

ASSOCIATION OF INFORMATION OFFICERS IN THE PHARMACEUTICAL INDUSTRY

Customer relations — how can medicines information departments in industry develop their services?

The 29th annual conference of the Association of Information Officers in the Pharmaceutical Industry was held in Stratford-upon-Avon from 8 to 10 July. Jill Rutter, principal pharmacist, Wessex Medicines Information Centre, reports

By October 2002 primary care trusts will control 75 per cent of the budget for the local health economy, explained TREVOR JENKINS, pharmaceutical adviser, Milton Keynes Primary Care Trust. Therefore, they will have to commission for hospital services and for medical and pharmaceutical services from local general practitioners and community pharmacies.

Like other pharmaceutical advisers, Mr Jenkins is involved in teaching new prescribers how to prescribe using STEP, a system based on safety, tolerability, efficacy and price. He also aims to improve prescribing in chronic disease by reviewing who does what in the prescribing process and developing the roles of GPs, nurses and pharmacists.

So what do these changes mean for the pharmaceutical industry? They mean new prescriber groups and a greater demand for clinical information about medicines. Consequently, the focus of marketing will shift. He said that the old model of promotion is based on advertising primarily to GPs. However, today, the new model includes pharmaceutical advisers, medicines management committees and new prescriber groups.

There is now an obligation on PCTs to work together and, in collaboration with other agencies, to improve the health of the

population they serve and the health services they provide for that population. Partnerships with industry can have a number of benefits, although Mr Jenkins stressed that purchasing decisions, including those concerning pharmaceuticals, should always be taken on the basis of best clinical practice and value for money.

Ultimately, PCTs need guidance to support clinical decisions with cost-effectiveness as the key. These decisions may be made by the Medicines and Therapeutics Committee for both primary and secondary care. However, information is needed in advance. As a pharmaceutical adviser Mr Jenkins needs to know in advance what the drug is, its benefits and side effects, whether it is new or an improvement, its efficacy relative to other treatments, its likely uptake per 100,000 patients, whether it is aimed at primary or secondary care or both, its intended realistic position and place, the cost of treatment and what evidence there is for its use.

SUPPLEMENTARY PRESCRIBING

Mr Jenkins also updated participants on changes to prescribing, since these will start to have an impact on the pharmaceutical industry. In supplementary (dependent) prescribing, he explained that once a diagnosis has been established or a treatment plan

prepared, responsibility for clinical management of the individual patient, including prescribing, can pass to another health professional.

The independent prescriber must be a doctor or dentist and the supplementary prescriber must be a pharmacist, nurse or midwife. A written clinical management plan relating to a named patient for that specific condition must be agreed and signed by both the independent and supplementary prescriber. This plan will specify the range of medicines that may be prescribed by the supplementary prescriber, the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the specified medicines and when to refer back to the independent prescriber.

Training and funding will be required for these prescribers to take on this new role and the pharmaceutical industry may be able to help with this.

To summarise, Mr Jenkins said that the industry needs to:

- 1 Understand that PCTs are developing organisations
- 1 Align new medicines with business planning cycles
- 1 Give timely advance information on new products

Customer service workshop — styles of behaviour

RACHEL and KEITH LILLY, Professional Information, explained that customers are the people outside of the medical information department who are in some way affected — either directly or indirectly — by the services provided by medical information. It is important to remember that:

- 1 Satisfied customers buy and use a company's products
- 1 Dissatisfied customers given any choice at all do not
- 1 30 per cent of the problems that contribute to dissatisfaction relate to poor service on the telephone

STYLES OF BEHAVIOUR

Aggressive Aggressive individuals satisfy their own needs at the expense of others. They are often verbal bullies who enjoys a feeling of power over others and may be rude, condescending, intolerant, sarcastic, threatening, abusive, sharp and argumentative. Aggressive people will often achieve short-term goals at the expense of others and leave a negative impression on customers.

Passive Passive people put other people's needs before their own. They are shy, quiet, timid, non-confrontational, apologetic, indecisive and avoiding. They rarely achieve their goals, rely on others to give them the lead and fail to instil confidence, trust or enthusiasm in others.

Assertive Assertive people are concerned not only for their own rights and opinions, but also for the rights and opinions of others. They approach new tasks in a positive frame of mind and are enthusiastic and honest in dealing with others. They are energetic and direct energy into reaching goals, have good communication skills and are willing to take risks. They know their limitations and understand that other people have needs and feelings too.

