# Collaborative Working Agreement Summary

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| **1. Project Name:** | Early Alzheimer's Disease Care Pathway Optimisation project. |
| **2. Organisations involved with this Collaborative Working Project are:** | Eli Lilly and Company Ltd, North Central London Integrated Care System and UCL Partners. |
| **3. The objectives for this project are:** | The objective of this Collaborative Working Agreement (CWA) project is to co-create an optimal early AD optimal pathway to inform national policy and enable system preparedness by completing the following:<br>Deep dive into the current state of service provision across multiple Healthcare Organisations (HO's) within NCL ICS 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**:<br>• Lead the development of project set up documents required by the Association the British Pharmaceutical industry (ABPI) and the certification of these documents.<br>• Co-development of all core project delivery documents such as project plans and registers.<br>• Provide project management support by a qualified project manager including project documentation maintenance, scheduling regular project meetings and gate reviews.<br>• Stakeholder Management between Lilly, IQVIA, NCL ICS and UCLP<br>• Support wider stakeholder engagement planning and management.<br>• Meeting facilitation when required.<br>• 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)<br>• 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.<br>• 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.<br>• Lilly will directly commission the services of IQVIA to support the delivery of the project.<br>The role of IQVIA is as follows:<br>• Support the ICS to develop the end-to-end early AD care pathway of the future.<br>• Gather on the ground detailed insights into the existing clinical and operational practice via engagement across primary, secondary, community, and mental health stakeholder within the ICS.<br>• 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.<br>• Employ root cause analysis on why there are specific enablers and barriers withing the pathways. |

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| | • 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)<br>• Gain insight into the patient voice via the clinical teams.<br>• Quantity costs associated with key elements of the pathway derived from available data (Tariffs, Patient Level Information and Costings Systems (PLICS).<br>• Build 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.<br>• Proprieties interventions and co create solutions through a series of peer-to-peer workshops that will enable the operation of an optimal early AD pathway.<br>• Produce deep dive site report into the current state of service provision and the practical implications for pathway redesign in the real world.<br>• Capacity analysis for diagnostics services using resources to perform demand forecasting for the various stages in the AD pathway.<br>• To provide the ICS 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).<br>• An understanding of costs and patient / HCP requirements when looking to implement an optimal AD pathway.<br>• Being a pioneer in care provision for patients with AD<br>• Start early preparatory work with local clinical leaders and stakeholders to scope out local pathway and service options.<br>• Conduct baseline assessment of current available capacity.<br>• Risk assessment on mobilisation challenges and any mitigations to address the increased NHS capacity required (i.e. demand) to support implementation.<br>• Options appraisal for how demand can be met through the creation of an optimal pathway.<br>• Lilly will support the upskilling of UCLP colleagues through shadowing where applicable.<br>**Partner Organisations.**<br>• Co-Develop CWA documentation.<br>• Understand governance requirements for signing a CWA in partnership with Lilly.<br>• Stakeholder engagement and management across multiple HCOs within the ICS who have a responsibility of managing patients with MCI and early AD.<br>• Provision of data required at HCO level to understand the current pathways in relation to the output requirements in section 3 to IQVIA.<br>• Provision of appropriate front line NHS personnel for stakeholder interviews<br>• Provision of appropriate personnel to participate in peer-to-peer workshops.<br>• Support sharing best practice with other organisations including joint publication of outcomes. |

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| | • Support NCL ICS with governance review of project documentation.<br>• Stakeholder engagement across ICS, providing project management support to Eli Lilly<br>• Support the development and running of Peer-to-Peer workshops (in collaboration with IQVIA).<br>• Ensure alignment to other AD projects currently underway or planned by UCLP to reduce duplication but also to share relevant findings/ data.<br>• Data sharing provision for outputs of other relevant pieces of work (additional to the standard clauses in the CWA, if required)<br>• Support the sharing of outputs across other HINs<br><br>**Funding arrangements**<br>Total Project costs estimated £91.512<br>Lilly Contribution<br>Contracted staff resource £2,733<br>Cash contribution of £12,000 to be paid at project start.<br>IQIVA £30,716 to be paid on delivery of outputs<br>North Central London ICB and UCLP Staff Resource costs £45.499 |
| **5. The expected benefits for the partner organisation(s) on delivery of this project are:** | • To provide the ICS 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).<br>• An understanding of costs and patient / HCP requirements when looking to implement an optimal AD pathway.<br>• Being a pioneer in care provision for patients with AD<br>• Start early preparatory work with local clinical leaders and stakeholders to scope out local pathway and service options.<br>• Conduct baseline assessment of current available capacity.<br>• Risk assessment on mobilisation challenges and any mitigations to address the increased NHS capacity required (i.e., demand) to support implementation.<br>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 are:** | Understanding the requirements of an optimal AD pathway and sharing the learnings with other NHS sites to ensure patients have access to early AD diagnosis. |