

# Health Innovation Network

*Local change, national impact*

**Find**  
**Test**  
**Implement**  
**Scale**

## Prospectus 2026

**1** Innovating an NHS  
Fit for the Future

**2** Innovation in Action

**3** Our Future Ambition

**4** Work With Us



# Innovating an NHS Fit for the Future



Why innovation?

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Why health innovation networks?

# Innovating an NHS fit for the future

Innovation is essential to the future of the NHS and the wider UK economy. Innovations in medical care, in technology, in data and analytics, and in process redesign would increase life expectancy and quality of life and deliver significant improvements in the delivery of care while also generating up to £278 billion for the UK economy.

This is not a distant ambition. It is a tangible opportunity already within reach. Across the NHS, there are countless examples of innovation making a measurable difference — from digital tools that free up clinical time, to technologies that support earlier diagnosis, faster treatment and better patient experiences.

The challenge now is to move from innovation that demonstrates benefits in one place to consistently bringing the best solutions into everyday practice.

The future health of our population and health and care system will be defined by how successful we are at innovation adoption.

Delivering innovation at scale requires more than good ideas alone. It depends on strong partnerships, clear pathways for adoption, robust evidence, aligned incentives and the capability to support implementation in real-world settings.

When these elements come together, innovation moves beyond isolated pilots and becomes part of routine care — improving outcomes and delivering wider social and economic benefits.

Unlocking the full potential of innovation requires both strong local delivery and national coordination.

This is the unique strength of health innovation networks. By combining local expertise with a national network, they ensure innovations are tailored to population needs while delivering scalable change across the NHS.

By working together we can build a more productive, more sustainable and more equitable health system — one that embraces innovation not as an exception, but as a core part of how care is delivered.



Dr Penny Dash, Chair, NHS England

**This prospectus sets out how the Health Innovation Network can help realise the opportunity presented: accelerating adoption, supporting scale, and delivering innovation that improves lives, strengthens the NHS and contributes to economic growth.**

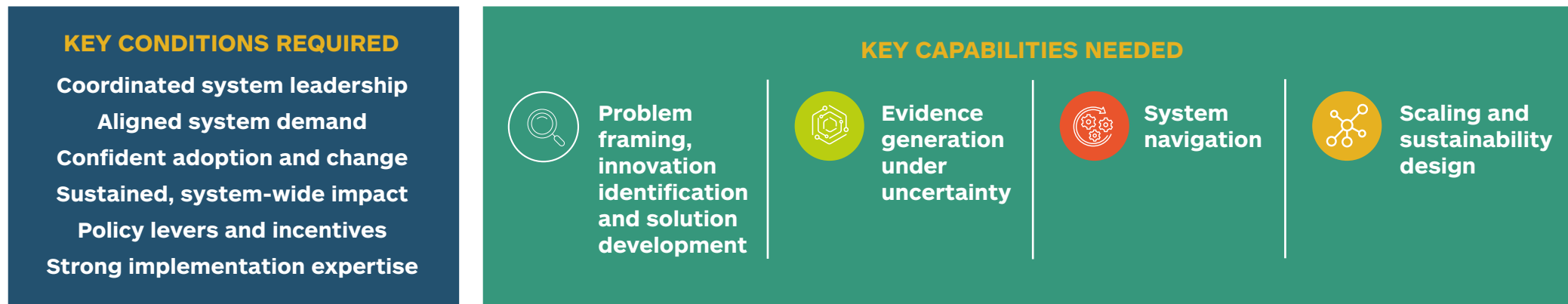


## A more innovative health and care system is an economic and social necessity

Innovation is critical to delivering the ambitions of the NHS 10 Year Health Plan (10YHP) and the Life Sciences Sector Plan (LSSP). From AI-enabled diagnostics to technologies supporting more personalised and preventative care closer to home, innovation is essential to delivering the three shifts, and improving productivity, outcomes and sustainability across the NHS.



Successful innovation adoption requires coordination, expert capabilities and collaboration across systems and partners



“ There is already significant invention in healthcare in the UK and more widely, but spreading and adopting innovation at scale remains a challenge. The Health Innovation Network is commissioned to provide critical implementation support for exactly this reason. ”

Fiona Bride,  
Director General  
for Commercial  
and Growth for  
the Department  
of Health and  
Social Care and  
NHS England





## We are the health innovation adoption experts

Healthcare's biggest global problem is not invention. It is adoption at scale. The Health Innovation Network exists to solve that problem systematically across the NHS in England.



