

# Opportunities, openness and obstacles: NHS partnerships with the life sciences industry

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# Key points

- The NHS is **under intense operational pressures** and struggling for the capacity and headspace to innovate.
- **Partnerships with life sciences industry offer a solution** to help create headspace and facilitate innovation.
- The NHS Confederation conducted new research with the aim of **understanding the appetite** for partnering with the life sciences industry, **highlighting examples of previous partnership working** and **inspiring members to explore the potential opportunities available** to them through partnering.
- This research identified that **members see value across a range of project types** from pathway transformation to knowledge sharing. Awareness, however, of the different project types varies.
- Case studies demonstrate **partnering with the life sciences industry enables projects that may not be possible otherwise**. In one example, Weston Park Cancer Centre evaluated non-face-to-face appointments during COVID-19, supported by Bristol Myers Squibb; in another example Johnson & Johnson, supported Barts Health Orthopaedic Centre Partnership with a quality improvement initiative for total hip and knee arthroplasty.
- **There is openness to partnering** among NHS Confederation members and a perception of its value to the NHS as a whole. This value, however, is seen to a lesser extent at an organisational level; more can be done from industry to demonstrate local value to NHS stakeholders.
- **Raising awareness** of the diversity of projects offered by the life sciences industry, in addition to **showcasing the art of the possible** through sharing case study examples and investing time into building relationships, could boost partnerships with industry.
- **Barriers exist to partnership working** particularly when it comes to the handling of patient information and data, and the motive of the partnership. Examples show **these barriers can be overcome**.

# Background

The NHS is facing a time of intense operational pressures and is struggling to find the time, resource and finance to optimise delivery. Solutions and creative thinking are needed to help overcome these challenges.

The life sciences industry has a genuine desire to improve care for patients, in addition to an abundance of expertise in pathway transformation, project management and the ability to fund staff or resources. All of this could help ease the pressures on the system and result in sustained benefits beyond the projects themselves.

## Purpose of this document



To explore the appetite for partnering with the life sciences industry among NHS Confederation members.



To demonstrate what is possible through partnerships with life sciences and the value they bring to NHS organisations, both in the short and long term.



To inspire our members to seek out partnerships with the life sciences industry and explore how they can support them to support patients.



“At NHS Confederation, we look forward to supporting our members partner with the life sciences industry through creating specific resources on overcoming to partnership working, and continuing our engagement on this topic through our innovation forums.”

**Matthew Taylor, Chief Executive,  
NHS Confederation**

# Current state of the NHS

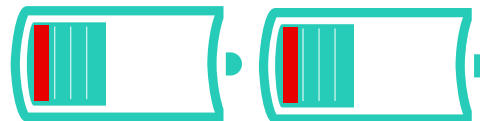
The NHS is under intense pressure and struggling to optimise healthcare delivery and implement innovation.

## Facing growing demand

- The **population aged 85+**, the age group most likely to need health and care services, is projected to **increase by 8.2 per cent in the next five years** and by **62.7 per cent by 2043**.
- **One in four** of the UK population is now **living with at least two health conditions**, and the proportion is **expected to rise** over time.

## Experiencing constrained capacity

- There are **112,000 vacancies in the NHS** (~8-10 per cent, June 2023), putting immense pressure on workforce.
- Total **general and acute bed occupancy is at 94.5 per cent** going into winter (95.3 per cent in adult beds).
- NHS budgets **have not kept up with surging demand** for services.



## Little headspace to innovate

- Due to pressures, workforce is focused on urgent pressures with **limited headspace for thinking** about doing things differently.
- **Adopters of innovation** feel that **more knowledge sharing, more time to support readiness and more time to implement adoption** would help support innovation adoption.

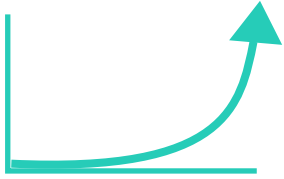


# Life sciences as a solution

Partnerships with the life sciences industry are one solution to optimise delivery and overcome constraints on capacity headspace.

## Challenge

### Facing growing demand



### Experiencing constrained capacity



### Limited headspace to innovate



## Opportunities through partnering with life sciences

### Reduce pressure on the system

- **Pathway transformation** projects to streamline delivery of services in a cost, resource and time-efficient way.
- **Supplying or funding technology or devices,** removing the financial barrier to these technologies and supporting the introduction of more efficient and effective care.
- **Transactional arrangements** where goods or services are supplied with less of a partnership arrangement in place.
- **Supplying or funding staff** to take pressure off existing workforce through schemes such as secondments.

