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SOPHIE *News*

**Next
meeting:
17 November
2011**

A portrait of Anthony McKeever, a middle-aged man with thinning hair, wearing a dark pinstriped suit jacket, a white shirt, and a blue tie with white polka dots. He is looking directly at the camera with a slight smile. The background is a blurred indoor setting with light-colored walls and a wooden door frame.

**An inside view
Anthony McKeever**

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Men want cuddles, women prefer sex!

This is one of the unexpected conclusions of a study conducted by the Kinsey Institute among 1,000 couples (40 to 70 years old) from five countries (USA, Germany, Spain, Japan and Brazil), where half of the couples had been together for more than 25 years.

In addition, women in relationships of more than 15 years reported 20% greater satisfaction levels than at the beginning of their relationships. In the earlier years, women were usually less satisfied than the men, while men who reported frequent kissing and cuddling were found to be three times as happy as those who snuggled less! So ladies, snuggle up to your partners over summer!

See you at the Autumn SOPHIE meeting on the 23 November in the splendid Grand Connaught Rooms, near Covent Garden. We have an excellent line up of interesting sessions from a Doc Spot on bowel disease, a double speaker session on the NHS reforms from both GP and nurse practitioner perspectives and a brilliant session on 'making medicines'.



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Myeloma – what you need to know

Dr Alastair Smith, consultant haematologist at Southampton General Hospital, fills SOPHIE's popular Doc Spot with an insight into myeloma.



All change

What keeps me awake at night? Melissa Thomas, managing director of Nycomed, reveals all...

news



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20% shun cervical smear tests

One in five women are putting themselves at an increased risk from cervical cancer by not attending smear test appointments, according to a poll by YouGov carried out for Jo's Cervical Cancer Trust.

Early detection of the disease is crucial to achieving the best treatment outcomes; in fact, screening and subsequent treatment can prevent the development of cervical cancer by up to 75%.

Despite this, 20% of women of screening age (25 to 65 years) are failing to take the test, and around 1,000 are still dying from the disease in the UK every year.

More than a quarter of those surveyed who were in work said

they would attend screening if their company was more flexible and they didn't have to take holiday for an appointment, while almost a third said it is hard to book a slot at a convenient time.

In response to the findings, the charity has called on both employers and GPs "to think creatively about how they will ensure women are given every opportunity to attend screening when invited".

"When you consider that almost 14 million women in the UK are in full or part-time employment, the potential impact employers' lack of flexibility could be having on women's health is huge," says Robert Music, director of the Trust.



An apple a day keeps the doc away!

It seems that an apple a day could indeed keep the doctor away, as long as you eat the skin.

American scientists have discovered that a waxy substance known as ursolic acid found within apple peel could offer a multitude of health benefits.

They found that mice fed with ursolic acid not only had reduced fat mass but also increased muscle mass and strength compared to a control group.

The study, undertaken by researchers at the University of Iowa and published in the journal *Cell Metabolism*, also showed that the substance reduced muscle wasting, as well as levels of blood sugar, cholesterol and triglycerides.

If the findings are replicated in human studies it is hoped that the compound could be utilised in treatments for muscle wasting – for which there is currently no therapy – and other diseases such as diabetes.



Secret diabetics

One in three diabetics in the UK are keeping their condition a secret, posing a risk to their health and emotional wellbeing, a survey by Diabetes UK has revealed.

Of those hiding their illness, 49% felt not talking about their diabetes had affected how they manage the condition, while 39% said it had impacted their physical or emotional health.

Twenty-seven per cent said they had kept their illness a secret because they feared discrimination or bullying, with 59% admitting to not telling anyone at work and 56% keeping it from their friends.

Many respondents said they had missed insulin injections or delayed testing their blood glucose to avoid drawing attention to themselves.

The findings are particularly pertinent given that management of glucose levels in patients with diabetes is crucial to avoiding long-term complications such as heart and kidney disease, blindness and amputation, and because recent reports warn the NHS is facing an epidemic of the disease.

Bleak times for pharma?

