Northern Ireland Confederation for Health and Social Care

In partnership with abpi

Working together:

Guidance to support transformative industry partnerships with Northern Ireland's Health and Social Care system

October 2025

Version 1.0

About us

Northern Ireland Confederation for Health and Social Care

The Northern Ireland Confederation for Health and Social Care (NICON) is the voice of the organisations working across Northern Ireland's integrated Health and Social Care (HSC) system. Part of the UK-wide NHS Confederation, NICON is the only membership body for all HSC organisations.

NICON's membership comprises all six HSC Trusts (including the Northern Ireland Ambulance Service); the 'regional' organisations (the Public Health Agency and the Business Services Organisation); as well as the smaller, 'specialist' HSC bodies.

Additionally, NICON's associate membership scheme is open to public, commercial, and not-for-profit organisations working in the health and social care space.

To find out more, visit www.nhsconfed.org/nicon

abpi

The Association of the British Pharmaceutical Industry (ABPI) exists to make the UK the best place in the world to research, develop and access medicines and vaccines to improve patient care.

We represent companies of all sizes that invest in making and discovering medicines and vaccines to enhance and save the lives of millions of people around the world. In England, Scotland, Wales and Northern Ireland, we work in partnership with governments and the NHS so that patients can get new treatments faster and the NHS can plan how much it spends on medicines.

Every day, our members partner with healthcare professionals, academics and patient organisations to find new solutions to unmet health needs.

To find out more, visit www.abpi.org.uk

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Foreword

The Association of the British Pharmaceutical Industry (ABPI) and the Northern Ireland Confederation for Health and Social Care (NICON) have a shared ambition: to harness the power of partnership to improve care, accelerate innovation, and deliver real, lasting value for people, systems, and society. We are therefore delighted to offer this guidance, which is built on strong and trusted collaboration between our two organisations.

The Department of Health NI, published a Reset Plan in July 2025, setting out how health and care services must drive forward rapid change and one key element of this is creating new models of working—models that break down organisational silos, align shared goals, and unlock the strengths each partner brings.

This guidance responds to that need. It offers a practical and values-led framework for building partnerships that are strategic, sustainable, and focused on what matters most – better outcomes for patients and the population. It invites health and industry partners to think boldly, act collaboratively, and deliver with purpose.

The evidence for partnership working is clear. When done well, it delivers what has become known as the 'triple win' – benefits for patients, for the health system, and for industry. Research by Carnall Farrar has shown how collaborations can be associated with better clinical outcomes. These outcomes are not theoretical – they're already being delivered across the UK, in areas like pathway redesign, digital innovation, and population health management. The ABPI's expanding library of case studies showcases what effective partnerships can achieve, and how success can be replicated. The King's Fund has further underlined the importance of trust, transparency, and shared purpose as essential foundations.

In Northern Ireland, ABPI in partnership with the Medicines Optimisation Innovation Centre (MOIC) developed the Health and Social Care Industry Partnership (HSCIP), a bespoke framework endorsed by the Department of Health. It offers a regionally supported, transparent approach to engagement, aligned with integrated care priorities and designed for sustainable, long-term impact. The routes through which partnerships are undertaken via the HSCIP are clearly referenced in this guidance, providing practical direction for organisations seeking to collaborate with purpose and accountability.

This guidance challenges us to raise our sights, to commit to collaboration not as an exception, but as a norm. By embracing the principles set out here, we have a real opportunity to shape a future in which partnerships are not only effective, but transformative.

Now is the time to act – together.

Heather Moorhead
Director
Northern Ireland Confederation for Health and Care

Dr Richard Torbett
Chief Executive
ABPI

About this guidance

This guide provides a practical, step-by-step resource to help the Health and Social Care (HSC) system and industry develop, deliver and evaluate partnerships that will drive improvements to the health and wellbeing of patients in Northern Ireland (NI).

It contains templates, recommended frameworks, and handy checklists and prompts to support you. As well as national guidance it includes the NI bespoke HSC Industry Partnership framework, developed in 2020 in partnership with the Medicines Optimisation Innovation Centre (MOIC) and endorsed by the system which aims to support regional Industry partnerships within NI. MOIC is a regional centre in NI dedicated to delivering medicines optimisation to the people of NI.

Access downloadable, editable documents wherever you see the icon.

Who this guidance is for

This document is aimed at the HSC, industry members, and those leading on the partnership and transformation agenda within their organisations or systems.

We want you to use it to:

bring stakeholders and partners together to assess priorities

design and implement partnership projects aligned to strategic objectives and informed by the guidance resources

strengthen assurance and nurture the culture of effective partnership working

scale existing partnerships across care settings

At a glance: How to develop effective HSC-industry partnerships

This summary provides an overview of guidance to support partnership working.

Northern Ireland Confederation for Health and Social Care

Who this guidance is for

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Use it to:

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scale existing partnerships across care settings.

Stage 1 Project identification and scoping

Key activities

- **Identify unmet need:** Healthcare organisations and industry partners identify unmet needs to support improved clinical outcomes and explore how collaborative working and joint working projects can assist. This process includes community engagement and patient feedback to identify opportunities for improvement.
- **Assess scope:** Undertake assessment of the project scope and aims to help identify whether a project is a collaborative or joint working project.
- **Agree objectives and timescale:** Outline the project's purpose, objectives, resource impact and timelines – to be approved by parties to enable progression to Stage 2, the project setup stage.

Stage 2 Project setup and governance structures

Key activities

- **Form project team:** Project team or steering committee is formed.
- **Build trust:** Work undertaken to engender trust and ethos of effective partnership working.
- **Develop project initiation document (PID):** Develop and approve a project initiation document (PID) that details the aims and objectives of the project, expected outcomes, project completion date, exit strategy, project organisational structure, resources as well as data and patient protection.
- **Governance frameworks:** Establish project governance arrangements.
- **Engage with stakeholders:** Undertake stakeholder engagement relevant to the project setup.
- **Certify PID:** PID developed and agreed with the healthcare organisation, project team, governance committee and industry partner respectively. It must then be certified by the industry partner.
- **Publish executive summary:** An executive summary of the project rationale, period, objectives, roles and responsibilities of the parties, and financial arrangements must be published on the industry partners website before arrangements are implemented. It should be certified by the industry partner.

Stage 3 Project implementation and outcomes reporting

Key activities

- **Deliver project:** Project delivery and evaluation.
- **Monitor progress:** Project monitoring and regular reporting against outcomes outlined in the PID and within the written agreement. If significant changes to the project occur during implementation, an amendment framework should be completed and agreed by the project team and the governance committee.
- **Publish project outcomes:** All parties should publish outcomes of the project within six months of completion.
- **Disclosure UK:** Transfers of value related to projects must also be disclosed via the Disclosure UK database.

