

## SERVICE REVIEW REGISTRATION FORM

This form is for the use of all healthcare professionals who are about to undertake a Service Review project. Registration for Service Review projects is not mandatory, although, as best practice, we would strongly recommend that staff should use the existing STHFT databases to register their projects. The benefits of registration include disseminating good practice, avoiding duplication of projects and assisting Directorate reporting systems.

**Service Review** incorporates both **service/practice development** and **service/practice evaluation** which are explained in the following statements.

- **Service/practice development** – introduces a change in service delivery or practice for which there is evidence derived from research or from other health/social care settings that have already introduced and evaluated the change. New developments should always be evaluated
- **Service/practice evaluation** – evaluates the **effectiveness** or **efficiency** of existing or new service/practice with the intention of generating information to inform local decision-making. This type of activity has sometimes been referred to as a clinical effectiveness study, base-line audit, activity analysis and organisational audit.

All Service Review activity should comply with clinical governance requirements and follow the Ethical Principles as laid out in the Simple Rules Toolkit (*pages 12 to 14 in section 4*). [see the Clinical Effectiveness Unit website](#)

Service/practice development which is concerned with introducing a new treatment or technique must follow the

[STHFT Policy on Introduction of New Techniques and Treatments](#).

Please refer to page 5 of the Simple Rules Toolkit if you are at all unclear which type of project you are undertaking or contact one of the relevant departments listed below.

**Service Evaluation**  
Clinical Effectiveness Unit  
Clock Tower Building  
Northern General Hospital

**Ext & Fax 15115**

**Education and Development Department**  
Rivermead Training Centre  
Northern General Hospital

**Ext 15334**

**Patient & Healthcare Governance**  
Clock Tower Building  
Northern General Hospital

**Ext 15488**

**Patient Partnership Department**  
Royal Hallamshire Hospital

**Ext 13463**



## Service Evaluation Project Registration Form

*For CEU use only*

Project Number 7073	Supported <input type="checkbox"/>	Trust Programme <input type="checkbox"/>
Date Received	Unsupported <input type="checkbox"/>	Directorate Programme <input type="checkbox"/>

**When you have established that your project is Service Evaluation, please provide the following additional information to complete the registration of your project on the Clinical Effectiveness Unit (CEU) database.**

*If you need any support completing this form, please contact the CEU on Tel Ext. 15115 (NGH) 13477 (RHH) or 65366 (WPH) to be directed to the appropriate member of staff.*

**Project team members:** *This team should be multi-professional where possible (Please state names, professions and contact numbers)*

**Multi-professional**

(a) *Individuals participating in the project*  Uni-professional

All endoscopists both doctors and nurses  
Also nurses who are involved in the running of the endoscopy unit

(b) *Individuals not participating in project, but whose support you will need in order to implement change e.g. manager, business manager*  
N/A

**People who you will need to inform of project:** *Consultant contacts, Clinical Managers and significant others. Include those with authority to sanction any necessary changes.*  
N/A we share this information at our audit meetings

**Methodology:** *Please give as much detail as possible*

<p><b>Sampling criteria</b></p> <ul style="list-style-type: none"> <li>▪ Population (target group from which sample will come). . . . .</li> <li>▪ Method of sample selection e.g. random.</li> <li>▪ Estimate of sample size . . . . .</li> </ul> <p><b>Method(s) of data collection</b></p> <ul style="list-style-type: none"> <li>▪ Examination of clinical records. . . . .</li> <li>▪ Observation of practice . . . . .</li> <li>▪ Questionnaire. . . . .</li> </ul> <p><b>Data analysis</b></p> <ul style="list-style-type: none"> <li>▪ How will the data be analysed? . . . . .</li> </ul>	<p style="color: orange;">. . . . . On-going data collection based on endoscopic procedures . . . . .</p> <p style="text-align: center;">. . . &gt; 6000 procedures per year . . . . .</p> <p style="text-align: center;">. . . . .</p> <p>Can be any of these approaches depending on national guidelines</p> <p style="text-align: center;">. . . . .</p> <p style="text-align: center;">. . . . .</p> <p style="text-align: center;">. . . . .</p> <p style="text-align: center;">Using SSU</p>
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**CEU resources required:** *Please detail resources you think you will require from the Service Evaluation staff*

**No support required**

Other .....

**\*NB Copies of guidelines on questionnaire design can be obtained from the Clinical Effectiveness Unit**

**Ethical Principles discussed/considered.** **YES**

*(Please refer to the Simple Rules Toolkit Section 4) already sought advice from chairman*

**Results:**

When available the Results, Recommendations and Action Plan should be sent to CEU so that they can be entered onto the CEU Database.

**Timescale:**

.....3 years..... Month.....March 2014.....Year

**Dissemination:** *how will you share your findings?*

**Report**

**Presentation**

**Publication**

**All publications, where appropriate, must include all relevant CEU staff in the authorship.**

Other .....We will use all 3 modalities as above.....

**Presentation:** *please state presentation date if planned.*

**Agreement:** *this section should be signed when the details in this project have been agreed.*

Project Lead ..... **Dr Andrew D Hopper & Professor David S**

**Sanders** .....

Date .....8/03/2011.....

Service Evaluation Manager.....Claire Scott.....

Date .....8/03/2011.....

**When it has been signed by all parties** make a photocopy of this form for your own records and send the original to Service Evaluation, Clinical Effectiveness Unit

*Version Date: October 2007*