

A NEW FUTURE:
HOW CAN WE FOSTER
GREATER JOINT WORKING
BETWEEN THE NHS AND
INDUSTRY?



Lilly

INTRODUCTION

Together, the NHS and the life sciences industry have the power to deliver life-changing and life-saving medicines to patients. The COVID-19 pandemic re-emphasised the power of partnership, as pharmaceutical companies strove to find vaccines and treatments that would fight COVID-19 and keep people out of hospital, and the NHS battled to maintain services under huge demand.

The pace and depth of collaboration expanded significantly as the NHS sought to address the unprecedented challenges of the pandemic, which catalysed the uptake of digital services and streamlined ways of working and care delivery.

As the NHS now focuses on restoring services, collaboration between industry and the front line of health has the potential to help improve diagnosis, cut waiting times, find ways to deliver care out of hospital settings, support workforce challenges, find new ways to embed increasingly diverse research, accelerate uptake of innovation, and ultimately help make life better for patients in the UK.

Lilly believes deeper and more frequent collaboration will be key to unlocking solutions to overcome the backlog in care and ensuring the long-term sustainability of the NHS. We are proud of our joint working projects and research collaborations and have first-hand experience of the real differences that can be made to the lives of patients.¹

Working hand in hand with NHS organisations across the UK, our collaborations have helped cut patient waiting times in cancer clinics, supported digital health solutions in immunology and delivered patient stratification tools in diabetes. But it's not enough. Together, life sciences companies and the NHS need to scale and broaden the scope of collaboration to deliver the greatest benefits to improve patient outcomes and drive service efficiencies. We sought input from key stakeholders across NHS England, the Academic Health Science Networks (AHSNs) and industry to assess opportunities and challenges with scaling projects in the NHS; and must work together to remove the barriers which hinder scalable collaboration.

ABOUT LILLY

Lilly is a global biopharmaceutical company, headquartered in the US and with a major and long-term commitment to the UK. We are proud of our heritage in this country, having opened our first UK office here in 1934. We remain a significant contributor to UK innovation and a key partner to the NHS on clinical research, advancing science in areas of high unmet clinical need including diabetes, oncology, immunology, COVID-19, and Alzheimer's disease.

LIFE SCIENCES IN THE UK

We welcome the ambitions of the Government’s Life Sciences Vision (LSV) to make the UK a world leader in the “development, testing, access and uptake of new and innovative treatments and technologies” and to ensure the NHS becomes “the best place in the world to strike innovative commercial partnerships to address the most pressing healthcare challenges”.² Successfully scaling up collaboration between the NHS and industry can help achieve this ambition.

This report makes the following recommendations to achieve that objective and ensure deeper collaboration between the NHS and industry:

PROMOTE SCALING AND ADOPTION:

NHS England should encourage the scaling of successful projects through Integrated Care Systems (ICSs).

MAINTAIN SPEED OF ADOPTION:

The speed at which collaborations between the NHS and industry were delivered during the pandemic should be maintained.

SUPPORT NATIONAL DELIVERY:

NHS England, AHSNs and industry should work together to consider capacity, resource and funding requirements needed for projects.

UNDERSTAND THE INDUSTRY OFFERING:

The Association of the British Pharmaceutical Industry (ABPI) and industry need to better communicate the solutions companies can provide to support the NHS’s key challenges.

ENSURE SERVICE-ORIENTATED PROJECTS:

Industry needs to pivot its projects with the NHS toward more targeted, service-orientated partnerships as opposed to product-led projects.



JOINT WORKING – WHAT ARE THE BARRIERS?

The NHS Confederation and ABPI³ have identified the following challenges and requirements for change to foster greater joint working between the NHS and industry:

LEADERSHIP AND CULTURE

As well as sharing valuable skills and resources, effective collaboration can only happen when all parties benefit from projects undertaken. These mutual benefits must be aligned with project goals at the conception of the project.

However, there is a negative perception that the NHS's work with industry should not be celebrated, with some local and national leaders discouraging collaboration with pharmaceutical companies. For example, life sciences companies spent £7.5 million on joint working in 2016-17, but one in five NHS Trusts felt they needed to keep their collaboration with industry a secret.⁴ There is also a perception that innovation, especially biomedical innovation, is a cost on the system as opposed to a resource to drive efficiencies.

