

**NHS Innovation Accelerator:
2022 Intake Call for Applications
September 2021**

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1. What is the NHS Innovation Accelerator (NIA)?

1a. About the NIA

The NHS Innovation Accelerator (NIA) is an award-winning [NHS England and NHS Improvement](#) initiative, delivered in partnership with all 15 [Academic Health Science Networks \(AHSNs\)](#) and hosted at [UCLPartners](#).

The NIA was created to deliver on the commitment detailed within the *Five Year Forward View* and more recently highlighted within the [NHS Long Term Plan](#) - helping to create the **conditions and cultural change necessary for proven innovations to be adopted** faster and more systematically through the NHS, and to **deliver examples into practice for demonstrable patient and population benefit**.

The adoption and spread of effective innovative practices eliminates unacceptable variations in health indicators and the outcomes of care, gives the best possible experience for people, and integrates care and resources sustainably around the needs of patients and populations. However, it can take many years for evidence-based, high impact innovations to scale within the health service for all patients and clinicians who want to use or benefit from them.

The NIA is designed to both speed up this process and also to learn from the experiences of Fellows participating in the Accelerator so that others can benefit from the knowledge generated.

The NIA supports individuals with a passion for learning and a commitment to share their learnings widely. NIA Fellows are exceptional because of their passion, values and determination to make a positive impact on the NHS and the patients it serves.

In January 2015, Professor Sir Bruce Keogh announced the first NIA Call for Fellows to join a bespoke learning and support programme. In July 2015, 17 Fellows leading mature, already in use innovations were announced. Now chaired by Professor Stephen Powis, National Medical Director of NHS England and NHS Improvement, the NIA has held annual calls for innovations since 2015 and to date has supported 61 Fellows representing 64 innovations across the NHS, achieving some impressive results:

- 2,641 additional NHS sites using NIA innovations.
- £184m external funding raised.
- 906 new jobs created.
- 158 awards won.
- 53 NIA innovations in use internationally.

The NIA is now opening recruitment to select up to 12 Fellows with promising health and social care innovations that have demonstrated positive impact where they are already in use.

If you have any queries about your eligibility or readiness to apply, we encourage you to get in touch with us at nia@uclpartners.com so that we can help identify the best way to support you.

1b. Underpinning principles

The NIA has been co-designed with NHS England and NHS Improvement and [Academic Health Science Network \(AHSN\)](#) partners along with innovators, patient networks and [The Health Foundation](#). It draws on national and international learning.

The principles underpinning the NIA are:

- **Addressing clear priorities for the NHS and wider care system:** Recruiting - through a robust, competitive process - exceptional individuals representing a portfolio of high impact, evidenced based innovations, sourced nationally and internationally, which address clear needs or challenges faced by the NHS and wider care system in delivery of the *NHS Long Term Plan*, and more recently, in response to COVID-19.
- **Tailored support to Fellows:** Through a bespoke learning programme, with mentorship and networking opportunities to equip them with the skills and attributes necessary to promote wider adoption.
- **Integrating with other innovation programmes:** Ensuring the NIA seamlessly aligns with other national innovation initiatives. For example, the NIA offers opportunities for mature innovations developed through the [Small Business Research Initiative](#) (SBRI) and [Clinical Entrepreneurs Training Programme](#), and aims to provide a pipeline into the Accelerated Access Collaborative.
- **Delivering through partnership:** Developing a robust, broad multi-stakeholder national and international community - involving patient networks, AHSNs, along with mentors and sponsors, national and international experts - allowing opportunities and collaborations for Fellows, to which they may otherwise not have access.
- **Effective communications:** Working efficiently with the AHSN Network and NHS England and NHS Improvement's communications teams, to increase the profile of innovation (and its adoption) within the NHS - championing the work of NIA Fellows including through the annual NIA launch event, utilising major event opportunities, social media channels, and local/ national press.
- **Applying lessons learned:** Systematically capturing lessons learned and documenting the impact of innovation scaling to inform:
 - Other innovators on how to achieve wider adoption of their inventions.
 - Senior leaders on the barriers and solutions/ methods to address these, creating a receptive context.
 - System stewards and policy makers, through the NIA Programme Board, on the actions needed to create the necessary conditions for the spread of innovations aligned with the ambitions within the NHS Long Term Plan.
- **Reducing health inequalities:** Supporting Fellows in understanding the role they and their innovation can play in alleviating health inequalities. Providing learning opportunities for Fellows to better understand the population they are seeking to serve and ways to adapt their innovation to drive inclusivity of access, experience and outcomes.
- **Fostering a culture of diversity and inclusion:** Actively reviewing the programme to ensure that our practices and policies encourage a diverse range of applicants, and supporting Fellows to share, appreciate and learn from each other's unique perspectives.

2. Who is the NIA for?

The NIA aims to appoint dedicated individuals representing compelling innovations which have already demonstrated positive impact in practice, combined with a convincing, well considered plan for how you will scale your innovation for greater patient and NHS benefit.

The selection process is equally on both the applicant and their innovation, as demonstrated through the information provided in the application form.

The focus of the NIA on evidence-based innovations at their transition to scale across the health service is specifically because of the identified gap in support for innovations at this stage of innovation maturity.

