**PrescQIPP annual awards 2023 Submission Form**

**Congratulations on your decision to enter your project for the 2023 PrescQIPP Annual Awards!** You’re already a winner to us as your project will be loaded on the Community Resources section of the PrescQIPP website after the annual event on **Tuesday 3rd October 2023.**

**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 and how they are scoring. We suggest you look at these and provide us with all the information you think meets the criteria, the easier this information is for the judges to find and understand, the higher the score is likely to be. 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:

**2023 PrescQIPP Annual Award Categories**

* **Integrated / Joint Working**

This category reflects the changing organisational landscape where ICSs/PCNs/HBs are working more collaboratively for the benefits of patients and to maximise efficiencies. Whether you’re new to ICS/PCN/HB working or more established, we want to see your medicines optimisation work across your ICS/PCN/HB. Projects will range from simple, quick or small changes to more complex projects that have made massive prescribing efficiencies or utilised population health analysis to address medicines related health inequalities (e.g. CORE20PLUS5), in the local system. We are also looking for projects that have resulted in better, more integrated care for the patient, focused on prevention before prescribing, have a better use of skill mix, levers and incentives, redesigning pathways, off FP10 prescribing or more cost-and-care effective settings. Joint working with non-healthcare organisations such as social care, other emergency services, schools, the pharmaceutical industry, patient groups etc can also be entered into this category.

* **Technology to support medicines optimisation**

This award is about sharing how technology has been used to enhance medicines optimisation in the broadest sense. This could include but is not limited to use of 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.

* **Patient safety and addressing overprescribing**

We are keen to seen how you have improved outcomes and/or reduced health inequalities for patients by addressing patient safety or overprescribing. Projects could focus on structured 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 around the medication safety dashboard commissioning pathways, efficiency savings or public campaigns. Projects addressing implementing the national overprescribing guidance can also be entered into this category.

* **Care home medicines optimisation**

This award category covers all things care home related from addressing the medicine optimisation needs of individual patients to improving training of care home staff on medicine optimisation issues.

* **Sustainability**

This award category is for medicines optimisation projects which support the NHS ‘Net Zero’ ambitions. Whether you have undertaken switches to lower carbon footprint inhalers, run an inhaler recycling or disposal campaigns, have recycling schemes for other medicines packaging, have considered sustainability issues as part of your projects or have new, novel ways to support the NHS ambition to reduce the carbon footprint, we want to hear from you.

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

* Integrated / Joint Working
* Technology to support medicines optimisation
* Patient safety and overprescribing
* Care homes medicines optimisation
* Sustainability

**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 medical education grants (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 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.**

# 2023 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 an 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** |   |   |  |