

**NHS Innovation Accelerator:
2021 Intake Call for Applications
September 2020**

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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](#) 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 exceptional individuals with a passion for learning and a commitment to share their learnings widely, scaling evidence-based innovations for greater patient benefit.

In January 2015, Professor Sir Bruce Keogh announced the first NIA Call for up to 20 Fellows to join a bespoke learning and support programme. In July 2015, 17 Fellows leading mature, evidence-based innovations were announced. Now chaired by Professor Stephen Powis, National Medical Director of NHS England, the NIA has held annual calls for innovations since 2015 and to date has supported 49 Fellows representing 52 innovations across the NHS, achieving some impressive results:

- 2,304 additional NHS sites using NIA innovations
- £154.4m external funding raised
- 523 new jobs created
- 120 awards won
- 49 NIA innovations selling internationally

The NIA is now opening recruitment to select up to 12 Fellows with evidence-based innovations that are ready to scale for patient, population and NHS benefit.

1b. Underpinning principles

The NIA has been co-designed with NHS England and Academic Health Science Network (AHSN) partners along with the existing NIA Fellows, 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:** Supporting NIA 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 Summit, 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

2. Who is the NIA for?

The NIA aims to appoint exceptional individuals representing compelling, evidence-based innovations combined with a convincing, ambitious plan for how you will scale your innovation for greater patient benefit.

The emphasis in the selection process is equally on both the strength of the applicant and the strength of their evidence-based innovation.

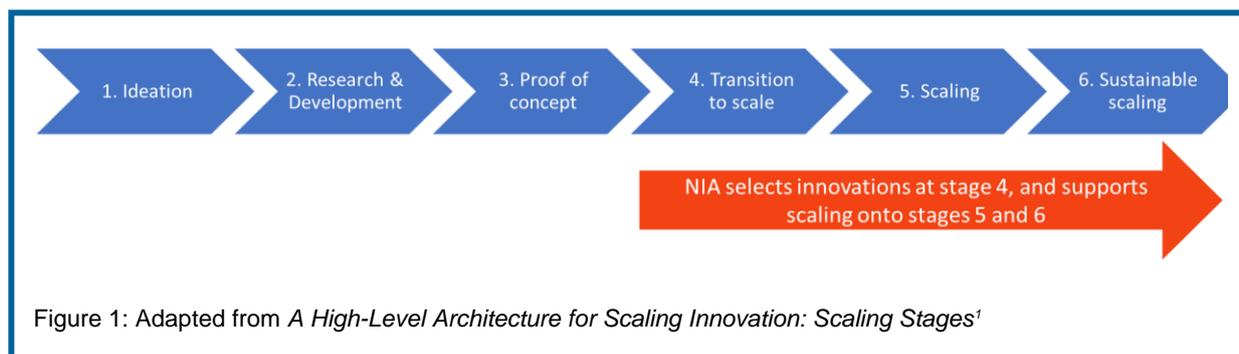


Figure 1: Adapted from *A High-Level Architecture for Scaling Innovation: Scaling Stages*¹

The focus of the NIA on evidence-based innovation, ready to scale (see Figure 1) across the health service is specifically because of the identified gap in support for innovations at this stage of innovation maturity.

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?C719IAftMThwNbUpdcs4TeYl5vYa2u9p>

2a. What are we looking for in applicants?

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.

The NIA is an inclusive programme that aims to use innovation to improve outcomes for all patients. We therefore welcome applicants from a diverse range of 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, 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 aim to recruit Fellows who can demonstrate through their application and at interview the following set of skills and competencies:

- A track record of effectively engaging key stakeholders
 - 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
- Expertise in applying disciplined innovation approaches
 - Analytical
 - Evidence-based
 - A track record of applying disciplined methods
- An entrepreneurial approach
 - Open-minded about adaptation
 - Prepared to take informed and managed risks
 - Commercial or business-minded
 - Courageous and resilient

We would like to receive applications from individuals who have a track record of involving a range of critical partners in their innovation work, such as patients, carers, 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/ 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.

