

Preparing for joint working and the Seven Steps

A guide for NHS organisations

Developed by

PrescQIPP

in collaboration with the Eastern
Academic Health Science Network and
the ABPI



CONTENTS

FOREWORD - BY SIR MICHAEL RAWLINS	1
INTRODUCTION	2
PERSPECTIVES	4
<p>Working with the pharmaceutical industry: Then and now</p> <p>Perspectives: Introduction</p> <p>Perspectives: ABPI - Andy Riley, Midlands and East Facilitator</p> <p>Perspectives: Dr Neil Modha, NHS Cambridgeshire & Peterborough CCG</p> <p>Perspectives: CCG Head of Medicines Management</p> <p>Perspectives: Pharmaceutical industry</p>	
ESTABLISHING A JOINT WORKING PROJECT WITHIN YOUR ORGANISATION	13
<p>First steps</p> <p>Checkpoint: Is this actually a joint working project?</p> <p>PrescQIPP Guidance: Preparing for joint working (the 'PREPs before the STEPs')</p> <p>Overview of the ABPI Seven Step Process</p> <p>NHS considerations during the Seven Steps</p>	
SUMMARY	29
FURTHER READING AND USEFUL RESOURCES	30



FOREWORD

Today, our national system for providing health and social care to the population faces some of the largest challenges, and opportunities, since it was founded in 1948.



In a time of continued austerity, and in anticipation of major demographic changes over the next few decades, we will need to continually strive to improve the efficiency and effectiveness of the way that we provide this care. I believe that as we continue to seek new ways to tackle these challenges, adopting innovation will need to be at the heart of each and every discussion.

In my time as a physician and clinical pharmacologist, and later in my work with the National Institute of Clinical Excellence (NICE), I have had the opportunity to see the excellent results that can be achieved in environments where innovation is encouraged and fostered, but also the need to ensure that this does not result in variations of practice in different areas.

Following the introduction of Innovation Health and Wealth, and the structural changes within the NHS, there has never been a better opportunity to seek a radical, consistent and permanent change to the culture of innovation. I believe that with forward thinking leadership in the NHS, with the support of the Academic Health Science Networks, and with new proactive relationships with industry, we are on the verge of great things.

In the spirit of this new mindset, I would like to introduce *Preparing for joint working and the Seven Steps: A guide for NHS organisations*, which I hope will offer some practical support to NHS organisations looking to work with the pharmaceutical industry.

A handwritten signature in black ink, appearing to read 'Michael Rawlins'.

Sir Michael Rawlins

Chairman of the Eastern Academic Health Science Network

INTRODUCTION

In December 2011, Sir David Nicholson, Chief Executive of the NHS in England, introduced Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS, to outline both the challenge and response to how services are delivered, and innovation adopted, within the NHS. The report, and the new mindset defined within it, has gone on to affect the strategic considerations of every NHS organisation, creating an innovation-oriented language that was often missing in many sectors. Two years, and one structural overhaul of the NHS, on, we are now beginning to see this vision take shape and some outcomes being realised.

One clear example of the national drive to deliver this agenda is with the introduction of the Academic Health Science Network, tasked to provide a systematic delivery mechanism to work across a range of partners to fast-track and spread innovation within the NHS. As these organisations continue to develop, and establish programmes of work, the adoption of the vision of Innovation Health and Wealth will become more ingrained within NHS operations at every level.

This toolkit, developed by the PrescQIPP NHS Programme, working in partnership with the Eastern Academic Health Science Network, offers practical support for NHS organisations looking to undertake joint working projects in partnership with the pharmaceutical industry. Since the introduction of CCGs, this has increasingly been seen as a key avenue for delivering improvements to the way that care is provided. In support of the ABPI Seven Steps joint working process, endorsed by the Department of Health and the NHS Confederation, this publication will seek to provide a one-stop-shop to prepare for, guide through, and enhance understanding around joint working with the pharmaceutical industry.

From my viewpoint within the Eastern AHSN I believe that we are on the verge of a significant shift in what value added partnerships can bring to the NHS. In the recent Royal Pharmaceutical Society document: Medicines Optimisation: Helping patients to make the most of medicines, the pharmaceutical industry was marked as having a “key role to play in medicines optimisation through transparent and value for money partnerships with the NHS that help secure better outcomes for patients.” I expect that we will see such statements echoed across all policy in the future.

It’s often too easy for us to operate as an island, but the scale of the challenges that we face is too great to surmount alone. As an example, in developing this document we have been impressed by the open, frank and enthusiastic response from the whole spectrum of partners that we have engaged with. Whilst the scale of the challenge is clear around restarting the relationships between the NHS and Industry, I do believe that there is a positive perception of change. The onus is on all involved: NHS, the pharmaceutical industry and intermediary facilitators (such as the EAHSN) alike to ensure that we start a new chapter in how we work together to improve patient outcomes, and not slip back into an all-too-often entrenched relationship of contrast and opposition.

“ ”



Carol Roberts

Director of Strategic Prescribing and Lead for
Pharmaceutical Industry Engagement
The Eastern Academic Health Science Network

In particular we would like to thank the following organisations for their contributions:

- NHS Mid Essex CCG
- NHS West Essex CCG
- NHS Bedfordshire CCG
- NHS Cambridgeshire and Peterborough CCG
- The Eastern Academic Health Science Network,
- The Association of British Pharmaceutical Industry (ABPI)
- The Ethical Medicines Industry Group (EMIG)
- The Association of British Healthcare Industries
- GlaxoSmithKline
- Gilead
- Teva UK Limited
- Takeda
- Napp

Document devised and written by Liam Cahill, Head of Programme Operations, PrescQIPP NHS Programme, December 2013, and reviewed by Katie Smith, Director, East Anglia Medicines Information Service, January 2014.

We would also like to thank Joseph Tomlinson, who contributed to the pharmaceutical industry sections of the toolkit, as part of a secondment from GSK to PrescQIPP in 2013.



WORKING WITH THE PHARMACEUTICAL INDUSTRY: THEN AND NOW

Perspectives from key stakeholders

For many organisations within the NHS, the prospect of a new working relationship with the pharmaceutical industry is not necessarily a welcome one. Many senior level individuals are aware, or may have direct experiences, of the two sectors very much working against, rather than with each other. In many cases, this has led to an embedded mistrust of the pharmaceutical industry as a whole, and a culture of ‘working against or in spite of’ each other. This culture is, and will continue to be, the single greatest barrier to joint working.

In recent years, however, the pharmaceutical industry as a whole has identified this barrier, and worked collectively to find ways to remedy this such as work to establish common ethical and practical standards, promote collaboration between the companies themselves, and also to encourage transparent and robust working with the NHS. Whilst there will always be some objectives that conflict with that of the NHS, the pharmaceutical industry as a whole is working to improve its reputation and working relationship with CCGs.

What the pharmaceutical industry can offer, and the vision of the Seven Step approach

Andrew Riley, Midlands and East Regional Partnership Manager, ABPI

“The NHS and the pharmaceutical industry share a common goal in improving patient outcomes and this has been the foundation of several dozen successful joint working projects in recent years. The potential for such projects to deliver improvements that benefit patients has been proven time and again in a range of services and therapy areas. It is our shared ambition to see many more Joint working projects that will support innovation and high quality patient care.

Where there are challenges to setting up joint working projects, support is available, including the ABPI's joint working booklet, which outlines the seven steps to setting up a joint working project. The ABPI is committed to supporting joint working and I am the ABPI Partnership Manager for the Midlands and East region with a role dedicated to helping industry and the NHS to work together. By working together with common purpose, and remembering always that our priority is to deliver better patient outcomes, joint working can help your idea for improving services become a reality.

I am also happy to support the guidance outlined in this toolkit, and its symbiosis with the seven step model. My colleagues and I at the ABPI will be delighted to work with CCGs to facilitate and disseminate your Calls for Collaboration. By utilising our networks we hope to play a proactive role to kick-start joint working, and build collaborative partnerships.”

