

Your guide to innovation in the NHS

Commissioning and adoption stage

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Contents

Commissioning And Adoption	3
Health technology evaluation	4
Delivering a net zero, sustainable, health service	7
Understanding the NHS	9
Commissioning in the NHS.....	10
Specialised commissioning	12
The Drug Tariff Part IX	13
Supporting the adoption of new innovations into the NHS	14
Procurement frameworks	16
NHS Supply Chain	19

Commissioning and adoption

Throughout the development of your healthcare innovation, the ultimate aim is for it to be spread and adopted by NHS services.

The [NHS Innovation Service](#) can put you in touch with organisations that can support you along a pathway towards this goal.

This section outlines some of the frameworks within the NHS that might lead to successful commissioning and adoption.

Health technology evaluation

Assessments of health technologies are carried out by regulatory organisations in England, Scotland and Wales. The evaluations carried out by these organisations are considered equivalent.

In England, evaluations are carried out by the [NICE Centre for Health Technology Evaluation](#) (CHTE) which produces guidance for NHS England on the use of new and existing treatments such as medicines, medical devices and surgical procedures. In Scotland, this role is carried out by the [Scottish Health Technologies Group](#) (SHTG) which advises NHS Scotland, while NHS Wales is advised by [Health Technology Wales](#) (HTW), although HTW does not review medicines. In Northern Ireland, [Health and Social Care NI reviews guidance provided by NICE](#) and the technology's suitability for use in Northern Ireland.

The health technology evaluation process includes the evaluation of clinical, economic and other types of evidence about the use of the innovation or existing treatments.

NICE provides a range of guidance and advice, including:

- [health technology guidance](#) (HTG) assesses medical technologies to determine whether they are cost-effective, improve patient quality of life and patient treatment choice. HTG covers diagnostics, medical devices and digital technologies, including those that use AI. Where multiple technologies assessing a similar area are available, a single HTG will assess all these technologies
- [interventional procedures guidance](#) assesses whether new or significantly modified interventional procedures are effective and safe enough for use in the NHS. Interventional procedures include those that make an incision, puncture or entry into a body cavity, or use ionising, electromagnetic or acoustic energy. The guidance for an interventional procedure focuses on the procedure, even if a piece of medical device is used, for instance if the device is implanted
- [highly specialised technologies guidance](#) assesses technologies and medicines that are intended for people with ultra rare conditions that are likely to be very expensive. Most of the evaluation topics are chosen by the National Institute for Health Research Innovation Observatory. Each evaluation in this programme can cover only a single technology for a single indication
- [technology appraisal guidance](#) assesses medicines and other innovations that cannot be assessed in the other types of NICE guidance. This programme uses a range of processes, including cost comparison, rapid review, multiple technologies comparison and appraisal of a single technology for multiple indications

- early use assessments look at new technologies which could address a national unmet need but may still require further evidence before they are ready for a full assessment. Recommended technologies must then meet an agreed evidence generation plan to support this full assessment. Key to this approach is managing all risks associated with the medical device during the evidence generation period while generating the information needed for NICE to make a recommendation about the routine use of the technology
- late-stage assessments compare multiple products which are already in use within the NHS in a particular product category. The late-stage assessment looks at the value for money and performance claims of each device and takes account of any incremental improvements which may have taken place since the technology's approval

NICE prioritises key clinical areas which they focus on. These areas are detailed in the NICE Forward View. Priority areas are determined by the NICE prioritisation board which looks to identify the areas of health and care where new guidance would be of greatest value. Patients, the public and clinicians can all submit topics for consideration for guidance development. Wider areas of need identified by NHSE experts working with NICE are listed on the Innovation Service discover opportunities for innovation page.

The topic selection panel is supported by the NICE topic intelligence team which provides information to the prioritisation board on the system priorities, stakeholders and engagement with the wider NHS needs, alongside horizon scanning for promising emerging technologies which could meet the challenges of the targeted areas. NICE looks to review all technologies with use cases to meet its priorities. Innovators can no longer submit their medical technology to NICE for evaluation. Instead, they should ensure that their technology is registered on the NHS Innovation Service and that the record is kept up to date. This supports NICE in identifying the technology should it fall under a prioritised use case.

NICE clinical guidelines are also produced to set out recommended care and services for people with specific conditions, diseases or needs.

The SHTG provides recommendations, assessments and innovative medical technology overviews in Scotland.

