# Accelerated National Innovation Adoption (ANIA)

## Post IDA Brief

## January 2026

## Background to ANIA

The ANIA pathway, led by the Centre for Sustainable Delivery, in partnership with NHS National Services Scotland, Healthcare Improvement Scotland, Public Health Scotland, and NHS Education for Scotland, 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
- 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 17 December 2025 IDA meeting

- Q3 Horizon Scanning Report - Micro-Ultrasound: relieving pressure on magnetic resonance imaging (MR)I services for prostate cancer technology will progress to Strategic Case, with work to commence from April 2026.
- Wearable devices for diagnosing Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS) Strategic Case will progress to Value Case.
- Intelligent Liver Testing Strategic Case will not progress to Value Case.

### 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 pages.

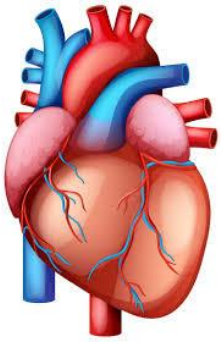
# Innovation Adoption Process – End to End

| **ZERO** Horizon Scan | **ONE** Strategic Case | **TWO** Value Case | **THREE** Implementation | **FOUR** Benefits Realisation |
|---|---|---|---|---|
| Prioritisation | Evaluation | Approval | Monitoring | Outcome |
| At quarterly intervals IDA to receive a **horizon scan report** on innovations which meet ANIA entry criteria.<br><br>Innovations within this report which are being recommended for ANIA should have an accompanying **Initial Assessment** (IA) setting out:<br><br>• Need for change<br>• High level benefits arising from change<br>• Contribution to NHS Scotland priorities / policy | Within **8-12 weeks** of IDA approval, set out **Strategic Case** (SC), covering:<br><br>• The innovation and its provenance<br>• The research evidence supporting the proposed change including likely clinical effectiveness and cost effectiveness if nationally adopted<br>• Compliance with regulatory requirements<br>• Indicative costs and affordability<br>• Initial stakeholder (e.g. clinical) views<br>• Proposed KPI<br>• Project governance for final value case development | Within **6 months** of SC approval, a final value case that is proportionate to the level of investment being sought and with chapters setting out:<br><br>1. **Executive Summary**<br><br>2. **Strategic Case**: Updated case for change<br><br>3. **Public Value Proposition**: Anticipated impact against status quo if nationally adopted covering clinical, economic, heath inequalities, carbon emissions, service provision and workforce.<br><br>4. **Adoption Design**: National adoption model covering procurement, assurance, digital design and clinical pathway.<br><br>5. **Affordability**: Financial model, evidence of support from stakeholders (e.g. SG budget holder & BCE) and statement on affordability (e.g. IDA budget and Board view on BAU)<br><br>6. **Delivery:** Full implementation plan (e.g. PID) with delivery milestones, governance, assessment of key challenges and plans for transition to BAU. | **1-3 year** period with project monitoring throughout tracking delivery against<br><br>• Programme milestones,<br>• Finance / Cost (budget), and<br>• Mitigation of Risk.<br><br>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. | Formal post implementation benefits review:<br><br>• Achievement of agreed outcomes<br>• Have stakeholder expectations been realised<br>• Impact of service change<br>• Improvement delivered.<br><br>Informing learning for future adoptions projects |

## 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.

### 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 computed tomography (CT) scan into a detailed 3D model of the coronary arteries, allowing clinicians to diagnose life-threating coronary heart disease in 20 minutes. The alternative is that patients may have to go to hospital for an invasive and time-consuming angiogram. Using CT Fractional Flow Reserve technology means that people can 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.

### 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 comparable 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. In Scotland, there was a 34% increase in the MRI waiting list in June 2025 compared to the same period in 2024.

Work will start on this Strategic Case from April 2026.

## Innovations Being Assessed at Value Case

### Lung Cancer AI

This Value Case proposes:

The diagnosis of lung cancer is being accelerated through the national implementation of a '24/72' diagnostic pathway. Under this approach, GP-requested chest X-rays identified as high risk by artificial intelligence (AI) technology are reported within 24 hours, with diagnostic CT scans carried out within the following 72 hours.

This innovation is a unique opportunity to be the first UK nation to implement a national AI-enabled Lung Cancer diagnostic pathway enhancement.

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.

### 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

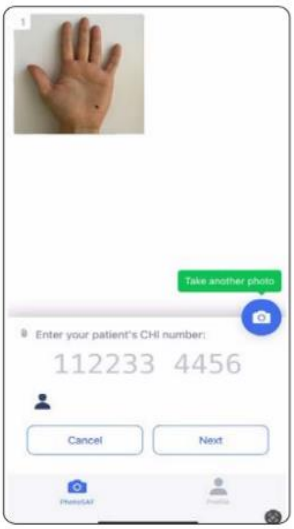
regional delivery models, providing a whole-pathway view that aligns with national respiratory priorities and service redesign objectives.

