

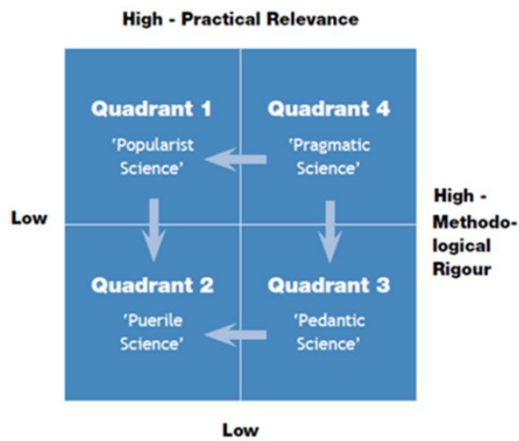
Some observations from the Chair of the Members' Exchange Forum meeting on 7th September 2017

Firstly, a heartfelt thank-you to the BHBA for trusting me to Chair your Members' Exchange Forum on September 7th. Hopefully, I did a good job and applied an appropriately deft touch to steering the session. Having done a fair few of these sorts of things, I must commend the Association on being well organised and for choosing such a splendid location. Unfortunately, too many meetings are of the ilk of belonging in the proverbial brewery. I liked the way the Meetoo application embedded in some of the presentations and later mined by Rob for the Q&A session helped stimulate conversation across the width of the room. When sitting in an audience, I tend to find I have a few questions in my head but can never quite polish one up that is both concise and precise. So, I don't actually pose one, which I then regret. I know being able to "author" a question on screen would prove a great boon to me.

I found the content of the session very interesting and as I commented at the end of the afternoon, it struck me as being one that you all found relevant. The contributions from the five speakers respected the theme yet weren't shy of raising challenge. Fresh information shouldn't simply confirm or corroborate existing knowledge; it should demand further inquiry or set down new hypotheses that necessitate exploration. In a world now characterised by a daily tsunami of information that has not yet morphed into proven evidence, there is an urgent and compelling need for those of us swimming in these turbulent waters to be able to pick out the information bytes that will help us float rather than drown. The quality and values-based "rightness" of our decision-making, discretion and judgement is sorely dependent upon our prowess of selection.



As the knight guarding the Holy Grails in the third Indiana Jones movie remarks to Indiana when he selects the plain looking goblet, "You have chosen wisely." As the "baddie" found to his cost, all that glistens is not always positively helpful.



The same goes for information and its transition into evidence. It is all too easy to fall into the puerility quadrant.

From each of the speakers' presentations, I'd like to pick one slide that I thought was the keystone of their talks.

Sarah Phillips, QuintilesIMS

I'm picking two because this first one sets out the definitions of Real World Evidence and its siblings Real World Data and Real World Insight. It is especially important as it provided the foundation for the afternoon and, thankfully, each of the other four speakers adhered to these definitions; there was a constant and consistent "drum-beat" throughout the Forum.

RWD, RWI and RWE – some definitions



Real-World Data (RWD)

Any patient-level data not collected in a randomised clinical trial (RCT)



Real-World Insights (RWI)

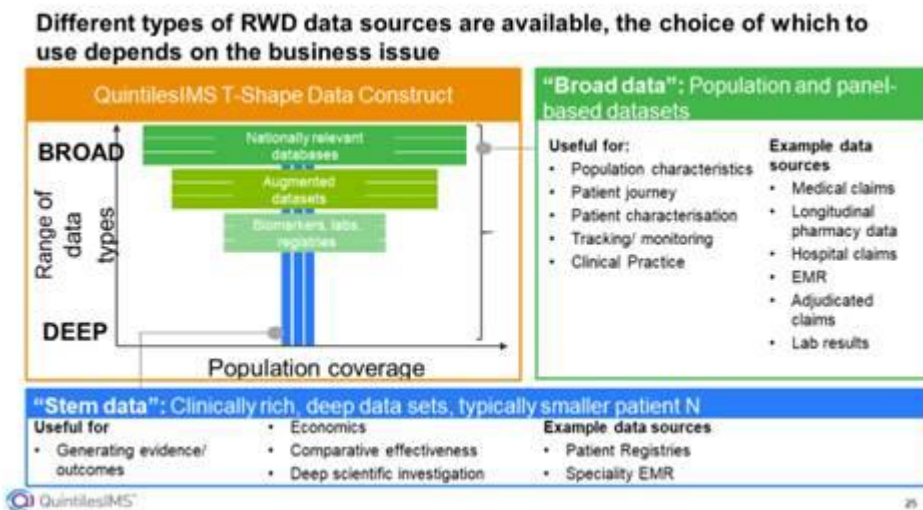
Insights generated from RWD using appropriate scientific and/ or commercial analytics



