Quality Improvement 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 Application Guidance document carefully, complete all sections of this form and provide all of 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

SUBMITTED BY *(name, role, org.)*	Matthew Allen, Consultant Podiatrist, Northern Care Alliance
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SUBMITTING ORGANISATION	Northern Care alliance, Salford Care Organisation
SERVICE NAME	Podiatry
DATE SUBMITTED	

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 have read and followed the Improvement Project Application Guidance document

SECTION ONE: PROPOSAL OUTLINE

1) NAME OF PROPOSED PROJECT

Please provide a name for the proposed project that you wish to be considered

Saving Limbs in Salford by reducing the variance in Vascular assessments

2) WHAT IS THE PROJECT RATIONALE?

What is the problem situation / rationale for this Quality Improvement Project?

Diagnosis of peripheral arterial disease is often determined by the hands-on assessments that are undertaken by skilled community teams including podiatry, district nursing (DN) and tissue viability services (TVN). Patient's journey to a vascular surgical opinion differ dependent upon which of these teams they are initially referred to and the assessment that is completed. Further, there is variation and disparity between vascular assessments completed by health professionals within the Salford Care Organisation (SCO)
A recent example of a patient journey is described below:-

Appointment 1. Seen in primary care by GP on 19/04/2022
GP appointment
GP referral pathway – referral states patient was referred with intermittent claudication symptoms but appears to have be sent to DN service.

Appointment 2. Seen in Community gateway 25/04/2022
Attended appointment with a Trainee Nurse Associate (TNA). Leg ulcer assessment completed in the patients electronic notes on 25/04/2022. All pedal pulses palpable and biphasic. TNA reported normal Ankle Brachial Pressure Index. Clinical note states review patient again in 6 months as although Ankle Brachial Pressure Index in left leg were normal they sounded weak. There wasn't a clear escalation plan at this point? Patient given Mediven class 1 stockings.

Appointment 3.
Pt had a GP contact on 10.5.22 regarding his leg pain and GP advised A&E

Appointment 4. Attended A+E 10/05/2022
Patient presented at A+E 10/05/2022 as advised by GP due to pain in left lower leg. A & E documented popliteal, DP and PT pulses were present. They queried intermittent claudication and then referred to Podiatry for Advanced Vascular Assessment.

Appointment 5 Attended podiatry AVA with Lindsay Jones – 21/06/2022.
Patient presented as typical claudicant. Patient reported couldn't wear stocking as in extreme agony. Noted high cholesterol. Right leg all pulses palpable and triphasic. Left leg non-palpable apart from femoral. Severe PAD diagnosed in left limb diagnosed.

Discrepancies and reflections

- A diagnosis wasn't achieved until the patient's 5th contact with a health care professional.
- There is discrepancy of different results of the vascular assessment between teams ultimately resulting in delayed onward referral. Why was the referral not re-directed to podiatry?
- Delay in best medical therapy/smoking cessation/exercise programme as indicated by NICE guidance. Why was the patient given stockings when he came with intermittent claudication symptoms?
- Referral pathway is only as good as the assessment that is completed – the first professional that this patient had contact with didn't detect the severe peripheral arterial disease and this is the issue

described in this project.

The above example could be described as a near miss. Fortunately, this patient sought further advice when their symptoms worsened following their initial vascular assessment. But for this, this patient may have gone on to have a major lower limb amputation.

The national wound care strategy has demonstrated that timely vascular assessment could demonstrate a reduction in the cost of leg ulcers by initiating earlier intervention made available by appropriate assessments at appropriate times. It is reported that leg ulceration costs three times that of a foot ulcer due to delays in appropriate compression bandaging. There is inequality between the management of foot and leg ulcerations and integration of pathways would sit in line with national strategy.

Current data collected by Mr Ahmad, Consultant Vascular surgeon which is currently being written up for a publication, suggests that 95% of referrals to outpatient clinics are appropriate whereas this figure drops to 65% for general vascular referrals.

