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Quality joint working with industry: the need to move beyond sponsorship

Karen Ousey, Alistair Bielby

It is fair to say that the NHS faces many challenges at present, none more so than the pressure to achieve improved quality and productivity under severe economic pressure. NHS organisations are increasingly having to call on external expertise to enable them to meet these challenges and there is a recognition that joint working can be beneficial.

One example is the new partnership between the NHS and the pharmaceutical industry (Department of Health [DH], 2010a), where the DH and the Association of the British Pharmaceutical Industry (ABPI) have agreed to work together in the interest of improved patient outcomes.

Wound care clinicians and the commercial sector have developed pathways for assessing new products and developing education and companies do support clinicians by providing funding for research or product evaluations. However, it is fair to say that the relationship between the pharmaceutical industry and the NHS is rather more rigorous.

It is vital that the working relationships between wound care industry and clinicians are developed. Furthermore it is crucial that these partnerships are transparent (Glover, 2009).

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The frameworks within which clinicians and the commercial world work should ensure that all legal, moral and accountability issues are addressed. For example, Smith and Nephew is committed to industry codes of conduct and ensuring that it works with its clinical partners in order to ensure that the best possible management approaches for patients are utilised (Glover, 2009). In addition to internal codes of conduct, companies like Smith and Nephew should operate within the following frameworks to ensure that rules governing basic business courtesies, training, education and company-sponsored attendance at conferences are adhered to.

Surgical Dressing Manufacturers Association

The Surgical Dressing Manufacturers Association's (SDMA) code of conduct clarifies how industry and customers should interact. For example, principles 3.2 and 3.8 of the Code relate to business courtesies such as providing meals, social events, travel and living expenses at conferences/exhibitions. The Code states that expenses should not 'exceed a level normally associated with the customer's lifestyle'. Essentially, this rule is there to prevent the 'jollies' often associated with healthcare companies in the past, such as 'educational events' that were little more than an exotic holiday with an hour or two of lectures.

Thus, clinicians should no longer expect to be 'wined and dined' at the sponsoring company's expense, and any hospitality should be secondary to education and training (Shorney, 2006). When underwriting the costs

of conferences, Smith and Nephew have clear boundaries concerning these business courtesies, which ensure that the educational event itself, and the associated networking, is the focus for the attendees (Shorney, 2006).

Eucomed

Eucomed (the European Medical Technology Industry Association) represents 4,500 designers, manufacturers and suppliers of medical technology. Members are required to adhere to Eucomed's Code of Business Practice, which stresses the importance of the contribution of clinicians to the advancement of medical technology, safe and effective use of equipment and research and education. The Code provides a set of key principles:

- ▶ Separation: interactions between industry and clinicians should not influence purchasing decisions. For example, a company should not expect a clinician to use its products simply because it sponsored the clinician's place at a conference
- ▶ Transparency: all interactions have to comply with local or national laws and professional codes of conduct, and the purpose of the interaction should be clearly stated
- ▶ Equivalence: if a clinician is paid by a company to perform a service, such as undertaking a product evaluation or presenting at a conference, any fee should be commensurate with the clinician's normal remuneration. In other words, a nurse, should not be expected to receive more than the normal 'hourly rate'
- ▶ Documentation: a written agreement outlining the purpose, content,

services and remuneration is required for any interactions. This ensures that both parties are happy with what is expected/required and how such an interaction will be conducted. This is particularly important in relation to, for example, ownership of information obtained from research and how this may be disseminated.

In essence, the Eucomed code reflects the principles outlined by the SDMA and further supports those that exist in the NMC Code (NMC, 2008).

The NMC Code

The NMC has developed and produced a plethora of documents that help guide practice and professional conduct. The Code (NMC, 2008) specifically outlines expected behaviours in relation to advertising and sponsorship. They state that:

- ▶ Clinicians must be open and honest, act with integrity and uphold the reputation of the profession
- ▶ Clinicians must ensure that any advice they give regarding healthcare products or services is evidence-based
- ▶ Clinicians must ensure that their professional judgment is not influenced by any commercial considerations.

Essentially, the Code is not saying that clinicians cannot work with companies for financial gain, rather that if they do it must be open and transparent. This is reflected in Smith and Nephew's approach to working with clinicians.

Sponsorship by companies for attending conferences or supporting continued learning at universities is not frowned upon, however, it is the responsibility of clinicians to ensure that product choice is influenced by professional judgement, rather than any sponsorship (Glover, 2009).

Clinical governance

In addition to these company and professional codes of practice, quality indicators and clinical governance, if applied appropriately, can be used by

all parties to ensure ethical ways of working. Indeed the ideals of tripartite working — where clinicians work together with industry and higher education institutes — should be embraced as a stable structure for partnership working (DH, 2010a).

Wound care quality indicators

The DH (2009) promised that there would be 'safer care for patients, who can be confident that they will be protected from avoidable harm' and the DH and the coalition government

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are determined that this will become a reality. To this end, the DH (2010b) published a national programme of work streams focusing on long-term conditions, urgent care and end of life care that concentrate on improving quality and productivity across care pathways (DH, 2010b).

Included in this programme is pressure ulcer prevention and the need to achieve an 80% reduction in hospital-acquired pressure ulcers (grade 3–4) and a 30% reduction in community acquired pressure ulcers (grade 3–4) (DH, 2010c). This provides an ideal opportunity for the NHS and industry to work collaboratively, ensuring that appropriate wound care products are chosen that not only meet the needs of patients, but are also cost-effective and evidence-based.

Smith and Nephew are already committed to providing clinicians with education and, where possible, evidence-based practice on all aspects of wound care delivery from products to business acumen (Glover, 2009). This will support the development of new models of care which encompass both theoretical and practical approaches.

Conclusion

Partnership working between clinicians

and industry can ultimately lead to improved patient outcomes. Under the guidance of the DH's quality agenda, it is time for clinicians and industry to embrace partnership working and support the principles of patient safety, patient experience and clinical effectiveness. Building on the frameworks that already exist will allow ethical practice to thrive, which is imperative for industry and clinicians alike. **WUK**

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