JEREMY THORPE EP04 PODCAST

Claire Munro 00:22
Partnerships in healthcare can be transformational for everyone involved. They can support healthcare professionals and bring insights and value to life science companies, and most importantly of all, they can improve outcomes and experience for patients. But it takes a lot of skill to get them right.

In this podcast, we'll hear inside stories from people in the know about what it takes to make them work. And crucially, what not to do.

I'm Claire Munro, the founder and managing director of Dovetail Strategies, and this is Getting to the Heart of Health Partnerships.

This week, I'm absolutely delighted to be joined by Jeremy Thorpe. Jeremy is the managing director of Tillotts Pharma UK. He was appointed in July 2012 to set up the business with two colleagues and no sales. In 2022, he has a team of 42 and sales exceeding £42.5m.

I was really keen to talk to Jeremy on the podcast because he's publicly committed Tillotts to being the preferred partner in GI health through consistently delivering quality and value to the NHS, and supporting them to improve outcomes for patients.

As we'll hear, that approach has been extremely successful commercially.

Today, we'll hear from Jeremy about why he made that commitment and how he's put it into practice by leading from the front and getting close to his customers.

Claire Munro 01:59
Jeremy, welcome and thank you for being here.

Jeremy Thorpe 02:02
Thank you very much. Thank you for inviting me to take part in this opportunity. I'm very grateful.

Claire Munro 02:07
So look, let's go back to the days when you and I first met.

We were both "carrying the bag", as we used to say in those days, working as hospital reps for Servier Laboratories in the early 1990s, and as I recall, we didn't talk much in those days about partnering with the NHS. We were just trying to sell drugs.

Can you talk to us a bit about when you first got interested in the idea of introducing a partnership approach with your customers in the NHS?

Jeremy Thorpe 02:40

Well, I agree with you; back in the early nineties, when we worked for Servier, it was very much about seeing how much of the company's product we could sell and selling against targets and things like that.

But actually, my first experience of working in partnership with healthcare professionals was when I was at Servier, and it was in a role that I sort of pioneered with a few other colleagues.

We were key account executives and worked with the Family Health Service Authorities that emerged for the first wave of GP fundholding.

There was a particularly innovative and driven chief executive of Wakefield Family Health Services Authority up in Yorkshire. I went in to see one of his team to talk about what Servier could do to support diabetes clinics in the community in GP surgeries.

Jeremy Thorpe 03:40

And we developed what would nowadays be seen as a minor partnership, but it worked extremely well as a learning vehicle for me and as a learning vehicle for Servier.

We basically got involved in doing some sponsorship of education for practice nurses, and that developed into providing a wide range of services and eventually, Servier sponsoring a nurse trainer for a year to work around the Wakefield area, bringing the standard of diabetes care up to a level that would be considered acceptable.

It was a strange experience for me to start with because it didn't specifically name the company's product, and of course, at that point in time, it was all about sell, sell, sell, and so entering into these sorts of agreements where we're not specifically putting a product onto a formulary or gaining agreement to use a product as first line...

But through the process, the trust started to develop, and the medicines management advisors in the Family Health Services Authority started to support the product.

Over a period of actually not very many months, Servier became associated with providing high-quality services for patients with diabetes, and that really was the beginning of the learning exercise that sometimes you've got to look beyond the sales call and into a much more sophisticated environment, and you've got to learn to trust people.

Claire Munro 05:27

That sounds like a really formative experience. Can you remember how it was initially received both by the company and by the Family Health Services Authority?

Jeremy Thorpe 05:40

Initially, the company was quite sceptical: what's in it for us?

I can recall responding that what's in it for us is that we've got nothing to lose, we have very little business in that area, and I needed to gain some momentum and needed to gain some trust. From the Family Health Services Authority's position, they had a problem with diabetes in the community and they needed to do something about it, so we both agreed that we both had the same issue.

We needed to do something for patients with type two diabetes in the community in the Wakefield area, and as you can possibly tell from my accent, that's actually quite close to where I grew up, so being able to do something for where I grew up was actually quite important.

Claire Munro 06:33

That makes perfect sense. I know that you've talked before about the importance of the philosophy of walking a mile in another person's shoes. It seems to me that's a philosophy you've brought into your career from an early stage. Tell us a bit more about why that philosophy is so important to you and to your business.

Jeremy Thorpe 06:59

It's a metaphor, obviously, but what it's really about is saying stop thinking about problems from your perspective and start looking at situations from the perspectives of other people. And those other people in our business aren't just the nurses, the doctors and the pharmacists, it includes the patients and sometimes the patient's carers and the patient's families: what is it like if...?

And if you go through life just looking at things from your perspective, it's actually quite narrow minded.

To open up and say, "okay, if I was looking at this situation from the patient's perspective, what would it look like to me? If I was looking at this situation from the nurse's perspective, what would I be thinking?"

