



# Digital Learning Academy Webinar

Impact, engagement, potential: a covid-19  
return to work guide for industry

7 June 2020

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This Digital Learning Academy webinar, with special guest Leslie Galloway (Chair of EMIG) and in-house experts Oli Hudson and Paul Midgley, addressed how industry can prepare to support NHS customers as we move out of lock-down, with a focus on digital engagement, sales and marketing.

**In this conversational response piece, we are pleased to bring you our panellists' answers to the key questions asked by the webinar attendees, below.**

## Our panelists:



**Leslie Galloway**

Chairman, EMIG



**Oli Hudson**

Content Director,  
Wilmington Healthcare



**Paul Midgley**

NHS Insight and Account Director,  
Wilmington Healthcare



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# Topic: Access

## Your questions

**Considering the changes in the new structures from the old Clinical Commissioning Groups (CCGs) and with the moving of secondary care services to primary care, who can industry begin to make contact with to help them provide continuous patient care?**

**Do we have any anecdotal feedback on whether Healthcare Professionals (HCPs) feel we will be able to re-engage again?**

**Have we have any indication of when industry will be able to visit HCPs in Hospitals/GP practices again?**

## Panel answers

There will be local variation, so the best thing to do is read local board minutes, new structures and decision making units. Look at local Integrated Care System (ICS)/Primary Care Network (PCN) plans for new structures and programmes – including changes to pathways from secondary to primary care.

You may find our Investigator platform useful as it helps you focus on areas of unmet clinical need down to a local level. Find out more at:

<https://wilmingtonhealthcare.com/what-we-do/data-marketing-and-marketing-insight/investigator/>

The medeConnect Healthcare Insight data shared during the PM Society webinar on 3 June was reassuring. I would recommend contacting a friendly HCP. (The webinar report is available on the [PM Society website](#))

It will depend on the specialty and how essential the visit is. Trusts will have individual policies about social distancing and remote access. Generally, until the pandemic is at level 1 non-essential visits to hospitals will be difficult.

You should be guided by your customer - for Advanced Budgetary Notices (ABNs) it is possible to make appointments on the phone with pharmacy etc. Senior management tend to have administrators and personal assistants as gatekeepers - try asking them what's the best thing to do. That personal assistants can be your best friend hasn't changed!



## Your questions

## Panel answers

**At the moment, the [ABPI](#) guidance is for pharma not to proactively communicate with NHS staff apart from very few exceptions. When do you see this restriction lifted, as it will enable digital interactions rather than f2f?**

The [Prescription Medicines Code of Practice Authority \(PMCA\)](#) provide information. The new code will be updated in 2021, but updated guidance may be published in the interim.

**What can we expect for access into the community teams moving forward? Do you foresee community teams being closed to industry?**

Such teams will always have a need for Continuing Professional Development (CPD), to understand ways to improve patient experience and what products and services will be most efficient/deliver best outcomes. They are just not likely to do it f2f at the moment. Try contacting an administrator at the trust to see if they can organise a virtual meeting.

**What about teaching sessions and lunch meetings? How will these change and what is it ethical to do?**

As above - Zoom and video conferencing. The ABPI may have some interim guidance on lunch meetings and what it is reasonable to pay for, i.e. you could pay for the pizza the healthcare professionals (HCPs) have, but this is a matter for the ABPI. You may be able to do a videocast to an education or common room such as in a postgrad centre. Many small centres will have these video facilities - check with the admin department for your customer organisation.

**LESLIE:** We recommend practicing your remote presentation skills.



## Your questions

**Has covid also spelled the end of medical conferences like MEDICA, BACO etc? Industry is still targeted to attend, yet no guarantees that they'll go ahead.**

## Panel answers

**LESLIE:** For the time being, they are likely to be online. We could give the example of **HSJ** here which is running virtual conferences and following guidance closely with an eye on the future.

Conference organisers need several months to plan. The contingency is to make them virtual up to the end of the year but allow interactive sessions, virtual breakout rooms, virtual presentations for sponsors in breakouts, and using more sophisticated software than Zoom. Quite sophisticated online events are possible. Many of the larger conferences are going online in the short term, recognising that the networking opportunities are the big draw for this kind of event. This is certainly not affecting numbers though - if anything they are going up. It is easier to attend a virtual meeting as it does not involve any travel or expense!

