

## Blessing or curse? Industry reactions to the NHS White Paper (First published in BHIA Journal – Autumn 2010)

Health Minister, Andrew Lansley's White Paper, back in July outlining the government's plans for the NHS, caused shockwaves in an industry which is still adapting to the growth in influence of PCTs. At first glance the proposals looked like a u-turn to the old days of bottom-up decision making and the resurgence of detail-lead sales teams. However, a closer reading revealed a more complex picture.

While PCT administrators nervously contemplate their future, they may well consider posting their CVs to one of the new GP consortia where their skills are likely to be welcomed. And GPs will either be celebrating the resumption of their place at the centre of healthcare or groaning at the prospect of yet more paperwork. By demolishing the old, high-rise edifice and replacing it with a more patient-friendly, community-led structure, focused on outcomes rather than cost-saving, could the coalition simply be replacing one bureaucracy with a plethora of smaller ones?

Whatever the model that finally emerges from the forthcoming rounds of debate and legislation, there is one thing nobody will dispute. Patients need drugs and pharma will continue to supply them. So, what is in store for pharma marketing in the next five years? Will we return to four calls a day and three key messages? Will Key Account Management be a brief, shining moment that flared and died? And what about market research? Has the DFU been given a shot of adrenaline?

We asked two leading industry figures on the client side to take a deep and speculative look into their crystal balls and tell us what they see.



Andy Fish, Head of Sales at Menarini UK is enthused by the White Paper. "I see the proposals as very positive," he said, "this puts patients and physicians back on the front line and gives us the opportunity to start driving sales through 'traditional' rep teams again."

With eighteen years experience in the industry, Fish is well used to the shifting shape of the NHS. "We always anticipate change in the short, medium and long term. Some of the government's plans may not happen within their timescale, but I expect to see three-quarters of the restructure being realised."

Although Menarini has gone some way towards a tiered sales model, with teams dedicated to engaging PCTs at different levels, they have always retained a strong 'traditional' rep team. "As a result, we're excited about the changes and we feel more than ready to work effectively with the new, commissioning groups."

"Under the current structure, we spend a lot of our time talking to bureaucrats. GP consortia will still need to employ commissioners, but now clinicians will have much more influence over their decisions."

"GPs will be more closely focused on patient outcomes, so I believe they are much more likely to want to try the latest therapies before referring patients for costly surgery. Pharma now has the chance to work more collaboratively with them to achieve their aims."

Fish expects that there will be more opportunities for market research providers as well, but DFUs and A&Us will need to be more regionalised. "Local demographics will be a bigger factor in how we approach the market, so we will need research to reflect this. We also need to work more closely with patient groups to help them access the right information and market research can help us there too."

By contrast Stephen Eddington, Senior Business Information Manager at Eisai UK, where the focus is predominantly on the secondary care market, expects the NHS restructure to have less effect. “We will continue to focus our efforts on specialists, but it may be that we will begin to have market access type discussions with GPs,” he said.



“PCT commissioners who currently sit on Drug and Therapeutics Committees within Acute Trusts may be replaced by a GP fulfilling a commissioning role on behalf of a GP Consortium, but I would not expect that to make a dramatic difference to the process.”

Eddington anticipates that prescribing will still be based on formulary listings. “They will continue to drive first and second line therapies, but there may be more flexibility when it comes to subsequent treatments.”

Eisai have two new products coming to market soon. “In the short term,” Eddington says, “our launch activity will remain concentrated on market access. In the longer term, with the emphasis on patient outcomes, I think that clinicians will be more accepting of a holistic view of prescribing that encompasses lifestyle and situational factors rather than the more formulaic approach based on technology appraisals that we have now.”

At this stage Eddington does not predict major changes to the structure of the sales force, “though it remains to be seen how we need to work with a much greater number of consortia than PCTs.” He also envisages some consortia grouping together to commission certain services, such as specialist nurses which could not be justified by one consortium acting alone. All of which will present a new set of challenges for the sales team.

He expects Eisai’s needs for market research will evolve with the changes. “In the past few years marketing has moved away from emotional factors and become much more cost oriented. If clinicians are to be more involved in buying decisions, we may see a swing back towards branding research and understanding emotional drivers,” he concluded.

The ancient Chinese were reputed to curse their enemies with the words, “May you live in interesting times.” It seems that for Andy Fish and Stephen Eddington at least, the interesting times ahead of the NHS will bring more opportunity than bad luck. Both the pharma industry and their research partners are watching this space with a great deal of interest.

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