NHS Innovation Accelerator: 2025 intake Call for Applications

Contents

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

1a. About the NIA

The NHS Innovation Accelerator (NIA) is an award-winning [Accelerated Access Collaborative](#) and [NHS England](#) initiative, delivered in partnership with all 15 [Health Innovation Networks (HINs)](#) and hosted at [UCL Partners](#).

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 aim is to drive ground-breaking innovations that target key areas of healthcare disparities, aligning with the [Core20PLUS5](#) approach to reducing healthcare inequalities.

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 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 Sir Stephen Powis, National Medical Director of NHS England, the NIA has held annual calls for innovations since 2015 and to date has supported over 100 Fellows representing over 100 innovations across the NHS, achieving some impressive results:

- 3,379 additional NHS sites using NIA innovations.
- £218.4M external funding raised.
- 1,261 new jobs created.
- 228 awards won.

The NIA is now opening recruitment to select up to 24 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 was co-designed with NHS England and Health Innovation Network (HIN) 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 evidence-based innovations, sourced nationally and internationally, which address clear needs or challenges faced by the NHS and wider care system in the delivery of the *NHS Long Term Plan*, and more recently, in response to COVID-19 and the *Core20Plus5 manifesto*.

- **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 to mature innovations developed through the Small Business Research Initiative (SBRI) and Clinical Entrepreneur Programme, and aims to provide a pipeline within the Accelerated Access Collaborative.

- **Delivering through partnership:** Developing a robust, broad multi-stakeholder national and international community - involving patient networks, HINs, along with mentors and sponsors, and national and international experts - allowing opportunities and collaborations for Fellows, to which they may otherwise not have access.

- **Effective communications:** Working efficiently with the HIN Network and NHS England'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 policymakers, 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* and the *Core20Plus5 manifesto*.

- **Reducing health inequalities:** Supporting Fellows in understanding the role they and their innovation can play in alleviating health inequalities. Providing learning opportunities and bespoke support 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.

- **Working with Greener NHS towards Net Zero**: collaborating with Greener NHS to make sure our Fellows are "climate-ready" in helping to reduce carbon emissions in healthcare. As outlined in the [Delivering a Net Zero NHS](#) publication, the NHS has set two targets:
  - To be net zero by 2040 for directly controlled emissions,
  - To be net zero by 2045 for emissions that the NHS influences.

- **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.

- **Patient and Public Involvement (PPIE):** ensuring patient involvement and lived experience informs the development and scale of the promising innovations supported by the NIA. Patient involvement includes:
  - Patient representatives the NIA Programme Board, governing NIA strategy,
  - patient representatives on the NIA Operational Board, overseeing the day-to-day running of the NIA,
  - Patients involved in the short-listing of applications and the interviewing process for new innovations to be accepted on the NIA.

2. Who is the NIA for?

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

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

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

Figure 1: Adapted from *A High-Level Architecture for Scaling Innovation: Scaling Stages*
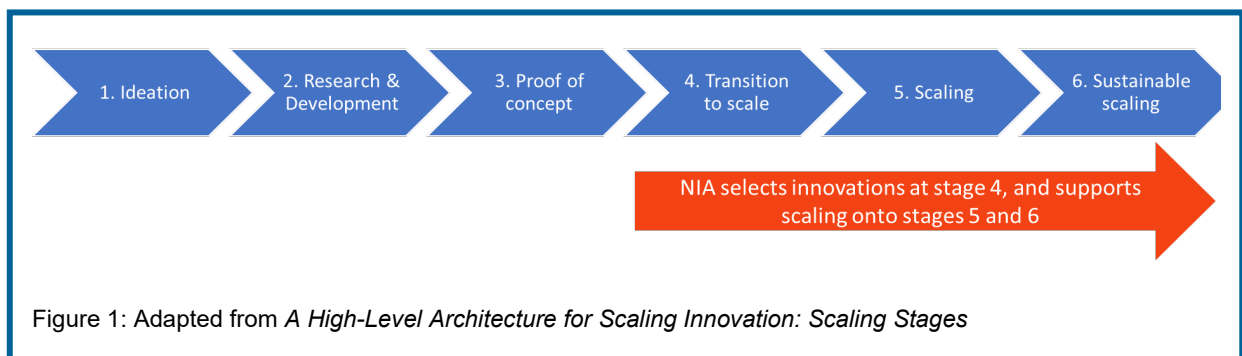
1. *Ideation:* Developing and analysing the development problem and generating potential solutions through horizon scanning of existing and new ideas.
2. *Research and Development:* Further developing specific innovations that have the potential to address the problem.

