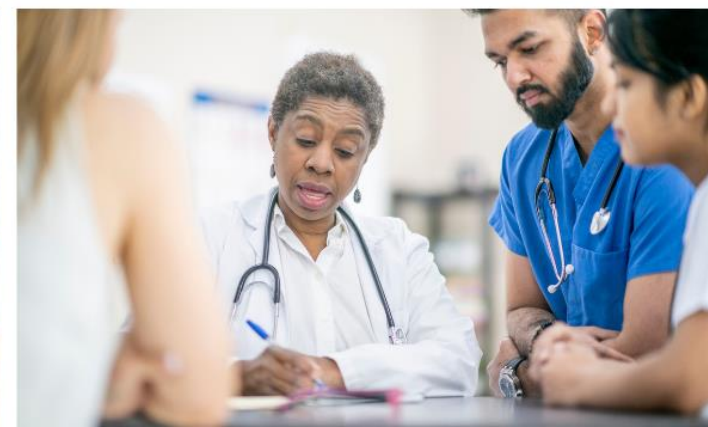
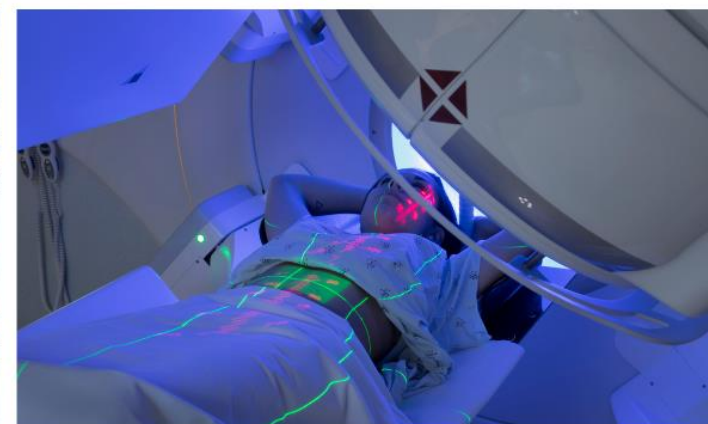


NHS

NHS Cancer Programme Innovation Open Call 4

Briefing Webinar Thurs 18 June, 3.15pm



Agenda

15.15	Introductions and Opening Remarks	Richard Gilbertson; Chair, NHS Cancer Innovation Expert Advisory Group
15.20	Competition Challenges	Peter Johnson; National Clinical Director for Cancer, NHS England
15.35	Funding Models	Emma Hughes; Transformation Lead, NHS England
15.50	Q&A session	All
16.00	Competition Process Overview	Charmaine Mulligan; Senior Programme Manager, SBRI Healthcare
16.15	Role of Cancer Alliances	Victoria Doyle; Assistant Director, East of England Cancer Alliance
16.25	Role of the Health Innovation Network	Nicola Bent; Chief Executive Officer, Health Innovation Wessex
16.35	Q&A session	All
17.00	End of webinar	





Housekeeping


- Mics and cameras have been switched off
- Feel free to ask **questions in the Q&A box** as we go along, and we will answer as many as we can during the Q&A sessions
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on the competition website after the webinar
- For further enquiries: sbri@lgcgroup.com


NHS Cancer Programme Innovation Open Call


The Innovation Open Call aims to **accelerate the adoption** of innovations that have the potential to address challenges in cancer care by providing **funding to bridge the gap** between **research and routine NHS commissioning** and use


 **£40m**
Total invested

 **21**
Projects
across 3
rounds
supported

 **20**
Cancer
Alliances
involved

 **2X** private
investment
leveraged

 **340**
collaborations
enabled

 **220k+**
Patients
Involved

 CytedHealth

 **MANCHESTER**
1824
The University of Manchester

 Roche

 skin
analytics

 UNIVERSITY OF EXETER
UNICEM REGULAR
University
of Exeter

 **NHS**
Guy's and St Thomas'
NHS Foundation Trust

 Quibim

 modality
A Commitment to Care

 appthealth

 iplato
connecting patients
transforming healthcare

 ICR The Institute of
Cancer Research

 Lucida Medical

 OpenMedical

 **NHS**
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

 quire.ai

 **ORION**
MedTech

 endoscope-i

 **RM** GUARDANT360

 pinpoint

Competition Challenges

Peter Johnson
**National Clinical Director for
Cancer**

Planned challenge areas for the fourth round of the Innovation Open Call align with two key ambitions in the National Cancer Plan

1

Driving up NHS cancer performance

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

2

Becoming a global leader in cancer outcomes by 2035

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

Challenge 1

Improve productivity through managing demand or improving capacity on cancer care pathways

Referrals for cancer assessment and diagnoses are rising, putting pressure on NHS cancer services

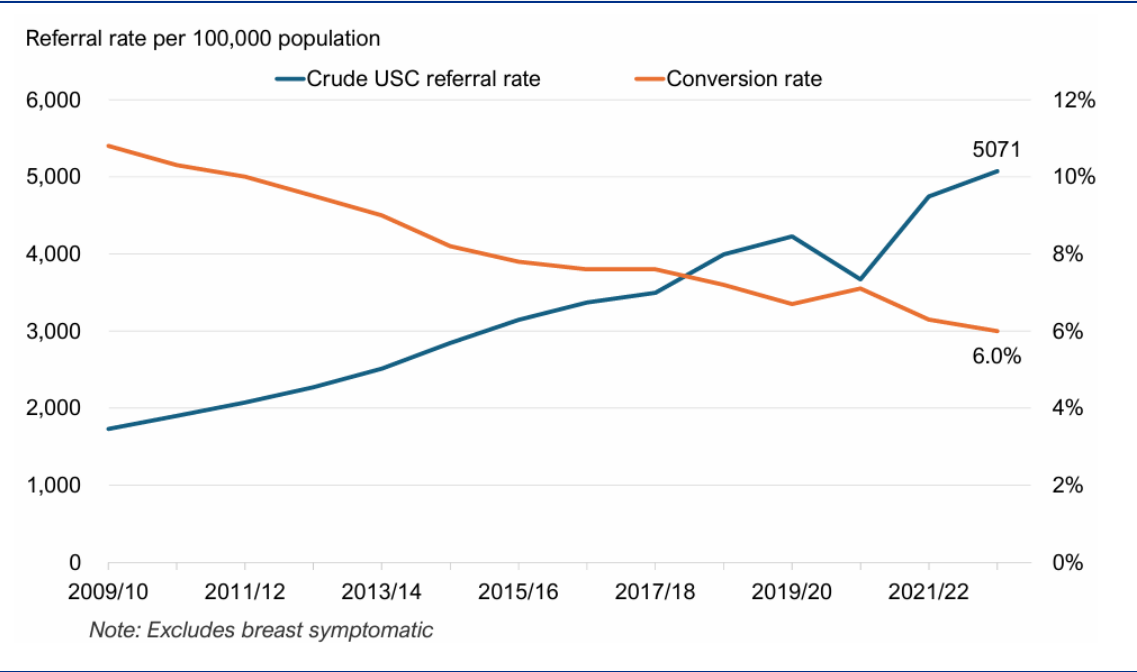


Figure 1: referral and conversion rate for all cancers, financial year 2009 to 2010 to 2022 to 2023, England

