



**The Association of the  
British Pharmaceutical Industry**  
Annual Report 2007

### **£10.3 billion**

Sales of medicines to the NHS were £10.3 billion in 2007 and account for just 9.2 per cent of total NHS costs.

### **£10.50**

An average prescription costs around £10.50, while a day in hospital costs around £250. Hospital treatment can often be avoided or reduced through the use of medicines.

### **46 pence**

Medicines cost the NHS just 46 pence per person a day – much less than spending on alcohol or holidays.

### **-24%**

Modern medicines are good value for money – medicines prices are 24 per cent lower than ten years ago and account for a lower proportion of the overall NHS budget.

### **18**

In 2007 18 new products were launched, including treatments for conditions such as mental illness, diabetes, cancer and kidney disease.

### **£14.6 billion**

Pharmaceutical exports in 2007 were £14.6 billion, while imports were £10.3 billion, creating a surplus for the UK economy of £4.3 billion.

### **1 in 5**

More than one in five of the world's top medicines were discovered and developed in the UK – more than in any other country other than the USA, and as many as in the rest of Europe combined.

### **£3.9 billion**

The pharmaceutical industry invested more than £3.9 billion in research in 2006 – more than £10 million every day.

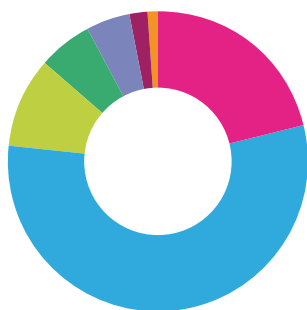
### **1/4**

Pharmaceutical companies carry out around a quarter of all business R&D in the UK and spend a third of their UK sale revenues on research.

### **73,000**

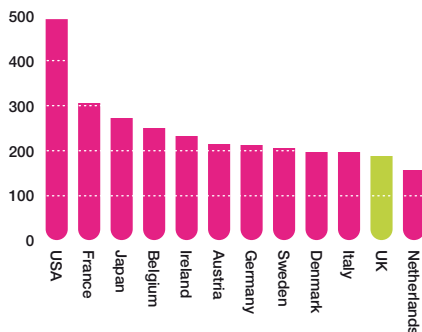
The industry employs around 73,000 people, with about 27,000 in R&D, and generates another 250,000 jobs in related industries.

### Origin of the world's top 100 medicines 2006

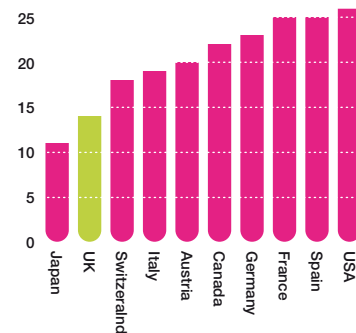


- UK 22%
- USA 57%
- Switzerland 10%
- Japan 6%
- France 5%
- Germany 2%
- Israel 1%

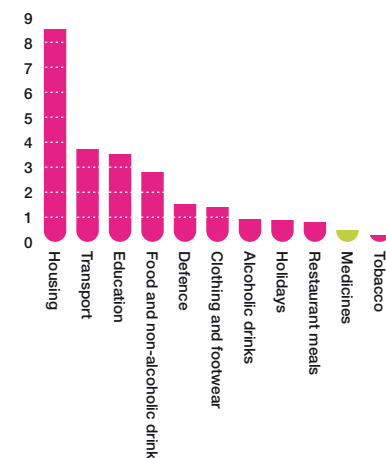
### Annual medicines sales per person 2006 £



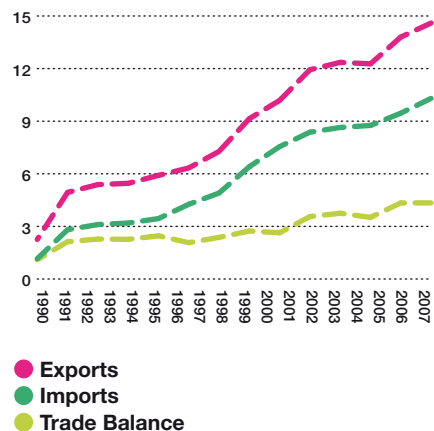
### Market share of products launched in the previous five years %



