

## Innovating for Improvement Round 6: Frequently Asked Questions

### Lead applicant and eligibility

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**Question 1:** Can a Local Authority Public Health team be the lead partner and applicant for a partnership bid that includes GP Networks, the CCG and third sector partners, or does the lead partner and applicant need to be an NHS organisation?.

**Answer:**

We ask that a lead organisation either provides, commissions, supports or delivers health care services free at the point of delivery. For example, if a Public Health team, funded by Department of Health funding, was delivering health services then they would be eligible to apply as lead applicant.

If the partnership includes a GP network or federation or CCG you should consider who is best placed to lead the application, and we would suggest that the lead role sits with the organisation that will have most influence over the intervention or is where that intervention is taking place. Please note if the GP network or federation was to be the lead organisation it would need to be legally constituted and able to receive funds.

**Question 2:** You've said that GP federations will be considered as a lead organisation but you also said that they need to be registered and assessed organisations and legally able to receive funds. We're not established in a way that can directly employ; we tend to employ by a lead practice and a lead practice holds the funds for the federation. Where does that leave us?

**Answer:**

GP federations can be the lead applicant, as long as they can be a recipient of funding, so there is an element of infrastructure and legal constitution required in that.

If you are a GP federation, network or cluster and don't have that status, we would advise that one of the GP practices under your federation be the lead applicant just to receive the funding, and the GP federation to be an equal partner in the project.

**Question 3:** We are commissioned by the Local Authority to provide a social care service. The people that we work with are all users of health care services and our project will impact the way they manage their condition. Are we eligible for this programme?

**Answer:**

This programme is only open to lead applicants who provide, commission, support or deliver NHS health care services and so if you are based in England, Wales and Northern Ireland you would unfortunately not be eligible. You may be eligible to apply as a partner organisation, if there is a health care provider who you can collaborate with to deliver the project.

The situation in Scotland is different because health and social care have been integrated.

**Question 4:** The lead applicant in our project is a very large secondary care provider. It is not possible that we will know of all groups who are applying to this call. Would it be problematic if a number of groups from the organisation applied for the call?

**Answer:**

In answer to the first point – yes, more than one team in an organisation can apply. We would recommend that lead organisations are only involved in one application or in a small number of very different applications. We will only accept one application per named project lead.

We may choose to fund more than one project from the same organisation, providing they are very distinct from each other and are not reliant on each other, ie if one project is funded it needs to be able to go ahead completely independently of the other. We would also need to be reassured that if the same team members were involved in more than one successful application, they could contribute effectively to both projects.

**Question 5:** We are a voluntary sector organisation delivering health, work and wellbeing support to unemployed persons across our county. We are funded by the NHS innovation fund to deliver this project, but we are not registered with the CQC. Does that make us eligible to apply?

**Answer:**

While your organisation does provide services to NHS service users that are free at the point of care, and I presume more than 50% of your services are applicable to this, your organisation is not regulated. We are only seeking lead organisations that are regulated, ideally with the CQC. However, if you think your service and project idea are a good strategic fit with the programme we would highly advise that you contact one of your primary care providers, or a CCG that you work with, to work with you on this and enter a partnership application.

**Question 6:** Do partner voluntary care services organisations also need to be CQC regulated?

**Answer:**

No, provided that the lead organisation is.

**Question 7:** We are a hospice, with 50% of our funding from the NHS and the remaining funding through fundraising as a charity. Are we eligible to be a lead organisation?

**Answer:**

As the majority of your services are delivered to NHS service users and are free at the point of delivery and your services are regulated by the CQC, we would consider you eligible to apply as a lead organisation. In instances where all of the above criteria are not fulfilled, we would recommend that you enter into a partnership with

an organisation that delivers health care services and is eligible as a lead organisation.

## Data Analytics

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**Question 8:** You say that in this round of Innovating for Improvement, the Health Foundation is also interested in applications for innovative projects which make use of data analytics. There is a dataset that we could buy which would help us to get our project started. Would that be an allowable expense?

**Answer:** No: We encourage the use of existing locally held data where possible.

## Partnership funding

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**Question 9:** There is mention in the guidance about co-funding or matched funding. Is matched funding a requirement for this funding call?

