Department of Health

PCC

Partners in Delivery

Working in partnership with industry to support the implementation of the Outcomes Strategy for COPD and asthma

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Written by James Grant and Kevin Holton, DH Respiratory Programme

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Foreword

In publishing the *Outcomes Strategy for COPD and asthma* and a range of supporting material we have made it clear that, in order to deliver improved outcomes for people with these and other respiratory diseases, it requires a true partnership approach. Successful delivery of the strategy requires joint planning and working between commissioners and providers, professional groups, industry, the third sector, people with COPD and asthma and their carers. Its success will also depend on clinical leadership and engagement to develop local ownership and a shared sense of purpose.

Throughout the four years working on the Respiratory Programme we have therefore worked very closely with industry at both a strategic and local level. By drawing on the successes and learning of these partnership projects, we believe lessons can be learned for those delivering new initiatives both within respiratory care, and beyond.

We would like to thank all those organisations that have helped us make progress over the past four years.

Professor Sue Hill and Dr Robert Winter

Joint National Clinical Directors for Respiratory Disease

Executive summary

Working in partnership with all of those involved in the delivery of care – from provider organisations to their counterparts in the pharmaceutical and wider healthcare industry – is a growing imperative for everyone involved in providing NHS services to patients.

Much has been done to move the relationship between the NHS and industry partners on from the traditional sponsorship model. However, there can be a lack of familiarity and unease about how to progress partnership models of working.

Partnership working has been an integral part of the Department of Health Respiratory Programme since its inception. The Programme has built on the guidance and toolkits issued by the Department of Health and the Association of the British Pharmaceutical Industry, and has drawn on the experience of various delivery initiatives run at a national, regional and local level to implement the *Outcomes Strategy for COPD and asthma*.

Partners in Delivery sets out the various models of partnership working and provides details of a number of the partnership projects that have been undertaken as part of the Respiratory Programme. This learning has been developed into a set of Guiding Principles for Partnership Working, detailed at the end of this document, which can be applied to partnership projects in any disease or condition area, across the NHS.

Background

Government, the NHS, stakeholder organisations and industry share a common bond – improving outcomes for patients.

A range of organisations from across England have been engaged in developing a partnership approach over the past four years, at both a national and local level, to help develop and implement a programme of work to improve outcomes for people with COPD and asthma under the leadership of the joint National Clinical Directors for Respiratory Disease, Professor Sue Hill and Dr Robert Winter.

A number of joint initiatives with industry were developed early on in the life of the programme, and became integral to the development of the *Outcomes Strategy for COPD & asthma* and the various tools and products to put this into practice. This partnership approach has also been extended to a range of local initiatives working both with NHS Improvement - Lung and the regional respiratory leads.

There are a variety of industry organisations working in respiratory care, including equipment providers, pharmaceutical companies and the home oxygen suppliers. Whilst much of this document looks at the wide range of initiatives that the pharmaceutical partners have been involved with, it is important to look across the whole of industry when looking for future partnership approaches.

The journey

The importance for partnership working with the pharmaceutical industry was identified early in the development of the programme. Various national and regional events were supported by industry after an initial round of consultation meetings in 2009. After the appointment of clinical leads in each of the SHA regions a survey highlighted significant potential benefits (including resources and skills) and significant perceived risks (in particular perceived conflicts between commercial interests and NHS aims especially to integrity and influence on prescribing) associated with partnership working.

After further engagement, a consensus was reached about how healthy partnership with industry could be developed including leadership, transparency, governance and monitoring for quality assurance. The Respiratory Programme published a short Good Practice Guide on partnership working in November 2012[1]. This laid the foundations for identifying potential workstreams. Most recently, a secondee from industry has been working part-time within DH to support the respiratory programme, bringing project management and marketing expertise, and lead on engagement with industry.

[1] www.respiratoryresources.org.uk/documents/Consensus%20Paper-partnership%20with%20industry.pdf

Providing practical guidance on making partnership work

This document is aimed at healthcare providers, commissioners for Long Term Conditions and industry stakeholders to support their work in improving outcomes for patients and quality of care.

It is set out in five sections, looking at the opportunities and challenges, guiding principles, the areas to consider partnership working, the approaches to partnership working and examples of partnership working in practice.

Partners in Delivery is a practical guide outlining the variety of forms that partnership working can take place at a local, regional and national level with examples of good practice and the learning from the programme. Within the various initiatives of the Respiratory Programme this integrated partnership approach has been aligned to meet the needs of health providers and people with respiratory disease across the country. We have shown that industry should be considered as an important partner in delivery of service and outcome improvement within the NHS.

By taking a structured, case study approach, we hope to show how partnerships with industry can be set up and deliver not only within respiratory care but also across the range of Long Term Conditions. The learning from the practical examples outlined here should be considered alongside the generic guidance issued by the Department of Health and the Association of the British Pharmaceutical Industry on joint working. This includes *Best Practice Guidance for Joint Working between the NHS and the Pharmaceutical Industry* (DH, 2008) [2] *The ABPI Code of Practice for the Pharmaceutical Industry* (ABPI, 2012)[3] and *Guidance Notes on Joint Working between Pharmaceutical Companies, the NHS and Others for the Benefit of Patients* (ABPI, 2009)[4].

[2] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082370

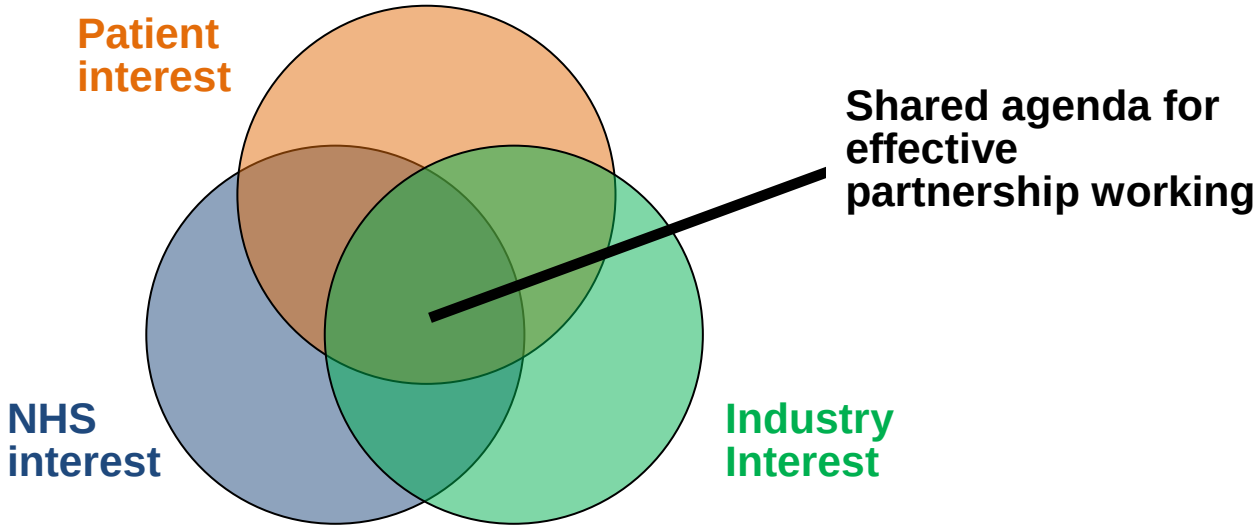
[3] www.pmcpa.org.uk/media/Pages/ABPI-Code-of-Practice-for-the-Pharmaceutical-Industry-Second-2012-Edition.aspx

