Joint Working EXECUTIVE SUMMARY

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Joint Working between AstraZeneca UK Ltd and Hayling Island and Emsworth Primary Care Network

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Project title	Cardio Renal Joint Working
Aims and Objectives	Increase PCN clinical capacity to review the backlog of Cardio, Renal and Metabolic (CVRM) patients caused by COVID-19. The new clinics will be in-addition to the existing clinics normally provided by the GP Practices within the PCN and won't seek to replace existing clinics made available to patients. Reduction in long waiting times to be seen by a 'specialist' Drive improvement of understanding within primary care to effectively manage CVRM patients. Education support for multiple stakeholders within primary care. Opportunity to provide access for approx. 770 patients over 32 weeks. Through an additional 86 clinics.
Anticipated benefits	**Patient benefits:** • Appropriate initiation and optimisation of medicines by GP in-line with local and national guidelines • Clear care plans allowing timely completion of actions • Reduction in non-elective admissions and readmissions through early tailored interventions • Patients will experience an improvement in quality of care. • Improved team working amongst professionals allowing more support to avoid unscheduled hospital episodes **NHS benefits:** • Reduction in waiting times for specialist input • Reduction in the need for outpatient appts for some patients with CVRM conditions • Increase the overall quality of care for patients • In the longer term, improve patient flow and reduce the total number of unplanned admissions and inpatient bed days. • Timely interventions with worsening patients via virtual MDT; • Increase in appropriateness/quality of referrals due to MDT approach **AZ benefits:** • Prescription of SGLT2i may increase as more applicable patients are identified. AstraZeneca manufactures medicine in this space, this project is not reliant on prescribing AZ medicine, and the

	decision to prescribe will remain with the clinician in line with local protocols and guidelines. • A successful project with proven outcome measures will allow the Project Board to share best practice across England. • Improvement of AstraZeneca corporate reputation and trust with the NHS and patients.
Timeline	The project will commence 22-April-2024 and will continue for 8 months.
Contributions	The project will include the pooling of skills, experience and resources from both parties. AstraZeneca will provide funding for additional clinical time, and AZ employee time for project management and evaluation at a total cost of £13,975.74 The NHS is contributing clinical time and project analysis at a total cost of £9,317.16 The NHS contribution does not include transfer of monies; it is based on cost of resource allocation. Full details of contributions are included in the agreed Joint working agreement with the NHS.