

JEREMY THORPE EP05 PODCAST

Claire Munro: (00:23)

Partnerships in healthcare can be transformational. 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.

Welcome to part two of my conversation with Jeremy Thorpe, the managing director of Tillotts Pharma UK.

Last time, we heard how Jeremy's philosophy about walking a mile in another person's shoes has helped him and his team to build trusting partnerships with their customers that have led to nine consecutive years of double-digit growth.

I was really keen to talk to Jeremy about the company's public commitment to being the preferred NHS partner in gastrointestinal medicine. Quite bold positioning for an enterprise that was relatively small at the time.

Jeremy, can you tell us how that positioning came about?

Jeremy Thorpe: (01:49)

In 2018 we had a team exercise. The team had done really well, and as a reward, we had a sales meeting and the whole company attended, and we stayed in a hotel just outside Paris in an old castle with a moat around it.

As part of our plan, we decided we would do more by doing less. We were led by an organisation called [Will It Make The Boat Go Faster](#) as our trainers, Ben Hunt Davis' organisation, and they really helped us to focus on how we could do more by doing less. In other words, stop doing things you don't need to do, focusing on the things that are important, and the really big lesson that I took from that is to have a mission, have a crazy goal that everybody in your organisation understands and buys into.

Jeremy Thorpe: (02:50)

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And that's when we actually created our philosophy that we would be the preferred partner in GI health with a market-leading reputation and portfolio.

So actually putting the reputation of Tillotts Pharma UK on the line, we will not do anything that damages our relationships and our reputation and our partnership with our professional colleagues in GI health. I wish I could say this was my moment of genius, this is where I came up with this wonderful philosophy, but it isn't.

I stepped back and I let the team come up with it and the output of a day's work was the crazy goal that we still have to this day that everybody in the organisation buys into and having the reputation as part of our company mission has proved to be a stroke of genius. I just wish it was my genius. It was my team's genius.

Claire Munro: (03:50)

Well, you could part yourself on the back for recruiting the team, Jeremy.

Jeremy Thorpe: (03:55)

Yeah!

Claire Munro: (03:57)

But this is the strength of it, isn't it? It's that it's not ... that it has come from the team, and so they have bought into it because it's genuinely theirs. It's not been decreed from on high.

Jeremy Thorpe: (04:09)

Yeah. And that's one of the best lessons I've learned in the last ten years. I said, initially, that one of the challenges we had was getting the right people, and now that challenge has gone.

But what we have found is that when recruiting, the biggest challenge is actually getting people who can fit our unique business culture. There are plenty of people out there with great sales results. There are plenty of very driven people out there who can certainly sell, can be excellent MSLs, can be excellent key account managers, could be brilliant marketeers, but if they don't fit the culture, they will never fit in. And so we've learned that in order to develop a partnership with our staff, with everybody who works for tilts, then we have to recruit the right people and that may sometimes mean that we take on the less experienced person who's got the right attitude, or the person whose track record is maybe not quite so successful as the strongest candidate in the room,

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but their personal ethos and their outlook on life is going to fit better into our organisation, so we take them on.

Jeremy Thorpe: (05:25)

And that has proved to be a very useful and a very effective lesson. And it comes back down to the original bit about having to build relationships with gastroenterologists and IBD nurses in secondary care that if, when the person comes in, they can sell, that's great, but they've actually got to build a relationship, and that relationship has got to turn into a partnership. That requires a certain set of traits within the personality and that's something that we've seen as part of our sort of secret recipe for success, only it's not secret now!

Claire Munro: (06:06)

We can edit it out if you want it to remain secret. I was going to ask you why, why are you now able to recruit from the likes of AstraZeneca or MSD? What is the appeal for those people in coming to work for you at Tillotts now?

Jeremy Thorpe: (06:26)

I suppose the arrogant, big-headed answer to that is because we've beaten them in Communiqué awards and other similar industry events, but that's just an output. The reason that people come to Tillotts is that they want to work for a smaller organisation where we have a more family-oriented ethos, where I personally know everybody who works for Tillotts Pharma UK. So we have this sort of personal family feel.

We also have a few little benefits that would be very difficult for big companies to replicate. Everybody who works for Tillotts has the opportunity to buy up to an additional 10 days holiday each year. But I insist that if anybody buys 7 to 10 days of additional holiday, they must take the whole of August off, and that's all oriented around making Tillotts an attractive place for parents with care.

