

# Quantifying the Impact of NHS-Industry Partnerships

**ISPOR**

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# The ABPI code of practice defines two main types of NHS-Industry partnerships, which together received £24.9 million in 2023

## Collaborative Working Projects

- From **2021 ABPI Code**
- **‘Triple win’**: better outcomes, efficient use of resource, and impact
- **Must enhance patient care**, not constitute an inducement, open and transparent, formal written agreement, prospective, summarise and pool skills / experience / resource

## Joint Working Projects

- From **2008 ABPI code**
- Create direct benefits to support appropriate **use of medicines in line with guidance**
- **Must pool resources** (expertise, finance, etc.)

## Collaborative Working with Organisations

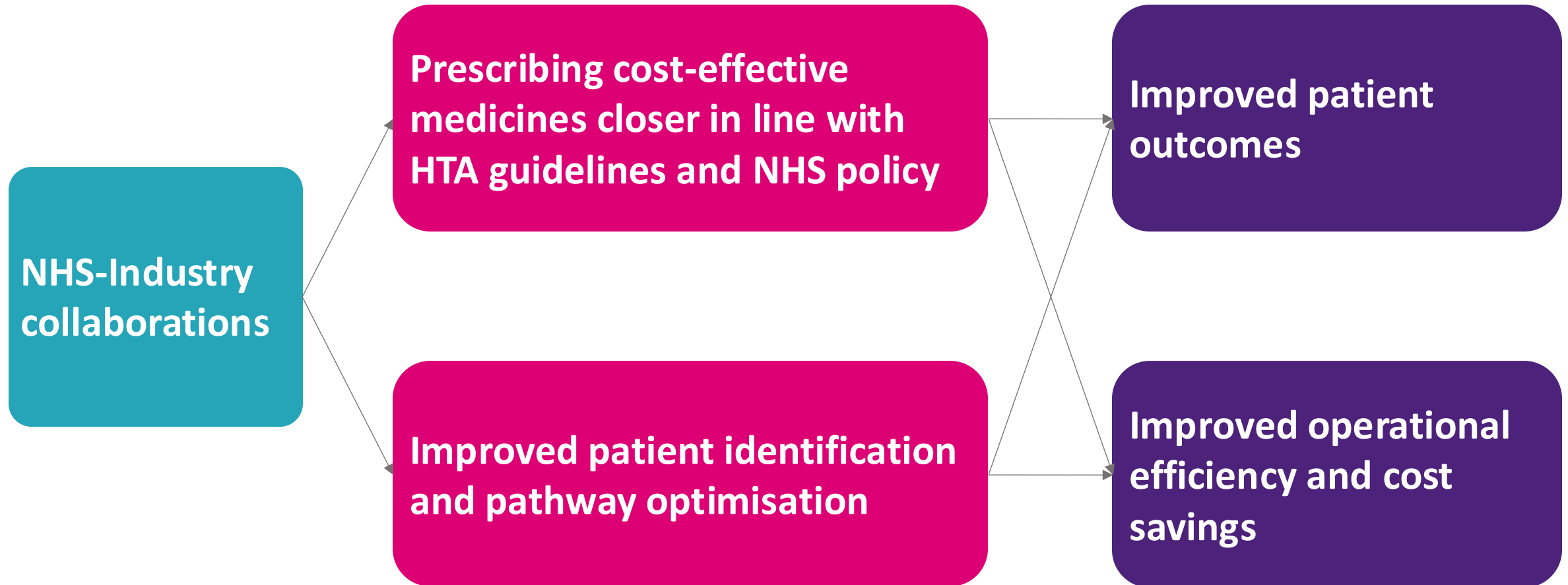
Initiatives which either enhance patient care or benefit the NHS and maintain patient care as a minimum