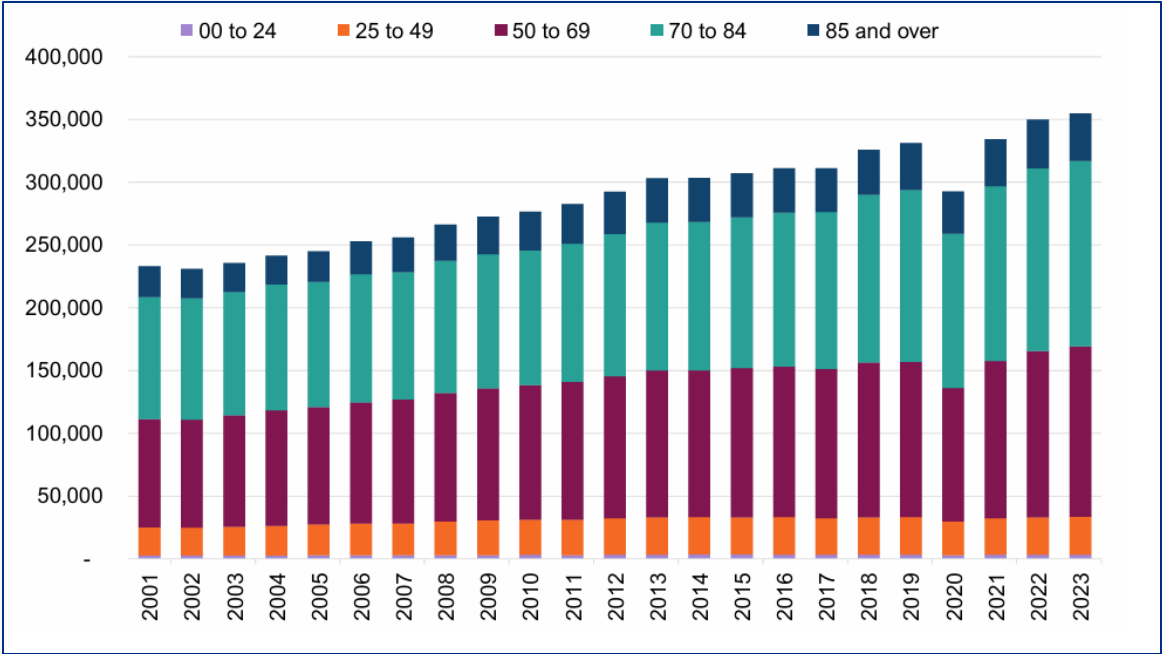


Figure 2: number of cancers diagnosed per year, by age, 2001 to 2023

Impact on NHS Cancer Waiting Times Standards

The National Cancer Plan ambition is 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

Productivity gains on cancer pathways will help to ensure patients are discharged, or diagnosed and able to access treatment quickly

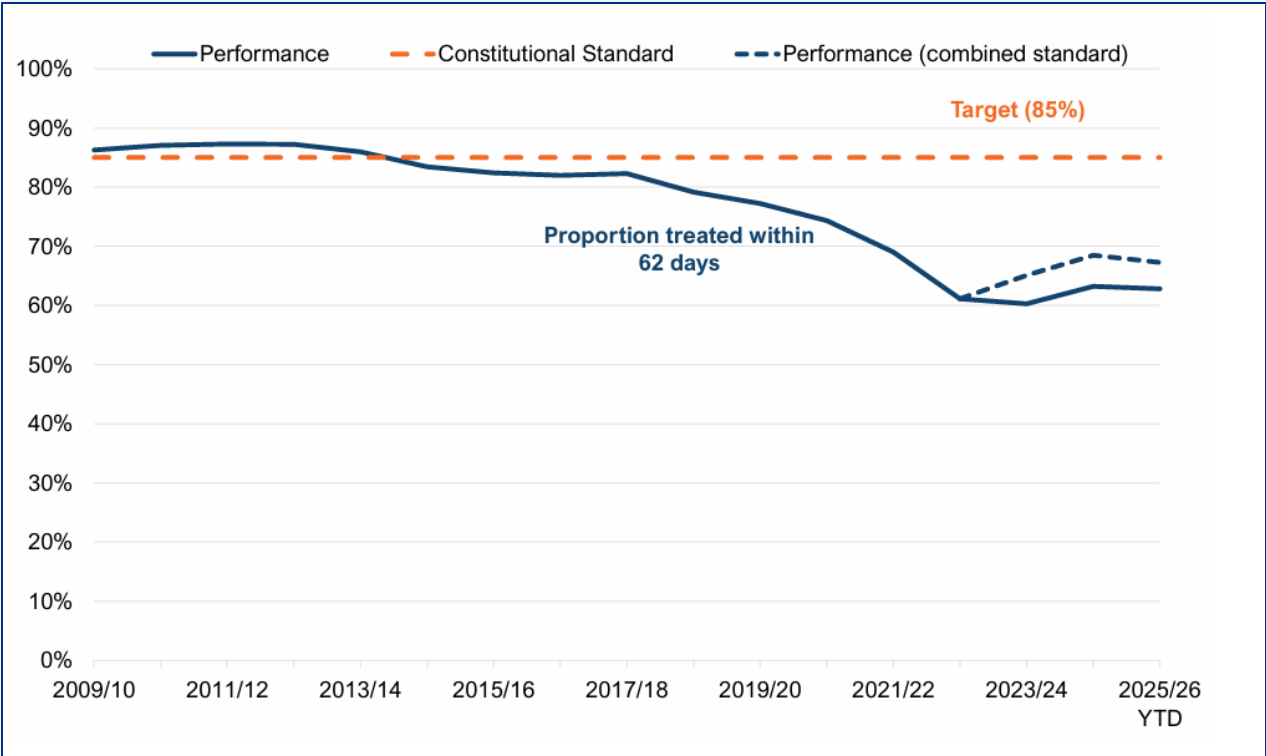


Figure 3: proportion of patients treated within 62 days of an urgent suspected cancer referral, England

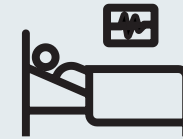
We are looking for applications to support the following:



Managing demand by ensuring **more effective triage of potential cancer cases**, leading to faster diagnosis



Releasing capacity to **enable faster diagnosis**



Releasing capacity to **enable more patients to be treated more quickly**

Solutions could include innovations which:

- Support **effective triage/referral/diagnosis** in primary/community or secondary care
- **Speed up diagnosis** with same day/co-located tests or MDT processes
- Support efficient **clinical decisions/administrative processes**
- Increase efficiency of **MDT decision making/treatment planning**

Challenge 2

Drive the earlier detection and diagnosis of cancer (through novel screening, prompt presentation, case-finding, or diagnostic tools)