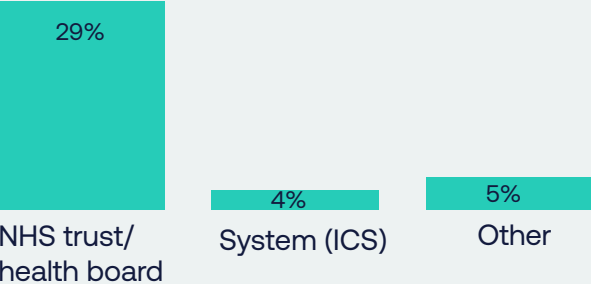
### Support innovation introduction

- **Skills training on** effective problem identification, project management and processes to reduce the time and administration burden of innovation projects.
- **Research and pilot projects** which can introduce new innovations in a more streamlined fashion.
- **Knowledge sharing** of case studies and upcoming innovations which meet an organisation's need.

# Research background

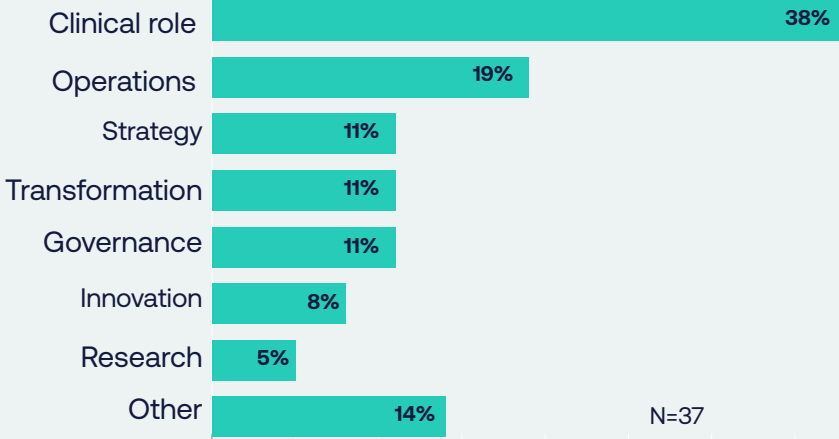
To understand NHS Confederation member views on the topic of partnerships with life sciences companies, the NHS Confederation conducted a survey and discussions with members.

## Organisation



NHS trusts covered those offering acute, mental health and community services N=38

## Department

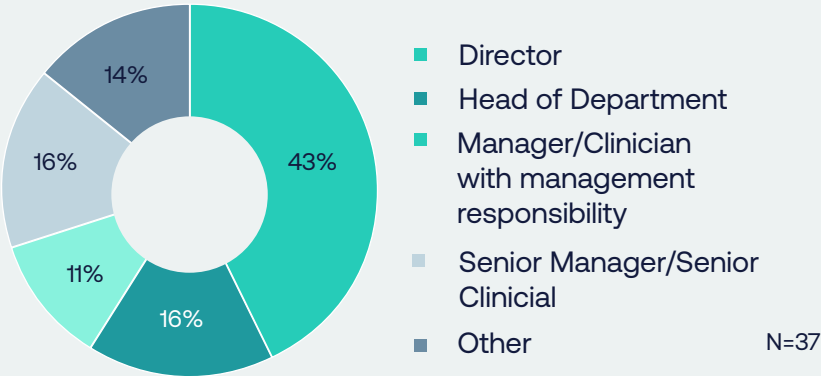


N=37

## Location

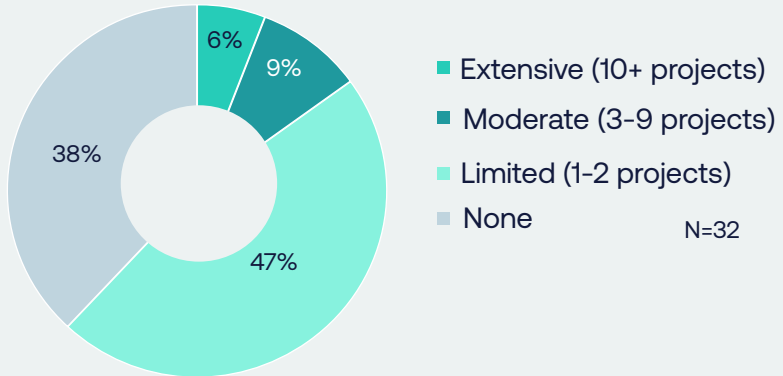
East of England	6
London	3
Midlands	5
North East and Yorkshire	2
South East	1
Northern Ireland	3
Wales	17

