



**MHRA Communications Strategy  
Summer 2005- April 2007:  
an Agency-wide approach to  
communications**

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### **Definition and Scope**

This strategy document describes a framework for internal and external communications activity over the period until 1<sup>st</sup> April 2007. It sets out key actions which the Agency will take forward to develop communications during that period. The Board will receive regular updates which will include details of any changes to the action plan in response to the Agency's operating environment.

Whilst the strategy will be managed and facilitated by the Communications Division, its delivery will require the input, support and cooperation of staff throughout the Agency. The success of the Agency in communicating effectively depends on all staff being alert to communications issues and to promotional opportunities, and functioning as the eyes and ears of the Agency as well as its spokespeople. It will be necessary to work together to build the "communications culture" to which the 2004 report from Stonehenge public relations referred. This is a strategy which must be for, and owned by, the whole Agency.

It is also important to stress that the action plan set out within this strategy is focussed primarily on areas of development. The Agency already undertakes a range of communications activities in all its Divisions, some very significant, and some low key though no less valuable. The action plan does not set out to reflect in detail the maintenance of these many existing communications functions.

Nor does it capture the full range of work on communications which has historically been carried out by the Information Centre within the Executive Support Division, or the Devices Library. These two functions are now part of a new Agency-wide Information Centre within the Communications Division, and will continue to deliver vital services in areas such as library and information provision, website maintenance, and the Central Enquiry Point.

In addition, the Conferences and Education team, which has transferred from the Directorate to the Communications Division, will continue to develop its programme of work with target groups of stakeholders. This work has been critical over the last two years in helping the Agency to interact with some of its key customers.

## **The MHRA's communications strategy "in a nutshell"**

Get going – build infrastructure and internal awareness

Get known – increase recognition and differentiation from other organisations

Get out there – ensuring that the information we deliver is widely available and readily accessible

Get listening – ensure that communication is genuinely two-way

Get trusted – continue to do all of this consistently, no matter how hard it may be on any given issue.

### **Aim**

The Agency's current mission statement is:

"To enhance and safeguard the public's health by ensuring that medicines and medical devices meet the required standards of safety and effectiveness in use".

The Agency recognises that it can only fully succeed in enhancing and safeguarding health if it ensures that high quality, timely and accurate information is widely available to inform decisions about the use of medicines and medical devices. Improving communications is therefore "mission critical" for the Agency.

The current business and corporate plans reflect the high priority which the Agency is giving to developing its communications in support of this mission, including an explicit objective in this year's business plan:

"Engage proactively with the public and healthcare professionals, in particular promoting understanding of risk and drawing attention to the dangers of internet sales, positioning this work in the development and agreement by July 2005 of a wider two-year communications strategy containing actions that will be completed by March 2006."

The aim of MHRA Communications activity over the period up to 1<sup>st</sup> April 2007 is therefore:

*To ensure that the MHRA's work in promoting and protecting public health is recognised, by demonstrating how we regulate effectively and by making trusted information available, effectively and promptly*

## Core messages

If the Agency is to be sure that its work in promoting and protecting public health is recognised, it must first be able consistently to describe what its work in this area involves. The following core messages describe the work of the Agency, and represent the highest level key messages which the Agency will be seeking to communicate through this strategy.

- The MHRA is the government agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe.
- No product is risk-free. Underpinning all our work lie robust and fact-based judgements to ensure that the benefits to patients and the public justify the risks.
- We keep watch over medicines and devices, and we take any necessary action to protect the public promptly if there is a problem.
- We aim to make as much information as possible publicly available.
- We enable greater access to products, and the timely introduction of innovative treatments and technologies that benefit patients and the public.

These are in effect the Agency's "positioning statements" – they set out in clear and accessible language what we do, and how we do it. The Agency will take every reasonable opportunity over the lifetime of this strategy to communicate and reinforce these messages, and will of course keep them under review to ensure that they continue to communicate clearly and accurately to key audiences.

Clearly, it will be necessary over time to develop more detailed "sub-messages", which in effect unpack these headlines and explain what they mean in the context of particular projects and issues which emerge over the next two years. However, wherever we seek to explain our role, these core messages, the concepts they set out and the language they use should be the starting point. By doing this, we will start to build a more robust and consistent understanding of what we do and how we do it.

