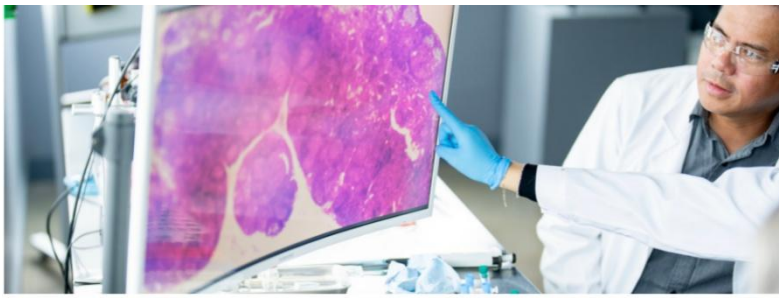
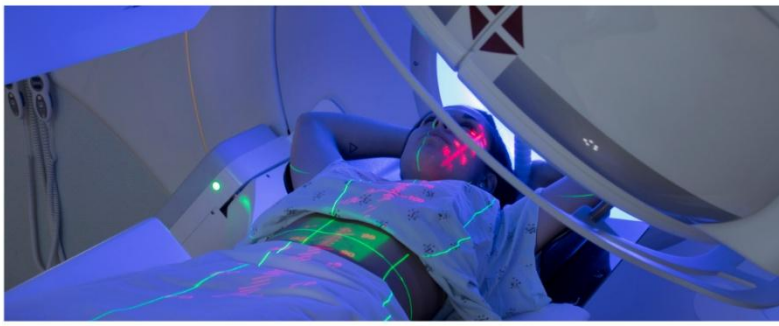
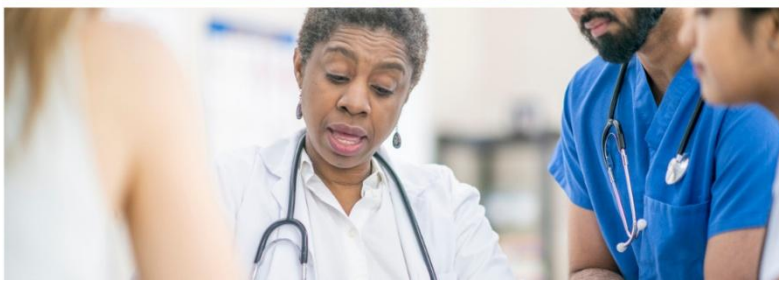
# NHS Cancer Programme

# Innovation Open Call 4

## June 2026





SBRI HEALTHCARE

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## 1. Introduction

In February 2026, NHS England and the Department of Health and Social Care worked together to publish the Government's National Cancer Plan for England. The National Cancer Plan sets ambitions for the next 10 years to make England a global leader in cancer care.

The importance of innovation is a central tenet of the National Cancer Plan, and the NHS Cancer Programme has a strong track record of identifying and supporting innovations through three rounds of Innovation Open Calls. To date, 21 projects have been funded, which you can read more about here.

The aim of this round of the Innovation Open Call is to accelerate the adoption and spread of mature innovations that will enable us to achieve the survival and performance commitments in the National Cancer Plan. Specifically, we want to support innovations that will drive productivity within cancer care pathways or earlier detection and diagnosis of cancer, by funding their real-world implementation and evaluation and providing support for spread across NHS sites where appropriate.

Increased productivity on cancer pathways will help to ensure patients receive timely diagnosis and treatment and that the Cancer Waiting Times (CWT) standards are met. Diagnosing cancer at an early stage increases chances of survival as it means patients can receive treatment when there is a better chance of achieving a cure.

## 2. The Challenges

Through this round of the Innovation Open Call for cancer, the NHS Cancer Programme is looking for innovations or new approaches that will:

1. **Improve productivity through managing demand or improving capacity on cancer care pathways** - to support the NHS in meeting all Cancer Waiting Time standards by March 2029 (Challenge 1)
2. **Drive the earlier detection and diagnosis of cancer** (through novel screening, prompt presentation, case-finding, or diagnostic tools) - to help ensure three quarters of people diagnosed with cancer will be cancer-free, or living well with cancer after 5 years by 2035 (Challenge 2).

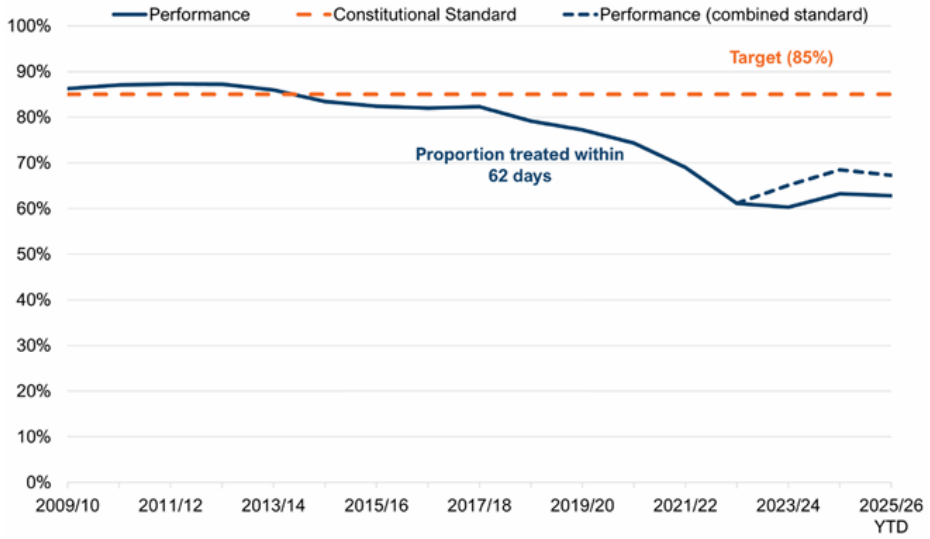
Although an innovation may have relevance to both challenges, Innovation Open Call applicants are invited to select the challenge for which they have the strongest supporting evidence, as the application form and assessment questions are tailored to the selected category.

