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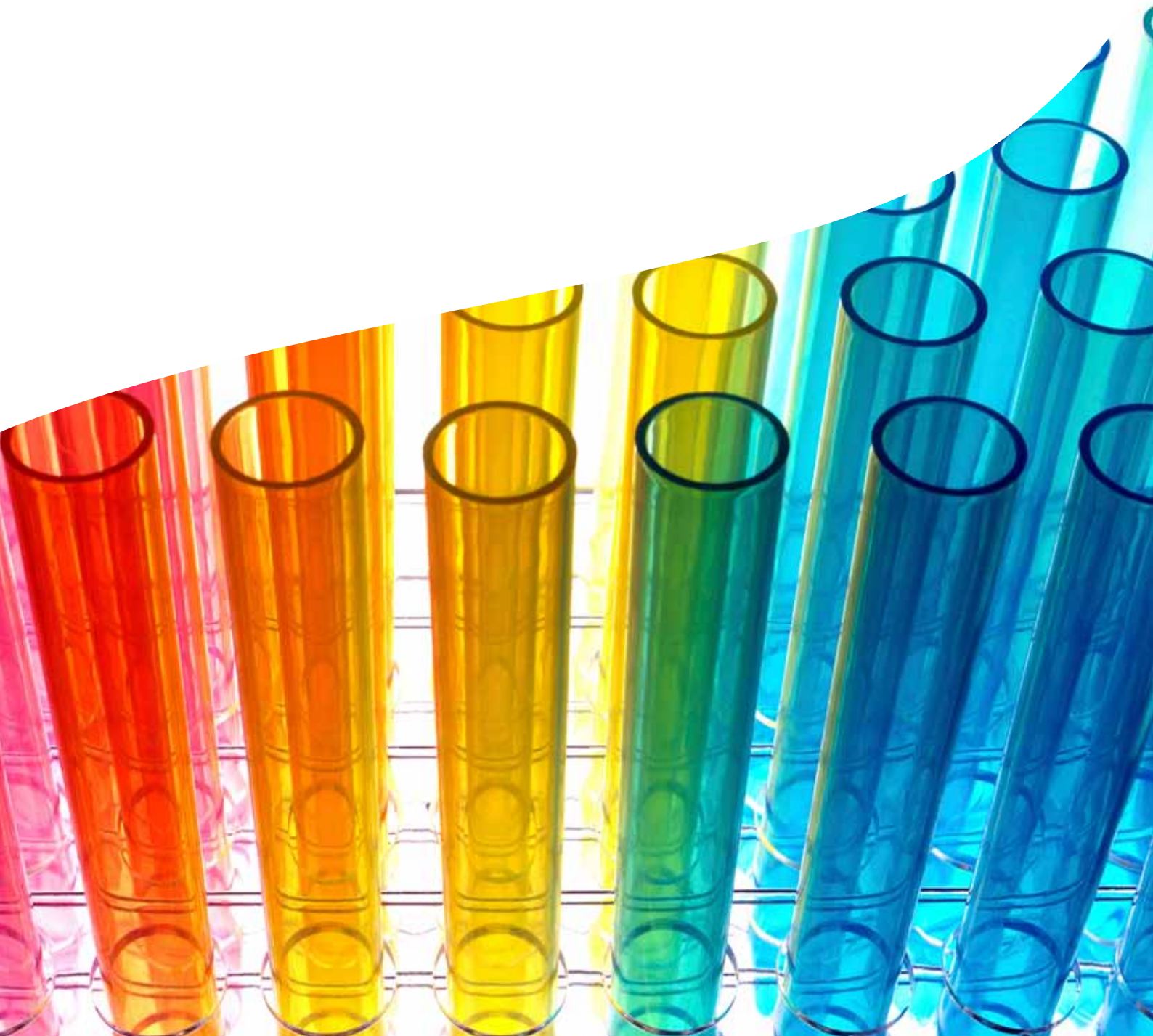
Perspectives on Life Sciences

Autumn 2010



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Foreword

The recent UK Government white paper on NHS reforms highlights an increased focus on outcomes and an increase in patient control over their health decisions. This change creates some interesting challenges for pharmaceutical companies – with an increased need to demonstrate value, potentially less predictable prescribing patterns, and possibly more opportunities for companies to contribute information and education to patients. While only the UK is directly impacted at present, many other countries look to the UK health service when making their own arrangements.

In the meantime, cost control continues to preoccupy most life sciences companies, as does the struggle to hang on to talent at a time when there may not be money for large bonuses and pay rises.

This picture has determined our choice of topics for this Autumn 2010 issue of Perspectives on Life Sciences. We open with a review of the white paper, before discussing how governments and health services can learn from alternative healthcare models, and how companies can help.

We consider the steps companies need to take to secure market access. A recent survey provides useful pointers on managing talent in a downturn, and reinforces the value of doing so. We discuss how to make the most of tools and techniques for improving back office services while containing costs: for the back office generally, shared service centres and business partnering, and, in procurement, "commodity packs" to preserve knowledge when buyers move on.

I hope you enjoy reading this edition and, as ever, look forward to hearing your perspective on any of the issues raised.

Tim Dulley
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Tim Dulley

Synopsis of Articles

NHS Reforms

By Mark Holliday

The UK government's recent "Equity and Excellence" white paper outlined radical proposals for reform of the NHS. The governance model will change radically, giving patients and their GPs far greater control of their own treatments. While the exact detail is still unclear, the scale and pace of reform could be the most dramatic in the history of the NHS. In this article we outline the key elements of the paper and introduce some initial thoughts on the implications for life sciences companies.

Learning from Other Healthcare Models

By Matthew Whitson

Many governments are facing a similar issue: the need to find ways to maintain high-quality health services, and in the U.S.'s case extend them to a far wider population, while containing costs. Some private sector organisations are successfully using a range of innovative techniques to do this, and many of their lessons are pertinent to state providers. Successful strategies may include prevention and anticipation of illness, risk management, and integration of clinical activity around common objectives (including cost objectives). The organisational changes required to support this shift will not be easy, but life sciences companies have a role to play not only in continuing to provide high-quality scientific information but potentially in sharing their views as global organisations in highly differentiated markets. Playing a proactive part in the transformation could improve their public reputation and relationship with health authorities.

Market Access

By Mark Holliday

The process of getting a pharmaceutical product on to the market is becoming more complex. Pressure on healthcare budgets means that companies need to differentiate their products – which necessitates gathering evidence of differentiation throughout the product lifecycle. It is also important to understand and map the changing stakeholder landscape. To adapt to the new environment fully, companies will need to change internally across several dimensions – culture, organisation, skills, tools and data. Those that succeed in doing so will secure competitive advantage.

Shared Service Centres in Pharma

By Melanie Knight and Matthew Whitson

The pharmaceutical industry has lagged behind some others in implementing shared service centres because until recently cost control has not been such a high priority for them. Now it is, and pharma companies are in the fortunate position of being able to learn from other industries' successes and failures as they accelerate their shared service or outsourcing programmes. We review some lessons to be learned, the most important of which is about the value of spending time upfront understanding the options and finding the most suitable solution for each individual company. We also discuss corrective actions that can be taken if an existing initiative is failing to deliver the expected value.

Procurement: Commodity Packs

By Tim Dulley and Jim Abery

Commodity buyers rarely stay in one job for long, and when they move on they take their knowledge with them, often leaving their successors at a loss. A solution is provided by commodity packs, which encapsulate essential information about a given commodity area in a way that anyone can pick up and use to support procurement decisions. Particularly if they are regularly updated (like the ones Capgemini produces for use by its own procurement function and those of its clients) commodity packs help organisations to save money and avoid risk.

Business Partnering

By Neda Bozanic, Samantha Carr and Karin Olivier

Business partnering promises to bring the business and its support functions (such as HR, finance and IT) closer together: staff freed up by back office efficiency programmes will provide expert help in formulating strategy, and ensure that the functions fulfil the true needs of the business. To date the reality has often fallen short of the promise, but by adopting a systematic approach to optimisation, and drawing on best practice elsewhere, organisations can retrieve the situation and realise the full benefits of business partnering.

Talent Management

By Barbara van der Heijden and Karin Olivier

With the life sciences talent pool under pressure from several directions, executives are aware of the importance of talent management in developing and retaining the people they need. However, the reality often fails to match their aspirations, since many organisations are reluctant to prioritise talent management when times are hard. A recent Capgemini study confirms the value of talent programmes, not just for participants but for their colleagues and their organisation as a whole. Informal initiatives such as mentoring are particularly successful, which means that talent management could be affordable even within tight budgetary constraints. Strong backing from central HR can help to overcome perceived obstacles.

Vision & Reality Preview

By Tim Dulley and Monika Hespe

Vision & Reality is Capgemini's annual thought leadership publication on key trends impacting the life sciences industry. The next edition, to be published later in 2010, is about "patient adherence": the extent to which individuals follow clinicians' advice and in particular take medicines as prescribed. This topic is belatedly being recognised as a major policy issue since non-adherence has a negative effect on patients and payers, as well as on pharmaceutical companies. We will be reporting on barriers pharmaceutical companies face in improving adherence, and on the characteristics of successful, profitable adherence programmes.

NHS Reforms

What does the UK Government's recent white paper mean for the life sciences industry?

On Monday 12th July, the UK's Secretary of State for Health, Andrew Lansley, launched a white paper titled "Equity and excellence – Liberating the NHS", outlining the new coalition Government's plans for reform of the NHS. This article reviews key aspects of the white paper and examines the potential impact on, and implications for, the life sciences industry.

The white paper lays out a new vision for the NHS that is broadly intended to be realised through the devolution of power from Government to front-line healthcare professionals. Healthcare will be run from the bottom up, with ownership and decision-making in the hands of professionals and patients.

Increased focus will be placed on clinical credibility and evidence-based outcomes, and less on process targets.

At the heart of the reforms are plans to improve efficiency. Launching the white paper, Lansley stated his intention of removing "unjustified targets and bureaucracy" in order to help realise up to £20bn in savings by 2014 - a sum that would be reinvested in patient care.[1]

This article reviews each of the white paper's five main sections in turn:

1. Liberating the NHS
2. Putting patients and the public first
3. Improving healthcare outcomes
4. Autonomy, accountability and democratic legitimacy
5. Cutting bureaucracy and improving efficiency

1. Liberating the NHS

In an attempt to "liberate" the NHS from excessive control, the Government has set out a vision of the service which is outlined in the panel below.

The white paper envisages an NHS that is:

- Is genuinely centred on patients and carers;
- Achieves quality and outcomes that are among the best in the world;
- Refuses to tolerate unsafe and substandard care;
- Eliminates discrimination and reduces inequalities in care;
- Puts clinicians in the driving seat and sets hospitals and providers free to innovate, with stronger incentives to adopt best practice;
- Is more transparent, with clearer accountabilities for quality and results;
- Gives citizens a greater say in how the NHS is run;
- Is less insular and fragmented, and works much better across boundaries, including with local authorities and between hospitals and practices;
- Is more efficient and dynamic, with a radically smaller national, regional and local bureaucracy; and
- Is put on a more stable and sustainable footing, free from frequent and arbitrary political meddling.

Patients and carers will have much more influence on when, where and from whom they receive care and treatment. We are told that choices will span provider, named consultant-led team, diagnosis and testing, long term care, as well as the right to choose to register with any GP practice.

