

Cogora's NHS Insight Report

Our Audiences and Our Brands

Contents

About the report3

CHAPTER 1

Pulse4-7

CHAPTER 2

Pulse PCN8-9

CHAPTER 3

Nursing in Practice 11-13

CHAPTER 4

Management in Practice 14-16

CHAPTER 5

Healthcare Leader 17-19

CHAPTER 6

The Pharmacist 20-22

CHAPTER 7

Healthcare Hospital Europe and
Healthcare Pharmacy Europe 23-25

CHAPTER 8

About Cogora 26-27

Author
Gemma Collins, Director of Content and Editorial, Cogora

Contributors
Jaimie Kaffash, Editor, Pulse
Victoria Vaughan, Editor, Healthcare Leader and Pulse PCN
Carolyn Scott, Editor, Nursing in Practice and The Pharmacist
Rima Evans, Editor, Management in Practice
Helena Beer, Editor, Hospital Healthcare Europe and Hospital Pharmacy Europe
Bianca Pettifor, Digital Director, Cogora
James Depree, Art Director, Cogora



About this report

» Primary care has undergone a major transformation in recent years. The introduction of primary care networks (PCNs) five years ago led to the creation of bigger groups of GP practices that were given funding for certain targets and to employ specific practice staff. In addition, further up the chain, clinical commissioning groups were scrapped in 2022 and replaced with integrated care boards (ICBs), with the aim of bringing together health and social care and removing the barriers between primary and secondary care.

This is all against a backdrop of the NHS still struggling with the aftermath of the Covid pandemic; with patient demand for services within general practice at an all-time high and hospitals continuing to battle with extensive backlogs for elective care.

The impact on Cogora's healthcare professional audience has been huge. Being in the unique position of serving such a wide audience – from those on ICBs who hold the purse-strings for NHS funds, to heads of hospital departments and frontline clinicians in general practice - our brands have had to adapt to reflect these changes.

It's this theme that is the focus of our report. It aims to provide detailed insight into how recent changes to the NHS landscape has impacted our audiences. It details how we're serving them through our brands and how we've adapted what we do; creating new brands to cater for the new breed of ICBs and PCN staff.

To inform our report, we conducted a survey of around 1,800 members of our audience to gather their views on the current state of primary care. We combine this unique insight with our own knowledge of the sectors and detail how our brands are creating different types of high-quality content. It provides a temperature check to help those in industry navigate the healthcare market and as a new Government moves in on 4 July, it also provides a snapshot of what our audiences want to see in the future as more changes to the NHS are on the horizon.

Gemma Collins
Director of Content and Editorial

Our insight

We surveyed audiences of all our brands over a two-week period in May 2024, asking them a host of questions about the current state of primary care and their roles within it. We received 1,795 responses. Some members of our audience did not respond to the question asking about their profession and some GPs and nurses felt their job title did not fall into the categories provided, but the following is a breakdown of our main respondents:

GPs	263
Clinical directors and GPs with a PCN role	148
General practice nurses	122
Community nurses	29
Practice managers and PCN managers	232
PCN and practice pharmacists	69
Nurses employed by a PCN	28
Hospital department heads and consultants	23
Hospital pharmacists	14

A more in-depth analysis of the survey findings is being published on the Pulse PCN website in July, with further coverage across all our brands.

This report also refers to a survey of our practice manager audience, which provided insight into the practice manager role and their responsibilities. It received nearly 1000 respondents and the full findings of the survey are available on the Management in Practice website.

CHAPTER 1

Pulse

Cogora's brand for grassroots GPs

“PCN activity is a waste of money which would be better spent funding general practice and more GPs.

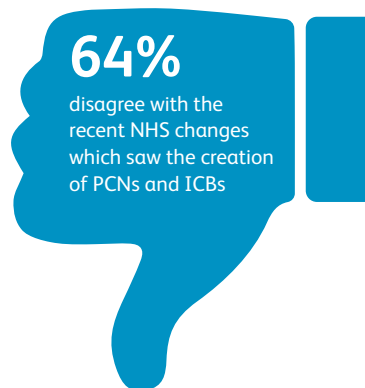
Grassroot GP

PULSE

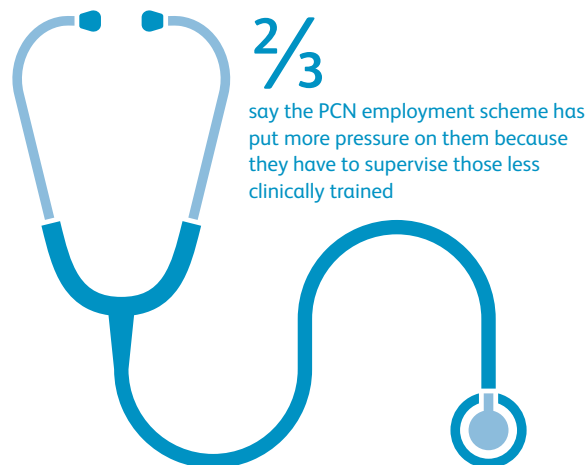
» The majority of GPs do not have an official role within their primary care networks (PCNs), but their working lives have **still been massively affected by the emergence of these networks** and the commissioning roles taken on by Integrated Care Boards (ICBs), creating a host of new content for our flagship brand, Pulse.

The introduction of PCNs attached a number of strings to GP practice funding; practices would now have to form these larger networks and they would have to recruit new staff through the PCN employment scheme known as the additional roles reimbursement scheme (ARRS).

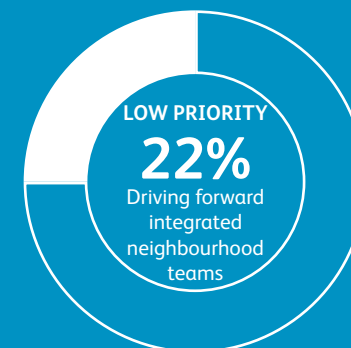
For many grassroots GPs, this was an imperfect solution to the GP recruitment crisis. GPs agree there is some clinical justification for the introduction of certain roles such as pharmacists, paramedics and physiotherapists, but for other roles and in particular physician associates, they see them as a way of **replacing GPs with lesser qualified healthcare staff**. Recently there has been even more of a change in the profession as more practices use the ARRS scheme to hire PAs and replace GPs who aren't covered under the scheme. Many believe that the recruitment crisis – where practices have been unable to find GPs – has been replaced by an employment crisis, where **GPs are struggling to find jobs**.