The core messages have an impact on certain elements of the Agency's mission and values document, which needs to be revised to ensure consistency. A revised version, with changes highlighted, is attached at Annex A.

## **Strategic priorities**

The range of activities which the Agency could undertake to deliver the stated aim of this strategy is considerable; in addition, any action plan will need to evolve to meet the changing environment within which the Agency operates. A detailed action plan for internal Agency use is available as an annex to this document, and this will be regularly updated to reflect changing priorities.

However, if the Agency is to make most effective use of its resources, and also measure its progress, it must have some clear strategic priorities for the development of communications activities. The core messages (see above) and an understanding of the Agency's stakeholder base (see Annex B) underpin these priorities, which are set out below.

### ***i. Improve flow of information to healthcare professionals***

The Agency is committed to improving communications with patients and the public. Some of this will be through direct interaction. However, the Agency acknowledges that for most patients and the public the primary point of contact with the health service is the healthcare professional(s) treating them. Healthcare professionals therefore have the right to expect high-quality, timely and accurate information which will help them to advise their patients on the use of medicines and medical devices.

For this reason, the Agency will focus on providing healthcare professionals with the information they need to advise patients and their carers appropriately.

#### *Year 1*

- Revise and relaunch the MHRA website to provide a more accessible "look and feel", more intuitive navigation and better access to information for all audiences, including healthcare professionals.

#### *Year 2*

- Assess current channels used for regular communications with healthcare professionals (eg medical device alerts, Current Problems in Pharmacovigilance). In parallel, establish the needs of healthcare professionals in relation to such communications. Recommend and implement a suite of timely and accessible communications, ensuring that the Agency has the resources to maintain these on a regular and ongoing basis.

### ***ii. Improve media profile***

The MHRA has now assumed responsibility for its own media relations function, and has noted an increase in the volume of media coverage and the number of

broadcast interview requests. By providing a more accessible and proactive media service, the Agency aims to cultivate balanced coverage of its work and the issues it deals with.

#### *Year 1*

- Establish robust media relations function with clear operating procedures and full out-of-hours service.
- Shift media relations activity towards a 40% proactive, 60% reactive profile.  
*Year 2* Host six-monthly “open evening” receptions where journalists can come into the Agency and meet informally with senior Agency staff.

#### ***iii. Improve internal communications***

The Agency has good mechanisms in place for “top-down” communications. However, the mechanisms are much weaker for securing feedback, genuine dialogue and “cross-divisional” communications; in particular, more effort needs to be made in engaging staff in discussion and meaningful interaction.

There is also more to be done to secure a shared understanding within the Agency of the communications agenda, and to equip people with the skills they need to communicate most effectively.

#### *Year 1 (to March 2006)*

- Programme of awareness-raising meetings across the Agency, explaining the role of the communications function, and the importance of good communications in helping the Agency to achieve its business objectives.
- Working with the HR team, develop a training programme for staff in core communications skills. This is likely to include a mix of formal training, informal coaching and potentially “scenario-based” role-play exercises [delivery of the programme will fall within year 2].

#### *Year 2 (to March 2007)*

- Repeat staff survey, and run staff focus groups to assess progress with the communications strategy.
- Review existing internal communications channels and make recommendations for improvements, in particular focussing on the development of new two-way written and oral communications.

**iv. *Improve public engagement in the Agency's work***

The Agency has been criticised for being too remote from patients and the public, and has accepted that it needs to do much more to open its processes up to public scrutiny. To some extent, this will be addressed through improving media access to information, as the media are a key channel of communications with the public; similarly, providing healthcare professionals with better information will in turn pass benefits on to the patients they treat.

However, the MHRA also needs to do more to communicate directly with patients and the public. Although there will be practical constraints to how far it can do this, there are key practical steps which the Agency will take over the next two years.

*Year 1*

- Hold a focus group with lay members of the Agency's expert committees to seek views on how patients and the public might become more involved in the Agency's work.

*Year 2*

Building on the outcome of the focus group:

- Put in place a programme of contacts with patient/public interest groups, for example by offering to supply speakers for their meetings.
- Create a patient/public "reference group" to advise the Agency at early stages of policy development.

