

BHF Healthcare Implementation Fund

Supporting measurable improvement in the delivery of services
for people with cardiovascular disease

September 2026

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1. Executive Summary

The purpose of the Healthcare Implementation Fund (Fund) is to support measurable improvement in the delivery of services for people with cardiovascular disease (CVD).

- The Fund supports early-stage testing and early-stage scaling projects with a focus on one or more of:
 - reducing hospital admissions or readmissions
 - enhancing patient flow
 - supporting quality care
 - optimising resource utilisation
 - implementing new technologies and
 - improving communication and collaboration.

1. Executive Summary Contd

- The primary applicant must be from either an NHS institution or a UK-based academic institution and must be working with co-applicants and collaborators.
- The Fund's key criteria are:
 - innovation or novelty (not routine practice elsewhere in the NHS)
 - CVD-focus (from prevention to end-of-life care)
 - structured and systematic project design and project evaluation
 - value for money
 - involving patients in the planning and design

Please note that implementation science projects based on a hypothesis that require a power calculation and ethics approval should be submitted to BHF's Project Grants scheme.

Purpose of the Fund

2. Purpose of the Fund



The purpose of the Healthcare Implementation Fund is to support **measurable improvement in the delivery of services for people with cardiovascular disease.**

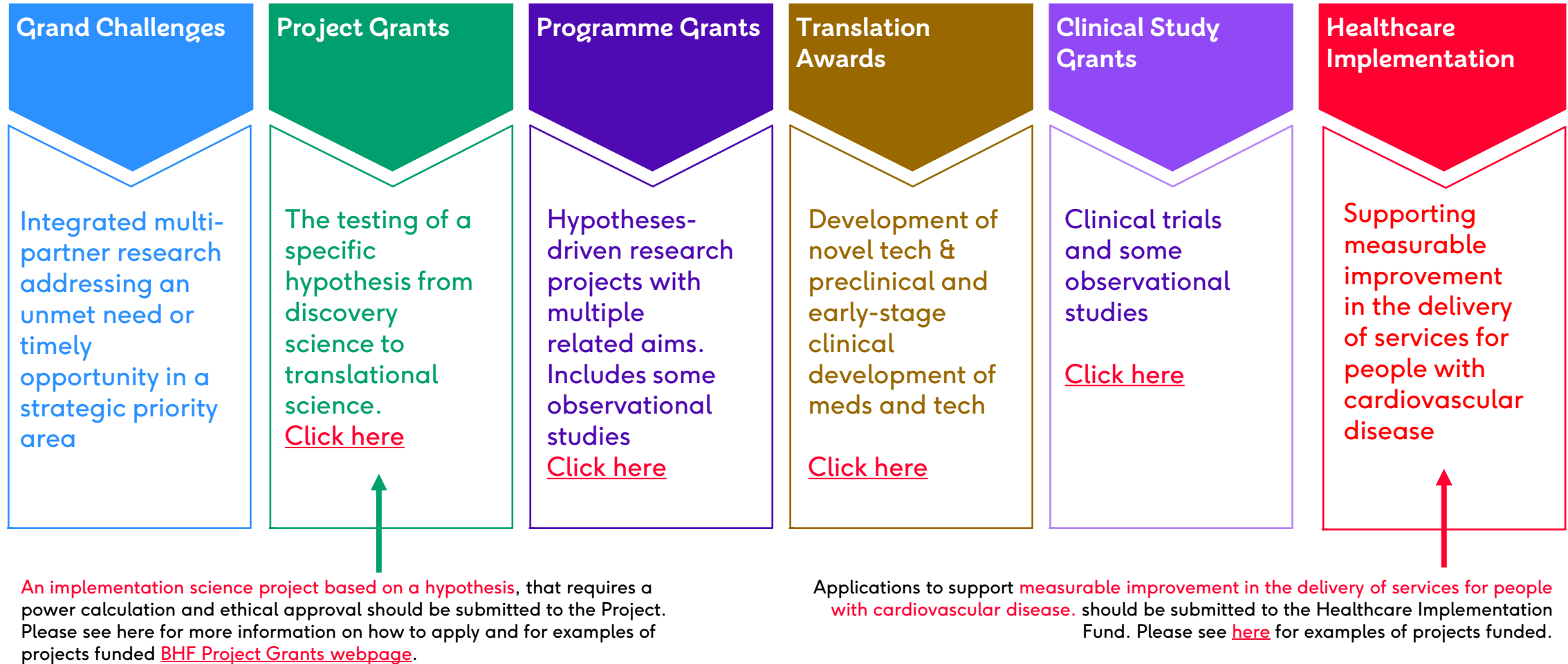
Through funding projects in real-world NHS settings, the aim is to develop the evidence of what will and will not work following local/regional testing to find the best solution to an unmet need.

