Association of the British Pharmaceutical Industry

Value

Innovation

Access

Trust

Annual Report
2009/10

The ABPI is the globally respected voice of large and small research-based pharmaceutical companies in the UK. The UK pharma industry is world leading in the discovery and development of vital new medicines which results in better health for the nation and greater wealth for the UK economy.

The ABPI brings together companies in the UK that research and develop prescription medicines. Our Research Affiliate Members are involved primarily in pharmaceutical research and development, while General Affiliate Members are organisations with an interest in the pharmaceutical industry operating in the UK.

The ABPI provides a wide scope of services and support for its members and we seek to represent the views of the pharmaceutical industry in England, Scotland, Wales and Northern Ireland, as well as at UK, European and international levels. We maintain close contacts with Government, politicians, academia and the media and also have extensive links with health managers, patient advocacy groups, training and education bodies, research councils and other professional bodies in the healthcare field.

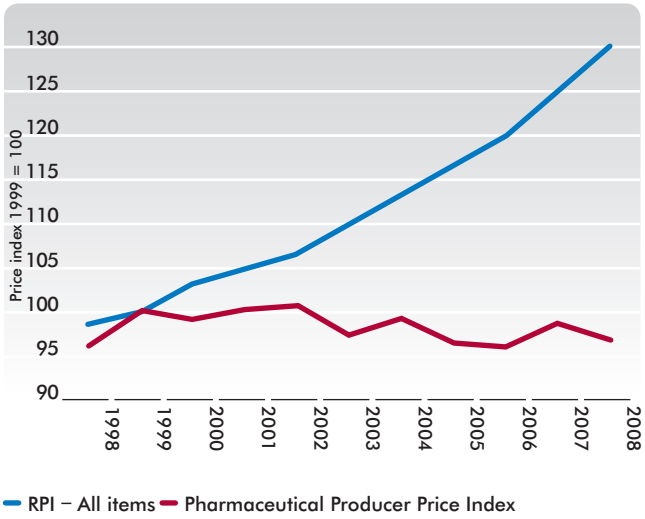
ABPI objectives

To maintain the UK's position as a leader in the global pharmaceutical industry

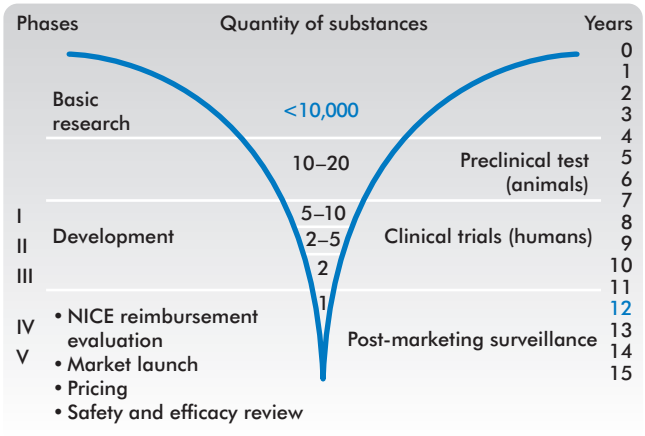
To enable the pharma industry to be a trusted partner in the delivery of healthcare

To make the ABPI the acknowledged authority on the pharmaceutical industry with key stakeholders

Pharmaceutical producer prices have lagged behind inflation



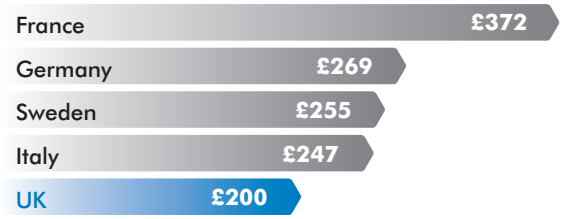
Drug development is long, costly and unpredictable (Estimated cost c£550 million discovery to launch)



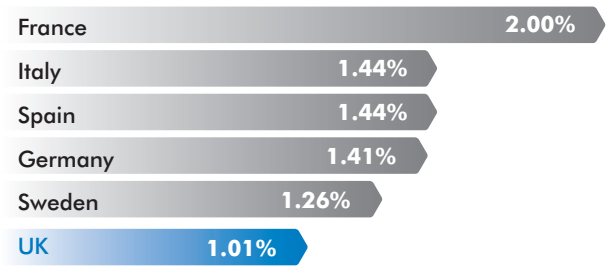
Source: Based on PHRMA analysis, updated for data per Tufts Center for the Study of Drug Development (CSDD) database

UK spends less on medicines than other major European markets

Medicines spend per head (£, 2008)



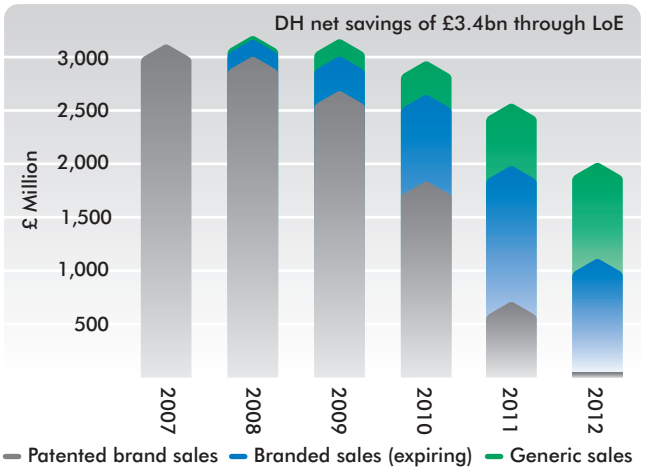
Medicines expenditure as % of GDP (2008)