The 2024 ABPI Code of Practice exists to regulate the promotion of prescription medicines to UK health professionals, industry interactions with health professionals, and the www.abpi.org.uk provision of information about prescription-only medicines to the public.

The benefits of working together

Partnerships offer a proven 'triple win' — improving outcomes for patients, strengthening the health system, and supporting responsible industry innovation. In NI, where health inequalities, service variation, and workforce pressures remain major challenges, these partnerships offer a strategic opportunity to accelerate transformation:

Equitable and evidence-based prescribing

Carnall Farrar's analysis of partnerships showed that NHS organisations engaged in industry collaboration were 2.5 times more likely to follow NICE recommended, clinically and cost-effective prescribing – particularly in cardiovascular care.

Capacity and Capability for Transformation

The King's Fund report highlighted how partnerships enable frontline clinicians to lead change — supported by industry-funded project management, analytics, and digital tools. This boosts staff capacity while embedding sustainable service redesign.

In NI, where stretched teams often lack time for innovation, this external support can be transformative.

Improving outcomes and reducing inequalities

Collaborations with the life sciences industry have consistently been shown to enhance access to best-practice care, improve population health outcomes, and reduce unwarranted variation.

In NI, where health outcomes remain closely tied to deprivation, partnerships offer a mechanism to support early intervention and better management of chronic conditions in the communities that need it most. By aligning clinical practice with national guidance and enhancing access to diagnostics, medicines, and preventative services, these partnerships help close the health gap between more and less advantaged areas – a key priority for NI's integrated care systems.

The ABPI Code of Practice

The 2024 ABPI Code of Practice exists to regulate the promotion of prescription medicines to UK health professionals, industry interactions with health professionals, and the provision of information about prescription-only medicines to the public.

It is administered by the Prescription Medicines Code of Practice Authority (PMCPA) and is the cornerstone of the UK system of industry self-regulation. **All NHS-industry partnerships are bound by the ABPI Code of Practice.**

"NHS-industry partnerships are bound by the code, which serves as a guardrail by which industry is regulated to ensure that throughout all collaborations, patient safety is maintained, in a professional, ethical and transparent manner to ensure the appropriate provision of high-quality care."

Dr Amit Aggarwal, Executive Director, Medical Affairs and Strategic Partnerships, ABPI

Achieving impact with partners

Supported by NHS-industry Partnership Guidance and ABPI Code of Practice

What are healthcare system/industry partnerships?

Healthcare system/industry partnerships allow healthcare systems and the pharmaceutical industry to collaborate for patients' benefit.

Joint working guidance was established nationally in 2008, when the Department of Health and Social Care (DHSC) acknowledged the value of external expertise in helping NHS organisations overcome challenges. This includes providing additional skills and resources to achieve patient benefits beyond that which NHS organisations could deliver alone. These partnerships bring industry skills and expertise to improve appropriate patient access to innovative treatments, support project management and enhance the efficient delivery of healthcare services.

Partnerships can be formed between a single healthcare system entity and a single pharmaceutical company, or multiples of either.

While patient organisations cannot directly be included in collaborative working arrangements, they may be contracted to deliver a service to support an element of such collaborative working.

There are two types of healthcare system/industry partnerships: collaborative working and joint working projects. These partnerships involve cooperation between industry and across primary, secondary and system-level healthcare settings.

Collaborative working with organisations must enhance patient care or be for the benefit of patients, or alternatively benefit the NHS/HSC and, as a minimum, maintain patient care.

There must be a shared commitment to successful delivery from everyone involved and each organisation must make a significant contribution. In the case of healthcare organisations, this contribution does not have to be financial. It can involve the sharing of support in the form of skills and experience to deliver projects successfully.

Joint working is a limited form of collaborative working which must be patient-centred and always benefit patients directly.

Collaborative and joint-working approaches: a comparison

Benefits for pharmaceutical companies in embarking upon collaborative working can be myriad, from gaining experience in partnering with a healthcare organisation, to an increase in patient identification and prescribing in accordance with national and local guidelines.

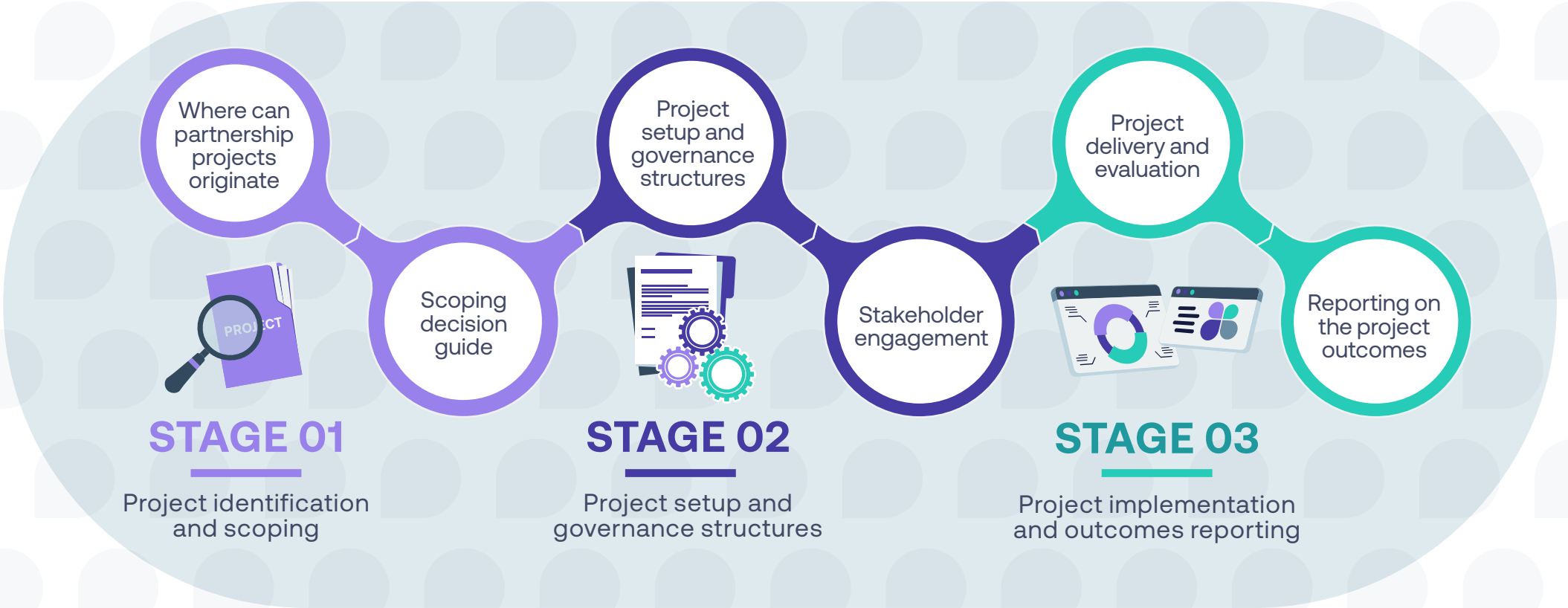
Most importantly however, and in accordance with Clause 20 of the ABPI Code of Practice, such benefits must not constitute an inducement to health professional or other relevant decision makers to prescribe, supply, recommend, buy or sell a medicine. A key safeguard here is the requirement in the ABPI Code of Practice to have a summary of the collaborative working agreement publicly available before arrangements are implemented.