“Every week I seem to have to undo at least one problem created by a well-meaning physician associate, who has inadequate insight into their clinical abilities. Grassroot GP



What GPs think should be the next Government's NHS priorities:



(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

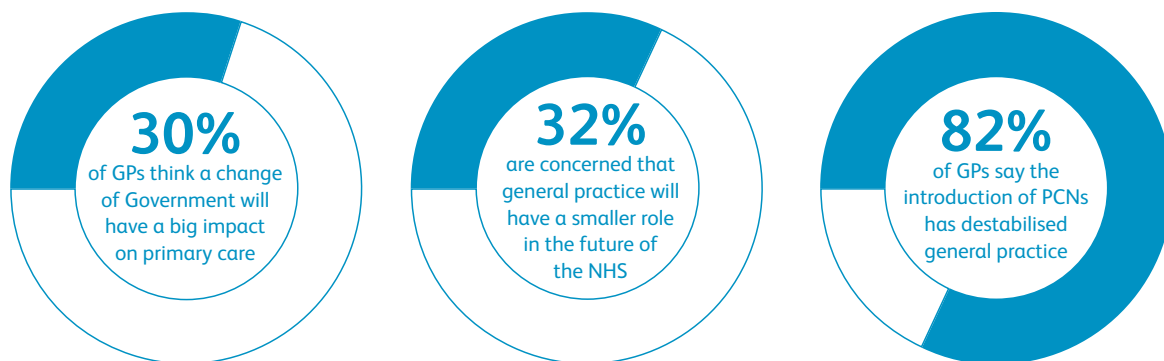
» The changes within general practice have also brought a shift in GPs' clinical practice. GPs are having to supervise newly employed PAs, and as more nurses and pharmacists now have prescribing power and take some patient cases off GPs' plates, **GPs are left to navigate the more complex cases.**

The Pulse team has covered a host of stories on these topics through its website PulseToday and twice daily newsletters, breaking major stories on the changes in general practice and examining the numbers behind it through a range of different data-led investigations. Stories about GPs' concerns over physician associates has generated **huge amounts of traffic to PulseToday**, in particular a recent investigation into the topic which examined the rise of physician associates and which practices are most likely to hire them.

“ At the end of the day if a patient's problem gets sorted they don't come back. ARRS clinicians [employed through the PCN] usually don't solve problems, they just delay the inevitable consultation required with a senior clinical decision maker such as a GP.

Grassroot GP

Grassroot GPs' despondency and frustration with the creation of primary care networks was evident in our survey



5,400,400+

monthly ad impressions on Pulse



38,000+

total Pulse audience



30,000+

opened an email in the past 90 days



16,500+

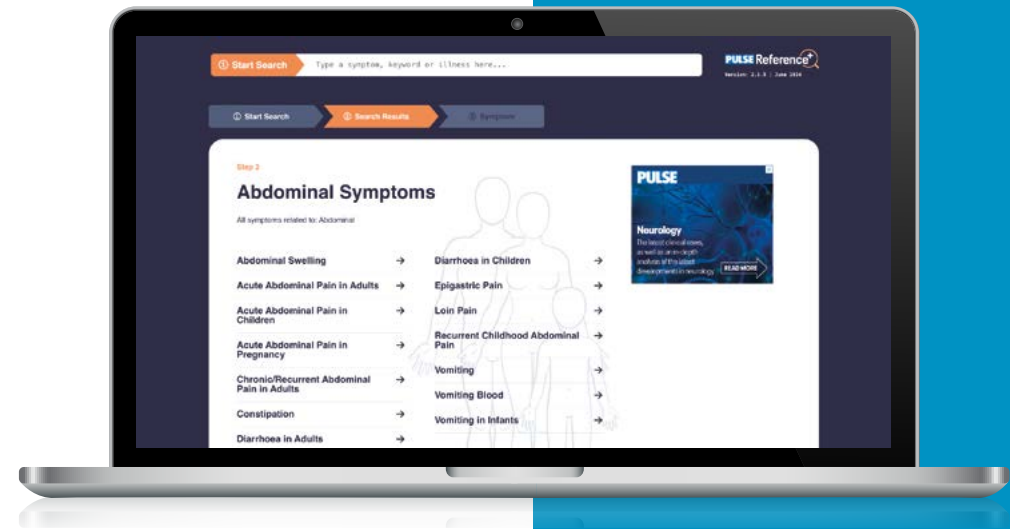
clicked on an email in the past 90 days



4,000+

have registered to an event in the last year

» The brand's new Pulse Reference tool is helping support GPs to handle the more complex diagnostic dilemmas that they're facing on a daily basis. It starts from the premise that the majority of consultations between GPs and patients involve sorting symptoms; allowing the GP to quickly determine what the symptom could be, what investigations and tests are needed and what warrants an urgent referral. It helps differentiate between the GPs' suspected diagnoses and key features and also provides information on managing the conditions. It generates **more than 97,000 monthly ad impressions**.



» In addition, the 28,000 GPs who are registered to Pulse 365, which provides **CPD educational content as well as face-to-face and virtual events**, are able to access a range of modules to assist them in their clinical practice.

