

# The people behind the NHS crisis – and why their experience matters to pharma

*A report compiled by Dovetail  
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**Dovetail**

Millions of patients on waiting lists. Thousands of unfilled staff vacancies. Billions of pounds pledged to fix the NHS. What do the numbers behind the headlines mean in human terms for the people who make up this much-loved institution?

The new Labour government has made fixing the NHS a priority. Chancellor of the Exchequer Rachel Reeves announced a £22.6 billion cash injection over two years in her first budget. Wes Streeting, the Health Secretary has launched a public engagement exercise to help shape the government's 10 Year Health Plan, to be published in spring 2025. The plan will aim to move healthcare from hospital to community, NHS systems from analogue to digital, and the focus of activities from sickness to prevention.

In Dovetail's latest research, we shed light on healthcare professionals' current experience of working in the NHS. From our interviews, we identify three key themes the government's reforms will need to contend with, which have particular significance for marketing teams in biopharmaceutical companies and the communications and advertising agencies that support them.

## 1. The unintended consequences of financial pressures.

**Financial decision-making can have unintended consequences on service provision and patient care, and cause frustration for clinical teams.**

A recurrent theme in our research was that finance decisions made without consulting clinical teams can all too often undermine local efforts to achieve overarching NHS goals, such as keeping people out of hospital

or reducing healthcare-acquired infections (HCAI).

- In one acute trust in the north of England, cleaners' and porters' roles have been combined to save money. We were told that as a result of this policy, wards are often not adequately cleaned because staff are delayed waiting with patients when transporting them between departments. Environmental contamination due to poor cleaning is a major cause of HCAI, which costs the NHS as much as £2.7 billion a year and 7.1million bed days (21% of annual bed days in NHS hospitals in England).<sup>1</sup>
- Combining several smaller pathology laboratories into larger hub centres means these centralised labs benefit from considerable economies of scale. For example, London is served by just four large laboratories. These well-equipped 'super labs' are highly efficient, processing up to 1,000 samples a day.

But transporting time-sensitive samples across greater distances can cause major logistical challenges. Spinal fluid samples, for instance, need to be processed within an hour of being taken for accurate results. In many locations this is simply not possible. Samples arriving late will still be tested, but the results must be flagged to advise interpreting them

with caution due to the overlong transit time. So, clinicians may make treatment decisions without the benefit of reliably accurate diagnostics. This can lead to patients receiving inappropriate or unnecessary treatments that may result in longer hospital stays or readmissions. And in the case of infectious diseases, such delays can drive transmission to other patients.

As one interviewee told us: "I'm all for cost-cutting, but I genuinely struggle to see the logic in some of the decisions made."

- Time and again clinicians voiced their frustration at not being involved in finance decisions and the poor communication between clinical and finance teams. As one healthcare professional explained, "You make a business case to show if we introduce this, we're going to save that much money, or it's a little extra cost for significant patient benefit according to the studies. But you never talk to a clinical person about it, which is frustrating because you're trying to prove that a clinical intervention or a diagnostic tool works to someone who is a business person. There's a kind of language barrier."

Another interviewee said, "I had to really shout at the top of my voice to get my foot in the door with the people who are making decisions."

1. Guest JF et al. Modelling the annual NHS costs and outcomes attributable to healthcare-associated infections in England. *BMJ Open* 2020;10:e033367. doi: 10.1136/bmjopen-2019-033367

## 2. Systemic barriers to innovation.

**Hospital systems and a lack of joined-up thinking can create barriers to efficient working, innovation and best practice.**

**Financial pressures are compounded by systemic barriers. Our interviewees provide several examples.**

- The introduction of new computer systems sometimes complicates working practices rather than enhancing them. We heard that the prohibitive cost of tailoring electronic hospital systems appropriately means they often prevent efficient workflows. As one healthcare professional told us, “what used to take five minutes to write in the notes can now take half an hour or even longer, because of the poor design of the electronic patient record.”

**Barriers to prescribing innovative and more appropriate treatments for patients.**

- Electronic prescribing systems (EPS) aim to improve efficiency and reduce dispensing errors, but they can also be a barrier to the uptake of new treatments. We heard from a senior consultant in a major UK teaching hospital that updating the EPS can take up to a year due to other IT priorities in the trust. This leaves patients unable to benefit from the most appropriate treatments, even after they are approved by NICE and the hospital formulary committee.

