

# Alone we can do so little, together we can do so much

*A recommendation report from Aurora Healthcare  
Communications on collaboration in the healthcare system*

## Chapter 1



## Executive summary:

Current media narratives often focus on sensationalist headlines regarding financial payments between pharmaceutical companies and healthcare professionals. Financial conflicts of interest are rightly documented in an increasingly transparent fashion but a move towards greater documentation of non-financial and ideological conflicts of interest from all participants, including 'commentators' is overdue. The increasing complexity of the healthcare and scientific landscape means that collaborative working between all stakeholders in health is more important than ever. Greater collaboration and shared learning between all parties, including industry, can drive health systems to be more efficient, provide greater focus on prevention of ill health and help ensure patients gain access to innovation when they need it.



## Introduction

In January 2018, the world-renowned Alzheimer's researcher, Professor Bart De Strooper wrote an article in the *Guardian* newspaper, which discussed the news that the pharmaceutical company Pfizer was ending its neuroscience discovery programmes. The article set out the importance of the pharmaceutical industry in ensuring the development and delivery of life changing and lifesaving medical treatments. He said *"Pharmaceutical companies are absolutely crucial in our war against Alzheimer's and other dementias, and their input, financial muscle and insight hold the key to better treatments and prevention."*<sup>1</sup> In this article, we see a logical discussion of the importance of private investment into drug development and the role industry can play.

Conversely, we are faced with headlines such as *"Doctors involved in assessing which drugs should be prescribed to NHS patients are receiving up to £100,000 per year from pharmaceutical companies."*<sup>2</sup> *"Scandal of experts who rule on NHS statins but get paid by drugs firms."*<sup>3</sup> These headlines claim to demonstrate the overly close relationship between the pharmaceutical industry and clinicians. As a result of this complex and confusing narrative played out through the media, it reads as though we need collaboration with industry on the one hand, but don't want it on the other hand. We need to ask ourselves what the implications of this are.

The close working between different parties in healthcare has been a source of tension for some time. As Professor Gillian Leng, Deputy Chief Executive at the National Institute for Health and Care Excellence (NICE) stated:

 *[We are] caught between the critics who say NICE is being 'ridiculous' for not listening to the experts, and those that say we are being overly influenced by those with a vested interest...*<sup>4</sup>

NICE opened their latest guidance document on conflicts of interest to comments last year (the updated document was published in April 2018). Aurora contributed to this process, as we hope many others did. The quote from Professor Leng demonstrates the difficult position that all in healthcare face. How do we encourage close working with industry to ensure clinical staff understand new innovations and are confident to use them while safeguarding against undue influence?

Let's be clear, there will never be an easy answer to this. Like so many issues we face, it is not, and never will be, black and white, despite what sensationalist headlines may want us to believe. While many would like to see no interaction between any commercial organisation and any healthcare professional or body, complete lack of interaction does not feel like any way to optimise healthcare. Surely with the resource and knowledge contained within the four walls of a commercial organisation they have a lot to offer?

In 2015, Aurora developed a research paper called *Creating opportunities for improving patients' access to medicines*, which sought to examine the UK challenge of medicines access through the lens of 'systems thinking'.<sup>5</sup> Within this paper we discussed seven key dependencies, which we believe can positively impact the uptake and flow of medicines in our health system. One of those dependencies was Collaboration and Governance. Our findings on the access barriers within this dependency were that:

 *Actions taken, without the consultation of other parties, are more likely to result in conflict, duplication and failed endeavours. This creates delays and barriers to access.*<sup>5</sup>

In essence, working closely together rather than further apart gives us a greater chance of ensuring access to innovation.