Commissioned by

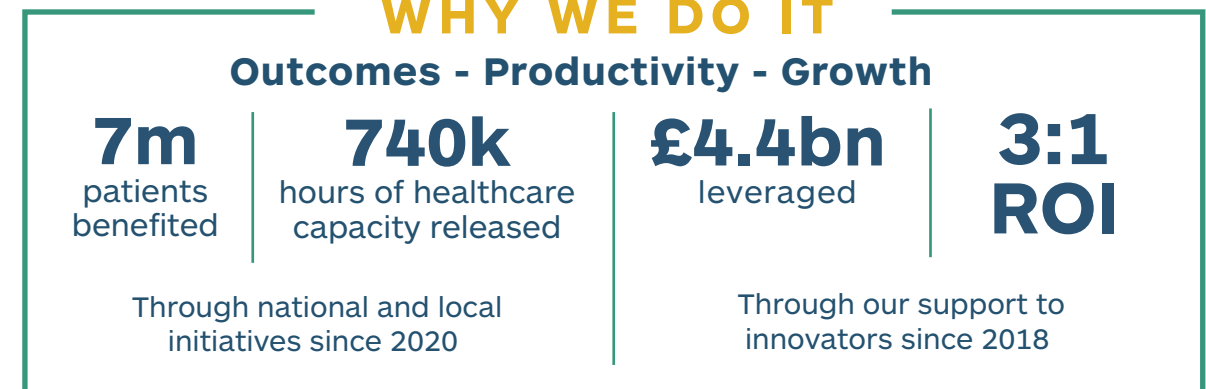
### WHAT WE DO



### HOW WE DO IT



### WHY WE DO IT



### CORE HEALTH INNOVATION NETWORK CAPABILITIES



## We deliver national transformation through local implementation support

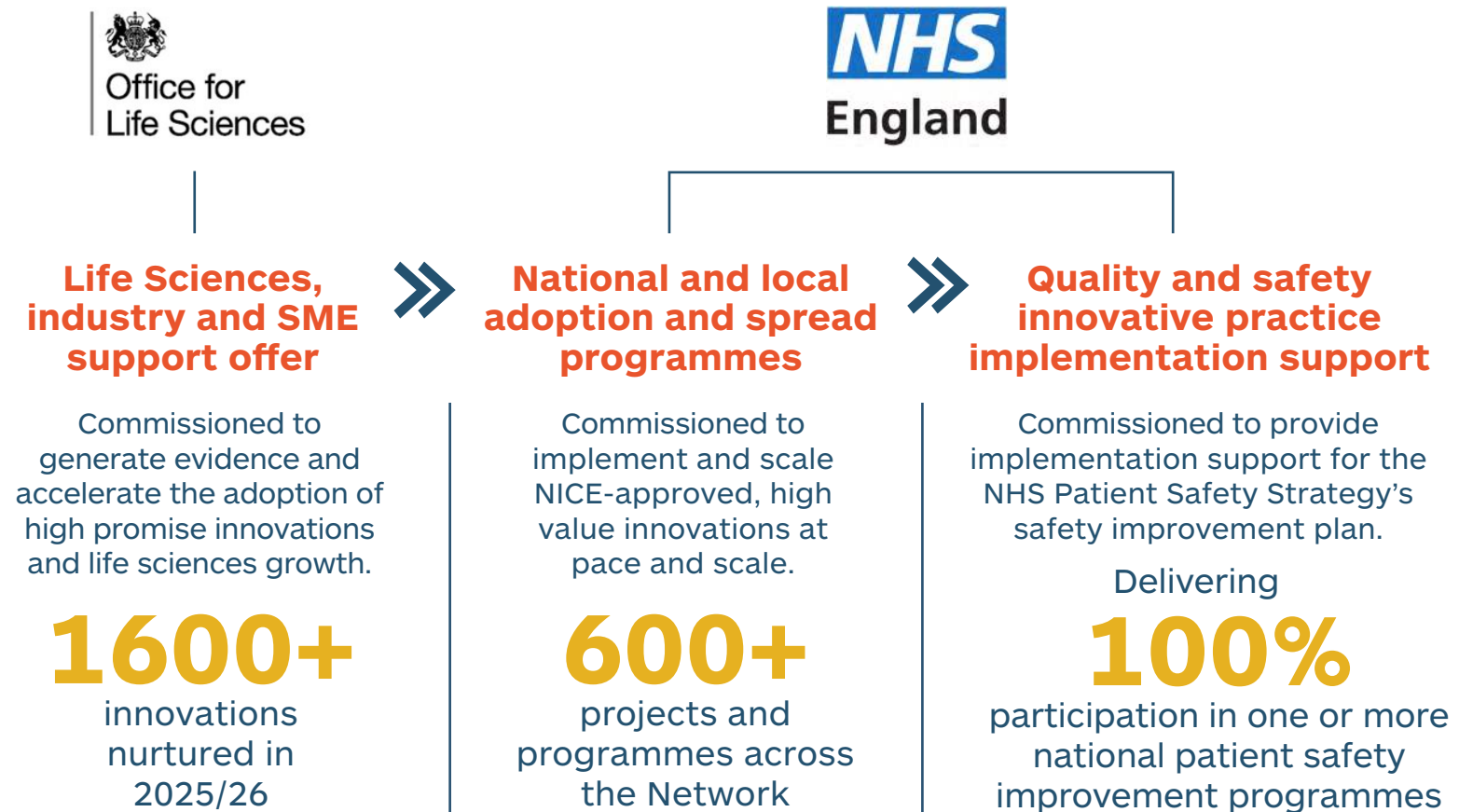


“The 15 health innovation networks combine national ambition and deep local expertise. They are uniquely positioned to connect innovation, implementation and improvement — helping deliver better outcomes for patients while also supporting productivity, prevention and economic growth.”

Kenan Poleo, Director of the Office for Life Sciences

We are licensed under a national commission from the Innovation, Research, Life Sciences and Strategy (IRLSS) team in NHS England, the Office for Life Sciences and the National Patient Safety team in NHS England to adopt and spread innovation.

These core commissions enable the Network to work alongside local systems to identify and address areas of unmet need through the adoption and spread of proven innovations in locally adaptive ways. This drives patient safety improvement, productivity and economic growth at place-level, while contributing to national policy agendas.



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



**Commission our support**

Find out how on Page 23

Beyond our core licenses, we offer commissionable, expert boots-on-the-ground innovation implementation support for the whole innovation ecosystem, maximising return on Health Innovation Network core commission investment.

### Examples of additional national commissions

### Examples of additional local and regional commissions



#### Respiratory Transformation Partnership

Commissioned by NHS England and the Office for Life Sciences

Working with industry, professional bodies and charities to develop new models of care and improve access to treatments including novel medicines and therapies.

**£10m** funding leveraged

#### Fit for the Future

Commissioned by UK Research and Innovation

Commissioned to identify market ready innovations in dementia, mental health in children and young people, and cardiometabolic conditions.