The premise of this proposal is to prevent inappropriate referral to the Vascular services ensuring that those most in need of vascular intervention are seen in a more timely manner; ultimately saving duplication of effort in vascular services and limbs.

3) WHAT IS THE AIM OF YOUR PROJECT?

Aim to reduce/increase by how much, by when and by whom/in what service? E.g. reduce falls by 10% by 31 January 2022

The aim of the project would be led by the major stakeholders involved in the management of patients requiring vascular assessments. The knowledge to action framework, outlined in the following section, will collaborate with all the relevant teams as well as service users to identify barriers and most importantly, solutions to improving patient care.

The aim of this project would be for 75% of Salford patients referred by podiatry, district nursing and tissue viability services to be assessed using a multi-profession assessment methodology by June 2024.

- To standardize vascular assessments throughout SCO ensuring that patients are appropriately assessed, managed and referred as clinically indicated.
- Significantly reduce variance of vascular assessments across SCO within 12 months of the project start date.
- All vascular assessments follow standard assessment in line with regional guidelines developed by Peripheral Arterial Disease Clinical Effectiveness Group (2022). The group set out best practice guidance on completing an ABPI as well as a systolic toe pressure. The guideline was externally validated prior to publication by Vascular Consultants and Vascular Nurses.
- To determine existing competency frameworks and develop a best practice framework applicable to all health professionals completing vascular assessments.
- Improve vascular links and access for TVN and DNs through an agreed referral pathway with vascular team at MRI.
- Cement an escalation pathway for urgent vascular concerns from TVN/DN/Podiatry

straight to Vascular consultant.
- To improve and streamline the referral pathway for a vascular assessment from a GP referral by standardizing communication across all health care professionals reducing variance and inequality.

4) WHAT QUALITY IMPROVEMENT METHODOLGY WILL YOU BE FOLLOWING?

Outline the planned approach to delivering the QI project e.g. IHI Model of Change, Lean Thinking, Six Sigma, Total Quality Management, Theory of Constraints, PDSA cycles

Knowledge to action framework. This project will follow the Knowledge to Action (KTA) framework in the steps taken to close the "know-do" gap. KTA is widely used, well evidenced and supports the process of implementing best practice through synthesis of knowledge from all sources (guidelines, evidence base, patient lived experience, clinician expertise). It is the combination of a well evidenced and well detailed process and co-design/stakeholder led approach (synthesizing knowledge from all sources) that underpins **scalability** (sharing the process of QI across services) and **sustainability** (embedding the skills for self-initiated continuous improvement within the teams) respectively.

The first step in the KTA process is to synthesize the knowledge that is needed to support improved quality of practice. This involves generating an executive clinical summary of all relevant knowledge including regional guidelines, rapid reviews (alongside UoS partners) of evidence base for current best practice and measuring existing outcomes such as:-

- time to initial assessment following GP referral,
- number of assessments before diagnosis,
- number of appointments prior to onward referral for surgical opinion
- lower limb loss due to vascular compromise
- commonalities in vascular assessments currently undertaken

The next step involves supporting stakeholders to determine the know-do gap by understanding, in more detail, the problem from the perspective of all the clinical teams involved as well as patients and family. It will then identify the gaps and act as a needs analysis for the teams involved in vascular assessments to determine what package of support they require to improve/streamline services and what changes to services are required. It is proposed that with the support of the University of Salford through an evaluation, questionnaires and focus groups would determine themes.

A menu of possible stakeholder identified solutions and support needs would arise from step 2, so the next step is to identify the barriers and facilitators to implementing the possible solutions within each of the relevant services. This adaptation of solutions for each service is critical to sustainable quality improvement as it allows each team to choose the solution(s) which considers their individual challenges and opportunities towards standardization of vascular assessments; planning how to act on the knowledge gained, delivering what is needed and evaluating the outcome.