However, while collaboration can without doubt be a positive influence in healthcare, unrestricted, unregistered contact between a pharmaceutical company and a healthcare professional is not feasible nor advisable. This would, without doubt lead to significant and severe conflicts of interest. It is important to remember, that the current system of industry working with healthcare professionals is far from the 'wild west' it is sometimes portrayed to be. The Association of the British Pharmaceutical Industry (ABPI) is the body who represent the views of biopharmaceutical companies and produces its own Code of Practice. The ABPI Code of Practice is administered by The Prescription Medicines Code of Practice Authority (PMCPA) at arm's length of the ABPI itself.<sup>6</sup> This Code of Practice contains several clauses with regard to collaboration, including working with healthcare professionals and patient groups/charities. This self-regulated approach ensures companies can be held to account for overstepping the mark, the results of this can be seen in the public record of code breaches.<sup>7</sup>

### The ABPI Code of Practice for the Pharmaceutical Industry

The Code sets standards for the promotion of medicines to health professionals and other relevant decision makers in the UK. It includes requirements for the provision of information to patients and the public and relationships with patient groups. The Code also applies to a number of areas that are non-promotional.

While it should be noted that this paper will not discuss every potential contact between commercial organisations and healthcare professionals, there are definite ethical considerations and evidence we need to discuss.

### The intricate world in which we live

If the world we live in now is complex, things are going to get significantly more so in the coming decades. The much discussed promise of regenerative medicine appears to be rapidly advancing towards us. The use of regenerative medicine promises to not only treat an illness but has the potential to help return our bodies to normal function. Development of these treatments is a vastly complex and precise scientific and logistical challenge, and presents unique difficulties which need to be addressed by a multidisciplinary team.

To emphasise this point, at a recent Westminster Health Forum meeting: The future for regenerative medicine, advanced therapies and stem cell research, Prof. Antonio Pagliuca, National Clinical Lead for Regenerative Medicine, NHS England, commented

 *This is a very complex process, gone are the days I rang up the supplier who sent me the drug, it was in a package and I gave it to the patient, it came through pharmacy and waved bye-bye to them and they went home and took it and hopefully there weren't too many toxicities. This is a product where we are intertwined at the hip with the industry partner.*<sup>8\*</sup>

Alongside the complex creation and administration of these treatments, the way we assess the impact of them needs to be discussed, as The House of Lords Science and Technology Committee acknowledged in their 2013 report:

 *Many of the cost-savings that regenerative medicine products might offer would be outside the healthcare budget and that current methods of assessment would not take these into account.*<sup>9</sup>

Alongside these cutting-edge medical advances, we are living longer and as such have a greater chance of becoming clinically complex patients. As pointed out in 2010 by Steinman and Hanlon,

\*quote taken from meeting transcript and not reviewed by speaker



*Multiple medication use is common in older adults and may ameliorate symptoms, improve and extend quality of life, and occasionally cure disease. Unfortunately, multiple medication use is also a major risk factor for prescribing and adherence problems, adverse drug events, and other adverse health outcomes.”<sup>10</sup>*

Many of us will have faced these issues in our own families, and have an ingrained understanding about the need for collaboration in this difficult and stressful situation.

These are two examples of how the healthcare landscape is increasing in complexity and will require a more efficient and collaborative way of working to tackle these problems. It is vital that all stakeholders are involved in this. The emphasis on collaboration with patients has been seen throughout the last decade in healthcare, from the NHS report, *“No decision about me, without me”*<sup>11</sup> to the patient partnership strategy and appointment of a patient editor at the *BMJ*.<sup>12</sup>

The pharmaceutical industry has also recognised the importance of collaborating with patients across the lifecycle of products.<sup>13</sup> While, there have been good examples of collaboration, a reticent approach to working with patients can often be found in the pharmaceutical industry. A 2016 paper (funded by Novartis Pharmaceuticals), which interviewed senior employees in the pharmaceutical industry found that while the benefits of aligning research to the needs of patients was clear, many barriers and concerns were identified.<sup>14</sup> These barriers and concerns, will in all likelihood, be a significant cause of the reported *“varied approach to the adoption and implementation of patient-centric initiatives [seen in the pharmaceutical industry].”*<sup>15</sup>