“ ”

This new approach, or offering, from the pharmaceutical industry is one that is seen as increasingly attractive by a number of CCGs. Following the structural changes within the NHS, and the emergence of ‘the GP commissioner’, the skills and experience of the pharmaceutical industry offers the opportunity of improving service provision within often tight budgets. With the introduction of ‘choice and competition’ as a tool to improve services, the pharmaceutical industry’s insight in this area may also be seen as an avenue for improvement and upskilling NHS staff.

How CCG leaders can benefit from being open to working with the pharmaceutical industry

Dr Neil Modha, Chief Clinical Officer (Accountable Officer), Cambridgeshire and Peterborough CCG

“As both a GP and Chief Clinical Officer of a CCG within the new system for commissioning patient care within the NHS, I have had the opportunity to see challenges faced in safeguarding both the patient, and the system that serves the patient. Managing the needs of the purse and the patient is one of the biggest challenges for leaders in the NHS. With the recent structural changes, CCGs such as my own have had the opportunity and imperative to explore new lines in order to meet these challenges, and best serve our local population.

The role that the pharmaceutical industry can play in supporting the delivery of patient outcomes is one of these areas where I have seen the conversation change dramatically within a short period of time. In the past, the PCTs within my patch did not always necessarily have strong relationships with pharma, however I feel that we are starting to see a growing readiness to hold more productive and constructive conversations, which will hopefully benefit all involved in the future.

I believe, that with the right safeguards in place and mature, pragmatic conversations, the pharmaceutical industry can play a positive role beyond manufacturing medicines. As we work to create a more responsive, savvy system of commissioning care, the expertise of the private sector will be useful as we continue to transform our services. In areas such as medicines adherence and waste, there are patient outcomes that we all wish to see: medicines being taken in the right way at the right time, patients understanding their conditions and their treatments, reducing admissions into secondary care and better integrating the mechanisms for delivering care to the patient, to name a few. If we can find areas where we all win then working in partnership could offer great gains at a challenging time for the NHS.”

“ ”

Whilst to some these benefits are apparent, there are also a number of challenges for CCGs who are considering the possibility of joint working to deliver outcomes. For some this could include internal scepticism or lack of senior support, stretched teams and inability to commit large amounts of time, and often not knowing where to start, what to consider, who to contact and how to conduct the project with the appropriate transparency and safeguards.

The challenges that CCGs face when approaching joint working projects with the pharmaceutical industry

The Head of Medicines Management of a large CCG

“I feel that the move to medicines optimisation provides plenty of new opportunities for joint working between the NHS and industry that could benefit patient care. These can be similar to current working directly to improve adherence and use of medicines; or to facilitate/support improvements in transfer of care; or supporting multidisciplinary education and implementation meetings.

This could also include working jointly to improve patient information leaflets, working jointly to develop materials, IT products, marketing information to support improved patient adherence and/or self-care.

As a Head of Medicines Management the challenges from my viewpoint are:

1. Will partnership working somehow tarnish my team’s image with our member GPs? (I don’t necessarily think it will, but it is a challenge for consideration).
2. Keeping projects to my agenda rather than the pharmaceutical industry’s (keeping control can be quite an additional time burden over using directly employed staff).
3. Ensuring that we are getting good value – i.e. what am I getting out of joint working? E.g. is it really saving time by working with the pharmaceutical industry, or could we have just got on with it?
4. Feeling comfortable that there isn’t a hidden cost to us (e.g. identifying new patients can sound beneficial, but have we budgeted for their additional treatment costs? If not, who don’t we treat to balance the books?).
5. Making sure that we are adding to the overall volume and quality of evidence freely available for the NHS (generally this isn’t a problem, but it isn’t always clear how the project will be written up – and who then owns it).
6. Identifying those skills and knowledge that pharmaceutical industry can offer that we either do not have access to otherwise, or is superior to that available to us.

For me this last point is probably key, in that it isn’t always clear what it is that we are getting as additional value from working with the pharmaceutical industry that we couldn’t get elsewhere. Partnership working shouldn’t just be about money. I would sooner the joint working was less about projects and more about sustainable improvements embedded within our respective practices.”

“ ”

In developing this toolkit, we also consulted with a number of pharmaceutical companies in order to ascertain their views on their internal processes, and common barriers or misconceptions that could affect the success of joint working projects. If NHS organisations are considering true joint working with external organisations, including the pharmaceutical industry, the project will only be successful if the two sectors can understand and adhere to each other’s requirements, considerations and, of course, bureaucracies. Therefore we felt that perspectives from a range of companies would offer insight successful practices, and also barriers, for all concerned.

PERSPECTIVES FROM THE PHARMACEUTICAL INDUSTRY

PrescQIPP would like to thank all companies who have contributed to this project:

GlaxoSmithKline, Gilead, Teva UK Limited, Napp and Takeda

There are many companies who already engage the NHS in joint working and there are numerous examples of successful joint working projects illustrating improved patient outcomes. However, due to the complex nature of joint working and the number of people and organisations involved, there can be challenges in both the planning and delivery of projects. As part of this work, PrescQIPP has engaged with a number of companies to gather their perspectives on joint working and gain an understanding of some of these issues. Whilst different companies may face different challenges there are some commonalities, summarised below. As this area develops, it is important for NHS organisations to understand and acknowledge the considerations of prospective partners from the pharmaceutical industry, when setting out on any joint working project. These can be broadly grouped into the following areas:

- Defining outcomes that benefit all parties and ultimately the patient.
- Improving NHS perception of the pharmaceutical industry and joint working.
- Understanding the roles and responsibilities of those involved in projects from the NHS.
- Improving NHS understanding of ABPI (and other company specific) Codes of Practice and internal industry processes.

Defining outcomes

Ensuring outcomes are relevant to the objectives of the project is essential, and whilst declaration of the benefit to all partners must be stated, the project must ultimately benefit the patient. Clarity around defining outcomes is critical to successful implementation, should involve all partners and is not always easy to achieve. A good starting point may be to align to the National Outcomes Framework, or other nationally defined outcomes, as both the NHS and the Pharmaceutical industry have extensive knowledge and understanding

Measurement of outcomes and monitoring how a project is progressing is paramount to the success of any project. This is an area industry can support as long as transparency amongst all parties is demonstrated. All parties must be willing to share appropriate information and keep to agreed timelines.

Examples of comments regarding outcomes and initiating projects

“Outcomes and content must be patient centric”

“Clearly defined and more specific outcomes are needed to demonstrate successful joint working”

“Historical lack of consistency in measuring and recording joint working projects has resulted in repeated issues and lack of recognition for good work”

“Innovation is the key to success not just re-inventing the wheel.”
[companies want to be delivering innovative projects]

The NHS perception of the pharmaceutical industry and joint working


A significant issue for the pharmaceutical industry in joint working, and more generally, is the issue of mistrust. For true joint working to be successful it is important that both parties are open and transparent with and accepting of the fact that joint working must hold some benefit for Industry. Both parties should be clear on their objectives and defining good outcomes is fundamental to this.

In addition there is often a perception that the pharmaceutical industry is there to provide only resource and financial support to NHS led projects. This practice is one that the pharmaceutical industry and ABPI are keen to reduce as it rarely results in outcomes, especially when the risk is solely held by one party. Whilst the practice of sponsorship of events and meetings can be seen as mutually beneficial, especially where there is a specific and proactive focus, for other projects where there is a financial element to the joint working, it would be recommended and better supported if risk (disincentives if the project failed) was jointly shared.

TIPS

- ▶ In **PREP 3** in the following section, recommendations are made around acknowledging and referring to the benefits for pharmaceutical companies. NHS organisations will likely gain greater interest if they are able to demonstrate a mature approach to the cross-sector benefits to joint working.

Examples of comments regarding perception of the pharmaceutical industry



“Clearly define joint working vs collaborative working ensuring exit strategy is part of the deal also.”