It is also worth noting that in embarking upon collaborative working with healthcare organisations, companies will have no direct contact with patients, or with identifiable patient level data.

<table>
<tr><th>Collaborative-working projects</th><th>Joint-working projects</th></tr>
<tr><td>Are for the benefit of patients and/or the healthcare organisation, including the NHS.</td><td rowspan="2">Must always be for the benefit of patients directly and must include the NHS as a party.</td></tr>
<tr><td>Enhance patient care or be for the benefit of patients, or alternatively benefit the NHS and, as a minimum, maintain patient care.</td></tr>
<tr><td colspan="2">May not constitute a grant/donation (see Clause 23 of ABPI Code of Practice for further information on Donations and Grants).</td></tr>
<tr><td colspan="2">May provide benefits to the company or companies involved.</td></tr>
<tr><td colspan="2">Outcomes must be defined in such a way that they can be measured or tracked, so that at any time during the collaboration all parties are aware of:
the progress towards the objective/outcomes
their roles and responsibilities and the actions they must take to ensure the outcomes are achieved in accordance with the agreement
the outcomes achieved can be demonstrated following the completion of the project.</td></tr>
<tr><td colspan="2">Must be carried out in an open and transparent way, with a certified summary of the project agreement publicly available before it begins.</td></tr>
<tr><td colspan="2">Must respect clinical independence.</td></tr>
<tr><td colspan="2">Must be prospective – not relating to a project that has already begun.</td></tr>
<tr><td colspan="2">Must have the value to the healthcare organisation publicly disclosed annually on the Disclosure UK database and, if relevant, the contracted service value to the patient organisation published on the industry partner's website.</td></tr>
<tr><td colspan="2">Must not constitute an inducement to health professionals or other relevant decision-makers to prescribe, supply, recommend, buy or sell a medicine.</td></tr>
<tr><td colspan="2">Must ensure that the rights and legitimate interests of all parties are continuously observed throughout, including considerations related to data security, the protection of confidentiality and privacy, and anti-bribery compliance.</td></tr>
<tr><td colspan="2">Must not promote a prescription-only medicine to any member of the public.</td></tr>
</table>

Key stages of the project lifecycle

The figure below outlines the stages of a partnership, from planning to delivery and monitoring:



Stage 1

Project identification and scoping

"Effective partnerships between the HSC and industry can help deliver better patient outcomes, tacking health inequalities and accelerating the pace and scale of improvement. By working together we can harness innovation, share expertise, and ensure that every patient benefits from progress."

Professor Cathy Harrison,
Chief Pharmaceutical Officer, Department of Health NI

Where can partnership projects originate?

In NI, partnerships can originate from across HSC, as well as Industry. The table below sets out some suggestions. HSC staff can use MOIC services to support with initial project ideas.

Partnerships can also be applicable for NI that have originated in other parts of the UK for example, in integrated care boards (ICBs) or health innovation networks (HINs) in England or health boards in Scotland and Wales.

Primary care	Secondary care	Trust level	SPPG	Industry	Region-wide
Primary care settings, GP federations.	Secondary care settings, clinical networks, consultant-led. Business managers/ service leads.	Partnerships may take place across one of the five health trusts within NI. This project can cover all entities within that trust as appropriate or may focus on a particular setting.	The Strategic Planning and Performance Group (SPPG), formally the HSC board, oversees multi-agency partnerships and networks.	Industry will often research and directly scope out potential projects, upscale existing projects or widen projects over multiple geographical areas.	Projects that have the potential to be region wide for NI, can be routed through the HSC Industry Partnership with the support of MOIC (See page 18 and 19 for further details).

Key resource: Scoping decision guide

At the start of a partnership, healthcare and industry organisations need to identify unmet needs to support clinical outcomes.

Industry partners often align their capabilities with HSC goals or issues identified through health data analysis.

This process includes community engagement and patient feedback to identify opportunities for improvement.

Colleagues should use these questions to explore and develop the scope of a project, to ensure the aims are clear and the entire lifecycle of the project has been considered.

Questions to consider during the scoping of a project	Questions to consider if the project has a therapy/medicine focus
What is the unmet need the project is seeking to address?	Which clinical pathway(s) require service redesign to improve patient care and/or system improvement?
What is the scale of the problem?	
What is the evidence to back this up?	Which companies have expertise in this area?
What is the priority improvement area, and can this realistically be addressed within the resources and duration of the project?	
What are the patient or system benefits of addressing this need?	Are there other organisations that would be relevant to engage in the project? For example, at an ICS level, can HINs play a convening and facilitation role for the partnership?
What would be the impact on patient care or the system if this need is not addressed?	
Are other internal stakeholders supportive of addressing the need and the feasibility of doing so?	
Which NHS plan and/or local improvement plan goal is the challenge aligned to?	

Table continues on page 15.

Questions to consider during the scoping of a project	Questions to consider if the project has a therapy/medicine focus
What interventions are required and in what timescale?	How are partners considering the impact of health inequalities and equality of healthcare access?
What is the likely impact on the clinical and non-clinical workforce? For example, will this project involve complex pathway redesign?	
Are prospective partners clear on existing operational pressures, and their potential impact on the project?	
What related challenges need to be addressed in other parts of the system for the project to succeed?	
What does success look like? How will it be measured? When and by whom?	
Is the project intended to demonstrate a sustainable solution? If so, what outcomes will be necessary to ensure a successful business case?	
Is there capacity to release the necessary internal team members to participate in the project?	

Key resource: Checklist for determining if a project is collaborative working, joint working or neither

To help identify if a project is a collaborative or joint-working project, an assessment of the project scope and aims should be undertaken, which can be supported by completing the checklist below.

If the answer to any **red** questions on the checklist is 'No', the project is not a collaborative or joint – working arrangement, and will need to be modified before proceeding. If changes cannot be made, prospective partners should consider an alternative approach, such as a research collaboration or a donation/grant, as described in Clause 23 of the ABPI Code of Practice.

If the answer to any **amber** questions is 'No', this signals an issue or risk that should be addressed to encourage successful and timely project delivery.

Joint working		
1A. Is the main benefit of the project focused on the patient?	**YES** This is a joint-working project – go to question 2 (page 17)	**NO** Please go to question 1B
Collaborative working		
1B. Does the project aim to enhance patient care or be for the benefit of patients, or alternatively benefit the NHS and, as a minimum, maintain patient care?	**YES** This is a collaborative-working project – go to question 2 (page 17)	**NO** Consider another form of support

Checklist continues on page 17.

