

Gilead Sciences Ltd.

280 High Holborn

London

WC1V 7EE

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Relationships with Healthcare Professionals, Other Relevant Decision Makers, Healthcare Organisations and other Organisations and Joint and Collaborative Working in the United Kingdom

(1) TRANSFERS OF VALUE MADE TO HCPS/ORDMS AND HCOS

Healthcare professionals, other relevant decision makers and healthcare organisations with whom we work provide valuable, independent, and expert knowledge derived from their clinical and management experience. This expertise makes an important contribution to our efforts to improve the quality of patient care, with benefits for individuals and society at large. We believe healthcare professionals, other relevant decision makers and healthcare organisations should be fairly compensated for the legitimate expertise and services they provide.

Transfers of Value made to HCPs/ORDM/HCOs from 2015

Each of Gilead Sciences Ltd, Gilead Sciences International and Gilead Sciences Europe Limited (collectively “Gilead”) is required, by the ABPI (Association of the British Pharmaceutical Industry) Code of Practice for the Pharmaceutical Industry (“the ABPI Code”), to document and publicly disclose certain transfers of value made to healthcare professionals and healthcare organisations (“Disclosures”). Methodological notes help with understanding how the Transfers of Value from Gilead to healthcare professionals, other relevant decision makers and healthcare organisations in the UK have been collated and reported, and can be found, alongside disclosures, [here](#).

Yearly disclosures remain in the public domain for at least three years from the time of first disclosure. Gilead retain the records for at least five years after the end of the calendar year to which they relate.

(2) GILEAD SCIENCES LIMITED JOINT AND COLLABORATIVE WORKING PROJECTS

Gilead Sciences Limited works in collaboration with other Organisations to deliver initiatives that enhance patient care, are for the benefit of patients or benefit the NHS (and maintain patient care) to pool skills, experience and/or resources for the joint development and implementation of these projects and where there is a shared commitment to successful delivery.

CURRENT JOINT AND COLLABORATIVE WORKING PROJECTS

Executive Summary of Collaborative Working Agreement

Project name: HIV Lens

Organisations involved: NAM Publications, Watipa and Gilead Sciences

Project Overview:

HIV Lens is an interactive mapping resource that visualises the impact of HIV on communities across England. It presents data from the UK Health Security Agency (UKHSA) including regional variation, health inequalities and available services. NAM and Watipa have full editorial control over the resource and source the required data with Gilead providing funding and strategic advice on priority areas for the tool to cover.

Project Objectives:

HIV Lens aims to visually present data in an easy-to-understand way. A challenge of this project was taking complicated datasets and transforming them into clear and concise graphical and visual representations. The next phase of HIV Lens will explore extending the geographical remit of the site, as well as providing more granular data and new data sets.

Expected project outcomes:

Accurate and accessible data will support a wide range of stakeholders and audiences to engage with local and national patterns of HIV prevalence, HIV testing and treatment uptake. Accurate data will help to inform and improve HIV service delivery and planning.

Expected project benefits include:

To patients/people living with HIV:

- Access to information about local HIV services
- Informed service planning and delivery
- More accurate reporting on HIV prevalence and incidence

To NAM and Watipa

- Comprehensive, accurate and accessible data about HIV prevalence and incidence, aiding reporting and sharing of data
- Collaborative working to inform and uplift the HIV sector

To Gilead Sciences:

- Opportunity to use the data from the project for policy advocacy

Duration of the project: We are aiming to end this new phase of the project in December 2022.

Contact:

- Gilead Sciences: Luis Guerra, Luis.Guerra@gilead.com
- NAM: Matthew Hodson, Matthew@nam.org.uk
- Watipa: Valerie Delpech, Valerie@watipa.org

Executive Summary of Collaboration Agreement: Positive Voices 2022

Project name: Positive Voices 2022

Organisations involved: Gilead Sciences Limited and UK Health Security Agency

UK Health Security Agency/ and Gilead Sciences Limited are undertaking this collaborative working with the aim of gaining insights and experiences of ~ 5000 people living with HIV of care in the non HIV setting.

The findings of the 2017 Positive Voices Survey highlighted the need for new models of HIV care to reduce dependency on HIV specialist services, free up NHS resources and time and provide holistic patient centre care. However, little is known about people living with HIV's current use and attendance patterns of non-HIV specialist healthcare, primary care and social care services.

In Positive Voices 2021, a specific subproject involving UKHSA and Gilead will aim to capture current levels of NHS and social care service use by people with HIV outside of the HIV specialist service.

Additionally, it will aim to better understand the prevalence of HIV stigma and discrimination within the NHS and social care system .