- SHTG recommendations are developed by a national committee in consultation with stakeholders. The committee looks at clinical effectiveness, safety, and cost-effectiveness evidence for the technology alongside patient and public views, professional expert views, and social and organisational implications

- SHTG assessments provide targeted analysis to support decision-making across health and social care in Scotland. However, assessments do not include recommendations for technologies
- SHTG also produces light-touch overview of emerging evidence for innovative technologies and their potential impact on health and social care in Scotland

HTW provides guidance and reports including:

- HTW topic exploration reports provide a high-level briefing on new topics for consideration by HTW and whether an area should be included in a work programme
- HTW evidence appraisal reports are carried out once a topic is accepted onto the HTW work programme. HTW researchers complete a rapid review of the available evidence on the topic, assessing the available evidence
- HTW guidance is produced by a HTW appraisal panel and looks at whether the evidence supports adoption of a technology in Wales, considering the evidence appraisal report alongside expert, patient and public input

Delivering a net zero, sustainable, health service

The NHS in England is aiming to become a net zero carbon national health service in response to the profound and growing threat to health posed by climate change. This was embedded into the NHS through the Health and Care Act 2022. To support this, the NHS has committed to:

- reaching net zero by 2040 for the emissions the NHS controls directly
- reaching net zero by 2045 for the emissions the NHS influences, through the goods and services it buys from partners and suppliers

The NHS has set out the Net Zero Supplier Roadmap to help suppliers align to its net zero ambition between now and 2030. If you intended to supply your innovation to the NHS, you need to consider several of the milestones in the supplier roadmap. This includes the first milestone, implemented in April 2022, that added a minimum of 10% weighting for net zero and social value in all NHS procurements.

Since April 2023, for all new contracts above £5 million per annum, the NHS has also required suppliers to publish a carbon reduction plan (CRP) for their UK Scope 1 and 2 emissions, and a subset of Scope 3 emissions as a minimum.

From April 2024, the CRP requirements have been proportionally extended to cover all new procurements. A CRP template has been published by the Cabinet Office.

Further guidance is available on these net zero requirements for NHS contexts. The NHS England Net Zero and Sustainable Procurement Team are also running a programme of webinars where you can access support. Case studies, publications and examples of best practice are available from Greener NHS.

Social value is also included in the sustainability weighting for NHS procurement. Key themes of social value include:

- supporting staff wellbeing
- supporting diversity
- COVID recovery
- reducing economic inequality

Activities can include demonstrating how you are proactively tackling modern slavery within your organisation and supply chain, and supporting your staff in volunteering

support for healthcare charities. NHS England provides further information on how social value is calculated and key themes for the NHS.

Understanding the NHS

To understand more about the NHS and its ongoing development, read about the [NHS Long Term Plan](#). Find out more about [how the NHS works from The Kings Fund charity](#) which works to improve health and care in England.

To have your innovation adopted into the NHS, you need to understand the complexity of the NHS and the stakeholders who will be involved in the uptake of any new technologies. [Integrated Care Systems](#) (ICSs) are partnerships that conjoin the care provided by local councils, the NHS and other partners. There are 42 regional ICSs covering England. They embed collaboration between care providers with a regional focus, to ensure that communities receive joined-up support from local health and care providers.

ICSs comprise two components:

- integrated care boards (ICBs), which are statutory bodies responsible for planning and funding most NHS services in the area
- integrated care partnerships (ICPs), which are statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop a health and care strategy for the area

Working through their ICB and ICP, each ICS has four key aims:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development

Key to the design of ICS was the designation of smaller footprints within the geography of each ICS of 'systems' (500,000 to 3 million people), 'places' (250,000 to 500,000) and 'neighbourhoods' (30,000 to 50,000) which they are [expected to work through](#). These sub-areas allow the drawing together of local healthcare organisations to focus on local needs and challenges.

ICSs have a statutory duty to support innovation adoption and spread. The Accelerated Access Collaborative (AAC) has co-developed a [series of case studies](#) with AAC partners on the implementation approaches taken in local ICSs to promote the adoption and spread of proven innovation.

[Find out more about ICSs from The Kings Fund.](#)

Commissioning in the NHS

The commissioning of services in the NHS changed with the introduction of integrated care systems (ICSs). ICSs are formed of an integrated care board (ICB) and an integrated care partnership (ICP).

The ICP is a joint committee formed of stakeholders in health and social care and includes NHS organisations, social care providers, voluntary and community organisations and other local authorities, the police and fire services. The ICP develops the long-term plan for the ICS.

The ICB is responsible for planning health services, managing the NHS budget and coordinating with NHS providers in their area to deliver their agreed joint 5-year plan. The ICB holds the statutory responsibility for the commissioning of health services which were previously within the remit of clinical commissioning groups (CCGs) and some of those which were previously commissioned by NHS England (NHSE). ICBs inherited their responsibility for primary medical services from CCGs, but have also gained responsibility for pharmaceutical, general ophthalmic and dental services.