While an increased focus on collaboration with patients is largely welcomed, the same cannot be said of industry working with healthcare professionals. A recent publication reviewed the global literature regarding interactions between physicians and the pharmaceutical

industry, in relation to prescribing habits. The publication found that *“pharmaceutical industry and pharmaceutical sales representative interactions compromise the objectivity of the physicians.”*<sup>16</sup> Their conclusions, alongside others before them, were based on the fact that prescribing habits of clinicians were altered towards the company product after interaction. It would be wrong to infer this is *always* a bad thing. Healthcare professionals are intelligent individuals, who have the experience of a disease to assess if the data presented create a compelling argument for use. They are also extremely busy and under significant pressure so need effective education and information about innovative medicines, and if done correctly, transparently and to high standards, why can the pharmaceutical industry not play a role in this? Done well, the interaction might be best for the patient after all.

Through collaborative working with healthcare professionals, Aurora has found that medical education meetings, for example, lead to feedback from attendees about a willingness to use a product based on ‘increased confidence’ or ‘greater understanding of the mode of action’. In essence, these interactions with the pharmaceutical industry can provide valuable education and training for them that, despite best efforts, they may not get elsewhere. This work is not statistically manipulated or disingenuously edited, it is factual and fair, balanced and accurate. If it is not, then the company gets publicly investigated and admonished.

The complexity of how and why healthcare professionals prescribe new drugs has been documented in the literature.<sup>17-20</sup> Within this, confidence has been identified as a key factor in prescribing decisions.<sup>21</sup> Healthcare professionals are not robots, nor are they perfect, they are human and must make constant decisions at pace every single day. The link between confidence and prescribing is therefore not a surprise. As such, we should pose the following question: If undertaken to

rigorously high standards, can pharmaceutical interaction with healthcare professionals lead to changes in prescribing which benefit both the healthcare system and patients?

The inference that any and all interaction between healthcare professionals and the pharmaceutical industry leads to a negatively altered behaviour is not only false, but may also lead us down a path whereby the healthcare system is missing out on important knowledge transfer. For example, if interactions between healthcare professionals and industry are removed, there is potential for healthcare professionals more broadly to miss out on real world evidence and case studies, which may give them confidence or knowledge to prescribe a treatment correctly leading to improved outcomes for their patients, ultimately improving and saving lives.

### Another dimension of the conflict debate

Many people will state that a financial payment from a company (in any field) to an individual is an automatic conflict of interest. However, looking at alternatives, are we asking people to work for free, or to work for the company as an expert full time and leave their position in the NHS (and remove themselves from clinical practice), or academia, or never collaborate with anyone with any industry involvement? We must be able to reach a happy middle ground where we document and discuss potential conflicts, while not assuming that everything is an automatic conflict, which should disbar someone from an opinion.

There is also another side to this argument which seldom sees the light of day. Many detractors or campaigners 'against' industry (whatever industry that may be) have their own potential conflicts of interest. They may have book deals and high profile media appearances, which are based on their position in this argument. Is this not a conflict of interest against their independence in this argument? For example, if new evidence or

data are published and you have one or several books published which state a particular point of view, are you truly able to give an honest independent assessment of this, even if it goes against what you have previously written, and if it may affect sales of your book? The most striking examples of this can be seen in the world of nutrition, where doctors, nutritionists and others often criticise the food industry, but then are quick to follow up with their own diet book and media tour. If they have sales targets for their book, and their position is explicitly anti-industry, how do we know that it is not simply because they want to sell their own book? Or to appear on television again?

