INNOVATION UNCOVERED

INNOVATION UNCOVERED

SHINING A LIGHT ON INNOVATION AND CREATIVITY IN HEALTHCARE COMMS

CREATIVITY IS FOR CORNFLAKES

EXPERIENCE // IGNITING AN IDEAS CULTURE

IN CONVERSATION WITH... SIMON STEBBING

LONG READ // INNOVATION COMES NATURALLY

ISSUE 01 // MAY 2022

hca healthcare communications association

CONTENTS

EDITORIAL CONTACTS

- Mike Dixon, CEO, Healthcare Communications Association

- Rick Evans, Social Strategy Director, 90TEN

- Stuart Mayell, Head of the Creative Difference, The Difference Collective

- Edel McCaffrey, Independent Communications Consultant

- Alister Sansum, Director Scientific and Medical Communications, Publicis Health

90>ten PART OF ENVISION PHARMA GROUP

INNOVATION UNCOVERED

THE HEALTHCARE COMMUNICATIONS ASSOCIATION HELPS

UNCOVER INNOVATION

The Healthcare Communications Association's (HCA) focus on Innovation began at a time when, for two years in a row, pharma communications had missed out on a *Grand Prix* at the Cannes Lions Festival of Creativity.

We looked at the talent, passion and creativity in our sector and asked ourselves, 'Why is this not translating into ground-breaking, industry-leading work?'. This set us on a path to help unleash innovation within our sector, initially looking at the barriers within Pharma communications, and now through this journal and other initiatives, by helping share experiences and practical insights.

But, of course, one thing that needs to be clarified right at the start is the difference between *Creativity* and *Innovation*.

CREATIVITY VS INNOVATION

These two words are so often, and wrongly, used interchangeably. They mean different things, and understanding that is not just semantics: it goes to the very essence of what we need to do to positively address both.

Creativity and *Innovation* are certainly co-dependent, and by embracing, supporting and delivering both, healthcare communications can truly achieve transformative health campaigns, ensuring that patients have access to the knowledge, medicines and interventions they need to live better, healthier lives.

At the most basic level, *Creativity* is about the generation of new ideas to deliver against an identified need or problem in a unique and different way. *Innovation* implements those ideas, ultimately ensuring they deliver against their objectives. *Innovation* is the process of converting theory into a better and smarter action.

Some may suggest that *Innovation* is associated with cost and *Creativity* is not, but this over-simplifies the dynamic, as delivering the right environment for *Creativity* has an inherent cost, even if that is just time. Yes, implementing those creative ideas have idea-specific costs and are therefore likely to be significantly greater, but, normally, before these are incurred, there will be an expectation of a good cost–benefit ratio from the *Innovation.*

Great *Creativity* relies on excellent insights, and this can often be forgotten or deemed a lower priority cost compared with the implementation. By understanding that the quality of *Innovation* is linked to the quality of the *Creativity*, which in turn is linked to the quality of insight, we can start to recognise that the right investment in *Creativity* itself is equally important.

Recognising the interconnectivity yet distinction between *Creativity* and *Innovation* was fundamental as the HCA considered our way forward. As *Innovation* stems from creativity, which in turn requires a variety of factors to thrive, this journal will aim to uncover some of these different elements to support practitioners in creating more impactful health communications.
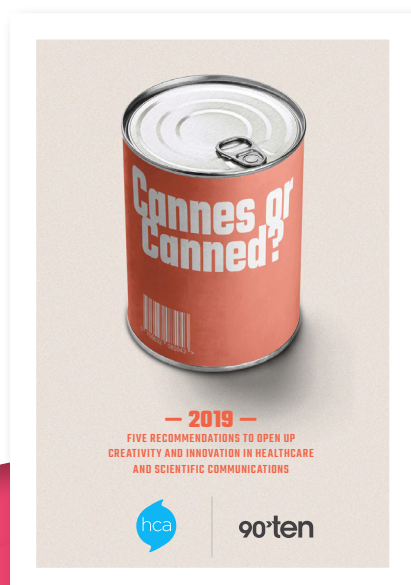
BARRIERS TO CREATIVITY AND INNOVATION

There will always be barriers to *Creativity* and *Innovation*, some real, some just perceived. To unleash *Innovation*, we therefore needed to recognise and address these challenges head-on. So, for our first initiative, we set ourselves a mission to answer two key questions:

• What is holding back *Creativity* and *Innovation* in healthcare communications?

• What can we do to open up its potential?

The initiative, developed in partnership with 90TEN, engaged with those working in pharma and delivered five recommendations to the industry for opening up *Creativity* and *Innovation*:

01 Create a culture that embraces *Innovation* and *Creativity*

02 Empower and value brave, innovative people from beyond and within healthcare

03 Strip back processes and streamline activities to enable communications that are agile and responsive to stakeholders' needs

04 Get up close and personal with our stakeholders and target audiences

05 Put experimentation and learning at the heart of healthcare communications

Each recommendation can be viewed in more detail in the *Cannes or Canned?* report, published at:
the-hca.org/Media-centre/Resources/HCA-Innovation-Report

As part of evaluating the impact of these recommendations, in 2021, the HCA revisited where agency members were in embracing *Creativity* and *Innovation* in their healthcare communications and asked where more practical support is still required to help them achieve their goals. From this consultation, three broad areas of focus were identified:

01 Facilitate sharing best practices, advice and guidance around *Innovation* and *Creativity* to help both agency and industry teams

02 Establish a strategic planning model to fuel *Innovation* and *Creativity*

03 Explore how we can enhance interactions between creative and compliance teams

The HCA will be undertaking initiatives in each of these areas, but to address the first, we have created this journal, with future issues planned. The journal's goal is to facilitate ideas and best practice sharing across our sector and from outside. The content will share experiences, with advice and guidance from those already focused on *Creativity* and *Innovation*.

We encourage you not to just passively engage with *Innovation Uncovered* but to respond and contribute to its content, to share what you read and how you interpret that into your everyday work and to consider how you can take any insights gained to the next level. We all have a responsibility to help ensure as a sector that we continue to encourage, recognise and reward *Creativity* and deliver *Innovation*. As communicators, if we don't innovate, we will be in danger of losing our voice, and that cannot happen. The health and wellbeing of the world depends in part, on our voice being consistent, clear and strong. So, please, read on and uncover your *Innovation*...

— 2019 —
FIVE RECOMMENDATIONS TO OPEN UP CREATIVITY AND INNOVATION IN HEALTHCARE AND SCIENTIFIC COMMUNICATIONS

hca
healthcare communications association

You can send articles, ideas or comments to the editorial team using: innovation@the-hca.org

Share on social media using: #innovationuncovered And please tag the HCA

"CREATIVITY IS FOR CORNFLAKES"

STUART MAYELL //
HEAD OF THE CREATIVE DIFFERENCE, THE DIFFERENCE COLLECTIVE

It was a throwaway comment from a pharma medic. Yet, it encapsulated a once-prevalent attitude that the health and science communications industry sought credibility and regulatory competence. Innovation was for products that lacked their own.

We've travelled far in the 20 years since that remark was made. Creative work is quite literally saving lives, and innovation is sought and nurtured across the industry. But while the soil is fertile, there is still much growing to be done.

"REGULATORY RIGOUR HAS CREATED A CULTURE IN WHICH COMPLIANCE CAN APPEAR THE ENEMY OF CREATIVITY"

Through integrated campaigns, creativity in communications is often perceived as the preserve of our colleagues in advertising, leading to a disparity in roles and budget available to support creative and innovative communications.

A heightened focus on procurement has succeeded in delivering greater value but risks squeezing out creativity in favour of that which can be quantified.

Healthcare communications agencies continue to recruit in their own image. Science backgrounds are preferred. Diversity and inclusion are rightly championed on social justice grounds but not for the fresh perspectives and ideas they can unleash.

None of these challenges are insurmountable, which is why this new journal exists. Since 2019, the Healthcare Communications Association (HCA) has gathered experts from within and without the healthcare industry to share best practices and foster solutions. *Innovation Uncovered* is the latest output of this ongoing process.

Innovation Uncovered has been developed by a multi-disciplinary editorial board and a wider group of HCA members who have generously given their time to establish the key areas of focus for creativity in communications. These have been incorporated into the editorial policy for *Innovation Uncovered*, so each issue will cover how people, processes and performance can impact creativity.

