‘UNDERSTANDING THE NHS - MARKETING MEDICINES MANAGEMENT’

How to find out who the key players in the new NHS are, what they need or want and how Medicines Management in primary and secondary care can provide it.

This workbook has been produced as part of a series of educational meetings sponsored, in their entirety, by Daiichi-Sankyo UK Ltd, Merck Sharp & Dohme Ltd and Reckitt Benckiser Healthcare (UK) Ltd. These companies have had no input into the design or content of the meetings or the workbook.
ACADEMY MISSION STATEMENT

The Pharmacy Management Academy is being formed as a result of the organisational changes within the NHS and their impact on the provision of medicines management to clinicians and others from both within Primary and Secondary Care.

The objective will be to provide all pharmacists involved with this service an opportunity to find a focal point for the exchange of ideas and thoughts in relation to a unified strategy and communication network which will forge programmes for training and development relevant to the changing commissioning environment in the NHS.

Central to the Academy’s growth and development will be enshrined the following initial core objectives:

1. To provide accredited training in skills deemed relevant to promote and develop medicines management in the transformational NHS.

2. Support pharmacy in a period of change by acting as an interface to deliver tools and activity to assist in the marketing of services to Commissioners, clinicians and others.

3. Offer a professional network for the sharing of best practice and networking of success.

4. By utilising feedback to focus on needs and opportunities for modernising medicines management services to not only meet but lead the NHS agenda.

5. Be aware of partnership opportunities (e.g. pharmaceutical industry and other bodies) for enhancing the goals of pharmacy in developing a service which benefits not only the profession but all NHS stakeholders.

6. Create the environment whereby pharmacists not only create a value for themselves but feel valued.

A National Steering Group has been formed to ensure peer focus on the initial stages of the Academy’s activity and to provide advice and guidance to meet longer term objectives of delivering a recognised National Resource for pharmacy in a time of both challenge and opportunity.

The first programme from the Academy will commence in September 2011.
ACKNOWLEDGEMENTS

It is wished to acknowledge the sponsorship provided by the following companies;

- Daiichi Sankyo UK Ltd.
- Merck Sharp and Dohme Ltd.
- Reckitt Benckiser Healthcare (UK) Ltd.

Specific thanks go to:

- NHS members who formed the Editorial Panel for the workbook
- training providers
- professional advisers who made specific contributions in writing and in the form of advice
- those who kindly conducted road testing of the workbook

Thanks also to the many NHS pharmacists and pharmacy technicians who have raised awareness of the need for training in marketing skills and who have made helpful, general comments on the initiative.
## CONTENTS

### PREFACE
5

### FOREWORD
6

### CHAPTER 1: SETTING THE SCENE
9

#### HOW SHOULD YOU USE THIS WORKBOOK?
9
- A workbook, not a textbook
- Who is it for?
- Who contributed?
- Making it easy
- Action Points, Top Tips, Case Studies and Quotes
- Working smarter
- Continuing Professional Development
- Learning outcomes
- Reflecting on learning needs
- Evaluation

11

### LET’S SORT OUT THE TERMINOLOGY!
12
- Just live with it
- Translating the language into pharmacy ‘speak’
- Getting your own back
- What does medicines management mean?

13

### CHAPTER 2: LOOKING DOWN FROM THE TOP
15

#### WHAT IS MARKETING?
15
- Definitions
- Will your understanding change?
- A succinct summary of the marketing concept
- Traveling with a roadmap

16

#### VISION, MISSION AND VALUES
17
- Vision
- Mission statement
- Values
- You’ve probably done it all before

18

#### WHAT IS YOUR MARKET PLACE?
19
- PESTLE
- Competitors – the scary bit!

20

#### HOW DOES YOUR MEDICINES MANAGEMENT SERVICE STACK UP?
20
- Let’s SWOT it!
- Involve the team
- Next steps

21

### CHAPTER 3: IT’S ALL ABOUT CUSTOMERS
23

#### WHO ARE YOUR CUSTOMERS?
23

#### WHAT IS MARKET SEGMENTATION ALL ABOUT?
23
- Segmenting your market
- Users, Influencers and Commissioners
- Communicating with market segments
- Decision making in the NHS

25
WHAT DO YOUR CUSTOMERS NEED OR WANT? 25

• Market research 25
• Deciding on the information required 26
• How do you start to get the information you need? 26
• Using focus groups 27
• How do you select customers to attend a focus group? 27

HOW WILL YOU COMMUNICATE BENEFITS TO CUSTOMERS? 28

• What does promotion really mean? 28
• What communication channels are available? 28
• Suggestions for a promotional approach 28
• An outline plan of action 29

CHAPTER 4: GETTING TO KNOW YOUR PRODUCTS AND SERVICE 32

DEFINING YOUR PRODUCT PORTFOLIO 32

BOSTON MATRIX 32

PRESENTING YOUR PORTFOLIO TO A CUSTOMER GROUP 33

PRODUCT LIFE CYCLE 34

WHAT IS YOUR USP? 35

ANSOFF’S MATRIX 35

CHAPTER 5: PUTTING IT ALL TOGETHER 38

HOW WILL YOU PLAN YOUR SEQUENCE OF ACTIONS? 38

• Step this way! 38
• Managing the future in a framework of considered thought 39
• Coordination and control 39
• Sharpening the focus 39
• New developments 39
• Service Level Agreements and contracts 40

WHAT SHOULD BE IN YOUR MARKETING PLAN? 40

• Why is marketing planning necessary? 40
• The terminology minefield 40
• Structure of a Marketing Plan 41
• It’s not an end in itself 42

TEMPLATES AVAILABLE SEPARATELY 42

CONTRIBUTORS 43
For two decades pharmacists and pharmacy technicians have led the medicines management programme in England. Your clinical, managerial and organisational skills have supported prescribers and the NHS to improve outcomes for individual patients and to improve cost effectiveness for the system as a whole. A fantastic achievement and one you should all be proud of.

Now we face a new challenge. Our NHS, and every western health system, has to find ways to support the needs of an ageing population with very limited new funding - this is largely a matter of economics, not politics. It won’t go away and it will affect you and your family.

In England the approach we are taking to meet the challenge is through the Quality, Innovation, Productivity and Prevention (QIPP) programme. This programme seeks to ensure that every pound we invest achieves the maximum possible benefit for patients and the NHS. To put it another way we need to optimise everything we do, and this includes our use of medicines. In fact, optimising medicines use is one of the most important parts of the QIPP programme.

Optimising medicines use will require all the skills you have developed over the last 20 years and many new ones. For example, how best to work in partnership with patients to support them in getting the best out of their medicines and how to commission care pathways which maximise all the opportunities that medicines can bring in terms of better outcomes and productivity.

In this context I am pleased to write this Foreword and introduce you to the Pharmacy Management Academy. The Academy has been established to help you to develop the new skills that the NHS will need going forward and I am pleased to support this exciting initiative from the Department of Health.

Peter Rowe
National Lead for Medicines and Procurement, QIPP
Department of Health
FOREWORD

‘Understanding the NHS - Marketing Medicines Management’

At first glance the two components of our title might be considered a daunting prospect!

‘Pharmacy Management’ was born in 1985 out of a significant change in the NHS entitled ‘The Griffiths Report’ which advocated the implementation of management and management structures within the service.

During the 26 years that have elapsed since those recommendations were implemented we have seen numerous reorganisations by governments of different persuasions in attempts to manage resources more effectively in the state funded NHS.

The latest initiative for change does, however, carry more potential potency in shaping the delivery of Medicines Management (MM) services than, arguably, anything which has gone before. The latest changes include the creation of clinical commissioning groups (whatever form they eventually take), management cuts of 45%, Primary Care Trusts (PCTs) being merged into ‘clusters’, the delivery of the Quality, Improvement, Productivity and Prevention (QIPP) initiative, the demise of the National Patient Safety Agency (NPSA) and the merging of the National Prescribing Centre (NPC) into the National Institute for Health and Clinical Excellence (NICE).

Environmental factors create circumstances for change and the NHS is no exception plus change of this magnitude must instigate a review of how things are being done or services delivered.

‘Pharmacy Management’ recognises the challenges that these transformational changes will bring to pharmacy and MM services. This is why a ‘Pharmacy Management Academy’ has been established - see the Mission Statement for further information.

Thus, we embark on a programme of training days around England to support, educate and motivate pharmacy in the challenge which faces those wishing to be involved in ensuring that the values of medicines management are clearly understood and appreciated by all in the NHS system, not least patients.

For all professionals in pharmacy attending the training days it is, of course, crucially important to understand the context within which the ‘product or service’ is being evaluated and it is for this reason that the first course from the Pharmacy Management Academy is equally divided between the environment of the NHS now and in the next 12 months plus an examination of the skill known as ‘marketing’ and how it can assist in delivering the above objective.

This latter point is, we feel, central to providing those in pharmacy with practical and understandable support to go forward with confidence and feel empowered in the communication of the benefits of a service to all NHS stakeholders. We have been motivated to provide the training days and this workbook following the feedback received from senior medicines management staff across the country and the call for support in developing awareness about how to market MM services.

Much thought has gone into providing a balanced day for the profession - one which will build upon the strengths of pharmacy we have seen throughout the years of our organisation’s existence. Each of the regional days will feature a significant amount of interactive work between peers to draw from the wealth of experience present at the gathering and to ensure that the collective feedback and conclusions for action are recorded on flipcharts and translated into a document which will be made available nationally after programme completion.

This workbook will be a combination of all three points in the ‘Top Tip’ but the training day will be heavily biased in favour of sharing experiences with colleagues and enacting learnings in real life scenarios within the NHS.

