Health Innovation Network Respiratory Transformation Programme (HIN RTP)

Pathway Transformation Fund (PTF) 2025-26

Guidance Notes

Contents

Executive summary

The *Health Innovation Network Respiratory Transformation Programme (RTP)* is a two-year, nationally coordinated initiative launching in September 2025. Jointly funded by NHS England and the Office for Life Sciences (OLS) and led by Health Innovation Oxford & Thames Valley (HIOTV), the programme will support integrated, evidence-based care for people with asthma and Chronic Obstructive Pulmonary Disease (COPD).

The programme will:

- Accelerate early and accurate diagnosis by increasing disease recognition and expanding access to quality-assured spirometry.
- Embed risk-stratified, optimised care to prevent avoidable exacerbations.
- Expand access to biologics.
- Support implementation of NICE and British Thoracic Society (BTS) guidance across the respiratory pathway.
- Strengthen respiratory workforce capacity and data capability.

About the Pathway Transformation Fund (PTF)

The PTF is the programme's first implementation wave, inviting applications from systems ready to deliver high-impact respiratory transformation from October 2025 to March 2026.

- **Total Funding Available**: Up to £2.61 million (non-recurrent).
- **Site Allocation**: Approximately 10 high-need systems; up to £300,000 each.
- **Funding Split:** Budgets should be proportionally allocated - approximately 60% to Early and Accurate Diagnosis and 40% to Risk Stratification and Optimisation, with ±5% flexibility.
- **Larger Bids:** Will only be considered in exceptional cases (e.g. regional collaborations or proposals with substantial population impact) and must include a strong value-for-money case.

Clinical Priorities

Applicants must address both priority areas:

Priority Area	Objective	Illustrative Interventions
Early & Accurate Diagnosis	Expand high-quality, equitable diagnostic access.	Workforce training, primary-care spirometry hubs, virtual multidisciplinary teams, tackling inequalities in access for underserved groups.

Risk Stratification & Optimisation (rising risk)	Proactively identify and optimise care for COPD patients at rising risk of exacerbation.	Search tools (Ardens/EMIS/SystmOne), personalised reviews by community teams, self-management, remote monitoring, winter exacerbation support.

Projects must embed a focus on equity, evaluation, and workforce development. Applicants are also encouraged to consider how their proposals could support future RTP ambitions, such as improving access to biologics for severe asthma and COPD.

Eligibility

To apply, systems must:

- **Form a collaborative consortium** (individual-provider bids will not be accepted).
- **Nominate one Lead Applicant** to receive the grant on behalf of the consortium, and coordinate governance, reporting and financial distribution.
- **Engage with their local HIN** during bid development and delivery.
- **Demonstrate mobilisation readiness**, particularly for winter 2025/26.
- **Commit to participating in the national evaluation** and submit a final project report by April 2026.
- **Provide signed letters of support from:**
    - An Executive Lead from the Lead Applicant organisation (e.g., Medical Director or Chief Executive)
    - The Integrated Care Board Respiratory Clinical Lead (if in post)
    - The Regional Respiratory Clinical Lead (if in post)

Where appropriate, the ICB Respiratory Clinical Lead should confirm that their sign-off reflects broader ICB priorities and has been discussed with relevant system leaders.

Evaluation

All PTF-funded sites must contribute to a national evaluation to support shared learning, demonstrate impact, and inform future investment. Sites will be required to collect and submit local data aligned with a national outcomes framework, share delivery insights, and submit a final report by April 2026. Additional input may be requested to support health economic analysis. Sites will be supported with standard tools and guidance to ensure consistency.

Application Process

- **Submit by:** Friday 15 August 2025 (17:00)

- **Submission route:** Applications must be submitted via your nominated Lead Applicant. 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.
- **Submit your application to:** HIN-RTP@healthinnovationoxford.org
  For any questions or clarifications, you can also use this email address.
- **Subject line format:** *HIN RTP Submission - [Lead Applicant Name]*
- **Required documents to be submitted:** Completed application form, Funding Request (Annex 1), Outline Implementation Plan (Annex 2), Signed approvals at Executive, ICB and regional levels.

