Joint Working Agreement - Executive Summary

1. Project Name:	CVRM (Cardio Vascular Renal Metabolic) Optimisation MDT (Multi-disciplinary Team) for Patient Benefit
2. Organisations involved with this Joint Working Project are:	**Royal Free London NHS Trust** **Lilly UK**
3. The objectives for this project are:	This project will implement a new model of care, enabling multi-disciplinary specialist review in secondary care (Royal Free) of LTC patients currently being managed in primary care. A review of patient notes in primary care by a specialist clinical pharmacist, will aim to risk stratify, arrange diagnostics, optimise treatment and / or triage patients to the new secondary care specialist MDT. A new pathway will be introduced to allow those patients triaged to specialist services to be seen by the MDT clinic rather than wait for individual specialist referrals, with the aim of reducing wait times and reducing number of specialist appointments. This project will serve as a proof of concept, short term feasibility study to support further implementation to then enable wider regional and national pathways (NHS Digital and ICS). To be piloted with patients from the largest GP practice within the associated CCG (Barnet) – Millway Medical Practice.
4. Roles and Responsibilities, including any funding	**Lilly UK:** • Co-development of Project Initiation Document and other project documents such as Gant, plans and registers. • Certification of Project Initiation Document (PID) and executive summary and development of Agreement in line with ABPI code of practice requirements. • Project support e.g. project management & workshop facilitation • Quality Improvement support (TBC) e.g. Lean six sigma support, data collection and analysis, process analysis of MDT vs individual consultant appointments. • Medical writing support (either through a Lilly medical writer or part funding a research fellow) • Supply of PARM tool (ProActive Register Management) to search EMIS database for patients for review. • Owner of root cause analysis workstream and relationship with UCL Partners behavioural change team. • Support publication of results in appropriate clinical and trade press • Co-Dissemination of results, scaling across other NHS organisations including Lilly hosted webinar(s) • Stakeholder engagement and wider implementation planning with strategic bodies such as ICS and AHSN. **Royal Free London NHS Trust:** Royal Free London NHS Foundation Trust: • Co-development of all project documentation • Understanding of Trust governance process with regards to entering into this agreement

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	• Understanding of Trust process for receiving and funding associated with this Agreement • Stakeholder management between the Trust, CCG and Millway Medical practice & database management • Facilitating payment of clinical pharmacist and MDT clinician time from within project budget. • Establishment of new MDT process for CVRM patients triaged from primary care following clinical pharmacist review. • Dissemination of results including write up for publication in clinical press. • Participation in regular project update meetings and stage reviews. • Support implementation of the clinical pharmacist review in primary care. • Data collection and analysis (plan to be developed at project start). • Resource utilisation of consultant time to undertake MDT. **Financial details** Total project costs estimated: £25,644.76 Total Lilly UK Contribution £14,104.62 Total Royal Free Contribution £11,540.14
5. The expected benefits for patients on delivery of this project are:	• Improve speed of review • Treatment review and optimisation by a specialist • **Diagnosis of previously undetected co-morbidities** • Reduction in likelihood of complications caused by poorly managed long-term conditions
6. The expected benefits for the partner organisation(s) on delivery of this project are:	• Possible reduction in unplanned admissions. • Reduction in wait lists for LTC patient reviews. • Free up capacity or matching capacity to greater planned activities • Reduced referrals. Only 1 referral needed to MDT rather than individual specialities. • Improved efficiency: Only 1 review required in MDT vs multiple individual specialty reviews. • Increase in rate of referrals **/ recovery in rate of referrals post covid – flattening the curve.** • Pilot innovative new way of working which may support further future service redesign. • Evaluate the role of digital technologies in the patient pathway. • Sets up baseline for transformation team to translate benefits more widely of this pilot. • Agile method of testing transformation.
7. The expected benefits for Lilly UK on delivery of this are:	All prescribing decisions made during this project are expected to be in line with national and local treatment guidelines, where these exist. Lilly seeks to have no input into any clinical decision making undertaken during this project. However, as a manufacturer of diabetes medications, it is possible, because of the

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	medicine's optimisation element of this project, that Lilly may benefit from an increase in patients prescribed Lilly medications. Other benefits: • Publication may benefit Lilly Diabetes brand reputation within the NHS • An understanding of MLTC pathways may support the launch of future medicines in the NHS • Supports strategic partnerships from an informed position through insights into data and digital innovation gained from this project (NHS Digital). • Enabling partnerships between primary and secondary care, enabling conversations with ICS's and AHSNs.