PEOPLE

People will be critical. To encourage us to look past the usual suspects, we'll hear from those who have broken into healthcare communications from a career outside. We will also hear from those with pivotal roles in the creative process.

Additionally, experts will bring practical guidance, to empower and equip clients and agencies to deliver their best. In this first issue, agency founders **Eva Reynolds** and **Sarah Matthew** will help every one of us get into the mindset to create.

PROCESS

Commissioning creativity can seem a minefield. Contrary to popular belief, creativity thrives within boundaries, whether they be from the guidance of a good brief or the ABPI Code's strictures. **Emma Crozier** explains how not to get burnt while igniting an ideas culture in healthcare communications, while the unassuming iconoclast, creative director and agency head **Stuart Hehir**, dismantles the barriers that stand between us and great ideas.

Innovation Uncovered embraces all aspects of healthcare communications. Industry and agencies of all types have much to gain from innovation, and both can achieve more and better through collaboration and co-creation. In this first issue, we will hear from medical communicators on how, far from being enemies of creativity, legal and regulatory teams can innovate with the best. **Peter Morrow** of Nucleus Group tells us more.

PERFORMANCE

Ultimately, though, this is an ideas journal. This means showcasing the new and the effective and addressing the misconceptions and perceptions which limit opportunities for creativity and innovation in healthcare communications.

In this and future editions, we'll take the time to highlight the great work going on and how it is helping people lead longer, healthier lives. We will take a close look at what's winning awards and what will be soon. If you have a campaign you think we should see, please get in touch. One of our founding editors, **Rick Evans** of 90TEN, looks at how the concept of a three-act play remains as relevant to creativity in a crisis as it does to classic literature.

Looking to the past is as valid an inspiration as a future focus. We ask **Simon Stebbing** of Ogilvy Health to reflect on his inspirations and how things have (and continue) to change in healthcare communications.

So, welcome to *Innovation Uncovered*. We hope it provokes and stimulates. Please let us know where we're going right and wrong.

And at least you now know what creatives eat for breakfast.

5 essential reasons to join #theHCA

#TogetherForBetter

hca
healthcare
communications
association

4 Learn and grow

Together we can learn from each other through unique networking opportunities with peers, patient groups and the media, as well as other disciplines and industries beyond healthcare. We can grow professionally with the help of bespoke development courses, our annual conference and shared experience sessions.

1 Leading the way

Together we are setting standards and driving excellence in healthcare communications, as the leading professional association across the UK and Europe.

3 One voice is vital

Together we are the leaders in our field and can make a difference to the topics that really matter; championing diversity, equity and inclusion, wellbeing, and sustainability in healthcare, to mention just a few.

5 Focused on the future

Together we keep our eyes on the horizon, focused on the industry challenges that lie ahead. We are driving innovation, best-in-class science, and creativity, to ensure our sector and our people are future fit. We want to shape the future together, by helping you to recruit and retain the best talent and grow our future leaders.

2 United we thrive

Together we unite and champion healthcare communicators, from early career to industry leader, wherever you work. With exclusive access to valuable insights such as our annual Benchmarking Survey, we can help you and your team thrive.

Our growing global network includes:

Global healthcare, pharmaceutical and biotech companies

Medical affairs, communications, and PR agencies

Health-focused charities and patient groups

Independent associates

Join us

https://the-hca.org/join
info@the-hca.org

HANDS FACE SPACE

THE POWER OF THREE: AN OVER-USED TROPE OR A VEHICLE FOR CREATIVE MESSAGING?

RICK EVANS //
SOCIAL STRATEGY DIRECTOR, 90TEN

It is a truth universally acknowledged that messages are more memorable, effective and even funnier when involving three constituent parts (see what I did there?). From the Liberty, Equality, Fraternity correlated with the French Revolution, to the Daddy, Mummy and Baby Bear whose porridge Goldilocks purloined, the triumvirate is an important part of the way we tell stories.

It has been said that the rule of three works because the human brain thrives on patterns and that three is the smallest number that can make a pattern. It's a way for us to create something familiar, something that is succinct and yet sticks in the mind.

Since the start of the pandemic, UK public health messaging around COVID-19 has repeatedly used this maxim to encourage a variety of behavioural interventions. The initial push to 'Stay At Home / Protect the NHS / Save Lives' was followed up with a somewhat more opaque call to 'Stay Alert / Control the Virus / Save Lives' as more freedom to move around was coupled with a more urgent requirement to implement social distancing.

These triple-message campaigns have been mainstays of the UK's response to COVID-19, bedecking the lecterns upon which the prime minister and his advisers have held forth in their regular evening briefings. The slogans, punchy and memorable as they are, have not been without their detractors. Whilst the clarity of the 'stay alert' message was disputed, the follow-up call to 'Wash Hands / Cover Face / Protect Space' was mocked and maligned on social media. 'Shoulders, knees and toes to follow' quoted *The Independent* in an article on public reactions to the latest campaign.[1]

Writing for *The Drum* about the debate caused by the clarity (or lack thereof) in the 'stay alert' messaging, Dan Cullen-Shute, founder and chief executive of Creature, stated his shock when reading an article in which a well-known journalist, for whom he had previously had great respect, had 'described [the slogan] as "disinformation". Not "bad". Or "vague". Or even "s**t".' Cullen-Shute's defence of the messaging had in turn resulted in a Twitter pile-on in which he was branded a 'Tory apologist'.[2]

Indeed, it would be fair to say that one of the challenges of the pandemic public health campaign has been its indivisibility from the political context in which it has played out. In a two-year period in which a series of scandals have rocked the ruling party, including a particularly embarrassing exposé involving then health secretary Matt Hancock, critics of the government have stated that the health messaging was being seriously undermined. The *BMJ*, writing a year later, criticised Boris Johnson's announcement about moving away from legal restrictions into a new phase in which people can make their own informed decisions about how to manage the virus, stating that 'government must give us the necessary information. But they aren't'.[3]

Developing a public health campaign in such an environment invites an enormous amount of baggage. For every commentator in paroxysms of joy at Jonathan Van-Tam's gift for metaphors, there is a doctored image of the prime minister's lectern messaging substituted for comic effect.

MullenLowe, the creative agency that has developed all the slogans from 'Hands / Face / Space' onwards, has faced the creative challenge to build simple yet innovative messaging around what is a complex and shifting public health emergency. That the agency has continued, broadly, to follow the rule of three used by the earlier 'stay at home/alert' campaigns developed by the consultancy Topham Guerin shows an instinctive sense for the 'if it ain't broke, don't fix it' method. By adding the extra mnemonic device of a rhyme, these new slogans may not have met everyone's approval, but they have got people talking and are already familiar components of pandemic life.

The flipside of this 'simple' messaging approach, and here I am talking firmly with my agency hat on, is that its detractors are not always aware of the hours of research, brainstorming and late nights that go into creating memorable slogans. One can almost feel the revulsion dripping from the page as the i newspaper

reports on MullenLowe's taxpayer-funded contract to provide multiple COVID-19 awareness campaigns into August this year.[4] Admittedly, this deal is reputedly worth an eye-watering £40 million, but, like similar controversies in the past, such as those around the Olympics 2012 logo, there is sometimes a lack of recognition of the fact that creative simplicity costs time and money.

Like the familiar advertising jingles of the past, a public health message must be wholly original and inextricably associated with its subject. One can hardly exist without the other. Whether the UK pandemic messaging has been this successful is perhaps a subject for debate, but it is hard to deny the impact of the way it has shaped discourse about the COVID-19 response from the media, healthcare professionals and the general public.

Through using the trusty rule of three, the public health message creators have shown that sometimes the best way to get across a new creative idea is to take from the familiar. Innovation is not always about looking to the future but drawing on the wells of the past and reshaping the narrative. The 'Hands / Face / Space' message conveyed some novel concepts, such as face covering and social distancing, but in the form of a snappy slogan. You may not like it, you may find it easy to mock, but it is hard to forget. And, surely, in the crowded public health arena, that counts for more than anything.

