EXECUTIVE SUMMARY / DECLARATION OF JOINT WORKING

BETWEEN

AstraZeneca UK Ltd

AND

BLACKBURN NORTH PCN

BLACKBURN NORTH PCN and AstraZeneca UK Ltd are engaged in a Joint Working Project called 'BLACKBURN NORTH PCN' Establishing Quality Improvement Through Partnership(EQIP).

This project will run from 07/2025 to 07/2026 and both parties have contributed resources for this intitative.

The project will commence 28-Jul-2025 and will continue for 12months.
The aims of this joint working project are to:

1. Support HCPs with their understanding of NG28 guidelines and effective treatment for people living with type 2 diabetes mellitus.

2. Identify at risk patients aligned to NG28 guidelines through the implementation of a clinical search.

3. Provide capacity support, in partnership with the NHS, to review high risk patients.

4. Embed high quality type 2 diabetes care through implementation of a NG28 clinical template.

5. Provide a framework for evidence capture and CQC audit readiness.

Expected Benefits:

Patient benefits:
• Potentially better controlled type 2 diabetes patients living with type 2 diabetes disease by having medicines optimised to NG28 guidelines
• Access to a medicines review in a more timely manner

NHS benefits:

•To optimise and prioritise care for patients by case finding management of NICE NG28 guideline, for people with type 2 diabetes at the highest risk of cardiovascular and renal

complications and offer faster access to evidence based medicines.

•Potential for reduced healthcare system costs including unplanned avoidable cardiovascular events in people with type 2 diabetes.

•Upskilling of Primary Care clinical workforce prioritised for delivering type 2 diabetes patient medicine optimisation.

•The inclusion of a NG28 clinical template produced and funded by AZ that will support the ongoing consistency of medicine reviews per NG28 guidelines.

AZ benefits:

•Demonstrates partnership working with the NHS

•Allows AZ to focus on a specific area of unmet need

•Potential increase of cardiovascular, renal and metabolic medicines prescribing if clinically appropriate for patients, which may include AZ products. The project is not reliant on prescribing AZ medicines and the decision to prescribe will remain with the clinician in line with NG28 guidelines.