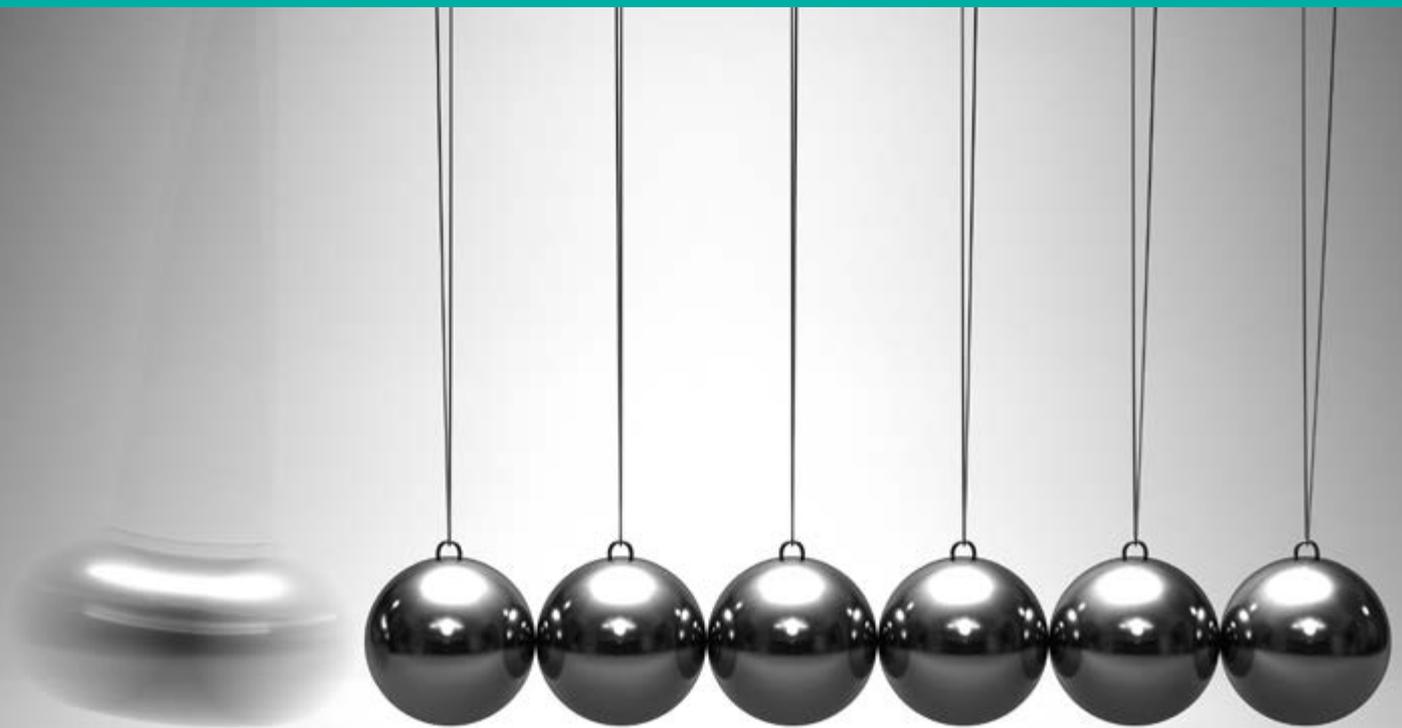


Executive summary

Creating opportunities for improving patients' access to medicines

A systems view of medicines integration in the UK,
and recommendations going forward



Executive summary

Despite positive health economic assessment, patients in the UK are not getting timely access to the innovative medicines and technologies they need. Why does this challenge persist, and what meaningful steps can be taken to mitigate this?

This paper, from Aurora, sets out to examine the UK challenge of medicines access through the lens of 'systems thinking'. This conceptual framework suggests that problems can be better solved by seeking a holistic understanding of the healthcare system, and the interactions of parties within it. Through this lens, we can see recurring patterns that hinder our ability to achieve strong medicines uptake.

To counteract these patterns, we lay out **seven key dependencies**, which we believe can positively impact the uptake and flow of medicines in our health system. These dependencies are not 'quick fixes'. Instead they require new behaviours and practices to be adopted across the healthcare system, and by all its stakeholders. We change things when we act, when we take just one purposeful step forward.

1. Leadership by example

Organisations are entrenched in a 20th Century operating model, which is built upon rigid structures and fixed milestones. These structures have created an environment where longer-term, higher goals of improving patient outcomes have been eclipsed by short-term, financial measures of success. It will be the job of leaders to encourage us to transition to a more progressive model, which allows us to reclaim higher goals.

