

# Accelerated National Innovation Adoption (ANIA)

Post IDA Brief

March 2026

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## Background to ANIA

The ANIA pathway, led by the Centre for Sustainable Delivery, in partnership with NHS National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), Public Health Scotland (PHS), and NHS Education for Scotland (NES), has been established to:

- identify innovations that should be considered for national adoption within the NHS
- produce robust value cases to assess their clinical and financial impact and lead the national adoption of approved technologies at pace

The ANIA pathway is governed by the Innovation Design Authority (IDA), which brings together senior Scottish Government and NHS leadership. The IDA enables improved partnership working, system leadership and collective decision making relating to which technologies should progress through the ANIA stage gates (further detail on these stage gates is provided on the next page and on the ANIA [website](#)). New market-ready technologies can also be referred to: [Scotland Innovates](#)

### Decisions / key updates from 26 February 2026 IDA meeting

- Updated Terms of Reference approved
- Digital T2 Diabetes Remission Programme has received first patient referrals, meeting the Programme for Government and Operational Improvement Plan commitment

### Substantive items requiring decision at the 28 April 2026 IDA meeting

- Quarterly Horizon Scanning Report
- CT Fractional Flow Reserve Strategic Case
- Change control for ECG implementation timeline

### Current Technologies within the ANIA Pathway

The technologies that are currently being assessed for adoption via the ANIA Stage Gates (as outlined in the following page), or are being deployed nationally following approval, are outlined over the following page.

# Innovation Adoption Process – End to End

ZERO Horizon Scan	ONE Strategic Case	TWO Value Case	THREE Implementation	FOUR Benefits Realisation
Prioritisation	Evaluation	Approval	Monitoring	Outcome
<p>At quarterly intervals IDA to receive a <b>horizon scan report</b> on innovations which meet ANIA entry criteria.</p> <p>Innovations within this report which are being recommended for ANIA should have an accompanying <b>Initial Assessment (IA)</b> setting out:</p> <ul style="list-style-type: none"> <li>• Need for change</li> <li>• High level benefits arising from change</li> <li>• Contribution to NHS Scotland priorities / policy</li> </ul>	<p>Within <b>8-12 weeks</b> of IDA approval, set out <b>Strategic Case (SC)</b>, covering:</p> <ul style="list-style-type: none"> <li>• The innovation and its provenance</li> <li>• The research evidence supporting the proposed change including likely clinical effectiveness and cost effectiveness if nationally adopted</li> <li>• Compliance with regulatory requirements</li> <li>• Indicative costs and affordability</li> <li>• Initial stakeholder (e.g. clinical) views</li> <li>• Proposed KPI</li> <li>• Project governance for final value case development</li> </ul>	<p>Within <b>6 months</b> of SC approval, a final value case that is proportionate to the level of investment being sought and with chapters setting out:</p> <ol style="list-style-type: none"> <li><b>1. Executive Summary</b></li> <li><b>2. Strategic Case:</b> Updated case for change</li> <li><b>3. Public Value Proposition:</b> Anticipated impact against status quo if nationally adopted covering clinical, economic, health inequalities, carbon emissions, service provision and workforce.</li> <li><b>4. Adoption Design:</b> National adoption model covering procurement, assurance, digital design and clinical pathway.</li> <li><b>5. Affordability:</b> Financial model, evidence of support from stakeholders (e.g. SG budget holder &amp; BCE) and statement on affordability (e.g. IDA budget and Board view on BAU)</li> <li><b>6. Delivery:</b> Full implementation plan (e.g. PID) with delivery milestones, governance, assessment of key challenges and plans for transition to BAU.</li> </ol>	<p><b>1-3 year</b> period with project monitoring throughout tracking delivery against</p> <ul style="list-style-type: none"> <li>• Programme milestones,</li> <li>• Finance / Cost (budget), and</li> <li>• Mitigation of Risk.</li> </ul> <p>The arrangements for each project would operate to best practice project management principles and methodology. Any material changes to scope, programme or cost should be agreed with IDA through the agreed change control process.</p>	<p>Formal post implementation benefits review:</p> <ul style="list-style-type: none"> <li>• Achievement of agreed outcomes</li> <li>• Have stakeholder expectations been realised</li> <li>• Impact of service change</li> <li>• Improvement delivered.</li> </ul> <p>Informing learning for future adoptions projects</p>

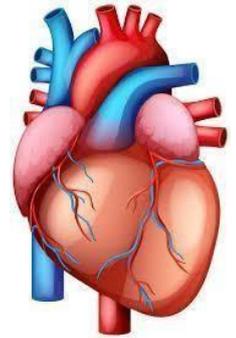
## Innovations being assessed at strategic case

Strategic cases provide an early view of evidence, clinical acceptance and cost effectiveness for technologies that have been identified through the Horizon Scan process and approved by the IDA. They are completed within 16 weeks.