All relevant clinical teams would then implement their solutions (having adapted/tailored the solutions to overcome barriers and harness facilitators) and UoS partners would subsequently support teams to monitor/evaluate the outcomes of quality improvement efforts.

5) WHAT ARE YOUR CHANGE IDEAS?

Please list these, or attach an image of your Driver Diagram if you have completed one

- The overarching change principle is one of being stakeholder led (= sustainability) identification of quality improvement solutions following a well-evidenced and widely used process (which thereby can be shared across teams = scalability).
- A range of possible quality improvement solutions will arise from stakeholders – under any/all of the COM-B categories of behaviour change (Capacity/capability, opportunity, motivation and belief) for example clinical teams may identify a need for upskilling/training for vascular triage (capability). If this need is identified stakeholders will work with UoS partners to design CPD training which is feasible and acceptable to uptake (e.g. do teams need a series of inservice training sessions or a full day of training in a classroom, virtual or in-person etc). Clinical teams may identify that in order to streamline vascular assessments they would need patients to attend a given clinic (opportunity). However, patients and family may identify that this is not feasible or acceptable to them to adhere to (opportunity and motivation) – in this case the KTA process supports clinical stakeholders and patients and family to creatively identify a solution that overcomes their shared barriers and facilitators (and hence underpins sustainability of QI).
- So, while, the specifics of change ideas must necessarily be left to be determined by the stakeholders involved the underlying change ideas are:
- Use of a well evidenced process model to define change ideas
- To engage with the stakeholders in a collaborative approach
- Define the problem that is believed be leading to disparity between service by performing a deep dive into the current services, referral pathways, assessments and training.
- Develop and deliver solutions including, but not limited to, training package and competency framework development
- Evaluate and develop a sustainability plan that could be rolled out across the other care organisations within the northern care alliance

6) HOW WILL YOU KNOW WHETHER YOUR CHANGE/S MAKE AN IMPROVEMENT? *(I.E. WHAT IS YOUR MEASUREMENT PLAN?)*

Please include the data collection method you plan to use

SMART goal as discussed in Q3. The aim of this project would be for 75% of Salford patients referred by podiatry, district nursing and tissue viability services to be assessed using a multi-profession assessment methodology by June 2024.

There is an ongoing audit completed through the Manchester Royal Vascular team regarding

appropriateness of referral. A comparative analysis of pre and post project would provide data as to whether there has been an increase in appropriate referral to the vascular team. This is defined in point 3 below.

1. Quality of vascular assessments completed to meet best practice standards agreed through evaluation of existing services with the aim of improving.
- Equality of access to vascular services between foot and leg ulcerations as well as non-ulcerated symptomatic patients such as claudicants.
2. Improved initiation of therapy dependent upon assessment i.e. appropriate compression/referral to supervised exercise/best medical therapy.
3. Reduction of inappropriate referrals to vascular outpatients to see a Vascular Consultant. Defined as those not needing a surgical opinion.
4. Increase in appropriate, limb threatening referrals which will improve patient outcomes. Appropriate is defined as:-
- Ulceration with no rest pain – toe pressure of greater than 60mmHg -static at 4 weeks
- Ulceration with toe pressure of less than 60 mmHg – Duplex and refer to vascular
- Ischeamic rest pain – immediate referral

5. Reduction in community vascular assessments prior to the patient seeing vascular surgeon.

The aim is for two podiatrists from the Northern Care alliance and Salford University to work simultaneously on this project throughout the duration. Data is already collected by the vascular team from MRI as well as the vascular specialist podiatrists who see patients referred from primary care. This will be used as a baseline to benchmark against in terms of what is measured pre and post this project. The evaluation process is outlined below:-

Stage 7/8 of the Knowledge to Action framework relates to the evaluation and sustainability of the implementation. This involves evaluation of patient and service level outcomes alongside implementation outcomes, in order that the effectiveness of an intervention can be understood, adapted, sustained, and effectively scaled up. If this process is completed rigorously, transparently and systematically it will result in further cost savings in the knowledge transfer from one setting to another, allowing for local context adaptation. Proctor's taxonomy (2011) encapsulates evaluation across implementation, service, and patient levels.

