Year 5 Student Project
2023-24

GP5

Healthier **Together**

Improving **health and care** in Bristol,
North Somerset and South Gloucestershire

University of BRISTOL

Centre for Academic Primary Care

Year 5 Student Project 2022-23

An Introduction to Healthcare and the Wider Community

Contents

Introduction

Now you have passed finals, this project is your opportunity to spend some time thinking about the wider aspects of the healthcare system you are about to work in. How can your practice improve the health and wellbeing of a population?

This handbook gives you an overview of population and public health, sustainability in healthcare and quality improvement (QI), including sustainable QI (susQI). It also contains a framework for completing a quality improvement project (QIP), and optional resources to complete a population health based QI project.

What do you need to do:

1. Read this project guide

2. Identify a project(s) you would like to do (either the pre-designed one in this guide or one of your choosing, see ideas in the appendix)

3. Discuss your ideas with your tutor/practice to establish whether this would be beneficial to your practice and its patients and also to help gather ideas for how to implement it

4. Carry out the project using the PDSA cycle

5. Present the project to your practice

6. Consider applying to present your work at the RCGP conference in October 2024 (bursaries available)

Population and Public Health

Aims

1. Understand what Population Health is, and its role within the NHS
2. Understand the role of Public Health

Overview

The King's Fund, an independent think tank for health and care, defines Population Health as:

"An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies." (1)

Population Health is a relatively new concept, and encompasses an approach in which health services proactively think about whole populations and communities, rather than just individual patient interactions when they present to healthcare services.

Population Health Framework

Health is generated by more than just healthcare. The King's Fund sets out a framework for population health, which focuses activity across 4 pillars:

1. The wider determinants of health
2. Health behaviours and lifestyle
3. Places and Communities
4. Integrated health and care systems
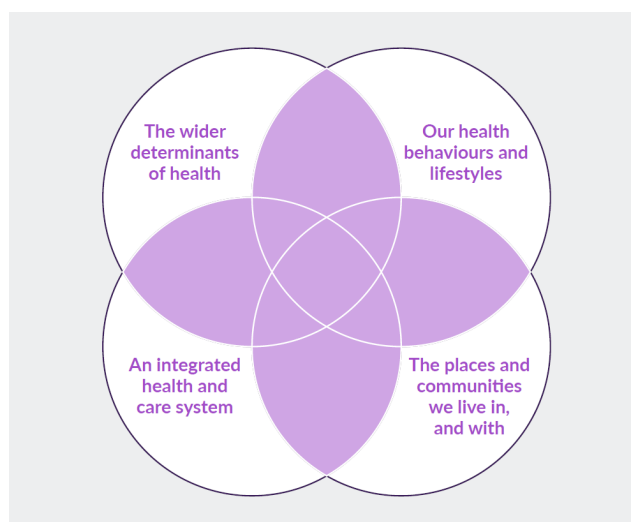
Considering these four pillars, and where they overlap, is imperative to the NHS Long Term Plan from 2018. More recently it is looked at in the Health and Social Care Act 2022, as well as in our national Public Health organisations. (1)

Population health includes areas such as prevention, understanding unmet needs in a population, and analysing inequalities in access, experience and outcomes within a service.

Population Health Management

"Population Health Management (PHM) is the way we work together to understand and improve the health of people and communities using **joined up health and social care records."** (2)

PHM is a new field within the UK that has developed specifically due to the ability to link large data sets at record level. It. It allows us to study groups of people with similar characteristics such as similar risk profiles e.g. high risk of Covid-19 infection, as well as other attributes e.g. age, ethnicity, service use etc. PHM is seen as crucial in building an integrated care system.

The video below is an example of how Population Health Management was used during the Covid 19 pandemic across the local area. It demonstrates the power of using insights on population and ethnicity demographics to target specific health interventions to the needs of a particular population, in this case to support an effective vaccine uptake. More widely it shows how data can be extrapolated to decrease other inequities in health. (3)

[Population Health Management - AGM 2020/21 - YouTube](#)

Public Health

Public health is defined as *"the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society".* (4)

In 2021, Public Health England was replaced by the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID).