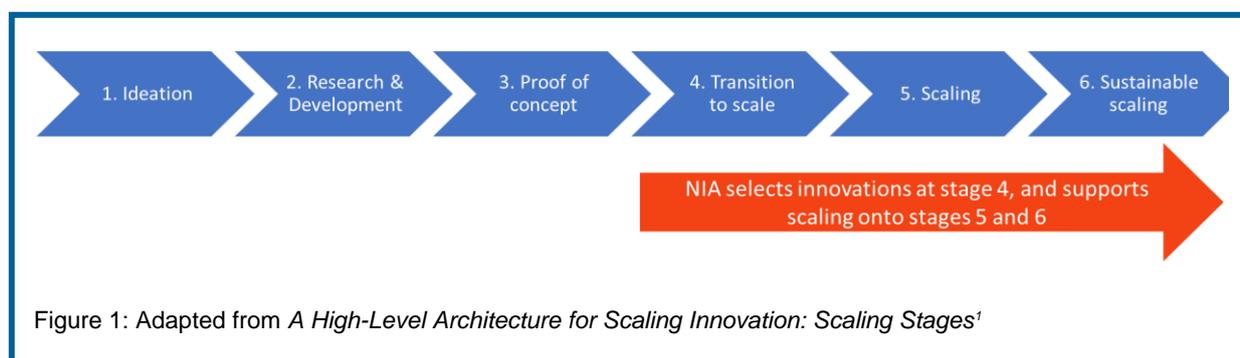


Figure 1: Adapted from *A High-Level Architecture for Scaling Innovation: Scaling Stages*¹

1. *Ideation*: Developing and analysing the development problem and generating potential solutions through horizon scanning of existing and new ideas.
2. *Research and Development*: Further developing specific innovations that have potential to address the problem.
3. *Proof of concept*: When the intellectual concept behind an innovation is field tested to gain an early, 'real world' assessment of its potential.
4. *Transition to scale*: When innovations that have demonstrated small-scale success develop their model and attract partners to help fill gaps in their capacity to scale.
5. *Scaling*: The process of replicating and/ or adapting an innovation across large geographies and populations for transformational impact.
6. *Sustainable scaling*: Wide scale adoption of an innovation at the desired level of scale/ exponential growth, sustained by an ecosystem of actors.

We are looking for committed and passionate individuals who, with the support of their organisation, will become an NIA Fellow able to dedicate two days per week to the NIA.

¹<https://static.globalinnovationexchange.org/s3fs-public/asset/document/Scaling%20Innovation%20DIGITAL%20COPY.pdf?C719IAFtMThwNbUpdcs4TeYI5vYa2u9p>

2a. What are we looking for in applicants?

Innovators from all genders, ethnicities and backgrounds are encouraged to apply for our accelerator. We know that many groups have been underrepresented in our past cohorts and we are keen to move toward a cohort of Fellows that better represents the diversity of the people served by the NHS.

You can be the inventor of the innovation, the lead for it within your organisation, or simply the representative of an innovation you find compelling and wish to scale across the NHS.

We welcome applicants from a diverse range of professional backgrounds and skill sets. Applicants, nationally and internationally, can be from, for example, a:

- Public sector organisation, for example, clinicians, administrators, social workers etc.
- University or Higher Education Institute.
- Charity, Foundation or not-for-profit organisation - this could include, for example, a housing association, a community interest company, community groups or community collective, a social enterprise.
- Small medium enterprise.
- Large corporate.

We are looking for applicants that have a set of strong values and a passion for learning and sharing insights for the benefits of entrepreneurs and the wider care system. We often refer to our Fellows as exceptional, which they are, but not because of their achievements or accolades. They are exceptional because of their passion, values and determination to make a positive impact on the NHS and its patients.

We aim to recruit Fellows who can demonstrate through their application and at interview a range of skills and competencies, including:

- A track record of effectively engaging key stakeholders from diverse groups and/ or cultural backgrounds (e.g., protected characteristics).
 - High emotional intelligence.
 - The ability to articulate a compelling case for change.
 - A history of team and partnership working, including with users.
- Evidence of external orientation.
 - A focus on understanding the perspectives of others, including users and adopters.
 - Actively seeking to learn from others.
 - Willing to openly share insights with a wide range of stakeholders.
- An entrepreneurial approach.
 - Open-minded about adaptation.
 - Prepared to take informed and managed risks.
 - Commercial or business-minded.
 - Courageous and resilient.
- Personal integrity.
 - Commitment to quality of care and improving lives.
 - Patient focused.
 - Inclusive in their practices.
 - Respectful of individuality.

We would like to receive applications from individuals who have a track record of involving a range of critical partners in the development of their innovation work, such as patients, carers, community groups, clinicians, managers and commissioners. The NIA considers the patient and public voice in all aspects of its work; applicants should be able to demonstrate that end users – patients, carers, citizens etc, have been involved in the design and development of their innovation and that they have a continued commitment to patient and public involvement.

You will also need to show that you have, or have access to, a range of skills and knowledge considered important in enabling uptake of innovation which includes effective engagement and communication, marketing, business case development, change management and commercial acumen.

We are looking for applicants who are open to learning and accept the potential need to adapt your innovation and/ or scaling strategy to suit different contexts. You should also be able to demonstrate key personal characteristics, such as ambition, courage and resilience.

The NIA is aimed at individuals. However, we recognise that to scale effectively across England you will be part of a wider team with complementary skills. Whilst **only the lead applicant** will be appointed as an NIA Fellow, there are likely to be events and briefings during the NIA that are open to your wider team.

It will be helpful when applying to detail, if applicable, the roles of different team members and/ or partner organisations, and to outline their relevant experience. Partners may include: patient networks, health or social care providers and commissioners, charities, universities, consultancies and innovation intermediaries.