“NHS perception of [pharmaceutical] industry and inherent mistrust often prevents openness and transparency”

“Joint working should be exactly that, with equal input from both sides – there can be a perception that industry are there to provide resource and funding. This should not be the sole reason for a joint working project”

“NHS stakeholders should appreciate joint working must provide return on investment or benefit for [pharmaceutical] industry. Transparency is required from both parties here”

Understanding the roles and responsibilities of those involved in projects from the NHS

The NHS is a complicated organisation. This creates difficulties for pharmaceutical industry colleagues when undertaking joint working projects. Due to the complex nature of NHS structures and organisations, and the recent structural changes, it can be challenging for members of the pharmaceutical industry to know who is responsible for different elements of the project and therefore who to engage. Furthermore, variation in roles, responsibilities and NHS structures across different geographies and regions can sometimes lead to confusion. It is therefore useful for the NHS to be transparent and provide stakeholder maps of all those involved in projects. In addition both sides should notify the relevant people when there is a change in project team.

Examples of comments regarding understanding the roles and responsibilities of those involved in projects from the NHS

“Stakeholder mapping – it can be extremely difficult for pharmaceutical industry to keep track of who the key NHS stakeholders are during a joint working project. Clear stakeholder maps are essential”

“Engaging stakeholders across different parts of the healthcare system can be difficult, particularly primary and secondary care. Projects where all relevant stakeholders are engaged are more likely to work well”

“Individual NHS: Industry contracts will make clear who is responsible for each section and ensure project timelines are met.”

TIPS

- ▶ In **PREP 1**, in the following section, two of the activities cover membership, delivery team and stakeholders, and also the roles and responsibilities at the NHS end. Having this detailed when initiating conversations will help to alleviate such concerns from prospective partners.

NHS understanding of ABPI (and other company specific) Codes of Practice and internal industry processes

This is perhaps the greatest challenge the pharmaceutical industry faces when engaging in any project with the NHS. Most of the large companies within the pharmaceutical industry are governed by the ABPI code of practice, which sets out conditions that must be met in order for a joint working project to be legitimate. Generally, this is understood and accepted by NHS colleagues. However a number of companies have their own internal codes of practice which overlay the APBI code and often these have stricter regulations due to legal requirements. It is important for NHS organisations to understand this, and the constraints under which the industry works when outlining outcomes and expectations. When working with multiple companies this becomes a complex challenge, and the NHS should also be aware of the anti-corruption and anti-bribery laws governing all organisations. This can lead to difficulties and again both parties should be clear on who is involved and what steps need to be taken at each stage. This will prevent delays and challenges.

Examples of comments on the NHS understanding of codes of practice

“Often senior decision makers within companies are involved in reviewing and signing off joint working projects. Sometimes stakeholders within the NHS do not have the authority to sign off projects and make decisions. This can lead to longer timelines for approval and commencement of projects.”

“Some companies have their own codes of practice overlaying the ABPI Code. This can lead to timelines being extended due to stringent review processes. NHS must be sympathetic to this.”

“NHS customers are not always fully clear on what the initial inputs are. It would be better if documents were jointly completed with the partner.”

“Once projects are submitted they are then assessed internally via senior internal stakeholders, there is no guarantee the project will pass first time.”

“We often take the lead to project manage customers moving through each stage. For straightforward projects this usually takes 8 weeks”

“Achieving legal compliance is key and therefore explicitly stipulating the need for compliance with The Competition Act, The Bribery Act, The Health and Social Care Act, The Medicines Act and The Misuse of Drugs Act is helpful as is mentioning the ABPI Code and the importance of being transparent and declaring interest in projects when appropriate even if they are non-promotional.”

“Working with many industry partners on one project will increase timelines due to anti-corruption and anti-bribery laws within all organisations.”

Perspectives

CLOSING COMMENTS

From conversations with individuals from the NHS and the pharmaceutical industry at a number of different levels there was generally a common acknowledgement that joint working can provide benefits for the NHS, pharmaceutical industry, patient and the taxpayer. However, there are a number of common challenges that have been raised, such as trust, openness, joint commitment, safeguards and getting the right people into the right conversations at the right time.

Whilst much of the focus around challenges, on both sides, led to anecdotal examples of why projects failed, both sides were quite clear about how many of these could be alleviated. The following points are an example of some principles that all parties could agree on in advance of joint working, and also review at key points within the process:

- **Honesty and openness**

Encouraging frank and honest conversations about the project, the benefits (for both parties), the risks and previous failures.

- **Robustness**

Ensuring that clear processes are followed, key people understand their role, both parties have senior support for joint working on the project, and that safeguards & records are in place to refer to in exceptional circumstances.

- **Trust**

For a joint working project to be successful, both parties will need to start off with a commitment to work together in a trusting way, if one party enters begrudgingly or expects the trust to be broken then the relationship will not start on the right foot.

- **Understanding**

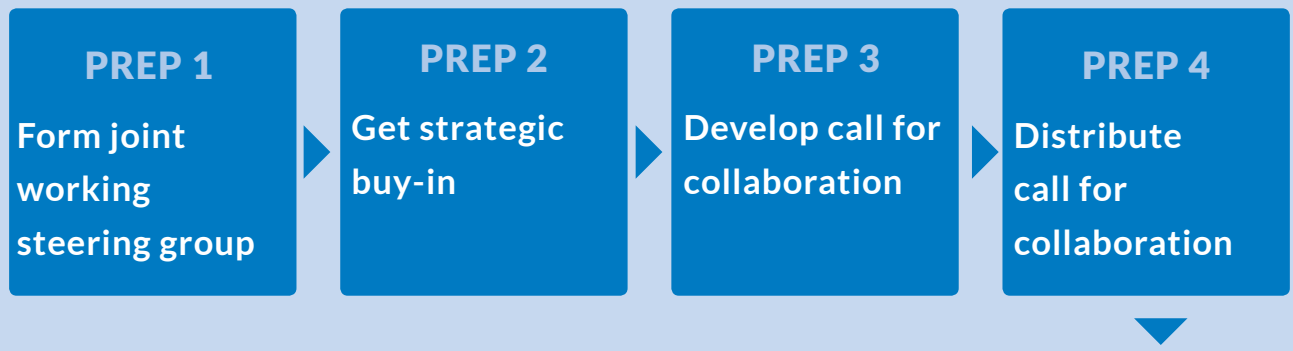
Both the NHS and pharmaceutical industry are incredibly complex organisms, with a number of processes, frameworks, legalities and politics that need to be considered. Both parties should agree to work to help the other understand and plan for these, so fair and reasonable expectations can be maintained. In turn parties should agree to respect these considerations and jointly plan to circumnavigate them in partnership.