Things are looking a little shaky for pharma. The industry spent less on R&D in 2010 than at any other time in the past three years, while the number of drugs entering early clinical trials is falling dramatically, according to the 2011 Pharmaceutical R&D Factbook by Thomson Reuters group CMR International.

Compared with the previous year, the number of drug candidates entering Phase I, Phase II and Phase III clinical trials plummeted 47%, 53% and 55%, respectively, while success rates are also continuing to decline, with 55 drugs ditched in Phase III during 2008-10, more than twice the number in 2005-07.

Furthermore, a huge number of drugs – 110, including 14 blockbusters – are set to lose patent exclusivity in the USA in the near-term, which poses

a “considerable risk” to pharma companies’ revenue streams over the next three years, the group says.

Compounding the problem, there were just 21 new molecular entities launched on the global market in 2010, a drop from 26 in the previous year, and 2010 saw the lowest number launched by major drug companies in the past 10 years.

“High failure rates continue to be of great concern to the industry and this is compounded by the decrease in new medicines,” says Phil Miller, product director at Thomson Reuters. “The strategy of big pharma to in-license more drugs for development does not appear to be paying off at present,” he adds, and stresses that “an earlier focus on clearing out weak drug candidates will be instrumental to successfully progressing drugs to market”.



Sunshine cuts breast cancer risk

Spending three hours every day in the sunshine can reduce a woman's risk of developing breast cancer by half, the findings of a recent Canadian study suggest.

Researchers looked at women who spent less than six hours or more than 21 hours a week outside over their lifetimes, and calculated that those spending more time outdoors lowered their risk of developing the disease by 26%–50%.

The study, carried out by Cancer Care Ontario, was designed to investigate whether there is a link between the production of vitamin D from sunlight and breast cancer risk, after previous research into dietary levels of the vitamin suggested it may be beneficial.

While large-scale, the study had several limitations; participants had to recall how long they had spent outdoors, leaving a large margin for error, and levels of vitamin D were only estimated, leading critics to argue that further research is needed in order to confirm the result.



U-turn on yo-yo diets

Fresh research indicates that yo-yo dieting – a continuous cycle of shedding and regaining weight – could be better for those who are overweight than not dieting at all.

Scientists from the University of Ohio found that when mice were switched between a high- and a low-fat diet every four weeks they lived about 25% longer and had better blood glucose levels than mice kept on a high-fat diet.

Lead study author Edward List notes that replicating the study's

findings in long-term trials in humans would be challenging as various factors such as illness can affect weight.

However, mice are a good model for obesity research, he says, as they allow researchers to follow the effects of diet on lifespan in a relatively short period of time.

Given that millions of people around the world are obese, fuelling a surge in rates of diabetes, the findings could have important implications for improving health.



Hip fracture costs set to soar

The National Osteoporosis Society is warning that the cost of treating and caring for hip fractures in the UK could rocket from the current £2 billion to £6 billion in the next 25 years, if services are not improved.

“UK hip fracture rates are already among the highest in Europe,” notes Claire Severgnini, the charity’s chief executive. “With the population of the UK getting older, we need to take steps now to drastically improve the prevention, diagnosis, treatment and care of fragile bones.”

According to a survey by the NOS,

26% of patients with osteoporosis were only diagnosed after suffering multiple fractures, while 35% had to wait more than a year and 22% more than five years for a diagnosis after breaking a bone.

There are currently around 1,150 needless deaths from fragility fractures every year.

To address the issue, the charity has launched a new campaign ‘for a breakfree future’ that aims to boost hospital and GP services as well as raise awareness and fund new research into treatments for the disease.

The smile factor

Chocolate has topped a British Dental Health Foundation poll of what makes us smile the most, beating ‘seeing a loved one’ to the post.

Around half of those responding listed chocolate on their list of smile items, with 60% of women putting it at the top, while men seem to prefer a Sunday roast.