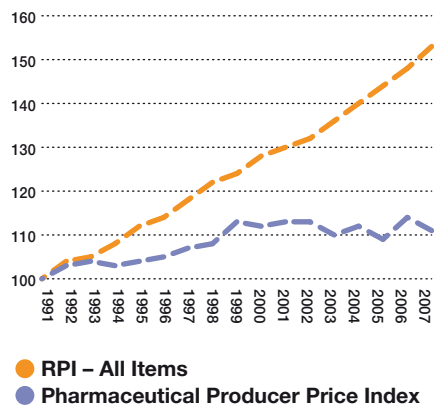
### Average daily expenditure per person UK 2006 £



### UK pharmaceutical trade £ billion



### UK pharmaceutical and retail price indices



For more statistics about the pharmaceutical industry in the UK, go to our website [www.abpi.org.uk](http://www.abpi.org.uk)

**The Association of the British Pharmaceutical Industry brings together companies in the UK that research and manufacture prescription medicines. Its Affiliate Members also comprise further organisations involved primarily in pharmaceutical research and development and a range of others with an interest in the pharmaceutical industry operating in the UK.**

The ABPI provides a wide range of services and support for its members. It represents the views of the pharmaceutical industry in Westminster, 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. In addition, we have developed extensive links with health managers, patient advocacy groups, training and education bodies, research councils, and professional bodies in the healthcare field.

The ABPI is the industry's voice in discussions with the Government about policies in a wide range of areas. Through the provision of industry representation at the Department of Health, the Department of Trade and Industry, HM Treasury, the Scottish Executive, the Welsh Assembly and the DHSSPS in Northern Ireland. Issues of common interest such as health, education, training and science policy can be taken forward. Our objective is to maintain the UK's pre-eminent position as a location for the discovery and development of new medicines.

In the UK Parliament and in Scotland, Wales and Northern Ireland, the ABPI undertakes activities to raise awareness of the contribution of the pharmaceutical industry not only to the provision of healthcare within the UK but to the wider economy. The benefits that patients receive from the availability of innovative and effective medicines are at the heart of all the ABPI's activities.

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The pharmaceutical industry exists to help make people better. The ABPI's main aim is to improve patient welfare and support. That can only happen if the conditions are right for the industry to work effectively. We have created a framework of seven priorities which we will follow through to achieve a successful environment for the industry in the UK. Our aim is to help shape a future where patients have access to the very best medicines.

### **Our priorities**

**1**

**Working with the NHS to deliver optimal treatment for all patients**

**2**

**Enabling patients to reach informed decisions on their treatment choices**

**3**

**Upholding the highest professional standards in medicines promotion and other industry activities by means of self regulation**

**4**

**Fostering innovation for healthcare through fair and stable market reward**

**5**

**Building a UK regulatory environment that best balances patient benefit and risk**

**6**

**Securing a sound foundation for the UK in pharmaceutical research, development and manufacturing**

**7**

**Strengthening the industry's relationships, standing and external impact through effective communications and stakeholder engagement**

## The President

Innovation is the cornerstone of the pharmaceutical business model. It is key to global competitiveness for the UK economy and central to improving the health of our nation. If our position in the global economy is to be maintained, Britain must provide access to a collaborative and entrepreneurial partnership between government and industry; a facilitative environment for cutting edge research; and a positive 'home country' commercial environment to serve as a springboard for international success.



**“The future of our science, technology and innovation is absolutely critical not just to the future of our economy, but of our society, our quality of life, and how British people see themselves in the world. The UK must be a global leader in science and innovation.”**

Gordon Brown, October 2007

For many years, I have been the envy of my colleagues in Europe for the strong and mutually supportive relationship the industry has enjoyed with government and the NHS in the UK. When the Secretary of State informed the ABPI of the Government's intention to renegotiate the PPRS two years early, the industry was shocked. In the 50 years of the scheme's operation, never before had either party ended the agreement before its full term. The Government's decision dented business confidence and the reaction from our global head offices moved the matter beyond the UK, as they began to question the integrity of the UK investment environment. 2007 has been a challenging year.