Applications to this fund should be about enhancing the quality and efficiency of healthcare services by making changes to processes and/or systems and/or ways of working.

This involves identifying areas for improvement, developing solutions, and implementing changes to better meet the needs of patients, staff, and the wider healthcare system.

3. Alignment with BHF research funding

BHF has a wide range of funding streams to advance research and transform healthcare:



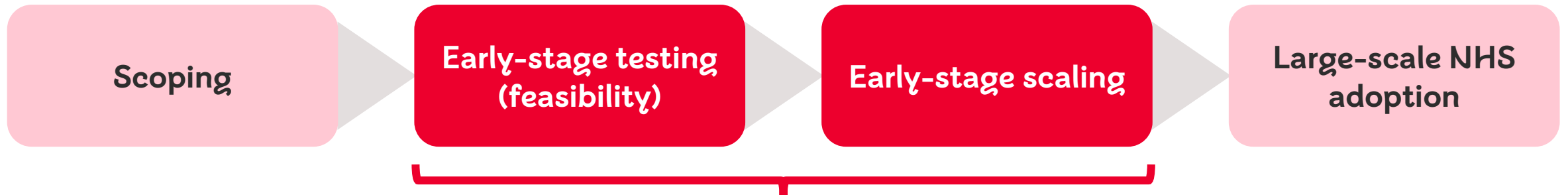
4.Types of funding: Early-stage testing & early-stage scaling

4. Types of funding available

The Fund supports ideas and projects with a value up to £500k that are either:

- **Early-stage testing** to assess feasibility – generating evidence about the effectiveness of an idea or solution in one or more settings.
- **Early-stage scaling** to enable future large-scale NHS adoption – building evidence to support wider regional or national rollout.

Applications to the Fund must have completed Scoping, whereby a problem and associated novel solution have been identified, understood and outlined.



Further information on early-stage testing and scaling can be found on the following slides.

Scoping

(Not fundable)

Please note that projects to scope an idea will not be supported through the Fund. Scoping must be carried out prior to applying to BHF for funding.

It is imperative that you can provide evidence of a scoping phase to understand the problem and identify potential novel ways of addressing it.

- Scoping must be done in collaboration with relevant stakeholders.
- Scoping generally involves workshops with those stakeholders.
- Scoping generally includes appropriate literature searches and analysis of relevant local data sources
- Scoping typically uses tools such as driver diagrams or fishbone diagrams.
- Please refer to slide [24](#) for more information

Early-stage testing

(1 of 2 slides)

- The purpose of an early-stage testing project is to gather intelligence on the effectiveness of the proposed **innovative** change in one or more settings.
- A well-designed early-stage testing project should generate the evidence on which aspects of the proposed solution are effective, and which need to be changed before wider implementation.
- Therefore, the **project must be designed with the view that if successful it could be scaled beyond the pilot site(s).**
- Projects whose success is dependent upon local factors that are not typical of other NHS institutions will be rejected.

Early-stage testing

(2 of 2 slides)

- It is also useful if a well-designed early-stage test concludes that the proposed solution is not viable and should not be scaled wider. This can help inform future projects aimed at addressing that issue.
- The applicant needs to **balance ambition with tractability in the real-world** when developing the project.
- Hence, projects are best designed as a collaboration between many colleagues from several disciplines so that together the group can judge the balance between ambition and the current challenges in the NHS.

Early- stage scaling

- This Fund also supports projects aimed at scaling-up an **innovative** implementation project which has already been tested and evaluated and has demonstrated feasibility to deliver positive real-world outcomes in patient health and care.
- This could include extending the implementation of an evidence-based innovative service improvement or treatment to:
 - a wider geographical area
 - multiple NHS Trusts
 - a different setting
 - a different cohort of patients
- The intended outcome of an early-stage scaling project should be to demonstrate the impact on the health and care of patients with CVD and build a body of evidence to support further scaling.

5. Types of projects that can be funded

5. Types of projects

(1 of 2 slides)



The Healthcare Implementation Fund supports projects with a focus on one or more of the following:

Reducing hospital admissions or readmissions:

- Pathways that avoid unnecessary acute hospital admissions ([e.g. AF virtual ward management](#)).

Implementing follow-up care and patient/carer education to prevent patients from being readmitted to hospital shortly after discharge ([e.g. Little Hearts at Home](#)).

Enhancing patient flow:

- Streamlining processes to reduce wait times and improve the efficiency of patient care ([e.g. 4x4 HF Medicine rapid up titration](#)).