- **Timescales**

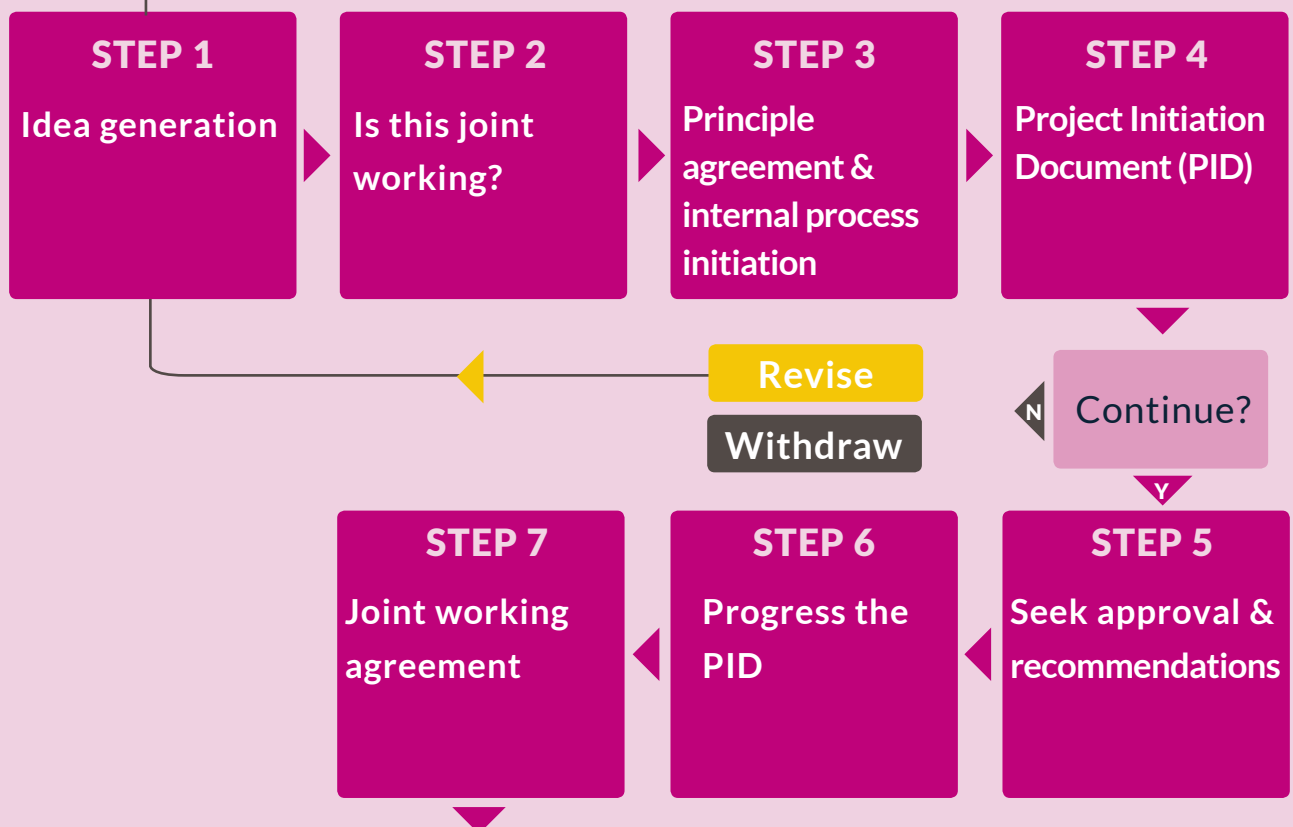
Based on the considerations above, both parties should look to review and agree fair timescales relating to capacity/resource, internal processes and key meetings.

ESTABLISHING A JOINT WORKING PROJECT WITHIN YOUR ORGANISATION

Preparation



The Seven Steps



FIRST STEPS

In this section we will explore how NHS organisations can prepare for and undertake a joint working project with a pharmaceutical company from start to finish. This will start with our guidance on the first preparatory steps you can take internally to prepare for this work, and then will go on to outline the ABPI seven step process for developing joint projects.

The ABPI Seven Step process offers a clear and simple methodology for the NHS and pharmaceutical companies to jointly follow, and is supported within this guidance. However, it was felt that there were a number of steps that if undertaken in advance of this process by NHS organisations, would allow for greater clarity and understanding from the start. Therefore, as an addendum to the APBI’s Seven Step process, four preparatory steps (coined the ‘PREPs before the STEPs’) should be undertaken before commencing with the Seven Steps. A number of locally adaptable resources are provided to support this work.

Checkpoint: Is this actually a joint working project?

Whilst the term joint working has become increasingly popular over recent years, this is by no means the only way to engage in partnership between the NHS and pharmaceutical industry. There are many viable types of project that have an element of working in partnership but are not joint working, such as those that are strongly based around seeking money. The term joint working means just that: a shared endeavour where the two parties jointly work and contribute to achieving specific outcomes. Whilst it can often be difficult to clearly identify whether your project is definitely joint working, and should therefore be taken through the processes outlined below, there are some key areas that might help you decide

Funding	Often, both the NHS and individual companies seek opportunities to sponsor events, awards, smaller projects within, or in the vicinity of the NHS. For companies this can often offer intelligence, contacts or a platform for discussions. Whilst the ABPI and pharmaceutical industry in general is looking to move away from being seen primary as a source of funding, this can still be an attractive practice for both parties. In most cases, however, this avenue is not usually joint working, but may be if it involves complex or conditional (phased) funding for delivering projects, or over a long period of time.
Pricing flexibility	There are a few routes where pricing flexibility may be discussed between the NHS and pharmaceutical industry companies, such as Patient Access Schemes (PAS) or rebates within primary care. These should always be areas proposed by the pharmaceutical companies themselves, and not solicited by the NHS. These alone would never be considered joint working projects.

Secondments

It is common practice for the pharmaceutical industry to second individuals directly into the NHS in order deliver a piece of work within NHS teams. There are also occasions when the reverse occurs and secondments into industry or exchanges are undertaken. In these instances, whilst the 4 PREPs process might offer a suitable methodology, they are unlikely to be true joint working, as the seconded individual (s) would be working as part of the organisation rather than the organisations working as named partners.

Pre-defined projects

In this toolkit we strongly recommend that neither party would be the sole originator and provider of the project detail. Whilst in practice this is likely where a number of joint working projects will be derived from either the NHS or pharmaceutical industry, the approach and discussions should endeavour to tailor the solution to the problem. The process of true joint working should be to jointly identify and respond to key strategic problems. If both parties work together to create an individual response to the problem, stakeholders will feel engaged and the project's success more likely.

ABPI code of governance 2014 Clause 18.5

Joint working between one or more pharmaceutical companies and the NHS and others is acceptable provided that this is carried out in a manner compatible with the Code. Joint working must always benefit patients.

A formal written agreement must be in place and an executive summary of the joint working agreement must be made publicly available before arrangements are implemented.

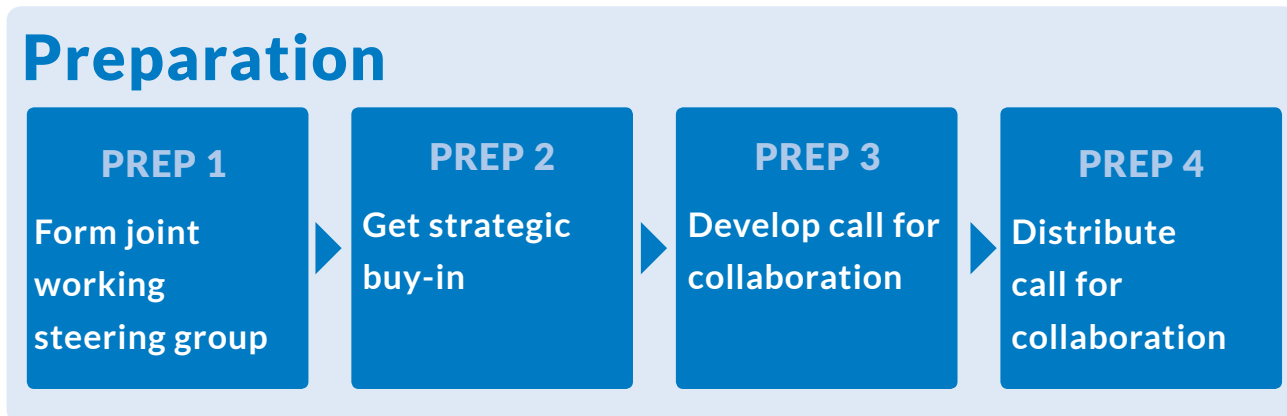
Transfers of value made by companies in connection with joint working must be publicly disclosed.

“ ”

Requirements from 2012 ABPI guidance

- Each party must make a significant contribution
- Outcomes must be measured
- Treatments must be in line with nationally accepted clinical guidance – if any exist
- Must be conducted in an open and transparent manner
- Must be for the benefit of patients but expected also to benefit NHS and the pharmaceutical companies involved.

PrescQIPP guidance: Preparing for joint working (the ‘PREPs before the STEPs’)



Introduction

Throughout the following four stages, you will be working to prepare yourself, key stakeholders and your executive team to shape, detail and sign-off an offering to the pharmaceutical industry to join in pragmatic discussions around developing one or more projects to support your organisational strategic objectives.