## 2.1 Challenge 1 - Improve productivity through managing demand or improving capacity on cancer care pathways to support the NHS in meeting all Cancer Waiting Time standards by March 2029

The NHS has made progress in improving CWT standards over recent years, particularly in the space of faster diagnosis where over 75% of people got a diagnosis of cancer or cancer excluded within 28 days of an urgent cancer referral in February and March 2026 (the operational target).[1]

However, the operational target of 85% of patients starting treatment within 62 days of urgent referral has not been met since 2015.

***Figure 1, the proportion of patients treated within 62 days of an urgent suspected cancer referral*** *(data source: Cancer Waiting Times Data Collection, NHS England)*




In addition, the National Cancer Plan sets bold ambitions that by March 2029:

- 80% of patients will get a diagnosis or all-clear within 28 days of an urgent suspected cancer referral as per the Faster Diagnosis Standard
- 85% of patients will start treatment within 62-days of referral
- 96% of patients will start treatment within 31-days of a decision to treat

Innovation will be key to achieving this ambitious pace of improvement, not least because

[1] Statistics » Cancer Waiting Times

cancer incidence is continuing to grow, putting pressure on existing capacity.

### 2.1.1 Challenge 1: Productivity - potential solutions

The NHS Cancer Programme is looking for proposals that support the following. Please note that digital innovations should clearly demonstrate value-add and (where relevant) interoperability with national digital platforms such as the Federated Data Platform / Cancer360 pathway management tool.

1. **Managing demand by ensuring more effective triage of potential cancer cases, leading to faster diagnosis:**
    a. Innovations or new approaches that enable more effective triage in primary or community care, enabling quick rule-out of cancer and avoiding unnecessary referrals onto urgent suspected cancer pathways
    b. Innovations such as AI tools used to triage cases referred onto urgent suspected cancer pathways to enable faster discharge of benign cases and/or accelerated diagnostic procedures for high-risk cases

2. **Releasing capacity to enable faster diagnosis:**
    c. Innovations or more coordinated, multidisciplinary approaches that require fewer tests or diagnostic visits to achieve a definitive diagnosis e.g. same-day or co-located diagnostics, taking into account patient choice
    d. Innovations such as AI-decision support tools that speed up diagnostic decision-making
    e. Digital innovations e.g. ambient voice AI tools that reduce administrative burden, enable better patient management, reduce Did Not Attend rates, and release capacity on cancer pathways to assess more potential cancer cases

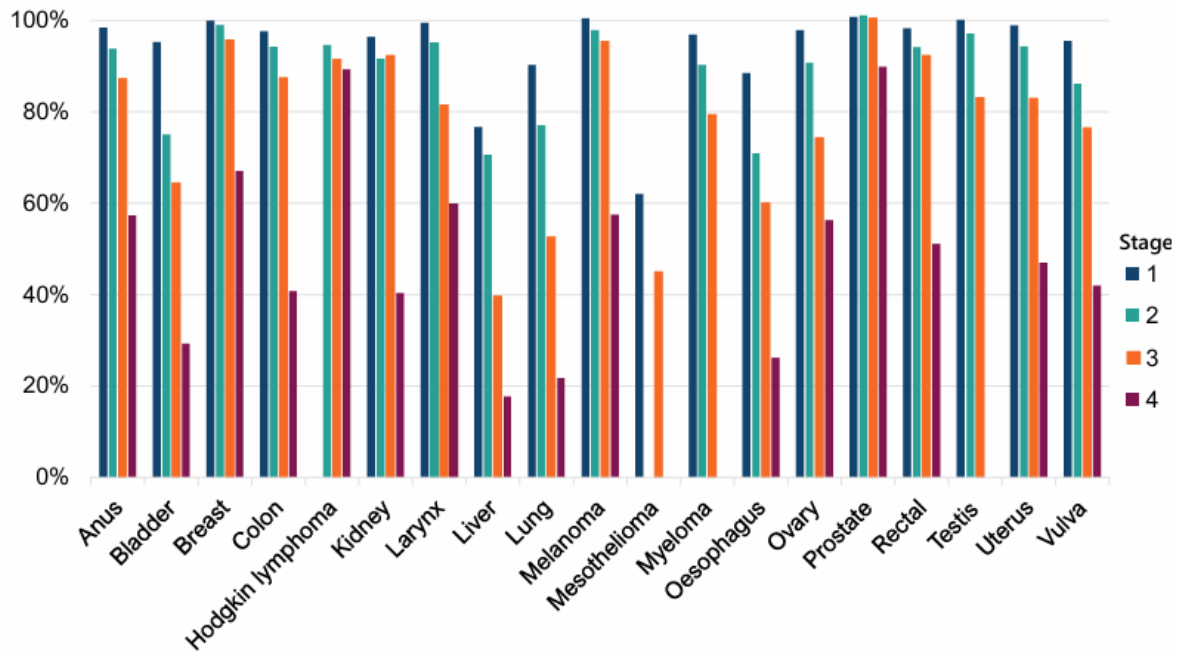
3. **Releasing capacity to enable more patients to be treated more quickly**
    f. Innovations that enable more efficient and effective decision-making during multi-disciplinary team (MDT) meetings
    g. Innovations that support efficiencies in treatment planning to create more 'time to care'

## 2.2 Challenge 2 - Drive the earlier detection and diagnosis of cancer (through novel screening, prompt presentation, case-finding, or diagnostic tools) - to help ensure three quarters of people diagnosed with cancer will be cancer-free, or living well with cancer after 5 years by 2035

The National Cancer Plan sets an ambitious new survival target of three quarters of people diagnosed with cancer being cancer-free or living well with cancer after five years. Diagnosing

cancer at an earlier stage means it is more treatable, and that treatment is more likely to achieve a cure. The National Cancer Plan acknowledges that 'there is no path to world leading cancer survival without world leading early diagnosis.'