## Joint Working

**Always patient-centred** and acceptable providing it is carried out in a manner compatible with the ABPI code

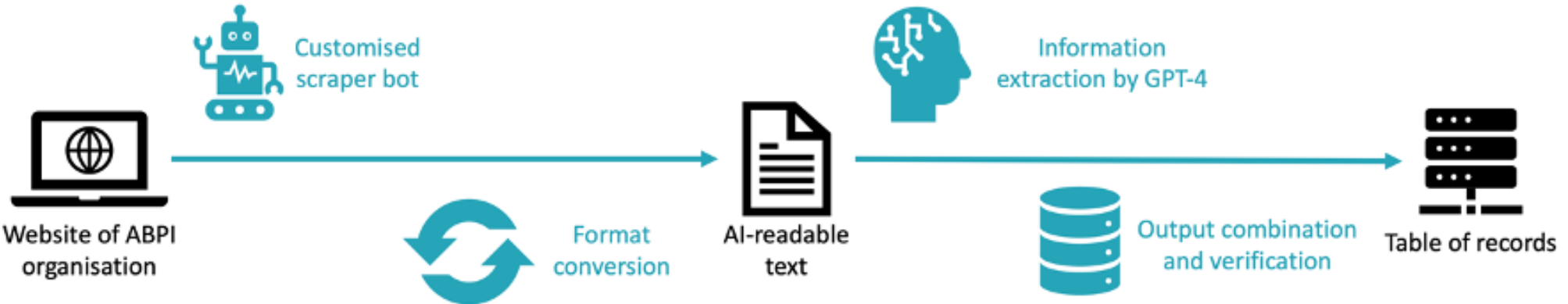
*All partnerships which record a **transfer of value** must be **transparently published on Disclosure UK***

## Research focused on understanding impact of collaboration

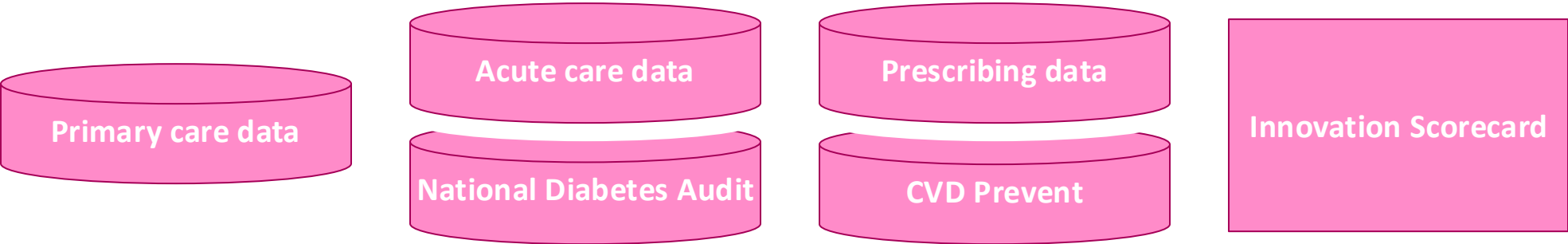


# Novel method combining use of LLM to capture reporting on collaboration and join with quantitative analysis using access to EHR-driven data