This Project will consist of one specific subproject of additional survey questions examining care and patient experience in the non HIV setting. This will be completed by ~5000 people living with HIV. Additionally, this collaboration supports 2 Sub analyses of responses to these additional questions and publications as detailed below:

1.- Use of non-HIV NHS and care services and

2. - Patient experience outside HIV settings

This Collaboration Project will benefit the NHS and could benefit patients in several different ways, including those set out in detail above and by:

- Providing valuable knowledge and insights into the experiences of care provision for people living with HIV outside of the HIV service.
- Providing people living with HIV (~5000) the opportunity to share their patient experience outside of the HIV setting which could ultimately lead to an improved experience in the non-HIV setting
- Once published these data and recommendations could lead to:
 - Increasing an equitable, and person-centred care

- Improve the access, engagement to and retention in care in the non-HIV setting
- Facilitating a better health outcome

Overall project delivery will be overseen by a Manager from the Gilead HIV Standards Support Team and on behalf of UK Health Security Agency by Adamma Aghaizu. The project will run from December 2021 through until June 2023 (end date is dependent upon availability of UKHSA Teams due to Covid-19 priorities).

Contact: Claire Hutton (Claire.Hutton@gilead.com)

Executive Summary of Joint Working Agreement

Project Name: Exploration of The Effective Management of Complex HIV Clinical Care (ageing and co-morbidities) with Digital Technology

The Parties: Chelsea and Westminster Hospital and Gilead Sciences

The Term: Commenced December 2020 and ongoing due to Covid-19 related delays

The Project:

This project's objective is to identify digital offerings that may measurably improve the care of people living with HIV in early frailty and/or with co-morbidities and assess the potential impact that implementation of digital technologies could have on several domains, including impact on patient outcomes and the impact on staff and patient time, assessing people living with HIV ability to self-care and improvement in clinician knowledge in the management of people living with HIV with complex needs.

This objective shall be achieved by:

- Capturing patient voice in patient and Chelsea and Westminster staff questionnaires by identifying knowledge of existing technology, potential technology options and existing patient pathway challenges, bottlenecks and digital improvement opportunities
- Mapping and analysis of Chelsea and Westminster' current care and treatment pathways (both clinical and patient), including generating a baseline of current patient experience for people living with HIV in early frailty and/or living with co-morbidities
- Delivery of workshops to further identify, explore and examine proposed digital solutions
- Identification, modelling and prioritisation of digital solutions that may measurably enhance patient experience and care for people living with HIV in early frailty and/or living with co-morbidities and associated impact of such solutions on improving current care pathway
- Completion of report collating and prioritising results and insights into proposed digital solutions

Benefits:

For the Patient:

- Capturing the patient voice and experience in the mapping of the HIV care pathway for PLWHIV who are aging and/or with more complex needs at Chelsea and Westminster
- Identifying and prioritising digital offerings that may measurably improve the care and experience of people living with HIV in early frailty and/or with co- morbidities

For the NHS:

- Providing Chelsea and Westminster hospital with clear insights to consider how to improve the experience and care of people living with HIV with digital technology in several domains, including impact on patient outcomes and impact on staff and patient time, assessing people living with HIV ability to self-care and improvement in clinical knowledge of the management of people living with HIV with complex needs
- Analysis of the current HIV care pathway for people living with HIV who are aging and/or with more complex needs and the opportunities for improvement via digital offerings
- Understanding of current trends in digital health and healthcare improvement provision and assessment of applicability at Chelsea and Westminster Hospital

For Gilead:

- Gilead has a goal to become the chosen partner to lead improvements in health and healthcare for patients in the UK and Ireland in disease/therapy areas in which Gilead operate.
- Involvement in this project is anticipated to further Gilead Sciences Ltd' understanding of current and future HIV treatment/prevention care and services.
- In order to better understand patient pathways and how patients can receive care efficiently, Gilead would like to explore how existing practices and physical access to medicines and services may change if digital technology is further incorporated in hospitals.

For more information please contact:

Marta Boffito, Chelsea and Westminster Foundation Trust, Marta.boffito@nhs.net;

Adrian Coleman Gilead Sciences Limited (Adrian.Coleman@Gilead.com)

Executive Summary of Joint Working Agreement

NHS Substance Misuse Alliance – Hepatitis C Patient Identification Collaboration
Executive Summary

Joint Working Project Extension

NHS Addictions Provider Alliance (NHSAPA) (formally known as the NHS Substance Misuse Provider Alliance (NHSMPA) – Hepatitis C Patient Identification Collaboration

(1) The Midlands Partnership NHS Foundation Trust (MPFT) and (2) Gilead Sciences Limited are engaged in a Joint Working Project to identify, test and treat people at risk of having Hepatitis C with the goal of eliminating Hepatitis C in advance of the WHO target of 2030.