***Figure 1, age standardised one-year net survival by stage and tumour type, 2016 to 2020, England*** *(data source: Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021 from the National Disease Registration Service, NHS England)*




Between 2013 and 2020 rates of early diagnosis of cancer (proportion diagnosed at stage 1 or 2) remained stubbornly at around 54%. However, with sustained focus and effort from the NHS Cancer Programme, rates of early diagnosis have been steadily increasing with the 12-month rolling average at 59.2% in January 2026, based on rapid cancer registration data (see Figure 2).

However, there is still variation in early diagnosis across the tumour types as shown in Figure 3, below. Some tumour types are particularly challenged, for example, pancreatic, oesophageal, non-Hodgkin's lymphoma, and ovarian cancers.

***Figure 2, proportion of rapid cancer registrations (RCRD) and full cancer registrations (NCRD) diagnosed at stage 1 and 2, January 2018 to January 2026, England*** *(data source [Rapid Cancer Registration Data](#) from the National Disease Registration Service, NHS England and ['Cancer Registration Statistics, England 2023'](#))*

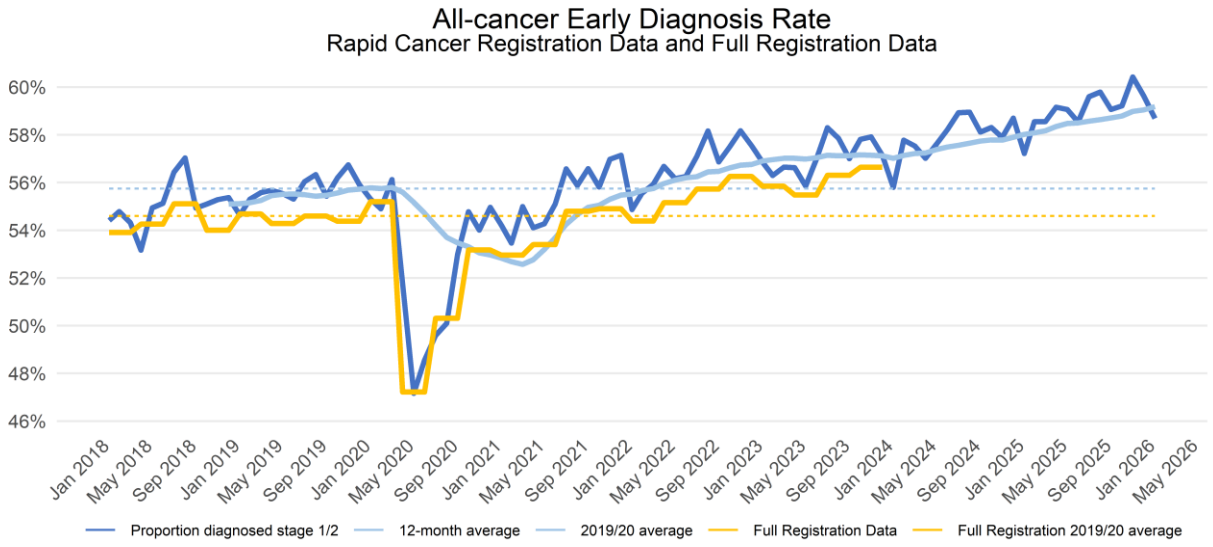
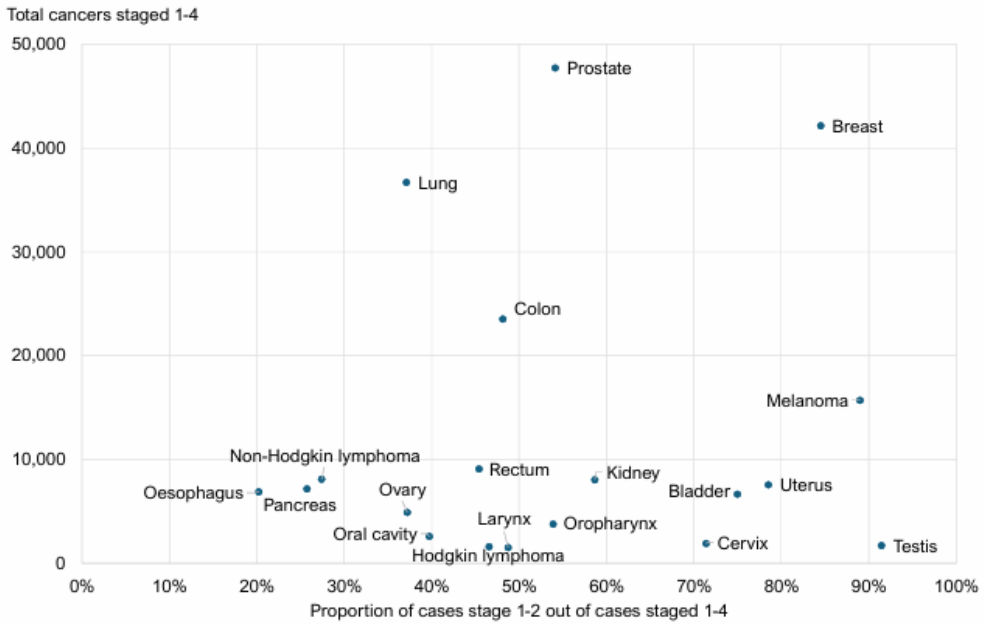
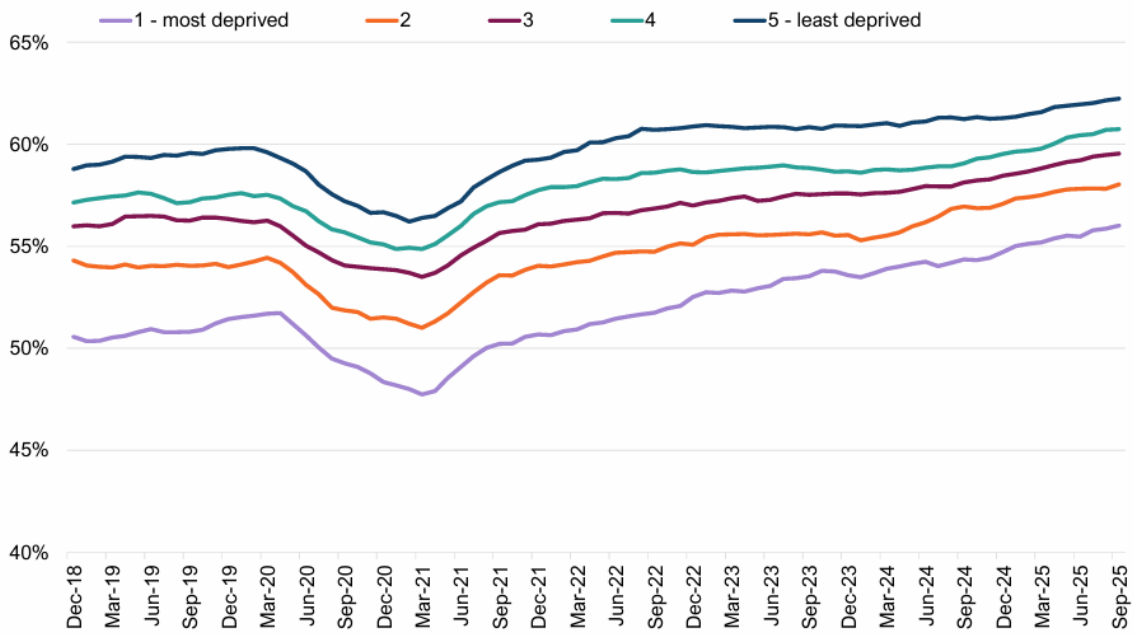