## Role



N=37

## Previous experience of partnering

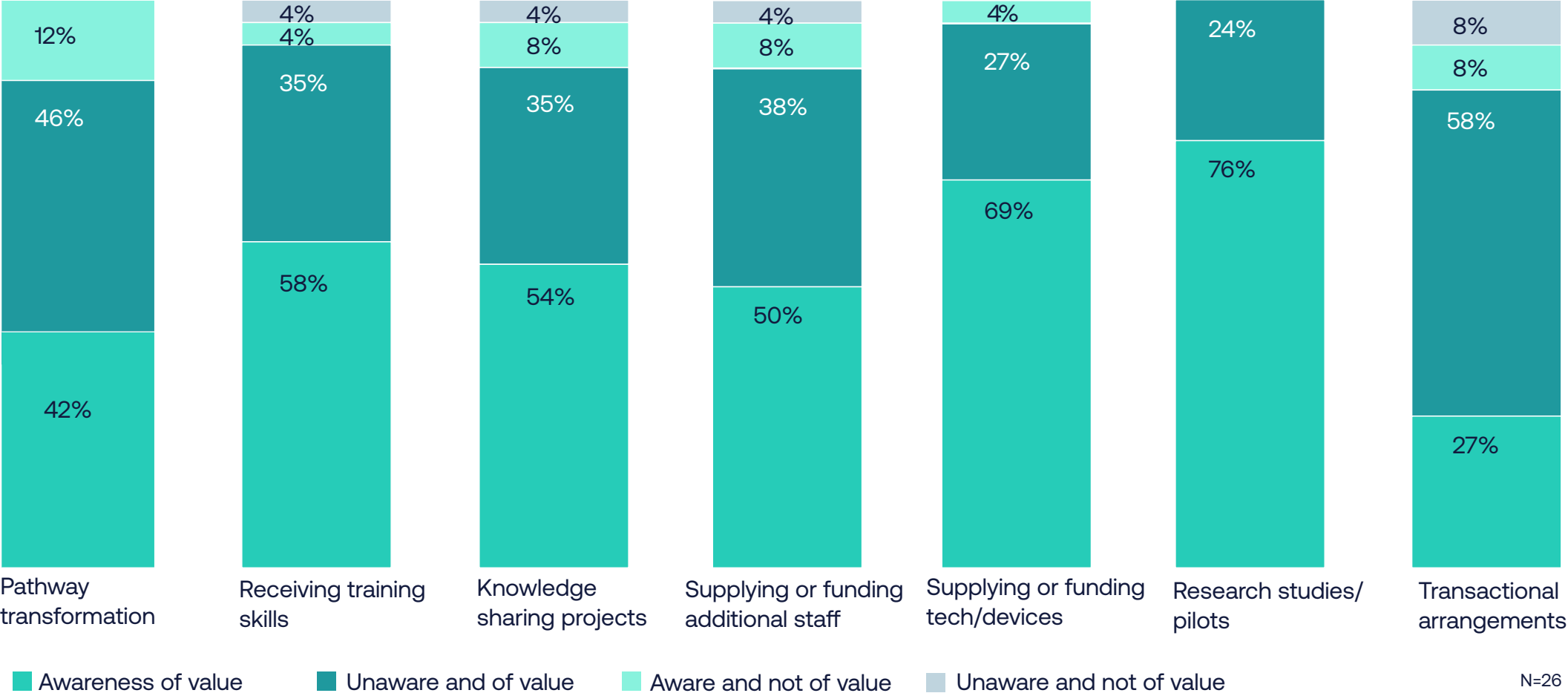


N=32

# Opportunities

There is perceived value across project types from pathway transformation to knowledge sharing projects, however the degree of awareness varied.

Opportunities and project types offered by life sciences industry



N=26

# Member experiences

Depending on a system's specific situation, different project types will be more or less useful.

## Pathway transformation

“We've had some really positive experiences partnering with life sciences companies through AHSNs. We were able to redesign a pathway that was less resource-intensive and less expensive to run.”

Director of Strategy, NHS Trust

“We don't always need a product, often we just want to optimise a process. If a company gave me the option to have someone seconded into my team to help run a project, I'd bite their hand off as this takes up a lot of my team's time!”

Director of Strategy, NHS Trust

## Additional funding

“Partners have funded the necessary programme management and “soft costs” of a programme we were running – often key enablers to create change but frequently unable to be supported through NHS funding alone.”

Clinical Director, ICS Network

“Additional funding for implementation would be useful. This helps create space for innovation implementation” through NHS funding alone.”

Medical Director, ICS Network

## Knowledge sharing

“Industry have a lot of knowledge on research and development, innovation implementation and achieving change and progress with projects reaching completion.”

Operations Manager, Ambulance Trust

“I think there are opportunities to learn from industry around rigor in project management, life cycle development, implementation and marketing.”

Head of Research, NHS Trust



# Case studies

[Click for further information on this work with BMS](#)

## Weston Park Cancer Centre partnered with Bristol Myers Squibb

To facilitate the evaluation of staff experience of the implementation of non-face-to-face (NF2F) consultations in non-surgical oncology clinics.