TOP TIP

‘The key to change is . . . to let go of fear’

TOP TIP

‘The component parts of good learning should be TELL, SHOW, DO’
All training days will be opened with a keynote presentation by Peter Rowe, National QIPP Lead for Medicines and Procurement, Department of Health (DH), who is himself a pharmacist and former PCT Chief Executive. He will speak to the title ‘Understanding the Transformational NHS - Challenges for Medicines Management’.

It is our goal to ensure that the language of marketing is translated into understandable and meaningful terminology for those working at the ‘coal face’ of delivering advice and actions for appropriate medicines optimisation.

The development of a cohesive Marketing Plan will be a new experience for most medicines management staff but the training day will place you with peers who are facing the same challenges and opportunities - some will be further down the trail of discovery but others less so. The workbook will provide supportive material and be available afterwards as an aide-memoire.

Sharing experiences within pharmacy has always been a key strength of the profession. There is no doubt that, on your journey, you will face resistance to planning and non-cooperation but these will be elements that have always been in the mix. Communication details of course colleagues and notes of all meetings will be made available to all participants to assist in exchanging best practice in managing these situations.

One last point - do not make assumptions about customers or assume that past trends can be exploited into the future forever. The world is changing in the NHS and pharmacy must, and will, rise to the challenge.

Your NHS needs YOU - we will work with you to help show how to communicate that fact.

With my very best wishes for a successful day and good luck with developing your Marketing Plan.

With kind regards

E F Butler
Chairman
Pharmacy Management
CHAPTER 1
SETTING THE SCENE

HOW SHOULD YOU USE THIS WORKBOOK?

A workbook, not a textbook

This workbook aims to assist you in the development of a Marketing Plan for MM services but, for this to be done most effectively, it needs to be used in conjunction with the training day. The two go together. The training day will develop key themes and provide an opportunity to share thinking and experience with others but will not be focussed on the content of this workbook. Think of the workbook as background reading and a tool for ongoing personal development.

Material generated on the training day will be directly relevant to what you need to do in the marketing planning process.

This is a workbook - not a textbook. It summarises the essential key concepts and elements of theory that will be all you need to have confidence that you can develop and deliver a credible Marketing Plan. There are plenty of excellent text books and website materials available if you wish to go into more detail.

The workbook has been designed to link with separately available templates that can be completed to develop specific aspects of a Marketing Plan. The templates can also be downloaded from the Pharmacy Management website (www.pharman.co.uk).

The completion of a Marketing Plan is not an end in itself. It needs to be implemented in practice and regularly ‘refreshed’. This will be facilitated at such times by revisiting the workbook as a reminder of the key steps in the process and updating the templates you have completed accordingly.

Who is it for?

The workbook is for anyone in primary or secondary pharmacy who is, or will be, involved with the marketing of MM services. For those who are familiar with the concepts, it will serve as an aide-memoire - the training days will help develop thinking. For those who are new to the topic, the workbook will provide a summary of the key processes and, when combined with the learning from the training days, will provide a sound basis on which to develop a Marketing Plan. Many will have experienced some of the processes in other aspects of work - in such cases the workbook will indicate where these fit within the context of a Marketing Plan.

Who contributed?

This workbook has been assembled with the assistance of an Editorial Panel consisting of senior NHS pharmacists with input from training providers and a range of others. In addition, it has been ‘road tested’. Those involved are listed in the separate section on ‘Contributors’.

Making it easy

The successful marketing of MM services is essential to their development and, in some aspects, it may even be essential to their survival. You will also need to ‘think outside the box’ rather than doing more of the same. There are, however, a lot of priorities and time pressures in the NHS and in medicines management. We need to make things as easy as possible and bring the Pareto Principle (‘80:20’ rule) into play - the workbook and training day aims to provide you with 80% of what you need to know in 20% of the time you could spend on acquiring the information.

TOP TIP

‘The marketing of MM services is a ‘must do’ activity’
Action Points, Top Tips, Case Studies and Quotes

Within the workbook, you will find various ‘Action Points’. We would suggest that you take time to reflect on these and to use the various templates that will be made available separately on which to record your thinking or make notes.

Key points are highlighted as ‘Top Tips’.

A key aim has been to translate the marketing concept into what it means for medicines management in the NHS. Case studies drawn from practice have been included to bring the concept alive and make it ‘real’.

It is hoped that the quotes will inspire.

We would love to hear from you if you have examples of case studies or other experiences that would help others when developing their marketing plan.

Working smarter

You may need to undertake actions to address national or local policy issues as part of your role but might not realise that these can contribute to the development of a Marketing Plan. In these busy times the more you can use a single piece of work to press many ‘buttons’ the better.

Developing and implementing a Marketing Plan should not be a lonely and isolating experience. It will be enriched by input from other team members - such a process can be a powerful way to establish common goals, priorities and a clear way forward that ensures all are aware of the contribution they can make. A team approach will also facilitate the generation of ideas for the development of the MM service.

Continuing Professional Development

The completion of this workbook and attendance at the training day could contribute towards your record of Continuing Professional Development.

The recording of competencies is optional but suggestions are shown in a separately available template.

Learning outcomes

After working through this workbook and attending the training day, you will:

a) know:

• how to identify those in the new NHS who will have an interest in obtaining or encouraging the use of MM services
• how to explain what the MM service has to offer to meet the needs of key players
• how MM services need to change and develop to stay relevant
• if there are any gaps in your current knowledge/expertise and how these can be addressed

b) know how to:

• identify what key players want from MM services
• utilise basic marketing skills and apply them to your own area of expertise and responsibility in relation to medicines management functions and services in the developing NHS
• convey the benefits of medicines management, particularly its unique selling points (USPs), in a way that influencers and decision makers in the NHS will understand and welcome
• define what you will require in the form of supporting materials to assist with marketing MM services
• develop an outline Marketing Plan for MM services
• conduct an environmental analysis
• conduct an organisational audit
• write ‘SMART’ objectives
• analyse a product portfolio using the Boston matrix and Ansoff’s matrix
c) show how to:
• outline action points that need to be implemented locally in your work place
• develop a personal action plan

Reflecting on learning needs

A ‘Checklist of the implications of marketing Medicines Management services’ is provided as a separately available template so you can capture your views about some key aspects of marketing before you commence the workbook and attend the training day. This will assist in reflecting on your current level of understanding and identifying aspects where additional learning would be appropriate.

You will come across ‘Top Tips’ and ‘Action Points’ throughout the workbook. The following selection is presented here to provide a further opportunity to reflect and identify learning needs.

• You need to know who your customers are, what they need or want and how you can provide it.
• Develop a clear, concise mission statement that is easily memorable.
• Update your PESTLE on a regular basis.
• Try to conduct a SWOT analysis through the eyes of your customers rather than your own.
• Make a list of all those who you consider to be customers.
• Make a list of market segments and allocate each customer to a segment.
• You need to tell customers what you have to offer.
• Messages need to be targeted to meet the needs of customers within a particular market segment.
• Categorise your customers as Users, Influencers or Commissioners.
• Make a list of the focus groups that would be helpful to run.
• Use a variety of communication methods to engage as many people as possible. Remember - one size won’t fit all.
• Formulate your thinking into a clear approach about how you will communicate with customers.
• List your services and use the Boston matrix to form a snapshot of your portfolio
• Define your USP.
• More of the same is not an option - you need to develop innovative services to stay ahead of the pack.
• Regularly reviewing your Marketing Plan will improve your chances of developing services to meet the changing requirements of customers.

Once you have read the workbook and attended the training day, it will be helpful to revisit the checklist to identify how your views have changed and to consider if the learning needs you identified were met.

Evaluation

It is important to take a little time as you go through this workbook and afterwards to evaluate your experience. This is important from your own personal development as well as providing feedback e.g. to Pharmacy Management.

An evaluation form is available separately for the training day and workbook. It would be appreciated if you could kindly fill that in and return it as shown after you have completed the training day.
LET'S SORT OUT THE TERMINOLOGY!

Just live with it

Let’s face it. The term ‘marketing’ does not sit comfortably with the NHS or medicines management and is not something that is done consistently in a structured way. It is, however, an essential requirement in the commercial world and an area in which the pharmaceutical industry excels. Unfortunately, the term ‘marketing’ has been associated with some dubious practices in the past regarding promotional activity. Those days have gone - the market has changed and the pharmaceutical industry has changed with it.

The terminology used within marketing can also jar the senses. We make no attempt, however, to redefine terms - that would be counter-productive given the extent to which they are used in textbooks and common parlance. Rather, we seek to define how they can be translated into NHS ‘speak’. Let’s start with that word ‘promotion’.

Translating the language into pharmacy ‘speak’

**Promotion:** you would probably be more comfortable with the need to ‘raise awareness’ about the MM service than ‘promoting’ it. Think of it in that way.

**Customers and clients:** Do you have customers and clients? Or do you have patients and people who are well and want to stay that way? What about health professionals, stakeholders, managers, etc? What about key players? The term ‘customer’ is sometimes used synonymously with ‘client’ but there are some differences. A client is, for example, the person who agrees to ‘purchase’ a service - perhaps thinking ‘commissioner’ helps here. Think of the lead person for a clinical commissioning group who signs off an agreement to purchase your MM service. Perhaps the term ‘purchase’ seems strange - would ‘fund’ be better? Your funding process and those involved may be relatively stable and ongoing (e.g. in a hospital setting) - but that does not mean you do not have clients in the way described. You may have a longer term and different professional relationship with clients than others you would regard as customers. If you don’t have happy clients, you won’t have any income - clients are very important! Rather than say ‘customers and clients’ all the time, the term ‘customer’ will be used - it should be clear from the context if that person is a ‘client’.