[4] www.abpi.org.uk/our-work/library/guidelines/Pages/code-guidance.aspx

The Opportunities and Challenges

Partnership working presents a range of opportunities. It allows each group to draw upon specific skills, experience and insight to provide support and expertise that would not normally be accessible to them.

Successful partnership working works within, and builds on, the areas of common interest between patients & users, the NHS and industry.

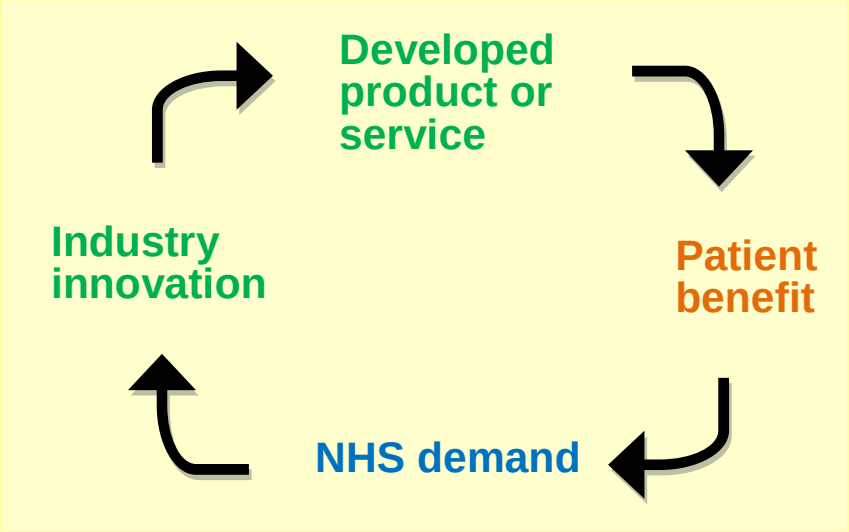


This partnership approach is now being built into the NHS infrastructure through, for example, the development of Academic Health Science Networks. These offer the NHS and universities the offer of working with industry to improve the delivery of innovation linking this with participation in research, translating research into practice, education and training, wealth creation and service improvement.

NHS success in adopting innovation helps support growth in the life sciences industries. That in turn enables these industries to invest in developing the technology and services the NHS needs for its development. **Sir David Nicholson,** NHS Chief Executive

From: ***Innovation, Health and Wealth: Accelerating Adoption and Diffusion in the NHS***

Partnership improvement cycle



An analysis of various partnership initiatives across the work of the Respiratory Programme has identified the key opportunities and challenges for the individual partner groups.

Opportunities

For patients:

- Improved outcomes, empowerment and experience
- Reduced hospital admissions and re-admissions
- Access to innovative technologies
- Quality care, closer to home

For the NHS:

- Improved value, outcomes and productivity
- Access to expertise and resources (e.g. clinical, audit, health economic analysis, educational, project management, marketing and communications)
- Reduced and shared direct costs
- Cross-fertilisation of ideas and diffusion of innovation

For industry:

- Optimal uptake, reduced wastage and appropriate use of medicines
- Enhanced reputation and trust
- Greater insight and understanding to enable improved delivery of new medicines and services that benefit patients and the NHS
- Increased corporate return on investment which may then be reinvested in innovative medicines and services
- Increased attractiveness of the UK for investment

Unwarranted variation in healthcare delivery can be mitigated by the pharma industry and the NHS identifying a mutual agenda and working together to deliver improved health outcomes for patients.

Partnership working within the respiratory disease area has been an exemplar of what can be achieved through collaboration. However, there remain significant numbers of missed opportunities for partnership working at a local level – which can improve health outcomes for patients with COPD and asthma and reduce unwarranted variation.

The pharmaceutical industry and NHS should be prepared to hold up a mirror to themselves and ask how they can increase partnership working. Whilst challenges are inherent in partnership working, these need to be identified and addressed so that patients, the NHS, the pharmaceutical industry and UK economy can benefit.

Stephen Whitehead, CEO, Association of the British Pharmaceutical Industry

Case study: Getting the partnership right from the start

ESyDoc and AstraZeneca: Using a rigorous selection process with senior staff to find a suitable partner with aligned objectives

There were a few companies who were keen to work with ESyDoc (East Surrey CCG) on improving outcomes for patients with COPD. We held initial meetings with them to brief them on our expectations. Leaving a legacy and sustainable work force was the primary aim.

There were two rounds of selection interviews with four interested Industry partners. The panel included a minimum of two GPs, a practice manager, patient, PCT member and the ESyDoc board secretary. Following the first round, we briefed two companies by telephone for the final presentation. After the second round, the panel members agreed that AstraZeneca was the company we wanted to work with. We wrote to both companies to confirm the decision.

We were persuaded to work with one company rather than the other because they offered more flexibility to work with ESyDoc to tailor the pathway to local needs rather than offer an 'off the shelf solution'.