Industry understands that our medicines must provide value for money and that the NHS does not have finite resources. Yet we see ourselves as part of the solution, not part of the problem. UK prices are in

line with comparable countries and the NHS spends less on medicines per person than most other European countries. In fact, the cost per prescription has been reducing steadily since 2004. The medicines bill is under tight control and projected growth is in line with the targets set in the comprehensive spending review. This is largely due to an unprecedented number of medicines losing market exclusivity in the next five years, providing further in-built savings for NHS through switching to generics.

The pharmaceutical industry is at a crossroads – if we turn the wrong way, our industry will follow the path of steel, coal and cars; it will disappear. More than 60 per cent of medical research in the UK is funded by us and although the UK represents only 3 per cent of the global pharmaceutical market, it attracts 10 per cent of all R&D. Globally, the industry

will continue to invest more money, but we must ensure that such investment is retained in Britain and that we continue to punch above our weight. We already discover one in five of the world's top medicines here in the UK, let's work together to increase this ratio for the benefit of patients.

We firmly believe that the Government wishes to retain our strong relationship and build on it in the future. This is industry's wish too. We are committed to working with the Government to retain leadership in the UK; provide value for money; encourage and reward innovation; assist in the uptake of new medicines, and, importantly help restore industry confidence through predictability, stability and sustainability.

**Nigel Brooksby**  
**President**

**“Industry understands that our medicines must provide value for money and that the NHS does not have finite resources. Yet we see ourselves as part of the solution, not part of the problem.”**

Nigel Brooksby, President

**There has been a huge amount of media and therefore public interest in the pharmaceutical industry during the year. The Office of Fair Trading published its study into the Pharmaceutical Price Regulation Scheme and focused on the theme of value for money from medicines. The National Audit Office conducted a study into prescribing costs in primary care. Even the Public Accounts Committee weighed in. Most of these reports failed to recognise that the UK already achieves greater value for money in medicines than most other European countries.**

In the middle of the year, the Secretary of State announced his intention to renegotiate the PPRS two years early, a process that is still going on as I write. This renegotiation is a critical challenge to the relationship between the government and our industry – the UK's most important science-based industry.

Despite these issues, the ABPI has been working with the NHS on a variety of initiatives around the country, aimed at addressing some of the nation's greatest health priorities. And our work with Government under the Long Term Leadership Strategy has highlighted major inequalities in access to advanced medicines across the nation, and has begun to develop proposals for change.

A second nationwide Code Awareness Day helped to reinforce awareness of the ABPI Code among healthcare professionals, ensuring that the industry's promotional standards are maintained.

**“The ABPI’s robust advocacy of the industry has never been more critical. The interests of the NHS, patients and the UK economy all argue for a strong, successful UK-based pharmaceutical industry.”**

Dr. Richard Barker, Director General



Developing new medicines with the best possible safety profiles needs ever more complex scientific research. The ABPI has established a public-private partnership with Government to develop stem cell-based approaches to the problem. We have issued new guidelines to help ensure that Phase 1 clinical trials are conducted as safely as possible, and are working with the new UK Clinical Trial Networks to maximise their use by the industry.

We have continued our work with schools and academia to boost the status and quality of the science base in this country, with the introduction of a Science Diploma and a relaunch of the ABPI Schools and Careers websites. It is vital that the UK maintains its position as a leader in science in the face of fierce competition from other countries, especially the newly-industrialising Asian countries.

The House of Commons Select Committee investigated NICE and the ABPI made strong representations to it to improve the responsiveness and transparency of its processes, and to argue for broader measures of value.

With the pressures on the industry resulting from patent expiries, ever-growing regulation and the renewed pricing dialogue with Government, the ABPI knows its robust advocacy of the industry has never been more critical. The interests of the NHS, patients and the UK economy all argue for a strong, successful UK-based pharmaceutical industry. That is why we are here.

**Dr Richard Barker**  
**Director General**



# 1

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## Better treatment for patients

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## Working with the NHS to deliver optimal treatment for all patients



Medicines are commonly the first line of treatment provided to NHS patients, but there are still wide regional variations in the type and quality of care. Patients often receive older treatments when more modern therapies may be more effective. The ABPI has initiated a range of schemes aimed at enhancing patients' access to the best medicines available.

The Department of Health and the ABPI published a report in February containing an analysis of the variation in the use of medicines in England which could not be explained by disease prevalence or deprivation alone. It illustrated that much needs to be done to improve equity in treatment and the report committed to take action in some 20 areas to help address the issue.