- Siloed departmental budgets are also

barriers to best practice. Time and again we heard examples of proven, cost-effective innovations not being approved because the acquisition cost comes from one departmental budget, while the benefit accrues to another. In one case, a consultant microbiologist wanted to use a new antibiotic costing £800 a week that would allow patients to be discharged from the hospital early, freeing up bed space, which is a key NHS objective. The consultant told us, “this should be a no-brainer, but the problem is that the people who pay for this expensive drug are in Division B, but the benefit will go to Division C and Division A. It’s crazy.”

## 3. Low NHS staff morale.

**All the healthcare professionals we spoke to felt stressed due to managing increasing patient numbers with fewer staff.**

Our interviewees described high levels of day-to-day stress in the workplace, caused in part by the ongoing impact of COVID and a lack of consistent workforce planning. But they also highlighted some serious patient safety concerns as a consequence of low staff morale.

- Clinical teams are still dealing with the fallout from the pandemic in several ways. Staffing levels have been significantly impacted. Most interviewees mentioned senior colleagues retiring since the pandemic and not being replaced.

Patients are likely to be in poorer health and have more complications due to delayed

diagnosis and treatment during lockdown and the longer waiting lists experienced since then.

During our interviews, some participants became visibly upset when talking about COVID-19. It was clear that some healthcare professionals are still processing the trauma of their experience during the pandemic, not least the grief of losing friends and colleagues to the virus. One individual reflected, “It was the worst time of my life. It was utterly horrible.”

- In some specialities in England, average national vacancy rates are as high as 30%. In our sample, one department was consistently operating with staff vacancies of 50%. District general hospitals are most likely to suffer from understaffing, but all hospitals are affected, leading to concerns about continuity of service and patient safety.

Moreover, the interviews highlighted a lack of succession planning for senior clinical roles, meaning that gaps in clinical expertise may not be filled as older consultants retire.

- Healthcare professionals often sounded exhausted and strained, using phrases like “it’s a constant battle,” and “not enough hours in the day”. Of most concern are the risks to patient safety when clinical teams are overstretched and demoralised.

- Worryingly, one clinician told us they no longer challenge poor practice from colleagues when they see it, simply to avoid conflict.

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## Implications for biopharma and healthcare communications and advertising agencies.

**Here's why Dovetail believes these insights are crucial for pharma and their agencies to take on board.**

- **Communications cut-through**

Just like everybody else, people working in the NHS have limited attention and energy; it's much harder for marketing messages to cut through when our audiences are so overwhelmed with day-to-day challenges. Data suggests that as few as 25% of healthcare professionals in the UK are accessible by biopharma companies.<sup>2</sup> Marketing strategies need to be relevant and provide solutions to the real-world challenges of working in the NHS. Messaging needs to resonate with a hard-pressed NHS workforce.

- **Barriers to uptake**

Our interviews revealed significant hospital administrative barriers to the uptake of new treatments, which brand and market access teams need to understand and try to mitigate. Even after a new therapy has secured reimbursement and been accepted by the local formulary committee, clinicians often have to present a business case to financial decision-makers whose decisions are not based on clinical expertise. And where a robust cost argument can be made for a new treatment, there may be little incentive

2. Veeva Pulse Field Trends Report 2024

for a department paying the acquisition cost when the financial saving or clinical benefit goes to a different one. The costs and resources needed to update electronic prescribing systems can also act as barriers to uptake once other hurdles have been cleared.

- **Clinician advocacy**

Many clinicians are finding it increasingly difficult to advocate for new treatments. One senior clinician told us, "adopting a new drug into the system is seen by management as too much effort. So, you give it a shot, and if you get it rejected, sometimes you just don't bother trying again."

Our research has revealed three key themes: the unintended consequences of financial pressures; systemic barriers to innovation; and poor NHS staff morale.

There is an important role for industry to play in supporting healthcare professionals, services and patients, but support services and campaigns need to reflect these themes, so they're relevant and resonant.

To find out how Dovetail can help you gather insights for impactful initiatives, contact [hello@dovetailstrategies.com](mailto:hello@dovetailstrategies.com).

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