**2022-2023 Adoption Fund**

**Application Form**

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# Capability self-assessment

**Please complete the capability self-assessment before completing your application, by adding a X. This is for you to self-assess your readiness to apply and will not be scored. If you have responded ‘no’ to any statement, this does not preclude you from applying to the Adoption Fund; but it will help you ensure you are able to progress at pace if successful.**

|  |  |  |
| --- | --- | --- |
| **Statement** | **Yes** | **No** |
| I have engaged my IG team, contract team, senior leadership team and clinical teams to support this application |  |  |
| I have obtained approval and sign off from the digital programme lead for my ICS |  |  |
| I have a Clinical Safety Officer (CSO), who fulfils obligations under DCB 0160 clinical safety standards and completes a clinical safety case report including clinical risk and hazard analysis |  |  |
| I have read the information regarding the specific priority I have chosen to apply for |  |  |
| **Delivery and planning** | | |
| I have a high-level draft project plan and dates for core milestones already planned in principle and I will submit with my signed MOU if successful |  |  |
| I confirm there is enough capacity within the team to be able to deliver the project |  |  |
| I commit to ensure the project has a dedicated project lead and that contingency plans will be in place in case of absence |  |  |
| I will be able to spend all funding within this financial year (2022/23) |  |  |
| **Reporting and learning** | | |
| I will have the baseline data (as agreed with the national team) and the expected patient volumes ready to submit within one month of signing the MoU |  |  |
| I will be able to submit monthly data and programme updates in a timely way, including monthly when needed, to feed into wider programme and benefits reporting |  |  |
| I will be able to submit the mutually agreed reports for a period of at least 12 months from the go-live date, to help measure short and longer term benefits |  |  |
| I will be able to contribute to sharing outputs from the project with the wider community |  |  |
| I will be able to produce a minimum of one case study (using a provided template) to share with the wider community |  |  |
| I (or a chosen representative) will be able to attend monthly share-and-learn workshops and actively participate in these sessions |  |  |
| I (or a representative) will be able to attend regular 1-2-1 sessions with the national team to discuss progress |  |  |
| **Processes to complete** | | |
| I will ensure the technologies are [Digital Technology Assessment Criteria](https://www.nhsx.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/) (DTAC) compliant ahead of go live |  |  |
| I will undertake a Data Protection Impact Assessment (DPIA) and put in place appropriate organisational measures to protect patient data |  |  |
| I will undertake an Equality and Health Inequalities Impact Assessment (EHIA) and put in place appropriate measures to ensure that this project takes these into account and does not compound them |  |  |

# Project roles and responsibilities

Please ensure all boxes are completed so as to avoid any delay in reviewing your application and our ability to transfer funding, if you are successful.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project title**  (please provide a title for your project for reference purposes only) | | | |
|  | | | |
| Name of ICS applicant |  | | |
| Name of lead CCG (if still relevant) |  | | |
| Name of other organisations which this project will be implemented in partnership with (if applicable), such as local improvement teams |  | | |
|  | | |
|  | | |
|  | | |
| **Role** | **Name** | **Job title** | **Email** |
| Senior Responsible Officer (SRO) |  |  |  |
| Finance Lead (who has given financial approval) |  |  |  |
| Clinical Lead |  |  |  |
| Project Manager |  |  |  |
| ICS digital programme lead (or equivalent role) |  |  |  |
| **Application main contact** (can be any of the roles above or additional) |  |  |  |
| *Other supporting role* |  |  |  |
| *Other supporting role* |  |  |  |
| *Other supporting role* |  |  |  |

# Focus of digital innovation

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Priority** | **Please add an X against the priority you are applying for** |
| Respiratory | Annual Asthma Review |  |
| Respiratory | Asthma Patient Self Management |  |
| Gastroenterology | Digital transformation in IBS pathways |  |
| Gastroenterology | Digital patient education and information to support pre assessment |  |
| Musculoskeletal | Triage and referral optimisation |  |
| Musculoskeletal | Personalised and supported self-management |  |
| Musculoskeletal | Supporting people waiting for planned MSK care |  |

[[1]](#footnote-1)

# Project Proposal

This section of the application form will help us better understand:

* What you want to do
* Why you want to do it
* What you have done to-date in this area
* What would happen if you did nothing

Please summarise in the boxes below:

|  |
| --- |
| What do you want to do? (Max 300 words) |

|  |
| --- |
| Why do you want to do it? (Max 300 words) |

|  |
| --- |
| What have you done to-date in this area? (Max 300 words) |

|  |
| --- |
| What would happen if you did nothing? (Max 300 words) |

# Technology

The following section outlines the technology for which you are seeking funding. You may not have specific technology partner(s) in mind or have had conversations with appropriate companies already, but we strongly encourage applications that identify the potential technologies.

All winning bids need to commit to:

* meet the Digital Technology Assessment Criteria (DTAC) and undergo the relevant assessment at the level of the NHS organisation(s) deploying the technology
* assign a Clinical Safety Officer (CSO) who must fulfil obligations under DCB 0160 clinical safety standards and complete a clinical safety case report including clinical risk and hazard analysis
* undertake a Data Protection Impact Assessment (DPIA) and put in place appropriate organisational measures to protect patient data.

|  |  |
| --- | --- |
| Please give an overview of the technology for which you are requesting funding:   * Name of the technology/ies * What it does * How it does it * Why do you want this specific technology? * Describe if the technology been used in different specialties or care settings |  |
| Please describe your procurement plan.  How do you plan to mobilise this technology? |  |
|
| Will you ensure the technologies are [Digital Technology Assessment Criteria (DTAC)](https://www.nhsx.nhs.uk/key-tools-and-info/digital-technology-assessment-criteria-dtac/) compliant ahead of go live? |  |

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# Funding request

All funding is revenue only. Please tell us how much funding you are applying for and how you intend to allocate funding between technology and implementation.