At this stage, it is likely that you’ll have an idea of the area that you would like to focus on, and will have some intelligence to support this. This may be an area where you’re seen as an outlier, or where costs are escalating, or that is strongly embedded within your exec’s strategic vision for the year. In advance of forming an internal Steering Group, it is recommended that you prepare a shortlist of problematic areas (so that you can have a relatively clear view of what you’re trying to fix), and also some intelligence or data to define the problem itself. If you are looking to address multiple issues, then it may be worth considering whether one group can achieve this, and whether it is worth starting these as separate processes, or just focusing on the headline issue. Remember, trying to achieve too much may deliver very little.

PREP 1
FORMATION OF STEERING GROUP FOR JOINT WORKING

- INPUT - Data
- OUTPUT - Mandate

Summary

This stage will see the key people within the NHS side of the partnership come together and create a Mandate in order to obtain strategic buy-in within your organisation, and kick start the joint working. This stage will not be to develop solutions, which will happen later, but to focus on, and detail, the area that the NHS organisation would like to address. As a key component of this step, the group will assign internal roles, and also create a short, specific vision/mission statement that will guide the future work.

Considerations

- ▶ Initial vision or mission - what would we like to achieve? An agreed statement (no more than a couple of sentences).
- ▶ Review vision statement to review all superfluous elements.
- ▶ Building a profile - data, local characteristics (CCG population, local providers etc.)

- ▶ Who should be involved? Who is a stakeholder including the wider Steering Group?
- ▶ What commitment should be expected from each member? Specific assigned roles? Designated lead?
- ▶ Roadmap of key meetings & strategic milestones - (should consider all key meetings e.g. board, meetings within the next 4-5 months).
- ▶ Joint working scope - outlining the joint working approach to the solution (seven steps / governance etc.)

TIPS

- ▶ In **PREP 1**, in the following section, two of the activities cover membership, delivery team and stakeholders, and also the roles and responsibilities at the NHS end. Having this detailed when initiating conversations will help to alleviate concerns around preparedness and viability of projects from prospective partners.

PREP 2 STRATEGIC BUY-IN: 'GET THE BOARD ON BOARD'

- INPUT - Mandate
- OUTPUT - CCG board buy-in and agreement (Executive Senior Responsible Officer assigned)

Summary

In this stage you will be looking to 'get the board on board' so you can progress with the knowledge that key stakeholders are in support of your project. This will likely be through submitting an executive briefing or summary (in line with whatever organisational processes you need to follow) for the board to consider. The following considerations are what you should be looking to achieve from this step. In developing your paper it may be worth addressing each of the three points clearly.

Considerations

- ▶ Does the Exec support the Vision?
- ▶ Are there concerns around particular aspects (to log)?
- ▶ Who would be most suitable (Exec) to be the Senior Responsible Officer?

TIPS

- ▶ **Get a champion.** If someone within your project team is able to champion this project at the board and sufficiently explain any queries then try to ensure that they can do so when you submit the exec brief. All too often decisions can be delayed or made incorrectly as a result of misunderstanding or missing information. If someone can provide that assurance then your paper is more likely to progress. If nobody from your team is able to attend then it may be worth looking to recruit a champion in advance who functions within the exec. This may also help you to achieve recruitment of an SRO at the meeting itself.

PREP 3

DEVELOPMENT OF CALL FOR COLLABORATION

- INPUT - Agreed mandate
- OUTPUT - Call for Collaboration

Summary

This stage will be where your Steering Group collectively develops a Call for Collaboration to propose and request joint working with the pharmaceutical industry. At this stage you're already in a more secure and prepared position than half of the projects that start the process, but getting your 'pitch' right, will be crucial to ensure that you can secure the interest of the most appropriate partners. Just like you, they will need to sign-off getting involved in this process, and the better your Call for Collaboration is, the more likely they can join you in the next stage.

Considerations

Call for Collaboration components:

- ▶ Update mission statement.
- ▶ Development of local profile/landscape - include underlying statistics.
- ▶ Define Steering Group membership, key individual roles (e.g. PM, Chair, main contact) and representation.
- ▶ Summary of strategic buy-in and governance (direct to Exec / SRO).
- ▶ Create roadmap - agree schedule of key meetings and project timescales/milestones - in line with Seven Step recommendations and other key meetings that will occur locally.
- ▶ Outline expectations for pharmaceutical industry partners - ability to work within timescales, work-stream solely to focus on delivery against the vision, understanding that idea generation (in later steps) will be an open platform for collaboration and brainstorming. etc.
- ▶ Outline benefits for pharmaceutical industry partners - sharing of project information, improved relations between CCG and company, recognition upon achievement of joint outcomes, etc.
- ▶ Next steps - date and location of idea generation event, request for expression of interest, preferred response date.

TIPS

- ▶ **Don't overlook the benefits to the company:** there's no such thing as a gift horse, and companies will be looking for projects that warrant investment/resource/risk. At this stage working to define the benefits for the companies can only be beneficial, and make for more transparent projects with clear boundaries. If it's out in the open then it's less susceptible to scrutiny. Furthermore, it may be worth starting to think about what you're prepared to exchange (e.g. specific datasets) for this work. The more specific you are about how the company will benefit, the more likely you'll get a positive response. As these relationships continue to progress, companies will see recognition of benefits to both parties as attractive.

PREP 4

DISTRIBUTE CALL FOR COLLABORATION AND GET SIGN UP FOR IDEA GENERATION

- INPUT - Call for Collaboration
- OUTPUT - Joint idea generation

Summary

During this stage the Call for Collaboration would be sent to partners for cascading on behalf of the NHS organisation. Some parties who could help with this could be the ABPI, PrescQIPP, or it could be sent direct to contacts. For the sake of having the right people at the meeting we would recommend that you do not do this via the local company sales representatives, as you will want the attendance, membership of the group to be people who are able to make decisions of a more strategic nature - the ABPI will routinely deal with these individuals, so would be in a good position to get the Call for Collaboration to the right people quickly.

Distribution

To support the Call for Collaboration distribution process outlined in this stage, the ABPI has agreed to facilitate and disseminate these documents to their 150+ pharmaceutical industry members through their Regional Innovation Group (RIG) membership. There are four Regional Partnership Managers, covering the Midlands and East, London, North and South areas. The contact details of your regional contact can be found below:

Andrew Riley	Midlands & East	ariley@abpi.org.uk	0207 747 7179
Harriet Lewis	North	hlewis@abpi.org.uk	0207 747 7175
Diana Vegh	South	dvegh@abpi.org.uk	0207 747 7178
Karen Thomas	London	kthomas@abpi.org.uk	0207 747 1449

There are also alternative organisations who represent differing cross sections of companies not covered by the ABPI, or with a specific focus, such as EMIG, ABHI, BIVDA, Medtech. When planning your Call for Collaboration, you may wish to consider whether the topic of your project is covered by the ABPI membership, or whether another organisation may be more suitable to match your objectives.

Further distribution contacts include:

Ethical Medicines Industry Group (EMIG) Distribution http://www.emig.org.uk/	Leslie Galloway – EMIG Chairman	leslie.galloway@emig.org.uk	01604 813823
Association of British Healthcare Industries (ABHI) Distribution www.abpi.org.uk	Andrew Davies – National	andrew.davies@abhi.org.uk	020 7960 4374

TIPS

- ▶ Whilst the ABPI covers a large number of pharmaceutical companies, you may wish to consider what group of companies would best suit your project. For example if your focus is on non-drug related improvements (e.g. nutrition, wound care & appliances) , then you may wish to consider other companies. However, distributing widely may be beneficial - so considering utilising multiple networks may not be a bad idea.
- ▶ If your organisation is a member of PrescQIPP and you would like more information about who is the best organisation to facilitate your Call for Collaboration, you can always contact Liam Cahill, PrescQIPP Head of Programme Operations, lcahill@nhs.net for advice.