<b>Context</b>	<ul style="list-style-type: none"><li>• During COVID-19, non-face-to-face (NF2F) appointments became necessary. Evaluation is needed to establish the impact of these approaches for patients, healthcare staff and the safe and effective delivery of services.</li><li>• NF2F consultations will include by telephone and video using “attend anywhere”.</li></ul>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• To evaluate NF2F appointments with patients who have experienced F2F and NF2F consultations with medical and nursing staff with a focus on patients receiving systemic anti-cancer treatment (SACT).</li><li>• To contribute to the development of an end-to-end process for the management of patient assessment using F2F and NF2F approaches. This will support further innovative design and sustainable outpatient services for network SACT delivery.</li></ul>
<b>Methodology</b>	<ul style="list-style-type: none"><li>• Data analysis workstream comparing, assessing, and analysing the impact of COVID-19 on treatment numbers and follow up.</li><li>• Staff perspective workstream interviewing staff and getting their feedback and ideas to inform a post-COVID-19 pathway.</li><li>• Patient-experience workstream to explore the staff-reported patient perspective on different consultation approaches.</li></ul>
<b>Role of industry partner</b>	<ul style="list-style-type: none"><li>• Practical support in study design, data analysis, writing up.</li><li>• Logistical support keeping the project on track with timelines.</li><li>• Feasibility support through sharing the load of time-intensive methods.</li><li>• Dissemination support by sharing the work via posters and presentations for local and national forums.</li><li>• The clinical team was in control of all aspects of the project. The partnerships team helped to facilitate delivery.</li></ul>



## Impact

- Learned through the evaluation process what gains, losses, risks, and safety outcomes exist.
- Emphasised that staff and patient engagement is fundamental to build on the positives and manage risks.
- Identified factors that support implementation of NF2F approaches; some have been addressed and others are being developed.

“Working with BMS in a joint working project played an important role in supporting the delivery of the project in a very challenging clinical context. The assistance with data entry and analysis was invaluable for time management and joint working helped to keep the project on track. The main impact of the project to date has come from sharing the findings with other healthcare staff, locally and nationally, raising awareness of the issues and providing opportunities to inform clinical practice. BMS has supported this providing valuable networking and presentation opportunities across the country to increase the reach of the work.”

**Project Lead, Weston Park Cancer Centre**

## Barts Health Orthopaedic Centre partnership with Johnson & Johnson (J&J)

Short-stay programme on a quality improvement initiative for total hip and knee arthroplasty.

<b>Context</b>	<ul style="list-style-type: none"><li>• Barts Health Orthopaedic Centre (BHOC) at Newham Hospital manages a significant share of Barts Health’s planned orthopaedic surgeries, with 2,500 annual surgeries in four orthopaedic theatres.</li><li>• Before partnering with J&amp;J, BHOC faced prolonged wait times and a 3.7-day average length of stay (LOS) for total hip arthroplasty (THA) and total knee arthroplasty (TKA).</li><li>• The adoption of enhanced recovery measures for THA and TKA in the UK has been slow, but these measures have the potential to improve outcomes, reduced length of stay, and increase healthcare capacity.</li></ul>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• To increase efficiency by implementing a new short-stay programme (pathway optimisation) aimed at reducing LOS in partnership.</li><li>• To work with the hospital to align hospitals to current Get It Right First Time (GIRFT) guidelines and provide training to align clinical staff with new processes for faster discharge in patients receiving THA and TKA.</li></ul>
<b>Methodology</b>	<ul style="list-style-type: none"><li>• Engage the entire multidisciplinary team, including one hospital representative from each discipline.</li><li>• Audit baseline performance and conduct a gap analysis against national guidelines to guide quality initiatives.</li><li>• Train staff on new interventions and align with consistent LOS expectations.</li><li>• Communicate clearly and consistently with the hospital community, including providing patient materials to enhance patient engagement and improve the overall experience.</li></ul>
<b>Role of industry partner</b>	<ul style="list-style-type: none"><li>• Expertise in healthcare transformation by embedding initiatives focussed on improving quality of patient care.</li><li>• Previous experience of implementing short-stay programmes (pathway optimisation and clinical redesign).</li><li>• Collaboratively identify and address key barriers and bottlenecks across the entire care pathway, spanning 17 departments and involving 11 critical interventions to drive change and overcome obstacles.</li><li>• Provide additional hands-on resources and capacity at no extra cost, given BHOC’s enrolment in the NHS Supply Chain frameworks.</li></ul>



## Impact

- Alignment to several GIRFT guidelines improved, staff satisfaction improved, LOS remained stable while case mix complexity increased.
- Patient satisfaction scores pre-implementation were very high and these scores were marginally improved/equivalent following the programme.
- Increased access to care for complex patients by implementing refined protocols, with a shift from 100 per cent ASA1 and ASA2 (less complex patients) to 75 per cent ASA1 and ASA2 and 25 per cent ASA3 (more complex patients), all while preserving quality.
- Additional hip and knee replacement surgeries being performed.
- Staff satisfaction improved.
- Long-term impacts: J&J is running monthly root cause analysis of long-stay patients and has introduced escalation processes for patients not being discharged on the day 2 target. These processes aim to reduce LOS while maintaining quality of care.