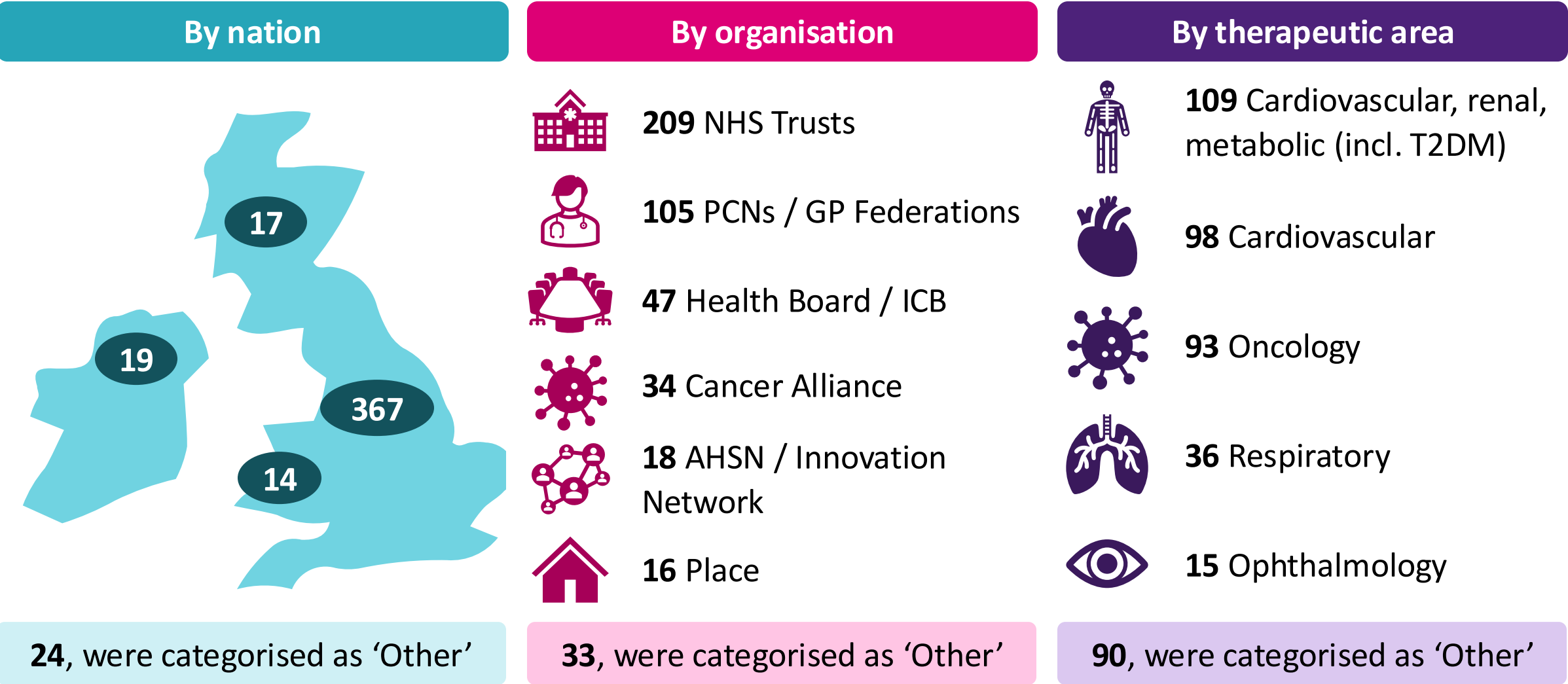
## Automatised data extraction pipeline to capture and code collaborations



## Leverage access to data derived from EHRs in Primary Care, Hospital Care and prescribing



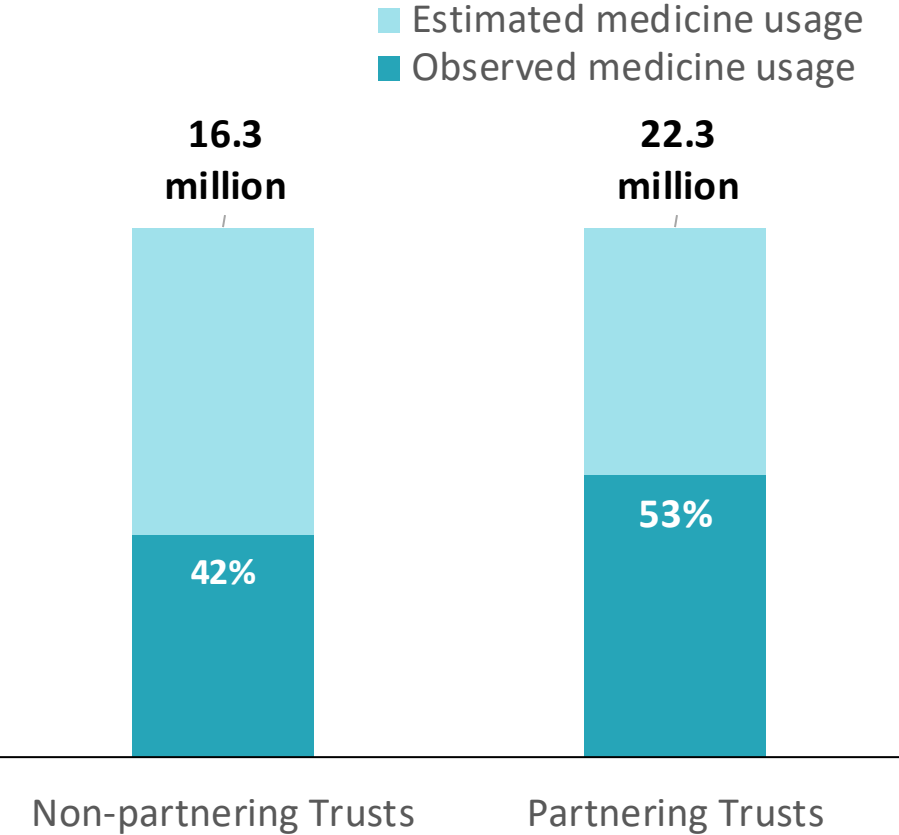
We extracted data on 441 collaboration from 30 ABPI members, representing ~70% of NHS-Industry partnerships across the UK



