

Lars Bruening, CEO, Bayer UK & Ireland



It is this kind of contribution that has accelerated us to number five on the pharma UK rankings but quite frankly, working hard every day to continuously help change lives for the better and seeing that in practice, is far more satisfying than a number

23.08.2018

Tags: [UK](#), [Bayer](#), [Pharma](#), [Brexit](#)

After spending five years heading market access globally, Lars Bruening returned to a country manager role in the UK; he shares with us his thoughts on Brexit while also highlighting exciting Phase III developments and introducing the new Baylab opened by Bayer in Reading (near London).

After being responsible for global market access, what prompted your decision to be a country manager once more, especially in such a complex and challenging market as the UK?

It is challenging but also exciting at the same time. I have always followed roads on different geographic levels, both regional and global, in my career. I see tremendous value for a manager to have those different perspectives. To me, it was a very logical move to join the UK, which is a thriving market and organisation, with the added management challenge of Brexit.

In the end, whatever happens at the global level of a company matters only because of the countries involved. Our global work is dedicated to the countries, not the other way around. For me, it feels good to be connected and grounded in country work and at the same time, leverage my global experience which in return, can make it faster to pinpoint issues or blockages.

Coming to the UK as a foreigner, what were your first impressions?

I was familiar with the UK health system to some extent from my time as global market access leader at Bayer; a role which I occupied for five years. During this time, the UK was a country that was referenced often.

It always stood out for its medical and regulatory excellence and undoubtedly has one of the most rigorous access systems, however, the access in real terms is not guaranteed everywhere at appropriate levels, and that is what is part of the bigger public debate we see today.

Of course, through better standards, we are seeing enhanced efforts and an industry that is evolving to deliver the means for better patient outcomes. Industry is very much focussed on driving patient benefit knowing that this is the ultimate measure of success. We have seen the thinking amongst pharmaceutical companies change fundamentally and this has also been reflected in their continuous drive to expand R&D efforts.

You can't deny that the restrictions and challenges that characterise the system have helped industry become better, however, and as a consequence; the industry has begun to turn out more innovations. This has created a new challenge in itself, because with this trend, we move into the affordability challenge. In the UK, we manage the cost-effectiveness part of the game well — which is tough enough — but now it is all about affordability. We have to ask ourselves: even if medicines are cost-effective, can we afford them? This leads to a much larger political and public debate about how we assess value in healthcare. We should be aware that medicines have been and are driving healthcare innovation resulting in better health for longer periods in the lives of patients, but these advancements do cost money to the system from the outset.

How is Bayer ranked in the UK market today?

First and foremost, it is contributions to patients that drive us. This is something much more important than our global ranking and we are incredibly proud of our contribution to the UK. Knowing we have helped prevent over 13,000 strokes in the past years and are treating over 85,000 people at risk of early blindness as we speak, is something that makes us all feel a sense of pride in what we do because we are having a real impact on people's lives.

It is this kind of contribution that has accelerated us to number five on the pharma UK rankings but quite frankly, working hard every day to continuously help change lives for the better and seeing that in practice, is far more satisfying than a number.

Historically, the model in the pharmaceutical industry used to be about pushing a product, today, we have moved far beyond that. At Bayer, we work hand in hand with physicians to truly engage with them and understand their exact needs. We use our business knowledge to help create care pathways which in return, improve patient care. At present, we have 30 joint working partnerships within the NHS, all individually tailored to deliver the best patient care, for example, helping to identify patients for stroke prevention. This not only helps the patient, but is a more efficient system long term. By using preventative measures, the NHS saves by treating fewer patients who might otherwise have suffered a stroke, and the patients benefit by avoiding a potential stroke – which could be devastating for them and their families.

As we move into the future, we want to continue working with the NHS. We truly believe that by identifying patients early, we can help them deliver better outcomes as well as alleviate the strain on the NHS. It is about working innovatively together.

Bayer is very active in ophthalmology. We hear that access to treatment in this segment is long in the UK.

When it comes to eyesight, we know that early treatment really matters – the earlier treatment starts, the better the outcome for the patient. Waiting should not be an option and in the UK, NICE recommends that treatment should start within two weeks. Of course, this is demanding in terms of capacity, so it is here that we are focusing our efforts. In order to create this extra capacity, we are helping to modify the entire patient care pathway to give patients access to early treatment. In the South West for example, we have helped a mobile eye unit come into being which can travel to various hard to reach areas as well as treat people outside the hospital. It is a one stop shop. Through our engagement with the NHS across all our partnerships, we are making a difference together. A great example of collaborative working at its best.

Can the UK act as a model to other Bayer affiliates?

To a certain extent, yes. We are spreading ideas, capabilities and skills you need to have to achieve collaboration however, local setups are always very different. Simply copying a model does not work, you have to copy and adapt. Not every country has the same challenge of capacity for example. It always depends on what the local needs are to improve patient care.

From such a strong positioning, one might wonder what remains for Bayer to achieve in the UK?

Size isn't just what matters when it comes to development. It is much more about the quality of the work we do. We see ourselves as a crucial partner for healthcare in the UK, and are thrilled that through our work with the NHS this is reciprocated.

