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The National CLEAR Programme

AI-enabled echocardiography audit for heart failure

A funded opportunity for echocardiography providers to find the heart failure their echo reports already describe, and to help shape a national model of care

Expression of interest information pack

Hosted by East Lancashire Hospitals NHS Trust and The National CLEAR Programme.

Expressions of interest close at 5pm on Thursday 26 November 2026

The CLEAR Programme is funded by NHS England and, in part, by an independent grant from Bayer plc. Bayer has had no involvement in developing the material or selecting providers.

November 2026

Welcome to the National CLEAR Programme

Heart failure services across the NHS face well-documented challenges: rising prevalence, long waits for echocardiography, and a coded register that does not reflect what clinicians have already found. Many patients have had a scan that describes their heart function, yet their record carries no heart failure subtype, or no heart failure diagnosis at all.

The information needed to close that gap usually already exists. It sits in the narrative and measurements of echocardiogram reports that have been performed, reported and filed. It is rarely read at population scale.

The National CLEAR Programme, hosted by East Lancashire Hospitals NHS Trust, is inviting NHS and independent sector providers of echocardiography in the five Prevention Accelerator areas to take part in an AI-enabled audit of retrospective echocardiography reports. Seven providers will be selected through this expression of interest. The programme is funded by NHS England and, in part, by an independent grant from Bayer plc to East Lancashire Hospitals NHS Trust, and there is no cost to your organisation beyond staff time.

Participating providers will receive a site-level view of every patient scanned over up to ten years, with heart failure phenotype derived from the report itself, a breakdown by registered GP practice to share with those practices, and benchmarking against the other participating providers.

In return, the findings from all participating providers will build a national picture of heart failure phenotype, coding and reporting, which can inform how heart failure is identified and managed across the NHS.

This is not simply a technology exercise. The audit gives clinicians the evidence, and clinicians decide what to do with it.

We hope you feel encouraged to apply and help shape the future of heart failure diagnosis and care across the NHS.

The National CLEAR Programme
info@33n.co.uk

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Part 1: Information about the AI-enabled echocardiography audit



About this pack

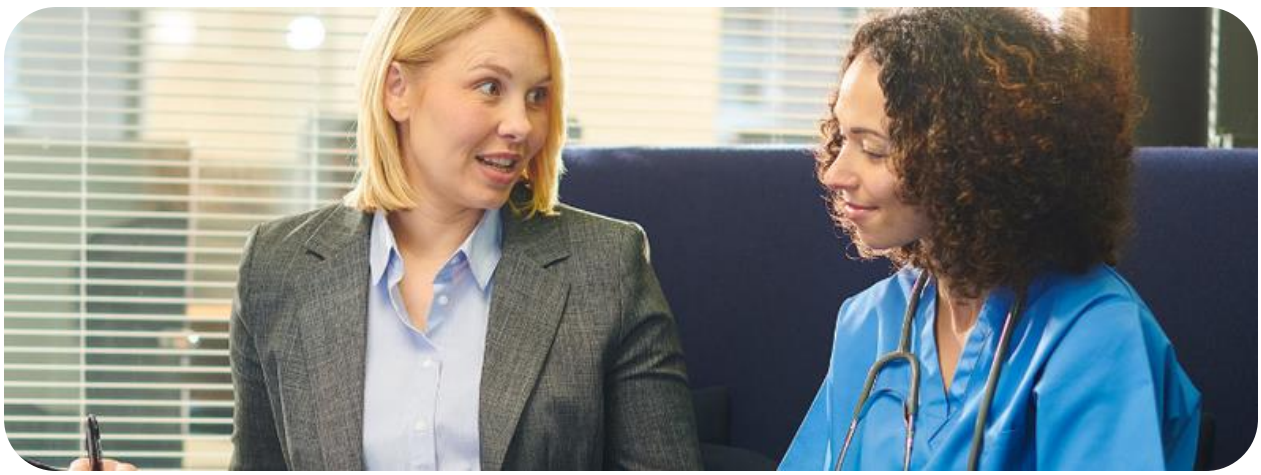
This information pack provides details about the AI-enabled echocardiography audit for heart failure and explains the process for submitting an expression of interest (EOI). We have designed the programme to be as supportive as possible, providing selected providers with analytical capacity and clinical insight to understand their heart failure population in full.