If you can take this more holistic approach and look at the situation that you are in from a much broader perspective, then sit back and just watch solutions start to come out. When you start thinking about things from other people's points of view, sometimes you'll see a route through that isn't there if you're trying to take the direct route and only that one direct route.

The idea is, before criticising somebody try and walk a mile in their shoes because you might see life from a completely different perspective.

Claire Munro 08:26

Take us back then. So you and I worked together a long time ago, as I say, and then we, our careers diverged and we bumped into each other again after you had set up Tillotts in the UK, and we both had an interest in the Inflammatory Bowel Disease Registry. Tell us a bit about setting up Tillotts in the UK. What was the toughest part of that challenge for you?

Jeremy Thorpe 08:49

Setting up Tillotts in the UK is the most exciting journey, business-wise, that I've ever been on. It has been a fantastic experience. The toughest part was in the early days around, you know, 2012 to about 2014. At that point in time, I knew who Tillots were, and I knew what I wanted to do, but very few other people had.

So trying to recruit and attract good quality staff was a challenge because, particularly in 2012/2013, the economy was doing okay, industry was recruiting, and so the sort of people that we could appeal to would be people between jobs; people who'd either been laid off when a sales team had been made redundant by one of the big pharma firms, or people who, somehow or other, had found themselves out of work but with experience in pharma.

So really, that was the pool that we fished in, because on the whole, people weren't willing to resign a job from MSD or AstraZeneca to come and work for this little-known entity that had no sales but huge ambition.

Jeremy Thorpe 10:09

Nowadays, we do recruit from AstraZeneca and MSD, and my two most recent recruits came from there, so that journey has sort of come round to where we don't have a problem recruiting, but recruiting good people was tough in the early days.

That's not to say that the people we recruited weren't good quality.

Many of them had been badly managed in the past, and to this day, we have a tremendous retention of good people. So, good people were available, but attracting the attention of high flyers and attracting the attention of people employed in high-quality pharmaceutical companies was really, really difficult.

The next bit that made it difficult was our competitors. And that's quite a normal thing to expect that your competitors will make life difficult for you.

Jeremy Thorpe 11:12

They didn't let me down. They tried very hard to make life difficult and tried to rubbish Tillotts as being a generics manufacturer, tried to position us as low quality, tried to suggest that we wouldn't get anywhere.

Ten years later, we're the market leader, and we have a strong reputation within the IBD area particularly.

So, you know, being told by your competitors you can't do something is really fuel for my ambition; let me show you that you're wrong!

Competitors tried to put obstacles in our way and tried to make out to our customers that they didn't need to worry about us as we weren't going anywhere.

So that meant that actually working in partnership with our NHS customers became much more important.

It also meant that we had to really view things from their perspective to actually gain an understanding of what could make Tillotts' offering attractive to them.

Jeremy Thorpe 12:18

So if, at that early stage, around 2012/2013, we'd just battled on with what we thought was a good sales message, we would've got nowhere. And the message that made us successful was very, very different to the message that we started out with, and we needed to change our course; we needed to change our plans.

We listened to our customers, the ones who would talk to us, and we adapted what we did to suit their needs and to try and help some of the patients with unmet medical needs where we could help. And by working in partnership, it got us off to a very good start.

Claire Munro 12:56

Can you give us some examples of some of the initiatives that you brought in or plans that you changed in response to that initial feedback from customers?

Jeremy Thorpe 13:08

One of the first points was very early on around 2012 ... was first getting to grips with this, we focused on the primary care trusts and the primary care trusts were in transition to CCGs.

Claire Munro 13:26

And that's Clinical Commissioning Groups.

Jeremy Thorpe 13:28

Yep, so the primary care trusts were handing over, and the heads of medicines management or medicines optimisation were focused on making savings, and we had a product which was very similar to the market leader and significantly less expensive.

So all logic tells you that you need to go to the payer and tell the payer that we've got a product, it's 25% cheaper than the market leader, and it does the same job, so how about changing patients from one product to another?

A good number of the medicines management people [said], "oh, this is a great idea", but that's where the problem starts.

You've got a company saying, "do this, save money", you've got an organisation of the NHS saying, "do this, save money", but unless you think about the whole picture, you won't realise that when it comes to inflammatory bowel disease, the most important decision maker is either the gastroenterologist with an interest in IBD, or the IBD nurse. That the secondary care-led service still makes all of the major decisions about the patient with IBD.

Jeremy Thorpe 14:53

Then an even more important revelation: inflammatory bowel disease is a chronic condition that relapses and remits over a period of time, and to this day, we do not know what causes a patient to have a flare.

The flare could be caused by stress, the onset of an exam, you know, for somebody of school age, you know, eighteen and wanting to get their A-Levels. The whole thought that their entire career depends on the exams they're about to take could cause them to flare.

