

# Duel or duet? The relationship between pharmacists and the drug industry

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When I saw the correspondence in *The Pharmaceutical Journal* recently concerning the AstraZeneca-supported brochure on statin use that was distributed by *The Journal* my heart sank. This was not because comments made by the various respondents were not justified. Neither was it because, in the ever-changing NHS arena, the pharmaceutical industry is constantly looking for different ways of targeting its customers, all of which must comply with the recognised standards of the Association of the British Pharmaceutical Industry code of practice for the advertising of prescription medicines.

My heart sank because the correspondence clearly indicated that the working relationship between the pharmacy profession and the pharmaceutical manufacturing industry is as poor as it has ever been. In my view, this is to the detriment of the whole of the health care system, and especially the end-user — the patient. Furthermore, with a commitment to clear communication and to understanding each other's agendas, this need not be the case.

When I began my career in the late 1980s in hospital pharmacy, it was acknowledged that there was a gulf between the NHS and the pharmaceutical industry, in terms of their business processes and practices. There was also a significant earnings differential for professionals employed in the two sectors, with pharmacists in the industry earning significantly more than those in equivalent roles in the NHS.

However, since then there have been a number of important developments affecting both the NHS and the industry. The average cost of research and development for new drugs has increased sharply; many of the new products coming to market are highly sophisticated biological products, with a high cost per dose unit. Since the late 1990s, there have been primary care organisations responsible for implementing health policy in primary care, in particular prescribing policy, setting and controlling budgets and (until now) commissioning services from providers. For these reasons, PCOs have become important gatekeepers to the adoption of a medicine in the NHS. Also, in recent years, as a response to government concerns about shortages of doctors and skill mix in the NHS, there has been an increasing emphasis on non-medical

prescribing, and now a proportion of prescribing is done by health care professionals other than doctors, thus providing a more diverse marketplace for the industry. Moreover, salaries in the NHS have risen, and are now more on a par with remuneration for pharmacists employed by the industry.

These changes have had a number of effects on the interaction of the pharmaceutical industry with the pharmacy profession. The increase in high-cost specialist therapies coming to market, together with the PCOs' role as gatekeepers and influencers, has led to the "managed entry" of new medicines, whereby the industry employs specialist NHS liaison personnel, often health care professionals themselves, to network with the PCOs in order to determine the factors that affect the local health economy

and the issues relating to the new product in the locality, and to advise on clinical and budgetary aspects on the new product. In general, in response to the new NHS arena, the pharmaceutical industry has looked beyond the traditional sales models, based on representative activity, territory management and the use of standardised promotional material towards newer marketing methods. These new approaches include initiatives as diverse as specialist representative teams within pharmaceutical companies, with greater background knowledge of the therapeutic area and the customer base, network NHS liaison (to make representations with regional and national bodies, such as the National Institute for Health and Clinical Excellence and the Scottish Medicines Consortium), and specialist communications agencies and peer-to-peer initiatives, where companies engage health professionals to liaise with their professional peers, concerning a new product or new clinical data.

In recent years, health professionals in primary care have been moving into these roles in, and associated with, the industry because of the similar skills required for the roles, together with parity in salaries between the NHS and the industry. This situation is likely to continue, given the amalgamation of PCOs at present, and the resultant loss of jobs on the NHS side.

Yet in this environment of increasing communication between the two sectors, there is still a healthy distrust between phar-

macy professionals — especially those working in secondary care and for primary care organisations — and the pharmaceutical industry.

It is not hard to see the issues and incidents that fuel this distrust. Cases brought against companies under the ABPI code of practice are routinely reported in the pharmacy press. Controversial pharmaceutical industry initiatives — for example, the recent decision by Pfizer to use a single supply channel — are hotly debated in the pages of *The Pharmaceutical Journal*. It has been claimed that industry-sponsored reviews of therapeutic interventions are not as transparent and methodologically sound as those formulated by independent bodies such as the Cochrane Centre. Moreover, there are pressure groups that encourage health professionals to distance themselves from the pharmaceutical industry, and not to accept the various promotional items that the industry provides, eg, the No Free Lunch initiative ([www.nofreelunch.org](http://www.nofreelunch.org)).

Nevertheless, in the current climate, it is essential that pharmacists on both sides of the fence — in the NHS and in the pharmaceutical industry — understand each other's agendas and maintain good communications and working relationships. New medicines are increasingly complex and expensive; prescribing advisers and commissioners need timely and accurate information from the industry in order to elucidate the likely role and place in therapy of a product, and its potential budgetary impact. The primary care arena is changing, with amalgamation of PCOs, introduction of practice-based commissioning, and local variations across Britain. In the past, the industry has struggled to make contact with decision-makers and influencers in PCOs — and this challenge will not be made easier by the current NHS changes.

So, in order for there to be a win-win situation for the NHS and the industry — and an ultimate benefit for the patient, in that a new product is rapidly adopted and available where appropriate — pharmacists in the NHS and industry must work together.

I have argued previously that pharmacists should support the pharmaceutical industry because of their common heritage: the way that notable pharmacists have shaped the industry in the past, and the many useful products that the industry has provided for community pharmacists to recommend. Now I appeal to pharmacists in the industry and the NHS to work together, in order to face the challenges of the future.

## For a win-win situation, pharmacists in the NHS and industry must work together