**500** innovations identified  
**30** high potential innovations proposed

#### WorkWell

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

Testing high potential innovations to support people to stay economically active and providing coaching to support people to remain in or get back to work.

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

#### Manchester Shared Care Record

Commissioned by Greater Manchester Integrated Care Board

Implementing a system-wide Shared Care Record across Greater Manchester.

**£48.8m** benefits since April 2022  
**4:1 ROI** and **£23m** projected in year benefits 2025/26



# 2

# Innovation in Action

Examples of our work



**Case study 1**  
Improving respiratory outcomes at scale through industry partnerships



**Case study 2**  
Delivering safer maternity care at scale



**Case study 3**  
Accelerating implementation of evidence-based innovations



**Case study 4**  
Preventing heart attacks and stroke through checks in the community



Case Study 1: Brokering industry-NHS partnerships

Improving respiratory outcomes at scale through industry partnerships  
Respiratory Transformation Partnership

AMBITION

- Better patient outcomes
- Earlier diagnosis
- Better access to treatment
- Treatment closer to home
- Fewer exacerbations
- Increased workforce participation
- Scalable innovation-led growth
- Strengthening the UK as life sciences hub



IMPACT

£10m  
funding over two years to 2028

4416  
earlier diagnoses of asthma or chronic obstructive pulmonary disease (COPD)\*

£188bn  
annual UK economic burden of respiratory disease

POLICY ALIGNMENT

- Prevention:** from reactive to proactive, data-enabled care
- Community:** enabling care closer to home through neighbourhood models
- Life Sciences partnerships:** delivering on Life Sciences Sector Plan
- NHS productivity** and reducing demand on acute services

\* across 9 Pathway Transformation Fund sites in Q3-Q4 2025/26





Case Study 1

# Improving respiratory outcomes at scale through industry partnerships

## Respiratory Transformation Partnership

**PROBLEM WE ARE SOLVING**

Respiratory disease is the third leading cause of death in the UK.