The UKHSA "is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats." This will include population vaccination coverage, antimicrobial resistance, sexually transmitted infections, notifiable diseases and air pollution. (5)

The OHID focuses on "improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life." This covers multiple elements, including improving the wider determinants of health and encouraging healthy living. (6)

__Project thought:__

- ✓ *Is there a population health intervention that could be reviewed in your practice population?*
- ✓ *Vaccination rates for children decreased during the pandemic, how is your practice doing and could you improve this?*
- ✓ *What about anti-microbial resistance, are GPs prescribing appropriate to guidelines?*

Sustainability in Healthcare

Aims

1. Understand the wider concept of sustainability including social, economic and environmental sustainability and how it relates to healthcare
2. Describe how environmental sustainability and human health interact
3. Have the knowledge and practical skills needed to improve the "triple bottom line" of health systems

Introduction

Patient care, health and sustainability are inextricably linked. The NHS currently contributes an estimated 4-5% of England's entire carbon footprint (7), which then has an impact on public health as fossil fuel emissions contribute to respiratory illnesses, extreme weather events due to climate change cause mental and physical illness, and our pharmaceuticals have direct effects on plants and animals. The planetary system is under stress due to human activity.

The goal of sustainable healthcare is to meet the health needs of patients and populations today and in the future. It brings both a longer term and a broader, more holistic perspective to healthcare management and improvement: we need to make sure that we are considering the needs of the entire population, not just the individual patient; we need to think about preventing illness and building health and resilience; we need to make best possible use of finite resources – not just financial, but also environmental and social.

Healthcare is part of the problem, but can also be a part of the solution. In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero (7).

Primary care is well placed to make these changes, given it delivers a large proportion of patient contact. The Royal College of General Practitioners is making steps towards a more sustainable system by including 'Population and Planetary Health' in their curriculum and developing a Net Zero Hub due to be launched in 2023. (8)

Sustainability has been recognised as a domain of quality in healthcare (9) (10) and building it into quality improvement is a practical way to drive incremental change towards a more ethical, sustainable health system.

"Those who profess to care for the health of people perhaps have the greatest responsibility to act." (McCoy et al., 2014).
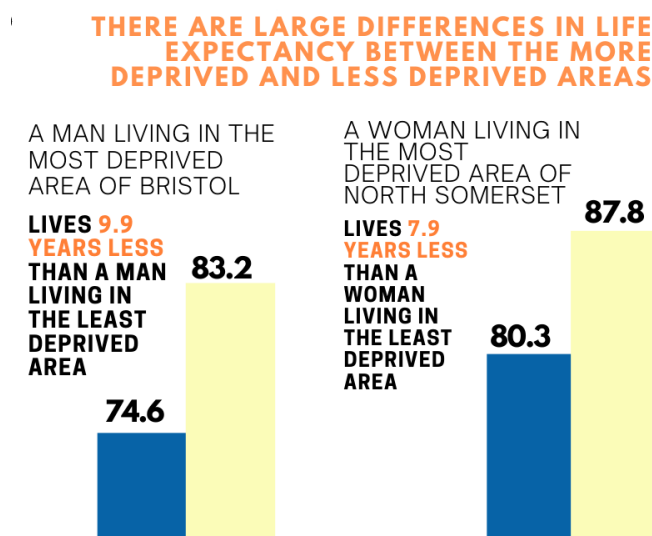

Project thoughts:

- ✓ *Can you think of a practice wide change that could help with the 'carbon net zero target'?*
- ✓ *How does your practice encourage its patients to recycle their inhalers? Could this be monitored and improved?*
- ✓ *Are patients on appropriate medications? Could they be reduced? Do they actually need a dosette box?*

Health inequalities and sustainability

'Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.' (11) Tackling these is now a priority for the NHS. (12)

Wider determinants of health, such as housing, air pollution, transport, nutrition, access to green spaces and education, have major impacts on our health but are unequally distributed across society.

This graphic shows the substantial difference in life expectancy between people living in our most and least deprived areas locally: (13)

THERE ARE LARGE DIFFERENCES IN LIFE EXPECTANCY BETWEEN THE MORE DEPRIVED AND LESS DEPRIVED AREAS

A MAN LIVING IN THE MOST DEPRIVED AREA OF BRISTOL

LIVES 9.9 YEARS LESS THAN A MAN LIVING IN THE LEAST DEPRIVED AREA

83.2

74.6

A WOMAN LIVING IN THE MOST DEPRIVED AREA OF NORTH SOMERSET

LIVES 7.9 YEARS LESS THAN A WOMAN LIVING IN THE LEAST DEPRIVED AREA

87.8

80.3

Take a look at these resources from The King's Fund and the "Marmot Review 10 years on" to find out more about health inequalities:

What are health inequalities? | The King's Fund (kingsfund.org.uk)

Marmot Review 10 Years On - IHE (instituteofhealthequity.org)

Climate change disproportionately affects the most deprived communities, contributing to increased health problems such as heart and lung disease. A good example of this is air pollution, which shares many of the same causes as climate change (e.g. burning of fossil fuels), is strongly linked with multiple diseases, particularly respiratory diseases, and disproportionately affects deprived populations.