Please note the maximum amount of funding will depend on your chosen priority.

**It is a condition of accepting funding that all monies are spent within the financial year 2022/23 and that you commit to provide the agreed reporting and metrics for a 12-month period from when the project goes live.**

| Total funding requested (in £) |  |
| --- | --- |
| **Breakdown of spend (must equal 100%)** | |
| % spend on technology |  |
| % spend on implementation into day-to-day work  (including project management) |  |
| Have you received any other national NHS funding for the proposed innovation?  If yes, please provide details and describe how this funding will complement but not replace or duplicate other funds that you have already received/anticipate. |  |

# Governance

|  |  |
| --- | --- |
| Please outline briefly the governance structure under which this project will sit and to whom it will be accountable locally  (Max 100 words) |  |
| Please outline briefly any existing local partnerships and relationships which will support and further this work  (Max 100 words) |  |

# What benefits will your project deliver?

The Adoption Fund and its broader programmes of work has the following ‘quadruple aim’:

● Reduce costs and increasing value for money and efficiency

● Improve population health / health outcomes

● Enhance patient experience

● Improve staff experience at work.

Please tell us how your project will support and impact the relevant benefits listed below. We do not expect that your project will support every benefit therefore only respond as appropriate.

|  |  |
| --- | --- |
| **Benefits** | **Please describe the impact your project will have** |
| **Reduction in demand on frontline services:**  Reduction in the number of unnecessary face-to-face appointments in primary care or outpatient settings |  |
| **Reduction in demand on frontline services:**  Reduction in the number of unnecessary visits to care settings to receive periodical assessments of LTCs, emergency and outpatient care as the result of using digital technologies to manage a condition which in turn prevents deterioration. |  |
| **Improved patient experience:**  Improved patient experience with more convenient access to advice, diagnosis and treatment |  |
| **Improved patient care:**  Improved patient care due to an increased ability to deliver seamless care across care settings and providers as the result of multi-disciplinary teams being able to access medical records across clinical settings |  |
| **Improved patient health:**  Improved management of a LTC as the result of patient being supported through digital technologies to manage their condition at home |  |
| **Improved patient outcomes:**  Improved patient outcomes for those with a LTC as the result of optimising care and better therapeutic management |  |
| **Improved health outcomes:**  Improved health outcomes as the result of patients with LTC adopting remote monitoring solutions and successfully self-managing their condition. |  |
| **Improved access to care:**  Increased number of patients able to access outpatient services through patient-initiated follow-up for musculoskeletal, gastroenterology and respiratory |  |
| **Improved clinical outcomes:**  Improved clinical and non-clinical outcomes as the result of care homes staff and patients being able to access healthcare in different ways as the result of wider adoption of technology, resulting in effective condition management |  |
| **Increased access to data:**  Increased access to data across the health and care system as the result of enabling vital sign monitoring through home devices and cloud-based digital platforms |  |
| **Time savings for clinical staff:**  Reduction in clinicians' time spent to triage or undertake pre-operative assessment activity for patient pathways |  |
| **Reduction in patient travel miles:**  Reduction in the volume of primary care and secondary care attendances resulting in patient travel miles saved |  |
| **Reduction in patient time:**  Reduction in patient time required for health and care through reduction in face to face attendances resulting in productivity gains for the economy |  |
| **Reduction in carbon emissions:**  Reduction in carbon emissions (CO2) resulting from fewer face to face attendances in healthcare settings for patients supported at home |  |
| **Return-on-Investment** | |
| Based on the above benefits your project will help achieve, please provide us, where possible:   * Any estimate on monetisation per patient. * How many patients do you estimate can benefit from the innovation? * What is the financial value of these benefits for the total population you intend to reach? |  |

# Sustainability

|  |  |
| --- | --- |
| How will you ensure your project does not compound health inequalities?  Please also outline how your project will address [barriers to digital inclusion](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)? This can include reference to your [Core 20 Plus 5](https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/) approach as appropriate.  (Max 150 words) |  |
| Please describe how you can demonstrate [co-production](https://www.england.nhs.uk/get-involved/resources/co-production-resources/) in this project to ensure that patients' voices are involved and heard  (Max 150 words) |  |
| How does your work contribute to the objectives outlined in ‘[Delivering a Net Zero National Health Service](https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf)’?  (Max 150 words) |  |

**END**

* 1. **Please return this application form and any supporting material via email to** [**Adoption.Fund@nhs.net**](mailto:Adoption.Fund@nhs.net) **by 31 July** and include in the email subject line:  
     ‘AF Application - *insert your ICS name - insert one of three words: gastroenterology / respiratory / MSK*’
  2. for example: AF Application - Somewhere ICS - gastroenterology

1. If you believe you have a project proposal in one of the above three specialty areas that would have significant positive impact aligned with the benefits outlined in section 8, but that does not fit with the priorities outlined, please email this to [Adoption.Fund@nhs.net](mailto:Adoption.Fund@nhs.net) in no more than 250 words. We will consider your email and, if appropriate, we will confirm that you can apply. Please note however that all applications will be subject to the same rigorous scoring process from a range of subject matter experts and the winning bids will be awarded based on the merit of their application, with priority given to the applications that are aligned to priorities and likely to make the most impact. [↑](#footnote-ref-1)