



# Innovation Project Application Form

## Salford Innovation and Improvement Fund Locality Call 2022/2023

Each question in this application form is very specific about the information required. **Please ensure that you read the separate ‘Application Guidance’ document carefully, complete all sections of this form and provide all the information requested.** Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

### SUBMISSION DETAILS

<b>SUBMITTED BY</b> <i>(name, role, org.)</i>	Elizabeth Philipson. Band 7 Physiotherapist, Salford CO (NCA)
<b>CONTACT NUMBER</b>	0161 2065328
<b>EMAIL ADDRESS</b>	Elizabeth.philipson@nca.nhs.uk
<b>SUBMITTING ORGANISATION</b>	Salford Care Organisation
<b>PARTNER ORGANISATION(S)</b> <i>(if a joint bid)</i>	
<b>DATE SUBMITTED</b>	24/08/2022

<i>Details of how to complete each section of this form correctly are found in the Application Guidance document. Please confirm that you have followed this guidance</i>	<input checked="" type="checkbox"/> I have read and followed the Innovation Fund Application Guidance document
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## SECTION ONE: PROPOSAL OUTLINE

### 1) NAME OF YOUR PROPOSED PROJECT

*“Active Feet”*

### 2) SUMMARY OF PROPOSAL

*What are you proposing to do and why? What need are you addressing and what evidence can you provide of that need?*

**Proposed project:**

A physiotherapy lead education and activity promotion intervention for those with active diabetic foot disease. Innovative partnership working with wider Diabetic foot MDT. Physiotherapists have never been involved with diabetic foot service and this would see us having the most innovative Diabetic Foot MDT in the country. The importance of physical activity in managing cardiovascular disease and Diabetes is well documented and implemented, however, increasing activity levels in this specific patient group with active diabetic foot disease is a novel idea within the literature with promising outcomes for glycaemic control, mood and social isolation. The latter of which are significant contributing factors to the wider determinants of health in this population and we hope to see reduced mortality rates, reduce costs and reduce clinical pressure on the current treatment pathway.

**Proposed Innovation Solution:**

12 weeks of Physiotherapist lead supervised education and exercise intervention in small groups plus ‘at-home plan’. Long term follow up at 6 and 12 months to assess Physical and Mental Health outcomes and physical activity related behaviour change.

This collaborative project between Podiatry and Physiotherapy aims to test the feasibility, compliance and initial clinical effectiveness of exercise for patients with Diabetic Foot Ulcer (DFU), with the ultimate aim of reducing cardiovascular risk and improving quality of life.

Delivering clinically effective exercise, that works in an NHS environment for patients with DFU has yet to be established. This intervention is easily scalable, inexpensive and will provide robust data to inform future national clinical guidance.

**Rationale:**

Type 2 diabetes affects about 4.5 million people in the UK, and 10% of those people will develop Diabetic Foot Ulcers (DFU) (NHS, 2016). DFU are seen as a sign of multi-organ disease (IWGDF, 2019). Around 50% of people with DFU die within 5 years of onset due to a cardiac-related issue (Robbins, 2008; Fox, 2014; NHS, 2016). Diabetic foot ulcerations (DFUs), including Charcot’s neuroarthropathy, cost £900 million per year and are a significant burden on NHS resource.

The importance of lifestyle management in Diabetes is widely recognised (Colberg, 2010; Sumamo, 2011) and recommended by the NHS RightCare Diabetes framework (NHS, 2018). However, the current treatment pathway for DFU does not focus on lifestyle factors (IWGDF, 2019) despite the DFU population being known to lead sedentary lives (Lee, 2019).

Both the National Institute of Clinical Excellence (NICE Guideline NG19) and the International Working Group on the Diabetic Foot (IWGDF) recommend immobilisation and offloading as a means of treating DFUs (Sicco et al. 2020). Whilst this is effective at treating the DFU, it inevitably has a negative effect on cardiovascular risk, as it promotes a sedentary lifestyle and prevents traditional exercise activities, which are well evidenced in reducing cardiovascular events (Vasankari, 2017; Tian and Meng, 2019).