Application Timeline

Key Step	Date
PTF Launch	7 July 2025
Webinar & live Q&A	15 July 2025 (14:00-15:00) Link to register: https://events.teams.microsoft.com/event/ddf65713-5d9c-46a9-bf00-db1eff7f9b4f@2a9cd5ba-2408-4347-8400-7c5d88c277fb *Please note: Before joining, we strongly encourage you to read both the full guidance and the application form so you can make the most of the session.*
Submission deadline	15 August 2025 (17:00)
Outcome notifications	by Friday 19 September 2025
Payment & Mobilisation	w/c 13 October 2025

What Next?

Interested sites are encouraged to engage early with their ICB Respiratory Clinical Lead (if in post), Regional Respiratory Clinical Lead (if in post), Respiratory Network Leads (if in post) and local HIN to confirm priorities, identify delivery partners, and align on resourcing. Sites should also register for the upcoming webinar and live Q&A session to support planning and ensure readiness for mobilisation by October 2025.

More detailed guidance and resources are available on the NHS Futures platform.

Introduction

This document provides guidance for systems applying for Pathway Transformation Funding (PTF), an early opportunity within the wider Health Innovation Network (HIN) Respiratory Transformation Programme (RTP).

The RTP is a two-year national initiative, officially launching in September 2025, and is jointly funded by NHS England and the Office for Life Sciences (OLS). It is led on behalf of the HIN by Health Innovation Oxford and Thames Valley (HIOTV).

The programme aims to drive whole-pathway transformation in asthma and Chronic Obstructive Pulmonary Disease (COPD) care, focusing on four priority areas:

- Enhancing early and accurate diagnosis
- Risk stratification and care optimisation
- Equitable Biologics access
- Improving workforce capacity and data capability

These priorities align with national ambitions around prevention and long-term condition management, and the UK Government's "Three Shifts" strategy - moving from analogue to digital, hospital to community, and treatment to prevention. The programme seeks to embed evidence-based care, reduce unwarranted variation, and strengthen long-term delivery and evaluation capacity within respiratory services.

The HINs are well positioned to lead this work. Through programmes such as FeNO testing and asthma biologics (delivered via the Accelerated Access Collaborative), Lung Health @ Home, and COPD winter preparedness, HINs have played a key role in embedding innovation in respiratory care. The RTP will leverage existing networks, experience and expertise to catalyse innovation and transformation in respiratory care.

About the Pathway Transformation Fund

To help deliver on the RTP's priorities, the PTF has been established as a key enabler within the programme. It will provide up to £2.61 million in funding to support around ten systems to deliver ambitious, whole-pathway respiratory transformation between October 2025 and March 2026.

The overarching aim of the PTF is to reduce premature mortality and time spent in crisis (e.g. hospital bed occupancy) by:

- **Increasing disease recognition** to enable timely access to treatment
- **Optimising care** through equitable access to high-value interventions that keep people with COPD well and prevent deterioration.

- **Encouraging proactive action** when people are in, or at risk of, crisis, particularly during winter.

The PTF will also lay the groundwork for future access to COPD biologics by strengthening upstream elements of the care pathway, such as diagnosis, risk stratification, and structured care planning.

Projects funded through the PTF will contribute to the national evaluation, inform future investment decisions, and support the scaling of effective delivery models.

The following guidance outlines:

- What's expected of funded implementation sites.
- The support and funding available.
- How to apply, including key timelines and decision points.

Scope of the Pathway Transformation Fund

This first wave of the PTF is intended to support local delivery in two core areas. Applicants must submit a single application that addresses both areas:

1. Early and Accurate Diagnosis
2. Risk Stratification and Care Optimisation

Projects should demonstrate how proposed interventions will work together across these two areas to deliver whole-pathway impact.

1. Early and Accurate Diagnosis (Asthma and COPD) – 60% of bid

Objective: Projects should aim to improve the speed, quality, and equity of respiratory diagnoses across the system. This includes restoring and expanding diagnostic capacity, with a strong emphasis on improving access to quality-assured spirometry in primary care settings.