Conclusions

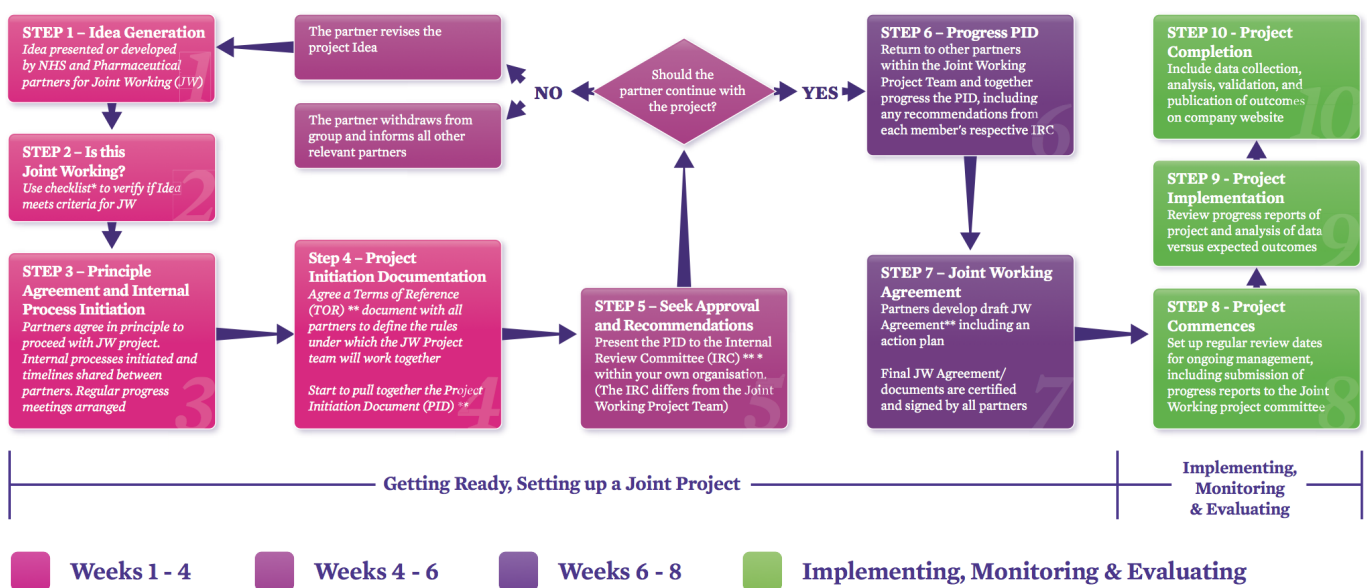
By following the above process, which we have specifically tailored to joint working preparation, you should now be at a point where you are ready to enter the ABPI's Seven Steps. When you begin to host a joint idea generation meeting, you and your working group will be more secure in what you want from this (and what you don't), that you have organisational support, that you have the right people round the table (NHS and Pharma) and that you have the information to kick-start joint working. If you've managed to hold off from forming ideas about solutions then you will be able to enter stage one of the Seven Steps with a challenge, but without the preconceptions that might get in the way of exploring other promising approaches.

Finally, to support this work a number of resources have been developed to get you on the right path. These resources can be found at the end of this document.

OVERVIEW OF THE ABPI SEVEN STEP PROCESS

The ABPI has published a 'Quick Start Guide' for the NHS and pharmaceutical industry. This guide outlines the seven step framework and the considerations at each stage. This part of the toolkit will seek to provide an overview of these steps and highlight key areas of focus, to be used as an accompaniment to the Quick Start Guide. The full document by the ABPI can be found under implementation resources in the toolkit section of the website, or at: www.abpi.org.uk/_layouts/download.aspx?sourceurl=/our-work/library/guidelines/Documents/Joint%20Working%20handbook.pdf

An overview of the steps is provided below:



STEP 1

IDEA GENERATION

- ▶ INPUT - Expressions of Interest
- ▶ OUTPUT - Early stage approaches/ ideas

Outline

At this stage opportunities for joint working are identified. Both the NHS and Pharmaceutical industry will meet to transform the topic/issue (or hopefully vision) into one or more early stage solutions to the problem(s) in question.

Considerations

This stage is fundamentally identifying opportunities for joint working between the NHS and Pharmaceutical industry to respond to a specific problem(s). In the ABPI Seven Step framework, the group would likely be at an earlier stage than those following the 4 PREPS, and would likely provide an open platform for an exchange of problems and solutions. If you do choose to hold such a brainstorming session, then you may then wish to return to complete PREPS 1-2 to get ample definition.

STEP 1 ctd...

There are a number of popular approaches or responses that are usually considered:

- ▶ Identification of undiagnosed patients
- ▶ Reviewing uncontrolled patients
- ▶ Improving patient adherence to medicines
- ▶ Generation of real life patient experience data
- ▶ Treatment pathway redesign

In the majority of cases (such as is suggested in the previous section) an individual or group from within the NHS will identify an opportunity / need and approach the pharmaceutical industry to provide any required knowledge, expertise and resource. If your organisation is working through the PREP section of the toolkit, then this may be via a Call for Collaboration.

TIPS

- ▶ When coming up with ideas the NHS should refer to the NHS Outcomes Frameworks and Quality Standards. The pharmaceutical industry is familiar with these and ultimately they provide the framework for measurement within the NHS and improving patient outcomes. Ultimately the idea must benefit the patient, not either party individually. Desired outcomes should be clearly defined.

STEP 2

JOINT WORKING CRITERIA CHECKLIST

- ▶ INPUT - n/a
- ▶ OUTPUT -
Completed joint
working review

Outline

At this stage any idea/opportunity that progresses from stage one is reviewed against a criteria checklist in order to satisfy each party that it is suitable for joint working.

Considerations

The ABPI has set out a detailed checklist of questions that should be answered to satisfy any idea is suitable for joint working. If the answer to any of the red questions is no, then the idea is not a true joint working project and should not be treated as such. Amber questions highlight any issues that may arise and these should be addressed where necessary.

The checklist is outlined overleaf.

Red questions		Yes	No
1.	The main benefit of the project is focused on the patient		
2.	All parties acknowledge the arrangements may also benefit the NHS and pharmaceutical partners involved		
3.	Any subsequent benefits are at an organisational level and not specific to any individual		
4.	There is a significant contribution of pooled resources (taking into account people, finance, equipment and time) from each of the parties involved		
5.	There is a shared commitment to joint development, implementation and successful delivery of a patient-centred project by all parties involved		
6.	Patient outcomes of the project will be measured and documented		
7.	All partners are committed to publishing an executive summary of the joint working agreement		
8.	All proposed treatments involved are in line with national guidance where such exists		
9.	All activities are to be conducted in an open and transparent manner		
10.	Exit strategy and any contingency arrangements have been agreed		

Amber questions		Yes	No
11.	Will the project be managed by a joint project team with pharmaceutical industry, NHS and any appropriate third party representation?		
12.	Do all parties and their respective organisations have appropriate skills and capabilities in place to manage the project thus enabling delivery of patient outcomes.		
13.	Have all partner organisations got clear procedures in place for reviewing and approving joint working projects?		
14.	Are all parties aware of and committed to using the joint working agreement template (or equivalent) developed by the DH and ABPI?		
15.	Are all partners clear on who within their organisations is the signatory to ensure joint working agreements can be certified?		

At this stage it is also a good idea to ensure both the NHS and chosen company or companies have the required structures in place, resources and experience to carry out the project. The project should not proceed until these requirements are satisfied. Both parties should have clear lines of communication at this stage and perhaps hold a meeting to run through the criteria together. Extra work at this stage will ensure the project runs smoothly further down the line.

STEP 3**PRINCIPLE
AGREEMENT
AND INTERNAL
PROCESS
INITIATION**

- ▶ INPUT - n/a
- ▶ OUTPUT -Formal Agreement; Internal Review Committee structures; Stakeholder maps

Outline

At this stage both the NHS and pharmaceutical industry company (or companies) make a formal agreement to proceed with the joint working project. Timelines for delivery, including key stages, are established and internal processes are initiated. Regular startup meetings occur between both parties to get the project initiated.