**Products:** Much marketing terminology uses this term - but it’s not really what medicines management is all about. It’s more about providing services than products. When the term ‘products’ is mentioned, just think ‘services’.

**Selling:** That’s not what medicines management staff do! Or is it? Try ‘persuading’ or ‘influencing’. Think of getting agreement to work in a GP practice or establishing a pharmacist led clinic in secondary care. Think of a clinical commissioning group signing off a Service Level Agreement. Does that feel better?

**Marketing Plan:** Long term planning used to be an integral way of life in NHS organisations and there were staff who proudly called themselves ‘planners’. The trend in recent years has been to more short term approaches but planning has always been integral to the NHS. In that respect, a marketing plan will have some familiarity of approach, albeit with different terminology.

**Market:** This can be thought of as a place where people who have something to sell meet people who may want to buy. Buying and selling - does that feel a bit ‘tacky’? Place - are you thinking of somewhere physical? The people who may want to buy are your customers - they may not be in one place but they form part of the ‘market’. You need to engage in ‘selling’, however you define it. Including the word ‘may’ was deliberate - this workbook and the training day is all about taking the ‘may’ out of the sentence. Hope that helps but, even if not, please do just come on board.

**Mission:** Is that a bit airy-fairy? Try ‘purpose’.
**Goal, Objective, Strategy, Tactics:** We are now in a minefield! In the NHS, a Strategy is a high level issue with Objectives coming in lower down. That’s not how the terms are used in marketing. Add to that the confusion that seems to exist within marketing itself about how these terms should be used and there is a problem. Rather than sort that here, it gets covered elsewhere at an appropriate place in the workbook.

**Value proposition:** Say again! Value proposition. What value and benefits do you bring to your customers? You’ve got it now!

**Organisation:** Isn’t that a company? It could be - but think of it as equating to you and the team who provide the medicines management or hospital pharmacy service.

**Getting your own back**

That’s probably enough to be getting on with. When you see a marketing type, get your own back with some NHS speak. For example, how about QIPP, CQUIN, PbR, IFR, PBC, PGD, BCBV - you can go on yourself!

**What does medicines management mean?**

Just before we leave terminology, however, it might be helpful to consider what is meant by ‘medicines management’. The term has been used to ‘encompass the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care’ (Audit Commission. A spoonful of sugar; Medicines management in hospitals. 2001). Although that report related to the hospital service, the definition readily translates also to primary care.
CHAPTER 2
LOOKING DOWN FROM THE TOP

'A journey of a thousand miles begins with one small step'
Chinese proverb

WHAT IS MARKETING?

Definitions
Let us commence with a range of definitions for marketing and then relate them to how they affect the communication of the benefits of MM services. Marketing is:

‘…. the human activity directed at satisfying human needs and wants through an exchange process’

‘….the management process that identifies, anticipates and supplies customer requirements efficiently and profitably’

‘…. about meeting the needs and wants of customers’

‘….about understanding customers and finding ways to provide products or services which customers demand’

‘….getting the right product/service in the right place, at the right time, and at the right price’

There are many definitions of the term but these examples identify the key components on which to build our approach for success.

Springing from these definitions is a number of thoughts that will play crucial parts on our journey to maximising the potential for growth and development of what is being offered.

Will your understanding change?

Have a look at the separately available ‘Checklist of the implications of marketing Medicines Management services’. The questions may appear a little simplistic but moving forward without answering them jeopardises future actions.

The answers to the questions will flow naturally through this workbook but the checklist underlines a range of information requirements which need to be formulated into a Marketing Plan. The marketing management process is akin to many skills that pharmacy has developed in relation to the demands of the modern NHS.

You may have addressed some of the points through your previous experience, others will serve as a reminder of what needs to be considered and some may open up new avenues.

Whatever your starting point, it is hoped that the training day and this workbook will ‘flesh out’ your thinking and understanding and give you increased confidence that you can develop and deliver a successful Marketing Plan for your services.
A succinct summary of the marketing concept

Targeting appropriate customers: You will decide who ‘appropriate’ customers are after you have conducted your analysis and research - overlaid with a number of key defining criteria. For example, if you are looking for early ‘success’ stories it may be important to identify those customers you can get easy access to and those who your research has shown have needs that fit comfortably with what is being offered from your MM service. Other criteria may be focusing on NHS personnel who are particularly email literate so that swift access can be obtained for your messages via this route.

Positioning what you have to offer: The words you use to describe what you have to offer should obviously resonate with your selected ‘appropriate’ targets. Remember - we all buy benefits, not features, of products or services. In other words, we don’t buy what something is - we buy what it does for us. Communicating with clinicians, for example, may require such statements as ‘robust and appropriate medicines management ensures that patients receive safe, high quality care and that practice resources are utilised effectively.’

CASE STUDY

A person went to buy a car. The salesman didn’t list the features of the car but explained what it could do for them. He showed how to fold down the back seat for extra space, how to adjust the wheel and seat for someone of their height, how to use the drive changing switch for extra traction in bad weather and so on. They not only bought the car but it was a more ‘up-market’ model than they had originally envisaged.

Graham Brack, Prescribing Adviser, Cornwall and Isles of Scilly PCT

The term ‘value proposition’ is not one that is common to the NHS but it is used by the commercial sector, including the pharmaceutical industry. It is a statement that summarises why a customer should buy a product or use a service. What is the value proposition for your MM service? If it holds up, it will convince a customer to purchase your service rather than something similar that is being offered by a competitor.

Demonstrating value: Value is a misunderstood word. Value is not an intrinsic quality of a product or service - it varies according to the customer and with time. Value is a measure of what the customer would give in exchange for an item. The value of a bottle of water to you today is very different from its value if you have been walking in the Sahara for a few hours. The key here is that you don’t decide the value of your product - your customer does. With good research into their needs and a tailored presentation, however, you can ensure that a customer quickly sees what value your service or product has for them.

Interacting with those customers: What means do you have to interact effectively with your chosen customers? Your selection of ‘how’ you interact early on in the marketing campaign will be very important. Most campaigns are ‘front ended’ in effort - that means that the early stages often need more time spent on researching the needs of customers, communicating objectives and making sure that the understanding of those objectives is clear.

Controlling the marketing effort: Realistic goals have to be set as the ‘normal day job’ will be going on whilst the marketing programme is under way. Be sensible in setting targets that you know you can deliver and most importantly manage expectations of customers - and bosses!

Continuity of performance: There is nothing worse than gaining ‘the business’ and then losing it because of poor service. Your objectives for marketing success must be realistic and based on a practical assessment of resources.
Traveling with a roadmap

The process, contents and structure of a Marketing Plan are shown in other sections of this workbook and will be further developed at the training day. This document will then effectively act as a roadmap to the marketing process which also:

- delivers a case for obtaining resources
- facilitates the assignment of responsibilities/tasks and timings
- stimulates thinking and makes better use of resources
- aids management control and monitoring of the implementation of strategy
- assists new participants in planning and understanding their role and function
- summarises useful techniques to aid thinking
- provides a tool to market services, including upwards!

VISION, MISSION AND VALUES

'I Have a Dream'

Martin Luther King. August 28, 1963.
See: http://news.bbc.co.uk/1/hi/world/americas/3170387.stm

Vision

A vision is a picture of the future that you seek to create. Making a statement about it will show others where you want to go and what it will be like when you get there. However, it’s not all about you!

A shared vision helps to unite the team towards a common goal. The best leaders do this well - they create a vision that excites and involve others in believing in it. Then they live and breathe it - together.

How do you see the future for medicines management? Have you got a vision? Did you say ‘No’? Looks like formulating a vision might be a good place to start! If you have a vision, have you shared it with others? Do they share in it and are they enthused? These are challenging times but they also present a real opportunity for leadership.

Did you say ‘No’? Looks like formulating a vision might be a good place to start!

Not convinced about the power of articulating a vision? Have a look at the ‘I Have a Dream’ speech - bet that does it!

Mission statement

This sets out the fundamental reasons for the existence of an organisation. It explains, in succinct terms, what the organisation is going to do. That cannot be done without reference to customers and the level of performance that will be achieved.

A mission statement needs to be concise and perhaps only one or two lines long.

In the case of medicines management, think of a mission statement as a clear statement of the main purpose of the service. What would that be, then?
Values are self-governing declarations about how an organisation or individuals should behave. They are most powerful when they are agreed jointly and should ideally be expressed in terms of behaviour. Values permeate everyday working.

For example, how should individuals behave towards each other? How should people interact with customers? What are the rules regarding confidentiality when talking within a group? Constructive criticism and a frank exchange of views might be encouraged and it becomes easier to speak honestly or reveal information when people know that these are aspects of agreed values. On the other hand, a shared view that personal attacks will not be tolerated also sets clear expectations.

When the values for an organisation are made transparent, they become like a figurehead on a ship - a guiding symbol of how the organisation will conduct itself and the behaviour that customers can expect.

You've probably done it all before

Medicines Management staff will no doubt have been in situations where visions, mission statements and values have been discussed as part of team working. It is common to do this when there is a change at the top of the MM service or when new teams form - but how well is the vision kept alive? How well is the mission statement kept at the forefront as a guiding principle when moving towards the vision? Are values well known - or were they filed away after that interesting away-day? Is there a vision, mission statement and set of values on your office wall to ensure that everyone knows what they are?