“It is clear the nation has a very sweet tooth and chocolate definitely has the smile factor,” says BDHF head Nigel Carter. “Chocolate may not be the best thing for your teeth, but if everyone follows the Foundation’s three rules for good oral health, it’s something that we can all continue to enjoy,” he says.

The organisation advises brushing twice a day with a fluoride-based toothpaste, cutting down on sugar, and regular visits to the dentist for optimal oral health.

It also suggests toothbrushes should be changed every three months as they can become a “breeding ground for bacteria” and pose serious a risk to oral health.

Over time, bristles can become contaminated by the hundreds of microorganisms living in the mouth or the many thousands living in the environment, and yet nearly two-thirds of the population are failing to change their toothbrush after the recommended three months, the BDHF notes.





IN SHORT

» **More fish oil benefits**

Fish oil supplements could be effective in helping to treat alcoholism and bipolar disorder, according to research from across the pond.

Scientists at the Indiana University School of Medicine found that the fatty acid DHA, a key component of fish oil, helped to alleviate cravings for alcohol as well as symptoms linked with bipolar disorder.

» **Fat converter**

The development of treatments for obesity could take a new turn after researchers in the US reported finding a way to convert white fat cells into brown fat, which burns calories instead of storing them.

According to scientists at the Johns Hopkins University School of Medicine, it could be possible to inject or even transplant brown fat stem cells into the body to help stimulate the burning off of white fat and thereby weight loss.

» **Carer support**

A new educational programme designed to help GPs and primary care teams better support carers has been launched by The Royal College of General Practitioners.

The RCGP Supporting Carers in General Practice educational programme was developed in partnership with the Department of Health, The Princess Royal Trust for Carers and with help from The Children's Society to better support the growing number of people who care for others.

Around one in ten patients in every practice are thought to care for a relative or friend who is sick, disabled, or frail.

The right side?

The risk of giving birth to a stillborn baby is doubled in women who do not go to sleep on their left side on the night before they go into labour.

According to research published on bmj.com, the absolute risk of late stillbirth for women who fell asleep

on their left side was 1.96 per 1,000 but 3.93 per 1,000 for those who went to sleep in any other position.

While the increased risk is small, the findings could be important at a population level, the researchers note.

Migraine genes discovered

Scientists have discovered three genes linked with migraines, raising hopes for the development of a cure for the crippling condition.

According to Tobias Kurth, senior author of the US study, three areas

of the human genome have been found to be associated with migraine attacks with and without aura.

He suggests the findings indicate that migraines may be due to disturbances in signalling pathways that are common to all forms of the condition, thereby opening a pathway for a new approach to treatment.

Furthermore, one of the gene variants seems more likely to cause migraines in women, which might explain why they are three times more likely to suffer from the condition.

Migraine affects around 20% of the UK population, and is listed in the World Health Organisation's top 20 most disabling lifetime conditions.





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An inside view

Anthony McKeever, chief executive of Bexley Care Trust, delivered an interesting and challenging insight into the NHS, finally getting his time on the SOPHIE stage after waiting two years to get there... Portraits by Magnus Rew



“It has been a privilege to work with people like you – any success I've had is directly proportionate to how talented you are. I'm here to pay my dues, but I want to pick your brains too,” Anthony McKeever told SOPHIE members as he took to the stage.

Anthony started his working life in the civil service, plummeting backwards through the system, as he puts it, eventually falling out of the bottom to set up his own company before becoming chief executive of NHS Bexley. He has also recently played a role in the government's 'listening exercise', tasked with hearing what the pharmaceutical industry really thinks of the planned healthcare reforms.

Having been deeply involved in NHS management over the years, he stressed that the key challenge for the NHS is simply to make it work >

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- > properly. And crucial to this, he says, is ensuring healthcare policy makes sense to nurse and frontline workers, and that ministers understand what is happening on the ground.

Over the years, management culture has received a bad name, and this been a real barrier to improving our health service, he says. Today, he describes looking at the future of the NHS much like standing on the edge of a very tall building: "It's scary, unknown and there's much uncertainty, but we must take a leap of faith".