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 factors.

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 scaling their innovation.

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 benefit 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 can 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. **Only the lead applicant** will be appointed as an NIA Fellow and will be given full access to the range of NIA support opportunities. There are, however, 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 and Year 1 events.
- 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.

Continuation on the programme in Year 1, and progression onto Years 2 and 3, will be dependent on the Fellow demonstrating that they have met all the requirements highlighted above.

3. What are we looking for in your innovation?

It is essential that applicants clearly describe and demonstrate how their innovations respond to a healthcare challenge, and how their innovations provide a solution to that challenge above what is currently being done.

For the 2025 intake, the NIA is seeking high impact, evidence-based innovations that can address any challenge the healthcare system faces.

Criteria
Innovations joining the NIA need to meet the following criteria:

- Address any of the current health and social care system priorities. There are no specific themes for the 2025 intake. Whilst there is no specific theme, Appendix 1 at the end of this document highlights some challenges stakeholders have raised over the past few months; innovations that address one of these key challenges are more likely to be prioritised both in the NIA recruitment call and also for procurement within the wider health and social care landscape.

- Address a clear need for patients or the health care system – in the prevention, diagnosis, treatment, or long-term management of a healthcare condition.

- Address healthcare inequalities, especially in relation to population groups and major conditions in NHS England's Core20PLUS5 approach to reducing healthcare inequalities. Innovations should be accessible to and usable by patients and public in all communities and should not place any group at a disadvantage due to their personal characteristics or background.

- Have considered the impact of their innovation on health inequalities and if applicable, the actions needed to mitigate any negative impact. The programme will expect Applicants to have considered at the very least the accessibility of their innovation to people from different socio-economic backgrounds and to those with protected characteristics. The programme will expect (and provide support to) all innovators to step into promoting health equity in their approach.

- Have demonstrated in practice, not theoretically or hypothetically, significantly greater quality outcomes (including clinical outcomes, experience, and safety) for significantly lower cost; this can be achieved in a real-world setting, a pilot site or a clinical trial.

- Are at the correct phase of maturity - applicants need to demonstrate that their innovation is already in use in a health or care system *anywhere in the world*, 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 on page 5 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.

Environmental Sustainability

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 on what this entails, please visit Greener NHS.

Types of Innovations that should not apply.

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.

To consider when completing your application

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. All innovations appointed to the NIA from 2024 onwards will be put through a Maturity Matrix assessment during the due diligence phase of the recruitment, and at set intervals, to measure the innovation's readiness to be adopted, and maturity using pre-set criteria.

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.