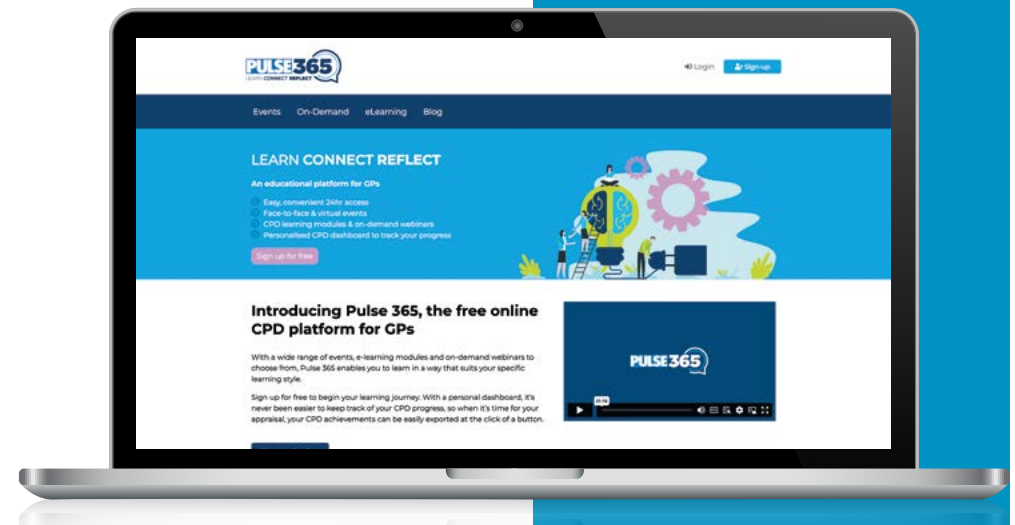


88%

of GPs say they find Pulse 365 good/very good/highly valuable

70%+

use the platform weekly



CHAPTER 2

Pulse PCN

Cogora's brand for clinical director running primary care networks (PCNs)

“To run a good, functional PCN is hard work and needs a huge skill set. The successful ones have been led well but the work needed to make sure the needs are met of the participating practices is huge.

Clinical director

PULSEPCN

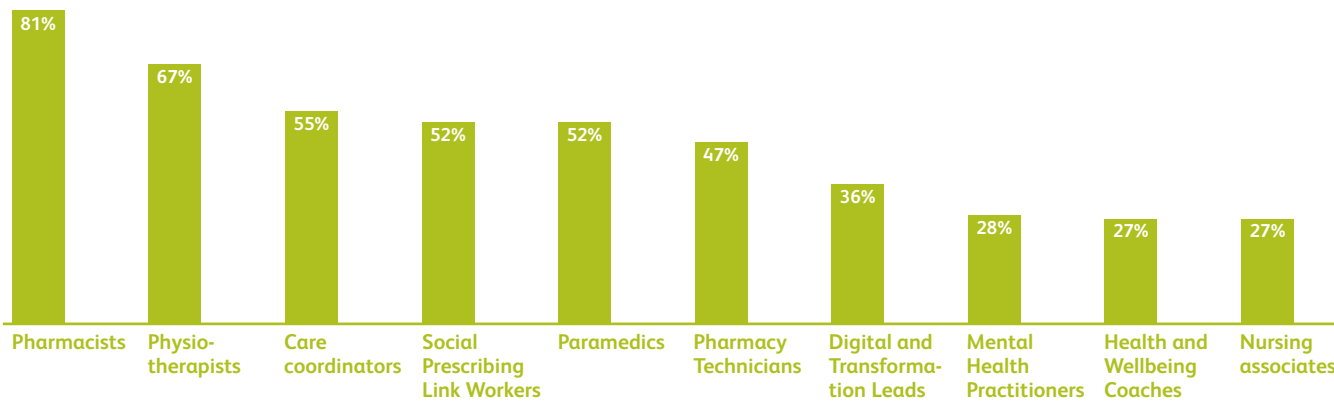
» Clinical directors are a tranche of new leaders in primary care whom we cater for with our **newest brand Pulse PCN**. They are a well-established community of GPs who run groups of practices that have joined together to work across an area of around 30,000 to 50,000 patients, known as primary care networks (PCNs).

Much to the despair of many grassroot GPs, practices now receive much of their funding through these PCNs rather than in the core GP contract. This is in a bid to enhance patient access, address health inequalities, manage care home residents and focus on early cancer diagnosis. PCNs are at the front and centre for the delivery of primary care at scale and it's the **clinical directors who hold the purse-strings**.

The biggest impact that PCNs have made is through their recruitment scheme known as the additional roles reimbursement scheme (ARRS), where they receive funding to hire specific job roles to work across the networks.

A host of different healthcare professionals including clinical pharmacists, physios, social prescribing link workers and care coordinators have been hired since the scheme started in 2019, resulting in around 31,000 new employees into primary care, with **pharmacists proving to be the most popular**.

Which new recruits do clinical directors think have been the most successful in supporting their primary care network and patients?

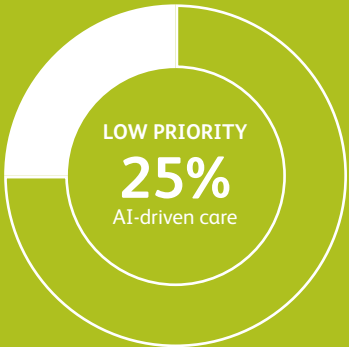


The majority of clinical directors spend around



a week on duties relating to their primary care network, whilst the rest are spent on their usual GP clinical responsibility

What clinical directors think should be the next Government's NHS priorities.



(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

» Pulse PCN is the **only brand in the healthcare market to have unique direct access to around 1,200 clinical directors in England.**

It also serves GPs with a PCN role, representing their practice on the PCN board or in areas such as cancer, frailty, CVD, mental health and digital and technology.

It sits within the website of our flagship brand Pulse which caters for grassroots, non-PCN GPs. The **two audiences often clash** as grassroots GPs argue for funding to be moved back into the core GP contract so they have more control over how their individual practices are run. But the new GP contract, released in March, puts PCNs front and centre for delivery of primary care at scale, indicating they are around for the foreseeable future.