Innovation comes from exercise intervention in DFU as the evidence base is developing. Tran's (2021) systematic review found no adverse effects to ulcer healing. The benefits for cardiovascular rehab and peripheral artery disease (a similar population group) are widely reported on and being acted upon with great success by Salford's Cardiovascular Rehab Team.

Salford Orthopaedic team are seeing hugely successful outcomes for novel achilles tendon lengthening surgeries in this patient group, however, currently have no post operative exercise protocol or long term behaviour change intervention to address the underlying issues. This innovative intervention would provide this. **This minimally invasive surgery is seeing significant reduction in healing times for forefoot ulceration as well as improved outcomes in the management of charcot neuroarthropathy from the active to quiescent phase.**

Our intervention aims to provide a treatment pathway focusing on positive health behaviour change to reduce sedentariness. This will aim to address the health inequalities in a patient group who currently have limited access to exercise intervention and are known to be susceptible to poor motivation, reduced self-efficacy and mental health (Vileikyte, 2020). The intervention will provide the gold standard post operative protocol for tendoachilles lengthening surgery being completed at Salford CO and has the potential to expand for those having non-operative treatment in the future.

A diabetic foot ulcer treatment currently costs around £3500 per patient and takes months and occasionally years to heal. The new tendoachilles lengthening surgery is currently seeing ulcers heal in weeks – months with minimal side effects. Our post operative activity behaviour change group is an inexpensive, easy to implement and sustainable option to reduce mortality rates in this vulnerable patient group.

#### **Project Delivery Plan:**

We have already been piloting this within the podiatry service over the last year and have seen positive outcomes with a small number (n=<10) of patients. We have been measuring weight, height, BMI, Blood pressure, depression, fitness (5Sit To Stand test) and Activity levels.

This innovation fund will help supply activity trackers to this patient group. Currently, we have been using self-reported activity levels and the 'NHS Better Health:Active10 app' in our pilot period. As this patient group start off with reduced walking ability the Active10 app is not appropriate for all patients but is a good method once the ulcer is healed. Evidence suggests there is a high level of bias in self-reporting and increased long term adherence when digital tracking devices are being used (Middleton, 2013).

The proposed expansion will require more regular contact with groups running twice a week (one am and one pm option to increase accessibility, increased patient numbers, space for small groups (approx. 6 patients) within local communities. This could be delivered at Salford Royal physio gym, Walkden Gateway physio gym or community space or local community centres.

We would require 1 Band 7 physiotherapist and 1 qualified podiatrist.

The supervised small group setting works with 'psychological capability', 'social opportunity' and 'reflective motivation' by seeing peers in similar difficult situations on the same journey (Michie, 2011).

The group session consists of 10-15mins of education, goal setting and patient lead questions, 10-15 mins of measurement/outcomes, and 30mins of low level structured exercise completes in bouts of 10 minutes as a 30-60s on and 30-60s off structure gradually increasing in intensity over the 12 weeks. There would then be 30mins to write up notes/paperwork/input data. Extra time either side for travel and set up/take down.

Due to the innovative aspect of exercise whilst foot disease is still active, the exercise class will be mostly chair based. It will incorporate a warm up, cardiovascular, strength, balance and stretching exercise.

Memory and cognition is often reduced in late stage diabetics, we will adapt to our patient group by creating an accompanying workbook written to the appropriate literacy level. This will include: written and pictorial education to supplement the verbal class, individual short and long term goal setting, outcome measuring and a calendar to log activity levels (prototype already made and will use the first 3 months to complete and print this).

The funding from the project will cover staff time (plan, deliver and evaluate) any potential room hire, equipment (theraband and an activity tracker for each patient).

### 3) KEY OBJECTIVES: WHAT ARE YOU TRYING TO ACHIEVE?

*(Key things that need to happen for the project to be considered successful)*

These objectives need to be **SMART (Specific, Measurable, Achievable, Realistic and Timed)**. Project objectives and associated payments need to be completed within the 12 month period after the agreed project start date.

If the project has more than five objectives, please list additional objectives in the comments section.