You may have come across 'The Inverse Care Law', which describes that the availability of good medical or social care varies inversely with need. (14)

Some GPs have now come up with the concept of 'The Inverse Climate Law' – this describes that those at greatest risk of the climate crisis lack resources and are least resilient to it, due to pre-existing societal inequality as a whole. (15)

Health inequalities have been highlighted even further during the Covid 19 pandemic, with the highest mortality rates among ethnic minority groups and those living in the most deprived areas. The

pandemic also brought into focus the regional and global interconnectedness of our society today, and the need to address these challenges collaboratively.

Actions can, and should, be taken that tackle health inequalities and improve environmental sustainability together. This was demonstrated with the "Saving lives with Solar" initiative, which combined reducing NHS carbon footprint with raising funds for fuel poverty schemes. (16)

Project thoughts:

- ✓ *Can you think of any examples of health inequality in your practice population?*
- ✓ *How does your practice support patients to monitor their blood pressure at home if they can't afford a machine?*
- ✓ *Is access to the practice the same for all patients? What about those without the internet or a smart phone?*

Quality Improvement

Aims

1. Understand what is meant by quality improvement
2. Appreciate the importance of quality improvement in healthcare
3. Use a framework for completing a quality improvement projects
4. Understand the role of sustainability in quality improvement, and how to apply this

Overview

Take a look at this video:

[Dr Mike Evans: An Illustrated Look at Quality Improvement in Health Care - YouTube](#)

In healthcare, traditionally new ideas have been introduced without sufficient testing. This can lead to wasted time and resources, and ultimately worse outcomes for our patients. This is why a structured approach to quality improvement in healthcare is essential.

Why bother using a QI framework and testing our ideas?

- It increases the belief that any change will result in improvement, and therefore minimises resistance to implementation on a larger scale
- It guides decisions on which change/combination of change will lead to the best improvement
- It allows evaluation of how much improvement is achieved from the change, and whether the change will actually work in the real world
- It can help to evaluate costs, social impact and side effects from the proposed change (17)

Framework

This diagram represents a seven step approach to quality improvement (18):
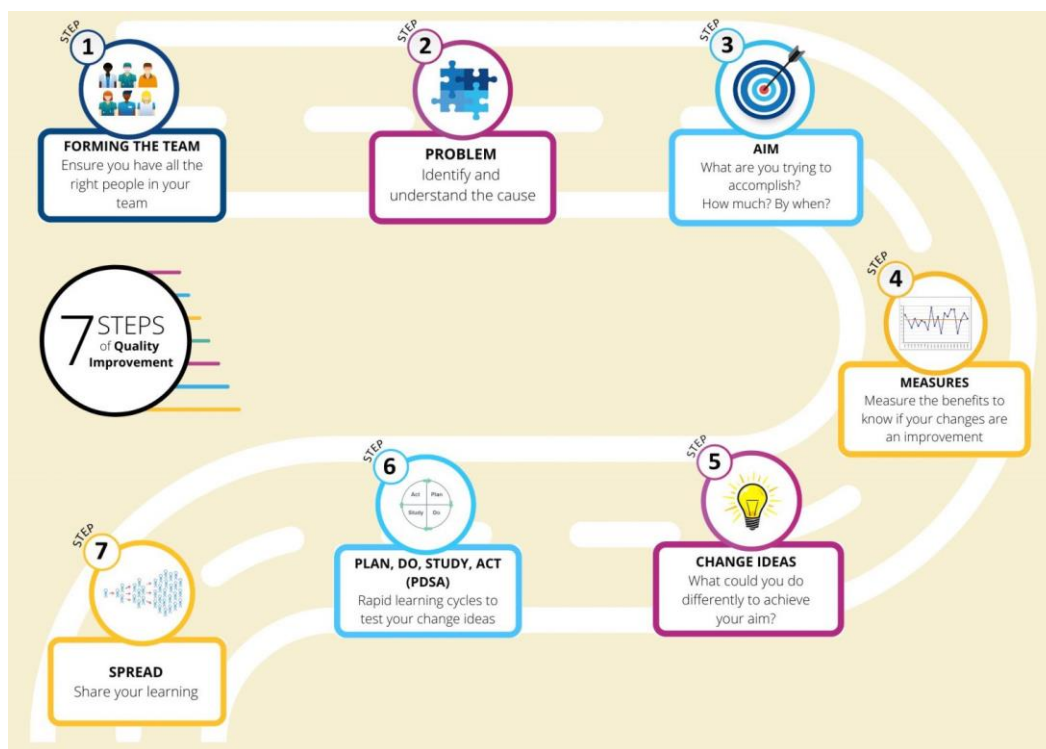
In the section below, we'll explore each of these steps in more detail.