Everyone in the NHS is affected by change, but change is not necessarily a bad thing. "In Bexley, we've seen the future of the NHS and we think it works," he says. Since 2007, huge strides have been made at the Trust, improving both financial and service provision scores, which has been underpinned by significant change on all fronts.

Success within both the Trust and the NHS is all about harnessing clinical leadership, and reaching the

right people to drive change, while keeping patients at the centre of everything, he notes.

Bearing this in mind, Anthony stressed a need for realism, concentrating on early wins to make things happen quickly and build support from the ground. But success, he says, also depends on being effective and optimising benefits for patients, ensuring service satisfaction on all sides, keeping a close eye on economics – by managing budgets to reflect market conditions – and instilling an 'us and us' style of attitude across the board to ensure everyone's contribution is recognised.

This may all seem like common sense but we are not doing this together, he says. The NHS currently loves to describe a problem, but the mission now is to make the monster perform, to actually get stuff done. "Eighty percent of everything the NHS needs to do is screamingly obvious, but we've got to do more than just talk about it!"

Taking a closer look at Bexley, the Trust covers an area of around 220,000 people across three hospitals. Bexley was in trouble, with problems on all sides. It was losing doctors, maternity was not working well, paediatrics lacked training positions. There were money worries and service troubles. GPs in the area were aware of the problems, and standards were poor.

While a reduction in spend had been planned, it nevertheless went up every year for 10 years, (this is the first year the Trust looks likely to be in the black). And these problems are a reflection of what is going on elsewhere in the NHS; resources are being wasted and, as Anthony describes it, patients are being bounced around the system like a pinball machine – every time the ball hits the edge it means more money spent.

Throwing the session open, Anthony asked SOPHIE members – what are you looking for in a boss? Top of the list were a relationship >

Anthony McKeever

- > of trust, talking honestly and openly about issues, working as a partnership, and good communications.

If you want to drive change and get people behind it, then show them how, Anthony explained. Go and see the clinical leaders and challenge them to get on board. At Bexley, he told doctors: "We're going to give you all the money to make the improvements, but you keep the change".

GPs were operating like corner shops, but he wanted to see more of a supermarket system, to encourage unity towards a common goal of better and more effective service provision.

GPs are independent contractors, and are not all paid the same rates. In Bexley, payment ranges from £60 – £180 per patient, while 30-40 pence in every pound spent is classed as 'overheads – unspecified'. "So there is money to squeeze out of the system without hurting it".

"Now in Bexley we are looking forward. Services have been redesigned, and we've already done all the things in the NHS Future Forum report. We've addressed things in a common sense way," he said.

But in line with the government's reforms the primary care trust is being wound down. Anthony is being made redundant, and management savings of 46% are being targeted. There are certainly big changes ahead, with a greater focus on giving power back to patients and more integrated care.

So what are the opportunities for pharma? Anthony says he's

always been committed to the pharmaceutical industry and the NHS working together, and "there's never been a better time for that". £100 billion is spent on the NHS every year, but only about £10 billion of this goes on medicines and pills, and there are ways that pharma could bag itself a bigger slice of the pie.

Pharma, he stressed, has much more than 'just' pills and products. It has resources and expertise to offer, and there is a need on both sides to make the best use of medicines.