<b>Objective 1:</b>	80% of Diabetic foot Ulcer patients who receive tendoachilles lengthening surgery under Salford CO to attend post operative 12 week intervention within 9 weeks post operation.
<b>Objective 2:</b>	75% of attendees to be completing national guidelines of 150minutes of moderate intensity exercise per week + 2 strength sessions by then end of 12 week intervention
<b>Objective 3:</b>	To see 50% of PHQ9 (depression) scores reduce to below 9 (or by 50%) by the 6 month follow up
<b>Objective 4:</b>	To see 5STS test improvement by 1.7s in 95% of attendees at the end of the 12 week intervention.
<b>Objective 5:</b>	

**Comments:**

### 4) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT AS A RESULT OF THIS PROPOSAL?

Group/s	What benefit/s will be realised for this particular group?
<b>Diabetics with active foot disease who may or may not have received tendoachilles lengthening surgery</b>	Increased access to lifestyle/activity interventions, reducing sedentariness. Increased social interaction with peers. Using physical activity to improve mental health outcomes associated with diabetic foot disease. Approximately 40patients for the year long project.




**5) HAVE YOU PREVIOUSLY SUBMITTED ANY APPLICATIONS FOR FUNDING TO DELIVER THIS PARTICULAR INNOVATION WITHIN SALFORD?**

*Please tick the relevant box, and provide details where necessary*

		Details
<input checked="" type="checkbox"/>	<b>No</b>	
<input type="checkbox"/>	<b>Yes – and it was not funded</b>	
<input type="checkbox"/>	<b>Yes – and it was funded</b>	

**6) HAS YOUR PROPOSED IDEA BEEN IMPLEMENTED OUTSIDE OF SALFORD PRIOR TO THIS APPLICATION?**

*(If yes, please state where, when and provide details of the impact of this in the comments section below)*

- Yes
- No

**Comments:**

**7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”**

- Partnership working – Podiatry and Physiotherapy within the Diabetic foot space.
- Addressing Health Inequalities/wider determinants of health

The intervention is representing workforce transformation Innovation as Physiotherapy has never been involved with Active Diabetic Foot disease MDT. To our knowledge this will be the first intervention of its’ kind in the UK.

The current research database is limited in this area as exercise with active foot disease is a novel concept, our outcomes and work will be evaluate and contribute to this research base.

This style of intervention has been proven to be successful within Cardiovascular rehab (a similar patient group) and will be innovative to the DFU population not only for Salford residents, but the entire UK.

Our project is innovative through it addressing the wider determinants of health, specifically inactivity and low mood – specifically prevalent in Salford. I have used my special interest in Health Promotion and Physical Activity to align the intervention with Salford’s Locality plan 2020-2025 goals of empowering residents to take control of their health and wellbeing. Our project is aiming to focus on Salford’s key areas: Mental Health and Diabetes.



After seeing the success of Salford being the demonstrator site for tackling type 2 diabetes, this project encompasses all aspects of the disease. Often DFU patients are overlooked with pilots, national guidance and projects due to the severity of their condition.

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**SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES**

**8) WHICH OF THE 2022-23 INNOVATION PRIORITIES DOES YOUR PROPOSAL ADDRESS?**

(This year's Innovation Priorities are summarised below. Please tick the **ONE** most relevant box for the priority area your proposal aligns with.)

2022-23 Innovation and Improvement Themes	
<input type="checkbox"/>	Neighbourhood based care
<input type="checkbox"/>	Safer Salford Care Homes and Domiciliary Care
<input checked="" type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Tackling vaccine / immunisation hesitancy

**A full breakdown of these themes is available in the separate Application Guidance document.**

<b>NONE / OTHER</b>	<input type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above priority topics, but you believe it addresses a current un-met need
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**9) WHICH OF OUR CORE INNOVATION PRINCIPLE/s DOES YOUR PROPOSAL EVIDENCE?**

(Please tick all that apply)

<input type="checkbox"/>	Exploiting the use of <b>Technology and Digital</b> Innovation
<input type="checkbox"/>	<b>Partnership Working</b> - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field
<input checked="" type="checkbox"/>	<b>Neighbourhood Working</b> - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks
<input checked="" type="checkbox"/>	Addressing <b>Health Inequalities and Wider Determinants of Health</b>
<input type="checkbox"/>	Improving the <b>Environmental Sustainability</b> of care