NHSE retains some funding for certain areas, including the majority of specialised commissioning, which covers pioneering procedures and new treatments, and Section 7A public health services, which include screening and immunisation initiatives. The National Screening Committee (NSC) advises ministers across the UK on all aspects of screening programmes in addition to providing oversight for current screening programmes. The NSC advises on the introduction of new programmes alongside any modification or withdrawal of current screening programmes, weighting the costs and benefits of each programme.

The NHS Payment Scheme (NHSPS) is the set of pricing rules which determines the amount payable by commissioners to the providers of NHS care to provide the best value to their patients.

Who pays?

It is vital to understand who the key decision makers are for your innovation, and who will pay for and commission your innovation. While an ICB or NHSE may be responsible for an area of care, other entities such as GPs, primary care networks or NHS trusts may purchase independently.

It is not enough to create a product that simply makes patients better. Your innovation will need to:

- be something that clinicians are willing to accommodate in their clinical practice
- work for the whole organisation
- be something that someone is willing to pay for

Often the people paying for an innovation are different to those who deliver care. The evidence needed to make a decision about the uptake of innovation into the NHS is different depending on the part of the NHS the person works in. Healthcare professionals will support the uptake of an innovation if they can see the benefits that it can bring to patients and staff. Those commissioning the innovation also need to weigh this against how cost-effective it will be for their organisation and the wider NHS. The Clinical Priorities Advisory Group (CPAG) makes recommendations on what innovations NHSE should consider commissioning. Find out more about [how CPAG advises NHSE](#).

It may be the case that your innovation provides value to one part of the NHS, but the costs fall on another department. For example, providing a solution in a GP surgery which reduces the patient numbers in a hospital. GPs and hospitals have different budgets and stakeholders and therefore funding for an innovation across multiple care settings is likely to require the support of an ICB.

Health economics evidence is valuable in demonstrating the benefits which your innovation brings to NHS organisations. When making the case for commissioning, you will need to demonstrate that your innovation is cost-effective for the NHS, detail its impact on budgets and how it improves patient outcomes. More information on getting this evidence right and budget impact models is available in the [Development section](#).

Specialised commissioning

Specialised commissioning supports technologies and treatments for patients with rare and complex healthcare needs. These technologies and treatments require specialist staff and centres, so not every hospital is able to provide these services.

Specialised commissioning covers conditions such as rare genetic disorders, cancers and some surgical needs. They are grouped in into 6 national programmes of care:

- Cancer
- Mental health
- Blood and infection – infection, immunity, and haematology
- Internal medicine – digestion, renal, hepatobiliary and circulatory system
- Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
- Women and children – women and children, congenital and inherited diseases

The 6 programmes are formed from 149 specialist commissioning areas, split between NHSE and ICSs. There is an ongoing transition to move a greater proportion of specialised commissioning services into the remit of ICSs. Currently a minority of these areas are delegated to ICSs, however, this number is due to rise in the future.

Applications for an innovation to be supported by specialised commissioning are reviewed by Clinical Priorities Advisory Group (CPAG). It ranks all submitted applications for the benefits that each technology will provide to patients. The cost impact of these innovations is reviewed separately. Once both assessments have been carried out, the innovations which provide the most benefit to patients are funded within the specialised commissioning budget available.

The Drug Tariff Part IX

The Drug Tariff is a monthly publication issued by NHS Prescription Services of the NHS Business Services Authority (NHSBSA). The Drug Tariff outlines what will be paid to pharmacy contractors for NHS services, any fees, allowances, the prices of drugs and appliances and the rules to follow when dispensing for reimbursement of the costs of drugs, appliances etc and remuneration.

Part IX of the Drug Tariff refers to products which may be prescribed in primary care by GPs, dentists and other appropriate prescribers. If an innovator wants their device to be prescribed in primary care then they must apply for their device to be included in Part IX of the tariff to NHS Prescription Services by submitting the appropriate application forms.

Further information is available through the Part IX FAQ, with guidance and support available from pixie@nhsbsa.nhs.uk.

Supporting the adoption of new innovations into the NHS

Innovators need to consider how their innovation will be made available and adopted and by NHS organisations and any support which healthcare providers might value when implementing a new technology. Innovators also need to ensure that their innovations are easily available for purchase by NHS organisations. They should also look to make their innovation available through suitable procurement frameworks. Case studies of successful implementation can support the wider adoption of your innovation through demonstrating the value of your innovation in an NHS setting and provide confidence in the real-world use of the technology.

The [Early Access Medicines Scheme \(EAMS\)](#) aims to give patients with life-threatening or seriously debilitating conditions access to medicines that do not yet have a marketing authorisation.

The [MedTech Funding Mandate \(MTFM\)](#), led by the NHS Accelerated Access Collaborative (AAC), aims to accelerate the uptake of medical devices, diagnostics and digital products by the NHS. The MTFM directs healthcare providers and commissioners within NHS organisations towards cost-effective MedTech innovations that have been recommended by NICE guidance. The MTFM supports selected innovations which meet its criteria of being effective, cost-saving within 3-years and affordable to the NHS, and adoption is supported by the local [Health Innovation Network \(HIN\)](#).