***Figure 3, early diagnosis rate and staged cancer cases by cancer type, 2023*** *(taken from the [Technical annex to the 2026 National Cancer Plan](#). Data source [Cancer Registration Statistics](#), England, 2023, from the National Disease Registration Service, NHS England [https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2021---summary-counts-only](#))*



Similarly, although there has been progress since the pandemic in closing the gap in rates of early diagnosis between the areas of highest and least deprivation there was still a gap of 6.2 percentage points in the 12 month rolling average to September 2025 (see Figure 4, below).

***Figure 4: early diagnosis rate by deprivation quintile, December 2018 to September 2025, England.*** *(data source: Rapid Cancer Registration Data dashboards from the National Disease Registration Service, NHS England.)*




Innovation in cancer detection and diagnosis is needed to maintain the progress evident in Figure 2, but also to reduce the variation between tumour types and by deprivation level visible in Figures 3 and 4, respectively.

The Innovation Open Call is open to applications to drive earlier stage diagnosis of any tumour type, but particularly for those where rates of early diagnosis and survival outcomes remain poor. This includes rare cancers and childhood cancers, however applicants should ensure that implementation of innovations and a robust evaluation of outcomes can be achieved within the maximum contract duration.

The NHS Cancer Programme is committed to tackling health inequalities. It has been calculated that if all inequalities in early diagnosis for the ten solid tumour sites relating to sex, age, and deprivation were removed, there would be a four-percentage point improvement in

national early diagnosis rates[2]. The NHS Cancer Programme is seeking innovations that will support efforts to address these health inequalities and all applicants are asked to consider the impact of their innovation on health inequalities.

### 2.2.1 Challenge 2: Early detection and diagnosis of cancer: potential solutions

The NHS Cancer Programme Innovation Open Call is looking for innovations or new ways of working that will drive earlier stage detection and diagnosis - the following technologies are highlighted in the National Cancer Plan as potential opportunity areas:

- Blood biomarker tests, that will increasingly enable population-scale asymptomatic detection
- Saliva, urine and breath diagnostics, that enable at-home and more frequent testing
- Wearable technology that, in combination, will increasingly indicate when intervention is needed
- Faster, more local and more portable diagnostics – so that risk can be met with intervention proactively, without the need for multiple long waits

Considering the patient pathway, the NHS Cancer Programme is looking for proposals that support:

1. **Identifying and testing asymptomatic patients who are most at risk**:

    a. Innovations that proactively identify and/or risk stratify populations for whom there is no current NHS cancer screening programme, such as saliva, blood, urine or breath-based tests or case-finding through GP records
    b. Innovations to more effectively target, improve uptake/adherence, or reduce unwarranted variation in established NHS cancer screening programmes

2. **Encouraging early symptomatic patients to notice health changes and present to primary care or other appropriate services**:

    a. Innovations that proactively case find those with early signs and symptoms associated with risk of cancer
    b. Innovations to improve awareness/vigilance of the signs and symptoms of cancer (including vague or non-specific symptoms), particularly for those cancers, or specific populations, where early presentation is still very low
    c. Innovations that encourage patients to seek health advice, including in specific