Forthcoming virtual HSJ events include:

### **HSJ Sustainability Virtual Event**

19 August 2020

<https://sustainabilityforum.hsj.co.uk/>

### **HSJ Integrated Care Virtual Summit**

23 September 2020

<https://integratedcare.hsj.co.uk/>

### **HSJ Cancer Virtual Forum**

1 October 2020

<https://cancerforum.hsj.co.uk/virtual>

### **HSJ Life Sciences Virtual Event**

14 October 2020

<https://virtual-lifesciences.hsj.co.uk/>

*Audience comment: Webinars can be successful and the platform we use has break out rooms, polls and various engaging functions. Encourage conversations between participants and you can manage very effectively.*



## Your questions

## Panel answers

**How about Medical Devices? Many sites need staff training on devices both on wards and theatres. How might that change? It's not something that can really be done remotely.**

If it's not something that can really be done remotely - you can attend a customer's site on request using appropriate safety measures and PPE.

You'd have to have the relevant Life Science Industry (LSI) Tier 3 accreditation for demonstrations, identification and the correct vaccinations.

**LESLIE:** It's important to remember that this is a service the NHS needs and medical device people who fall into this category are fortunate (assuming they want to go back into hospitals?). Don't be reticent in offering help.

**What about physical examination of the patient and all that this can add? How will this be covered remotely. I do not believe it can be and also how can one expect a doctor to get a holistic view of the patient including possible mental health issues via a remote consultation? Also, surely difficult for many of the elderly who need to present in person.**

This is an issue for healthcare professionals (HCPs) not industry, unless we can come up with a solution that benefits the HCP/patient. That would prove we are out to help.

**Do you think that the NHS will be upgrading their digital capabilities as medical devices sales require industry access into IR suites/theatres which are often "dead zones" for Wi-Fi/phone signals? Remote online support is becoming more important.**

Yes, we guess so... but this is an opinion not a fact. It is likely that because everyone is relying on digital then Wi-Fi access will become faster and more reliable throughout trust facilities.



Your questions

Panel answers

**How do trials and site surveys happen without a face to face sales visit? Do you see buyers willing to run these themselves on site with remote guidance from the seller?**

You'd need to be in contact with the people who have previously done such trials with and ask: How do we do it now? "I could walk you through it via the iPad", etc.

**Do you think industry will need to have a mandatory vaccination certificate to see HCPs?**

For Tier 3 type visits that is part of the deal - see Life Science Industry Accreditation guidelines and your company policy for this.

You can take the Digital Learning Academy Hospital Access programme, which includes LSI Tiers 1-3. [Here](#)

**Medical equipment manufacturers may struggle to "demonstrate/sell" products online. We are still receiving requests from NHS departments wishing to evaluate a new piece of medical technology on site, yet we can't access the hospital. Do we start to demonstrate equipment and have HCP meetings off the hospital site?**

Possibly. It is an interesting idea. The problem will be to where to host the meeting. HQs are shut, so are most public meeting spaces due to social distancing. As the lockdown eases this may become possible.

**Is it in line with the ABPI to support virtual meetings online, by a cost involved for a virtual stand that will give access to a presentation in the virtual meeting room. This seems to be the way forward with larger meetings?**

Guidance will most likely be forthcoming on this - but do ask your own compliance team in the first instance as it is highly likely they will have a view.



## Topic: Second Wave

### Your questions

**Are any plans in place for a second wave of covid with the R value close to 1 in some regions?**

### Panel answers

Every region has got an escalation plan in addition to the local covid recovery plan. NHS monitors the R value locally and if it goes up will work with police, schools, etc. to implement previous restrictions. This is already happening in some areas of the North West where the R rate is currently above 1.

## Topic: Credentialling

### Your questions

**By the end of July we have to have Account Managers on an appropriate “Tier” where the LSI register is being used for credentialling. This means training and signing up to a contract with a training provider. Even with this training there is a risk that access will not be granted due to covid-19. Can industry bodies do anything to help reduce the financial risk for companies who are having to invest for, in some cases, no benefit?**

### Panel answers

It may be that the deadline will be delayed as you can't currently use it but at some point you will. Look on the [LSI website](#) for latest position.

# Topic: Horizon Scanning

## Your questions

## Panel answers

**What might be the biggest impact or challenge for Industry - Brexit or covid?**

**LESLIE:** The problem is that they are both additional and any delays in manufacturing/transfer of product to the UK (and vice versa) will come at a very bad time – winter and the risk of a resurgence of the virus.

**Covid followed by a potentially no deal Brexit – can you predict the effect of this on pharma and NHS?**

Look out for a forthcoming webinar on 4 August, also with Leslie where we will explore this exact question.

