

Appendix 1: JISC Survey Questions

	Content
1	Do you accept the HEE Privacy notice?
2	Name of person completing the form
3	Email address of person completing the form
4	Which Integrated Care System (ICS) do you come under?
5	Please select your organisation
6	Project Title
7	What is the scope of this project? (3500 characters maximum)
8	What is background/local need for this funding? (3500 characters maximum)
9	What is the expected output this funding will support you to achieve? (3500 characters maximum)
10	How will the learning from this project be continued over-time (i.e., transitioning to become sustainable / business as usual / mainstream)? (3500 characters maximum)
11	<p>Does this project involve collaboration with pharmacy partners in different sectors across the integrated care system and/or integration with wider health and care service local to you.</p> <p>Note: For funding stream 1, collaboration across an integrated care system is a minimum requirement for a successful bid</p>
12	If you answered yes to the above, please elaborate on how these partnerships support system collaboration. (3500 characters maximum)
13	If you answered yes to the above, please outline how you see these partnerships working over the duration of the project and beyond (3500 characters maximum)
14	How does the project align with other work ongoing in your organisation/system relating to pharmacy workforce, education, and training? Please describe what it relates to and how (3500 characters maximum)
15	Please outline anticipated key project milestones below. We expect each milestone to include a start date, expected end date and an anticipated cost.
16	Please outline any identified risks or dependencies to the delivery of the milestones outlined and how will these be mitigated?
17	Please detail what SMART objectives / KPIs you will use to monitor and assess the impact of this investment. These should be Specific, Measurable, Achievable, Relevant and Time Bound.
18	<p>Which funding stream are you applying for?</p> <p>Funding stream 1 – Development of Designated Prescribing Practitioner Supervision Models to support the training of the independent prescribing workforce.</p> <p>Funding stream 2 - Other Transformation projects.</p>
19	<p>Amount of Funding Requested in £</p> <p>(For funding stream 1, up to a maximum of £90k</p> <p>For funding stream 2, up to a maximum of £40k)</p>
20	What will the financial support from HEE be used for? (3000 characters maximum)

	Content
21	Do you anticipate receiving additional funding to support this project from another body/organisation?
22	If you answered yes above, state which organisations are providing additional funding.
23	How do you intend to submit this work for publication, conference presentation or other? (500-word limit)
24	Please confirm if the project manager is the same as the person completing this funding form. If no, please complete the relevant details.
25	Please confirm if the SRO is the same as the person completing this funding form. If no, please complete the relevant details.
26	Please confirm if the finance lead is the same as the person completing this funding form. If no, please complete the relevant details.
For Funding Stream 2 Only:	
27	<p>Which of the following HEE LaSE Pharmacy Priorities does this project most closely align too?</p> <ul style="list-style-type: none"> • Primary Care and Community Pharmacy • Pharmacy Technician and support staff • Pharmacist Early Careers • Advanced Practice • Mental Health, Learning disabilities and Autism. • Pharmacy Careers <p>(You can select more than one priority area)</p>
28	Will this project involve co-design or co-production with patients, citizens, or experts by experience?
29	If you have answered yes or maybe to the above, please outline how you intend to do this? (3500 characters maximum)
30	<p>How will this project be evaluated? (3500 characters maximum)</p> <p>(Note that the IP Supervision projects will undergo a formal HEE evaluation process).</p>