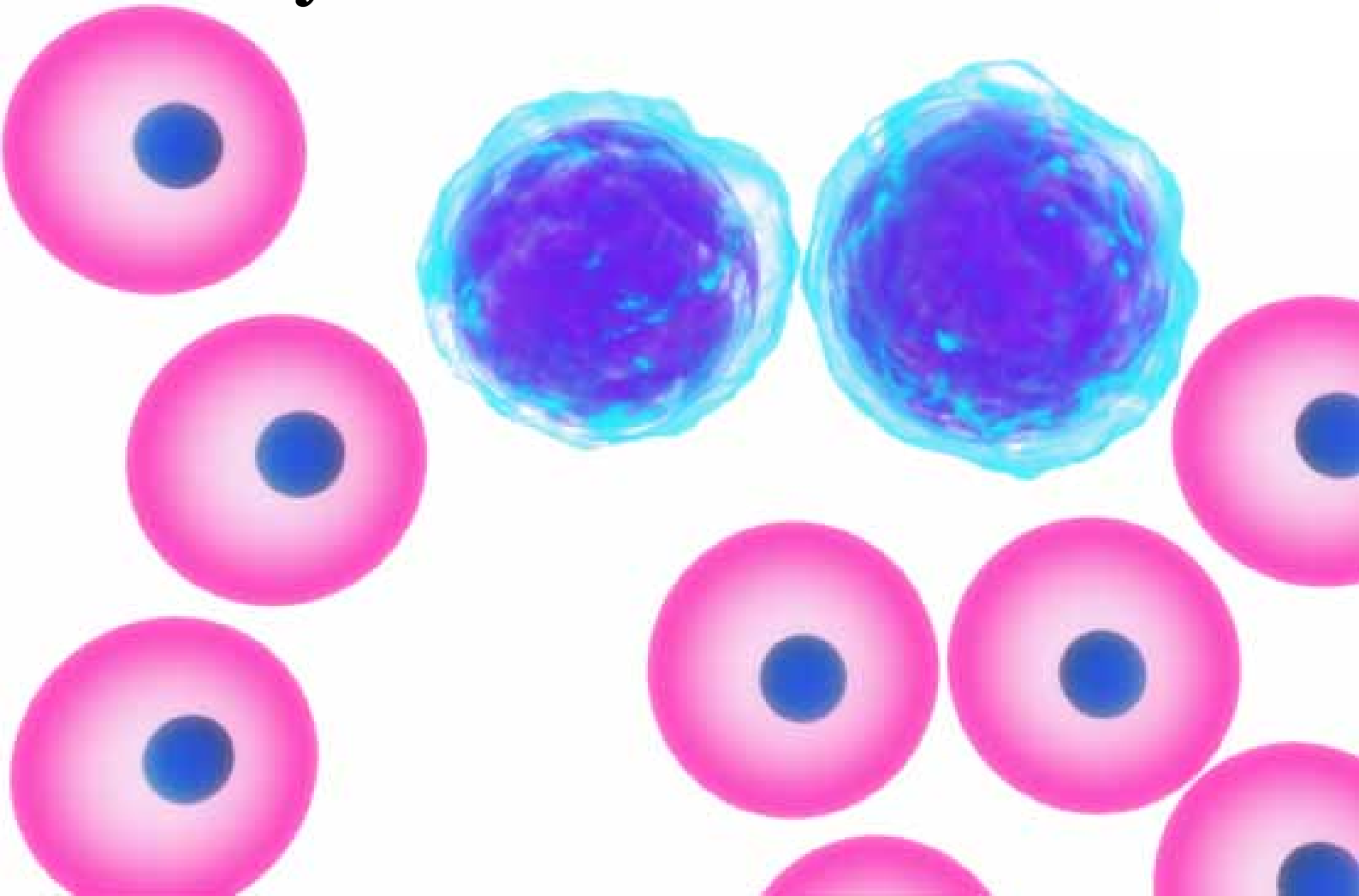
Back in Bexley, Anthony had planned to give pharma £3 million to encourage companies to boost services for the 11,400 diabetics in the region. But that was three years ago, and there was no response to the tender. So it would seem there is a certain reluctance from pharma to get too closely involved in services.