4. Why apply to the NHS Innovation Accelerator?

The principle behind the NIA is that if we can wrap bespoke support around value-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, Co-Founder and Director at Mylocalsurgery and Apollo Innovation.
  - Adrian Downing, Independent Consultant specialising in Healthcare SMEs.
  - Professor The Lord Ajay Kakkar, Chairman at King's Health Partners; Professor of Surgery at UCL.
  - Dr Aman Gupta, Medical Affairs Manager and NHS Anaesthetist at Pfizer UK and NHS.
  - Amir Hashmi, CEO at ZSAH.
  - Andreas Haimboeck-Tichy, Managing Director of Healthcare UKI at Accenture.
  - Professor The Lord Ara Darzi of Denham, Director of the Institute of Global Health Innovation, Imperial College London.
  - Dr Archna Sharma, Founder of Neem Tree Press and Medical Doctor.
  - Bob (Robert) Mollen, US-qualified corporate lawyer at Fried Frank.
  - Bobby Kaura, Seed investment and International Development at Illumina Accelerator Cambridge.
  - Dr Celia Ingham-Clark, Medical Director for Clinical Effectiveness, NHS England.
  - Ed Jones, Independent adviser; Formerly Chief of Staff to the Foreign Secretary and Advisor to the Secretary of State for Health.
  - Elisa del Galdo, Independent Consultant specialising in Business Development.
  - Fiona Bride, Director of Medicines, Value and Access at NHS England
  - Gary Gallen, CEO and founder of rradar.
  - Dr Harpreet Sood, NHS primary care doctor.
  - Hassan Chaudhury, Global Digital Health Specialist and Commercial Director at Vital Healthcare.
  - Ian Thompson, Independent Digital Health Specialist.
  - Jack Severs, Senior Associate - European Patent Attorney and Chartered Patent Attorney at Gill Jennings & Every LLP.
  - Jenny Chong, Non-Executive Director Medway NHS Foundation Trust; expert in digital health.
  - Jim McDonald, Senior Programme Manager, Digital Transformation at NHS Midlands and Lancashire Commissioning Support Unit.
  - Professor Joanne Hackett, Head of Genomic and Precision Medicine at IQVIA.
  - Professor Sir John Burn, Professor of Clinical Genetics at Newcastle University; Non-Executive Director at NHS England.
  - Jon Spiers, Chief Executive Officer at Royal Free Charity.

- o Juliet Armstrong, Independent Transformational Change and Digital Transformation Specialist.
- o Kay Boycott, Independent Advisor, Chair and Non-Executive Director; specialist in commercialisation.   .
- o Kelly Lin, Senior Associate at Newmarket Consulting & Freelance Consultant; formerly Deputy Director in the Innovation, Research and Life Sciences team in NHS England.
- o Lucie Jaggar, Group Chief Procurement Officer Legal and General Ltd; formerly Chief Procurement Officer within the NHS.
- o Manish Miglani, Investment Director, Nesta.
- o Dr Mark Jenkins, Co-Founder at Oviva; NIA Alumnus.
- o Martin Gossling, Head of Innovation at University Hospital Southampton NHS Foundation Trust.
- o Dr Mayur Vibhuti, GP and Clinical Entrepreneur Fellow at NHS England.
- o Dr Nicholas Ibery, Associate Partner and Medical Doctor and Lawyer at Pangea Investors.
- o Pollyanna Jones, Partner - Health and Life Sciences at Monstarlab.
- o Ross O'Brien, Co-Founder of UK XR Health Alliance; NIA Alumnus, specialist in AI, Immersive Health, mental health and digital.
- o Dr Sam Barrell CBE, currently Deputy Chief Executive Officer, the Francis Crick Institute and as of 1 October 2024, Chief Executive Officer, LifeArc.
- o Professor Sudhesh Kumar, Dean of the Warwick Medical School; Director of the Institute of Digital Healthcare, University of Warwick.
- o Professor Tony Young, National Clinical Director for Innovation, NHS England; Founder of the NHS Clinical Entrepreneur Programme.
- o Tristi Tanaka, Head of Digital Innovation and Transformation at Shropshire, Telford and Wrekin ICB.
- o Vincent Sai, Group Chief Executive at Modality Partnership.

- Connection to HINs 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 UCL Partners.

- Set packages of support around addressing Healthcare Inequalities, Patient and Public Involvement and Engagement, and Net Zero, where Fellows will receive 1:1 support in benchmarking their current position against the NHS criteria or asks in these areas, in order to create tailored developmental plans. The support will be most intensive in the first year and continue throughout the three years of the NIA programme.

