NHS Innovation Accelerator: 2026 Intake Call for Applications

Contents

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

1a. About the NIA

Supporting Innovation to Scale

The NHS Innovation Accelerator (NIA) bridges the gap between the NHS and the wider innovation ecosystem, enabling high impact solutions to transform health and social care

Leveraging collective expertise to drive NHS–wide innovation and impact

Funded by NHS England via the Accelerated Access Collaborative, and delivered by UCLPartners (UCLP), the NHS Innovation Accelerator (NIA) is an award–winning initiative, delivered in partnership with all 15 Health Innovation Networks (HINs), which works through its Fellows and Alumni to embed inclusive, high–impact solutions that strengthen the NHS and drive a more responsive, innovative healthcare system.

The NIA was created to deliver on the commitment detailed within the *Ten–Year 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.

Since 2015, the NIA has helped scale over 100 evidence–based innovations across England, supporting the NHS to improve care quality, empower clinical teams, and achieve real operational efficiencies. These innovations have directly enhanced patient outcomes and service delivery.

In July 2025, the *NHS 10–Year Health Plan* was published, which elevates innovation as a foundational element of NHS reform. The NIA now draws on that, alongside the *Industrial Plan featuring a Life Sciences plan* and the *Life Sciences Healthcare Goals*, with the aim to enable innovation and impact through the following pillars::

- **Access** — For our healthcare colleagues, we provide access to unparalleled market intelligence about the innovations solving repeated problems in the NHS. And for innovators we use our influence and network to provide them with access to the support they need to navigate a fragmented healthcare system
- **Connections** — We always start with the problem and use our ability to connect commissioners with proven solutions, saving time and money for healthcare colleagues.
- **Learning** — We focus on individual and organisational learning. We create the environment for our healthcare colleagues to learn about what innovations are having an impact in other areas of the NHS, while our Fellows benefit from a multi–faceted intensive support programme during their three–year fellowship

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 Meghana Pundit, 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:

- 3,382 additional NHS sites using NIA innovations.
- £229.4M external funding raised.
- 1,261 new jobs created.
- 229 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 10 year plan, Life Sciences Sector Plan and Industrial Strategy
- **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 10 year plan, Life Sciences Sector Plan and Industrial Strategy

- **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 on the NIA Programme Board, governing NIA strategy,
    - 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 focuses 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*
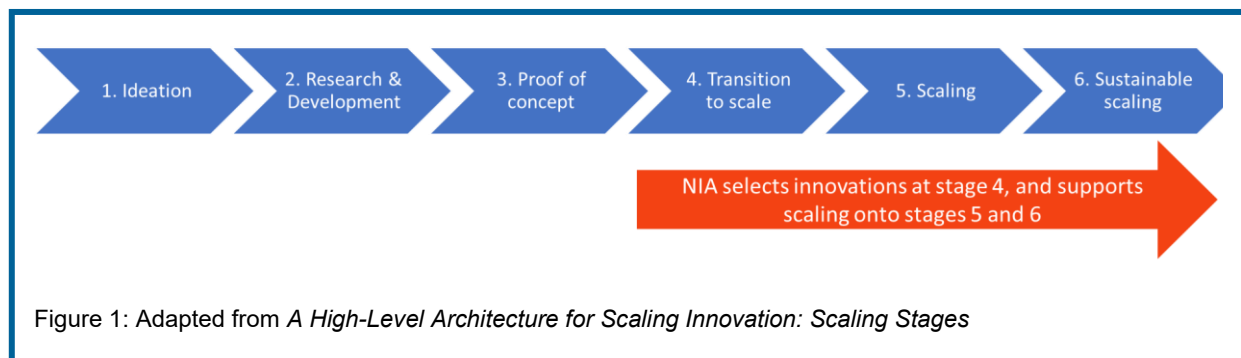
1. *Ideation*: Developing and analysing the development problem and generating potential solutions through horizon scanning of existing and new ideas.
2. *Research and Development*: Further developing specific innovations that have the potential to address the problem.
3. *Proof of concept*: When the 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. See FAQs document for more information about this 2–day commitment.