But the industry is the best ally for changing the health service, and so "we need to challenge pharma to change the game", he says. **S**



Myeloma

what you need to know



Dr Alastair Smith, consultant haematologist at Southampton General Hospital, fills SOPHIE's popular Doc Spot with a glimpse into myeloma
Portraits by Magnus Rew

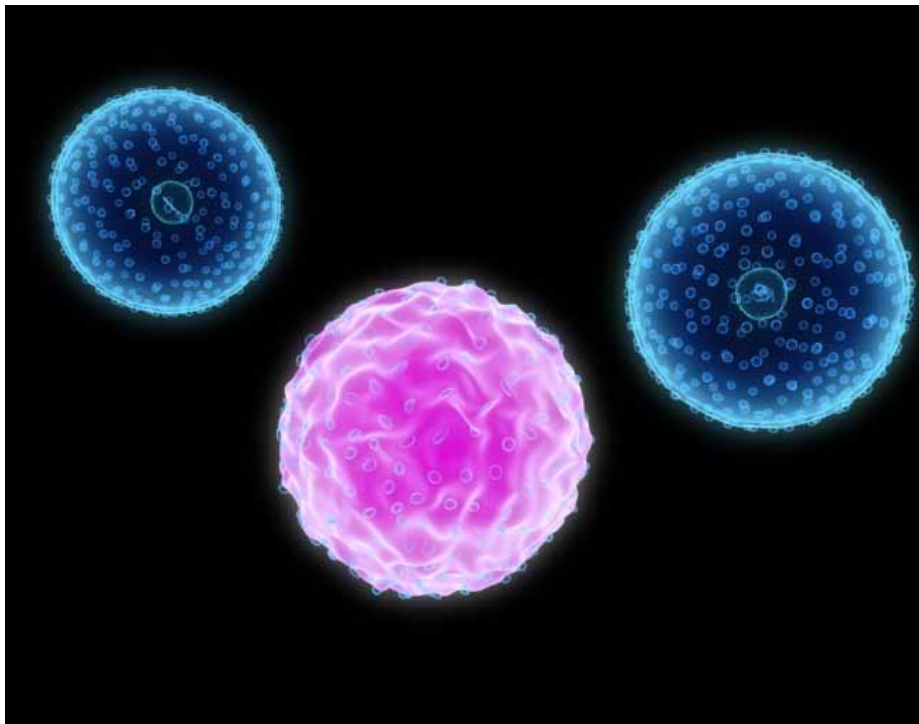
Myeloma, also known as multiple myeloma, is a type of cancer formed by malignant plasma cells usually located in bone marrow, which are part of the immune system.

Healthy plasma cells make antibodies to help the body ward off infection. However, in patients with myeloma, cancerous plasma cells make large amounts of an abnormal

antibody called paraprotein, which is unable to fight infection.

What differentiates myeloma from many other types of cancers is that the disease does not cause a tumour or lump, as myeloma cells divide and grow inside the bone marrow. But because of this, the disease can affect any area of the body where bone marrow is present, such as in the spine, ribs and pelvis. >

Dr Alastair Smith



- > Myeloma is generally diagnosed when patients present with problems, such as: immune conditions, including leucopenia and anaemia; bone damage, through osteoporosis and fractures; organ effects, such as nephropathy and neuropathy; and metabolic/systemic effects, like calcium upsets and renal impairment.

According to Alastair, patients with myeloma present in a number of ways, but more than half will have back pain, anaemia, frequent infections or bone pain. To confirm a diagnosis, tests look for paraprotein in the blood, and at bone marrow for evidence of skeletal damage, which can be quite severe; one patient lost 30cm in height in two months due to the disease in her chest, which is an extreme example, but it does happen.

The median age of diagnosis is 69-72 years. Like most cancers myeloma is an older person's



disease; less than 1% of cases occur in the under 40s.

Unfortunately, the disease is not curable – only 10%-20% of patients survive myeloma long-term, the longest on record being 23 years since diagnosis – so current myeloma management focuses on prolonging survival and achieving the best quality of life for patients. But this, Alastair stresses, is not just about drugs, it requires a multi-team approach focusing on the treatment of symptoms as well as dealing with supportive care.

Around 3,000 cases of myeloma are diagnosed in the UK every year, and the cause is unknown. In Southampton there are 30-40 new cases annually, and most consultations last more than 30 minutes, in order to give patients sufficient information to deal with their diagnosis, Alastair notes.

Interestingly, however, early diagnosis and detection of myeloma offers no real survival benefit; it's quality of life that is the key factor for patients.