The ABPI contributed to the Health Select Committee Inquiry into NICE, submitting written and oral evidence, with the aim of ensuring that patients in the UK have access to the benefits of innovative medicines irrespective of which part of the country they live in, or the benefits enjoyed by patients overseas.

A tangible result of the Long Term Leadership Strategy group's work was the joint Department of Health/ABPI report recommending the production of best-practice guidance on joint working, and DH guidance to the NHS, setting out a strategic explanation of the benefits of joint working. A best-practice toolkit was published in March 2008.

A broad spectrum of joint working partnerships form the ABPI's Outreach Programme, which continues to gain momentum. Individual initiatives include the Happy Hearts project in Nottingham and a project addressing the urgent problem of issues associated with *C. difficile* in North Lancashire, and developing a Managed Clinical Network for respiratory conditions in NHS Lothian.

Industry Groups for specific disease areas have continued to work at a national level with NHSScotland, the Scottish Government Health Directorate and patient groups to deliver improved patient outcomes. These initiatives include support for the sharing of best practice across Scotland, joint working with a Health Board and staging successful conferences on osteoporosis, respiratory disease and mental health.

The ABPI has signed a concordat with the Scottish Intercollegiate Guidelines Network to support the implementation of SIGN guidelines and to promote the use of evidence-based healthcare across NHSScotland for the improvement of patient care.

Input from the ABPI has ensured an increased opportunity for members to provide both verbal and written evidence to the Health Technology Assessment of medicines in Wales. This means that the authorities have the latest and best information to base their decisions on.

There is potential for much more working with the NHS, not only on a local basis, but also with national bodies such as the health technology assessment agencies around the UK, so that patients receive the treatment they deserve.

**“The Access Strategy Group plays a pivotal role in ensuring that our position is understood by stakeholders associated with health technology appraisals, so that we can ensure a rapid uptake of new medicines in the NHS.”**

David Brickwood  
Johnson & Johnson



## 2

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# Enabling informed decisions

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## Enabling patients to reach informed decisions on their treatment choices

Patient choices, patient voices and patient rights are key issues in healthcare, and the pharmaceutical industry is committed to taking them forward. The ABPI is working hard to ensure that patients receive not just the best treatment, but the clear, consistent, accurate and up-to-date information they need. This will enable them to understand their condition and treatment options, and to make the choices which are best for them.

The *Mind the Gap* conference, in conjunction with Cancerbackup, Diabetes UK and Ask About Medicines, was held in July and brought together the ABPI's Medicines Information Awareness campaigns. The conference provided a platform for action to meet patients' needs for better access to information and a report is now available on a public website.

Continuing its series of successful Target booklets, the Association published three new titles, *Depression*, *Obesity* and *Multiple Sclerosis*. All were launched with the support of the leading patient groups in the field, and are now available on the ABPI website. The fourth edition of the *A-Z of Medicines Research* booklet was

also published, giving an overview of the current state of medicines research in more than 45 disease areas.

The ABPI commissioned two short films which show patients' experiences in finding information about their treatments. Links to these have now been placed on YouTube, so that people can access them at any time.

ABPI Cymru Wales continues to support patients in Wales through the bilingual publication of a guide for patients produced in collaboration with Ask About Medicines: *Finding and Using Information about Medicines*. Copies of this booklet are available on the Welsh Assembly website.

The best way to find out what patients need in the way of information about their treatments is to ask them. The ABPI is committed to working in partnership with patient organisations and to ensuring that the Department of Health incorporates the provision of more and better medicines information into the wider NHS information strategy.



**“It is well acknowledged that optimal healthcare involves a collaboration between patients, healthcare professionals and the industry; yet patients are still poorly represented. The ABPI’s *Involved Patient Initiative* aims to address this directly by empowering patients to take a more active role in their healthcare.”**

Subhanu Saxena, Novartis



### 3

## Keeping standards high

## Upholding the highest professional standards in medicines promotion and other industry activities by means of self-regulation

If medicines are to be trusted, it is essential that prescribers, patients and carers are informed about their benefits and risks. Information provided by pharmaceutical companies must conform to rigorous principles, including the need to be accurate and balanced. The purpose of the ABPI Code of Practice for the Pharmaceutical Industry is to ensure that pharmaceutical companies operate in a responsible, ethical and professional manner. Agreement to comply with the Code extends beyond ABPI members.