2a. What are we looking for in applicants?

We welcome applications from innovators of all genders, ethnicities and backgrounds. We recognise that some groups have been underrepresented in previous cohorts and we are committed to building a cohort of Fellows that better reflects the diversity of the people served by the NHS. Therefore, we particularly welcome applications from women, Black innovators, and others from communities that have been underrepresented in previous cohorts. We welcome applications even if you do not meet every single listed criterion. Innovation thrives on diverse perspectives, and people from underrepresented groups often underestimate their contributions. Given the very diverse population our NHS serves, we believe broad representation in innovation is essential, and your ideas, experiences and innovations could help shape the future.

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. However, applicants should ideally have some decision–making input into planning the strategy for the spread and adoption of the innovation they represent.

We also 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

- o A focus on understanding the perspectives of others, including users and adopters.
- o Actively seeking to learn from others.
- o Willing to openly share insights with a wide range of stakeholders.

- An entrepreneurial approach
  - o Open–minded about adaptation.
  - o Prepared to take informed and managed risks.
  - o Commercial or business minded.
  - o Courageous and resilient.

- Personal integrity
  - o Commitment to quality of care and improving lives.
  - o Patient focused.
  - o Inclusive in their practices.
  - o 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; each applicant 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**. All applications must include a **sole named applicant** who will be the innovation's representative while active on the NIA. This representative will be appointed as an NIA Fellow and will be given full access to the range of NIA support opportunities. On that basis, please kindly ensure that you respond to the application questions in 'Stage F: Section 1: Applicant' in the first person, i.e. saying "I".
However, we recognise that to scale effectively across England you will be part of a wider team with complementary skills. 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. There

may be events and briefings during the NIA that are open to your wider team, such as our Launch and networking events.

During the NIA Fellowship Programme, each Fellow 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**, which you can find in the Resource Library on our Website.

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 2026intake, 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 2026 intake. Whilst there is no specific theme, Appendix 1 at the end of this document highlights some challenges stakeholders have raised; 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.

- **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. 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.

- **Evidence Generation** – 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.

- **Deployment** — innovations should have been deployed in an NHS or care setting in the UK or internationally and ready to be scaled further across the NHS (unless the innovation is environmental/climate focused and not yet implemented in a health setting)

- **Maturity** – applicants need to demonstrate that their innovation is already in use in a health or care system *anywhere in the world*, is supported by a robust evidence base, has been developed with the extensive involvement of users and is ready to be used more widely across the NHS. Please refer to Figure 1 on page 7 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
- 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, Mylocalsurgery and Apollo Innovation
    - Adrian Downing, Independent Consultant specialising in Healthcare SMEs
    - Professor, Lord Ajay Kakkar, Chairman and Professor of Surgery, King's Health Partners and UCL
    - Dr Aman Gupta, Medical Affairs Manager and NHS Anaesthetist, Pfizer UK and NHS
    - Amir Hashmi, CEO, ZSAH
    - Andreas Haimboeck–Tichy, Managing Director of Healthcare UKI, Accenture
    - Professor, Lord Ara Darzi, Co–Director and Consultant Surgeon, Institute of Global Health Innovation and ICL
    - Dr Archna Sharma, Founder of Neem Tree Press and Medical Doctor, Neem Tree Press
    - Bobby Kaura, Seed investment and International Development, Illumina Accelerator Cambridge
    - Dr Celia Ingham Clark, Medical Director for Clinical Effectiveness, NHS England
    - Ed Jones, Independent adviser
    - Elisa del Galdo, Independent Consultant specialising in Business Development
    - Fiona Bride, Director of Medicines, Value and Access, NHS England
    - Gary Gallen, CEO and founder, rradar
    - Hak Salih, Global Startup Partner Strategist – APJ and EMEA, Amazon Web Services (AWS)
    - Dr Harpreet Sood, Primary Care Doctor, Non–Executive Director of HEE, Health Education England (HEE)
    - Hassan Chaudhury, Global Digital Health Specialist and Commercial Director, Vital Healthcare
    - Hina Pandya, Media Strategist & Journalist
    - Ian Thompson, Independent Digital Health Specialist

