



Community Pharmacy System Innovation Fund (CPSIF)

Application Form

UK registered businesses with the potential to supply an EPS-ready dispensing system in Wales, can apply for a total grant of up to £111,562.50 across three tiers to enable electronic transfer of prescriptions in Wales. Funding is available to develop the systems required to digitalise community pharmacy in Wales and support activities to implement electronic prescription service (EPS), which result in the successful processing of a live EPS prescription in Wales via an assured patient medication record (PMR) system (tier 1, up to £55,781). Applicants can optionally request support to develop and implement changes that would minimise the requirements for paper use in pharmacies in Wales resulting in demonstration of a paperless prescription journey (tier 2, up to £27,891), and/or to develop a mechanism from within the PMR that generates a push notification to the NHS Wales App to advise patients that medicines are ready to collect (including pharmacy location and opening hours) (tier 3, up to £27,891).

For full details of eligibility criteria, scope and closing dates, and other relevant information please see the guidance document associated with this funding programme. Applicants should fully complete this application form and submit with any required supporting documentation to fundingsupport@lshubwales.com before the closing date.

Completed application forms must not exceed 15 pages in length.

Do not include any confidential or commercially sensitive information in the material you submit to us. All information will be shared with third parties for the purposes of assessing your application against the scope and eligibility criteria. You must not start work on any funded activities before a decision letter is provided to you. Complete all sections of the form.

If you require assistance, please contact us using the e-mail address above.

SECTION 1 - Applicant Details

Company Information

We will use the details provided to perform checks on the company, including a Credit Safe Report and Companies House details. Please note that if you are successful you will need to provide us with evidence of a UK-based bank account in the name of the applicant company into which funds can be paid.

Registered Company Name

Full Company Address

Company Number

VAT Registration Number

Company Size

For guidance on company size please see the Companies House website.

Micro/Small

Medium

Large

Details of any parent or related companies

In order to comply with subsidy regulations we need to ensure that you have declared all subsidies from the single legal entity (company group) to which your company belongs in Section 10 of this application form.

Will your planned project activities affect trade across the Northern Ireland/ European Union border?

Yes

No

Please provide details:

Do you have a UK-based bank account in the name of the applicant organisation?

Yes

No

Please attach evidence of your bank account. This can be a redacted bank statement.

Account Number

Sort Code

Billing Address

Lead Applicant Details

The named lead applicant must be a Financial Director or equivalent and have the capacity to sign off legally binding documents on behalf of the company.

Lead Applicant Name

Position

Contact Number

E-mail

SECTION 2 - Project Details

Title of Proposed Project

Start date

End date

Work to be funded must not begin before you have accepted any offer of funding made through official letter from Life Sciences Hub Wales. We will notify you in writing if/when you are able to begin work. We do not anticipate making offers of funding before 1st April 2023. All funded activities must conclude before 31st January 2025, and all funding claims must be completed before 31st March 2025.

Project Summary (maximum 400 words)

Briefly describe the project you will undertake. Include which funding tiers you intend to apply for in this application. If you are not applying for all funding tiers in this application, please indicate whether you plan to apply later for tiers 2 and 3.

SECTION 3 - Scope

Describe how your project fits the scope of the funding programme. You should refer to the in-scope outputs and success criteria described in the guidance document for each funding tier.

You may wish to explain your motivation for the project; how your project outputs will support the delivery of an Electronic Prescription Service in Wales, a paperless prescription journey in Wales and/or the delivery of a push notification to the NHS Wales app; how you will ensure you meet the success criteria for each tier; how the project outputs will be supplied to pharmacies in Wales. You may attach a PDF to support your answer.

SECTION 4 - Approach

What approach will you take to ensure the project delivers within scope?

You may wish to explain how you will respond to the need/challenge/opportunity identified; whether you will develop new technologies or adapt existing solutions; your freedom to operate; the nature of the outputs you expect from the funded activity. What approach will you take and what will the focus be? With regards to technical details, include any challenges or blockers you anticipate and any joint services you will be dependent on (eg. NHS Spine, ODS, NWSSP, NHS Wales App).

SECTION 5 - Project Team

Describe the roles, skills and relevant experience of all members of the project team.

Include details of the individuals who will work on the project and their relevant experience, expertise and qualifications.

SECTION 6 - Route to Market and Impact

Explain your current position in the market.

Does your company currently supply a PMR system which has been assured by NHS Wales and/or deployed in pharmacies in Wales? What is the deployment footprint for the system? Do you currently supply a PMR system which has been assured by NHS England and/or deployed in pharmacies in England? If so, please provide details. If your PMR system is not currently deployed in Wales, please provide evidence of your plans and potential to do so within the next financial year (1st April 2023 to 31st March 2025), including details of your progress so far. You may attach a PDF file to evidence your answer.