Jeremy Thorpe: (07:32)

So if you've got young children and, particularly mothers, what do you do with them in the school holidays when it gets to August? And it can be a real nightmare for some people. So we make it very easy for anybody who has children to take off the whole of the school holidays during the summer. But actually, the people that take the whole of August off don't always have children. So it just suits some people to have a bit of rest and it works for us. It would be really difficult to administer if we had hundreds of employees, but you know, we've got 42.

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Claire Munro: (08:07)

I can imagine flurries of people listening to this now desperately Googling job opportunities at Tillotts Pharma UK.

Jeremy Thorpe: (08:15)

Right now, we don't have any, but keep looking.

Claire Munro: (08:20)

Check back! So I wanted to move on thinking more about stakeholder engagement and patient engagement because Dovetail has been really delighted to support Tillotts with strategic stakeholder engagement for a few years now, I think maybe five or six years.

More recently, you and I have worked together on a new patient engagement strategy where we've started going direct to patients and listening to their lived experience and their direct feedback. What's been the most surprising thing for you about listening to those patients?

Jeremy Thorpe: (08:55)

In hindsight, the most surprising thing is that I haven't done it before now and it was one of those moments where you look at yourself in the mirror and you go, "why?"

I really should have done it a lot sooner and I suppose that the reason that I haven't done it sooner was I was afraid of doing it. I was afraid of doing it because the code of practice, ABPI code of practice, is very specific about not advertising to patients. So there was a lot of anxiety around approaching patients directly.

The second part that made me uncomfortable about going to patients was what if they start asking questions about their disease? What if they start asking questions about the medication that they're on, and we are not their carers, their IBD consultant, their IBD nurse is the carer, and we're not in a position to be able to answer it.

Jeremy Thorpe: (10:01)

So what do we do if those questions come up?

But we looked at it long and hard, and we decided that it was time we stopped pretending we knew what it was like to be a patient. How, unless you've got the disease yourself, how can, you know, what it feels like to have ulcerative colitis, Crohn's disease, microscopic colitis?

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How can you know, unless you actually speak to the patient?

So working with Dovetail, we recruited a group of patients who were helped to understand what they could and couldn't ask of the pharmaceutical company, and I've been absolutely blown away by their honesty, their openness to share with us and their ability to add information that we would never, ever in a thousand years have thought of if we've continued pretending that we knew everything about being a patient.

So I'm very grateful that we have been able to speak to patients.

And I suppose the start of this journey goes back to about 2018 when we put on the first of our nurse congresses, IBD nurse congresses, and we were asked to bring in some patients as speakers, and we got two young ladies in who set up [Get Your Belly Out](#), Victoria, and Laura. They came in, and I don't mind saying that at the end of their presentation, I was in tears.

Jeremy Thorpe: (11:46)

I never, in a million years, imagined what it would be like to have this sort of pain and discomfort and fear that they experienced as teenagers, and that really motivated me to want to do a lot more for them, and so we have.

Claire Munro: (12:09)

It's very moving, I think. And as you say, unless you've been in that situation yourself, you just can't understand it.

I was very struck by the gap between what the gastroenterologists and IBD nurse specialists told us in their focus group about what they thought the patient's view was and the reality of the patient's view, which was, of course, completely different.

I also had a really life-changing experience for, for lots of reasons, when I was having chemotherapy a few years ago. Having worked in, in and around the pharmaceutical industry, you know, since the early nineties, the shock of the feeling of that, the cold liquid going in through a cannula, into a vein, hitting a vein, and I could feel the temperature of this chemotherapy going up into the vein up my arm, and I suddenly realised I've been up until this moment. I've always thought of the patient as just an, uh, you know, an abstract...

Jeremy Thorpe: (13:14)

Yep.

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Claire Munro: (13:15)

An abstract thing, you know, and the harsh fact of it, the physical reality of it is, is quite shocking, you know?

Jeremy Thorpe: (13:23)

I understand exactly what you're saying, and yes, you're completely right. Organisations like Tillotts and other pharmaceutical companies tend to see the patient as an object.