- Peer to peer support from the NIA Fellows, those recruited in 2025, 2024 and 2023, enabled through an online forum, regular newsletters and:
  - o Quarterly events that bring all Fellows together to share learnings, access specialist support and collectively problem solve,
  - o Year 1 events that will bring the Fellows within your cohort together for updates and discussions around specific topics,
  - o Workshops and webinars on key topic areas including business models, business case development, leadership, and resilience, pitching to key target groups,
  - o Ad hoc events and briefings; previous sessions have included NHS procurement, marketing and communications, behavioural economics, NHS Commissioning, Legal and Intellectual Property.

- Opportunities to
  - present at regional and national events, alongside other well-regarded figures in health.
  - showcase their innovation to representatives of Integrated Care Systems and Secondary, Primary and Community care.
  - feed insights into national teams and policy looking at better adoption routes for innovation

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

- Innovate UK.
- Healthcare UK.
- Further organisations who have directly supported Fellows include, for example, Genomics England, NHS England Workforce, Training and Education (formerly Health Education England), MSD and Petrichor
- Members from Tech London Advocates have contributed time and mentoring support to Fellows.
- Association of British HealthTech Industries (ABHI)
- Collaboration with other Innovation/Fellowship programmes such as the NHS England Clinical Entrepreneur programme.
- Connection to Hill Dickinson for advice on seed and Series A investments from a legal perspective
- Connection to DAC Beachcroft for advice on all legal matters including IP and contracting
- Crown Commercial Services and London Procurement Partners for advice on their frameworks

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 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.

4b. What your time on the NIA will involve

The NIA expects you to commit two days per week, spent 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 HINs etc.)

Prior to the formal start of the 2025 intake in April 2025, there are a series of sessions during March 2025 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 16, below. Please ensure you can attend all the compulsory dates listed and that your employing organisation understands that attendance at these events **is a condition** of the Fellowship.

Two days per week commitment

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. Activities undertaken within these two days are not prescribed by the NIA; Fellows will be expected to identify the best use of their time.

Structure

The NIA is structured into a set of sprints every four months, with the aim of supporting Fellows to learn fast and to provide focused momentum throughout the year. For each 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 can also meet with the NIA Team at any time to identify any additional support, signposting and navigation to expertise where needed.
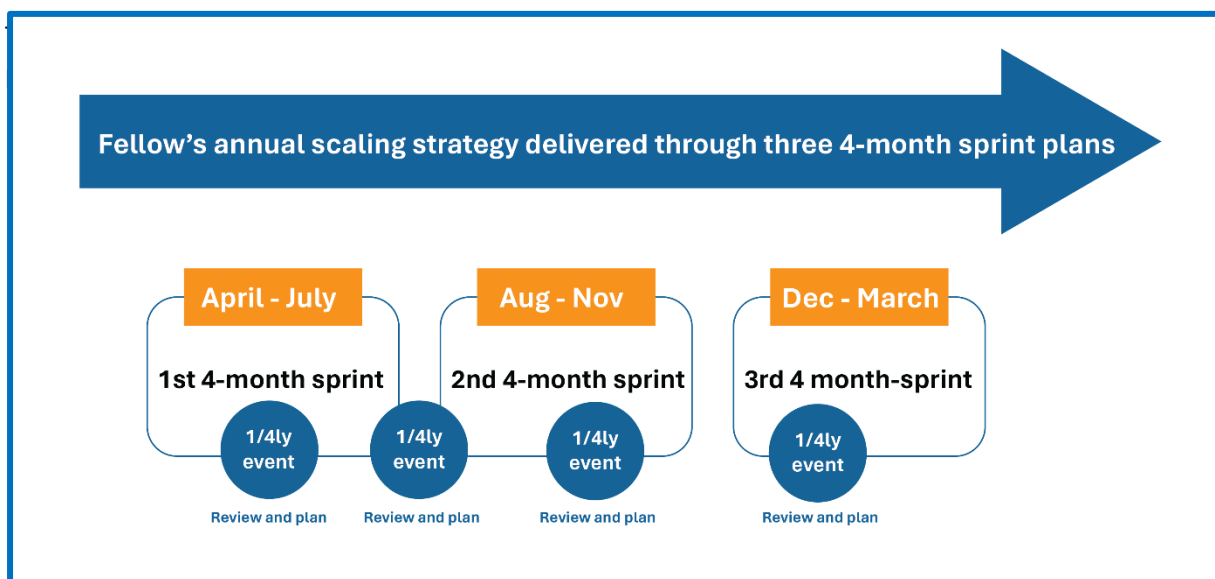

