# **Health Innovation Network Respiratory Transformation Programme (HIN RTP)**

# Pathway Transformation Fund (PTF) Application Form

##

## Application Instructions

Applications must be submitted via your nominated **Lead Applicant**. This should be an NHS organisation acting on behalf of a **collaborative consortium** of provider organisations and system partners.

**How to Apply**

* Complete the below Application Form, including all required contact details, and provide clear and concise responses to each section.
* **Suggested word counts** are provided for each question to guide the level of detail expected.
* Include **Annex 1 and 2** and any relevant **supporting documents** (e.g. letters of support, case studies).
* Save the completed application as a **PDF**, using the following filename format:
RTP-[Insert Lead Applicant Name].pdf

**Submission Details**

* **Deadline:** 17:00, Friday 15 August 2025
* **Submit to:** HIN-RTP@healthinnovationoxford.org
* **Email Subject Line:** HIN RTP Submission - [Insert Lead Applicant Name]

***Note:*** *Standalone submissions from individual organisations will not be accepted. To support broad geographic coverage, we ask each ICB to submit a single application. If you believe a second bid is warranted, for instance, due to an upcoming ICB merger or another unique configuration that will affect delivery between October 2025 and March 2026, please include a brief rationale in each submission.*

## Consortium Details and Lead Contacts

Please complete the table below with named leads for your application.

* **List all consortium partners**, placing the **Lead Applicant** (i.e. the contracting organisation) at the top.
* The **Project Lead**, **Finance Contact**, and **Authorised Signatory** must be from the **Lead Applicant organisation**.

|  |  |
| --- | --- |
| Lead Applicant (Contracting Organisation):  | Insert Text Here |
| Role | Name | Job Title | Organisation | Email | Phone  |
| Project Lead |  |  |  |  |  |
| Clinical Lead  |  |  |  |  |  |
| GP Lead |  |  |  |  |  |
| ICB Lead |  |  |  |  |  |
| Finance Contact  |  |  |  |  |  |
| Data/evaluation Lead |  |  |  |  |  |
| Technology partner (if applicable)  |  |  |  |  |  |
| Additional Partners involved e.g. primary care, VCSE, community trusts.(Add more rows if needed) |  |  |  |  |  |
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| Contract signatory Declaration |
| As the authorised signatory on behalf of the Lead Applicant organisation (i.e. the contracting organisation named above), I confirm that:* The organisation will provide monthly progress updates to our local Health Innovation Network (HIN)
* The organisation agrees to fully participate in all national evaluation and shared learning requirements, including both qualitative and quantitative inputs
* The organisation will submit a final project report by April 2026 as a condition of receiving funding

*[Note: All points above are mandatory funding requirements.]*{ADD SIGNATURE / NAME / DATE FIELDS HERE} |

## Pathway Transformation Fund Application

|  |
| --- |
| 1. Site overview (brief responses only)
 |
| Project Title: | *[Insert text here]* |
| ICB / ICS Name: | *[Insert text here]* |
| Lead Applicant/ Site: | *[Insert text here]* |
| Additional Sites Involved:  | *[Insert text here]* |
| Target Population (number of patients expected to directly benefit):  | *[Insert text here]* |
| Wider Population Affected (if broader than target group):  | *[Insert text here]* |
| Geographic Area/Footprint (please tick):  | ☐ Urban ☐ Rural ☐ Mixed |
| High-Need Groups Served:  | *[Insert text here]* |
| 1. Local Need and Opportunity *(300-400 words)*
 |
| **Please describe why your system should be prioritised for funding, using evidence and data to demonstrate local population-level need.** This may include:* The burden of respiratory disease (e.g. COPD/asthma prevalence, hospital admissions, exacerbations)
* Gaps in current services (e.g. spirometry access, diagnostic delays, workforce constraints)
* Inequities in access, outcomes, or experience, especially for underserved groups
* Unwarranted variation (e.g. referrals, pulmonary rehab uptake, care quality)
* Why now is the right time for transformation