**LESLIE:** The Govt has said there will be no extension of the Transition Agreement, so we have six months to negotiate a deal that took Canada eight years to negotiate and the deal we would want is six times the size and involves many more industries. The issues will be supplies of medicines and many other goods besides.

**Do you have an epidemiologist view of when the UK will reach its peak? What will be the timing for a second wave?**

We suggest you speak to a government advisor! There will be several different views on this depending on the modelling used.

**Do you feel that this will lead to a reduction in customer-facing roles within the industry?**

**LESLIE:** I suspect this will vary from company to company, but I don't think it will have a growth impact.



Your questions

Panel answers

**Is there a sense that procurement depts, who were quick to ban rep visits, will be slower in allowing them again after the public is allowed to re-enter the hospital setting?**

This is linked to the LSI piece. If you have the relevant accreditation and the guidance has been relaxed sufficiently, they can't stop you going in if a customer has agreed to see you. Access to healthcare settings WILL be by appt, not on spec.

**LESLIE:** I suspect we will be driven by the companies pushing the credentialing concept and trusts may well be more open to their advances. However, online engagement with HCPs will be difficult to track by these companies.

**How can we better manage new product launches in the future digital world (with NICE approval)?**

It will be all about MCM and a marketing mix rather than field-based activities. This is happening already. Already-existing multi-channel approaches used to launch will increasingly focus on digital, digital education and more sophisticated company websites. Plus, mailings are on the increase again.

**LESLIE:** The opportunity for pharma is that such launches, if online, will be lower cost than face to face and can therefore be replicated for different Trust's needs in terms of differing HCPs needs, HCP availability, product emphasis, etc.



## Your questions

**Many apps that are now finding the NHS a willing customer have been trying to work with it for years. Industry is rightly hopeful that a surge in demand for med tech and apps heralds a ‘watershed’ moment for the NHS. Is it, or we will still be talking about ‘digital transformation of the NHS’ in a few years’ time?**

## Panel answers

This is one of the few areas where we can confidently predict there will be no backtracking. Click-first, online triage, alert systems and remote consultations – all will be thoroughly embedded in the NHS and few local systems will want to put the brake on this. Apps that help manage patients remotely will find a particularly fertile market.

**LESLIE:** It is good news – critical need drives change better than anything else. There will always be trusts/HCPs who will lead and those who will follow in a few years’ time when the “risks” have declined. But I do believe this will be a watershed time for many technologies.

However, online engagement with HCPs will be difficult to track by these companies.

# Topic: Funding Treatments

## Your questions

**For therapeutics that have been positively impacted by the pandemic, particularly with regard to loosened funding restrictions by CCGs, what do you think will happen going forward as we enter a “new normal”?**

## Panel answers

This is happening in areas such as oral treatments for rheumatoid arthritis. In the short to medium term, while we still have covid and the current status will continue because patient safety is the overriding issue.

When the pandemic is over this might change.

**LESLIE:** For these, a “new normal” may not come and I suspect it will be on a case by case basis.

# Topic: Healthcare Technology Assessment (HTA)

## Your questions

**Is the bar for cost effectiveness likely to be raised?**

## Panel answers

This is a question for NICE. All we can say at the moment is the covid- guidance relates to already licensed treatments. The NICE treatments review may consider raising the Incremental Cost-effectiveness Ratio (ICER), but this is highly debatable. The review has been delayed anyway, due to Covid.

**LESLIE:** NICE/NHSE will always expect data that demonstrates clinical and patient value and, importantly, stakeholder value i.e. does the technology simply add cost and make an unwell person live longer in an unwell state. This will be measured by the health economists and will not be welcomed. The jury is out on the outcome of the NICE Methods Review and I think there will be political pressure to make the UK a more attractive place to launch (and all of us will be pushing for that).

# Topic: Infection Control

## Your questions

**Do you think companies have a responsibility to provide their area managers with CV19 tests before they return to the road?**

## Panel answers

This would be sensible, but life science industry accreditation may in fact require proof of covid antibodies/vaccination status. It's not currently part of the requirement (as a vaccine does not exist).

**LESLIE:** The question is why do we need to be face-to-face with our customers while there is still any risk and while we can adapt to manage engagement remotely?



### Your questions

**When elective surgery starts again we have heard that the person and their family may have to self-isolate for 14 day before going to hospital. Have you heard anything about that?**

### Panel answers

That is correct. This was discussed in the [NHS Roadmap](#). More information about the ongoing situation is available from HSJ. We recommend that you check.