- Affects 1 in 5 adults over their lifetime.
- Treatment is often suboptimal.
- Economic burden is an estimated £188 billion annually.



**HOW?**

- Backed by £9.8m investment over two years (£2m OLS, £3.6m NHSE, £4.2m Industry).
- New NHS-Industry partnership approach: a coordinated, system-wide approach to respiratory care.
- NICE-approved novel therapies and technologies rolled out.

**NETWORK INVOLVEMENT**

Health Innovation Oxford and Thames Valley (HIOTV) led work to:

- Identify unmet system need.
- Design an innovative partnership model of care solution.
- Align clinical leadership with commercial and policy stakeholders.
- Leverage funding from industry and government.
- Coordinate Network delivery that will deliver adoption at scale nationally.

**CONDITIONS REQUIRED FOR SUCCESS**

- **Coordinated system leadership:** clinical and multidisciplinary leadership.
- **Aligned system demand:** Clinical priority area, NICE-approved technologies.
- **Policy levers and incentives:** Prevention, productivity, health inequalities, neighbourhood health, NHS industry collaboration.
- **Strong implementation expertise** via health innovation networks, led by Health Innovation Oxford and Thames Valley (HIOTV).

**HEALTH INNOVATION NETWORK CAPABILITIES USED TO DELIVER**

- **Strategic leadership and influencing**
- **Clinical expertise and engagement**
- **System engagement (NHSE/OLS)**
- **Industry engagement**
- **Programme design**
- **Strategic communications**
- **Programme management**
- **Academic engagement**



“The challenge is creating the conditions that allow innovation to be adopted and scaled at pace across the NHS. That is exactly what this collaboration is designed to achieve.”

Steve Bates, Executive Chair, Office for Life Sciences



**FIND OUT MORE**  
[CLICK HERE >>](#)

**KEY PARTNERS**



**Partner with us**  
Find out how on **Page 23**





Case Study 2: Improving patient safety

# Delivering safer maternity care at scale

## AMBITION

- Improved maternal and neonatal outcomes
- Reduced preterm births and neonatal deaths
- Earlier intervention for premature babies



## IMPACT

**£608m**  
costs avoided through prevention of cerebral palsy

**100%**  
adoption in maternity units

**1966**  
babies survived as a result of the care bundle

## POLICY ALIGNMENT



Supports treatment to prevention



Tackling health inequalities



Improving workforce capability and safer care delivery





## Case Study 2 Delivering safer maternity care at scale

### PROBLEM WE ARE SOLVING

Reducing avoidable brain injury, improving outcomes for premature babies and tackling inequalities are key priorities for NHS maternity services. Prematurity remains a leading cause of infant mortality and brain injury in England with the greatest impact seen in deprived communities. Babies who develop cerebral palsy can incur lifetime NHS costs of around £1 million each, reinforcing the need for earlier intervention and safer maternity care pathways.

### » HOW?

Since 2017 initiatives including PReCePT (PREvention of Cerebral Palsy in Pre-Term labour) and PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) have improved the adoption of the of the preterm infant optimisation care bundle. This has been further supported since 2017 through the NHSE maternity and neonatal safety improvement programmes.

### NETWORK INVOLVEMENT

The maternity improvement programmes are delivered by the National Patient Safety Improvement Programmes team working with the Health Innovation Network's 15 regionally-based **Patient Safety Collaboratives (PSCs)** who support local health providers to bring about practical improvements to patient safety.

### CONDITIONS REQUIRED FOR SUCCESS

- **Coordinated leadership:** Clinical leadership and safety culture.
- **Aligned system demand:** Aligned to Royal Colleges, (Royal College of Midwives, Royal College Of Obstetricians and Gynaecologists), NICE guidance and harm reduction evidence.
- **Policy levers and incentives:** National maternity safety priorities, health inequalities.
- **Strong implementation expertise:** via PSCs, using health innovation network specialise capabilities.

### HEALTH INNOVATION NETWORK CAPABILITIES USED TO DELIVER

- **Clinical and strategic leadership**
- **Patient Safety Science**
- **Workforce Support**
- **Implementation expertise**
- **Quality improvement skills**
- **Spread and scale expertise**



Find



Test



Implement



Scale

“ The networks’ implementation and patient safety science expertise mean they know how to deliver change at pace, while their place-based structures mean we can deliver equitable spread at scale, in line with local priorities and needs.”

