CVD Prevention Fellowship

Project Form

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| Your name |  | PCN |  |
| Practice |  | **Borough** |  |

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|  Clinical area  |
| AF, hypertension, cholesterol, CKD, Heart Failure |
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| Problem statement |
| What are you trying to address |
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| SMART aim |
| Specific, measurable, achievable, realistic, timely |
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| Target group |
| Who is your specific population for this project (e.g. from UCLP searches) |
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| Baseline data |
| What will you be using to measure your project / what your starting data is |
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**Preparation**

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| Stakeholder mapping think about who else needs to be involved in your project |
| Who | **Why** | **How** | **When** |
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| Plan |
| What is the best way to deliver the change? What will you do to deliver this project? When will you do these? |
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**Implementation**

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| Progress of the Project |
| Time period | **Metric:**  | **Metric:** | **Reflections and actions** |
| Month 1 |  |  |  |
| Month 2 |  |  |  |
| Month 3 |  |  |  |
| Month 4 |  |  |  |
|  |  |  |  |
| Final |  |  |  |

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| Learnings from the project – Challenges / barriers faced |
| What was difficult and how did you try to overcome this? |
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| Learnings from the project - Successes |
| What worked well and why? |
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| Summary of the results |
| What happened because of the project – both the data and other changes |
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| How will the change be sustained |
| Will you continue to deliver the project or work in a new way? If so what will help you to continue this? If not, tell us more about this and if anything would help. |
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| Patient or stakeholder story or feedback |
| Please share a story of the impact on patients, and / or share any feedback you received from patients or stakeholders |
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**Review (Project Wrap Up)**