

Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21 Application Form

AAC Ref:	PTF
----------	-----

Please read the PTF application guidance note before completing this application

Rapid Uptake Product (RUP) to be supported: <i>(Please refer to guidance)</i>	
---	--

NHS Provider organisation *(If this application is being submitted on behalf of multiple organisations / a collaborative please list all organisations here with the agreed lead contracting organisation at the top of the list and highlighted in bold. Sections below just need to contain. The project lead, finance contact and signatory should all be named from the lead organisation submitting the application)*

Full official name(s)	
Registered Address:	
Project lead (If not a clinician please also provide the details for the clinical lead for the work)	
Name:	
Job title:	
Email:	
Phone:	
Finance contact <i>(Invoice contact)</i>	
Name:	
Job title:	
Email:	
Phone:	
Contract signatory	
Name:	
Job title:	
Email:	
Phone:	

Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21 Application Form

AHSN RUP Project Manager	
Name:	
Job title:	
Email:	
Phone:	

RUP Product Supplier (company name)*:	
Name:	
Job title:	
Email:	
Phone:	

***Please speak with your local AHSN and the product supplier (where required) as soon as you can when considering this application, as their support is required for your application to be considered.**

Proposed Start Date:	Month and year
Proposed End Date:	Month and year
Names of site(s) where activity will take place:	

Q.1 If the proposal requires collaboration with the RUP product supplier, does the supplier support this application and agree to the details of the project set out in <i>Table 1</i> ?	Yes/No/NA
---	-----------

Q.2 Please confirm your organisation will provide monthly progress update reports to its AHSN and outcome evidence to AHSN /AAC out of this project as detailed in Q7. <i>[This a requirement of funding]</i>	
---	--

**Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21
Application Form**

Q.3 Confirm that the necessary organisation executive, clinical and quality improvement teams have signed-off support for this application.

[This a requirement of funding. Append any papers to this application.]

Q4a Please state the eligible population that COULD benefit from this product(s) in your local population (and data source).

Q4b Please state the population you believe ALREADY benefits from this product(s) in your local population (and data source).

Q.4c Please state the TOTAL population seen annually by the organisation for the disease or illness (not just the sub-cohort that are eligible for this product)

Q4d Please estimate how many ADDITIONAL patients beyond existing uptake levels will benefit over the course of your project (please provide numbers for duration of project and any remaining quarters beyond)

(Please provide in quarter figures, not cumulative figures)

Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23

**Please provide the rationale and evidence base for the figures provided above:
(maximum 250 words)**

Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21 Application Form

Q.5 Please summarise the current method of caring for this patient population within your provider site(s) and describe why this product has not been adopted, i.e. what are the barriers to its adoption.

If the product has already been adopted, please describe the existing barriers to integrating this product into everyday practice.

(maximum 500 words):

Q.6 Please outline how you will use PTF funding to overcome the barriers to introducing this product or increase its uptake at your sites

(maximum 500 words):

[Particular focus should be made on how this funding will be used to drive rapid local pathway transformation and overcome barriers to adoption. It is assumed that areas including business case development and a data collection process may be required locally as part of this, but these should not be a focus of this proposal and funding request.]

Q.7 Please set out how the impacts and outcomes of this project will be audited and evaluated to demonstrate benefits for patients, the clinical system and value for money. What metrics will you use to establish an initial baseline and progress. How will this data be sourced, captured and analysed?

All successful sites will be required to submit a full project evaluation no later than three months after the stated end date of the project.

[please refer to guidance note]

**Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21
Application Form**

Q.8 Explain how your project will address specific population inequalities in prevalence, access, clinical outcome or experience relating to your RUP theme.

--

Q.9 Outline the different stages of the project and proposed completion dates in *Table 1*.

[NB add or delete rows as necessary]

Table 1

Stage	Milestones	Completion Date
Stage 1		
Stage 2		
Stage 3		
Stage 4		

**Pathway Transformation Fund - Support for Rapid Uptake Products 2020/21
Application Form**

Q.10. Please provide the cost of each of the activities to be undertaken in Table 2:
All costs should be stated gross including VAT where this is irrecoverable
[Funding requests should only include eligible activities, e.g. training, back-filling posts, etc.]

Table 2 (please replace with a table from Excel if preferred)

Activity	Cost (£)
Total Funding	£

Closing date for applications is **12noon, 11 February 2021**

Applications should be submitted to:

AAC RUP Delivery Team c/o England.ptf@nhs.net and your local AHSN project manager.

Please submit your application in Word saved with the filename in the following format “PTF_NHS organisation name.doc”, and

please enter “PTF application” in the subject of your email.