- Jack Severs, Senior Associate – European Patent Attorney | Chartered Patent Attorney, Gill Jennings & Every LLP
- Jenny Chong, Non–Executive director Medway NHS Foundation Trust, Medway NHS Foundation Trust
- Jim McDonald, Senior Programme Manager, Digital Transformation, NHS Midlands and Lancashire Commissioning Support Unit
- Professor Joanne Hackett, Head of Genomic and Precision Medicine, IQVIA
- Professor, Sir John Burn, Professor of Clinical Genetics and Non–Executive Director, Newcastle University and NHS England and NHS Improvement
- Jon Spiers, Chief Executive Officer, Royal Free Charity
- Juliet Armstrong, Independent Transformational Change and Digital Transformation Specialist
- Kay Boycott, Independent Advisor and Strategy Consultant
- Kelly Lin, Senior Associate, Newmarket Consulting & Freelance Consultant, Newmarket Consulting
- Lily Tang, Freelance Consultant
- Manish Miglani, Investment Director, Nesta
- Marcus Stow, clinical and operational Nurse Leader
- Dr Mark Jenkins, Co–Founder, Oviva
- Martin Gossling, Head of Innovation, University Hospital Southampton NHS Foundation Trust
- Dr Mayur Vibhuti, GP and Clinical Entrepreneur Fellow, NHS England | NHS Kent & Medway ICB
- Dr Nicholas Ibery, Associate Partner and Medical Doctor and Lawyer, Pangea Investors
- Paul Carder, Head of Research, NHS West Yorkshire Integrated Care Board
- Professor Peter Brindle, General Practitioner, Consultant, Advisor
- Pollyanna Jones, Partner – Health and Life Sciences, Monstarlab
- Dr Rajeev Shah, Clinical Director, East London Foundation Trust
- Robert (Bob) Mollen, US–qualified corporate lawyer, Fried Frank
- Ross O'Brien, Co–Founder, UK XR Health Alliance
- Dr Sam Barrell, Chief Executive Officer, LifeARc
- Professor Sudhesh Kumar, Dean of Warwick Medical School and Director of the Institute of Digital Healthcare, University of Warwick
- Professor Tony Young, National Clinical Director for Innovation, NHS England and NHS Improvement
- Tristi Tanaka, Head of Digital Innovation and Transformation, Shropshire, Telford and Wrekin ICB
- Vincent Sai, Group Chief Executive, Modality Partnership
- Will Smart, Director, Caretech Partners
- Chris Black, Senior Category Manager — Clinical Digital Solutions, NHS London Procurement Partnership
- Shaz Uddin, Commercial Strategist, Digital Dopamine Ltd
- Prabha Vijayakumar, Chief Allied Health Professions (AHP) Information Officer, NHS England

- 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 UCLPartners.

