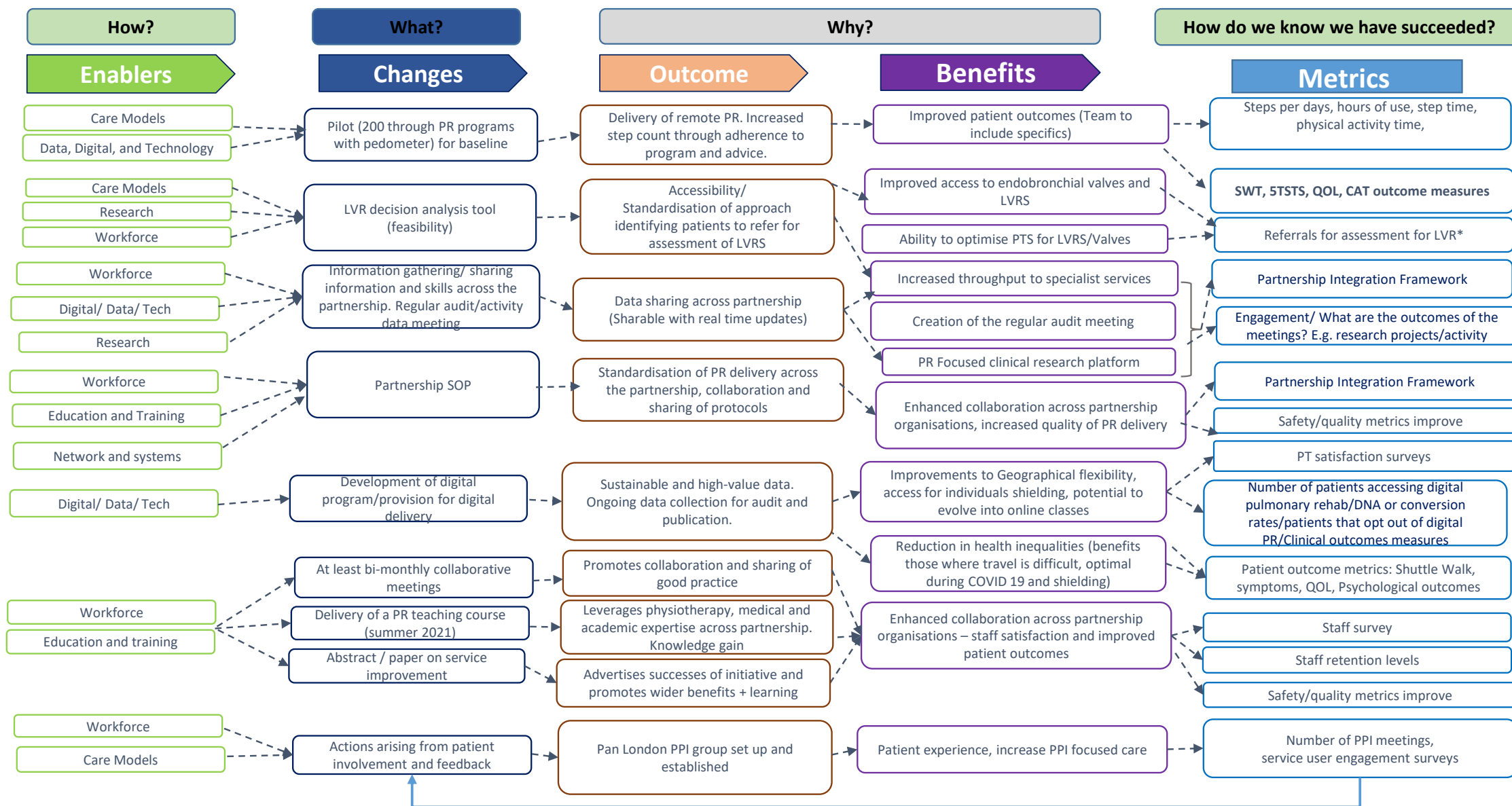
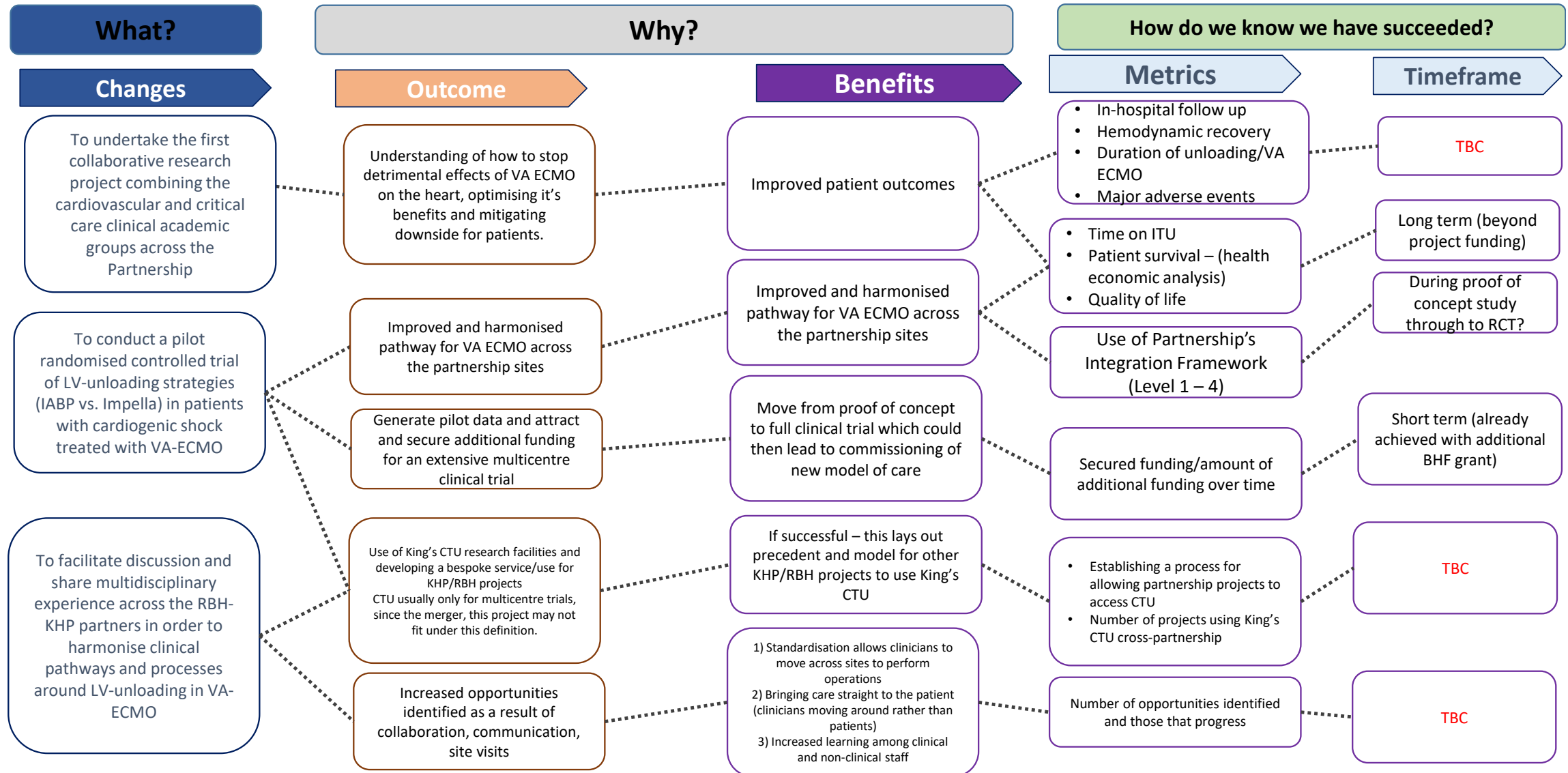


