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**Title**

**Pharmaceutical Industry Collaborations: Delivering Joint-Working Partnerships with the NHS**

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**Abstract**

The primary focus of this developmental paper is to evaluate how pharmaceutical organisations in the United Kingdom deliver Joint Working initiatives in partnership with the healthcare service. Joint Working represents the most formalised and transparent mechanism for cooperation between the industry and the National Health Service (NHS). The research evaluates the level of capability that organisations ‘desire’ to deliver collaborative initiatives, and the degree to which they possess the competencies to deliver them. A pilot study is conducted that adopts a mixed method research approach using secondary data and focus group analyses, interviews, and a survey. The findings present a comprehensive range of benefits that would appear to represent a compelling rationale for enhanced capability in Joint Working within the healthcare sector.

**Keywords**

Collaboration, partnership, Joint Working, capability, competencies

**Word Count:** 1998

## **1. Introduction**

Partnerships and collaborations are complex and interesting relationships as organisations react to customer demands for greater value and benefit. In many industries the key to success lies in the ability to attract and accomplish projects where a number of partners work together (Brady & Davies, 2004; Crawford, 2006; Söderlund, 2008; Turner, Ledwith, & Kelly, 2009). This research paper reports the findings of a pilot study that examines a specific type of collaboration between the pharmaceutical industry and the National Health Service (NHS) in the United Kingdom. The Association of the British Pharmaceutical Industry (ABPI), and the Department of Health (DOH) use the term Joint Working to describe a particular type of undertaking in which the NHS and pharmaceutical organisations pool resources to deliver projects designed primarily to improve patient health, whilst also offering benefits to the participating parties (ABPI, 2013). This paper explores and evaluates the use and value of Joint Working initiatives within the pharmaceutical industry in the United Kingdom (UK). The primary aim of this paper is to evaluate the level of capability that an individual organisation aspires to within the Joint Working sector, and the degree to which it possesses the project management competencies to deliver collaborative initiative of this type. The findings are based on an intra-organisation appraisal of desired and current collaborative working performance, and provide greater understanding of the capabilities and competencies necessary to deliver high quality Joint Working collaborations in partnership with the NHS.

## **2. Theoretical Background**

The pharmaceutical industry in UK is often perceived to be highly profit-centric with a reputation blemished by controversies ranging from a disregard for patient welfare (Goldacre, 2012; Kay, 2010), the misrepresentation of data (Goldacre, 2012; Kay, 2010; Savitz and Weber, 2014), and allegations of widespread corruption (Ward, 2014). Against this backdrop of scepticism there is a desire within the industry to improve its image as a corporate citizen (Savitz and Weber, 2014) and deliver on stakeholder expectations (Wang, 2014). In this context, collaborations between the NHS and the pharmaceutical industry - although potentially challenging (Evans, 2012) - could offer all participating parties a range of possible benefits (Colquhoun, 2012; Farrar, 2012, in ABPI, 2012; Horton, 2009; Whitehead, 2012). In recent years the DOH and NHS have proposed a number of policy drivers that have been seen as catalysing a greater degree of collaboration between the private and public healthcare sectors, (Ham and Murray, 2015), wherein the term ‘collaboration’ most accurately describes formal Joint Working initiatives taking place between the NHS and pharmaceutical industry with a focus on a collective goal and pooling of resources, and the sharing of risk and reward.

The literature regarding collaborative projects is relatively rich, particularly in the engineering and construction industries (Bresnen 2009; Bygballe et al. 2010; Hong et al., 2012; Galliford, 1998), where various authors discuss the potential virtues and pitfalls inherent within partnerships (Bresnen, 2009; Bresnen and Marshall, 2000; Chan et al., 2003). The Association of Project Management (APM) suggests that partnerships may present organisations with opportunities to pool resources and expertise, and to increase value while spreading risk (APM, 2009). Jacobson and Roth (2014) articulate the view that partnerships are a good platform for engagement, whilst Naoum (2003) propagates them as a vehicle for the development of inter-organisational trust and long-term relationships. Several authors share the view that collaborations offer the possibility of “win-win” benefits when the participating parties have shared objectives (Austin, 2000; Child and Faulkner, 1998; Langford and Murray, in Morris

and Pinto, 2004; Naoum, 2003), and Gray (1989) proposes a view that the quality of project outputs is improved by interagency partnership due to the deployment of diverse and complementary capabilities.

