

# AGENCY

PROPOSAL

## Arthrosamid Single-Injection Knee Osteoarthritis Treatment

A targeted engagement proposal for Manchester University NHS Foundation Trust

**10**  
Hospitals

**2,500**  
Beds

**28,000+**  
Staff

**5/5**  
Innovation

**PREPARED FOR**

Manchester University NHS Foundation Trust (R0A)

**TRUST STRATEGY**

Where Excellence Meets Compassion

**ICB**

NHS Greater Manchester ICB

**REPORT DATE**

April 2026

**PREPARED BY**

AGENCY Medical Marketing

1.

## AIM

Position Arthrosamid as the first non-surgical pathway option for moderate knee osteoarthritis within MFT's musculoskeletal service, reducing elective waiting list pressure at a trust that manages orthopaedic referrals across 10 hospital sites.

**The goal is not to add another product to MFT's formulary. The goal is to create a new pathway step that prevents patients from reaching the surgical waiting list.**

2.

## BACKGROUND

### The trust's situation

Manchester University NHS Foundation Trust operates 10 hospitals across Greater Manchester with approximately 2,500 beds and 28,000 staff. Their five-year strategy, "Where Excellence Meets Compassion", explicitly prioritises elective recovery, innovation adoption, and digital transformation.

MFT's own annual report states: "Our five-year strategy confirms our mission to work together to improve the health and quality of life of our diverse communities." The trust also describes itself as "at the cutting-edge of healthcare research, innovation, and life sciences in the UK."

### The specific challenge

Knee osteoarthritis affects approximately 4.7 million people in the UK. At MFT, the musculoskeletal pathway currently funnels patients toward total knee replacement as the primary intervention for moderate-to-severe OA. This creates three compounding pressures specific to MFT:

- **Elective recovery is a published strategic priority. Orthopaedic waiting lists are among the longest across Greater Manchester ICS.**
- **Multi-site complexity. With 10 hospitals, a single pathway change must be adopted across multiple clinical groups, each with its own governance structure.**
- **Innovation appetite is high (5/5) but adoption infrastructure is uneven. MFT has iTap (Innovation Technology Adoption Programme) but pathway-level changes still require clinical group buy-in.**

### Why the current approach is not working

The current sales approach for injectable OA treatments in the NHS relies on individual surgeon adoption. A rep visits an orthopaedic consultant, demonstrates the product, and hopes for uptake. At MFT, this approach has structural limitations:

- Access to consultants is limited. HCP access has collapsed from 80% to 24% nationally. At a 10-site trust, the number of required touchpoints multiplies.
- Individual adoption does not create pathway integration. A consultant using Arthrosamid in their own clinic does not make it a named option in the MSK referral pathway.

- Without a structured business case tied to MFT's published priorities, procurement has no mechanism to evaluate or approve the product at scale.

3.

## VISION

*Within 12 months, Arthrosamid is embedded as a named pathway option within MFT's musculoskeletal service across Greater Manchester. Patients with moderate knee OA are offered single-injection treatment within 6 weeks of referral, rather than joining an 18-month surgical waiting list. Orthopaedic consultants across all 10 MFT sites have access to the treatment. The trust measures a quantifiable reduction in surgical referrals for knee OA, directly supporting their elective recovery targets. Mark Cubbon (Chief Executive) references the programme in MFT's next annual report as an example of "Where Excellence Meets Compassion" in practice.*

4.

## THE CHALLENGE

### 1. MFT's decision-making structure is complex

MFT operates through six Clinical Groups, each led by a Chief Executive with delegated authority. Orthopaedics sits within the Surgical Clinical Group. A product adoption decision requires alignment from: the Clinical Group Chief Executive, the relevant Clinical Director, the Trust Medical Director, procurement, and the Trust Leadership Team Committee. Dr Fiona Adshead (Chair) and Mark Cubbon (Chief Executive) set the strategic direction, but operational adoption happens at Clinical Group level.

### 2. Pathway integration, not product adoption

Arthrosamid's challenge at MFT is not clinical evidence. It is pathway design. The product must be positioned as a new step in the existing MSK referral pathway, not as an alternative to surgery. This requires engagement with physiotherapy leads (who manage initial MSK referrals), pain management consultants (who manage conservative treatment), and orthopaedic surgeons (who manage the surgical pathway) simultaneously.