REFERENCES

1 Ng K. 'Shoulders, knees and toes to follow': Britons react to Boris Johnson's new coronavirus slogan 'Hands, Face, Space'. *The Independent.* Accessed May 2022. https://www.independent.co.uk/news/uk/politics/coronavirus-boris-johnson-slogan-hands-face-space-reactions-a9648261.html

2 Cullen-Shute D. In defence of the 'stay alert, control the virus, save lives' messaging. *The Drum.* Accessed May 2022. https://www.thedrum.com/opinion/2020/05/11/defence-the-stay-alert-control-the-virus-save-lives-messaging

3 Reicher S. How government messaging is undermining the covid-19 response. *BMJ.* Accessed May 2022. https://blogs.bmj.com/bmj/2021/07/13/how-government-messaging-is-undermining-the-covid-19-response/

4 Wood P. Firm behind 'Hands, Face, Space' slogan awarded £40m contract for public Covid messaging lasting until August. *inews.* Accessed May 2022. https://inews.co.uk/news/firm-behind-hands-face-space-slogan-awarded-40m-contract-for-public-covid-messaging-lasting-until-august-1347522

THE FIRST STEP TOWARDS CREATIVE EXCELLENCE IS UNDERSTANDING OUR OWN BARRIERS TO ACHIEVING IT

STUART HEHIR //
CO-FOUNDER, STIRRED

Achieving creative excellence within healthcare communications is rightly an ambition that many of us share and strive for. From my experience, there's no shortage of good ideas and thinking, both agency- and client-side. But it doesn't take much for ideas to become watered down, knocked off course or slowly picked apart until a great idea can be reduced to something that's just okay.

I once attended an awards judging day where the head judge asked us to evaluate the work based on a John Ruskin quote, 'Fine art is that in which the hand, the head and the heart of man go together.' When you view or create work with this in mind – *hand, representing the craft and the quality of the execution; head, the intelligence behind the insight or idea; and heart, the emotional impact (did it make me care?)* – it quickly becomes clear that the magic happens when you have the strongest balance of all three.

It's a sentiment that David Hockney repeated, 'You need the eye, the hand, and the heart. Two won't do,' and it's this sense of balance that I believe is key to producing great creative work that will have an impact on the world. But the idea of using simple and useful frameworks to help us evaluate or improve shouldn't just be confined to our output; it needs to be extended to the very way in which we conceive and strive for it.
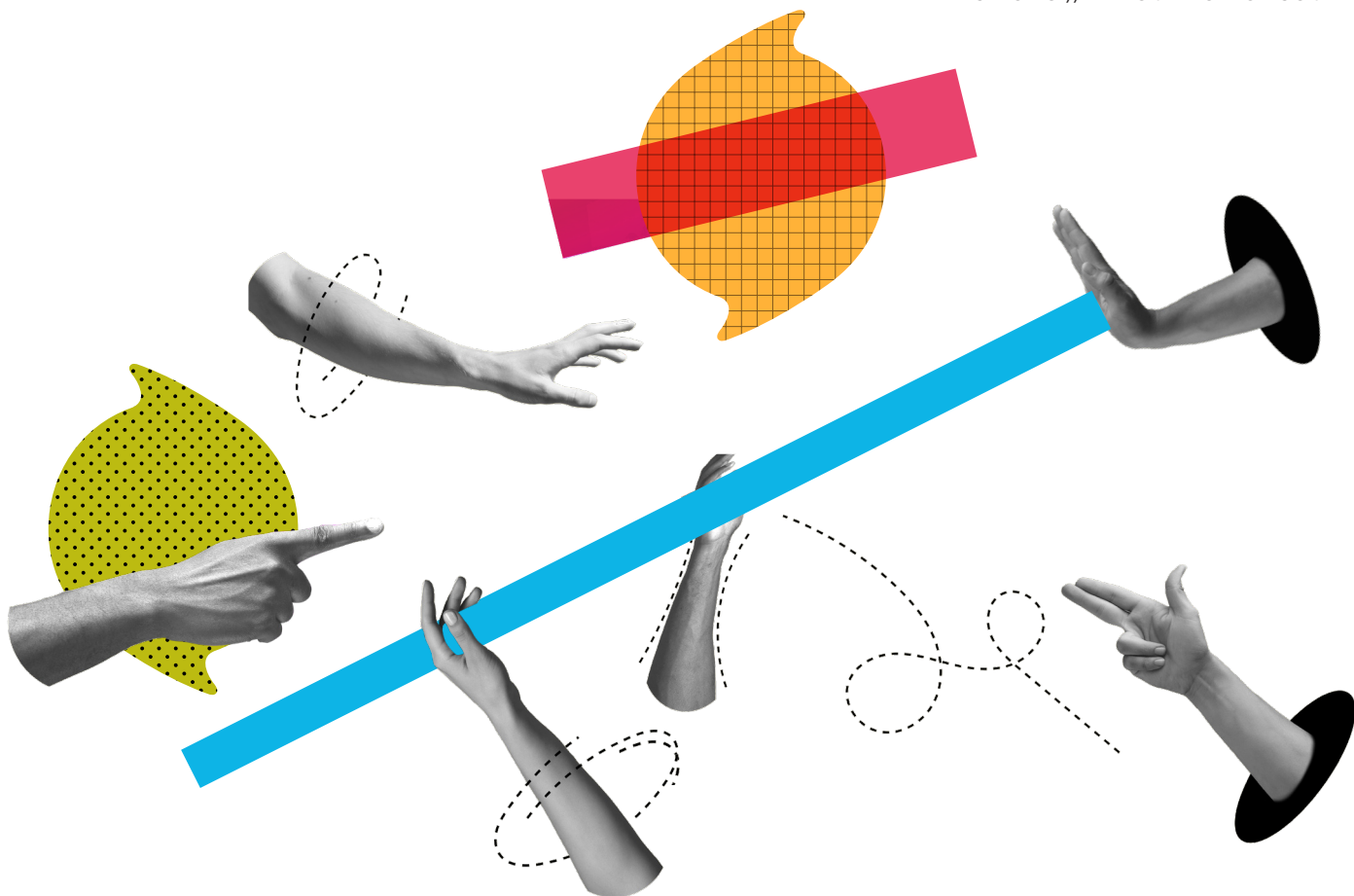
A while back, I ran a workshop at a health communications conference. Everyone there – an even spread of client and agency professionals – was clearly motivated to improve the quality of their creative work or better harness creative thinking in their programmes, whatever that meant to them. Many of them were frustrated at the myriad of barriers they faced to do this, and, while some of the same old reasons were being blamed, such as people confusing creativity with risk and our old friend compliance, the real impact each barrier had differed significantly depending on the individual. It was also clear that, while the group were not shy to share those things that were stopping them achieving their ambitions, many were facing a brick wall when it came to overcoming those barriers.

To dig deeper and add some structure to the session, but also to move the focus on to solutions, we used the UCL Centre for Behaviour Change's COM-B model. For those not familiar with the model, it provides a useful way to explore common barriers to changing behaviour or, in UCL's own words…

*"sets out that behaviour comes about from an interaction of '**capability**' to perform the behaviour and '**opportunity**' and '**motivation**' to carry out the behaviour. New behaviour or behaviour change requires a change in one or more of these… the COM-B model is especially useful in helping with identifying goals and deciding on an appropriate*

low intensity intervention. Which of capability, opportunity or motivation are most relevant for a target of behaviour change and which of these might present major obstacles to change?"

COM-B MODEL ELEMENTS		INSIGHT
CAPABILITY	Physical	
	Psychological	
OPPORTUNITY	Physical	
	Social	
MOTIVATION	Reflective	
	Automatic	

It's a model that's proven to be highly effective when creating health campaigns but can be equally useful to diagnose our own behaviour – and I highly recommend that you try it. During the workshop, everyone focused on what they were individually trying to achieve relating to 'creative communications' before then using the model to explore the barriers in a more systematic way.

By way of an example, let's just say that our ambition is to move towards more integrated creative campaigns or programmes.

CAPABILITY
PHYSICAL AND PSYCHOLOGICAL

The model asks us to look at whether we are currently capable of doing this, both physically and psychologically. Do we need more strength, new physical skills or more mental stamina? In most cases, we won't need physical skills ourselves, although it might be that we need to introduce more craft skills into the mix. We might also feel that we need greater mental stamina to champion a new approach in the face of resistance, something that we might find by aligning with others.