- 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 2026, 2025 and 2024, 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
    o present at regional and national events, alongside other well–regarded figures in health.
    o showcase their innovation to representatives of Integrated Care Systems and Secondary, Primary and Community care.
    o 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 2026 intake in April 2026, there are a series of sessions during March 2026 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, 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
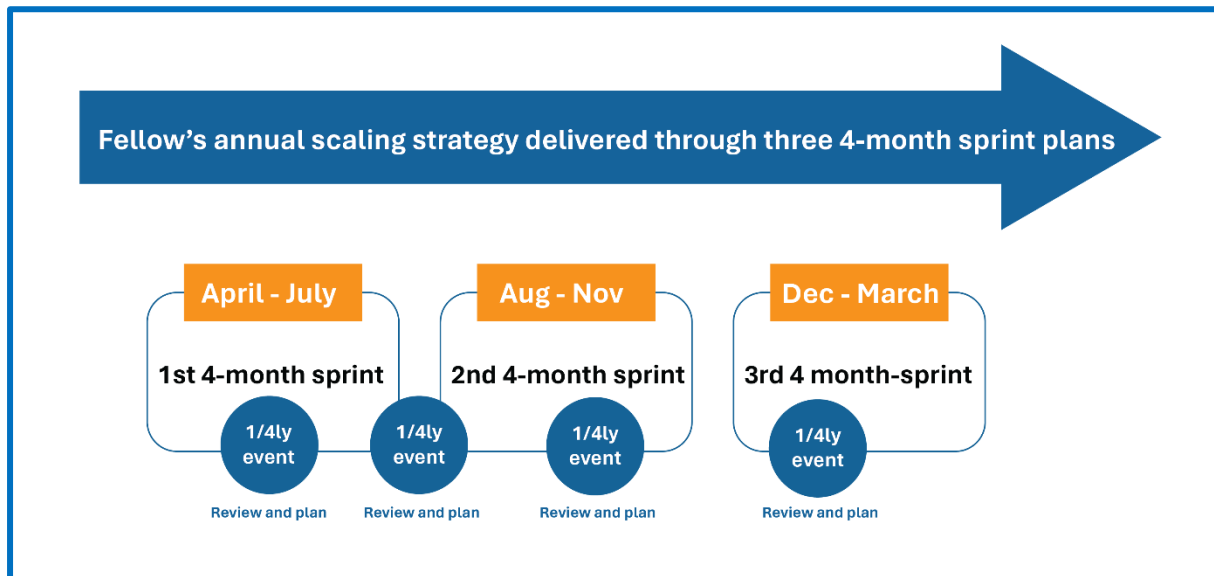NIA Team at any time to identify any additional support, signposting and navigation to expertise where needed.

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

April - July
1st 4-month sprint
1/4ly event
Review and plan

1/4ly event
Review and plan

Aug - Nov
2nd 4-month sprint
1/4ly event
Review and plan

Dec - March
3rd 4 month-sprint
1/4ly event
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 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

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 4a, 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 2026 intake of NIA Fellows.

5. Details on how to apply

Once you have read this *Call for Applications*, please:
- Read the **Guide for Applicants**, available in the Resource Library
- Review the wording of the draft **Contract** and draft **Code of Conduct** (also available in 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://nia.smapply.org/ and:

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

The deadline for completed applications is **23:59, 12 October 2025**. 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?
    - 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:
    - Innovation alignment with NICE guidelines.
    - Any contradictions with NICE guidelines or direction of travel.
    - Any major concerns with the evidence provided.

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

- **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 PPIE reviews. The panel will be chaired by Professor Meghana Pundit 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 2026, 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 provided on the application form will be verified,
    - (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,
    - You will be asked to confirm the intellectual property arrangements your innovation has in place,
    - Fellows will be required to complete information governance checklists and to confirm that they are able to attend all compulsory dates.

- **Maturity Matrix** —applicants will be asked a set of questions to guide us in understanding how mature your innovation is, so we can tailor the support we will give you to ensure you progress

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

7. Key dates

Activity	Date
NIA opens for applications (6 weeks)	1 September 2025
'Meet the NIA' informational webinars	8 September 2025 – 13:00 — 14:00 16 September 2025 – 12:00 — 13:00 1 October 2025 – 13:00 — 14:00 9 October 2025 — 12:00 — 13:00
Application deadline	23:59, 12 October 2025
Application form assessment	23 October — 16 November 2025 (3 weeks)
NICE reviews of applicants to be interviewed	25 November 2025 — 2 January 2026
Shortlisting panel	10 December 2025
Invitation to interviews	12 December 2025
Unsuccessful applicants notified	15 December 2025
Interviews	7, 8, 9, 12, 13, 14, 15 January 2026
Final decision–making panel	28 January 2026
Outcomes communicated to interviewed applicants	30 January 2026
Due diligence and contracting	2 February — 6 March 2026
Deadline for due diligence docs	12 February 2026
Feedback sent to successful applicants	16 February 2026
Feedback sent to all unsuccessful applicants	23 February 2026
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 2026
Launch Event at Rewired Fest at NEC Birmingham	24/25 March 2026
NIA panel Day	16 April 2026
New Fellow 1:1 meetings with NIA team	w/c 20 April 2026 (can discuss panel day feedback)
Quarterly events	Tuesday 5 May 2026 Tuesday 7 July 2026 Tuesday 6 October 2026 Tuesday 2 February 2027
Year 1 learning events	Tuesday 2 June 2026 Tuesday 8 September 2026 Tuesday 2 March 2027

