1. Project Name:	Reducing health inequalities for working aged people living with diabetes in Slough through Point of Care (POC) HbA1c testing. A Core20PLUS5 project
2. Organisations involved with this Joint Working Project are:	Eli Lilly & Company (Lilly UK) NHS Frimley Health and Frimley ICS (Frimley ICS)
	The overall aim of the project is to reduce health inequalities for working aged people living with Diabetes in Slough, with a longer-term aim of increasing productivity and employment.
	This project will provide point of care HbA1c test strips for use in one-stop clinics at GP practices and for use by the Multigenerational Household team to use at home visits. The project will also fund the additional clinical resource required for this new model of care including out of standard hours appointments.
	The project aims to provide preventative healthcare for patients for whom the GP practice is inaccessible. The project will deliver a more bespoke provision of care to support disengaged patients dealing with the complexities of managing a long-term condition whilst living in deprivation. Aligning to both the Core20PLUS5 strategy of reducing health inequalities, and the NHS Long Term Plan of improving prevention, management and reducing complications from diabetes. This has been reinforced within the NHS operating plan requirements specifically to support recovery.
3. The objectives for this project are:	Through improved HbA1c result communication by provision of the result within the first engagement and subsequent increased clinical intervention, the project hopes to improve clinical outcomes for this patient group as well as improving engagement with services and treatment for this patient group.
	The project will collect additional information on this patient group to help measure the social impact of such interventions as well as provide insight into the potential impact of future projects that either Frimley ICB or Lilly UK may wish to run to support patients facing similar challenges across the ICB and wider UK.
	The project will also seek to validate the impact of POCT HbA1c testing on the clinical assessment by measuring the interventions without and then with an up-to-date HbA1c reading.
	There are 4 Primary Care Networks in Slough. Each PCN will identify those individuals and/ or households who have either not come forward for, or not attended appointments for routine HbA1c testing. Households will be offered HbA1c testing as part of the multigenerational household programme and individuals will be invited to attend their GP practice for a single 'one-stop' appointment which includes both blood test and review of results and medication

	optimisation. Each PCN will be supported by a POCT co-ordinator provided by POCT Services at Frimley NHS Foundation Trust
	Home visits and one-stop appointments will be carried out by a healthcare professional able to perform interventions (such as lifestyle advice and / or changes to medication) or recommend onward referral to specialist services.
	Lilly UK
4. Roles and Responsibilities, including any funding	<ul> <li>Lead the development of project set up documents required by the ABPI, and the certification of these documents.</li> </ul>
	<ul> <li>Co-development of all core project delivery documents such as project plans and registers.</li> </ul>
	<ul> <li>Support clinical process mapping by a qualified process improvement consultant (for example Lean Six Sigma qualified)</li> </ul>
	<ul> <li>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.</li> </ul>
	<ul> <li>Provide a certified briefing guide to any Lilly person with a promotional role on their non-promotional role within this project.</li> </ul>
	<ul> <li>Meeting facilitation if and when required for example development of training gap analysis and SOP's.</li> </ul>
	<ul> <li>Review of documents developed during the process of this project in line with ABPI requirements.</li> </ul>
	<ul> <li>Support education of HCPs by the Lilly Medical Education Associate (MEA) team of registered Diabetes Specialist Nurses.</li> </ul>
	HCP questionnaire / survey development support and analysis of reconcesses
	<ul> <li>responses.</li> <li>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.</li> </ul>
	• 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 as stated in section 3
	• Any adverse events that Lilly staff are made aware of during the course of this project will be reported to Lilly following the usual process.
	Frimley ICS
	Understand and manage Frimley ICB governance process for entering into Joint Working Agreements with the pharmaceutical industry.

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•	Contracting of Frimley FT POCT service which will provide test strips at a cost per strip which also includes:
	<ul> <li>HbA1c reagent strips (patients and controls)</li> </ul>
	<ul> <li>Internal quality control</li> </ul>
	<ul> <li>External quality assessment</li> </ul>
	<ul> <li>Quality monitoring from HCPC state registered scientists</li> </ul>
	<ul> <li>Loaned devices and carry cases</li> </ul>
	<ul> <li>Training sessions for 10 individuals</li> </ul>
	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 Frimley ICS (Lilly will have no influence as to which patients will be included in the project)
•	Frimley ICS are solely responsible for any clinical intervention and it is expected that any change to patients treatment will be in line with pre- existing 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 at 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.
•	Frimley ICS 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'.
Finan	cial Arrangements
	project costs estimated £196,874
Lilly L	
-	esource contribution estimated: £7800

	Lilly cash contribution est. £53,109
	Total Lilly contribution £60,909
5. The expected benefits for patients on delivery of this project are:	Care within the patient home, or a model of care tailored to the patients circumstances therefore making healthcare more accessible. Provision of healthcare by the most appropriate professional tailored to the patients current health status. Uncontrolled HbA1c can lead to long term comorbidities and complications for people living with diabetes. Increased intervention could improve glucose control and reduce the likelihood of co-morbidities.
6. The expected benefits for the partner organisation(s) on delivery of this project are:	Supporting our work to address health inequalities especially those within our CORE20PLUS5 cohorts. Supports our 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 our diabetes population. This project touches on a number of aspects of our strategic ambitions to build Slough as a strong, health attractive town e.g., enabling healthy neighbourhoods, tackling obesity to prevent illness and to enable people into employment.
7. The expected benefits for Lilly UK on delivery of this are:	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. 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. 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 seeks to have no influence over these decisions.