Step 1 – Forming the team

The number of team members will depend on the individual project, but a here's a useful checklist to consider (one person can cover multiple elements of this):

a. Anyone who wants to be involved in the change
b. Anyone who would be upset if they're not involved in the change
c. Anyone who opposes the change
d. Someone who is familiar with each part of the process e.g. administrators, managers and front-line workers
e. Someone to be the project leader

As a medical student (and usually as a junior doctor) you'll need a clinical supervisor to help guide you with your project as well.

Step 2 - Problem

Discuss with your GP tutor about a problem you or they might have noted, which may be suitable as a focus for your project. You'll need to consider any relevant stakeholders before getting started, so ask your GP tutor about this.

Examples of problems: low levels of ethnicity data recorded, poor uptake in flu vaccines, elevated prescribing rates for high carbon footprint inhalers

Try to understand the root cause of the problem, before jumping in to try and fix it.

Step 3 – Aim

Ask yourself some questions:

a) What you are trying to achieve?
b) How much do you want to change this by?
c) How quickly do you want to see this change? i.e. the timeframe
d) Who do you want the change to be applied to or have an impact on? i.e. the population

Use SMART goals: Specific, Measurable, Action-Orientated, Realistic, Time-Bound

6 overarching aims in healthcare: safe, effective, patient-centred, timely, efficient, equitable

Step 4 – Measures

Measuring allows us to monitor progress and identify if we can tweak anything to achieve better results. There are three types of measures in QI:

a. *Outcome measure*: to identify the impact of your change on the intended target
b. *Process measure*: to check if the parts of the system are functioning as planned
c. *Balancing measure:* to check if changes are causing any negative impact elsewhere in the system

We can plot data using a run chart to determine this – have a look at the resources on Blackboard for more information on how to create and interpret a run chart.

This is an example of a run chart created by a GP trainee for the QIP on ethnicity coding.
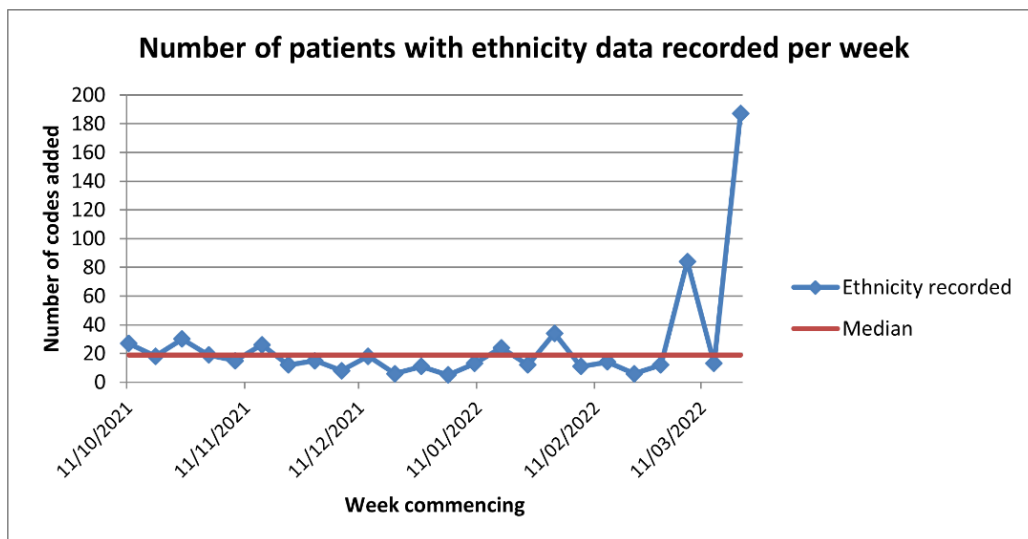
Step 5 – Change ideas

Suggest things you could do differently from the current practice to achieve your aim - this list can be long or small, but you should always have at least one idea!

These ideas for change could be from those who work in the system or from experience of those who have already made an improvement in an area.