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 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 are health innovation specialists working in partnership to bring 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 section 2, ☐ 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 ☐ 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).

Appendix 1

The 2026 Call for Applications is an *open* call that does not cover a specific theme and is open to innovations addressing any health and care challenges.
However, we particularly welcome innovations that address challenges highlighted by the NHS 10 Year Health Plan and Life Science Healthcare Goals (including Dementia, Cancer, infrastructure around Obesity, Addiction and Mental Health).

We are privileged to have a wide range of fantastic digital and AI–based innovations which are making a huge impact within the NHS, and this year, we are keen to support more women's–health focused innovations as well as innovations with non–commercial models. We would also love to see applications for more physical product innovations and medical devices, for our Programme to have a well–rounded pool of exceptional innovations addressing multiple issues for our healthcare service.

Key challenges highlighted by NIA stakeholders

Our stakeholders have also 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).

- Improve training, and delivery of education to a more diverse group of people,
- Help in the gender dysphoria space
- Help in critically analysing and searching for up to date, accurate and trustworthy health information
- Help patients in patient centred decision making, modelling risks themselves
- Improve vaccine uptake in children and cancer screening in adults
- Information governance workforce training and education in relation to personal data
- Making skill competencies digital and having ability to have multiple signatures and tick boxes.
- Digital preceptorship
- Digitalised and remotely accessible mandatory trainings
- Remote clinical systems
- Self–management digital therapeutics for adults with common mental health problems that can be accessed by self–referral or following clinician referral
- Digital support for children and young people with eating disorders
- Platforms for the digital self–management of asthma
- AI and novel technologies in lung function measurement
- DHTs to support the wider access to diabetes digital information, self–management and structured education services
- Wider access to digital technologies that support weight management — with evidence of impact and effectiveness
- DHT's to help support manage the menopause
- CYP Digital tools to support diagnosis of ASD and ADHD
- Digital tools to provide psychological therapies for people with Serious Mental Illness as part of Community Mental Health services, including bipolar disorder and schizophrenia.

- 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.
- Digital personalised exercise and outcome platforms for people living with Axial Spondyloarthritis and their physiotherapists to work together to monitor care
- Pre/post–op rehab for patients undergoing hip or knee surgery
- Tests and platforms to support the diagnosis and management of sleep problems
- Priorities from the NHS Ten Year Health Plan, such as:
  - Analogue to digital innovations
  - Hospital to community
  - Sickness to prevention
- Digital health technologies to support people living with kidney disease
- Priorities from the Life Sciences Healthcare Goals, such as:
  - Dementia
  - Cancer
  - Obesity
  - Addiction
  - mental health
- AI that can be applied to imaging to identify films/scans etc that are very likely normal. Potential benefits of this:
  - Faster issuing of 'likely normal' reports giving people their result more quickly
  - Freeing up human time to focus on potentially abnormal films where they add most value
  - Removing repetitive work from humans looking at low risk films which should improve job satisfaction, retention etc

Asthma + Lung UK has identified where we could see drastic progress in respiratory disease diagnosis:

- **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.
- **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.
- **Patient stratification tools** – tools that can distinguish between different endotypes within a lung condition and be used to guide treatment decisions.
- **Disease monitoring tools** – patient–centric and user–friendly tools for monitoring disease progression and predicting exacerbations or deteriorating symptoms.