Supporting quality care:

- Improving the quality of cardiovascular healthcare to improve health equity and patient outcomes ([e.g. Biopsychosocial for ACHD](#)).

5. Types of projects

(2 of 2 slides)



Optimising resource utilisation:

- Improving the management of resources such as staff time and equipment to reduce waste and improve efficiency ([e.g. AF detection in ambulances](#)).

Implementing new technologies:

- Utilizing electronic health records, telemedicine, and other technologies to improve communication, access to care, and clinical decision-making ([e.g. Tricorder plus for triple CVD detection](#)).

Improving communication and collaboration:

- Fostering better communication and collaboration among healthcare professionals, patients, and their families ([Little Hearts at Home](#)).

6. Eligibility

6 Eligibility

(1 of 3 slides)



Who can apply?

The primary applicant must be from either:

- An NHS institution; or
- A UK-based academic institution.

We encourage applications from all professionals working in the NHS keen to drive health improvement.

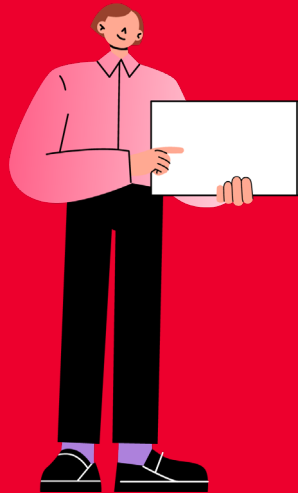
Co-applicants and Collaborators

- A co-applicant spends at least 5% of their time delivering the project.
- A collaborator is a subject matter expert acting as an advisor.

It is essential that the primary applicant demonstrates that multiple colleagues, ideally with a wide-range of skillsets, worked together to define the problem and identify the proposed solution. The colleagues involved should be appropriate to the project – for example, if it involves changing a process with community pharmacy, then a community pharmacist must have been involved in the scoping and design phases. Applications from one applicant will not be accepted.

6 Eligibility

(2 of 3 slides)



Lead Applicant

Lead applicant should be whoever will be held accountable for using the grant in accordance with the purpose outlined in the application.

In most cases BHF would expect this to be a senior clinician, for example doctor, lead nurse or lead pharmacist.

In some cases, this could be a non-clinical colleague, such as chief technology officer or the transformation director.

It is not appropriate for the lead applicant to be a project manager or programme manager. In cases where the lead applicant is non-clinical, one of the co-applicants must be a senior clinician.

Lead applicant job title and role within the project will be required within the application form

6. Eligibility

(3 of 3 slides)



Commercial Partners

- Applications with commercial partners are welcome, however **please consider the appropriate use of charitable funds.**
- Commercial partners should be funding elements of the implementation related to their proprietary interests.
- You must clearly state the role of the commercial partner. **Applications where this section is vague will be rejected.**

Health Innovation Network

- Applications must be supported by a regional innovation board such as a Health Innovation Network in England, an Innovation Hub in Scotland, the Cardiac Network Board in Wales and the Cardiology Network in Northern Ireland

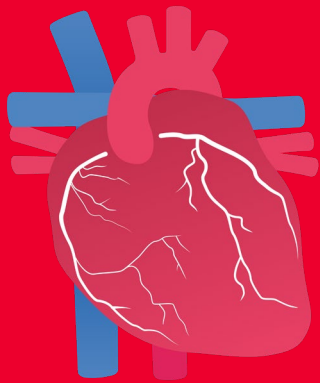
7. Criteria

7. Criteria: Innovation



- It is imperative that the project meets the criterion of innovation or novelty.
- In this context, innovation refers to testing the implementation of an idea that is **not considered to be routine practice elsewhere in the NHS**.
- In summary, we are seeking to fund the testing of innovative approaches to drive measurable improvement in the delivery of services for people with cardiovascular disease.
- Applications that do not meet this criterion will be rejected.
- Applications which are seeking to simply address local service gaps or capacity issues due to funding constraints, do not meet the innovative criteria and will be rejected.

7. Criteria: CVD-focus

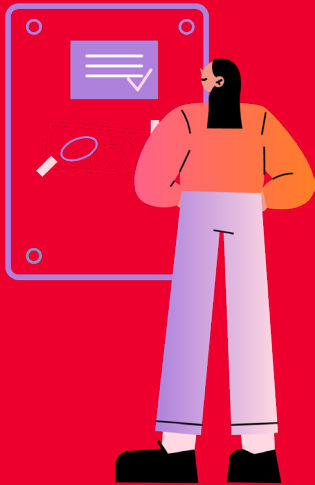


Your project must be **primarily focussed** on driving measurable improvement in the delivery of services for patients with any type of **cardiovascular disease**.