CASE STUDY

The Head of Medicines Management (HoMM) for a large PCT, with a team consisting of clinical pharmacists, technicians and administration support staff, noticed that the atmosphere in the office had changed in the last few months and the enthusiasm that the team had previously shown had gone. The HoMM put this down to the NHS reforms, which created uncertainty and, as a result, the whole organisation appeared to have lost drive and energy. The subject came up during a ‘catch-up’ with one of the senior pharmacists. After discussion, it was realised that the problem with morale ran deeper than just the NHS changes. The work of the team hadn’t really changed over the last few years - patients were still being seen and savings made - but the staff weren’t really sure what their purpose was any more. A full team meeting was called with two weeks notice so that clinics could be rearranged and all the pharmacists, technicians and support staff were asked to attend. At the meeting everybody had a chance to air their opinion and discuss their issues. There were concerns over job losses and the clustering of PCTs but it was confirmed that the main cause for loss of morale was uncertainty about the purpose of the service. The team agreed that the second half of the meeting should be used to focus on this issue. The team broke into groups, with each group containing a mix of staff grades. The groups were given the challenge of creating a mission statement - a single line that encompassed the work and purpose of the service. They then fed back their statement and, after discussion, one was chosen.

Next, the team was split by grade into three separate groups i.e. pharmacists, technicians and administrative staff. Each group developed a set of statements that described how their work supported the mission statement. The next day the team returned to normal duties. The work hadn’t changed - patients were still being seen and savings made - but there was a new enthusiasm and sense of purpose among the members of the team.

Peter Johnstone, Prescribing Commissioner, Clinical Commissioning Liverpool

ACTION POINT

Develop a clear, concise mission statement that is easily memorable.

ACTION POINT

If you have not done so recently, why not start to plan some time out with the Medicines Management team to address these aspects and others that are relevant to the marketing process?
The changes going on in the NHS at the current time create an opportunity for leadership. Developing a clear understanding of vision, mission and values will not only aid this process but will facilitate moving through the subsequent stages of developing a Marketing Plan.

WHAT IS YOUR MARKET PLACE?

PESTLE

The acronym PESTLE stands for Political, Economic, Social, Technological Legal and Ethical. It is used as a framework to conduct an analysis of the factors in the external environment that could impact on a business. You might come across it as just ‘PEST’ but since we are referring to MM services it seems appropriate to extend the acronym to PESTLE - doesn’t that feel more homely?

Political
Which government policies are driving the national economy and what are the implications for medicines management? Think of DH policies that impact on health care or, more specifically, on pharmacy and medicines optimisation e.g. ‘An organisational competency framework to ensure the effective delivery of medicines management responsibilities - A guide for Commissioning Consortia Boards’, issued in June 2011 by the National Prescribing Centre (NPC). Such health initiatives affect your working life on a daily basis.

Economic
Includes the general state of the national economy. This might feel a bit remote for medicines management - but have you heard about the financial crisis and the need to save squillions of pounds?

Social
Encompasses aspects such the increasing proportion of elderly and the drive for more engagement of patients - ‘no decisions about me without me’. Views about ‘green’ issues and climate change might be encompassed here.

Technological
Advances in robotics, medical practice and electronic prescribing (yes, that will happen one day) come in here.

Legal
Changes in the classification of medicines, review of the Medicines Act, responsibility for signing off Patient Group Directions (PGDs) and development of the Accountable Officer role for controlled drugs come immediately to mind.

Ethical
What are the moral principles that underpin behaviour in society? Remember - views about what is right or wrong can change over time.

A PESTLE analysis is not just about now - it needs to take account of likely changes in the foreseeable future. Even after doing that, however, the goal posts can move on any of the factors at any time.

A template for conducting a PESTLE analysis is available as a separate document.

TOP TIP
Update your PESTLE on a regular basis
**Competitors - the scary bit!**

An analysis of competitors will ensure you are aware of the strengths and weaknesses of those who will be looking to operate in the same markets that you will be in. You can then make an assessment of the seriousness of the threat and what it means for your MM service. So armed, you can plan your defensive and/or offensive approach.

**'Keep your friends close but your enemies closer'**

Michael Corleone. The Godfather. 1974
(or was it Sun Tzu. Chinese General. 400 BC?)

This will become increasingly important as the ‘any qualified provider’ approach takes hold. This will increase competition by enabling private providers and any other suitable body to offer services to the NHS. Make no assumptions that your MM services are secure and that the persons who currently receive them will want to do so in the future. Competitors may come along with the offer of lower prices or might present attractive packages that include medicines management along with other services or innovative approaches that attract.

Does this feel like a ‘dog eat dog’ market and a bit scary? Good - it’s supposed to! It is difficult to predict the implications of the ‘any qualified provider’ model. What is clear, however, is that the application of the marketing principles in this workbook and on the training day will provide the best chance to realise and develop whatever your vision is about MM services. You will constantly need to keep sight of what your customers want and be prepared to adapt and deliver to meet their needs.

Don’t forget that your competitors may not be who you think they are. If you are selling benefits, perhaps they can be delivered in a different way. Many like the benefit of being able to travel fast. There was little advantage, however, in being the best stagecoach builder once the car was invented.

The ‘any qualified provider’ model could pose the single biggest threat to your MM services. What does the word ‘qualified’ mean? Who will set the standards and be the judge? How can you prove that you come ‘up to the mark’, wherever that is drawn? Does that feel like a ‘threat’ - how are you going to address it and prevent reality looking more like an ‘any willing provider’ model? On the other hand, the model could pose the single biggest opportunity out there to offer even better services that will improve patient care! Open up your mind to the possibilities that the ‘any qualified provider’ model will create and where it could take you, the MM service and the patient experience.

**HOW DOES YOUR MEDICINES MANAGEMENT SERVICE STACK UP?**

**Let’s SWOT it!**

You should now have developed or refreshed your ideas about the external environment, your customers and your services. This is the part that looks at the organisation (your MM service) in its entirety.

You will probably have conducted a SWOT analysis on a number of occasions - that’s a testament to its usefulness as a tool for succinctly capturing the key points about Strengths, Weaknesses, Opportunities and Threats.

Strengths and Weaknesses refer to the internal characteristics of your MM service - but when considering these think of them relatively in terms of differences with those of competitors.

Opportunities and Threats are about external factors over which you may have little control.

A SWOT is commonly represented by four quadrants, each depicting one of the aspects in which is recorded a list of the key points that would fall underneath the heading concerned.
Involve the team

Carrying out a SWOT analysis is best done in a brainstorming session with a medicines management team. This not only involves the whole team but ensures a common understanding about the service.

A template for carrying out a SWOT analysis is available as a separate document.

Next steps

A SWOT analysis is not an end in itself. It will present an interesting, high level snapshot of the current organisation but if you leave it there it will go nowhere.

Once completed, revisit your vision and remind yourself about where you want to go. Now consider the following:

- have a look at the ‘Opportunities’ quadrant. This is exciting because it will help shape where you will be going in the future. What are the main priorities? What do you need to do differently?
- what about the ‘Threats’? Are there some serious ones here that could stop or significantly impair you in getting to where you want to go? How can they be attenuated?
- look at the ‘Strengths’ quadrant. Smile. This is a good place to be - but are you maximising your strengths bearing in mind the opportunities you wish to seize? Prioritise where you need to do even better.
- what about ‘Weaknesses’? Is there anything significant here that merits action?

Having gone through that process you will end up with a short checklist of priority actions to capitalise on key opportunities, maximise strengths where necessary, improve significant weaknesses and diffuse significant threats.

CASE STUDY

A Head of Medicines Management (HoMM) created a large network of technicians to work in practices and provide a high level of support to GPs. She created a coherent plan of switches and the technicians implemented them in each practice. The HoMM’s view was that this was a great strength of the service. When the PCT was merged with a neighbouring one, the HoMM discovered otherwise. The GPs thought this large technician presence was a weakness because they felt completely disenfranchised from the medicines management system. The HoMM thought medicines management was done for them; they thought it was done to them. Failure to convince the GPs that there was value for them in the arrangements cost the HoMM the job in the new PCT.

Graham Brack, Prescribing Adviser, Cornwall and Isles of Scilly PCT

TOP TIP

Try to conduct a SWOT analysis through the eyes of your customers rather than your own.
CHAPTER 3
IT'S ALL ABOUT CUSTOMERS

WHO ARE YOUR CUSTOMERS?

The section on terminology accepted that the word ‘customers’ may appear alien to the world of medicines management. However, it will no doubt be agreed that without engaging with NHS professionals who have a need of MM services, patients and those who are responsible for commissioning such services, things could look bleak in the modern era!

Fear not, once NHS professionals are educated as to how medicines management can enhance their professional life and, indeed, their sense of ‘making a difference’ for patients, the world will start to look a more positive place. It will look even better when commissioners and patients become more aware of the value of the MM service. The key to those statements is, of course, finding out what NHS professionals, patients and commissioners need or want from the service (more of that later).

WHAT IS MARKET SEGMENTATION ALL ABOUT?

Segmenting your market

Different customers will have different needs and will derive different benefits from the MM services provided to them. Time will never permit you to know all about your customers’ needs. Nevertheless, it will be possible to group together customers who all have a similar need for the service in whole or part. This is a market segment - it consists of people with characteristics that cause them to demand similar services. A group with shared characteristics is likely to have shared needs.

CASE STUDY

NICE guidance recommends that a pack containing an antibiotic and a steroid should be provided to all patients who have had a hospital admission for COPD or 2 exacerbations of COPD within a 12 month period. COPD Exacerbation Pack clinics were developed and provided by trained members of the Medicines Management Team. GPs agreed to provide access to patient records and Practice Managers ensured that the space required to hold the clinics was made available. The Medicines Management Team COPD Project Lead attended Prescribing Groups and Practice meetings to promote the initiative and gain support for the project. Input was needed to sign Patient Specific Directions and to prescribe if a pack was used. Notes in each practice were searched to identify appropriate patients to receive a pack. This initiative offered different benefits for different groups of customers:

Patients - all eligible patients received advice on the self management of an exacerbation of COPD and were issued with a pack and information. This enabled them to initiate prompt self-care to avoid a hospital admission.