Projects must demonstrate how they will increase spirometry provision and utilisation across local pathways.

Innovative approaches may include:

- Training workforce and implementing national commissioning standards to increase diagnostic throughput.
- Reducing delays to diagnosis and enabling earlier identification of asthma and COPD, through standardising and streamlining diagnostic pathways.

- Developing diagnostic hubs or integrating virtual multidisciplinary teams.
- Tackling inequalities in diagnostic access for underserved groups.

All projects funded through the PTF are expected to contribute directly to the national ambition to diagnose an additional 20,000 people with COPD by 2025/26, and to increase diagnosis rates in line with population size and local disease prevalence.

Note: *Applicants should refer to Appendix C (Commissioning Standards for Spirometry), Appendix D (National Spirometry E-learning Module), and Appendix E (Spirometry Data Capture Template) to support planning and delivery.*

2. Risk Stratification and Optimisation (Rising-Risk COPD Patients) – 40% of Bid

Objective: Projects should support systems to identify and proactively manage individuals with COPD who are at rising risk of exacerbation, before crisis or hospitalisation occurs. This involves embedding personalised care pathways that help prevent deterioration, reduce exacerbations, lower emergency department attendances and avoidable hospital admissions, and address inequalities in access, care quality, and outcomes.

Core Components to be Included *(with flexibility for site-led innovation)*

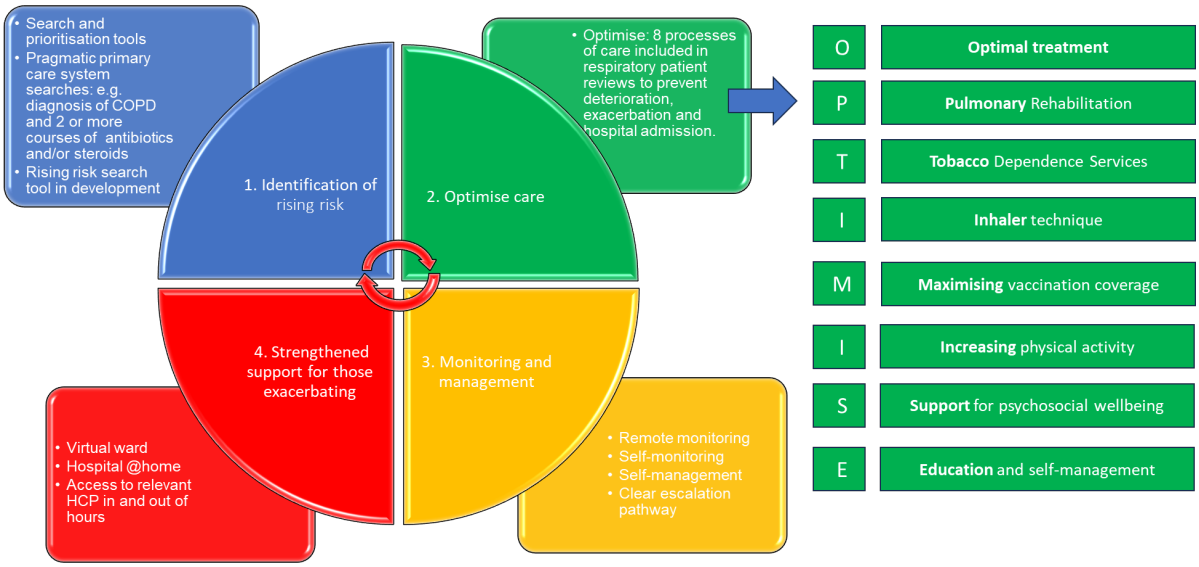
Sites must demonstrate readiness to deliver a full pathway model that includes all of the following elements:

- **Risk Identification**
  Identification of patients at rising risk of exacerbation within primary care records, using the national "Rising Risk" search criteria — either through the national search tool (e.g. Ardens for EMIS or SystmOne) or a suitable locally validated equivalent.
- **Care Optimisation**
  Deliver proactive, personalised clinical reviews led by integrated respiratory specialists (e.g. community respiratory nurses). Reviews should aim to optimise care and increase access to tailored education, and self-management resources.
- **Self-Management and Monitoring**
  Expand access to self-management support and education, including technology-enabled self-monitoring and remote monitoring, so patients can better manage their condition.
- **Winter Exacerbation Support**
  Provide enhanced support during winter or periods of increased risk, through initiatives such as 7-day community respiratory services and virtual wards.

