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Thrombosis UK VTE Awards 2024 Application form

Applications are accepted on the basis that Thrombosis UK can share the content with external judges who will assist us with assessments. Service models, resources and working processes of successful Thrombosis UK VTE Award winners will be uploaded to the Thrombosis UK website and shared via publications, social media, and other opportunities.

When completing your application form, you should use lay language and answer each question in a concise manner. Please keep to any word limits given.

All sections need to be completed, if any section is removed, omitted or incomplete, we cannot process the application.

Applications need to be submitted via email to: jo@thrombosisuk.org You will receive a notification of receipt within 48 hours of submission. If you do not receive a notification, please email jo@thrombosisuk.org

The closing date for applications is 31st July 2024
We are unable to consider late applications.

If you have any questions, please contact Thrombosis UK.

DATA PROTECTION

Thrombosis UK has a strict data protection policy that complies with UK data protection law.

Your name and contact details may be stored for up to 12 months in order for correspondence relating to your application be appropriately processed.

We wish to make you aware that your name and contact details, as included on your completed application form, will be viewed by the Thrombosis UK appointed Judging Panel solely for the purpose of reviewing and assessing your completed application. If your nomination is short listed, a representative from Thrombosis UK will then seek your permission to include your name on the summary paragraph included in the awards brochure and on the Thrombosis UK website.

Thrombosis UK takes security and confidentiality very seriously. Your name and contact details will never be passed or shared with any third party or an unauthorised individual. If you have any queries, please contact: admin@thrombosisuk.org

Category

Thrombosis UK Award for Enhancing Patient Experience

Please note there is a separate application form for each category.

The Application Overview:

Please complete all sections.

Section 1.1

Service title / resource / The title should be short and descriptive, and not exceed 30 words	
Lead organisation with contact details	
Type of organisation See note below*	
Primary contact Name, email address and telephone no	
Partner organisation(s) if applicable	
Team members (if applicable) Name and title of each individual	
<p>*You should tell us what type of organisation is leading the service. The organisation named here should be the organisation within which the service is being delivered and must provide or deliver health services free at the point of care in primary, secondary or tertiary care, or across boundaries such as health and social care. If you are a non-NHS provider of health services, the organisation must be commissioned or in an authorised position to provide an anticoagulation service (eg registered with Care Quality Commission in England). You should provide a statement that more than 50% of your work is with NHS funded patients (we may require evidence to this effect)</p>	

1.2 Length of time the service / resource/work has been operating.

About your service / resource / provision of care

Section 2

2.1 Please provide an overview of your service / resources / work (500 words)

Please provide a summary of the issues identified and work undertaken to address this/these including the resources developed and work undertaken. Please use **lay language**.

Please avoid use of unexplained acronyms. You should include a summary of the challenges and explain how your service / resources / work, has addressed these. You should also describe the specific and tangible improvements that the area of work has attained and the key measures used to evidence your improvements.

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2.2 Please include evidence that examples the positive impact and achievement in improving patient experience the service / resource / work has achieved (500 words limit).

This should include:

- i. How the service / work / resource being described has incorporated guidance from NICE and patients
- ii. Evidence of regular auditing and actions as a result of this
- iii. Your patient feedback, giving examples of how you gather, measure and monitor patient feedback.
- iv. Evidence and example of patient-centred approaches

Please note: More weight will be attributed to candidates who can provide evidence of effectiveness, including copies of resources and evidence

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2.3 Please give examples of how your service / resource / work, supports new and existing staff sustain the service to exemplary standards. (300 words)

Please note: More weight will be attributed to candidates who can provide evidence of effectiveness.

2.4 What is has enhanced patient experience in your service, resource, or work approach and what evidence do you have to support this? (300 words)

Please note: More weight will be attributed to candidates who can provide evidence of effectiveness

2.5 Please describe the audit measures you collect, how you do this and the review and subsequent action that then follows as a result. (400 words)

Please note: More weight will be attributed to candidates who can provide evidence of effectiveness

You should detail:

- what measure
- which measures and indicators you use
- how the data is collected
- the frequency of when the data is collected
- who within the project team is responsible for this

The success indicators should be shown stated with their measurement
Issues should also be included and the actions taken as a result.

2.6 How do patients and the NHS benefit for your service / resource work? Provide summary in no more than 200 words

Please note: More weight will be attributed to candidates who can provide evidence of effectiveness



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Declaration

To comply with the General Data Protection Act, we require your consent for Thrombosis UK to use personal data supplied by you in the processing and review of your award application and in any other legitimate activity related to the Thrombosis UK VTE Awards. We will seek your permission to publish a summary of your activity prior to any publication. We require your assurance that personal data about any other individual included in the award application is supplied to us with their consent.

The signatory below will provide this consent and assurance. The signatory below also confirms that the information provided in the application form is accurate.

A senior representative (for example the chief executive or equivalent role) must sign the declaration below:

‘I confirm that I have read and fully support this application and confirm the information shared to be accurate and true.’

Name	
Job title	
Organisation	
Signature	
Date	

Primary contact from the service provider (named in section 1.1)

Name	
Job title	
Organisation	
Signature	
Date	



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Marketing feedback form

We request this information to help us monitor the effectiveness of our marketing activities. This information is not used in the application review process. Please tell us how you **first** heard about the Thrombosis UK VTE Awards.

I received an email about the programme:

Please specify _____

I picked up a flyer at an event:

Please specify _____

I saw an advertisement or information on a website

Please specify _____

I saw an advertisement in a publication:

Please specify publication _____

I saw an article in a newsletter:

Please specify newsletter: _____

I found out about the programme in another way:

Please specify: _____