Early diagnosis and survival

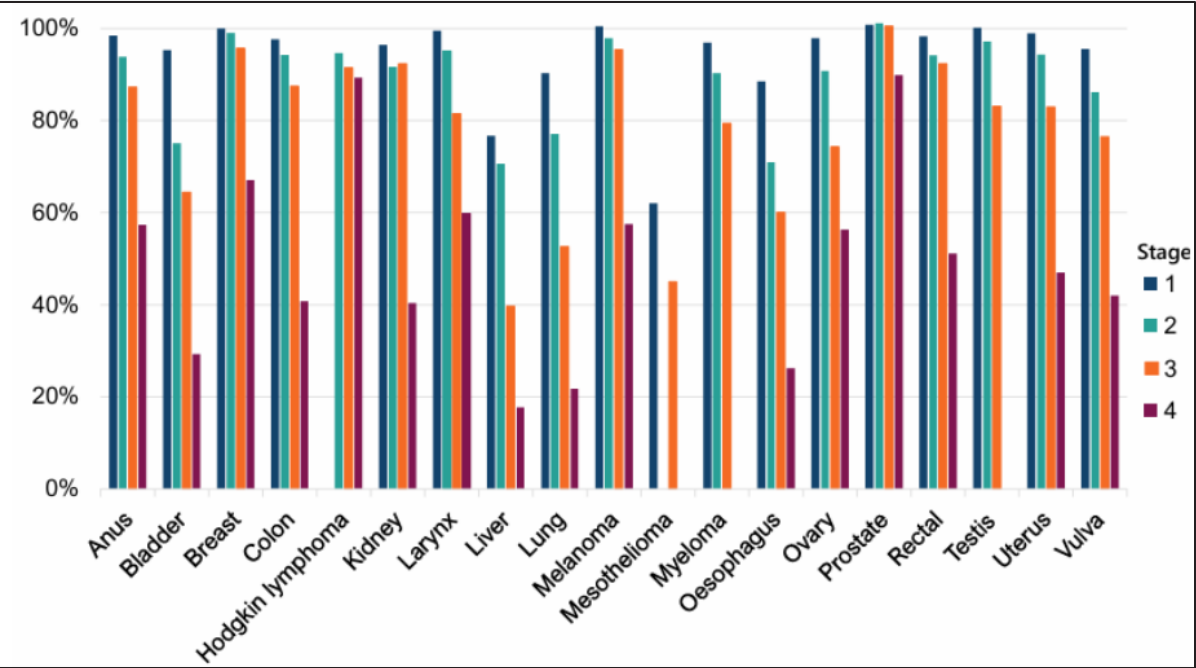


Figure 4: age standardised one-year net survival by stage and tumour type, 2016 to 2020, England