The document is organised into the following sections for ease of reference:

- ✓ **Programme overview and scope:** what the audit is, how many providers will take part and who can apply
- ✓ **Funding and independence:** who funds the programme, and the independence of the audit
- ✓ **The support offer:** what selected providers receive from the CLEAR team
- ✓ **What the audit reads and produces:** inputs, outputs and how the method works
- ✓ **Information governance:** how data is protected at every step
- ✓ **Site roles and time commitment:** who your organisation will need to nominate
- ✓ **Expression of interest process:** the webinar, the deadline, what the form asks and how applications are assessed
- ✓ **Project outline:** the phases and indicative timescales
- ✓ **Part 2, background to CLEAR:** the programme, 33n and East Lancashire Hospitals NHS Trust

This is a funded opportunity (there is no cost to your organisation to take part, aside from staff time) to understand and act on heart failure in your population with national-level support.

If you have any questions, please contact the CLEAR team by email: info@33n.co.uk



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Programme overview and scope

The programme will read the echocardiogram reports your organisation already holds, across up to ten years, using an AI-enabled method against a clinically signed-off rule set. For every patient scanned, it will derive heart failure phenotype (HFrEF, HFmrEF or HFpEF) from the narrative and the measurements together, rather than from ejection fraction or the coded conclusion alone.

How many providers, and which

Seven providers will be selected through this expression of interest. Every application is assessed on the same published criteria.

We are inviting expressions of interest from NHS trusts and independent sector providers that deliver echocardiography, including direct-access echo for primary care, in the five first-wave Prevention Accelerator areas:

- Greater London
- Greater Manchester
- Liverpool City Region
- South Yorkshire
- West Midlands

Each provider applies in its own right. ICBs in these areas have been asked to share this pack with all the echocardiography providers they commission. We expect to select a cohort that gives good coverage across these areas, and more than one provider may be selected from the same area.

Duration

Providers will be involved for around four months, from mobilisation in mid-December 2026 to site reports by the end of March 2027.

Why now

Heart failure is a priority within the cardiovascular disease modern service framework and the Prevention Accelerators.

Accurate phenotyping matters because the treatment evidence, and the incentives attached to it, differ by subtype. A register that reflects what the echo records contain is the foundation for guideline-consistent treatment under NICE NG106.

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Funding and independence

This is a funded opportunity, with no direct cost to participating providers beyond staff time. We set out the funding arrangement in full so that every applicant can see it.

Who funds what

NHS England funds four of the seven audits.

Bayer plc supports three of the seven audits through a grant to East Lancashire Hospitals NHS Trust, as host of the National CLEAR Programme.

All applications are assessed on the same criteria. Audits are allocated to a funding source after selection, and the support each provider receives is the same whichever source funds its audit.

The independence of the audit

- Bayer has no role in site selection, governance, analysis or reporting.
- Bayer receives no data from the audit. It will see only what is published.
- Outputs belong to the NHS and will be published in full, including findings that are not positive, with Bayer's contribution disclosed.
- The audit is product-neutral. It is not linked to, and makes no reference to, any medicine, product or device.

After the funded period

The audit and your site report are fully funded. Any follow-on work in your organisation would be scoped and agreed separately, and is not part of this offer.

This material has been prepared by the National CLEAR Programme. The CLEAR Programme is funded by NHS England and, in part, by an independent grant from Bayer plc. Bayer has had no involvement in developing the material or selecting providers. Bayer may disclose its grant as a transfer of value under the ABPI Code of Practice.



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The support offer

Selected providers will receive comprehensive support throughout the project, delivered by a combined East Lancashire Hospitals NHS Trust and 33n team:

A dedicated CLEAR team

A clinical lead, data analysts, data engineers and a project manager, working with your nominated leads from mobilisation to site report.

Support with data extraction, so that the burden on your IT or BI team is kept to a minimum.

Your site report

Phenotype for every patient scanned.

A breakdown by registered GP practice, to share with practices through your usual clinical route, with the ICB kept informed.