The Prescription Medicines Code of Practice Authority, which administers the Code at arm's length from the ABPI, has a new website ([www.pmcpa.org.uk](http://www.pmcpa.org.uk)), which has been well received. Anyone can now sign up to receive free e-alerts and can choose to be alerted when information about the Code is added to the site.

The PMCPA issued for consultation 'A quick guide to the ABPI Code for patients and the public'. This document is available on the PMCPA website and printed copies have been made available.

More than 8,000 employees from 54 pharmaceutical companies across the UK participated in Code Awareness Day, talking to doctors, nurses, pharmacists and other stakeholders about the ABPI Code. Code Awareness Day was part of the ongoing campaign to increase understanding of the ethical standards that the industry must meet when dealing with health professionals and others to ensure that as many as possible know about the Code and its provisions. The day was supported by organisations such as the BMA, RPSGB and RCN and secured significant media coverage.

The PMCPA has worked closely with the European Federation of Pharmaceutical Industries and Associations to develop an updated 'EFPIA Code on the Promotion of Prescription-Only Medicines to, and interactions with, Healthcare Professionals'. There is also the new 'EFPIA Code of Practice on Relationships between the Pharmaceutical Industry and Patient Organisations'. These have now been finalised and are available on the EFPIA website. The ABPI Code will be updated in 2008 to reflect the new EFPIA Codes.

Patients can be assured that the pharmaceutical industry works hard to comply with the rigorous requirements of the ABPI Code in its activities with health professionals, patients and the public. The Code reflects and extends beyond UK law and provides a mechanism for complaints.



**"In the pharmaceutical industry, we trade on trust. Therefore it is essential to everyone, particularly patients, that medicines are promoted in an ethical and professional manner. The ABPI Code helps to ensure that this is the case. The continued success of self-regulation is proof of the industry's ongoing commitment to upholding high ethical standards."**

Gordon Coutts, Schering-Plough



## 4 Fostering innovation

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## Fostering innovation for healthcare through fair and stable market reward

In 2007 there was an unprecedented interest in the economic and related aspects of medicines in the UK. The Office of Fair Trading's study into the Pharmaceutical Price Regulation Scheme was published, and the National Audit Office conducted a study into Prescribing Costs in Primary Care. In August, the Secretary of State for Health announced his intention to renegotiate the PPRS.

The ABPI and the OHE were both heavily involved in providing evidence to the OFT report on PPRS. The OFT's recommendations were centred around the concept of 'Value Based Pricing'. The ABPI fully supports the need to maximise value for money for the NHS and of course for patients. However, the Association's response to the report also pointed to the impracticality of the detailed proposals on how this might be achieved. The ABPI proposed that value for money would be best achieved by having a shared definition of value, ensuring that health technology appraisal adequately captures the full value that medicines deliver and by enhancing mechanisms to ensure that patients actually receive these cost-effective medicines.

The PPRS discussions have been taking place for several months and are making progress. The ABPI and Government have agreed the following principles.

- Delivering value for money for the NHS, patients and the taxpayer
- Encouraging and rewarding innovation which delivers valuable new treatments
- Assisting the uptake of new medicines through providing improved access for patients
- Providing stability, sustainability and predictability for the industry, the NHS and Government

Following the Secretary of State's announcement last year, the ABPI put into place a wide-ranging consultation and communication process to prepare for these discussions. This included workshops for PPRS scheme members to enable companies to prepare their input to the discussions. The ABPI carried out a confidential PPRS members' survey and one-to-one interviews to inform the PPRS Advisory Board and Negotiating Team. Finally, the Association organised a series of industry work groups to prepare specific industry proposals for inclusion in the PPRS discussions.

All this has been achieved against a backdrop where the average cost of a prescription medicine prescription has fallen and is now just £10.42. The ABPI remains committed to delivering value for money, while avoiding delays to patients' access to new and innovative medicines.