We may also identify that we lack the knowledge and information to do things differently. Where can we go to be inspired or learn from those who might already be doing the type of work we want to be doing? Could we increase our knowledge by tapping into a more diverse pool of people – from both in and outside healthcare – and open ourselves up to different perspectives and lived experiences?

OPPORTUNITY
PHYSICAL AND SOCIAL

Time, location and resource are all key factors when it comes to opportunity. It may simply be that we need to add more people or money into the mix to do this type of work. Perhaps that might mean consolidating budgets or focusing on doing fewer things better. Do we have the right structures and processes in place on both agency and client sides? Are we able to get the relevant stakeholders together at the right times to bring everyone on the journey and make everyone feel ownership, and, when we do, do we understand enough about them as individuals to know how to work with them efficiently and collaboratively?

When it comes to the social opportunity, we step into the world of culture. Culture is hugely influential when it comes to achieving creative excellence, and we're not talking slogans on walls but the living, breathing environment that shapes our day-to-day and our

work. Taking time to really understand the culture around us – regardless of whether we are in-house or agency – is critical to helping us understand how we might move things forward. A culture that's hesitant to do things differently might be dictated by only one or two individuals, or it might come from deeper in an organisation's history, but we know that cultures can quickly change. Just seeing a different approach succeed once can be all that's needed to change opinions or perspectives forever.

MOTIVATION
AUTOMATIC AND REFLECTIVE

But it's motivation that will ultimately dictate whether we continue to move the industry on towards greater creative excellence. Having paused and taken time out to better understand the barriers to achieving our ambitions, are we sure we are motivated enough? And, more importantly, what are the actions we are going to take? Understanding the conscious and unconscious cognitive processes that influence motivation is complex, but the very process of reflecting on these questions, and putting plans in place, can be a key step in itself towards improving motivation.

It's true that there is great power in the strength of teams. The old saying 'it takes a village to raise a child' can be equally applied to creative endeavours. But it's also true that accountability starts at home. The next time you are struggling to get an idea off the ground or feeling stuck somewhere along the process, take a few minutes out to consider what's really going on for you. It might just offer up the breakthrough you've been looking for.

REFERENCES

1 West, R; Michie, S. A brief introduction to the COM-B Model of behaviour and the PRIME Theory of motivation [v1]. UCL Discovery. Accessed May 2022. https://discovery.ucl.ac.uk/id/eprint/10095640/

IN CONVERSATION WITH…

This issue, we sat down with **Simon Stebbing,** head of advertising and innovation at Ogilvy Health UK, to talk about his career and the evolving role of innovation in pharma industry communications.

What does the word innovation mean to you?

For me, innovation is about continual improvement, driving greater efficiency of effectiveness, ideally using technology as an enabler. I don't want that to sound like a collection of buzzwords, but I would like to be cognisant of the fact that not all innovations need to be huge leaps but rather do something better than it has been done before. Additionally, in my professional role I can see that digital technologies still need to be embraced and better utilised to achieve these goals.

Is agency understanding of innovation different to that of pharma's?

I think that depends on the agency and the pharma company to be fair. Some agencies look at entire business problems and others just look at marketing and communications. In the same way, some pharma companies look at innovation across new product development, clinical trials and marketing, whilst others less so. So, dependent on where you are on that spectrum, the understanding can differ. Also, I feel that many agencies want to push for more innovative communications solutions based on the insight and audience needs, whilst a lot of pharma are restricted by the technology and legacy systems they have in place. So, it may be less of a different understanding but more of a difference in capability.

How does innovation in health communications differ to innovation in other industries?

Many may talk about the compliance restrictions that are in place for pharma, but I think that is a misdirection – alcohol and banking industries are not too dissimilar in this sense. However, as we are dealing with people's wellbeing more directly, there is definitely more of a conservatism or reservedness within the healthcare industry. To that effect, there is a definite need for health communications to be more customer-centric and add value, rather than having a more spurious effect as it can be elsewhere. In other industries you sometimes see innovation used as a tool to create "cut-through", noise or impact, whereas in health there is a need to drive a true behaviour change, and more often than not this change must be measurable and provable.

How did you get your 'innovation' job role?

A good question. I have been saying for years that I know nothing about pharma despite working with the industry for more than 12 years, but in the essence of that sentence is where I think my value and the role lies. I am not wrapped up in pharma and have no scientific academic background. Consequently, I am more engrossed in technology, external influences and non-health marketing. Taking that interest, experience and learning and applying it to my company and clients' businesses allows me to innovate.

From a career point of view, I had previously worked in sports marketing and non-pharma communications and marketing agencies on many blue-chip brands. Within Ogilvy, I was part of a joint venture between the health division and the digital activation arm. This led to those of us from the non-pharma side having to bring digital, technology and more innovative consumer advances into the mix. That was where the more innovative thinking and application of industry-external influences came from.

What inspires you in your job?

Change. If everything stays the same, I feel that we are doing an injustice to society, ourselves, clients, patients and so on. I am always looking at how and where we can improve, enhance and drive change not just with our clients, their businesses, brands and patients but also within our own business. Surely, we need to add value, and adding value means something needs to change.

Who do you think are world leaders in innovation (individuals) and why?

It does sound cheesy, but Elon Musk and the challenges and norms he breaks around space travel, broadband and hyperloop travel, not to mention batteries, are astounding. To go up against the standard established way things are done and disrupt that is inspiring.

Do you think innovation as a topic is being taken more seriously by the pharma industry?

I think it is being talked about more, but I am not sure if it is genuinely being taken more seriously. There are definitely pockets of innovation occurring, but too many companies are doing it at a slow and small pace. Don't get me wrong, this is still innovating, but genuine innovation does not happen at a moment in time; it is a behaviour that needs to be adopted and in play continuously. I think many companies need to adopt a longer-term vision, alongside which more regular and often greater innovation can take place.

What are the main impediments to innovation in healthcare communications?

I think there are a few things in play here, and they definitely differ across companies, but the main examples we see are the capability of the technology and the related knowledge within companies; situations where the company vision is not directive enough to empower those within the organisation to make braver decisions, to explore and to fail; success being measured on sales alone; and too often agencies don't take their clients on the innovation journey, when they could be improving understanding through education and support. Rarely, in reality, are innovative communication strategies impeded by medical, legal or regulatory teams or even budget. These are familiar components of working in a restrictive industry and can actually provide support or shape the output.

How do you think innovation and creativity are related?

Creativity is needed to come up with the ideas to solve our clients' challenges, and more often than not innovation can help solve those challenges. Saying that, innovation can be the application of technology or any other solution to effect change and could be interpreted as creative. I think the two are fairly interlinked.

What have been the biggest changes you have seen since you joined the industry?

The pharma industry has started to bring in external people from other sectors, which is essential to progress. A greater focus on healthcare professional and patient data is improving the way we can understand our audiences and tailor personalised solutions for them. Additionally, the likes of YouTube, Google and Amazon (albeit they have their faults) have set the standard for other industries to treat audiences as people and not just as customers.

How would you encourage younger people in this industry to inspire innovation?

First, explore and be exposed to other industries. Don't accept that it is how it is – if we always do what we always did, we will always get what we always got. Think about what technology or changes would make you, your clients, their services or your colleagues redundant through a solution which is more effective, efficient or desirable. And, finally, we should challenge ourselves to think beyond the legacy infrastructure to which we and our clients are tied. Break it and rebuild.

PERSONAL EXPERIENCE

**EMMA CROZIER //
CO-FOUNDER HAVAS
JUST:: HEALTH AND nORTH**

IGNITING AN IDEAS CULTURE IN HEALTHCARE COMMS //

The author, **Emma Crozier**, co-founded HAVAS Just:: Health, a healthcare communications agency known for its inventive thinking.

She is now a business consultant and coach, and co-founder of nORTH, a partnership that supports businesses to change and grow.

IDEAS CHANGE THE WORLD

Great ideas can come from anywhere at any time. Ideas born in the lab have transformed the world in ways that the men and women who had them could scarcely have imagined. As communicators, how can we mirror the scientific innovation demonstrated by our pharmaceutical industry clients to do their discoveries justice?

The first step in changing the culture inside healthcare communications is for agency leaders to understand what their culture is now and what their people need in order to feel empowered to take more risks, be brave and experiment outside their own comfort zones.

We need to accept that what has got us here, won't get us there. To create workplaces that successfully cultivate and propagate transformative ideas, we may need to move away from more established ways of doing things and take some risks ourselves.

