



Adaptability and adjustment are the cornerstones of Ipsen's strategy in the UK, a company that has carved itself a niche position in a niche marketplace

Photos Magnus Rew

Embracing and pre-empting change: Ipsen in the UK

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Ipsen is a global biopharmaceutical specialty care group with total sales exceeding €1.1 billion in 2010. The company has been active in the UK for 30 years and, bolstered by its acquisitions of Speywood and Sterix in 1994 and 2004 respectively, is determined to stay ahead of the game. Certainly the leadership position

Ipsen has achieved – in part through strong partnerships with healthcare professionals in areas requiring close attention to patient needs, education and management – are a testament to the company's creative thinking and will stand it in good stead as the UK's complex healthcare environment becomes clearer.

The company's efforts to position itself for change in the UK marketplace come against a backdrop of wider

reflection at Ipsen Group level, where a new chairman and chief executive officer, Marc de Garidel, joined from Amgen in November 2010.

Historically, explains Christian de la Tour, chairman of Ipsen Ltd, the UK commercial division of the Ipsen Group, growth for the Group has been driven by a shift from primary care products sold in local markets, towards globalisation and specialist therapies used in hospitals. There has also been a strong

push behind R&D, with investment topping 20% of Group sales and 900 of the 4,400 staff worldwide contributing to its discovery and development efforts.

The specialty care business – neurology, endocrinology, uro-oncology and haemophilia products – is now global and accounts for 67% of group turnover, while primary care is concentrated mainly in France and in emerging markets such as China and Russia.

Making a difference

In the UK, Ipsen has built up the business from its origins as a clinical development, regulatory affairs and corporate business development office in central London to the current set-up where subsidiaries in Slough and Wrexham cover the gamut of commercial and regulatory affairs, clinical and business development, support functions and biopharmaceutical manufacturing. But the hub of the UK business, notes Steve Hill, director and general manager of Ipsen Ltd, is niche medicines for disease areas and conditions where these products can make a critical difference.

In the field of marketed products, the therapeutic focus is on neurology, endocrinology and uro-oncology. More specifically, they include the treatment of conditions such as dystonia and spasticity (Dysport), acromegaly and neuroendocrine tumours (Somatuline), and prostate cancer (Decapeptyl). The support structures needed to ensure the benefits of these products are optimised both for patients and the healthcare system mean the company is firmly committed to joint working with the NHS.

Ten years ago, Hill observes, Ipsen would have engaged in standard communications with doctors and

nurses about how its products worked and the associated patient benefits. In the past, an organisation such as Ipsen would have spoken almost exclusively to consultants in the hospital setting, he points out. Now the environment is a much more complex one, with a broader influence base in terms of how the medicines are used in the NHS. Accordingly, Ipsen is working on tailoring the organisation to deal with that interface, as the process of transfer and change in the NHS becomes really quite extreme.

Stepping up activities

The strategy includes a team specifically addressing developments with GP consortia and stepping up medical liaison activities behind the product portfolio.

In the new NHS “we have healthcare development managers working exclusively with GP consortia and field-based scientific liaison managers involved with medical decision processes around formularies, giving a full picture of the use of the medicine from a medical and scientific perspective and improving patient pathways,” Hill explains. “In addition we have a team of clinical research associates working on improving how patients are treated in specific disease areas, as well as nurses assisting in the practical aspects and giving injections to patients. This is aligned with the changing environment of GP commissioning and improving patient pathways, as well as the QIPP goals of quality, innovation, productivity and prevention.”

Other teams are interfacing with organisations such as the National Institute for Health and Clinical Excellence, the Scottish Medicines

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Steve Hill, Director and General Manager of Ipsen Ltd



Consortium and the All-Wales Medicines Group. Then there are sales staff, where Ipsen feels comfortably in line with the shift towards key account management.

“The structure of our sales team always did work on a key account management basis,” Hill says. “It was a specialist sales team, so that’s not new to us. We have concentrated on ensuring that we retain specialisation medically, but it’s supplemented these days with resources from the medical environment and clinical trials, as well as our nursing support and healthcare development managers.”

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> One example of how Ipsen’s products and associated patient management programmes lend themselves to adjustments in the UK market is the small team of nurses the company uses to help patients and their carers with injection training for the growth hormone treatment NutropinAq and the somatostatin analogue Somatuline. This ‘home delivery and home treatment’ service allows patients to self-inject, rather than having to attend hospital. “It saves time, resources, manpower, and is completely in line with improving patient pathways, which is a critical part of the QIPP initiatives,” Hill comments.

In a similar vein there was the recent launch of a six-month formulation of Decapeptyl, the first such presentation of an LHRH agonist in the UK. The six-monthly regime results in fewer hospital visits for injections and fewer injections overall, Hill notes, adding: “The management of prostate cancer is changing, with an emphasis on optimising care in the community, wherever possible.”

Something else that has had a major influence on the UK environment in recent years are the market access umpires such as NICE, the SMC or local formularies. Support documentation for Ipsen launches is increasingly tailored to provide concrete evidence of economic outcomes. “That is more than just the absolute cost of the medicine,” Hill points out. “It’s the management of the whole condition and how the medicine relates to that.” In terms of the whole patient pathway, the actual drug costs may be minimal.

For Hill, these market access data also put Ipsen in a strong position to address looming challenges such as value-based pricing. Nor, in that respect, does it hurt that the company’s UK product range tends towards niche positioning. One example Hill gives is Increlex (mecasermin), a liquid formulation of recombinant human insulin-like growth factor-1. “There is no other treatment for patients with this very rare condition. The condition is very important in terms of management but

the actual burden of costs to the NHS as a whole is quite low.”

Adopting a proactive approach

A crucial differentiator for Ipsen in the future will be its ability to take a genuinely proactive approach to the UK market, so that the whole organisation can “really align itself with the changing NHS”.

Part of that challenge, Hill notes, is instilling enough organisational flexibility “to be able to respond and take opportunities from that change” – something the UK company has tackled through its structural modifications and by importing different skill sets, such as market access capabilities or nursing experience.

There are still hurdles to overcome though, including the persistent trend of postcode prescribing in oncology. Even assuming NICE’s powers to dictate treatment uptake on cost-effectiveness grounds are diverted into the value-based pricing system, there will remain challenges around budget-holding by GP consortia, Hill believes.

“The White Paper [on the NHS] is giving increasing responsibility to the local environment to make decisions about local priorities. And whenever you have that, there is a tension between local priorities and optimal treatment.”

However, in all these changes, Ipsen UK ensures that patients are at the centre of its strategy ‘Innovation for Patient Care’; a strategy that sets it apart in a challenging market. **PT**

For more information, go to www.ipsen.co.uk



Christian de la Tour, Chairman of Ipsen Ltd