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 of learning and experiences
- Show progress in diffusing an innovation in the NHS over at least the first 12-month period
- 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 or more of the three COVID-themes for this year's Call. The themes were selected following consultation with stakeholders including NHS clinicians and other staff, AHSNs, patient and public representatives and charities. The themes are:

- The NHS Response to Covid-19
- Mental Health
- The NHS Workforce

Applicants must read the detailed theme briefings in Appendix 1.

We are looking for innovations that

- Address one or more of the themes detailed in Appendix 1
- Have demonstrated in practice, not theoretically or hypothetically, significantly greater quality outcomes (including clinical outcomes, experience and safety) for significantly lower cost

- Not only addresses health inequalities but actively seeks to reduce the potential for exacerbating them. Innovations should be accessible to and usable by patients and public in all socioeconomic groups and should not place any group at a disadvantage due to their personal characteristics or background
- Are at the correct phase of maturity - applicants need to demonstrate that their innovation is already in use in a health system and has been developed with the extensive involvement of users, is supported by a robust evidence base, is already in use in a health or care setting and is ready to be diffused widely across the NHS. Please refer to Figure 1
- Are financially sustainable and have appropriate intellectual property in place
- Have satisfied all necessary regulatory and ethical frameworks for use in England
- Digital innovations must also be interoperable with core NHS systems

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 type 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, please see below for details of information events and webinars about NIA eligibility.

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
- 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

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:

- Adrian Downing, Independent Consultant specialising in Healthcare SMEs
- Professor The Lord Ajay Kakkar; Chairman, UCLPartners; 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
- Archana Sharma, Founder of Neem Tree Press; Medical Doctor; expert in finance and healthcare
- Arun Krishna, Head of Franchise, Oncology, AstraZeneca
- Ben Maruthappu, Co-founder and CEO, Cera

- Bobby Kaura, Seed investment and International development, Illumina Accelerator Cambridge
 - Celia Ingham Clark, Medical Director for Clinical Effectiveness, NHS England and NHS Improvement
 - Professor Donal O'Donoghue, Medical Director, Greater Manchester AHSN
 - 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
 - Professor Joanne Hackett, General Partner, Healthcare at IZY Capital
 - Professor Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England and NHS Improvement
 - Jon Spiers, Former CEO, Autistica
 - Manish Miglani, Investment Director, Nesta
 - Mayur Vibhuti, GP and NHS England Clinical Entrepreneur Fellow
 - Nick Ibery, Associate Partner, Pangea Investors; Medical Doctor; Lawyer
 - Noel Gordon, Chairman, NHS Digital; Non-Executive Director, NHS England and NHS Improvement
 - 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
 - Samantha Jones, Chief Executive, Centene UK; Former Director of the New Care Models Programme, NHS England and NHS Improvement
 - 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 2019 and in 2020, 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 etc
 - 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 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