Reorganisation
One of the first implications for the life sciences industry, and possibly one of the most important, will be yet another structural change: the abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). As widely reported, commissioning responsibility will move to new GP consortia. We shall discuss the reorganisation and its implications further under heading 4 of this article.

Health improvement
Another key aspect centres on improving public health and reforming social care: for example, there will be a greater emphasis on prevention with vaccine programmes and health screening.

Responsibility for local health improvement will transfer from PCTs to local authorities; there will be local Directors of Public Health and a new Public Health Service "to integrate and streamline existing health improvement and protection bodies and functions".

Finance
Finance is a critical aspect of the proposed reforms. Increasing productivity and efficiency right across the NHS is key to the Government's plans. The white paper acknowledges that this change will be difficult and at times painful: "Inevitably... the NHS will employ fewer staff at the end of this Parliament... rebalanced towards clinical staffing and front-line support rather than excessive administration."

2. Putting patients and the public first

The main principle here is shared decision-making, with the slogan "nothing about me without me". The ambition is to involve individuals fully in their own care.

More information
Empowerment of the patient will further increase the emphasis and importance on the "informed patient", which could present opportunities for the pharmaceutical industry, including:

- Forging closer relationships with patient groups, charities and so on
- Offering education and support, particularly through e-channels and patient support programmes
- Engaging in increased direct-to-consumer promotion and advertising, to the extent that this is allowed

The white paper discusses an "Information Revolution" which will provide patients with far more information about all aspects of healthcare, so that they can "share in decisions made about their care and... find out more easily about services that are available". Pharma companies already have a wealth of information which they could potentially provide directly to the NHS.

Patient power
The Government plans to provide a range of on-line services, and to use information generated by patients, including Patient-Reported Outcome Measures (PROMs), patient experience data and real-time feedback. With such an emphasis on outcome measures and patient choice, we could see the introduction of consumer-type websites with patient feedback and rankings: perhaps a "GPAdvisor" site, on the model of TripAdvisor. For life sciences companies, there could also be increased potential for outcome-based reimbursement.

Patients and carers will have much more influence on when, where and from whom they receive care and treatment. We are told that choices will span provider, named consultant-led team, diagnosis and testing,

long term care, as well as the right to choose to register with any GP practice regardless of location. This change will impact the influence of stakeholders in each of these areas, presenting new opportunities for life sciences companies to access them (please see our article on Market Access in this issue).

One key programme from the previous Government that will continue is personal health budgets. This scheme could have a significant impact, either positive or negative, on patients' choices when it comes to medicines, medical devices and so on, and hence a direct effect on life sciences companies' performance.

3. Improving healthcare outcomes

Emphasising the move to evidence-based outcomes in place of process targets, the white paper states, "the primary purpose of the NHS is to improve the outcomes of healthcare for all: to deliver care that is safer, more effective, and that provides a better experience for patients."

Building on Lord Darzi's work, the Government will now establish improvement in quality and healthcare outcomes as the primary purpose of all NHS-funded care. "Instead of national process targets, the NHS will, wherever possible, use clinically credible and evidence-based measures that clinicians themselves use."

Outcome framework

A new NHS Outcomes Framework is planned to provide direction for the NHS. It will contain "a focused set of national outcome goals determined by the Secretary of State, against which the new NHS Commissioning Board will be held to account." This Framework will be translated into a commissioning outcomes framework for the new GP consortia to create incentives for effective commissioning. It will span three domains of quality:

- the effectiveness of the treatment and care provided to patients, measured by both clinical outcomes and patient-reported outcomes
- the safety of the treatment and care provided to patients
- the broader experience patients have of the treatment and care they receive

Quality standards

NICE will have a remit of "developing and implementing quality standards" to support the desired outcomes. It is expected to produce 150 standards within five years, building up "a comprehensive library of standards for all the main pathways of care."

Research

A sub-section on research states explicitly that "A thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes. The Department [of Health] will continue to promote the role of Biomedical Research Centres and Units, Academic Health Sciences Centres and Collaborations for Leadership in Applied Health Research and Care, to develop research and to unlock synergies between research, education and patient care." This is a strong and positive signal to the industry that the coalition recognises both the necessity of UK-based research and the opportunity provided to the UK economy by life sciences companies.

Payment by results

Developing the payment system will be the responsibility of the new NHS Commissioning Board. The most significant change will be that providers will be paid according to performance, assessment of which will largely be based on outcomes. Critically for pharma companies, the Government is to reform the way they are paid, moving towards a system of value-based pricing once the current

A sub-section on research states explicitly that "A thriving life sciences industry is critical to the ability of the NHS to deliver world-class health outcomes..."

scheme comes to an end in 2013. The new scheme is intended to "ensure better access for patients to effective drugs and innovative treatments... and secure value for money for NHS spending". From next year there will also be a Cancer Drug Fund to "help patients get the cancer drugs their doctors recommend."

Value-based pricing presents pharma companies with opportunity and challenge in equal measure. There may be freer access to, and therefore greater revenues from, novel drugs, but there also will be a requirement for clearly demonstrating their efficacy compared with both new and established competing products – a complex and costly task.

4. Autonomy, accountability and democratic legitimacy

In order to remove some bureaucracy, simplify the system and realise the proposed £20bn savings, the Government plans to make significant changes to the health management structure. It will create GP commissioning consortia and an NHS Commissioning Board, and will also change the role of existing bodies.

GP commissioning consortia

Starting next year, the new GP consortia – groups of GP practices – will gradually take over the commissioning role of PCTs. The process is to be completed by 2013 when the PCTs will be abolished. The consortia will be "freed from Government control to shape their services around the needs and choices of patients" but will also have "increased accountability to patients.... with a transparent regime of economic regulation and quality inspection".

NHS Commissioning Board

The role of this Board is to support the GP consortia and lead quality improvement through commissioning. Functions include:

1. Providing national leadership on commissioning for quality improvement
2. Promoting and extending public and patient involvement and choice
3. Ensuring development of GP commissioning consortia
4. Commissioning certain services e.g. dentistry, community pharmacy, national specialised services etc
5. Allocating and accounting for NHS resources

The board will be established in 2011-2012, gradually taking over some of the functions of the Department of Health and those of the SHAs, which will afterwards be abolished.

Other bodies

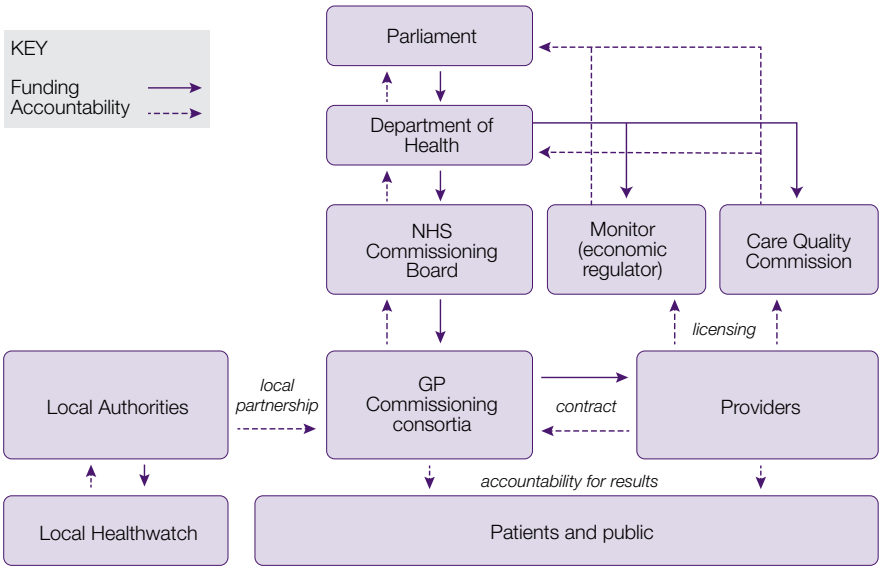
The reforms, and particularly the abolishment of SHAs and PCTs, will affect some other bodies, including:

- **Local authorities** – will have the role of joining up the commissioning of local NHS services, social care and health improvement
- **NHS Trusts** – all NHS trusts are to become foundation trusts within the next 3 years
- **Care Quality Commission (CQC)** – will be strengthened through clearer focus on safety and quality of providers
- **Monitor** – will be turned into the economic regulator for the health and social care sector, responsible for promoting competition, price regulation and supporting continuity of care

New relationships

For pharmaceutical companies, the reorganisation (depicted in figure 1, overleaf) may not necessitate as much re-structuring as one might think. The white paper states: "We will build on key aspects of the existing

Figure 1: Funding and accountability relationships in the new structure



Source: UK Department of Health, "Equity and excellence – Liberating the NHS", 2010

arrangements: for example, a number of GP consortia are likely to emerge from practice-based commissioning clusters."

Only time will tell exactly what this comment means, but one interpretation is that GP consortia will closely resemble the current SHA/PCT structure under a different name and with modified accountabilities. If so, then the requirement for restructuring on the part of pharma companies will be reduced.

5. Cutting bureaucracy and improving efficiency

A central element of the reforms is cutting bureaucracy, inefficiency and duplication, which the Government attributes to excessive administrative layers at both national and regional level. It plans to reduce NHS management costs by over 45% by "delayering" or simplifying the system. It acknowledges that this delayering "will cause significant disruption and loss of jobs, and incur transitional costs between now and 2013."

As part of the drive for improved efficiency, the QIPP (Quality, Improvement, Productivity and Prevention) initiative will continue, with the brief of identifying "how efficiencies can be driven and services redesigned to achieve the twin aims of improved quality and efficiency." The GP consortia will take over the SHAs' and PCTs' current leadership of QIPP.

The exact nature of these changes, and their impact on the market access strategies of pharma companies, will become clear when the government shares more detailed plans.

Conclusion

This is one of the most radical reform initiatives since the NHS's inception – perhaps the most radical one of all. Its exact shape is not yet altogether clear, however. It could be argued that Lansley's announcement and the white paper raise many more questions than they answer. Also, like any major Government reforms, these require primary legislation and are subject to parliamentary approval.

Inevitably, the announcement has provoked a range of responses. One area that is arousing some scepticism is that of GP consortia. Can we expect a repeat of the reduction in PCTs where the number of trusts went from the original figure of around 450 to 152, mainly through minimising risk and leveraging economies of scale? Is this a new dawn, where the front-line healthcare professional and the patient will be empowered to take appropriate health decisions based on what is best for the individual? What will come of the much-discussed conflict of interest between provider and commissioner? These debates may all influence the eventual form of the new NHS.

What is certain, however, is that the reforms will present the life sciences industry with opportunities, as well as some challenges. The NHS is such an enormous part of the life sciences business environment that inevitably companies will have to transform their strategy to meet the new opportunities and challenges. We look forward to discussing these transformations in future issues as the details emerge.

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[1] "Lansley announces overhaul of NHS" BBC Democracy Live website, 12th July 2010

Learning from Other Healthcare Models

When you need high-quality healthcare that is also affordable, prevention is definitely better than cure.

The general philosophy of state providers is to respond to health issues by providing interventions and care to individuals as needed, and by and large they are effective at doing so. By contrast, the more successful and profitable private sector companies educate and incentivise their members to manage their own health better, thereby preventing problems wherever possible.

How can governments and healthcare providers maintain, and even extend, high-quality services while keeping costs down? This question lies at the heart of the debate over healthcare reform – a debate that is at the top of the political agenda in many countries. Our article on NHS Reform in this issue outlines bold new plans for the UK that promise a "patient-centric" future with increased power for GPs and a severe "delayering". Meanwhile, Obama's plans are pushing the U.S. system towards a future where care is provided for all, although exact details of how funding responsibility will be divided between private sector and state are still being worked out.

