**Winterbourne Medicines Programme**

**Project Site - Expression of Interest**

If you require any help or support completing this form or would like to know more about the programme of work, please do not hesitate to contact Carol Marley (07747 763858) or Zoë Lord (07721 761744).

**Section 1 – Contact Details**

|  |
| --- |
| **1.1** Contact Details(*the person completing this proforma*) |
| Name |  |
| Job Title |  |
| Organisation |  |
| Email |  |
| Telephone |  |

|  |
| --- |
| **1.2** Please give a brief description of your current service and the issues around psychotropic medication (antidepressants, antipsychotics, mood stabilisers) being given to people with learning disabilities and challenging behaviour.  |
|  |

**Section 2 – Information on proposed or current work**

|  |
| --- |
| **2.1** Explain what you would like to improve by working with NHS Improving Quality. What you would like to achieve? What challenge or opportunity are you trying to address? |
|  |

|  |
| --- |
| **2.2** Which areas will the work focus on? (*Yes / No)* |
| At home |  |
| In the community |  |
| Hospital – inpatients  |  |
| Assessment and Treatment Centres |  |
| Prisons |  |
| Custody |  |
| Schools |  |
| Supported housing |  |
| Private Care Homes |  |
| Primary Care – GPs |  |
| Other |  |
| Please include any additional information. |

|  |
| --- |
| **2.3** Please list the staff groups who will be involved in the proposed improvement work (pharmacists, nurses, psychiatrists, psychologists, social workers etc.)  |
|  |

|  |
| --- |
| **2.4** Please list all of the organisations that will be involved with the work |
|  |

|  |
| --- |
| **2.5** Will the people that will be involved in the improvement work be committed to attending up to 4 national sharing events? (Meeting rooms, lunches etc. will be covered by NHS improving Quality however travel will need to be funded by the organisation) |
|  |

|  |
| --- |
| **2.6** Would the team be willing to submit a monthly high level progress report and share data and information with the wider improvement community? |
|  |

|  |
| --- |
| **2.7** How would the team involve patients and carers in the improvement work? |
|  |

**Section 3 – Collaborative Team Personnel**

|  |
| --- |
| **3.1** Who will be CEO Sponsor/Chair of the work? *Please provide name, job title, email address and contact telephone number.* |
|  |

|  |
| --- |
| **3.2** Who is the Clinical Lead (s)? *Please provide name, job title, email address and contact telephone number.* |
|  |

|  |
| --- |
| **3.3** Who is the Management Lead (s)? *Please provide name, job title, email address and contact telephone number.* |
|  |

|  |
| --- |
| **3.4** Other team members: *Please provide name, job title, email address and contact telephone number.* |
|  |

**Section 4 – Further information**

|  |
| --- |
| **4.1 Any further information that you feel would be complimentary to the selection process.** |
|  |