UK ranks consistently below France, Germany, Italy and Sweden

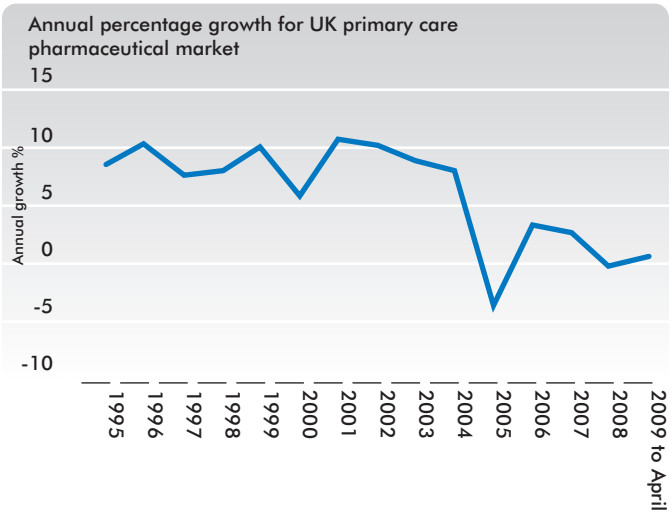
There are £3.4bn cumulative savings for the Department of Health through impact of products moving off patent

Estimate of value of medicines moving off patent, England 2008–2012

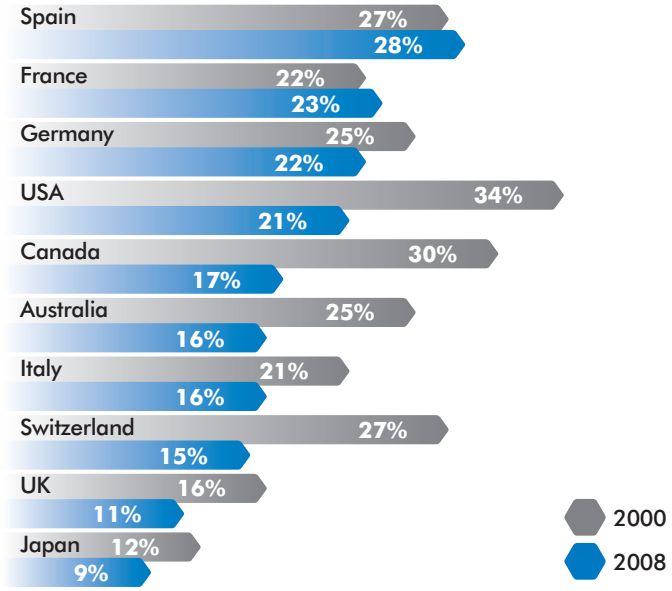


This equates to £5.7bn reduction in cumulative revenues for the branded industry

UK pharmaceutical market growth has been slow since 2005 PPRS



Market share for new products in the UK is low



Market share by value for products launched in the previous five years

Pharma contribution to the UK

[1]ONS, [2]HM Revenue & Customs

Our mission

The ABPI brings together the research-based UK pharmaceutical industry, presenting a compelling single voice founded on a shared understanding with stakeholders and focused to delivering more effective healthcare to benefit patients, the NHS and our members.

Value

Ensuring innovative medicines are valued in the UK as cost-effective solutions for preventing and treating disease

Access

Right medicine, right patient, right time

Innovation

Restoring the UK as a world class leader in innovation by fostering excellence through key stakeholder partnership

Trust

Creating a new contract between industry and society based on integrity, honesty, knowledge, appropriate behaviours, transparency, openness and trust

Looking forward

We want our industry to be a catalyst for a new era of innovation in pharmaceuticals, improving the health and wealth of the nation. In the next decade, we want to see the UK moving to a position of world leadership in creating, valuing and accessing healthcare innovation.

We, the ABPI, can look back on an eventful and successful year. Following our re-structuring in 2008, last year was a period of real achievement, both in terms of engagement with our members and also with Government and the NHS in seeking to achieve best health outcomes and a better investment environment.

We introduced four key imperatives, designed to reflect the key issues within the healthcare environment in the UK. **The Value, Innovation, Trust and Access Imperatives (VITA) are the focus of all our key activities.** In 2009, we introduced a new member engagement strategy, putting together a Strategy Board for each imperative to achieve strong leadership for all key objectives. This year we will strengthen this further with the introduction of a comprehensive VITA communications plan.

The opportunities that lie ahead for the UK pharmaceutical and biotechnology industry in a globally dynamic environment are vast. **The fast moving pace of science, if harnessed, will enable the UK to retain its position as a world leader in the life sciences industry.** If we are to maximise these opportunities, the financial and NHS climate must be conducive to innovation and we look forward to working with all our stakeholders to provide that setting. But let us reflect on the last twelve months, which saw the introduction of several key developments for the pharmaceutical sector.