The first Joint Working project, on COPD, in 2010 took 3 months for all practices to agree and sign up to, whereas it took 3 days for practices to sign up to the NHS Lung Improvement asthma project as part of a second Joint Working project with AstraZeneca

Dr Elango Vijaykumar, Respiratory Lead, East Surrey CCG

Challenges

The following challenges remain in making partnerships deliver their potential:

- Conflicts between the culture and perceptions of each partner
- Failure to identify the common agenda and then defining shared objectives, deliverables, milestones and sharing learning
- Failure to recognise that there with be areas outside the common agenda identified for partnership where each partner will have different priorities and objectives they wish to pursue
- Not recognising the need for a mindset shift from the previous paradigm of financial or in-kind sponsorship to an approach where partnership is central
- Misalignment of priorities and lack of buy-in from senior staff across the partnership
- Failure to identify and mitigate risks and conflicts of interests through transparency
- Lack of understanding of professional codes
- Poor understanding of processes and governance arrangements of each partner

Areas in which to consider working in partnership

- Problem solving to generate innovative solutions
- Formation of networks to support adoption and diffusion of innovation
- Identification and quality assured earlier diagnosis of patients
- Clinical audit, risk stratification and therapeutic review
- Management of patients with long term conditions and multiple co-morbidities
- Patient adherence to, and optimal use of, medicines
- Service redesign and the integration of care
- Implementation of care bundles
- Learning needs analysis, education and mentorship of healthcare professionals
- Patient education, disease awareness and public health programmes
- Development of a competent workforce and shared understanding through secondment opportunities
- Generation of real life patient data
- Where data analysis, project management and marketing expertise is required

Approaches to partnership working

Partnership working can take a variety of distinct and different forms, each with a different range of outcomes and benefits for the particular partners. In this section we share examples of these approaches, which support actions and interventions from the *NHS Companion Document to an Outcomes Strategy for COPD and asthma.*

Collaborative networks

Collaborative networks are those structures and approaches that facilitate the sharing of ideas, promoting problem-solving which leads to the co-creation of solutions. This requires trust and assurance between the partners.

The formation of networks between the NHS and industry and sharing of data & information from both sides can improve our ability to solve problems and adopt & diffuse innovation. The *Innovation, Health and Wealth* report (forming part of a wider strategy to transform health innovation and the life sciences sector), which aims to accelerate the adoption and diffusion of innovation in the NHS, endorses this approach. It allows shared solutions to issues where there is a mutual interest. This approach may also extend to secondment arrangements from industry to the NHS and vice versa. Examples of this approach have been implemented at national level, within the Department of Health, and in a number of regions including the North West, West Midlands and East of England.

Better value, better outcomes - How to deliver quality and value in chronic care: sharing the learning from the respiratory programme.

An event held in London on 21st February 2013 to bring together commissioners, providers, charities and industry in order to support the adoption of good practice and share a number of remaining challenges in the delivery of respiratory care in England.

Topics addressed the five domains in the NHS Outcomes Framework and included: how to spread good practice such as care bundles, how to manage multi-morbidity for patient centred care and how to optimise treatment for cost effective care.

Industry benefited from getting closer to the challenges within the NHS, which enables them to develop products and services of true value for patients. The event provided a platform to showcase national and local partnerships. In addition, collaboration supported sharing of learning with a wide range of stakeholders, including those with whom the programme had few links.

Case study: Making Networks work

NHS East of England and the East of England Pharma Alliance

We set up the East of England Pharma Alliance as we saw that there would be significant advantages in working with industry to improve patient outcomes through pooling our resources and expertise.

Potential challenges on conflict of interest and organisational red tape were highlighted early, but appointing a dedicated chair, having clear terms of reference and objectives set as a group has helped us to address this, consequently improving the flow of communication and reducing delay.

The priorities to date have been the undertaking of a regional COPD & asthma practice nurse Training Needs Analysis, which through collaboration has had a very successful response rate. Secondees from industry have worked with the regional leads to support the programme of work. The outcome of the comprehensive analysis has highlighted the deficiencies in COPD & asthma training within general practice and the haphazard educational support that is provided and undertaken.

We are able to utilise this work to mobilise commissioners and providers to take note and acknowledge the importance of a competent workforce supporting the increased care responsibilities in general practice. We are now ready to explore how the pooling of our know-how and resources could help us in addressing this within the new local structure, as well as ensuring that the benefits are sustained long term.

Lianne Jongepier, East of England Respiratory Lead

Provision of Medical and Educational Goods and Services

This may include educational programmes for health care professionals and patients or the provision of clinical audit, patient identification and therapeutic review services.

Goods and services must be in the interest of patients or benefit the NHS whilst maintaining patient care. These initiatives are typically industry funded, but require significant input and commitment from the NHS in order to achieve agreed outcomes. Examples include GSK's *Respiratory Care Team, Facilitated Patient Review Service* and *POINTS* audit system.

The challenge for Medical and Educational Goods and Services is that this requires investment of time, resources and commitment on both sides to ensure the services deliver the desired outcomes for patients.

Joint working

This is where one or more pharmaceutical companies and the NHS pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.

Joint working must be for the benefit of patients but it is expected that the arrangements will also benefit the NHS and companies involved. Each party must make a significant contribution and the outcomes must be measured. Success factors include ensuring that the work is managed as a distinct project with a defined beginning, effective project management throughout and a defined and evaluated end. There should be a written partnership agreement that sets out the structure and timelines. This differs from the situation where companies simply provide funds for a specific event or programme through Medical Educational Goods and Services. Treatments must be in line with nationally accepted clinical guidance where such exists.

Outcomes or risk sharing agreements

This is a method of supporting innovation and adoption projects where new services or arrangements are put in place, but with the provision to share financial risk when an assessment of the final outcomes have been made. For example, it could be around the introduction of a new medicine or product, with some form of compensation offered if the outcome of use of medicines fails to meet certain pre-defined criteria.

Potentially industry may provide financial support and/or expertise to deliver an ‘invest to save’ initiative with an agreement to share the costs of re-designing services with the NHS. If pre-determined outcomes and efficiency gains are met, savings could be shared between the partners and re-invested to benefit patient care and development of innovative medicines or services.

Commissioning for the provision of services

This would be in the form of a contractual agreement between companies and the NHS to provide a service. Here either industry or the NHS might be the provider of the service. Examples include Pfizer Health Solutions’ *OwnHealth* telephone based self-care programme and the provision of Home Oxygen Assessment and Review services – commissioned from Air Liquide in the North East and from BOC Healthcare in Bolton.

Partnership in practice

National support

DH & GlaxoSmithKline – Sharing knowledge to support the programme through a secondment agreement

The Department of Health set out a programme to drive awareness, understanding and implementation of the *Outcomes Strategy for COPD and asthma*. This work has been supported by bringing in an industry secondee, from GSK, to the Respiratory Programme.

Priorities have included measuring awareness and implementation of the materials that support the *Outcomes Strategy for COPD and asthma*, managing a joint working agreement with **AstraZeneca** to develop a brand for the programme and dissemination of messages contained in the tools and guidance published by the programme[5] via the industry workforce[6].

