

Your
CHASE
experience



Observations and conversations from the UK pharmaceutical and healthcare landscape

Client insights across primary and
secondary care

Summer 2022

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Key themes

Several trends have emerged in our conversations with customers about how they are navigating through the reality of Covid -19, NHS reforms and other market forces.



1. Cautious decision-making

Uncertainty, in particular over the optimum customer engagement model, is leading to caution in big decisions and continued observation / assessment / experimentation.



2. Face to face still valuable

Activity levels are generally increasing faster in primary care than secondary care. Most healthcare professionals are expressing that when they do see people from Industry, more value is gained from an in-person interaction than remote. Equally, a really excellent face to face call may increase the chances of future remote or face to face calls, which appears less the case the other way around.



3. Experimenting through uncertainty

There is an appetite for greater experimentation to explore ideas and options in how to adapt, often using outsourced solutions to test their suitability or impact and reduce risk.



4. Talent competition is fierce

Attracting and keeping talent has become critical and finding the right people that have future-proof skills is driving salaries higher. Candidates are also demanding more of employers as their professional value increases.



5. New roles are emerging

New roles and capabilities are emerging such as “strategic” account management, medical and pharmacist peer to peer roles and “commercially minded collaborators”.



6. Collaboration with NHS

Working collaboratively in the reshaped healthcare system in the UK is seen as key moving forward and the opportunities for partnership are immense.



7. Building trust with NHS through third parties

Suspicion of the Industry still exists but is lessening as joint projects are delivered. The use of a third party broker such as CHASE to not only introduce parties but also provide resource is a good way around this issue. See GP Federation example in section 3.



8. Orientating towards NHS need

Finally, engaging customers effectively is not just a “sales” organisation challenge but a whole organisation challenge – marketing, medical affairs, business intelligence, HR etc. Those companies that are treating the issues as a sales force challenge are not progressing as quickly as those who are shifting the whole company’s approach.

Context

In Summer 2022, the two key external factors impacting our clients' decision making are Covid-19 and NHS structure and policy. The impact of the change in government leadership including the Secretary of State for Health and Social Care remains to be seen.

Covid-19 Impact



Reduced access to healthcare professionals and stakeholders

Social distancing has required different channels to be deployed through field forces and other functions to help with access.

Healthcare professionals have less time to engage due to other workload pressures from Covid-19, including firefighting, re-establishing care pathways, dealing with patient backlogs, burnout, absenteeism (Covid-19, stress & mental health), reduced staff numbers etc.



Reduced patient dynamism, fewer treatment initiations/switches

The UK-wide lockdown has been associated with poorer outcomes for patients, and additional pressure on the healthcare system. One particular example in respiratory disease is the reduction in spirometry, resulting in a lack of differential diagnosis between asthma and COPD for patients and delayed, non-optimal treatment.

Motivation from healthcare professionals, the National Health Service and Industry to address these far-ranging challenges is hampered significantly by NHS workforce capacity.



Treatment bottlenecks because of massive patient backlogs

In cancer care, a record 2.7 million patients were referred for cancer checks in the 12 months to May. The proportion seen by a specialist consultant within two weeks of urgent referral for suspected cancer remains below the 93% target, with many patients waiting over two months for their first treatment after initial screening.

This has a particularly devastating impact for patients with pancreatic cancer, 85 to 90% of whom receive a late diagnosis will not have the feasible option of surgery. Survival rate is therefore the lowest of all cancers. Almost all therapy areas have their own challenges to address and overcome as a result of the backlog and workforce constraints.

NHS Structure & Policy



Restructuring within NHS

On 1 July 2022, Integrated Care Systems became legal entities across England, replacing Clinical Commissioning Groups. Primary Care Networks (PCNs) continue to establish themselves. This restructuring is adding to healthcare professional workload, and the BMA calling for GP Practices to leave PCNs is creating additional uncertainty, slowing decision-making.

Greater focus on population health



For the 42 Integrated Care Systems now legally in place across England, addressing population health is one of their key priorities.

Other priorities include addressing unequal health outcomes and access, and enhancing productivity and value for money.