All parties have committed resources to support this project, which commenced in August 2019 for an initial period until March 2022.

In discussion the Parties have agreed to a 2-year extension to that agreement in accordance with the principles and guidance relating to joint working between the NHS and the pharmaceutical industry, in line with the ABPI Code of Practice for the Pharmaceutical until March 2024.

Aims

- To increase the number of at-risk people per month who are tested for Hepatitis C within the NHS Addiction Provider Alliance territories;
- To increase the number of people appropriately referred into the care of a treater, either those who are newly diagnosed Hepatitis C positive or those previously diagnosed with Hepatitis C but not treated;
- To improve the efficiency with which Hepatitis C positive patients are diagnosed and ultimately treated as measured, e.g. through data reported by Operational Delivery Networks.

Benefits

- Patients will benefit from reduced time from viral infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications with the ultimate objective of elimination of Hepatitis C within this patient population.
- Patients and the NHS will benefit as earlier diagnosis and care interventions may also prevent onwards transmission of Hepatitis C.
- Patients and the NHS will benefit from the development of innovative hepatitis C care pathways.
- Gilead and the NHS will benefit from a better understanding of the effectiveness and value of early testing and the creation of innovative hepatitis C care pathways particularly in high prevalence areas.



- All Joint Project Group members will have the option of co-authoring presentations and publications from this work.
- The project will direct public health protection interventions through patient engagement in harm reduction programs and treatment of at-risk individuals.

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

HISTORIC COMPLETED JOINT AND COLLABORATIVE WORKING PROJECTS

EMERGENCY DEPARTMENT UNLINKED ANONYMOUS BBV SEROPREVALENCE - 'ENABLE'

A number of NHS Trusts*, Public Health England and Gilead Sciences Limited are engaged in a Joint Working Project to estimate local prevalence of certain blood-borne viruses (BBVs). All parties committed resources to support this project, which commenced in November 2016 and was originally expected to complete within 7 months.

Aims

The aim of this joint working project is to estimate local prevalence of BBVs (HIV, HBV, HCV) by performing an unlinked anonymous seroprevalence survey using residual blood samples (taken for other purposes) from patients attending the Accident and Emergency Department (A&E) at the NHS Trusts*. The samples will be anonymised, with solely the patient's sex, age and ethnicity remaining associated with the sample for epidemiological analysis.

Benefits

Using anonymised samples is a simple but well established public health strategy providing valuable data to inform local BBV epidemiology and health protection decisions. This will enable the NHS Trusts* and Public Health England to determine whether there is a need for the implementation of any testing initiatives in A&E, with an associated clinical care pathway, to identify BBV patients that are undiagnosed or diagnosed but not in care and ensure that they receive the appropriate management for their BBV.

*1.1 Royal Liverpool University Hospital

*1.2 Blackpool Teaching Hospitals

*1.3 Imperial Healthcare Foundation NHS Trust

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

Joint Working Project

VirA+EmiC – Accident and Emergency Department HBV and HCV opt-out testing combined with an enhanced rapid care pathway

(1) Guy's and St Thomas NHS Foundation Trust, (2) Lambeth Clinical Commissioning Group, (3) Public Health England and Gilead Sciences Limited are engaged in a Joint Working Project to evaluate the feasibility, effectiveness and acceptability of a combination of innovative viral

hepatitis (HBV and HCV) opt-out testing for patients.

All parties have committed resources to support this project, which was commenced in October 2016 and originally expected to complete within 12 months.

Aims

The aim of the VirA+EmiC Joint Working Project is to evaluate the feasibility, effectiveness and acceptability of a combination of innovative viral hepatitis (HBV and HCV) opt-out testing for patients over 16 years having bloods taken in St Thomas' Hospital A&E department combined with an enhanced rapid hepatitis care pathway for patients testing positive for either infection.

Benefits

The expected benefits of the VirA+EmiC Joint Working Project to patients are that all Parties will have a better understanding of the effectiveness and value of routine opt-out viral hepatitis testing as part of A&E attendance in high prevalence areas, in combination with an innovative hepatitis care pathway. Patients will benefit from reduced time from viral hepatitis infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications. Earlier diagnosis and care interventions may also prevent onwards hepatitis transmission. The project will direct public health protection interventions through patient engagement in harm reduction programs and vaccination of at risk individuals.