To achieve goals like these, it will be necessary to bring together the best elements of both state-provided and private healthcare. The general philosophy of state providers is to respond to health issues by providing interventions and care to individuals as needed, and by and large they are effective at doing so. By contrast, the more successful and profitable private sector companies educate and incentivise their members to manage their own health better, thereby preventing problems wherever possible. They also take steps to anticipate the future interventions that will be required, since forward planning reduces costs - substantially in the case of expensive interventions such as hospital admissions.

While both public and private sectors can learn from one another, this article focuses on lessons that state providers can learn from the private sector about affordable healthcare provision. In particular, we shall argue that adopting preventative strategies could drastically reduce costs while improving wellbeing. We give special attention to Kaiser Permanente, a widely-respected and much publicised U.S. healthcare company. Finally, we consider the possible role of the life sciences industry in helping healthcare providers to bring together the best of the various systems.

Learning from successful companies: the value of prevention

Kaiser Permanente is one of the U.S.'s largest not-for-profit health plan providers, and has advised both private and state healthcare providers in the UK, Canada, Brazil and Singapore. Its philosophy centres around preventing unnecessary hospital admissions: in Kaiser's own words, "Healthcare should not be a crisis management care model but should much better be a preventative care model, with the implication that the relationship between the patient and the healthcare provider is a lifelong relationship."[1]

Its doctors are salaried and therefore do not get paid on the basis of interventions or events. Similarly, the performance metrics and incentives for doctors, pharmacists and care delivery teams are all designed to keep patients well rather than treat illness.

Kaiser works with plan members to educate, screen and advise on health issues. Crucially, it does this when members are healthy to prevent the onset of problems as far as possible, and to anticipate those that cannot be prevented, planning appropriate responses.

This approach is mirrored by an increasing number of other providers, who offer incentives to their members to take more responsibility for maintaining and improving their health. Discovery, one of the largest providers in South Africa, has gone a step further with its "Vitality" plan, which offers assessment and advice on areas such as nutrition, exercise and lifestyle. Members who commit to improvements such as regular gym visits or dietary changes are awarded points that can be redeemed for discounts on health plan premiums, or for other rewards such as air tickets.

Elements of this approach are also offered by some state providers who offer screening services and support services for specific conditions. However, the UK's Quality Outcomes Framework is typical of these public sector programmes in rewarding practitioners, whereas the private sector schemes usually incentivise the patients.

Risk management aids prevention

As we have seen, one key to reducing the cost of healthcare provision is to help and incentivise patients to stay well. The second, closely related, element of successful private strategies is better risk management – in particular, the identification of individuals and groups at risk from specific conditions.

An example is Kaiser's "Healthy Bones" initiative. For the elderly, broken bones can have serious implications: approximately one in four elderly people dies within a year of breaking a hip[2]. Kaiser uses central electronic health records to identify high-risk patients, and then assigns them to care teams who provide information and ongoing support. The result in 2008 was a 41% reduction in broken bones[2]. This has the double advantage of improving the health and wellbeing of large numbers of patients while also avoiding millions of dollars worth of medical bills. Applying this percentage improvement to the UK NHS spend on broken bones suggests potential savings of about £175m per year in acute care[3].

Whilst the NHS does offer online educational material and a falls prevention service to patients, these are provided only after a GP referral. Success therefore depends on adequate risk management at local level. Core to the success of Kaiser's initiative is the maintenance of central health records, enabling analysis of an entire patient population to identify at-risk groups.

Integrated, technology-enabled models

Prevention and risk management are at the heart of successful private sector strategies for reducing the cost of healthcare while improving patient wellbeing. However, not all conditions and events are preventable. Therefore, the right model of affordable provision must take service delivery into account, and particularly the management of chronic conditions such as heart disease and cancer which account for a high proportion of health expenditure.

Kaiser uses an integrated delivery model embracing "the care giver, the hospital, the laboratory and the pharmacy"[2], all of them with access to the patient's electronic health record. The company believes this integrated approach, underpinned by

technology, is the future model for cost-effective healthcare.

The technology not only provides a single view of patient details for all the practitioners but also allows plan members to connect from home to a range of online services. "My Health Manager" is a website that in 2008 was regularly used by three million Kaiser members who sent 600,000 emails, receiving responses from doctors, nurses and other staff[2]. For those with chronic conditions there is home health monitoring: a triple bypass recipient can step on a scale and use a blood pressure cuff every morning, and then automatically send readings, along with pacemaker information, to a website that is monitored by caregivers. This kind of remote monitoring and Internet-based communication could benefit cash-strapped state providers looking to reduce hospital admissions, as well as helping patients to avoid lengthy hospital stays.

Remote consultation with specialists has similar attractions. Kaiser has introduced "teledermatology"[2] to overcome a shortage of dermatologists. Patients and their primary care physicians are connected electronically to dermatologists who use a range of information including digital images and the health record to diagnose problems and prescribe treatment. Techniques like this, if adopted by the public sector, have the potential to reduce waiting times drastically, improve speed and quality of care, and cut the cost of service provision for the taxpayer.

Applying the lessons can be challenging

For the state, it's clear that adoption of private sector models would require a radical shift in emphasis towards preventative care and risk management. This shift necessitates broader and deeper relationships between patients and primary care practitioners than currently exist in most state healthcare systems. It also requires an acceptance of responsibility on the part of patients, with incentives to manage their own health.

These incentives are complex to achieve within a government subsidy model: when patients do not pay identifiable health insurance premiums, they cannot easily be offered discounts in return for healthy living. A version of the reward points scheme used by Discovery, as mentioned above, might be worth exploring, however.

Another major lesson is the adoption of an integrated approach. The difficulty here is that integration requires doctors, nurses, pharmacists, and anyone involved in healthcare delivery to think about and manage the overall cost of the service: this is the only way to maintain and improve the health of the patient population as a whole while remaining within a budget. However, it represents a huge challenge for a typical state healthcare system, where practitioners have little or no ability to see, let alone control, the total cost of treatment, as metrics are collected and monitored locally.

A further lesson is the importance of technology. One the one hand it can enable online support, home monitoring and "tele" services, with the chance to achieve dramatic reductions in the cost of treatments – reductions that can be substantial in the case of chronic illnesses. On the other, it can be used to maintain central records that will drive efficient healthcare. The latter area, in particular, is one where state providers are struggling, although private companies such as U.S. Preventative Medicine and its UK subsidiary are offering relevant technology platforms.

State healthcare providers can learn from the private sector (and vice versa), but as they implement the lessons they will need help in overcoming the difficulties.

The life sciences industry can help providers apply the lessons

State healthcare providers can learn from the private sector (and vice versa), but as they implement the lessons they will need help in overcoming the difficulties just outlined. Global life sciences companies, with their experience of the full range of healthcare systems, could be well placed to help decision-makers combine the best aspects of all of them. They occupy a powerful position as global entities interacting with fragmented and differentiated local markets. State-sponsored change is coming, and there is an opportunity for the industry to take a proactive role. While some risk is inherent in this approach, it is arguably less risky than waiting to understand the outcome.

There are some straightforward roles for life sciences companies to play. Educating and informing patients on general health issues and specific conditions is a continuation of their current activities. Entities like Pfizer Health Solutions have been independently providing assistance to patients and healthcare professionals for many years; increasingly, these activities can emphasise prevention as well as aftercare, and become part of a national strategy. For medical device manufacturers, home monitoring and "tele-treatment" are a natural extension of their current portfolios.

Conclusion

Though they are approaching the problem from different directions, the UK and the U.S. governments are both battling with the need to provide universal healthcare within stringent cost constraints. They need to preserve (in the case of the UK) or achieve (in the U.S.) the ethos of a public service - plus all the trust that citizens have in such a service - while attaining the financial control associated with a private one.

Both the UK and the U.S., and other countries too, can learn from the experiences of a private-sector but non-profit organisation like Kaiser. However, a major organisational and cultural shift is required. Life sciences companies could play a pivotal role in shaping future health services by virtue of their knowledge of different healthcare systems worldwide, their track record in implementing organisational transformation internally, and their increasingly comprehensive scientific knowledge of the medical conditions in which they specialise.

Engaging with this role as quickly and actively as possible could improve companies' sometimes strained relationships with national providers. It would also help the industry to show the public that it is making an increasingly positive contribution to the healthcare landscape.

[1] "Could US health firm hold the key to NHS reform?", BBC News website, 18 May 2010
[2] Kaiser Permanente Annual Report, 2008
[3] "Cost efficacious hip fracture care: preventing the fracture, transforming the care", Prof. Keith Willet, Department of Health SHA Guidance Day, 2009

Market Access

What must pharmaceutical companies do to get products to market in a fast-changing, increasingly demanding environment?

Definition

The term "market access" means different things to different people. We are using it to refer to the process by which a pharmaceutical company gets its drugs to market so that they become available for patients. As such, market access is driven by stakeholder influence on uptake of drugs combined with a range of socio-economic factors.

Market access has been, and continues to be, at the top of most pharmaceutical companies' agendas. This article builds on the stakeholder management article in our previous edition by taking a broader look at the area of market access.

We consider two important ways in which changes to the healthcare environment are affecting the requirements for market access – economic pressure for differentiation and the changing stakeholder landscape – and suggest some responses to these changes. We then look at how the companies themselves will need to change to ensure long-term adaptation to the new landscape.

Economic pressures and the need for product differentiation

Health economics constraints and cost containment requirements are creating some conflicts. In particular we are seeing:

- **A rise in healthcare costs**, due to growing prevalence of chronic diseases, an aging population and the higher prices associated with new therapies
- **A challenging pricing and reimbursement environment**, with increasingly frequent reimbursement rejections by payers, and growing use of pricing and reimbursement tools like reference pricing, generic substitution and price controls in order to bring down healthcare costs

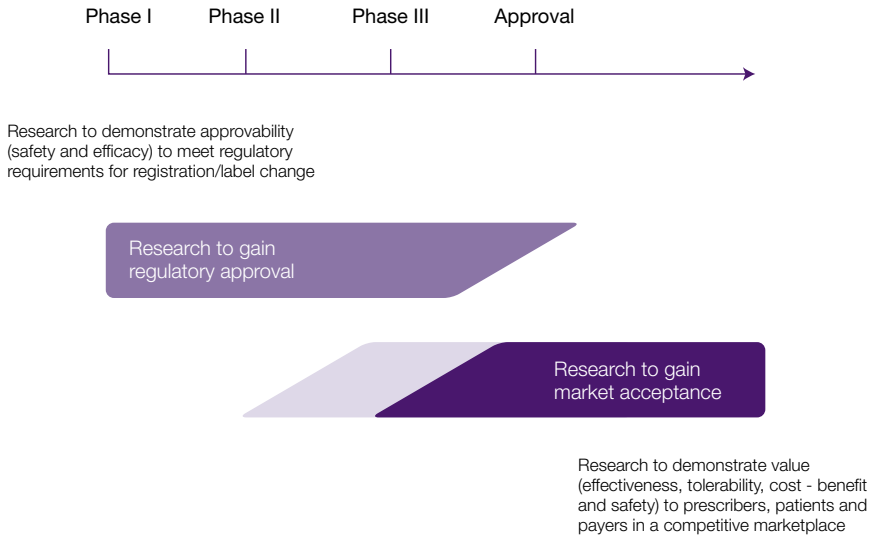
For pharma companies, product differentiation is vital to securing market access in this new environment. It is a question of packaging the right data in the right way, for the right customer and at the right time, in order to prove that the product:

- brings economic value, in terms of lower product costs, lower overall treatment costs and/or reduction in additional potential costs
- embodies product innovation; this can be demonstrated through a head-to-head proof of superiority, and through outcome studies
- offers value-add services: for example, that it helps patients access and stay on therapy. Alternatively, a product may answer unfulfilled needs of key stakeholders along the care delivery chain, perhaps by providing support for clinicians' prescribing decisions or payers' funding decisions

As shown in figure 1 (opposite), pharmaceutical companies must address the need for product differentiation, and for market access in general, at each phase of the product development process.