“The J&J team has put a mirror up to us and shown us the areas we need to improve. The difference then is that they have provided the energy and enthusiasm to impact the change.”

Barts Health

“J&J did all the legwork. This project would have been achievable in the NHS, but it would have taken much longer. Because we’ve partnered with industry it’s been a roaring success in a very short period of time.”

Morecambe Bay

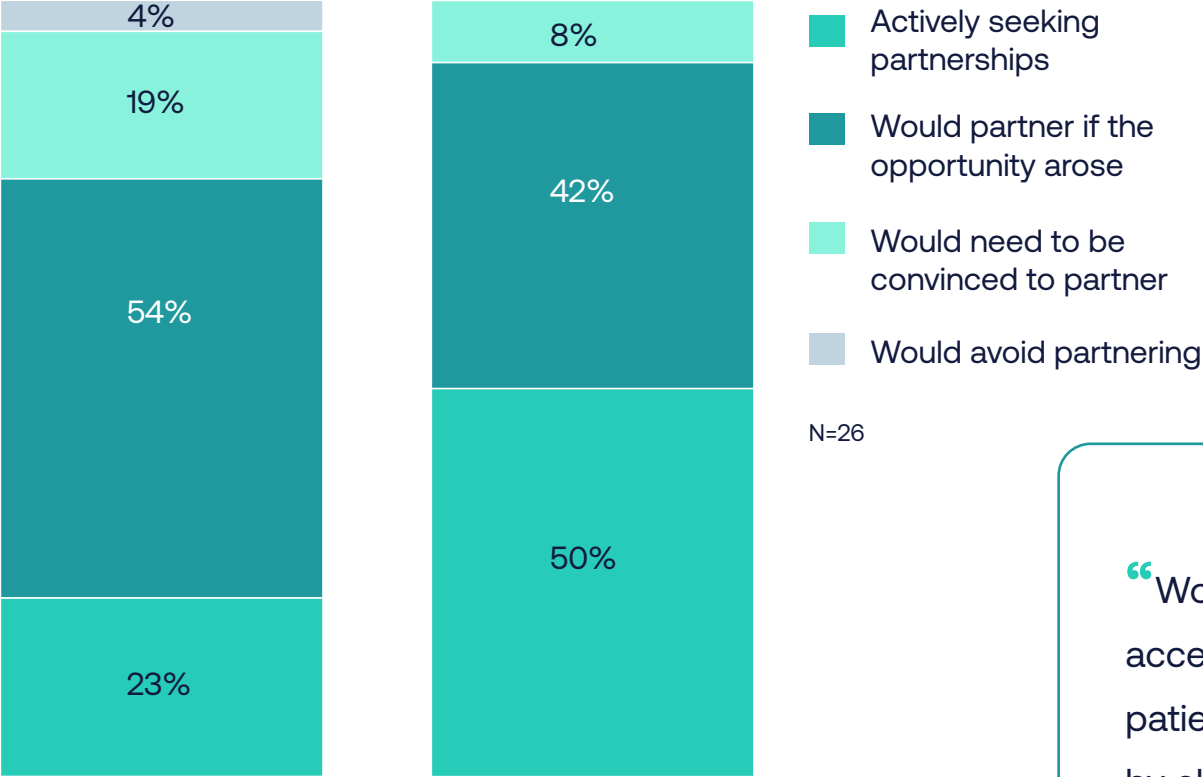
“It has enabled me to continue in a busy clinical job and at the same time pursue and complete an incredibly important study and development for the trust. They have helped keep the momentum going.”

Clinical Director, Short-Stay Trust

# Openness to partnerships

There is openness to partnering with life science companies, and previous experiences have been broadly positive.

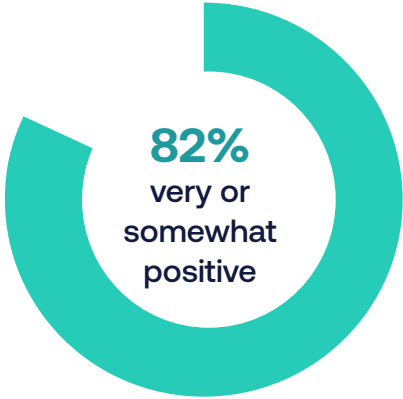
## Openness to partnering



Openness to partnering with **pharmaceutical** companies

Openness to partnering with **HealthTech** companies

N=26



Those who have partnered in the past indicated a **very or somewhat positive experience**.

**No one in the survey reported a negative experience of partnering.**

“Working collaboratively gives access to resources to improve patient care that are scarce to come by elsewhere in the system.”