Pulse PCN has a **four-strong editorial board of clinical directors** from across the country who help guide and shape the content of daily news, analysis, quarterly roundtables and twice weekly bulletins, to ensure its relevance to readers. Alongside this we have an events series for PCN leaders at locations across England which provide a forum for them to network and learn about the latest developments in this sector.

78%

of clinical directors are aware of what their colleagues in neighbouring PCNs are doing suggesting their creation has brought more joined-up working between practices

38%

of clinical directors think general practice will have a smaller role in the future of the NHS

44%

of clinical directors think a change of Government will have a positive impact on primary care



3,000+

total Pulse PCN audience



1,420+

opened an email in the past 90 days



2,000+

clicked on an email in the past 90 days

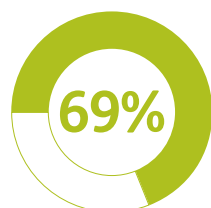


2,300+

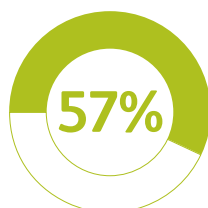
have registered to an event in the last year

What do clinical directors think about the recent changes to primary care?

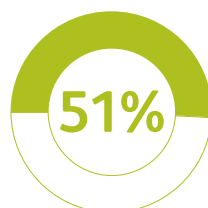
The positives



say it has improved collaboration between GP practices

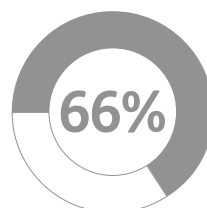


say it has increased access to GP services

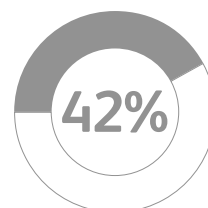


say it has improved collaboration between primary care services

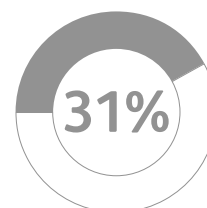
The negatives



say it has increased their workload



say it has improved care for patients



say it has improved their job role

CHAPTER 3

Nursing in Practice

Cogora's brand for nurses working in general practice and the community

“Practice nurses are being pushed out of their role to make way for pharmacists, nurse associates and healthcare associate roles as they are funded. It feels like constructive dismissal.

General practice nurse

Nursing
IN PRACTICE

» General practice nursing is a firmly established role in primary care, affirming **Nursing in Practice as one of the longest-standing nursing titles in the healthcare market.**

The general practice nurse (GPN) may often be a first point of contact for many patients. Some nurses have gained further qualifications to work independently as an advanced nurse practitioner (ANP) or independent nurse prescribers. **They are all at the core of the general practice team;** responsible for the management of long-term conditions, treating minor injuries, cervical screening, delivering vaccinations, children's health and wound care.

The introduction of primary care networks (PCNs) has provided funding for nursing associates and ANPs to work in general practice and earlier this year it was announced there would be funding for each PCN to employ an additional enhanced practice nurse. The emphasis on **more senior clinical nurses taking the heavy workload off GPs is indisputable.** But those working in the GPN role, which is not funded through the PCN employment scheme, known as the additional roles reimbursement scheme (ARRS) have raised concerns about their future in primary care. This is particularly as cheaper nursing associates move into PCNs and clinical pharmacists take on more responsibility. Many are seeking more clinical expertise and seniority to ensure they still have a place within general practice.

Two-thirds of nurses think general practice nurses should be included in the PCN employment scheme, known as the ARRS scheme.

The brand also caters to community nurses. As secondary care strives to reduce waiting times and clear backlogs of care, **community nurses are providing preventive care** to reduce hospital admissions and appropriate support to patients at home so they can be discharged from hospital easily. However, there is a notable shortage of nurses across primary care. District nurses report that they have increasingly limited time to spend with patients and social care nurses who work in care homes are facing heavier workloads.

“ GP nurses' skills are now over-looked, taken for granted and less valued. ARRS roles have led to the de-skilling of some practice nurse roles. Practice nurse

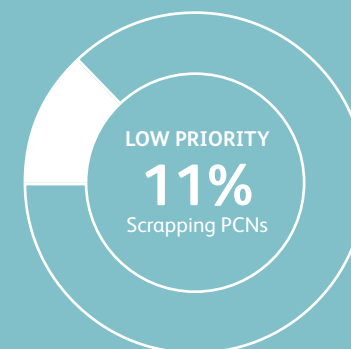
50%

of nurses say they feel positive about the introduction of the new enhanced practice nurse role into PCNs.

24%

say they would be applying or are considering applying for the new enhanced practice role within their own PCN, indicating we could see more nurses taking on more clinical work.

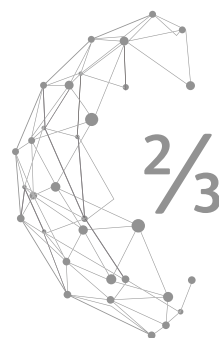
What nurses think should be the next Government's NHS priorities:



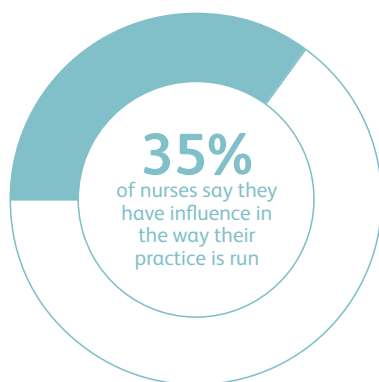
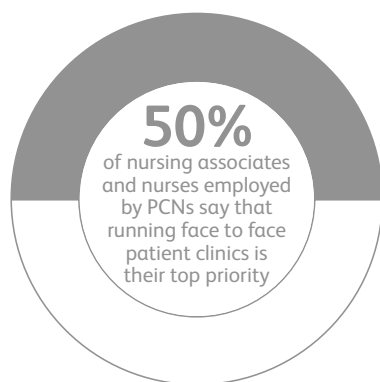
(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

» Nursing in Practice **champions the vital roles of all nurses in primary care** through its website and through the CPD modules and events on Nursing in Practice 365. The new clinical symptom tool Nursing in Practice Reference aims to help those faced with more complex patient cases.

