

JOINT WORKING EXECUTIVE SUMMARY

Published on www.astrazeneca.co.uk

Joint Working between AstraZeneca UK Ltd and University Hospital of Liverpool NHS FT

Document Number: JW-467-1-ESI

Project title	CORE CKD - Rapid Optimisation Clinic
Aims and Objectives	The CORE CKD Rapid Optimisation Clinic will deliver pharmacist led, protocolised CKD optimisation within 3 months after first consultant review, with patient-centric education on CV risk and kidney health. The clinic will provide a rapid CKD optimisation service for newly referred renal patients, supporting timely initiation and optimisation of CKD guideline-directed medical therapy (GDMT) through close patient follow-up. This will include enhanced use of potassium binders, SGLT inhibitors, maximisation of ACE/ARB therapy and optimisation of Finerenone where clinically appropriate The clinic will establish Telehealth activation for CKD rHTN patients requiring on going BP monitoring and in parallel to clinical delivery, aims to develop a business case for NHS Cheshire & Mersey ICB to fund the service beyond the 12-month pilot. This will be achieved by establishing a Band 8 pharmacist led rapid optimisation clinic post-consultant review in 4 x 4 hour clinics per week and 2 MDT per week with the objective of delivering a maximum of 1,920 patient reviews per annum and a minimum of 1,152. Patients Renal hypertensive patients will be onboarded to the NHS Telehealth service for follow up and so that patients with uncontrolled renal hypertension can be monitored and a register for patients with resistant renal hypertension can be established.
Anticipated benefits	Patient Benefits: Patient Benefits: By improving earlier identification, standardised management of CKD guided by renal clinician and renal pharmacists, patients presenting within Secondary Care will receive appropriate early management and interventions for their CKD thus Improving CKD outcomes and related CV outcomes. This incorporates the concurrent treatment of clinical issues that present a barrier to achieving guideline-directed medical therapy, including hyperkalaemia or AKI. There will also be an improved patient experience; through more efficient care delivery and require for less touch points with the NHS. NHS Benefits

	Reduced demand on renal services by preventing advanced CKD cases. Develop a business case for the Rapid optimisation clinic through evidencing operational and clinical efficiencies that align to the CORE CKD principles and NHS left shift agenda of prevention over treatment, analogue to digital and hospital to community. This will also deliver Impact on Long term morbidity and mortality for CKD patients along with the reduced costs incurred to manage these patients. AstraZeneca Benefits Develop organisational understanding of the processes and pathway interventions that can improve the identification and treatment of CKD patients, including the use of advisories and discharge practices, while demonstrating AstraZeneca's partnership capabilities in alignment with the NHS left shift 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 specialist pharmacy resource and telehealth that can serve as a blueprint for other NHS regions facing similar CKD admissions burdens and looking to innovate.
Timeline	The project will commence on the 2 November 2026 and will continue for a duration of 11 months.
References	Ref (1): Kidney Research UK. (2025). Kidney disease: A UK public health emergency - Kidney Research UK. [online] Available at: https://www.kidneyresearchuk.org/about-us/policy/health-economics-report/.
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, Data analysis and Project evaluation. at a total cost of £81,354.00 University Hospital of Liverpool NHS FT is contributing Patient Identification, Clinical Capacity, Data Collation and Project Evaluation at a total cost of £67,617.52 . University Hospital of Liverpool NHS FT 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