[2] Socio-demographic variation in stage at diagnosis of breast, bladder, colon, endometrial, lung, melanoma, prostate, rectal, renal and ovarian cancer in England and its population impact | British Journal of Cancer

populations that typically under-present or where presentation is delayed

3. **Earlier diagnosis for symptomatic patients through risk stratification and improved diagnostic pathways:**

    a. Innovations that support the assessment and triage of cases referred on to urgent suspected cancer pathways, effectively identifying cancer cases that would otherwise have been missed and/ or accelerating diagnostic procedures for those at higher risk
    b. Innovations that enable a definitive diagnosis at an earlier stage in the disease course, avoiding having to 'watch and wait' e.g. robot-assisted biopsies

## 3. Funding Models

**The Cancer Programme Innovation Open Call is open to all types of innovations,** including but not limited to, medical devices, *in vitro* diagnostics, digital health solutions, behavioural interventions, software, artificial intelligence, or new models of care. The competition welcomes innovations in the broadest possible sense, as long as there is a clear intention for market scale up or adoption, including a commercial strategy where relevant.

To address different stages of innovation maturity and distinct barriers to adoption, the competition will support **two complementary funding models**:

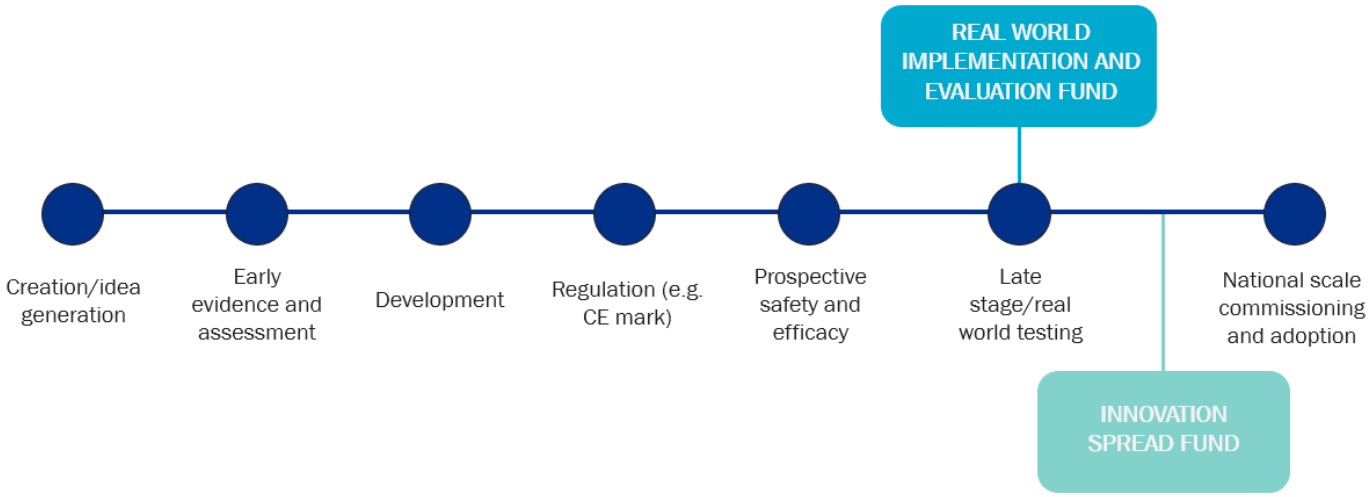
- **Real World Implementation and Evaluation**
  This model represents a continuation of the programme's established and proven approach to generating robust service, patient, and health economic evidence to inform commissioning decisions.
- **Innovation Spread**
  This model is designed to "fund the change as well as the tech", which is often crucial to enable the effective adoption and spread of proven innovations. This will be through an outcomes-based, matched funding agreement with Integrated Care Boards.

***Table 1: Comparison of the features of the two funding models.***

| | Real-World Implementation and Evaluation | Innovation Spread |
|---|---|---|
| **Objective** | Support the real-world deployment and independent evaluation of market-ready innovations across multiple NHS sites | Support the spread and embedding of innovations that have already demonstrated positive patient outcomes and a favourable cost-benefit or cost-effectiveness profile across multiple sites within at least one Cancer Alliance |

| | | |
|---|---|---|
| **Funding and duration caps** | Up to £3m and 24 months | Up to £5m for the first 2 years of a 3 year project |
| **Eligible organisations** | Any innovator organisation with a demonstrable partnership with at least one adopting NHS organisation and an independent evaluation partner | Integrated Care Boards or Cancer Alliances (via their host legal entity) with transitional funding commitment from the local Integrated Care Board(s) |
| **Funding model** | Applicants can apply for 100% of project costs. Costs quoted must reflect actual costs at a "fair market value" and profit should not be included. | This will be an outcomes-based matched funding model with the following structure:<br>• **Year 1:** NHS England will fund 100% of eligible technology and implementation costs.<br>• **Year 2:** Costs will be shared between NHS England and the ICB(s). Applicants can propose the split of the costs between NHS England and the ICBs, however NHS England will only cover a total of £5M in funds across Years 1 and 2.<br>• **Year 3:** Costs will be met through 100% ICB funding, with no further NHSE contribution. The achievement of a defined set of outcomes by an agreed Go/No Go decision point in Year 2 will unlock full ICB funding for delivery in Year 3. |
| **Innovation entry point** | CE mark or equivalent regulatory approval obtained (if required for the innovation) for the cancer-related use intended and evidence of safety and clinical utility from prospective use in at least one healthcare site | Regulatory approval as required as well as independent process, impact and health economic assessment of the innovation across multiple NHS sites in England for the cancer-related use intended |

*Figure 5: Diagram showing the innovation-to-adoption pathway, from idea generation to national commissioning, and how two funding models support different stages: the Real World Implementation and Evaluation Fund at late-stage testing, and the Innovation Spread Fund at adoption and scale.*




# 4. Real world implementation and evaluation fund

## 4.1 Stage of development of eligible innovations

The competition is open to any market-ready innovation with evidence of safety and clinical utility from prospective use in at least one healthcare setting, that is ready for implementation and evaluation across multiple NHS sites.