Nursing in Practice's GPN Manifesto is a **campaign to highlight where our audience want to see change**, covering better employment terms and pay and the wellbeing of the nursing workforce. We're also running a series of roundtables where nurses are being given the chance to discuss the 10 points of their manifesto.



of nurses think general practice nurses should be included in the PCN employment scheme (the ARRS scheme)



“GPNs are the best of patient centred care, because they get to know the person. They understand that people have multiple things wrong with them, and they know their patients, when they're allowed to have enough time to do it well.

General practice nurse



527,200+

monthly ad impressions



Access to

92%

of primary care nurses



42,000+

total Nursing in Practice audience



8,500+

opened an email in the past 90 days



10,000+

clicked on an email in the past 90 days

CHAPTER 4

Management in Practice

Cogora's brand for GP practice managers
and primary care network managers

“The current pressure on general practice only emphasises the need for professional managers who are appropriately trained and valued if their practices are to survive.

Practice manager

Management
in Practice

» Practice managers' influence within primary care is rapidly expanding. They have always had a vital role in the shaping of general practice and delivery of services, but the introduction of primary care networks (PCNs) has seen their responsibilities and remit grow. A recent survey run by Management in Practice, which captured insight from our audience that includes **90% of practice managers in the UK**, revealed the level of influence this group holds; **the majority control practice budgets exceeding £500,000** and **their duties run to more than 20 areas**, including business planning, maximising finances, and purchasing medical supplies.

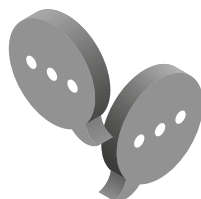
It also revealed a substantial number are now **managing PCNs too**. They are in charge of scaled up budgets, taking on increased strategic responsibilities, and having to promote joint working and good communication not only between network practices but also among a range of diverse external healthcare, non-healthcare and voluntary agencies. This shift is helping to define practice managers even more clearly as being **business focussed, financially savvy and innovative**, helping drive forward improvements in patient services.

There are also managers running PCNs who are new to primary care and must learn to work alongside the GP practice manager, helping them to unlock potential benefits for their surgeries and patient communities. They have proven to be an extra resource on the ground that can help develop solutions and progress the primary care agenda.



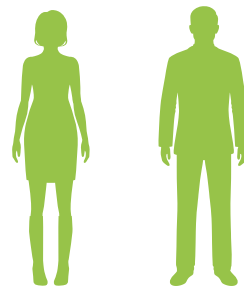
57%

say the creation of PCNs has improved collaboration among practice managers



35%

say the creation of the PCN manager role has had a positive impact on their job



74% 26%

proportion of practice managers by gender



51%

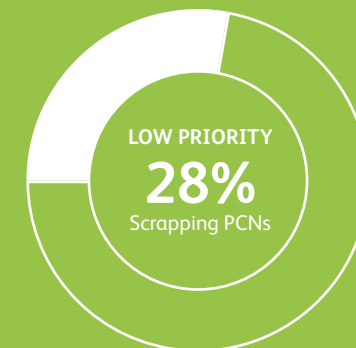
Control budgets exceeding £1 million



37%

are working at multi-site practices and 42% are based at surgeries with patient list sizes of between 10,000 and 20,000

What PCN and practice managers think should be the next Government's NHS priorities:

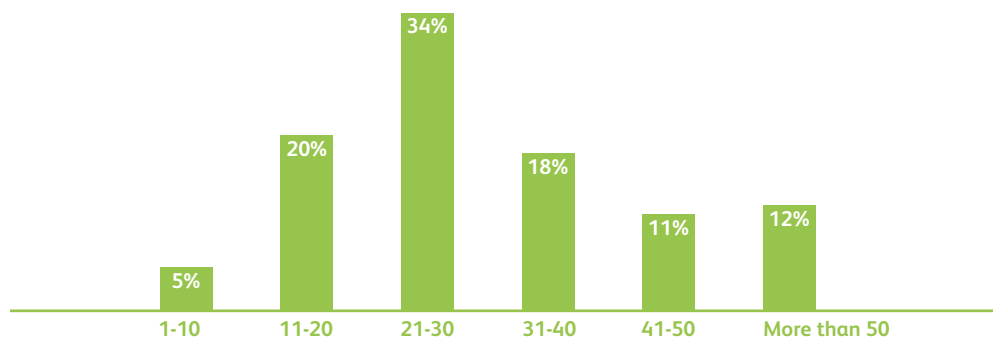


(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

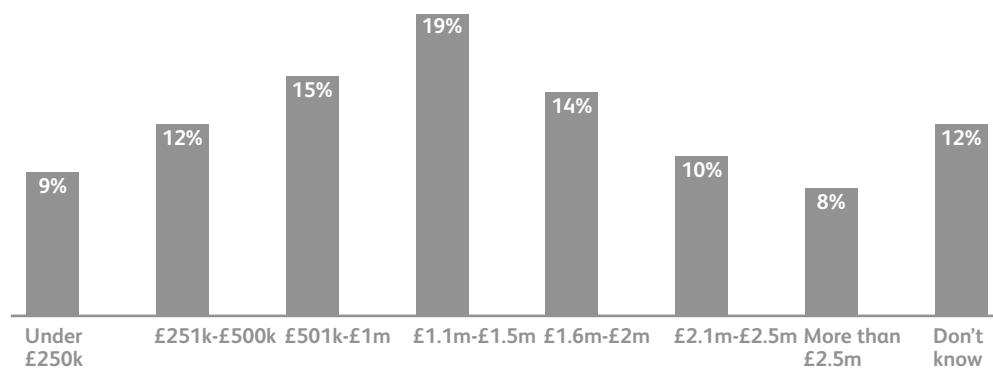
» Both practice managers and PCN managers are served by Management in Practice's website which, provides **incisive news, insight, opinion pieces and case studies from experts and sector leaders.**

The site's Practice Intelligence hub offers more in-depth resourceful content, expert-written business and HR guides specific, as well as salary surveys, effectively catering to this group's need for high-value industry insight and data. The brand's annual events also allows this audience to hear from leaders in their field, network and share knowledge, helping them to build a strong and vital community.