During the NIA, Fellows will be required to:

- Actively participate in a tailored learning programme and attend all quarterly meetings.
- Support their NIA peers and other entrepreneurs through sharing learning and experiences.
- Show progress in personal development and engaging with the NHS to scale their innovation.
- Contribute to the NIA evaluation through provision of quarterly progress reports and other metrics as determined and agreed with the independent evaluators.
- Uphold the behaviours highlighted in the NIA Code of Conduct.

3. What are we looking for in your innovation?

It is essential that applicants clearly describe and demonstrate how their innovations respond to one of this year's Call Themes. The themes were selected following consultation with stakeholders including NHS staff, AHSNs, patient and public representatives and charities. The themes are:

1. Prevention or treatment programmes for those at greatest risk of poor health outcomes, supporting equity of access, experience, or outcomes; and be targeted at one of the following:
 - a. Individuals from black and minority ethnic communities.
 - b. Individuals living in the bottom income quintile.
 - c. Individuals with a learning disability.

- d. Individuals with autism.
 - e. Individuals with a serious mental illness (SMI).
 - f. Individuals from a health inclusion group (specifically: traveller communities, homeless people).
2. Early diagnosis of disease where early intervention can impact the outcome for patients.
 3. Pro-active personalised care.

Applicants must read the detailed Call Theme briefings in Appendix 1.

Innovations joining the NIA need to meet the following criteria:

- Address one or more of the Call Themes detailed in Appendix 1.
- Address a clear need for patients or the health care system – in the prevention, diagnosis, treatment or long-term management of a health care condition.
- Have demonstrated in practice, not theoretically or hypothetically, significantly greater quality outcomes (including clinical outcomes, experience and safety) for significantly lower cost.
- Openness to addressing health inequalities. The programme will encourage Fellows to consider how accessible their innovation is for people from different socio-economic backgrounds and for those with protected characteristics. The programme will encourage all innovators to step into promoting health equity with their approach.
- Are at the correct phase of maturity - applicants need to demonstrate that their innovation is already in use in a health or care system, has been developed with the extensive involvement of users, is supported by a robust evidence base, and is ready to be used more widely across the NHS. Please refer to Figure 1 for stage of innovation.
- Are financially sustainable and have appropriate intellectual property in place.
- Have satisfied all necessary regulatory and ethical frameworks for use in England.
- Are interoperable with core NHS systems if a digital or digitally enabled innovation.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

- We are therefore asking applicants to describe how they deliver environmentally sustainable solutions. For more information and support, please visit <http://www.sduhealth.org.uk/>.

The following types of innovation are **not appropriate** for the NIA:

- Testing of new drug dosages and clinical administration methods.
- Research into the causes and treatment of illnesses.
- Education and training as the primary purpose or focus of the project.
- Operational research as a principal component of the proposal.

- Early phase development of any innovation as the primary purpose or focus of the project.

When describing the nature and severity of the problem, you may choose to reference factors such as: the significance and impact of the health issue on patients and their quality of life; the consequences for long term wellbeing and mortality; and the wider impact of the problem locally or nationally. Applicants should draw on information such as population prevalence and incidence and cost to health services and wider society.

You will need to provide robust evidence to demonstrate the impact of your innovation and the health economic benefits.

In your application, you will need to describe competitors, and the added value or unique selling point your innovation brings compared with existing practices and other innovations on the market or under development.

To find out more as to whether your innovation is suitable for the NIA, please join one of our information events and webinars detailed in section 7.

3a. Your scaling or implementation plan

The NIA aims to support you to scale your innovation at pace for greater patient, population and NHS benefit.

Within the application, you should describe your strategy for increasing uptake and give examples of who and how you have involved stakeholders, for example, clinicians, patients and users, in developing the strategy.

You will need to detail processes you have undertaken to ensure your innovation is ready to be scaled further (e.g., securing regulatory approval) in England.

The NIA will provide access to expertise to shape and refine your strategy if you are selected to join the programme. However, at applicant stage you should be able to:

- Detail where your innovation is currently being used.
- Demonstrate that you have investigated the potential enablers and barriers to scaling your innovation.
- Demonstrate that you have considered the impact of your scaling approach on different communities.
- Explain the approaches you have tried to date, and what you have learnt from this.
- Describe the scaling ambition and projections for your innovation, along with your business model.
- Demonstrate your openness to learn and adapt your strategy, if relevant.

Your scaling or implementation plan will not be scored during the assessment process; it will receive feedback from Assessors to inform areas of support needed in the future as well as probed further during the interview stage.

4. Why apply to the NHS Innovation Accelerator?

The principle behind the NIA is that if we can wrap bespoke support around values-driven, inspiring individuals with compelling evidence-based innovations, then innovations will be taken up at pace across the NHS. As such, the support and development provided through the NIA will be tailored to your needs and aspirations as well as that of your innovation.

4a. Benefits of participation

Bespoke support is delivered predominantly through the following mechanisms:

- Access to mentorship from a range of experts and high-profile mentors, representing a broad skills base.

