Joint Working Agreement Summary

1. Project Name:	Alzheimer's Disease Care Pathway Optimisation Collaborative Working Project.
2. Organisations involved with this Joint Working Project are:	Lilly UK. NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board ICB (BNSSG)
3. The objectives for this project are:	The objective of this Collaborative Working Agreement (CWA) project is to co-create an optimal early Alzheimer's Disease (AD) optimal pathway to inform national policy and enable system preparedness by completing the following: • Deep-dive into the current state of service provision across multiple Healthcare Organisations (HO's) within BNSSG ICB to fully understand current service provision. • Prioritise interventions and co-create solutions through peer-to-peer workshops that will enable the development of an optimal early AD pathway.
4. Roles and Responsibilities, including any funding	**Lilly UK**: • Lead the development of project set up documents required by the Association 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. • Provide project management support by a qualified project manager including project documentation maintenance, scheduling regular project meetings and gate reviews. • Lilly will directly commission the services of IQVIA to support the delivery of the project. • Stakeholder Management between Lilly, IQVIA, and BNSSG. • Support wider stakeholder engagement planning and management. • Meeting facilitation when required. • Review of documents developed during the process of this project in line with ABPI requirements. • Provision of the final (certified) report and associated service provision maps for use by all partners. • 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 data at an aggregate level pertaining to successful project delivery. **The role of IQVIA is as follows:** • Support the ICB to develop a 'future proof' end-to-end early AD care pathway. • Gather on-the-ground detailed insights into existing clinical and operational practice via engagement across primary, secondary, community, and mental health stakeholders within the ICS. • Develop a process map of existing AD care pathways to understand what is and is not working well associated with the early diagnosis of patients with AD. • Employ root cause analysis on why there are specific enablers and barriers within the pathways.

Joint Working Agreement Summary

- Carry out stakeholder interviews (Day-in-the-life of (DITL) and semi structured 1 to 1's that are confidential and lasting up to 1 hour (10- 12)
- Gain insight into the patient voice via the clinical teams.
- Quantity costs associated with key elements of the pathway derived from available data (Tariffs, Patient Level Information and Costings Systems (PLICS)).
- Build a future-state optimal early AD care pathway vision and identify priority pain points where Lilly can partner with the ecosystem to identify interventions aimed at making the ambition a reality.
- Priorities interventions and co create solutions through a series of peer-to-peer workshops that will enable the operation of an optimal early AD pathway.
- Produce a deep-dive site report into the current state of service provision and the practical implications for pathway redesign in the real-world.
- Capacity analysis for diagnostics services using resources to perform demand forecasting for the various stages in the AD pathway.
- To provide the ICB with a co-created optimal pathway for the management of early AD which can be implemented at a local level and shared with other ICB's.
- An understanding of costs and patient / Healthcare Professional requirements (HCP) when looking to implement an optimal AD pathway.
- Start early preparatory work with local clinical leaders and stakeholders to scope out local pathway and service options.
- Risk assessment on mobilisation challenges and any mitigations to address the increased NHS capacity required (i.e. demand) to support implementation.
- Options appraisal for how demand can be met through the creation of an optimal pathway.

Partner Organisations BNSSG ICB

- Co-Develop CWA documentation.
- Understand governance requirements for signing a CWA in partnership with Lilly.
- Stakeholder engagement and management across multiple Healthcare Organisations (HCO') within the ICB who have a responsibility of managing patients with Mild Cognitive Impairment (MCI) and early AD.
- Provision of data required at HCO level to understand the current pathways.
- Provision of appropriate front-line NHS personnel for stakeholder interviews.
- Provision of appropriate personnel to participate in peer-to-peer workshops.
- Support sharing best practice with other organisations including joint publication of outcomes.
- Support the sharing of outputs internally and across other ICB's.

Funding arrangements
Lilly total contribution.
Staff resource costs £3,307.75

Joint Working Agreement Summary

	IQVIA Staff resource costs (payable on deliverables) £30,716. **BSSNG** estimated staff resource costs £28,689.
5. The expected benefits for the partner organisation(s) on delivery of this project are:	• To provide the ICB with a co-created optimal pathway for the management of early AD which can be implemented at a local level and shared with other Healthcare Innovation Networks (HIN). • An understanding of costs and patient / HCP requirements when looking to implement an optimal AD pathway. • Being a pioneer in care provision for patients with AD • Start early preparatory work with local clinical leaders and stakeholders to scope out local pathway and service options. • Risk assessment on mobilisation challenges and any mitigations to address the increased NHS capacity required (i.e. demand) to support implementation. • Options appraisal for how demand can be met through the creation of an optimal pathway.
6. The expected benefits for Lilly UK on delivery of this project are:	Understanding the Alzheimer's Disease (AD) patient pathway can help optimize it, leading to better care for patients. By improving the pathway, more patients can receive the approved treatments they are eligible for, and they can get these treatments more quickly.