- This can include projects aimed at **prevention of CVD through to provision of better end-of-life care for people with CVD**.
- We are also interested in projects that can improve the services for CVD and co-morbidities associated with CVD, such as diabetes or chronic kidney disease, provided that the primary focus is CVD.
- However, if the primary focus, for example, is to improve services for people with chronic kidney disease, then your project would be out of scope for this Fund.

7. Criteria: Project design

(1 of 2 slides)



The project design must evidence a structured and systematic approach. This should include:

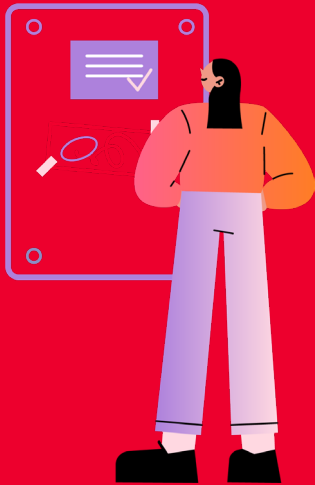
- scoping phase already completed: how the problem has been identified, and the solution has been proposed (see scoping on slide 10)
- how to test the proposed innovative change(s) to existing service design; and
- how to evaluate the result of the implementation.

In the project planning stage, you may find it useful to use tools such as a [driver diagram](#) or a [fishbone diagram](#) or a [Theory of Change](#). See [NHS Scotland Quality Improvement Zone](#) for more examples and information on these tools.

If your project has a tech focus, please refer to slide [39](#).

7. Criteria: Project design

(2 of 2 slides)



The size and calibre of the team should reflect the size and complexity of the project.

It can be useful to consider and state who of the primary applicant, co-applicants and colleagues will hold the following roles:

- Clinical leadership
- Additional clinical expertise
- Project management
- Evaluation lead
- Technology lead (if relevant)
- Data governance (if relevant)

Please note this list is not exhaustive and, depending on the scope and complexity of the project, other roles may be required.

7 Criteria: Evaluation

(1 of 2 slides)



- It is imperative that you outline a systematic approach to evaluation.
- Most service improvement projects involve a combination of quantitative and qualitative evaluation. If you are unsure how to approach evaluation, please seek advice from colleagues who are experienced in evaluation methodologies.
- Also seek advice from your organisation's research & development department about the parameters you can work within without needing ethical approval.
- The [NHS Evaluation Toolkit](#) is a useful resource to learn more about evaluation.
- The next slide also includes questions to help you develop a systemic approach to evaluation.

7. Criteria: Evaluation

(2 of 2 slides)



Questions to consider in evaluation planning:

- **What** will be measured?
- **Why** will each high-level data point be measured? How does it link back to what you are trying to achieve?
- **How** will it be measured? (And is this feasible?)
- **How often** will it be measured? (And is this feasible)
- **Who** will capture the data? (And do they have permission to access that data?)
- Have you considered **data regulation** and **permission** to access and store the data?
- Which system will be used to **store the data**? (And will you need a licence?)
- Who is supporting the **analysis** of the data? E.g. in-house expertise, HIN, external agency etc.

7. Criteria: Value for money

(1 of 3 slides)



Value for money

- While an upper limit of £500K is allowed, applicants are strongly advised to avoid asking for most, or all, of the full amount without justification. If the reviewers assess that the proposed idea could be delivered for significantly less than the amount requested, the application will be rejected for not meeting the 'value for money' criterion.
- For example, if the idea could be implemented for £90K, then please do not ask for more than £90K. Applicants can apply to BHF again later to scale up an idea once they have completed initial testing.

7. Criteria: Value for money

(2 of 3 slides)



Transparency of costs

- Linked to the value for money information on the previous slide, **applicants must provide an itemised budget of all anticipated project costs and a justification for each line item costed.**
- Please avoid rounding of all costs as this demonstrates generous rather than informed estimates.

7. Criteria: Value for money

(3 of 3 slides)



Budget

- The submitted budget must include sufficient detail to allow the committee and reviewers to assess value for money.
- Budget detail is included under the following headings:
 - Salaries
 - Operational costs
 - Equipment costs
 - Exceptional costs
- The budget must include details of costs under each of these headings, for example if four posts are to be funded within an application, banding, WTE and costs for each post must be detailed in the budget. You should include a line for each salaried position or equipment item.