FIVE WAYS TO MAKE CHANGE HAPPEN

01
RECAST THE PLAYERS TO GIVE EVERYONE A MEANINGFUL ROLE

Ideas generation is a team sport. Rules and the rituals are critical to playing the game successfully. Everyone has a part to play, team dynamics can make or break your performance, and assists are as important as goals.

Being explicit about the skills and behaviours involved in growing ideas can be useful in building everyone's confidence in their own role in the creative process. It legislates against people's preconceptions that 'creative thinking' is the preserve of 'creative types' and sets clear expectations for full participation.

One tool I've used with success is the Kantor 4 Player Model (with a bit of an update as I find the characterisations in the original are a little two-dimensional). You invite people to discuss and develop ideas, signposting what role they are playing when they give their input. They may be inputting as the Architect (setting the direction and initiating new ideas); the Builder (expanding and elevating on what has been shared); the Engineer (asking how we can make it happen and exploring the mechanics needed for success) or the Doubt Sharer (challenging and stress testing ideas).

This approach recognises individuals' natural strengths, encourages them to operate against preference (in a safe and signposted way) and critically assigns as much value to the person expanding on or interrogating an idea as to its originator. You can find the original model here https://www.andycleff.com/2021/04/stretch-team-communication-muscles-kantor-four-player-model.

02
MODEL AND ENCOURAGE DELIBERATE DISRUPTION

Steve Jobs once told graduating students to "stay hungry, stay foolish" – recognising that comfort and experience can be thieves of innovation. It's good advice for businesses too.

My experience at Just:: Health was that when we were young and hungry, behaving and thinking differently was easier than when we got bigger and 'more established'. Then, maintaining a commitment to innovation required regular, deliberate action. For example:

• Get into the habit of framing problems in a different way and coach others in the team to do the same

• In client interactions, ask the questions no one else would dare to ask

• Identify the usual solutions to your client's challenge/the brief – and turn them on their head (literally, stage a revolution!)

• Celebrate the process not just the outcome of brainstorms

• Don't fall into the trap of approving reasonable things too quickly, whilst treating counterintuitive ideas with suspicion

• Model losing your inhibitions – ask what the craziest answer to the client's question could be, share the most un-Code compliant idea and then collaborate to see how you could make it work within the regulations

• Share ideas in the raw (between yourselves and with your clients) – signpost what you are doing and why it mitigates against making assumptions about what is and is not possible

• Recognise and reward non-conformist behaviour in the team

• Actively support people to operate outside of their comfort zones. We successfully used guided meditation to build a pitch team's empathy for gastric surgery patients and generate ideas we would never have come up with sat around the boardroom table

03
MAKE IT ROUTINE

Original thinking is all about making connections. The more stimulus you devour, the more likely that your brain will recognise these "collisions", make sense of them in novel ways and assimilate them into novel ideas.

Encourage your teams to behave differently (so that they think differently) by: alternating routes to get to work (including from the bedroom to the living room!) and where you work; setting yourself challenging tasks; consuming a broad range of media; connecting with new interesting things and people.

Some of the most successful pitches I have been involved in were inspired by popular culture (which should make you feel better about binge-watching the new series of *Succession*!).

04
ENGINEER IT INTO THE WAY YOU WORK

You need to change from the inside out to really embed exploration and experimentation. Define the space and time to do this work, build it into project plans and give teams practical examples and exercises so that they can effectively and efficiently make it happen.

Some of the things that worked at Just:: or other agencies I have collaborated with are:

- Assigning an additional 10% onto project budgets (picked up by the agency, not the client) to be used for expanding or elevating existing activities and asking What's Next?

- Creating a job code for Creative Time, building it into billability targets and monitoring time against it so that it gets well spent. One of my bugbears is agencies assigning time to 'admin' (as well as client work) and not to thinking, learning and exploring new stimulus on behalf of their clients. This signals that 'admin' is considered a priority and ideas generation or the pursuit of fresh thinking is not (sad face).

- Using office space differently. One of my agency clients has recently moved into space that is 20% desk and 80% communal. There is a huge café ("collision" space where conversations spark connections) as well as plenty of room to hold "active" meetings in which people are encouraged to move around and play (a great way of getting people into a creative mindset). Now is a perfect time to be thinking about using your office space differently and ensuring that your physical environment reflects and facilitates the way you want people to behave and work.

Make ideas thinking part of your agency vernacular – setting an expectation that people should be asking: *What's next?, What if?, How could that work?, Why not?*, and encouraging free flowing ideas by saying "*Yes, And.*"

05

GET RID OF THE BLANK PIECE OF PAPER AND INVEST IN CO-CREATION

Some people's creativity is ignited by the challenge of a blank piece of paper. It immobilises others. Recognising this led to the development of the Just:: agency roadmap for generating new ideas. We never regretted the investment made in crafting the process and training people on the tried and tested tools and techniques for co-creation within it.

Process is important because it lets people know what is expected of them and helps them feel safe. Tools and techniques are important because they ensure you are equipping people to behave and think creatively, not just giving them the permission.

A creative roadmap could include tips and techniques for:

• Researching around the client's brief

• Socialising research findings (because information is power and you cannot expect people to come up with good ideas without quality input)

• Interpreting the information and distilling down insights

• Designing and facilitating ideas generation sessions (like a relaxed summer wedding, a really effective and efficient ideas session takes a lot of planning and preparation but feels spontaneous and exciting)

• Evaluating ideas, building on the best ideas and packaging them in a way that makes your team excited to sell them and your clients eager to buy them

Your roadmap can also be used with clients. In my experience, investing in co-creating with clients (including medical, legal and regulatory teams) increases their buy-in (especially to more left-side ideas) and mitigates the risk of ideas falling at the last hurdle. It can also deliver a more innovative result – because you are not trying to second-guess clients' red lines.

CHANGE IS A PROCESS

The creative mode involves turning away from the path of least resistance and venturing into the unknown and the unexpected. Change does not happen overnight. Success is rarely scientific, even in science. You need to put aside time and space to let some magic happen.

Share your vision for embracing experimentation and innovation – and why it matters, taking people with you by not just saying it, but making it a part of what you do and how you do it so that people believe it.

FURTHER READING, SOME STIMULUS:

There are a huge number of books about creative process, design thinking, and ideas generation available. And they are stuffed full of practical exercises, tools and tips to help you and your team work creatively together to deliver novel ideas for your healthcare clients.

Alchemy: The Magic of Original Thinking in a World of Mind-Numbing Conformity // Rory Sutherland

The Design Thinking Toolbox: A Guide to Mastering the Most Popular and Valuable Innovation Methods // Michael Lewrick, Patrick Link, Larry Leifer

Creativity, Inc. // Ed Catmull

Outliers: The Story of Success // Malcolm Gladwell

Sticky Wisdom // Dave Allan, Matt Kingdon, Kris Murrin, Daz Rudkin

INNOVATION COMES NATURALLY

PETER MORROW //
SENIOR COMMERCIAL DIRECTOR, NUCLEUS GLOBAL

WE LIVE IN INTERESTING TIMES

Great waves of innovation have pushed humanity forward throughout history, whether or not humanity wanted to be pushed. Our job as innovators is to identify and ride the most relevant waves in medical affairs as much as in any other sector.

Our generation was lucky enough to be the first to 'surf the internet'. More than a tired metaphor for the everyday miracle that is the Web, this encompasses successive waves of creative disruption sweeping through every part of our lives. Designed to allow rapid transmission of data, the use in communications was clear, and the internet immediately superseded mail and fax with instant, free, global email. Its next revolution was content, first shaking the news, music, gaming, film and television industries with unrestricted piracy before enabling a new vibrant ecosystem of online content. E-commerce ravaged high streets, as it created trillion-dollar online megastores. Computers that enabled the internet jumped into our palms and our cars, adding personal communication rocket fuel that now pays for rocket ships. Advertising's titans – radio, TV and cinema – lost primacy to Google and Facebook, who know with accuracy what we like to buy for lunch, where and with whom. Social media connects people who would never have met before. Want a date? Swipe right. Finance is next, with cryptocurrency and defi (decentralised finance) about to bring a monetary revolution that removes the middlemen bankers. NFTs

(non-fungible tokens) also use cryptography to prove identity and ownership, which are crucial aspects of the user-centric Web 3.0 architecture of tomorrow and the much-touted metaverse.