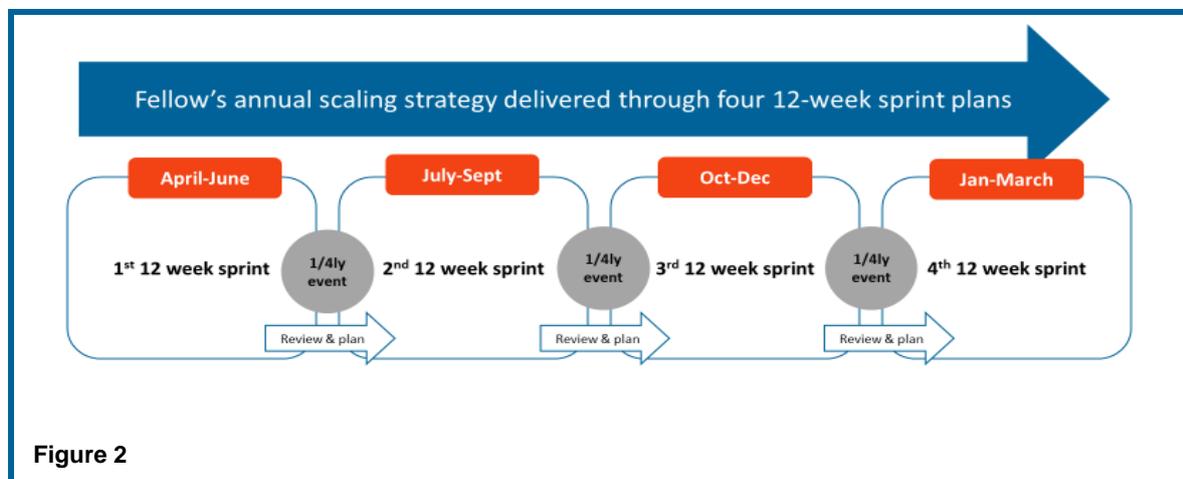
The time commitment for the NIA is two days per week. The two day commitment covers the time you will spend on actively scaling your innovation and your participation in the NIA (eg: attendance at quarterly events, working up and implementing sprint plans, providing updates to the NIA team, meeting mentors and lead AHSNs etc.).

Prior to the formal start of the 2021 intake in April 2021, there are a series of sessions during March 2021 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 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.”

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.”

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.”

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 2021 intake of NIA Fellows.

5. Details on how to apply

Once you have read this Call for Applications, please:

- Read the theme detail in Appendix 1
- Read the Guide for Applicants
- Review the wording of the draft contract, 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 written 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, 16 October 2020**. 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 28 September 2020. 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 9 October 2020. 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 meet the minimum criteria for participation and are complete.
- **Shortlisting:** 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 four assessors will score each application form and make a recommendation as to whether the application should proceed to interview stage.
- **The NHS England review:** NHS England 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. The Health Foundation, UKTI). At least four 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 2021 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
 - (For SMEs only) Fellows will be asked to provide 3-years' worth accounts and a list of directors
 - 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 2020
Online Q&A session	22 September 2020, 14:00 – 15:00
'Meet the NIA' information events	8 September 2020 - 9:30 – 11:00 9 September 2020 - 14:00 – 15:30 8 October 2020 - 10:00 – 12:00
Application deadline	23:59, 16 October 2020
Application form assessment	28 October – 29 November 2020
Shortlisting panel	11 December 2020
Invitation to interviews	16 December 2020
Unsuccessful applicants notified	16 December 2020
Interviews	11, 12 & 13 January 2021
Final decision-making panel	27 January 2021
Outcomes communicated to applicants	3 February 2021
Due diligence and contracting	4 February – 17 February 2021
Feedback sent to unsuccessful applicants	24 February 2021
<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 22 February 2021
Induction and preparation day for NIA Launch	22 February 2021
Launch event	8 March 2021
NIA induction event/ panel session	15 March 2021
Quarterly events	Tuesday 6 April 2021 Tuesday 6 July 2021 Tuesday 28 September 2021 Tuesday 25 January 2021
NIA Summit	March 2022 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"/> addresses the 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 <input type="checkbox"/> is already in use in a health or care setting <input type="checkbox"/> is ready to be diffused widely 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"/> be interoperable with core NHS systems (for digital innovations) <input type="checkbox"/> addresses health inequalities and actively seeks to reduce the potential for exacerbating them
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 a number of sites <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"/> 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 2021 Call Themes

Theme 1 NHS Innovation Accelerator 2021 Intake Call: The NHS Response to Covid-19

Why 'The NHS Response to Covid-19'?

As the UK emerges from the initial pressures of Covid-19, NHS priorities have shifted to managing the accumulating backlog of care while integrating the learnings of the pandemic into the NHS for a more resilient system in the future.

The initial months of the pandemic saw a significant decline in 'non-Covid-19' related use of health services in the UK, with visits to emergency departments down by approximately 50% in April 2020, compared with the same period the previous year². Disruption to business as usual meant many patients with long term conditions had limited access to services and treatments and cancer screenings, non-urgent and elective procedures were temporarily paused across many parts of the UK³.

