mental health problems.
5. Debt relief programmes.

While recent Government policy is engaging with most of these areas, a longitudinal action is required.

### **Looking round the corner**

In understanding the burgeoning needs to be addressed, Jeremy Hooper looked at what we can expect from the pandemic, as shown in the table below:



“The case for the quickest possible return to normal is clear and within that the demand to protect the nations health from sustained and protracted damage needs preventative models of health. While innovation and transformation has occurred during the pandemic at a rate hitherto not experienced within health and social care; this endeavour must be redoubled.”

“We have an opportunity to turn negatives into positives if we view innovation and transformation through the lens of value-based health and social care and turn the screw on tackling the wider determinants of health. Some of the softer opportunities that have the potential for real gains are:

- Families have spent more time together and possibly exercised together more as a result of lockdown.
- People are more open to making alternative lifestyle choices, possibly due to awareness around reasons for shielding and awareness of factors involved in increased risk of mortality.

While NHS is in restoration and recovery, we should not lose the momentum for prevention. We need to maintain the positive changes and not slip back into the comfort of history.”

### **Taking up the challenge through digitalisation**

As well as focusing on widening the supply chain, Professor Hackett outlined the scope for, and background to, digital technology in healthcare.

“Europe has witnessed the emergence of an attractive and robust private financing market with participation from foreign investors. The EU has also seen substantial growth in the number of EU venture capital funds raising capital for promising biotechs. Unlike past quarters, there has been a surge in mergers and acquisition deals and &A deals and initial public offering activity; EU biopharma leaders are taking advantage of favourable biotech markets to purchase companies at a discount licensing activities have remained consistent this quarter with companies seeking predominantly back-ended, early stage discovery/preclinical.”

“The level of innovation and implementation in healthcare is very high right now. This is reflected in the public markets and investor appetite in this space. We must manage our current situation but also look to build resilience and future proof our healthcare systems. This is where we are seeing investments and expect that to continue for the foreseeable future.”

Concluding the seminar, James Roach summed up the opportunity for pharma and the wider supply chain to really add value to the NHS whilst its in recovery, saying: “There is not a golden bullet for making the most out of the opportunities for partnership working between pharma and the NHS, however, there are some straightforward things the industry can commit to. These include:

- Providing a window on data, intelligence and experience gained from working on pharma-based patient solutions. Share insight and learning with Commissioners and Trusts.
- Engaging with the NHS as an integrator, bringing partners into a place where relationships and collaboration can flourish and prosper.

- Aligning approaches with the NHS procurement objective to provide clinically assured, high-quality products at the best value.

And while much has changed, some things remain, and pharma must always demonstrate its support for:

- The objectives of the NHS Long Term Plan (LTP) relating to improving patient outcomes and reducing cost through medicines optimisation.
- Using data intelligently to prove the case for the wider adoption of products and services
- Supporting the ambitions of the LTP to reduce cost and sustain quality outcomes through best practice, transformation and innovation.

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### **James Roach**

James Roach is an experienced NHS director having held roles in hospitals, clinical commissioning groups and in joint roles with social care. James runs Conclusio Limited, developing innovative solutions in health and care systems in UK and China.



### **Johnny Skillicorn-Aston**

Johnny Skillicorn-Aston is Communications and Engagement Director at Conclusio. He is a communication specialist with over 25 years' experience in the industry. He leads on this at Conclusio and has supported large-scale transformation projects within the NHS and Pharma, working with both health providers and commissioners, designing communication plans and campaigns to drive effective relationship management within health and social care systems. He has influenced, developed and delivered public consultation methodologies within NHS primary care, pharmacy, integrated care systems and urgent care.



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