In the UK, collaboration has been a major component of the government's agenda to modernise the public sector, particularly in healthcare (Wildridge et al., 2004). However, as noted by the Audit Commission (1998), it is important to remember that there should not be an assumption that partnership working is guaranteed to be a good thing, and Mattessich et al. (2001) warn that collaboration is not necessarily always the ideal way to address issues and accomplish tasks. Nevertheless, the literature provides a reasonably homogeneous view that collaboration on the whole is a positive undertaking that can offer a wide range of benefits to all participating parties. The academic literature regarding public-private collaborations in healthcare is very limited; available material tends to be confined to partnerships linked to financing and building healthcare estate (Healthcare UK, 2013; Holden, 2009), or the R&D environment (Chataway et al., 2012). This raises questions around the potential validity of the available partnership literature in this particular context. Further, this uniqueness is underscored by an ideological polarisation of the protagonists in public-private partnerships, with the pharmaceutical company operating within a commercial capitalist model and their NHS partner within a publicly funded socialised healthcare model. Therefore, it is the intent of this paper to evaluate and add new insights into an area of partnership that has thus far been little explored.

### **3. Research Methodology**

The research adopted quantitative and qualitative approaches to collect data from a large pharmaceutical organisation in the UK. The first research method utilised was to examine documents already in existence and access data considered broad and independent from potential biases, Rabinovich and Cheon (2011). The quantitative data from these secondary sources was assimilated with information from the literature search and used as a platform for a focus group consisting of the organisation's senior management. The purpose of the focus group was to encourage people to discuss their feelings and opinions about collaborative projects, and accumulate tacit and explicit knowledge that informed decisions when defining the degree of Joint Working capabilities required (Nonaka and Takeuchi, 1995). The subjects participating in the focus group were given information sheets regarding the research project, and each individual signed an informed consent form.

The next technique used was interviews to collect qualitative data to interpret the opinion and values of those interviewed (Davis and Hughes, 2014; Merriam, 1998). The interviews were undertaken on a voluntary basis, and participants were given information sheets regarding the interview process and the research project, and each individual signed an informed consent form. In order to represent current practice these semi-structured interviews were undertaken with four individuals; two of these participants had undertaken Joint Working projects in the last two year, and two had not. The rationale for the relatively small sample size was that the information discovered would be in-depth and qualitative in nature, and also reflect the fact that the organisation had only completed a handful of Joint Working initiatives.

The final technique deployed was the use of questionnaires, which senior management encouraged twenty-five senior managers to complete and consequently response rates were exceptional and served to eliminate 'response bias', whereby only the opinions of those motivated to participate are taken into consideration (Blair et al., 2014). The questionnaire was

designed with closed response questions that elicited greater conformity and enabled ease of measurement and comparison within and between responder groups (Gray, 2014; Yin, 2009).

## **4. Findings**

### **4.1 Secondary Research**

Information gathered through secondary research provided evidence that demand exists within the industry to explore Joint Working projects, especially where the deliverables are based on infrastructure or of a digital nature. Documents accessed and analysed confirmed the success of pharmaceutical organisations' efforts to commission innovative projects that challenge the conventional compliance doctrine and require stretching the boundaries of collaborations, and thereby provide a useful benchmark of where organisations sit on the Joint Working adoption curve.

### **4.2 Focus Group**

The focus group identified a broad range of benefits, segregated as tangible and intangible, that organisations could realise through collaborative partnering. Relatively easily measurable factors such as 'data' and 'job satisfaction scores' were regarded as tangible benefits, as they are quantifiable and valuable to the company, and the presence of these elements could offer a reasonably straightforward justification for organisational commitment to a Joint Working project. The group also identified a number of intangible benefits, factors that although challenging to articulate and quantify, are nonetheless entirely appropriate as descriptors to justify Joint Working project participation. The essential finding from the group's analysis of benefits was that transparent and assertive disclosure regarding the value the organisation anticipated realising from Joint Working would be critical if improved organisational capability to work in partnership is desired.

### **4.3 Interviews**

The interviewees offered a number of attributes within the pharmaceutical industry that act to enable collaboration. Individual confidence to competently execute projects and a thorough understanding of the paperwork and procedures required to implement Joint Working were specified as particularly important. Internal constraints to Joint Working were identified as: need to prioritise time on achieving clinical access for new pharmaceutical products; administrative burden associated with the paperwork needed to undertake Joint Working was considered a disincentive; lack of project management competencies among peer group; and an insular corporate attitude and no clear route to investment for collaborative projects.

