**Engagement Form**

**About this form**

* Please use this form to help us to understand your innovation, and your progress to date.
* Please do not disclose any unprotected intellectual property via this form.
* Data from this form will be used to assess whether, and how, we are able to support you.
* We will not share your information with other innovators or companies.
* You do not need to complete this form twice. If you have already completed it for a NHS Innovation Service submission, or other health innovation network, please tell us which one.
* All data collected, including that on Gender and Ethnicity is subject to data protection and Information Governance.
* By completing this form, you are agreeing that your information may be shared across the Network and with commissioners:
	+ Your contact details will be added into local health innovation network CRM systems
	+ Your contact details will be added to relevant mailing lists
	+ You will support the completion of the annual Network Economic Growth Annual survey
* Please complete this form in as much detail as possible as this will help us better understand what support may be required.

**Relationship with sanctioned states**

**As a publicly-funded NHS organisation we are required to comply with national policy on sanctioned states.  Please respond to these questions:**

**Is your organisation constituted or organised under the law of any UK Sanctioned State or Regime? Please see** [**https://www.gov.uk/government/collections/uk-sanctions-regimes-under-the-sanctions-act**](https://www.gov.uk/government/collections/uk-sanctions-regimes-under-the-sanctions-act)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐ |

**Is your organisation owned or controlled by an entity based in a UK Sanctioned State or Regime? This may be a Parent Company or Person with significant control.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐ |

**If you answer Yes to either question or are unsure, please provide further details below, or email separately to [insert local HIN email address]**

 Click here to enter text.

# **Organisation Details**

## **Applicant Details (please enter all those that apply)**

|  |  |
| --- | --- |
| **Title** |  Click here to enter text.  |
| **Forename****Surname** |  Click here to enter text.  Click here to enter text.  |
| **Gender** |   |
| Male | ☐ |
| Female | ☐ |
| Trans-gender | ☐ |
| Non-binary | ☐ |
| Prefer not to answer | ☐ |
| Other | ☐ |
| **What is your ethnic group?**(Choose one option that best describes your ethnic group or background) |  |
| **White** |  |
| English / Welsh / Scottish / Northern Irish / British | ☐  |
| Irish | ☐  |
| Gypsy or Irish Traveller | ☐  |
| Any other White background, please describe | Click here to enter text.  |
| **Mixed / Multiple ethnic groups** |  |
| White and Black Caribbean | ☐  |
| White and Black African | ☐  |
| White and Asian | ☐  |
| Any other Mixed / Multiple ethnic background, please describe | Click here to enter text.  |
| **Asian / Asian British** |  |
| Indian | ☐  |
| Pakistani | ☐  |
| Bangladeshi | ☐  |
| Chinese | ☐  |
| Any other Asian background, please describe | Click here to enter text.  |
| **Black / African / Caribbean /** **Black British** |  |
| African | ☐  |
| Caribbean | ☐  |
| Any other Black / African / Caribbean background, please describe | Click here to enter text.  |
| **Other ethnic group** |  |
| Arab | ☐  |
| Any other ethnic group, please describe  | Click here to enter text.  |
| **\*Organisation** |  Click here to enter text.  |
| **Company Registration No. (if relevant)** |  Click here to enter text.  |
| **Registered Address Line 1** |  Click here to enter text.  |
| **Registered Address City** |  Click here to enter text.  |
| **Registered Address County** |  Click here to enter text.  |
| **Registered Address Postcode** |  Click here to enter text.  |
| **Registered Address Country** |  Click here to enter text.  |
| **Telephone Number** |  Click here to enter text.  |
| **Email Address** |  Click here to enter text.  |
| **Website** |  Click here to enter text.  |
| **Parent company (if relevant)** |  Click here to enter text.  |
| **\*Plan to form or spin out company in the future?** |  Click here to enter text.  |

## **Organisation size**

|  |  |  |  |
| --- | --- | --- | --- |
| Individual |  ☐  | Medium 51-250 |  ☐  |
| Micro <10 |  ☐  | Large 251+ |  ☐  |
| Small 11-50 |  ☐  |  |   |

## **Organisation type**

|  |  |  |  |
| --- | --- | --- | --- |
| Sole Trader |  ☐  | Unincorporated association |  ☐  |
| Partnership |  ☐  | Limited Partnership |  ☐  |
| Trust |  ☐  | Private company limited by shares |  ☐  |
| Private company limited by guarantee |  ☐  | Private unlimited company |  ☐  |
| Public limited company |  | Limited liability partnership |  |
| Charitable incorporated organisation |  | Community interest company |  |
| Community benefit society | ☐ | Co-operative society | ☐ |

# **Summary of the innovation**

## **Name of the innovation (one innovation per application)**

 Click here to enter text.