With reference to the individual challenges, the following requirements must be met:

**Challenge 1 - Productivity**

- CE mark or equivalent regulatory approval obtained (if required for your innovation) for the cancer-related use intended within the application; and
- Evidence of safety and clinical utility from prospective use in at least one NHS site specifically for the intended cancer-related purpose described in the application

**Challenge 2 – Early detection and diagnosis**

- CE mark or equivalent regulatory approval obtained (if required for your innovation) for the cancer-related use intended within the application; and
- Evidence of safety and clinical utility from prospective use in at least one healthcare setting specifically for the intended cancer-related purpose described in the application

The aim of the call is to drive and independently evaluate deployment across multiple real-world NHS sites to demonstrate the innovation value proposition to adopters, commissioners and national health technology assessors such as the National Institute of Health and Care Excellence and the UK National Screening Committee.

Applicants will be required to submit evidence of safety and clinical utility as part of the application process. This could include peer-reviewed publications, conference proceedings and/or reports. All evidence should be clearly referenced.

Digital technologies should be able to demonstrate compliance with the Digital Technology Assessment Criteria (DTAC) and be interoperable or looking to achieve interoperability through the project with NHS systems e.g. Picture Archiving and Communication Systems, Electronic Patient Record Systems, the NHS App, and/ or the Federated Data Platform.

## 4.2 Excluded innovations

The following innovations will be excluded from this competition because either there are other entities that are better placed to fund such innovations or they are unlikely to effectively address either of the two challenge areas set out above:

- **Innovations that are in the ideation/creation phase** and have not yet sought regulatory approval and do not have an evidence base. Types of regulatory approval include CE marking and UKCA (UK Conformity Assessed). National guidance on regulatory approvals can be found here. Innovations must have regulatory approval (and associated prospective evidence from at least one site) for the use intended through the proposed project
- **Treatments**, including small molecules therapeutics, drugs, vaccines and gene therapies.
- **Workforce training** solutions
- **Wellness or wellbeing** digital applications
- Innovations that **do not have prospective evidence specific to the cancer pathway** and intended use proposed in the project (for example, innovations with evidence generated in non-cancer pathways or different clinical uses)

## 4.3 Eligible organisations

**Applications are open to single organisations that have a demonstratable partnership with an NHS organisation in England and an independent evaluation partner. Additional engagement with Cancer Alliances and/or Health Innovation Networks is strongly encouraged.**

The Innovation Open Call is open to single organisations (contracts are executed with individual legal entities) based in the UK or EU from the private, public and third sectors. This includes companies (large corporates and small and medium enterprises), charities, universities Integrated Care Boards, and NHS Trusts.

Organisations based outside the UK or EU with innovations in remit for this call can apply as subcontractors of a lead UK/EU based organisation or via a UK or EU subsidiary. However, due to the nature of the projects supported, all proposals are expected to have partnerships in place with at least one NHS organisation in England, if they are not already led by one.

A partnership is also expected to be in place with an independent evaluation partner upon application to ensure the evaluation design is robust. In addition, applicants are expected to engage with appropriate suppliers to cover the expertise required for the successful delivery of the project.

## 4.4 Scope of the project

**Projects must involve implementing and evaluating the impact of a solution across multiple sites in the NHS in England.**

The aim of the Real World Implementation and Evaluation Fund is to facilitate adoption and spread of innovations that already have prospective evidence of safety and clinical utility from at least one healthcare site. Projects must, therefore, involve embedding the innovation into practice across multiple sites within the NHS in England. The project should be an implementation study in real-world settings involving appropriate real-world evaluation methodologies such as pre-post implementation evaluation or a comparative cohort design (where the innovation is implemented at certain sites but comparator, real-world data is sourced from appropriately matched 'non-implementation' sites). If sufficient data is routinely collected, retrospective data can be assessed to determine the 'pre-implementation' state.

Innovations that have received a NICE Early Value Assessment (EVA) may use this funding to address evidence gaps identified through the assessment, alongside real-world implementation activity. Any evidence generation must use pragmatic, real-world designs, such as those described above and all activities must be proportionate and deliverable within the maximum 24-month project duration.

Evaluations should include process, impact (including on patient experience), and health-economic elements. Evaluations should consider the barriers and enablers to implementation, as well as resources required for large-scale commissioning. Further guidance on the evaluation requirements will be available on the competition webpage in the upcoming weeks. Details on the evaluation strategy will be requested as part of the application form and costs

associated with this should be budgeted accordingly upon submission (see "Allowable project costs and duration" below).

At the end of the project, the innovation should be embedded into practice in a number of NHS locations, there should be a high-quality independent evaluation report, and a well-defined plan for continued commissioning and/or scale-up, as appropriate.

Examples of potential exit points include:

- Health economics assessment
- Innovation independently evaluated to demonstrate its impact in real-world settings
- Collation of evidence for NICE recommendation (e.g. Early Value Assessment or Health Technology Guidance)
- Completion of procurement business cases to support transition into business-as-usual via standard commissioning routes
- Inclusion on national procurement frameworks

## 4.5 Excluded projects

The following types of projects are excluded from this competition:

- **Basic or discovery research**
- **Clinical investigations of a medical device** (innovations must already have appropriate regulatory approval for the use intended)
- **Clinical trials** with patient-level randomisation
- **Prototype development and user testing**
- **Projects to validate or qualify biomarkers without any evaluation of prospective clinical utility and effectiveness**
- Projects looking to implement an innovation that **already has a published, multi-site independent service evaluation and health economic model for the cancer-related use case proposed**. The implementation of such innovations can be funded through the Innovation Spread Fund (see below)
- **Procurement exercises.** Projects funding purchase of a product without plans to generate real-world evidence and conduct implementation studies/evaluations

## 4.6 Allowable project costs and duration

Projects will be **100% funded** up to the total value of **£3M (excluding VAT)** over a maximum of **24 months.** The costs quoted must reflect actual costs at a "fair market value" and profit should not be included.