Dr Richard Barker
Director General

Chris Brinsmead
President of ABPI

Although this has been a year of achievement, much remains to be done to make the UK more competitive as an enviroment for our members and our industry and to ensure patients have access to the right medicines at the right time. **This will be the focus for the future.**

We were successful in many areas; key achievements include:

- We organised a summit for the UK pharmaceutical industry with the Rt Hon Gordon Brown, Prime Minister, Alan Johnson, Minister of State for Health and other Ministers to discuss the pressures faced by the industry and to discuss how we can work closer together.
- The outcome of the summit was the establishment of the Office for Life Sciences, recognising that joined-up Government action was required to support a thriving UK environment for the Life Sciences: pharmaceuticals, medical technology and medical biotechnology.
- The ABPI and industry worked closely with Lord Drayson, the Minister leading on the Office for Life Sciences, to tackle the key issues. This resulted in the launch of the 'Life Sciences Blueprint' in July 2009 and 'Life Sciences 2010: Delivering the Blueprint' in January 2010, encompassing vital initiatives such as the **Patent Box, the Innovation Pass and the Life Sciences Super Cluster**.
- The Kennedy report on NICE included recommendations that will enable much greater engagement of industry in the Health Technology Assessment (HTA) processes.
- ABPI is engaged with David Nicholson, NHS Chief Executive, and his top team on how the industry might contribute to the Quality Innovation Productivity Prevention (QIPP) agenda and the development of NHS leaders.
- A commitment to Research & Development is now included in the Annual Operating Framework for the NHS.
- The NHS Constitution now enshrines the right of patients to have access to NICE-approved treatments.
- ABPI Joint Working has continued to achieve notable success in bringing together NHS organisations and groups of pharmaceutical companies to achieve improved health outcomes for patients.
- As recommended by the 2008 ABPI report 'Skills Needs for Biomedical Research', the Office for Life Sciences has created an Industry and Higher Education Forum to provide a mechanism for industry to engage with Higher Education institutions and funders to enhance skills needed for our industry.

The Innovation Pass
aims to give patients earlier access to licensed medicines. It is part of a package of measures to promote innovation in the NHS. It is literally a 'pass' for NHS access prior to Health Technology Appraisals, for certain categories of products.

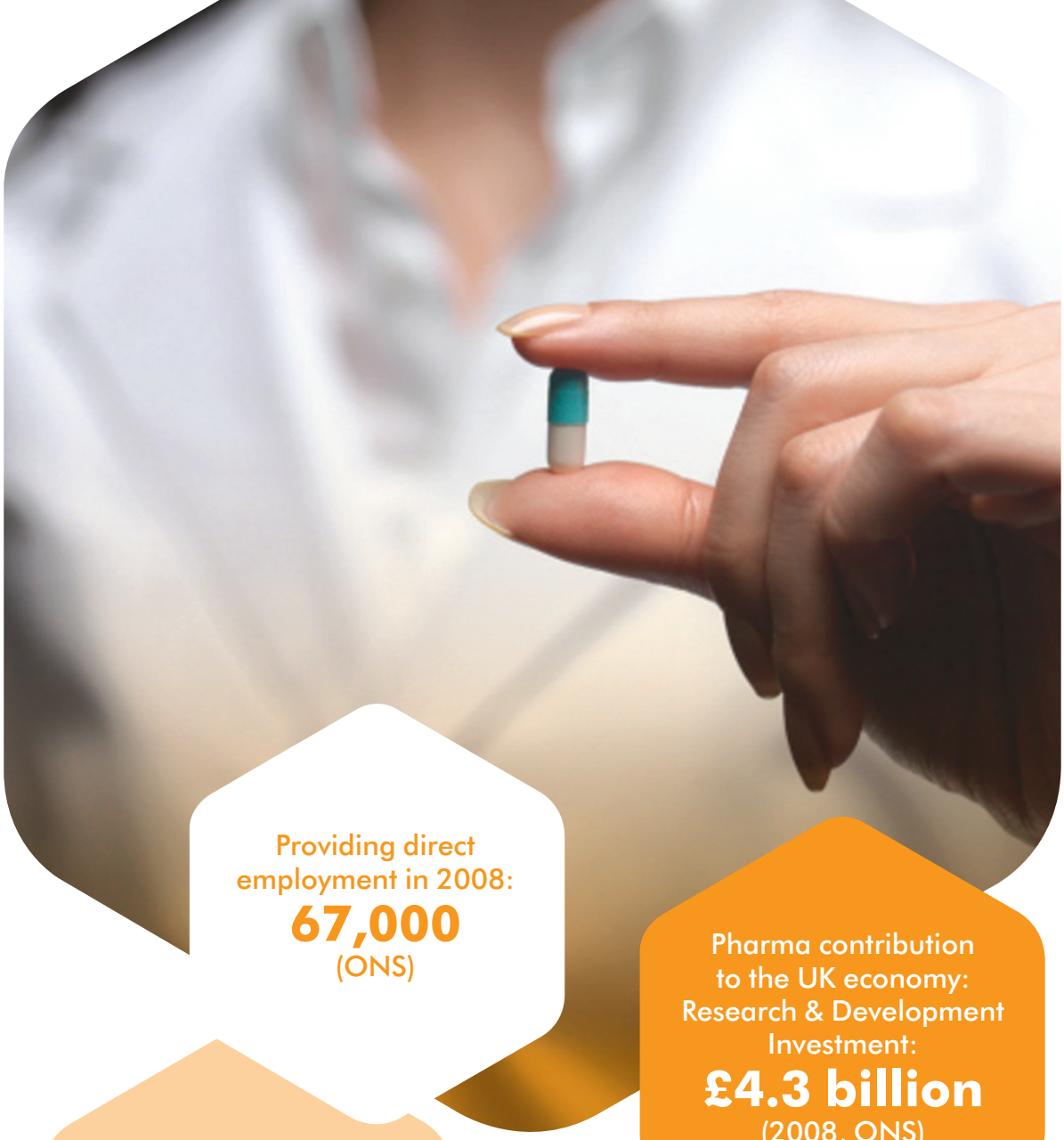
The Innovation Pass recognises that not all products can go through Health Technology Appraisal successfully at the time of launch. The Pass will be focused on products where the data is not yet mature, products likely to be cost-effective but not yet proven and/or products likely to be cost-effective with future indications. The Pass is not intended for products which are never likely to prove cost-effective. It is unlikely to be applied to orphan or ultra orphan products, unless these products are selected for NICE appraisal.