Treatment of the disease can be complex as it can involve various paths, such as addressing fluid intake, gastric protection, mouth-dental care, the prescription of analgesics, antibiotics/antivirals, anticoagulants, anti-emetics and medicines for bone protection such as calcium biphosphates.

And treatment is not necessarily given from the outset. If patients are not unwell then watchful waiting is appropriate, Alastair says. And how you treat younger patients may differ from how you treat older ones, it's certainly not a one-size-fits-all condition and clinicians must understand individual patients to determine the best course of action.

There are a range of treatment >

Dr Alastair Smith



- > options available to individualise therapy, for example, younger patients are likely to be offered chemotherapy, which often induces disease remission but the effects are short term.

Steroids such as dexamethasone and prednisolone are known to be effective in killing myeloma cells, and can be used on their own as treatment or to increase the response rate to chemotherapy or other treatments.

Further options include Johnson & Johnson's Velcade (bortezomib) and Celgene's Revlimid (lenalidomide), with guidance from the National Institute for Health and Clinical Excellence recommending that patients are given the former on their first relapse and the latter on their second.

Thalidomide, he says, has been the most useful single agent emerging in myeloma treatment in the past 10-20 years, with 30%-40% of relapsed patients responding to treatment and some even showing complete remission. The drug is now part of standard primary treatment, and is even being assessed as a maintenance therapy to help prolong remission.

On the downside, the drug has a

'Thalidomide has been the most useful single agent emerging in myeloma treatment in the past 10-20 years'

huge risk management programme, on the back of its risks to unborn babies.

Despite treatment advances, the majority of patients do become resistant to the drugs. But nevertheless, treatment will improve patients' quality of life and life expectancy is increasing; it used to be three-five years, now it's five-seven. This is the primary goal for doctors: to provide patients with the best quality of life for as long as possible. **S**

Myeloma Academy to boost care

Myeloma UK has recently launched an innovative online educational resource for healthcare professionals involved in the treatment and care of myeloma patients.

The Myeloma Academy is designed to improve patient treatment and care by providing medical workers with information on the latest advances in myeloma research and clinical practice, and the tools to help understand the holistic care needs of patients and navigate the changing health policy environment.

"Incorporating the holistic needs of patients as well as policy issues into the educational paradigm is a novel approach but one we believe will bring significant benefits to patient outcomes," says Myeloma UK chief executive Eric Low.



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All change

What keeps me awake at night? **Melissa Thomas**, managing director of Nycomed UK, reveals all...
Portraits by Magnus Rew

Melissa started her working life at confectionary giant Cadburys, taking on a sales training post in the early 1980s. This, she says, was a fantastic job, "but you can't do it for long (for obvious reasons!)". It did, however, provide good transferable skills and thereby a stepping stone into any industry.

After an eight-year 'time out' to have a family, Melissa stepped into the pharmaceutical sector as a sales representative for Ciba Geigy, and has since been employed by Novartis, Altana and Nycomed, the latter having just been acquired by Japanese drugs giant Takeda.

So, after a 15 year-stint in the industry – the past 18 months as managing director of Nycomed UK –

what keeps Melissa awake at night? "Well I'm pleased to say not very much!", she says. But if one thing were to keep her awake it would be the NHS, or more particularly, the future of the service.

Even in the past five years there has been significant change. Just a few years back GP waiting rooms were filled with 50% patients and 50% sales representatives. While this was probably the right approach at the time, things are very different today and the sales picture has shifted dramatically. "But as an industry we failed to listen and didn't change quickly enough to adapt to the customers' new needs", she says.

Adapting to change is not always easy. "Even when the current health bill settles, what it will look like on the ground is very different from what

ministers think it will look like", Melissa noted, highlighting the difficulties of keeping up with government reforms and incorporating them into business planning.

Pharmaceutical companies, she says, are facing three key challenges: how to navigate business through change; how to work together with the NHS; and how to support people in an ever-changing, ever-challenging environment.