Red questions			
2	Do all parties acknowledge that the arrangement may benefit the NHS and company partner(s) involved?	YES	NO
3	Are any subsequent benefits at an organisational level and not specific to any individual?	YES	NO
4	Is there a significant contribution of pooled resources from all parties, which include people, finance and equipment wholly or partly dedicated to the project?	YES	NO
5	Is there a shared commitment to joint development, implementation and successful delivery?	YES	NO
6	Will anonymised, aggregated, outcome data be measured and documented?	YES	NO
7	Are all partners committed to publishing a measured and documented executive summary of the Collaborative Working Agreement?	YES	NO
8	Are all proposed treatments involved in line with national guidance, where it exists?	YES	NO
9	Will all activities be conducted in an open and transparent manner, with appropriate governance arrangements in place to manage any conflicts of interest?	YES	NO
10	Has an exit strategy and any contingency arrangements been agreed?	YES	NO

Amber questions			
11	Will the project be managed by a team including representatives of industry, NHS with industry, NHS and appropriate third-party representation?	YES	NO
12	Do all parties and their respective organisations have appropriate skills capabilities and capacity to manage the project?	YES	NO
13	Have all partner organisations got clear procedures in place for reviewing and approving collaborative-working projects?	YES	NO
14	Are all parties committed to working together across the entire lifecycle of the partnership?	YES	NO
15	Are all partners clear on who within their organisation is responsible for ensuring that relevant joint working / collaborative working documents should be certified or approved?	YES	NO

Stage 1
Project identification and scoping

Stage 2
Project setup and governance structures

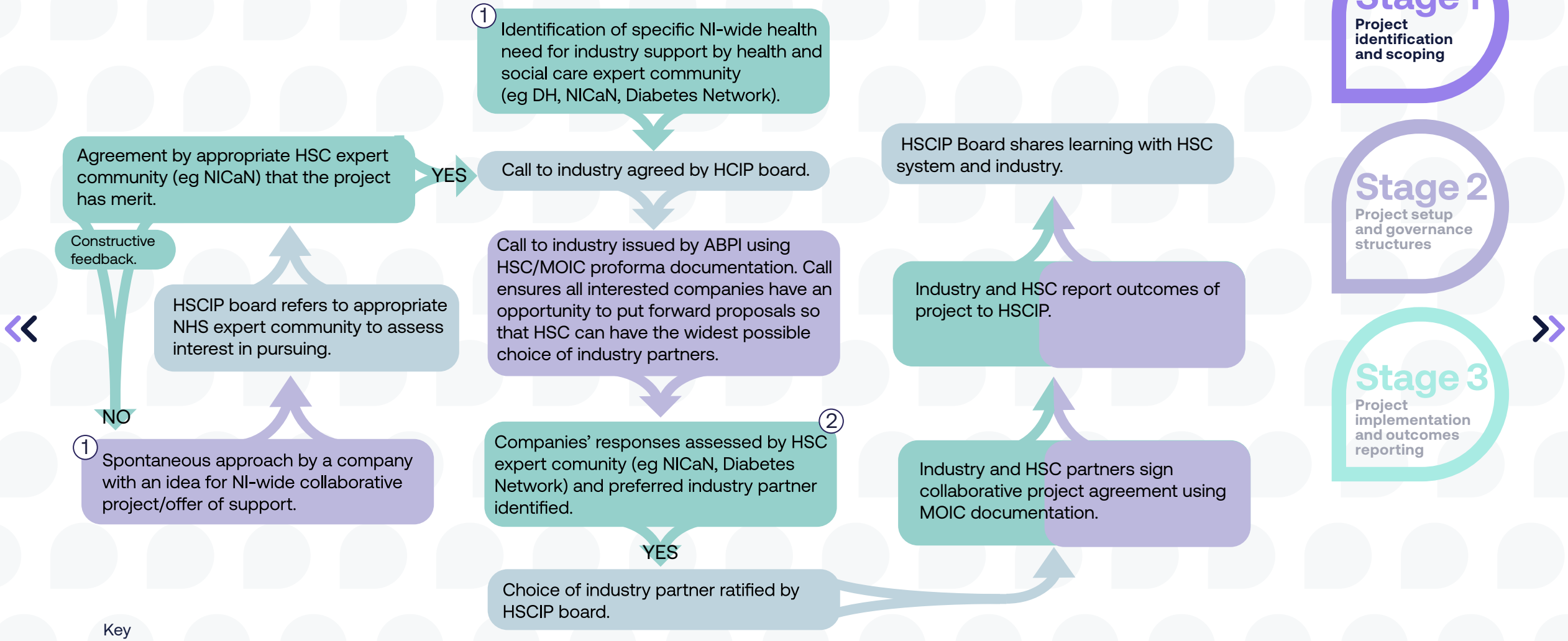
Stage 3
Project implementation and outcomes reporting

How the HSC Industry Partnership works

- The HSC Industry Partnership is a framework that was developed to support region-wide Industry Partnerships in NI, with the support of MOIC (see Appendix 5).
- The framework sets out a structured and governed process for project identification, partner selection, project management, delivery and evaluation, utilising MOIC's established governance process and MOIC's ability to act on behalf of HSC.
- The HSC Industry Partnership is overseen by a steering group, including leaders within HSC and the Department of Health.
- Potential projects are identified and scoped within the HSC system, or from Industry.
- Projects are assessed on their suitability for the framework, this takes place between MOIC and the project originators.
- If suitable an 'Invitation to Respond' is issued to ABPI member companies. This document details the project and sets out the asks.
- Companies complete this document setting out their suitability and experience, returning these to MOIC.
- Potential partners are shortlisted and interviewed by MOIC and the relevant HSC leads

See page 19 for further detail.

Health and Social Care Industry Partnership (HSCIP) board



Key resource: Project Concept Framework

The key recommended documentation for stage 1 is a **Project Concept Framework**, outlining the project's purpose, objectives, resource impact and timelines. It must be approved by all relevant parties to support progression to the project setup stage.

View a case study demonstrating the step-by-step implementation of a project in a primary care setting.

Project concept framework	
Partner organisation and key stakeholders	Include a full list of organisations involved in the signing of the collaborative-working agreement.
Purpose of the project	Briefly contextualise the background, including why it is taking place. This can be outlined in bullet point form.
Objectives	Include the intended benefits for patients, the healthcare partner organisation and the industry partner.
Budgetary/resource impact on industry/healthcare partner organisation	Discuss the financial contributions shared by partnering organisations. This may not always be in the form of financial costs if the partnership only focuses on project management time, but a significant contribution is required from all parties.
Anticipated start date	Include here the anticipated start date to the nearest quarter, such as Q4 2025.
Length of project	Overall length of the project in months.
Decision	Include detail if the decision to go ahead with the project was positively made.