Medicines optimisation and pharmacy themes throughout NHS policy



Pharmacists and pharmacy services continue to grow in their role to optimise medicines' use and divert work away from an overstretched GP workforce. A recent example of new responsibilities was announced at the NHS Confederation in June, with a new initiative to fund community pharmacists to spot signs of cancer in people who might not have noticed symptoms.

Clinical Pharmacists are playing a central role in fulfilling NHS priorities for medicines optimisation in primary care, such as conducting Structured Medicines Reviews and enabling switches such as from Warfarin onto DOACs where appropriate.



Re-establishing financial clinical incentives

QOF, IIF and CQUINS are back after being suspended for two years during the Covid-19 pandemic. It is very difficult to meet these quotas with a reduced workforce capacity due to lower staff numbers driven by burnout, retirement, pension taxation, sick leave from Covid-19 etc, not to mention the additional pressure of adjusting to the NHS' structural changes. **There is a need for external support, which is stimulating a greater appetite for partnership with Industry.**

Key message is *partnership!*

The NHS continues to struggle and there has never been a better opportunity to collaborate to help solve the issues.



01.

Shifts in customer engagement

A commonly held view by UK pharmaceutical organisations is that customer access and accessibility has changed permanently compared to pre-Covid-19. In-person access to healthcare professionals is increasing gradually and the trend is positive. However, adapting to the requirements and desires of the healthcare professional is paramount. Varying the method of contact, in-person or remote, means sales professionals need to be comfortable working in a hybrid fashion.

We also identified differences in approaches to customer engagement and organisational culture over the last few months.



Use of hotspot representatives in high potential areas

- Increased deployment of field-based hotspot representatives to areas of high potential, which includes where an organisation has local / regional market access.
- Adding other resource into geographies that have good growth potential and positive market access.



Demand growing for peer-to-peer engagement roles

- With healthcare professional time under huge pressure, there is strong growth in demand for peer-to-peer roles that offer in-depth empathy, understanding of the health economy and medical knowledge. In particular, we are seeing an increased demand for pharmacists that can sell and influence as well as have a credible conversation about the patient journey and customer context.



Team sizes and commercial models are evolving

Some organisations are:

- “Right-sizing” their commercial footprints as investment choices, competitive pressures, medicine lifecycles and NHS changes combine in a “perfect storm” of challenges.
- Outsourcing resource in the field and head office to increase overall flexibility. The need for organisations to respond swiftly to external forces is a growing phenomenon.

As a consequence, organisations are positioning themselves to react to and manage risk, uncertainty and facilitate experimentation, more so and better than they have done in the past. More traditional methods of promotion are being combined with digital and omnichannel approaches.

Talent attraction



The demand for talent is fierce as the Industry adapts following two years of disruption through the pandemic.

- Early talent candidates are in demand, particularly those who demonstrate high levels of motivation, a growth mindset and an openness to new ideas and technologies.
- Candidates who demonstrable ability and the right attitude towards hybrid selling and omnichannel orchestration are highly sought after.
- It is becoming harder to attract talent with the right skills in a reduced talent pool.
- As a result, salaries are increasing. Several organisations are offering £50k+ for primary care account managers who fit the above profile.
- Candidates are also becoming more discerning over who they work for next. Organisations need compelling employer value propositions that promote a positive culture, career development and other benefits as cost of living continues to increase.

Behavioural stipulations



- More companies are clarifying their expectations on the amount of time that should be spent remote working versus in the field. See next section for more detail.
- Most companies are stipulating in-person engagement as the default topped up with remote interactions, while others are less prescriptive.
- Omnichannel activity targets are on the increase with targets being set at an overall engagement level e.g. in-person, remote, meeting invite acceptances, emails, webinar attendance etc. There is little evidence that these approaches have generated significant HCP behavioural change which may be because this approach is relatively new.

Small increase in remote sales teams



- Where we are seeing a small increase in remote sales representatives, they are working alongside existing field forces, often serving two to three brands in primary care.
- Commercial teams are recognising that remote customer engagement is a very different competency than in-person influencing.
- Remote representatives are being used in particular to drive product use where formularies are positive and to create awareness amongst healthcare professionals across primary and secondary care.

Contact rates across Industry

These rates are taken from conversations with 12 client companies across primary and secondary care with team sizes varying from eight to one hundred representatives.