Model of Care: Risk Stratification and OPTIMISE Framework

The visual model below outlines the four-phase pathway for supporting rising-risk respiratory patients, aligned with the components above. It spans patient identification, care optimisation, monitoring, and targeted exacerbation support, and is underpinned by the nationally recognised OPTIMISE framework for personalised respiratory care.

Sites are encouraged to test and adapt locally appropriate delivery models within this framework and to embed equity-focused approaches at every stage. While operational delivery will vary by system, proposals should align with the model described above.



Note: *Applicants should refer to the* ***Supporting People with COPD in Winter*** *resource (Appendix A) for detailed guidance on the model to be tested, including rising risk criteria and OPTIMISE care processes. Appendix B* ***(COPD Winter Learning Community of Practice – 26.06.25)*** *also captures key insights and learning from last year's delivery sites, which may support the design and delivery of your proposal.*

Wider Considerations and Future Alignment

All projects supported through the PTF are expected to demonstrate alignment with the cross-cutting themes that underpin the wider RTP. These should be embedded throughout proposals, regardless of the specific clinical focus:

- **Workforce Development and Leadership**: Building local capacity and capability, including the identification and support of clinical leaders to drive delivery and long-term adoption.
- **Health Inequalities:** Applying a data-driven approach to identify and address unwarranted variation in access, experience, and outcomes, with a particular focus on underserved and high-risk populations. Projects must also consider risks of digital exclusion, ensuring that the use of technology does not widen inequalities, particularly for groups with limited digital access or literacy.
- **Robust Evaluation**: Generating real-world insights to support local improvement and inform national learning, scale-up, and future policy development.

Note: *In addition to addressing the two core priority areas, applicants may wish to consider how their proposals support the longer-term ambitions of the RTP. While not a selection criterion, the PTF aims to lay the groundwork for future access to biologics by strengthening key upstream elements such as diagnosis, risk stratification, and care planning. Proposals that also enhance data capability and use of digital tools, clinical registries and analytics to support more proactive personalised care may further contribute to long-term system readiness.*

Eligibility and Participation Requirements for the PTF

To be considered for the PTF, systems must meet the following eligibility criteria and demonstrate readiness to deliver against key programme expectations.

Eligibility Criteria

- **Strategic fit:** Applications should reflect system priorities and capacity, and align with local workforce, health inequalities, transformation strategies, and the Government's 10 Year Health Plan.
- **Mobilisation:** Sites must commit to mobilising by October 2025, with delivery continuing through to March 2026. Applications should also demonstrate workforce and pathway readiness, particularly in preparation for winter 2025/26.
- **Delivery plan:** Participating systems must provide realistic delivery plans with clear timelines, detailed use of funding and expected impact by March 2026.
- **Evaluation:** Applicants must commit to participating in the centrally coordinated evaluation (see evaluation requirements below).
- **Sign-off letters:** To ensure clinical and system leadership alignment, applications must include letters of sign-off from:
    - An Executive Lead from the Lead Applicant Organisation (e.g., Medical Director or CEO)
    - Integrated Care Board (ICB) Respiratory Clinical Lead (if in post).
    - Regional Respiratory Clinical Lead (if in post).

Where appropriate, the ICB Respiratory Clinical Lead should confirm that their sign-off reflects broader ICB priorities and has been discussed with relevant system leaders.

Demonstrating Local Need

Applications should make a clear case for investment based on population-level need. Evidence may include:

- High prevalence of COPD and/or asthma.
- Elevated rates of emergency admissions, exacerbations, or avoidable hospital use.
- Low levels of diagnostic coverage (e.g. spirometry) or delayed diagnosis.
- High smoking prevalence or other modifiable risk factors.
- Significant health inequalities, including unmet need among underserved groups.