Key resource: Project Concept Framework

Invitation to respond: call to industry – Health and Social Care Industry Partnership

Name of applicant company	
Submitted by (Name of accountable director)	
Author(s)	
Submission date	

Introduction	
Aim of opportunity	
Scope of opportunity	
Timelines	
Budget	
Engagement approach	
Evaluation of applicants and selection criteria	
Project specific questions	
Governance	
ABPI Code compliance	
Staff and resources	
Document management	
Confidentiality and data protection	
Additional information	

Stage 2

Project setup and governance structures

Project setup and governance structures

At this stage, a **project team** or **steering committee** is formed, including all involved parties and active participants. This team will guide and manage the project, being responsible for its success and operating within the agreed limits. The members of this project team may differ depending on the care setting. The team should be 'right sized' to be both effective and inclusive.

All project team or steering committee members must declare any conflicts of interest. Those with a conflict should not vote on related matters. These declarations should be recorded in the meeting minutes. Either party can object to someone's involvement due to a conflict of interest.

The project team should agree on a project methodology. PRINCE2 (Projects In Controlled Environments) is perhaps the best-known and most widely used, but methodology may vary depending on the complexity of the project. The team should also agree on a regular meeting schedule to make initial decisions, keep the project on track, and manage any issues.

Meetings should be action-oriented, with clear agendas, decision points, and minutes recorded.

When considering project resourcing, all parties must commit to detailing the resources they will contribute to the project, which could include finances, skills, or experience. These contributions should go beyond normal day-to-day roles, like funding additional staff or clinics. Assigning a monetary value to healthcare resources is challenging, but it should be clear that contributions from partners should be comparable and proportionate.

If the collaboration aims to address healthcare organisation constraints, precautions must be taken when using pharmaceutical funding to retain staff. Any staff paid through industry funding should operate under HSC control, be time limited and outlined in collaborative working documentation, with clear employment law compliance. Exit strategies for industry funded posts should be outlined in project documents.

Key resource: Project team/steering committee members (non-exhaustive)

Who should be in a project team/project steering committee? (non-exhaustive)

Care setting (options depending on local context)	Key stakeholders
Primary care • GP leads • GP federation chief executives/managing directors • Community pharmacy leads	**Industry** • Programme manager • Medical affairs lead • Partnership lead
Secondary care • Associate medical directors/senior pharmacists • Relevant secondary care clinical lead • Clinical network leads	
System-level care • Directors of strategy and innovation • Heads of pharmacy and medicines management • Trust leads	

Key resource: Steps to build trust

Trust and transparency is fundamental to any partnership, especially during the early scoping phase. All parties should ensure that they work towards engendering trust, which can be supported through the following steps:

Process and organisation

- Developing a shared vision together, aligned to priorities to improve capacity, capability and outcomes
- Transparent decision-making
- Joint ownership of decisions and collective responsibility for direction, activities and outcomes
- Identify and mitigate potential risks, eg data privacy, intellectual property

Behaviour

- Recognition of the value of each party's contribution
- Maintaining deadlines and actions
- Sharing knowledge
- Demonstrating the ability to be flexible and adaptable
- Ability to compromise
- Acknowledgement of cultural differences

Continuity

- Not moving goalposts (such as pulling budgets, changing priorities)
- Minimal personnel changes or at least good practice in transition

Outcomes

- Clear recording and reporting of outcomes
- Agreed plans for upskilling and knowledge transfer
- After Action Review or similar feedback and learning processes

Stage 1
Project identification and scoping

Stage 2
Project setup and governance structures

Stage 3
Project implementation and outcomes reporting

Key resource: Project initiation document (PID)

Once the necessary criteria have been fulfilled, the project team should develop and approve a project initiation document (PID) to ensure a shared understanding of the project's outcomes, its governance framework and to provide a clear exit strategy that details the overall responsibility of each party if the project needs to be terminated.

The PID is a key document that sets out requirements ahead of project implementation and the agreed copy should be kept on record for both parties' reference.

Confidentiality of patient information must be maintained in all partnerships, as outlined in the PID. This includes respecting the confidentiality of project-related information and not sharing it beyond the project's scope. The PID should be collaboratively created by relevant individuals from all partnering organisations.

It is important to note that PIDs will, at times, need to be updated following the initiation of the project. This can be addressed via a project amendment form.

The PID must be certified by the industry partner and be approved by both the project team also the relevant governance committee(s) – see page 27 for further details.

Project initiation document	
Project title	Name of the project.
Background	Briefly contextualise the background to the project, including why it is required.
Intended aims and objectives of the project	Include a set of bullet points outlining the aims of the project, using easy-to-understand language.
Expected outcomes of the project	Set out outcomes in accessible, ideally bullet point form. Divide into predicted benefits for patients, the HSC, and the relevant industry partner.
Name of partner organisations	Provide a short description of the partner organisations involved in the project should be provided here, including their full addresses.
Name of representatives for each organisation	List the accountable leads from each of the respective organisations, including their email addresses, job titles and full names.
Project start date	Provide anticipated dates for the project's initiation. It is advisable to use quarter dates to allow for a degree of flexibility when establishing a timeline for the project, such as Q4 2025.
Project completion date	Please follow as above.
Exit strategy	Set out a clear exit strategy to ensure that patient care is maintained to the highest level throughout and after the project. This section should also include an agreed process and timelines should it be necessary to terminate the project early.

PID continues on pages 28 and 29.

1. Project organisational structure – included here should be the organisational structure of the project as outlined below	
Stakeholders	Include an explanation of who all the relevant stakeholders are in the project. This should include individuals who are required to sign off projects, sign the contract and make decisions overall. This should also include individuals required as points of contact in case of termination or amendment to the collaborative-working agreement.
Risk management plan	Include a short explanation of the plans in place to mitigate any risks associated with the project, such as capacity and any budgetary issues.
Project governance	List the core members of the governance committee who will be responsible for delivery and oversight of the project, setting out clearly their responsibilities
Project managers	List the lead project manager involved in the project, with one name per organisation.
Project team	List all members of the project team who will be involved in the day-to-day delivery and co-ordination of the project. Outline how the project reporting mechanisms will be developed and adhered to.
Project plan	Set out the project plan, including how outcomes will be monitored, how data will be collected, activities, resources (including funding), and clear milestones.
References	Included examples of any HSC or National Institute for Health and Care Excellence (NICE) policies that are relevant to the project.

PID continues on page 29.