**Answer:**

Matched funding is absolutely not a requirement for the programme, and you can be looking towards the Health Foundation to fund the entirety of a project if it fits within the £75,000 budget.

If you intend to include matched funding in your application you will note in the budget section of our application form that we do ask whether or not any other sources of funding have been secured. It's in an applicant's best interest to secure that funding ahead of time, before the application is submitted.

Having said that, you may submit your application if matched funding is not yet secured. Irrespective of whether or not additional partnership funding is being sought, the Health Foundation wants to be able to see the impact of the funding that we are offering so we would ask you to be mindful of that when making your application.

**Question 10:** We will be applying to the programme with the support of a Royal College as a partner organisation. Is there a form I should ask a representative of the partner organisation to sign and submit as part of our application?

**Answer:**

The online application has a space for partnerships; we ask that they have sight of the application and their role within it, and that they agree to their involvement and participation. They no longer need to sign a declaration form (although there are declaration forms for you as the lead organisation which should **be signed by your executive and financial senior leaders**). However, there is a tick box declaration which, on being ticked, indicates that partners are aware of their role and agree to it. If permission is not sought but the box is ticked, this may invalidate the whole application. It is advisable to send a word/pdf copy of the application to your partner organisations for them to contribute to as early as possible.

## IT based interventions and eligibility

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**Question 11:** If the intention of the project is to redesign technology or a game specifically to use for patient benefit, would that be eligible? NB. It's already existing technology so it's not designed from scratch.

**Answer:**

We are certainly interested in technology-based projects. We would have to see how much of the funds were being spent on the redesign and the actual technical aspect of the intervention and whether it's proportionate to the project as a whole, so that there is actually time and money invested in implementing the intervention. We would also really want to see that the use of this redesign is significantly different to how this particular app/game – this technology – is being used already.

**Question 12:** We want to design an app or apps. Would you look favourably upon funding for the design of apps?

**Answer:**

It's quite a popular choice to be looking at app development, and apps are becoming more and more prevalent, so you would have to show that it's an innovative app and that it hasn't been used in that setting and in that way before, in order to be deemed innovative.

Please be mindful of how long it would take to develop the app and take it through any official channels for your clinical area, as there may be certain protocols that you have to go through, so just be mindful of that against your timeline. We have had a number of projects developing apps that have come up against the MHRA guidance, so it's worth taking that into consideration in your timeline and planning. Please bear in mind that you will need to be able to demonstrate benefit or impact to patients within the 15 month award period.

## Questions on innovation

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**Question 13:** My innovation is to use a web-based tool. The project will have a direct clinical benefit for the patient and their family/carers.

I have run a pilot in two clinics to check that it works and is acceptable to some patients, but it is not currently being used. I now need to refine it, evaluate it and expand its use. Would this still count as being innovative?

**Answer:**

With regards to whether it's innovative, we would need to see evidence in your application as to why this tool is new or novel for the patient group that you are planning to use it with. Just because this particular tool hasn't been used before doesn't mean the project will automatically be innovative – you need to look at whether this changes the care for this patient group in a new or novel way.

With regard to your pilot – if you have already tested the tool but this was only on a very small number of people in a short, time-limited trial, and it is not currently being used, then we would still consider it to be innovative. If the tool is currently being used and our funding is simply to evaluate the usage then we would not consider this innovative,

because we wouldn't be funding the intervention, we would only be funding the associated research into its effectiveness.

**Question 14:** Looking at the innovation descriptors that are available and considering the increased competition, is it possible to get a guideline in terms of which levels of innovations would have a good chance of being successful at being funded in terms of descriptor one, two, three or four?

**Answer:**

The four descriptors that we give are not weighted in any way so it would very much depend on your project, what you're looking to deliver and the level of innovation that is appropriate for that particular intervention. There isn't one descriptor that we're looking for over others.

**Question 15:** It would be useful to know more about the different innovation descriptors the application form. If some aspects of the innovation overlap with interventions that have been used to change health behaviours as part of academic research, but have not been subsequently used in a health care setting, would this mean that the current innovation still qualified for descriptor 2 (innovations transferred into health care from another sector)?

**Answer:**

If the innovation that you are talking about has not been implemented in any setting and the only knowledge of it is from research then we would count this as falling under descriptor 2 (transferred from another sector).