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## SECTION THREE: PROJECT DELIVERY

### 10) KEY PROJECT TIMESCALES

*(What is expected to happen, when?)*

<b>Month 1</b>	planning
<b>3 months:</b>	Running first cohort of patients (aiming for 2 groups of 6 in each cohort with a staggered start to accommodate surgery time)
<b>6 months:</b>	6month follow up for 1 <sup>st</sup> cohort and running 2 <sup>nd</sup> cohort + evaluation and write up.
<b>9 months:</b>	6 month follow up for 2 <sup>nd</sup> cohort and begin 3 <sup>rd</sup> cohort
<b>12 months:</b>	6month follow up for 3 <sup>rd</sup> cohort and 12 month follow up for 1 <sup>st</sup> cohort. Evaluations and write up.

### 11) HOW IS THE PROJECT GOING TO BE MANAGED?

Currently project Lead by myself Lizzy Philipson (Band 7 MSK Physiotherapist and Physical Activity Clinical Champion (DHSC)) and Matt Allen (Podiatry Lead/Consultant Podiatrist)

### 12) HOW WILL YOU MEASURE AND EVALUATE YOUR PROJECT?

#### A) Does your proposal involve an external / independent evaluation?

- Yes  
 No

#### B) Who will be carrying out the evaluation of this project?

**Myself and Matt Allen**

#### C) Please outline your plan for measurement and evaluation of the project

##### Outcome measures:

PHQ-9 (well validated depression score) (measured week 1 and 12 + 6month and 12 month follow up)

5STS (well validated fitness test with minimal weight bearing) (measured week 1, 6 and 12)

Activity Levels (measured against UK CMO guidelines) (logged weekly using activity tracker data)

Height, weight, BMI (logged weekly)

HBA1c (measured week 1, 6 and 12 + 6month and 12month)

These will be collected in an anonymized excel document against hospital number, patient initials and date of birth



**13) WILL THE PROJECT REQUIRE A CHANGE TO AN ESTABLISHED CARE PATHWAY?**

*If you are currently unable to assess if the activity will require a change to an established pathway, please indicate so using the Don't Know option. Applications selected to progress will be able to work with their sponsor to establish this.*

- Yes
- No
- Don't Know

*If Yes, please provide details of the existing care pathway and explain how your project will require a change to this.*

Currently aiming at establishing a lifestyle treatment option to run alongside and after DFU treatment We will also be working alongside Mr Ed Gee to use this as a post operative care pathway for his tendoachilles lengthening surgeries

**14) IS THIS A DIGITAL HEALTH TECHNOLOGY (DHT)?**

- Yes
- No

*IF YES, please answer the below questions:*

**A) How would you categorize the function of this Digital Health Technology (DHT)?**  
(tick **ONE** option only)

	Functional Classification	Description	Examples May Include
<input type="checkbox"/>	<b>System service</b>	Improves <b>system efficiency</b> . Unlikely to have direct and measurable individual patient outcomes.	Back office systems, Electronic prescribing, health record platforms, Ward management systems.
<input type="checkbox"/>	<b>Inform</b>	Provides <b>information and resources</b> to patients or the public. Can include information on specific conditions or about healthy living.	DHTs describing a condition and its treatment. Apps providing advice for healthy lifestyles (such as recipes). Apps that signpost to other services.
<input type="checkbox"/>	<b>Health Diaries</b>	Allows users to record health parameters to create health diaries. This information is <b>not shared</b> with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
<input type="checkbox"/>	<b>Communicate</b>	Allows <b>2-way communication</b> between users and professionals, carers, third party organisations or peers. Clinical advice is provided by a professional using the DHT, not by the DHT itself.	Instant messaging apps for health and social care. Video conference-style consultation software. Platforms for communication with carers or professionals.
<input type="checkbox"/>	<b>Preventative behaviour change</b>	Designed to improve <b>health behaviours</b> to prevent ill health consequences associated with smoking, eating, alcohol use, sexual health, sleeping and exercise. Based on accepted behaviour change theories	Smoking cessation DHTs and those used as part of weight loss programmes. DHTs marketed as aids to good sleep habits.
<input type="checkbox"/>	<b>Self-manage</b>	Aims to help people with a diagnosed condition to <b>manage their health</b> . May include symptom tracking function that connects with a healthcare professional	DHTs that allow users to record, and optionally to send, data to a healthcare professional to improve management of their condition.
<input type="checkbox"/>	<b>Treat</b>	<b>Provides treatment</b> for a diagnosed condition (such as CBT for anxiety), or <b>guides treatment</b> decisions.	DHTs for treating mental health or other conditions. Clinician-facing apps that advise on treatments in certain situations. Electronic prescribing systems that provide patient-level advice on prescribing.
<input type="checkbox"/>	<b>Active Monitoring</b>	Automatically records information and <b>transmits the data</b> to a professional,	DHTs linked to devices such as implants, sensors worn on the body or in the