2. Resources and costs	
Overall cost of the collaborative-working project	Include a simple headline figure, which should also consider VAT. This should include the projection of costs according to employee time and resource across NHS and industry partners.
Direct and indirect resources	Provide details here of the resource commitment proposed by all partnering organisations. This should include any monetary funding as well as transfer of value.*
Arrangements for longer term funding implications of project	Describe the implications for sustainable support if the project continues longer term.
3. Data and patient protection	
Ownership of data generated by the project	In completing this section, note that data generated by the project will normally be held within the NHS partner organisation. Access to new data arising from the project and shared by the NHS partner will be managed in a manner that retains full patient confidentiality.

*Clause 20 of the ABPI Code states that collaborative working, including its implementation, must have and be able to demonstrate the pooling of skills, experience and/or resources from all of the parties involved for the joint development and implementation of patient and/or healthcare centred projects. There must be a shared commitment to successful delivery from all parties, and each party must make a significant contribution.

Establishing a robust governance framework

When entering into a partnership initiative, industry and NHS organisations need to ensure they are working within a robust governance framework to ensure the project aligns with their organisations' goals and legal processes.

In NI, the MOIC team provide advice and support with governance requirements and can act on behalf of the HSC.

Projects should include the establishment of a governance committee to oversee the project. The governance committee will also review the principles of the project against the collaborative and joint-working checklist criteria and ensure that the project has been reviewed by each participating organisation's management and experts.

Within pharmaceutical companies, governance expertise will be provided by legal, medical, compliance and healthcare engagement functions.

Within healthcare organisations, governance will usually be provided by existing governance committee or Internal Review Committee (IRC). For collaborative projects, one must find stakeholders with the authority to approve the project.

Key resource:
Potential governance committee members across care settings (non-exhaustive)

- Named executive senior responsible officer from each party to the partnership
- Relevant clinical lead
- Programme management and support
- Insight and intelligence teams
- Pharmaceutical legal director
- Pharmaceutical medical / compliance director

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Stakeholder engagement

Building confidence in the project with stakeholders, both internal and external, is vital to avoid misunderstandings and ensure transparency.

This includes clarifying aligned interests and disclosing benefits to industry transparently. Clear communication between partners is essential to refine project objectives, manage expectations and confirm inputs from each organisation. At this stage, the project team should develop a stakeholder map, communications plan and data collection plan if not already done in the PID. Realistic timescales should be set, with the first three steps taking four to six months, including scoping, development and approval of governance arrangements and legal framework.

It is a helpful exercise to divide stakeholders between internal and external stakeholders who:

- should be involved in the project
- are not directly involved in the project, but whose views could influence the outcome and who should be kept informed throughout the entire project lifecycle
- will ultimately be impacted by the outcome
- whose opinions could facilitate or prevent success.

Key resource: Examples of stakeholder groups to engage across care settings (non-exhaustive)

Primary care	GPs, pharmacists, patients and residents, and voluntary and community sector organisations
Secondary care	Clinical leads, chairs of trusts, trust directors
System-level care	SPPG directors/leads, Department of Health leads
Industry	Company decision makers, market access teams, project managers

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Patient engagement

HSC and industry partners should give due consideration to the impact on patients, and if appropriate, gain feedback from patients or patient groups.

Ways to incorporate patients' experiences can include:

- patient stories of their experiences
- mapping the key pathways of service with patients and staff working in coordination
- considering community representation so that plans being developed represent diversity and the needs of different groups impacted, and ensuring inequalities are considered
- recording a patient's experience of a service and asking for their views following the completion of the project for inclusion in the project outcomes.

Key resource: Recommended Collaborative/ Joint Working Agreement Framework

Once the project has been approved in principle by all relevant parties, the project team must work with its organisational legal experts to draft and sign a Collaborative/Joint Working Agreement. The agreement is a legal contract that will include key information about the project and plans, drawn directly from the PID. It must be entered into with legal, corporate entities and not with any individual in primary, secondary and system-level settings.

The agreement must ensure that any confidential, competitive or personal data are protected by strong contractual provisions. It should include the following:

- The name of the collaborative-working project, the parties to the agreement, the date and the term of the agreement
- Aims and objectives
- Considering community representation so that plans being developed represent diversity and the needs of different groups impacted and ensuring inequalities are considered
- The expected benefits for patients, the population or user groups, the NHS or other healthcare organisation, the pharmaceutical company and other organisation(s) as applicable
- Principal activities and accountabilities
- Composition of the steering group / project group
- Timelines and project milestones
- Description of pooled resources
- Financial arrangements
- Roles and responsibilities of the healthcare organisation, the pharmaceutical company and other organisations
- How the success of the project will be measured, when and by whom
- Relationship, if any, to the company's or companies' medicine(s)
- An executive summary of the project which will at minimum be published on the industry partner's corporate website before the project begins; healthcare organisations are encouraged to do the same
- Process for project amendment
- Dispute resolution clause
- Defined exit strategy (for all parties)
- Contingency arrangements to cover possible unforeseen circumstances, such as changes to summaries of product characteristics or updated clinical guidance
- Agreement as to intellectual property rights to the project after its completion: will these be joint or handed over to the healthcare organisation?
- Data management / sharing plans
- Pharmacovigilance plans (if required)
- A plan to fulfil the required commitment to publish outcomes by all parties as soon as possible and usually within six months of the project's completion, so that other healthcare organisations and others can learn from and potentially replicate the initiative.
- A commitment to disclosing the transfers of value to healthcare organisations via Disclosure UK by the industry partner.

Please note: Any collaborative or joint-working agreements must be entered into with legal, corporate entities and not with any individual member of staff across primary, secondary and system-level settings.

The executive summary

The last stage in the project setup is the publication of an executive summary, which will largely draw from the content in the collaboration working agreement .

As outlined in the ABPI Code of Practice, a summary of the colloborative working agreement (executive summary) must be published on the pharmaceutical company's or companies' website before arrangements are implemented. It is also advisable that relevant NHS partners do the same. The project should not commence until the executive summary has been published on the relevant industry partner(s)' website. A recommended executive summary framework is shown in the key resource:

View a case study demonstrating the step-by-step implementation of a project in a secondary care setting.

Key resource: Recommended Collaborative/Joint Working Project Executive Summary Framework

Collaborative/joint working executive summary	
Project title	Include a short sentence that outlines the project title.
Project rationale	Briefly contextualise the background including why it is taking place. This can be outlined in bullet point form.
Project objectives	Include expected benefits for patients, the healthcare organisation, and the relevant industry partner.
Project period	Include anticipated dates for the project's initiation and completion.
Financial arrangements	Include an outline of the financial arrangements that will be in place as part of this project.
Plans for publication	Include the plans for publication of the project's data and outcomes.
Contact details	Include details of the relevant name, title and email address of both the industry and NHS project lead.
Summary of the roles and responsibilities of each party	Include in here details on the roles and responsibilities of the parties undertaking the project.

Stage 3

Project implementation and outcomes reporting

"This partnership provides a great vehicle for us to collaborate with our industry partners in addressing challenges that face the health service and so deliver better care for our citizens improving the healthcare system and adoption of the industry innovation."