## **Is the innovation a product or a service?**

|  |  |
| --- | --- |
| Product |  ☐ |
| Service | ☐ |
| Product with service | ☐ |

## **Innovation type**

If you innovation meets multiple categories, please select all that apply which you consider to the biggest driver for your innovation.

|  |  |  |  |
| --- | --- | --- | --- |
| AI - Artificial Intelligence |  ☐ | Education or training of workforce |  ☐ |
| Medical device |  ☐  | Personal protective equipment (PPE) |  ☐  |
| In vitro diagnostic |  ☐  | Models of care and clinical pathways |  ☐  |
| Pharmaceutical |  ☐  | Estates and facilities |  ☐  |
| Digital (including apps, platforms, software) |  ☐  | Travel and transport |  ☐  |
| Diagnostics |  ☐  | Data and monitoring |  ☐  |
| Food and nutrition |  ☐  |  |  ☐  |

Other (please specify below):

 Click here to enter text.

## **Please provide a brief description of the innovation, including its intended purpose, functionality (how it works), clinical setting/pathway, and the opportunity (size of intended patient group).**

 Click here to enter text.

## **What is the primary theme of the innovation? (please select one option)**

|  |  |  |  |
| --- | --- | --- | --- |
| Communication/consultation |  ☐  | Operations/logistics |  ☐  |
| Diagnostics |  ☐  | Prediction |  ☐  |
| Management |  ☐  | Prevention |  ☐  |
| Monitoring |  ☐  | Treatment |  ☐  |
| Environmental Sustainability |  ☐  | Education and Training |  ☐  |

## **What are the care settings for your innovation? (Please select up to 3 options that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Acute Trusts – Inpatient |  ☐  | Mental Health |  ☐  |
| Acute Trusts - Outpatient |  ☐  | Person’s Home |  ☐  |
| Ambulance |  ☐  | Pharmacies |  ☐  |
| Care Homes or Care Settings |  ☐  | GP Primary Care |  ☐  |
| End-of Life-Care (ELOC) |  ☐  | Social Care |  ☐  |
| ICS |  ☐  | Third Sector Organisations |  ☐  |
| Industry |  ☐  | Urgent & Emergency |  ☐  |
| Local Authority - Education |  ☐  |  |  |
| Other (please specify below): Click here to enter text.  |  |  |  |

## **Which of the areas below does your innovation impact most on? (please select all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Non-clinical area |  ☐  | Injuries, accidents and wounds |  ☐  |
| Antimicrobial stewardship |  ☐  | Kidney conditions |  ☐  |
| Blood and immune system conditions |  ☐  | Liver conditions |  ☐  |
| Cancer |  ☐  | Mental health and behavioural condition |  ☐  |
| Cardiovascular Disease |  ☐  | Mental Health: ADHD |  ☐  |
| Chronic and neuropathic pain |  ☐  | Mental Health: Autism |  ☐  |
| Chronic fatigue syndrome |  ☐  | Mental Health: Dementia |  ☐  |
| CVD: AF/Stroke |  ☐  | Multiple long-term conditions |  ☐  |
| CVD: CKD |  ☐  | Musculoskeletal conditions |  ☐  |
| CVD: Diabetes |  ☐  | Neurological conditions |  ☐  |
| CVD: Heart Failure |  ☐  | Oral and dental health |  ☐  |
| CVD: Lipids |  ☐  | Respiratory: Other conditions |  ☐  |
| CVD: Obesity |  ☐  | Respiratory: Asthma |  ☐  |
| CVD: Hypertension |  ☐  | Respiratory: COPD |  ☐  |
| Cystic fibrosis |  ☐  | Respiratory: Infection |  ☐  |
| Diabetes and other endocrinal, nutritional and metabolic conditions |  ☐  | Respiratory: Sleep and sleep conditions |  ☐  |
| Digestive tract conditions |  ☐  | Sepsis |  ☐  |
| Ear, nose and throat conditions |  ☐  | Skin conditions |  ☐  |
| Eye Conditions |  ☐  | Urological conditions |  ☐  |
| Fertility, pregnancy and childbirth |  ☐  | Women’s Health |  ☐  |
| Gynaecological conditions |  ☐  | Wound Management |  ☐  |
| Infections |  ☐ |  |  |
| Other (please specify below): Click here to enter text.  |
|  |
|  |