# Partnering Trusts prescribe closer in line with projected NICE recommendations than non-partnering Trusts

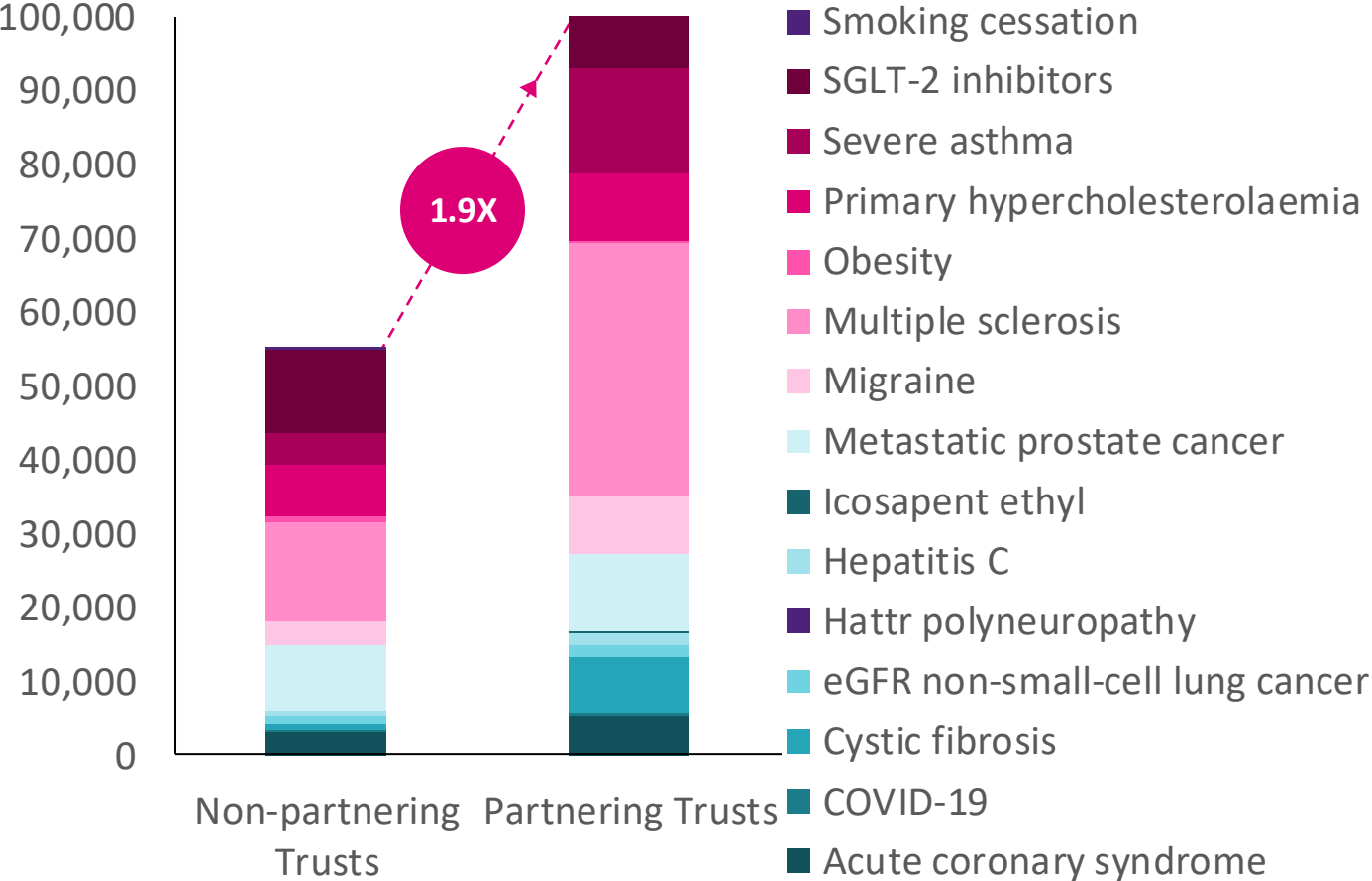
## Estimated and observed Trust medicine prescribing