This is not to denigrate or criticise one person or one moral position, it is simply to raise awareness of the breadth of potential conflicts that we are all entangled with. The importance of considering this is demonstrated by the non-financial or even ideological conflicts of interest that are now rightly considered alongside financial conflict of interests, as demonstrated by the conflict of interest policy of *Nature*.<sup>22</sup>

### Non-financial competing interests from Nature:<sup>22</sup>

Non-financial competing interests can take different forms, including personal or professional relations with organizations and individuals. We would encourage authors and referees to declare any unpaid roles or relationships that might have a bearing on the publication process. Examples of non-financial competing interests include (but are not limited to):

- Unpaid membership in a government or non-governmental organization
- Unpaid membership in an advocacy or lobbying organization
- Unpaid advisory position in a commercial organization
- Writing or consulting for an educational company
- Acting as an expert witness

The importance of considering all biases, from all audiences is further demonstrated by the excellent and genuinely informative Catalogue of Bias (<https://catalogofbias.org/>).<sup>23</sup>

## The cost and value of conflict

Fundamentally, many arguments will often come down to cost, which is understandable. As the evidence above stated, healthcare professional interactions with industry can be correlated to rises in prescriptions of branded medicines, which in turn leads to increased cost to the health system. As more high cost genetic, regenerative and biologic medicines get approved, it is understandable that this is of concern to those who care deeply about the health system.

It is thought that the NHS currently spends approximately 15 per cent of its total budget on medicines (excluding discounts) and that seventy per cent of the £120 billion annual NHS budget is for conditions that might have been preventable.<sup>24,25</sup> Similarly, inefficiencies and waste within health systems have long been the subject of debate, and a 2017 report by the Organisation for Economic Co-operation and Development (OECD) found that *"one in ten patients is adversely affected during treatment by preventable errors, and more than 10% of hospital expenditure is allocated to correcting such harm"*.<sup>26</sup> More specifically to the NHS, a review by Lord Carter in 2016 found unwarranted variation in English non-specialist acute hospitals worth £5bn in efficiency opportunity.<sup>27</sup>

While cost of medicine is an important conversation to have, are conversations such as this taking away from conversations which could contribute more to society? Compared to the 'cost' of a medicine, there seems to be little conversation about the 'value' of medicines. What value to society is a treatment that prevents someone from going blind, what can that person achieve in life they could not have done before? How much less of the healthcare resource are they now using?

The pharmaceutical industry of course has to be cognisant of affordability, but there will always be technological advances on the horizon which will be high cost. Alongside reasonable pricing and innovative funding models, we as society need to discuss how we are going to ensure people who need them, get access to these innovations. A focus on prevention, encouraging all of us to stay in 'good health' and away from the healthcare system as much as possible is surely a key aspect of this conversation. Less spend on preventable illness and inefficiencies can ensure a greater spend on non-preventable illness. This focus on prevention was echoed by Duncan Selbie, Chief Executive of Public Health England, in his Christmas 2017 message.<sup>28</sup>

Alongside the focus on patient empowerment, an equal focus on public empowerment to encourage a seismic shift in approach to preventative health needs to take place.

Collaboration is crucial to the future of the nation's health, the sharing of education, maximising the efficiency of health systems and allowing patients to gain access to innovations. The advent of greater transparency around healthcare professional interactions and the recognition of the importance of patients is a demonstration of the shift in focus of collaboration in healthcare.

Speaking at J.P. Morgan's 36<sup>th</sup> Annual Healthcare Conference in January 2018, Bill Gates succinctly summarised the importance of collaboration.

 *"We all share the goal of improving the health and well-being of people globally. Imagine what's possible if we work together".<sup>29</sup>*

Aurora could not agree more.

### What next?

We will be continuing the conversation. This is the first chapter of a three part series Aurora are authoring in 2018, on the importance of collaboration in healthcare. The next chapter will focus on existing examples of successful public-private collaborations in healthcare and what we can learn from them. The complete report will outline some key recommendations to improve the process of collaborating. We would love to hear your thoughts on the subject.

In the meantime, please get in touch with us to help you collaborate with key stakeholders in health. From the public and patients, to healthcare professionals and payors, we have successful examples of collaborative working to improve outcomes and help patients gain access to innovation.



## About Aurora Healthcare Communications and collaboration:

Aurora is a strategic communications agency specialised in health. As a group of people, we do what we do because we genuinely want to make a positive difference not only to our clients but to healthcare and society as a whole. We have a deep rooted belief that collaboration across borders, disciplines and beliefs is the key to helping to address our healthcare challenges.

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