These are just some concept ideas to consider:

- **Eliminate waste** – look for activity/resource that does not add value to patient/professional
- **Improve work flow** – improved processes lead to improved quality
- **Change the work environment** – this could make all other process changes more effective
- Focus on variation – reducing variation improves predictability and helps reduce frequency of poor outcomes
- **Error proofing** – redesign of the system to make it less likely that errors occur, for example by changing a process to not rely on someone's memory with prompts
- **Focus on the service** – address direct improvement of service, not process

Step 6 – Tests of Change

Plan, Do, Study, Act (PDSA) cycles: test one change idea at a time using this cycle, fine-tune and test again; only stop repeating the cycle once it stops becoming useful. We'll go into more detail about using a PDSA cycle below.
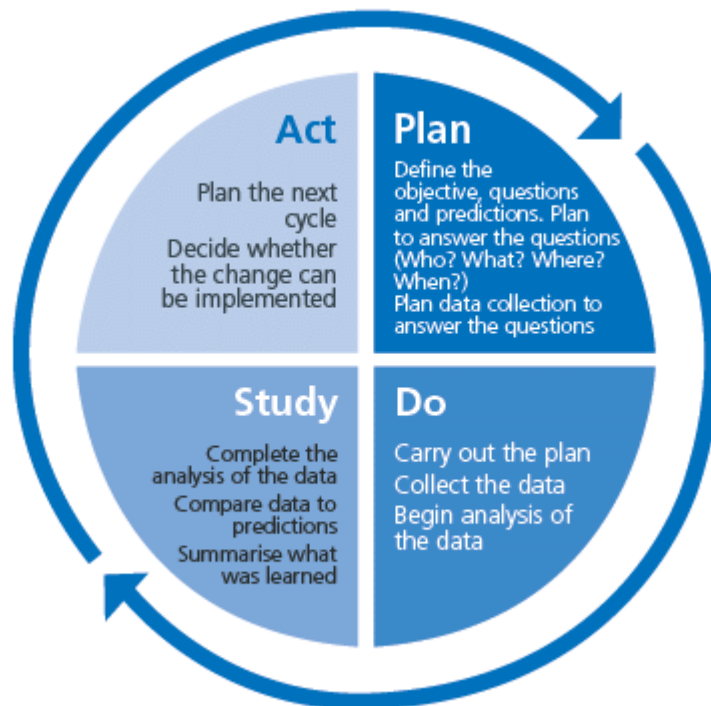
(19)

i) Plan the change to be tested or observed, including data collection

- State the objective of the test
- Make predictions about what will happen and why
- Develop a plan to test the change, answering the questions: Who? What? Where? When?

ii) Do try out the test or change on a small scale

- Carry out the test/change

- Document problems and unexpected observations
- Begin analysis of the data
- Start the change with a very small scale e.g. one patient or clinician, and then increase the numbers as ideas are refined
- Test the proposed change with people who believe in the improvement initially!

iii) Study the results using the measurable outcomes agreed on before starting out

- Complete the data analysis (including pre change and after change)
- Compare the data to your predictions
- Summarise and reflect on learning points

iv) Act by refining the change based on our learnings

- Determine modifications that should be made
- Prepare a plan for the next change/test

PDSA cycles can run sequentially or simultaneously (where changes are more complex).

Step 7 – Spread

Implement the change on a broader scale and on a permanent basis when you are confident you have considered and tested all the possible ways of achieving the change.

Share your learning to help colleagues and patients, and inspire others! Some ways you could do this are by presenting at a departmental/practice meeting, informal sharing with colleagues, publishing your findings on a dedicated website locally, or creating a poster and presenting at a conference.

Sustainable Quality Improvement (SusQI)

Sustainable Quality Improvement is a more holistic approach to healthcare improvement, designed to be embedded into current QI practice instead of replacing it. It uses the main principles of sustainable clinical practice throughout its process: disease prevention, empowering patients, efficient clinical pathways and low-carbon alternatives.