The pandemic sparked a period of rapid transformation within the NHS, creating an environment and willingness for the uptake of innovation at an unprecedented scale. While it is not possible to predict exactly how the landscape will look in 2021, it is possible to anticipate and prepare for the likely challenges and additional pressures.

The areas identified as priorities for the NHS response to Covid-19 include:

- **Restore and strengthen service delivery** in primary and community care to improve outcomes and provide a greater proportion of care closer to home and away from hospitals
- **Reinvigorate routine services** paused or disrupted during the initial phases of Covid-19
- **Seek innovative operating models** to strengthen the NHS for the long term
- **Champion partnership working** to link primary and secondary care services with community care and local authority organisations
- Ensure that **the people most impacted by Covid-19** are **central to recovery plans**

KEY FACTS

4.2 million people were on NHS waiting lists before Covid-19²

51% of NHS critical care beds were occupied by Covid-19 patients at the peak of the virus in April³

Diabetes was mentioned on 21% of death certificates where Covid-19 was also mentioned⁴

5% of Black and Minority Ethnic people with Covid-19 were hospitalised (compared with 1% of people recorded as white⁵

9 in 10 Trusts reported having increased capacity for remote services since the initial lockdown period began⁶

² https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT_NHS-Reset_Getting-NHS-back-on-track_FNL.pdf

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884760/Our_plan_to_rebuild_the_UK_Government_s_COVID-19_recovery_strategy.pdf

The virus itself has had a disproportionate impact on certain communities and exacerbated the already established health inequalities in England. Those living in the most deprived areas of England, people from Black, Asian and minority ethnic communities, those with long-term health conditions and older people have been at greater risk⁴. Black, Asian and minority ethnic members of society are more likely than white people to have received a positive Covid-19 test or experienced symptoms⁵. Innovations that are shown to reduce health inequalities will be prioritised for the NIA 2021 Intake Call.

What innovations are we seeking?

We are seeking evidence-based innovations that aid the recovery of the NHS following the Covid-19 pandemic specifically with regards to:

- Improving system efficiencies
- Reducing waitlists and efficiently managing the backlog
- Dynamic risk stratification, prioritisation and harm minimisation for patients who are awaiting care
- Improving efficiency levels for investigative and elective surgery
- Telemedicine, remote working and consultations
- Proactive and self-management of long-term conditions
- Intelligent triaging and referral
- Increased immunisation/vaccine uptake, especially among vulnerable groups
- Building an NHS that is inclusive and accessible to all members of society

Your innovation can be a device, digital app or platform, a service, process, pathway or model of care. As outlined above, priority will be given to innovations that help to reduce health inequalities. This may be through innovations for conditions that disproportionately affect disadvantaged groups, enhancing the ability of vulnerable and disadvantaged groups to appropriately access care, or by improving digital inclusion

⁴<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

⁵<https://www.runnymedetrust.org/uploads/Runnymede%20Covid19%20Survey%20report%20v2.pdf>

⁶<https://nhsproviders.org/media/689775/recovery-position-what-next-for-the-nhs.pdf>

Theme 2 NHS Innovation Accelerator 2021 Intake Call: Mental Health

Why mental health?

Prior to the pandemic, the health and care system in England faced significant operational, workforce and estates pressures in mental health care. It is recognised that Covid-19 presents us with an additional mental health burden for the future. Unlike other services, this will not only include a backlog of people seeking help, but a rise in prevalence for mental health conditions as a result of the socio-economic impacts that we expect to endure going forward.

In May 2020, The World Health Organisation recommended that mental health be a “core element” of the response to the Covid-19 pandemic⁷. The initial lockdown impacted referral routes and access rates, but mental health services remained open during the pandemic and utilised remote and digital platforms where clinically appropriate. While remote services have facilitated access to some extent, challenges in delivering expanded access to mental health services in the short and medium term are likely to remain.

