



GUIDELINES

“European Civic Prize on Chronic Pain”

collecting good practices

III Edition

Closing date for receiving submission is the 31st December 2020

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Application form guidelines

The application must be submitted on word form or ON LINE, in English, no later than the deadline for submitting applications referred to in the Call for Proposals.

The application is available on the ACN website, please [CLICK HERE](#).

You should identify and give details of an initiative that you/your organization has experienced or that you know about in your country and that meets the below criteria.

You may submit as many entries as you wish, filling out a form for each good practice.

Consider the following as you decide which project to submit:

Specific categories:

Good practices can be very diverse: Information/Awareness Raising Campaign; newly innovative Action Programme in Pain Management implemented in a hospital/clinic; Advocacy/Policy making, activities related to E-Health (including mHealth) in Pain Management; a Research Project; a new delivery service approach/method; a new tool/instrument/guideline; a Training, an Intervention; a Prevention Activity (i.e. a new screening for an early diagnosis on Chronic Pain; a crosscutting initiative to better identify the burden on pain in different public policy (“Health in All Policies”), etc.

Exceptionally, for this edition, the Award recognizes outstanding initiatives that have been put in place/modified/updated to face and mitigate the COVID – 19 pandemic consequences on chronic pain patients life and related healthcare services.

What counts is that the good practice should demonstrate one or more of the following:

- **Patients Empowerment**

Good practices concerning providing information, creating information campaigns, supporting and capacity – building for individual patients with chronic pain, as well as their relatives, including social, psychological and other impacts. This also includes partnerships between patients’ organizations and stakeholders (health professionals, public institutions, media, healthcare industry, etc.).

- **Innovation**

Good practices concerning laws, technologies, apps, devices, events, theatrical performances etc.

- **Clinical Practices**

Good practices concerning pain management (prevention, diagnosis, treatment and monitoring) dedicated units, therapeutic pathways, clinical records, ways of measuring pain, etc. it will be especially valuable if these involve patients¹.

- **Professional Education**

Undergraduate and postgraduate education for healthcare professionals, training courses in the hospitals/clinic, updating general practitioners etc.

These categories are based on the Pain Patient Pathway Recommendations developed and subscribed by 21 civic patients' organizations dealing with chronic pain².

Definition:

What is a good practice?

Good Practices are actions whose very nature has a positive impact on the quality of services, the protection of citizens' rights, the promotion of civic participation and the enhancement of human resources. They are very successful initiatives aimed at improving the efficiency (cost) and the effectiveness (as a way to meet, in an appropriate manner, the needs and expectations of citizens) of the management and provision of services³.

Criteria to be taken in account when selecting the good practice:

In order to be considered a Good Practice, the identified initiative must be concluded or be ongoing and must meet, as much as possible, the following criteria.

Keep in mind: the best practice that meets the majority of the below criteria will have more chances to be selected by the Jury.

- **Reproducibility/Transferability:**

¹ Patients participation means involvement of the patient in decision making of expressing opinions about different treatments, methods, therapeutic pathways etc. which includes sharing information, feelings and signs and accepting health team instructions.

² <http://activecitizenship.net/patients-rights/projects/87-pain-patient-pathway-recommendations.html>

³ To know more on our policy on good practice: <https://www.cittadinanzattiva.it/approfondimenti/attivismo-civico/cittadinanza-dimpresa/4972-good-practice-the-policy-of-cittadinanzattiva.html>

→ **What it is?** possibility to transfer results to other contexts/settings/countries (overcomes legal and other barriers; developed communication strategy to disseminate the results; already transferred or shown adaptability).

→ **What it isn't?** Cases where the conditions that make the initiative possible are exceptional.

- **Innovativeness:**

→ **What it is?** The capacity of producing new solutions.

→ **What it isn't?** The mere application of an existing guideline, regulation or law. However, an example of a good practice could be where an existing guideline, etc. is applied in a particular innovative way.

- **Added Value:**

→ **What it is?** The capacity of the identified practice to produce a greater impact on the situation.

→ **What it isn't?** The practice doesn't bring any significant change to the situation.

- **Appropriateness:**

→ **What it is?** A practice enabling an efficient and effective management of an issue.

→ **What it isn't?** Example: a program of meetings between the mayor of Rome and citizens was implemented at neighborhood level in order to fill the gap between the city administration and the people. Thousands of people participated in the meetings but each one expressed their individual demands and these were too specific, thus hindering the possibility of answering the population's general demands.

- **Sustainability:**

→ **What it is?** The ability to be maintained in the long-term with sustainable resources (economic support, staff training, sustainability strategy).

→ **What it isn't?** There is no support to continue the practice (no sustainable strategy).

- **Intersectoral collaboration:**

→**What it is?** The ability to foster collaboration among different sectors in the field; coordination of social and health services; partnerships; etc.

→**What it isn't?** There is no multidisciplinary approach supported by appropriate stakeholders.

- **Participation:**

→**What it is?** The inclusion of stakeholders along the whole process and ability to foster collaboration to promote empowerment of the target population.

