Joint Working Agreement - Executive Summary

1. Project Name:	**'Best to PEST'* Multi-disciplinary & Multi-specialty Psoriatic Arthritis Project** * Psoriasis Epidemiological Screening Tool
2. Organisations involved with this Joint Working Project are:	Cambridge University Hospital Foundation Trust & Lilly UK
3. The objectives for this project are:	The main aim of this project is to improve the care of psoriatic patients. This will be achieved by forging greater clinical collaboration between the rheumatology and dermatology departments at the Cambridge University Hospital NHS Foundational Trust (CUH). The specific objectives are to: 1. Improve the identification of PsA patients in the psoriasis dermatology clinic. 2. Improve shared decision-making regarding treatments and their escalation, thereby optimally addressing the multiple domains of psoriatic disease. 3. Demonstrate the need for this additional resource to be a permanent position fully funded by the trust, and the practices piloted in the project adopted into standard clinical practice. 4. Develop an efficient referral pathway between the dermatology and rheumatology departments, and ensure there is capacity available to deal with any increase in demand. It is also planned that the project outcomes will be shared via publication in a suitable clinical journal or trade press.
4. Roles and Responsibilities, including any funding	Roles and responsibilities of Cambridge University Hospital Foundation Trust: • 5 members of the clinical team from CUH will sit on the 'Best to PEST' project management team alongside 2 members of the Lilly UK Medical Team to provide input ensuring the project objectives are met. Project management responsibilities include joint development of the PID and project plan and dissemination of the communication plan. • CUH will provide part-funding for the project as detailed below. • The lead clinician will supervise and line-manage the clinical team implementing this project at CUH on a day-to-day basis. • Recruitment of an appropriately qualified clinician dedicated to the project under a 2 year Research Fellowship. • Provide a fully-trained electronic patient record (EPIC) analyst to extract patient data. • Disseminate results of project via appropriate national and international conferences.

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	Roles and responsibilities of Lilly UK: • A Clinical Research Scientist and Medical Affairs Professional from Lilly UK Medical Team will sit on the 'Best to PEST' project management team with CUH and provide input to ensure the project objectives are met. Project management responsibilities include development of the PID and project plan, development of the communication plan, and maintenance of the risk register. • Provide input into the protocol development, research questions. The protocol will look at the overall shape of the project including how and where the assessments will take place and what data will be collected (both clinical and logistical data). Lilly will not have any input into the development of treatment protocols. Any medical interventions will follow the usual treatment pathway used by the department, and be in line with existing local formulary and national guidance. • A Quality Improvement Consultant (QIC) will be supplied by Lilly to lead the process improvement aspect of the project. This will include mapping the current and future pathway between dermatology and rheumatology, identifying inefficiencies or blocks in the system, and carrying out capacity and demand analysis to ensure an efficient pathway is in place to refer patients between the 2 departments. • Lilly will provide part-funding for the project as detailed below. • Review findings from the project. • Review drafts of study publications. • Facilitate the dissemination of the project outcomes. No Lilly staff will have access to any patient identifiable information or data. **Total project costs estimated to be £168,500 as detailed below:** **Contribution from Lilly UK £96,000** **Estimated contribution from CUH approx. £72,500.** Dedicated Specialist Registrar employed on a 2 year Research Fellowship = £116,000 Additional Consultant support 0.5 days per week = £22,000 Band 7 EPIC Analyst = £18,000 Statistical support approx. = £5,000 Office support, I.T & Stationary approx. = £2,000 Dissemination of project results via congresses and peer reviewed publications approx. = £5500

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5. The expected benefits for patients on delivery of this project are:	By improving identification of patients with PsA within a Dermatology clinic, patients will be able to receive targeted treatment for PsA which they would likely not have received without a PsA diagnosis. This diagnosis will lead to: • Improvement in patient clinical outcomes. • Increase patient engagement with their condition.
6. The expected benefits for the partner organisation(s) on delivery of this project are:	This project will benefit Cambridge University Hospitals by improving its dermatology & rheumatology services by identifying PsA patients earlier. Moreover, according to the NICE cost report[4], published in 2012, *'earlier identification could lead to potential areas for savings, such as; decreased spend on topicals currently used as first-line, such as betamethasone/calcipotriol; lower spend on best supportive care for people who have received biologic drugs and long-term savings from decreased complications and disease exacerbations because of early intervention'*. In addition, CUHFT will benefit from this project, as they will have an additional member of staff that will work between the dermatology and rheumatology clinics.
7. The expected benefits for Lilly UK on delivery of this are:	Lilly have recently received marketing authorisation for Taltz for the treatment of patients with active PsA. This project will help Lilly to understand the true burden of the disease within a UK psoriasis patient population. Furthermore, improved identification of PsA could lead to an increase in medications prescribed to treat the condition in line with local formulary and national guidance. This proof of concept project will provide Lilly with clinical data to prove the assumption that closer collaboration between dermatology and rheumatology leads to improved patient outcomes, and therefore it is hoped that the project can be replicated within other trusts. Lilly UK will be able to demonstrate a capability to work with NHS organisations, to support the delivery of mutually beneficial projects that may: • Establish and strengthen trust with pharmaceutical partner organisations outside of their commercial activities. • Take and share the learnings from this programme and apply to other dermatology and rheumatology clinics to improve psoriatic arthritis treatment.