GPs - the appropriate use of an exacerbation pack provided a better quality of care in a more cost-effective way

Practice Managers - For those practices with limited space, a mobile clinic was made available.

Val Shaw, Deputy Chief Pharmacist, Cambridgeshire University Hospitals NHS Foundation Trust

ACTION POINT

Make a list of all those who you consider to be customers.
Grouping customers together in this way will enable you to match your MM service better to their needs. Different services that provide a better solution to meet the needs of those in a particular group can be created. Think how a GP’s needs or those of a hospital doctor may be different to that of a practice manager, nurse, Community Pharmacist or Chief Executive - can you see how you could create a service ‘tailored’ to individual customer group requirements?

Do not panic - this is not about offering a different service to a multitude of market segments. It’s about highlighting parts of your existing service that are appropriate and better suited to the segments of customers you have identified.

You will already have grouped people for the purposes of delivering your service into segments (e.g. GPs? Consultants? nurses? hospital managers?) but might not have considered these groups as market segments.

**Users, Influencers and Commissioners**

There are various ways of segmenting a market but a particularly useful way is to identify and group the people on your ‘patch’ into the categories of ‘User’, ‘Influencer’ or ‘Commissioner’ of the MM service. These groups can include customers who are internal or external to your organisation. There is no apology made here for introducing more jargon as, hopefully, these terms will clarify what initially may look a complex picture, but isn’t.

**Users:** take a moment to think who currently use your skills and services as well as potential users. Think of those in a GP practice, in secondary care, in community teams, in community pharmacy, patients - has anyone been missed out? You will know your own area and will be best placed to develop the list.

**Influencers:** these people do not use the MM service directly but can influence others to use or commission it. Influencers will form a different list but you may well find there is some overlap with your list of Users. For example, it may well be that a clinician who has had a very positive experience with your team would want to tell colleagues or staff about it and to recommend your services for routine usage. Managing upwards is always a good thing and there is a very good reason to do so - your Chief Executive will certainly be a key Influencer. You will want to make sure that they are fully on board with what you propose to do and seek their help. Managing upwards also goes further than that. National policy directives can have a significant impact on what you do in your daily life. Engage your manager, Chief Executive and others as appropriate to influence the way national policy is being shaped. If you do not do that, you can hardly complain about a policy directive that had adverse consequences for what you wish to do.

**Commissioners:** This is probably a simpler list - who is in a position to purchase or sign a contract or service level agreement (SLA) to obtain your MM service for a GP practice or the healthcare economy?

Why has time been taken to differentiate types of customers in this way? It’s simple:

- Users will, for example, need to know how using the service will help them to deliver their responsibilities professionally and provide job satisfaction for ensuring patients receive optimum treatment
- Influencers will want to feel that they can recommend a proven, professional, value-for-money service
- Commissioners must feel that the service is value-for-money and meets the needs of the organisation and patients. They will wish to see demonstrable outcomes for their investment.

You probably already have much experience of talking with Users, Influencers, and Commissioners but, in this new world, it would be helpful to your cause to try and understand even more what ‘makes them tick’.

Don’t forget that a customer may wear more than one hat. Clinicians may be ‘Users’ within practice setting but also ‘Influencers’ if they sit on a Drugs and Therapeutics Committee.

Remember, never make the assumption that what you can do to help your customers is known or understood - that’s where a promotional approach, as referred to elsewhere in this workbook, comes in.

**ACTION POINT**

Make a list of market segments and allocate each customer to a segment.

**TOP TIP**

You need to tell customers what you have to offer.
Communicating with Market Segments

‘And as we let our own light shine, we unconsciously give other people the permission to do the same’

Nelson Mandela

In the new world, it will be vitally important to raise awareness about your MM service to existing and potential customers. This requires that you understand the best way to communicate with each market segment.

Have a think about how you might communicate and raise awareness about your MM service with, for example, a GP with a lead responsibility for prescribing practice and their practice manager. Would the approach be the same for each person? Of course it wouldn’t. They each have a different role and different needs and you would match what you say accordingly.

The realisation that different people may have a requirement for different parts of the MM service enables very specific messages to be created that have a very positive impact within a particular market segment.

A key requirement in communicating with customers is to raise their awareness and educate them about the benefits that your MM service can bring to them. You might think you are selling a service - but your customers will be buying a benefit.

‘Education is the most powerful weapon which you can use to change the world’

Nelson Mandela

The quotation shown would not have been used in the context that is being considered here. It does, however, have resonance in terms of underpinning the need to communicate the benefits of pharmacy and medicines management through an educative process. If education can change the world, it can certainly help raise awareness about MM services.

Decision making in the NHS

You might communicate with individuals but decision-making in the NHS seldom relies on a single person. It is always based on feedback from Users, Influencers and Commissioners. The way you communicate with them will influence the part they play, whether as Users, Influencers or Commissioners.

Think about a GP practice meeting you have attended. What was the interaction based on? Were the views those of all GPs or just the prescribing lead, practice staff, nurses, patients or others? Different issues provoke different involvement but the point is made to illustrate the diversity of customers that exist for your communication approach.

Market segmentation enables you to target messages in the most suitable way to groups of customers. Segmenting customers into Users, Influencers and Commissioners will not only help when communicating but will also highlight how many people there are that can have an impact on whether you will secure an agreement to deliver MM services.

WHAT DO YOUR CUSTOMERS NEED OR WANT?

Market research

This is a primarily a process to acquire information about what your customers need or want. This information will enable you to group customers into market segments - but we now need to answer two burning questions:
how do you decide on the information required?
how can you get that information e.g. what channels/routes should be used?

Once you have the results of your market research, you may wish to share the outcome with your manager, Chief Executive and other relevant players - this not only creates an opportunity for them to provide guidance and support but enables you to raise their awareness as key Influencers. If you present a business case to them at a later stage, they will already know the evidence on which it was based and that should give it a better chance of success.

Deciding on the information required

If you are going to communicate the correct messages to all those who have a need or potential need of your services it will obviously be important to gain an understanding of their level of awareness of what you have to offer and where it could fit their professional role and enhance their contribution to patient care.

Later in this workbook you will be looking at identifying your services. Your underlying objective from market research will be to position all, or some, of what you have to offer against the requirements of the different types of customers. For example:

- What does a manager understand about medicines management - how will the service help, for example, to maintain high standards of patient care?
- Think about the nurses in GP practices and in secondary care. They not only see patients - many of them prescribe. What could they possibly need to make their patient interfacing role more professional, easier and rewarding?
- What about Community Pharmacists? What have you got on your ‘barrow’ that could get the ‘NHS representative on the High Street’ feeling confident to expand their remit in managing patients in the medication arena and take pressure off practices?
- Clinicians, whether in primary or secondary care, are probably one of the most important in the Influencer and Commissioner groups. They have lead roles within their own practice as well as on other bodies such as clinical commissioning groups. What do they really know about your service? Do they feel you can give them ‘added value’? What does that look like for them?
- What about all your other customers, whether Users, Influencers or Commissioners? They may include Clinical Commissioning Group leads, patients, Directors of Finance, Chief Executives, Non-Executive Directors and many others. They may be in external organisations e.g. Community Health Services, hospices. What do they know about what you have to offer and what do they need or want?

How do you start to get the information you need?

A start point for any research may well be combining your mission statement with a listing of what is available within your resources. Don’t just think in terms of savings but address initiatives to improve quality and safety - savings will often arise as a ‘by-product’. Then ask customers to comment on how that could help them in achieving their objectives.

Other questions might be to identify the frequency of usage that the respondents would currently have for input on medicines management - this will help to prioritise your actions.

The use of an online questionnaire tool such as SurveyMonkey might be helpful when conducting market research (see http://www.surveymonkey.com/).

Make sure that any survey you conduct is concise - more people will respond if it does not take more than 5 minutes to complete. It should, however, still enable more information to be given by those who wish to do so. Where appropriate, provide alternative ways to receive responses.

Always give feedback on the results of surveys in an appropriate format (e.g. graphs). Thank responders for their participation and let them know that their response will help shape what is on offer. Feeding back to non-responders might facilitate participation on a future occasion.

When conducting market research, you should generally use closed ended questions to get facts. Such questions are relatively easy and quick to answer. For example: ‘If the following services were available from Medicines Management, would you access them - Yes or No?’ Open questions might be appropriate if you wish the respondent to think, reflect and give you

ACTION POINT

Categorise your customers as Users, Influencers or Commissioners.

TOP TIP

Don’t make the assumption that all these different types of NHS professionals know what you can offer and what services are in your portfolio!
their opinions and feeling. For example: ‘What are your views on the usefulness of the following services’.

’Consult not your fears but your hopes and dreams. Think not about your frustrations, but about your unfilled potential. Concern yourself not with what you tried and failed in but with what is still possible for you to do.’

Pope John XXIII

A template to conduct a straightforward piece of research is available separately.

Using focus groups

The term ‘focus group’ is commonly used in commercial settings but might not be comfortable terminology in the NHS. Think of it as a ‘meeting with customers’. By talking face-to-face with customers, you can both receive information and communicate what you are trying to achieve. A meeting at which customers are asked about their perceptions and attitudes will enable you to define which of your services are most appealing and make most impact with the customer group represented. Views can be sought on the best methods for spreading messages across the local geography.

Careful and considered recruitment of the group members should ‘net’ important local advocates and sponsors of what you are trying to achieve - in doing this you have already started spreading the word!

Consider how the discussions of the group will be recorded and how outcomes will be disseminated.