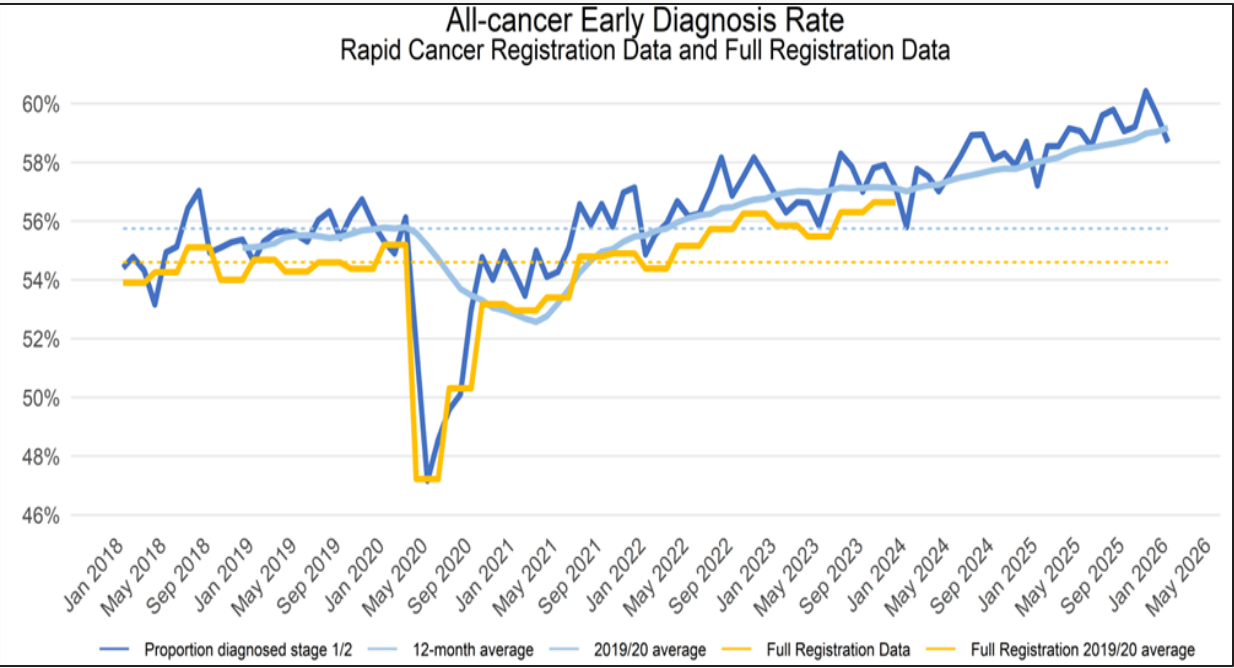


Figure 5: early diagnosis rate and staged cancer cases by cancer type, 2018-2026

Reducing variation in early diagnosis rates

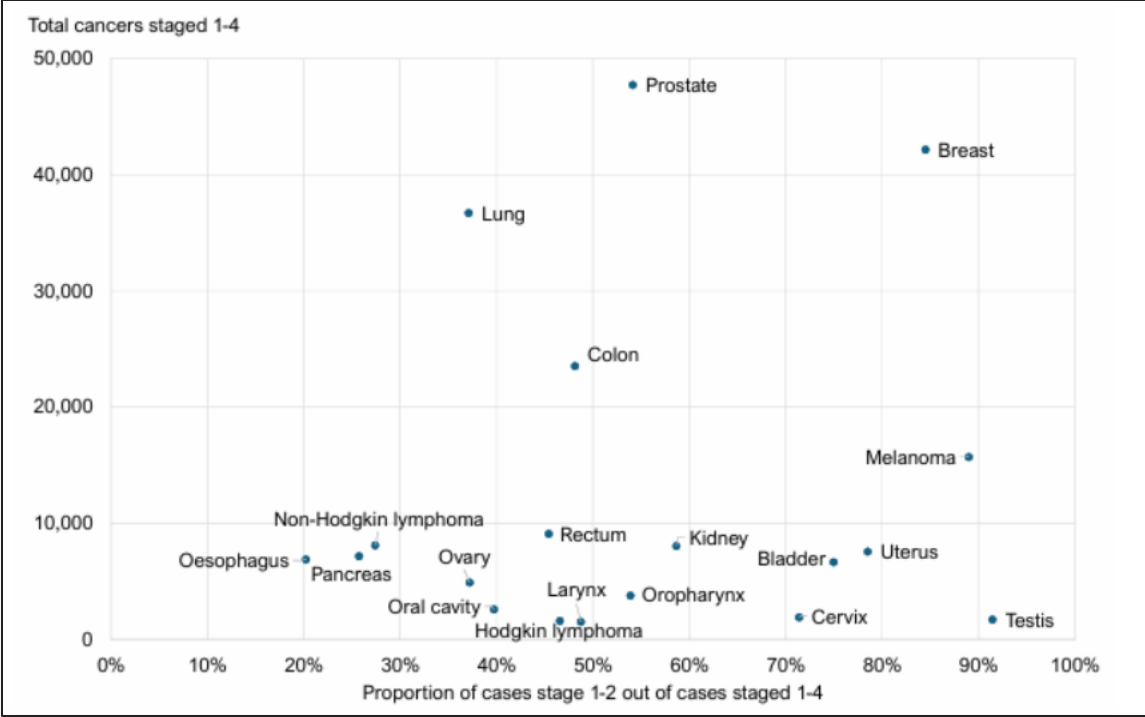


Figure 7: early diagnosis rate and staged cancer cases by cancer type, 2023

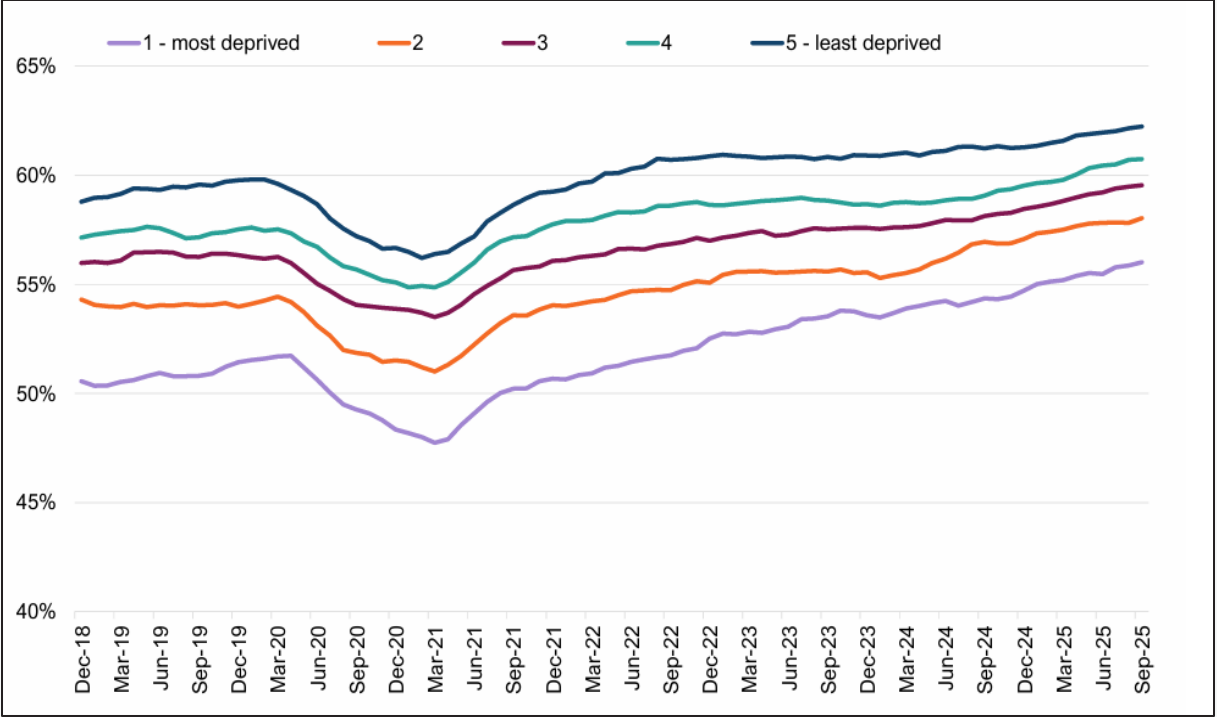


Figure 8: early diagnosis rate by deprivation quintile, December 2018 to September 2025, England

We are looking for applications to support the following:



Identifying and testing
**asymptomatic patients who
are most at risk**



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



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

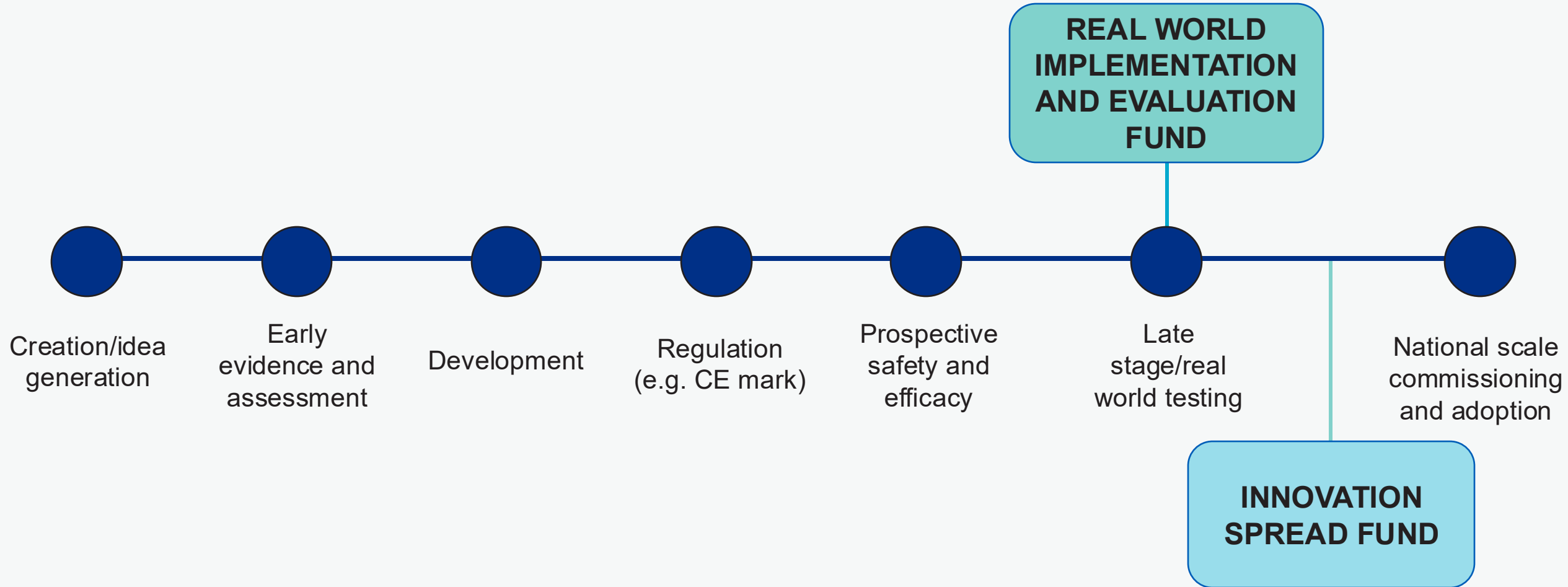
Solutions could include innovations which:

- Identify/risk stratify populations for whom there is **no current NHS cancer screening programme**, or **improve uptake/adherence/reduce unwarranted variation in existing screening programmes**
- **Case find** those with early cancer signs and symptoms/**improve awareness** of the signs and symptoms of cancer and **encourage patients to seek health advice**
- Enable more **improved assessment/triage** or **definitive diagnostics earlier**

Funding modes

Emma Hughes
Transformation Lead
(Innovation)
NHS Cancer Programme

Two planned complementary funding modes



Overview of the two funding modes

Real World Implementation and Evaluation Fund

- Up to **£3m** for a **24-month project** enabling the implementation and evaluation of an innovation across multiple NHS sites in England
- **Eligible applicants:** Any innovator organisation with a demonstrable partnership with at least one adopting NHS organisation and an independent evaluation partner
- **Innovation entry point:** CE mark or equivalent regulatory approval obtained (if required for the innovation) for the use intended and evidence of safety and clinical utility from prospective use in at least one healthcare site
- **Project exit point:** Independent process, impact and health economic assessment of the innovation across multiple sites to inform onward adoption & spread

Spread Fund

- Up to **£5m** for a **3-year project** enabling spread of an innovation across sites within at least one Cancer Alliance
- This will be an **outcomes-based matched funding model** with the following structure:
 - 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)
 - Year 3: Costs will be met through 100% ICB funding if outcomes are met in Year 2
- **Eligible applicants:** ICBs and Cancer Alliances (via their host legal entity) with transitional funding commitment from the local ICB(s)
- **Innovation entry point:** Independent process, impact and health economic assessment of the innovation across multiple NHS sites in England
- **Project exit point:** Innovation transitioned into BAU service across one or more Cancer Alliance patches, contingent on Year 2 outcomes being met

Questions?