This proposal will ensure that pulmonary rehabilitation is delivered across the partnership to a high consistent standard, making novel use of digital technologies to assist delivery and assessment, while ensuring equity of access.
 – Pulmonary Rehabilitation Transformation



A multidisciplinary cross site collaboration to optimise outcomes of patients requiring advanced mechanical circulatory support: adjunctive left ventricular unloading with veno-arterial ECMO



Primary outcome: To understand how to stop detrimental effects of VA ECMO on the heart, optimising it's benefits and mitigating downside for patients.

Benefit	Metric	Baseline and collection plan:	Timeframe
Improved patient outcomes	Time on ITU Patient survival Quality of life	Patient survival TBA Health economic analysis on time in ITU	Long-term (beyond Partnership funding)

Primary Outcome: Attract and secure additional funding for an extensive clinical trial

Benefit	Metric/Measure of success	Baseline	Timeframe
Move from proof of concept to full clinical trial	Additional grant funding	Amount of additional funding over time	Short term (already achieved with additional BHF grant)

Secondary outcome: Improved and harmonised pathway for VA ECMO across the Partnership sites

Benefit	Metric/Measure of success	Baseline	Timeframe
Patients: having the best quality care Staff: working in high quality environments where staff can move from one site to another	Patient survival, time on ICU, quality of life Staff: Use of Partnership Integration Framework (Level 1 – 4)	Integration Framework Level 1	3-5 years

Outcome: Increased opportunities identified as a result of collaboration, communication, site visits

Benefit	Metric/Measure of success	Baseline	Timeframe
<p>Opportunities:</p> <ol style="list-style-type: none">1) Standardisation allows clinicians to move across sites to perform operations2) Bringing care to straight to the patient (clinicians moving around rather than patients)3) Increased learning among clinical and non-clinical staff	Number of opportunities identified and those that progress	1	TBA