A one-year pilot will start in April 2010 with funding of £25 million.

Life Sciences Super Cluster
At its heart will be the creation of Therapeutic Capability Clusters designed to bring together academic and NHS centres of excellence across the country. These Super Clusters will work with industry to harness the UK's expert capabilities on early stage clinical development and experimental medicine.

The new Life Sciences Super Cluster programme will launch later this year, with a pilot in immunology and inflammation focussing on disease areas such as asthma and rheumatoid arthritis. We look forward to progress into other key therapeutic areas and potentially broadening beyond experimental medicine.

Patent Box
The patent box is being introduced to encourage research and development within the UK from the pharmaceutical and biotech industries. The patent box applies a 10% rate of corporation tax to patent-related income from April 2013. This will strengthen incentives for companies to invest in innovative activity and locate in the UK. Government will consult with business on the detailed design of the box in time for Finance Bill 2011.



Providing direct employment in 2008:
67,000
(ONS)

Pharma contribution to the UK economy: Research & Development Investment:
£4.3 billion
(2008, ONS)

Generating a trade surplus of
£7 billion
in 2009
(HM Revenue & Customs)

Value

The Value imperative work stream focuses on how best to assess the value of medicines and what reforms are needed to NICE and other HTA processes.

The value and price of medicines is the focus for many stakeholders. The Health Technology Assessment (HTA) process, which the National Institute for Clinical Excellence (NICE) uses to assess the value of medicines in relation to cost and benefit for patients, determines if patients in England will have access to the medicines they require. The Value imperative work stream focuses on how best to assess the value of medicines and what reforms are needed to NICE and other HTA processes. Looking beyond medicines, work is underway to highlight the broader benefit and value the pharmaceutical industry brings to the UK economy.

The ABPI led major industry input into Sir Ian Kennedy's review of how NICE appraises innovation. While this opened up the prospect of a broader approach to this problem than NICE's currently cost/QALY dominated methodology, revisions to the remit given to NICE remains an ABPI priority. Following the Kennedy review, we have commissioned a research programme to better prepare industry for HTA challenges and assemble evidence and analysis to argue clearly for HTA reform.

In Scotland, ABPI have brought together industry, the Long Term Conditions Alliance Scotland and the Scottish Medicines Consortium (SMC) in a scheme to build capacity for voluntary sector patient organisations to provide consistent input into HTA processes in Scotland. We have also published an updated edition of the report into the economic impact of pharma-related businesses to the Scottish economy, which was launched by the Scottish Health Secretary.

In Wales, we have strengthened our engagement with the All Wales Medicines Strategy Group (AWMSG), now occupying a seat on their Steering Group, as well as ensuring industry approval of process and methodology via the Wales Value Group. This relationship will remain critical during 2010 as AWMSG expands its appraisal remit and revises its processes. The Welsh Assembly Government has been encouraged to strengthen the Ministerial Direction for AWMSG Guidance and agreement to the concept of a single UK Horizon Scanning system.

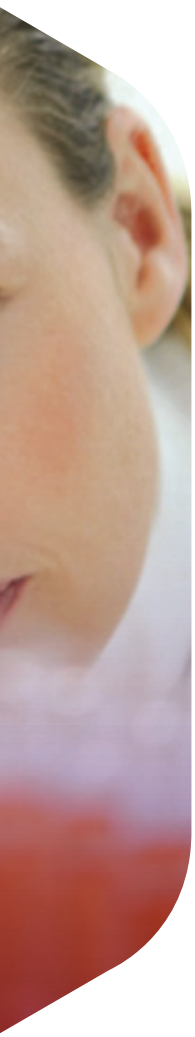
In Northern Ireland, ABPI has welcomed the Ministerial commitment to maintain links with NICE and improve the implementation of its guidance. The Northern Ireland Value Group has contributed to the development of a more transparent and collaborative approach to progressing the Pharmaceutical Clinical Effectiveness project. The new process is expected to be piloted with the assessment of antipsychotic medicines during 2010.