Note: *"High need" refers to the scale of challenge within the local population, not current performance or service quality. High-performing systems with opportunities to scale innovation, reach underserved groups, or reduce unwarranted variation are strongly encouraged to apply.*

System Collaboration and Leadership

Successful sites will be expected to:

- Enable integrated working across primary, secondary, community, and voluntary sectors.
- Nominate both a specialist respiratory lead and a GP lead and include protected time for both in the budget.
- Involve people with lived experience in programme design, delivery, and evaluation.
- Collaborate closely with their local HIN and ICS partners.

Equity and Inclusion

Proposals must embed a focus on health inequalities by:

- Using data to identify and address variations in access, experience and outcomes.
- Targeting Core20PLUS and other underserved populations.
- Considering digital exclusion to ensure that technology does not widen access gaps for people with limited digital skills or connectivity.

Capacity Building and Shared Learning

All funded sites are expected to engage in national support and shared learning activities, including webinars, e-learning, implementation support, and participation in a national

Community of Practice and peer learning forums. Sites should also be prepared to participate in monthly progress meetings with their local HIN.

Evaluation Requirements for PTF-Funded Sites

We are currently awaiting confirmation regarding the commissioning of a nationally coordinated evaluation, which would use centrally sourced data to assess programme outcomes and system-wide impact. Regardless of the final evaluation model, all sites must commit to the following:

What is Expected of Funded Sites?

Sites must:

1. **Collect and analyse local data** aligned to a standardised national outcomes framework. At a minimum, sites will be required to report monthly process metrics below (final list to follow).
2. **Prepare a monthly highlight report** covering these metrics, key achievements, challenges and any support needed; this report will form the agenda for the monthly progress meeting with your local HIN.
3. **Share delivery experience**, including key enablers, barriers, and lessons learned throughout the project.
4. **Gather qualitative insights** from staff, patients, and system stakeholders to support local learning.
5. **Submit a final report by April 2026,** which must include:
    - A summary of the data collected (e.g. referral volumes, diagnoses, interventions delivered).
    - Key themes and insights from staff, patients, and system partners.
    - What worked well, what challenges were faced, and lessons learned from delivery.
6. ***Provide resource use and cost data**, if a health economics analysis is centrally commissioned, to support value-for-money assessment.*

Draft monthly metrics

Category	Metrics to report (monthly)
1. Early and Accurate Diagnosis	• Referral volumes (number of patients referred for respiratory diagnostic assessment) • Number of confirmed diagnoses (e.g. asthma, COPD) • Timeliness of diagnosis (time from referral to confirmed diagnosis)

2.	**Risk Stratification and Optimisation**	
a.	**Patient identification and review**	• Number of patients identified through rising risk search • Number of case notes reviewed • Number of patients excluded, with reasons
b.	**Clinical review and interventions**	• Number of patients identified for an OPTIMISE review • Number of OPTIMISE reviews completed • Interventions delivered (e.g. Pulmonary Rehab) • Timing and uptake of interventions
c.	**Monitoring and follow-up**	• Number of patients using remote or self-monitoring tools • Number placed on Patient-Initiated Follow-Up (PIFU) • Number contacted through PIFU • Number of patients accessing urgent care during an exacerbation (including those managed via virtual ward)

Sites will be supported with guidance, templates, and standard tools to ensure consistency for any centrally defined data collection or qualitative activities. This approach aligns with the national respiratory data strategy.

Note: *The final list of required process metrics is still in development and will be confirmed once the national outcomes framework is finalised. Given that system-level impact (e.g. changes in healthcare utilisation) may not be fully measurable within the delivery window, continued participation in the centrally led evaluation may be required beyond March 2026. However, site-led data collection will conclude at the end of March 2026.*

Who can apply?

We welcome applications from collaborative consortia of provider organisations and system partners ready to lead the delivery of integrated, high-impact respiratory care. Joint submissions are strongly encouraged, particularly where they demonstrate meaningful collaboration across the respiratory pathway.