It is anticipated that through this arrangement patients would benefit through improved implementation of national polcy and improved partnership between NHS and industry. Benefits for the DH have included access to project management skills, marketing experience and industry understanding. The benefits to GSK have included a better understanding of challenges at a national policy and regional implmentation level and an opportunity to build reputation and trust.

DH & AstraZeneca – Pooling resource and expertise to develop a brand for the Outcomes Strategy for COPD and Asthma

The aims of the Respiratory Programme Brand Development Joint Working project were to develop a visual identity and brand essence for the Respiratory Programme.

The ambitions of the project are to provide clear and consistent messages for the NHS, patient organisations and industry partners in relation to lung health,the Outcomes Strategy for COPD and asthma and the products and tools developed to support implmentation at a local level[7]. Consistency of message is needed to raise awareness of the importance of good lung health and to reduce unwarranted variation in patient outcomes, ensuring lung health remains a commissioning priority.

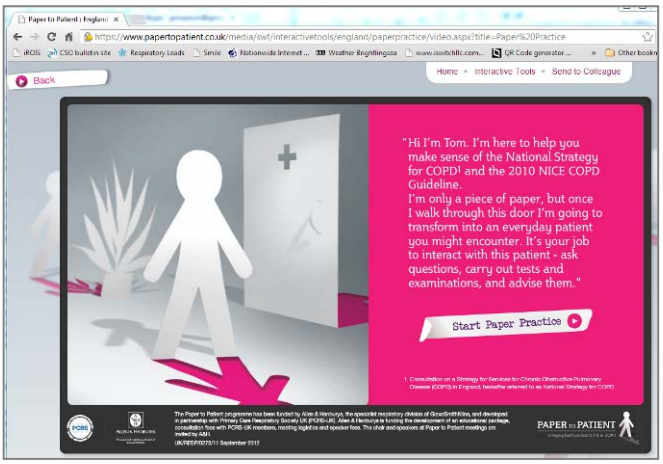
AstraZeneca have gained a deeper understanding of the challenges the respiratory community faces, have a greater appreciation for the national priorities and have established networks and relationships through this project .

[5] www.respiratoryresources.org.uk

[6] (Page 79) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

[7] www.respiratoryresources.org.uk

Primary Care Respiratory Society-UK and GlaxoSmithKline: *Paper to Patient*



Paper to Patient is an educational programme for healthcare professionals, available online and offline, to support the evidence-based management of people with COPD. It was developed by GSK in partnership with PCRS-UK and delivered through the provision of Medical Educational Goods and Services. It supports delivery of a number of the actions set out in the NHS Companion Document. By January 2013, 20,000 healthcare professionals had participated in the programme. A survey has indicated a higher likelihood that healthcare professionals who complete the programme manage their patients according to the NICE COPD guideline.[8]

> *The Paper to Patient programme helped us to further drive our belief in right medicine, right patient, right time. As the Outcomes Strategy for COPD and asthma evolved it was clear that this was an opportunity to support this position whilst working in partnership with a key professional organisation to support adoption of NICE guidelines*
>
> **Natalie Williamson,** Treatment Evolution Senior Product Manager, GSK

Commissioning for Outcomes – a cross-industry partnership with DH delivered by Agenda for Health

Commissioning for Outcomes 2012 was a series of events held across England that brought together health care providers, commissioners and industry, including AstraZeneca, Boehringer Ingelheim, GlaxoSmithKline, Napp and Teva UK. The partnership was delivered through the provision of Medical Educational Goods and Services. The events, which covered both asthma and COPD, made a difference through highlighting the unwarranted variation in respiratory care at a local level that had been published within the Respiratory Atlas of variation. Colleagues from the NHS and industry worked together to plan for change at a local level, in a cohesive manner, benefiting from a range of perspectives and insights.

Chiesi Smoking Cessation Support Programme

The Chiesi Smoking Cessation Support Programme provides lung health evaluations for smokers over 35. This service is provided as a Medical Educational Goods and Service to the NHS in the primary care setting across a number of regions, including Leeds and Bolton. The

[8] www.papertopatient.co.uk

service includes invitation of patients to clinic, where they are seen by a pharmacist or nurse. The consultation includes peak flow and spirometry measurements and is tailored according to the needs of each individual patient.

The healthcare professionals providing the service counsel the patients with regards to smoking cessation, provide educational materials and refer patients wanting to stop smoking to appropriate smoking cessation services as well as identifying those who would benefit from referral for diagnostic spirometry or COPD treatment services.

Following completion of the service, surgeries were sent a questionnaire to gain their feedback. Feedback has been received from half of all surgeries who have taken up the service, with all respondents saying that the service was carried out in a professional manner and that it met their expectations, 90% of respondents rating the service as good or very good.

Verbatim feedback from *Smoking Cessation Support Programme* questionnaires:

An excellent service, well received by patients and GPs' **Business Manager** from Leeds

Very helpful for GP and for patient screening and education a **GP** from Bolton

Our practice benefited from the contribution Chiesi made in addition to the PCT smoking cessation team to help achieve some of the highest success rates in stopping people smoking in our practice' **Business Manager** from Leicester

Support was very good to my patient needs and patients are experiencing immediate benefit a **GP** from Bedfordshire

9

Support for pharmacies: Medicines Use Reviews and inhaler recycling - GlaxoSmithKline

GSK provides support for respiratory services to retail pharmacies that are signed up to its *PLUS* package deal[10]. These services include a *Respiratory Service Support Toolkit*, to support delivery of respiratory Medicines Use Reviews (MURs) and a recycling and recovery scheme, *Complete the Cycle*, for all respiratory inhalers.

The GSK *Respiratory Service Support Toolkit* helps pharmacists optimise treatment, inhaler technique and promote symptom prevention for patients with asthma.

[9] www.chiesi.uk.com/working_in_partnership/the_chiesi_smoking_cessation_supportprogramme

[10] plus.gsk.co.uk/Login.aspx

We all found the materials easy to use and the demonstration inhalers made doing MURs much easier as we were actually able to show patients how to use them and then evaluate their technique.

Lucy Dalton, Pharmacist at Living Care Ltd. Halifax and Leeds

The *Complete the Cycle* recycling scheme gives over 75% of the population of the UK have access to participating pharmacies within three miles of their home[11]. In addition, GSK is piloting the scheme in two hospital trusts and expanding its accessibility in dispensing doctor practices.