Aidan Fowler, National Director of Patient Safety, NHS England



**Transform care**

Find out how on **Page 23**



### KEY PARTNERS



British Association of Perinatal Medicine  
Celebrating 50 Years



Royal College of Obstetricians & Gynaecologists

**FIND OUT MORE**  
**CLICK HERE >>**



Case Study 3: Supporting innovators

# Accelerating implementation of evidence-based innovations

## NHS Innovation Accelerator

### AMBITION

Support quicker access for patients to new, innovative technologies

Improve NHS productivity and efficiency

Support innovators to grow their businesses



### IMPACT

**£243m+**  
in investment raised

**10m+**  
patients impacted by NIA fellow solutions

**3500**  
NHS sites using NIA innovations

### POLICY ALIGNMENT



Over 140 innovators supporting the three shifts



Aligned to Life Sciences Sector Plan ambitions



NHS productivity and economic growth





## Case Study 3 Accelerating implementation of evidence-based innovations NHS Innovation Accelerator (NIA)

### PROBLEM WE ARE SOLVING

The 10 Year Health Plan says that the spread of innovation is central to reform.

The Life Sciences Sector Plan states the need to do more to support innovators to scale, adopt and spread.

Specific support is needed to get innovation into the NHS faster (with the ambition to be one of the top three fastest places in Europe for patient access by 2030).

### HOW?

The NIA enables proven innovations to scale nationally, improving outcomes for patients, staff, and the wider system. Funded by NHS England, hosted by UCLPartners, and delivered in partnership with all 15 health innovation networks, the NIA connects innovators with NHS stakeholders, patients and decision-makers to unlock scalable solutions, overcome barriers to adoption and embed innovation where it is needed most.

### NETWORK INVOLVEMENT

**Innovator support:** intensive, tailored support to proven innovative healthcare solutions. **Evidence generation:** partnerships with NHS sites to support adoption and scale. **Expertise in scale:** supporting innovators to spread across boundaries. **NHS and provider relationships:** enabling local problem definition and matching.

### CONDITIONS REQUIRED FOR SUCCESS

- **Coordinated system leadership:** Clinical and system leadership, peer networks and system relationships.
- **Aligned system demand:** NHS and provider relationships: enabling local problem definition and matching.
- **Confident adoption and change:** Real-world evidence generation at scale.
- **Policy levers and incentives:** Innovator selection against NHS priorities and system demand, including health inequalities.
- **Strong implementation expertise:** via the HINs and funding partners.

### HEALTH INNOVATION NETWORK CAPABILITIES USED TO DELIVER

- Strategic leadership and influencing
- Clinical expertise and engagement
- System engagement (NHSE)
- Innovator support
- Product refinement
- Commercialisation and procurement



Find



Test



Implement



Scale

“The NHS Innovation Accelerator is one of Europe’s top health start-up hubs. It does more than just identify promising innovations; it creates the conditions to find, test, implement, scale required for them to generate impact across the NHS.”

Professor Meghana Pandit, Chair, NIA Programme Board (July 2025-May 2026)