Transformation Director,  
Health Innovation Network

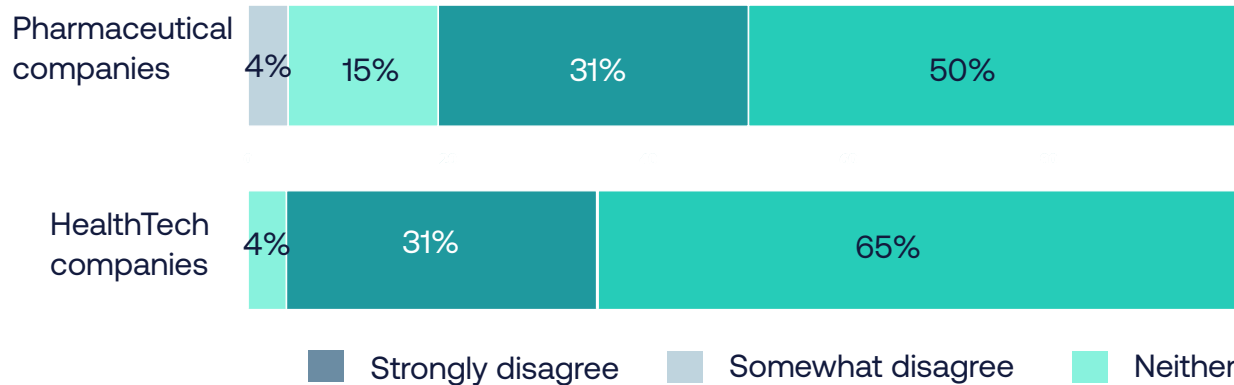
“We’ve done some great work partnering with a local HealthTech company, where the process has been entirely co-creative and demonstrated true value to our organisation.”

Chief Executive, NHS Trust

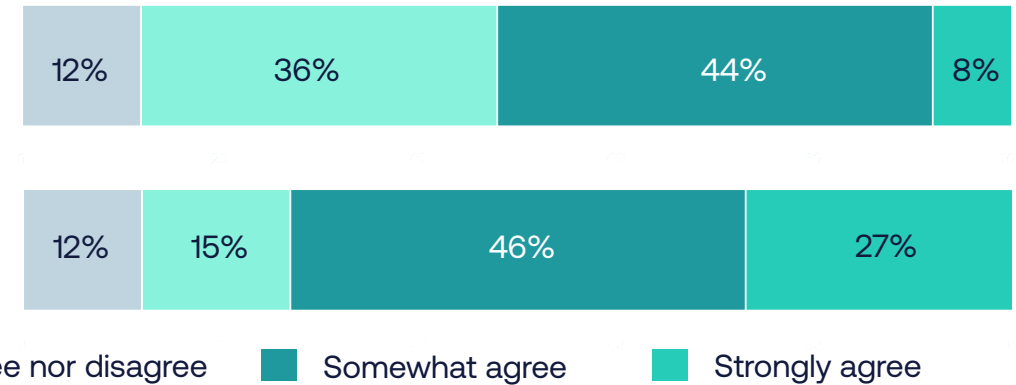
# Perception of value

Despite seeing value in partnering for the NHS as a whole, at an organisational level this value is not observed to the same extent.

There is **real value to the NHS** in partnering with...



**My organisation sees value** in partnering with...



“I would say my organisation is open to engage but what we don’t have is the capacity to engage. Organisational priorities and urgent pressures take over headspace.”

Head of Research, NHS Trust

“J&J did all the legwork. This project would have been achievable in the NHS, but it would have taken much longer. Because we’ve partnered with industry it’s been a roaring success in a very short period of time.”

Director of Strategy, NHS Trust

# Partnership enablers

To unlock the opportunities partnerships present, enablers can demonstrate the diversity of project types available, showcase their impact and build trust and comfort in the concept.

## Enablers



### Showcasing case studies of previous projects

Highlighting case studies and the outcomes and value that can be achieved through partnership, and how barriers can be overcome.



### Relationship building and gaining understanding of organisational priorities

Encouraging organisations to be transparent around their priorities and pain points to co-create projects that added value at an organisational level.



### Myth-busting common misconceptions around partnership working

Clarity on the existing rules and regulations in place for partnership working to help remove skepticism.



### Demonstrating the breadth of the support industry could offer at an organisational level

There are many project types that industry can support, from knowledge-sharing sessions to pathway transformation.

Awareness raising of the types of offer industry can provide, as well as their applicability at an organisational level.

“It would be helpful to have existing case studies and real-life examples. For example, how pathways changed for the better and how obstacles (linking to existing systems, sharing data, re-education of staff) were approached and overcome.”

Director of Strategy, NHS Trust

“Working in a true collaborative way with a HealthTech company, we built mutual trust and respect which shortened the procurement and implementation phases of our project. Our teams felt very supported and confident in the ability to have an open dialogue with company representatives.”

Chief Executive, NHS Trust

# Obstacles to partnering

There are barriers to partnering, however, they are not insurmountable and there are examples of partnerships working despite them.

“Information governance and data sharing take time to work through, but that is because they are vitally important to get right.”