Coding concordance, reporting completeness against NG106 and benchmarking against the other sites.

Governance support

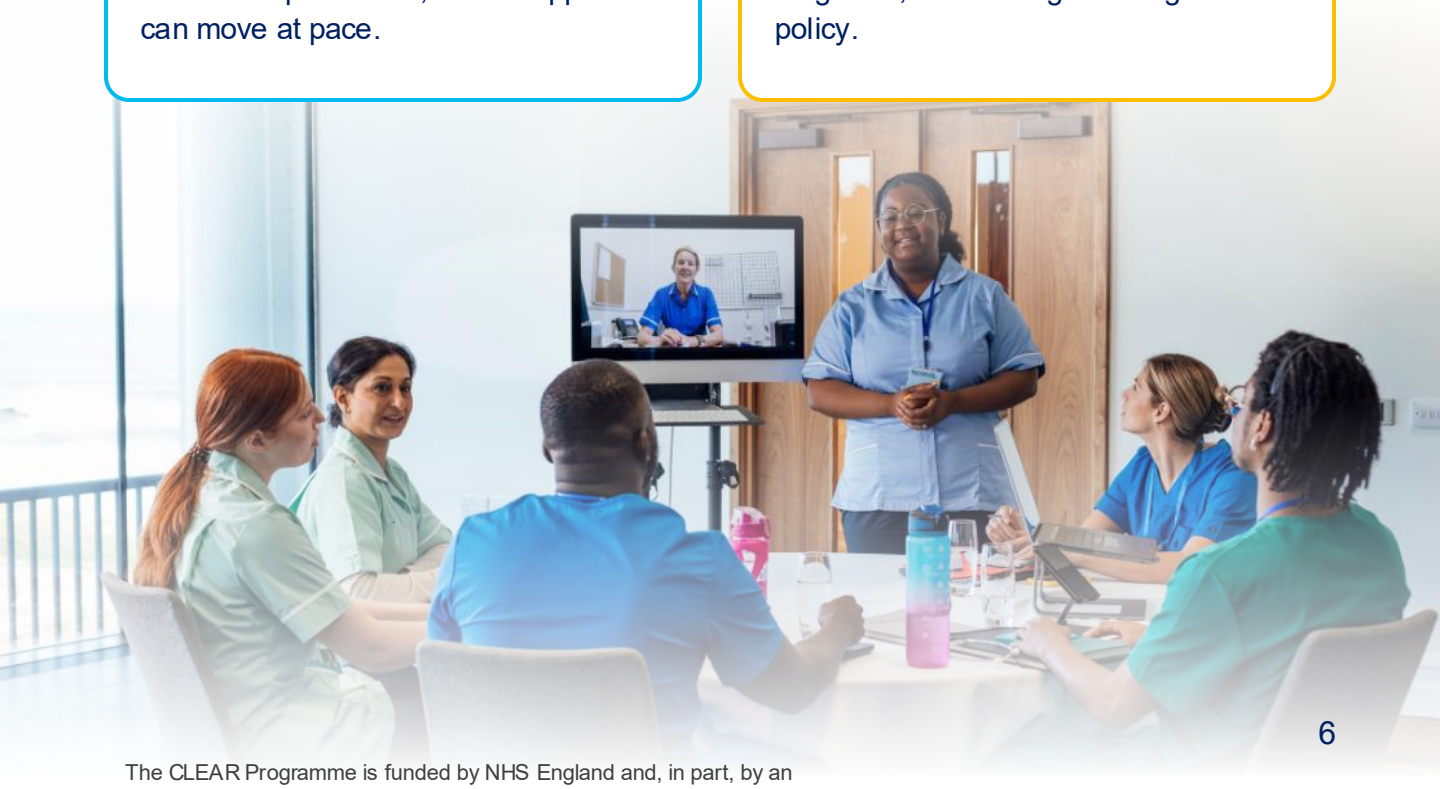
A DPIA template adapted for this audit, and a data processing agreement with your organisation as controller.

Documentation and responses to your local IG requirements, so that approval can move at pace.

National influence

Findings that contribute to a national picture of heart failure identification.

Participating providers showcased as leaders in AI-enabled heart failure diagnosis, with findings feeding national policy.



