GSK and Aneurin Bevan University Health Board Collaborative Working Executive Summary

A Collaborative Working Agreement between GSK and Aneurin Bevan University Health Board to assess and review the current Chronic Hepatitis B (CHB) pathway and services to support the improvement of CHB care in Aneurin Bevan.

Partner Organisations:

- Aneurin Bevan University Health Board – St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- GSK – 79 New Oxford Street, London, UK, WC1A 1DG

Project Rationale:

Aneurin Bevan University Health Board (Aneurin Bevan UHB) and GSK are undertaking a Collaborative Working project together to map out and review the existing Chronic Hepatitis B (CHB) pathway and services in Aneurin Bevan.

The aim of this project is to review the CHB pathway and services across Aneurin Bevan through insight gathering, pathway mapping and subsequently co-designing an 'idealised' action plan for addressing bottlenecks in current service to support the effective management of patients with CHB.

Aneurin Bevan University Health Board had the highest proportion of individuals screened with a positive hepatitis B result in Wales in 2023 and the highest rate of new chronic cases identified across health boards in Wales (17.8 per 100,000 population)[1]. IQVIA's analysis of Hospital Episode Statistics (HES) shows that between April 2020 - March 2025, 240 CHB patients were recorded within the Health Board and 73% of patients experienced more than one hospital interaction, with average activity across the cohort was 3.2 events per patient[2], reflecting sustained interaction with secondary care rather than one-off attendance which indicates a population requiring sustained pathway oversight. Together, these findings highlight Aneurin Bevan UHB as a Health Board where targeted pathway redesign could provide opportunities to potentially reduce acute burden, shorten inpatient stays, and improve access to specialist care for CHB patients.

In this Collaborative Working project, a third-party service provider (IQVIA) has been contracted and funded by GSK to support the delivery of the agreed project activities.

A Summary of Outcomes Report will be published on the GSK website within six months of project completion. Aneurin Bevan University Health Board may also publish or link to the summary, where appropriate.

Project Period:

The project is expected to run for 6 months from August 2026 to January 2027.

Primary Project Objectives:

1. Analyse Health Board-specific data on population with CHB and access to care to create an initial view of disease burden, service utilisation and variation across the pathway. All

data collected will be anonymised, aggregate data with no Patient Identifiable information made available to GSK, the NHS will be the data controller for all data collected as part of this project.

2. Understand the current state by mapping the as-is CHB pathway (detection → referral → specialist assessment → monitoring/treatment) and confirm status quo pathway measures with key stakeholders to identify gaps and challenges through short surveys and semi-structured interviews.
3. Undertake a co-creation workshop with key stakeholders to co-develop an action plan with named owners and acceptance criteria with the aim of addressing gaps and challenges in order to achieve an agreed 'ideal' pathway. The NHS remain ultimate decision-makers for the implementation of any agreed actions.
4. Leave a sustained legacy by enabling clear view of current pathway and plan for service improvements as well as supporting best practice sharing to support scalable and sustainable CHB pathway implementation.

Project Contribution:

The project will involve a balance of contributions from all parties, with the pooling of skills, experience, and resources, with estimated costs outlined below:

GSK:

- £8,971 to support delivery of the project, comprising of GSK employee time and resource dedicated to project management and oversight, together with funding for IQVIA as a third-party provider to facilitate the agreed project activities (including data analysis, insight gathering, pathway mapping, drafting outputs).

Aneurin Bevin University Health Board:

These contributions are not direct monetary contributions, but are a reflection of the estimated amount of hours that will be required to implement the project, and the value of that time.

- £6,084 for project co-ordination, engagement with the insights gathering process and providing relevant expertise, and participation in the workshop to co-develop, review and own the action plan.

Intended Benefits:

It should be noted that many of the benefits outlined below are dependent on Aneurin Bevin UHB reviewing, prioritising and implementing actions arising from the co-created action plan (as well as a range of other operational, clinical and system-level factors). As such, the benefits described represent potential outcomes rather than guaranteed benefits.

A key immediate benefit of this Collaborative Working project is to support Aneurin Bevan UHB in gaining a better understanding of its current CHB pathway, identifying areas of variation, unmet need and opportunities for improvement through pathway mapping, stakeholder engagement and insight gathering. The development of a co-created action plan will enable them to target identified improvement opportunities and inform future service development.

Subject to implementation of the action plan, this may contribute to the following potential benefits for patients and the NHS.

Patient:

- Consistent, timely and coordinated care through an end-to-end CHB pathway.
- Earlier identification and appropriate management of patients, reducing variation in care and unwarranted delays.
- Supports patient confidence and engagement through provision of clear referral routes, defined roles/responsibilities to support continuity of care and transition between levels of care/services.
- Supports identification of pathway barriers, delays and unwarranted variation that may impact patient experience.

Aneurin Bevan University Health Board (NHS):

- Provides a structured understanding of the current CHB pathway, highlighting challenges, bottlenecks, variation and opportunities for improvement, and translating these insights into a stakeholder-owned Action Plan to support future service development.
- Supports maintenance and improvement of patient care by optimising existing CHB pathways, supporting appropriate identification, treatment and monitoring in the most suitable setting, in line with national and local guidance.
- Helps mitigate downstream clinical and cost consequences of poorly controlled CHB, including progression to advanced liver disease, increased treatment complexity and greater long-term demand on specialist services.
- Supports early diagnosis, optimisation of treatment and ongoing proactive management, with the aim of reducing variation and enabling prompt intervention.
- Improves efficiency and consistency of care delivery, supporting better use of NHS resources through clear pathways, appropriate stratification of patients, and more predictable service demand over time.
- Enables shared learning and best practice across NHS organisations, supporting scalable and sustainable CHB pathway design and implementation.
- Supports with building system capability and business case creation based on the outcomes of this collaboration within Aneurin Bevan UHB, supporting wider adoption and alignment across ICBs, Federations, the ODN Network, PCNs and practices.

GSK:

- Demonstrates the role of Collaborative Working in supporting NHS-led service improvement while maintaining patient care.
- Supports the delivery of sustainable pathway improvements aligned to NHS priorities, national/local guidance and patient needs.
- Leaves a practical legacy within Aneurin Bevan UHB through:
    - Established systems, tools and frameworks that support ongoing pathway optimisation.

    - Improved alignment within NHS teams to sustain and evolve CHB pathway improvements beyond the life of the project.
- Supports appropriate prescribing of medicines which may include those of GSK and/or other companies.
- Reinforces GSK's commitment to being ambitious for patients by supporting NHS-led service improvement and access initiatives via defined contributions.

Contact Details:

Aneurin Bevan University Health Board - Gavin Hardcastle, Consultant Hepatologist (Gavin.Hardcastle@wales.nhs.uk)

GSK – Kessiah Johnson, Health, Innovation and Partnerships Lead (kessiah.x.johnson@gsk.com)

IQVIA – Sarah Denham, Principal Consultant (sarah.denham@iqvia.com)

References:

1. Public Health Wales (2024) trends in the prevention, diagnosis and treatment of blood borne viruses in Wales. Available at publichealthwales.nhs.wales/publications/publications1/trends-in-the-prevention-diagnosis-and-treatment-of-blood-borne-viruses-in-wales-hepatitis-b-hepatitis-c-and-hiv/. Accessed July 2026.
2. IQVIA Specialty Service Mapping – COPD Hospital Episode Statistics (HES) backing data 2025 – Data on File, REF-333773