Application process

Charmaine Mulligan
Senior Programme Manager
SBRI Healthcare

The two challenges



CHALLENGE 1 - PRODUCTIVITY

managing demand or improving capacity to contribute towards the NHS meeting all cancer waiting time standards by March 2029



SUB-CHALLENGES

1. Managing demand by ensuring more effective triage of potential cancer cases, leading to faster diagnosis
2. Releasing capacity to enable faster diagnosis
3. Releasing capacity to enable more cases to be treated more quickly

CHALLENGE 2 – DRIVE THE EARLIER DETECTION 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





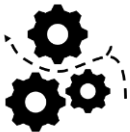



SUB-CHALLENGES

1. Identifying and testing asymptomatic patients who are most at risk.
2. Encouraging early symptomatic patients to notice health changes and present to primary care or other appropriate services.
3. Earlier diagnosis for symptomatic patients through risk stratification and improved diagnostic pathways

Comparison of funding models

REAL WORLD IMPLEMENTATION AND EVALUATION

<p>Single UK/EU based organisations (private, public, or third sector)</p>	 LEAD APPLICANT	<p>ICBs or Cancer Alliances (via host legal entity)</p>
<ol style="list-style-type: none"> Vendors (i.e. innovation provider)* NHS organisations in England (implementation sites)* Independent evaluators <p><i>*If not the lead applicant</i></p>	 MANDATORY COLLABORATORS	<ol style="list-style-type: none"> One or more ICBs* One or more Cancer Alliances* Multiple deployment sites in England A technology vendor, where applicable (i.e. innovation provider) <p><i>*If not the lead applicant</i></p>
<ol style="list-style-type: none"> CE mark or equivalent regulatory approval obtained (if required for the innovation) for the use intended; and Evidence of safety and clinical utility from prospective use in at least one healthcare setting (must be NHS for productivity) 	 ENTRY POINT	<ol style="list-style-type: none"> Innovation deployed in real world settings in multiple sites Published independent evidence of patient benefit and system or productivity impact Independently generated economic assessment Innovation is available for procurement Digital products must comply with DTAC and be interoperable
<p>Independently evaluate an innovation deployed across multiple NHS sites</p>	 PRIMARY GOAL	<p>Scaling proven innovation across multiple sites/Cancer Alliance footprint</p>
<p>A real-world implementation study designed to generate outcomes to evaluate patient benefit, system or productivity impact, health economic impact, effect on health inequalities and NHS net zero goals</p>	 PROJECT TYPE	<p>A service implementation and transformation programme* focused on delivery, change management, and transition to sustainable business-as-usual provision.</p> <p><i>*Max 1 project per Cancer Alliance region</i></p>
<p>24 months Max funding £3M</p>	 DURATION AND MAX FUNDING	<p>36 months total duration, with up to 24 months funded by the programme and ICB match funding starting after go/no go pre-agreed outcomes are achieved Max programme funding £5M</p>

Application Process and Assessment



Provisional
Timeline



Application

Open to everyone
Application form
online

Peer Review and due diligence

At least 2 independent experts
NHSE national initiatives fit
Impact analysis
Evaluation plan review

Due diligence and contracting

Patients
NHS access



Problem
identification &
articulation of
clinical need

National Cancer Plan,
Strategic papers, Cancer
Alliances, NHSE Expert
Advisory Group, NICE, Health
Innovation Networks

Shortlisting

Alignment with NHSE priorities
Reviewed by pool of
Clinical/Technical, Commercial and
implementation experts + PMO

Panel Meeting

15 min presentation + Q&A
Same Panel composition

Project starts



Project Expectations – RWI&E Funding



Entry point

- Regulatory / compliance approvals in place
- in use in at least 1 site prospectively
- Solid background evidence (efficacy, sensitivity, specificity, safety)



Project

- Real world implementation studies
- Minor technology adaptation
- Staff training to administer innovation
- Patient and public involvement and dissemination
- Health inequalities assessment
- Carbon Reduction Plan development
- Health economic assessment
- Independent evaluation of outcomes



Exit point

- Investment-ready (e.g. follow on funding)
- Procurement-ready (e.g. business case ready, on procurement frameworks)
- NICE appraisal
- Evidence for national commissioning initiatives

Project Expectations – Spread Funding



Entry point

- Already implemented in multiple sites
- Published evidence of independently evaluated outcomes
- Economic Assessment
- Procurement ready
- For Digital – Interoperable & DTAC



Project

- Service set-up and pathway redesign
- Training, Implementation timeline and milestones
- Change management approach
- Double running and/or decommissioning services
- Governance and accountability arrangements
- Monitoring KPIs and Year 2 Go/ No Go decision
- Plans for full transition to business as usual (BAU)



Exit point

- 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 key performance indicators

Things to note



What we fund

- 100% company costs
- Labour costs
- Material cost (incl. consumables)
- Capital Equipment Costs
- Sub-contract costs
- Travel and subsistence
- Other costs specifically attributed to the project
- Indirect costs
- **Applications assessed on Fair Market Value**



Contracting

- UK implementation of EU Pre-Commercial Procurement
- IP rests with supplier with certain usage rights with Public Sector
- Contract terms are non-negotiable
- Single applicant (partners are sub-contractors)
- Milestone driven payments (quarterly upfront)



Monitoring and support

- Written reports and regular meetings
- Dedicated monitoring officers per project
- Adoption strategy support through stakeholder identification and introductions
- Showcasing to KOLs and relevant stakeholders
- Opportunity for mentoring

Pre-application support



Matchmaking

Opportunity for innovators to identify potential partners



Application Workshop

To hear tips on how to plan for approvals, draft your evaluation plan, consider health inequalities and put together a strong application



Q&A session

Opportunity for potential applicants to ask questions about the competition



Matchmaking



REAL WORLD IMPLEMENTATION AND EVALUATION

- Opportunity for **innovators** looking for partners to be highlighted to Cancer Alliances and Health Innovation Networks
- Information will be put into a booklet and shared with Cancer Alliances and Health Innovation Networks
- Can complete an online form (open until 24th June)
- If selected, will be asked to upload a video

INNOVATION SPREAD

- Online events aimed at **Cancer Alliances and ICB leads**
- Innovator highlights
- Insights into what a strong application looks like



Contacts

Programme management office

T 020 8843 8015

E sbri@lgcgroup.com

More info

Other NHS Cancer Programme initiatives

<https://www.england.nhs.uk/cancer/harnessing-innovation-in-cancer-care/>

On this competition

<https://sbrihealthcare.co.uk/competitions/nhs-cancer-programme-innovation-open-call-4>

NHS Cancer Programme Innovation Open Call Round 4

About Cancer Alliances

18 June 2026

Victoria Doyle

Assistant Director, East of England Cancer Alliance

Contact: cpicb.eoecancerallianceteam@nhs.net





What are Cancer Alliances?