FIND OUT MORE  
CLICK HERE >>

### KEY PARTNERS





# Case Study 4: Supporting local unmet need through innovation

## Preventing heart attacks and stroke through checks in the community

### PocDoc

#### AMBITION

Improved CVD detection and treatment optimisation

Prevention of stroke and heart disease

Increased NHS productivity

Reduced disease burden



#### IMPACT\*

**£5.1m**

projected NHS savings

**20k**

healthy heart checks delivered

**2100**

people identified at high risk of CVD and directed to treatment

#### POLICY ALIGNMENT



Supports the three shifts

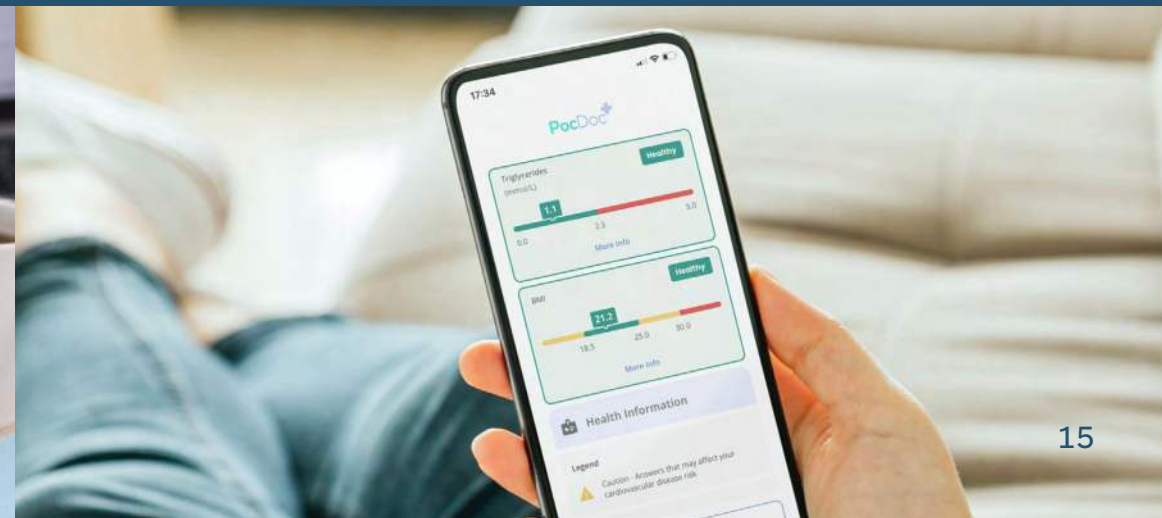


Tackling health inequalities



Scaling UK-based life sciences business

\*Delivered over a 6-month period in one site in Cumbria





Case Study 4

# Preventing heart attacks and stroke through checks in the community

## PocDoc

**PROBLEM WE ARE SOLVING**

Cardiovascular disease (CVD), which can cause serious health events such as heart disease and stroke, is a leading cause of death in the UK, responsible for a quarter of all mortalities each year. CVD affects around seven million people in the UK and is a significant cause of disability and death.

It accounts for the largest gap in healthy life expectancy with those in the most deprived 10% of the population almost twice as likely to die as a result of CVD as those in the least deprived 10% of the population.

**HOW?**

PocDoc is a digital health platform that provides accessible and efficient health assessments, including full lipid panel and QRISK3, in under 10 minutes in workplaces and communities, enabling more patients to be referred for review and treatment.

**NETWORK INVOLVEMENT**

PocDoc is being supported by 8 health innovation networks. Initial support from Health Innovation North East and North Cumbria (NENC), has led to spread to additional sites for evaluation and Improvement in other areas aligned with local unmet need - including London, West Yorkshire and the North West Coast. Their co-founder, Steve Roest, was a 2025/26 NHS Innovation Accelerator Fellow.

**CONDITIONS REQUIRED FOR SUCCESS**

- **Coordinated system leadership:** Clinical and system relationships.
- **Aligned system demand:** NHS and provider relationships: enabling local problem definition and matching.
- **Confident adoption and change:** Multiple real-world evidence examples.
- **Policy levers and incentives:** Three shifts and clinical priority area.
- **Strong implementation expertise:** NIA Fellow and supported by multiple HINs.

**HEALTH INNOVATION NETWORK CAPABILITIES USED TO DELIVER**

- **Clinical expertise and engagement**
- **System engagement**
- **Innovator support**
- **Product refinement**
- **Commercialisation and procurement**
- **Strategic leadership and influencing**
- **Patient safety science**
- **Network coordination to deliver spread**



Find



Test



Implement



Scale

**FIND OUT MORE**  
[CLICK HERE >>](#)

“ We have been overwhelmed by the passion, determination and support of the Health Innovation Network to help us generate the evidence needed to scale. ”



Steve Roest,  
 CEO and Co-Founder, PocDoc



**Develop your innovation** Find out how on [Page 23](#)



# Our Future Ambition



**The Innovation Plays**

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**Our 2026/27 Priorities**

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**Our Ambition**

## Creating a healthier population and economy through accelerating the adoption of health innovation

The 10 Year Health Plan and Life Science Sector Plan promise an NHS Fit for the Future that capitalises on the opportunities presented by science and technology.

At the same time, analysis conducted by Frontier Economics, assessed the potential value of **transforming population health through innovation at £278bn**, achieved through a healthier population, enhanced workforce productivity, reduced pressure on the NHS and renewed global leadership in life sciences.

Since Summer 2025, the Network has undertaken a rigorous process alongside our partners and commissioners to define the greatest opportunities to deliver on the ambitions of both policy documents, and start to deliver on the addressable opportunity of the Size of the Health Innovation Prize.