Three per day is the approx. average target contact rate set by managers across primary and secondary care. Contact is defined as 1 on 1 or small group.

Actual contact rates achieved on target customers average at two per day in primary care, 1.75 in secondary care.



In primary care, 1 to 1 calls made up about **30–40%** of overall contact rates, with the remainder coming from meetings. In secondary care, the majority of contact rates achieved came from 1 to 1 interactions, in some cases **up to 90%**.

In primary care the range of calls delivered in-person versus remotely was **40%–90%**. In secondary care the range was **30%–60%**.



Reasons for the variations were quoted as:

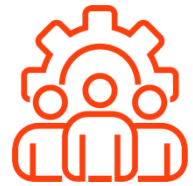
- ▀ the expectations set by the organisation.
- ▀ the healthcare professional's preference.
- ▀ setting / specialty.
- ▀ attitude towards Industry.
- ▀ relationship with the representative.
- ▀ mindset and capability of representatives.
- ▀ relevance and priority of the medicine and the service to the NHS agenda.



The trend for in-person calls, though down significantly from January 2020 (> 50%), **is increasing and is predicted to rise**, albeit slowly and probably more slowly in secondary care. Companies also report that high quality in-person calls have a better chance of resulting in follow on virtual interactions and permissions for other forms of contact (emails/ etc.) than the other way around – perhaps suggesting in-person interactions are preferred or an appropriate mix of both.

An interesting observation was that a Promotional Pharmacist Team with strong peer to peer affinity was achieving significantly **higher contact rates than traditional representatives and longer calls at 3+ per day**. This example is from a Primary Care project but potentially transferable to other settings and roles e.g. nurses.

In secondary care there was an increasing trend for more departmental meetings, though the frequency has declined and tends to be very specific to a specialty.



There was evidence of companies adopting **omnichannel engagement contact rates**. These include a mix of calls, in-person and virtual meetings and triggering emails, for example. Expectation was that out of the six engagements, 1.5 would be delivered in-person.

The default expectation from nearly all companies was that calls and meetings should be in-person where possible rather than virtual.

A minority of organisations were letting the nature of the call be determined by the healthcare professional with little expectation on representatives to prioritise in-person activity.



The one remote project we interviewed was achieving a call rate of **1.5–2.0 per day** with 100% of calls being 1 on 1 and a call duration of **20 minutes**.



Other general observations

- Most companies interviewed were optimistic about the increasing activity rates and the re-balancing of interactions towards in-person. This is particularly as it seemed to be the preferred and most valued form of communication by healthcare professionals. This has driven organisations to **look for alternative skill sets and recruitment pools such as early talent** (graduates or less experienced representatives) **and peer to peer interactions** (pharmacists, nurses etc.).
- **Access, frequency, call duration and influence** tended to be dependent upon the calibre of the medicine and service value proposition, relevance to the setting and environment of the healthcare professional (especially in the light of Covid -19 and the NHS Reforms) and the personal attributes and attitude of the sales person.
- Pre-pandemic, **relationship seemed to be more prominent in determining access** and although relationship does play a role, it is generally felt to have **waned in importance** compared to the other factors above.
- The traditional “spec” call all but disappeared during Covid and whilst it has gradually increased as part of the mix, **most interactions tend to be appointment-driven**, especially given the trend towards more departmental and practice meetings.
- **The role of the first line sales manager** was commented upon as being **extremely important** in the context of everything that has happened. The changing environment has demanded changes in how field people behave and the same is true for the **leadership and management skills of field leaders**.
- The nature of the conversation people now have with customers has changed. This does have a bearing on frequency of access and propensity to engage. Several companies have started to alter the way the field is seen by the rest of the organisation. **There is a general downplaying of the importance of pure key message delivery** and a **raising of the value of demonstrating how the medicine and service fits into the pathway** the patient is travelling on across primary and secondary care.
- Traditionally **“painting patient pictures”** and **“putting the patient first”** were seen as paying lip service to get across a set of marketing messages. Now organisations that can **follow these phrases up with real examples** and investment are getting on the agenda. This helps to explain the huge shift in investment towards Collaborative Working since the pandemic which continues unabated. It has also been made easier by the ABPI’s change to the Code in July 2021.