Real-World Evidence (RWE)

Insights generated from RWD using appropriate scientific and/ or generated commercial analytics with the intention to support a claim or to produce evidence for multiple stakeholders

The second slide from Sarah's "set" is this one:



Why have I chosen this one? Because it reflects a critical characteristic of how we prefer to think about the world. Some of us prefer to think about problems, challenges and issues in a more detailed and incremental manner, i.e. what have we got here, how can it be made better? Others prefer to think about matters in a more conceptual and radical way, i.e. what have we got here, do we need something new to replace it or something entirely fresh? We can learn to change our thinking style yet in times of pressure our natural style tends to re-surface, which isn't always helpful.

I am deliberately avoiding using the words creativity and innovation. I see creativity as what goes on in the head, i.e. the cognitive processes, whereas innovation is what is delivered out of that stream of thought, i.e. a new medical device or medical procedure. Creativity and innovation are not all about a "clean sheet of paper" approach. The success of the German economy has been built on what is described as "incremental innovation". In a world of RWE, Sarah's firm QuintilesIMS's "T-shape Data construct" indicates that people need to develop the ability to think both broadly and deeply; being one-dimensional isn't going to be helpful in divining the evidence and making effective decisions.

Simon Tilley, SAS

I pick this slide as Simon's cornerstone:



I find the bullet point “Processing speed” personally relevant. If my wife and I go to the village pub-quiz, we may both know the answer to a question but my wife’s processing speed in retrieving it is far speedier than mine. I picture our respective memories as my wife having a very well-ordered set of filing cabinets with everything is filed in order; my mind is more redolent of an untidy office stacked with piles of paper. I know the answer is in there... somewhere.

I challenge Simon to add an extra step of “review” to his sequence at the foot of his slide. Deliberately setting aside some time to review the outcome and consequence of a decision is vital to helping the intelligence mature. Did that work well or not; what do we need to do more of, what do we need to avoid repeating? Einstein’s definition of insanity is “expecting different results from doing the same thing over and again”. I see so many instances of leadership teams going away for their off-site creative planning meetings yet failing to allocate any time to reviewing what has happened and what learning can be seized. Similarly, with recruitment; the question posed is always, “Why did that person not succeed in their job?” as opposed to “What did I get wrong in my selection?”

While it is hugely frustrating when your five-year old child or grandchild asks “Why?” incessantly, as I set out in my “Rules of Engagement” for the afternoon, as adults we need to tap into our childlike inquisitiveness, not occasionally but regularly. “Root cause analysis” is one of those MBA turns-of-phrase that is bandied about with abandon in many organisations. I much prefer the Ritz-Carlton hotel group’s nomenclature of “Ask ‘why’ five times”. Perhaps our Fitbits (other

devices are available) should be able to count the number of times we ask why (or “How so?” in the US) alongside the number of steps we walk or run.

Claire Methven, Janssen

From Claire’s session, I have chosen this slide:

Collaborative Integrated Evidence Generation (IEG) approach across product life cycle



janssen | PHARMACEUTICAL COMPANY OF Johnson & Johnson

The crucial word on this slide is “Integrated”. Too many people, especially managers, still think of information as a form of power. As I remarked, behaving like one of the seagulls in Finding Nemo squawking “Mine! Mine! Mine!” doesn’t help the process of integrating knowledge and, thereby, consolidating a line of sight throughout the organisation focused on the end-user - in health that being the patient, family-member or friend.

I will mention one other point that Claire made; this concerned education. Education in the form of schooling and university academic education is as hot a topic as health and I am not going to touch that for fear of burning my fingers. However, in the learning and development (L&D) space of education in organisations there is a huge fillip to be provided by taking a RWE perspective.

165/90 is not an adverse blood pressure reading but are two numbers taken from an article published by Harvard Business School entitled “The Great Training Robbery”. 165 equates to the money spent in billions of US dollars by US firms on L&D, training and education. While formidable, it is not as scary as the second number which equates to the rate of decay that training has on people’s performance within 12 months of the spend being made. What is the

“burn-rate” in your organisation; is your investment generating value or not: what is your RWE here? That is a conversation I’d love to have with many of you!