		carer or third-party organisation, without any input from the user, to inform clinical management decisions.	ward/home/care setting. Data automatically transmitted through for remote monitoring.
<input type="checkbox"/>	<b>Calculate</b>	Tools that perform <b>clinical calculations</b> that are likely to affect clinical care decisions.	DHTs for use by clinicians, professionals or users to calculate parameters pertaining to care, such as early warning system software.
<input type="checkbox"/>	<b>Diagnose</b>	<b>Uses data to diagnose</b> a condition in a patient, or to <b>guide a diagnostic decision</b> made by a healthcare professional.	DHTs that diagnose specified clinical conditions using clinical data. All systems making diagnostic or triage decisions.

*Functional Classifications from NICE Evidence Standards Framework for Digital Health Technologies (April 2021)*

**B) Does the Digital Health Technology have a CE mark?**

- Yes  
 No

**C) Is the Digital Health Technology classed as a medical device?**

- Yes  
 No

**If yes, please state classification and whether currently approved by MHRA**

**15) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT SYSTEMS TO ENABLE DELIVERY?**

- Yes  
 No  
 Don't Know

*Please only select the 'Don't Know' option if you are currently unable to assess whether the activity will require access or changes to IT systems or infrastructure. If selected for progression, you will need to engage the relevant IT departments of pilot sites to complete this assessment and establish any requirements prior to achieving final sign-off for funding.*

*If Yes, please answer the below questions:*

**A) Which system/s or infrastructure will you require access to, changes to, or integration with?**

Access to EPR and Patient Centre (already established)

**B) What changes / integrations are required, and the timescales needed for this?**

nil

**C) Who owns or manages this system / infrastructure?**

Salford CO

**D) How have you engaged with the relevant system owners / managers / IT departments so far to determine the feasibility of making these necessary changes?**

Nil changes, access already granted as clinical staff. Discussion has taken place to establish whether there are any other remote monitoring projects currently ongoing with the NCA. Chris Chapman, Digital Ecosystems lead to whether this model is sustainable once the project has been completed. There are currently ongoing studies assessing remote monitoring within the NCA, specifically in Neurology. There are options to

establish this as a standard of care 'in house' as well as support to expand the cohort of patients, should this be established as effective, to work with academic partners within Salford University or Manchester Metropolitan University to expand in to other MDT centres.

**16) WHAT RISKS HAVE YOU IDENTIFIED FOR THIS PROJECT, AND HOW WILL YOU MITIGATE THEM?**

This patient group are a high cardiovascular and falls risk group. The group will be lead by a senior physiotherapist and additional podiatry staff with relevant training. The exercise group is low-level and chair based to minimize risks and the activity tracker will have a heart rate monitor to ensure all participants are working within their individual target ranges. The space in which it is delivered will have access to defib, clean drinking water and sugary snacks for diabetic risk.

The patients will be seen in high risk diabetic foot clinic MDT every 1-2 weeks (normal practice) to monitor their foot ulcer alongside activity intervention. Adverse effects from the proposed intervention could lead from increase load through the Achilles tendon following lengthening which would increase the chance of rupture. This will be mitigated by following the current post op protocol of 6 weeks post operative in a non-removable below knee cast. However, this would not be a barrier for a patient to be recruited to the exercise program.