The following have been identified as key to alleviating the existing pressures on mental health services in England and the mounting burden that Covid-19 has placed on both patients and providers including:

- **Early identification and intervention** to minimise the impact on a person’s life, the likelihood of escalation and, in some cases, the chances of survival. This includes the impact on children and young people
- **More efficient modes for delivery of remote evidence-based interventions** that integrate tracking of experience and outcomes with clinical support, and are designed to engage with all those deterred by non-face-to-face interactions, including access to crisis services
- **Reconnecting with at risk patients** who were less likely to access care during lockdown including access to mental health services
- **Supporting long term system recovery from Covid-19** by managing the back log and bolstering our community and crisis care

KEY FACTS

The UK could expect **500,000 additional people** experiencing mental health problems as a result of Covid-19⁸

20% of survivors of intensive care routinely experience **PTSD**⁸

Health and care workers and other frontline workers **are at greater risk** of developing mental health problems as a result of Covid-19⁸

People with **diabetes are 2-3 times more likely to experience depression** than the general population⁸

62% of the population had felt anxious or worried about the pandemic in mid-March 2020⁹

1 in 4 adults in the UK have felt lonely during lockdown⁹

1 in 5 people drunk more alcohol to cope with stress during lockdown⁹

45% of students worried about their existing mental health problems worsening during the pandemic⁹

83% of young people reported that their mental health had deteriorated during lockdown¹⁰

More Black, Asian and minority ethnic under-18s sought help for anxiety and stress than their white peers between March – May 2020¹¹

⁷ [COVID-19 and the Need for Action on Mental Health](#)

⁸ https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf

⁹ <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>

¹⁰ https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf

¹¹ Reported by <https://xenzone.com/>

- **Ensuring the UK is equipped to deal with the long-term effects of isolation**, disruption to access to other means of support and a potential second wave

Poverty is a major risk factor for mental illness¹², an issue both highlighted and exacerbated by the current pandemic. Whilst there have been efforts to address the issue, health inequality, including in mental health, in England has increased over the past decade¹³. The indirect consequences of the Covid-19 response are likely to disproportionately affect the mental health of deprived communities as well as people on lower incomes, people from Black, Asian and minority ethnic communities and children and young people¹⁴. Innovation that is proven to directly reduce health inequalities in mental health will therefore be prioritised in the selection process for the 2020/21 NIA cohort.

What mental health innovations are we seeking?

We are seeking evidence-based innovations that

- Promote good mental health and wellbeing for patients and the population
- Ensure that people in need can rapidly access effective and convenient mental health care and support
- Enhance the ability of vulnerable and disadvantaged groups to appropriately access care and improve digital inclusion
- Improve access to psychological therapies and social prescribing
- Support self-care and remote monitoring in the home and community setting
- Support those affected by the pandemic for example services such as bereavement, Post Traumatic Stress Disorder (PTSD) and anxiety
- Help people with serious mental illness to improve their physical health, for example the detection and monitoring of comorbidities such as diabetes and heart disease, or just generally promoting healthy lifestyle choices.

Mental health support can be delivered in a range of settings. The voluntary sector can be a more acceptable 'front door' to those wishing to access support. Your innovation does not need to be confined to NHS or NHS funded settings but should demonstrate the benefit and impact on NHS funded care as part of your application. Your innovation can be a device, digital app or platform, a service, process, pathway or model of care. As outlined above, innovation that helps to directly address the issues of health inequalities will be prioritised.

¹²<https://www.centreformentalhealth.org.uk/commission-equality-mental-health-briefing-1>

¹³https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

¹⁴ https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf

Theme 3 NHS Innovation Accelerator 2021 Intake Call: The NHS Workforce

Why the NHS workforce?

The greatest strength of the NHS is its people. As the largest employer in England, with around 1.3m staff¹⁵, the importance of ensuring a safe and welcoming work environment in the NHS is essential. Covid-19 has shown that workload remains a pressing concern for NHS staff and has offered a stark reminder of how critical it is to look after our people. An increase in workforce burnout is anticipated, and the mental health and wellbeing of NHS staff could be at greater risk as a result of Covid-19¹⁶. It is vital, therefore, that staff are equipped with the support and resources they need to perform their roles safely, comfortably and effectively.