If a person is assertive, others are more likely to feel positive because they know where they stand, believe they can trust the person, respond to their positive influence by helping them and find the enthusiasm contagious. Assertive individuals usually achieve their goals so that everyone wins, look for long-term effects and receive good ratings from customers.

- 1 Get involved with implementation processes that will make a difference to patients
- 1 Prepare for new prescribers and their information needs

NHS MI PHARMACISTS

UK Medicines Information (UKMI) is a "virtual" national organisation with a national strategy to extend the service into primary care, further develop the service in secondary care and provide support to other organisations such as the National Institute for Clinical Excellence, the National Prescribing Centre and NHS Direct, explained JILL RUTTER, principal pharmacist, Wessex Medicines Information Centre (Southampton University Hospitals NHS Trust).

Ms Rutter explained that the primary role of MI centres is to answer enquiries about medicines by providing timely, impartial, evaluated advice and information. The average (national) number of enquiries per year is about 1,000 per local centre and 5,000 per regional centre. NHS MI centres also produce active work, such as drug guidelines, formulary reviews, newsletters, frequently asked questions, patient information leaflets for unlicensed medicines and complementary therapy summary sheets.

Ms Rutter highlighted that the NHS MI service is a major customer of the industry MI since the company might be the only source of information and may, in some cases, be the quickest source of information if the immediate care of a patient is at stake.

She suggested several key points for the pharmaceutical industry MI service to consider in line with service development:

Accessibility Industry medicines information departments need to ensure that call centre staff are trained appropriately to avoid the caller having to repeat their enquiry in full when he or she finally gets through to the appropriate person. Where

possible, hours of business also need to be in line with customer hours, with an easily accessible out-of-hours service.

The service provided should be personal and the use of answerphones/voicemail avoided. If this is not possible then locums could be used or another department could take messages. The department contact details should also be easy to find and up-to-date in all major reference sources.

Telephone/communication skills When answering the telephone all staff should state their name and who they are. Information professionals should also assess the urgency of the enquiry and try to find out what sources the MI pharmacist has already searched. If the industry need to contact NHS MI, eg, about a drug review, co-ordinate this with the marketing/field staff to minimise duplication of effort and interruptions to NHS MI work.

Knowledge and competence The pharmacist telephoning industry MI may not realise that the person they are speaking to is not familiar with the information being requested. Industry MI professionals should clarify things about which they are unsure, ie, they should not be afraid to admit they do not know the answer or that they are new. Despite the Association of the British Pharmaceutical Industry code of practice, industry professionals should try to add value and use pharmacists/doctors to give pharmaceutical/medical advice, ie, not just the company information. They should think about using other in-house information sources and departments, such as drug safety, regulatory affairs, and medical advice and clinical trials specialists.

Timeliness Timeliness can be difficult as we all have conflicting priorities. Industry professionals should negotiate: remember to ask the customer when they need an answer by. They should find out if a patient is involved, reduce the use of faxes and use

more e-mail, and above all, do what they say they are going to do.

In summary, Ms Rutter suggested that industry MI professionals should:

- 1 Think laterally, eg, who else could help?
- 1 Be open and flexible — a patient's welfare may be at stake
- 1 Review frequently asked enquiries to identify areas where information may be lacking
- 1 Produce active information and post via a central website, eg, FAQs, availability of specials/unlicensed medicines, divested products
- 1 Use up-to-date mailing lists and identify key NHS MI contacts

The AIOPI should identify the needs of NHS MI as a customer group and establish areas for collaboration.

PATIENT GROUPS

Everyone affected by cancer has the right to high quality information that is accessible, unbiased and evidence-based, said CATRIONA MOORE from the charity CancerBACUP. Information empowers patients to make choices about their treatment and promotes better communication between patients and health professionals.

She said that CancerBACUP's mission is to give people with cancer and their families the up-to-date information, practical advice and support they need to reduce the fear and uncertainty of cancer.

The information it uses is reviewed by experts, user-led and user-focused and helps give patients a sense of control. It provides a telephone helpline with more than 50,000 calls a year, booklets and factsheets, and a website (www.cancerbacup.org.uk).

CancerBACUP works with the pharmaceutical industry on collaborative projects, sponsorship of publications and joint policy initiatives.