Assumed Daily Dose between July 2022 and June 2023 for select drug indicator groups



## Observed Trust medicine prescribing

Assumed Daily Dose per 100,000 Finished consultant episode day hospital care in 2022/23



# We focused on hypercholesterolemia and Type 2 diabetes at practice-level to understand if closer adherence to NICE guidelines translates into improved patient outcomes

## Reasons behind disease area selection

- **NHS priorities** (e.g., NHS long-term plan)
- **Clearly-defined, up-to-date and recognised measures of outcomes in primary care data** (e.g., QOF)
- **Adequate number of collaborations** in the therapeutic area to aggregate and compare with non-collaborating trusts

## Automatised data extraction pipeline

### 9 Hypercholesterolemia collaborations aiming to...

- Improve **identification** of patients with CVD
- **Optimise** medicine use on the lipid management pathway
- Increase **diagnosis** and follow-up of patients
- Support **implementation** of NICE guidelines

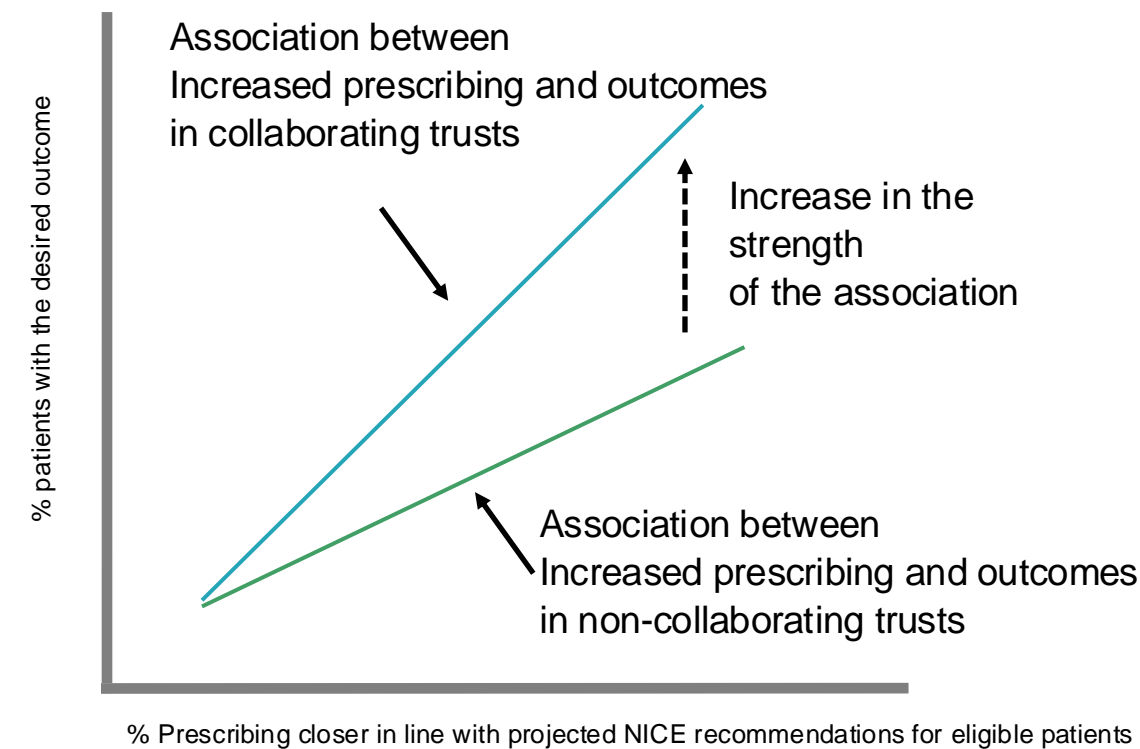
### 10 Type 2 diabetes collaborations aiming to...