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### CT Fractional Flow Reserve

This Strategic Case will explore CT Fractional Flow Reserve technology that can help to transform cardiovascular care. The technology converts a standard CT scan into a detailed 3D model of the coronary arteries, allowing clinicians to diagnose life-threatening coronary heart disease in just 20 minutes. The alternative is that patients may have to go to hospital for an invasive and time consuming angiogram. Using the technology means that people could be seen, diagnosed, and treated more quickly, resulting in better care for patients and reduced pressure on the service.



The Strategic Case will be presented to the IDA in April 2026.

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### Micro-Ultrasound: relieving pressure on MRI services for prostate cancer

Prostate cancer is the most common cancer amongst men in Scotland, with more than 4,300 men being diagnosed every year. Early diagnosis can lead to 95% cure rates, however 35% of cases are diagnosed in the late stage. This Strategic Case will explore micro-ultrasound systems which offer high-resolution imaging for prostate cancer detection. Micro-ultrasound is of similar quality to MRI-imaging and may be used as first-line imaging to report the clinical significance of a cancer and used to guide biopsy. Reducing reliance on MRI not only eases pressure on imaging capacity but, by enabling same-day targeted biopsy, may further reduce diagnostic delays.

Work will start on this Strategic Case from April 2026.

## Innovations being assessed at Value Case

### Lung Cancer AI

This Value Case proposes:

Accelerating the diagnosis of lung cancer following a GP requested chest x-ray by the national deployment of a '24/72' diagnostic pathway enhancement where X-rays identified by the AI technology as 'high risk' will be reported within 24 hours and diagnostic CTs will take place within the following 72 hours.



The Value Case is expected to be completed during financial year 2026/27 when the necessary technical expertise will be available to complete the digital design and implementation plan.

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### Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS) wearable devices

This Value Case will assess the potential of wearable devices for diagnosing Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS) to transform sleep services across Scotland. Poor sleep is associated with adverse health outcomes, including deteriorating mental health (such as anxiety, stress, and depression), increased risk of cardiovascular disease, hypertension, obesity, and type 2 diabetes. It also impairs cognitive function, which can lead to significant safety risks in daily life and the workplace. The Value Case will explore treatment and regional delivery models, providing a whole-pathway view that aligns with national respiratory priorities and service redesign objectives.

Landscape mapping is underway with Health Boards to gain a detailed understanding of current sleep pathways. The insights gathered will provide the foundation for the proposed future clinical pathway.

The Value Case will be presented to the IDA in Autumn 2026.

## Innovations in delivery

Technologies that have been approved for national implementation by both Scottish Government and NHS Scotland Health Boards.



### Pharmacogenetics

This delivery programme includes 2 genetic tests:

1. A lab-based test (CYP2C19 Genotype Testing) to identify ischemic stroke and Transient Ischaemic Attack (ITA) patients who are resistant to Clopidogrel
2. A Point of Care Test (POCT) for babies to prevent the permanent hearing loss caused by gentamicin-induced ototoxicity.

Following approval by the Innovation Design Authority and the NHS Executive Leadership Group, the Scottish Government announced funding (£1.9m) for the programme in March 2025.

### Delivery milestones – Key highlights

#### CYP2C19 Genotype Testing

- Genetic lab recruitment is now complete
- A phased roll out to Phase 1 Health Boards started in October 2025. As of 10 February, 634 lab-based tests have been performed with 180 impaired metabolisers of clopidogrel identified (28.5%) across NHS Grampian, NHS Western Isles and NHS Tayside
- NHS Highland (Raigmore) and NHS Dumfries and Galloway went live on 2 February
- NHS Greater Glasgow and Clyde are due to go live on 16 March 2026
- Pre-implementation planning continues with Phase 3 Health Boards. Several Boards have anticipated go-live dates in April 2026
- The Test of Change for Point of Care testing of CYP2C19 within Dr Gray's Hospital (NHS Grampian) and Western Isles Hospital is now in the second quarter of the 12 month evaluation phase

- As of 9 February, 146 patients have been tested with the POCT and 46 patients have had their medication changed because of an impaired metabolism result (31.5%)

## Neonatal Gentamicin POCT

- Phase 1 is now complete with all 3 sites in NHS Greater Glasgow and Clyde live with the new POCT
- As of 19 February, there have been no MT-RNR1 genes detected
- NHS Grampian completed Data Protection Impact Assessment (DPIA) and call-off contract, and are progressing with training
- NHS Ayrshire and Arran finalising Information Governance requirements ahead of signing call-off contract
- Pre-implementation planning continues with Phase 3 Health Boards with the key priority being to complete the DPIA and call-off document before the end of March 2026
- The NSS National POCT Team continue to support Health Boards with pre and post go-live activities

Further information regarding the launch can be found here:

<https://news.stv.tv/scotland/groundbreaking-genetic-test-could-prevent-hearing-loss-in-babies>



## Digital Diabetes Remission

This is a national digital intensive weight management programme to support 3,000 people recently diagnosed with type 2 diabetes (T2DM). The programme will run over 3 years and is expected to help 40% of patients achieve remission from T2DM by the end of their first year on the programme.