### **4.4 Survey**

The specific elements the questionnaire covered were communication, integrity, leadership, resourcefulness, teamwork and negotiation within Joint Working projects. The responses to the 'people' competencies were remarkably consistent and relatively high across all six of these elements. Questions regarding resourcefulness and negotiation received the lowest mean scores, and communication received the highest mean score. The two elements within this area of competency, namely resourcefulness and negotiation, are worthy of further evaluation due to the high degree with which they are inter-related with other project management

competencies. Resourcefulness encompasses entrepreneurship and creativity, and the evidence suggests that such skills could enhance a practitioner's ability to operationalise corporate strategy, take the initiative, and identify risk and opportunities. Similarly, the 'negotiation' element shares a large number of highly significant inter-connections with a wide array of other relevant competencies, and responses are very closely correlated to strategy, integrity, leadership, and teamwork. These significant inter-relationships suggest that as practitioners' confidence in their ability to negotiate increases, so too does the ability to integrate NHS and organisational strategy, and their willingness to proactively promote sustainability in their projects. Similarly, increased negotiation ability is also associated with increased confidence in taking initiative and coming up with new ideas, and when working in a group actively encouraging people to contribute their own ideas. Consequently, any training initiative designed to holistically improve practitioner competencies should focus on 'resourcefulness' and 'negotiation' due to the promising level of influence they are likely to provoke among a range of other competence elements.

## **5. Conclusions**

The evidence from both secondary and primary sources reiterate optimism that Joint Working offers substantial "win-win" benefits for patients and all project partners. The findings of this research suggest that potential benefits of engagement in partnering with the pharmaceutical industry exist but are generally not well recognised by all partners. The uptake of Joint Working is exceptionally low, with the fifteen largest pharmaceutical companies initiating just forty-three projects in the UK in 2015. The benefits offered by the focus group participants and interviewees were almost identical in content and emphasis. The strongest factors articulated were the establishment of relationships with key personnel in the health service, and significant gains for organisations in regard to reputation and trust with their public-sector partners. The results from the survey also confirm that field-based practitioners in organisations strongly believe that Joint Working provides an opportunity for them to acquire deep customer insight. In addition, the participants in the focus group and interviews also stated a number of benefits from Joint Working are quantifiable, and as such may satisfy demands from organisations for returns from partnership that have an easily measurable value. This comprehensive range of benefits that would appear to represent a compelling rationale for enhanced capability in Joint Working.

## **6. Future Work**

The findings of the pilot study form the basis of future work to be done, and feedback received at the conference will help strengthen and further develop the theoretical concepts and assumptions of this paper. Access is being secured to conduct empirical research with other pharmaceutical organisations implementing Joint Working projects.

## References

- ABPI (2013) *Joint Working with the Pharmaceutical Industry: Guide and Case Studies*  
London: Association of the British Pharmaceutical Industry
- APM (2009) *Co-directing Change; A guide to the governance of multi-owned projects*, High Wycombe: Association of Project Management
- Austin, J. (2000) *The Collaboration Challenge: How Nonprofits and Businesses Succeed Through Strategic Alliances*. San Francisco: Jossey-Bass
- Blair, J., Czaja, R. and Blair, E. (2014) *Designing Research: A Guide to Decisions and Procedures*. 3<sup>rd</sup> Edn. London: SAGE
- Brady, T., & Davies, A. (2004). Building project capabilities: From exploratory to exploitative learning. *Organization Studies*, 25(9), 1601–1621
- Bresnen, M. (2009) ‘Living the dream? Understanding partnering as emergent practice’ *Construction Management and Economics*. 27 (10) pp. 923-933
- Bresnen, M. and Marshall, N. (2000) ‘Partnering in construction: a critical review of issues, problems and dilemmas’. *Construction Management and Economics*. 18 (2) pp. 229-237
- Bygballe, L.E., Jahre, M. and Swärd, A. (2010) ‘Partnering relationships in construction: A literature review’. *Journal of Purchasing and Supply Management*. 16 (4) pp. 239-253
- Chan, D., Chan, A. and Ho, K. (2003) ‘Partnering in Construction: Critical Study of Problems for Implementation’. *Journal of Management in Engineering*. 19 (3) pp. 126-135
- Chataway, J., Fry, C., Marjanovic, S. and Yaqub, O. (2012) ‘Public-private collaborations and partnerships in stratified medicine: Making sense of new interactions’. *New Biotechnology*. 29 (6) pp. 732-740
- Child, J. and Faulkner, D. (1998) *Strategies of Cooperation*. Oxford: Oxford University Press
- Colquhoun, A. (2012) ‘How public-private partnerships bring benefits to NHS medicines management’. *Pharmaceutical Journal*. 288 (7695) pp. 280
- Crawford, L. (2006). Developing project management capability: Theory and practice. *Project Management Journal*, 36(3), 74–97
- Davies, M. and Hughes, N. (2014) *Doing a Successful Research Project*. 2<sup>nd</sup> Edn Basingstoke: Palgrave Macmillian
- Evans, T. (2012) ‘Pharma and the NHS: challenging, not cosy’. *The Health Service Journal*, 122 (6300) pp. 18-19
- Farrar, M. (2012) ‘NHS Confederation and Industry Foreword’. In ABPI (2012) *Joint Working: A Quick Start Reference Guide for NHS and Pharmaceutical Industry Partners*. London: Association of the British Pharmaceutical Industry
- Galliford (1998) *Partnering in the Construction Industry*. Hinckley: Galliford (U.K) Limited.
- Goldacre, B. (2012) *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients*. London: Fourth Estate
- Gray, B. (1989) ‘Collaborating’. San Francisco, CA: Jossey-Bass
- Ham, C. and Murray, R. (2015) *Implementing the NHS five year forward view: aligning policies with the plan*. London: The King’s Fund
- Healthcare UK (2013) *Public Private Partnerships*. London: UK Trade and Investment.
- Holden, C. (2009) ‘Exporting public-private partnerships in healthcare: export strategy and policy transfer’. *Policy Studies*. 30(3) pp. 313-332
- Hong, Y., Yeung, J., Chan, A., and Chan, D. (2012) ‘Critical Analysis of Partnering Research