**Question 16:** The key area for us is clarification around descriptor 4: innovations transferred or adapted from one health care setting to another.

We are keen to know whether taking our existing solution from its current focus on patients with LTCs covered by anxiety, breathing and pain, into one focused on patients with LTCs that are muscular skeletal in nature, would qualify under descriptor 4.

We want to understand whether a 'setting' could be deemed a 'condition'.

**Answer:**

The interpretation of a 'health care setting' is not always black and white. We would usually say that by 'setting' we mean the specialism, eg emergency medicine or maternity. However if you can present a strong enough case for us as to why you think the transfer from one condition to another justifies the claims for innovation then we would accept it under descriptor 4.

To give you some examples, in round 1 of this programme we had an application from a team wanting to transfer learning from an adult service to a children's service, which would meet our standard definition of this descriptor. However in the application the team didn't present any evidence about what the challenges were in transferring the intervention into a different service and why the innovation was required, so it was marked down by our assessors when it came to the strength of the claims for innovation.

Similarly, one of the projects that we went on to award in round 1 was taking learning from an asthma service and applying it to the treatment of patients with COPD. They were able to explain to us the significance of the problems in managing COPD locally and they also demonstrated that the changes would need full redesign to meet the needs of this new cohort of patients. Even though both the old and new service models fell under respiratory medicine we were happy with their claims for innovation.

**Question 17:** Please differentiate descriptor 2 and 4 to make our position clearer. I think we qualify under 2 or 4. It might be easier to show that we qualify under 4, but I think we also qualify under 2.

**Answer:**

Thank you for your enquiry. You can of course fit under more than one category of innovation, but please select one and then elaborate in your application on how you meet both descriptors.

Descriptor 2 is about transferring innovations from one sector to another, for example a dementia initiative being used in sheltered social housing, being transferred to an elderly care ward, while descriptor 4 is about transferring a something from one health setting to another, such as a treatment methodology in adult care being transferred to paediatrics.

**Question 18:** To what extent would you be happy to support a project that is seeking to establish an evidence base for an intervention that we believe is of benefit? We have a training package that we'd like to evaluate. There's no evidence in the area per se and we're wondering if something like that, where the implementation is not necessarily itself evidence-based, is something that you would consider, if the implementation was part of establishing an evidence base?

**Answer:**

We would usually expect innovations to have some type of proof of concept behind them, but yes, the premise of the programme is to test and evaluate whether an innovation works. Please bear in mind that patient impact is important particularly in projects which may be more research-focused.

**Question 19:** If there's an obvious, more intuitive need for what you're doing, to what extent in the application do you need to have a proof of concept? In other words, if we outline the need for the intervention and then the product quite clearly addresses that need and solves it, is the proof of concept implicit in that – so, do we need to explicitly state a proof of concept or can it be embedded into the idea of what we're doing?

**Answer:**

Yes, it can be embedded but there would need to be evidence both of the need for the intervention and of why that solution is the right solution to meet that need.

## Project Plan / Project timeline

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**Question 20:** My organisation is a little way down the line with a project that we have in mind to apply for this funding. Looking at the timeline, I note that we are looking at September to be almost up and ready and to continue with the project from December 2017. Do we have to stick to that timeline or if we are ready to go a little bit earlier would we be able to do that and obviously look to the funding to reimburse the funding that we'll already lay out?

**Answer:**

Typically we do expect projects to stick to our timeline and the reason for that is we put in support methods for teams which run to the same timeline for all projects over a 15-month period. So unfortunately we don't have flexibility around project start dates.

**Question 21:** If you're expecting patient outcomes within 15 months, do you have any recommendations over what period the funding should be spread, that is beyond those 15 months?

**Answer:**

We are looking for projects that can use the funding available in the best possible way within the 15-month timeframe, so we would expect the funding to be used during the set-up and implementation phase itself and for you to demonstrate how, as an organisation, you can support its spread and sustainability beyond that.

**Question 22:** So you wouldn't expect, for example, three months' write-up time or dissemination time at the end of the 15 months included inside the grant application?

**Answer:**

What we typically do at the end of the 15-month period is give teams about a month to send their final report to us, so you do have a little bit of leeway at the end, however, we would expect you to have done all your implementation and evaluation within that 15-month period.