The 'We are the NHS: People Plan for 2020/1' highlights how the NHS must foster a culture of inclusion and belonging, to grow the workforce, train staff, and work together to deliver patient care¹⁵. Prioritising the NHS workforce could involve:

- **Redesigning ways of working** by improving workforce planning to support the pandemic recovery and improve staff retention
- **Growing and training the workforce** through continued professional development and education as well as enhanced recruitment processes
- **Adopting new ways of working together** and encouraging partnership working with innovation and technology that brings together different organizations
- **Enabling accessible support** that meets the needs of the diverse workforce to build resilience and empower staff
- **Meaningful action on equality and inclusion** to tackle discrimination and inequality

The current pandemic has shone a light on the inequalities of the NHS as a place of work and brought into focus the importance of having a diverse, valued and motivated workforce at all levels. Workforce race inequality has significant adverse impacts upon staff as well as patients and organisations generally¹⁷. With new data emerging that Black, Asian and minority ethnic staff have been disproportionately affected by personal protective equipment (PPE) shortages across the NHS¹⁸, alongside the stark

KEY FACTS

Black and minority ethnic staff make up 19.7% of NHS trusts and clinical commissioning groups (CCGs) workforce in England¹⁷

Black and minority ethnic NHS employees are **15% less likely to access non-mandatory training** compared to their white colleagues¹⁷

Black and minority ethnic staff reported a higher level of harassment, bullying or abuse from patients, relatives or the public in 61.4% NHS trusts, compared to white staff¹⁷

9% NHS posts are unfilled nationwide with 100,000 vacancies across England²⁰

NHS requires an **additional 5,000 internationally recruited nurses per year** to prevent current staffing shortages getting worse¹⁹

Nearly **2 in 5 staff reported feeling unwell due to work related stress** in the 2018 NHS Staff Survey²⁰

¹⁵<https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-us-all-1.pdf>

¹⁶<https://pubmed.ncbi.nlm.nih.gov/17326946/>

¹⁷<https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/workforce-race-equality-standard-2019-report/>

¹⁸<https://www.bma.org.uk/news-and-opinion/bame-doctors-hit-worse-by-lack-of-ppe>

¹⁹<https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care>

²⁰<https://www.england.nhs.uk/statistics/2019/02/26/2018-national-nhs-staff-survey-in-england/>

disproportionate mortality rates as a result of Covid-19²¹, it is vital that the technology and innovation sought to safeguard NHS staff has an explicit focus on reducing health inequalities.

Much of the innovation taken up during Covid-19, such as telemedicine and remote consultation devices serve as an indirect safeguard to staff, designed to save clinical time, automate administrative tasks and reduce the risk of infections associated with face-to-face contact during the current Covid-19 pandemic. Examples of these include electronic staff records, e-rostering systems and evidence-based decision support tools, sensors and wearables for diagnostics and remote monitoring.

What innovations are we seeking?

We are seeking evidence-based innovations that:

- Directly or indirectly safeguard our workforce from physical, psychological and emotional pressures
- Build capability and upskill the workforce to meet demand, for example skill mix systems and training needs analysis software
- Enable NHS staff to work collaboratively across multiple teams and disciplines
- Enable less highly qualified staff to deliver a greater proportion of care
- Support retention and recruitment of NHS staff, particularly the recruitment and training of the local population
- Support NHS staff to work flexibly and/ or virtually

Your innovation can be a device, digital app or platform, a service, process, pathway or model of care; digital innovations must also be interoperable with core NHS system. As outlined above, a strong focus will be given to innovation that helps to directly address the issues of health inequalities within the NHS.

²¹ <https://www.kingsfund.org.uk/blog/2020/04/ethnic-minority-deaths-covid-19>