The size of the team that practice managers have responsibility for/manage at their practice



The size of the practice budget that practice managers are responsible for



“Primary care is still very rewarding. [It is also] demanding but I still enjoy it.

Practice manager



Our surveys of the audience reveal practice managers are responsible for medium to large-sized teams. A third manage a team of between

21 and 30
people



The level of budgetary control that practice managers now have is growing. More than half are responsible for budgets exceeding

£1m



254,400+

monthly ad impressions on Management in Practice



Access to

77%

of all GP practices



13,500+

total Management in Practice audience



2,700+

opened an email in the past 90 days



4,500+

clicked on an email in the past 90 days



2,300+

have registered to an event in the last year

CHAPTER 5

Healthcare Leader

Cogora's brand for primary care leaders of integrated care boards (ICBs)

“People say we need this big shift to prevention and a different model of care, and people have been talking about that for decades....We've [now] got a completely different statutory framework [with ICBs], with a shift from a policy framework that really emphasised competition between different parts of the NHS to one that's based on collaboration.

Former Labour health secretary and ICB chair, Patricia Hewitt

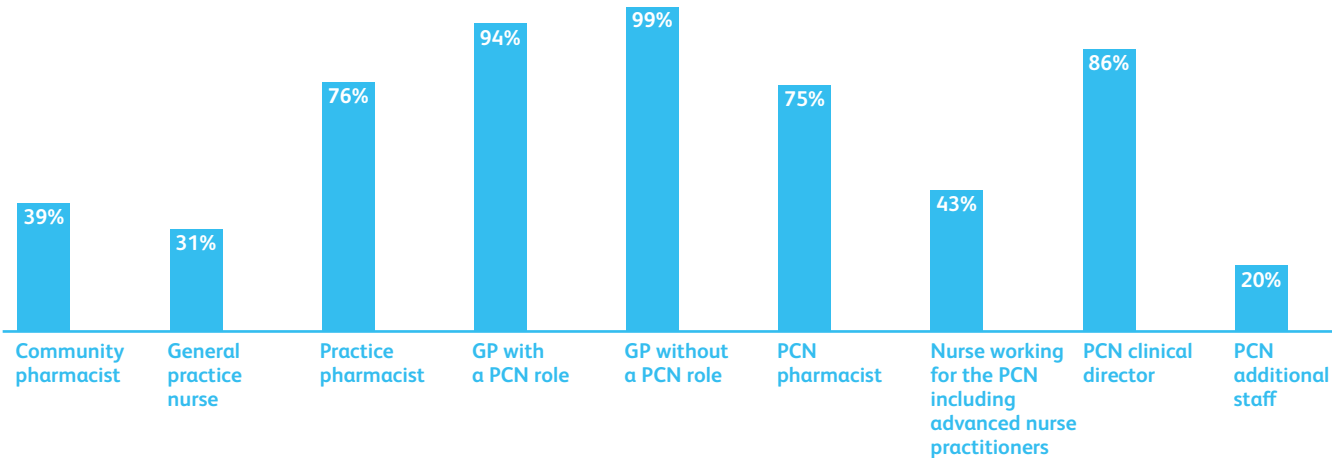
HEALTHCARE
LEADER

» Integrated care boards (ICBs) taking over from clinical commissioning groups in 2022 was a major change within the NHS landscape. They are now **the organisations that hold the purse-strings**; they are in charge of spending the majority of the NHS budget and use it to buy and plan care for their populations.

ICBs seek to end the idea of competition between NHS organisations and instead they are encouraged to think beyond their own financial balance and of the systems a whole. If it's cheaper and delivers better care to treat people closer to home in the community then that's what should happen – even if that means a hospital service loses out.

However concerns have been raised that primary care could lose out under ICBs. Whilst clinical commissioning groups were led by GPs, the new system only asks for at least one primary care representative on an ICB, raising fears that primary care could be losing its influence over how the NHS is run. But it does mean that that **a lot rests on the shoulders of these primary care representatives**.

It is not only GPs who have the prescribing power. Advanced nurse practitioners and general practice nurses are prescribing and the new breed of primary care network pharmacists as well as practice pharmacists are taking on the role of prescribers.



Percentage of survey respondents per profession who say they prescribe

“ Primary care should have a much bigger role and the front door of primary care needs to shift into the community.



Cogora has access to
100%
of integrated care boards

» Healthcare Leader is the **only brand in the healthcare market catering to this tranche of NHS leaders with a focus on primary care**, giving us real insight into their work and providing them with a platform share their views and best practice. We have built on our established audience of primary care leaders and broadened our coverage to include dentistry, pharmacy and optometry to mirror the work of ICBs which have been charged with running these services since April 2023.

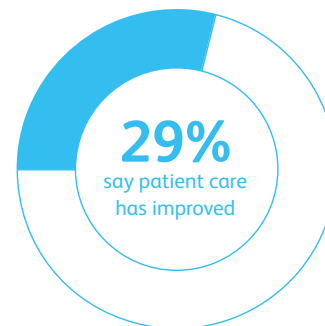
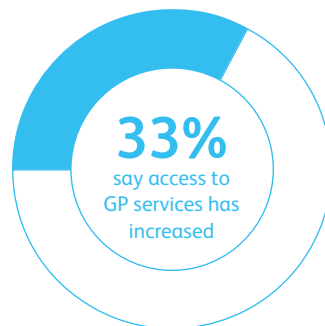
We deliver **four virtual roundtables** a year for these leaders and **two reports a year** to take a deep dive into the core issues concerning this sector.

“Primary care went through lot of changes over the years but recent PCN [primary care network] and ICB [integrated care board] changes have been the most challenging and truly transformative. With COVID, primary care was pushed to adapt using technology and this actually increased pace of transformation.