The following are the current NIA Mentors:

- Dr Adam Kirk, Medical Director at my mhealth; Consultant Physician.
- Adrian Downing, Independent Consultant specialising in Healthcare SMEs.
- Professor The Lord Ajay Kakkar; Chairman, King's Health Partners; Professor of Surgery, UCL.
- Andreas Haimboeck-Tichy, Director of Health, Social Care and Life Sciences, IBM.
- Professor The Lord Darzi of Denham, Director of the Institute of Global Health Innovation, Imperial College London.
- Dr Archana Sharma, Founder of Neem Tree Press; Medical Doctor; expert in finance and healthcare.
- Dr Arun Krishna, Head of Franchise, Oncology, AstraZeneca.
- Dr Ben Maruthappu, Co-founder and CEO, Cera.
- Bobby Kaura, Seed investment and International development, Illumina Accelerator Cambridge.
- Dr Celia Ingham Clark, Medical Director for Clinical Effectiveness, NHS England and NHS Improvement.
- Ed Jones, Independent adviser; Formerly Chief of Staff to the Foreign Secretary and Advisor to the Secretary of State for Health.
- Fiona Bride, Director of Market Access, Novartis.
- Gary Gallen, CEO and founder of rradar.
- Dr Harpreet Sood, NHS primary care doctor; Senior Advisor in Health Technology at Reckitt Benckiser.
- Hassan Chaudhury, Global Digital Health Specialist, Healthcare UK.
- Ian Thompson, Independent Digital Health Specialist.
- Professor Joanne Hackett, Head of Genomic and Precision Medicine, IQVIA.
- Professor Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England and NHS Improvement.
- Jon Spiers, Former CEO, Autistica.
- Juliet Armstrong, Independent Transformational Change and Digital Transformation Specialist.
- Kay Boycott, Independent Advisor and Strategy Consultant.
- Manish Miglani, Investment Director, Nesta.
- Dr Mayur Vibhuti, GP and NHS England Clinical Entrepreneur Fellow.
- Dr Nick Ibery, Associate Partner, Pangea Investors; Medical Doctor; Lawyer.
- Nick Allen, Industry Procurement Adviser, Health Innovation Manchester.
- Pam Garside, Partner, Newhealth; Fellow, Judge Business School, University of Cambridge.
- Robert Mollen, US-qualified corporate lawyer resident in Fried Frank's London office since 1991 and member of London Tech Advocates.
- Dr Samantha Barrell, Chief Operating Officer, The Francis Crick Institute.
- Sharlene Lopez, Founder & CEO, Eye catcher; Brand & Communications Expert.

- Professor Sudhesh Kumar, Dean of the Warwick Medical School; Director of the Institute of Digital Healthcare, University of Warwick.
- Professor Tony Young, National Clinical Director for Innovation, NHS England and NHS Improvement.
- Connection to AHSNs across the country who can provide, for example, local networking, navigation, showcasing, critical challenge and support.
- Regular meetings and critical challenge from the NIA Core Team based at UCLPartners.
- Peer to peer support from the NIA Fellows, those recruited in 2020 and in 2021, enabled through an online forum, regular newsletters and;
 - Quarterly events that bring all Fellows together to share learnings, access specialist support and collectively problem solve.
 - Workshops and webinars on key topic areas including business models, business case development, leadership and resilience, pitching to key target groups.
 - Ad hoc events and briefings; previous sessions have included NHS procurements, marketing and communications, behavioural economics, NHS Commissioning, Legal and Intellectual Property.
- Access to a bursary of up to £20,000 that can be used to support the scaling of your innovation and for travel and subsistence for your participation at NIA events. For clinical applicants the bursary can, with agreement, also be used to backfill clinical commitments.

Additionally, we continue to build partnerships with a range of complementary organisations to augment the support offer available to Fellows. For example:

- [London Stock Exchange Group's Elite programme](#) has offered investment and commercialisation expertise.
- One-to-one support via [Innovate UK](#).
- [Healthcare UK](#).
- Further organisations who have directly supported Fellows include, for example, [Genomics England](#), [Health Education England](#), [MSD](#), [Petrichor](#) and [Tenx Health](#).
- Members from [Tech London Advocates](#) contribute time and mentoring support to Fellows.
- Collaboration with other Innovation/ Fellowship programmes such as the [NHS England and NHS Improvement Clinical Entrepreneur training programme](#).

Whilst on the programme you can expect to benefit from a range of support including:

- **Insight** into the changing policy context of the NHS.
- **Introductions and showcasing** opportunities to relevant NHS commissioners, leaders etc.
- **Navigation** of the innovation and research infrastructure both within and outside the NHS.
- **Critical challenge** and support to refine plans through access to expert advice.
- **Reputation building:** association with the brand of the NIA and its partners.
- **Influencing national policy:** opportunities to share experiences with senior leaders at NHS England and NHS Improvement to explore how to unlock systemic barriers to adoption. One mechanism for this is via the NIA Programme Board, chaired by Professor Stephen Powis, National Medical Director, NHS England and NHS Improvement.