**“The only successful outcome of the PPRS negotiations is one where NHS patients get the best medicines, the NHS gets real value for money and the industry can continue to flourish in the UK. We will continue to argue for all these aims.”**

Eddie Gray  
GlaxoSmithKline



## 5

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# Balancing benefit and risk

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## Building a UK regulatory environment that best balances patient benefit and risk

Medicines are heavily regulated, in order to protect the health and wellbeing of the patients the medicines are developed to treat. The ABPI is working closely with the Medicines and Healthcare products Regulatory Agency with the aim of improving the regulatory environment for the pharmaceutical industry operating in the UK, so that patients can receive the innovative medicines they need with the minimum delay.

The ABPI has continued constructive discussions with the MHRA about improving the Agency's performance, including a commitment to further talks about performance management. The ABPI has worked with the Agency in developing training workshops to help companies move to electronic Common Technical Document submissions, to support e-working.

Counterfeit medicines enter the supply chain through a variety of means. The ABPI has promoted Original Pack Dispensing as part of the solution to the repackaging issue, and the use of anti-counterfeiting technologies such as improved bar coding. It has also worked with the MHRA to ensure rigorous investigation and enforcement of the regulations, resulting in several arrests during the year.

The introduction of the Ministerial Industry Strategy Group's New Technology Forum, bringing together representatives from industry, UK and EU regulators, the Department of Health, academics and patients, has allowed room to discuss regulatory issues that might otherwise not find a forum for debate. To date, the topics under discussion have been Earlier Access to Medicines and Cardiovascular Imaging, and more are planned for 2008.

The ABPI launched guidelines on the Secondary Use of Data in Medical Research, with the endorsement of the Information Commissioner. Medical data, including information gathered from clinical trials, may be a valuable source of information in work carried out to invent other future medicines. But at the same time, it is important that patients' privacy is properly protected. The guidelines seek to make researchers aware of the steps they must follow in order to balance those interests.

More effective regulation and rigorous implementation bring improved protection for patients, who can be secure in the knowledge that their medicines are supplied in accordance with their expectations of efficacy, quality and safety. We are making steady progress towards this goal.



**“We are working closely with the Government, the MHRA, and patient groups to explore new pathways which may present opportunities to speed patient access to new treatments in areas of high unmet clinical need. As our regulatory environment continues to evolve, it is vital that we work constructively with regulators to ensure that patients can access innovative new medicines.”**

John Young, Pfizer



## 6

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# Securing a sound foundation

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## Securing a sound foundation for the UK in clinical research, pharmaceutical manufacturing and R&D

The UK remains a world leader in pharmaceutical research and the development of new medicines. Enhancing the productivity of medicines development is a major goal and the ABPI has worked closely with the UK Government and other stakeholders to help develop the technologies that can transform R&D and patient care.

The ABPI led the establishment of Stem Cells for Safer Medicines Ltd, a public-private partnership, to develop open standards and protocols for the use of stem cells in early drug safety screening.

The ABPI re-launched two websites for schools and careers advice, with the objectives of supporting science education, attracting the brightest people into careers in our industry and of raising industry awareness among younger people.

The ABPI programme with the National Centre for the Replacement, Reduction and Refinement of Animals in Research continues to deliver results. The ABPI sponsored two events – a Parliamentary science prize day celebrating excellent contributions to the science of the reduction of the use of animals in research, and a joint NC3Rs-Bioscience Federation scientific symposium.

When the restrictions introduced in the wake of the 2007 Foot and Mouth Disease outbreak threatened to completely block the movement of all products containing lactose, including life-saving medicines, the ABPI successfully worked with the European Commission and the UK Department for Environment, Food and Rural Affairs to change their regulations in a matter of days.

The ABPI published guidelines on the conduct of Phase 1 clinical trials. Key recommendations from Sir Gordon Duff's report into the TGN1412 clinical trial incident at Northwick Park in 2006 have been incorporated into the revision, which is a reference for good practice in such studies.

All the topic specific research networks within the UK Clinical Research Network have industry-sponsored trials within their portfolio. Overall, 68 industry sponsored trials were either ongoing or completed by the end of the year, a huge increase, meaning that more UK patients are getting faster access to innovative medicines.

As the UK biomedical research environment is transformed by the work of the Office for Strategic Co-ordination of Health Research and Technology Means Business, the ABPI's priorities will focus on ensuring that the industry has access to the skills, science and technologies that can transform productivity and thereby deliver improved long-term patient outcomes.