Implementation outcomes will be measured using Proctor's implementation taxonomy that establishes the acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration and sustainability of the intervention implementation. Measures will be taken at different stages of the implementation in order that a transparent and objective evaluation of the implementation can be documented and to provide a reference point for adaptation and improvement to ensure sustainability and scalability to other services is maximized most efficiently and effectively.

Service/clinical outcomes – an audit of referrals to vascular services will be undertaken to establish how many appropriate and inappropriate referrals are made, the timeliness of those referrals, and current outcomes in terms of mortality and amputation rates. This will be used for comparative post-implementation audit analysis to ascertain the impact on clinical outcomes. The patient experience will also be captured in relation to symptoms, experience of the service provided and impact on quality of life. This will be undertaken through interview and validated quality of life measurement tools.

7) WORK ALREADY UNDERTAKEN

In this area, or in development of these ideas

We have identified disparity in vascular assessments and management of patients through incident reporting. The example provided above is the trend that has prompted this proposal. Salford podiatry also completes a critical event analysis annually. This is a deep dive look at the major amputations that occur to Salford residents to determine themes and trends. Limited access to vascular services has proven to delay care when it is needed most and developing vascular assessment services in Salford would be a major health equality driver to improve the population health.

Stakeholders from podiatry, district nursing and tissue viability have been engaged to discuss action plans and development of this QI project.

We have also engaged with Dr Kris Holland from the University of Salford who is a senior research fellow and key associate of the Manchester Amputation Reduction Scheme for academic support with this application and project. Support from both Dr Holland as well as Mr Nas Ahmad, Vascular Surgeon and Clinical Director of MARS have been vital in the development of this proposed QI project and ongoing support if successful.

8) FURTHER INFORMATION

Provide any further information which you would like to be considered

9) FINDINGS AND DISSEMINATION

How will your findings be used? Who will they be shared with?

Findings would be shared NCA wide initially and across GM
Shared across national vascular networks
This work will add to the body of knowledge that is currently being undertaken through the Manchester Amputation Reduction Scheme.

10) IMPLEMENTATION

Do you have your organisation's support to enable recommendations from this work to be taken forward?

Yes

If **YES,** provide details below:
This has been discussed with and approved by the operation and professional podiatry leads. Discussions have taken place around the possibility of recruitment on a fixed term basis as back fill whilst the project is completed.
The district nursing team and tissue viability leads to enable to findings of this project to be implemented and disseminated across the community nursing teams. It is anticipated that this will lead to further work across the NCA and also a rolling programme with SCO.

If **NO**, how do you intend to progress learning arising from this project?

11) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT OF THIS PROPOSAL?

Group/s	What benefit/s will be realised for this particular group?
Patients with Diabetes	Standardised vascular assessments across SCO with improved referral pathways reducing variance across SCO
Patients with cardio vascular disease	See above.
Patients with peripheral arterial disease including those with chronic limb threatening ischemia	Appropriate and timely referrals to the vascular surgery team as clinically indicated.
Patients with venous insufficiency and lymphoedema	Complete and comprehensive vascular assessment allowing safe initiation of appropriate therapy and ensuring that it is safe to do so.

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SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

12) WHICH PRIORITY AREA DOES YOUR PROPOSAL ALIGN TO?