- Improve long-term CV **outcomes and patient experience**
- **Optimise patient pathway** and treatment protocol
- Support **early diagnosis** and management/reduce complications
- Develop **educational programmes** and **public health initiatives**

# Collaborating Trusts achieved a 59% stronger link between prescribing and lipid control, and a 30% improvement of patients within required blood glucose range

## Visual representation of the impact of collaboration on outcomes

Comparison of prescribing closer in line with projected NICE recommendations for eligible patients, with improvements in health outcomes



## Strength of the association between prescribing compared to non-collaborating Trusts

Measure	Strength of the association between prescribing and lipid control for collaborating trusts*	Coefficient p-value for trusts that collaborate (<0.05)
Patients with cholesterol in healthy range	+59%	0.03
Patients with blood pressure in healthy range (under 79)	+8%	0.04
Patients with blood pressure in healthy range (over 80s)	+13%	0.01

Measure	Strength of the association between prescribing and blood glucose control*	Coefficient p-value for trusts that collaborate (<0.05)
Frail Patients with blood glucose in range	+30%	0.09

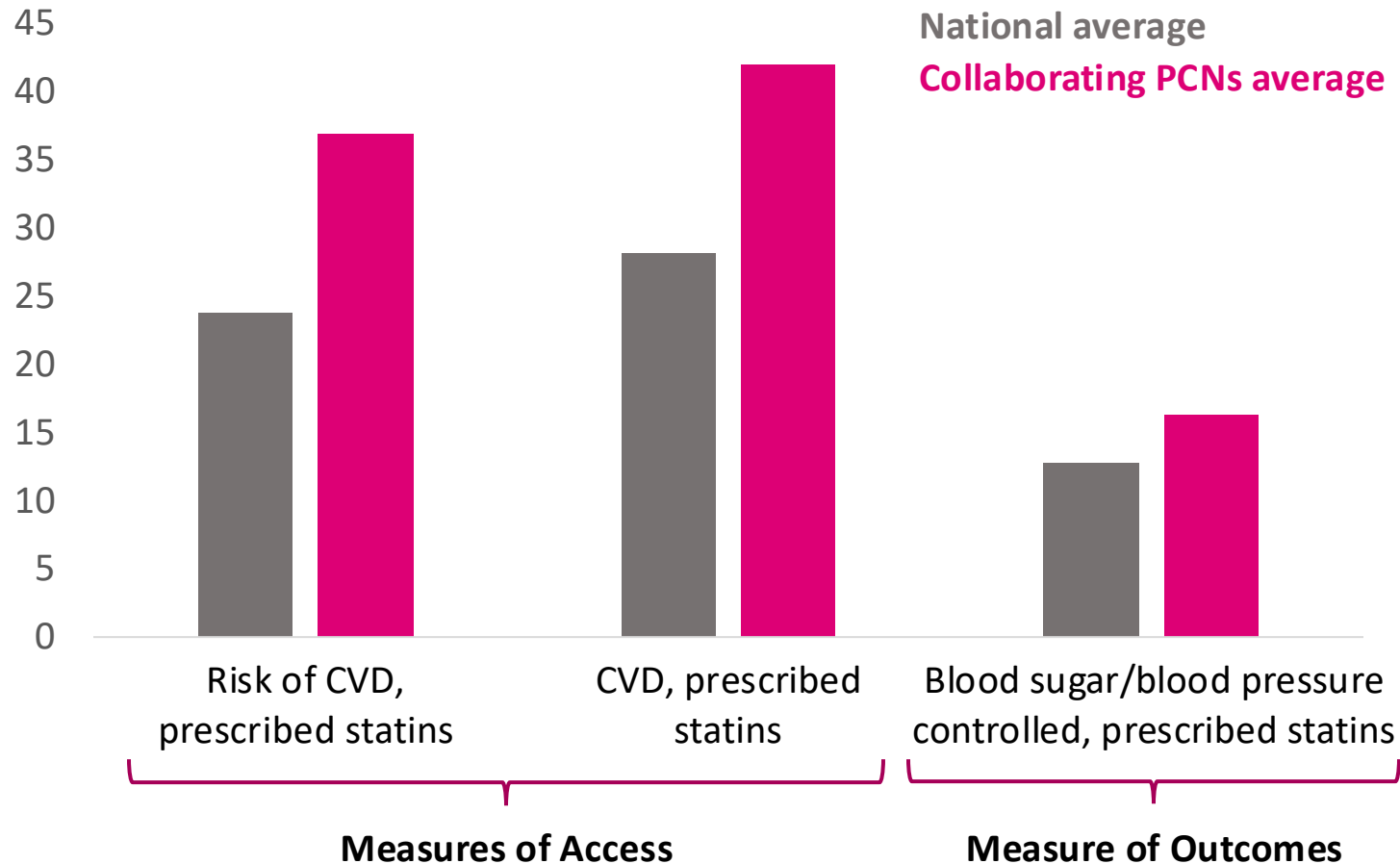
\*Compared to non-collaborating Trusts



# Collaborations at Primary Care Network and practice-level have supported faster improvement in managing CVD and Diabetes within guidelines

## Cardiovascular risk in primary care in population with diabetes, 15 PCN collaborations vs. PCN national average

Average percentage point increase between January 2021 and September 2023



- PCNs with collaborations had a **greater proportion of eligible patients** being **prescribed therapeutics to reduce CVD risks** compared to national average