Professor Mike Scott, Director
Medicines Optimisation Innovation Centre (MOIC)

Project delivery and evaluation

Once the collaborative agreement is signed and published on the industry partners' website, the project officially starts.

To monitor project progress effectively, partners should refer to the outcomes outlined in the PID and executive summary.

Collaborative and joint-working projects are not set up as clinical trials or real-world evidence generating trials, and as such the project metrics need to be realistic and based upon the objectives of the project and intended purpose thereafter, ie business case or scalable solution. Examples of relevant metrics include clinical impact, delivery, service effects and economic impact. After project completion, outcomes will be measured and documented, with stakeholders and the project team evaluating learnings from the project.

Key resource: Project monitoring guidance

Regular monitoring is essential to ensure that:	• The collaborative/joint working arrangement is meeting pre-defined aims and objectives. • The partnerships between parties are operating effectively. • All parties are contributing resources as agreed in the written agreement. • Issues are identified as early as possible so that they can be addressed. • All parties and participants have a clear view of the status of the project. • Stakeholders are fully informed about the project. • Opportunities to publicise success are identified and communicated. • Confidence is built throughout the entire lifecycle of the partnership.
Effective monitoring should also comprise:	• Clearly pre-defined success criteria. • Clear milestones and timelines. • Clear arrangements to monitor and review how successfully the success criteria are being met. • Clear arrangements to monitor how effectively the collaborative / joint working between the parties is operating. • Mechanism to identify and communicate issues and successes. • Clear arrangements to ensure that all parties have access to the monitoring information.

If an overrun or delay looks likely, the project team should agree on mitigating actions and amend plans as necessary. This can be recorded in a letter of amendment or extension, known as a variation agreement, which the pharmaceutical company's legal team can draft on behalf of the project team.

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If significant changes to the project occur during implementation, the following form should be completed and agreed by the project team and the governance committee in order to keep a record of the project aims as part of good governance:

Key resource: Recommended Project Amendment Framework (for use only if necessary)

Project amendment framework	
Name of project	Outline the name of the project here.
Project owner	Include the project leads from across all parties.
Amendment to project initiation document requested	Include details of what has deviated and been changed from the PID which has been requested.
Impact of this amendment	Include a brief explanation of the impact that this will have on the project timelines, logistics as well as financial impact.
Submitted date	Include the date that this form was completed and shared with a member of the project steering committee/ group.

Reporting on the project outcomes

It is important to recognise that successful organisations will learn from their experiences of partnerships.

Learning is more beneficial when it is preserved beyond the end of the project in the outcome report. As well as evaluating the outcome of the project, it is useful to assess how successful or unsuccessful the operation of the project has been so that lessons can be learned and can be usefully applied in the design and running of other projects.

As stated in the ABPI Code of Practice, **all parties** should publish outcomes promptly, **within six months**. Local NHS organisations are encouraged to do the same. To promote and expand successful collaborations in healthcare, these outcome reports should be shared with ABPI for their NHS-Industry Partnership Case Studies Library to support more partnerships.

To ensure that partnerships are transparent, transfers of value related to **collaborative projects must also be disclosed via the Disclosure UK database** (see **Appendix 2** for further details on Disclosure UK, including how any contracted service values to patient organisations are disclosed).

Key resource: Recommended Summary of Project Outcomes Framework

Summary of project outcomes – template	
Project name	Include a short sentence that outlines the project title.
Project partners	Outline the partnering organisations that took part in the collaboration.
Duration	Detail the project initiation and completion dates to the nearest month, eg December 2025 – July 2026.
Project overview	Provide an overview of the project, including its objectives and how the project set out to achieve them.
Project outcomes	Outline the results from the project, including benefits to patients, the NHS, and industry. This section should address the following: • Has the shared vision agreed at the beginning been sustained? • If not, has variance been addressed to mutual satisfaction? Has the project achieved more through collaborative/ joint working than it would have done if parties had worked individually? Why? • Have all parties made their contributions according to the original agreement? • If not, has variance been addressed to mutual satisfaction? • Has each party benefited from the collaborative/joint-working arrangement? How? • Have good relationships been maintained? • Has trust been generated and maintained? • Have differences been managed effectively? • Did the project enable them to build a business case to commission services differently? • Did the pilot meet the threshold criteria for scaling?
Conclusions and learnings	Include the conclusions and learnings drawn from the project, with the aim of supporting learnings for other projects.
References	Include examples of any healthcare organisation or National Institute for Health and Care Excellence (NICE) policies that are relevant to the project.

View a case study demonstrating the step-by-step implementation of a project that involved system level partners.

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Further reading

Previous ABPI/NHS Confederation publications

- Collaborate to Innovate: Learning from NHS, Charity and Life Sciences Industry Experience to Build a Culture of Research and Innovation in the UK (April 2024)
- Partnering with Purpose: How Integrated Care Systems and Industry Can Work Better Together (November 2023)
- Transforming Lives, Improving Health Outcomes: Tackling the True Cost of Variation in Uptake of Innovative Medicines (January 2023)
- Accelerating Transformation: How to Develop Effective NHS-Industry Partnerships*

Current guidance

- Accelerating Transformation: How to Develop Effective NHS-Industry Partnerships
- A Common Understanding 2025 Working Together for the People of Scotland

Other publications

- Working Together: a Handbook for Industry and Patient Organisation Partnerships 2025
- The King's Fund: NHS and Life Sciences Industry Partnerships: Collaborating to Improve Care
- ABPI: Partnering for Progress: a Data-Driven Analysis of NHS-Industry Partnerships

* Disclaimer: Please be aware that this publication replaces the previous guidance highlighted above. Any publications not already archived will be so once this report is published.

Appendices

1, 2, 3 and 4

Appendix 1: Criteria for HSC Industry Partnership

The Health and Social Care Industry Partnership (HSCIP) is a partnership agreement with the Medicines Optimisation Innovation Centre (MOIC) and the Association of the British Pharmaceutical Industry (ABPI). Through this partnership, parties work together to introduce transformative, medicines-related innovations across the Health and Social Care (HSC) system. The shared goal is to deliver 'triple win' benefits to patients, HSC and the economy through more rapid and consistent patient access to innovation, more effective use of HSC resources and increased cross-sector research collaboration.