*Note: “High need” refers to the scale of the population challenge, not current service performance. Systems that are already delivering well but have opportunities to scale innovation or reduce variation are strongly encouraged to apply.**Tip: Where possible, include supporting data and its source.* *[Insert text here]* |
| 1. Proposed Delivery approach *(400-500 words per workstream)*
 |
| **For each workstream, describe your proposed model. While delivery models may vary, each must meet the requirements in the guidance.**Please include:* **Delivery model:** What are you implementing, in which settings, and who will deliver it?
* **Innovation & Evidence Base:** What’s novel or innovative? What NICE guidance, standards, or evidence inform this approach?
* **Rationale:** What specific problem does this address?
* **Delivery plan:** Outline key activities, delivery phases, and timelines.
* **Intended outcomes:** What impact is expected by March 2026?

*Important: The approach must be clearly described to ensure the intervention can be delivered as intended, evaluated effectively, and scaled if successful.*1. ***Early and Accurate Diagnosis (60% of bid)***

*[Insert text here]*1. ***Risk stratification and Care Optimisation (40% of bid)***

*[Insert text here]* |
| 1. Readiness for delivery *(300-400 words)*
 |
| Demonstrate your ability to mobilise from October 2025. This may include details on: * Relevant pilots or initiatives already underway
* Available infrastructure and tools to support implementation.
* Workforce capacity and recruitment needs.
* Leadership and delivery networks supporting mobilisation

*[Insert text here]*  |
| Additional recruitment needed before mobilisation? *If yes, please briefly describe the roles, timelines, and plans to ensure readiness for mobilisation (max 100 words)* | ☐ Yes ☐ NoIf yes, provide details (max 100 words):*[Insert text here if applicable]* |
| 1. Strategic Alignment (300-400 words)
 |  |
| Explain how your project aligns with ICB/ICS plans, local priorities and the Government’s 10 Year Health Plan. You may want to include references to your engagement with your HIN and any system-wide transformation efforts.*[Insert text here]* |
| 1. Technology and digital tools (250-300 words)
 |
| * Briefly describe any digital systems, technologies, or platforms you intend to use in delivering this project. Outline their role in supporting care delivery, patient self-management, monitoring, and/or data collection.
* Indicate whether these technologies are already commissioned or in use locally.
* If not, explain how you will mobilise them quickly and ensure they are fully integrated and supported throughout the funding period.

*[Insert text here]* |
| 1. Governance, Leadership and Engagement *(300-400 words)*
 |
| **Describe the local leadership, governance, and delivery arrangements that will support this project.** Your response should outline:* The governance structure and how programme delivery will be overseen at system level.
* The roles of provider organisations, primary care, and VCSE partners.
* How system-wide collaboration will be enabled and maintained.
* How patients and communities have shaped the proposal and how their involvement will continue throughout delivery.

*[Insert text here]* |
| 1. Data and Evaluation *(300-400 words)*
 |
| Please describe:* What data and outcomes you currently collect.
* Any anticipated challenges with local data collection.
* How you will measure project impact using both qualitative and quantitative methods.
* Your ability to contribute to national evaluation requirements, including:
	+ Process metrics
	+ Qualitative insights
	+ Resource use and cost data (if requested).

*[Insert text here]* |
| 1. Addressing Health Inequalities *(250-300 words)*
 |
| Describe:* Which inequalities (i.e. access, outcomes and experience) the project will address.
* How high-need populations will continue to be identified, using data and population health insights.

*[Insert text here]* |
| 1. Workforce and Sustainability (300-400 words)
 |
| Summarise: * How you will build and sustain delivery capacity.
* Plans for workforce development and leadership involvement.
* How the project and associated benefits (e.g. improved access, reduced admissions) will be sustained after funding ends.