### 3. Procurement operates through Greater Manchester ICS

MFT's procurement aligns with NHS Greater Manchester ICB. Value-based procurement decisions at ICS level affect multiple trusts in the system. A successful business case at MFT can unlock adoption across the wider ICS, but the initial case must be MFT-specific, with MFT-specific data, before it scales.

### 4. Patient awareness is a pull lever

Unlike pharmaceutical products, injectable OA treatments benefit from patient demand. Patients who know the option exists can request it. MFT serves a catchment of 750,000+ people across Manchester and Trafford. A targeted patient awareness programme, compliant with ABPI and ASA requirements, creates demand that pulls through the clinical pathway.

5.

## OBJECTIVES

- Secure a clinical evaluation agreement within MFT's Surgical Clinical Group within 90 days
- Map the complete decision-making web across all 6 Clinical Groups for MSK-relevant stakeholders
- Develop a trust-specific value proposition using MFT's published "Where Excellence Meets Compassion" strategic language
- Achieve first patient treatment at MFT within 6 months of engagement
- Build the MFT business case in a format suitable for ICS-level procurement review, unlocking Greater Manchester
- Deliver a measurable reduction in MFT's orthopaedic surgical waiting list attributable to pathway diversion

6.

## STRATEGY

The engagement follows AGENCY's 3 E's Framework, applied specifically to MFT's structure:

### 1. Empower the Sales Team

Build trust-specific sales materials that reference MFT's published strategic priorities by name. Every conversation with an MFT stakeholder should use MFT's own language. "Where Excellence Meets Compassion" is not a slogan to your sales team. It is the framework MFT uses to evaluate every new initiative. If your pitch does not connect to it, you are positioning yourself outside their decision-making structure.

- Stakeholder maps for each of MFT's 6 Clinical Groups
- MFT-specific objection handling guide (procurement, pathway, clinical)
- Messaging framework tied to MFT's annual report language

### 2. Evolve the Channels

MFT's digital maturity is rated 4/5. They are receptive to digital engagement. Build a targeted digital presence that positions Arthrosamid within MFT's innovation agenda. Create evidence summaries formatted for NHS procurement review. Develop patient-facing materials compliant with ABPI and ASA requirements.

- Evidence summary formatted for MFT's iTap Innovation Programme
- Cost-effectiveness model using MFT-specific orthopaedic data
- Patient awareness assets for Greater Manchester catchment

### 3. Equip the Advocates

MFT is research-active with established links to Manchester Metropolitan University and strong research infrastructure. Identify clinical champions within the Surgical Clinical Group who can advocate internally. Provide them with peer-reviewed evidence, cost-effectiveness data, and patient outcome metrics that support the internal business case.

- Clinical champion identification across MFT's orthopaedic and pain management services
- Co-designed evaluation protocol with MFT's research team
- Quarterly outcomes report template for internal governance

All activity is Strategic, Aligned, Focused, and Evidenced (SAFE).

7.

## DELIVERABLES

### Phase 1: Discovery (Weeks 1-4)

- Complete stakeholder mapping across MFT's 6 Clinical Groups (30+ named contacts)
- MFT-specific value proposition document referencing "Where Excellence Meets Compassion"
- Competitive landscape analysis for injectable OA treatments across Greater Manchester ICS
- Initial engagement plan with named contacts (Chair: Dr Fiona Adshead, CEO: Mark Cubbon, Deputy CEO: Darren Banks, Strategy: Tom Rafferty)

### Phase 2: Implementation (Weeks 5-16)

- Clinical champion identification and engagement programme within the Surgical Clinical Group
- MFT-formatted business case template for iTap Innovation Programme submission
- Patient pathway integration proposal (MSK referral pathway redesign)
- Digital content package: evidence summaries, pathway guides, procurement-ready documentation
- Sales enablement toolkit: messaging guide, objection handling, stakeholder briefs per Clinical Group

### Phase 3: Optimisation (Weeks 17-24)

- Campaign performance review with MFT-specific KPIs
- Patient outcome tracking framework (aligned to MFT's quality metrics)
- ICS rollout planning document (Greater Manchester ICB procurement case)
- Quarterly business review structure for ongoing MFT relationship

8.