- HSCIP projects are collaborative partnerships to improve the health outcomes for patients.
- HSCIP projects can originate from all the partner organisations.
- Industry partners should be prepared to provide solutions and offers of support and to be able to commit to these proposals.
- HSC partners should be able to commit to developing the scope and scale of the projects, along with allocating a dedicated project team to oversee work.
- Projects will not be supported without clear and agreed project documentation setting out measurable aims, ways of working, organisational responsibilities, accountability, timelines and clear project management.
- Projects must be in areas of mutual interest to improve the diagnosis, treatment and care of patients.
- All parties agree voluntarily to work together to achieve the shared vision of measurably improved outcomes for people affected by identified conditions.
- All partners acknowledge and fully support the wide range of legal and governance requirements that already exist to guide interaction between industry and the HSC. These include:
  - UK and EU competition
  - UK and EU competition law
  - ABPI competition law guidance
  - ABPI Disclosure UK process
  - GDPR

Appendix 2: The ABPI Code of Practice

The 2024 ABPI Code of Practice exists to regulate the promotion of prescription medicines to UK health professionals, industry interactions with health professionals, and the provision of information about prescription-only medicines to the public, including patients and patient organisations.

It is administered by the Prescription Medicines Code of Practice Authority (PMCPA) and is the cornerstone of the UK system of industry self-regulation.

All NHS-industry partnerships are bound by the code, which serves as a guardrail by which industry is regulated to ensure that throughout all collaborations, patient safety is maintained, in a professional, ethical and transparent manner to ensure the appropriate provision of high-quality care. At its heart, the code gives confidence to local NHS organisations that partnerships operate in a clear and robust framework.

Strong support is given to the code by the industry with all companies devoting considerable resources to ensure that their activities comply with it. Any complaint made against a company under the code is regarded as a serious matter both by that company and by the industry as a whole. Sanctions are applied against a company ruled in breach of the code.

Underpinning this are the **ABPI Principles**, which sit alongside the code. These set out the behaviours that embody the spirit of the code, and the ABPI expects that companies build these into their culture and approach.

The four key principles are as follows:

- Commitment to benefiting **patients** and ensuring patient safety by operating in a professional, ethical and transparent manner to ensure the appropriate and rational use of medicines and to support the provision of high-quality healthcare.
- Acting with **integrity** and commit to engaging in relationships which are responsible, professional, ethical and transparent.
- Commitment to ensuring that **transparency** is respected.
- Interact with all stakeholders with **respect**.

The ABPI Code reflects and extends beyond relevant UK legislation and ensures that the ABPI meets its commitments to implement other codes, such as the International Federation of Pharmaceutical Manufacturers and Associations and European Federation of Pharmaceutical Industries and Associations Codes.

The code is also supplemented by Disclosure UK, a Europe-wide initiative to increase transparency between pharmaceutical companies and the organisations they work with. Further information on Disclosure UK can be found in **Appendix 3**.

Appendix 3: Disclosure UK

The relationship between the pharmaceutical industry healthcare professionals and healthcare organisations plays a vital role in the development of life-enhancing and life-saving medicines.

At the core of the relationship is sharing knowledge to improve patient outcomes. To ensure this relationship is open and transparent, the pharmaceutical industry has taken the lead on disclosing 'transfers of value' – payments and benefits-in-kind – made by industry to healthcare professionals and healthcare organisations through Disclosure UK, a publicly searchable database, hosted by the ABPI. Disclosure UK is part of a Europe-wide initiative to increase transparency between pharmaceutical companies and healthcare professionals and organisations.

Data shown on Disclosure UK covers certain key areas of cross-sector working between industry, healthcare professionals, other relevant decision makers, and healthcare organisations, including:

- participation in advisory boards
- speaking at or chairing meetings
- working with and advising doctors and scientists in pharmaceutical companies
- speaking at conferences and symposia
- attending and contributing to national and international conferences
- participating in medical education and training funded by pharmaceutical companies
- provision of grants and donations to healthcare organisations
- sponsorship of healthcare organisation events for the provision of medical education to healthcare professionals.

Details of collaborative and joint working projects with healthcare organisations, among other things, are disclosed individually on the database. Certain research and development transfers of value to healthcare professionals, other relevant decision makers, and healthcare organisations are also disclosed in aggregate.

Separately, pharmaceutical companies are also required to disclose transfers of value made to patient organisations (and fees for certain contracted services paid to members of the public, including patients and journalists).

The ABPI Code requires that this information is published on the pharmaceutical companies' websites and that there are gateway links to this information from Disclosure UK.

For more resources and to search the database, please visit www.disclosureuk.org.uk

It should be noted that these disclosure requirements are in addition to those already described previously in this document:

- An executive summary of the project which will at minimum be published on the industry partner's corporate website before the project begins.
- All parties should publish outcomes as soon as possible and within six months of completion.

Appendix 4: Multi-partner considerations

Collaborative working projects between a single healthcare organisation and a single pharmaceutical company are common. Less common but still possible are cross-sector projects involving more than one healthcare organisation and/or more than one pharmaceutical company.

Cross-sector projects between one or more healthcare organisation and one or more pharmaceutical company are often more complex. This is because each individual organisation has its own governance and approvals processes, which can lengthen the timelines for project set-up and implementation. In addition, ABPI members are actual or potential competitors in certain therapy areas and are therefore subject to stringent competition law safeguards that must also be reflected in any agreement on working together.

A shared desire to improve patient outcomes through a collaboration will not justify anticompetitive conduct, such as the illegal exchange of sensitive information between competitors or other types of collusive practices.

There should be a lead contracting party, identified by job role, in each sector in a cross-sector project where there are multiple healthcare organisations or to have an individual contract with each organisation involved.

Where there is more than one contracting party on each side of the cross-sector project, steps should be taken to understand the differing legislative competence, governance processes and timelines involved.

Given that the legal risk and opportunities for error are higher when multiple organisations are involved in the same collaboration, it is best to agree rules of engagement upfront, which can be recorded in the agreement. Such rules should set out clear governance principles, such as:

- All project meetings will only take place if at least one representative of each party can attend
- Minutes of all meetings will be taken, approved by all participants, and kept on record for an agreed period after the completion of the project
- All project participants will receive a briefing on competition law rules and will be asked to sign a competition compliance and non-disclosure statement.

If the nature of the project would require specific discussion on topics of the utmost sensitivity such as costs, patient information, potential tendering opportunities, R&D activities etc., the parties should consider having a specialist competition lawyer attend the meetings.

Appendix 5: Medicines Optimisation Innovation Centre

The Medicines Optimisation Innovation Centre (MOIC) is a regional centre in Northern Ireland dedicated to driving innovation in medicines use.

Pine House
Antrim Area Hospital Site
Bush Road
Antrim
BT41 2RL

Email: moic@northerntrust.hscni.net

Telephone: 0044 (0) 28 9442 4942

MOIC combines pharmaceutical and research and development skills with technology and business acumen to achieve smarter medicines and better outcomes for patients.

With a strong patient focus, MOIC is uniquely placed to deliver better patient outcomes by developing and sharing best practice in medicines use through research, innovation, quality improvement and knowledge transfer. Optimising medicines is vital for an ageing population and the increasing complexity of medicine regimens.

MOIC works closely with partners across a range of sectors including healthcare, academia and commercial and welcomes collaboration with industry.

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