Fellow's annual scaling strategy delivered through three 4-month sprint plans

April - July	Aug - Nov	Dec - March
1st 4-month sprint	2nd 4-month sprint	3rd 4 month-sprint
1/4ly event / 1/4ly event	1/4ly event	1/4ly event
Review and plan / Review and plan	Review and plan	Review and plan

Figure 2

Testimonials from NIA Fellows

"Navigating procurement processes can be really challenging. The NIA have really helped us to navigate that and understand what levers we can pull. I would absolutely recommend the NIA programme to other innovators."
Laura Earnshaw, myHappymind, 2023 Fellow

"We have spoken to a range of experts. That's been really useful to understand how tech-scaling is done in other industries. I would absolutely recommend the NIA. It's been valuable to us, both in understanding the ecosystem, building the right relationships and in having the right network of founders and operators around us to share challenges and learn from each other."

Rayna Patel, Vinehealth, 2021 Fellow

"The NHS Innovation Accelerator really turbo-charged our credibility and reach into the NHS. From the support provided by the NIA, we launched our inaugural national report on patient experience which wouldn't have been possible without their support, and which helped to showcase the power of our analytics."
Mark Lomax, Pep Health, 2020 Fellow

"The NIA gets the ball rolling."
Bieke Van Gorp, Fibricheck, 2020 Fellow

"Brilliant, thank you. What an amazing experience this is!"
Amy Manning, S12 Solutions, 2019 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

"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 (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 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, before moving into the NIA Alumni network.

The NIA Programme Board assess Fellows' 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 compulsory 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.

The process for continuation beyond the initial 12 months and detail of the support available in Years 2 and 3 will be reviewed annually. As such, these may not be the same for the 2025 intake of NIA Fellows.

5. Details on how to apply

Once you have read this *Call for Applications*, please:
- Read the **Guide for Applicants** document within the Resource Library
- Review the wording of the draft **Contract** and draft **Code of Conduct** documents within the Resource Library, which both you and your organisation will need to sign should you be invited to join the NIA. Please note both documents are under review and are subject to change.

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 compulsory events and that you have the support of your employing organisation, please visit https://nhsaccelerator.com/apply/ and:

- Complete the application form.
- Upload
    - an authorisation signature from your employing organisation
    - two references
    - if relevant, any additional supporting information.

The deadline for completed applications is **23:59, 14 October 2024**. 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 HIN here: https://thehealthinnovationnetwork.co.uk/.

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?
    - Is the innovation at a sufficient level of maturity?
    - Can the applicant commit to at least 2 days per week?
    - Is there evidence to support the impact for the innovation?

o   Is the innovation in use in at least one health or social care 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, HINs and NHS England among others. At least five assessors will score each application form and make a recommendation as to whether the application should proceed to interview stage. Assessors will provide a score and feedback for the applicant and innovation sections as well as feedback on the evidence provided.

- **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 applications, who have scored a minimum of 65% in each of the Applicant and Innovation sections, will be offered an opportunity of an interview.

- **NICE:** NICE may conduct an informal review of the applications offered for interview and provide feedback on the following:
    o   Innovation alignment with NICE guidelines.
    o   Any contradictions with NICE guidelines or direction of travel.
    o   Any major concerns with the evidence provided.

- **NHS England:** NHS England may informally review all applications shortlisted for interview.

- **Reviews on Health Inequalities, Patient and Public Involvement and Engagement, and Carbon Reduction / Net Zero:** HIN leads or Greener NHS will review the answers provided in the applications within their areas of expertise and provide feedback on the activities undertaken; the feedback will be used for further questioning at interview around the commitment to PPIE as well as to establish a baseline for development should the applicant be offered a place on the NIA.