Cancer Alliances are NHS-led partnerships that coordinate cancer care across whole systems

There are 20 Cancer Alliances in the NHS in England

We bring together:

- NHS providers and trusts
- Integrated Care Boards (ICBs)
- Clinicians and operational leaders
- Patients and public representatives
- Innovation, industry and academic partners
- Voluntary and charitable partners



Our role is to **drive improvement across cancer pathways**, not just within individual organisations



What Cancer Alliances Deliver

**Deep Subject Matter
Expertise**

**Data-Driven
Approach**

**Partnerships and
Clinical Networks**

**Pathway and Quality
Improvement**

Deep Subject Matter Expertise

Expert knowledge within Cancer Alliances underpins clinical leadership, enables effective pathway design, drives innovation, and ensures high-quality, evidence-based cancer care improvement for the benefit of patients.

Data-Driven Approach

Partnerships and Clinical Networks

Pathway and Quality Improvement

Deep Subject Matter Expertise

Expert knowledge within Cancer Alliances underpins clinical leadership, enables effective pathway design, drives innovation, and ensures high-quality, evidence-based cancer care improvement for the benefit of patients.

Data-Driven Approach

Using timely, accurate and benchmarked data and analytics, the work of Cancer Alliances informs decisions, targets interventions, measures outcomes, reduces variation and continuously improves performance and care for patients.

Partnerships and Clinical Networks

Pathway and Quality Improvement

Deep Subject Matter Expertise

Expert knowledge within Cancer Alliances underpins clinical leadership, enables effective pathway design, drives innovation, and ensures high-quality, evidence-based cancer care improvement for the benefit of patients.

Data-Driven Approach

Using timely, accurate and benchmarked data and analytics, the work of Cancer Alliances informs decisions, targets interventions, measures outcomes, reduces variation and continuously improves performance and care for patients.

Partnerships and Clinical Networks

Strong partnerships and clinical networks enable coordinated care, share good practice, reduce variation, strengthen pathways, and accelerate innovation, improving outcomes across systems for patients.

Pathway and Quality Improvement

Deep Subject Matter Expertise

Expert knowledge within Cancer Alliances underpins clinical leadership, enables effective pathway design, drives innovation, and ensures high-quality, evidence-based cancer care improvement for the benefit of patients.

Data-Driven Approach

Using timely, accurate and benchmarked data and analytics, the work of Cancer Alliances informs decisions, targets interventions, measures outcomes, reduces variation and continuously improves performance and care for patients.

Partnerships and Clinical Networks

Strong partnerships and clinical networks enable coordinated care, share good practice, reduce variation, strengthen pathways, and accelerate innovation, improving outcomes across systems for patients.

Pathway and Quality Improvement

Designing optimised pathways and continuous quality improvement reduces variation, improves outcomes, strengthens standards, enhances experience, and drives system-wide, evidence-based transformation for the benefit of patients.

Collaborative | Patient-Centred

Cancer Alliances act as the **bridge between national priorities and local delivery**.

We:

- **Lead system-wide delivery** of the **National Cancer Plan**
- **Coordinate activity** across **multiple trusts and ICBs**
- **Reduce variation** and **improve outcomes** across pathways
- **Enable adoption** and **spread of proven innovation**

The **National Cancer Plan** positions Cancer Alliances as a key partner for innovation **working alongside NHS England** to:

- **Test and evaluate** new **diagnostics** and **screening** innovations
- Embed **innovation** into **real cancer pathways**
- **Accelerate adoption and spread** of proven **solutions**
- Enable **genomics, precision medicine** and **data-driven care**
- **Shift care closer to home** and **improve patient experience**

Cancer Alliances provide **innovators** with **system-level access, clinical leadership**, and a clear **route from pilot to adoption**.



Working with a **Cancer Alliance** helps innovators to:

- Align solutions with **real NHS priorities**
- Access **clinical and operational leaders** early
- Understand **pathway fit, data and intelligence and adoption barriers**
- Design solutions that are **scalable across a system**
- Demonstrate **credible NHS support** in funding applications

We have a **strong track record of supporting innovators to develop, test and scale solutions** within cancer pathways.

This includes:

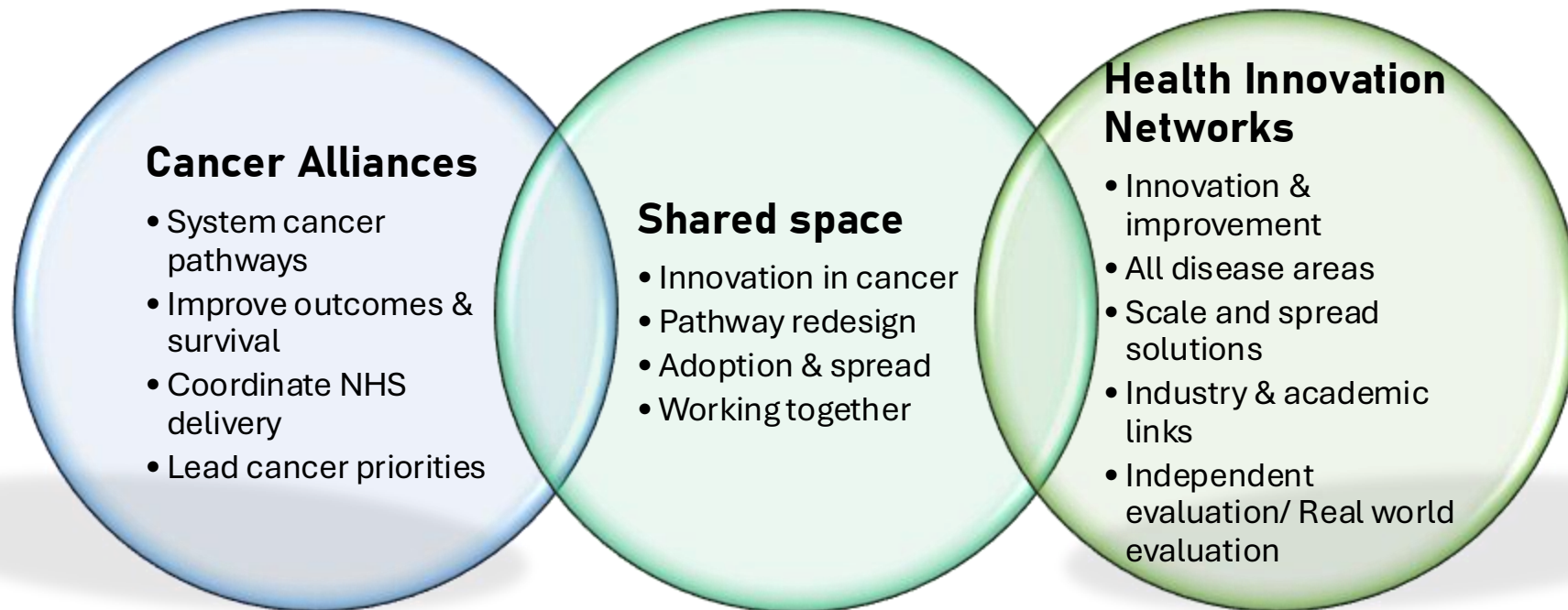
- Early-stage **innovation**
- Previous NHS Cancer Programme **Innovation Open Calls**
- **Single-pathway and multi-trust** projects
- **Digital, pathway and service** innovations

We have found that this work is **most effective** when delivered through **strong collaboration** between **Cancer Alliances and Health Innovation Networks**, and through coordinated working across **multiple Alliances and HINs**.