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

## Innovations in Delivery

Technologies which have been approved for national implementation the Scottish Government and NHS Scotland Health Boards.

### Digital Dermatology




The national implementation of an image-capture pass-through app allows Primary Care clinicians to use their own phone cameras to safely and easily photograph 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
- The ANIA Programme ended on 30September. The Modernising Patient Pathways Programme (MPPP) within CfSD will continue to support Boards with introducing the pathway
- Work is underway to improve the user experience in relation to re-authentication. Two connected solutions have been identified 1) an update to the app to enable

biometric sign in at the point of launching the app and 2) 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, with a small number of GP practices before wider roll out.

## Pharmacogenetics

This delivery programme includes two genetic tests:

1. A lab-based test (CYP2C19 Genotype Testing) to identify ischemic stroke and Transient Ischemic Attack **(**TIA) patients who are resistant to Clopidogrel
2. A Point of Care Test (POCT) for neonates to prevent 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

- NHS Western Isles and NHS Grampian (Dr Gray's) went live with the lab-based CYP2C19 Genotype Testing Pathway on 27 October, initially for verification tests.
- 12-month CYP2C19 POCT Test of Change went live in NHS Grampian on 27 October and in NHS Western Isles on 3 November.
- Recruitment within the two Genetic Labs continues with 8 out of 9 posts appointed, awaiting start dates. Fortnightly meetings continue with Phase 2 (January – March 2026) Health Boards to work through pre go-live activities.
- Kick-off meetings for Phase 3 (April 2026) Health Boards commenced
- The launch event for CYP2C19 Genotype Testing occurred on November 13 in NHS Tayside with STV news in attendance.

**Neonatal Gentamicin POCT**

- NHS Greater Glasgow and Clyde went live with the Neonatal Gentamicin POCT pathway in the Royal Hospital for Children (SCBU) on 20October.
- Princess Royal Maternity due to go-live on 12January.
- Fortnightly meetings to continue with Phase 2 (February – May 2026) Health Boards to work through pre go-live activities.
- Launch event for Neonatal Gentamicin POCT on November 21in NHS Greater Glasgow and Clyde with STV and BBC news in attendance.
- The benefits realisation strategy has been approved for each project.

Further information regarding the launch can be found by clicking the link below: **https://news.stv.tv/scotland/groundbreaking-genetic-test-could-prevent-hearing-loss-in-babies**

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## National Digital Type 2 Diabetes Remission

A national digital intensive weight management programme to support 3,000 people recently diagnosed with type 2 diabetes (T2DM). The programme will run over three years and is expected to help around 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.

### Delivery Milestones - Key Highlights

- Pre-implementation activity with the supplier progressed quickly and is on track to be ready to receive referrals by the end of January.

- Communications toolkit is in development. Focused engagement with Health Boards and Primary Care has continued to include eHealth and Information Governance Leads.
- Development of the National SCI-Gateway protocol progressed ahead of testing and release in January.
- National Information Governance documentation developed and shared with Health Board IG Leads for review, update and approval.
- Decision made at the Programme Delivery Board to provide programme spaces on a first come first serve basis with an annual proportion of the 3,000 spaces allocated nationally.
- On-going discussions with Health Boards to work towards go-live dates from January 2026 (at the earliest).
- Preparation for programme monitoring and reporting via the Programme Delivery Board underway with first reports anticipated in March 2026 subject to first referral dates.

## Ambulatory ECG Patch Monitors

A national remote diagnostic pathway for the adoption of adhesive single lead ECG devices (patches) for post cryptogenic stroke and transient ischemic attack patients that provide 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 five years.

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

## Delivery Milestones - Key Highlights

- Board Senior Responsible Owner (SRO) nominations received from all 14 Chief Executives.
- Board SRO pack and Value Case shared with the nominated SRO.
- First Digital meeting to discuss the Patient Report Pathway held on 24 November and a mini workshop on 3December to explore the potential of a digital solution to automate the upload of the patient report from the supplier portal into the Health Board Clinical Portal.
- First Programme Delivery Board Meeting held on 8December 2025.
- Recruitment continues for Implementation Team – Project Management Team and Clinical Leads.
- Procurement Specification continues to be developed.

Further information regarding the recent Scottish Government Ministerial visit can be found by clicking the link: **Innovation to transform lives of stroke patients - gov.scot**

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## National Digital Type 2 Diabetes Prevention

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

The first two joint Diabetes Remission and Diabetes Prevention Programme Delivery Board meetings held within November and December 2025.

- Recruitment ongoing for Implementation Team – Project Management Team and Clinical Leads.
- Referral pathway workshops are ongoing to develop the self-referral pathway and finalise requirements.
- Procurement Specification continues to be developed.

Further information regarding the recent Scottish Government Ministerial visit can be found here: **Improving health through prevention - gov.scot**.