**PrescQIPP annual awards 2024 Submission Form**

**Congratulations on your decision to enter your project for the 2024 PrescQIPP Annual Awards!** You’re already a winner to us as your project will be loaded on the [Community Resources](https://www.prescqipp.info/community-resources/) section of the PrescQIPP website after the annual event on **Tuesday 1st October 2024.**

**Instructions on using this form:** Please complete this word submission form and then attach it to the on-line entry form on the PrescQIPP website. You can add further supporting documents using the on-line entry form.

Please provide as much information as you can on your project as the judges will only hear about your great work through your submission form. We’ve added the judging criteria at the end of the form, so you know what the judges are looking for. We suggest you look at these and provide us with all the information you think meets the criteria. If you have more than one project to submit, please complete a new submission form for each submission.

**Applicant information**

Project Title:­­­­­­­­­­­­­­­­­­­­­­­­­­

Organisation name(s):

Main contact: name:

Main contact: e-mail:

Main contact: Tel:

**2024 PrescQIPP Annual Award Categories**

* **Addressing health inequalities**

We want to hear about your medicines optimisation projects which have tackled health inequalities. This could include such things as how you targeted key communities to improve their uptake of preventative medicines or where you focused on disadvantaged communities in your medicines optimisation project or how you have improved your guidelines or patient pathway to ensure health inequalities were addressed. This may also cover how systems have overcome barriers to implement national guidance or supported an appropriate increase or change in prescribing in hard to reach communities, for example use of DOACs in preference to warfarin, use of SGLT2is in people with type 2 diabetes or heart failure.

* **Care home/ domiciliary care/carer medicines optimisation**

This award category covers all things care home, domiciliary care or carer related from addressing the medicine optimisation needs of individual patients to improving training of care home, social care staff or carers on medicine optimisation issues. It could also include projects specifically aimed at improving medicines optimisation in school settings.

* **Data tools and technology to support medicines optimisation**

This award is about sharing how data tools or technology have been used to enhance medicines optimisation in the broadest sense. This could include, but is not limited to, the use of digital apps or web-solutions, widgets or technological gadgets, solutions to support your digital provision, health informatics or visualisation systems, in-house technical solutions or implementing guidance on NICE approved medical technologies. Also, included is trialling new technology solutions, or using existing ones to get enhanced outcomes for patients.

* **Enhanced productivity, sustainability and value for money**

In line with the [NHSE national medicines optimisation opportunities](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/) work stream we have created this new category so you can showcase the great work you have done on the national medicines optimisation opportunities. However, this category is not limited to England, we want entries from all the devolved countries which demonstrate enhanced productivity, tackle sustainability or value for money.

* **Patient safety and addressing overprescribing**

We are keen to see how you have improved outcomes for patients by addressing patient safety or overprescribing. Projects could focus on medication reviews or running clinics in practices to address patient safety and overprescribing, tackling antimicrobial resistance, adhering to patient safety alerts, reducing medication errors, safe transfers of care, Medication Safety Officer role, actions taken around the medication safety dashboard indicators, new or amended commissioning pathways, efficiency savings or public campaigns. Projects addressing implementing the national overprescribing guidance can also be entered into this category.

**Select ONE PrescQIPP award category you’re applying for (please refer to the award category descriptions):**

* Addressing health inequalities
* Care homes/domiciliary care/carer medicines optimisation
* Data tools and technology to support medicines optimisation
* Enhanced productivity, sustainability and value for money
* Patient safety and addressing overprescribing

**Project summary**

Please provide a short summary of your project: For example, what you did and why, how you did it, what outcomes you got, patient outcomes, return on investment, savings made and anything else you want to tell us. This wording will feature on the innovation and best practice section of the PrescQIPP website <https://www.prescqipp.info/community-resources/> so keep it short and snappy.

Keep to around 400 words

**Innovation**

Describe how innovative your project is. If this has been done before, describe how you have tackled this issue differently than others?

Keep to around 400 words

**Impact**

What impact did the project have? Describe how your project has been evaluated and whether there is any ongoing evaluation.