**v. *Promote more informed debate of the benefit : risk issues underpinning the work of the MHRA.***

The promotion of debate about the benefits and risks of medicines and medical devices is enshrined in the core messages, and as such will run through all of the communications activities set out above. However, it is intrinsic to promoting an understanding of the work of the Agency. The MHRA will therefore seek to identify an opportunity to set up an event, probably in the form of a debate and hosted by a well-known and independent public figure, to explore these issues more fully. The aim of the debate will be to reach as wide an audience as possible rather than to be academically focussed, and a report of the event will be posted on the Agency's website. The event will be hosted within the two-year timeframe of this strategy.

## **Ownership and reporting**

This strategy is an Agency-wide strategy, and as such its implementation will involve the effort and cooperation of all staff. In particular, the Agency Board will continue to receive regular reports on this work, and the Executive Board will need to take the lead in supporting and advocating this new approach to communications.

For the purpose of evaluating progress against the 2005-6 Agency business plan key target 5, the “actions to be completed by March 2006” will be those set out for year 1 in the section “strategic priorities”.

It is proposed to bring updates on progress with the implementation of the strategy to the Executive and Agency Boards on a quarterly basis, starting in September 2005.

*MHRA  
July 2005*

**Annex A:  
Mission, Values and Positioning**

## **MHRA - the Mission, Values and Positioning**

### **Mission**

MHRA's mission is to enhance and safeguard the health of the public by ensuring that medicines and medical devices work, and are acceptably safe.

### **Values**

In pursuing our mission we will strive to act with:

- Integrity
- Openness
- Courtesy
- Responsiveness
- Timeliness
- Professionalism
- Impartiality
- Consistency

### **Core messages**

- The MHRA is the government agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe.
- No product is risk-free. Underpinning all our work lie robust and fact-based judgements to ensure that the benefits to patients and the public justify the risks. • We keep watch over medicines and devices, and we take any necessary action to protect the public promptly if there is a problem.
- We aim to make as much information as possible publicly available.
- We enable greater access to products, and the timely introduction of innovative treatments and technologies that benefit patients and the public.

## **Strapline**

“Safeguarding Public Health”

## **Aims**

Protecting public health through regulation, with acceptable risk:benefit profiles for medicines and devices

Promoting public health by helping people who use these products to understand their risks and benefits

Improving public health by encouraging and facilitating developments in products that will benefit people

## **Objectives**

Our key objectives are to:

- maintain rigorous authorisation and inspection programmes;
- maintain and develop pro-active surveillance and enforcement programmes;
- communicate authoritative and reliable information and advice to improve public and professional awareness;
- engage with and influence other Government bodies and European and worldwide regulators concerned with medicines or medical devices;
- support innovation and product development, offering constructive and impartial advice to scientific communities and health services;
- minimise the cost of regulation so far as is compatible with our public health role; and run a successful business with a skilled and equipped workforce dedicated to the Agency’s aims.

## **Activities**

Our main activities are:

- assessing the safety, quality and efficacy of medicines, and authorising their sale or supply in the UK for human use
- overseeing the UK Notified Bodies that audit medical device manufacturers
- operating post-marketing surveillance and other systems for reporting, investigating and monitoring adverse reactions to medicines and adverse incidents involving medical devices and taking any necessary action to safeguard public health, for example through safety warnings, removing or restricting the availability of products or improving designs
- operating a proactive compliance programme for medical devices

- operating a quality surveillance system to sample and test medicines and to address quality defects, monitoring the safety and quality of imported unlicensed medicines and investigating Internet sales and potential counterfeiting of medicines
- regulating clinical trials of medicines and medical devices
- monitoring and ensuring compliance with statutory obligations relating to medicines and medical devices through inspection, taking enforcement action where necessary
- promoting good practice in the safe use of medicines and medical devices
- managing the General Practice Research Database (GPRD) and the British Pharmacopoeia (BP) and contributing to the development of performance standards for medical devices.
- offering scientific, technical and regulatory advice on medicines and medical devices
- providing the public and professions with authoritative information to enable informed dialogue on treatment choices