An object at the end of the decision tree. We listen to what clinicians have got to say. Clinicians and nurses, believing everything that they tell us and believing that they are very, very close to their patients, and they probably are, but what the patient thinks and feels hasn't necessarily been conveyed that well to the clinician. [I have] sympathy for NHS clinicians, they do a tremendous job under a lot of pressure in very little time, and if they had more time, perhaps they would get closer to deeply understanding the needs of the patients and I think this is where IBD nurses do incredibly well.

Jeremy Thorpe: (14:29)

Many of the IBD nurses do understand their patients really well, but until the pharmaceutical manufacturer speaks to the patient, you won't realise the size of the gap that exists, and you'll focus everything around what your clinicians say, rather than thinking, this is what it's like for the patient.

And it can be something really basic and fundamental. We launched a suppository recently and we ran some market research and we discovered that a lot of doctors had never even seen a pack of the suppositories, let alone what the suppository itself looks like. A lot of nurses hadn't really felt and handled the suppositories, but they're giving these to patients to say, take these home and use them and you all know where suppositories go. So, listening to what the patients had to say about suppositories, as well as what the clinicians had to say, made a huge difference in how we then supported the launch of our new suppository.

Claire Munro: (15:44)

And I was very struck by hearing you at one point saying, "patients are the most important stakeholders in our entire supply chain".

Jeremy Thorpe: (15:53)

Yes. Yeah. Patients are the most important thing in the supply chain, and working in partnership is all about making sure that the packet of pills that comes off the

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production line ends up in the hands of the patient with as few as possible interruptions along the way.

And that may mean that you stock more in your warehouse as the manufacturer than some people think is the correct amount because you never know when demand is going to fluctuate, and the worst thing that can happen is running out of stock.

The patient is the most important person in the supply chain because you can have a brilliant piece of medical research, you can have a brilliant piece of managed market entry, you can have a brilliant piece of market access and pricing, and you can have a fantastic sales and marketing campaign, but if the patient can't tolerate the medicine, then the entire process has been wasted.

So really putting the needs of the patient, an unmet medical need for the patient, at the heart of the decision-making is probably the most important thing that any pharmaceutical company can do. You've got to do the science to develop the product, but you've got to make the product acceptable to the patient, and if you don't get that bit right, forget it.

Claire Munro: (17:16)

Hmm. Yeah. It's such a good point. Thinking about partnerships, we've talked a lot about successful partnerships. Are there any examples that you could share with our listeners where things haven't gone so well and what you've learned from that?

Jeremy Thorpe: (17:30)

Yep. Tillotts used to have this wonderful little medical device called Simtomax, which was a testing kit for coeliac disease. I was so excited about it. It was one of these things where you could take a few microlitres of blood and it would tell you whether or not you got...well, it wouldn't actually say that you had got coeliac disease, but it would with fairly strong certainty, say you hadn't got it.

We got this great campaign that this was going to change the world, and it was going to be really exciting and that we'd even be able to get community pharmacies to offer coeliac disease testing in their pharmacies. But boy, did we get it wrong. The first thing is that, yep, coeliac disease is a serious disease, but it's a slow, insidious, chronic disease.

Jeremy Thorpe: (18:27)

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And getting a result within ten minutes is only important in one set of circumstances. If the patient is on the endoscopy table and the clinician needs to know, "do I take a biopsy and test it for coeliac disease?" And only in that set of circumstances did this test kit have any merit at all. We didn't know that until the very end when we had to pull the plug on it, because by which time we'd probably spent around a million pounds trying to create a market for this wonderful device that had this fantastic science that actually nobody wanted.

My lesson from that was, well, I should have listened more, I should have acted sooner and should have put less into it. So yes, there have been cases where, you know, my determination and my arrogance have got in the way of common sense, because I thought it was a great product, everybody should think it's a great product. Uh-uh, wrong! It is a great product, but there's no need for it.

I'm sure there are very many medicines and devices out there that, you know, struggle in a very similar way and the secret is to learn to stop investing and learn to stop putting into it sooner if it's not working.

Claire Munro: (19:53)

And listen, when people tell you that they don't need it.

Jeremy Thorpe: (19:56)

Yeah. Listen, when people say, "no, there's no need for this", or when ideas that you think are so simple that should work don't work. There's something that you haven't thought of. That's when it's really important to put the other person's shoes on and look at the situation as a whole.

