

Joint Working Agreement Summary

1. Project Name:	Extension to - Reducing Health inequalities for working age people living with Diabetes in NHS Frimley through Point of Care (POC) HbA1c testing. A Core20PLUS55 project.
2. Organisations involved with this Joint Working Project are:	Eli Lilly & Company (Lilly UK) LOCC Primary Care Network limited (LOCC PCN)
3. The objectives for this project are:	<p>The primary aim of the project is to reduce health inequalities for working-aged individuals living with diabetes in Slough, with a long-term goal of increasing productivity and employment. To achieve this, the project will provide point-of-care HbA1c test strips for use in one-stop clinics at GP practices and during home visits by the Multigenerational Household team. Additionally, the project will fund the necessary clinical resources for this new model of care, including appointments outside of standard hours.</p> <p>The project focuses on delivering preventative healthcare to patients who find GP practices inaccessible, offering a more personalized care approach to support disengaged patients managing long-term conditions while living in deprivation. This aligns with the Core20PLUS5 strategy to reduce health inequalities and the NHS Long Term Plan to improve prevention, management, and reduce complications from diabetes, as well as supporting recovery as outlined in the NHS operating plan.</p> <p>By providing HbA1c results during the first engagement and increasing clinical interventions, the project aims to improve clinical outcomes and patient engagement with services and treatments. It will also collect additional data on this patient group to measure the social impact of these interventions and provide insights for future projects by Frimley ICB or Lilly UK.</p> <p>Furthermore, the project will validate the impact of POCT HbA1c testing on clinical assessments by comparing interventions with and without up-to-date HbA1c readings. In Slough, four Primary Care Networks (PCNs) will identify individuals or households who have missed routine HbA1c testing appointments. These households will be offered HbA1c testing as part of the multigenerational household program, and individuals will be invited to attend a single 'one-stop' appointment at their GP practice for blood tests, result reviews, and medication optimization. Each PCN will be supported by a POCT coordinator from POCT Services at Frimley NHS Foundation Trust.</p> <p>Home visits and one-stop appointments will be conducted by healthcare professionals capable of performing interventions, such as providing lifestyle advice, making medication changes, or recommending referrals to specialist services.</p> <p>----</p> <p>The overall aim of the project extension is to further understand the reason that one Primary Care Network (PNC) had a high level of DNA's, despite the measures taken to help to reduce the DNA rates and which were effective within the other three PCNs. In addition but changing reducing the costs by integrating this work into already running clinical activities, we wish expand the cohort of target and deliver this improved across the system within available budget.</p>

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	<p>The project will look at a root cause analysis of the DNA rates. Correction measures will be developed, and these will be implemented into the service provision and the impact on the DNA rates will be measured.</p> <p>The project will continue to align with the primary care initiatives that are being delivered as outreach and or the work already being undertaken by practices to reduce health inequalities. Those patients who have had a DNA will be offered a diabetes review at the same time as a multi-generational household visit/ outreach home visits where applicable, which will include a HbA1c POCT</p> <p>There is a reported high uptake of Covid vaccines within the Slough PCN's Vaccinations clinics run at the GP practices. Measures will be developed so that patients attending these clinics who have an outstanding HbA1c will be offered this at the same time as having their Covid vaccinations.</p>
4.1 Roles and Responsibilities of Lilly UK.	<ul style="list-style-type: none"> • Lead the development of project set up documents required by the Association of the British Pharmaceutical industry (ABPI) and the certification of these documents. • Co-development of all core project delivery documents such as project plans and registers. • Support clinical process mapping by a qualified process improvement consultant (for example Lean Six Sigma qualified) • Provide project management support by a qualified Prince 2 project manager including project documentation maintenance, interim data analysis to trigger gate reviews, scheduling regular project meetings and gate reviews. • Provide a certified briefing guide to any Lilly personnel with a role within this project. • Meeting facilitation if and when required for example development of training gap analysis and SOP's. • Review of documents developed during the process of this project in line with ABPI requirements (also see clauses 3.3 & 4 of the Collaborative Working Agreement) • HCP questionnaire / survey development support and analysis of responses. • Publication in relevant press, on the Lilly UK corporate site and as a case study on the ABPI case study repository so that other NHS organisations can benefit from learnings of the project. • Lilly will never be in receipt of any identifiable patient data. All data analysis will be the responsibility of the NHS. Lilly will only receive information at an aggregate level pertaining to successful project delivery.
4.2 Roles and Responsibilities of Partner Organisation(s)	<ul style="list-style-type: none"> • Understand and manage Slough PCN governance process for entering into Joint Working Agreements with the pharmaceutical industry. • Contracting of Frimley FT POCT service which will provide test strips at a cost per strip which also includes: <ul style="list-style-type: none"> ○ HbA1c reagent strips (patients and controls) ○ Internal quality control ○ External quality assessment ○ Quality monitoring from HCPC state registered scientists ○ Loaned devices and carry cases ○ Training sessions for 10 individuals