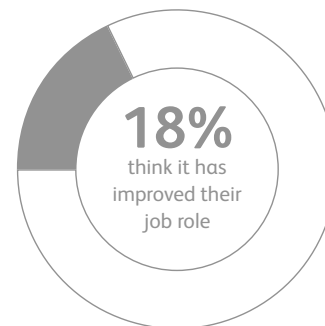
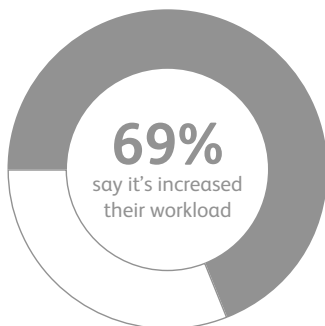
PCN manager

What our audiences think about the changes to the NHS landscape over the past five years:

The positives



The negatives



56,900+
monthly ad impressions



10,000+
total Healthcare Leader audience



2,400+
opened an email in the past 90 days



4,000+
clicked on an email in the past 90 days



ICB profiles
27,000+
page views

CHAPTER 6

The Pharmacist

Cogora's brand for pharmacists working in the community and general practice

“The roles for pharmacists/ technicians in primary care have strengthened the profession and allowed pharmacists to play a greater role in this sector as well as use their clinical muscle – something that is well overdue.

Practice pharmacist

THE PHARMACIST

» There has been astonishing growth in the clinical input of pharmacists in primary care, creating a **brand new audience** for The Pharmacist brand.

The primary care network (PCN) employment scheme known as the additional roles reimbursement scheme (ARRS), has created thousands of new posts for pharmacists in general practice. With their specialist knowledge of medicines, practice pharmacists and PCN pharmacists are leading the way with medication reviews, ensuring practices' patients are receiving the right medicines, implementing national prescribing recommendations, tackling overprescribing, driving medicines compliance, and running patient clinics.

These experienced pharmacists, many of whom are qualified pharmacist independent prescribers, are an essential part of the general practice team. **Three quarters of our PCN and practice pharmacy audience have prescribing powers and their influence is growing**, particularly as all newly qualified pharmacists will be prescribers at qualification from 2026.

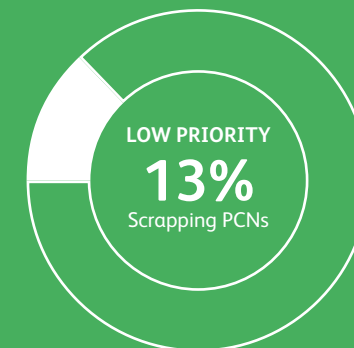
In our survey, **35% of pharmacists working in PCNs told us that carrying out medication reviews are their primary focus** and 62% say they see patients as part of their role.

“Pharmacists have lightened the load by taking on some of the things that they do better and by taking on monitoring and compliance.

GP working in a PCN role

 **22%**
of pharmacists say they work in both community and general practice

What community pharmacists think should be the next Government's NHS priorities:

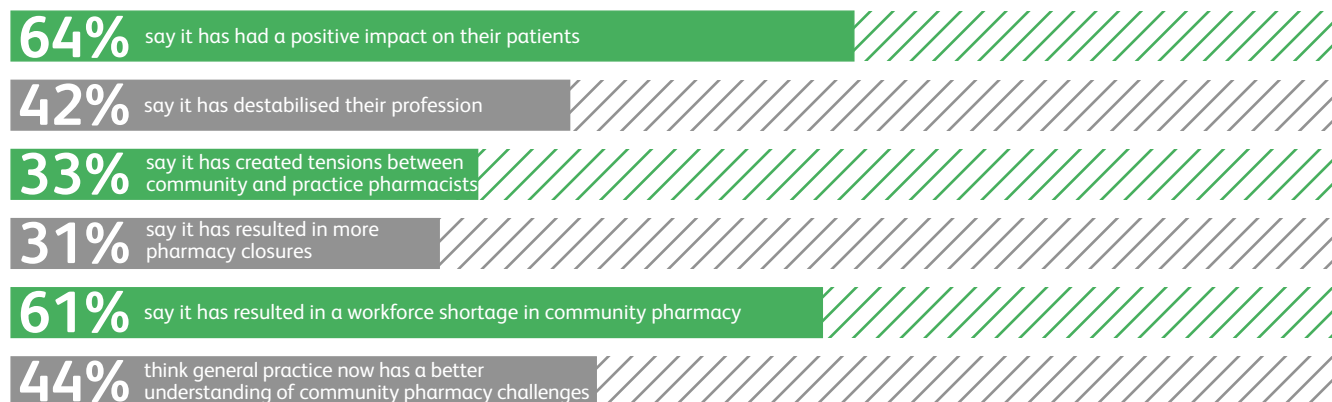


(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

» It is also an important time for community pharmacists, who have always been a core audience for The Pharmacist, who are **dispensing medicines and delivering clinical services in independent pharmacies and pharmacy chains** within local communities and on our high streets. Integrated care boards (ICBs) took on the responsibility of commissioning the services that community pharmacists deliver last year, raising their importance within primary care. And at the end of January 2024, the Government launched the much-anticipated **Pharmacy First common conditions service** in England which saw over 10,000 community pharmacies in England offering the service within the first week. Operating under national PGDs, pharmacists can hold consultations with patients and treat a range of conditions including sinusitis, sore throat, earache, and uncomplicated urinary tract infections in women, including supplying antibiotics where appropriate.

More pharmacists moving into general practice and leaving community pharmacy has created **tensions within the profession** and has been blamed for the increase in pharmacy closures. Our own recent investigation provided insight into where in the country these pharmacies are closing. It also brings its own challenges to The Pharmacist brand as we strive to cater for both audiences. We have newsletters for both audiences and have a dedicated Pharmacist in Practice hub and a Pharmacy First hub on our website.

What do community pharmacists think about more clinical pharmacists now working in general practice?



“Community pharmacy is in the biggest crisis. A lot of the country is unaware many are shutting forever and the loss of this essential service provision is a tragedy. Amazon is not the solution.