7. Criteria: Involving patients



- **Proportionality:** Involvement of patient and carers should be **proportionate to the scale of the project and the level of funding sought**.
- **End-to-end involvement:** Please demonstrate patient and carer **involvement across all project stages** from prior scoping through to project design, delivery and evaluation. Patient and carers should be **integrated within governance** meetings e.g. steering groups or advisory groups.
- **Patient review:** Your application's high-level summary should be **written with a patient and carer audience in mind**. Please avoid use of jargon. Patient and carer representatives will review components of your application and provide feedback as part of the rebuttal process and participate in Committee discussions.
- The involvement of people with lived experience should be reflected in the budget

8. Exclusion criteria

8. Exclusion Criteria

- This Fund is to support measurable improvement in the delivery of services for people with CVD. This can include service improvement projects to implement recommendations from guidelines developed by SIGN, NICE, National Screening Committee or any professional society. It should not be used to address evidence gaps that need to be addressed through a research project.
- If the project requires patient consent and approval by an ethics committee, it would be prudent to double check that this Fund is the appropriate BHF funding scheme (see [slide 7](#)).
- The Fund cannot be used for projects that meet the criteria of [BHF's funding schemes](#) for discovery science, translational awards or clinical trials.
- This Fund is not intended for projects or ideas that are already receiving funding at scale from NHSE or another funder.
- If the project includes a screening component not recommended by the UK National Screening Council, it will not be funded

8. What to do if your idea does not meet the criteria

The Health Implementation Fund is a new funding scheme and we are learning about what to fund to have the greatest impact. If you have an innovative idea for a service improvement project with a CVD focus that does not meet the specific scope and criteria of the Fund. This could include:

- An implementation project that exceeds the funding limit with justification for the costs
- A clinical audit or a registry of national significance

Please contact the team at healthcareinnovation@bhf.org.uk to discuss your idea.

Before contacting us, please check the other funding schemes within BHF as shown on [slide 7](#) with further information available [here](#).

How to apply & tips for completing the form

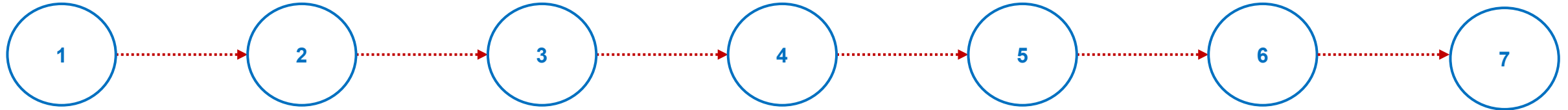
Application submission

Applications will only be accepted on BHF's research grant management system (GMS): <https://researchgrants.bhf.org.uk/>.

Start at No.1 if the lead applicant doesn't have an account on BHF's GMS

Start at No.3 if the lead applicant has an account on BHF's GMS

Closing Date:
16th November
2026 @ Midday



Lead applicant must register for an account

Co-applicants must also register for an account

First time registrations will need to include:

- current employer,
- current position,
- career history,
- publication history,
- qualifications, and
- current & previous grant awards

Lead applicant signs in

Choose application form B, C or Clinical Audit form

Complete online application form

Complete declarations

Final declarations required from:

- Lead Applicant
- Health Innovation Contact
- HoD / Chief Executive

Submit application

Application guidance - documentation

The following documents are mandatory:

- **Project plan in a Gantt chart format** which outlines the key activities for the project over the planned duration.
- **Risk log** for the project which outlines the high-level risk and issues (including a likelihood and impact scoring mechanism) plus potential mitigating activities.
- **Summary slides**: Please prepare a two-slide summary of the project using PowerPoint which concisely outlines the problem you to seek to address on one slide and how to you address it on the other slide.
- **For applications involving development of novel technology**: If you propose to develop novel technology, you will be required to download a Word document within the electronic application, complete it in full and upload it. Please refer to the Appendix: Novel technologies for more information.

Application guidance - documentation

Applicants are strongly advised to include the following documents:

- Tools used to illustrate how you and the co-applicants worked through the **problem definition** (e.g. driver diagram, fishbone diagram).
- A visual of the patient pathway or any other appropriate visual to help the reviewer **understand the unmet need**.
- A visual of the patient pathway or any other appropriate visual to help the reviewer **understand how the proposed intervention will address the unmet need**.

Appendix: Technology

Technology

- If you plan to use technology as part of the project, you need to complete an additional set of questions as part of your application.
- Please download the word document within the application, ensure that you meet the requirements therein, complete/respond to **all** questions and upload a PDF of your completed form where requested.
- Existing technology should have clinical approval for use in the intended method and be MHRA approved for that purpose.
- Applications involving technology that do not meet these requirements will be automatically rejected.