Complete the Cycle benefits patients by providing extra contact between patients and pharmacists. In the pilot for the scheme 29% of inhalers returned were not empty, giving pharmacists the chance to work with the patient towards improving their adherence, inhaler technique and disease management.

The benefits of the scheme to the NHS include a reduction in medicines wastage and improved patient experience. The scheme also helps GSK to work towards its commitment to be carbon-neutral by 2050.

[11] http://www.gsk.com/uk/consumers/complete-the-cycle.html

Regional Initiatives

NHS Salford and Boehringer Ingleheim (*rolled out across other NHS organisations***) – *COPD: Know it, Check it, Treat It***

This campaign is centred on a working partnership between Boehringer Ingelheim, respiratory clinicians, GP practices, pharmacy and community stakeholders to drive responsibly accurate diagnosis and optimal care of people with COPD.

It was initially piloted in Salford in 2010 before being run in partnership with 17 further NHS organisations between 2011 and 2012 as a Medical Educational Goods and Service.

During the 2011 campaign over 168,000 leaflets were distributed, almost 8,000 posters were displayed in public places and 250 pharmacies distributed campaign materials (including over a quarter of a million pharmacy bags). Approximately 5,600 people attended a screening event with an estimated 1,680 people referred to a healthcare professional for further assessment.[12]

Initial results suggest that an increased rate in case finding means that there will be genuine improvements in the long-term health prospects for many people in the area. That is exactly what this campaign set out to do. We're delighted that our collaboration is making a difference to the patients and the local health economy of Salford.

June Roberts, Respiratory Nurse Consultant, Salford PCT and Salford Royal Hospital

Finding the 'missing millions' of people with COPD provides genuine improvements in the long-term health prospects for many people. We are delighted that the collaboration with the NHS and local stakeholders is making a difference to patients. It is very exciting to create true valuable partnerships to deliver an effective integrated campaign, which has made a measurable difference to the awareness and understanding of COPD in those areas.

Fiona Harte, Marketing Manager, Boehringer Ingelheim

[12] www.copdaware.co.uk

Philips Respironics Management of Specialist Therapies (*MOST*) and seven hospital trusts

The MOST service[13] aims to help patients manage their chronic conditions at home, whilst improving quality of life. It provides a comprehensive, flexible diagnostic and therapy service for patients with a spectrum of sleep related breathing disorders, offering a complete pathway of care.

Working in partnership with primary and secondary care, *MOST* helps diagnose patients with Obstructive Sleep Apnoea (OSA) and manages the ongoing therapy needs of patients requiring Continuous Positive Airway Pressure (CPAP) or non-invasive ventilation (NIV), including those with COPD. The service currently supports the management of 5000 patients across the UK.

The *MOST* service (including helpline, annual device consumables and data capture) is offered to the NHS at a fixed cost, per patient, per month and is available to whether devices are purchased or rented to reduce capital expenditure.

Patients and carers are encouraged to call a helpline, supported by a multidisciplinary team, for advice and support. This reduces the burden for hospital staff enabling them to deal with more complex patients and to see new referrals.

> *...the most important element [and that] is the support you provide. Your support team are superb and always efficient and helpful with any advice or support issue I may have. It is the combination of the highly reliable CPAP device backed by your support team that allow me to sleep peacefully.*
>
> **Mr R**, a patient from Lincolnshire

> *Working with Phillips Respironics and accessing the service on a regular basis as a healthcare professional. The service is extremely well run, communication between patients and Phillips Respironics can be easily accessed, and all interventions are documented. The experience of the staff is evident in the communication; it is a valuable addition to the care of patients who require the services of a sleep service.*
>
> **Tracy Lightowler**, Respiratory Nurse Specialist, Bradford Teaching Hospitals NHS Foundation Trust.

All interactions and interventions are logged on the *MOSTnet* database, supporting the NHS to reduce wastage of ineffective treatment and identify patients who require in clinic review. Philip's clinical team partner with the hospitals to provide clinical support and training where required.

13 www.healthcare.philips.com/gb_en/homehealth/sleep/most/default.wpd

An audit of *MOST* in November 2012 concluded that *MOST* provides positive outcomes for patient compliance, therapeutic efficacy and symptomatic benefits in patients commencing on APAP (highly significant improvements in Epworth sleepiness scores between 1 and 18 months), with an average of 33 interactions per patient per year provided on a needs-driven basis to relieve pressure on local clinics.

"Philips benefit through close relationships with the NHS and patients. We are better informed and are therefore able to respond to the needs of patients and clinicians; providing appropriate equipment, technology and services.

The main challenge has been to change the mindset of hospitals to do things differently, to see industry as a partner that can add value to their service and become a partner in delivery of healthcare. True partnership requires trust, opening channels of communication to provide a high quality, efficient and lean service. Delivering what we have agreed to do and keeping people involved and updated is key to our success in becoming trusted partner to the NHS"

Bernadette Coleman, Regional Director, Philips Home Healthcare Solutions UK & Ireland

"The service we have received has been excellent. Philips Respironics knowledge and expertise was invaluable while we were setting up our new Sleep Service"

Dr Phillipe Grunstein, Consultant in Respiratory Medicine, Norfolk and Norwich University Hospital

NHS London and GlaxoSmithKline: *Your Personal Best*

Your Personal Best was a campaign delivered, as a Medical Educational Goods and Service, in the run up to the Olympic and Paralympic Games to inspire and motivate people, aged over 55, with long term conditions to lead a more active lifestyle. The campaign was developed by GSK in association with NHS London as part of a Public Health Responsibility Deal Pledge. Campaign coverage was seen by millions of people aged over 55[14].

[14] www.yourpersonalbestcampaign.co.uk

Local Initiatives

EsyDoc, Surrey & Sussex Hospitals Trust and AstraZeneca – asthma

These three organisations conducted a Joint working project in COPD and subsequently a whole system asthma project[15].

The asthma project led to 454 extra patients receiving a self-management plan (within the identified high risk group there was an improvement from 24.6% to 73.1% of patients who were aware of having a self-management plan) and 58 additional patients were referred for smoking cessation support.
From this, the primary outcome was a 21% reduction in emergency asthma admissions.

The project has been a real success for the 18 practices across the CCG and has clearly demonstrated that case finding, standardised management and medicines optimisation improves asthma care for patients, joins up the efforts of healthcare professionals working with asthma patients across the healthcare spectrum and has the potential to result in important cost savings for the NHS.