It could be a type of food that somebody eats. It could be other health conditions; we just don't know. When the patient flares, they feel terrible, and one of the things that we do know is that if a patient has been on a medication for a good number of years, and that medication works, just switching them without explaining, without helping them to understand actually adds to the problem.

Jeremy Thorpe 15:56

If they believe that the medication they're on works and you want to change their medication, it may well cause them to flare. So going down the initial course of price, price, price doesn't work.

What was much more important was that we understood the perspective of the nurse and the gastroenterologist looking after the patient and presented our proposition in such a way that they could, with confidence, speak to the patient about how this medication would do exactly the same thing as the medication had been on for years, but would save the NHS money.

And for some individuals, that was a good enough motivation, and for some, they would never change, and we just have to accept that and move on.

So really building the relationship with secondary care in order to then move back to primary care and say, okay, so you wanted to save this money, but we couldn't. We've now done the work we needed to do in secondary care and secondary care are willing to make the change.

Jeremy Thorpe 17:05

And sometimes, that would take two or three years. From first having the conversation in primary care to actually gaining momentum in secondary care could take two or three years.

So we completely changed our plans and focused on building relationships in secondary care, and only when we got the necessary relationship in secondary care did we then approach primary care to say, "we can save you some money; this is how we can do it".

We'd understood the perspective of primary care, that was pretty straightforward, but understanding the perspectives of the healthcare professionals involved in secondary care, took a lot more effort and a lot more time and a lot more trust in order for the clinicians to then change patients who'd been on a competitor's product for many years to this new upstart of a company's product. So it took us from about 2012 to 2015 to get the momentum moving and to get to a position where clinicians began to trust us.

Jeremy Thorpe 18:04

There was a particular moment in time. It was July 2015, and the British Society for Gastroenterology Congress was taking place at the Excel Centre in London.

I made a presentation at our hotel to a group of clinicians that were staying with Tillotts to attend BSG and put up some facts and some data.

One of the clinicians in the room, there were probably 30 or 40 IBD lead clinicians in the room, one of them, without being asked, stood up and said, "Jeremy, I totally agree with you. We can save the NHS a lot of money and what you are presenting makes sense".

That was the start of the snowball rolling down the hill. In 2018, we became the market leader in terms of the volume of tablets dispensed, and in 2020, we became the market leader in whichever metric you measure us by.

Jeremy Thorpe 19:03

Now we've got about seven percentage points ahead of our next rival in the market. So it takes time, but changing the plan and working on partnerships with secondary care in order to access patients in primary care took time, and it took courage, particularly from the clinicians in the early days.

Also, at that particular congress, I made a promise in front of these clinicians and I promised that Tillotts would reinvest some of our profit in supporting education for healthcare professionals involved in IBD.

We began a journey to set up a programme called LOGIC, and LOGIC is a training initiative mainly used by IBD nurses, because back in 2012, there were about 200 IBD nurses in the UK; today, there are about 700.

One of the things that the IBD nurses told me at that congress was that a nurse could be an endoscopy suite nurse for many years, and she could finish on a Friday evening and go home for the weekend and start work again on Monday morning as an IBD specialist nurse, and not be provided with any training over the weekend.

Jeremy Thorpe 20:29

Not that one weekend of training is enough, but what I'm saying is that the nurses were being thrown in at the deep end, and it was sink or swim, and sadly many of them sank.

So I made a promise publicly that we would support these nurses and provide them with training, and we would sponsor them to attend congresses like BSG and Gastrointestinal Nursing, even ECCO and UEG, which are European-based congresses.

But we made that commitment, and we have lived it ever since. So we've developed a programme of training modules for IBD nurses. We support IBD nurses attending international congresses, and we even now run our own annual congress attended by IBD nurses.

So we've kept our promise, and that's the important part about partnership. If you want to have a trust-based partnership, you need to keep your promises.

Claire Munro 21:35

I think this is just such a great example of what you can gain by putting yourself in other people's shoes.

This is why stakeholder engagement is so important because it allows you to hear and consider different perspectives from patients, nurses, primary and secondary care clinicians, managers, everyone.

It also flags up some of the most important elements in successful partnership working: building trust through keeping your promises, having the courage of your convictions, and also about accepting that it might take time.

It reminds me of another of my favourite quotes: "if you want to go fast, go alone. But if you want to go far, go together."

I've really loved this conversation with Jeremy because I think he's so generous about sharing his experience openly so that the rest of us can benefit from what he's learned in the course of his career.

I hope you've enjoyed Getting to the Heart of Health Partnerships.

Please do join me again next time for part two, when we'll hear why Jeremy believes that the most important part of the supply chain is the patient and how that perspective shapes the company's activities.

You can email claire@dovetailstrategies.com or connect with me on LinkedIn with any questions for Jeremy or any of my guests.

Thank you for listening. And goodbye