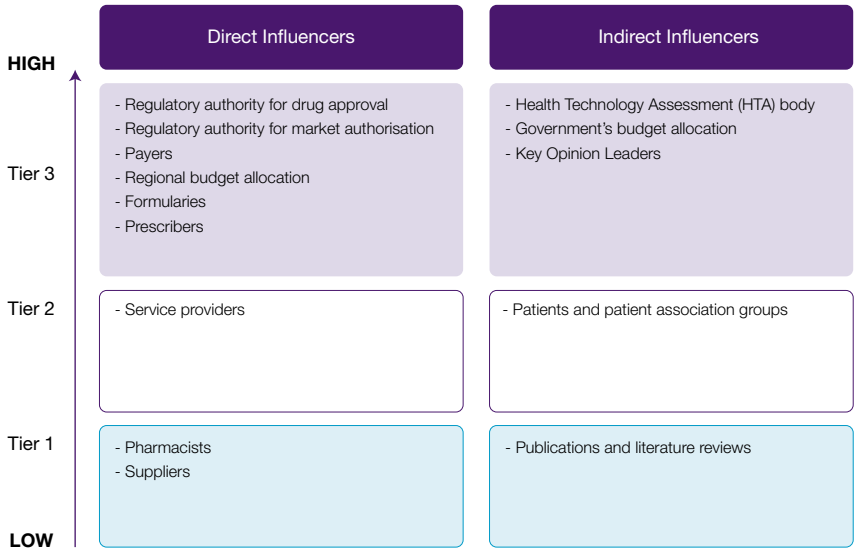
Apart from building evidence to prove they offer differentiated products, companies can differentiate their offering through complementary "pharmaco-economic" strategies such as risk sharing and discounted pricing.

Figure 1: Anticipating market access requirements throughout the product lifecycle



Source: Market Access Study, Capgemini Consulting, Life Science Strategic Insights Team, Mumbai, 2009

Figure 2: Stakeholder mapping



Sources: "Market Access in practice" - Simon Dawson and Elliot Rosen – WG consulting, 2009; Mapping strategies - Neil Kendle and Tom Kendle, Kendle Healthcare, 2009

The new stakeholder landscape and the need for mapping

Another major change affecting market access is the transformation of the stakeholder landscape. Traditionally, market access depended largely on the views of prescribers, Key Opinion Leaders (KOLs) and regulatory agencies. However, the focus is now shifting dramatically, with new non-clinical stakeholders influencing the uptake of drugs:

- **Payers** have an increased influence on physicians' prescriptions. They scrutinise drugs on the basis of health technology assessments (HTAs), creating a strong requirement for cost-effectiveness in addition to safety, efficacy and manufacturing quality
- In some countries, **patients** are increasingly bearing the additional costs of high-priced drugs through co-payment schemes

This fragmentation of the stakeholder landscape means that a broader range of stakeholders can influence market access. Companies must identify the groups and individuals who influence prescribing in each of their markets. They must understand what drives them, what their operating environment is, and how they are measured and rewarded. The various stakeholder groups can affect one another's decisions, so pharmaceutical companies not only need to identify the key stakeholders and their needs, but also must understand how the stakeholders interact with one another.

Once they have gained this understanding, the companies can segment stakeholders with a view to communicating with each group in ways that will influence their behaviour, and hence open up market access for products. The relevant analysis and decisions will often have to be tackled at regional level.

Stakeholder mapping

Stakeholder mapping (illustrated in figure 2) is a key technique for developing an understanding of the decision-making landscape. It helps companies to:

- analyse complex decision processes which vary between therapy areas and geographical areas

Getting to grips with market access is a complex challenge, particularly in view of today's dynamic environment, with far-reaching health reforms planned in the US, UK and elsewhere.

- identify stakeholders who have influence, whether direct or indirect, and the key decision makers under each influencer
- target the key point of contact so as to influence the decision maker within the policy framework

In short, stakeholder mapping helps companies to target the right stakeholders with the right product arguments.

How companies need to change internally

We have outlined some of the changes that are affecting market access, and the responses that companies need to make to assure the success of their products. To produce a really effective response, however, the companies will need to evolve their own culture, organisation, skills, data and tools.

In terms of **culture**, pharmaceutical companies need to plan a cultural shift to a marketing oriented model. This will entail:

- adoption of a "pharmaco-economic" mindset
- development of a culture of collaboration, with teams from different functions working together towards common objectives
- creation of an "argument" or business case for each new product – one which responds to stakeholders' needs for efficiency, added value and so on, and is consistently communicated internally

Change to the **organisation** is also needed: market access must become the business of everyone in the company. Companies need to promote an integrated approach to stakeholder management which must be reflected in the organisational hierarchy, as well as becoming part of the culture. Changes will typically include:

- implementation of a department dedicated to market access, and/or a field-based team dedicated to relationship management for key stakeholders
- breaking down silos and encouraging internal collaboration, interaction and consistency between relevant teams at both country and corporate levels
- the introduction of a key account management function to coordinate and optimise activity directed at stakeholders who have a strong influence on market access, such as hospital drug evaluation committees

New **skills** will be needed in areas like networking and public relations. Companies will need people with a grounding in government and pharmaco-economics, along with scientific and medical knowledge.

Strong data analysis competencies will also be necessary, because **data and tools** must evolve to support a multichannel, 360-degree view of stakeholders.

Pharmaceutical companies need a detailed, up-to-date picture of their stakeholders, integrating data from all channels and all stakeholder-facing functions. Only with comprehensive knowledge like this can companies identify the stakeholders who have the greatest ability to influence market access, and then optimise their strategies to promote long-lasting relationships with them.

The tools chosen will have to be flexible enough to keep up with the constant evolution of the healthcare system and consequent changes to the stakeholder landscape. The information could be delivered through a CRM system (which

What pharmaceutical companies want from market access support tools

- Ergonomic user interface
- Centralised information (bringing together external and company information)
- Global/local mapping of key stakeholders
- Stakeholder segmentation
- Analysis by type of influence
- Support in delivering the right information to the right contact (process, role, decision-making level)
- Support for planning and monitoring of market access strategies

Source: Market Access Advisory Meeting, 30 Sept 2009

might have the advantage of fostering cross-functional collaboration) or otherwise.

Conclusion

Getting to grips with market access is a complex challenge, particularly in view of today's dynamic environment, with far-reaching health reforms planned in the US, UK and elsewhere. The strategies we have described above, such as mapping the stakeholder landscape and differentiating products, will always be relevant, but pharma companies must continually adapt their approaches to the needs of new stakeholders.

To succeed in the long run, companies will need, as we have seen, to change just about every aspect of themselves – culture, organisation, skills, data and tools – and they must ensure that their change management capabilities are adequate. But for those that rise to the challenge, competitive advantage lies ahead.

A four-stage approach to securing market access

To make the market access challenge more manageable, Capgemini recommends a four-stage approach:

1. **map stakeholder landscape** to clarify influences and access regulations
2. **identify access requirements** to prioritise needs for clinical and outcome studies
3. **develop market access scenarios**, identifying risks and creating strategies and contingency plans for likely outcomes
4. **develop an evidence-based** "drug value story" for communication to payers and market access bodies

Shared Service Centres in Pharma

Pharma companies can learn from other industries' successes and failures.

For some years pharmaceutical companies have been outsourcing key components of their businesses like elements of R&D to Clinical Research Organisations, manufacture of products to third party manufacturers and latterly sales of drugs through Contract Sales Organisations (CSOs). So it is rather surprising that the industry has lagged behind the curve in the area of shared service organisations and outsourcing of back office processes.

In the past there was a lack of a "burning platform" in a pharma industry that was single-mindedly focused on speed to market for new drugs. However, the last three years have seen an increasing need for cost reduction and optimisation, which is strengthening the case for shared service centres (SSCs)[1].

This article looks at the state of play in SSC development, and at lessons pharma can learn from experience in other industries.

Progress in other sectors

The SSC - a concept first established in the 1980s by the U.S. automotive industry - is now a well established and mature delivery model, with success stories from a range of sectors.

Finance led the way, with a move from separate finance departments for business units and/or geographies into consolidated shared service centres. The work transferred to SSCs mostly consisted of high-volume, low-value, rules-based transaction processing activities such as accounts payable. The retained organisation continued to carry out elements of these processes, such as approving purchasing requests, and receipting goods in to the organisation. The SSC focused on non-core activities such as processing and paying invoices.

Alongside finance, many other areas such as HR, procurement, internal audit, marketing, communications and real estate management are now considered candidates for SSC treatment. In addition, industries that were the early adopters of SSCs such as retail (Whirlpool, Proctor & Gamble) and oil and gas (Shell, BP) are now looking at moving further up the value chain of SSC delivery. They are evolving models and initiatives that include:

- Selecting lower cost offshore locations for SSCs, such as China, India, Malaysia, the Philippines
- Outsourcing back office processes to a third-party specialist
- Combining sourcing models: for example, delivering some back office activities through the in-house SSC and others through outsourcing
- Building capability to the point where they can deliver services to customers outside the organisation, so that the SSC becomes a revenue generator
- Considering new candidates for sharing (including some tax and treasury services)
- Creating shared business service centres: multi-functional one-

As part of the process of developing and assessing the business case for the various options, we recommend visiting existing SSCs (both in-house and outsourced) and talking to the people managing and using them, to get a feel for how they run, and the advantages and disadvantages of different approaches.

stop shops for all support services, instead of separate SSCs for each function. Proctor & Gamble delivers HR, Finance and IT out of a single "business layer")

- Increasing automation and self service to remove headcount requirements at the centre
- Centralising master data to ensure transparency and consistency: British American Tobacco has moved master data management to a Bucharest-based SSC