Also, the driving factors that pre-dispose patients to DFU, including peripheral neuropathy and peripheral arterial disease would still be factors in the patients developing further foot ulceration. This would be managed as per standard podiatry pathways.

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**18) PLEASE PROVIDE A FULL BREAKDOWN OF HOW THE REQUESTED FUNDS WILL BE UTILISED**

*Please include a comprehensive budget, ensuring you include VAT where applicable.*

£31,662 = 0.6WTE mid point Band 7 Physiotherapist for planning, delivering and evaluation (including on-cost) This money will be used to backfill clinical time to ensure there is not a negative impact on the existing physiotherapy waiting list.

Podiatrist wage will be absorbed by their service as this is pre-existing within the MDT foot budget.

£240 = Equipment: x3 rolls of Theraband at £80 per roll

£2000 = 40 activity trackers at £50 per item (= 6 patients per cohort for 6 cohorts + 4 spare for breakages/missing)

£200 = creating and printing of 50 A4 booklets via Salford Digital Team (estimate figure as booklet not completed yet)

Room hire TBC depending on availability at Salford Royal (no cost), Walkden gateway gym (no cost) or needing to hire community spaces  
£5000 Walkden gateway community room hire = £20 per hour, 6h a week for 36 weeks

**SECTION FOUR: BUDGET & FINANCE**

**17) WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE REQUESTING?**

*This must be a set figure – requests for variable amounts will not be accepted. Please ensure the amount stated is fully inclusive of all VAT*

**£40,000**

*Payment schedules for successfully funded projects will be finalised prior to sign-off. The typical arrangement is to pay 50% of awarded funds up front, with the remaining 50% released upon receipt of a successful 6-month project update report. If you would require any different payment schedule or arrangement, please give details below*

**19) HOW WILL THE PROJECT ACHIEVE A RETURN ON INVESTMENT / COST BENEFIT?**

The return on investment will be seen through the reduced cost and demand on podiatry/Diabetic service. The intervention has minimal overheads and the main requirement of funding is to fund staffing.

The cost benefit from providing activity trackers will be seen in real life behavioural changes and results from the patients – this was of monitoring activity levels is proven to have less reporting bias, improved compliance and long term behaviour changes in the literature (Middleton, 2013).





**20) WHAT COMES NEXT AFTER THIS FUNDING? HOW WILL YOU ENSURE THAT ACTIVITIES, OR RESULTS, ARE SUSTAINABLE AFTER THE 12 MONTH FUNDED PERIOD HAS ENDED?**

Pilot aims to test and gather evidence to support a business case with the intent to request recurrent funding, implementation or onward commissioning at the end of the 12- month pilot. Should the results be positive, the long-term plan is that this becomes the normative pathway for this patient group, subsequent funding would allow roll out and backfill to physiotherapy. The funding would be requesting from NCA.

This 12 month project is focusing on a small number of patients and treating them 'in-house'. Should we be successful the future would look to linking with Salford City Council initiatives such as 'Health Improvement team', 'Social prescribers' and 'Active Lifestyles'. We have completed onward referrals for activity groups and Salford weight loss services in our own pilot trial already.

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**SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT**

**21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?**

- Yes  
 No

*If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.*

Personal Data Items

- Forename(s)  
 Surname  
 Address  
 Postcode  
 Date of Birth  
 Home Telephone Number  
 Mobile Telephone Number  
 Other Contact Number  
 GP Name and Address  
 Legal Representative Name (Next of Kin)  
 NHS Number  
 National Insurance Number  
 Photographs / Pictures of persons  
 Other – please state below:

Sensitive Data Items

- Gender  
 Religion  
 Ethnic Origin  
 Medical Information  
 Occupation / Employment  
 Other – please state below:

*A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.*

- *If Yes is selected, a full DPIA will need to be completed*
- *If No is selected, the DPIA only needs to be completed up to Screen 5*

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**SECTION SIX: SOCIAL VALUE, EQUALITY AND INCLUSION**

**22) EQUALITY & DIVERSITY POLICY AND COMPLIANCE**

**A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?**

- Yes
- No

**B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes           | <i>If Yes, please give details here</i> |
| <input checked="" type="checkbox"/> No |   |

**23) PLEASE DESCRIBE HOW THIS PROJECT WILL ENSURE THE RIGHTS OF PROTECTED CHARACTERISTICS IN PARTICIPANTS, AND CONTRIBUTE TOWARDS TACKLING HEALTH INEQUALITIES IN SALFORD?**

This project will ensure people from all backgrounds and all socioeconomic climates receive care that is at the forefront of research.