Director of Strategy, NHS Trust

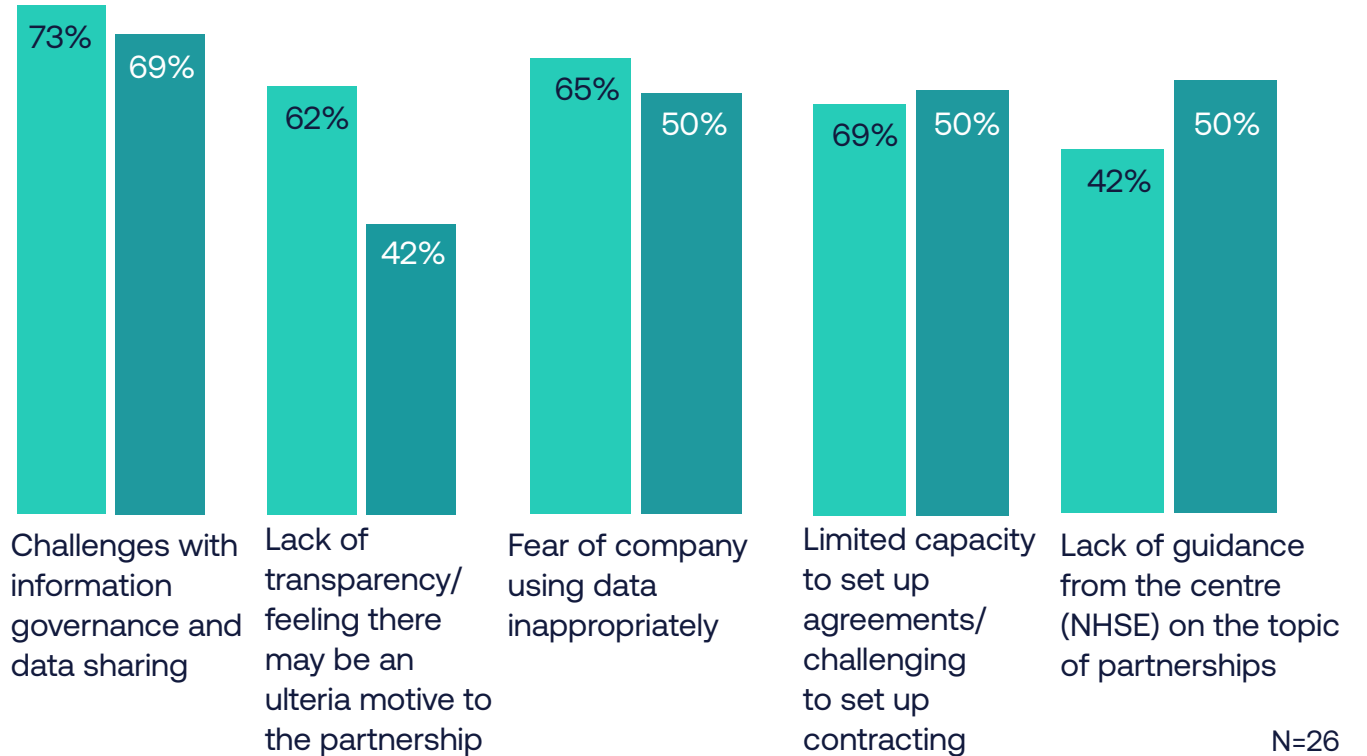
“The two partners can pull in different directions; if there is even a small misalignment in vision then work can fall apart.”

Clinical Director, ICS Network

“Inexperience in NHS organisations with partnering means there is often not clear governance routes for obtaining sign off.”

Operations Manager, NHS Trust

Key barriers to entering into partnerships\* (top five shown by % selected)



\*Other barriers mentioned but to a lesser extent include; Partnering feels like privatisation of the NHS, fear of public or patient perceptions, challenging to identify projects of shared strategic importance, or issues getting organisational buy in.



# Case studies

[Click for further information on this work with AZ](#)

## University of Leicester NHS Trust working with AstraZeneca (AZ)

To identify chronic kidney disease (CKD) patients in primary care suitable for virtual management.

