The UK health service is currently operating in a cold climate. It is no secret that financial constraints mean that, collectively, the NHS needs to do more with less. But, against a backdrop of significant organisational reforms, the task ahead is not an easy one. Going it alone will no longer be sufficient.

The battle to facilitate greater joint working between the NHS and industry sits within this challenging environment. Some observers may claim that it is the cold climate that is driving the need for partnership working between industry and the NHS, but this is only to a certain extent true. The partnership agenda predates the dramatic downturn in the UK’s economy. There has, for some time, been a recognition that the NHS cannot solve all of the challenges it faces and meet patients’ needs all on its own. It needs to innovate and collaborate.

But recognition is one thing, action is quite another. The NHS is beginning to show a willingness to open itself up to work in partnership with others. The challenge now is to ensure that the progress made in isolated pockets of the health service is spread across the whole of the NHS. It’s time for a joined-up approach to joint working.

The NHS Life Sciences Innovation Delivery Board was set up in January 2010 with three key objectives; to help increase the use of cost-effective medicines and medical technologies, to enhance the UK’s global reputation as an important location for clinical trials and product development, and to improve the strategic relationship between the life sciences sector and the NHS. Joint working can become a vital mechanism in helping us reach all three of these aims.

Improving relationships between industry and NHS is arguably the key to success. One of the biggest barriers to joint working in the past has been the perceived mistrust between the health service and industry – in particular pharma. This needs to be overcome. But it is, of course, dangerous to talk about the NHS as if it is one homogenous entity. In truth, the pharma industry has over many years built some strong NHS relationships with, for example, clinicians. There has been contact, dialogue, opportunities for collaboration and, where appropriate, sponsorship-based relationships. But with three key objectives; to help increase the use of cost-effective medicines and medical technologies, to enhance the UK’s global reputation as an important location for clinical trials and product development, and to improve the strategic relationship between the life sciences sector and the NHS. Joint working can become a vital mechanism in helping us reach all three of these aims.

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contact between the industry and NHS organisations, in particular NHS management in PCTs and SHAs, has, in the main, been limited and is yet to reach maturity. In addition, although sponsorship remains permissible there is a growing recognition that the relationship needs to become more explicitly two way. The industry has needed to reach new customers such as medicines management, directors of commissioning, and GP commissioning leads. It has been these customers who the industry has needed to convince and they have different needs than simply seeking sponsorship.

Reforms: a driver?
The Health and Social Care Bill changes things further. There is a clear desire to empower clinicians, chiefly GPs, in making commissioning decisions. This promises to be good news for joint working. Pharma and GPs know each other well and have worked together productively for many years. Generally, GPs are innovative and open to new ways of doing things – so the introduction of GP-led commissioning could be a catalyst to push highly local and differentiated joint working to the next level. At the same time, other elements of the Bill, such as NICE setting Quality Standards and Commissioning Accountability, appear to suggest a more standardised, evidence-driven NHS and so will offer different opportunities.

So it’s clear that the environment around us is changing – but the challenge moving forward is not to be passive about it. We must embrace change, rather than allow it to become something that simply happens unto us. My own personal focus is on achieving change in the NHS to improve the quality of care and the benefits we deliver to patients. Partnership, and building the relationships between all parties, is a vital component in this endeavour.

So why is joint working important? The answer is simple: it can play a significant part in helping to improve patient outcomes. And as we move towards an NHS that is increasingly outcomes-focused, any mechanism that can help support that aim must be explored. There is already clear evidence emerging that partnership between NHS and industry can make a positive contribution. The benefits are manifold but, in the main, they can be broken down into three categories:

1. Benefits around medicines – making sure the right patients receive the right medicine at the right time
2. Benefits around services that are connected to medicines
3. Benefits around skills exchange – the opportunity for both NHS and pharma to learn from each other.

Innovation
To progress, we need to be innovative. In what we do and in how we think. Research shows that to be truly innovative, you need to be able to collaborate – to work across team boundaries, organisational boundaries or, in this case, public and private sector boundaries. The simple truth is that we cannot work alone – and we’ll be able to do much more if we have a conversation. That’s a key argument for joint working.

Being innovative does not require the development of revolutionary new concepts. The challenge for the NHS is not to find new inventions, but to spread out what we already do in pockets and ensure it is applied more consistently across the health service. There are many examples of good practice, but too often they are isolated. The task is not to come up with 50 new ideas, but to take the best of the things that we are already doing and to apply them further and faster across the whole service.

Ensuring partnership not only happens but, more importantly, works needs to be a collective responsibility. The definition of innovation is ‘change for the better’ – and so if we assume that everybody wants to continually improve services, it’s clearly in everyone’s interest to innovate to make things work. Historically, some organisations have been resistant to change and have placed obstacles in the pathway of partnership. This has only made the challenge harder. Most PCTs have policies that govern working with the industry – those policies don’t say you can’t do it, they talk about how you should do it. In some ways, this can imply that joint working is risky or dangerous – but the greater risk comes from not considering it at all. NHS leaders are now starting to give permission to this topic. The main premise of Liberating the NHS is that there is a whole set of clinicians that want to do the best they can to change things for their patients – it is the job of managers and others to set them free and not get in their way.

A contact sport
So how do you move this forward? Progress needs to start with dialogue. Partnership is a contact sport. It’s all about building relationships. The best joint working schemes have been where people have developed a mutual trust and, as a consequence, started to identify areas of common interest. Collaborative goals are important. NHS and pharma need to find those out. But individual NHS professionals must not wait for the opportunity to come to them. Traditionally, pharma has always made the first move and there are few examples the other way around. We need to move away from the concept where pharma proposes and NHS opposes – it needs to become a more equal arrangement.

In the present environment, an increasing number of NHS organisations are becoming more open to the concept of joint working and, as a consequence, more receptive to approaches from pharma companies. But change will not happen overnight. Partnership working is a cultural shift that depends upon changing attitudes that have accumulated over 20 years or more. The current resource climate, however, is a source of momentum that we must all grasp – we need to be open to try new things.

At an individual level, the message to the NHS is clear: joint working provides a real opportunity to effect meaningful and positive change within your local health economy. At the very least, it should be considered. Ask yourself what are the biggest challenges you face in improving NHS quality and productivity. What are the things that are keeping you awake? Once you have identified them, try speaking to people within the pharma industry to explore whether they can help you meet your objectives. At the end of those discussions you’ll need to decide whether there is something of value that you can do together to address those challenges in partnership.

Collectively, the NHS must find its own voice in the argument for joint working. Failure to explore it risks missing out on the opportunity to improve health outcomes for your patients. These are challenging times. But, as the saying goes, a problem shared…

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