## NHS Long-term Plan

### Your questions

**If Clinical Commissioning Groups (CCGs) go, to whom will Primary Care Networks (PCNs) be accountable to?**

### Panel answers

General comment from **LESLIE**: The implementation of integrated care is likely to take a step forward as a consequence of covid but we don't know what the economy will look like next year and funding could become an issue.

Integrated Care Systems (ICSs), in short. ICSs have already replaced CCGs as strategic commissioning structures in some places and the pandemic has spurred this on. Account for local variation in this answer though – not all CCGs will “disappear” at the same rate.

# Topic: PM Society webinar data

## Your questions

## Panel answers

### Grouped questions:

1. **What about ophthalmology. GPs are not equipped to deal with eye related issues?**
2. **Where can we see the data from this survey about face to face vs digital clinician insights?**
3. **How about respiratory disease?**
4. **What was figure for diabetologists?**
5. **What was the reference for the pre and post industry contact please?**
6. **Did they include ophthalmologists in the survey?**
7. **What were the percentages for rheumatology please?**
8. **Any inputs from ortho-consultants in terms of communicating expectations where there is more of a technical requirement? How will sales activity alter in this segment?**
9. **What was the respiratory stat for seeing reps FF and digital please?**

Neil Reynolds from medeConnect Healthcare Insight presented research data in the PM Society webinar on 3 June, you can either watch their webinar and view their post-webinar review [here](#) or email: [helen.reddick@wilmingtonhealthcare](mailto:helen.reddick@wilmingtonhealthcare) for a copy of the slides with permission from PM Society.



# Topic: Reputation

## Your questions

**(Question for Leslie) Pharma appears to have improved its overall reputation with government and other stakeholders during covid - how does he see this playing out over time? Will our improved reputation lead to sustainable relationships or will we revert?**

**(Question for Leslie) Why would you be worried about industry proposing meetings. We proposed them in the old world, why the issue with virtual?**

**What are the thoughts around the “value add” solutions that Pharma often provide? Will the NHS be more receptive?**

## Panel answers

**LESLIE:** Governments/ministers change and we have to start all over again. Don't expect stakeholders to make any allowances in future that don't suit them.

**LESLIE:** Because the world has changed completely. It isn't just about “real” vs “virtual”. It's about how we might be perceived at a time when HCPs are working flat out, risking their lives and also dying – and we just want to sell them something? It's fine if HCPs propose it, but we need to be careful about proposing it.

On receptivity, it depends what it is: is what you're considering valuable genuinely valuable to the NHS where it is now?

In general value will be an increasingly important concept in the NHS with patient safety, quality, product reliability and continuity of supply equally as important as price going forward – and that's before we even talk about outcomes.

Value is also important in access and comms – it should be made clear what is the real value of your interactions, and what are you providing to the customer when you contact them that will be valuable to their patients and their system (and a valuable use of their time).

**LESLIE:** They are essential.

Digital Learning Academy subscribers can login to view [here](#) and is also available to view on-demand on the Wilmington Healthcare Knowledge hub [here](#) – where you will also find our other on-demand webinars and latest white-paper on covid-19 and the NHS customer environment

## About the Digital Learning Academy

Strengthen NHS partnerships and optimise customer engagement with The Digital Learning Academy. As the leading online NHS learning and compliance solution, it provides access to essential knowledge on a range of topics tailored specifically for anyone seeking to work more effectively with the NHS. Our interactive and engaging solution provides fast and easy access to the most relevant

NHS information to support you - courses cover everything from Understanding the UK NHS, through ABPI compliance, to Hospital Access, to therapy area specialisms including diabetes, CVD, respiratory disease, cancer, mental health and HIV.

[Find out more about everything the Digital Learning Academy has to offer here](#)

## Quantis Covid-19 Impact Tracker

The Quantis Covid-19 Impact Tracker provides a visual understanding of where patients are most at risk of developing further complications due to decreases in patient flows and delayed procedures.

Quickly translate this into actionable insight about where you can provide efficiencies and pathway changes to support your NHS customer in addressing the challenging months - find out more [here](#).

## About EMIG Ethical Medicines Industry Group

EMIG is a multi-stakeholder network and trade industry association with 300+ Member companies and organisations that represents the interests of the full span of life sciences companies in the UK. Our industry Members, range from

new business start-ups focused on R&D, through to well-established companies delivering a wide range of essential medicines to patients. Find out more at <http://emig.org.uk/>



## Find out more

For more information on how the Digital Learning Academy can support you, please contact:

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