The Northern Ireland Value Group has instigated a stakeholder mapping and engagement exercise to more fully evaluate the opportunities available with expected publication and adoption of Joint Working Guidance in 2010.

Innovation

The Innovation imperative seeks to restore the UK as a world class leader in innovation through partnering with key stakeholders.

Working as a trusted partner with the MHRA to reduce wastage and champion innovative approaches to medicine regulation



The Innovation Strategy Board has initiated five campaigns to date, already resulting in a number of key achievements:

- Implementing the ABPI Skills report.
- Open Innovation – promoting industry–academic–NHS collaboration, resulting in the launch of the Life Science Super Cluster.
- UK as a leader in Stratified Medicines – stratifying patient populations so that the right patient gets the right medicine at the right time, which encompasses research issues, value and adoption of such medicines, and joint work with the diagnostics sector.
- Consolidating the UK's lead in Experimental Medicine – early stage clinical studies.
- A campaign to deliver Real-World Data for Value Assessment which aims to position the UK as a centre of excellence for obtaining evidence showing the characteristics and benefits generated by innovative medicines in real-world conditions. This will allow us to have the data ready for Health Technology Assessment (HTA) at a much earlier stage in drug development.

In Scotland, we have worked to place the medicines industry at the heart of Life Science policy. As well as meetings throughout the year with senior Ministers, we have supported the creation of the Life Sciences Advisory Board (LiSAB) and achieved a high level of industry representation on all of its work streams.

We have led the case being successfully made for the Scottish Academic Health Sciences Collaboration, achieving a 21 day approval for trials and single point of access for approval process. The continuing support for the NHS Industry Partnership Forum and developing the relationship with Scottish Enterprise Life Sciences are all further examples of this work.

In Wales, the value of Research & Development was referenced in the NHS Wales Annual Operating Framework for the first time.

Ongoing involvement with the Advisory Board of the National Institute of Social Care and Health Research (NISCHR) has encouraged the establishment of unified clinical trials governance (SPARC) and support for the establishment of a Wales Academy Health Science Centre.

In Northern Ireland, the potential for collaboration between the pharmaceutical industry, academia and Assembly was highlighted by Prof Paddy Johnson at the inaugural ABPI Annual Lecture held at Stormont Castle.

Education

ABPI continued to support science education in schools. **Visitors to the ABPI schools website increased to over 300,000 in the year to 31 March 2010, with over 37,000 visitors during March.** Promotion of career opportunities in the pharmaceutical industry continued with further development of the website www.abpicareers.org.uk.

Regulatory and Pharmacovigilance

Improving the protection of UK patients through improved safety surveillance. The ABPI has updated its guidance on the collection of adverse events from market research to reflect European requirements and rolled out training to all UK market researchers, together with the Business and Healthcare Business Intelligence Association (BHBIA). The updated guidance will allow the collection of an expanded set of drug safety data with the aim of further improving safety surveillance in market research. The ABPI has also worked with the MHRA and Datapharm to increase the reporting of side effects online using the Yellow Card scheme.

Under the Better Regulation of Medicines Initiative, the ABPI worked closely with the MHRA to simplify the legislation around updating licences for UK medicinal products while maintaining patient safety. These concepts, pioneered in the UK, strongly influenced new European legislation, which came into force in 2010.

ABPI has been providing UK Industry input into the review of the European Clinical Trials Directive, which governs how clinical research is performed in Europe. Our aim is to work towards proportionate, risk based regulation to enhance patient protection and encourage the development of innovative medicines in Europe.

Research & Development

A three year pre-competitive collaborative programme was established with the Centre for Drug Safety Science at the University of Liverpool, with the aim of better understanding safety issues in developing new medicines and improving the attrition rate.

We launched the Safety Register for non-investigative medicinal products (NIMP), a world 'first', for the transparent logging of significant adverse events observed in these studies, such as in experimental medicine or early clinical studies.

Environment

Through 2009, we continued to work with other stakeholders to address current environmental issues affecting the industry. On climate change, we engaged with the NHS Sustainability Unit to explore the impact of our products and industry on the NHS Carbon footprint and will continue this dialogue. Both in the UK and through active involvement in the work of our European Trade Association EFPIA, we have worked with other interested stakeholders in better understanding the effects of our products and operations on the environment.

Clinical Research

Maintaining the UK's competitiveness in the clinical research environment. The ABPI has been working to support positive development of the UK clinical research environment, for patients and industry. The UK Clinical Trial Gateway – a patient-friendly information resource about trials with sites in the UK – is under development, and the ABPI plays an active role in the project development board. We are also the lead coordinator of industry's participation in developments in electronic health research via the Research Capability Programme's Health Research Support Services (HRSS).

The pharma industry will listen to, understand and act on the views of a broader range of stakeholders.

The pharma industry is embracing greater transparency with its external stakeholders and in research.