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	<ul style="list-style-type: none"> ○ Working with the Frimley Health POCT service to provide technical expertise, quality monitoring and governance on the production of HbA1c results at POCT. • Contracting additional hours for workforce requirements • Provision of staff to attend regular project meetings. • Provision of data to risk stratify patients and triage to correctly qualified HCP for review – either GP or specialist non-medical prescriber • Patient eligibility and risk stratification is the sole responsibility of Slough PCNs (led by LOCC PCN company ltd) (Lilly will have no influence as to which patients will be included in the project). • Slough PCNs are solely responsible for any clinical intervention and it is expected that any change to patients treatment will be in line with preexisting local or national treatment guidelines. (Lilly will have no influence over any clinical decisions) • Data collection • Co-development of patient questionnaire • Development of staff questionnaire • Data analysis and audit (supported by Lilly if required though no data should be shared apart from aggregate level and with the correct data sharing agreement in place) • Publication to share outcomes with other NHS Organisations who may benefit from the learnings of this project. • Any adverse events identified during the course of this project should be reported using the NHS organisations standard reporting process. • Slough PCNs are encouraged to make a summary of the project publicly available for transparency. The role of Lilly should be transparent on all project materials i.e. 'This project is supported under a Joint Working Agreement with Eli Lilly & Company'.
5. The expected benefits for patients on delivery of this project are:	<p>Care within their own home, or a model of care tailored to the patients' circumstances therefore making healthcare more accessible.</p> <p>Provision of healthcare by the most appropriate professional for their current health status.</p> <p>Uncontrolled HbA1c can lead to long term comorbidities for people living with diabetes. Increased intervention could improve glucose control and reduce the likelihood of comorbidities.</p>
6. The expected benefits for the partner organisation(s) on delivery of this project are:	<p>Supporting the Slough PCNs to address health inequalities especially those within CORE20PLUS5 cohorts.</p> <p>Supports the Slough PCN ambition to build a community/PCN led model to prevent diabetes or support optimal management and control including supporting with measures to tackle obesity within the diabetes population. This project touches on a number of aspects of the slough PCNs strategic ambitions to build Places in Frimley as a strong, health attractive towns/places e.g., enabling healthy neighbourhoods, prevention strategies and to enable people into employment.</p>
7. The expected benefits for Lilly UK on delivery of this are:	<p>Lilly is committed to improving healthcare for patients and supports improvement projects across the UK. See the Lilly Partnerships page on the Lilly UK corporate website for more information.</p>

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	<p>This project will provide Lilly with information on disengaged patients from the Core20 cohort to inform the development of future projects and other patient support.</p> <p>Insight into the correlation between co-morbidities of diabetes and employment may support Lilly in planning subsequent patient support initiatives. As a manufacturer of diabetes medications, it is possible that Lilly may benefit from the medicine's optimisation element of this project, though it is a requirement of the project that any prescribing undertaken is in line with pre-existing local or national guidelines and Lilly does not seek to have any influence over these decisions.</p>
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