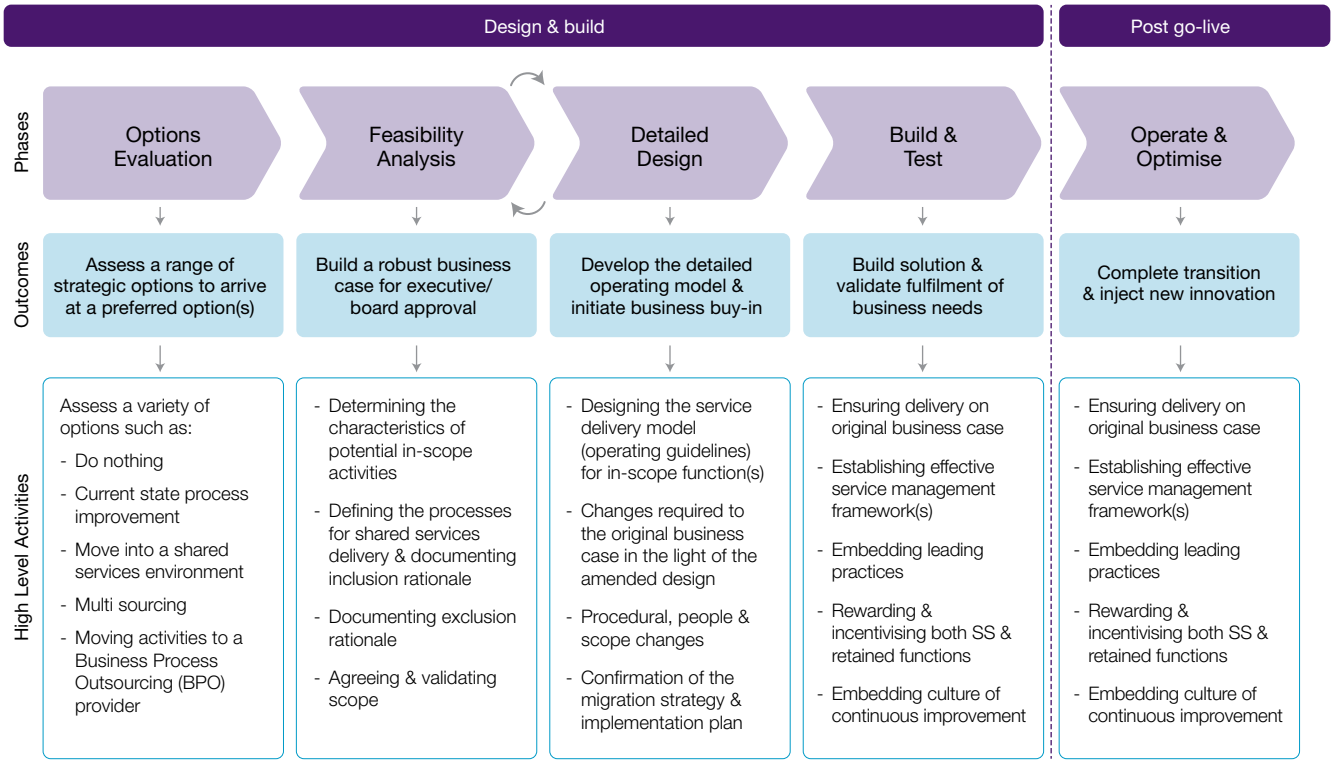
Benefits that are being realised, particularly by multi-country or multi-region businesses, include:

- Reduced costs through economies of scale (including increased span of management control and economies of experience)
- Greater speed both in transaction and overall process cycle times, with consistent processes that are easier to manage and deliver
- Increased service levels in terms of coverage (with 24x7 service where needed) and customer experience
- More consistent service, with Service Level Agreements used as a proxy contract to define all aspects of the service including roles and responsibilities, issue escalation processes and turnaround times
- Better management information in areas like customer and product profitability

Obviously these benefits are highly desirable to pharma companies. How can they set about achieving them?

Decide whether an SSC is right for your business

The starting point should be a review of the available strategic options for service provision, and careful selection of the best one for your business. In our experience this initial stage is missed, or not done thoroughly enough, by most businesses. Failure to assess the business case for the SSC, and the alternatives, properly can lead to



problems in aligning stakeholders around the need for change, and answering their challenges to the proposed solution.

The options initially considered might include staying as-is, optimising current processes, implementing an in-house SSC, outsourcing the processes, or adopting a mixed sourcing solution. Certain of these options will be chosen for further consideration and for each of them, a high-level business case should be produced. On the basis of the high-level business cases, between one and three options should be selected, and a detailed business case for them developed as a basis for deciding which way to go.

It should be emphasised that SSCs will not always be a viable option. While the exact numbers and rates of return required will differ for each business, a minimum size (or number of seats) is generally needed to justify the investment and scale of change required by SSC development. The business case should also include an assessment of non-financial criteria such as fit with corporate culture and scalability. Non-financial criteria can be as critical to success as the financial ones, and an SSC may just not be the right solution for your organisation.

If the high-level business case for an SSC does not meet internal requirements then companies can look at other options such as simple process improvement or targeting specific problem areas (perhaps three-way invoice matching or vendor master data). Outsourcing may also be worth considering.

Typical issues in SSC implementation

If, after evaluating all your options, you decide to go ahead with an SSC, there are several issues to address along the way.

Process standardisation. While it is possible to move current processes to lower cost locations without standardising them, the resulting SSC will probably be inefficient and cumbersome to run. For example, it will require different resource levels to provide the same service to different internal customers. If you standardise, on the other hand, you have just one process which can be continuously improved to increase efficiency.

But, especially where you are operating in many countries, local business practices may limit standardisation. That is one of the main reasons Europe presented a much greater challenge for SSC development than America in the 1990s. For example, in Italy invoices must be received and stamped in-country, so they cannot be directly transferred to, say, an Indian back office. In France, companies have to report against a specific chart of accounts.

The trick is to achieve standardisation where feasible, whilst remaining flexible enough to accommodate local exceptions when there are genuine business or legal reasons. This means identifying core process elements that can remain constant across countries and designing efficient hand-offs between countries and the centre so that the exceptions can be processed locally.

The final point about process standardisation is concerned with

By providing a systematic approach to diagnosing decision parameters, this model allows decision makers to explore the right options for their own particular circumstances

Scope Assessment	Vendor Evaluation	Option Development	Assessment: Non-financial	Assessment: Financial	Recommend
Establish outsource/ SSC scope based on a comprehensive set of criteria	Assess global vendors who would meet the outsourcing scope	Develop outsourcing options to be considered	Evaluate the options against a set of non-financial drivers	Carry out a financial evaluation to build the business case	Summarise financial & non-financial analysis to build recommendations
- Identify processes suitable for centralisation or outsourcing - Ensure clear definition of boundaries & impact on other business processes - Understand how these processes link to other business processes - Identify "conventional" (i.e. standard) activities - Identify "specialised" (i.e. client-specific) activites	- Numerous global vendors to consider for outsourcing - Only a few offer cross functional expertise across finance, HR & IT - Evaluation based on a number of parameters including: size & growth in revenue, employees, centres & countries served; depth & breadth of competencies & management capabilities	Typical options to consider at this stage are: - Ownership: in-house or outsource - Location: onshore, nearshore or offshore - Contract management: light management or tight management - Operating model: setting out governance, self service, retained organisation structure etc.	Typical criteria: - Scope & scalability - Vendor availability & experience - Staff competency & domain expertise - Value for money - Technology - Change impact - Delivery of service - Governance - Maturity of market - Language skills - Locations available	- Typically 5-year financial evaluation conducted - Operating vs. outsource headcount assessed - Typical assumptions assessed: time to implement, procurement costs, implementation costs, service provision charge etc. - Evaluated using NPV, payback, ROI for each option	- Recommendations made based on review of original requirements & findings from each step - Also based on detailed data collection, interviews with key stakeholders & assessment of the global environment - Includes distillation of research reports from outsourcing analysts & consultation with Capgemini Global BPO team

Case study: Improving charging mechanisms

We worked with Siemens Diagnostics to change an established charging structure from cost plus to one based on usage which was a fairer appropriation of costs. A problem with cost plus is that it gives no incentive for the SSC to become more efficient as any costs incurred are passed on and a mark-up is achieved on them.

sequence. Do you standardise the process first and then move it to the SSC, or move all processes in scope to the SSC and then standardise them? It can be done either way, and it's also possible to do both at the same time to increase the speed of benefit delivery. This question should be tackled as part of the detailed business case, and the sequence should be chosen in the light of benefit and risk.

Smaller countries. Another common issue is how to deal with smaller countries for whom the benefits are less clear. The answer is to ensure that the cross-charging mechanism is fair: if it is based on usage then bigger countries with higher volumes should be paying the vast majority. In addition, the smaller countries must be involved in the design of the centre. This prevents them feeling railroaded into a solution that has been designed for larger countries, with a bias towards their processes.

Change management. This is the common thread running through all successful implementations. Without it, any SSC initiative will fail. The core of change management is about answering not only the questions that the organisation asks, but those that it doesn't. There are strategic questions, like *Why are we doing this? Did we consider any other options?* or *What is the case for change?* There are also the more personal questions: *What will my role be? How will it be different? Who do I get my finance information from now? How do I access reports on-line? Will I still have a job? Do you expect me to move to the SSC?*

The test of successful change management is whether, on day one, both the SSC and the retained function understand what is required of them. In the case of finance, they both need to understand what they must do to achieve a smooth timetable for month end - otherwise there will be no month end.

Common mistakes in SSC implementation

There are a number of pitfalls in SSC implementation, but most are easy to avoid if you are aware of them.

The first and most common mistake is that the **business case is not done properly and benefits are not tracked.** Before the project starts, performance needs to be base-lined so that you can collect concrete evidence of improvements delivered by the SSC. Otherwise, customers will be heard talking about how wonderful service was in the old days.

Another common mistake is that the **strategic options review is skipped** and the organisation is led down one solution path which is incorrect for its needs: for example, an SSC is built when the organisation's scale does not justify it.

Equally common is an **absence of robust change management**. In particular the organisation may not be good at managing difficult situations such as retaining people to help design and build a solution that may not have a job for them in the future. Transitioning the relevant skills, business acumen and client relationships when processes are moved to the centre is another challenging area. Designing the correct change management "wrapper" for the solution is crucial to realising its benefits.

Typically, **data cleanse activities are started too late or are not effective.** If the SSC delivers services based on incorrect data, not only can there be problems around invoice matching (to take a financial example) but the competency of the SSC is devalued in the eyes of the customers. To prevent this situation, it is crucial to ensure that the data is fit for purpose: business and SSC should both sign off the data migration before the centre goes live.

The move to efficient and effective sourcing and delivery of back office processes is a natural part of managing pharma businesses. In fact, it is becoming an inevitable part as pressure grows to control costs better.

What if you're struggling to see results from an SSC programme?

For those companies that have recently started an SSC programme and are struggling to realise the value, asking the following questions can identify areas for remedial action.

- Is there a business case for the SSC? Has it been agreed and signed off?
- Have you chosen the correct strategy and approach for your business?
- Is there consensus across senior management that your desired option is the agreed way forward? Is this consensus being cascaded to lower levels within the business?
- Is the sourcing strategy correct? Is there a case for going to business process outsourcing (BPO) straight away, perhaps to speed things up?
- Should you standardise processes then move to the SSC, or do both at the same time to reduce change effort ;and investment?
- Is there commonality of policy across internal customers to ensure that processes can be standardised as far as possible?
- Have decisions involved all relevant stakeholder groups? Is the outcome being sponsored by the correct individuals?
- Do you have the capabilities required to deliver the change?

If an SSC is already in place, but is not delivering the desired value, then an optimisation initiative should be launched to:

- Review the scope of service offerings. Have we bitten off more than we can chew? Alternatively, could we extend the scope and deliver more value to the business?
- Review process standardisation. Are processes as efficient as they can be, or are you unnecessarily providing different services to different customers?
- Review SLAs. Are they relevant and challenging? How frequently are they updated?
- Review the charging mechanism. Is it fair and effective?
- Do you need a partner or service provider to help you drive out further efficiencies, or set up in a low-cost location?

Conclusion

The move to efficient and effective sourcing and delivery of back office processes is a natural part of managing pharma businesses. In fact, it is becoming an inevitable part as pressure grows to control costs better.

Other industries that have blazed the trail now provide an invaluable source of information on how to approach SSC and related initiatives. Of the many lessons they can teach our industry, the most valuable is that one size does not fit all: the right solution for your business depends on culture, investment appetite, execution capability, fit with strategy and the overall financial case.