<b>Context</b>	<ul style="list-style-type: none"><li>• CKD can result in progressive kidney damage leading to complete kidney failure and increased cardio-vascular and mortality risk. Early diagnosis and risk stratification are essential to define management in patients with significant risk.</li><li>• There are almost 10,500 patients diagnosed with CKD with a prevalence of 3.8 per cent across East Leicestershire and Rutland CCG and almost 7,700 patients diagnosed with CKD with a prevalence of 2.3 per cent across Leicester City CCG.</li><li>• Based on data within County and City practice's, Integrated CKD (iCKD) services identifies patients suitable for virtual management, reduce Advice and Guidance queries, and identifies high-risk patients for expedited referral. It also brings secondary care expertise into primary care to upskill clinical pharmacists in medication review and prescribing eligibility.</li></ul>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• To risk stratify the CKD population of Leicester City and County and improve clinical outcomes by bringing secondary care capability into primary care and implementing gold standard management, including:<ul style="list-style-type: none"><li>– increasing early identification of CKD patients suitable for virtual management</li><li>– providing a community outreach service, enabling multidisciplinary team at a PCN level, driving new models of care</li><li>– improving the quality of care delivered to CKD patients by increasing the capability and confidence of primary care providers.</li></ul></li></ul>
<b>Role of industry partner</b>	<ul style="list-style-type: none"><li>• Supporting project management for driving the project forward.</li><li>• Developing a dashboard to support the identification of high-risk cohorts.</li></ul>
<b>Challenges faced</b>	<b>How it was overcome</b>
Information governance	The project was governed by appropriate and robust data sharing agreements; these were critical for success.
Data sharing	The Dashboard data is owned by the NHS. It is shared, supported by a data sharing agreement, with Apollo.*
Fear of company using data inappropriately	The data remains owned by the NHS and under no circumstances is shared with AstraZeneca.

\*Apollo is an organisation that supports data extraction in primary care. Apollo data analytics service uses data from a GP practice in a consented, appropriate manner and allows practices to view their own data or share information in an identifiable, anonymised or aggregated format to other third party organisations, who may amalgamate data from multiple practices and apply business intelligence to support population health management and risk stratification to assist the individual GP practice, local primary care networks (PCN) or at integrated care system (ICS) level.

## Skin Analytics works across various NHS sites

To deliver a post-referral service for suspected skin cancer.

<p><b>Context</b></p>	<ul style="list-style-type: none"> <li>• The number of patients seeking clinical review of suspect skin lesions is on the increase. Given the complexity of cancer diagnosis, only 6 per cent of urgent referrals end up with a diagnosis of melanoma or squamous cell carcinoma.</li> <li>• With rising incidence there is increasing pressure on specialist skin cancer services and NHS trusts to meet cancer diagnosis timelines.</li> </ul>
<p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• To address the backlog and reduce delays in skin cancer detection and treatment without additional face-to-face clinics.</li> <li>• To explore the role of AI in skin cancer post-referral pathways.</li> </ul>
<p><b>Role of industry partner</b></p>	<ul style="list-style-type: none"> <li>• Co-designed pathway in collaboration with NHS site.</li> <li>• Project management for service implementation.</li> <li>• Providing on-site user training for all levels of roles involved in the pathway.</li> <li>• Supporting change management ensuring maximum utilisation of AI effectively.</li> <li>• Reporting and delivering key success metrics, as well as hosting formal quarterly business reviews.</li> </ul>
<p><b>Challenges faced</b></p>	<p><b>How it was overcome</b></p>
<p>Limited capacity to set up agreements/challenging to set up contracts</p>	<p>Skin Analytics has learned from previous projects to identify relevant stakeholders (eg clinical safety officers) early in the process to avoid delays in project timelines later down the line.</p>
<p>Information governance</p>	<p>Skin Analytics provides guidance and share NHS Digital guidance on how to complete DCB0160 (Clinical Risk Management) to support teams who have not done this before (cognizant they are not able to formally complete this on the NHS provider's behalf).</p>

# Industry support

“Globally, health systems are working to transform towards a more sustainable model of care delivery and this briefing demonstrates the appetite for the NHS to do so in partnership with the HealthTech sector. It highlights what can be achieved through collaboration alongside some of the barriers that can hold back progress. We look forward to working with the NHS Confederation on how we can support our respective members to overcome these and achieve further improvements in patient care.”

Peter Ellingworth, Chief Executive, Association of British Healthcare Industries (ABHI)

“World-class innovation can be found in all corners of the NHS, but too often the best ideas have not been spread elsewhere. There is no doubt that innovation plays a vital role in tackling the biggest challenges healthcare faces, but to deliver transformation at the scale and pace needed we must actively and systematically involve partners who can help create the capacity and headspace required.”

Richard Stubbs, Chair, Health Innovation Network

“Unlocking the full potential of our healthcare system requires a united effort where the pharmaceutical industry, patient organisations and health services collaborate seamlessly. By addressing health inequalities and embracing cross-sector partnerships, we pave the way for innovation and the sharing of best practices, ultimately leading to improved NHS performance and a healthier and more equitable future for all.”

Richard Torbett, Chief Executive, Association of British Pharmaceutical Industries (ABPI)

“These case studies highlight exactly what the government is trying to achieve through the delivery of the Life Sciences Vision, bringing together the NHS and the wider sector to work in partnership to deliver benefits for patients. We are excited to continue working with NHS Confederation and the wider healthcare system on the delivery of these exciting partnerships.”

Rosalind Campion, Director, Office for Life Sciences (OLS)

“We hope the insights and examples highlighted in this report encourage you to explore the possibility of partnership in your organisation.” NHS Confederation