## **What problem are you addressing and what are the anticipated benefits of your innovation? (Please select all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Improved patient outcomes and safety |  ☐  | Operational efficiency |  ☐  |
| Financial and cost efficiency |  ☐  | Staff well-being and retention |  ☐  |
| Regulatory compliance and risk management |  ☐  | Environmental impact |  ☐  |
| Other (please specify below): Click here to enter text.  |

## **Anticipated benefit timeline (Please select a timeline for each benefit selected)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 - 6 months | 6 months - 1 year | 1 - 3 years | 3 - 5 years |  5 - 10 years |
| Improved patient outcomes and safety | ☐ | ☐ | ☐ | ☐ | ☐ |
| Financial and cost efficiency | ☐ | ☐ | ☐ | ☐ | ☐ |
| Regulatory compliance and risk management | ☐ | ☐ | ☐ | ☐ | ☐ |
| Operational efficiency | ☐ | ☐ | ☐ | ☐ | ☐ |
| Staff well-being and retention | ☐ | ☐ | ☐ | ☐ | ☐ |
| Environmental impact | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ | ☐ | ☐ |

## **Have you undertaken any customer discovery and/or stakeholder mapping work to see if this aligns with** [**NHS priorities**](https://www.england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance/)**?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

Other (please specify below):

 Click here to enter text.

## **Please provide the following details about any market research you have undertaken.**

### Describe any engagement you have had with key stakeholders (e.g. clinicians, patients, commissioners)

### Highlight existing, similar or equivalent technologies, products or services

### Outline how your innovation is different to existing technologies, products or services

Click here to enter text.

## **Have you engaged and involved patients and the public in the design, development and evaluation of your innovation?**

## (It is important that innovations are acceptable (informed by what patients want) and accessible (usable) to the people who will use or be affected by them. Assurance that innovations are informed by patient views, improves safety, health outcome and saves money. In this section, briefly describe if and how patients, carers, and the public have been involved in your innovation, including any feedback patients have about your innovation).

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify below:

 Click here to enter text.

## **Does your innovation directly tackle health inequalities as set out in the NHS Core20PLUS5 approach?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐ |

## **Briefly explain how your innovation could address the needs of certain patients who may be at greater risk of health inequalities and poorer health outcomes.**

## (Health inequalities happen when health innovations have a negative impact on some patients, which may result in them not being able to access or use an innovation.  We are keen to support innovations that are available and can be used by as many people as possible - particularly patients who face worse health outcomes. For example, certain groups may be at greater risk of health concerns such as diabetes, mental health conditions, neonatal maternity and cancer.  Where people live, economic status, age, ethnicity, literacy levels, access to data and technology all affect how people may access your innovation. Tell us for example, if your innovation addresses digital access, data poverty, barriers for people with physical, learning or sensory disabilities, or the needs of different ethnic minority communities. Read more about what Health Inequalities is [here](https://www.kingsfund.org.uk/publications/what-are-health-inequalities). Find the current NHS England priority areas to tackle health inequalities for adults and children [here](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/)).

 Click here to enter text.

## **Briefly explain how your innovation currently or plans to have an impact on** [**NHS Net Zero**](https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/) **/ environmental sustainability.**

**Does your innovation have a direct or indirect impact on NHS Net Zero / environmental sustainability?**

(**Direct** – refers to when an innovation is created solely to reduce carbon emissions / provide environmental benefits - e.g. reusable product / better use of materials and natural resources in creation of product / reduce fossil fuel usage. **Indirect** refers to when an innovation is created for healthcare use but net zero / environmental benefits are a secondary benefit – e.g. Digital platform to manage patient care - that can help reduce travel / make care more efficient and effective)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify here:

 Click here to enter text.

## **Does your innovation contribute to other environmental benefits e.g. air /water quality, climate adaptation, biodiversity, food security, better use of natural resources etc. If so, please provide details**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify here:

 Click here to enter text.

## **Do you have a carbon reduction plan / Net Zero commitment?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify here:

 Click here to enter text.

## **Have you quantified the carbon impact of your innovation? If so, please provide details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify here:

 Click here to enter text.

## **Have you quantified the carbon impact of your innovation on the NHS pathway? If so, please provide details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  ☐  | No |  ☐  |

If yes please specify here:

 Click here to enter text.