Successful implementations show that time put in upfront on identifying the right solution for the business is time well spent. Choosing the right strategy after thorough investigation gives you clarity of purpose and alignment of the solution with the business, and helps you to avoid some well-worn pitfalls. Doing it right is more important than doing it quickly. But if, on the other hand, you've started and something has gone wrong, there are ways to pull the implementation, or the centre, back on track.

[1] For further discussion of this idea see "Vision and Reality, 8th edition. Life Sciences: performing in the downturn and beyond", downloadable from Capgemini's website www.capgemini.com

Procurement: Commodity Packs

Commodity packs can come to the rescue when the buyer says "bye-bye".

In our experience, the organisations that cope best with this type of churn are the ones with robust tools for capture and maintenance of the institutional knowledge needed by buyers to do their job effectively.

Commodity buyers often seem to have a shorter shelf life than the commodities they are buying. As a provider of consulting services, we deal regularly with procurement functions, and often find the buyers we talk to change every 18 months to two years - an observation that is as true in life sciences as in other industries. Individuals tend to perform the role of commodity buyer for just a short while before moving on to support another commodity, taking up another senior role within procurement or leaving the company altogether.

These frequent movements make sense for the individuals concerned, as they experience more aspects of procurement. However, rapid churn of buyers creates inefficiencies for the buying organisation overall, with new buyers often spending time trying to pick their predecessors' brains about what is important in that particular commodity. Our opening conversation with the new buyer is almost invariably about how they are "new to that commodity" and are in the process of "getting up to speed with" the commodity, providers, issues and so on.

In our experience, the organisations that cope best with this type of churn are the ones with robust tools for capture and maintenance of the institutional knowledge needed by buyers to do their job effectively.

What is a commodity pack?

One such tool is the commodity pack, also known as the category pack. This is a comprehensive set of background information encapsulating virtually everything you need to know about procuring a particular commodity, for example air travel: a description of the market, details of major suppliers, recent changes to be aware of, and so on. Companies can prepare packs for themselves, though the maintenance effort might not be worthwhile for any but the largest businesses; alternatively, the packs can be bought in.

A few years ago, Capgemini started preparing commodity packs for our own procurement function, and as part of the knowledge base for our procurement consultants. These packs cover commodities such as catering and vending, facilities management, marketing, temporary labour and so on. Figure 1 (overleaf) shows some of the areas for which packs are currently available.

Since then, our offshore procurement analysis team has taken over the production of these packs and made it increasingly cost-effective. In the last two years we have been providing packs to clients' procurement functions; air travel has proved a favourite. Packs are supplied either as a static review of the market, or as part of a more dynamic ongoing process, with twice-yearly refreshes. If required, packs can be tailored to individual client needs, for example to address specific countries and commodities.

Figure 1: Some commodity packs we currently produce

Air Travel
Clothing and PPE
Electricity and gas
Freight logistics
Enterprise software
Legal services
Advertising
Office consumables
Office furniture
Permanent recruitment
Print
Mobile telecommunications
Fleet vehicles
Travel agency services
Hire cars
Promotional goods
Catering and vending
Consultancy
Facilities management
IT hardware
Training
Marketing
Occupational Health
Office equipment
Packaging
Postage and mail services
Fixed line telecommunications
Temporary labour
Water
Hotels
Laboratory supplies

Figure 2: Sample commodity definition

Commodity definition

- Air Travel is comprised of passenger air transportation and is a service provided by commercial airlines
- This category includes all airline tickets that are purchased on behalf of the client for transient business travel of its employees
- The travel can be either domestic or international in nature
- This commodity excludes the non-passenger air transportation used for movement of freight cargo, which could be covered under Freight Logistics commodity
- This report is focused on UK, France, Germany, Italy, US

Sub-commodity definition
Air Travel comprises the following sub-commodities based on "class" of travel, each of which is differentiated based on the level of service and range of amenities offered.

Premier/first class
Premium economy
Low cost
Business class
Standard/economy

Commodity tree

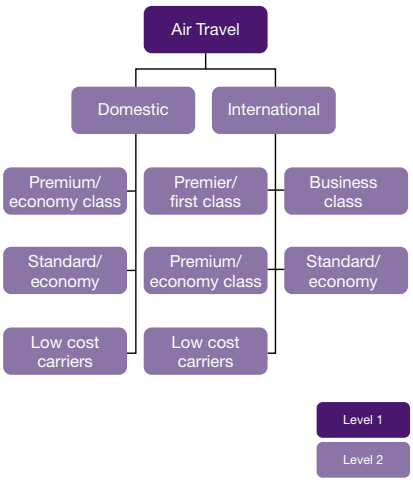


Figure 3: Commodity cost drivers

Cost component	% of piece price (estimate, market, supplier and existing analysis)	Source of data	Data confidence (low, medium, high)
General administrative	19%	IATA	High
Sales marketing and distribution	16%	IATA	High
Airport charges	13%	IATA	High
Crew costs	12%	IATA	High
Maintenance	10%	IATA	High
Aircraft ownership	10%	IATA	High
General admin	9%	IATA	High
Passenger services	7%	IATA	High
Fuel	5%	IATA	High
Total	**100%**	**IATA**	**High**

Costs are based on costs per available-seat-kilometre. Some low cost carriers have operational cost advantages over traditional carriers of 40-65%. This is attributed to lower overheads, distribution and crew costs and airport charges, and to higher seat density.

Figure 4: Typical activities and savings

Opportunity	Typical activities	Benchmark savings (L-M-H)
Direct online booking	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Ut scelerisque lacus a pede. Nulla bibendum consequat diam. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.
Advanced purchase fare	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Ut scelerisque lacus a pede.	
Non-flexible tickets	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.	
Net-net agreements on airline tickets	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Ut scelerisque lacus a pede. Nulla bibendum consequat diam. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede. Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.	
Better rate deals: route deals tender and rebates	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Ut scelerisque lacus a pede. Nulla bibendum consequat diam. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.	
Reduce consumption of travel	Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Pellentesque ornare. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce velit. Ut scelerisque lacus a pede. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Pellentesque ultrices. Proin augue. Duis porta consequat massa. Integer nec risus ac eros viverra pretium. Integer non enim. Fusce eget pede.	

Note: sensitive data removed

What is in a pack?

A few years of experience in creating commodity packs has taught us that they need to include:

- a commodity definition, to promote a common understanding of scope. It is usually accompanied by a commodity tree (see figure 2 for an example).
- spend analysis, to indicate how expenditure on this commodity is measured and understood.
- market sizing and analysis at both global and local level. At global level the total revenue for the commodity is shown, together with an overview of the commodity itself. Then, for selected countries, we provide an overview of each country plus a definition of how much is spent in that country, its growth trends and its supply market trends.
- profiles for top suppliers, either globally or by country: an organisational overview, revenues, recent news, and an outline of key customers.
- cost analysis covering total cost of acquisition and, most importantly, the commodity cost drivers (an example is shown in figure 3). Once they understand these cost drivers, new buyers can really see where to focus.
- Commodity opportunities, allowing buyers to identify strategic sourcing savings for this commodity together with typical activities and savings achievable (see figure 4 for an example).

Why use commodity packs?

Commodity packs have benefits both for buyers and for the wider procurement organisation:

1. There is a **consistent definition of the commodity area**, with a breakdown of all the elements that affect spend. With this definition, it becomes easier to avoid areas of overlap, where multiple buyers serve the same aspect of a commodity when a single buyer could take charge. The definition can highlight overlaps that might otherwise be overlooked, for example between temporary project consulting resource (as part of the "consulting" commodity) and temporary interim project management (as part of the "temporary labour" commodity).

2. For individuals new to their role, covering for a colleague or just interested a particular area, all the **information required to bring them on board and support them** is readily available – including up-to-date, pertinent facts about both the suppliers and the commodities themselves.

3. Commodity buyers can make much more **informed decisions on changes in their supplier risk profile**. For example, an update to the pack may highlight that one supplier has issued two successive

Rapid churn of buyers creates inefficiencies for the buying organisation overall, with new buyers often spending time trying to pick their predecessors' brains about what is important in that particular commodity.

profit warnings. If this company is a sole supplier to the buyer in a given category, then it is time to re-evaluate the supplier risk and take the necessary mitigating actions, such as seeking a new supplier.

4. Commodity buyers can **identify the right time to renegotiate a contract**. Suppose an update to the pack highlights that a particular supplier has announced the loss of a significant contract: this might flag up an opportunity for the buyer to seek a new longer-term contract at a lower price, as in these circumstances the supplier may be more willing to agree a price reduction in return for the certainty of a longer deal.

5. The packs allow **better continuity and institutionalisation of commodity knowledge.** The knowledge continues to be available after the buyer has gone.

Conclusion

As buyers move from one commodity to another every year or so, and then on to other procurement roles or other organisations, their commodity knowledge usually goes with them, creating a vacuum of institutional knowledge.

Commodity packs avoid this loss of institutional knowledge, get new buyers up to speed rapidly and identify potential savings. They can help the organisation increase profits by highlighting opportunities to renegotiate contracts. Finally, they can reduce buying risk by identifying suppliers whose risk profiles have significantly changed.

In life sciences, rapid churn of the procurement function is a fact of life. By using commodity packs, you can make sure it doesn't undermine your ability to strike the best deals.

Business Partnering

Aligning support functions with the business is possible, though not easy. A structured approach helps.

Business partners: A definition

Business partners are strategically aligned to the business, with both functional and change expertise. They act as account managers for their function (usually finance, HR, or IT), advise the business on functional implications of change and decision-making, and ensure the function itself is aligned to support the business's objectives effectively.

Core competencies of business partners are:

- Functional expertise – providing professional knowledge to assist the development of business strategy
- Strategic alignment to organisational objectives – aligning the function to the overall company agenda, and helping to shape that agenda
- Change management – initiating, leading and managing changes required to implement new ways of working

Through reorganisations and technology investments, many businesses have achieved efficiencies that have reduced the administrative workload of functions like finance, HR and IT. As a result, staff are being freed up, and businesses are expecting their retained workforce to add higher and more strategic value by providing operational insight and business-focused advice: a concept called "business partnering".

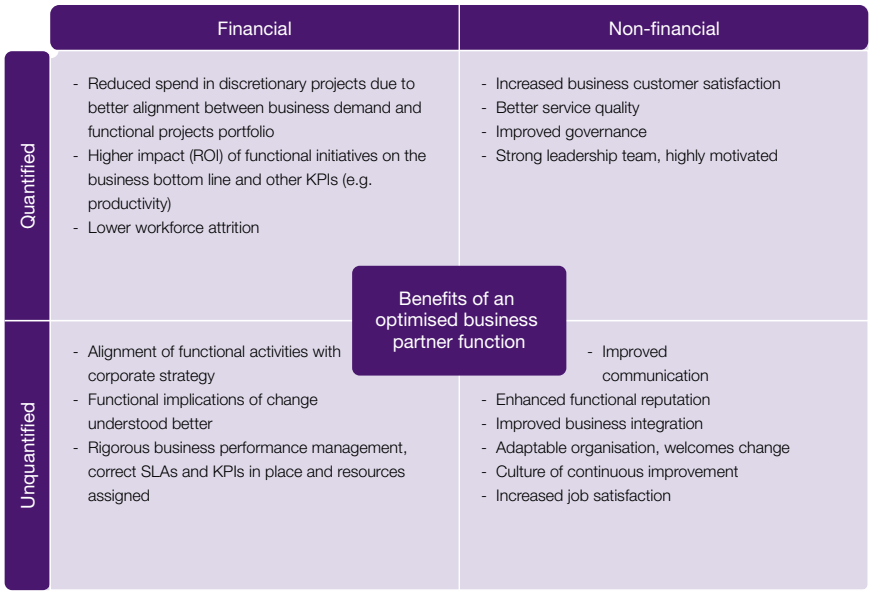
The case for business partnering is strong. By aligning functional expertise with strategic business requirements, it reduces cost and increases efficiency and agility. Successfully implemented, business partnering therefore positions the organisation to compete better in the market. The potential benefits are summarised in figure 1.