Internal changes need to address problems before pharma can even approach the NHS table. Everyone within a company needs to understand the over-riding goal, and bear in mind that it can change. "Quite often we stop at the end of one year and start again without thinking about what we are >

Melissa Thomas

> doing. We need to take a step back and look at what's happening, and then communicate the goal and deliver it", Melissa notes.

Take Nycomed, for instance. The forecast for global pharmaceutical growth paints a changing landscape. Emerging markets look set to enjoy double-digit growth, but predictions are much lower in the established markets, marking a huge shift from as little as 10 years ago, when the UK was enjoying double digit growth – the prediction for 2011 is 1%.

Nycomed is a €3.2 billion company, with Europe its biggest market. Emerging markets such as Russia, Asia-Pacific, Latin America, are small for Nycomed and European growth is declining. So where should the company focus its investment? "This is a big problem and a big challenge for me", Melissa explains.

Elsewhere, the loss of earnings from products losing patent protection is another huge challenge, with companies looking at sales gaps of 40%-80% compared with revenues in 2009. And then, at the other end of the scale, the big products of yesterday are not coming through. "So global chief executives are having to make hard decisions, which often lead to acquisitions. But we must embrace change and continue to drive profitability," she says.

Before pharma can approach the NHS these internal issues must be addressed. "As an industry we must listen to our customers and act accordingly. But the NHS must also understand the challenges facing pharma," Melissa stressed.

On a lighter note, she says pharma is still a good industry to work for, but it needs to look at how it can work with lower margins. "People will still get ill but economies cannot sustain current health systems", and so changes have to be made.

One of the key problems that must be addressed within companies



is how to do more with less, and getting rid of wastage is a must. "The kind of hospitality enjoyed throughout the industry 10 years ago is not acceptable today," Melissa said, arguing that: "If we're investing in that we're not investing in care pathways".

Another factor to consider is what success actually looks like in the new world? It used to be all about revenue, but now profitability is the key as this funds development elsewhere. Achieving profitability in the UK with an ever-changing customer is no easy task, however, and it's difficult to know with any certainty what's around the corner. "How do I know what my business model is going to look like? The name of the game is flexibility," she says, ie. a core strategic business that can be flexed as needed.

But is the health service actually ready for a new business model and closer links with the industry? This is certainly a big challenge, particularly as there are such different attitudes to pharma throughout the NHS. "And there are many areas where they just want our money," Melissa notes.

There is a brave new world with new opportunities and experiences to offer, and non-engagement by

the industry is not an option, she says. Change is the constant, and we must navigate it externally and accept it internally. "It doesn't keep me awake at night, but these things are never far away from my mind," she says. **S**

'The kind of hospitality enjoyed throughout the industry 10 years ago is not acceptable today'

PharmaTimes

SOPHIE

Secretaries Of Pharmaceutical
Industry Executives

AUTUMN MEETING

23rd November, 2011

The Grand Connaught Rooms,
61-65 Great Queen Street, London WC2B 5DA

AGENDA

- 9.30 am **Registration & Coffee**
- 9.45 am **Introduction** - *Geoff Frew, Chairman*
- 10.00 am **“Doc Spot - Diseases of the Bowel”**
Guest Speaker: Dr Anton Emmanuel, Professor of Gastroenterology, UCLH.
Dr Emmanuel, a leading consultant, explains the diagnoses, treatment and trends in the treatment and understanding of diseases of the bowel from the irritable bowel syndrome to bowel cancer.
- 11.00 am Break
- 11.30 am **“Practice perspectives of the new NHS from a GP and Practice Nurse”**
Guest Speakers : Dr Dave Weston and Practice Nurse Lesley Waters.
How are the NHS Reforms affecting patients at practice level? Are patients being treated better, faster, more efficiently? What differences are the Reforms making at practice level?
- 1.00 pm Lunch
- 2.15 pm **“Making Medicines”**
Guest Speaker: Richard Bonner, GMP Compliance consultant and auditor at Independent Consultant
This will be a fascinating review of what goes into making medicines from a manufacturing, regulation and safety perspective.
- 3.30 pm Close

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