Dr Elango Vijaykumar
Respiratory Lead, East Surrey CCG

'We have now worked on a number of successful Joint Working projects with AstraZeneca and the outcomes have been extremely valuable to the CCG. More importantly however they have had a real impact for patients and healthcare professionals in the East Surrey community. The amount that we can achieve when we pull together, pooling resources and expertise, is really impressive and proves we can do things better together.'

Dr Joe McGilligan, Chair of East Surrey CCG & Co-Chair Surrey Health & Wellbeing Board

'Some increase in prescribing costs did occur, but as a consequence of the prevalence of people with asthma increasing through correct diagnosis and treatment, as well as some initial medication wastage due to therapy adjustments.'

Lizzette Howers, Primary Care Pharmacist, NHS Surrey

[15] www.astrazeneca.co.uk/astrazeneca-in-uk/who-do-we-work-with/working-with-the-nhs

Stockport Managed Care and AstraZeneca – STAIRS project

The Stockport Airways Project (STAIRS) was a joint working agreement between Stockport Managed Care (52 practices) and AstraZeneca. The aim was to reduce hospital admissions for COPD and develop a highly skilled workforce.

Patients from 12 practices within Stockport Managed Care were identified, stratified for risk and reviewed within primary care. Educational needs of nursing staff was assessed using a structured questionnaire and a tailored mentorship programme was implemented. There was a reduction in emergency admissions amongst the 408 high risk patients of 40% versus a reduction in other STAIRS patients of 23% and in the control group (Stockport Managed Care practices that did not participate in STAIRS) of just 7%.

GPs are in general more open to working with the pharmaceutical industry and therefore working with a CCG may make Joint Working arrangements more easy to manage. The ABPI documentation is helpful, and having the formal signed agreement between the organisation and the company make the process and project transparent.

Not all practices signed up to STAIRS, despite having higher than desired hospital admissions. The STAIRS project had a low profile initially and it is very slow to get data to review the outcomes, but once the outcomes became clear this supported the development of further work.

This was NHS Stockport's first formal Joint Working agreement and I think the project as well as subsequent projects have raised the profile of what the pharmaceutical industry has to offer, in particularly how the NHS might benefit from joint working where there are clearly defined agreed priorities and desired outcomes for both parties at the outset.

Roger Roberts, Director, General Practice Development, Stockport CCG

NHS Birmingham East and North and Pfizer – Birmingham OwnHealth

Pfizer Health Solutions *OwnHealth* is a telephone based, self-care programme for people with long term conditions including COPD. *OwnHealth* is commissioned and delivered locally aligned with the needs, services and objectives of the healthcare community to improve the quality of patient care. It empowers patients to self-care, improve their health outcomes and also reduces the number of episodes of unscheduled care.

Birmingham *OwnHealth* was evaluated across a variety of indicators. Patient satisfaction surveys have shown that 76% felt more confident in their ability to care for themselves and 71% reported enhanced access to healthcare services.

Motivational interviewing techniques employed by Care Managers resulted in 83% of patients, who have been members of *OwnHealth* for three years, reporting that they exercise regularly versus 64% who are in their first year of enrolment.

A twelve-month retrospective study of the programme demonstrated a 28% reduction (p=0.004) in time spent in hospital and a £433 reduction in the cost of care for each patient[16].

We commissioned OwnHealth to get people into a programme of preventative healthcare to get them to take more responsibility for their own health and reduce cost burden on the NHS. It was all about reducing health inequalities and reaching people who were hard to reach through normal service provision.

What we did right at the start was agree what our joint objectives were and what we individually as organisations wanted to get out of this. We've learned and developed the programme together in partnership.

What also Pfizer Health Solutions have brought to us is a skills and expertise base in areas of work we weren't particularly good at. For example the work we have done around measuring clinical metrics and satisfaction to deliver a programme that we could prove is making the changes we thought it could make at the start of the process. They've helped us deliver those benefits.

Andrew Donald, Chief Operating Officer, NHS Birmingham East and North

NHS Buckinghamshire and Pfizer – Pathway Redesign

In 2010/11 NHS Buckinghamshire and Pfizer undertook a joint working project together on the redesign of patient pathway and support for implementation of the local COPD service through training, screening and self-management support (booklets and telemedicine).

Outcomes included the identification of an additional 1050 patients with COPD who went on to receive appropriate treatment. Overall

[16] www.pfizerhealthsolutions.co.uk

this led to £1,210,000 cost savings through reduction in unscheduled admissions, bed stays and out-patient follow up.

The collaborative approach to this project has bought together the complimentary qualities of clinicians and the pharma industry. Foundations of longer term and sustainable change in practice have produced benefits across the system. This could not have been achieved without the support of Pfizer.

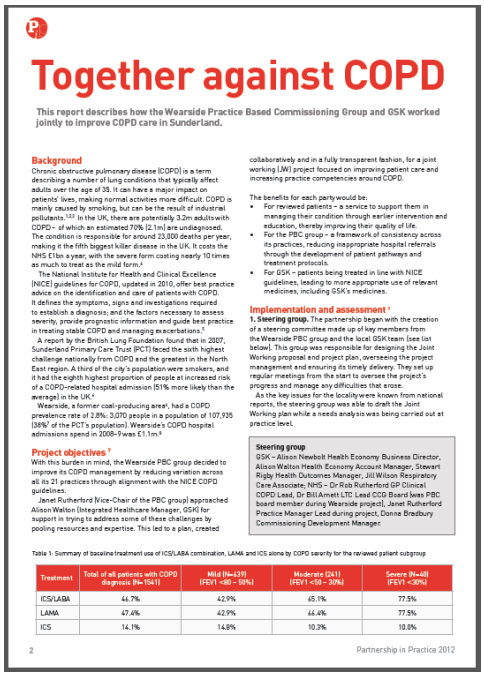
Karen Ashton, Associate Programme Director - Joint Commissioning

We have built a relationship based on trust and understanding. The positive 'can-do' approach is always appreciated and a different perspective on things sometimes can make the difference.

Val Mills, Smoking Cessation Lead, Buckinghamshire NHS smoke free support service

Wearside Consortium and GlaxoSmithKline – Pathway Redesign

The British Lung Foundation's "Invisible Lives" report indicated that people in Sunderland were 51% more likely to be admitted to hospital that the UK average.



Together against COPD

This report describes how the Wearside Practice Based Commissioning Group and GSK worked jointly to improve COPD care in Sunderland.