PCN clinical director



227,700+

monthly ad impressions on The Pharmacist



Access to

100%

of community pharmacists, and access to

30%

of PCN/ Practice pharmacists



7,500+

total The Pharmacist audience



2,500+

opened an email in the past 90 days



2,000+

clicked on an email in the past 90 days

CHAPTER 7

Hospital Healthcare Europe and Hospital Pharmacy Europe

Cogora's brands for hospital consultants
and department heads and hospital
pharmacists and pharmacy technicians

“ Both areas of the NHS
[primary and secondary
care] are under significant
pressure and there is a perception
that the other is moving work to
the other and we are almost set
against each other.

Practice manager

 HOSPITAL
HEALTHCARE
EUROPE

**HOSPITAL
PHARMACY
EUROPE**

» The large community of department heads and clinicians working in hospitals across the UK and Europe, who we serve through our **two secondary care titles Hospital Healthcare Europe and Hospital Pharmacy Europe**, are facing significant barriers in their practice, all while striving to provide the best care to patients. Extensive backlogs for elective care, mounting pressures and staff burnout are well documented.

As the primary care landscape changes, the challenges and targets of hospital consultants and department heads also alter, particularly around reducing waiting times, ensuring the efficient discharge of patients from hospital and the smooth transition back into the community. **The need and desire to strengthen this primary-secondary care interface is evident** among healthcare professionals on both sides.

In the wider multidisciplinary team, hospital pharmacists and pharmacy technicians also play a crucial role in ensuring the efficient movement of patients between secondary, primary and community care services. They **play a crucial role in the discharge of patients** and make **big decisions on what drugs and therapies to buy to best serve their patient populations**, as well as working to drive efficiencies throughout their hospitals.

“It’s turned into a fight for survival; primary care versus secondary care. Everything is competitive and fragmented and not joined up.

GP

What do hospital consultants and department heads think about the recent changes to the NHS landscape?

65% think it has increased their workload

48% say it has not improved patient care

39% think it has improved collaboration between primary and secondary care services



of our audience say there is no effective primary-secondary interface in their areas, meaning patients don't have a smooth transition whilst moving between general practice and the community and hospitals.

What hospital consultants and department heads think should be the next Government's NHS priorities:



(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

» Via Hospital Healthcare Europe, we provide a platform for these secondary care leaders to share best practice on how to tackle these challenges. We also support them to stay on top of the latest innovations in diagnostics, medicines and holistic disease management across different clinical areas such as **cardiology, oncology, paediatrics and respiratory**. Our Clinical Excellence events and content series allow our readers to hear from and interact with leading experts in these clinical areas on the very latest developments.

Hospital Pharmacy Europe serves this group of healthcare professionals by focusing on inspirational examples of applied research, expert opinions, in-depth interviews and clinical and professional updates. Key topics include **innovative treatments, automation, medicines optimisation and medicines safety**. The team also covers international congresses, focusing specifically on supporting clinical practice and patient care.

“There are attempts to collaborate but the degree of poor understanding of how general practice functions, resources and its funding means so far very little positive progress has been made. Secondary care has many asks of primary (with no understanding of the demand) and then fails to support the same activity and changes in secondary care...hugely frustrating.

PCN clinical director



147,700+
monthly ad impressions



Access to
97%
of UK hospitals, and
60%
in Europe



216,000+
total European secondary
care audience

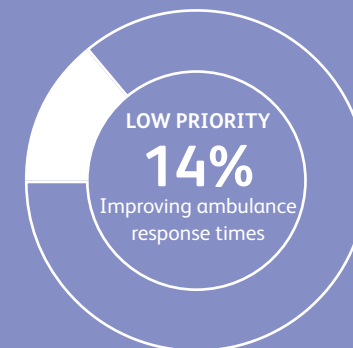


20,100+
opened an email in the
past 90 days



11,600+
clicked on an email in the
past 90 days

What hospital pharmacists and pharmacy technicians think should be the next Government's NHS priorities:



(Question asked: on a scale of 1-5, with 1 being low priority and 5 being high priority, what do you think the priority should be for the next Government in terms of the NHS?)

CHAPTER 8

About Cogora: We know healthcare

CHAPTER 8 ABOUT COGORA

» Cogora is one of the UK's leading data-led healthcare professional engagement and marketing services groups. At the heart of the business is a rich first party data set of over 500,000 healthcare professionals spanning primary and secondary care in the UK and internationally. Through our market-leading brands and educational platforms, covering a range of therapy areas, we have cultivated and grown engaged communities of healthcare professionals, learning what they do, think and really need.

We pride ourselves on seamlessly integrating multiple data sets – first- and third-party data sources – to meticulously target and segment audiences according to our clients' unique requirements. This allows us to serve more relevant content, delivering impactful education and high-quality care to patients, resulting in further growth in engagement – all in a continuous loop. This audience centric, data-led approach enhances our analytical capabilities, and insight into our community.

We influence healthcare change

Through our market-leading brands and educational platforms, we impact clinical practice and make change happen. Whatever your objective, we'll use our expertise to inspire and motivate your audience to learn, engage and make real, meaningful changes.

We analyse healthcare data

To effectively target your message, you need hard data on your audience, and what makes them tick. Combining trusted third-party data sources with Cogora's rich first party data, qualitative data, and intelligence drawn from trusted experts and key opinion leaders, we deliver insight and robust, measurable results.

We understand healthcare audiences

With a decades-long heritage of communicating with healthcare professionals, we speak your audience's language. This unmatched industry knowledge means we'll maximise your return on investment.

We reach healthcare communities

Sitting at the heart of a global community of engaged healthcare professionals, we cast our net far and wide. This means we get your message not just to more people, but to the right people. These diverse communities respond to us, meaning we can bring them within your reach too.

**Interested in working with us?
Just get in touch**

T +44 (0)20 7214 0500
E info@cogora.com

cogora.com



Cogora

We know healthcare