Principles of sustainable clinical practice, **Mortimer (2010)** [iv]
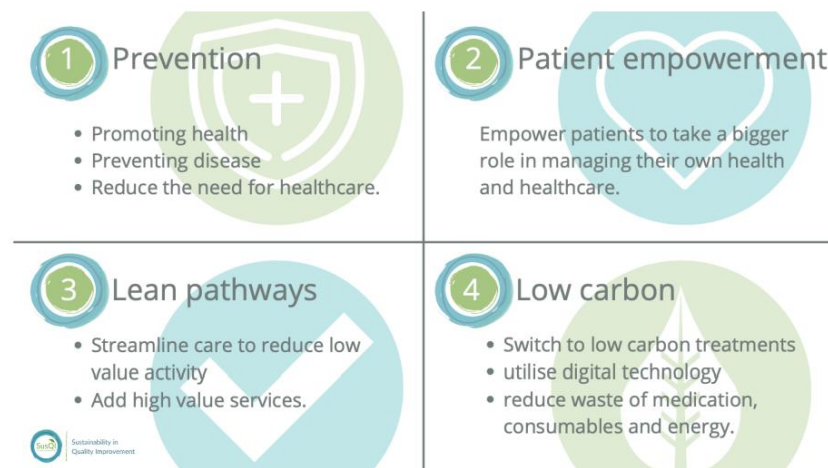
The overall goal of SusQI is "to deliver the best possible health outcomes, with minimal financial and environmental costs, while adding positive social value at every opportunity". (20) This maximises "sustainable value", which can also be thought of as an equation:

$$\text{Sustainable value} = \frac{\text{Outcomes for patients and populations}}{\text{Environmental + social + financial impacts (the 'triple bottom line')}}$$

Why do we need SusQI? Dr Frances Mortimer, Medical Director at CSH, explains in this video:

Why do we need sustainable quality improvement? - YouTube

Take a look at the SusQI website below, at the step by step guide to how to complete a project.

Home | Sustainable Quality Improvement (susqi.org)

Have a look at these projects that students have undertaken in the past:

Consent shared - Google Drive

Sustainability should be considered in every project, but you may also choose for it to be the full focus of your project.

Putting Quality Improvement into Action

As part of your final year GP placement, you need to take part in a quality improvement. This can be either:

1. A project of your choosing that brings value to your practice population.
2. A sustainability centred project (NB sustainability should be a key part of every QI project, but some may focus specifically on this aspect)

Have a think about what interests you, and discuss your ideas with your practice. Your practice may already have some suggestions about the kind of project you could help with – try to marry your interests with the practice's needs.

One of the options you could choose is to complete a quality improvement project with a central focus on sustainability (SusQI) within your GP surgery. Previously, students have done projects on social prescribing, pharmaceutical waste, establishing new exercise groups for ethnic minority women, minimising glove usage, the health benefits of cycling and the use of energy monitors.

Your SusQI work may also contribute to a wider piece of work called "Green Impact for Health" (GIFH) – this was a collaboration between Health Education South West, University of Bristol, Royal College of GPs and the National Union of Students, that was established on the back of Bristol being the Green Capital of Europe in 2015. It builds on the work of the award winning Green Impact programme (21), and is actively assisting GP practices to adopt pro-sustainability behaviours.

In the appendix you will find some project ideas that previous students have completed and also a formative mark sheet to help guide you on what is expected.

Good Luck!

Acknowledgements

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Appendix A - Additional reading and useful resources

For more information on QI in healthcare generally, and tools that might be **helpful for your project**:

1. Run charts in healthcare - [(PDF) The run chart: A simple analytical tool for learning from variation in healthcare processes (researchgate.net)](#)
2. Instead of the 7 step QI framework, you can also check out this Model for Improvement: [How to Improve | IHI - Institute for Healthcare Improvement](#)
3. NHS online library for PDSA cycles and model for improvement, including a PDSA template: [Layout 1 (england.nhs.uk)](#)
4. Academy of Medical Royal Colleges, 2019. Training for better outcomes: Developing quality improvement into practice. Academy of Medical Royal Colleges (2019). https://www.aomrc.org.uk/reports-guidance/developing-quality-improvement-into-practice/
5. RCGP, 2015. Quality improvement for General Practice. http://www.rcgp.org.uk/training-exams/~/media/451DD0BABD434B10AEAC4629E7DA8C6B.ashx

For more information and resources specific to **SusQI**:

1. Atkinson, S. et al., 2010 Defining Quality and Quality Improvement. Clinical Medicine 10(6), pp. 537-539. Available at: http://www.clinmed.rcpjournal.org/content/10/6/537.full
2. Mortimer, F., Isherwood, J., Wilkinson, A., Vaux, E. 2018. Sustainability in Quality Improvement: Redefining Value. Future Healthcare Journal. Available at: http://futurehospital.rcpjournal.org/content/5/2/88.full
3. Mortimer F, Isherwood J, Pearce M, Kenward C, Vaux E. 2018. *S*ustainability in quality improvement: measuring impact. Future Healthcare Journal Vol.5(2):94-97. Available at: http://futurehospital.rcpjournal.org/content/5/2/94.full
4. Green Impact for Health toolkit www.greenimpact.org.uk/giforhealth (log in using the username gifh@greenimpact.org.uk and the password *testtoolkit*)