These related but distinct revolutions have extended how we use the internet from merely the transmission of information to the creation of rich and fulfilling experiences. For over 20 years, these have been the dominant currents powering innovation throughout our lives. Innovation in medical affairs is no different: it has been largely defined in terms of the technologies of the internet age.

The last two years of lockdown and enforced distancing have turbocharged some of those changes and ushered in further giant waves of change to society, working practices, channel preferences and, of course, healthcare. Not by choice; innovation happened to us. In this strange new era when public health and drug discovery are the dominant conversations – with outcomes graphs on every front page for more than two years – the role of medical affairs is more relevant than ever, and we are floating in a sea of opportunity.

INNOVATION HAPPENED TO US

As a result of the pandemic, wholesale innovation happened to our lives, and we adapted. At first, the changes were necessary but assumed to be temporary. But they brought benefits too, forcing us to look at everything with fresh eyes. As we recognise what we have gained, we find ourselves asking, 'What do we want to go back to?' 'What do we want to take forward?' We face these questions personally and professionally. So do patients and healthcare professionals. Innovation in every sector will be powered by the answers to these questions.

We don't want to travel as much. We want more flexibility in how we work and consume media

Skype launched free video conferencing in 2003. Ever since, some of us have increasingly touted virtual meetings as cheaper, more readily compliant, greener and more versatile alternatives to face-to-face meetings. The reception was mostly limited. Face-to-face is always better, right? COVID-19 and the global lockdown said no. The pendulum swung immediately towards Teams and Zoom. We all became virtual-meeting experts within a few weeks. These platforms are by no means perfect, but we have adapted well, and no-one misses the time and expense of commuting and air travel – not us, nor our

expert faculties, nor our delegates. The pendulum will surely swing back towards face-to-face meetings but how far remains to be seen. Most discussions in 2020 centred on hybrid meetings that would allow us to hedge our bets. What does an effective hybrid meeting look like?

UNREALISTIC HYBRID UNICORNS

Combining the best of both the live and virtual worlds, the hybrid event unicorn promises to lead us back to in-person engagement, while retaining virtual flexibility and reach. However, it is important to remember that unicorns are as beautiful as they are mythic. Hybrid meetings may not be sophisticated, vigorous crossbreeds but instead ungainly chimaeras of face-to-face and virtual: not one perfect hybrid event so much as two conjoined events, with parallel live and virtual events interacting at only a few key points. Recognising this reality and making the most of each distinct experience independently, while optimising the potential synergies – or dropping one side of the equation altogether – is likely to be more fruitful than chasing unicorns. The unanswered question of what hybrid programmes can or should look like will cause rapid innovation in hybrid formats as different ideas are tried, canned or refined until new standards emerge. This will require investment and bravery but will create new, fulfilling physical and virtual experiences – with neither audience feeling second rate.

Networking remains the hardest thing to achieve virtually and is probably the thing we miss the most. We are trained from birth to interact with others in physical locations, within the natural intimacy created by unamplified conversation and irregular physical environments. However, in a video call, only one person can be heard at any time, forcing most participants to be largely passive and consequently disengaged. Video calls are not well suited to organic, unstructured interaction. Multiplayer gaming could be our guide and clearly at least influenced the design of Gather.Town, which uses the proximity of virtual avatars – which you steer around uncomplicated environments to approach other users' avatars – to create a similar effect to physical proximity. Despite or perhaps because of its unfussy, non-corporate interface, this platform was received very positively at several of our HCP meetings through 2021.

Smaller meetings – both structured and unstructured – have work to do but have been innovating rapidly during the pandemic. But just as the Chicxulub
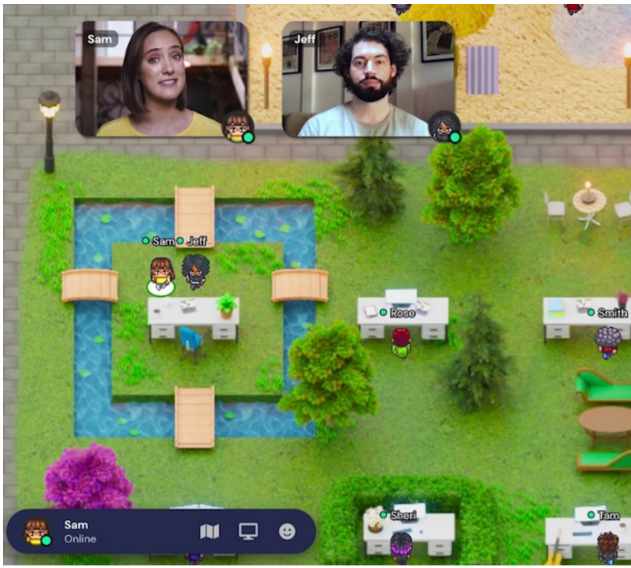
Proximity-based interaction replicates real-world encounters (image used with permission of www. gather.town)

asteroid hurt the largest dinosaurs the most, the largest of meetings – conferences – must make the biggest adaptations or go extinct in their current form.

CONGRESS BOOTH DOMINANCE ON THE WATCH LIST?

Some of the biggest and most prestigious congresses may return to their former strength – with HCPs attending at pre-pandemic levels – buoyed by sponsorship from pharma companies keen to regain their former prominence. But many smaller and lower-tier conferences may see radically fewer delegates want to attend, as they can now watch only the handful of sessions of high interest to them at home in their slippers. Fewer faculty may want to attend too, as they can now be paid to present at home in their slippers. Should this come to pass, then, without high footfall from these traditionally captive audiences, exhibition halls could be less compelling for pharma and thus weaker revenue drivers for congresses. Two summers of attempting to recreate booths virtually have shown that the audience for virtual booths is not there. As a result, commercial teams have already pivoted their planning (and budgets) somewhat away from the promotional booths that used to dominate their communications calendars, even as virtual medical plenaries see larger and more engaged virtual audiences than pre-pandemic. This is not necessarily a bad thing. If empowered virtual delegates are pickier in the information they seek, then medical affairs teams

are perfectly positioned to answer their questions or provide platforms for expert discussion. Global virtual audiences – delegates at their homes in a range of countries and under multiple different regulatory regimes – present challenges to promotional communications. Pharma cash may be better deployed to support medical-focused conversations.

YOU SHOULD TALK

Faculty and delegates routinely say that the panel discussion is the most valuable part of any programme. At multiple virtual congresses in 2020 and 2021, we saw plenary faculty and delegates elect to continue their conversations beyond the scheduled end of their session by moving together into virtual networking spaces (that were otherwise underused). We should enable extended direct delegate–faculty engagement in medically sponsored spaces. If congresses do not routinely offer these facilities, then we can use any number of robust off-the-shelf audio streaming solutions that provide low-cost and accessible audio-only fora, e.g. Ticketed Twitter Spaces, which allow invitation-only access. We should also look to the video streamers on Twitch and YouTube Live for inspiration. The model is simple, effective and popular. Experts and opinion leaders, whether solo or in small groups, provide audio commentary over streamed/screenshared video in a similar fashion to televised sports. Indeed, Twitch hosts >30 million daily viewers of largely eSports streams. But the model is adapting well to other sectors and is well suited to supporting the needs of medical affairs. It is easy to imagine something similar for key opinion leader discussions of congress proceedings, poster round-ups or digests of recent key data releases. Medical affairs teams and their agencies can help moderate the lively chat windows and provide high-quality answers to engaged attendees.

If your knee-jerk reaction to hearing Twitter, Twitch and YouTube is 'pharmacovigilance won't allow it', that's reasonable. Social media campaigns mean comment boxes, and they mean someone will need to monitor them for adverse event reporting. The processes and manpower required to achieve this are so stifling that such projects are rarely commissioned. But innovation in pharma's stance on social media is desperately overdue. Consumer companies now handle customer service via social media channels first and mail/phone second. Meanwhile, pharma acts like social media barely exists, creating a vacuum for high-quality information and

consequently propagation of misinformation, while instead expending millions on bespoke standalone alternatives whose user experience compares poorly with established consumer standards. Medical affairs exists to support dialogue with HCPs and is reactive by its nature, but with social media we seem terrified of having too much to react to. If medical affairs teams really want to keep talking with ever younger and more digitally native HCPs, then this has to change. The step up to genuine engagement on social media is certainly high and daunting. Significant additional pharmacovigilance investment in people and processes will be required to support exponentially greater adverse event monitoring of myriad open-ended online conversations correctly and compliantly. But it can be done through medical affairs and would allow pharma to have the authentic conversations it seeks. Could some of those remaindered promotional booth budgets help solve this problem?