To us, it is essential that everyone understands the value they are individually contributing to patients. We strive to continue establishing a stable model in which no compromise in quality is made by the system or in our engagement. This is driven by the quality of people, the quality of understanding, and the clear orientation towards patient care we display.

Our current growth phase is, thus, very much people driven.

The UK system is often criticised for the speed of uptake of innovation, a situation further worsened by the looming uncertainties of Brexit. Where do you see room for improvement in that sense?

It is true, the UK is not the fastest. To me, there are two factors that explain this. Firstly, the system as such does not encourage fast uptake, as the division of responsibilities between local and national level does not make things easy.

Secondly, we observe a certain conservatism from physicians when we get excited about a new innovation. What we need to be doing is moving towards adoption of new products once a product has demonstrated its efficacy.

It is essential that we continue to be invested in singling out models that have the potential to speed up uptake and this is something very present in the *Life Sciences Industrial Strategy*.

There is also an opportunity through the PPRS pricing regulation scheme to shape discussions around access and uptake of medicine over the next five years. In the last five years, we have seen the innovative medicine budget decreasing in real terms year-on-year and that cannot continue. In an environment where prices are already as low as in the UK, and consequently, innovative products present very good value for money to the system, such logics can stifle innovation. Innovation has a price, and so does faster uptake.

The focus of NHS' management has for too long been limited to budgets and targets. We understand budgets have to be managed, but, at the same time, there needs to be room for

innovation and it has to be encouraged – and that has a lot to do with rewarding innovation in the next five years.

Managing this is naturally a big challenge, and the context of Brexit is adding further uncertainty especially around the topic of access to medicines. Within Bayer, we can see that the vote of confidence in the UK is not yet secure, simply because there are questions still to be answered and no final plan is in place. However, when questioned whether the UK is still a good place to bring clinical trials to, I say “yes”. Brexit does not diminish the quality of science achieved in the UK. Bayer is already conducting clinical trials in other countries that are not EU member states, and, although we are still uncertain how regulations will turn out in Britain, we know we will be able to address them and continue to deliver for patients.

What really matters about Brexit is regulatory alignment moving forward. If we have a separate regulatory process from the EMA in the UK, we would encounter delays in the submission of files. As a company, Bayer UK would no longer be able to file submissions in the UK at the same time as we do in the rest of Europe with the EMA. Our logic of filing for FDA, EMA, China and Japan first before coming to other regions would put the UK in that last group.

Finally, I think we sometimes forget in the discussion that despite the UK being dependant on the EU and the EMA, the EMA is also depending on the UK. The MHRA has played a significant role in the EMA and has greatly contributed to it.

Bayer brings a very rich and large portfolio to the UK. What areas perform particularly well and what upcoming launches are you most excited about?

In the UK the strongest part of our business is the pharmaceutical business however, OTC remains an important market, and we have taken a dedicated approach to empower customers to make decisions for their health in this space. We encourage self-care and reach out with educational approaches to build confidence in patients for the frequent occasions where they have to take decisions by themselves.

Looking forward, we have a strong pipeline on the pharmaceutical side of our business with a number of Phase III developments that will come to market in the 2020-2021 timeframe which we are very excited about.

To name but a few: in diabetic kidney disease, Finerenone, a non-steroidal mineralocorticoid receptor antagonist; Vilaprisan, a novel selective progesterone receptor modulator which is for

symptomatic uterine fibrosis in gynaecology; Vericiguat in the cardiovascular space for chronic heart failure. Furthermore, we have a new compound in oncology from Loxo, Larotrectinib, a tumour agnostic treatment. This is extremely exciting but requires us to find the right patients for trials. Some patients have a mutation of the TRAC gene. While occurring in various cancers, patients have to be singled out by way of genetic analysis. To date, we have fabulous treatment results, although we are still working with relatively small numbers as this compound is only in Phase II. Nevertheless, we are approaching fast track and accelerated reviews. Even though the data is scarce, we could hit the market next year because the results are so fascinating and safety results excellent.

We read about the newest Baylab having opened its doors in the UK, can you tell us more about this concept?

The UK Baylab is a state of the art laboratory that provides free sciences workshops in line with the UK national curriculum for students aged 7 to 18. When in the lab, Baylab's professional scientists bring science to life by guiding young minds through hands-on experiments, some of which see them extract their own DNA for a truly one-of-a-kind piece of jewellery, characterise the proteins of an enzyme to try their hand as a formulation scientist, and even use forensics to solve crimes. All of which, are examples of how practical science is used in everyday life across many industries around the world.

Since its launch just over 12 months ago, the Baylab has had over 3000 young people pass through its doors and in addition to this, Baylab has engaged over 20,000 students through its resources and increased the levels of inspiration towards science consistently via their delivery of over 200 workshops.

Young people are the scientists of tomorrow and the Baylab our investments in them. If we can help encourage more young people into science, then I feel we are playing our part.

A few words to conclude that you wish to send to the world about Bayer in the UK?

I personally love the UK, it is a great country. We are so lucky to have a strong science base with access to world class research at our fingertips. In addition, the Bayer team impresses me on a daily basis because of their passion and drive to help bring benefits to patients. I take pride in that many of my international counterparts recognised how patient-oriented people are in this

organisation and it is a real pleasure to work with such talented teams. I am very much looking forward to the coming years.

[See more interviews](#)