A worthwhile exercise would be to consider running a number of groups for your different types of customers. These groups do not need to be particularly large in number (4 people is ideal) but what they will do is help to refine and clarify your thought process about the bigger exercise of communicating with a larger group of the same customer type.

You should consider the order in which you run groups, particularly if you wish to feedback what has been discovered in one focus group to another. For example, you might wish to run a series of focus groups with the following:

- managers
- nurses
- Community Pharmacists
- clinicians

A checklist for arranging a focus group is available as a separate template.

How do you select customers to attend a focus group?

Here are some criteria for the selection of your group personnel:

- respected within their own professional group
- good listeners and balanced in their views
- prepared to do a small amount of preparation before attending
- communicate well with peers
- reasonable understanding of the bigger ‘picture’ within the NHS
- willing to be open and honest

and, finally:

- likely to turn up!

TOP TIP

Make a list of the focus groups that would be helpful to run.
HOW WILL YOU COMMUNICATE BENEFITS TO CUSTOMERS?

What does promotion really mean?

It’s all about how we are going to get our messages across to all those NHS professionals that have been identified as being Users, Influencers and Commissioners of MM services. It may not be as difficult as you might be thinking.

What communication channels are available?

For a start, we have a communication vehicle with everybody in our market place - email. That removes one of the major hurdles of any Marketing Plan. We can not only identify our customers but have an effective and low cost way of getting messages through to them – providing they read it! That will depend on whether it is seen as valuable and assumes it is not routed to the ‘spam’ folder!

That does not, of course, mean that our communication programme is solely email based. Alternative communication methods will, for example, need to be used for those who are reluctant email users. What other options are there? The most effective way of communicating is face-to-face on a 1:1, 1:group or group:group basis. The latter provides an opportunity for messages to be given by the whole team. Those opportunities may well be limited due to workload pressures but, if they can be arranged, will gain access to specifically chosen customers. Opportunities for face-to-face contact also arise through routine meetings, attendance at clinical networks or simple ‘corridor’ conversations. There will be many opportunities for team members to communicate information about services to customers and it is important that they are supported with appropriate training to enable them to do this effectively.

Video-conferencing facilities are not readily available but teleconferencing facilities provide an alternative. You can’t see the ‘whites of their eyes’ but it is a practical way of interacting and developing views.

The use of newsletters, which is common within the NHS, provides another useful channel for communication.

Other options include the use of websites. Why not establish electronic forums for specific customers to provide comments, suggestions and feedback? If you do this, make sure that you respond promptly to any threads established or comments made. Customers will be demotivated if they think you have not taken the views they have sent to you into account.

Suggestions for a promotional approach

a) Include your mission statement, which should always be succinct, on the bottom of emails. Here are a few potentials:

‘Medicines Management - making people feel good’
‘Medicines Management - supporting healthcare professionals in improving patient care’
‘Putting patients and their care at the centre of medicines decisions’
‘Our mission is to support patient care at the front line’
‘Making medicines and people the centre of attention’

There will be others - let your creativity run amok!

b) Produce an electronic catalogue of MM services and get various members of your focus groups to identify how this could help their colleagues to enhance their professional performance.

c) Send a direct mail letter to all customers (one market segment/group at a time). The letter would identify the objectives of the medicines management team and ask for feedback.

d) Ensure there is an up-to-date website for the MM service.
e) Make presentations, at meetings of clinicians, to identify how their needs, as identified by focus groups, can be met by the MM service. Follow this up with presentations to meetings of managers/nurses/Community Pharmacists.

Part of your agenda for the focus group could have this as an objective and the group would be asked for advice on how to deliver.

f) Publish the results of your market research and identify subsequent actions which will be undertaken by the MM team - that’s very important as people need to see that their effort to supply information has been acknowledged.

g) Produce a quarterly newsletter, which need be no bigger than one page of A4. The newsletter could carry a contribution from a member of each focus group e.g. best tip about using the MM service for practice managers/nurses/Community Pharmacists.

h) See if it’s possible to set up a regular, multi-disciplinary forum meeting to discuss subjects of common interest in medicines. A guest speaker from other parts of the NHS could be very useful here - it may well be that you have a good relationship with a pharmaceutical company who could suggest a suitable speaker on a non-promotional basis.

i) Vary your approach. Some people do not like big blocks of text but prefer charts, graphs or algorithms. Some may prefer the spoken word and a podcast might be appropriate in some circumstances.

These suggestions are only made to stimulate your thinking process. There may well be many that you can develop on your own, with your team or through discussion with colleagues on the training day.

Achievements need to be evaluated and success should be celebrated and communicated appropriately. Nothing beats the exchange of success stories!

**CASE STUDY**

We are in a world of excessive information sources and communication - everyone is trying to get information to the right people. Against this background, essential information has been presented in an easy-to-read format by making it ‘short and snappy’ in a way that best suits the needs of GPs. A message is presented in a short paragraph of no more than 5-6 lines. Within that paragraph, the issue in hand and what it is hoped will be done about it is made clear. When the communication is sent electronically, which has been found to be the best way, a link is added to a source for more information where that is required (e.g. website). About 4-5 short messages like this sent within the body of an email once a week have proved to be effective. GPs have been known to print these ‘snippets’ out and look forward to the next ones. This has not precluded newsletters being issued in the usual way.

**Barbara Brese, Assistant Director-Chief Pharmacist, NHS East London & the City**

**TOP TIP**

Formulate your thinking into a clear approach about how you will communicate with customers

**An outline plan of action**

**Step 1:** Work with your staff and colleagues to agree the products and services you can offer and how these might be communicated.

**Step 2:** Inform your manager of your programme, objectives and responses and seek their support.

**Step 3:** Coordinate the focus groups of target customer groups.

**Step 4:** Develop focus group feedback in to research questionnaire and send out to individual customer groups.
**Step 5:** Evaluate research responses and write a letter or send an email to all your customers announcing what you have to offer. It may be sensible to consider writing slightly different text for each customer group (i.e. market segment).

**Step 6:** Ensure that all materials leaving the medicines management team carry the mission statement referred to above – this is your branding line and should appear on all printed items and emails.

**Step 7:** Commence arranging presentations at meetings of the different customer groups. Do not worry about the order - take the early deliverables to build up momentum for the communication message.

**Step 8:** Draw breath! Approach some of your key focus group members and raise the idea of a regular, concise newsletter to deal with medicines management and how it impacts on the working life of NHS professionals and patients. Target your approaches carefully and consider different newsletters for different groups - you want contributors!

**Step 9:** After two issues of the newsletter start a conversation about setting up a forum to meet twice a year with a guest speaker.

Over to you - this can go wherever you want it to go!
CHAPTER 4
GETTING TO KNOW YOUR PRODUCTS AND SERVICES

DEFINING YOUR PRODUCT PORTFOLIO

OK, the heading should read services portfolio but marketing theory is riddled with the word products and some of it won’t work if the word ‘services’ is used. See the bit later in this workbook about the 4Ps (product, price, place and promotion) - S3Ps just doesn’t do it!

It might be considered that medicines management is a single service – but is it? The differentiation between operational and strategic aspects is clearly apparent – but what about elements within those categories. Training of health professionals? Accountable Officer role for controlled drugs? Public Health services such as smoking cessation, emergency hormonal contraception (EHC)? Management of the Community Pharmacy contract? Inpatient dispensing? Clinical pharmacy? Specialist clinics? Procurement? Homecare? You will get the drift.

What is being developed here is the concept of a portfolio of services. Each service will have its own life - and its own life cycle. Customers may want all or some of the services in your portfolio dependent on their needs.

BOSTON MATRIX

This is a way of looking at your individual products and summarising where they sit in terms of their relative share of the market and their relative growth. That word relative is important in relation to market share – think of where your product sits in relation to competitors rather than the actual size of the market. If you don’t know what services your competitors are offering or which markets they are operating in, this could be a critical area of research for you to complete as part of your Marketing Plan!

It’s a good exercise to consider each of the services in your product portfolio and decide into which quadrant they would be placed. This provides a measure of relative importance within your product portfolio and helps to align efforts to maximise outcomes.

The matrix is represented as four quadrants with the axes being ‘growth’ and ‘market share’. Each quadrant provides a way of classifying each service. You then end up with a clear representation of your portfolio – all services are listed and grouped by the characteristic of the appropriate quadrant in which they sit.
The categories of the products or services are:

- **Star:** High growth, high market share
- **Wildcat or Problem Child:** High growth, low market share
- **Cash Cow:** Low growth, high market share
- **Dog:** Low growth, low market share

Cash Cows are good. They have a dominant place in an established market and will be generating income.

Wildcats/Problem Children are interesting - there is a lot of potential for growth but can the time, effort and resources be put in to capitalise on that? Can you turn your Wildcats into Stars and then Cash Cows? Or will they become Dogs?

Stars are good but they are probably consuming quite a lot of resource to maintain their high growth rate and market share. The sooner they become Cash Cows, the better.

Dogs might have been around a long time and are on their ‘last legs’. Is there any good reason to keep them - or should they go?

The following might be debatable dependent on the situation locally but are suggested as examples of MM services that might fall into these categories:

- **Cash Cow:** dispensing services, formulary management
- **Star:** prescribing support services (high growth area due to the need to control prescribing practice but there is competition to provide such hands-on support).
- **Wild Card/Problem Child:** pharmacist led clinics, homecare, medicine use reviews (MURs)
- **Dog:** could warfarin clinics fall into that category in the future?

Would you agree? How would you categorise the services in your portfolio?

The trick here is to reduce risk by developing a balanced portfolio of services. A template for the development of a Boston Matrix is available as a separate document.

If you have a high proportion of services in the Wildcat box, you need to start worrying - now!

**ACTION POINT**

List your services and use the Boston matrix to form a snapshot of your portfolio.