However, our experience suggests that many current business partner initiatives are failing to deliver the anticipated value. The rest of this article describes how business partnering should look when it is working properly, outlines some of the things that can go wrong, and describes an approach to ensuring the benefits are realised.

What does effective business partnering look like?

Business partnering is about developing strong relationships with the business in order to drive exceptional results. As stated in our definition, a business partner should act as an account manager, ensuring that the business gets what it needs from the relevant function.

Figure 1: Benefits of business partnering



For example, an HR business partner works with the organisation's leaders to develop a "people strategy". The partner acts as a trusted, peer-level advisor, shaping business strategy proactively in line with people needs, and advising on the people implications of business change.

A finance business partner should focus on explaining the financial impact of commercial and operational decisions. The partner acts as an embedded party to key processes such as target setting, sales and operational planning, capital expenditure and trade investment planning.

An IT business partner can similarly add value by leveraging technical IT knowledge to make informed decisions about which systems to invest in and how to prioritise technical investment spend.

In short, effective business partners provide strategic insight to the business based on their functional expertise, and ensure that the agenda of the function is aligned with, and supports, the business strategy. A business partner has established relationships and an in-depth understanding of the organisation's business context, as well as the strategic skill and insight a consultant might bring.

Common pitfalls

Many organisations that have embarked on business partnership report that their situation falls short of the one we have just described. We are often told "business partners are still not talking the business language" and "their focus is still on processes rather than what the business needs"[1].

What is going wrong? Too often, the business has not been fully engaged with the idea of business partnership during implementation. It has focused its back-office transformation efforts on shared services and IT improvements, neglecting to define and develop the role of the business partner function.

As a result, business partners often lack the clear mandate that they need to do their job. Other common problems include inaccurate data, an absence of support tools (such as e-finance), an ineffective operating model, and gaps in the capabilities and behaviours of the business partners themselves.

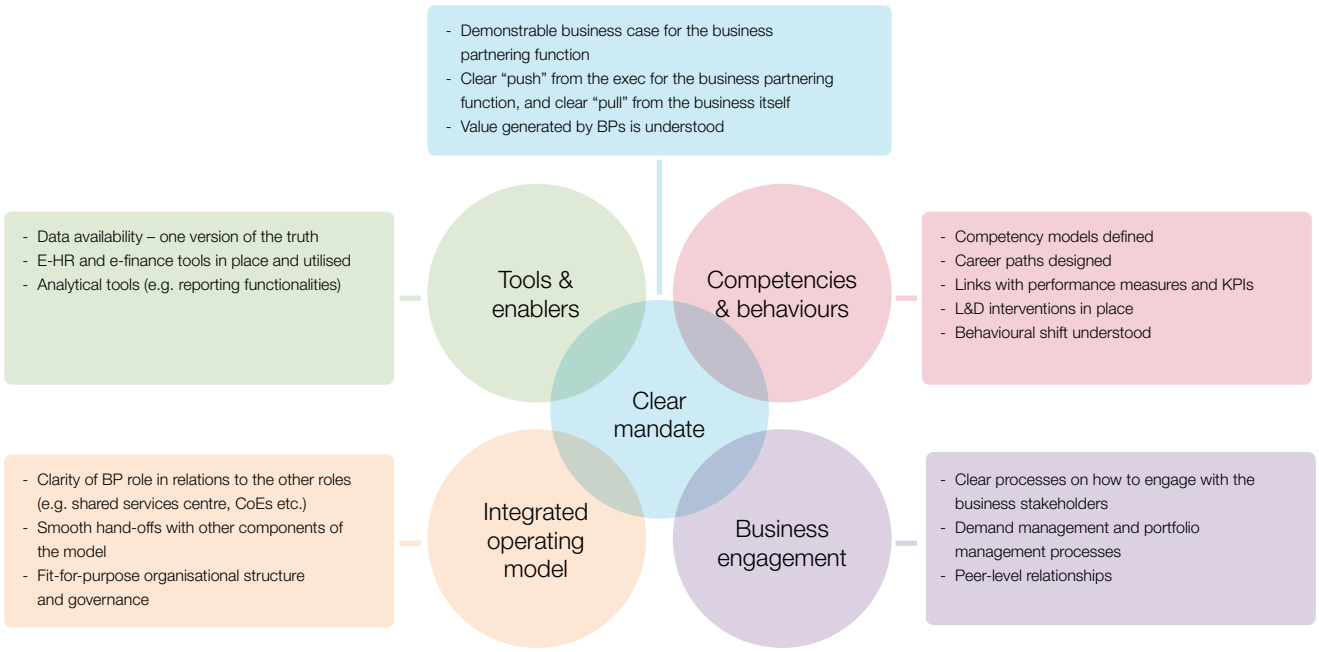
Optimising the business partner function

Fortunately, it is possible to optimise an existing business partner structure that is currently underperforming. Capgemini Consulting has designed a Business Partner Framework to help clients who need to perform this type of optimisation, as well as those who are implementing a business partner structure for the first time (see case study).

The Framework incorporates approaches that have repeatedly proved successful in our client work. It comes with tools that embody best practice, such as a competency matrix for assessing business partners and a suite of blended learning solutions.

In a typical optimisation project, an initial diagnostic phase uses techniques like customer surveys and focus interviews to score

Figure 2: The Business Partner Framework



Case study: International life sciences company

The challenge
As part of a transition to a back-office shared service centre, this company needed to prepare over 400 individuals, across HR and finance globally, to become effective business partners (BPs).

A key challenge was managing BP expectations; many of the BPs felt they were already performing a BP role, while some saw becoming a BP as a demotion from their technical specialist role. Another challenge was mobilising and developing 400+ people across four continents, at various stages of the BP journey, while keeping to budget and resources restrictions.

The solution
Capgemini partnered with a core team of the client's HR, finance and learning & development specialists to develop an accelerated BP transition solution using the Business Partner Framework.

The project had three phases:

- To assess the BP "as-is" or current state
- To visualise the future "to-be" state for business partnering
- To identify gaps and build a BP transition programme to support BPs along their journey

Capgemini used focus interviews with BPs and their senior managers, together with other diagnostic approaches, to assess the current situation and identify interventions that would be beneficial. This collaborative approach helped to gain buy-in for the BP programme across the four regions, as well as to gather comprehensive data.

The result
We helped to create a year-long, cross-functional and global BP transition programme with blended learning and communication solutions tailored to meet regional needs. The programme contained face-to-face regional activity, such as the "BP boot camp", while webinars and individual development tasks added flexibility and saved travel costs. The transition is a long-term programme and is still under way; however, BP and manager feedback from the early interventions has been positive.

the organisation on each of the Framework areas shown in figure 2. These findings then help to define a vision for business partnering.

We help the client conduct a gap analysis between the current and to-be states, and develop a plan to address these gaps, with initiatives to suit the organisation's specific requirements. For one client, we designed and delivered a two-day induction programme on skills and competencies required to business partner effectively, including the management of relationships with key stakeholders.

Conclusion

While there is growing evidence that early business partnering initiatives have disappointed, the concept itself is well worth pursuing because of the benefits it can bring when implemented correctly, such as reducing spend on discretionary functional projects that are not well aligned to business priorities.

An approach like the one described above can help organisations to drive tangible value from their business partnering teams and significantly improve the reputation of the function in the eyes of the customer. In this way, companies can achieve their vision of a fully optimised, strategically aligned and credible business partner function.

[1] Capgemini research findings

Talent Management

A recent study backs up life science executives' conviction that talent management is worth investing in.

The Talent Perspective

This report describes UK-based research carried out by Capgemini Consulting's Employee Transformation on behalf of the CIPD in spring 2010. We surveyed hundreds of senior managers from a range of industries, including pharmaceuticals and healthcare, to investigate the employees' perspective on talent management: how does it feel to be talent managed and what organisational lessons can be drawn from it? To read the full report, please visit our website **www.uk.capgemini.com**

Anyone with an interest in how people are managed at work is sure to be aware of the significance that the term "talent management" has for business today. This is particularly true for life sciences industries such as pharma and biotechnology; because they are heavily driven by research and innovation, they rely on the knowledge of their people. As their talent pool has come under pressure, these industries have recognised the importance of talent management more and more, yet, as we shall argue below, they could do more to realise its potential.

This article reviews the state of the life sciences talent pool, looks at the current status of talent management in life sciences, and then draws out some lessons from a recent Capgemini study for the CIPD, *The Talent Perspective*.

Pressures on the talent pool

There is a variety of pressures on the life sciences talent pool. The number of scientists in Europe is decreasing as fewer students choose scientific studies and an aging workforce prepares to retire. In addition, the industry suffers from an image problem. Pharma in particular is often not seen as an industry of choice for talented individuals, who prefer positions in finance or fast moving consumer goods.

Then there is the significant merger and acquisition activity which the industry has experienced over the past years and which is expected to continue at least over the next 12 to 18 months. If executed poorly, these and other restructuring exercises can create disillusionment amongst employees.

Many organisations, too, have had limited attention to devote to employee development recently.

The net result is that employee engagement is at an all-time low. As good talent is scarce and highly mobile, the risk of losing star performers to competitors is very real.

The status of talent management in life sciences

In view of these pressures on the talent pool, a well-deployed talent management strategy looks crucial to success in life sciences. But the evidence is that, while the industry recognises the role of talent management, it has some way to go before it can realise the full benefits.

In a survey by RSA[1] of nearly 400 life sciences senior executives, more than 90% identified talent management as a key priority for 2010. Yet only a quarter of organisations had an active strategy for retaining talent, almost half of respondents agreed that the life sciences sector does not give adequate consideration to top talent, and the vast majority of companies had no clear leadership plan. Many of the executives said that they would prefer their HR team to focus primarily on leadership development this year, but because of budgetary and restructuring pressures only a limited number of them expected to achieve this aim.

Participants in *The Talent Perspective* said:

"This investment has made me feel really valued as an individual….and has motivated me to want to give a return on that investment more than the conscientious work I have normally given."

"As is the case in most organisations, there have been no pay rises recently and the talent pool has been instrumental in showing people they are valued and invested in."

Our recent study *The Talent Perspective* provides insight into how life sciences could fulfil its ambitions in the talent management area, together with evidence that it is worth the effort of doing so. In the remainder of this article we summarise some of the findings and discuss their implications.

There is a high level of engagement in organisations with a talent pool

Our research found a strong correlation between employee engagement and the existence of a talent programme. All our respondents worked for organisations with a talent programme, and all demonstrated a strong engagement at work.

More than 90% of managers questioned felt proud to work for their organisation – quite a staggering finding when experience suggests that average engagement scores for managers are usually only around 50%.