Consortia may include (but are not limited to):

- Primary Care Networks (PCNs)
- NHS Acute or Community Trusts
- Neighbourhood or locality teams
- Integrated care providers
- Local authorities and voluntary-sector partners

Each submission must name a Lead Applicant. They will receive the grant on behalf of the consortium, and coordinate reporting, governance, and financial distribution.

The Lead Applicant must be an NHS organisation, depending on who is best positioned to coordinate delivery and manage programme responsibilities. Within any bid, the consortium must cover **at least one locally defined neighbourhood footprint** (see *NHS England » Neighbourhood health guidelines 2025/26*). Proposals should show meaningful involvement from a broad range of system partners so the model can deliver integrated care and generate learning that other systems can adopt.

Note: *Standalone bids from individual organisations will not be accepted. Proposals must clearly show how resources, risks, and benefits will be shared across partners, and budgets must reflect this.*

What support will be available?

In addition to the PTF funding, sites will benefit from a structured but evolving support offer intended to help systems deliver innovative, integrated models of respiratory care. This support is being developed as part of the wider RTP and will operate at two levels:

A) Support available to all applicants (regardless of funding outcome).

Community of Practice (CoP):
A collaborative national forum for shared learning, bringing together ICS leads, HINs, NHSE representatives, delivery sites, and people with lived experience.

The CoP is likely to include:

- Peer learning and shared problem-solving
- Thematic workshops on topics such as:
    - Tackling health inequalities
    - Using digital tools and risk stratification
    - Strengthening integration across care settings

B) Tailored support for selected PTF sites

Selected sites will receive targeted support to accelerate delivery and maximise impact. While specific details are still being finalised, support is expected to include:

Workstream specific support available	
Workstream 1: Early and Accurate Diagnosis	Best practice guidance and shared resources on spirometry and diagnostic approaches.
Workstream 2: Risk Stratification and Care Optimisation	Access to tools such as the *Rising Risk Search Tool* and *Optimisation Template* (via Ardens for EMIS and SystmOne).
	NHSE COPD Winter Resource Pack and other relevant materials.
Cross-cutting implementation support	

- **Training and education** (e.g. e-learning and webinars)
- **Collaboration platforms,** such as a dedicated NHS Futures workspace for resources, contact lists, and discussion forums.
- **Evaluation support,** including guidance for collecting local insights.
- **Leadership development opportunities,** including peer forums.
- **Monthly one-to-one sessions:** Sites will be supported through monthly check-ins with their local HIN to review progress, troubleshoot delivery challenges, and support alignment with programme goals.

More information will be provided as the support offer evolves, with updates made available via the NHS Futures platform and through regular programme communications.

Role of the Local Health Innovation Network (HIN)

All applicants are encouraged to engage their local Health Innovation Network (HIN), which can provide valuable support throughout both the development and implementation of proposals, including application guidance and help navigating the process.

They also offer expertise in:

- Pathway transformation and innovation adoption
- Implementation support and change management
- Evaluation and outcomes measurement
- Stakeholder engagement and shared learning

HINs can also and connect sites with relevant national tools, resources, case studies, Communities of Practice, and best practice examples.

Early engagement with your HIN will help ensure proposals are robust, evidence-based, and aligned with wider national and regional transformation priorities.

A contact list for local HIN leads is available in *Appendix F.*

What funding is available?

Selected sites will be eligible to apply for up to **£300,000** in non-recurrent transformation funding to support delivery between **October 2025 and March 2026**.

Larger bids (i.e. those exceeding £300,000) will be considered only in exceptional circumstances and must be supported by a clear and compelling value-for-money case. This could include, for example:

- Multi-ICS or regional collaborations.
- Development of large-scale diagnostic hubs.

- Proposals delivering significant population-level impact in areas of high prevalence or unmet need.

All bids must reflect the structure of the total £2.61 million funding pot. To ensure consistency across projects, applicants should aim to allocate their budgets according to the following split:

- **60% for Early and Accurate Diagnosis**
- **40% for Risk Stratification and Optimisation**

A ±5% variation on each component will be accepted to allow for local flexibility.

The final funding allocation and number of sites supported will be determined through a competitive assessment process.

What should the funding be used for?