**Question 23:** How much time would you allow to be spent on the redesign of IT software?

**Answer:**

That very much depends on the project itself. You have a three-month allocated set-up phase so that's the perfect time to carry out that kind of work. We appreciate that you might experience some difficulty with IT systems or IT protocols and bureaucracy, so three months may not always be sufficient, but we would generally expect the redesign to be completed within that time.

## Budget

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**Question 24:** I note the limitations around IT development costs. We are using an IT product in our project but this has already been developed so there would be no cost. I may apply for a small contingency as part of the application in case some tweaks are required as identified during implementation.

**Answer:**

If the IT contingency costs make up a small part of your budget and the vast majority of our funding is being spent on the implementation and measurement of your project then this would be acceptable. The investment in technology should support patient benefit within the 15-month period of the intervention and beyond.

For IT products that have already been developed, please be explicit in your application in explaining what the commercial interests are with the technology and how you would plan to roll it out in the future.

**Question 25:** I can see that large items of equipment (over £2,000) can't be funded. We are planning on using electronic devices to measure the effectiveness of our intervention. This will likely cost around £9,000. Would it be possible to fund these through the grant as a method of monitoring the impact of the innovation?

**Answer:**

Assuming that when you talk about electronic devices you mean some kind of IT hardware, such as iPads, we would not be able to fund £9,000 for purchasing iPads.

The maximum total budget for these programmes of £75,000 is a relatively small amount of money to implement a health care innovation. Our funding is intended to be spent on:

- Staffing costs to manage and lead the project, including the cost of patient engagement
- Administrative and project management costs
- Data collection and analysis support and expertise in the form of people time as opposed to equipment
- Travel to our events
- Communications

We would recommend that you either look at a cheaper method for collecting data for measuring the effectiveness of your project or seek funding from within your organisation for this IT equipment.

## Clinical input

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**Question 26:** What level and involvement of clinical expertise are you looking for in projects?

**Answer:**

We would expect a relatively high level of clinical expertise, enough to be able to implement your project in a clinical and operational setting. Quite often we find that projects without clinical expertise really do find that they hit a bit of an obstacle without that because you need clinical buy-in.. Most of our awarded projects have a clinical lead who has dedicated time allocated to the project and that complements the role of the project manager, who does the more operational side.

**Intellectual property**

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**Question 27:** Does the intellectual property from the projects belong to the NHS or the Health Foundation?

**Answer:**

Typically we give the IP to our award holders and ask you to give the Health Foundation licence to use the IP, so we would ask that you make any learning and materials that come out of the project freely available.

**Public communication of awards**

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**Question 28:** How will the details of the project and the people who are involved be communicated by the Health Foundation and with what regularity will you be putting out there what we're doing? As these are innovative ideas, they may raise hackles or be contentious and it's that kind of political sensitivity that I'm wondering about.

**Answer:**

We do communicate the awards that we make on our website and in other means of communication. We would expect to communicate the successes of projects and we would support award holders in doing that, as we regard impact as highly important. External communication about projects in development would be carried out sensitively, in collaboration with award holders. We also work closely with our communications team, who can provide communications support and advice on stakeholder engagement if required.

**Question 29:** Will you be making applications public, successful and unsuccessful ones?

**Answer:**

We do announce successful projects on our website but we don't communicate about unsuccessful applications.

**Closing date for applications**

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**Question 30:** If you did decide to close the call earlier than the planned date, would you give any kind of notice of that?

**Answer:**

Yes, absolutely. We have a new online system for managing applications online (AIMS). We would use this system to notify applicants with applications in progress at least a week in advance if it looks likely that we'll close early, and we would perhaps

do so again midweek, so you would have a few days' notice. That's exactly why we are urging people to apply early, to avoid disappointment.

### **The future of the Programme**

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**Question 31:** Previously the Health Foundation ran bi-annual calls for applications for Innovating for Improvement. Is this still the case and, if so, when will the next call be?

**Answer:**

Given the success of the Innovating for Improvement programme we would hope to continue to build on its success in the future. There will be a further round of Innovating for Improvement launched in 2017, although we are not currently in a position to confirm the dates. We are not yet able to confirm whether we will run further rounds of the programme beyond 2017.