The other great strength of streaming platforms, well suited to the more selective modern audience, is asynchronous delivery. Scheduled television is a fading memory for many, with increasing numbers choosing precisely what high-quality video content to watch and when. As well as recordings of plenary presentations, medical affairs teams can produce broadcast-quality expert presentations rich with motion graphics, which would be a generation ahead of 'talking head with a slide' and equally more compelling.

UNNATURAL SPEECH

Virtual avatar technology progressed from Star Wars movies to free smartphone apps in just a couple of years. Although there is a credibility gap vs a human being, they nevertheless succeed in personalising content and, paired with chatbot algorithmic conversation engines, are seeing increasing use as online customer service representatives. Similarly, virtual faculty could offer huge opportunities, being much more cost-effective, versatile and readily compliant than humans. Natural-looking avatars, such as from synthesia.io, have comfortably crossed the uncanny valley and are able to read a script perfectly in any language (using phonetic spelling for technical terms). Conference audiences are unlikely to accept virtual faculty as true opinion leaders, but if we look along the spectrum of educational materials, at a certain point virtual presenters offer value. Detail aids, objection handlers, med info responses, training materials and patient education all benefit from video


Ticketed Twitter Spaces are a flexible, simple audio meeting solution (image used with permission of www.twitter.com)

Social media (and memes) present vast untapped potential (original image used with permission of Fredrik Sørlie driver@fredriksorlie.com)
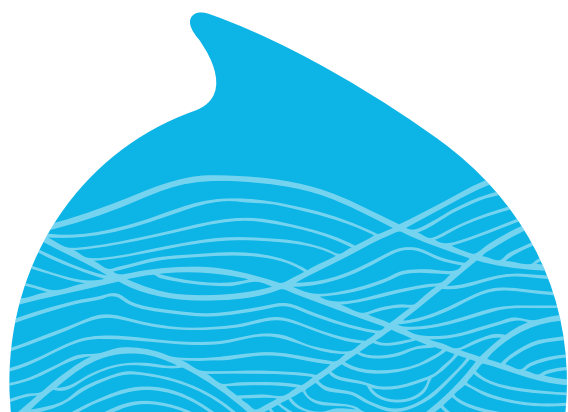
presentation but do not necessarily require costly thought leaders. The ability to re-record on-demand with the exact same haircuts and outfits gives virtual faculties tremendous utility, e.g. to reflect updates to scientific messaging, the evidence base or guidelines.
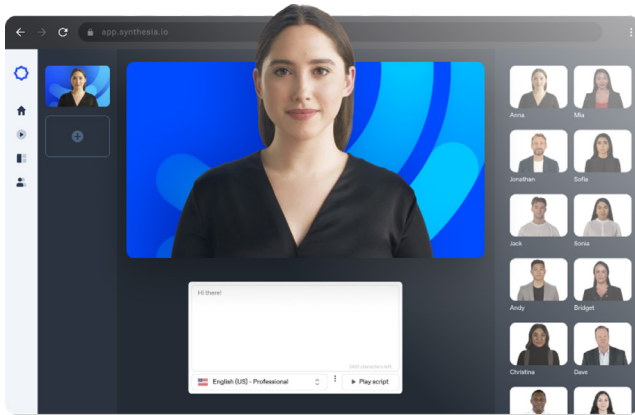
Photorealistic virtual talent never fluff their lines (image used with permission of www.synthesia.io)

Voice is a platform built around synthetic engagement and artificial intelligence. Consumer penetration of Alexa, Google Assistant and Siri has been massive, as they were carried into homes in smart speakers and smartphones. Like touchscreens, children too young to read or use a computer take to voice assistants immediately, suggesting the possibility of similarly widespread adoption. Within healthcare, there are already tools to help patients manage their disease, find HCPs and order repeat prescriptions, but thus far there is only very limited use for professional communication in this immature space. If uptake continues, the potential for HCP education and dialogue is high. Instantly available medical information that doesn't require users to take off their nitrile gloves and use a keyboard has an unrealised place in the clinic and surgical theatre. In fact, in markets with low literacy or challenges with variable keyboard designs, voice is a leapfrog technology that could vastly increase patient access but create particular requirements for medical information on voice platforms.

WE ARE ALL PATIENTS NOW

To further reconcile the gap between the consumer and professional experience, we should lean into our shared experience as patients of the pandemic. We have all been frustrated by the speed and quality with which critical new clinical developments are communicated through lay channels. Healthcare

PR and the media have improved the situation, but more effective patient engagement could have supported better understanding of and adherence to public health measures, such as mask wearing and social distancing, as well as combat the alarming rates of vaccine hesitancy seen in some populations. These issues harm us all. While patient engagement largely began in commercial functions – analysing patient pathways for commercially relevant insights, funding patient support programmes that drive correct use and outcomes, etc. – many critical needs presented by the pandemic can only be answered by medical affairs. Patients need to understand the disease and how it spreads – a speciality of medical functions. Treatments are developed and reviewed with such rapidity that post-marketing information cannot arrive in time to keep up with the public appetite. Medical affairs teams have faced challenges to innovate and provide better value to pharma. That innovation needn't take the form of a new smartphone app or booth hologram but could be an innovation in its scope to address this clear unmet medical need. By realising the potential medical affairs offers to engage with and support patient understanding, pharmaceutical companies could drive global health outcomes and build much-needed trust. Medical affairs has embraced patient centricity, and that growing, virtuous conversation benefits all parties.

OPPORTUNITY IS EVERYWHERE

Medical affairs has always innovated. Commercial work has traditionally enjoyed greater levels of investment and polish, but this can and should change. The prevailing technological and societal trends create countless opportunities for medical affairs to innovate and evolve.

We should learn from our experiences as consumers and patients to push forward what medical affairs means and can achieve for pharma, its customers and the world.

TRANSFORMING OUR CREATIVITY MINDSET

The 'creativity conundrum' is one we both well understand, often through painful first-hand experiences during our healthcare communications careers (Sarah was co-founder of Virgo Health and Eva was co-founder of Reynolds MacKenzie). Since then, we have both moved on to become accredited transformative coaches in a revolutionary understanding of mindsets and how to transform them.

When asked by the Healthcare Communications Association (HCA) for our take on what could be done to foster an environment – applicable to all settings, whether agency, industry or charity – within which creativity could flourish, we felt confident that we could bring something new and valuable to the party.

Recognising that the human mind works best in the presence of curiosity, this article sets out some questions exploring the current ecosystem that supports innovation in healthcare communications.

We examine the mindsets at play in perpetuating the creativity conundrum, identified by the HCA, and begin to outline how we can enable a healthier, more sustainable innovation ecosystem that advantages all stakeholders and enables us to better communicate the potential of the extraordinary innovation our industry brings to life.
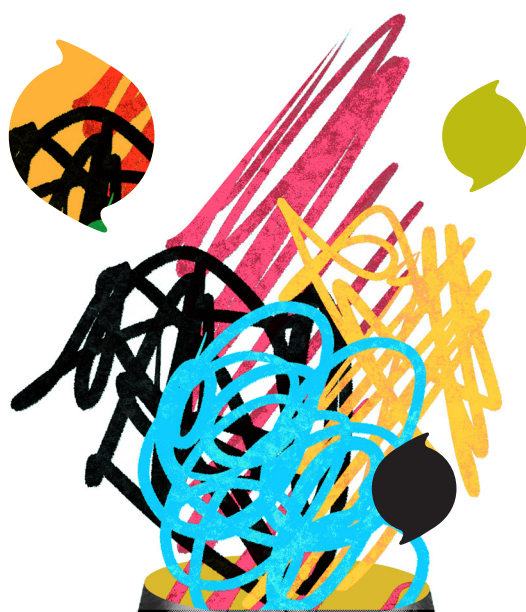
SARAH MATTHEW //
THE VIBRANT COMPANY

EVA REYNOLDS //
ENGAGEMENT COACH

DESPITE OUR BEST ATTEMPTS, WHY DOES AN APPARENT LACK OF CREATIVITY CONTINUE TO BE AN ISSUE?