- **Interviews:** Interview panellists will be sourced from patient networks, NHS England, HINs, NIA mentors and organisations supporting the NIA (e.g., the Race and Health Observatory (RHO), UKTI, Department of Industry and Trade, Health Foundation, Royal Colleges etc). At least 4 panel members will sit on the interview panel, scoring each interviewee and making 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 NICE, NHS England, the interview panel, and the Health Inequalities, PPIE, and Carbon Reduction and Net Zero reviews. The panel will be chaired by Professor Sir Stephen Powis and will include representation from the RHO, HINs, patients and NHS England. The panel will ratify which of the applications will join the NIA in 2025, 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:
    o   References provided on the application form will be verified,

- o (For non-NHS organisations only) Fellows will be asked to provide 3-years' worth of accounts, a list of directors and information to determine the company's sustainability,
- o You will be asked to confirm the intellectual property arrangements your innovation has in place,
- o Fellows will be required to complete information governance checklists and to confirm that they are able to attend all compulsory dates.

- **Final offer:** On successful completion of the due diligence stage -
  - o Applicants receive an unconditional offer of a Fellowship,
  - o Fully signed contracts will be issued.

7. Key dates

Activity	Date
NIA opens for applications (6 weeks)	1 September 2024
'Meet the NIA' informational webinars	6 September 2024 - 13:00 – 14:00 17 September 2024 - 12:00 – 13:00 27 September 2024 - 13:00 – 14:00 7 October 2024 – 12:00 – 13:00
Application deadline	23:59, 14 October 2024
Application form assessment	23 October – 17 November 2024 (3 weeks)
Papers to Board	2 December 2024
Sustainability, PPIE, NICE and Health Inequalities reviews of applicants to be interviewed	25 November 2024 – 4 January 2025
Shortlisting panel	9 December 2024
Invitation to interviews	11 December 2024
Unsuccessful applicants notified	12 December 2024
Interviews	8, 9, 10, 13, 14, 15 January 2025
Final decision-making panel	22 January 2025
Outcomes communicated to applicants	23 January 2025
Due diligence and contracting	29 January –14 March 2025
Deadline for due diligence docs	5 February 2025
Feedback sent to unsuccessful applicants	12 February 2025
Feedback sent to successful applicants	13 February 2025
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 all of them.	
Induction and preparation day for NIA Launch	17 March 2025
Launch Event and 10th Anniversary Celebration (Manchester)	26 March 2025
NIA panel session	10 April 2025

New Fellow 1:1 meetings with NIA team	w/c 14 April 2025 (can discuss panel day feedback)
Quarterly events	Tuesday 6 May 2025 Tuesday 1 July 2025 Tuesday 7 October 2025 Tuesday 3 February 2026
Year 1 learning events	Tuesday 3 June 2025 Tuesday 9 September 2025 Tuesday 3 March 2026

8. Who delivers the NIA?

The NIA Team delivers the programme in partnership with:

NHS England

NHS England 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 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.

Health Innovation Networks

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

All 15 HINs 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 https://thehealthinnovationnetwork.co.uk/.

UCLPartners

UCLPartners is an health innovation network 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	You must be able to: ☐ demonstrate the necessary skills and competencies as detailed in 2a, ☐ demonstrate why you want to be an NIA Fellow and what you expect to get out of the programme, ☐ commit 2 days a week to scaling your innovation and participating in the NIA, ☐ attend all the mandatory NIA event dates, ☐ be willing to openly share insights and learning, ☐ actively engage in the fellowship, ☐ confirm support from your employers for your place on the programme.
Innovation	Your innovation must demonstrate: ☐ that it meets a current NHS need by addressing one or more of the Call themes, ☐ that it has a robust evidence base, ☐ that it addresses, and does not exacerbate, health inequalities, ☐ that it is at the correct phase of maturity set out in Figure 1, ☐ that it is already in use in a health or care setting, ☐ that it is ready to be scaled further across the NHS, ☐ that the potential enablers and barriers to scaling have been considered, ☐ that the approaches you have tried to date, and what you have learnt from this, ☐ consideration of the impact of your scaling approach on different communities, ☐ the scaling ambition and projections for your innovation, along with your business model, ☐ your openness to learn and adapt your strategy, ☐ that it is financially viable, ☐ that it has satisfied all necessary regulatory, intellectual property and ethical frameworks for use in England, ☐ that it is an environmentally sustainable solution, ☐ that it has had considerable patient input into its development to date and in its plan for future developments, ☐ that it is interoperable with core NHS systems (for digital innovations).