*(The 2022/23 Innovation and Improvement priorities are summarised below. (Please tick the **ONE** relevant box for the priority area your proposal aligns with.)*

	2022-23 Innovation and Improvement Themes
☒	Neighbourhood based care
☐	Safer Salford Care Homes and Domiciliary Care
☐	Workforce Transformation
☐	Sexual Health
☐	Frailty and ageing
☐	Screening
☐	Tackling vaccine / immunisation hesitancy

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

NONE / OTHER	☐	*Please select this option if your proposal does not clearly align to any of the above topics, but you believe it addresses a current un-met need*

13) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DO YOU BELIEVE YOUR PROPOSAL EVIDENCES?

(Please tick all that apply)

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

SECTION THREE: PROJECT DELIVERY

14) PROJECT TIMESCALES

(What is the proposed length of your project? Please tick the ONE relevant box below

☐	3 Month (e.*g*. 90 day improvement cycles)
☐	6 Months
☒	12 Months

15) HOW IS THE PROJECT GOING TO BE MANAGED?

This will be managed by the project manager and clinical lead. Management of this project would be enabled by an internal secondment, released by the funds obtained by this application, on an operational level to ensure the determination of the need as well as the delivery of the findings.

Key stakeholders will remain engaged throughout the project including the district nursing leads, tissue viability team as well as the podiatry team. Engagement with vascular at Manchester Royal Infirmary will also be the role of the management team to ensure that the needs of the service are also be met.

Timeframes will be developed and strictly adhered to with regular meetings to discuss findings with both the key stakeholders as well as academic partners, most likely on a monthly basis.

Feedback to the CIS QI team at agreed intervals in line with funding agreements.

16) 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.

This would align vascular assessments across community teams within SCO – including podiatry, district nursing and tissue viability. We have already engaged with stakeholders in a scoping exercise to determine the need. We would anticipate that the initial 4 months of this project would be a deep dive to define what we perceive as the issue, allowing us

to develop a stainable solution long term. This would be using the knowledge to action framework.

17) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT INFRASTRUCTURE OR 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 establish these 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?

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

C) Who owns or manages this system / infrastructure?

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

18) WHAT RISKS HAVE YOU IDENTIFIED, AND HOW WILL YOU MITIGATE THEM?

Non-engagement from staff groups. There can be reluctance when a peer review is potentially indicated to engage with the process as it can be deemed as a negative. Early communication with all stakeholders to discuss what the project hopes to achieve, the process this will take and the perceived benefits will be key.
Workforce duplication for similar cohort of patients - service specs will vary for inclusion/exclusion criteria. Aligning assessments may require tailoring to services based on the cohort of patients that the service sees and the commissioning arrangements for that service. We would need to demonstrate that there are benefits from aligning how assessment and onward referrals are completed to help mitigate this.
Unable to recruit to backfill to allow the project to be completed. Recruitment into new graduate roles is a national issue which as a department we have hoped to mitigate by enrolling one of our support staff on the podiatry apprenticeship who will graduate in 2023

which we would align with the start date of this project.

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SECTION FOUR: BUDGET & FINANCE

19) 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

£ 82,833

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

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

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

Salford Care Organisation, Podiatry related costs

Band 8a 0.8 WTE £47,348 to provide backfill in to podiatry and management costs. An internal secondment would be offered to deliver the project with support from the operation and senior clinical lead podiatrist. These monies would be used to backfill those clinicians time with a secondment from the existing podiatry staff in to their clinical roles.

Salford University costs for evaluation support throughout the lifespan of the project including design of evaluation, ethics approval, data collection, data analysis and reporting. To include direct (£19400 for 1.5 days per week staffing cost), indirect costs (£16,621) and estates costs (£2,464).

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

Reduced patient contacts - currently there is duplication of assessment and this project would help to reduce this by standardizing assessments. A patient may have a vascular assessment by a number of teams dependent prior to onward referral to vascular. This not only duplicates appointments for the patient but can also delay onward referral. Streamlining this would equate to better care at lower cost.
Reduce inappropriate referral to secondary care. Because the pathway in to vascular is unclear, a patients journey through the pathway can vary vastly depending upon where they first present. Despite commissioned lower limb vascular assessment services within Salford, 40 referrals a week still go directly from GP surgeries. If all community teams

assess, treat and refer in a common way, where the patient presents would mean the same journey to vascular should it be indicated. This will reduce inappropriate referrals to the vascular service, saving Vascular consultant clinical time.