The Scottish Government announced funding (£4.5m) for the programme in March 2025.

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## Delivery milestones - Key highlights

- First Health Boards are now live (patient referrals received from NHS Borders, NHS Ayrshire and Arran, NHS Dumfries and Galloway and NHS Lothian)
- Communications toolkit is currently in development. Focused engagement with Health Boards and Primary Care has continued to include eHealth and Information Governance Leads
- First Health Board webinars are arranged for March and plans are ongoing to arrange future dates to deliver sessions to Health Boards in collaboration with Counterweight (the supplier), NES and Clinical Leads. Programme monitoring and reporting via the Programme Delivery Board expected to commence from March 2026

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## Ambulatory ECG patch monitors

This is a national remote diagnostic pathway for the adoption of adhesive single lead Electrocardiogram (ECG) devices (patches) for post cryptogenic stroke and transient ischemic attack (TIA) patients that provides continuous monitoring for up to 14 days.



The introduction of this pathway is predicted to prevent 689 recurrent strokes and deliver £14.6 million resource savings for NHS Scotland over 5 years.

The Scottish Government announced funding (£1.9m) for the programme in September 2025.

## Delivery milestones - Key highlights

- Digital Scoping for Patient Report Pathway from supplier back to Health Board continues, and meetings have been arranged with key National Digital Governance Groups for early March

- Procurement Specification development continues and programme timelines and milestones are undergoing a review and refresh
- Recruitment for the national implementation team is ongoing
- Procurement Strategy to call-off from the new NHS supply chain framework approved at February Programme Delivery Board
- Health Board Readiness Adoption Questionnaire developed and issued to Senior Responsible Officers (SROs) on 23 February

Further information regarding the recent Scottish Government Ministerial visit can be found here: [Innovation to transform lives of stroke patients - gov.scot](https://www.gov.scot/Information/Press/2019/02/Innovation-to-transform-lives-of-stroke-patients)

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## Digital Type 2 Diabetes Prevention

This is the national deployment of a Digital Type 2 Diabetes Prevention Programme for 15,000 people living with pre-diabetes in Scotland over 3 years, which is predicted to prevent almost 4,000 people progressing to type 2 diabetes over 5 years post intervention, delivering almost £20 million of net savings for NHS Scotland.

The Scottish Government has now committed £4.8 million to support this initiative.

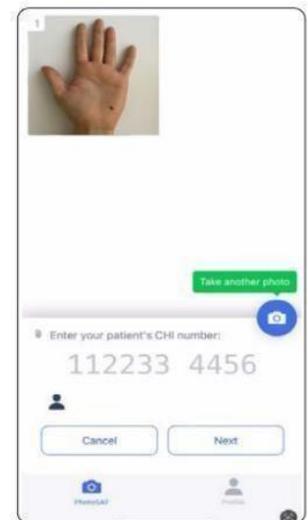
### Delivery milestones - Key highlights

- Recruitment for the national implementation team is ongoing
- Further review and refinement of the self-registration clinical pathways for both Diabetes Prevention and Hypertension (CVD) projects are currently being undertaken
- The clinical pathways are expected to be submitted to the March Programme Delivery Board for approval
- Review of draft programme outcomes underway to inform the development of the Programme's Benefits Strategy
- Procurement Specification continues to be developed; this remains a key priority and will progress further once clinical pathways are approved and requirements are confirmed

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## Digital Dermatology

This programme is the national deployment of an image capture pass through app allowing Primary Care clinicians to use their own phone cameras to easily, and safely, take images of a patient's skin condition at the point of referral to Dermatology. The use of triage-quality images as standard practice will provide all Dermatologists with the ability to carry out robust referral triage which can significantly speed up diagnosis and improve waiting times, enhancing patient journeys and outcomes.



## Delivery milestones - Key highlights

- 100% of GP practices across Scotland have access to image capture for Dermatology enabling the safe inclusion of images with Dermatology referrals
- Over 15,000 referrals from primary care have included images captured using the new technology
- Work is underway to improve the user experience in relation to re-authentication. Two connected solutions have been identified, an update to the app to enable biometric sign in at the point of launching the app and extending the NHS Security token from 24 hours to 30 days. NHS Lothian has been identified as the proposed Health Board to undertake a pilot of the proposed upgrade, initially with a small number of GP practices before wider roll out. The pilot is due to start in March 2026, with a national upgrade available in the first quarter of 2026/27
- The programme will move to business as usual (BAU from 1 April 2026. The Modernising Patient Pathways Programme (MPPP) within CfSD will act as clinical owner and NSS as Service Manager