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What the audit reads and produces

What goes in

- Echocardiogram reports in full: the free-text diagnosis narrative and the structured measurement set.
- Up to ten years of historical reports, so the same patient is followed across serial scans and earlier phenotypes are not lost.
- Where available, clinic letters and BNP results, so that symptoms and treatment can be read alongside the echo findings.

What comes out

- Phenotype for every patient scanned.
- Progression across the lookback of up to ten years.
- Coding concordance: where the report supports a diagnosis the record does not carry.
- Reporting completeness against NICE NG106.

How it works

1 **Extract**
Your IT or BI lead runs a bulk extract of echo reports from the source reporting system, with support from the CLEAR team.

2 **Read**
The AI-enabled method reads each report against a rule set written and signed off by heart failure specialists.

3 **Validate and report**
Outputs are checked by senior heart failure specialists before anything is released, then reported to your organisation.

Clinicians remain in charge throughout. Heart failure is a clinical diagnosis, so outputs support clinical review rather than automatic referral. Where a report does not hold enough information, the output says so rather than inferring.

Heart failure is a new subject for this method, not a new method. Accuracy is measured on each new dataset rather than carried over from previous audits, and details of earlier CLEAR AI-enabled audits are available on request.

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Information governance

Information Governance (IG) is central to this project. Data shared by participating providers will be handled securely, ethically and in line with NHS standards.

What data is required

- Echocardiogram reports, as the minimum: the free-text narrative and the structured measurements, over up to ten years, extracted from the source reporting system
- A pseudonymised patient key, so that serial scans for the same patient can be linked
- Where available, clinic letters and BNP results, approved through your local IG route
- Report date, age band and registered GP practice code, to support aggregation

How it is protected

- Direct identifiers (e.g. names, NHS numbers, full dates of birth) are removed before data leaves your organisation, with support from the CLEAR team. Pseudonymised data is still treated as personal data.
- Your organisation remains the data controller. 33n acts as data processor under a UK GDPR Article 28 data processing agreement with each provider.
- 33n provides a processor-level DPIA and supports your organisation to complete its own through your local IG route.
- Data is transferred via encrypted channels and processed in a secure environment that meets NHS security standards, with role-based access and audit trails.
- Data is never passed to consumer AI tools.
- Outputs are aggregated, with small-number checks before release. Bayer receives no data.

The legal basis and approach comply with UK GDPR, the Data Protection Act 2018 and NHS IG requirements. CLEAR will support your organisation through the process, providing documentation and responding to any local IG requirements.

Patient privacy is treated with the same seriousness as clinical safety.



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Site roles and time commitment

Each participating provider will be asked to assign key roles to support the successful delivery of the programme. This includes an executive sponsor to champion the work at board level, a clinical lead (a consultant cardiologist, heart failure lead or echocardiography lead) to own the clinical findings, a named information governance (IG) lead to act as the primary point of contact for the DPIA and the data processing agreement, and a named IT or BI lead to run the bulk extract of echo reports alongside the CLEAR team. You can also name anyone else who will support the work.

The IT or BI lead is essential, as they will be responsible for extracting the echocardiography reports; without this role in place, participation will not be possible.

What we will ask of your organisation

- Executive sign-off confirming that the necessary resources will be allocated
- Where your echo reports are stored, the system they sit in, how long that system has been in place and the format reports are held in
- Confirmation that a bulk extract of up to ten years of reports, including the full free text, can be run from the source system, followed by a small test extract within four weeks of submitting the expression of interest
- Whether your echocardiography service is BSE-accredited, and whether clinic letters and BNP results could also be provided, and from which systems
- An IG route that can complete the DPIA and data processing agreement within around four weeks of selection
- A named forum that will receive the site report, and a clinical lead for the review of findings

Time commitment

Most of the time commitment sits with the IT or BI lead for the data extraction, mainly in January 2027. The IG lead completes the DPIA and data processing agreement, and the clinical lead reviews the findings. The CLEAR team will agree a plan with each provider at kick-off.

It is important that your nominated leads are briefed on the project and that you include their details (including contact details) in the expression of interest form.