# **Progress to date**

## **Tell us about any external funding / support you have received in support of developing your innovation (tick all that apply).**

|  |  |  |  |
| --- | --- | --- | --- |
| NHS Clinical Entrepreneur Programme |  ☐  | NHS Innovation Accelerator |  ☐  |
| NHS England |  ☐  | MedTech Funding Mandate  |  ☐  |
| Rapid Uptake Products |  ☐  | National Institute for Health Research (NIHR) |  ☐  |
| UK Research and Innovation (UKRI) |  ☐  | Innovate UK |  ☐  |
| Small Business Research Initiative (SBRI) |  ☐  | Digital Health London |  ☐  |
| Charity / patient organisation |  ☐  | Angel investor / venture capitalist |  ☐  |
| Friends and family |  ☐  |  |  |
| Other (please specify below): Click here to enter text.  |

## **The current maturity of the innovation (please provide any relevant associated links or attachments)**

### **Readiness level (Please select all that apply)**

|  |  |
| --- | --- |
| 1 Idea is formulated |  ☐  |
| 2 Idea is explicitly described |  ☐  |
| 3 Experimental proof of concept |  ☐  |
| 4 Elements of innovation validated in controlled environment (prototype) |  ☐  |
| 5 Whole innovation validated in controlled environment |  ☐  |
| 6 Whole innovation validated in real world environment |  ☐  |
| 7 Whole innovation evaluated in real world environment  |  ☐  |
| 8 Whole innovation demonstrated in real world environment |  ☐  |
| 9 Whole innovation proven functional in multiple real world settings |  ☐  |

## **Please describe your stage of readiness e.g. Initial idea, Intellectual Property, user testing, proof of concept, early prototype, working prototype / pathway developed, clinical evidence (or equivalent), pilot / real-world evaluation**

Click here to enter text.

## **Regulatory status / standards; including CE marking and classification, Digital Technology Assessment Criteria, ISO certification, etc (please select all that apply)**

ONLY tick the box if you have fully completed this and will be able to show us documentation confirming e.g. that you have a ClassIIa medical device certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| UKCA/CE Non-medical device |  ☐  | In-vitro diagnostics self-test |  ☐  |
| UKCA/CE Class I medical device |  ☐  | In-vitro diagnostics Annex II List B |  ☐  |
| UKCA/CE Class IIa medical device |  ☐  | In-vitro diagnostics Annex II List A |  ☐  |
| UKCA/CE Class IIb medical device |  ☐  | Marketing authorisation |  ☐  |
| UKCA/CE Class III medical device |  ☐  | CQC registration |  ☐  |
| In-vitro diagnostics general |  ☐  | Digital Technology Assessment Criteria (DTAC) |  ☐  |

Other (please specify below):

 Click here to enter text.

## **Stage of adoption and spread (where is this currently deployed or planned to be deployed)**

|  |  |  |  |
| --- | --- | --- | --- |
| Stage 0 - No Contact |  ☐  | Stage 4 - Testing or Implementation |  ☐  |
| Stage 1 - Knowledge |  ☐  | Stage 5 - Adoption |  ☐  |
| Stage 2 - Interest |  ☐  | Stage 6 - Spread |  ☐  |
| Stage 3 - Decision |  ☐  | Stage 7 - Sustained |  ☐  |

## **Other (NICE guidance, case studies, inclusion on any accelerator programmes etc.)**

 Click here to enter text.

# **Health innovation network engagement**

## **Have you already discussed this innovation with any of the health innovation networks? Please select all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Innovation North East and North Cumbria |  ☐  | Health Innovation Oxford and Thames Valley |  ☐  |
| Health Innovation East Midlands |  ☐  | Health Innovation South West  |  ☐  |
| Health Innovation East |  ☐  | UCL Partners |  ☐  |
| Health Innovation Manchester |  ☐  | Health Innovation Wessex  |  ☐  |
| Health Innovation Network South London |  ☐  | Health Innovation West Midlands  |  ☐  |
| Imperial College Health Partners |  ☐  | Health Innovation West of England  |  ☐  |
| Health Innovation North West Coast |  ☐  | Health Innovation Yorkshire and Humber  |  ☐  |
| Health Innovation Kent Surrey Sussex  |  ☐  |  |  |

## **If you have worked with any of the health innovation networks how did you hear about them?**

 Click here to enter text.

## **If you have worked with any of the health innovation networks, please provide details of what support you have received and which organisation provided this.**

 Click here to enter text.

## **Please provide names of any contacts you have worked with at these health innovation networks**

 Click here to enter text.

## **Have you already held advanced discussions with any other NHS organisations in England (e.g. Integrated Care Boards / Systems (ICB / ICS), NHS Supply Chain, NHS England Specialised Commissioning etc.)?**

 Click here to enter text.

# **Future plans**

 Click here to enter text.

## **What support are you seeking from the health innovation network?**

 Click here to enter text.