Funding awarded through this programme is non-recurrent and is intended to support implementation, scale-up, and delivery of the RTP. Funding requests should be aligned to local delivery plans and may include support for both pathway development and operational costs.

Funding may be used for:

- **System and clinical leadership**: Pathway leadership and engagement across system partners to support integrated delivery.
- **Workforce and service delivery**: Clinical time and backfill for reviews (e.g. OPTIMISE), support patient self-management, and strengthen services for patients experiencing exacerbations.
- **Project and evaluation support**: Project management, administrative or analytical capacity, including support for set-up, running of search tools, data collection, and participation in evaluation activities.
- **Training and workforce development**: Costs associated with training staff to deliver pathway elements effectively.
- **Digital enablers**: Use of digital tools to support remote monitoring or self-management, where not already funded through other capital or revenue streams. Where possible, it is advisable to use technologies that are already established and preferred within the local area or region. Leveraging familiar, commissioned solutions reduces the risk of implementation challenges, ensures better integration with existing systems, and increases the likelihood of sustained adoption and support.
- **Patient and Public Engagement:** Costs to enable meaningful involvement of patients and the public including honoraria or payments for public contributors.

- **Addressing Health Inequalities:** Targeted interventions such as outreach models, tailored communication strategies, or enhanced support for underserved populations.

Note: *Project budgets must reflect dedicated funding for primary care, recognising its central role in pathway delivery and transformation.*

Submitting an application: Process and Timelines

How to apply

Applications must be submitted via the nominated Lead Applicant. 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.

Submission Instructions:

- **Deadline:** All applications must be submitted by **17:00 on Friday 15 August 2025** to: HIN-RTP@healthinnovationoxford.org
  Email subject line: HIN RTP Submission - [Insert Lead Applicant Name]

What to Include:

- **A completed Application Form** (saved as a PDF using the following filename format): RTP-[Insert Lead Applicant Name].pdf
- Any relevant **supporting documents** (e.g. letters of support, case studies)

Review process

All applications will be assessed through a structured, transparent review process. Submissions will first undergo an initial screening by HIN representatives, with Regional Respiratory Leads nominating their top two applications from each region. All eligible applications will then be reviewed by a multidisciplinary panel using a pre-defined scoring framework.

Applications will be assessed across the following domains:

1. Population Need and Local Challenge
2. Readiness for Delivery
3. Strategic Alignment
4. Innovation and Evidence-Based Practice
5. Data and Evaluation Capability
6. Leadership, Collaboration, and Engagement
7. Value for Money and Delivery Capacity

Final decisions will be subject to NHS England moderation, ensuring consistency and strategic fit.

We aim to notify Lead Applicants of outcomes by **Friday 19 September 2025.**

Applicant Support and Queries

To support you during the application process, a range of resources and engagement opportunities will be available:

Support available	Details
Webinar and Live Q&A:	Tuesday 15th July 14:00-15:00 The session will provide an overview of the programme, clarify delivery expectations, and answer applicant questions. Link to register: https://events.teams.microsoft.com/event/ddf65713-5d9c-46a9-bf00-db1eff7f9b4f@2a9cd5ba-2408-4347-8400-7c5d88c277fb *Please note: Before joining, we strongly encourage you to read both the full guidance and the application form so you can make the most of the session.*
Frequently asked questions (FAQs)	A full set of FAQs will be published following the webinar and will be available at: HIN Respiratory Transformation Programme - Futures
Ongoing support	Your local HIN can provide local support, including connections with partners and practical advice on shaping your proposal. Contact details for your local HIN can be found in *Appendix F.*
Direct Queries	For any additional questions or requests, please contact the programme team at: HIN-RTP@healthinnovationoxford.org
Additional information and resources	Additional information and supporting materials are available via the FutureNHS platform.

What next?

We recommend that interested sites begin by speaking with their Regional Respiratory Clinical Lead (if in post), ICB Respiratory Clinical Lead (if in post) and Respiratory Network Leads (if in post), who can advise on local priorities and potential collaborations. Early discussions with your local HIN are also encouraged to define pathway focus, partnerships, and resource needs. This will support mobilisation by October 2025 and alignment with RTP goals. We also recommend registering for the applicant webinar to learn more about the programme and application process.