**The outcome is a series of co-designed Innovation Plays – bold, practical interventions designed to tackle the biggest drivers of lost productivity and population ill health.**

## Size of the Health Innovation Prize - a £278bn opportunity through:



# The Innovation Plays - 2026/27 priorities

## Cardiovascular Kidney Metabolic (CVKM) Disease & obesity transformation



### Size of the CKD opportunity



### Problem

There are approximately 3.25m people in the UK living with CKD, stages 3-5 and a further 3.9m people are estimated to have CKD, stages 1-2. A further 1m people are potentially undiagnosed. CKD causes a potential loss of £372m in productivity and cost of £7bn to the UK, including £6.4bn related to direct NHS costs.

### Addressable opportunity

Earlier identification and intervention for chronic kidney disease can help slow disease progression, reduce cardiovascular events and avoid unnecessary referrals and dialysis. This will **improve patient outcomes**, deliver **more care in the community** and **reduce long-term pressure** on NHS services.



### Network 2026/27 programme: optimising care in Chronic Kidney Disease (CKD)

#### What we are going to do

We will scale the locally successful LUCID - Connecting Kidney Care programme to support earlier detection and management of chronic kidney disease through digital tools, risk stratification and integrated care models. This includes supporting virtual MDTs, clinician education, patient self-management and the adoption of innovations that help reduce progression to advanced kidney disease.

**Programme launching in Autumn 2026**

## Cardiovascular Kidney Metabolic (CVKM) Disease & obesity transformation



### Size of the T1 diabetes opportunity



### Problem

Approximately 267,000 people in England have type 1 diabetes. Diabetes outpatient services face growing demand, unequal access, with black communities almost half as likely to access new technology, and variation in system readiness.

### Addressable opportunity

Evidence shows adoption of Hybrid Closed Loop (HCL) technology leads to improved patient outcomes including reductions in glucose, and reduced burden of disease management. It supports safe self-management and reduced emergency demand, more proactive care and more equitable access to life changing diabetes technology.



### Network 2026/27 programme: optimising diabetes management

#### What we are going to do

The Health Innovation Network will support systems to implement HCL technology using the NICE TA943 guidance and NHSE HCL Implementation Strategy, through shared tools, governance and pathway redesign, helping providers develop more sustainable, digitally enabled diabetes services.

**Programme launching in Summer 2026**

# The Innovation Plays - 2026/27 priorities

## AI to optimise care pathways



### Size of the AVT opportunity



### Problem

AVT tools have the potential to improve productivity and quality as well as staff and patient experience. However, implementation in the NHS has been fragmented and real-world evidence supporting these benefits remains limited.

### Addressable opportunity

It is not yet well understood how and where to implement AVT to best effect and how the impact varies for different patient groups. Support for meaningful adoption via robust change management processes and systematic collection of impact data at scale can ensure the NHS fully realises the benefits.



### Network 2026/27 programme: Ambient Voice Technology (AVT) implementation support What we are going to do

The health innovation networks will support meaningful use of AVT through sharing best practice, provision of practical procurement and change management resources, and enablement of large-scale, structured data collection to evidence impact and hands on support.

Programme launching in Autumn 2026

## NHS App inclusive innovation



### Size of the NHS App opportunity



### Problem

The NHS App is positioned as the NHS digital 'front door'. Delivering value from this ambition requires more than product development alone - it requires equitable adoption, pathway integration, implementation support and real-world benefits realisation.

### Addressable opportunity

The NHS App offers significant opportunities to reduce administrative demand, improve patient communication and support more proactive, preventative care. For providers and ICBs, increasing equitable digital engagement can help improve access, reduce pressure on frontline services and support patients to manage their care more effectively.



### Network 2026/27 programme: maximising equitable App benefits realisation What we are going to do

We will maximise the value of national digital investment by embedding the NHS App into operational pathways, improving equitable adoption and reducing variation across systems, while giving patients greater access, convenience and control over their care.

Programme launching in Autumn 2026

## Delivering impact for populations, health and care systems and the economy

Over the next 3-5 years, our local and national programmes aim to deliver:



### FOR CITIZENS

#### Improved population health outcomes

- Earlier diagnosis, faster access to innovative treatments, and more proactive care delivered closer to home.
- Improved self-management and prevention through digital tools and community-based support.
- Better long-term outcomes, quality of life, and reduced disease progression and avoidable deterioration.

### FOR THE HEALTH CARE SYSTEM

#### Boosted NHS productivity and reduced NHS and care pressure

- Improved NHS productivity, efficiency and sustainability through better pathway design, integration and population health management.
- Reduced pressure on workforce and acute services through prevention, earlier intervention and better long-term condition management.
- Faster adoption, scaling and spread of innovation through stronger NHS-industry collaboration and better use of data and digital tools.