**“No one can doubt the Government’s commitment to science, but if the UK is to compete successfully, it must provide a stable environment, raise its game still further on skills supply and provide more flexible access to the science base. We have already seen a decline in UK manufacturing capability, and we cannot be complacent about pharmaceutical and biopharmaceutical R&D investment.”**

Chris Brinsmead, AstraZeneca



## 7 Strengthening relationships

## Strengthening the industry's relationships, standing and external impact through effective communications and stakeholder engagement



The ABPI is committed to ensuring that the UK-based pharmaceutical industry delivers the innovation in medicines which can do so much to improve patient health outcomes.

The Medical Research Council, the National Institute for Health Research and the ABPI collaborated in organising a ground-breaking conference, Healthcare Innovations, the Next Frontier, looking at the future of innovation in the UK. Both the Science Minister and the Minister for the Pharmaceutical Industry addressed more than 200 representatives from industry, academia, patient groups and medical charities. A key piece of the conference was a video examining the hopes of the general public in the area of medical research, which were then examined and commented on by the National Clinical Directors.

Throughout the year, ABPI Scotland has worked with Ministers, MSPs and the media to make them aware of issues such as patient access to medicines. In Wales, members of the Wales Industry Group have regularly briefed Assembly members and officials, and started a rolling programme of education in the area of medicines usage and pharmaceutical development.

Radio stations throughout the country have been promoting messages about the pharmaceutical industry's work in helping patients and patient groups. With a selected spokesperson in a central studio, radio presenters ring in to ask questions on a given subject. Among the subjects covered during 2007 were: depression, on 28 radio stations with a weekly audience of more than 1,800,000; medicines research providing new hope for patients, on 103 stations with a reach of nearly 5,600,000; multiple sclerosis, on 20 stations with audiences of nearly 3,700,000; and the Ask About Medicines Week initiative, on 141 stations with a reach of nearly 27 million.

The reputation of the pharmaceutical industry remains crucial for the future success of the industry in the UK, and therefore for the future provision of innovative and cost-effective healthcare. But it is highly subjective, and is created by building on the relationships established with a broad spectrum of stakeholders, such as parliamentarians, healthcare professionals, the media and patients.

**“We shall always focus on the key issues which have such an important impact on how patients can get the new and better medicines they need, and we are beginning to build strong and constructive relationships with a broad range of key audiences in order to achieve that.”**

John Melville  
Roche Products



## Office of Health Economics

**The Office of Health Economics exists to contribute to the rational development and better understanding of health policy and policy impacting the pharmaceutical industry. OHE has established and maintained a reputation for high quality, objective research. In addition, OHE provides responsive and focused economic and statistical advice to the ABPI and consultancy clients.**

Among much else, OHE's work in 2007 included the following.

- Evaluation of, and advice on, price controls and incentives for the UK-based pharmaceutical industry. We provided extensive briefing material responding to the Office of Fair Trading's PPRS report and supporting the ABPI's PPRS negotiations. The OHE arranged a seminar with senior policy makers and stakeholders on the Cooksey Review and the OFT's pricing proposals. We produced the latest set of competitiveness and performance indicators for the industry in the UK, jointly with the Department of Health.
- The OHE Commission on NHS Outcomes, Performance and Productivity investigated how the NHS can implement the measurement of patient outcomes to improve NHS performance. The Commission is chaired by Professor Peter Smith, Director of the Centre for Health Economics at the University of York, and includes two of the Department of Health's national medical directors, plus senior figures from the NHS Confederation, the private health care sector, the Picker Institute and academia. The OHE Commission's report was launched in March 2008.
- We continue to advance the debate on the economic evaluation of orphan medicines by health technology assessment bodies. In our Pharmaceutical Industry Health Economics Group Meeting 2007, an eminent panel of speakers discussed the challenges posed by orphan drugs. The proceedings will shortly be published. OHE provides economic support to the ABPI Orphan Diseases Industry Group.
- We continue to explore the benefits of medicines through projects for the ABPI Access Strategy Group and in our research programme, of which the 2007 Annual Lecture on "QALYs versus experience: a perspective from experimental economics" by Professor Daniel Kahneman, Nobel Prize winner in Economics, was a highlight. The OHE Annual Lecture is an established 'must attend' for the UK health and pharmaceutical policy community.