Keep to around 400 words

**Measurable evidence**

What evidence has your project generated? Describe your measurable outcomes. If your project is ongoing, please state this and your interim results.

Keep to around 400 words

**Medicine optimisation principles**

How has your project met the medicine optimisation (MO) principles of patient safety, patient centred, evidence base, MO part of routine practice?

Keep to around 400 words

**Patient and stakeholder engagement**

Has there been patient and stakeholder involvement in the design and evaluation of the project? Describe how you involved patients or other stakeholders in your project design and evaluation.

Keep to around 400 words

**Ease of adoption**

How easily could your project be replicated by other organisations? Provide as attachments any documentation you have produced that you think would help others replicate your project, e.g. business cases, incentive schemes, job descriptions, project plans and timelines, resources produced. cate? Has the project been sponsored by MEGs or other type of sponsorship?

Keep to around 400 words

**Costs**

What was the return on investment of your project or your project running costs? If you do not have running costs, how much staff time and/ or other resources were required to run the project?

Keep to around 400 words

**Supporting files (guidance)**

The judges always like to see examples of treatment pathways, guidelines developed, business cases, Return on Investment information, leaflets, posters, presentations etc. that you’ve produced so please do attach these with your submission.

We can accept PDF, DOC, DOCX via the upload system. If you are submitting in word please do not embed other files. If you need to submit Excel or PowerPoint files please send to help@prescqipp.info from the main contact e-mail citing your project name.

 **Thanks for sharing and good luck.**

**2024 Shortlist and Judging criteria**

| **Criteria** | **Early stage projects** | **Delivered /** **late stage projects** | **Score out of 4** |
| --- | --- | --- | --- |
| **How innovative is it? / Has this been done before?** | This could be a new innovative project that hasn’t been done before or an old problem/ project delivered in a new way which would be innovative. For example, new levers/ contractual solutions to solve an old problem.  |   |
| **Measurable evidence** | Does the project demonstrate clear plans for evidence generation, e.g. number of patients: reviewed, deprescribed, switched to be recorded. Prescribing items and costs to be measured. Patient health outcomes to be measured, e.g. patient satisfaction surveys planned, hospital admissions data to be reviewed.  | Does the project demonstrate good evidence generation, e.g. number of patients: reviewed, deprescribed, switched. Changes in prescribing items and costs. Patient health outcomes results, e.g. patient satisfaction survey results, hospital admissions data. |   |
| **Impact** | Potential impact - Explain how you will evaluate what has been the impact of the project on outcomes and value. e.g. how will the patient satisfaction surveys show patient outcome benefits if there are any. How will the recorded changes in prescribing items and costs demonstrate value. How will review of hospital admission data show improvements in patient outcomes and value. | Delivered impact - What has been the impact on patient outcomes and values as a result of the project. Link results obtained with impact on patient outcomes and value, e.g. prescription items and costs reduced representing better value for money; patient survey results showed improvements in pain scores and so improving patient pain management. |   |
| **Does it meet the MO principles?** | Does the project consider Medicines Optimisation principles such as patient safety, medicines review and reconciliation, shared decision making and a multidisciplinary approach to patient care? |   |
| **Patient/ stakeholder involvement** | Has there been patient and stakeholder involvement in the **design and evaluation** of the project? |   |
| **Ease of adoption** | How simple would the project be to replicate - is this something other areas can easily pick up and replicate? Have implementation tools such as business case, incentive scheme etc. been shared? Has the project been sponsored by MEGs (would other CCGs allow industry sponsorship, etc.)? |   |
| **Costs** | Have the potential costs and potential return on investment of the project been planned and are they clearly stated? This includes staffing costs as well as direct costs | Are the costs and potential return on investment of the project clearly stated? This includes staffing costs as well as direct costs |  |
| **Overall opinion of the project** | Overall impression of the project including of how well it has been written up, how easy the information is to find and understand, quality of the documents included. |  |
| **Total score out of 32** |   |   |  |