**Expression of Interest**

**Lower Limb Care – 1st Tranche Implementation Sites**

Please read the briefing for the Lower Limb Care – 1st Tranche Implement Sites before completing this form.

A question and answer webinar for prospective economies/sites will be held on 19th October 2020 at 10:00am [National Wound Care Strategy Programme Update Webinar](https://register.gotowebinar.com/register/1667188791150310671)

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|  | **Detail** | | | **Weighting Score** |
|  | **Name of Applicant** | | |  |
|  | **Applicant’s Organisation** | | |  |
|  | **Applicant’s email address** | | |  |
|  | **Applicant’s phone number** | | |  |
| 1. Y | **In which NHS region are you based?** | | |  |
| East of England | |  |
| London | |  |
| North East and Yorkshire | |  |
| Midlands | |  |
| North West | |  |
| South East | |  |
| South West | |  |
|  | Where is your locality numbered in the [English Indices of Deprivation 2019](https://data-communities.opendata.arcgis.com/datasets/clinical-commissioning-group-ccg-imd-2019-wgs84?geometry=-30.241%2C48.053%2C25.262%2C57.330)? | |  |  |
|  | **Partnership Working** | | |  |
|  | **Does your organisation operate within a defined ICS (Integrated Care System) or** **STP (Sustainability and Transformation Partnership)?** *(If so, please give the name of that organisation)* | | Yes/No | 5 |
|  | **Successful implementation will require collaboration between the local health care providers and other health care organisations in your area. Please indicate which of these have agreed to support this proposal:**  *(If possible, please attach written confirmation of support to this application)* | | | 15 |
| Community Nursing Services | Verbal | Written |
| Podiatry |  |  |
| Vascular services |  |  |
| General Practice |  |  |
| Commissioners |  |  |
| Local Academic Health Science Network (AHSN) |  |  |
| Local Care Homes |  |  |
| Other *(please state)* |  |  |
|  | **The NWCSP will provide some project and programme support management resource but participating organisations will also be expected to contribute. Is your organisation willing to commit to this?** | | Yes/No | 10 |
|  | **Implementation of the NWCSP Lower Limb Recommendations** | | |  |
|  | **With regard to implementing the NWCSP Lower Limb Recommendations, please describe progress in your organisation.**  *(If implementation has not yet begun, are your organisation and partners willing to do so using a recognised service improvement programme management methodology with a supporting timeline?)* | | |  |
|  | **Does your organisation commit to releasing front line staff to undertake necessary training and education to implement the Lower Limb Recommendations?** | | Yes/No | 10 |
|  | **Does your organisation and partners agree to contribute to development of a blueprint for national implementation that describes resourcing, timelines and planned outcomes?** | | Yes/No | 10 |
|  | **Data and Information** | | |  |
|  | **Which electronic patient records are in use in your organisation and your health care provider partners?** | | |  |
|  | **Is your organisation and partners willing to share pseudonymised data arising from the implementation project?** | | Yes/No | 10 |
|  | **Do you have a Local Health and Care Record in place across your partnership?** | | Yes/No |  |
|  | **Does your organisation (and/or partners) currently use any wound management digital systems e.g. ‘apps’?** *(If yes, please give details)* | | Yes/No |  |
|  | **Will you be willing to provide analyst / business intelligence resource to report on wound care performance across the local sector?** | | Yes/No | 10 |
|  | **Is your organisation willing to commit to support evaluation post project?** | | Yes/No | 10 |
|  | **Why do you wish your organisation and partners to be selected as one of the first wave sites?** | | | 20 |
|  | **Total Weighting Score** | | | 100 |

Expressions of Interest should use the attached template for submission to [NatWoundStrat@yhahsn.com](mailto:NatWoundStrat@yhahsn.com) no later than 5pm 20th November 2020.