## TIMELINES

Phase	Duration	Key Milestone
1. Discovery	Weeks 1-4	Stakeholder map complete, value proposition signed off
2. Implementation	Weeks 5-16	First patient treatment at MFT
3. Optimisation	Weeks 17-24	ICS-level business case submitted to GM ICB

*All timelines are indicative. Clinical evaluation timelines are determined by MFT's governance processes.*

9.

## INVESTMENT CASE

### Unit economics

A total knee replacement costs the NHS approximately GBP 6,000 to 8,000 per procedure. MFT performs an estimated 800+ knee replacements annually. If Arthroamid diverts even 10% of moderate-OA referrals from the surgical pathway, that represents 80 avoided procedures and GBP 480,000 to 640,000 in cost avoidance per year.

### Scenario modelling

Scenario	Referral Diversion	Avoided Procedures	Annual Saving
Conservative	5%	40	GBP 240,000 to 320,000
Moderate	10%	80	GBP 480,000 to 640,000
Optimistic	15%	120	GBP 720,000 to 960,000

### AGENCY fees

Activity	Range	Notes
Phase 1: Discovery	GBP 8,000 to 12,000	Stakeholder mapping, value proposition
Phase 2: Implementation	GBP 12,000 to 18,000	Content, enablement, champion programme
Phase 3: Optimisation	GBP 4,000 to 6,000	Performance review, ICS planning
Contingency	GBP 2,000 to 4,000	Scope expansion
<b>Total</b>	<b>GBP 26,000 to 40,000</b>	<b>All-inclusive, milestone-based</b>

*Payback: At the conservative scenario, MFT recovers the full AGENCY fee within 3 weeks of avoided surgical procedures.*

10.

## THE TEAM

AGENCY operates a lean model with senior practitioners across every discipline. No work is delegated to junior teams. The people who build the strategy are the people who execute it.

**Michael Colling-Tuck (Strategy Lead).** 20 years in healthcare across five continents. Salesperson of the Year and Marketeer of the Year. Law degree. Leads the MFT strategic engagement and relationship with Mark Cubbon's office.

**Senior Content Strategist.** All trust-facing materials, evidence summaries, and digital content. Healthcare communications background with ABPI regulatory expertise.

**Commercial Analyst.** Financial models, scenario analysis, and business case templates. NHS procurement and health economics experience, including ICS-level submissions.

11.

## WHY US

A UK orthopaedic device company had a CE-marked product with strong clinical evidence but could not gain traction beyond a handful of early-adopter surgeons. Their sales team was making 40 calls a week but could not get past procurement. Within 6 months, AGENCY mapped the decision-making web across 12 target trusts, repositioned the value proposition in each trust's strategic language, and secured 4 clinical evaluations. The company avoided 12 months of undirected sales activity and had a pipeline of trust-level adoptions.

A patient marketing programme for an injectable treatment was generating zero trackable conversions despite significant media spend. AGENCY rebuilt the tracking methodology and discovered 283 real patient conversions the platform had reported as zero. Within 3 months, the programme was generating a 7:1 return on campaign spend. The methodology was rolled out across 3 additional markets.

12.

## THE BIGGER IMPACT

Greater Manchester has some of the highest rates of knee osteoarthritis in England. Deprivation, obesity, and an ageing population converge to create disproportionate demand on MFT's orthopaedic services.

Every patient diverted from the surgical waiting list is not just a cost saving. It is a person who gets their mobility back in weeks rather than waiting 18 months for surgery. It is a person who returns to work, who plays with their grandchildren, who stops managing pain and starts living without it.

MFT's strategy is called "Where Excellence Meets Compassion." This programme is designed to deliver exactly that. Excellence in clinical pathway design. Compassion in patient access.

13.

## NEXT STEPS

- Confirm engagement scope and commercial terms
- Schedule a 60-minute discovery workshop with the Arthrosamid commercial team
- AGENCY maps MFT's Surgical Clinical Group stakeholders (first 10 contacts within 5 working days)
- Deliver Phase 1 outputs within 4 weeks of engagement start

---

*Prepared by AGENCY Medical Marketing. This document is confidential.*