There is therefore a need for:

- Clear signalling from NHS leadership to local NHS organisations that joint working should be encouraged.
- Robust governance structures now in place to be communicated as positive enablers of cross-sector working.
- Recognition of innovation and adoption by NHS leadership, and not just early-stage development.

TRUST

The level of trust between both parties can vary for a number of reasons such as ideological views of working with industry, perception of involving the private sector in healthcare, and a lack of recognition of industry's role in bringing innovation into the NHS. There is also a belief that industry only wants to collaborate to establish proof of concept for novel therapies, rather than using live data to bring innovation to everyday services, and that industry partners are not interested in prevention.

There is therefore a need for:

- Misperceptions of the motivations for joint working to be challenged and industry's goals to support improving patient outcomes and service optimisation to be transparently communicated.
- Successful projects to be shared widely across the system as exemplars of positive working to build trust and lead by example.

JOINT WORKING AGREEMENTS – A DEFINITION

Joint working agreements are initiatives between the NHS and life sciences companies, designed to meet patient needs, and deliver clinical benefits and services efficiencies, while providing opportunities for industry innovation to reach patients at a local level.

Any joint working between the NHS and the pharmaceutical industry must be conducted in an open and transparent manner and all such activities should be of mutual benefit, with the principal beneficiary being the patient.

ALIGNMENT OF NEEDS AND OFFERS

Joint working projects are usually implemented to solve local challenges and improve outcomes, rather than focused on delivering for large patient populations across big geographies. This means they can become unsustainable in the long run, as they focus on dealing with current challenges with limited capacity to explore new models of care. As a consequence, they become difficult to scale because resource and capacity challenges vary across the country. This disincentivises large-scale partnerships and investment.

There is therefore a need for:

- More partnerships that seek to improve patient outcomes and service delivery across large patient populations and in different geographies.
- NHS organisations to articulate health challenges in a way that enables industry to respond with solutions that will work, while industry must bring innovation that complements existing services.
- Both parties to be aware of NHS capacity, timescales and the pace of change.



RECENT EXAMPLES OF LILLY JOINT WORKING PROJECTS

PRO-ACTIVE REGISTER MANAGEMENT (PARM) IN TYPE 2 DIABETES

Lilly UK and NHS Devon jointly developed the ProActive Diabetes Register Management (PARM), a simple to use clinical data tool, which uses practice-level data to enable the quick and easy identification of diabetes patients who most need intervention and a multidisciplinary approach to care.

The tool works by identifying the most appropriate cohort of patients in their catchment area to be reviewed by clinicians. This supports more patients to manage their own health, be discharged from secondary care faster and be given the right level of support from their practice. Equally, it provides multi-disciplinary teams with valuable educational tools to manage more complex patients in primary care settings. The excel-based tool is free to use and has been successfully rolled out, with 300 GP practices using the tool across Devon, Cornwall, parts of Kent, and North West London.

TELE-DERMATOLOGY APPLICATION 'MYSKINSELFIE' TO AID DIAGNOSIS IN NEWCASTLE

Lilly is currently working with Newcastle Upon Tyne NHS Foundation Trust on the MySkinSelfie mobile phone app for skin self-monitoring. The app is used to support photographic skin self-monitoring between patients and their clinician. The app was designed and built by Newcastle Hospital NHS Trust in collaboration with the OpenLab for human computer interaction, based at Newcastle University School of Computing Science.

In a recent study of urgent and non-urgent skin cancer referrals in Bristol and Newcastle, it was found that patient uptake of the MySkinSelfie app nearly doubled during the COVID-19 pandemic (51% compared to 26%). The app provided an effective alternative that reduced face-to-face visits during the COVID-19 pandemic, aiding remote consultations and diagnosis in both centres. The app reduced face-to-face appointments by 58% for basal cell carcinoma referrals compared to before the pandemic, and by 63% for two-week-wait skin cancer referrals during the pandemic.

HALVING IN-CLINIC WAITING TIMES FOR CANCER PATIENTS - BEATSON WEST OF SCOTLAND CANCER CENTRE

In 2018, the National Institute of Health and Care Excellence (NICE) updated their treatment standards for metastatic soft tissue sarcoma (STS). The new regimen involved the addition of a new chemotherapy drug to the existing standard single agent therapy, requiring patients to spend more time in hospital receiving treatment. Lilly UK collaborated with the Beatson West of Scotland Cancer Centre on a joint project which identified a need to improve the efficiency and patient experience of the chemotherapy service and minimise the time patients would spend attending the clinic.

