

# Could collaboration with industry and higher education be the way forward?

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Following on from last issue's editorial, we wanted to expand on the theme of tripartite working by looking at commercial sector involvement/engagement, and also reviewing the Browne report which will have a far-reaching impact on delivery of higher education.

## Joint working

As Harrogate is upon us, and many of us are here thanks to in whole or part company sponsorship, it may be a good time to review what the Department of Health (DH) means by joint working between the NHS and the commercial sector. Joint working is distinctly different from sponsorship. In sponsorship arrangements, pharmaceutical companies simply provide funds for a specific event or work programme. In joint working, goals are agreed jointly by the NHS organisation and company, in the interest of patients, and shared throughout the project. A joint working agreement is drawn up and management arrangements conducted with participation from both parties in an open and transparent manner (DH, 2010a).

The joint working toolkit could have been written specifically with wound care in mind. For example, in the section on identifying the issue (Box 1), we could tick every single box and I am sure the commercial sector would say the same for their list.

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- Does the issue have:
- ▶▶ High morbidity or mortality rates
  - ▶▶ Long waiting times (especially for referral into specialist clinics)
  - ▶▶ Poor patient identification — do we have good data on epidemiology? How good is our preventative care for, for example, venous leg ulcers, until the patient actually presents with a venous leg ulcer?
  - ▶▶ Inadequate service provision to a particular patient group — how many areas have access to complex clinics for patients with specific specialist needs?
  - ▶▶ Lack of skills, capacity or infrastructure — yes, often, all three
  - ▶▶ Lack of information to inform decision-making — we could consider the current furore around Cochran e or relate this to the lack of data on epidemiology or real costs.

However, in the many examples of good practice presented, none of them are from the field of wound care — perhaps we need to ask why? In wound care we have a long history of working closely with industry, but much of the collaboration would not meet the current guidance. Without industry, the small amount of high level research would probably never have happened — but they could not have done it without clinicians. Without industry, many of the conferences that we rely on for education and updating would never go ahead, or if they did, clinicians would never be able to attend. Yet, it seems there is still a reluctance to work with industry outside of these normal areas (and sometimes even within what is considered normal, for fear of being seen to be biased).

As we have clear guidance, an easily available toolkit and a strong drive to improve the quality of patient care, maybe now is the time to reconsider our options. Perhaps working with industry could be the way forward to a new era, working within the constraints of the Spending Review which includes a 1.3% increase in the resource budget, and a 17% decrease in capital spending. The administration budget will be reduced by 33% and reinvested to support the delivery of NHS services (DH, 2010b). This option should also help to meet the bold statements set out in 'Equity and Excellence' (DH, 2010c), including allowing:

'The system to focus on personalised care that reflects individuals' health and care needs, supports carers and encourages strong joint arrangements and local partnerships.

... allowing the NHS to achieve unprecedented efficiency gains, with savings reinvested in front-line services, to meet the current financial challenge and the future costs of demographic and technological change.'

Wound care is an area where it is clear to all that demographic changes will have a huge impact, all chronic wounds increase in frequency with age and presence of long-term conditions, therefore managing, or where possible preventing them, should be seen as a priority. We need to be creative and innovative in our service development, working in a collaborative way with both industry and higher education may be our best option to achieve this.

## Higher education provision

The Independent Review of Higher Education Funding and Student Finance (Browne Report) has set out huge changes to higher education for students who wish to attend in the future, stating that, 'We want to put students at the heart of the system.'

Six principles have been identified in the report (p.24):

1. There should be more investment in higher education, but institutions will have to convince students of the benefits of investing more
2. Student choice should increase
3. Everyone who has the potential should have the opportunity to benefit from higher education
4. No student should have to pay towards the costs of learning until they are working
5. When payments are made they should be affordable
6. There should be better support for part-time students.

The report has suggested removing the cap on fees that universities can charge with the government guaranteeing to underwrite fees up to £6,000 per year. However, universities charging more than £7,000 a year would be subject to increased scrutiny over student access. Students will not be expected to pay any upfront fees, payments will only start when the students have graduated and are earning above £21,000 per year. This is an increase from the £15,000 earnings threshold under the current system. If earnings should reduce, payments will also reduce. Any balance of the debt left remaining after 30 years will be written off, although under the current system the debt is written off after 25 years. All students will be able to borrow £3,750 per year; with an additional grant of £3,250 being available to young people from families earning less than £25,000.

Under the current system, part-time students are expected to pay upfront fees. The Browne report proposes that these upfront fees should be eliminated to encourage wider participation in accessing higher education. There is a recommendation for an increase of 10% in places available for higher education.

## BOX 1

### Identifying the issue

It is vital to be clear on the issue that you are trying to solve. For example, this could be:

For the NHS:

- ▶▶ High morbidity or mortality rates in your area
- ▶▶ Long waiting times
- ▶▶ Poor patient identification
- ▶▶ Inadequate service provision to a particular patient group
- ▶▶ Lack of skills, capacity or infrastructure
- ▶▶ Lack of information to inform decision-making

For industry:

- ▶▶ Blockages in the system that prevent medicines reaching appropriate patients
- ▶▶ Inappropriate treatment of a particular patient group
- ▶▶ Lack of access to key decision-makers
- ▶▶ Poor patient identification
- ▶▶ Inadequate service provision to a particular patient group
- ▶▶ Long waiting times

Ask yourself if you or your organisation has the time, people or resources to solve the problem alone. If not, consider joint working with a partner organisation. Gather information on possible options and consult with stakeholders.

from 'Moving beyond sponsorship — joint working between the NHS and pharmaceutical industry' (DH, 2010a)

The four existing higher education bodies; the Higher Education Funding Council for England, Quality Assurance Agency, Office for Fair Access and the Office of the Independent Adjudicator would be abolished and replaced by a single Higher Education Council. This new body would be required to submit an annual report to Parliament and be responsible for:

- ▶▶ Investment: identifying and investing in high priority courses; evaluating value for money; dealing with the unexpected, with the primary aim of protecting students' interests
- ▶▶ Quality: setting and enforcing minimum quality levels across the whole sector
- ▶▶ Equity of access: making sure that individual institutions and the sector as a whole make measurable progress on admitting qualified students from disadvantaged backgrounds
- ▶▶ Competition: ensuring that students get the benefits of more competition by publishing an annual survey of charges, and looking after the

interests of students when an institution is at risk

- ▶▶ Dispute resolution: students can ask the Council to adjudicate on a dispute that cannot be resolved within their institution and provide a decision which binds both sides. **WUK**

### References

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