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

Joint Working Project

'Get tested LeEDs' – Accident and Emergency Department blood borne virus (HBV, HCV, HIV) opt-out testing combined with an enhanced rapid care pathway

Leeds Teaching Hospital Trust (LTHT), and Gilead Sciences Limited are engaged in a Joint Working Project to evaluate the feasibility, effectiveness and acceptability of innovative blood borne virus (HIV, HBV and HCV) opt out testing for patients combined with enhanced linkage to care. All parties have committed resources to support this project, which commenced in May 2018 and originally expected to complete 18 months.

Aims

The aim of *Get tested LeEDs* Joint Working Project is to evaluate the feasibility, effectiveness and acceptability of innovative blood borne virus opt-out testing for patients over 16 to 65 years of age having bloods taken at LTHT's A&E Departments combined with an enhanced rapid hepatitis care pathway for patients testing positive for either infection.

Benefits

The expected benefits of the *Get tested LeEDs* Joint Working Project to patients are that all Parties will have a better understanding of the effectiveness and value of routine opt- out blood borne virus testing as part of A&E attendance in high prevalence areas, in combination with an innovative hepatitis care pathway. Patients will benefit from reduced time from viral blood borne virus infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications. Earlier diagnosis and care interventions may also prevent onwards transmission. The project will direct public health protection interventions through patient engagement in harmreduction programs and vaccination of at risk individuals.

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

Joint Working Project

London Initiative for Glandular fever HIV Testing (LIGHT)

(1) Guy's and St Thomas' NHS Foundation Trust, (2) King's College Hospital NHS Foundation Trust, (3) Stockwell Group Practice, (4) Southwark Council Department of Public Health, (5) Lambeth Council Integrated Commissioning Team, (6) GSTS Pathology LLP and Gilead Sciences Ltd are engaged in a joint working project to configure existing electronic laboratory ordering software (TQuest®) used by Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust hospital laboratories to include an HIV test (on an opt-out basis) as part of the electronically requested routine glandular-fever screens in primary care.

All parties have committed resources to support this project, which was commenced in 2014 and originally expected to complete within 2 years.

The purpose of the joint working project is to implement and monitor the impact of opt-out HIV testing in electronically requested glandular fever screens in primary care practices across Lambeth and Southwark.

This project is designed to provide benefits to patients, the NHS and Gilead and, in particular, to support:

- testing for HIV in a primary care setting to encourage:
 - earlier HIV diagnosis and linkage to care
 - de-stigmatisation of HIV testing through incorporation into routine medical investigations
- implementation of recommendations in clinical guidelines and alignment with the NHS commissioning QIPP agenda

- deliver and monitor care within a setting convenient for patients

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

Executive Summary of Collaborative Agreement on: Development of a high-level best practice process map to optimise services and care across the HIV care continuum in Liverpool

Sahir House, Liverpool and Gilead Sciences Limited are undertaking this collaborative working with the aim of optimising HIV services and care in Liverpool. Development of a best practice and linkage to care process map which will entail mapping of the current access to care by HIV populations and identification of gaps in the current care provision. These could include increase HIV testing and linkage to care, retention in care, and viral suppression, detailing aspects such as how to refer people living with HIV, how often to see such individuals in line with guidelines and how to engage and retain the individuals in care.

This Project will consist of development of (i) high-level Best Practice Linkage to care service process map and (ii) a detailed exemplar of one section of the Linkage to care service process map. Initial discussions indicate that the detailed exemplar will likely focus on the management of a person living with HIV and co-morbidities. The Best Practice Linkage to Care Service Process Map will not discuss HIV treatments.

The collaboration involves a balance of contributions with the pooling of skills, experience and resources from both Gilead and Sahir House.

Intended Benefit of the Project is to:

- To improve quality of service for people living with HIV through enabling better referral, care and follow up.
- To measure the improvement in quality of service for people living with HIV through clearly defined outcomes and indicators.
- To support improved commissioning in HIV services across the full pathway of care focus on quality, outcomes and value.
- To support the achievement of national standards of care (BHIVA)
- Improve health inequalities through reducing unwarranted variation in treatment and services.

Overall project delivery will be overseen by a Manger for the Gilead Outcomes and Services Support Team (now known as Gilead HIV Standards Support team) and on behalf of Sahir House by an external Project Manager from EQE Health.

The project was anticipated to run from February 2021 through until November 2021, unfortunately due to the impact of Covid -19 and staff relocation the project was terminated following the development of the draft process map.

Contact: Claire.Hutton@gilead.com