Even more surprisingly, there was only a small difference in engagement levels between those who were on the programme and those who were not. It appears that whether the organisation is seen to be investing in talent management has more effect on engagement levels than whether a particular individual is in the programme.

Several respondents also praised their organisation's commitment to talent initiatives during the downturn, some identifying the talent programme as the sole reason for staying with their current organisation through difficult times.

Engagement levels were, however, slightly higher for those who were selected to take part in talent management programmes, who reported that they felt "special", supported and valued, and were motivated to go the extra mile. 81% said membership of the chosen group made them feel more engaged at work.

The importance of transparency

Our study found that the effect of a talent programme is partly dependent on whether there is a formal selection process for the programme, and if so on how feedback to applicants is handled. Having a selection process enhances the value the individual perceives from the programme and also enhances feelings of self-awareness, confidence and motivation to perform well, for successful applicants.

Where applicants are unsuccessful, transparency of the process and the provision of constructive feedback is crucial in turning a potentially demoralising experience into an opportunity to learn and increase their chances for next time. If feedback is not handled with care and individuals are left with concerns around their career opportunities, they may well start looking for alternatives outside the organisation.

Informal development opportunities are favoured over more formal, traditional ones

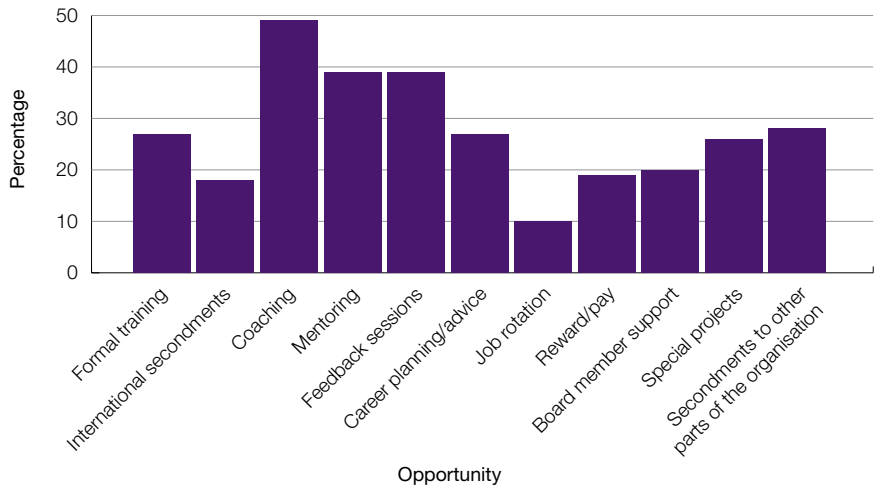
When asked to place a value on development opportunities, our respondents gave the highest ratings to less structured, more individually-based development opportunities focused on personal reflection and self awareness. They favoured exposure and access to the most senior members of the organisation, opportunities to experience new and diverse roles, coaching and mentoring over more formal development opportunities like training sessions (figure 1, overleaf). Since these informal measures do not cost much to implement, this finding suggests that talent management may be more affordable than many life sciences organisations suppose.

Participants in *The Talent Perspective* said:

"Mentoring helps realise full potential of people as individuals: stretches, motivates and creates self-awareness which ultimately increases the chance to be a successful leader."

"Establishing a formal network of people who have been through the scheme would be useful for wider sharing of knowledge and identification of talent."

Figure 1: Respondents' ranking of development opportunities



Source: *The Talent Perspective*

Participants on talent programmes appreciate the opportunity to network with other high performing individuals within the programme. This networking creates a community which some respondents identified as the most valuable part of the programme from a personal perspective.

Respondents pointed out that this type of community is a potential driver for improved business performance. The power and energy created from the formation of peer groups amongst the highest-performing individuals across the business provide a significant opportunity for organisations to harness talent.

Several respondents commented on the opportunities a talent programme created for the organisation in terms of high-performing teams and alumni networks that reach across organisation boundaries. However, some questioned whether their organisation was making the most use of this opportunity, and suggested ways in which more established members of the talent pool or programme could be used in the wider business.

Putting HR in charge

Even where support for talent management at the top of the organisation is strong, business support across divisions and between line managers appears to be inconsistent. Several participants felt that support within the business fell short when it came to providing opportunities and maximising the potential of the talent pool. They suggested that this undermined the value of the programme for participants.

The study revealed a major opportunity for HR to make a difference here. It is, of course, important that talent programmes are sponsored by the business, and in particular that senior executives are visibly involved. However, where HR is seen as centrally owning talent development activity, this perception positively affects how well the programme is run, and its effectiveness in the business. Many of our respondents felt that HR provided invaluable support in raising the credibility of the programme, in keeping momentum going and in retaining consistency.

It is time for HR to lead the way and work with the business to remove obstacles that limit the positive impact of talent management interventions.

Top tips for increasing the effectiveness of your talent programme

- Clearly communicate the rationale and core objectives.
- Ensure participants' expectations are consistent with those of the business and HR.
- Recognise the crucial role of central HR in maintaining the consistency, credibility and overall reputation of the programme.
- Work with business sponsors to include development opportunities such as coaching, mentoring and networking.
- Consider implementing a selection process if you do not already have one.
- Ensure that selection criteria are administered consistently, and think about how to handle rejected applicants.
- Make the selection process a learning event. Ensure all applicants receive detailed and constructive feedback.
- Maintain a dialogue with those who have completed the talent programme, or been a part of it for a long time.
- Discuss with business sponsors how to harness the energy of previous participants.

Conclusion

The Capgemini/CIPD study supports life science executives' belief that talent management is a vital tool in maintaining the engagement of employees through difficult times. Even those who are not part of the programme feel increased commitment in return for their organisation's investment in talent, and individuals and company alike benefit from the networks that develop. Since informal initiatives such as mentoring are preferred to more expensive formal ones, the level of investment need not be excessive.

However, even boardroom commitment does not seem to be enough to secure organisation-wide commitment to a talent programme. It is time for HR to lead the way and work with the business to remove obstacles that limit the positive impact of talent management interventions.

[1] Press release, "RSA survey highlights the need to revisit the business partnership with HR", March 2010

Vision & Reality Preview

We look ahead to the next edition of Capgemini's annual thought leadership publication for the life sciences industry.

Vision & Reality provides a unique point of view on upcoming industry challenges and offers strategies and methods for dealing with them.

Vision & Reality is a series of annual thought leadership publications exploring the implications of key trends and changes that impact the life sciences industry. It incorporates global primary research into the views of senior executives within major pharmaceutical, biotech and medical device companies, together with insights from leading industry experts, and the perspectives of payers, physicians and patients. These findings are supplemented with secondary research conducted by Capgemini's global Strategic Insights Group.

Vision & Reality provides a unique point of view on upcoming industry challenges and offers strategies and methods for dealing with them.

Vision & Reality 2010: research on patient adherence (in progress)

The fact that patients often disregard medical advice has been acknowledged since at least the time of Hippocrates. In the 1970s, the term "compliance" came into popular use and was defined as "the extent to which a patient's behaviour coincides with medical or health advice". Since then, the broader concept of "adherence" has emerged, connoting greater sharing of responsibility between patient and health professional.

The concept may be better understood in theory, but the fact that patients often do not take medicines as prescribed has yet to be generally seen as the serious health policy issue that it is. Consequently, it has received little direct, systematic or sustained intervention.
Now, however, the public health community is starting to recognise that non-adherence has significant implications for all concerned. Patients' conditions can worsen, resulting in poor health outcomes and also increased healthcare spends for governments and payers. For pharmaceutical companies, too, non-adherence has a two-fold negative impact – a direct one on sales, and an indirect one on equity (because a drug may be falsely assumed to be ineffective when in reality the patient has not taken it as prescribed) .

We have therefore decided to focus our 9th edition of Vision & Reality on this topic of patient adherence.

The purpose of our research is to understand the barriers that pharmaceutical companies face in improving adherence, and to find out about successful adherence programmes and methods for ensuring they are profitable.

This research is close to completion and the report will be launched in early autumn. However, we would still be pleased if you would share your insights on this topic with us. If you are interested in doing so, or would like to know more about our study, please contact Monika Hespe: monika.hespe@capgemini.com.

Previous studies

Previous V&R publications covered cost reduction strategies in times of global downturn (8th edition), the re-tune of the commercial model in the light of an increased focus on profitability and changing stakeholder influence (7th edition), and the value of early commercialization (6th edition). Other life sciences publications that may interest you include "Food for Thought", our first specialist report on the future of the agribusiness sector published earlier this year. Abstracts are given below and the full reports can be downloaded at www.capgemini.com or requested from monika.hespe@capgemini.com.

Life Sciences: Performing in the Downturn and Beyond
Global Vision & Reality Research Report 8th Edition
To prepare for the upturn, life sciences companies will need to adopt more radical cost-reduction strategies and transform themselves in ways that go well beyond cost considerations. In a rapidly changing business environment, innovation is key to remaining relevant so that products and services bring in the necessary revenue levels. Taking advantage of innovative technology

and business approaches is vital if costs are to be kept under control.

Customer Value Integration – How to Re-Tune Pharma's Commercial Model in Light of Changing Stakeholder Influence
Global Vision & Reality Research Report, 7th Edition
The report reveals that pharmaceutical companies can remain profitable and maximize customer value in today's market by aligning their efforts to address the shifting mix of industry stakeholders and decision influencers.

From Market to Discovery and back… The Value of Early Commercialization
Global Vision & Reality Research Report, 6th Edition
As the pharmaceutical industry contends with reduced periods of exclusivity, aggressive generic competition, increased regulation and the prevalence of managed care, many companies are turning to early commercialization to boost the return on investment of research & development.

Food for Thought: the Future of Agribusiness
Global Research Report by Capgemini Consulting
Agribusiness companies must manage growing complexity to succeed in the next 3 to 5 years. This Capgemini report sets out to investigate both the current debate about food supply and natural resource usage and, more importantly from an agribusiness point of view, the implications of some surrounding trends on the future of the industry. A key challenge will be managing the growing complexity posed by an increasing number of international markets, coupled with the increasing specificity (and in some cases divergence) of needs at a local level.

About Capgemini Life Sciences

Capgemini's Life Sciences Practice is a leading global provider of management consulting, technology and outsourcing services to the pharmaceutical, biotechnology, and medical devices industries. Established in 1993, the team globally includes 200 strategy and transformation experts who concentrate on this industry, plus an affiliated network of 2,500 consultants with significant experience. Recognised as a thought leader in this sector, Capgemini brings an insider's perspective to the challenges facing life sciences companies and employs a deep industry understanding to provide integrated global solutions for top-tier clients in the sector.

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About Capgemini

Capgemini, one of the world's foremost providers of consulting, technology and outsourcing services, enables its clients to transform and perform through technologies. Capgemini provides its clients with insights and capabilities that boost their freedom to achieve superior results through a unique way of working, the Collaborative Business Experience™.

The Group relies on its global delivery model called Rightshore®, which aims to get the right balance of the best talent from multiple locations, working as one team to create and deliver the optimum solution for clients. Present in more than 30 countries, Capgemini reported 2009 global revenues of EUR 8.4 billion and employs 90,000 people worldwide.

Capgemini Consulting is the Global Strategy and Transformation Consulting brand of the Capgemini Group, specialising in advising and supporting organisations in transforming their business, from the development of innovative strategy through to execution, with a consistent focus on sustainable results. Capgemini Consulting proposes to leading companies and governments a fresh approach which uses innovative methods, technology and the talents of over 4,000 consultants world-wide.

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