The TCST Competition for Cancer Rehabilitation 2019

**Entry form**

**Section 1- entry details:**

1. Name of person completing form: ……………………………………………………….

2. Role of person completing form: …………………………………………………………

3. Email address of person completing from: ……………………………………………..

4. Alternative contact email address ……………………………………………………….

*(in case of absence/holidays etc)*

5. Are you happy for TCST to share non-personally identifying information in this form?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

6. Are you happy for TCST to contact you about this work?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

7. Which category are you applying for?

|  |  |  |  |
| --- | --- | --- | --- |
| Personalised care in ***prehabilitation*** |  | Personalised care in ***rehabilitation during and/or after treatment*** |  |
| Personalised care in ***palliative rehabilitation*** |  |

**Service information:**

1. What is the name of your service? …………………………………………………….

2. Summary of service (please tick all that apply and use other box where needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Community |  | Tertiary/specialist inpatient |  |
| Secondary care inpatient |  | Tertiary/specialist outpatient |  |
| Secondary care outpatient |  | Primary care |  |
| Home |  | Hospice |  |
| Cancer specific |  | Other |  |

*If other, please provide details:* ……………………………………………………………..

5. Please provide a very quick overview of your team and the services you deliver. Please write descriptions in full and avoid acronyms *(max 150 words)*

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**Provider communications team:**

1. Do you know who your organisation’s communications team are? Are you happy to help us to work with them in the publication of your case study, should you be a winner?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Further information (if required): …………………………....…………………………….

2. Please provide any provider/service/team social media accounts which you would like us to link to:

Twitter handle(s): …………………………………………………………………………..

Other: …………………………………………………..…………………………………….

***Section 2: Competition entry questions:***

**(A) What makes our service personalised to our patients? (approx 150-400 words)**

*Please outline how your services delivers personalised care and the impact on patient outcomes and experience. Where possible, please include references or links to evidence of impact. We would also encourage you to include examples of innovations or new ways of working, particularly around pathways, interventions or workforce. Please refer to the FAQs for further guidance.*

*When thinking about personalised care, it might be helpful to think about personalised care as outlined in the NHS Long Term Plan, as well as the values provided in our service improvement tools for cancer rehabilitation which are available here:* <https://www.healthylondon.org/resource/cancer-rehabilitation-pathways-service-improvement-tools/>

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**(B) What do our patients say about our service? (approx 100-300 words)**

*Please use this space to let us know what your patients have said/do say about your service, particularly around outcomes and experience as outlined in section 2(A). Where possible, please use direct patient feedback and other available, relevant resources.*

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Thank you for completing this form. Please send all completed entries to [**england.tcstlondon@nhs.ne**t](mailto:england.tcstlondon@nhs.net) by 10am Monday 11th March.