4b. What your time on the NIA will involve

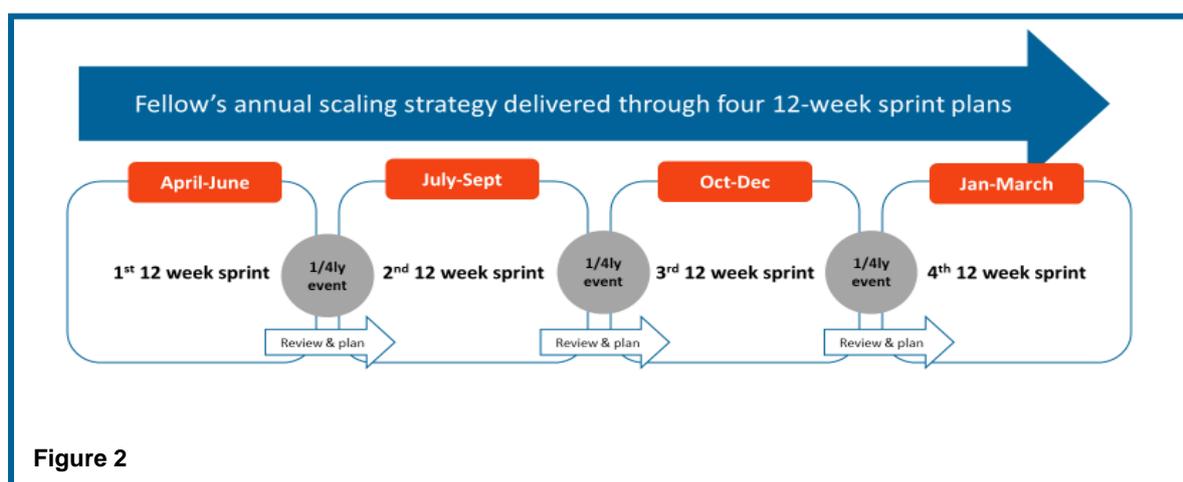
The time commitment for the NIA is two days per week. The two-day commitment covers the time you will spend on actively scaling your innovation and your participation in the NIA (e.g., attendance at quarterly events, working up and implementing sprint plans, providing updates to the NIA team, meeting mentors and lead AHSNs etc.). Whilst this time commitment does not preclude involvement in other developmental schemes outside of the NIA Fellowship, it is required that Fellows commit two days to the NIA during normal working hours.

Prior to the formal start of the 2022 intake in April 2022, there are a series of sessions during March 2022 designed to give an induction to the NIA and to support Fellows to develop robust strategies for scaling in the NHS. These dates are detailed in section 7 page 15, below. Please ensure you can attend all the compulsory dates listed and that your employing organisation understands that attendance at the events **is a condition** of the Fellowship.

For some Fellows, the two days commitment whilst on the NIA, will be part of your normal jobs - where scaling the innovation is everyday business. For others, particularly those who are based in clinical roles, it might mean a different set of tasks from the day to day. This could range from building a compelling business case for intended purchasers; developing and executing a stakeholder engagement and marketing plan; building a network; refining the health economic case; presenting to target purchasers and so on.

We would expect the two days per week will vary for each Fellow depending on the type of innovation and their strategy for scaling.

The NIA is structured into a set of four 12-week sprints, with the aim of supporting Fellows to learn fast and to provide focused momentum throughout the year. For each 12-week sprint, Fellows set out the actions they will undertake to scale their innovations as well as detailing the support they need from the programme to deliver these plans.



At the start of each sprint, you will receive critical challenge and support as to your sprint plan from the NIA Core Team. You will also meet with the NIA Team six weeks into each sprint plan to determine any additional support, signposting and navigation to expertise where needed.

The quarterly events provide an opportunity for Fellows to review learning and plan for the next sprint.

Testimonials from NIA Fellows

“The NIA gets the ball rolling.”

Bieke Van Gorp, Fibrichex, 2020 Fellow

“The NHS Innovation Accelerator (NIA) gave me the insights and contacts within Primary Care to enable this previously unknown sector to become alive with enthusiasm for Kardia Mobile, with GPs, Practice Nurses and patients all benefitting and saving the NHS thousands.”

Francis White, AliveCor Kardia Mobile, 2015 Fellow

“This is a revolutionary programme in the NHS to give innovators the skills and guidance to support fast and systematic spread of innovation across the NHS. It has been a fantastic experience for me and my innovation and I would recommend this programme to any entrepreneur.”

Dr Maryanne Mariyaselvam, Non-injectable Arterial Connector (NIC)/WireSafe, 2015/16 Fellow

“From the process of application, to interviews and eventual acceptance and implementation, you will learn a huge amount - about patients' needs, the NHS needs' and your own needs for development. It's an amazing opportunity.”

Dr Sophie Bostock, Sleepio, 2016 Fellow

“The NHS Innovation Accelerator focuses not just on the innovation, but also on the innovator. It opens doors, supports networking, and helps in overcoming challenges in adopting innovation.”

Dr Asma Khalil, Home monitoring of hypertension in pregnancy (HaMpton), 2017 Fellow

“Brilliant, thank you. What an amazing experience this is!”

Amy Manning, S12 Solutions, 2019 Fellow

4c. What happens after the initial 12 months of the NIA programme?

NIA Fellows, to date, have been offered the opportunity to apply through an application form process, to continue on the NIA each year. The NIA Programme Board has agreed that Fellows can be supported for up to, but no more than, three years.

The NIA Programme Board assess Fellow's annual re-applications against the following criteria:

- *Demonstrable progress and learning:* as could reasonably be expected during the first 12 months.
- *Sharing insights:* detailing with whom and through which mechanisms.
- *Sustainability:* viable plan and business model in place for continued scaling within the NHS.
- *Time commitment:* attendance at quarterly events and regular sharing of progress and learnings.

Those eligible to continue will access the same benefits as detailed within section 3a, through attendance at the quarterly learning events, access to mentorship, participation in the NIA evaluation and any specific requests made of the NIA Core Team. However, the nature of the support will be less formal and structured. Furthermore, there is no bursary funding available beyond the initial 12 months of the programme.