2. Planning for alignment

There is a considerable lack of alignment between the major players in the health system, from conflicting priorities to mismatched operating cycles. We need to better understand each other's perspectives and constraints, to more effectively anticipate where tensions and gaps may exist. Early engagement is key to achieving this.

3. Contextual decision-making

Organisations typically take a very narrow viewpoint of medicines access. Efforts are concentrated in limited siloes of activity often at the expense of other critical influence points that have not even been assessed. A broader view, with a wider stakeholder set, which includes patients, needs to be considered. Their perspectives can shed valuable insight, particularly around service delivery environments.

4. Real world data

Clinical and cost-effectiveness data are proving to be insufficient evidence to release funding for medicines uptake. Real world data has the potential to reflect what clinical data cannot – the value of medicines in context and over time. Although still an emerging discipline, with risks associated, real world data is increasingly viewed as an inevitability that organisations will need to prepare for.

5. Collaboration and governance

Actions taken, without the consultation of other parties, are more likely to result in conflict, duplication and failed endeavours. Collaboration between parties is required. However there are longstanding issues of mistrust and concerns around compliance, which create obstacles to collaboration. To overcome this, organisations such as patient groups have the potential to serve as 'third-party glue'.

6. Patient involvement

Barriers to access can be found in patients' journeys and experiences, but their perspectives are routinely overlooked. Patients are in fact a source of rich insight and have the potential to make an active contribution towards commissioning, design and delivery of healthcare. We need to help build their capacity and reframe their status from 'passive recipients' to leaders and experts.

7. Best practice sharing

Pockets of success through rapid adoption of guidance get trapped within organisations. This best practice, which is likely repeatable within other local health economies, is not shared, resulting in inefficiencies and inequity of access and care. We need a greater collective will to share, not only the protocols of best practice, but the principles and behaviours behind it.

In writing this paper, we hope to lay out a compelling case for the changes needed to improve medicines access in the UK. We believe that we must take a hard look at our roles, responsibilities and relationships going forward. It means crossing boundaries and forging deeper relationships with other stakeholders, around our common goals. It will mean creating an environment where honest, adult conversations can take place.

We welcome future collaborations with stakeholders, across the healthcare spectrum, to affect change and enhance patients' access to innovative medicines and technologies.

Aurora is an award-winning healthcare marketing communications agency who genuinely wants to make a difference – to our clients' brands and, in turn, to the impact those brands can have on healthcare and society as a whole.

Aurora works with patient groups, professional health bodies, and most frequently, with devices, diagnostics, and pharmaceutical companies to enhance their reputations, their brand propositions, and to deliver positive value within UK and global health economies.

Our services to these organisations include strategic counsel, strategic communications, stakeholder mapping and engagement, brand strategy, media relations, medical education, disease awareness and patient engagement.

Aurora is also working with its partners at GLOBALHealthPR (www.globalhealthpr.com) to deliver 'Reimbursography' – a strategic communications programme, which helps clients to shape the global value context of medicines.



Aurora is a general affiliate member of the ABPI.

ABOUT ACCESS ALL AREAS

Launched in January 2015, Access All Areas is an Aurora initiative that aims to uncover the variables affecting timely access to medicines in the UK, and hopes to surface some greater understanding by bringing the pharmaceutical industry, patient representatives and members of the NHS together to generate tangible change.

Aurora has made a three-year commitment to Access All Areas, initially with a UK focus. Our intention is to provide constructive dialogue, fresh ideas and useful, practical guidance for all parties striving towards the common goal of improving patients' access to medicines. With this in mind, we sincerely invite feedback on this paper, and we welcome collaborations with parties across the healthcare spectrum in developing future resources and activities.

This paper is the first resource to be shared, in June 2015, as part of Access All Areas and represents our reflections from insight gathered to date via:

Qualitative research – focus groups were conducted, in February and March 2015, with representatives from the pharmaceutical industry and from patient organisations. The focus groups were managed by an independent market research professional. Aurora conducted follow up in-depth interviews with an additional representative of each cluster, as well as a Commissioning Support Unit (CSU) medicines management representative. For a copy of the Research Report, please contact Aurora to request one (see details below).

Access All Areas inaugural meeting – this meeting, held at the Royal College of General Practitioners on 12 May 2015, was attended by nearly 100 professionals spanning the pharmaceutical industry, patient groups and consultancies. At this meeting, Aurora introduced the seven dependencies outlined in this paper, but with specific on focus on patient involvement, collaboration and governance, and best practice sharing. Aurora gratefully acknowledges the insight provided by expert speakers on each of these topics as well as the feedback provided from attendees during and following the event, all of which is reflected in this paper.

For more information about **Access All Areas**, or to find out how to get involved please do not hesitate to contact Aurora Managing Director and owner, Neil Crump.

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