

## Launch excellence: five critical areas



By Jonathan Carney

*Launch is the most critical time in any pharma product's life cycle, and as such it should be supported by a commensurate amount of research, preparation, market intelligence, stakeholder mapping and consideration of the hurdles involved. Below we discuss five areas where we think industry can develop its launch approach, and maximise the opportunities for therapies which can benefit UK patients.*



### UNDERSTAND THE FULL SPECTRUM OF UK MARKET ACCESS BARRIERS AND OPPORTUNITIES

The UK is unique; in England, 42 distinct market access environments exist in the shape of the 42 integrated care systems (ICSs) – each with their own demographics, prescribing patterns, networks, finances and relative presence of competitor products. From 2024, ICSs will take on responsibility for specialised commissioning – and we've learned recently that these systems will have their own formularies too.

It's advisable to map the full network of disease treaters, prescribers, KOLs and other decision-makers within an ICS - covering the full range of influences on a successful territory launch.

Some pharma still works to a global sales template with standardised messaging. We know that a more subtle, locally tailored approach can really reap benefits.



### ENTER THE MARKET IN THE SPIRIT OF NHS PARTNERSHIP, NOT A TRANSACTION

Anyone working closely with NHS stakeholders knows some in the service still harbour suspicions over the intentions of pharma.

One thing that can really help here is bringing on board key NHS stakeholders pre-launch with a shared common purpose. Not just advisory boards; assembling working groups of stakeholders involved in improvement of a particular clinical area can be highly beneficial.

This should cover all levels of healthcare – national voices, patient associations, acute care, GPs, nurses, pharmacists and NHS managers. Indeed, they often welcome the chance to come together across sectors, supported by pharma.

Such working groups discuss the issues and emerge with an action plan to improve services. This can help roll the pitch for launch, to ensure diagnostics are up-to-date, guidelines are being properly adhered to and the issues that can prevent effective treatment are addressed.

Health inequalities is another huge area – your company can help identify appropriate patients in underserved or deprived communities. Trust will build, and all parties – the company, the NHS and patients – will benefit.



### DEVELOP THE LAUNCH VALUE PROPOSITION AS IT APPLIES TO THE WHOLE SYSTEM – NOT JUST TO INDIVIDUAL ORGANISATIONS

NHS policy is empowering systems; they will hold full budgets for their patient populations next year that will cover all aspects of healthcare. Senior decision-makers such as programme leads, transformation leads and ICBs – managers and clinicians of all stripes – will be looking at whole-system costs.

Individual hospitals and organisations' costs and budgets will no longer exist in a vacuum.

Since the release of the Major Conditions Strategy framework, the NHS is exploring the costs and implications of multiple co-morbidities. What effect would managing, say, cardiovascular conditions on the prevalence of diabetes and CKD? Have you considered the whole-system benefits your product can assist here?

Care closer to home is also a massive agenda, with unnecessary hospital admissions in the crosshairs and community or self-management becoming far more mainstream. What can your product do to assist this?



## POSITION YOUR PRODUCT WITHIN AN END-TO-END PATIENT PATHWAY, NOT AS A STANDALONE PRODUCT

Product benefits should be seen within the entire pathway. Companies should understand current numbers of NHS patients, waiting lists, treatment times, cost per intervention and cost of setting. Is your product associated with cash-releasing savings? Can your product save staff time – for example by not needing an infusion service, or by being self-administered and self-monitored – time that can then be used in frontline care? What effect would the product have on patient experience – in accessibility, in outcomes? Which staff can be trained to use it?

The NHS needs to be messaged on the whole patient pathway and not just your product's clinical features and benefits.



## OPTIMISE YOUR RESOURCE USE AND STAFFING

Working with our clients pre-launch has enabled us to see a lot of issues with fieldforce staffing.

In some areas, launch promotion should be via omnichannel marketing; others may need boots on the ground to interact with a large number of potential prescribers. In yet others, clinical-first options might be right with the use of MSLs most likely to break through.

Some areas are in favour of working closely with pharma to develop patient access projects or developments to the pathway. Some never work with industry.

What's needed is a cogent resource plan; a strategy on direct engagement, and an appropriate omnichannel marketing mix featuring disease awareness campaigns, e-comms, microsites, and webinars.

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