Claire Munro: (20:14)

Yes. Yes. Is there anything else that you wish you had known when you first embarked on your career?

Jeremy Thorpe: (20:25)

I really have thoroughly, I've been in pharma since late 1987, and I've enjoyed the vast majority of my time in working in pharma, and I wish that I had known earlier just how much I was going to enjoy it. I've taken a couple of diversions out of the pharmaceuticals, one into healthcare and, sort of into allied sort of professions. And then when I was 40, I had a bit of a midlife crisis. I bought a pub on the north Yorkshire moors and used everything that I'd learned in the pharmaceutical world to turn this failing business into a successful pub and I run it as a business for nearly three years

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and sold it and came straight back into pharma because, you know, really that's where my heart was, what I wanted to do.

The lesson that I wish I had known was stick to what you're good at, because you're good at it and you enjoy it. Stick to it, even when the going gets tough, just, you know, stick to the plan.

Claire Munro: (21:34)

That's great advice as always. I remember the training manager at Servier, Ramsay Young, on the first day of our ITC saying, "look around the room, these are faces that you will bump into for years to come. The pharmaceutical industry is tiny and you will see these people, so treat each other with respect, treat each other nicely". I was 22 or something and thought that I knew everything and I distinctly remember thinking, "oh, what an idiot, of course, we're never going bump into these people again."

Jeremy Thorpe: (22:12)

Thirty years later. Yeah.

Claire Munro: (22:16)

That's another top tip. Listen to people who know better than you!

Jeremy Thorpe: (22:20)

Yes!

Claire Munro: (22:21)

So we're coming to the end of our time together. I want to ask your final question Jeremy which is what is it that you love most about your job as the managing director of Tillotts UK?

Jeremy Thorpe: (22:35)

The thing that I love the most is that Tillotts Switzerland, the parent company, allows me to treat Tillotts Pharma UK as if it was my business, as if I was the main shareholder in it. That's again, a trust based relationship. They know that I'm giving it my very best, and I'm able to act with a huge amount of freedom, and that's what I really love the most about it. I've got great colleagues in Switzerland who support me when I need it. When I ask for that support, I get it. So, I'm very happy that I can act with a lot of freedom, a lot more freedom than many of my peers can act with. I love that. But if I'm really truthful, the thing that I love the most is the people I work with.

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Jeremy Thorpe: (23:29)

I work with a fantastic group of people who are creative, energetic, very bright, very stimulating, very inspiring. And I know this because the most difficult thing for me during COVID lockdown was not being able to mix with my peers and draw energy and ideas from them, and that really brought home to me in a very clear sense, how important good people are and at Tillotts UK, we are a team and a team of very good people who mutually support each other and, that is the thing that I love the most about what I do.

Claire Munro: (24:11)

And I'm sure that your team would say the same thing actually. And isn't it interesting how the difficulties of the lockdown, and there were many, have helped us often to really appreciate what we had before that we probably took for granted?

Jeremy Thorpe: (24:27)

Yeah. I think one of the saddest outcomes for me was that we lost three members of staff, not to COVID, they're still alive, but we lost three members of staff from the business because having time to stop and think helped them to recognise that this isn't what they wanted to do.

And one in particular, a wonderful young lady called Margot, is now travelling the world, teaching people to speak English as a second language. So, that's where her passion is and not in selling pharmaceuticals. So, you know, if anything came out of COVID, that can be good, it's that it gave people time to stop and think.

Claire Munro: (25:12)

Which is a real luxury actually in, you know, the way that, the way that we live now, but reflecting on your own career, let's suggest that it's quite possible that Margot might come back into pharmaceuticals one day.

Jeremy Thorpe: (25:25)

She's welcome back.

Claire Munro: (25:26)

You never know.

Claire Munro: (25:35)

Thank you so much to Jeremy Thorpe.

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I hope you've enjoyed getting to the heart of health partnerships with him and with all my guests.

We'll be back again in the autumn with season two, but in the meantime, you can email Claire@dovetailstrategies.com or connect with me on LinkedIn with any questions about the secret ingredients that make health partnerships work. And do get in touch if you've got a health partnership story of your own to share, I'd love to hear from you.

So that's it for season one!

Thank you so much for listening, and goodbye.