For more information about **population health, public health and health inequalities**, check out these links for a good place to start:

1) [Health and care explained | The King's Fund (kingsfund.org.uk)](#)
2) [Health inequalities | The Health Foundation](#)
3) [The cost-of-living crisis is a health emergency too - The Health Foundation](#)
4) [Home | The Nuffield Trust](#)
5) [Working in public health | Health Careers](#)

If you're interested in finding out more about **sustainability in healthcare**, check out the resources below:

1. [Greener Practice – Greener Practice – UK's primary care sustainability network](#)
1. Centre for Sustainable Healthcare: The Planetary Health Emergency. https://sustainablehealthcare.org.uk/planetary-health-emergency
2. Schroeder K, Thompson T, Frith K, Pencheon D., 2012 **Sustainable Healthcare**. Wiley-Blackwell: Chichester; 2012 (5 print copied available, e-book also available) – **Chapters 1 + 4**
3. Mortimer, F., 2010. **The Sustainable Physician**. Clinical Medicine, 10(2), pp.110–111. http://www.clinmed.rcpjournal.org/content/10/2/110.full
4. Sustainable Specialties video: https://youtu.be/KlT4kP8WSms
5. Mccoy, D. & Hoskins, B., 2014. **The science of anthropogenic climate change: what every doctor should know**. 5178(September), pp.1–11. Available at: http://dx.doi.org/doi:10.1136/bmj.g5178.
6. Healthy Planet http://www.healthyplanetuk.org/global-environmental-change.html
7. Retallack, S. & Lawrence, T., 2007. **Harnessing people power to prevent climate change**. Institute for Public Policy Research. London.
8. Futerra, 2010. **Sell the sizzle: the new climate message**. http://www.wearefuterra.com/wp-content/uploads/2015/10/Sellthesizzle.pdf
9. Green Impact for Health toolkit www.greenimpact.org.uk/gifh.

Appendix B - References

1. **https://www.kingsfund.org.uk/publications/population-health-approach. [Online]**
2. **Together, BNSSG Healthier.** *Our Population Health Management Roadmap.* **2021.**
3. **https://bnssg.icb.nhs.uk/health-and-care/population-health-management/. [Online]**
4. *The untilled fields of public health.* **CEA, Winslow. 1920, Science, pp. 51(1306):23–33.**
5. **https://www.gov.uk/government/organisations/uk-health-security-agency. [Online]**
6. **https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities. [Online]**
7. **https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/. [Online]**
8. **https://www.rcgp.org.uk/policy/rcgp-policy-areas/climate-change-sustainable-development-and-health. [Online]**
9. *Defining Quality and Quality Improvement.* **Atkinson, S. et al. 6, s.l. : Clin Med, 2010, Vol. 10. 537-539.**
10. **Physicians, Royal College of.** *A Strategy for quality: 2011 and beyond.* **2011.**
11. **https://www.kingsfund.org.uk/publications/what-are-health-inequalities. [Online]**
12. **https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/. [Online]**
13. **BNSSG, Healthier Together.** *Our Future Health.* **2022.**
14. *The Inverse Care Law.* **Hart, Julian Tudor. ISSUE 7696, s.l. : The Lancet, 1971, Vol. VOLUME 297. P405-412.**
15. **BJGP - The Inverse Climate Law. [Online] https://bjgplife.com/the-inverse-climate-law-a-call-for-health-equity-and-climate-justice/.**
16. **https://www.sustainabilitywestmidlands.org.uk/wp-content/uploads/Saving-Lives-with-Solar-Community-Energy-scheme.pdf. [Online]**
17. **https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx. [Online]**
18. **https://somersetcollaborationhub.org/our-7-steps/. [Online]**
19. **https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf. [Online]**
20. **https://www.susqi.org/. [Online]**
21. **www.nus.org.uk/greenimpact. [Online]**
22. **https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england. [Online]**
23. **Observatory, NHS Race and Health.** *Ethnic Inequalities in Healthcare: A Rapid Evidence Review* **. 2022.**
24. **https://health.org.uk/news-and-comment/blogs/the-cost-of-living-crisis-is-a-health-emergency-too.**

Appendix C Other project ideas

There are so many things that you could choose to do. You may have a particular interest or your practice may identify an area of need. There is plenty of time in the timetable for you to design and run something.