Explain your target customers for the outcomes of this project, and why they would use your product.

Describe any other added value you anticipate the project will result in.

You may wish to include information on the effects of the project on your business' productivity and growth, new job creation and/or staff retained as a result of the funding.

What advantages will public funding offer your project?

Include whether this will enable an enhanced scope of work to be delivered and the likely outcomes for your organisation and pharmacies in Wales.

What will happen to the planned project activities if you are unsuccessful in securing grant funding?

You must consider why public funding is necessary and value for money. For example: Will the project proceed but at a slower rate? Will the project proceed but in an inappropriate timeline? Will the project activities not occur at all?

SECTION 7 - Project Management

How will you ensure the project is managed and delivered effectively?

Please describe the approach to project management for the project. You should explain your project plan and timelines; separate activities into work packages in relation to the milestones required in scope of this grant programme; attach a roadmap.

For successful applications, evidenced and eligible project costs up to the maximum funding amount available for each tier will be paid in defrayed milestones. Milestones will relate to the successful conclusion of each funding tier. Please provide an estimate of the timeline for completing each milestone. Note that it will not be possible to pay claims before 1st July 2023.

SECTION 8 - Risks

What are the main risks for the project?

Please describe the main risks to the project (technical, commercial, managerial) and how these will be mitigated. You should consider compliance with EPS_WELSH_SPECIFIC_REQUIREMENTS_SRS (v2.0) and Dispensing Systems Compliance Specification v5.4 (NPFIT-ETP-EDB-0024). You may wish to include any essential insurance or other compliance considerations in your response. You may wish to include risk scoring (severity x likelihood), pre and post mitigation.

SECTION 10 – Subsidy Status

Please fully declare the following in the form overleaf for the applicant company group (single entity):

- Any State Aid subsidies awarded on the basis of the de minimis regulation in the last three years; and
- Any subsidy awarded on the basis of minimal financial assistance (or equivalent predecessor other than the de minimis regulation) in the last three years.

More information on subsidies can be found in the Subsidy Control Act and the European Commission Regulations.

Award Name	Subsidy Scheme Name	Date of Award	Award Amount (£)	Awarding Body
TOTAL				

Note that it is the applicant's responsibility to fully declare all subsidies awarded in the last three years. If you are uncertain as to whether you have received a subsidy you should take independent legal advice.

SECTION 11 – Declaration

I declare that:

- I am authorised on behalf of the company named in Section 1 of this form to complete and submit this application on their behalf;
- To my knowledge all information provided in this form is complete, correct and accurate at the time of submission;
- The applicant company is viable (i.e. operating as a going concern) at the date of signature below;
- The applicant company and named individuals are not subject to any current material litigation;
- All permits and insurances are in place to allow the project to proceed, including professional indemnity insurance;
- The applicant company has sufficient resources to allow defrayed payments for project activities, with payment dates after the point at which suitable evidence (in the form of demonstrable outputs and actual expenditure) is provided by the company to Life Sciences Hub Wales, verified and processed;
- I am content for the Life Sciences Hub Wales and delivery partners to include information on the company, any grant awarded and other non-confidential in public material such as website publications and case studies;
- In the event of a grant being awarded to the company named in Section 1, I am content for Life Sciences Hub Wales to provide details required to comply with the UK regulations on transparency for subsidies to a third party, and for the third party to publish required data within the public domain.

SECTION 11 - Declaration continued

In signing this declaration I agree for all information provided by me in relation to this application to be used by LSHW and their partners to assess this application in relation to the scope and eligibility criteria of the funding programme.

Should Life Sciences Hub Wales require evidence in support of this declaration, I agree to provide this in a timely manner.

I consent to the collection of my data provided in this application and agree to it being processed and used in accordance with Article 5 UK GDPR 2018 and the Life Sciences Hub Wales privacy notice.

If you should have any questions or concerns about the storage or use of your data, please contact the organisation's Data Protection Officer at hello@lshubwales.com.

SIGNED:

Name

Position

Date

Signature

SIGNED*:

* A second signature is only required if your organisational structure means this is necessary.

Name

Position

Date

Signature

Application Checklist

Please check you have fully completed all sections of the application form and attached documents in support of your application.

If you have not attached the required documents, your application may be declined or delayed.

Section 1 Redacted Company Bank Statement

Section 3 Evidence to support fit with scope

Section 6 Evidence to support market position

Section 7 Roadmap

Section 9 Quotes to support costs