Conclusion

- The role of the field person is changing both in role type, personal characteristics and required capabilities.
- There is increasing optimism amongst organisations that have medicine and service value propositions that align well with the priorities of the NHS...and invest accordingly.
- Activity levels across the board are increasing, albeit not yet back to pre-pandemic levels.
- Adapting is an organisational challenge, not just a sales force challenge, and companies that recognise this shift seem to be gaining traction and transitioning successfully.

02.

New talent and new roles emerging

As a consequence of the numerous pressures they're experiencing, NHS customers are increasingly verbalising they are less interested in brand-led conversations. Instead they are seeking conversations with Industry which offer higher value, are more scientifically orientated and align much more to their needs and priorities.

Healthcare professionals want the conversation to move from key brand messages towards patient pathway and Integrated Care System-led messages, including how a company's medicine can positively impact the latter better than the current treatment pathway.

As such we are seeing:

- ✔ A rise in Medical Science Liaison roles (MSLs) and other non-promotional engagement roles.
- ✔ More varied local account teams with sales, market access, MSLs, and peer to peer, stakeholder-specific roles evolving e.g. promotional pharmacists and nurses.
- ✔ Demand from NHS customers for conversations with people who understand their needs, priorities and roles, and who can also offer help and solutions.

New role: Pharmacist Partnership Managers

- ✔ Clinical Pharmacists are a fast-growing and increasingly important stakeholder group within the NHS.
- ✔ CHASE has developed a new role to meet the demand for peer-to-peer conversation from clinical pharmacists, and indeed all pharmacists. This role, called Pharmacist Partnership Managers, is proving popular with both clients and pharmacists.
 - ✔ We attract experienced pharmacists, who are often independent prescribers, and place them into promotional roles.
 - ✔ These individuals:
 - ✔ understand the NHS intimately
 - ✔ understand the new stakeholders in the NHS, often pharmacist-based positions
 - ✔ can relate authentically to the challenges and priorities of the NHS, including newer significant stakeholder positions
 - ✔ communicate at a peer to peer level on products, guidelines and clinical evidence
 - ✔ come with existing networks that improve meaningful access
 - ✔ are not negatively conditioned to delivery virtual or remote engagement
 - ✔ orientate conversations to population health and management.



The role of Strategic Account Manager

- This role is being expanded by several companies.
- Highly paid roles with a salary of £80k+.
- Focused on understanding and navigating Integrated Care Systems (ICSs), taking a strategic approach to engaging within these NHS stakeholders effectively.
- Companies have found it hard to pinpoint the ideal candidate and are considering candidates from the NHS, marketing and market access.

Outsourced project management resource

- The NHS has been given investment – through schemes such as the Additional Roles Reimbursement Scheme – to divert some of the primary care workload away from GPs. The pressure is still firmly on GPs though, not least with performance-related payments switched back on following their temporary suspension in the aftermath of Covid-19.
- Industry is investing heavily to provide practice-based resources (nurses and pharmacists) to tackle patient backlogs and help the NHS in many chronic disease areas, especially in primary care e.g. respiratory, diabetes, heart disease. These resources are provided through Collaborative Working and Grants and Donations arrangements (see Section 3).
- NHS organisations are telling us that whilst they are grateful for the resource and investment, often what is needed at a system and population level (GP Federations, Place, PCNs) is help to plan and coordinate the resource to ensure maximum impact on patient outcomes.
- There is a gap in the provision of outsourced, highly capable project managers who can work alongside Industry and the NHS to plan extra resource allocation.
- Companies are increasingly looking to outsource this new capability.

Sales Professionals: conductors of customer interactions or key message deliverers?

- A number of organisations are subtly changing the way they see the role of the field representative.
- As healthcare professionals look increasingly for high value interactions and information to help them deliver excellent care, forward-thinking organisations are increasingly expecting field representatives to be the conductor of interactions the organisation has with the customer.
- This can range from delivering more traditional interactions to omnichannel approaches - the triggering of personalised emails and invites to events (on-line or in-person) and access to more sophisticated information about a therapy area.
- Clearly this has implications for the role and capabilities of the representative and potentially points to a more rewarding career.