Background

Chronic obstructive pulmonary disease (COPD) is a term describing a number of lung conditions that typically affect adults over the age of 35. It can have a major impact on patients' lives, making normal activities more difficult. COPD is mainly caused by smoking, but can be the result of industrial pollutants.[1,2,3] In the UK, there are potentially 3.2m adults with COPD – of which an estimated 70% (2.1m) are undiagnosed. The condition is responsible for around 23,000 deaths per year, making it the fifth biggest killer disease in the UK. It costs the NHS £1bn a year, with the severe form costing nearly 10 times as much to treat as the mild form.[4]

The National Institute for Health and Clinical Excellence (NICE) guidelines for COPD, updated in 2010, offer best practice advice on the identification and care of patients with COPD. It defines the symptoms, signs and investigations required to establish a diagnosis; and the factors necessary to assess severity, provide prognostic information and guide best practice in treating stable COPD and managing exacerbations.[5]

A report by the British Lung Foundation found that in 2007, Sunderland Primary Care Trust (PCT) faced the sixth highest challenge nationally from COPD and the greatest in the North East region. A third of the city's population were smokers, and it had the eighth highest proportion of people at increased risk of a COPD-related hospital admission (51% more likely than the average) in the UK.[6]

Wearside, a former coal-producing area[7], had a COPD prevalence rate of 2.8%. 3,070 people in a population of 107,935 (38%[8] of the PCT's population). Wearside's COPD hospital admissions spend in 2008–9 was £1.1m.[9]

Project objectives[7]

With this burden in mind, the Wearside PBC group decided to improve its COPD management by reducing variation across all its 21 practices through alignment with the NICE COPD guidelines.

Janet Rutherford Vice-Chair of the PBC group approached Alison Walton (Integrated Healthcare Manager, GSK) for support in trying to address some of these challenges by pooling resources and expertise. This led to a plan, created collaboratively and in a fully transparent fashion, for a joint working (JW) project focused on improving patient care and increasing practice competencies around COPD.

The benefits for each party would be:

- For reviewed patients – a service to support them in managing their condition through earlier intervention and education, thereby improving their quality of life.
- For the PBC group – a framework of consistency across its practices, reducing inappropriate hospital referrals through the development of patient pathways and treatment protocols.
- For GSK – patients being treated in line with NICE guidelines, leading to more appropriate use of relevant medicines, including GSK's medicines.

Implementation and assessment[7]

1. Steering group. The partnership began with the creation of a steering committee made up of key members from the Wearside PBC group and the local GSK team (see list below). This group was responsible for designing the Joint Working proposal and project plan, overseeing the project management and ensuring its timely delivery. They set up regular meetings from the start to oversee the project's progress and manage any difficulties that arose.

As the key issues for the locality were known from national reports, the steering group was able to draft the Joint Working plan while a needs analysis was being carried out at practice level.

Steering group

GSK – Alison Newbolt Health Economy Business Director, Alison Walton Health Economy Account Manager, Stewart Rigby Health Outcomes Manager, Jill Wilson Respiratory Care Associate; NHS – Dr Rob Rutherford GP Clinical COPD Lead, Dr Bill Arnett LTC Lead CCG Board Iwas PBC board member during Wearside project), Janet Rutherford Practice Manager Lead during project, Donna Bradbury Commissioning Development Manager

Table 1: Summary of baseline treatment use of ICS/LABA combination, LAMA and ICS alone by COPD severity for the reviewed patient subgroup

Treatment	Total of all patients with COPD diagnosis (N= 1541)	Mild (N=439) (FEV1 <80 – 50%)	Moderate (241) (FEV1 <50 – 30%)	Severe (N=48) (FEV1 <30%)
ICS/LABA	44.7%	42.9%	65.1%	77.5%
LAMA	47.4%	42.9%	64.4%	77.5%
ICS	14.1%	14.8%	10.3%	10.0%

2 Partnership in Practice 2012

The objectives for the joint working project set out to achieve benefits for all parties. For patients: to improve the quality of COPD in line with the NICE guideline and building confidence to self-manage. For the NHS: to improve capability of healthcare professionals, reduce variation in referrals to secondary care and unplanned admissions. For GSK: to increase use of appropriate medicines in line with the NICE guideline and demonstrate the delivery of value.

Contributions from the partners varied from people resources, *POINTS* software and costs of developing a patient experience survey. Contributions from the partners totalled £162,000 from Wearside Consortium (including an incentive of 50p per COPD patient per practice in each financial year, encouraging achievement of specific objectives) and £91,000 from GSK. A critical factor was the business plan, setting out roles and responsibilities.

Outcomes: Increase in quality (18% improvement) and quantity of patient reviews in line with the NICE guideline, healthcare professionals increased the number of patients treated in primary care, 50% of patients reported an understanding of what to do if their symptoms got worse and a 12% reduction in unscheduled hospital admissions. There was a 6% increase in

patients receiving combination therapy in line with the NICE guideline. The project was shortlisted for the NICE 2011 Shared Learning Awards[17].

Walthamstow West PBC Group and GlaxoSmithKline

At the time of project set up, NHS Walthamstow Forest and Walthamstow West PBC Group reported lower than average prevalence for diagnosed COPD (0.9% vs 1.4% national average). The PCT ranked 148 (out of 152 PCTs nationwide) for COPD when assessed by length of stay, number of emergency admissions and number of emergency bed days for patients.

The objectives of the project were as follows. For patients: to diagnose patients with COPD earlier, improve the quality of annual COPD reviews and increase patients' understanding of their condition and treatment options. For the NHS: To ensure adherence to an evidence based care pathway and treatment protocols, thereby reducing variation, to ensure appropriate use of resources e.g. appropriate referrals to secondary care and reduction in unplanned admissions. For GSK: to increase us of appropriate medicines, including GSK medicines, in line with the NICE COPD guideline and to demonstrate how Joint Working with GSK can improve patient management and experience [18].

> *GSK involvement has provided support in many forms! Providing valuable audit "POINTS" to track impact of the service/pilot, co-ordinating communication and education meetings and ensuring continued focus.*
>
> **Anne O'Malley**, Respiratory Nurse Specialist, Walthamstow COPD Pilot.

Contributions from the partners totalled £68,500 from Walthamstow West PBC Group (which included project management resource, employment of a Chest Consultant to deliver a bespoke training programmeand development of local guidelines) and £67,603 from GSK (including the licences for *POINTS* audit and patient pathway development tools, contracting community specialist nursing resource, measurement setting, interpretation and analysis of local data and evaluation of results).