Trust

Trust has been identified by the ABPI membership as critical to business success providing the framework on which the Access, Value and Innovation imperatives depend.

The objective of the Trust imperative is for the UK pharma industry to be a trusted partner in the healthcare system, creating a new contract with society based on openness, integrity and trust.

This means tackling head-on the issues continually raised as barriers to trust and developing mutual understanding through broader engagement, joint working, partnering and mentoring projects.

Tackling the issues

The member-led Trust working groups identified transparency, provision of promotional aids and the funding of education, training and meetings as key issues to address. Based on members' feedback, proposals are being considered for inclusion in the next revision of the ABPI Code of Practice for the pharmaceutical industry including changes to the provision of promotional aids and increased transparency in relationships with patient organisations. Taskforces were established in late 2009 to develop recommendations on increased transparency in relationships with health professionals, healthcare organisations and in public affairs activity as well as industry support for education, training and meetings.

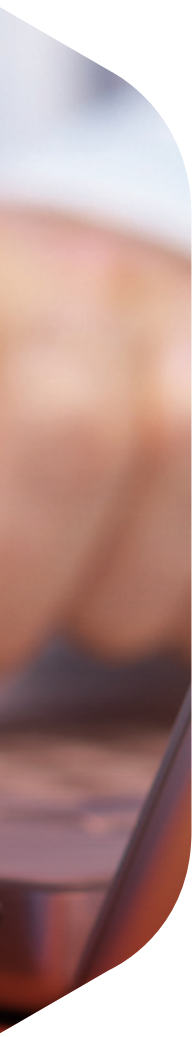
Building our understanding

The New Understanding Campaign Team has mapped over 200 key stakeholders across the healthcare landscape and produced quantitative and qualitative supporting materials to deliver a comprehensive stakeholder engagement programme. These 'conversations' began in late 2009 and will continue to provide context and understanding of stakeholder views throughout the Trust work.

Access

The UK continues to be slow in uptake of new medicines. The Access imperative group focuses on achieving better and faster access to new medicines to ensure that all patients receive the right treatment at the right time.

An average prescription costs **£9.59** but a day in hospital can cost more than £500 a day. Inpatient treatment can often be avoided or reduced through use of medicines.



The Partnership Working Group, under the Ministerial Industry Strategy Group (MISG) has taken forward most of the commitments listed in the Pharmaceutical Innovation Package that emerged from the 2009 PPRS negotiation.

Good progress has been made on completing these commitments:

- The Horizon Scanning Database, *UK PharmaScan,* will be available from May 2010 for companies to begin to enter their pipeline product information. This will help the NHS plan for new product launches.
- The report looking at the extent and causes of international variation in uptake of drugs has been compiled and is soon to be published.
- The report 'Use of NICE appraised medicines in the NHS in England – Experimental statistics' was published in September 2009. Work on a second report has started, this time involving discussions between NICE and individual companies on the expected levels of uptake of their respective products.
- The anomaly whereby the funding direction does not apply to NICE technology appraisal recommendations which are subsequently updated in a clinical guideline, has been discussed and a policy paper resolving this issue is currently being finalised.
- The use of prescribing incentive schemes to promote the uptake of innovative products has not been piloted at this stage and is still being discussed.
- The role of Payment by Results (PbR) was reviewed by the ABPI and OHE with three case studies, which showed that as currently operated, Payment by Results had neither hindered nor helped uptake of the medicines concerned. A workshop was held in January 2010 to discuss whether and how the use of PbR flexibilities, such as pass-through payments, be optimised to support the Quality and Productivity agenda.

In Scotland, we have increased the collaborative working with SMC including industry involvement in the review of the methodology of HTA in Scotland.

We have had continuing input into the development of the Scottish Government's policy on clarity and consistency in the decision-making processes on medicines from end to end (licensing to exceptional prescribing). We have also lobbied with others on local compliance with SMC decisions, leading to the Health Secretary stating that the Scottish Government does not regard the NHS Board's acceptance of SMC decisions as optional.

We have worked to create a new level of understanding with NHS Greater Glasgow & Clyde which has led to outline agreement over the principles for the creation of a Pharmaceutical Industry Alliance, established dialogue with the Medicines Utilisation Unit on metrics for medicines uptake and supported the development of SMC modifiers in parallel with the development of NICE End of Life principles.

We have also supported the creation of, and were duly represented on, a short life working group to establish a process for the evaluation of Patient Access Schemes. We have continued to play a role through the piloting of a small number of products and the reconfiguration of the Group to put it on a permanent footing.

ABPI Cymru Wales were invited to join the Routledge Group and subsequent Implementation Group on 'Improving the Availability of Medicines for Patients in Wales' providing input and support for Patient Access Schemes (PAS), Independent Patient Funding, and for AWMSG to eliminate any duplication with NICE.

A joint working project with Welsh Centre for Pharmacy Postgraduate Education (WCPPE) successfully piloted the training of pharmacists in enhanced Medicine Use Reviews (MUR) which is now being considered by LHBs as a component of their Primary Care Strategies.

In Northern Ireland, ABPI established 4 therapeutic subgroups in order to engage with therapeutic policy leads and stakeholders. Evidence is being collated by the Cancer Sub Group highlighting current gaps in the funding and subsequent availability of NICE approved oncology medicines and several joint working initiatives are being progressed.

