



VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Who let the drug companies in?

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In a recent *BMJ* article Tom Moberly brought our attention to joint working arrangements between the NHS and drug companies.¹ Just such an arrangement is being rolled out in Oxford, in the form of an integrated multidisciplinary respiratory team, jointly funded by Boehringer Ingelheim and the local clinical commissioning group (CCG).

The project aims to improve care for patients with respiratory conditions and bring this care into the community. The team will include a respiratory consultant, GP, nurse, physiotherapist, psychologist, smoking cessation worker, and pharmacist. The CCG hopes that this will not only improve patients' symptoms but also reduce hospital admissions due to exacerbations of chronic obstructive pulmonary disease (COPD), thereby saving money. What's not to like?

The involvement of a drug company in this project has raised a few eyebrows. Boehringer Ingelheim is contributing the main share of the funding—£748 000, compared with £181 000 from the CCG—so it's reasonable to ask how the company will benefit.

According to the project initiation document,² a stated aim of the project is to “increase and improve accurate, timely diagnosis of respiratory disease” and to reduce the deficit between registered and estimated COPD prevalence (1.4% v 2.0% of total population). And one of the potential benefits for Boehringer Ingelheim is said to be “more appropriate use of medicines for patients with respiratory diseases, some of which

may be Boehringer Ingelheim medicines” (para 86.3). A specific element of the service provided by the integrated respiratory team will be joint respiratory and practice nurse clinics, which will include prescribing recommendations, though the CCG insists that the collaboration will have no effect on which drugs are proposed: “No use of BI's medicines is implied or required within the scope of this project . . . there is and will be no influence placed on . . . staff to use BI medicines.”

Only one practice has declined to join in, and it's facing considerable pressure from the CCG to change that decision. The GPs at that practice would rather the CCG put its money directly into smoking cessation and pulmonary rehabilitation than into this project.

To its credit the CCG has been open about this collaboration, and deals such as this may patch up some of the holes left by underfunding our NHS—many do see it as a win-win deal. But I still have misgivings: if this project is necessary and beneficial for our patients, why can it happen only when 80% of the funding comes from an outside investor?

1 Moberly T. NHS joint working with industry is out of public sight. *BMJ* 2019;364:l1353. 10.1136/bmj.l1353 30917947

2 Oxfordshire Clinical Commissioning GroupBoehringer Ingelheim UK & IrelandOxford University Hospitals Foundation TrustOxford Health NHS Foundation TrustOxfordshire County Council Public Health. Mar 2019. <https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/enhanced-respiratory-project/project-initiation-document.pdf>.

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