

Resource Pack 28 - Project Proposal document

Title _____

Purpose of this document

To provide sufficient evidence on proposed projects to either utilise existing Primary Care funding or to develop a Business Case for resource shift. The information provided will enable assessment of strategic alignment, value for money, quality of service and benefits to patients including any relevant quality standards including.

Senior Responsible Officer :

Service Development Lead :

Clinical Lead :

1. Reason / Identified Need for the Service Redesign / Development

Why service redesign proposed and whether any other similar service exists accessible to Practice / patients

If another service why is something different preferable?

Benchmarking evidence to suggest need including any public health evidence to support the proposal.

Number of patients that the service will affect.

2. Summary of the Service Redesign/Development

1. Main features of the service proposed.
2. How different from other similar existing services.

3. Benefits, Outcomes & Evaluation of the Project

Benefit	Performance indicator	Method of measurement	Frequency of measurement
Clinical			
Patient Experience			
Financial			
Other e.g. staff, technological, knowledge etc			

4. Strategic Compliance

1. HB Mission Statement : Specify

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b. IMTP : Specify

3. Primary Care 7 Pillars : Specify

d. Foundations 4 Change : Specify

5. Information

1. Baseline activity of each Performance Indicator.
2. Anticipated future activity.
3. Identified shifts in activity between providers.

6. Finance & Funding

1. Costs associated with new service/activity.
2. Details of quotes for equipment / other providers and reasons for preferred source.
3. Anticipated savings to be released through redirected activity or other route.
4. Breakdown of funding required for proposal :

7. Stakeholder Engagement

Approach to patient / public engagement

Self care initiatives within the proposal

Example of questionnaire questions where applicable.

8. Initial assessment of risk

- a. Risks associated with doing the project
- b. Risks associated with not doing the project
- c. A brief view of mitigation of these risks.
- d. Exit strategy

Signature of Lead: _____ **Date:** _____

Health Board Action:

Stakeholders consulted with & dates	
Date discussed by PCSC	
Outcome of PCSC review	
Date of follow up / evaluation report	