Confirmation was received that Patient Access Schemes as accepted by Patient Access Scheme Liaison Unit (PASLU) will apply in Northern Ireland and that the implementation of NICE guidance is to be strengthened and speeded up.

Invitations to contribute to the establishment of the Northern Ireland Medicines Management Forum have been accepted and are expected to figure highly in 2010 objectives.

Supply shortages

For the last 12 months, pharmacists have been reporting a shortage of up to 46 different medicines in the UK.

It is now well established with independent data from IMS Health that supply chain shortages are a consequence of parallel export of these products to higher priced markets, by a small number of traders who are putting UK patients' well being at risk. Currency fluctuations and implementation of the 2009 PPRS mean that **the UK now has the lowest prices in Europe for branded medicines**. More than one in ten pharmacies, as well as wholesalers, dispensing doctors and even NHS hospitals appear to be involved in parallel export.

With the help of the ABPI, the Supply Chain Shortages Forum was set up, with its first meeting hosted by the Department of Health on 1st February 2010. This Forum brings together representatives from industry, pharmacy and wholesalers, as well as the MHRA. The Forum aims to establish a list of priority products which are in short supply due to exports and consider how the shortage might be addressed. Products subject to manufacturing issues will not be considered.

The ABPI is continuing to look at other options, including review of the Wholesaler Dealers' Licence, and the strengthening of the Supply Chain through the MHRA consultation process, if other measures fail to have the necessary impact.

Collaboration between pharma industry and NHS: Joint Working

Pharmaceutical companies have much more to offer the NHS than simply the expertise to develop new medicines. We also have the management skills and the resources of people and knowledge to forge a greater bond with our partners at the sharp end of delivering healthcare in the UK. This is our objective, and already some ABPI member companies are putting this into practice with certain NHS trusts. The ABPI's NHS Partnership programme was set in motion because of requests from our member companies to create this platform for closer engagement.

The Joint Working initiative has been formalised between the pharmaceutical industry and the Department of Health through the publication of guidance notes for NHS organisations, and through the launch in March 2008 of the "Moving Beyond Sponsorship" Joint Working toolkit. This online resource contains advice on establishing Joint Working relationships, how they should be managed and measured, and examples of good Joint Working practice that already exist; it provides a number of downloadable templates to help people make such projects a success.

It is important to note that Joint Working is quite different from the more traditional practice of sponsorship. We are talking about far more than simply providing funds for a specific programme of improved patient care; Joint Working as defined in the DH/ABPI Joint Working toolkit refers to situations where, for the benefit of patients, the NHS, and the pharmaceutical organisation, there is pooling of skills, experience and/or resources, for the joint development and implementation of patient-centred projects; it demands a shared commitment to successful delivery.

Goals are agreed in advance and a Joint Working agreement is drawn up. Management arrangements are conducted with participation from both parties in an open and transparent manner. There must be benefits for patients and there can be benefits for the NHS and the pharmaceutical companies. This commitment to a shared vision and a more mature relationship between pharmaceutical companies and NHS organisation has already proved it can deliver better patient care.

Other key activities

Staff Pension Strategy

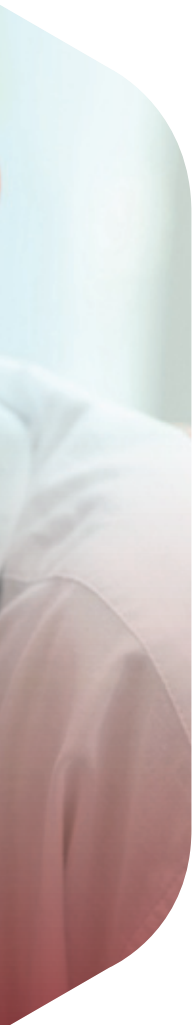
The ABPI operates a Group Personal Pension Fund for the benefit of all employees. The scheme was renegotiated in 2009 and moved to Scottish Widows in order to improve administration, to allow employee self service and reduce charges.

The final salary scheme was closed to new members in 2002 and to future accrual in October 2009. It is proposed to move towards a buy-out whereby future risks and benefits will be taken over by an insurance company.

Examination for medical sales representatives

The ABPI provided 12 regionally based opportunities in 2009 for people to sit the medical sales representatives' examination. Around 500 people sat the exam and 99% passed overall (some after re-taking the exam). The examination booking website continued to be developed in 2009 and is functioning efficiently. User errors in exam bookings reduced very significantly so we can gauge that people have become used to booking their exams on-line. Another very positive outcome in 2009 is that there was not a single instance of an exam candidate arriving at the wrong exam venue, or on the wrong date, which demonstrates the effectiveness of the exam website booking system over the previous manual system.

The ABPI exam syllabus and learning manual were updated in January 2009 and will continue to be in use throughout 2010. A distance learning programme based on the learning manual is available via the internet; 90% of exam candidates now make use of this programme.



The OHE took an active part in stimulating discussion of health and pharmaceutical policy and practice improvements.