Salford has some of the highest rates of sedentariness and poor mental health in the country. The diabetic foot disease population has some of the highest rates again, of sedentariness, social isolation and low mood of any physical health disease.

Those with DFU have reduced mobility, reduced ability to drive and this exercise group delivered in a local setting with disabled access and easily accessed from local transport would improve accessibility.

Our intervention aims to teach about exercise and how they can complete this for free in their own environments long term.

By completing the intervention in small groups, this usually socially isolated population will be able to meet those in similar scenarios to themselves. Using this form of 'Patient Modelling' has shown improved outcomes in Health Psychology literature.

**24) ADDED SOCIAL VALUE: WHAT OTHER SOCIAL, ENVIRONMENTAL OR ECONOMIC BENEFIT/s WILL SALFORD RECEIVE THROUGH THIS PROJECT?**

By educating about the benefit of and increasing the physical activity levels of the people of Salford there will be knock on social and environmental benefits. We can encourage increased use of local green spaces and use our patients as teachers within their local community, encouraging their friends/family/neighbours to be more active too. This is fitting with Salford's locality plan 2020-2025 to use adults as role models for children with regards to lifestyle decisions, living well for longer and contributing to the wider Salford society. The Locality plan living well outcomes outline their goals to enable Salford residents to take control of their own health and wellbeing and to live happier and more purposeful lives.

Being more physically active (and meeting national physical activity guidelines) has multiple holistic benefits including mental and physical health, improved cognitive function, improved sleep, reduction in risks of some cancers and cardiac disease and reduced reliance on health care services into later life.





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## SECTION SEVEN: OPERATIONAL DETAILS

### 25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Salford Care Organisation (NCA)	Stott Lane. SALFORD. M68HD	NHS Healthcare Trust

### 26) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

*Please note that funding will only be paid to registered organisations, and not to individuals*

Salford Care Organisation (NCA)

### 27) WHO WILL BE THE INDIVIDUAL/s RESPONSIBLE FOR THIS PROJECT?

*(Please complete all sections)*

#### SENIOR LEAD *(overall accountability and oversight of project)*

Name	Matthew Allen
Job Title	Consultant Podiatrist
Organisation	SCO (NCA)
Email Address	Matthew.Allen@nca.nhs.uk
Telephone Number	0161 2064710

#### OPERATIONAL LEAD *(day-to-day delivery of project)*

Name	Elizabeth Philipson
Job Title	Band 7 Physiotherapist
Organisation	SCO (NCA)
Email Address	Elizabeth.philipson@nca.nhs.uk
Telephone Number	0161 2065328

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## SECTION EIGHT: APPLICANT AGREEMENT

### 28) PLEASE CONFIRM THAT IF YOUR PROPOSAL IS ACCEPTED YOU ARE AWARE OF, AND AGREE TO, THE FOLLOWING CONDITIONS:

*Applicants must tick all boxes to indicate that they agree to all conditions*

<input type="checkbox"/>	Bidding organisation must be able to confirm a commencement date for the project within 2 months of receiving funding approval or approval may be withdrawn
<input type="checkbox"/>	Completion of a 6 month (mid-point) project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
<input type="checkbox"/>	Completion of a 12 month (final) evaluation report, presented to IROG and the relevant Sponsoring Strategy Group

### 29) PLEASE CONFIRM THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS

- I have read and accept the Salford Innovation & Improvement Fund Terms & Conditions

#### End of Application

Your completed application form, along with any requested additional information, should now be submitted via email to [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net)

You will receive confirmation of receipt within three working days, along with a unique Bid Reference for managing your application and for on-going communication regarding your proposal.

Applications can be withdrawn at any time, for any reason, by contacting [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net) with your Bid Reference

## MAILING LIST

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