The outcomes of the project included an increase in prevalance of diagnosed COPD by 12.1%, a 53% increase in patients receiving an annual COPD review (from 20% to 73%) and NICE guideline standards of care (22% to 56%), reduction on non-elective COPD admissions of 16% and associated savings of £35,000. The proportion of moderate to severe patients receiving ICS/LABA combinations, in line with the NICE guideline for COPD has increased by 9.7% and further joint working acivities have commenced. In addition to the primary outcomes of the project there were increases in the number of patients who were told how to access flu vaccination (from 26% to 85%), offered pulmonary rehabilitation (from 26% to 65%) and the

[17] www.gsk.com/uk/joint-working/case-studies.html

[18] www.gsk.com/uk/joint-working/case-studies.html

number of current smokers told how to access stop smoking support (20% to 75%). This project was shortlisted for the NICE 2011 Shared Learning Awards.

Key success factors for true partnership working were identified during this project. These included a co-authored business plan, with clear roles and responsibilities, a consistent and engaged leadership team that met regularly and reviewed progress, the use of the *POINTS* system to support the identification of at risk patients and tracking of improvements in the quality of the patient review in line with NICE standards of COPD care.

NHS Bristol and Teva UK: Reducing asthma hospital admissions

Unwarranted variation in annual asthma reviews and hospital admissions across NHS Bristol led to this joint working agreement[19]. The initial focus was on areas of high deprivation, high hospital admissions and higher than average exception reporting for asthma. Through pooling of resources including project management support, a nurse led patient-centred therapeutic review service and educational modules a 19.46% reduction in 2011/12 in hospital admissions was achieved in GP practices in Bristol (n=56) compared with the previous year. Practices participating in the joint working project (n=13) accounted for 54.7% of this reduction in resource utilisation. Positive patient reported experience measures were achieved, including their confidence to self-manage, and 92 patients were identified who were eligible to have their asthma therapy stepped down. Teva benefited from significant learning about how to collaborate effectively in order to replicate this success within other NHS organisations.

> *Their organisational and networking skills have enabled us to achieve our strategic objectives much sooner than if we had worked alone. As a result of our Joint Working, we have increased both patient and clinician knowledge in asthma management and have observed an ongoing reduction in our asthma hospital admissions.*
>
> **Jenny Gibbs,** Long-Term Conditions Liaison Manager, NHS Bristol

[12] www.gsk.com/uk/joint-working/case-studies.html

[19] http://www.tevauk.com/jointworking

Guiding principles of effective partnership working

From the experience of the various forms of partnership working across the Respiratory Programme including work with regional clinical leads[20], we have developed a set of guiding principles for effective partnership working.

These are the determinants of success for any partnership project. They should be built into the culture and approach of partnership projects from idea generation to completion.

1. **Ensure that the project aims to provide benefits to patients** - this must be the core common agenda for every partnership project.
2. **Share an understanding of expected benefits** to both the NHS and industry partners.
3. **Set out with a willingness to make things work** and an open and transparent approach to working through differences. Be prepared to challenge and be challenged throughout the project.
4. **Acknowledge that partnership is very different from sponsorship**. It is not simply about funding, but is about pooling of skills, resources, a joint commitment to successful delivery of a project and its legacy. How sustainable is the change?
5. It is good practice to **start on a small scale with clear objectives, measures, end-point and review dates**. Measurement is important in order to provide evidence of impact.
6. **Share commitment to ownership**, development, implementation and project delivery.
7. **Understand governance arrangements** to minimise delays. Working with more than one partner in a project can mitigate perceived risks of undue influence, but presents other challenges of achieving alignment between numerous stakeholders.
8. Partnerships are more likely to deliver if **industry and NHS partners are of sufficient seniority** as this ensures the involvement of those with decision-making autonomy and supports organisational alignment.
9. **When entering into partnerships it may be beneficial to enter into a written agreement.** The ABPI Joint Working Quick Start Guide Reference Guide[21] provides a useful framework for joint working agreements. These should set out expected benefits, risks to mitigate and conflicts of interest. It is important to be explicit about governance, roles/responsibilities, ownership of the project and decision-making. The agreement should also set out an exit strategy and contingency arrangements.

[20] www.respiratoryresources.org.uk/documents/Consensus%20Paper-partnership%20with%20industry.pdf

[21] www.abpi.org.uk/our-work/library/guidelines/Pages/joint-working-handbook.aspx

Conclusion

Throughout the lifetime of the Respiratory Programme there has been a clear recognition of the need for a system-wide approach to improving outcomes for patients, standards of care and patient experience. It is not sufficient to co-ordinate across NHS organisations alone – a true system-wide approach must involve all the organisations involved in supporting delivery of care, including the various industry partners.

There are challenges to working in partnership for all the organisations involved, both NHS and Industry. However, there is a need to find a route through these in order to implement the *Outcomes Strategy for COPD and asthma* and work towards the ambition of saving up to 10,000 lives a year.

The principles within this document should provide the overall structure and governance arrangements to make this ambition a reality. The practical examples should provide useful case studies of how partnership working can be delivered in practice across all levels and areas of the NHS.

At a time of scarcity, there is an even greater imperative to identify and implement innovative ways of working to improve quality of care and deliver better outcomes for patients. This requires everyone working within the health and care environment to challenge their preconceptions. NHS and industry must build a mature partnership whereby each partner clearly understands and recognises the need for a benefit to every party when working together as Partners in Delivery.

Supplementary reading

1. **An Outcomes Strategy for COPD and asthma: NHS Companion Document**
   http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134000

2. **Innovation, Health and Wealth: Accelerating Adoption and Diffusion in the NHS**
   http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

3. **Good Practice Guide to working in partnership with industry to support the implementation of the Outcomes Strategy for COPD and asthma**
   http://www.respiratoryresources.org.uk/documents/Consensus%20Paper-partnership%20with%20industry.pdf

4. **Clause 1 and 18: ABPI Code of Practice for the Pharmaceutical Industry**
   http://pmcpa.org.uk/?q=getcopiesofcode

5. **Joint Working: A Quick Start Guide Reference Guide for NHS and Pharmaceutical Industry Partners** http://www.abpi.org.uk/our-work/library/guidelines/Pages/joint-working-handbook.aspx

6. **Moving Beyond Sponsorship: Interactive toolkit for Joint Working between the NHS and the pharmaceutical industry and other relevant commercial organisations**
   http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840

7. **NICE COPD Quality Standard QS10**
   http://guidance.nice.org.uk/QS10