FOR INFORMATION

Key challenges highlighted by NIA stakeholders

Whilst the 2025 Intake call does not cover a specific theme and is open to innovations addressing any health or social care challenge, stakeholders have indicated the following challenges as being particularly pressing. Innovations addressing any of these should be prioritised for shortlisting (they will still need to meet all of the criteria listed above).

- Innovations addressing women's health
- Innovations that develop digital health technologies (DHTs) to help manage the menopause
- Digital preceptorship
- Innovations improving training and delivery of education to a more diverse group of people
- Digitalised and remotely accessible mandatory trainings
- Remote clinical systems to improve healthcare delivery
- Innovations that enhance the ability to critically analyse and search for up-to-date, accurate, and trustworthy health information
- Innovations that assist patients in patient-centred decision-making, enabling them to model risks themselves
- Innovations that help increase vaccine uptake in children and cancer screening in adults
- Innovations providing training and education for the information governance workforce regarding personal data
- Innovations that digitise skill competencies, using platforms that include multiple signatures and tick boxes
- Innovations providing tools to support individuals experiencing gender dysphoria
- Self-management digital therapeutics for adults with common mental health problems, accessible by self-referral or clinician referral
- Digital tools to provide psychological therapies for people with Serious Mental Illness as part of Community Mental Health services, including bipolar disorder and schizophrenia.
- Innovations with digital tools to support the diagnosis of ASD and ADHD in children and young people.
- Digital support for children and young people with eating disorders
- Innovations that increase access to digital technologies that support weight management, with evidence of impact and effectiveness.
- Digital personalised exercise and outcome platforms for people living with Axial Spondyloarthritis, enabling collaboration with physiotherapists.
- Tools for pre/post-op rehab for patients undergoing hip or knee surgery
- Expand access to digital health technologies (DHTs) for diabetes self-management and structured education services.
- Digital health technologies (DHTs) for patients in the community with heart failure, high blood pressure, cardiac arrhythmia or awaiting definitive cardiac interventions to guide treatment and signal any early signs of clinical deterioration.
- Tests and platforms to support the diagnosis and management of sleep problems
- Digital health technologies to support people living with kidney disease
- AI solutions in medical imaging to automatically identify and filter out scans that are highly likely to be normal, for:
    - Accelerated issuance of 'likely normal' reports, enabling patients to receive their results more quickly.

- o Human resources can be redirected to focus on potentially abnormal scans, where their expertise is most valuable.
- o Reduction of repetitive tasks for radiologists, leading to improved job satisfaction and retention.
- Platforms for the digital self-management of asthma
- Innovations that integrate AI and novel technologies in lung function measurement
- Asthma + Lung UK has identified where we could see drastic progress in respiratory disease diagnosis:
  - o Development of a lung health indicator for early risk detection - enabling people to understand their lung health and monitor and measure changes to predict their risk of developing a respiratory illness.
  - o A simple, accurate, low-cost diagnostic tool – a test that can be adopted at scale in primary care or other community settings to identify patients who require referral to appropriate clinical pathways.
  - o Patient stratification tools - tools that can distinguish between different endotypes within a lung condition and be used to guide treatment decisions.
  - o Disease monitoring tools - patient-centric and user-friendly tools for monitoring disease progression and predicting exacerbations or deteriorating symptoms.