Complementary roles: improving cancer outcomes and spreading innovation

Real impact is achieved through **collaboration across pathways, innovation and delivery**, with the shared space enabling transformation at scale.



Cancer Alliances **support both funding routes**—**partnering with innovators** for evaluation projects, and **leading system-wide applications** for adoption and spread

Area	Real World Implementation & Evaluation Fund	Innovation Spread Fund
Who leads the application	Innovator-led (Alliance acts as system partner and supporter)	Alliance-led (on behalf of system partners, working with the innovator)
Overall role of the Alliance	Support innovators to develop a strong, system-aligned application	Lead development of a system-wide proposal for scaling proven innovation
Initial engagement & scoping	<ul style="list-style-type: none"> • Meet with innovators to understand solution and readiness • Assess pathway fit and alignment to NHS priorities 	<ul style="list-style-type: none"> • Identify high-priority innovations suitable for spread • Proactively engage innovators aligned to system needs
Use of data & insight	<ul style="list-style-type: none"> • Provide data and analytics to assess need, variation, and potential impact • Advise on target populations and sites 	<ul style="list-style-type: none"> • Use system-wide data to identify where scale will deliver greatest impact • Target adoption to reduce variation and inequalities
Clinical & system engagement	<ul style="list-style-type: none"> • Connect innovators with clinical leads across tumour pathways • Support engagement with relevant trusts and services 	<ul style="list-style-type: none"> • Mobilise clinical networks across multiple organisations • Secure system-wide clinical and operational buy-in
Patient & Public Leadership	<ul style="list-style-type: none"> • Use established Patient Partnership Forums to review and shape innovation proposal • Provide patient insight on need, experience and acceptability • Support evaluation design, ensuring meaningful patient focused outcomes 	<ul style="list-style-type: none"> • Apply patient insight to assess suitability for adoption and spread • Ensure innovations reflect equity, accessibility and patient experience • Support system wide engagement through patient perspectives
System alignment	<ul style="list-style-type: none"> • Ensure proposal aligns with local priorities and pathway challenges 	<ul style="list-style-type: none"> • Align proposal across multiple organisations, ICBs and providers
Application development	<ul style="list-style-type: none"> • Provide input and feedback on application • Support articulation of NHS value and pathway integration • Provide letters of support 	<ul style="list-style-type: none"> • Lead drafting of application with system partners • Define deployment model, sites, and delivery approach • Coordinate partner contributions and approvals
Partnership development	<ul style="list-style-type: none"> • Act as a credible NHS partner within the application 	<ul style="list-style-type: none"> • Build and formalise multi-site partnerships across the system
Positioning for success	<ul style="list-style-type: none"> • Strengthen credibility through system backing and pathway insight 	<ul style="list-style-type: none"> • Demonstrate readiness for scale and system-wide impact from the outset

What This Means for the NHS Cancer Programme Innovation Open Call

If you engage with **Cancer Alliance(s)** through the **NHS Cancer Programme Innovation Open Call**, you can expect:

- **Early, honest feedback** on pathway fit and value
- Support to **strengthen** your NHS Cancer Programme Innovation Open Call **application**
- **System-level engagement**
- **Stronger credibility** with panels and funders
- A **clearer route to adoption and spread** if successful

We are **keen to work** with innovators who:

- **Address genuine cancer pathway challenges** aligned to NHS priorities
- **Are open to co-design** with clinicians, patients and system leaders
- **Have ambition to scale across the NHS**

Innovators can be introduced through the **SBRI Healthcare team** via sbri@LGCGroup.com if they would value support in identifying partnerships aligned to specific system priorities.

Thank you



[@eoe_cancer](https://twitter.com/eoe_cancer)



[EoE Cancer Alliance](https://www.linkedin.com/company/eoe-cancer-alliance/)



<https://www.canceralliance.co.uk/>



cpicb.eoecancerallianceteam@nhs.net



Health Innovation Network

Supporting the National Cancer Innovation Open Call

Nicola Bent, CEO, Health Innovation Wessex



June 2026



Health innovation networks deliver 'boots-on-the-ground' implementation support to find, test, implement and scale innovation



Commissioned by



Office for Life Sciences

WHAT WE DO



Find

Develop an adoption ready pipeline



Test

Generate evidence



Implement

Align and connect the system



Scale

Scale what works

HOW WE DO IT

Support for innovators

Support for health and care teams

Partnership working
Industry, Academia, Govt.

WHY WE DO IT

Outcomes > Productivity > Growth



7 million patients benefitted



740,000 hours released



£4.4bn leveraged

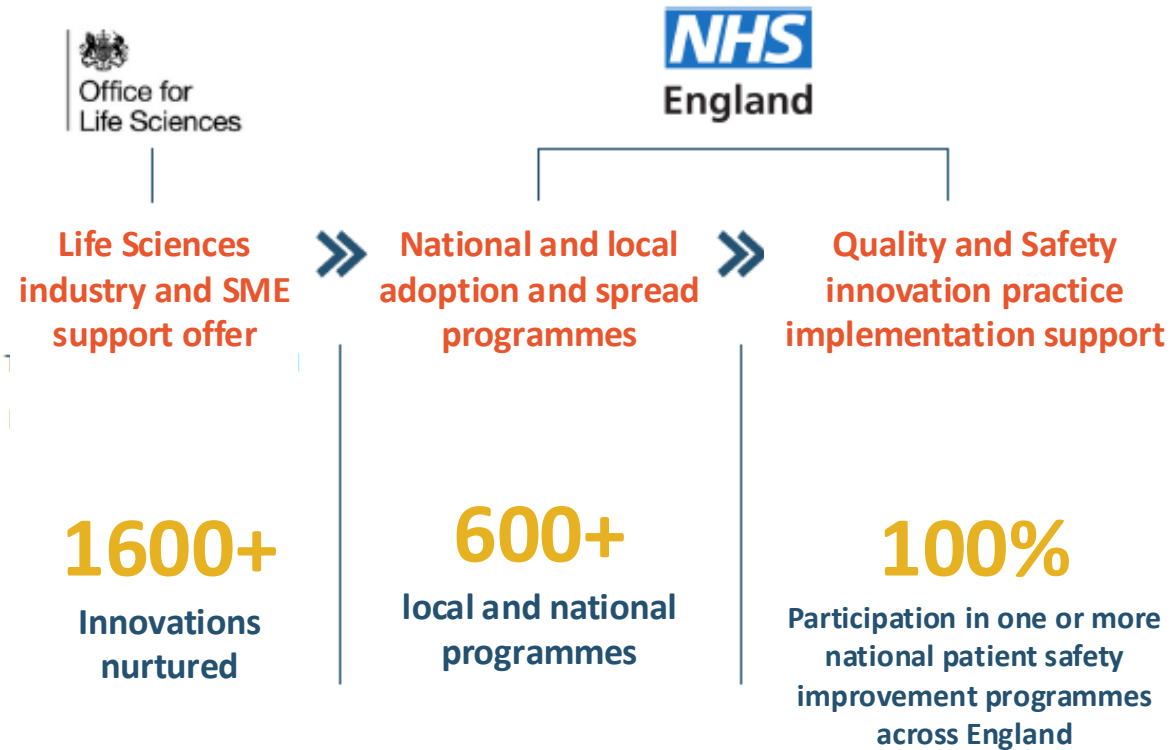


12,600 jobs created or safeguarded

Core health innovation network capabilities

- Market insight and opportunity mapping
- Innovation discovery and partner matching
- System insight and pathway expertise
- Real-world evidence and evaluation
- Innovation testing and validation
- Product refinement and readiness for scale
- Scaling adoption across health systems
- System partnerships and delivery
- Change, adoption and workforce enablement

We deliver national transformation through local implementation support



We can deploy our specialist innovation capabilities and skills across policies, agenda and place

Examples of additional national commissions

Examples of additional local and regional commissions

Respiratory Transformation Partnership

Commissioned by NHS England and Office for Life Sciences

£10m funding leveraged

Fit for the Future

Commissioned by UK Research and Innovation

500 innovations identified
30 high potential innovations assessed

WorkWell

Commissioned by Department for Work and Pensions and Department for Health and Social Care

9 Demonstrator projects selected for real world evidence generation and regional scale

Manchester Shared Care Record

Commissioned by Greater Manchester Integrated Care Board

£48.8m benefits since April 2022
4:1 ROI and **£23m** projected in year benefits

Joint work with Cancer alliances

Key partner who helps to identify and support the implementation of innovations that address local unmet needs.