22) WHAT COMES NEXT AFTER THIS QUALITY IMPROVEMENT PROJECT? HOW WILL YOU ENSURE THAT THE LEARNING FROM THE PROJECT OR ITS RESULTS ARE SUSTAINABLE AFTER THE FUNDING PERIOD HAS ENDED?

Pump Prime – it is anticipated that once the 12 month project has been completed that any change implemented would be self-sustaining. Ongoing monitoring would be absorbed as part of the existing rolls within podiatry and once demonstrated benefit is established, a cross profession working group may be established to continue driving standards across Salford Care Organisation.

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SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

23) 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: EQUALITY, DIVERSITY AND INCLUSION

24) 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?	
☐ Yes	*If Yes, please give details here*
☒ No	

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

Any persons who have contact with the project would be included with the guidelines of the equality act 2010 and within trust policies.

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

The project aligns with both regional and organizational strategies in reducing health inequalities

The Greater Manchester Health and Social Care partnership : Diabetes clinical best practice strategy 2018-2023 key sections:-

1.3 Overarching goals

2. Reduce cardiovascular risks and cardiovascular complications

6.2 Cardiovascular complications (key points)

Cardiovascular disease accounts for over half of all deaths in people with diabetes. People with diabetes are about twice as likely to die prematurely from cardiovascular disease than those without diabetes.

Major amputation rates vary, with parts of GM up to 81% higher than the national average. When clinicians, on examining the lower limb, suspect acute limb ischemia, they will send people directly to those A & E departments which have rapid access to a vascular opinion. **This project would aim to reduce A+E traffic.** As the majority of amputations are preceded by ulcerations, which account for over half of hospital admissions for foot disease, any person with wounds or ulcers to their foot will be offered an appointment with a community podiatrist within 24 hours whether during the week or at weekends. Other people with suspected peripheral arterial disease will have a specialist assessment within 28 days unless there is infection when this assessment should be done within 24 hours. **Having wider expert assessment could align diabetic and non-diabetic vascular assessments.**

Northern Care Alliance Priorities 22-23:-
Supporting social and economic development in all our places: build on our current roles and leadership in each place, and utilizing our pan-locality alliance to build forward priority population health activities in each locality.

Salford Care Organisation Podiatry Priorities 22-23:-
Supporting social and economic development in all our places: Develop a plan with the District nursing and tissue viability services to streamline vascular triage across all service and localities to improve patient outcomes

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SECTION SEVEN: OPERATIONAL DETAILS

27) REGISTERED DETAILS OF BIDDING ORGANISATION/S

Name of Organisation	Registered Address	Organisation Type
Northern Care Alliance- Salford Care Organisation	Salford Royal Hospital, Stott Lane, Salford, M6 8HD	NHS

28) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

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

Northern Care Alliance, Salford Care Organisation, Podiatry Department
Salford University, Manchester Amputation Reduction Scheme department

29) 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	Northern Care Alliance – Salford Care Organisation
Email Address	Matthew.allen@nca.nhs.uk
Telephone Number	07725859698

OPERATIONAL LEAD *(day-to-day delivery of project)*	
Name	*Decided upon internal promotion*
Job Title	
Organisation	
Email Address	
Telephone Number	

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SECTION EIGHT: APPLICANT AGREEMENT

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

Applicants must tick the box below to indicate that they agree to the condition

☒	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
☒	Completion of a mid-point project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
☒	Completion of a final evaluation report, presented to IROG and the relevant Sponsoring Strategy Group following the end of the project

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

☑ I have read and accept the Salford Innovation and 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

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 with your Bid Reference

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