While still in a “proper” job at Barclays Bank, I was involved with formulating a new set of Group Values during the 1990s. One of our most inspired sources was Johnson and Johnson’s credo. I still admire it, which you can read here,

http://www.jnj.ch/fileadmin/user_upload/Downloads/our-credo.pdf. Has your organisation got something as enduring and impactful? Have your values been boiled down to slightly dog-eared posters on the wall or the skip-through home screen of your intranet portal; or do they form the moral compass by which your organisation is led and governed?

Steve How, Wilmington Healthcare

After the tea-break, Steve came back into the room holding the tails of two very large and toothy tigers, i.e. the NHS and financial issues! From my perspective, I thought Steve tamed the big cats very astutely. While some of Steve’s slides were “busy”, I am picking a relatively simple one as my keystone. It is this one:



I have selected this because it contains two vitally important words, namely “accountability” and “care”. I hear the first used interchangeably with “responsibility”, yet I consider these two words have very discrete and specific meanings. A leader or manager is “accountable” for the performance of their people, so a hospital trust’s CEO is where the buck stops for the outcomes of work carried out from the chief surgeon to the ward porter, from the head of nursing to the

staff working in the implanted Costa coffee shop. Individuals are responsible for *their own* actions and behaviours.

As I mentioned earlier, when recruitment goes wrong it is not primarily the fault of the newly appointed person. The point of failure lies with the person or people making the appointment decision. In my RWE, this arises from the lousy way role profiles are written, and the non-evidence based selection criteria used. The worst-ever job description I've seen was from a hospital in southern England, which attempted to describe the role of Patient Experience Director. The word "Patient" appeared at the head of page one in the job title and didn't re-appear until page nine or ten. How does that help someone to understand their "accountabilities"?

As for "care", for me, looking at the health sector this is entirely imbued in the tenor of the Hippocratic oath "to do no harm". It relates to helping people not just to get better after being ill but to keeping them healthy (and, if it is not too esoteric, happy). As a judge of the WOW! Awards, I know that nominees from the NHS are nominated by their patient (or their friends or relatives) because of the abundance of care they have provided not merely for being compliant. Being held accountable for care and for reward mechanisms to be geared to the quality of that care seems entirely rational to me. To paraphrase Patrick Stewart's character in Star Trek, Captain Picard, "Make it so." A simple statement, yet a challenge I hope everyone in the room is prepared to grasp.

Anita Agier, GfK

Lastly, from Anita's talk, I pick this slide:



Mentioning Star Trek provides a neat segue to Anita's picture of the robot's arm. Where, exactly, is RWE pointing in terms of the longer-term? Apart from the definition of RWE being consistent throughout the five talks, another constant factor was the focus on a much longer time-line needing to be considered than has previously been the case. This article from the Economist during the summer paints quite a vivid picture of what health care will look like in the future, see <https://www.economist.com/news/international/21720278-technology-could-revolutionise-way-they-work-how-hospitals-could-be-rebuilt-better>. The Economist Intelligence unit also published its view of the future of healthcare, which can be read here, <http://thefutureishere.economist.com/thefutureofheathcare-infographic.html> (if possible, open this on a screen large than a mobile phone's).

From the RWD and the resultant RWI, what RWE exists that these pictures are viable and credible? Will it all become real? I am including a second slide from Anita's deck:



Whether the visions portrayed in the Economist's and EIU's articles come to fruition depends on the need for Anita's "Strategic, well-defined objectives" and establishing answers to the three questions she poses. Without achieving this, there will be no clarity of purpose, which loops back to Steve's words of accountability and care, only there won't be any.

I am grateful for the willingness of Sarah, Simon, Claire, Steve and Anita to come sit on the stage and respond to the questions Rob extracted from Meetoo plus those posed from the floor. What was most gratifying (particularly given the habits of the people in the building across the river

that we could see through the windows of our meeting room) was that as a team they answered the questions that were posed. Brilliant!

In my closing remarks, I remarked that the end of the meeting should not mean the end of the conversation. Rather, discussion should continue perhaps via a closed BHBIA group on LinkedIn. A few people during after-meeting drinks supported the idea and I hope the Association takes it forward. It is one way I have seen other membership organisations make themselves more relevant and a continual presence in members' lives. My other suggestion was for more of the real world to be present in the room at future meetings; could we open the conversation to include those who are viewed as contributing positively or negatively to the nation's health? In the room we were in, it would be quite easy for an "us and them" situation to arise as human nature would likely intercede and attendees seek to sit among "friends". However, I am sure the Association's great organising skills could mix everyone up, resulting in some positive and constructive conversations. That would be ground-breaking Real World Intelligence in the making.

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