# 5. Innovation Spread Fund

## 5.1 Stage of development of eligible innovations

This funding model is open to mature innovations with proven safety and clinical utility demonstrated through an independent real-world study across multiple NHS sites and are ready for commissioning within the NHS.

Applications must meet **all** of the following criteria:

- The innovation has been deployed in real world settings across **multiple NHS sites in England**
- There is **published independent evidence** demonstrating patient benefit and/ or system impact for the cancer-related use case proposed arising from deployment at multiple NHS sites
- There is an **independently generated economic assessment** for the cancer-related use case proposed, such as a budget impact, cost-benefit, or cost-effectiveness model
- The innovation is **available for procurement**, for example through an existing procurement framework, or another clearly defined purchasing mechanism that can be accessed by NHS organisations
- For digital innovations, demonstrable compliance with the **DTAC**
- For digital innovations, the technology is **interoperable with relevant NHS systems** (for example Picture Archiving and Communication Systems and Electronic Patient Record Systems), and/ or is actively working towards interoperability with the NHS App or Federated Data Platform

Applications to deploy innovations that have received a **positive NICE Early Value Assessment (EVA)** are eligible, provided they meet the above criteria, including having been deployed and evaluated in real world settings across multiple NHS sites in England. In these cases, the **NICE generated budget impact model** is acceptable as the independently generated economic assessment.

## 5.2 Excluded innovations

The following are **out of scope** and are not eligible for this competition either because they do not meet the necessary stage of maturity at entry point or there are other entities that already have established funding mechanisms:

- Innovations that are **only used in research or experimental settings** at service provider sites and have not been deployed as part of routine service delivery

- Innovations that **lack an independent evaluation** and a supporting **health economic assessment** (for example a budget impact, cost benefit, or cost-effectiveness analysis) for the intended cancer-related use proposed in the project (for example, if evidence is generated in non-cancer pathways or different clinical uses)
- **Treatments**, including (but not limited to) small molecule therapeutics, drugs, vaccines, and gene therapies
- Technologies that fall within the current scope of the **National Healthtech Access Programme** topics[3], as these are expected to receive national reimbursement and deployment support through that route if a positive Technology Appraisal is achieved

## 5.3 Eligible organisations

The funding is **open to Integrated Care Boards (ICBs) and Cancer Alliances (through their host legal entity) based in England.**
The competition is open to **single organisations**, acting as **lead applicants**, with contracts executed with the lead applicant's legal entity only. However, given the nature of the projects supported, all proposals are expected to be **collaborative**.

To be eligible, proposals must include a partnership comprising the following as a minimum. Senior signatories are required from each organisation type to confirm their endorsement of the application:

- One or more ICBs as the strategic commissioners[4] for their local population
- Multiple deployment sites
- One or more Cancer Alliances
- A technology vendor, where applicable

For contracting purposes, **all organisations involved in the project other than the lead applicant will be treated as subcontractors**, irrespective of their role in delivery.

The lead applicant organisation and deployment sites must be **based in England**. Other subcontractors may be **based in the UK or internationally**, where appropriate.

[3] The topic areas are: 1) Technologies for sampling abnormal cells in the oesophagus, to improve early diagnosis of oesophageal cancer. 2) AI-assisted interpretation of pathology images for suspected prostate and breast cancer diagnosis. 3) Technologies to improve detection of endometrial cancer in women with postmenopausal bleeding. 4) AI-derived software to analyse chest X-rays for suspected lung cancer in primary care referrals.
[4] Strategic commissioning framework

## 5.4 Scope of the project

The aim of the Innovation Spread Fund is to support commissioners to remove the barriers that prevent the adoption of proven innovations with independently evaluated patient outcomes and a robust health economic case.

The funding supports a **time limited, outcomes-based implementation project** designed to embed and scale a proven innovation across multiple sites within at least one Cancer Alliance footprint. Projects may run for **up to three years** and the funding will be provided through an outcome-based, matched funding agreement. **The NHS Cancer Programme will cover costs for activities delivered in the first two years only.** Achievement of a defined set of outcomes by an agreed Go/No Go decision point in Year 2 will unlock full ICB funding for delivery and ongoing commissioning of the service from Year 3. For more details, please refer to section 5.6 (Allowable project costs and duration).

This funding **does not** support research, feasibility, or pilot studies. Projects must be **service-focused implementation initiatives**, with a clear and credible route to sustainability. The funding is intended to support the operationalisation of a new or redesigned service, including the change management activities required to make the service fully operational, while collecting service-level outcomes to inform the business case for ongoing commissioning.

<u>Project Requirements</u>

Applicants will be required to submit a structured project plan covering, as a minimum:

- Service set-up and pathway redesign
- Training, accreditation, and workforce requirements
- Implementation timeline and key milestones
- Decommissioning and/or double running of existing services, where applicable
- Governance and accountability arrangements
- Change management approach
- Draft outcomes to be achieved by the middle of Year 2 to inform a Go/ No Go decision on continued service commissioning and decommissioning of existing services (if required)
- Plans for full transition to business as usual (BAU), including service sustainability and longevity

Projects are expected to:

- Deliver measurable improvements against one of the two challenge areas i.e. in early cancer diagnosis and/or cancer service productivity to enable meeting the cancer waiting time standards.
- Include all activities required to support service ramp up while scaling down any services being decommissioned, enabling a transition beyond pilot activity into routine service delivery.

