

# Salford Innovation and Improvement Fund 2022-23: Supplemental questions

**Q1. Is there commitment from NCA to explore a Business Case for future sustainability in the case of a successful trial?**

A1. Yes, we have agreement with Natalie Garrett (Head of Innovation for NCA NHS FT) that the 12 month project will conclude with the development of a full business case - including health economic return-on-investment modelling using benefits/outcome data from the pilot - for the Trust to be in a position to decide whether to further embed **Melo** across the pathway - potentially increasing the number of users, patients and settings where it is used.

As a business we are committed to supporting the development of this business case as we see longer adoption and spread of **Melo** as key to our future success, and will be open to discuss appropriate commercial terms based on the co-creation and commitment of clinical time from Salford as one of our early adopter sites.

**Q2. What discussions have taken place with GM about the future of this proposal if successful?**

A2. Decently have had initial conversations with Health Innovation Manchester to flag the potential pilot project, with further meetings being set up in October to explore how this could fit into the wider GM agenda. As part of the previous health tech business that both our founders were involved in, we worked extensively with Health Innovation Manchester, the GM Combined Authority and clinical stakeholders from across all 10 GM localities to first roll out a digital risk management app for care homes, and more recently to help scale, at pace, a Covid-19 tracker app in response to the early days of the pandemic. We would look to build on these relationships and understanding of the GM ecosystem to both support the Salford pilot, and also to explore future opportunities to share best practice and assess other potential use cases across the wider GM patch.

In addition, Dr Teager has plans to link this project in with the Greater Manchester Neurorehabilitation and Integrated Stroke and Delivery Network (GMNISDN) and NCA Neurorehabilitation Clinical Governance meetings with a view to raising the profile and wider adoption.

**Q3. Is there a step-down/exit plan in the case that further funding is not secured at the end of the 12 month trial?**

A3. Yes. We have developed a comprehensive Exit Plan framework (available upon request) which is structured to ensure the safe transfer and management of data, communication with interested parties including patients, medical experts, users, staff, employees and other stakeholders and the transfer of equipment where applicable.

As part of our project planning (should the project get the go-ahead) a staged gate approach will be taken at three, six and nine months. The last review will be one month prior to the planned end of the project. The review meeting will ensure the project is on track and verify continuation. In the event of the project coming to an early or planned end, this exit plan will be reviewed (in collaboration with the Trust to ensure all parties are in agreement and make any amendments where necessary) and then implemented.