|  |  |
| --- | --- |
| **Rapid Uptake Product (RUP) theme to be supported:** |  |
| **NHS Provider Organisation:** |  |
| **Registered Address:** |  |
| **Provisional Project Lead at NHS Provider:** |  |
| **AHSN Project Lead\*:** |  |
| **AHSN Contact Details (email, mobile):** |  |
| **RUP Product Supplier\*:** |  |
| **RUP Product Supplier Contact Details (email, mobile):** |  |

**\*Please speak with your local AHSN and the product supplier as soon as you can when considering this application, as their support is required for your application to be considered.**

|  |  |
| --- | --- |
| **Proposed Provisional Start Date:** |  |
| **Proposed Provisional End Date:** |  |

**Q.1. Does the RUP product supplier support this application and agree to the details of the project set out in *Table 1*?** Yes/No

**Q.2. Has the provider committed to work with its AHSN, and to provide data and feedback to the NHS England Rapid Uptake Product team in return for the support given?** Yes/No

**Q.3. Estimated eligible population which would benefit if adopted at the provider site(s):  
[This can be described in a number of ways – your total eligible population for an intervention and its assumed take-up rate, or number of patients typically seen in a given year who would benefit the intervention, or other suitable proxies]**

**Q.4. Please summarise the current method of caring for this patient population within your provider site(s) and describe why this product has not been adopted, or if it has been adopted, the current barriers to integrating this product into everyday practice (maximum 300 words):**

**Q.5. Please outline your proposal summary describing how this funding will be used by your provider site(s) to introduce this product or increase its uptake, and to overcome the barriers to deploying this product (maximum 300 words):  
[Particular focus should be made on how this funding will be used to drive rapid local pathway transformation and overcome barriers to adoption. It is assumed that areas including business case development and a data collection process may be required locally as part of this but should not be a focus of the proposal and funding request.]**

**Q.6. Please outline the different stages of the project and proposed completion dates in *Table 1* below. If work has already been started, then please do also include those stages and completion dates as well:   
[NB rows can be added or deleted as necessary]**

***Table 1***

|  |  |  |
| --- | --- | --- |
| **Stage** | **Milestones** | **Completion Date** |
| **Stage 1** |  |  |
| **Stage 2** |  |  |
| **Stage 3** |  |  |
| **Stage 4** |  |  |

**Q.7. Please provide a brief summary of the reasons why the provider is unable to fund the pathway changes necessary to overcome these barriers to date and steps taken (if any) to source funding (maximum 300 words):**

**Q.8. Please provide details of any additional support already received from AHSN and RUP Products Supplier. Please also detail additional support that will be received from the RUP supplier or other sources if the pathway transformation funding is approved (maximum 300 words):  
[Applications which can demonstrate further leverage of the Pathway Transformation Funds will be viewed favourably, particularly if RUP suppliers can contribute to the project]**

**Q.9. Please provide a detailed estimate of how the funding will be used by your provider site(s) in *Table 2* below.  
[Funding requests in alignment with the priorities of the Pathway Transformation Fund process will be viewed favourably including strategies to support rapid breakdown of barriers and increase training, awareness, and local adoption]**

***Table 2***

|  |  |
| --- | --- |
| **Nature/breakdown of expenditure** | **Expenditure (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Funding** | **£** |

**Q.10. Please confirm whether the figures above apply to a single site or multiple sites:**

**Q.11. Please provide information/evidence that you have received input and have support from the necessary executive, clinical and quality improvement teams as appropriate to implement adoption (maximum 300 words):  
[To help with next steps in the process if successful, please also indicate the name of the person who will be signatory to the contract and the finance contact]**

**Q.12. Please summarise how the provider and lead AHSN will measure, collect and report the impact, such as increasing patient access to the RUP, of the project interventions outlined in *Table 1* (maximum 300 words):**

**Q.13. Please provide any additional supporting information in support of this application (maximum 100 words):**

Closing date for applications is **31 October 2019** Applications to be submitted via your AHSN lead contact to: The AAC RUP Delivery Team c/o [AAC@nice.org.uk](mailto:AAC@nice.org.uk)