Considerations

Following completion of STEPS 1 & 2 each party should return to their host organisation and ensure the project idea aligns with the NHS/companies own objectives. If the NHS has already 'got the board on board' in PREP 2, then this will likely involve working with the project's SRO to update the board on progress. The SRO/Execs for both parties should be satisfied this is the case and that the project is compliant. At this stage it is a good idea to form an Internal Review Committee (IRC) of relevant senior managers who will be responsible for reviewing and signing off the project. There will be a number of stakeholders required in each company but common ones to consider are managers, legal and medical experts and those aligned to joint working.

TIPS

- ▶ It is crucial to gain internal approval and support at this stage. In the past projects have fallen down where this has not been achieved.
- ▶ Whilst the ABPI Seven Steps works to gain approval within 8-12 weeks, in reality, this can take more time, especially for larger, more complex or multi-partner projects. When planning for this stage, be jointly ambitious but realistic around how quickly this can be achieved. Your contact at the company should have a good idea what kind of timescales they'll require.
- ▶ An IRC is also useful for providing feedback and expertise from previous projects. A clear stakeholder map should be created of the IRC in each organisation. Throughout this stage there should also be contact between both the NHS and pharmaceutical industry and any stakeholder maps shared. It is also useful to set, and communicate, deadlines for review/approval by managers in each organisation. At the end of this stage there should be an agreed Joint Working Team (formed of representatives from both the NHS and industry), stakeholder maps of the appropriate IRCs in each organisation and approval for the project to proceed. These should be a prerequisite for a project progressing to the next stage.
- ▶ If you have undertaken the 'PREPS before the STEPs' your IRC will already be nearly there through your Steering Group. You may wish to formally review your membership, checking that key stakeholders are involved, and then formally undertake the role of IRC.

STEP 4**PROJECT
INITIATION
DOCUMENT**

- ▶ INPUT - n/a
- ▶ OUTPUT - Terms of Reference; Project Initiation Document

Outline

At this stage the terms of reference (ToR) and project initiation document (PID) are created. These outline the rules under which the Joint Working Team will work together.

Considerations

Once approval for the project has been gained by both organisations and clear Joint Working Team/IRC stakeholder maps produced, a more detailed project plan should be developed.

Terms of Reference (ToR)

This is an agreement of principles and terms under which both parties will work during the project. The ToR should be signed by the key representatives from both parties. All stakeholders involved in the project should be aware of, and agree to, the ToR. A terms of reference template, with detailed notes on what you could include can be found under implementation tools in the toolkit's download area. Areas to include in the ToR are:

- ▶ Vision, objectives and outcomes of the project
- ▶ Deliverables and key success factors
- ▶ Timelines and milestones
- ▶ Accountabilities, roles and responsibilities
- ▶ Governance arrangements
- ▶ Arrangement for monitoring and evaluation
- ▶ Exit strategy
- ▶ Risk Register

Project Initiation Document (PID)

The PID outlines the plan as to how the objectives/outcomes of the project will be achieved. It should enable both parties to ascertain if the project is viable. Both parties should co-create the PID and use it with IRCs to justify the project and outline any progress.

The PID should be written by the Joint Working Team, incorporating the relevant stakeholders from each party. Once completed and approved by the IRCs the PID can later form a more detailed project plan. The ABPI has produced a useful PID template, which can be found under implementation tools in the toolkit's download area.

TIPS

- ▶ This stage is a detailed one but crucial to the success of any joint working project. There should be clear lines of communication between both parties and both should agree fully with the ToR. Both documents should be co-created by key stakeholders from each party, not by either the NHS or industry alone. Whilst this may take some work it will prevent potential issues as the project progresses.
- ▶ The following stages will require the groups to consider and approve the plans for working, and how progress will be evaluated internally. Take some time to work with the companies to ensure that there are a common set of definitions that span across all parties. This may seem novel but since the NHS and pharmaceutical industry often work very differently with varying terminology, having a shared language around key items will really help the groups to deal with conversations later on!
- ▶ Whilst this process works to ensure that as many projects as possible succeed, the reality is that some will fail without realising outcomes. Take some time to strongly consider a fair, appropriate and clear issue resolution processes and exit strategy for both parties, perhaps based on particular milestones throughout the project. Good planning should encompass best and worst case scenarios.

STEP 5

SEEK APPROVAL AND RECOMMENDATIONS

Outline

At this stage the PID and project objectives should be presented to the IRC in both parties. Approval should be obtained by each before the project progresses.

Considerations

Throughout the joint working it is essential for each organisation to review progress through the different stages. The defined IRC should do this and ensure the project is compliant with Department of Health guidance for the NHS and with the ABPI Code of Practice for the pharmaceutical industry.

According to the ABPI Seven Steps an IRC would usually consist of medical, compliance, legal, partnership leads and anyone else required to authorise the project. Within the NHS, however, this will likely look more like senior representatives for affected services or areas of care, which will vary dramatically depending on the nature of the project. Some examples for a project around medicines could include:

- ▶ Head of Medicines Management
- ▶ General Practitioner (s)
- ▶ Chief Pharmacist at local Trust
- ▶ Senior Non Medical Prescriber representation
- ▶ Local Professional Networks (LPN)
- ▶ Local Pharmaceutical Committees (LPC)

STEP 5 ctd...

- ▶ Your CCG SRO – e.g. Prescribing Lead
- ▶ If not via your SRO, you may also need to include your FD, COO, CCG Clinical Lead, Performance Lead. Once again this will depend on the project's nature.

The IRCs should review the project early (STEP 3) and continue to do so at each stage. Where there are issues these should be communicated to and addressed by both parties. Only once the ToR and PID are approved by both parties should the project proceed.

TIPS

If any parties do not have an IRC at this stage, then encourage one. Where this is not the case ensure it is flagged and the relevant stakeholders sign off the project. It is useful for the IRCs to meet regularly during the initial stages to ensure the projects are viable and compliant. Do not proceed with the project until there is approval from each party.

STEP 6

PROGRESS AND COMPLETE PID

Outline

At this stage the Joint Working Team (formed of stakeholders from each party) complete the PID and act on any recommendations from the IRCs. Once the PID is completed the project progresses into agreement and implementation.

Considerations

This stage brings together the recommendations from multiple IRCs and enables the Joint Working Team to ensure both parties are clear on objectives and outcomes of the project. The PID should be completed in a meeting of the Joint Working Team and signed off. Once the PID is complete it can be signed off by both parties and the project can move into implementation.

TIPS

- ▶ **STEP 6** provides a good opportunity for the Joint Working Team to review the work so far and ensure both parties are clear on the objectives of the project. If either party has any concerns or issues at this stage it is important to address them. A comprehensive PID may take some time to complete but it will provide a good reference throughout the project.

STEP 7**JOINT
WORKING
AGREEMENTS****Outline**

At this stage a draft Joint Working Agreement is developed by both parties. A detailed project plan is also developed and signed off by the Joint Working Team

Considerations

This stage should be relatively straightforward if stages 1-6 have been completed. Where this is the case the Joint Working Team should already have the following:

- ▶ Approval from both IRCs that the project is compliant and aligned with both parties objectives.
- ▶ Clear stakeholder maps and agreement on who the signatory is for each party
- ▶ Clarity on the internal structures and processes each organisation has to complete the project.
- ▶ Ensured any relevant stakeholders within each organisation are aware of the project and agreed on objectives/outcomes.

Once these are in place both parties can pull everything together and develop the Joint Working Agreement. A Joint Working Agreement template developed by the DH in partnership with the pharmaceutical industry, can be found under implementation tools in the Toolkit's download area.