In case you are still stuck for ideas here are some projects from previous years:
- Producing a leaflet/poster/electronic screen message for patients
  o A mental health leaflet with information about online resources, crisis numbers, national charities
  o A leaflet on mindfulness
  o A leaflet on vaping
  o Leaflet on dosette box provision in local area
  o Video on social prescribing for practice website
  o Leaflet on healthy eating
- Updating Self-care section on surgery website
- Survey staff about useful templates for AccuRx and create them
- Running an education session for local nursing homes, new diabetics, new mums
- Spending time with local third sector organisations and running a teaching session for staff
- Inhaler project: phoning high salbutamol users and switching to MART. Switch low dose Steroid MDI's to DPIs.
- Cervical Screening uptake: Phoning non responders to explore reasons for non attendance. Creating an Accurx to explain the cervical screening process.
- Mini audits:
  o DOACS and Warfarin – do they all have indication e.g. for AF, lifelong for multiple DVT
  o DOACs – are patients on correct adjusted NOAC dose based on eGFR
  o Following review of asthma deaths are any patients getting more than 12 salbutamol a year. High risk patients, need review, asthma management plan and potential referral to secondary care.
  o Look at Vit B12 injections, are they still indicated? Can they be changed from IM to oral?
  o Antibiotic prescribing e.g 5 days of Amoxicillin, Use of broad spectrum antibiotics
  o Review of patients on long term bisphosphonates, did they require a DEXA at 5 years
  o HRT – are they having annual reviews? Have they got adequate progesterone cover?
- Review new NICE guidance, check how relates to current practice and put new protocol in place
  o E.g. review patients > 65 on NSAIDs/DOACs but not on PPI
  o Allopurinol prescribing in Gout
- Look at significant events meetings/CCG report – are there any outstanding issues the students can address
  o Audit on amitriptyline and opioid co-prescribing following patient death and coroner concerns.

You can also choose to undertake your project with a local third sector organisation. You can ask your tutor for ideas or if you have a particular interest you can approach an organisation directly. If there

is a social prescribing lead attached to your practice they will also be a good source of information. You, or the organisation, may have ideas for a small project that you could undertake but your project could simply be spending time with an organisation, finding out more about what it does and highlighting this to staff and patients.

Appendix D - Marksheet for GP5 Student Initiated project

Student Name	
Tutor Name	
Title of Project	
Brief Description	
Overall Project Rating (Your global judgement based on marking scheme below)	
Overall Comments	

	Requires Improvement (RI)	Satisfactory (S)	Good (G)	Excellent (E)	Mark	Comments
Background Is there a good reason for this project being chosen? Have they researched the root cause of the problem? Have they consulted relevant stakeholders?	No clear reason for project	Clear reason for project. Required a lot of support to complete project.	Reason for project justified by research/national guidelines Mainly driven by students, little support needed.	Reason for project discussed in relation to local or national priorities with consultation with relevant stakeholders. Completely self directed.		
Aims Is the aim SMART? (specific, measureable, achievable, relevant to problem, time-bound)	No clear project aim	A project aim suggested	A SMART project aim suggested	A SMART project aim which has been discussed and optimised in relation to problem, population and context		
Measures and Method Is it clear how progress is measured? How was data collected? Do they follow the PDSA cycle? (Plan, do study, act)	No clear measures or methods	A measure suggested. Follows the PDSA cycle	Clear and justified measures. Follows PDSA cycle and methods appropriate for achieving stated project aim.	Clear and justified measures including social and environmental impacts. Follows PDSA cycle. Methods clear enough to be repeated.		
Results and Analysis What was achieved? Did they discuss sustainable value? Reflection on strengths and weaknesses	Results not clear	Discusses key finding	Clearly presented key findings relevant to specific aims. Strengths and limitations discussed.	Strengths and Limitations discussed in relation to literature. Health outcomes and social/environmental		

			Health outcomes and social/environmental and financial impacts discussed	and financial impacts robustly calculated. Publishable.		
Implications for practice and further research	No comments on implications of project	Comments on usefulness of project and implications for practice and future research	Comments critically on the usefulness of the project and implications for practice/future research. Comments on potential to embed/spread lessons from the project	Has a plan to embed/spread lessons from project. Could be used at a national level.		
Quality of Presentation	Unstructured presentation with little understanding of project and poor engagement	Well structured project, some errors or some parts unclear	Well structured, engaging presentation	Project presented at conference standard. Clear and structured, Engaging and evokes discussion		