Funding opportunities



Identifying innovations



Independent evaluations



Innovation implementation



Previous support for the Innovation Open Call

Health innovation teams have been key partners to previous cancer open call rounds.

- This includes 11 different health innovation network (HIN) teams who have directly supported **17 of the 21 successful applications** made.
- This has been a result of our involvement during the application stage, in which HINs have supported the **bid writing** activity, facilitated **stakeholder engagement/partnership** (including PPIE partners) and provided **bespoke support** for those short listed for a panel interview – offering mock interviews.
- Following a successful outcome of an application, HINs have also continued to support the projects through providing elements such as the **independent evaluation and project implementation** (planning and delivery).

Support for innovators for RWI&E mode

- Grant applications/bid writing – developing implementation and commercialisation plans
- Partner for real world evaluation
- Stakeholder engagement
- Mock interviews for short-listed applicants
- Provide mock application interviews – prepare for second phase of competition
- Bespoke support for project implementation
- Support with transition from project to sustained adoption.

Support for the Spread and adoption mode

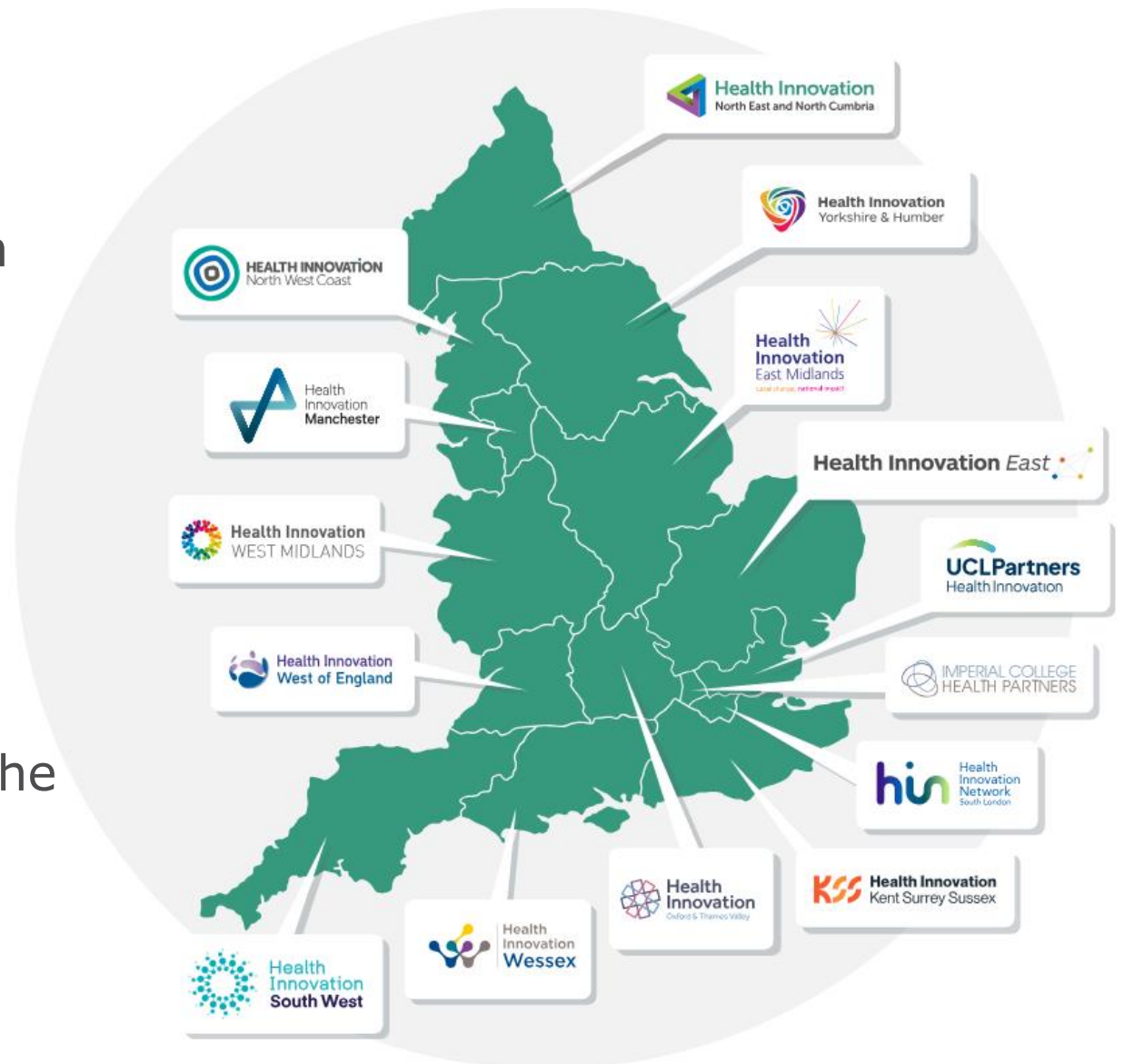
- Grant applications/bid writing – developing spread and sustainability plans
- Sharing expertise and support for planning for spread of innovation across multiple sites – including de-implementation of existing services (where applicable)
- Mock interviews for short-listed applicants
- Partner for delivering independent real-world study
- Support with transition to BAU.

How to get in touch

Innovators, cancer alliances and ICBs can approach any of the 15 HINs directly.

Use our central network page to identify the regions in which each team covers:
[Your local health innovation network.](#)

You can contact each HIN team through the details on the next slide.



How to get in touch

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Questions?

Next steps



FAQ

The [FAQ page](#) available on the SBRI Healthcare website will be updated next week to incorporate all the questions that were raised today.



Matchmaking

If you are an innovator seeking to partner with a Cancer Alliance and a Health Innovation Network for the real-world implementation and evaluation funding mode, please complete the [online form](#) by 24 June.

If you are an ICB or Cancer Alliance seeking examples of innovations ready for the innovation spread fund, please follow our social media channels, where we will announce upcoming online opportunities.



Timelines

Applications will open in Autumn; however, given the short submission window, applicants are encouraged to begin forming partnerships and preparing their application now.





Contacts

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More info

Other NHS Cancer Programme initiatives

<https://www.england.nhs.uk/cancer/harnessing-innovation-in-cancer-care/>

On this competition

<https://sbrihealthcare.co.uk/competitions/nhs-cancer-programme-innovation-open-call-4>