Working together, we identified areas for service improvement and implemented a new nurse-led service to provide care from a single specialist nurse. The new service was able to reduce patients' time in hospital by an average of 53.6%, saving patients an average of 4 hours 34 minutes per visit. The partnership not only improved patients' experience and care but also resulted in efficiencies for the centre by empowering nurses to lead the system and reduce the time required from other members of staff.

SCALING JOINT WORKING: LILLY'S RECOMMENDATIONS FOR CHANGE

Given the unprecedented impact on the healthcare system of the COVID-19 pandemic, Lilly held interviews and a roundtable with key stakeholders across NHS England, AHSNs and industry involved in joint working to assess the current environment and the opportunities and challenges with scaling projects in the NHS.

From these interviews, Lilly concluded the following recommendations were needed to address current barriers and ensure joint working is rolled out across the country.

CLEAR ACCOUNTABILITY FOR SCALING AND ADOPTION

NHS England should encourage the scaling of successful projects through Integrated Care Systems (ICSs). ICSs should be champions for delivering projects across their health economy, with responsibility, accountability and key success measures for identifying and implementing best practices. The adoption of innovation and new technologies should also be celebrated by ICSs in conjunction with early-stage development of innovation.

MAINTAIN SPEED OF ADOPTION

The response to the pandemic demonstrated the speed at which the healthcare service can change and adapt. The uptake and adoption of digital innovation such as the rapid change from 90% of GP consultations being face to face pre-pandemic, to 90% conducted remotely during the pandemic demonstrates this.⁵ This speed and efficiency should be applied to other technologies across the NHS. ICSs should embed learnings from this change in approach and behaviour into the healthcare system.

SUPPORT NATIONAL DELIVERY

At a national level, NHS England, AHSNs and industry should work together to consider the capacity, resource and funding requirements needed for projects so they can be scaled at pace from a local health economy to across the healthcare service. To achieve this, a clear framework of measures should be created by NHS England, AHSNs and industry on what is needed to drive the successful scaling of projects.

UNDERSTAND THE INDUSTRY OFFERING

The ABPI and industry need to better communicate the solutions companies can provide to support the NHS's key challenges. The pandemic resulted in an increased openness towards collaboration between the NHS and industry to solve shared challenges. With ongoing clinical research becoming a critical part of the COVID-19 care pathway, industry has expertise, talent and resource to offer. There is now a shared desire to expand and diversify patient populations involved in clinical research to better understand treatment options for different patient cohorts and industry has a role in supporting this endeavour.

ENSURE SERVICE-ORIENTATED PROJECTS

Industry needs to target projects with the NHS towards more focused, service-improvement orientated partnerships as opposed to projects that benefit a specific medicine or product. Given the impact of the pandemic on the care backlog and NHS workforce challenges, this could provide solutions to free up NHS capacity, especially if these type of projects identify ways to keep patients out of hospitals, and other clinical settings.



CONCLUSION

Harnessing the enhanced collaboration between the NHS and industry in response to the acute phase of the pandemic has the potential to support the healthcare service as it considers the long-term recovery of the system. To achieve this, all parties involved must maintain the openness, honesty and recognition of our shared challenges demonstrated during the COVID-19 response.



1. Lilly UK. Our partnerships. Available at: <https://www.lilly.co.uk/who-we-are/partnerships-UK>. Accessed: August 2021
2. HM Government, Department for Business, Energy & Industrial Strategy. (2021) Life Sciences Vision. Available at: <https://www.gov.uk/government/publications/life-sciences-vision>.
3. The Association of the British Pharmaceutical Industry and NHS Confederation. (2019). A new ambition for cross-sector collaboration with the life sciences industry to support NHS sustainability and transformation. Available at: <https://www.nhsconfed.org/sites/default/files/media/A-new-ambition-for-cross-sector-collaboration-life-sciences.pdf>
4. Moberly, T. (2019). NHS joint working with industry is out of public sight. *BMJ*. 2019 Mar 27;364:l1353. doi: 10.1136/bmj.l1353.
5. Oxtoby, K. (2020). The Rapid Rise Of Digital Consultations Since Covid-19. [online] *GM Journal*. Available at: <https://www.gmjournals.co.uk/the-rapid-rise-of-digital-consultations-since-covid-19>