

## Executive Summary

**A Collaborative working Project between Bristol-Myers Squibb Pharmaceutical Limited (“BMS”) and Manchester University NHS Foundation Trust**

<b>Project title</b>	<b>Mobile Assessment Clinic to Enhance Equity of Service Delivery to Patients with Inherited Cardiac Conditions</b>
<b>Project rationale</b>	<ul style="list-style-type: none"><li>The <b>Manchester Foundation Trust (MFT)</b> ICC team leads ICC services regionally managing patients with Inherited cardiac conditions and host a monthly Northwest ICC MDT session to support regional patient access.</li><li>This has led to increased referrals from outside the region, expanding the patient base.</li></ul>
	<b>Service Pressure</b> <ul style="list-style-type: none"><li>MFT now serves patients from Lancashire and South Cumbria ICS, adding pressure to tertiary ICC services.</li><li>The team's clinical expertise can support diagnosis and treatment across Greater Manchester, Lancashire, and South Cumbria.</li></ul>
	<b>Access Challenges</b> <ul style="list-style-type: none"><li>Geographic distance poses a barrier for patients requiring ICC care and needing regular scans and follow-up appointments.</li></ul>
	<b>Mobile Assessment Clinic Initiative</b> <ul style="list-style-type: none"><li>Aims to enhance equity of access for ICC patients in Lancashire and South Cumbria ICS.</li><li>Designed to bring diagnosis and treatment closer to home via a fully mobile service.</li></ul>
<b>Project objectives</b>	This proposal aims to provide care closer to home and empower, educate and upskills local centres by enhancing their diagnostic echocardiographic and clinical skills in managing ICCs. A significant proportion of patients in the catchment area currently relying on public transport, with round-trip travel times of up to 2 hours to attend an ICC Clinic in Manchester.

Not only do these patients incur significant travel times particularly during regular echo surveillance, but those in employment also need to take time off work, with many reporting that this is a potential barrier to engaging with therapy. Additionally, some patients may not be referred simply because they do not wish to make the trip to Manchester, often affecting elderly patients who require access to ICC treatment.

The overall aim is to support local hospitals in Lancashire and South Cumbria ICS in taking ownership of ICC patients and seeing them regularly while still being able to call on the Manchester ICC service for a second opinion as needed. This is the hub-and-spoke model that has been adopted effectively in Adult Congenital Heart Disease.

A secondary aim of the initiative is around the future sustainability and scalability of ICC services, not only to deliver care locally but also to provide training and experience to local physicians and sonographers, who will be invited to participate when the van is in their locality. It is anticipated that this will eventually eliminate the need for a mobile service, once local district general hospitals have the experience to follow ICC patients independently.

#### Objectives:

- **Deliver High-Quality, Comparable Care**  
Ensure that patients receiving care via the mobile ICC service receive diagnostic and follow-up services equivalent to those provided at the MFT ICC centre delivered locally.
- **Improve Accessibility and Reduce Patient Burden**  
Minimize travel time and associated costs by bringing specialist care closer to patients' homes.
- **Accelerate Time from Referral to Assessment**  
Streamline the referral-to-assessment process to enable faster access to care.
- **Upskill Local Clinical Teams**  
Provide targeted training for local sonographers and physiologists in the assessment of **Hypertrophic Cardiomyopathy (HCM)** to enhance local diagnostic capabilities.
- **Reduce Environmental Impact**  
Lower carbon emissions by reducing the need for long-distance patient travel.
- **Promote Equity in Care Delivery**  
Ensure consistent and equitable access to ICC services across the region.
- **Establish a Sustainable Hub and Spoke Model**  
Develop an innovative, scalable model of ICC care delivery. MFT will serve as the **central hub**, supporting and empowering local **spoke sites** (DGHs) to deliver ICC care independently, with ongoing clinical oversight and support.

<b>Project period</b>	This project is an 18 month Project. The anticipated start date is to be confirmed but proposed by MFT as 1 <sup>st</sup> January 2026				
<b>Financial arrangements</b>	<b>Resource required</b>	<b>MFT</b>	<b>BMS</b>	<b>Total</b>	<b>Comments</b>
	<b>Bus and Driver</b>		£71,100	£71,100	£790 per day (Comes as a unitary cost-driver to remain with vehicle all day)
	<b>Echocardiogram Machine rental</b>		£33,480	£33,480	Rental of a portable echo machine for use on mobile clinic for an 18-month period
	<b>Courier Costs for treatment</b>		£4,500	£4,500	£5 per delivery - 200 patient, 3 doses per year. Cost of drugs is excluded
	<b>Site Parking</b>		£13,500	£13,500	Assume at £150 per day
	<b>Cardiac Physiologist</b>		£17,550	£17,550	5 days per month at Band 7 This will pay for hours additional to current NHS capacity – either to hire someone part time or to pay overtime to an existing sonographer
	<b>Admin support</b>	£20,125		£20,125	5 days per month at Band 5
	<b>ICC Nurse</b>		£29,292	£29,292	Additional nursing support above the existing specialist nursing team
	<b>Consultant Leadership</b>	£75,375		£75,375	5 days per month
	<b>Clinical Fellow</b>	£34,458		£34,458	5 days per month
	<b>Total:</b>	<b>£129,958</b>	<b>£169,422</b>	<b>£328,672</b>	

The total maximum contribution expected from the Healthcare Organisation is **£129,958** in project resource.  
 The total maximum monetary contribution expected from BMS is **£169,422**.  
 The Total Project cost is **£328,672**

**Plans for publications**

- The Healthcare Organisation shall submit to BMS the following evaluation documentation by the following dates:
- By month 6, a write-up of learnings and Project evaluation is to be provided by the Healthcare Organisation to BMS. This will include insights into the initial setup and operational challenges or successes during the initial phases.
- By month 18, a Project report and scientific publications related to the Project shall be submitted by the Healthcare Organisation to BMS for review.
- All outcomes must be published by both Manchester Foundation Trust and BMS as soon as possible, and no later than within six months following the completion date of the project.

**Contact details****If to the Healthcare Organisation:**

Name: Professor Andrew Crean

Email: andrew.crean@mft.nhs.uk

Address: Manchester University NHS Trust

Cobbett House,

Oxford Road,

Manchester, M13 9WL

**If to BMS:**

Name: Lisa Thakur

Email: lisa.thakur@bms.com

Address : Bristol Myers Squibb,

ARC Uxbridge,

Sanderson Road,

New Denham, Denham,

Buckinghamshire,

UB8 1DH

United Kingdom

Summary of the roles and responsibilities of each party	The Healthcare Organisation & BMS		
	Role/Activity	Healthcare Organization	BMS
	Confirm site willingness to participate and provide eligible patients	X	
	Confirm parking and power arrangements at each site	X	
	Arrange for patient bookings	X	
	Lease of echo equipment	X	
	Book van for 'on the road' days	X	
	Deliver 1 clinic per week after run-in period	X	
	Arrange publicity / media coverage locally and nationally		X
	Liaise with Birmingham, Liverpool, Leeds and Sheffield to see if they would be interested in an expanded network coverage	X	X
	Recruitment, engagement, training (save in respect of BMS product safety reporting) and supervision of clinic staff	X	
	Ensure service compliance with applicable laws and NHS policies	X	

Date of preparation: 11/2025

Document Number: CV-GB-2500206