- PCNs with collaborations had a **higher number of patients meeting NHSE targets for blood sugar/blood pressure** (28% improvement) vs. national average
- Early evidence that **collaborations focused at PCNs may improve access to NICE-approved treatments and improve outcomes** for patients

# NHS-Industry partnerships deliver on intended results

## Partnership working

### Promise findings

- Encouraged by **showcasing potential benefits** to all involved
- When formed, partnerships tend to **deliver on the intended results**

### Mechanisms

- Different categories of partnership, ensuring **each area is managed effectively and efficiently**
- **Public disclosure** promotes transparency and accountability
- **Trust and confidence** built through **consistent and reliable communication** ensuring all parties are informed and engaged

## Life Sciences and health systems

### Uptake of innovation

- **Marketing Authorisation** and **reimbursement** are **first steps**
- **Barriers:** Complexity of system; Lack of alignment/funding/data; Formulary; Clinical engagement

### Faster uptake through partnerships

- **Facilitate faster uptake** vs working with health systems alone
- **Just scratching the surface**
- LS and systems often **do not understand each other**, it's a **challenge to build trust** – far greater potential for uptake if trust and understanding established

## Forward look

### Research

- **What explains success and what characterises successful initiatives**  
**Pharma:** identify what is **valuable and sustainable**
- **Health systems:** understand what is **needed to foster collaborations**

### Practical considerations

- **Identify priority TAs** that face real challenge in how system works
- **Change pathways, introduce diagnostics, and leverage digital and data** to shape environment
- **Develop a strategy to collaborate** effectively with health systems



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