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Expression of interest process

The programme begins with a straightforward expression of interest (EOI) process, designed to gather enough information to select a committed and diverse cohort of providers.

Information webinar. 12:30 to 1pm on Friday 20 November 2026. Attendance is not required in order to apply. Register for the webinar here.

Application. Submit one form per provider by 5pm on Thursday 26 November 2026. It asks for your named leads, the system that holds your echo reports, how many years are held and in what format, BSE accreditation, whether clinic letters and BNP results are also available, and how a bulk extract would be run. You can access the online form here.

Notification. Every provider that applies will hear the outcome by Friday 4 December 2026. Unsuccessful providers will be considered for future phases.

Questions. Please contact the CLEAR team by email: info@33n.co.uk

How applications will be assessed

The CLEAR team and East Lancashire Hospitals NHS Trust, with NHS England and clinical advisers, will assess applications against these criteria, and the panel will seek coverage across the Prevention Accelerator areas. Bayer has no role.

- Up to ten years of echo reports, with the narrative and measurements extractable, and a confirmed route to a bulk extract
- BSE accreditation and departmental quantitation, scored positively
- An IG route that can move at pace
- Executive sponsor, clinical lead, IG lead and IT or BI lead named
- Willingness to act on the findings through a named forum

Information webinar	**Friday 20 November**
EOI deadline	**5pm Thursday 26 November**
Providers notified of outcome	**By Friday 4 December**
Mobilisation begins	**Monday 14 December**

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Project outline

Every participating provider follows the same plan, with final site reports by 31 March 2027. East Lancashire Hospitals NHS Trust is the pilot site, with initial findings in December 2026 to test the method. All timescales are indicative.

Phase 1: Mobilisation and planning December 2026 to January 2027

Key activities

- Kick-off with each provider's nominated leads
- Clinical rule set signed off by heart failure specialists
- DPIA and data processing agreement started locally
- Test extract run and data specification agreed

Phase 2: Site initiation and extraction January to February 2027

Key activities

- IG documentation completed
- Full extract run from the source system
- Secure environment configured
- Method tested on your data

Phase 3: Analysis and reporting February to March 2027

Key activities

- Outputs validated by senior specialists
- Draft site report reviewed with your clinical lead
- Final site reports and cross-site summary by 31 March 2027
- Findings shared through your named forum

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Part 2: Background to CLEAR



What is CLEAR?

CLEAR stands for Clinically Led workforcE and Activity Redesign.

The National CLEAR Programme was developed with Health Education England and is now commissioned by NHS England, by regions and by individual systems. It is hosted by East Lancashire Hospitals NHS Trust and delivered by the trust together with 33n.

The principle behind CLEAR is that the people best placed to redesign a service are the clinicians who work in it, supported by proper data and given the time and method to do it. CLEAR provides the analytical capability, the structure and the facilitation, and clinical teams provide the judgement.

AI-enabled audit

AI-enabled audit extends the CLEAR approach by reading, at population scale, clinical records that already exist, against a rule set written and signed off by specialists. It gives a whole-population picture rather than a sample, and it can be repeated on the same rule set to show whether practice has changed.

33n: who we are

33n are experts in data-driven healthcare redesign. Our clinically-led team of more than 70 specialists includes NHS clinicians, educationalists, project managers and data engineers.

Hosted by East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust hosts the National CLEAR Programme and is the contracting organisation for this programme. NHS hosting means that clinical leadership and pathway ownership stay with the NHS throughout.

A 90-second introduction

A short animation explaining the CLEAR approach is available at youtube.com/watch?v=buXkhTY0luM



The impact of CLEAR

90+

transformation projects completed since 2019

£75m+

productivity gains identified

200+

NHS staff trained in the CLEAR methodology

70+

specialists in our clinically-led team

Since launching in 2019, the National CLEAR Programme has completed more than 90 transformation projects across key NHS priority areas, identifying productivity gains of more than £75m. More than 200 NHS staff have been trained in the CLEAR methodology.

Prior CLEAR delivery should be read as delivery learning rather than a performance guarantee. This audit applies the method to echocardiography for the first time, and its measures are defined prospectively for this programme.

Source: National CLEAR Programme, programme figures confirmed August 2026.



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