



GSK and Cambridge University Hospitals NHS Foundation Trust Collaborative Working Executive Summary

A Collaborative Working Agreement between GSK and Cambridge University Hospitals NHS Foundation Trust to assess and review the current Chronic Hepatitis B (CHB) pathway and services to support the improvement of CHB care in Cambridge.

Partner Organisations:

- Cambridge University Hospitals NHS Foundation Trust – Hills Road, Cambridge, Cambridgeshire, CB2 0QQ
- GSK – 79 New Oxford Street, London, UK, WC1A 1DG

Project Rationale:

Cambridge University Hospitals NHS Foundation Trust (Cambridge UH) and GSK are undertaking a Collaborative Working project together to map out and review the existing Chronic Hepatitis B (CHB) pathway and services in Cambridge.

The aim of this project is to review the CHB pathway and services across Cambridge 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.

IQVIA's analysis of Hospital Episode Statistics (HES) data shows that between April 2020 and March 2025, the Trust managed a total CHB cohort of approximately 1,480 patients. 48.1% (approximately 700 patients) recorded ten or more CHB events, well above the national average of 21.4%. Among these patients, elective care activity predominates, with patients attending an average of 3.7 elective events per year in 2024/25, higher than the national average of 3.4.¹ Together, these findings highlight Cambridge UH as a Trust 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. Cambridge University Hospitals NHS Foundation Trust may also publish or link to the summary, where appropriate.

Project Period:

The project is expected to run for 6 months from July 2026 to December 2026.

Primary Project Objectives:

1. Analyse Trust-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.

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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).

Cambridge University Hospitals NHS Foundation Trust:

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 Cambridge 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 Cambridge UH 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.



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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.

Cambridge University Hospitals NHS Foundation Trust (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 Cambridge UH, 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 Cambridge UH 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 standard of patient care, which may include GSK and/or other companies products.



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- Reinforces GSK's commitment to being ambitious for patients by supporting NHS-led service improvement and access initiatives via defined contributions.

Contact Details:

Cambridge University Hospitals NHS Foundation Trust - Will Gelson, Consultant
Hepatologist (williamgelson@nhs.net)

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

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

References:

1. IQVIA Hospital Episode Statistics (HES) data