TIPS

- ▶ The PID (if done correctly) should provide most of the detail for the Joint Working Agreement. Try not to steer away from what has been agreed and signed off in this document.
- ▶ Establish clear timelines for both parties to complete the Joint Working Agreement. Allow sufficient time for feedback/review but ensure the project remains on track. In the past projects have fallen down when this stage is allowed to drag on and been a key barrier to successful joint working. Clear communication between both parties and early engagement of IRCs will help here.
- ▶ Once the agreement has been taken to each party for review/feedback the Joint Working Team should hold a joint meeting to collate recommendations from each party and complete the agreement. The agreement should not be completed by any part individually.
- ▶ Consider the practicalities of signing the agreement (geography, resource etc). It may be useful to arrange a 'signing meeting' well in advance so both parties can commit to completing the document.

General tips for successful joint working

The above breakdown of the ABPI Seven Steps should provide a useful checklist for successful joint working projects. Whilst these steps may require a good deal of time and effort, if done correctly they will expedite implementation/delivery of the project and reduce the likelihood of problems as the project progresses through implementation. Delivering joint projects between two very different systems is complex, and success will hinge on robust preparation.

There are some general tips for joint working that are important to follow at all stages:

- ▶ Any joint working project should benefit the patient.
- ▶ Ensure both parties are clear and agree on objectives from the outset.
- ▶ Communication is key. Ensure there are clear lines of communication between both parties at all times, and that conversations are open and honest. Including any concerns or reservations.
- ▶ Know each other – There are fundamental differences between your systems of working, the better you can understand each other, the better you will work together.
- ▶ Know your stakeholders. Ensure both parties are clear on who is involved in the approval and signing off of any project. Where there are changes in staff make sure the other party is notified.
- ▶ Have a robust plan that is visible to both parties and update this regularly.
- ▶ Be clear on timeline and try to stick to them. The biggest factor in unsuccessful joint working projects has been when timelines haven't been kept and momentum/drive for the project is lost.

Use the resources and case studies available, they will save you time and have lots of tips to put you in the right direction.

SUMMARY

Joint working between the NHS and pharmaceutical industry is not without challenges, and in any instance where two very different systems attempt to work together there will be obstacles and risks. However, with the present financial, and future demographic challenges facing the NHS, there is a clear necessity for all key stakeholders to take an active role in delivering quality efficient care to the population. The pharmaceutical industry offers expertise, skills and willingness to work in partnership with the NHS to improve patient care. There are clearly benefits in return, but mature discussions between both parties can help to understand and accept that the benefits for the NHS will usually far outweigh the cost.

This document has sought to address the landscape and current perceptions that surround joint working from both sides, and look to offer some structure and methodology for NHS teams to get the best results from joint working. Whilst joint working projects may come in lots of shapes and sizes, with ranging groups of partners, stakeholders and beneficiaries, each project will benefit from a robust and transparent approach. Good planning and clear objectives, involving the right people, at the right levels, will only increase the chance of success of your joint working project.

TEMPLATES, FURTHER READING AND USEFUL RESOURCES

Below are a number of implementation documents and case studies that can be used in conjunction with the PREPs and the STEPs covered within this document, along with links to other related further reading. All of these documents can be found on the PrescQIPP website: <http://www.prescqipp.info/preparing-for-joint-working-toolkit/viewcategory/205-preparing-for-joint-working-toolkit>

Implementation documents from this Toolkit

A few resources created to support the recommendations within this Toolkit:

- ▶ Implementation Documents > PQ Business Case for Joint Working
- ▶ Implementation Documents > PQ PREPS before the STEPS checklist
- ▶ Implementation Documents > PQ Seven Step Checklist
- ▶ Implementation Documents > PQ Terms of Reference template

ABPI templates

To support the ABPI Seven Steps – the ABPI has supplied two useful templates that can be used by both parties as a Project Initiation Document and Joint Working Agreement Template, along with the ABPI Seven Step Quick Start Guide:

- ▶ Implementation Documents > ABPI Joint Working handbook
- ▶ Implementation Documents > ABPI Joint Working Agreement template
- ▶ Implementation Documents > ABPI PID template

Moving Beyond Sponsorship

In 2008 (and later updated in 2010) the Department of Health & ABPI published Moving Beyond Sponsorship to encourage and inform NHS organisations and staff to consider joint working, offering some tools that teams could use for joint working projects. In March 2013, following the statutory NHS changes, the project and relating documentation was archived, however, can still be accessed at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840

In developing this toolkit a number of the templates produced for Moving Beyond Sponsorship, were extremely useful, and still very much fit for purpose. The document, and a list of the key templates that have not been superseded elsewhere can be found in the 'DH Moving Beyond Sponsorship 2008' section of the PrescQIPP website's downloads folder and are listed below:

- ▶ Implementation Documents > MBS Communications Plan template
- ▶ Implementation Documents > MBS Lessons Learned Log template
- ▶ Implementation Documents > MBS Lessons Learned Report template
- ▶ Implementation Documents > MBS Project Manager Job Description template
- ▶ Implementation Documents > MBS Register of Proposals template
- ▶ Implementation Documents > MBS Risk Assessment template
- ▶ Implementation Documents > MBS Risks and Issues Log template
- ▶ Implementation Documents > MBS Running a successful meeting recommendations
- ▶ Implementation Documents > MBS Stakeholder Log template
- ▶ Implementation Documents > MBS What an evaluation should cover recommendations

Case studies

Throughout the course of developing this document, we have been presented with myriad examples of projects where the NHS and pharmaceutical industry have worked together. However, since this document is very much around adopting robust and transparent processes, we have only selected projects (including some examples of our own) where the process partially or fully matches the Seven Steps. Furthermore, late last year the ABPI produced a document profiling a number of case studies that have followed the seven steps process. Please find below a selection of case studies that we have found to be useful and related to the context of this document.

- **Medicines Adherence and Waste - Eastern Academic Health Science Network**
Produced to kick-start a regional campaign around medicines adherence and waste in partnership with the pharmaceutical industry. Comprised of two 'PREPS before the STEPS' documents to obtain senior level buy in (get the board on board), and a Call for Collaboration circulated to the Pharmaceutical Industry.
 - ▶ Case Studies > EAHSN Medicines Adherence and Waste Strategy
 - ▶ Case Studies > EAHSN Medicines Adherence and Waste CFC
- **Prostate Management Project - Mid Essex & Takeda**
A presentation from the Eclipse National Conference in 2013, outlining the rational, steps and progress in a prostate management project.
 - ▶ Case Studies > CS Prostate Management Mid Essex Takeda
- **ABPI Joint working with the pharmaceutical industry guide and case studies**
In late 2013 the ABPI published a document providing a brief overview of the Seven Step process, and some specific case studies of joint working that have been undertaken following the Seven Step process, across a range of companies (AstraZeneca, GSK, Lundbeck, Bristol-Myers Squibb and Baxter).
 - ▶ Case Studies > ABPI Joint working with the pharmaceutical industry guide and case studies

FURTHER READING AND REFERENCES

1. Innovation Health and Wealth – December 2011 <http://www.institute.nhs.uk/images/documents/Innovation/Innovation%20Health%20and%20Wealth%20-%20accelerating%20adoption%20and%20diffusion%20in%20the%20NHS.pdf>
2. Medicines Optimisation: Helping patients to make the most of medicines – May 2013 - <http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf>
3. Joint Working – A Quick Start Reference Guide for NHS and Pharmaceutical Industry Partners – Association of British Pharmaceutical Industries – May 2012 - http://www.abpi.org.uk/_layouts/download.aspx?sourceurl=/our-work/library/guidelines/Documents/Joint%20Working%20handbook.pdf
4. Joint working with the pharmaceutical industry, guide and case studies – Association of British Pharmaceutical Industries – November 2013 - http://www.abpi.org.uk/_layouts/download.aspx?sourceurl=/our-work/library/guidelines/Documents/Joint%20working%20with%20the%20pharmaceutical%20industry%20guide%20and%20case%20studies.pdf
5. Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry – Department of Health /Association of British Pharmaceutical Industries (ABPI) - August 2010 - http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840