During 2009, the Office of Health Economics (OHE) provided extensive advice and briefing material to help the ABPI respond to the Kennedy review. OHE supported the ABPI with analyses for its work with the Office for Life Sciences and followed-up the 2009 Pharmaceutical Price Regulation Scheme with advice and analysis to advance patient access schemes, and the development of international and domestic uptake metrics.

Through its research, the OHE continues to advance the debate on a range of health policy issues including the economic evaluation of orphan medicines by health technology assessment bodies. It provided the Pharmaceutical Oncology Initiative Group with an assessment and appraisal of oncology medicines. It is currently providing an analysis of the criteria that influence NICE decisions by revisiting NICE's cost effectiveness threshold, a project funded by industry.

In its publications programme, the book of the 2009 Annual Lecture given by Professor Tony Atkinson of Nuffield College, Oxford on "Measuring health output, productivity and equity: Future challenges" was a highlight. A second OHE Lecture was given by Professor Mike Richards (Department of Health Director of Cancer Services) on the future development of NHS cancer services and impact on patient outcomes.

Performance Management is a fundamental building block of Total Quality Management and a total quality organisation. During 2009, the OHE introduced performance metrics, such that data collection is now embedded within normal procedures, able to drive improvement and linked to critical goals and key drivers of the OHE.

In summary

The last 12 months were an eventful and successful year for the ABPI. Great progress was made in working towards improved health outcomes for patients, working in collaboration with the NHS and creating a better investment environment for our industry. However, we still need to do more to ensure that all patients in the UK have access to new medicines and treatment with no geographical anomalies, delay or restrictions. We are looking forward to working even closer with all our stakeholders in the new political environment to achieve this.

ABPI Board of Management 2009/2010

Chris Brinsmead, AstraZeneca, President of ABPI
Simon Jose, GSK
Richard Blackburn, Pfizer
David Brickwood, Johnson & Johnson
Nigel Brooksby, sanofi-aventis
Nick Burgin, Eisai
Pete Butterfield, Cambridge Laboratories
John Dawson, Alliance
Dr Annette Doherty, Pfizer
Frederic Duchesne, BMS
David Hill, Independent
Andrew Hotchkiss, Eli Lilly & Co
John Kearney, Amgen
Philippa Rodriguez, AstraZeneca
Chris Round, MSD
Subhanu Saxena, Novartis
Matthew Speers, UCB

ABPI Board of Management with effect from 28th April 2010

Simon Jose, GSK, President of ABPI
Richard Blackburn, Pfizer
Martin Dawkins, Bayer Schering
Frederic Duchesne, Bristol Myers Squibb
John Kearney, Amgen
Camilla Soenderby, Abbott Laboratories
Matthew Speers, UCB
Mark Jones, AstraZeneca
Deepak Khanna, MSD
Steve Oldfield, sanofi-aventis
Rodrigo San Martin, Janssen-Cilag
Ramona Sequeira, Eli Lilly & Co
Sue Webb, Novartis
Nick Burgin, Eisai
John Dawson, Alliance
Pete Butterfield, Cambridge Laboratories

The Senior Leadership Team at the ABPI

Dr Richard Barker
Director General

Alison Clough
Director of Commercial and Communications

Paul Evans
Director of Finance

Dr Rick Greville
Director of ABPI Cymru Wales and Northern Ireland

Dr Allison Jeynes-Ellis
Director of Medical and Innovation

Andrew Powrie-Smith
Director of ABPI Scotland

Carol Wilson
Legal Director and Secretary of the Association

Professor Adrian Towse
Director of the Office of Health Economics

Heather Simmonds
Director of the Prescription Medicines Code of Practice Authority

Membership of the ABPI

The Association provides a wide range of services and support for its members. Our headquarters are in central London, with nearly 50 staff based there. We also maintain offices in Scotland and Wales, and have recently established a new office for Northern Ireland.

Full membership of the ABPI is available to companies in the United Kingdom which supply prescription medicines for human use. Biotech companies and companies engaged in research and development in the UK which intend to market such medicines, or license them to others, are also eligible for full membership. While some member companies are large, around half of the ABPI's member companies have annual NHS sales of less than £70 million. They are important providers of medicines in niche markets and of orphan drugs for patients with rare conditions. Members' involvement in the wide range of ABPI initiatives help to shape the future direction of the pharmaceutical sector in the UK.

Research Affiliate membership is open to companies engaged in research and development, or simply the development of medicines for human use, but which have no turnover in such products. Many are contract research or contract development organisations. In addition to receiving information, Research Affiliates can also participate in the range of medical, scientific, technical and regulatory activities which the ABPI is involved in.

General Affiliates represent a range of organisations with a more general interest in the pharmaceutical industry operating in the UK. They receive a regular flow of literature and information and may attend a variety of meetings, conferences and events to keep themselves informed about the pharmaceutical industry.

Companies interested in joining the ABPI should contact the ABPI Communications Team on 020 7747 1442.

ABPI and its Members

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For more information about the ABPI and its related organisations, visit our websites:

ABPI
www.abpi.org.uk

Office of Health Economics
www.ohe.org

Prescription Medicines Code of Practice Authority
www.pmcpa.org.uk

Information about careers in the pharmaceutical industry
www.abpicareers.org.uk

Information for teachers and students
www.abpischools.org.uk

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