The process for continuation beyond the initial 12 months and detail of the support available in years two and three will be reviewed annually. As such, these may not be the same for the 2022 intake of NIA Fellows.

5. Details on how to apply

Once you have read this Call for Applications, please:

- Read the Call Themes detailed in Appendix 1.
- Read the Guide for Applicants.
- Review the wording of the draft contract and Code of Conduct, which both you and your organisation will need to sign should you be invited to join the NIA.

Once you are assured that you and your innovation meet the criteria specified, that you can commit to the time requirements, including attendance at all quarterly events and that you have the support of your employing organisation, please visit <https://nhsaccelerator.com/apply/> and:

- Complete the application form.
- Provide an organisational signature and if relevant any additional supporting information.

The deadline for completed applications is **23:59, 10 October 2021**. Late applications will not be accepted.

5a. Support in completing the application form

UK based Applicants

Your local Academic Health Science Network may be able to provide support and advice in applying for the NIA. Find your local AHSN here: <https://www.ahsnnetwork.com/>.

If you are new to completing application forms of this nature and are based in the UK, independent advice provided by the Knowledge Transfer Network on structuring and producing a compelling application is available. Applicants can register their interest for this support by emailing NIA@uclpartners.com by 22 September 2021. A draft of the proposed application will need to be completed by this date and feedback will be provided by telephone or an online platform on 1 October 2021. Support will be offered on a first come, first served basis.

International Applicants

You should contact Healthcare UK to access the dedicated support on offer for international companies looking to come to the UK.

6. Assessment process

Applications will be assessed as follows:

- **Screening:** The NIA Core Team will screen all applications to ensure they are complete and meet the minimum criteria for participation:
 - Is there a single named lead applicant?
 - Can the applicant commit to at least 2 days per week?
 - Does this innovation address at least one of the Call themes?

- Is there evidence to support the impact for the innovation?
 - Is the innovation in use in at least one healthcare site, either within or outside of the NHS?
- **Assessment:** Each application will be assessed by a representative group of assessors drawn from: patients, clinicians, commissioners, commercial and implementation experts and academics. Experts will be sourced via patient and clinical networks, AHSNs and NHS England and NHS Improvement among others. At least six assessors will score each application form and make a recommendation as to whether the application should proceed to interview stage. Assessors will score each applicant and innovation, as well as provide feedback regarding scaling strategies.

Shortlisting: The NIA Programme Board will review scores and feedback from the assessment stage, ranking applications by the average of the Applicant and Innovation score. The top 32 applications, who have scored a minimum of 75% in each of the Applicant and Innovation sections, will be offered an opportunity of an interview.

- NICE: NICE will conduct an informal review of the applications offered for interview and provide feedback on the following:
 - Innovation alignment with NICE guidelines.
 - Any contradictions with NICE guidelines or direction of travel.
 - Any major concerns with the evidence provided.
- **The NHS England and NHS Improvement review:** NHS England and NHS Improvement will informally review all applications shortlisted for interview.
- **Interviews:** Interview panellists will be sourced from patient networks, NHS England and NHS Improvement, AHSNs, NIA mentors and organisations supporting the NIA (e.g. UKTI). At least six panel members will interview. The panel will score each interviewee according to the criteria detailed within the call documents and make recommendations. The recommendations will be collated and presented to the decision-making panel.
- **Decision-making panel:** The decision-making panel will consider the resulting scores and recommendations from the selection process. The panel will be chaired by Professor Stephen Powis and include representation from AHSNs and patients. The panel will ratify which of the applications will join the NIA in 2022 subject to due diligence.

All unsuccessful applicants at both assessment and interview stage will receive written feedback.

- **Due Diligence:** After the decision-making panel, successful applicants will be offered a conditional place on the NIA subject to a due diligence process. During this process:
 - References will be requested as per the details provided in your application
 - (For SMEs only) Fellows will be asked to provide 3-years' worth accounts, a list of directors and information to determine the company's sustainability
 - You will be asked to confirm the intellectual property arrangements your innovation has in place.
 - Fellows will be required to complete an information governance checklist.

7. Key dates

Activity	Date
NIA opens for applications	1 September 2021
'Meet the NIA' information events	Wednesday 1 September 12:00 - 13:00 Thursday 9 September 12:00 - 13:00 Monday 20 September 12:00 - 13:00 Tuesday 5 October 12:00 - 13:00
Application deadline	23:59, 10 October 2021
Application form assessment	29 October – 19 November 2021
Shortlisting panel	10 December 2021
Invitation to interviews	15 December 2021
Unsuccessful applicants notified	15 December 2021
Interviews	10, 11, 12, 13 & 14 January 2022
Final decision-making panel	26 January 2022
Outcomes communicated to applicants	3 February 2022
Due diligence and contracting	4 February – 25 February 2022
Feedback sent to unsuccessful applicants	25 February 2022
<i>The following dates/ sessions are a mandatory part of the NIA. You will not be able to take up a fellowship unless you are able to attend each of them.</i>	
New Fellow 1:1 meetings with NIA team	w/c 21 March 2022
Induction and preparation day for NIA Launch	21 March 2022
Launch event	31 March 2022
NIA induction event/ panel session	4 April 2022
Quarterly events	Monday 9 May 2022 Wednesday 20 Jul 2022 Thursday 30 September 2022 Tuesday 1 February 2023
NIA Summit	March 2023 date tbc

8. Who delivers the NIA?

NHS England and NHS Improvement

NHS England and NHS Improvement leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS, and encourages and informs the national debate to improve health and care.