Thank you for your interest in this nationally significant respiratory transformation programme. We look forward to reviewing your submission.

Appendices – related and supporting work

Appendix A – Supporting People with COPD in Winter Resource

The following resource outlines the model we are asking sites to test as part of PTF — including the *rising risk criteria* and *OPTIMISE* processes of care. Applicants should use this document to inform the design of their proposal and demonstrate alignment with the national approach.

Supporting people with COPD in winter resource June 2025

Appendix B – COPD Winter Learning Community of Practice (26.06.25)

We encourage all prospective applicants to join the NHS Futures HIN RTP workspace, where useful resources and shared learning are being hosted. The following link contains the slides and full recording from the final session of the 2024/25 Community of Practice series for COPD winter planning.

This session includes:

- Final insights from the four delivery sites involved in the programme
- An update from Health Innovation South West on the national evaluation
- Next steps for supporting the rising-risk COPD cohort

These materials provide valuable learning that should inform the planning and delivery of your proposed work.

COPD Winter Planning Final Showcase: Share and Learn event - HIN Respiratory Transformation Programme - Futures

Appendix C – commissioning standards for spirometry

The Commissioning standards for spirometry sets out best practice in commissioning spirometry services to ensure early and accurate diagnoses of respiratory diseases, in line with the revised NICE, BTS and SIGN guidance for asthma. It is designed to support ICBs to plan and deliver services that meet the needs of their local populations. A package of resources to help systems support the restoration and provision of spirometry services is available on the NHSE Respiratory Disease Programme FutureNHS page (login/registration required).

Appendix D – e-learning module created by NHSE

A new national e-learning module on spirometry is due to launch in Q2 (exact release date TBC; content is with the NHS England Workforce, Training and Education Team).

The 6 key areas the learning will cover include:

1. Pre -test instructions and preparation for testing

2. Calibration and quality assurance
3. Performance
4. Assessing test acceptability (including errors)
5. Reversibility studies
6. Interpretation

A dedicated CYP (children and young people) module will also be included. This e-learning designed to be supplemented with practical training/ mentoring.

Appendix E – Spirometry data capture template

A spirometry data capture template, developed by the NHSE national respiratory programme in collaboration with respiratory clinicians, is expected to be available in Q2.

Appendix F – Local HIN contacts

HIN	Local Contact
Health Innovation Oxford & Thames Valley	Guy Checketts Head of Evaluation and Transformation guy.checketts@healthinnovationoxford.org
Health Innovation West Midlands	Christopher Clowes- Innovation Programme Manager Christopher.Clowes@healthinnovationwm.org
UCL Partners	Jess Thomas- Director of Solutions Jessica.thomas@uclpartners.com
Health Innovation North West Coast	Rhiannon Clarke- Senior Programme Manager rhiannon.clarke@healthinnovationnwc.nhs.uk
Imperial College Health Partners	Abeer Itrakjy- Associate Director abeer.itrakjy@imperialcollegehealthpartners.com Logan Ryan- Senior Innovation Manager Logan.ryan@imperialcollegehealthpartners.com
Health Innovation Network South London	Dominic Norton- Senior Programme Manager dominic.norton@nhs.net
Health Innovation East	Maxine Farmer - Senior Advisor maxine.farmer@healthinnovationeast.co.uk
Health Innovation South West	Dr Marie-Joelle West- Portfolio Director Marie-joelle.west@healthinnovationsouthwest.com
Health Innovation Wessex	Leah Gallon- Associate Director Innovation Adoption leah.gallon@hiwessex.net
Health Innovation East Midlands	Nikki Biddlestone - Senior Lead, Innovation and Improvement Projects CVD & Respiratory HIEM-RTP@nottingham.ac.uk
Health Innovation Kent Surrey Sussex	Ellie Mason- Programme Manager ellie.mason3@nhs.net

Health Innovation North East and North Cumbria	Professor Julia Newton- Medical Director julia.newton@healthinnovationnenc.org.uk
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