*[Insert text here]* |
| 1. Net Zero Considerations (Optional)
 |
| Briefly outline any environmental benefits (e.g., reduced travel, low carbon inhalers) *[Insert text here]* |
| 1. Sign-off (Required).
 |
| All applications must include formal sign-off as outlined below. Where a specific lead is *not currently in post*, this must be clearly stated in the application. In such cases, please indicate who is providing equivalent oversight or endorsement. |
| Executive sign-off *(Medical Director or Chief Executive of the Lead Applicant)* | ☐ A short, signed statement of endorsement is attached. |
| Regional Respiratory Clinical Lead Sign-off  | ☐ A signed statement of support is attached.☐ Not currently in post – alternative endorsement is included. |
| ICB Respiratory Clinical Lead Sign-off | ☐ I confirm that a signed statement of support from the ICB Respiratory Clinical Lead is attached.☐ Not currently in post – alternative endorsement covering the same assurance is attached. |
| Supporting information (Optional)  |
| Attach relevant documents such as: * Letters of support
* Case studies
* Supplementary data
* Logic models
 |  [Insert names of attachments] |
| Other NHSE Funded Projects (if applicable)  |
|  **Please list every project for which your system has applied or been awarded NHS England funding that relates to respiratory care.** For each project, include:* Year (2024/25 or 2025/26)
* Programme / funding stream
* Status — state Awarded, Decision pending, or Unsuccessful

If there are no respiratory bids or awards, write **“None.”***[Insert text here]* |

##

## Annex 1: Funding Request (Maximum £300,000)

**Total amount requested:** £ [insert figure here]

**Budget Breakdown**

Please complete the table below, providing a clear description and rationale for each item. Indicate whether VAT is included (note: VAT must be included where it is irrecoverable).
All costs must be clearly linked to the programme’s objectives, fully itemised, and proportionate to the scale of delivery. Only fill in the rows that are relevant to your proposal, you do not need to complete every row. Add rows if needed.

***Note:*** *Be specific about how funding will be used and demonstrate value for money.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Category**** | ****Item Description**** | ****Rationale for the expenditure**** | ****Cost (£)**** | ****VAT Included?**** |
| 1. ****Early and Accurate Diagnosis (60% of bid)****
 |
| **Staffing/Leadership** |  |  |  | ☐ Yes ☐ No |
| **Digital Tools/Equipment** |  |  |  | ☐ Yes ☐ No |
| **Training/workforce Development**  |  |  |  | ☐ Yes ☐ No |
| **Evaluation/Project Support** |  |  |  | ☐ Yes ☐ No |
| **Patient and Public Engagement**  |  |  |  | ☐ Yes ☐ No |
| **Inequality-Targeted Interventions**  |  |  |  | ☐ Yes ☐ No |
| **Capital or Other (specify)** |  |  |  | ☐ Yes ☐ No |
| ****Total****  | **£***[Insert text here]* |
| 1. ****Risk stratification and Optimisation (40% of bid)****
 |
| **Staffing/Leadership** |  |  |  | ☐ Yes ☐ No |
| **Digital Tools/Equipment** |  |  |  | ☐ Yes ☐ No |
| **Training/workforce Development**  |  |  |  | ☐ Yes ☐ No |
| **Evaluation/Project Support** |  |  |  | ☐ Yes ☐ No |
| **Patient and Public Engagement**  |  |  |  | ☐ Yes ☐ No |
| **Inequality-Targeted Interventions**  |  |  |  | ☐ Yes ☐ No |
| **Capital or Other (specify)** |  |  |  | ☐ Yes ☐ No |
| ****Total****  | **£***[Insert text here]* |

## Annex 2: Outline implementation plan

Please set out a proposed outline implementation plan and milestones. Expand the table as needed to reflect the full scope of your proposed delivery.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Milestone | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26  | Mar26 | April-June 26 | July-Sept 26 | Oct-Dec 26  | Jan-Mar 27 |
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