NHS England and NHS Improvement wants everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

Academic Health Science Networks

The Academic Health Science Networks (AHSNs) have the remit of spreading innovation, improving health and generating economic growth. There are 15 AHSNs across England, established by NHS England in 2013 to spread innovation at pace and scale. During 2016, the AHSNs agreed to collectively deliver the NIA as an AHSN Network programme in partnership with NHS England and NHS Improvement.

All 15 AHSNs provide direct financial support and governance of the programme, alongside actively supporting Fellows.

- East Midlands
- Eastern
- Health Innovation Manchester
- Health Innovation Network
- Imperial College Health Partners
- Kent, Surrey and Sussex
- North East and North Cumbria
- Innovation Agency: North West Coast
- Oxford
- South West
- UCLPartners
- Wessex
- West Midlands
- West of England
- Yorkshire & Humber

For more information visit www.ahsnnetwork.com.

UCLPartners

UCLPartners is an academic health science partnership that brings together people and organisations to transform the health and wellbeing of the population.

With partners from the NHS, social care and academia, UCLPartners supports improvements in discovery science, innovation into practice and population health, focusing where the need and benefit is greatest.

For more information visit www.uclpartners.com.

9. Checklist for applications

Before applying, please ensure you are able to answer affirmatively to all the requirements in the checklist below:

	Requirements
Applicant	<p>You must be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrate the necessary skills and competencies as detailed in 2a <input type="checkbox"/> demonstrate why you want to be an NIA Fellow and what you expect to get out of the programme <input type="checkbox"/> commit 2 days a week to scaling your innovation and participating in the NIA <input type="checkbox"/> attend all the mandatory NIA event dates <input type="checkbox"/> be willing to openly share insights and learning <input type="checkbox"/> actively engage in the fellowship <input type="checkbox"/> confirm support from your employers for your place on the programme
Innovation	<p>Your innovation must demonstrate that it:</p> <ul style="list-style-type: none"> <input type="checkbox"/> meets a current NS need by addressing one or more of the Call Themes set out in Appendix 1 <input type="checkbox"/> has a robust evidence base <input type="checkbox"/> addresses, and does not exacerbate, health inequalities <input type="checkbox"/> is at the correct phase of maturity set out in Figure 1 <input type="checkbox"/> is already in use in a health or care setting <input type="checkbox"/> is ready to be scaled further across the NHS <input type="checkbox"/> is financially viable <input type="checkbox"/> has satisfied all necessary regulatory, intellectual property and ethical frameworks for use in England <input type="checkbox"/> is an environmentally sustainable solution <input type="checkbox"/> has had considerable patient input into its development to date and in its plan for future developments <input type="checkbox"/> is interoperable with core NHS systems (for digital innovations)
Scaling Strategy	<p>Your scaling strategy should be able to demonstrate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> your innovation is currently being used in at least one site <input type="checkbox"/> the potential enablers and barriers to scaling have been considered <input type="checkbox"/> the approaches you have tried to date, and what you have learnt from this <input type="checkbox"/> consideration of the impact of your scaling approach on different communities <input type="checkbox"/> the scaling ambition and projections for your innovation, along with your business model <input type="checkbox"/> your openness to learn and adapt your strategy

Appendix 1: NIA 2022 Call Themes

Theme 1: Supporting equity of access, experience or outcomes for those at greatest risk of poor health outcomes.

As reported in *Health Equity in England: The Marmot Review 10 Years On*¹:

“Increases in life expectancy have slowed since 2010 with the slowdown greatest in more deprived areas of the country. Inequalities in life expectancy have increased since 2010, especially for women. Female life expectancy declined in the most deprived 10 percent of neighbourhoods between 2010-12 and 2016-18 and there were only negligible increases in male life expectancy in these areas...There are growing regional inequalities in life expectancy. Life expectancy is lower in the North and higher in the South. Within regions, life expectancy for men in the most deprived 10 percent of neighbourhoods decreased in the Northeast, Yorkshire and the Humber and the East of England. Life expectancy for women in the most deprived 10 percent of neighbourhoods decreased in every region except London, the West Midlands and the Northwest.” (Page number 13).

Since the publication of this report, COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It is increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, those with a learning disability and others with protected characteristics.² The newly appointed Director for Health Inequalities at NHS England, Dr Bola Owolabi, has said:

“COVID-19 has pushed health inequalities firmly up the priority list of health leaders and politicians alike. Now that we have their attention, we must take the specific measurable actions that we know can make a real difference to the life chances of many people who have been underserved for a long time.”³

This was echoed in the Long Term Plan (LTP) and the 2021/22 Operating Plan guidance⁴

We want to see innovations focused on equity of access, experience or outcomes for those at greatest risk of poor health outcomes.

We are interested to hear about all types of innovations (e.g., service, pathway, process, workforce, device, IT platform or app) targeted at any point in the care pathway - prevention, diagnosis, treatment or rehabilitation - for those at greatest risk of poor health outcomes, supporting equity of access, experience, or outcomes; and be targeted at one of the following:

- Individuals from black and minority ethnic communities
- Individuals living in areas of social deprivation
- Individuals from a health inclusion group (specifically: traveller communities, homeless people)
- Individuals with a learning disability
- Individuals with autism
- Individuals with a serious mental illness (SMI)

If your innovation has a digital component, we would welcome a discussion about how you are / can think about and begin to address possible digital exclusion.