→**What it isn't?** Evaluation and monitoring of the practice wasn't defined with the target population and families or caregivers and the main stakeholders, there was no empowerment of the participants (Example: strengthen their health literacy, ensuring the right skills, knowledge and behavior including stress management and health care).

Documentation:

It's important to take into account that in addition to the brief description of the good practice, the form will ask to provide further information needed to complete the good practice database, as showed on the attached form. Any other attachments should be emailed to: good.practice@activecitizenship.net.

General data:

You need to answer the following questions: what? (the objective of the good practice) where? (the city country) When (year) Who (civic organizations, public institutions, private bodies involved).

Description of the good practice:

It is necessary to provide the objectives of the good practice, a description of the activities, the obstacles encountered, the factors that facilitated the process, the outcomes of the good practice and the impact on the beneficiaries, etc.

Evaluation:

You will need to show how the good practice meets each one of the above criteria.

Please keep in mind that *winning practices*, in order to be submitted in the European Best Practices Portal⁴, need to be evaluated. Winners practices can be submitted in the EU portal once the required evaluation has been completed. You will find more information on the EU evaluation process at pag.11 of this guidelines booklet.



DRAFT OF THE FORM FOR COLLECTING THE GOOD PRATICES please do not complete it here but on the dedicated word form or online [HERE](#))

1. Title of the Practice	In original language and English. Please do not use acronyms.
2. Personal Details	First name, surname, position, email address, institution, country,

⁴ <https://webgate.ec.europa.eu/dyna/bp-portal/>

	telephone, website.
3. Responsible Person	YES/NO.
4. Key Words	Up to 10 from the MeSH Terms ⁵ .
5. Geographical Scope	International, European, National, Regional.
6. Term	Start and end Date.
7. Evaluation of the Practice	YES/NO. (see the evaluation paragraph)
8. Field of the Practice	<p>Tick one box:</p> <p><input type="checkbox"/> Pain cancer-related</p> <p><input type="checkbox"/> Pain not cancer-related</p>
9. Category	<p>Tick one box:</p> <p><input type="checkbox"/> Empowerment</p> <p><input type="checkbox"/> Innovation</p> <p><input type="checkbox"/> Clinical Practices</p> <p><input type="checkbox"/> Professional Education</p>
10. Covid-19 special action	<p style="text-align: center;">YES NO</p>
<p>11. Summary of the Practice (<i>six subheadings</i>)</p>	<ul style="list-style-type: none"> • Background (200 words): • Overall Goal and Specific Objectives (100 words): The overall goal (or general objective) is the general indication of the practice's contribution to society in terms of its longer-term benefits. The general objective has to correlate with the different specific objectives. These are concrete statements describing what the practice was trying to achieve in order to reach the overall goal. • Indicators (100 words): Indicators are variables measuring the performance of an action and the level to which the set objectives are reached. Process, output and outcome/impact should be reported.

⁵ MeSH Terms: Medical Subject Headings is the NLM (U.S. National Library of Medicine) controlled vocabulary thesaurus used for indexing articles for PubMed. For more information, please see: <https://meshb.nlm.nih.gov/search>

	<ul style="list-style-type: none"> • Target Population (100 words): The target population are persons or entities who were positively affected by the action. A proper target group specification provides a clear definition including information about the demographic characteristics, the needs and social norms with regard to the health problem(s) of interest, the size (i.e., the numbers that will be reached by the action), and the method to reach these people were reached. • Method (200 words): Methods should be explicitly linked to the objectives. They should describe how the (specific)objectives were reached, what were the essential tasks performed, e.g. intervention protocol, survey methods, panel of experts, training development, etc. • Main Outcomes (200 words): The outcomes are the changes that have occurred because of the practice i.e. when the specific objectives / overall goal are reached.
12. Describe Evaluation (Mandatory only for winning practices)	<i>Optional</i> (go back to question number 7)
13. Please indicate the Health Area	Multiple-choice: <ul style="list-style-type: none"> <input type="checkbox"/> Promotion and prevention <input type="checkbox"/> Integration of treatment management and care <input type="checkbox"/> Rehabilitation and integration to social and work life <input type="checkbox"/> end of life and palliative care <input type="checkbox"/> Other (please specify)*
14. Type of Stakeholders involved ⁶	Multiple-choice: <ul style="list-style-type: none"> <input type="checkbox"/> Civic organizations <input type="checkbox"/> Healthcare professionals

⁶ Winners will be asked to send in a more detailed document on the involvement of the stakeholders (max 500 words). Please describe the involvement of the stakeholders in each part of the practice, from the design to the implementation (including the creation of ownership), evaluation, continuity/sustainability and (if applicable) transfer.