Conclusion

- ✔ There seems to be a growth in peer-to-peer and non-promotional roles, with companies seeking candidates who have a strong and credible understanding of the NHS.
- ✔ Organisations are exploring how to work across a more integrated care system, and what this means for account management.
 - ✔ Pharma organisations seem to recognise there needs to be greater internal collaboration to deliver this type of account management effectively
- ✔ Traditional sales roles still have a place, and need to understand how to access and influence a plethora of new NHS functions.
- ✔ Launching with excellence in this new landscape has become a big topic of discussion as companies debate how to create more patient dynamism.



03.

Different investment choices Collaborative Working vs pure promotion

There is an increased appetite for partnership, both from Industry and the NHS, to address the challenges from Covid-19. This has been supported by amendments to the ABPI's revision of the Collaborative Working clauses and definition within its Code (July 2021). Pharmaceutical organisations are starting to divert investment typically reserved for sales teams towards other forms of engagement with the NHS that focus on addressing their needs rather than promoting product messages.

Where there are favourable local market conditions (market access, guidelines and healthy market share), delivering Collaborative Working solutions can have very positive commercial impacts and contribute significantly to patient outcomes.

The result of successful Collaborative Working initiatives:

- ✔ More patients may be reviewed
- ✔ Waiting lists may be reduced
- ✔ More medications may be initiated – especially newer ones
- ✔ Treatment may be optimised and hospitalisations / complications may be reduced
- ✔ NHS organisations may generate greater income
- ✔ Real world data may be more accessible
- ✔ New partnerships may be formed enhancing trust between both parties.



Our observations

- Collaborative Working initiatives and Industry spend in this area have increased significantly since Covid-19, focusing on patient identification, patient review and medicine optimisation.
- Initially, budget went to Grants and Donations to fund external organisations to perform relevant services with no involvement at all from the sponsor. Lately this has been transitioning increasingly towards Collaborative Working with greater involvement from pharmaceutical organisations.
- Utilising a third party such as CHASE to broker conversations with the NHS can help to overcome any reticence to partner with a life sciences company.
- We have acted in this capacity at GP Federation and PCN level on a number of occasions and demand for this service is growing.
- This service enables more priority patient groups to be identified, patient reviews to be delivered and workforce capacity issues to be eased, all of which is in high demand from the NHS.
 - These services can help to raise the standard of care, improve population health, reduce hospitalisations and maximise income streams for health services.
- Some organisations are engaging more outsourced NHS project management roles operating at system and population level to plan, facilitate and deliver:
 - Pathway redesign and implementation
 - Medicines optimisation
 - Industry Collaborative Working projects for the benefit of patients.



Conclusion

The impact of Covid-19 and NHS reforms continue to ricochet across the industry. Who and how the industry needs to engage across the NHS is changing, though uncertainty around which of those changes will remain is leading to cautious decision-making. For some companies, this presents **an opportunity to pilot new approaches** to engage healthcare professionals and decision makers across the NHS. **Measuring success effectively remains a challenge.**

The channels used for engagement are still shifting as companies grasp how to become truly omnichannel. Though virtual engagement is far more mainstream now than it was pre-pandemic, **face-to-face engagement continues to be valued by healthcare professionals.** This is particularly the case in primary care, though physicians have an increasing expectation that their conversation with industry representatives is increasingly scientific and empathetic, tailored to their local context and individual needs.

To deliver this more sophisticated engagement, **there is significant demand for talented and knowledgeable people** who can demonstrate resilience and communicate confidently across channels with an in-depth knowledge of the product, therapy area, local population health and broader healthcare economy. **New roles are also emerging** as the new NHS structure kicks in. **Competition is fierce** for in-demand candidates with salaries jumping by tens of thousands of pounds and requiring life sciences companies to be able articulate their value proposition as employers very clearly.

The organisations navigating this period of flux most successfully are therefore those who are:

- Taking time to **understand the needs and priorities of their NHS stakeholders.**
- **Competing with determination** to hire talented individuals who can access and engage healthcare professionals as peers and with empathy, understanding and pragmatism.
- Adjusting their view of **how to evaluate effective engagement** activity.
- **Investing in new roles and Collaborative Working** to add value and patient dynamism in a National Health Service that is set to remain under huge pressure for some time.
- **Building in more flexibility to manage risk** and uncertainty and respond nimbly as the healthcare environment continues to shift.

**Interested in
finding out more?**

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