There are 15 HINs across England which support innovators in developing their technologies for the NHS. Each of the HINs can help innovators throughout their innovation development journey, some of the support they can provide includes:

- help to navigate the NHS
- signposting to resources
- market access studies and research
- help with value proposition development
- real-world impact evaluation
- health economic reports
- implementation support for adopting organisations
- grant funding opportunities
- product development

Different HINs have different specialty areas, the Innovation Service can direct you to the most appropriate HIN for your needs.

Procurement frameworks

Procurement frameworks are agreements that enable NHS organisations to buy services and goods from one or more suppliers. New suppliers cannot be added to an agreed procurement framework, except the Dynamic Purchasing System (DPS). These agreements usually last a maximum of four years before a tender for a new framework is published. You can access the [procurement and savings calendar](#) for an overview of upcoming tender activities. This enables new or existing suppliers to forward plan for procurement frameworks which are coming up for tender.

There are other places you can go to search for upcoming tenders and opportunities:

- [Find a Tender](#) for high-value opportunities or awarded contracts across the whole of the UK
- [Contracts Finder](#) provides contracts and opportunities for the whole of the UK and globally
- [Public Contracts Scotland](#)
- [Sell2Wales](#)
- [eSourcing NI](#) and [eTendersNI](#) for Northern Ireland

The suppliers must pass rigorous selection criteria to become part of a procurement framework.

Procurement frameworks that are already implemented within the NHS:

- [Health Systems Support Framework](#). This enables NHS organisations to buy supportive services from innovative third-party suppliers including advanced analytics, population health management, digital and service transformations
- [G-Cloud Framework](#). This enables providers to sell cloud services including hosting, software and support to the public sector including the NHS
- DPS. Unlike the other purchasing frameworks, suppliers can join this electronic system at any time. It is an 'open market' solution designed to give NHS organisations a pool of suppliers who they can buy works, services or goods from. This system is particularly beneficial for small to medium-sized enterprises (SMEs) who want to become NHS suppliers but have little or no experience in tendering for work with the public sector. Several [DPS procurement frameworks](#) are recommended by NHS England for purchasing digital goods and services. This includes the [Medical Technology DPS for Innovative Products](#) (Innovation DPS). The Innovation DPS is open to innovations which have been submitted to the NHS Innovation Service, reviewed and accepted by NHS Supply Chain or have been referred to NHS Supply

Chain by the HIN. The technology must also meet national policy objectives and have a NICE recommendation.

The Innovation DPS currently includes:

- Orthopaedics, Trauma and Spine
- Ophthalmology
- Audiology
- Cardiology
- Interventional Radiology
- Endourology
- Endoscopy
- Neuromodulation inclusive of IDDP
- Perfusion
- Ablation
- Minimally Invasive Surgery
- IVDR products/ tests (Pathology and Point of Care)
- Radiology

There are four NHS procurement hubs which provide procurement support:

- [London Procurement Partnership](#)
- [North of England Commercial Procurement Collaborative](#)
- [East of England Collaborative Procurement Hub](#)
- [NHS Commercial Solutions](#)

Contact the relevant procurement hub to find out more about becoming a supplier of services or goods in the NHS.

Guidance on appropriate frameworks for digital services – Procurement pillars

Due to the wide range of frameworks and agreements in place for similar products, particularly for digital and IT services, NHSE has developed guidance for suppliers and providers, grouping digital services into [6 pillars covering 32 framework agreements](#).

Procurement pillars:

1. Hardware – clinical
2. Hardware – non-clinical
3. Software/Saas/Apps – clinical
4. Software/Saas/Apps – non-clinical
5. Services – clinical
6. Service/IaaS/PaaS – non-clinical

These pillars and their sub-categories represent the recommended route to market for digital technologies and services. Each of the pillars also details the regulatory and technical requirements for inclusion within the frameworks. Further support is provided through england.ceopframeworks@nhs.net.

NHS Supply Chain

NHS Supply Chain's role is to source, deliver and supply healthcare products, services and food for NHS trusts and healthcare organisations across England and Wales.

NHS Supply Chain has the expertise to ensure that goods are clinically safe and reflect the needs and preferences of the NHS.

It provides regular updates and customer notices on the availability of products, recall of products and opportunities for new contracts.

Suppliers looking to tender for business with NHS Supply Chain should register themselves on the Jaggaer portal.

You can access support from NHS Supply Chain through the NHS Innovation Service.

Find out more about NHS Supply Chain Innovation Services.

We hope you have found this guide useful, and we wish you well on your innovation journey.

NHS Innovation Service, brought to you by the Accelerated Access Collaborative.