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## ABPI Board of Management

Nigel Brooksby  
sanofi-aventis  
President

Dr David Brickwood  
Johnson & Johnson

Chris Brinsmead  
AstraZeneca

Palle Christensen  
Wyeth

Dr Gordon Coutts  
Schering-Plough

Eddie Gray  
GlaxoSmithKline

David Hill OBE  
Leo Pharma

Andrew Hotchkiss  
Eli Lilly

Dr Frances MacDonald  
Actelion

Richie McHale  
UCB Pharma

John Melville  
Roche

Dr Angus Muirhead  
Bayer Schering

Frank Pasqualone  
Bristol-Myers Squibb

Chris Round  
Merck Sharp & Dohme

Subhanu Saxena  
Novartis

John Young  
Pfizer

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## The Directors of the ABPI and related organisations

Dr Richard Barker  
Director General

Martin Anderson  
Director, NHS Policy and Partnerships

Paul Evans  
Director of Finance

David Fisher  
Commercial Director

Dr Rick Greville  
Director of ABPI Cymru Wales

David Lewis  
Director of Corporate Affairs

Nicky Lilliot  
Director of Regulatory Affairs

Andrew Powrie-Smith  
Director of ABPI Scotland

Dr Richard Tiner  
Director of Medicine

Carol Wilson  
Legal Director and Secretary  
of the Association

Dr Philip Wright  
Director of Science and Technology

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 of the British Pharmaceutical Industry brings together most of the pharmaceutical companies in Britain producing prescription medicines.**

Its Affiliate Members also comprise further organisations involved in pharmaceutical research and development and those with an interest in the pharmaceutical industry operating in the United Kingdom. ABPI member companies manufacture more than 80 per cent of the medicines prescribed through the National Health Service and are major exporters to countries all over the world.

The Association provides a wide range of services and support for its members. With its staff of 60 located in Central London, it represents the views of the pharmaceutical industry to Government, politicians, academia, the media and the general public. It also maintains offices in Scotland and Wales, and has recently established a new office for Northern Ireland. The ABPI is the leading trade association in its sector, maintaining close and regular contacts with political opinion leaders and Government bodies and agencies at both national and European levels.

Full membership 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, with a view to marketing such medicines, or licensing 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.

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; Research Affiliates, in addition to receiving information, can participate in relevant medical, scientific, technical and regulatory activities of the Association.

General Affiliates represent a range of organisations with an 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.

In March 2008, in addition to its 71 full members, the Association had 30 Research Affiliates and 69 General Affiliates.

Companies interested in joining the ABPI should contact:

**Jeremy Way**  
**Head of Membership Services and Development**

**ABPI**  
**12 Whitehall**  
**London SW1A 2DY**

Telephone 020 7747 1409  
Fax 020 7747 1411  
Email [jway@abpi.org.uk](mailto:jway@abpi.org.uk)

Much more information about the Association can be found on our website [\*\*www.abpi.org.uk\*\*](http://www.abpi.org.uk)

## The ABPI and its members

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Actelion Pharmaceuticals UK Ltd  
Ajinomoto Pharma Europe Ltd  
Alizyme Therapeutics Ltd  
Allergan Ltd  
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Amgen Ltd  
Ardana Bioscience Ltd  
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## Research Affiliates

Antisoma plc  
Aptuit (Edinburgh) Ltd  
Avacta Analytical Ltd  
AXESS Ltd  
Bioanalytical Systems Ltd  
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Covance Laboratories Ltd  
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## General Affiliates

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**The Association of the British  
Pharmaceutical Industry**  
12 Whitehall  
London SW1A 2DY

Telephone: +44 (0)870 890 4333  
Fax: +44 (0)20 7747 1411  
Email: [abpi@abpi.org.uk](mailto:abpi@abpi.org.uk)  
Website: [www.abpi.org.uk](http://www.abpi.org.uk)

**ABPI Scotland**

3rd Floor Crichton House  
4 Crichton's Close  
Edinburgh EH8 8DT  
Telephone: +44 (0)870 890 4333  
Fax: +44 (0)131 523 0491

**ABPI Cymru Wales**

2 Caspian Point  
Pierhead Street  
Cardiff Bay CF10 4DE  
Telephone: +44 (0)870 890 4333  
Fax: +44 (0)29 2045 4298