

# USING MARKET RESEARCH TO CUSTOMISE PATIENT PROGRAMMES



## Using Market Research To Develop and Customise Strategic Patient Programmes and Drive Access to Medicine



### The NHS Today

Our previous insight articles have discussed the challenges the NHS are facing today and the capacity busting solutions that the pharmaceutical industry can deploy to help the NHS and drive access to their medicines. To optimise the impact of these solutions, they will often need to be customised to meet the requirements of the individual locality. Disparities across NHS Trusts are vast, this can be due to varying factors including, access to resources, patient demographic, care pathways etc. **Market research can act as a critical component in revealing disparities between localities** and aid in the customisation of targeting to produce high quality solutions.

### STEP 1 - Desk Research

In last month's market insight, we found that waiting lists in England are 60% higher now than they were pre-pandemic. In September 2022 the highest number of patients waiting (per 100,000 of the population) was at the following:

**NHS Stockport** – 18,275 (~25% increase Sep 21 – Sep 22)

**NHS Salford** – 17,380 (~34% increase Sep 21 – Sep 22)

**NHS Southend** – 16,817 (~31% increase Sep 21 – Sep 22)

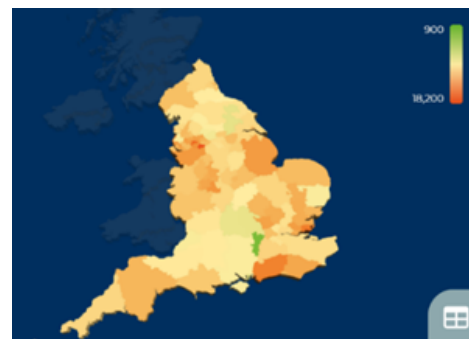


Figure 1: Map of England showing the disparity of waiting lists per 100,000 population (Sept, 2022)

If we focus on **ophthalmology**, a particular therapy area with some of the highest waiting lists, we can see the vast difference in capacity issues across NHS England:

Waiting List Ranking	Locality	No' of Patients Waiting per 100,000 (Sept 22)	Average Waiting Time (Weeks)
1	NHS Frimley	268.2	9
2	NHS Calderdale	613.4	9
3	NHS Sheffield	643.2	6.9
4	NHS West Lancashire	653.3	10
5	NHS Berkshire West	669.3	10.2
102	NHS Leicester City	1804.3	21.1
103	NHS Bolton	1827.9	16.8
104	NHS East Leicestershire and Rutland	1830.9	20.5
105	NHS Bedfordshire, Luton and Milton Keynes	1838.9	20.9
106	NHS Mid Essex	1913.6	18.9

Table 1: The highest and lowest No' of Patients (per 100,000 of the population) waiting and the average time they are waiting for Ophthalmology services in NHS England. (Sept 22)

## STEP 2 - Deep Insight - *Why are there capacity issues?*

The next step is to develop further insight, but this time at a granular level, into why these localities are the worst affected and what solutions can pharma deploy to assist these struggling areas. **Insight SPRINT Programmes**, delivered frequently by Apodi, involve selecting a **representative sample of localities** to uncover the main issues affecting capacity and increasing waiting lists. Examples of these issues can be found in Table 2.

## STEP 3 - PROGRAMME DESIGN - *What Programme solutions can overcome capacity issues?*

Insight SPRINT Programme findings can then be used to develop an overall programme strategy addressing the key issues. Programmes should be able to be flexed to include the relevant solutions that suit the Trusts in order to alleviate waiting lists and times.

Deep Insight Finding	Exemplar Programme Solutions
Lack of Administrative Support	Admin Staff Support
Lack of Space	Out of Hours e.g. evenings/weekends Outsource Space e.g. community clinics
Lack of Staff	Nurse Support
Patient Preference	Move to off-site community setting closer to patients
Lack of Equipment	Out of Hours e.g. evenings/weekends Outsource Space e.g. community clinics
Care Pathway Block	Care Pathway Redesign

Table 2: Examples of factors affecting capacity and solutions to overcome these.

## Key Access Learns

This highlights the importance of market research to develop a high quality patient programme strategy. The simple steps outlined above can aid in the customisation of services to drastically cut waiting lists.

Apodi routinely deploys Insight SPRINT programmes and conducts market research to assess the local market conditions across regions and specialities.