	<input type="checkbox"/> Healthcare organizations (write name) <input type="checkbox"/> University (write name) <input type="checkbox"/> Other (please specify)*
15. Equity and Bioethical Principals (<i>Mandatory only for winning practices</i>)	Please explain how equity and bioethical principles have been respected throughout the practice, including during the design and development phase of the practice, practice implementation, evaluation, documentation, and dissemination. Bioethical principles include but are not limited to: <ul style="list-style-type: none"> • Autonomy (should respect the right of individuals to make their own, informed decisions, based on adequate, timely information). • Nonmaleficence (should not cause harm); beneficence (should take positive steps to help others). • Justice (benefits and risks should be fairly distributed).
16. Most important funding source	Multiple-choice: <ul style="list-style-type: none"> <input type="checkbox"/> European Funding <input type="checkbox"/> National Funding <input type="checkbox"/> Regional Funding <input type="checkbox"/> Local Funding <input type="checkbox"/> Private Funding <input type="checkbox"/> Crowd Funding
17. Level of transferability/ and or Scalability	<ul style="list-style-type: none"> <input type="checkbox"/> Not considered <input type="checkbox"/> Ready for transfer <input type="checkbox"/> Already transferred
18. Analysis	<ul style="list-style-type: none"> • Obstacles (150 words). • Means used to overcome the obstacle (150 words). • Factors enabling the process (150 words).
19. Next Steps (<i>Mandatory only for winning practices</i>)	<ul style="list-style-type: none"> • Lessons Learned (150 words): what advice would you give to another country? • Key Take aways (max. 5 lines each): What are the two take away messages about your good practice that you want to

	<p>convey?</p> <ul style="list-style-type: none"> If applicable, what are your organizations next steps for your good practice? (Max 5 lines)
20. Other Information	<p>Should you have further and relevant information not mentioned in the questionnaire please write it here (max. 150 words).</p> <p>Links to additional information are welcome.</p>

- In line with the Scoring of the criteria for the EU portal of best practices, the evaluators can give between 0 to 10 points for each sub-criterion, being guided by the following scale:

POINTS	RATING	DESCRIPTION
0-1	Very Poor	The practice fails to address the criterion or cannot be judged due to missing or incomplete information.
2-3	Poor	The criterion is inadequately addressed, or there are serious inherent weaknesses.
4-5	Fair	The practice broadly addresses the criterion, but there are significant weaknesses.
6-7	Good	The practice addresses the criterion well, but has a few shortcomings.
8-9	Very Good	The practice addresses the criterion very well, but has a few shortcomings.
10	Excellent	The practice successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

Relevant information only for the winners:

Exclusion Criteria that need to be evaluated by winners in order to submit their practice in the EU Portal for Best Practices:

- **Relevance:** political and strategic context (national or EU level, legislation support).

This criterion refers to the political/strategic context of the practice or intervention, which needs to be clearly explained and considered. If the intervention refers to the WHO ⁷targets on-Non Communicable Diseases, should be in line with them.

The description of the practice should include information whether it is:

- A priority public health area or a strategy at Local/Regional level or National level or the European level.
 - Put in place to support the implementation of legislation.
- **Intervention Characteristics:** situation analysis, target population, established objectives, methodology...

A description of the practice would include:

- The target population is clearly described (scope, inclusion and exclusion group, underlying risk factors...).
- A detailed description of the methodology used is provided.
- SMART⁸ objectives are defined and actions to take to reach them are clearly specified and easily measurable.
- The indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators).
- The contribution of the target population, care and health professionals (and other stakeholders as applicable) was appropriately planned, supported and resourced.
- The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.
- Information on the optimization of resources for achieving the objectives and a model of efficiency is included.
- An evaluation process was designed and developed including elements of effectiveness and/or efficiency and/or equity including information affecting the different stakeholders involved.
- The documentation (guidelines, protocols, etc.) supporting the practice including the bibliography is presented properly, referenced throughout the text and easily available for relevant stakeholders (e.g. health professionals) and the target population.

⁷ <https://www.who.int/nmh/ncd-tools/definition-targets/en/>

⁸ SMART: Specific, Measurable, Assignable, Realistic, Time-related.

- **Evidence and theory based:** scientific excellence or other evidence analyzed and used to justify the initiative.

The assessment of this should check if:

- The intervention is built on a well-founded programme theory and is evidence-based.
 - The effective elements (or techniques or principles) in the approach are stated and justified.
- **Ethical aspects:** To be respectful of ethical values and guarantee the safeguarding of dignity, a practice should accomplish all the following:
 - practice is respectful of the basic bioethical principles stated in question n13.
 - The expected benefits should outweigh the potential harms.
 - The intervention was implemented equitably -proportional to target group needs.
 - Individuals rights (for example, data protection) have been protected according to national and European legislation.
 - Conflicts of interest (including potential ones) are clearly stated, including measures taken.
 - The practice should not advertise a specific product, device or relate to any commercial initiative.

Core Criteria

- **Effectiveness and efficiency of the intervention:** degree of success in producing the desired result (quantity, quality and time at the lowest possible cost); stated goals and outcome evaluation (improvements in comparison to starting point).
- **Equity:** needs of the population, reduce health inequalities and promote equity.