Well, first of all, is this even true? While we may not tend to recognise it, we are all innately creative beings; our evolution has depended upon our creative drive. Creativity is a state of being, and we are always, in fact, creating. Whether dreaming up a menu for tonight's dinner, working out what we are going to say next to our colleagues, thinking of an original gift to buy for a loved one or building a presentation deck, we are in fact exercising the very same mechanism that brings the most 'creative' ideas into being.

However, at the same time, the business world has historically prioritised the analytical above the creative in the development of strategy, which is why it is perhaps unsurprising that in the highly scientific, analytical life sciences sector, we find ourselves concerned by the lack of creativity in the communication of our achievements. Yet this seems hugely at odds with the wider reality of an industry that operates in a perpetual state of creativity and innovation – one that is all about exercising scientific curiosity and looking down the barrel of a medical problem to create something truly new and fresh in the world.

The question then becomes, 'How do we go about reconciling these two apparently contradictory realities?' Well, a huge clue lies in the fact that we know someone's ability to move with ease from their creative mind to their analytical mind is what enables them to make previously unseen connections, solve seemingly intractable problems and well... create solutions.

So, this is where we start: inside the mind of each one of us. The perception that we each have of what it means to be creative, where it comes from and where creative endeavour can lead us is precisely what either nourishes or gets in the way of creation itself.

WHAT IS REALLY HOLDING US BACK?

We propose that it's not that we lack creative ideas per se. We observe our colleagues in other industries 'creating' in abundance and, perhaps more importantly, with greater ease. What we often forget is that we simply don't operate on the same basis. In what other industry (apart from in the US) must we learn to communicate in a way that can never be construed as promotional to the end beneficiary of our product or service?

It's these very constraints that we operate within that mean we are far more creative than we give ourselves credit for. If creativity was measured in horsepower, the levels required in healthcare to navigate our guiderails mean that communicators must be turbocharged!

Perhaps the bigger issue, as identified by the HCA in its successive explorations of this topic, is the terrifying level of creative ideas that are killed off before we have even started. Time and again, the issue of 'fear' comes up.

WHAT ARE WE AFRAID OF?

As an industry, we operate in a near constant state of fear of breaking the regulations, however unintentionally, and that's before we even contemplate pioneering a new idea. We are primed to look for the trapdoors. This mindset produces a natural reticence to try something new. We fear failure. We fear alienating one important stakeholder group whilst trying to build stronger connections with another. Perhaps we fear the ideas are unrealistic, unsustainable and fear that they are too expensive. And then there is a more pernicious fear: the fear of asking difficult questions, the ones to which we think we should already know the answers, such as, 'Are we completely clear about what we are aiming to achieve from this and how exactly it will benefit patients/us as an organisation/our stakeholder?'

Ultimately, even though these are important considerations, all worthy of thorough debate, they are thoughts inside people's minds which are based upon previous negative experiences. These experiences are then extrapolated and projected into the future, and it is precisely at this moment that a fledgling new idea can be killed off. This is our left brain, our analytical mind in action, intending to warn us to keep us safe.

Hence, a terrifying level of creativity is crushed by fear before it can ever become a reality, and this becomes a vicious cycle. **Before we know it, thoughts about what we can't do, what won't work, what might just be too risky and what will happen to us if it all goes wrong occupy almost all our mental bandwidth,** leaving no space for the fresh new thinking we all so desperately want to see.

Collectively then, those individual minds all interact and influence one another to form an ecosystem within which we are hoping to greenhouse new ideas. If that ecosystem, however unconsciously, is more attuned to exercising caution and containment than it is venturing into new territory and nurturing new ideas into being, then it is easy to see why it can be so hard to persuade people to go beyond their comfort zone.

SO, WHAT CAN WE DO ABOUT IT?

When we examine the typical journey of creative ideas through our organisations, we can identify and understand the main vulnerabilities. We can better appreciate where the system 'leaks' the most creativity, and this in turn can help us, not just to promote creative behaviours but also to sustain our natural creativity. However, we believe there are three major 'buckets':

01

Appropriate deployment of our creativity superpowers

It is crucial for us to be clear on why an innovative approach is needed. Creativity cannot be just for its own sake; an idea must also be appropriate, useful and actionable.

How is a radically different approach going to be critical to our success? **All too often, our drive for 'more creativity' comes from our own desire to try something new**, and, whilst this is important and valid – the extent to which we feel excited and motivated by what we are doing is crucial for our organisation's ability to succeed – the driving force must be the effect that we are seeking to have on our audiences (and it's often the case that the most simple and obvious ideas work best). Regardless of what we come up with, and just as we would with the products and services that we are charged with communicating about, **we must be ready and able to articulate the overall risk–benefit profile of our proposed creative ideas.**

02

Establishing a healthy creativity mindset

We are not talking here about knowledge of creative processes and best practices for ideation. These things are of course helpful, but we are referring to understanding the creative mechanism within our own mind. As an industry, we tend to think about ourselves as innovators who then apply creative ideas to propel the success of our innovations. However, we would argue that **the creative state is what gives rise to innovation in the first place, and when we truly understand this, a lack of creativity is no longer a problem!**

Minds that are bogged down in the fear of consequences are (usually unconsciously) trapped in emergency mode: the state in which we are least connected to our natural creativity and resourcefulness.

When we understand how to override this state AND enhance our discernment for sound decision-making, we not only increase our flow of creative thinking, but we also better equip ourselves to successfully shepherd the resulting ideas through the organisation and into reality.

03

Mastering the art of co-creation

In our efforts to foster more creatively collaborative behaviours, we could potentially learn a lot from our research and development (R&D) colleagues. Good scientific thinking favours curiosity over close-mindedness. It is that curiosity that leads to new discoveries.

However, the fact remains that **a very well-recognised and hugely frustrating cliff occurs during attempts to convey both the purpose and the content of our creative ideas to other stakeholders** – those within and connected to our organisations.

With hierarchies, politics and conflicting agendas to consider, this is notoriously fraught with difficulty and can be extremely frustrating for all concerned, especially for the champions of the creativity. However, we have seen that through understanding

the fundamentals of creativity and connection, support is far more naturally and reliably forthcoming.

As we start to learn more about our own inherent creativity, we can also confront our own creativity biases: the often-unrecognised unconscious editing that is perpetually taking place in our own minds. Seeing this for ourselves helps us to operate more consciously beyond both our own biases and those of others.

Creation is an emotional process. It's easy for us to get lost in what could be. In a healthy innovation ecosystem, we become more adept at recognising when to hold on to an idea before it becomes an ideology and when to let go.

True creation can only really happen when real connection and trust is established with collaborating teams, and, for this to happen, we need to adopt an understanding of the 'many concurrent realities' at play. Knowing that there is not a SINGLE objective reality that is correct above all others is perhaps the most important point of departure when negotiating compromise.

When we see that a colleague's or client's behaviour is only ever driven by their own current reality, then the process of co-creating, evolving and bringing new ideas to fruition becomes more effortless.

And while we have come to think of compromise as a point at which we have lost something (when the original Latin meaning of the word was intended to confer a mutual promise to win together), we are willing to be wrong to get closer to being right. There is an alternative to the standard binary 'win or lose', and this is a powerful tool to have at our disposal.

If you are curious to learn more about how to develop a 'healthy innovation ecosystem' within your organisation and how it could support more creativity within healthcare communications, then watch this space. 2022 will see the rollout of this approach as a new programme via the HCA.

hca
healthcare
communications
association

ARTICLE CONTRIBUTORS

Sarah Matthew and Eva Reynolds are both accredited in a revolutionary form of transformative coaching, their qualifications having been gained working alongside some of the most progressive minds in the discipline globally at the Supercoach Academy in Los Angeles, California. They work with a genuinely leading-edge understanding of mindsets and how to transform them.

They have run highly successful programmes both independently and in collaboration within the healthcare space for Takeda, Hanover Health, Lexington and Prime Global.

Other clients include Marks & Spencer, L'Oréal, The DHL Foundation and a wide range of professional services firms in other sectors.

You can find out more about the authors by visiting: Sarah @The Vibrant Company and Eva @The Engagement Coach and @nORTH