

NHS reforms – an insider's view

As an ex-pharma marketing professional I can fully empathise with the conundrum facing senior executives within pharma. How is industry to align itself to the radical shift on commissioning focus from SHAs and PCTs to GP commissioners?

Anyone hoping for quick answers following the recent ‘listening exercise’ is likely to be a little disappointed. The government’s decision in April to pause the parliamentary passage of the Health and Social Care Bill was a reasonable response to the tidal wave of concerns expressed by many.

David Cameron’s recent response to the NHS Future Forum report revealed a new name ‘clinical commissioning groups’, a greater emphasis on choice, a more diluted approach to competition, and a role for nurses and hospital clinicians on the governing bodies. However, the government will continue to look to GP leaders as the key drivers of health commissioning in England.

The real challenge facing the NHS – the financial one – may get overlooked over the next few years amid the increasingly heated debate **[13]** and **[14]** (pages 14-15) surrounding the reforms. How are we to find £20bn efficiency savings over the next four years? GP commissioners will need to grapple with budgets running into



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For the past two and a half years Rod has been at the Primary Care Trust, NHS Luton. In his current role he is responsible for strategy development, operational planning, service improvement and re-design, demand management, and coordinating decision-making processes around major investments and disinvestments. Prior to this, Rod spent more than 20 years in the pharmaceutical industry in a variety of sales and senior marketing roles with Lundbeck, Merck Serono and Cephalon.

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hundreds of millions of pounds; at the same time as driving a level of productivity savings that has never been achieved before. They will be looking for solutions and pharma has a great track record in delivering solutions to clinicians.

For example there are major efficiencies to be made in the management of people with long-term conditions such as diabetes or COPD. I see a big opportunity for pharma companies to collaborate with each other to deliver patient-focused pathways of care that drive improvements in quality, patient experience and value for money.

Purely from a cost perspective, it makes little sense to ask GPs to take on the day-to-day commissioning functions of the current PCT managers.

[13] Discussion about the proposals continues unabated across the media



<http://www.guardian.co.uk/society/series/nhs-reforms-blog>

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I see GP commissioners as leaders, strategists and local policy makers, rather than being involved in the nitty-gritty of procurement, contract management and the myriad of other tasks currently carried out in PCTs.

Consortia will buy in commissioning expertise from commissioning support organisations that will most likely emerge from both the public



<http://www.youtube.com/watch?v=udgPNbZLwOI>

[14] Retired GP, Dr Ron Singer, gives his views on the potential implications of the health reforms

and private sector. Pharma will need to keep a close eye on local developments, as there is no obvious template for how such commissioning support will be delivered. Currently 1,000-2,000 GPs are emerging as the key leaders and clearly collaboration with this group is essential.

Pharma perspective

If I was still in pharma, I would be looking to put in place field-based, multi-skilled, senior business managers to engage with the emerging stakeholders across local health economies, including local authorities. It is essential to put people on the ground who can understand this complex environment, create opportunities and build some bridges.

The lack of a clear template for how commissioning is delivered locally suggests that many decisions regarding services and treatments will be taken at a local level. Recent announcements suggest that NICE will retain an important role in issuing advice on drug treatments, but I can foresee that some services will look very different in different parts of the country. Many GPs pride themselves on their ability to innovate. Local innovation could well

mean unequal provision of care across England. A return to the 'post-code lottery'? Very possibly, but all the more reason for companies to monitor closely developments in every locality and build alliances with the emerging GP leaders, commissioning support organisations and stakeholders across the local system.

As a 'poacher turned gatekeeper' I can appreciate the challenges facing both the NHS and the pharmaceutical industry. I believe that closer collaboration will bring mutual benefits, but this involves understanding the needs of patients as well as healthcare professionals, forging deeper relationships with commissioners and policy makers, and finding common ground with the emerging stakeholders in local health economies.

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