Company
Engagement Form

## About this form

* Please use this form to help us to understand your innovation, and your progress to date.
* Please do not disclose any unprotected intellectual property via this form.
* Data from this form will be used to assess whether, and how, we are able to support you.
* Your information may be shared across the AHSN network.
* We will not share your information with other innovators or companies.

# Organisation Details

## Applicant Details

|  |  |
| --- | --- |
| Title | Click here to enter text. |
| Forename | Click here to enter text. |
| Surname | Click here to enter text. |
| Organisation | Click here to enter text. |
| Company Registration No. | Click here to enter text. |
| Registered Address Line 1 | Click here to enter text. |
| Registered Address City | Click here to enter text. |
| Registered Address County | Click here to enter text. |
| Registered Address Postcode | Click here to enter text. |
| Registered Address Country | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| Website | Click here to enter text. |
| Parent company (if relevant) | Click here to enter text. |

## Company size

|  |
| --- |
| Micro (0-9 employees) |[ ]
| Small (10-49 employees) |[ ]
| Medium (50-249 employees) |[ ]
| Large (250+ employees) |[ ]

## Company category

|  |
| --- |
| Digital |[ ]
| Diagnostics |[ ]
| Med-tech |[ ]
| Pharmaceutical |[ ]
| Other (please specify below):Click here to enter text. |

# Summary of the innovation

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

Click here to enter text.

## Please answer the following questions about your innovation

### Please can you tell us what problem you are addressing and how your innovation solves this

Click here to enter text.

### Have you undertaken any market research to see if this fits with any NHS priorities? If so, please provide details:-

Click here to enter text.

## Brief description of the innovation, including intended purpose, functionality (how it works), clinical setting, and the opportunity (size of intended patient group)

Click here to enter text.

## Is the innovation a product or a service?

|  |
| --- |
| Product |[ ]
| Service |[ ]

## Describe any existing similar or equivalent technologies / products / services

Click here to enter text.

## How is your innovation different to existing technologies / products / services?

Click here to enter text.

## Expected benefits

### Patients (e.g. clinical outcomes, quality of care, healthcare experience)

Click here to enter text.

### Healthcare systems (e.g. cost- effectiveness, sustainability, staff)

Click here to enter text.

### Economic growth (e.g. jobs, industry)

Click here to enter text.

### Over existing products / technologies

Click here to enter text.

## Costs:

### Costs of the product / service itself

Click here to enter text.

### Costs of deploying the innovation

Click here to enter text.

### Any other lifetime costs

Click here to enter text.

# Progress to date

## Actions taken and progress to date with the innovation

Click here to enter text.

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

|  |  |
| --- | --- |
| Friends and family |[ ]  NIA |[ ]
| Angel investor / venture capital |[ ]  Digital Health London |[ ]
| Research councils |[ ]  NIHR |[ ]
| ITP/ITT |[ ]  NHS England |[ ]
| SBRI |[ ]  Charity |[ ]
| Other (please specify below):Click here to enter text. |

## Current status of the innovation

### Initial idea

Click here to enter text.

### Intellectual property protected

Click here to enter text.

### Proof of concept tested

Click here to enter text.

### Early prototype

Click here to enter text.

### Working prototype / pathway developed

Click here to enter text.

### Evaluation / clinical trial / pilot

Click here to enter text.

### Implemented in a single site

Click here to enter text.

### Spread beyond initial site

Click here to enter text.

### Other (please specify below):

Click here to enter text.

## Which of the areas below does your innovation impact on? (Please select no more than 4)

### Clinical specialty areas

|  |  |
| --- | --- |
| Ageing |[ ]  Injuries and Emergencies |[ ]
| Anaesthesia, Perioperative Medicine and Pain Management |[ ]  Mental Health |[ ]