**CASE STUDY**

Like many technology-driven companies, Sony has plenty of Wildcats. The company can’t allow competitors to get a head start so they enter fields where nobody can know the likely outcome. They constantly review their product portfolio and drop those whose potential stalls. A good example is the Betamax video recorder. Although many believed it was a superior product to the VHS recorder, Sony could not achieve a high market share. That meant that, when growth slowed down, the Betamax recorder was destined to become a Dog. Rather than let that happen, they withdrew the product.

The quadrants in which you put your products today will be different from where you put them tomorrow. Where they end up will depend to a significant extent on how they are marketed. Why not redraw the matrix to show where you would like your products to be in, say, three years time?

**PRESENTING YOUR PORTFOLIO TO A CUSTOMER GROUP**

You might find it helpful to analyse your portfolio of services in different ways for different purposes and present it in a way that will appeal to a particular customer group. The case study shows an example from practice that was used in that way and raised awareness amongst the customer group, which would have included Users, Influencers and Commissioners.
The Quality, Innovation, Productivity and Performance (QIPP) initiative is a high profile topic within the NHS at the current time. Can you think of a customer who would see a benefit in obtaining your MM service because it would offer them a benefit in contributing towards their achievement of that initiative? What would be the best way of presenting your portfolio of services to them?

PRODUCT LIFE CYCLE

Just like you, products have a life cycle, and each will go through the phases of Introduction, Growth, Maturity, Saturation and Decline.

- **Introduction:** growth may be slow as customers are made aware of what is on offer.
- **Growth:** This is characterised by an increased uptake of what is on offer as more customers become aware of the benefits. Others may, however, start to compete with what they see as a developing and lucrative area.
- **Maturity:** the rate of growth slows due to factors such as the entry of competitors who may gain a foothold by offering similar products at lower prices and then expand their share.
- **Saturation:** eventually, the point is reached where there are no more customers who need the product and the number of competitors is such that the market become saturated.
- **Decline:** Eventually, the product will go into decline as it is overtaken by new developments or a change in the market place, which means that customers want something different.

The Quality, Innovation, Productivity and Performance (QIPP) initiative is a high profile topic within the NHS at the current time. Can you think of a customer who would see a benefit in obtaining your MM service because it would offer them a benefit in contributing towards their achievement of that initiative? What would be the best way of presenting your portfolio of services to them?

**CASE STUDY**

A business plan is often circulated to key players, including managers, in an organisation. This presents an opportunity to raise awareness about the benefits that a service can offer. With that in mind, and accepting that the information needed to be presented in an attractive and easily ‘digestible’ form, the following has been included in recent business plans for an Acute Trust.

The approach has helped raise awareness to existing and new managers and has played a part in the development of the service in a way that has been of benefit to staff and patients.

*Ian Bourns, Director of Medicines Management and Pharmacy, Eastbourne District General Hospital*
The length of each phase of the life cycle, which can vary from months to years, will be dependent on the extent to which brand loyalty has been developed. Think about each of your services - what stage of the life cycle is each one at? Be honest with yourself and remember - standing still is probably not an option. The aim is to achieve continuous growth and manage risk by introducing new services at the appropriate time. What does your analysis show? Have you got a balanced portfolio?

**WHAT IS YOUR USP?**

Knowing what USP means is the easy bit (Unique Selling Proposition) - but do you have one? ‘Unique’ in the context in which it is being used here does not mean that it is your only selling point. You aren’t restricted to just one USP. It means you are the only provider who has that particular selling point. What is it, do you think, that makes your MM service different and better than anyone else’s? Do your customers know your view? Do they agree?

Is your USP truly unique or is that competitor just about to ‘top’ you with the same thing plus a bit extra? Don’t get complacent here - there are lots of NHS organisations offering MM services. Up to now, everyone has played on their own pitch – but will that be the case in the future with a new culture and new commissioners (thinking ‘purchasers’ makes it clearer where the influence and power lies) on the block? What’s to stop the walls around the previous pitches being torn down? Add that to the ‘any qualified provider’ model and private providers and you can almost feel the heat from the bubbling cauldron.

No-one has said that the new NHS world was going to be an easier place in which to live. A clear understanding of your USP and marketing concepts will, however, mean that you can enter it with confidence and enthusiasm for the change and the opportunities that will be presented.

It is tempting to believe that being close to your customer gives you an advantage. It can do in some cases but technology is making it possible to provide many services from a distance. The fact that call centres can work from overseas illustrates the point – there is no reason why an overseas centre could not bid for some medicines management work.

On the other hand, local knowledge can be a ‘plus point’. You should know the key contacts and you should understand local configurations better than someone from outside. Local knowledge is likely to be a key USP.

**ANSOFF’S MATRIX**

This is a way of assessing the level of risk with your individual products in terms of the extent to which the products and the markets are ‘new’ or ‘existing’.
Market penetration: Developing your existing service to your existing market. This is fine if there is potential for growth at the expense of competitors or if the market is growing overall. Market penetration is a relatively safe place to be since you will know the characteristics of the market and your service from previous experience – but there are competitors out there who will be fighting for some of the action.

Product development: Introducing new services to your existing market. This carries more risk than market penetration - you will know your customers but will need to ensure that the new service is what they want.

Market extension: Developing new markets for your existing services. This also carries more risk than market penetration - the product will be well developed but you are treading where you have not been before with a new market, which may mean new customers.

Diversification: Introducing a new product into a new market carries the greatest risk. That is not to say it should not be done but you need to ensure that you have a stable portfolio and can take the associated risk that things may not develop as you had planned. This sort of activity should generally be regarded as supplementary to core activity and should be subject to rigorous testing and piloting.

Here is a suggestion for how some MM services might be categorised:

More of the same is not an option - you need to develop innovative services to stay ahead of the pack.

Just to add an extra complication, remember that the market may change so that your definition no longer works for you. For example, traditional bookshops have been hit by the introduction of e-books. Their market (physical books) has been changed because there are now alternatives. A good market analysis now has to incorporate all forms of publishing. A template for completing the Ansoff’s matrix is available as a separate document.
CHAPTER 4
PUTTING IT ALL TOGETHER

HOW WILL YOU PLAN YOUR SEQUENCE OF ACTIONS?

‘Making the beginning is one third of the work’
Irish Proverb

Step this way!
To put things into context, the following steps provide an outline to show how the key elements of marketing fit together for the task of delivering your objective - all potential customers requesting our service on an ongoing basis.

Step 1: Is the MM team and your organisation on board?
What is your department’s attitude and that of your organisation to marketing? Share your vision of the environment and the need to market services to others. See if you can communicate clearly the direction of travel and gain the acceptance of others in the team. Engage the team in developing a mission statement and defining their values. The chances of success will be maximised if everyone pulls together in the same direction.

Step 2: Environmental and organisational audit
Analyse the environment (PESTLE), complete a SWOT analysis on your MM service, update your strategy, identify opportunities and key actions.

Step 3: Market research
Gain information on the market and find out what customers know and want from MM services by carrying out some market research. For example, use a questionnaire to healthcare professionals in different disciplines to help determine their needs or hold a focus/discussion group.

Step 4: Define your services
Ensure that you are aware of the services in your portfolio and how they sit in the market place.

Step 5: Segment the market
Use the results of the audit and market research results to review of what is required by different groupings of NHS customers and develop different approaches to be taken for different healthcare professionals.

Step 6: Match your services to your customer segments
Decide what you can offer and are capable of delivering to the various customer groups within the healthcare economy. Think laterally, not more of the same.

Step 7: Marketing goals, objectives, strategies and tactics
Develop your thinking on these aspects so there is a clear understanding about what you need to do, where you need to go and how you will get there. What messages will you give to customers regarding the benefits of utilising your MM services? What communication routes and strategies will you use?

Step 8: Write the Marketing Plan
This is where all your thinking and work comes together to ensure that you concentrate your limited resources on the greatest opportunities and that there is a clear basis to move forward.

Step 9: Implement the Marketing Plan
The Marketing Plan is not an end in itself but a means of being clear about the actions that should be taken to ensure that you have the best chance of delivering a MM service that your customers need or want. The actions you have identified now need to be implemented in practice.

TOP TIP
Regularly review your Marketing Plan – make it a dynamic and ‘living’ document.
**Step 9: Review the Marketing Plan**

Others can move the goalposts at any time. Your Marketing Plan needs to be regularly reviewed and there should be flexibility to adapt and adjust to meet any new, unforeseen challenges as they arise.

**Managing the future in a framework of considered thought**

Spending time evaluating the future needs of customers in the structured approach of a Marketing Plan creates a security within all stakeholders that the journey has a purpose and aids understanding for the delivery of objectives.

In the fast moving and changing world of the NHS, certain factors always remain:

- patients
- customers
- resources/staff
- medicines management challenges
- the primary/secondary care interface
- political environment
- finances

**Coordination and control**

Signposting the direction of travel will have the effect of focusing effort in areas of identified early opportunity and facilitate the coordination of team efforts. Establishing objectives will aid the development of better performance standards and control markers.

**Sharpening the focus**

We have all been in meetings when the objectives have not been clearly spelt out and have ended up disappointed in the outcome. Your Marketing Plan should, therefore, set clear targets and timescales - any sports team will relate to understanding how performance is connected to the delivery of results.

Suddenly, nobody is operating in a vacuum and a feeling of achievement can be instilled. Remember - be realistic and manage expectations. Success will then look good – for everyone!

**New developments**

Planning can also cater for those unexpected happenings which can often occur in the NHS! Having focus on an issue such as the Marketing Plan for MM services will provide and create a thought process which will go al long way to answering the following questions:

- What will happen next?
- How long do we think it will take?
- Who should we be talking to first?
- What will success look like?
- What if..............?

