Joint Working Agreement Summary

1. Project Name:	Lilly and Clatterbridge Cancer Centre Joint working Project Plan - Implementation and measurement of 'My Follow Up' pathway for patients with early Breast Cancer
2. Organisations involved with this Joint Working Project are:	Eli Lilly and Company Ltd and Clatterbridge Cancer Centre
3. The objectives for this project are:	- Improve breast cancer service delivery in complex early breast cancer patients being treated within the trusts' care whilst working to offset capacity demands from new SACT (Systemic Anti-Cancer therapy) treatments. - Enable patient initiated follow up via 2 routes, Attend on Symptoms & Attend on Surveillance. - Enable remote assessment of patient wellbeing and toxicity, an improvement in service efficiency (with high-risk patients being seen more quickly at a fast access clinic), a reduction in the average number for follow up appointments and improved medication adherence. Patients will remain on the pathway for 5 years after starting treatment, providing a unique insight into long term management requirements of complex early breast cancer patients. - To improve patient self-management through a better understanding of their disease and treatment. Patients will be able to view their assessment, access support materials and take ownership of their side effect management.
4. Roles and Responsibilities, including any funding	**Lilly UK:** ● Joint development of all documentation required for a Joint Working Agreement, under Clause 20 of the ABPI Code of Practice 2021 – Collaborative Working. Review and consider code changes pending in 2024. ● Project Management support as required such as minute taking and dissemination, maintaining project logs, stakeholder engagement activities. ● Responsible for the organising of regular project group meeting and gate / stage reviews. ● Part funding of the additional roles required to implement the MyFollowUpPlan pathway and associated ePROMs. ● Mapping, demand analysis and evaluation of the pathway in relation to the capacity requirements of triage to a 'fast access' clinic. ● Map each of the 5 breast cancer pathways including demand to support planning activity costs for rollout of the Healthcare Comms portal. ● Pathway evaluation support especially with regards to evaluation of the health MOT as per section 3 of this document. ● Review of materials developed under the course of the project and certification as required in line with the ABPI code of practice. ● Facilitation of any workshops required to implement the project namely launch meetings, stakeholder engagement meetings, SOP workshops. ● Joint dissemination and ownership of results including publication in relevant trade and / or clinical press. Publication on Lilly UK corporate website and in the ABPI repository. An executive summary of the Joint Working Agreement (JWA) agreement will be publicly available before the project is implemented.

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Joint Working Agreement Summary

	● Joint commitment with Clatterbridge Cancer Centre NHS FT to demonstrate any benefits realised during this project to the NHS on a wider scale. ● Lilly to support in creating poster / presentation / publication of any benefits realised as a result of this collaborative working process and certification of this material. ● In the unlikely event any Lilly employee is made aware of an adverse event it is their responsibility to report this as per the Lilly local process. ● Lilly will not have any influence over clinical decision making. ● Any decision made under the course of this project should be in line with existing local and / or national clinical guidelines. ● Lilly will not have access to any patient identifiable information at any point in the project. ● Disclosure of value is published annually on the 'Disclosure UK website'. **Partner Organisation:** ● Joint development of project initiation documentation. ● Understanding and navigation of Trust process for entering into a collaborative Agreement with Lilly UK. ● Provision of suitably qualified project lead to oversee project delivery. ● Stakeholder engagement at a strategic NHS level. ● Provision of relevant HCPs, management personnel and administration staff to run project workshops. ● Data analysis of all clinical data (also see section 11 – Scope) ● All matters pertaining to the recruitment of new staff or extended contracting of existing staff as per usual NHS procedures and governance. ● Staff clinical competency, governance, and supervision remains the sole responsibility of the NHS. ● Development of a generic SOP with a specific policy for the new pathway in eBC patients ● Ensuring the portal for the MyFollowUpPlan pathway is aligned to the NHS app. ● Providing an ethically approved route for collecting patient satisfaction and ensuring consent and anonymity. ● Provision of patient support information and sourcing of such information (e.g., Macmillan) ● Payment for any validated questionnaires not already procured by The Trust ● Joint (with Lilly UK) funding for additional clinical time and roles required to implement the service and associated ePROMs. ● Adverse event reporting using standard reporting process. ● Provide Lilly with any materials developed within the scope of this project for Lilly to review before use. Lilly may require amends to these materials to ensure compliance with the ABPI Code of Practice. ● In addition to the Project Initiation Document, the ABPI Code of Practice 2021 requires other material relating to collaborative working to be certified, including the executive summary of the agreement, and educational material for the public or patients relating to diseases or medicines used during the delivery of the project.

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Joint Working Agreement Summary

	● Planning and ensuring capacity for 'fast access' clinic. ● Stakeholder engagement at a strategic NHS level to ensure value of new roles shared. Evaluation of project outcome data sets documented in section 3 of this PID, during and on completion of the project to build into an internal business case for future sustainability of the project. This will conclude Lilly's involvement. ● Jointly (with Lilly UK) publish results of the project within 6 months of completion of project, in relevant clinical and trade press or at National meeting/conference. **Funding arrangements:** 6 months project set up and recruitment. 18 months Project implementation & measure. **Total project costs estimated £534,868.20.** Of this existing contracted staff resource dedicated to the project Clatterbridge £227,515.72 Lilly £31,901.28 New workforce requirements = £275,451.19 50% contribution from Lilly / NHS = £137,726 **Lilly cash contribution to be paid by Lilly UK £137,726**
5. The expected benefits for patients on delivery of this project are:	● Personalised patient support through technology should result in an improved patient experience. ● Better patient self-management - Side effect management - Patient initiated appointments - Education - Convenience ● Medication adherence may improve due to better management of side effects. ● More timely and informed clinical review resulting in Improved clinical outcomes. ● Reduction in number of medical review appointments peripherally and streamlined/reviewed centrally.
6. The expected benefits for the partner organisation(s) on delivery of this project are:	● Validated toxicity scoring. ● Better clinical decision-making. ● More efficient service delivery, inc. remote tracking and triage. ● Reduced burden on clinicians at peripheral units. ● Reduced overall healthcare utilisation. ● Income stream validated against block contract for the term of the agreement (24 months).
7. The expected benefits for Lilly UK on delivery of this are:	Improvements in breast cancer service provision could result in a greater number of patients accessing appropriate treatment, some of whom may be prescribed a

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	Lilly manufactured medication (All prescribing during the project should be in line with existing local and national prescribing guidelines) Publication of this project would demonstrate Lilly to be a valued partner to the NHS in innovation and may strengthen the Lilly Oncology brand reputation.

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