### Pain Management

|  |  |
| --- | --- |
| Cancer |[ ]  Hepatology |[ ]
| Cardiovascular Disease |[ ]  Infection |[ ]
| Children |[ ]  Metabolic and Endocrine Disorders |[ ]
| Critical Care |[ ]  Musculoskeletal Disorders |[ ]
| Dementias and Neurodegeneration |[ ]  Neurological Disorders |[ ]
| Oral and Dental Health |[ ]  Ophthalmology |[ ]
| Dermatology |[ ]  Primary Care |[ ]
| Diabetes |[ ]  Public Health |[ ]
| Ear, Nose and Throat |[ ]  Renal Disorders |[ ]
| Gastroenterology |[ ]  Reproductive Health |[ ]
| Genetics |[ ]  Stroke |[ ]
| Respiratory Disorders |[ ]  Surgery |[ ]
| Haematology |[ ]   |  |
| Other clinical (please specify below):Click here to enter text. |

### Non-clinical specialty areas:

|  |  |
| --- | --- |
| Patient and Public Involvement |[ ]  Workforce (e.g. recruitment, training and development) |[ ]
| Research and development |[ ]   |  |
| Other (please specify below):Click here to enter text. |

## In what setting will your innovation be used? (Please tick all that apply)

|  |  |
| --- | --- |
| Hospital |[ ]  Patient’s Home |[ ]
| Primary Care |[ ]  Ambulance or Paramedic |[ ]
| Community |[ ]  High Street |[ ]
| Care Home |[ ]   |  |
| Other (please specify below):Click here to enter text. |

## If this innovation has already been implemented in a healthcare setting, please provide details of sites and activities

Click here to enter text.

## Current evidence (e.g. clinical impact, patient feedback, cost effectiveness - include savings for the Health and Social Care system and period of return on investment). Please provide links to sources, case studies, published papers, expert opinion, independent evaluation (e.g. NICE, etc.)

Click here to enter text.

# AHSN engagement

## Have you already discussed this innovation with any AHSN? Please select all that apply

|  |  |
| --- | --- |
| AHSN for the North East and North Cumbria |[ ]  Oxford AHSN |[ ]
| East Midlands AHSN |[ ]  South West AHSN |[ ]
| Eastern AHSN |[ ]  UCL Partners |[ ]
| Health Innovation Manchester |[ ]  Wessex AHSN |[ ]
| Health Innovation Network |[ ]  West Midlands AHSN |[ ]
| Imperial College Health Partners |[ ]  West of England AHSN |[ ]
| Innovation Agency: AHSN for the North West Coast |[ ]  Yorkshire and Humber AHSN |[ ]
| Kent Surrey Sussex AHSN |[ ]   |  |

## Please provide names of any contacts you have worked with at these AHSNs

Click here to enter text.

## Have you already held advanced discussions with any other NHS organisations in England (other than an AHSN)?

Click here to enter text.

## Which AHSN areas would you like to engage further with?

|  |  |
| --- | --- |
| AHSN for the North East and North Cumbria |[ ]  Oxford AHSN |[ ]
| East Midlands AHSN |[ ]  South West AHSN |[ ]
| Eastern AHSN |[ ]  UCL Partners |[ ]
| Health Innovation Manchester |[ ]  Wessex AHSN |[ ]
| Health Innovation Network |[ ]  West Midlands AHSN |[ ]
| Imperial College Health Partners |[ ]  West of England AHSN |[ ]
| Innovation Agency: AHSN for the North West Coast |[ ]  Yorkshire and Humber AHSN |[ ]
| Kent Surrey Sussex AHSN |[ ]   |  |

# Next steps

## Plans for the future / spread of adoption / scalability

Click here to enter text.

## What support are you now seeking?

|  |  |
| --- | --- |
| Clinical input to product development |[ ]  Help with regulatory approval |[ ]
| Intellectual property |[ ]  Clinical evaluation (including access to clinical trials) |[ ]
| Information on funding sources |[ ]  Brokering of discussions with NHS organisations to support adoption |[ ]
| Other (please specify below):Click here to enter text. |

## Is there any other information you can provide about your innovation (e.g. web links, videos, brochures, presentations, case studies, published papers)?

Click here to enter text.

## The AHSN Network and 15 AHSNs would like to use this information to send you related news and events by email. Please confirm that you are happy to hear from us. You will be able to opt out of any of these communications at any point.

|  |
| --- |
| Yes, I am happy to be contacted |[ ]
| No, I am not happy to be contacted |[ ]