- Trend in Construction Journals'. *Journal of Management in Engineering*. 28(2) pp. 82-95
- Horton, R. (2009), 'The UK's NHS and Pharma: from schism to symbiosis', *The Lancet*. 373 (9662) pp. 435-436
- Jacobsson, M. and Roth, P. (2014) 'Towards a shift in mindset: Partnering projects as engagement platforms'. *Construction Management and Economics*. 32(5) pp. 419-432
- Kay, J. (2010) *Obliquity: Why our goals are best achieved indirectly*. London: Profile Books
- Langford and Murray (2004) 'Procurement Systems'. In Pinto, J. and Morris, P. (eds) (2004), *The Wiley Guide to Managing Projects*. Hoboken, NJ: John Wiley & Sons
- Mattessich, P., Murray-Close, M. and Monsey, B. (2001) *Collaboration: What Makes it Work*. 2<sup>nd</sup> Edn. Saint Paul, MN: Fieldstone Alliance
- Merriam, S.(1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass
- Naoum, S. (2003) 'An overview into the concept of partnering'. *International Journal of Project Management*. 21(1) pp. 71-76
- Nonaka, I., & Takeuchi, H. (1995). *The knowledge-creating company: How Japanese companies create the dynamics of innovation*. Oxford: Oxford University Press
- Rabinovich, E., and Cheon, S., (2011) 'Expanding horizons and deepening understanding via the use of secondary data sources', *Journal of Business Logistics*, 32 (4), pp 303-316
- Savitz, A., and Weber, K. (2014) *The Triple Bottom Line*. 2<sup>nd</sup> Edn. San Francisco, CA, Jossey-Boss
- Söderlund, J. (2008). Competence dynamics and learning processes in project-based firms: Shifting, adapting and leveraging. *International Journal of Innovation Management*, 12(1), 41–67
- Turner, J. R., Ledwith, A., & Kelly, J. (2009). Project management in small to medium-sized enterprises. A comparison between firms by size and industry. *International Journal of Managing Projects in Business*, 2(2), 282–296
- Wang, L., Plump, A. and Ringel, M. (2014) 'Racing to define pharmaceutical R&D external innovation models'. *Drug discovery today*. 20 (3) pp. 361-370
- Ward, A. (2015) 'GSK fires 110 staff in China after corruption scandal'. Financial Times, March 6<sup>th</sup> 2015 [online]. Available at: [www.ft.com/cms/s/0/9a72fa68-c44e-11e4-a949-00144feab7de.html#axzz3itiYXq9k](http://www.ft.com/cms/s/0/9a72fa68-c44e-11e4-a949-00144feab7de.html#axzz3itiYXq9k) [Accessed: 10 May 2017]
- Whitehead, S. (2012) 'NHS Confederation and Industry Foreword'. In ABPI (2012) *Joint Working: A Quick Start Reference Guide for NHS and Pharmaceutical Industry Partners*. London: Association of the British Pharmaceutical Industry
- Wildridge, V., Childs, S., Cawthra, L. and Madge, B. (2004) 'How to create successful partnerships-a review of the literature: Literature review on partnerships'. *Health Information and Libraries Journal*. 21, pp. 3-19
- Yin, R (2013) *Case study research: design and methods*. 5<sup>th</sup> Edn. Los Angeles, CA: SAGE