### FOR THE ECONOMY

#### Increased economic productivity and growth

- Improved population health supporting workforce participation and reducing productivity losses from long-term conditions.
- Strengthening the UK life sciences sector through innovation, investment and scalable growth.
- Reduced long-term public expenditure pressures while supporting regional and national economic growth.



“ The opportunity is significant and clear. Health innovation must improve lives, strengthen the NHS and drive economic growth. We look forward to working with our commissioners and partners to ensure that proven innovations reach more patients, more quickly, and deliver the significant health and economic benefits we know to be possible. ”

**Professor Ben Bridgewater,**  
Executive Chair of the Health Innovation Network and Chief Executive of Health Innovation Manchester





**4**

**Work With Us**



## Develop your innovation

Refine your proposition

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Prove your innovation works in the real world

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Find implementation partners



## Transform care

Solve your greatest challenges through innovation

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Get hands-on implementation support

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Minimise risk and maintain patient safety



## Work in Partnership

Accelerate uptake

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Reduce implementation barriers

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Deliver system-wide impact



## Commission our support

Access our specialist innovation capabilities

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Convene the ecosystem

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Generate real world evidence



**Contact** your local health innovation network

**Speak** to a member of the Health Innovation Network team



# | Source references

## Pages 9–10: Respiratory Disease

- NHS England. [Respiratory disease](#).
- Office for National Statistics (ONS). [Mortality profile: statistical commentary](#) (December 2025 update).
- Asthma + Lung UK. Living in Limbo: The Scale of Unmet Need in Difficult and Severe Asthma. 2019.
- Royal College of Physicians. Catching Our Breath: Time for Change in Respiratory Care. 2025.
- Rupani H, Subramanian D, Walker S, et al. Severe asthma biologics: a need to increase use and reduce inequity in England. *Thorax*. 2024.
- Asthma + Lung UK and PwC. Investing in Breath: The True Cost of Lung Conditions to the UK Economy. 2023.

## Pages 11–12

Frontier Economics modelling, commissioned 2026 by the Health Innovation Network. Available on request.

## Page 13: NHS Innovation Accelerator

- NHS Innovation Accelerator. NHS Innovation Accelerator (NIA) Impact Report 2026.

## Page 19: Chronic Kidney Disease and Diabetes

- Health Innovation East Midlands. LUCID Evaluation Report. 2024. Available on request from Health Innovation East Midlands.
- Kerr M, Bray B, Medcalf J, O’Donoghue DJ and Matthews B. Chronic Kidney Disease in England: The Human and Financial Cost. NHS Kidney Care / NHS England. 2017.
- Kidney Research UK. [The Economics of Kidney Disease in the UK. 2023](#).
- National Diabetes Audit (NDA) data. Business Intelligence Unit dashboard. Accessed 4 June 2026.
- McKeigue PM, Colhoun HM, Wild SH, et al. Hybrid Closed-Loop Therapy in Adults With Type 1 Diabetes and Above-Target HbA1c: A Real-World Observational Study. *Diabetes Care*. American Diabetes Association. 2025.
- Whyte MB, Avari P, Mair C, et al. Prescription Distribution and Inequities in Diabetes Care: A Comparative Analysis of Continuous Glucose Monitoring Access by Diabetes Status, Ethnicity and Socio-economic Factors in England. *Diabetic Medicine*. 2024.
- Lawton J, Blackburn M, Rankin D, et al. Exploring the Use of Hybrid Closed-Loop Systems in People With Type 1 Diabetes and Their Partners: A Qualitative Evaluation From the NHS England Pilot. *Diabetic Medicine*. 2024.
- [Frontier Economics](#). Health Innovation Network. June 2026.

## Page 20: Ambient Voice Technologies and the NHS APP

- Frontier Economics modelling, commissioned 2026 by the Health Innovation Network. Available on request.
- [10 Year Health Plan for England: fit for the future - GOV.UK](#) Accessed 8 June 2026
- [Spending Review 2025 \(HTML\) - GOV.UK](#) Accessed 8 June 2026
- [Digital Nation | The UK’s Digital Divide | Good Things Foundation](#) Accessed 8 June 2026
- 10. Sukriti KC, Papoutsi C, Reidy C, et al. Differences in use of a patient portal across sociodemographic groups: observational study of the NHS app in England. *J Med Internet Res* 2024; 26: e56320. Accessed via GoogleScholar 8 June