- Generate robust, decision-grade information to enable the Go/ No Go decision during Year 2.
- Enable a clear transition to BAU funding by ICBs.
- Demonstrate alignment with the relevant Regional medium-term strategic plan and (where relevant) Regional digital strategies.

The programme will accept **a maximum of one application per Cancer Alliance**. Applicants are advised to prioritise projects with the **widest achievable footprint** and **potential impact** for patients and the healthcare system.

ICBs that relate to more than one Cancer Alliance may choose the Cancer Alliance to partner with for the purposes of this application, based on the best strategic fit and the footprint the project can achieve. Projects delivered in partnership across **multiple Cancer Alliances** are permitted; however, **each individual Cancer Alliance may only be named in one application**.

By the end of the project, the innovation is expected to be embedded as BAU across the commissioning and delivery sites involved. Examples of acceptable exit points include:

- Technology commissioned by the ICB(s) across the Cancer Alliance from Year 3 onwards
- BAU service delivery established, including workforce in place
- Legacy services decommissioned, where appropriate
- Processes established for ongoing monitoring of outcomes and key performance indicators, with a clear plan for sustainable funding

## 5.5 Excluded projects

The following types of projects are **out of scope** and will not be funded through this funding model:

- **Clinical research studies**, including randomised controlled trials, that are designed solely to determine the clinical effectiveness of an innovation. This funding mode does not fund activity that would be classified as research.
- **Service evaluations** whose primary purpose is to generate independent evidence of patient outcomes or health economic impact, rather than to support implementation and adoption.
- **Pure procurement exercises**, including proposals seeking funding solely for the purchase or re-procurement of a product or licence, without accompanying plans for implementation, service transformation, decommissioning, change management, and the collection of service-level outcomes and/ or key performance indicators.
- Projects focused on the spread or adoption of technologies that fall within the scope of the **National Healthtech Access Programme**, as these are expected to receive national

reimbursement and deployment support through that route if they receive a positive Technology Appraisal.[5]

## 5.6 Allowable project costs and duration

Projects will be **funded** up to the total value of **£5M (excluding VAT)** over the first two years of a three year project.

The funding will operate through an **outcome -based, matched funding model** between NHS England and the Integrated Care Board(s) structured as follows:

- **Year 1**: NHS England will fund **100% of eligible technology and implementation costs**.
- **Year 2**: Costs will be shared **between NHS England and the ICB(s).** Applicants can propose the split of the costs between NHS England and the ICBs, however NHS England will only cover a total of £5M in funds across Years 1 and 2.
- **Year 3**: Costs will be met through **100% ICB funding**, with no further NHSE contribution. The achievement of a defined set of outcomes by an agreed Go/No Go decision point in Year 2 will unlock full ICB funding for delivery in Year 3.

The following will be eligible for funding through this funding mode:

- Implementation costs (baseline evaluation, technology integration, care pathway re-design, change management and training)
- Service delivery costs above and beyond BAU due to service double-running and old service decommissioning
- Technology costs, where applicable

The funding will cover **only true excess costs, i.e. the genuine additional costs of implementation**, above and beyond existing business as usual (BAU) service delivery. Proposals must be appropriately costed, reflecting the staffing, resources, and activities required to deliver the project at scale.

Applicants must clearly distinguish between:

- Eligible implementation and transformation costs supported by this funding, and
- Ongoing BAU service delivery costs to be met through commissioner funding

The costs quoted must reflect actual costs at a “fair market value” and profit should not be included.

[5] The topic areas are: 1) Technologies for sampling abnormal cells in the oesophagus, to improve early diagnosis of oesophageal cancer. 2) AI-assisted interpretation of pathology images for suspected prostate and breast cancer diagnosis. 3) Technologies to improve detection of endometrial cancer in women with postmenopausal bleeding. 4) AI-derived software to analyse chest X-rays for suspected lung cancer in primary care referrals.

## 6. About the NHS Cancer Programme Innovation Open Calls

The Innovation Open Call is funded by the NHS England NHS Cancer Programme and supported by the Small Business Research Initiative (SBRI) Healthcare Programme.

About the NHS England NHS Cancer Programme
The NHS Cancer Programme works in close collaboration with the Department of Health and Social Care to lead the delivery of the National Cancer Plan. More information about the work of the programme can be found through this webpage.

About SBRI Healthcare
SBRI Healthcare is an NHS England-funded programme, supported by the Health Innovation Network, which aims to address unmet health and care needs and enhance the uptake of known best practice whilst promoting UK economic growth. The programme delivers competitions and support to project teams enabling testing for business feasibility and technology development, as well as to more mature products by supporting real world implementation studies and spread of innovation.

## 7. Application process

All applications should be made using an online portal which will be accessible through the competition webpage closer to the day the competition opens.
Further information on competition dates will be provided in due course, with a full timeline published on the competition webpage and highlighted via our social media channels.

A **briefing webinar** for those interested in finding out more about this competition will be hosted on **18 June at 3.15pm**. Registration is available via the link on our website.
**Additional documents** with more information on the application process will be published on the competition webpage throughout June and July 2026 (i.e. the Invitation to Tender, the Applicant and Portal Guidance; a template Application Form and Frequently Asked Questions). Updates will also be shared via our social media channels as new documents are released, and applicants are encouraged to follow us to stay up to date.

**Online matchmaking** opportunities will also be offered to provide applicants with the possibility to establish connections with relevant partners for both funding models. Information on how to engage will be published on the competition webpage.

For any enquiries e-mail: sbri@LGCGroup.com.