It is the ‘what if’ scenario planning that opens minds to the understanding that we cannot always have control over events and that plans can be quickly overtaken. However, by having effective communication channels established with customers, there will be a mechanism for swiftly evaluating the implications of any change. This will lead to the identification of where services and messages about those services need to be adapted. In such circumstances, the plan will need to be updated and resources reallocated as necessary to meet the requirements of the changed situation.
Service Level Agreements and contracts

A Service Level Agreement (SLA) is used for transactions between parts of the NHS. A contract is a formal, legally binding agreement, between a customer and a provider, where external organisations are involved. A key difference between the two is that the parties to a contract can sue each other but that does not apply internally within the NHS.

SLAs and contracts can come in a range of types mainly differentiated by how suppliers can be assessed if put to competition:

- fixed price and volume with differentiation on basis of service quality
- variable price and volume with fixed quality with differentiation on basis of capacity to fulfil increased activity
- fixed price with variable volume (block contract) where quality may change if volume rises with differentiation on basis of ability to manage risk of capacity pressures and/or quality falls

The need to prepare a SLA or contract should be encompassed within normal business planning processes. It should set out the service that will be delivered, the costs and the standards for those services e.g. timeliness, accessibility, accuracy. The inclusion of regular reviews to monitor performance will provide an opportunity for face-to-face meetings.

A SLA or contract with a customer is a shared arrangement - your customer wants a service and you want to provide it. When unexpected change occurs, effective communication channels should ensure that discussion can take place on the implications and necessary actions.

WHAT SHOULD BE IN YOUR MARKETING PLAN?

Why is marketing planning necessary?
The first and most obvious answer which springs to mind is that, if we don’t know where we are going, is there much chance of us getting there? To give shape to that answer let us consider some outline points which underline the value of the exercise.

Like everything in life, when we embark on a journey it is advisable to plan. Even the simplest of assumptions that the fuel tank is full first thing in the morning can lead to disappointment and delay if incorrect! By now you will be aware of the key components involved in the marketing process. This is the bit that brings it all together.

In essence, your Marketing Plan should set out the objectives and the actions that will be taken to ensure these are achieved.

The terminology minefield
In the NHS, a ‘strategy’ is seen as a high level indication of the intended direction of travel and an ‘objective’ as specific actions that need to be achieved by a stated date. Within marketing these terms and associated ones of goals and tactics are used rather differently – and even here there appears to be some confusion. Let’s try and sort this out, at least for clarity in this workbook.

- Mission: the overall aim for the organisation.
- Goal: this is a high level, desired outcome. It will not be as specific as an objective and will not be readily measurable.
- Objectives: specific and measureable actions that you aim to achieve by specific dates. Most medicines management staff will be familiar with the need to write SMART objectives:
  - Specific: what, specifically, are you trying to achieve?
  - Measurable: how can you measure if the objective has been achieved?
  - Achievable: is the objective achievable within the timeframe and with the resources available?
  - Relevant: does the objective contribute to achieving the overall goal?
  - Time bound: does the objective state the time frame in which it will be achieved?
- Strategies: the approaches that need to be taken to ensure that the objectives will be achieved.
Tactics: specific actions based around elements of the ‘marketing mix’. The elements are commonly referred to as the ‘4Ps’:

Product: what are you offering that is needed or wanted by your customer?
Price: what price will you be proposing? Will you match the competition, undercut (and possibly start a price war) or charge a premium because you believe your customer will regard your USP as good value?
Place: how will customers obtain your product and where will it be provided?
Promotion: how will you make contact with customers and ensure they are aware of what you have to offer?

The marketing mix can be extended to ‘7Ps’ by adding:

People: have medicines management staff been trained appropriately?
Processes: do you have clear processes that ensure consistency of what you have to offer?
Physical evidence: does the appearance of staff, premises and materials portray reflect the level of quality of the service you are offering?

Let’s try a specific example:

Mission: To deliver MM services that ensure medicines are of a high quality, safe, clinically effective and used in a cost-effective manner consistent with the highest standards of patient care.
Goal: To establish AQP as the leading supplier of MM services to the NHS in England
Objective: To supply MM services to twenty clinical commissioning groups in the next 12 months within a budget of £0.1squillion.
Strategy: To use our highly regarded and leading edge local MM service as a model, develop it into a package that can be franchised and secure contracts with clinical commissioning groups.
Tactics: a) Develop a brochure that sets out the service and its USP
b) etc, etc.

You will have spotted that AQP (Any Qualified Provider) is not a real company providing services to the NHS — but could it be? The goal looks ambitious — but is it? Has that got you thinking? What are you going to do about it? How will you compete?

Structure for a Marketing Plan

The content of a Marketing Plan will vary dependent upon the organisation but, for the purposes of developing this for medicines management, the following structure will address the key requirements:

Executive Summary: This might appear at the front – but write it last. You cannot write a summary if you have not written a plan. It should summarise the key elements of your Marketing Plan.
Table of contents
Mission statement: This should set out the purpose of the MM service and its key values.
Environmental analysis: Include the PESTLE analysis and summarise aspects such as key threats from competitors
Customers: Identify target customers and your approach to market segmentation (e.g. Users, Influencers, Commissioners). Outline the communication approaches that you plan to take, any market research that will be carried out and the promotional activities that will be undertaken
Products/Services: Show how your services fit within the Boston and Ansoff matrices, identify any concerns that result and explain how these will be addressed. Be clear about the USP for the service and explain how this will meet customer needs. Include a SWOT analysis and outline the actions that will be taken as a result of the exercise.
Marketing Goals, Objectives, Strategies, Tactics: Clearly set out this section to show the thinking process and the resultant actions that have been identified to be taken.
Timings and resource implications: be clear about what will be achieved and when.
Data to measure success and maintain control: Set out the measures that will be used to monitor and report progress towards implementation of the Marketing Plan.
**It's not an end in itself**

Remember – the Marketing Plan sets out a direction of travel but it needs to be implemented in practice and used as an ongoing, ‘living’ document. It should be subject to regular review to take account of any changing circumstances, which might be taking place outside your area of control. This will enable you to keep on top of developments and customer needs which will, in turn, give you the best opportunity to reposition and develop services that meet customer requirements.

Finally, have a think about the following quote. If it’s true, what are the consequences for your service? Similarly, if you think there are times when it’s not always true, how will you handle that and what could be the consequences for your service?

**‘The customer is always right’**

Field M. Owner of a Chicago department store. Late 19th century.
(or was it Selfridge HG. Owner of London store. Early 20th century?)

**TEMPLATES AVAILABLE SEPARATELY**

The following templates will be made available separately as hard copy documents. They have been referred to at appropriate points in the text and appear here in that order:

- Competencies
- Checklist of the implications of marketing Medicines Management services
- PESTLE
- SWOT
- Conducting market research
- Running a focus group
- Boston matrix
- Ansoff’s matrix

In addition, the templates are also available in a ‘Word’ version for downloading from the Pharmacy Management website at www.pharman.co.uk. This is a flexible format to enable as much text as you wish to be incorporated.
CONTRIBUTORS

Authors
- Alex Bower, Pharmacy Management
- Ted Butler, Pharmacy Management

Editorial Panel
- Alex Bower, Pharmacy Management (Chair)
- Carol Roberts, Pharmacy and Prescribing Lead, East of England SHA
- Ian Bourns, Director of Medicines Management and Pharmacy, Eastbourne District General Hospital
- Peter Johnstone, Prescribing Commissioner, Clinical Commissioning Liverpool
- Barbara Brese, Associate Director and Chief Pharmacist, NHS East London and the City
- Carol Farrow, Clinical Director of Pharmacy Services, Norfolk & Norwich University Hospitals

Technical advisers
- Tom Phillips, Managing Director, TLP Ltd
- Deborah Evans, Managing Director, balance

Professional Advisers
- Graham Brack, Pharmaceutical Adviser, Cornwall & Isles of Scilly PCT
- Val Shaw, Deputy Chief Pharmacist, Cambridgeshire University Hospitals NHS Foundation Trust

Road Testing Panel
- Sue Brent, Director of Pharmacy, Regional Drug and Therapeutics Centre, Newcastle upon Tyne.
- Michele Cossey, Associate Director: Pharmacy and Prescribing, NHS Yorkshire and the Humber.
- Melanie Green, Head of Medicines Management/Accountable Officer for Controlled Drugs, NHS South Gloucestershire
- David Jones, Chief Pharmacist, Southern Health NHS Foundation Trust.
- Ruth Kent, Pharmacy Project Manager, Medicines Management Team, NHS Peterborough.
- Jas Khambh, Pharmacy & Medicines Management Lead for Primary care London Procurement Programme.
- Clive Jackson, formerly Chief Executive, National Prescribing Centre.
- Rachael Lemon, Specialist Pharmacy Technician Secondary Care, Poole Hospital NHS Foundation Trust.
- Christianne Micallef, Lead Specialist Infection Prevention and Control Pharmacist, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.
- Maha Yassaie, Chief Pharmacist, Strategic Lead. Medicine Management, Accountable Officer, Berkshire West PCT.
- Burhan Zavery, Deputy Chief Pharmacist/Operational Services Manager, Mid Cheshire Hospitals NHS Foundation Trust.
'Marketing is so basic that it cannot be considered a separate skill or work within the business. Marketing requires separate work, and a distinct group of activities. But [sic] it is a central dimension of the entire business. It is the whole business seen from the point of view of its final result, that is, from the customer's point of view. Concern and responsibility for marketing must permeate all areas of the enterprise.'

Drucker PF. Management: Tasks, Responsibilities, Practices. 1973