

Joint Working EXECUTIVE SUMMARY

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Joint Working between AstraZeneca UK Ltd and Manchester University NHS Foundation Trust

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Project title	Optimal – Neph Project
Aims and Objectives	Aim To Improve the identification and management of CKD patients in Secondary Care by: Using an innovative approach within EPIC EPR system; Leveraging the leadership and expertise of the Renal team and creating a solution that is sustainable and can be replicated across the ten hospitals of Manchester NHS Foundation Trust. Acute Trust and other EPIC trusts. Objectives To develop and implement digitised consultation prompts with guidance to act, deployed directly to secondary care clinicians and focussed on the management and treatment of CKD for patients accessing care in Manchester Foundation Trust (MFT). These will be deployed and acted on through use of the digital hospital system – EPIC. To deploy training and support activities to embed long term change in behaviour in Hospital clinicians regarding CKD management Complete RWE evaluation of the project to establish impact and outcomes. To identify approximately 6000 CKD patients per year that have not been optimised on to GDMT, in line with Greater Manchester treatment guidelines for CKD, across Manchester University NHS FT.
Anticipated benefits	Patient Benefits: By improving earlier identification, standardised management of CKD guided by renal clinicians for patients presenting within Secondary Care patients will receive appropriate early management and interventions for

	their CKD thus Improving CKD outcomes and related CV outcomes for these patients. This incorporates the concurrent treatment of clinical issues that present a barrier to achieving guideline-directed medical therapy, including hyperkalaemia. There will also be an improved patient experience; through more efficient care delivery, there will be requirement for less touch points with the NHS. NHS Benefits: Reduced demand on renal services by preventing advanced CKD cases. Scalable digital initiative for managing long-term conditions efficiently in CKD but also as a blueprint for other Chronic Conditions aligned to NHS left shift agenda of prevention over treatment and analogue to digital. Improved Management of CKD influencing PC through specialist digital intervention and communication. Impact on Long term morbidity and mortality for CKD patients along with the reduced costs incurred to manage these patients. AZ Benefits: Develop organisational understanding of processes that can improve identification and treatment of CKD patients and through advisories and Discharge practices showcase AZ's partnering capabilities aligned to analogue to digital agenda. AstraZeneca manufactures medicines for the treatment of CKD 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. This project is in line with AZ's medical mission to reduce death and progression to ESKD in CKD, The project will demonstrate an impactful, cost effective and efficient use of hospital EPR model that improves CKD management and outcomes for patients and demonstrates an efficient scalable digital intervention to optimise CKD. The project will also provide AZ with a better understanding of the benefits of digital EPR systems to support ongoing improvements in patient care
Timeline	The project will commence on the 30 th January 2026 and will continue for a duration of 18 months.
Contributions	The project will include the pooling of skills, experience and resources from both parties. AstraZeneca contribute to this project the total value of £160,826 including funding for clinical resources, data analysis support and AZ employee time for project management and post project analysis.

	The NHS partner contribution totals £107,506 associated with clinical time and education provision. 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.
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