¹ [Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)

² [Disparities in the risk and outcomes of COVID-19 \(Public Health England, Jun 2020\)](#)

³ [NHS England » Tackling health inequalities in the NHS](#)

⁴ [NHS Long Term Plan and 2021/22 priorities and operational planning guidance](#)

Theme 2: Early detection or diagnosis

Early detection or diagnosis of a disease plays an important role in the quality of life of each patient. If diagnosed at an early stage some diseases can be cured fully or certain disease states can be reversed. For others, it may mean longer survival rates. Diagnosing a disease while it is asymptomatic is the aim of many public health screening programmes in the UK. This is behind the establishment of many public health programmes for chronic diseases like cancer, respiratory disease, diabetes, and cardiovascular disease.⁵

The LTP sets out an ambition to transform cancer care so that from 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis and three in four cancers (75%) will be diagnosed at an early stage. Earlier diagnosis is critical to meeting this survival ambition, as it means patients can receive treatment when there is a better chance of achieving a complete cure.⁶ However, the effects of COVID-19 on the capacity of the health system have slowed down the diagnosis colorectal cancers. There was a 63% reduction of suspected colorectal cancer referrals and 92% reduction in number of colonoscopies compared to April 2019. Although these numbers returned to 2019 levels in October 2020, there is an increasing backlog that will inevitably present, possibly with later stage cancer.⁷

In other areas, cardiovascular disease (CVD), causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. The LTP has identified this as the single biggest area where the NHS can save lives over the next 10 years. CVD is largely preventable, through lifestyle changes and a combination of public health and NHS action on smoking and tobacco addiction, obesity, tackling alcohol misuse and food reformulation. Early detection and treatment of CVD can help patients live longer, healthier lives. Other countries have made progress on identification and diagnosis working towards people routinely knowing their 'ABC' (AF, Blood pressure and Cholesterol).⁸

Respiratory disease is the third biggest cause of death in the UK. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admission. The LTP sets out a commitment to targeting investment in improved treatment and support for those with respiratory disease, with an ambition to transform outcomes to equal, or better, our international counterparts. Incidence and mortality rates for those with respiratory disease are higher in disadvantaged groups and areas of social deprivation. The LTP sets a commitment to reduce variation in the quality of spirometry testing across the country, improving the diagnosis of respiratory conditions.

We want to see innovations focused on early diagnosis of all diseases.

We are interested to hear about all types of innovations (e.g., service, pathway, process, workforce, device, IT platform or app) that offer a way to diagnose disease early. This applies to all disease areas where an early diagnosis can support:

- patients to live a better quality of life/ better health care experiences and outcomes.
- health care to deliver or organise care differently – to improve patient outcomes and/ or to create internal efficiencies in processes and/ or freeing up workforce time.

If your innovation has a digital component, we would welcome a discussion about how you are / can think about and begin to address possible digital exclusion.

⁵ [Early detection of disease and scheduling of screening examinations - PubMed \(nih.gov\)](#)

⁶ [NHS Long Term Plan](#) and [NHS England » 2021/22 priorities and operational planning guidance](#)

⁷ [Impact of the COVID-19 Pandemic on Colorectal Cancer Screening: a Systematic Review \(nih.gov\)](#)

⁸ [NHS Long Term Plan](#)

Theme 3: Delivery of pro-active personalised care

The health and social care system is facing unpredicted demands due to demographic and financial pressures; technological advances and changing attitudes towards people wanting to be more in control of their health and wellbeing. There is growing evidence that by involving people in decisions about their health and care we will improve their health and wellbeing; improve their quality of care; and ensure they make more informed use of healthcare resources.⁹

People with Long Term Conditions (LTC) and Complex Needs make up about 30% of the population and are not always well serviced by our current system, which can be fragmented and often results in overdiagnosis, over-prescribing and over-treatment:

- 70% of each health pound is spent on supporting people with LTC, who also account for 50% of all GP appointments and 70% of hospital beds.
- National surveys tell us that over 40% of people want to be more involved in decisions about their care, and similarly 40% of people living with LTC want more support to manage their health and wellbeing on a day-to-day basis.¹⁰

The NHS Long Term Plan has made a commitment that up to 2.5 million people will have the same level of choice and control over their mental and physical health as they have come to expect in every other aspect of their life. Valuing people as active participants and experts in the planning and management of their own health and wellbeing ensures that the outcomes and solutions developed have meaning to the person in the context of their whole life, leading to improved chances of successfully supporting them.¹¹

Integrating health and social care at the point of assessment and planning means the person will not have to repeatedly share their story time and time again, as they will have one assessment and planning experience that results in a single integrated personalised care and support plan.¹²

We want to see innovations that support pro-active personalised care.

We are interested to hear about all types of innovations (e.g., service, pathway, process, workforce, device, IT platform or app) that support health and social care to deliver a comprehensive model for personalised care, that is proactive and multi-disciplinary and that links with and supports delivery of one of the following:

- personal health budgets;
- social prescribing referrals;
- personalised care and support plans;
- and person-centred segmentation and risk stratification to identify at-risk groups.

This could be around any health condition or in the identification of groups at risk of emergency admission/ re-admission and the rehabilitation that can be provided to these individuals. We would love to see innovations that support health and social care services to work together to keep people as well as they can be.

⁹ [NHS England » House of Care – a framework for long term condition care](#)

¹⁰ [NHS England » House of Care – a framework for long term condition care](#)

¹¹ [NHS Long Term Plan](#)

¹² [NHS England » Personalised care and support planning](#)