JOINT WORKING EXECUTIVE SUMMARY

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Joint Working between AstraZeneca UK Ltd and Liverpool Heart and Chest Hospital NHS Trust Operating as Health Innovation North West Coast
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Project title	LUCID Accelerate Lancashire and South Cumbria
Aims and Objectives	Aims: LUCID model implementation programme to identify chronic kidney disease (CKD) patients in primary care suitable for virtual management. Objectives: Risk stratify the CKD population of the PCNs involved and subsequently improve clinical outcomes by bringing secondary care capability into primary care and implementing gold standard management. · Increase early identification of CKD patients suitable for virtual management. · Pilot a community outreach service enabled by multidisciplinary team (MDT) at a PCN level to demonstrate a new models of care. · Improve the quality of care delivered to CKD patients by increasing the capability and confidence of primary care providers. The Expectation is that the project will deliver: · Lower number of Advice and Guidance (A&G) requests per CKD patient in pilot PCNs vs comparator PCNs · Lower number of new patient clinic attendances per CKD patient in pilot PCNs vs comparator PCNs · Higher number of patients on guideline directed medical therapy, including lipid-lowering medications, renin-angiotensin system inhibitors (RAASi), sodium-glucose co-transporter-2 inhibitors (SGLT2is), mineralocorticoids receptor antagonists (MRAs), and potassium binders for hyperkalaemia where hyperkalaemia limits RAASi optimisation, in patients that have been reviewed in MDT meetings vs patients with similar characteristics that have not been reviewed. · Higher number of patients on guideline directed medical therapy, including lipid-lowering medications, renin-angiotensin system inhibitors (RAASi), sodium-glucose co-transporter-2 inhibitors (SGLT2is), mineralocorticoids receptor antagonists (MRAs), and potassium binders for hyperkalaemia where hyperkalaemia limits RAASi optimisation, in pilot PCNs vs baseline PCNs · Higher number of eGFR testing in pilot PCNs vs comparator PCNs · Higher number of UACR testing in pilot PCNs vs comparator PCNs
Anticipated benefits	**Patient Benefits:**

	For the Patients: · Early diagnosis of patients living with CKD · Improve access to optimal treatment in line with guideline recommended therapy leading to reduced likelihood of progression to end stage kidney disease (ESKD) and risk of cardiovascular events. This incorporates the concurrent treatment of clinical issues that present a barrier to achieving guideline-directed medical therapy (GDMT), including hyperkalaemia. · Facilitate expedited referral to secondary care for very high-risk patients and Improve patient experience (access to services by the provision of care closer to home, via a virtual setting, reduce the number of visits required in primary and secondary care, and duplication of tests) **NHS Benefits** For the NHS: · Improved service delivery · Increased number of patients with CKD achieving guideline recommended therapy. This incorporates the concurrent treatment of clinical issues that present a barrier to achieving guideline-directed medical therapy (GDMT), including hyperkalaemia. · Improved capability in managing CKD in primary care · Reduce Advice and Guidance queries · Identify high-risk patients for expedited referral · Reduction in number of new patient clinic attendances **AstraZeneca Benefits** For AstraZeneca UK: This project is in line with AstraZeneca's medical mission to reduce death and progression to ESKD in CKD · To scale an impactful, cost effective and commissioned service model that improves CKD outcomes for patients and demonstrates value to the NHS. · Build better understanding of the challenges in national model implementation. · AstraZeneca manufactures medicines for the treatment of heart failure, CKD, diabetes and hyperkalaemia and due to medicines optimisation, the prescribing of these medicines may increase. The project is not reliant upon prescribing of AstraZeneca medicines and the decision to prescribe will remain with the clinician in line with local protocols and guidelines.
Timeline	The project will commence on the 2 November 2026 and will continue for a duration of 12 months.
References	1. Lipkin G. GIRFT - Renal Medicine [Internet]. 2021 Mar. Available from: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Renal-Medicine-Sept21k.pd 2. NICE. Chronic kidney disease: assessment and management | Guidance | NICE. Available from: https://www.nice.org.uk/guidance/ng203 3. NHS England - Advice and Guidance [Internet]. www.england.nhs.uk. [cited 2022 Jul 13]. Available from: https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/advice-and-guidance/ 4. Major R. Integrated primary and secondary care optimises the management of people with CKD - The LUCID project. Clinical Kidney Journal, 2025; sfaf049, https://doi.org/10.1093/ckj/sfaf049

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Contributions	The project will include the pooling of skills, experience and resources from both parties. AstraZeneca will provide funding for Clinical capacity and AZ employee time for Project management, and Evaluation at a total cost of £78,189.48 Liverpool Heart and Chest Hospital NHS Trust Operating as Health Innovation North West Coast is contributing Project Management, Patient Case Finding, Education and Evaluation at a total cost of £100,385.02 . Liverpool Heart and Chest Hospital NHS Trust Operating as Health Innovation North West Coast 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