



nevermind

NEurobehavioural predictiVE and peRsonalised Modelling of depressIve symptoms
duriNg primary somatic Diseases with ICT-enabled self-management procedures



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R = Report E = Ethics P = Prototype D = Demonstrator O = Other W = Website, patents, filing, etc.	PU = Public PP = Restricted to other programme participants (including the Commission Services) RE = Restricted to a group specified by the consortium (including the Commission Services) CO = Confidential, only for members of the consortium (including the Commission Services)

www.nevermindproject.eu

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INTRODUCTION

NEVERMIND project context and overview

The NEVERMIND project aims to advance the current management of mental disorders in co-morbidity with a primary somatic disease through the use of information and communication technologies (ICT). The main objective of NEVERMIND is to empower patients who suffer from symptoms of depression related to a serious somatic disease by placing them at the center of their mental healthcare. The main expected outcomes for the self-management of mental health through the NEVERMIND platform are to increase the well-being of patients, to reduce the high prevalence of depressive symptoms in severe conditions, and the healthcare costs associated with psychiatric comorbidity in somatic illness.

Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease (WHO). At its worst, depression can also lead to suicide. In patients with severe somatic diseases, the prevalence of depressive symptoms is much higher compared to the normal population. Depressive symptoms in patients with somatic diseases have important consequences on morbidity, quality of life and response to treatment and prognosis. The current literature suggests that a depressive mood status worsens the outcome of the primary disease. Therefore, the presence of depressive symptoms, whether or not they are sufficient to fulfill the diagnosis of clinical depression, does not only negatively impact the quality of life (QoL) of patients, but also affects the prognosis of the medical condition itself. Currently, in most EU healthcare systems treatment for patients with serious somatic diseases does not incorporate a preventive approach and early diagnosis of the onset of depressive symptoms alongside the treatment of the primary disease.

Two important innovations of the NEVERMIND project are the promotion of patient's self-management of depressive symptoms, and the development of clinical predictors of the onset of depression for patients diagnosed with severe medical disorders. The patients will be equipped with a smartphone and a lightweight sensorised shirt that will collect data about their mental and physical health, and provide effective self-managing feedback

to the patient. The physiological data, along with sleep and speech analysis, will be combined with social interaction monitoring, mood agenda, and daily electronic diary and questionnaire scores to evaluate all the aspects of patients (psychological, physical, and social) as a whole. Based on the collected information the NEVERMIND integrated treatment platform, will provide personalized advice to the patient such as behavioral advices, mindfulness training, electronic cognitive-behavioral therapy, or referral to a physician. A fundamental aspect of the project is that the NEVERMIND system will process the collected data in real-time to predict how the health of the patient will evolve in the near future, and such predictions will inform the NEVERMIND feedback to the patient for self-management of health and wellbeing.

The NEVERMIND consortium is an EU-funded research project under Horizon 2020. It is comprised of nine partners from several European countries: Germany, Italy, Portugal, United Kingdom, Spain and Sweden. The leading partner is Italy, the “Centro Enrico Piaggio” at the University of Pisa. The NEVERMIND objectives will be addressed thanks to the effort of the multi-disciplinary consortium of technical, commercial and clinical partners that will work and share expertise and resources to reach the objectives of the research project.

Purpose of the dissemination and communication plan

The purpose of this document is to establish a well-defined dissemination and communication strategy to maximize the impact of NEVERMIND. The project objectives, rationale and results should be effectively disseminated to all potential stakeholders. This plan will particularly focus on the scientific community. As laid out in Work Package 8 (WP8), dissemination activities will be led by Karolinska Institutet and Inventya. This document also considers the relationship between dissemination and exploitation activities.

OBJECTIVES

The objectives of the communication and dissemination plan are:

- To identify potential stakeholders and their interest and influence in the NEVERMIND project throughout a stakeholder analysis.

- To create a valuable stakeholders group throughout the project duration to maximise NEVERMIND's impact and inform exploitation activities
- To describe the dissemination activities, particularly concerning academic dissemination, to effectively engage with stakeholders throughout the life of the project.
- To establish procedures and guidelines in regards to communication and dissemination activities as a reference for the consortium members.
- To evaluate the impact of the dissemination activities.
- To function as an accountability tool for the consortium members so that each partner has an active role in the production of material and initiatives within the dissemination plan.
- To foster a culture of collaboration and knowledge sharing within the consortia.

AUDIENCE

The stakeholder analysis identified the major stakeholders for NEVERMIND which are summarised in table I.

STAKEHOLDER	POSITION (a)	INTEREST (b)	POWER (c)
European Commission	Supporters	High	High
European/ national level policy makers: health authorities responsible for guidance and advice in health and social care.	Supporters	High	High
National and regional health care commissioners (Public and private national authorities, municipalities and county councils responsible for health services founding)	Supporters	High	High
Patients/disease groups/main caregivers	Supporters & Opponents	High	Low
Health professionals	Supporters	High	Low
Mental health professionals	Supporters & Opponents	High- Low	Low
eHealth and mental health research community	Supporters	High	High

eHealth industry sectors	Supporters	Medium-High	High
European, national and local non-profit mental health/health organizations (Charitable bodies)	Supporters	Medium-High	Medium-High
Public and private clinical centers	Supporters	High	High
mHealth	Supporters	High	High
Health insurance companies	Supporters	High	High
Public and private mindfulness centers	Supporters	High	High
European organization's networks for the elderly	Supporters	High	High
Pharmaceutical companies	Supporters & Opponents	High	High

Stakeholder analysis – Table 1

(a) Position:

Refers to the stakeholder's potential status as a supporter or opponent of the research project.

Stakeholders who are considered to agree with the implementation of the research project are considered supporters. Those who might disagree with the research project are considered opponents. And those considered not have a clear opinion are considered neutral.

(b) Interest:

Refers to the interest the stakeholders might have in the research project. This is based on the advantages and disadvantages that implementation and results of the research projects may bring to the stakeholder.

(c) Power:

- 1) Refers to the ability of the stakeholder to affect the implementation of the research project, to their potential support or opposition for the trial and future implementation of NEVERMIND if proved to be effective.
- 2) The *European Commission* funds the NEVERMIND research project through the EU Framework Programme for Research and Innovation called Horizon 2020. The European Commission has a strong commitment and power in supporting good quality research, and to increase healthcare quality and access.
- 3) *National health authorities*, responsible for guidance and advice in health and social care, might play an important role in supporting the implementation of the research study. If NEVERMIND is proved to be effective, national health authorities could also have a high interest in implementing eHealth solutions to improve the quality of life of patients diagnosed with serious somatic diseases such as cancer, kidney failure, leg-amputation and myocardial infarction. National health authorities might also have the power to implement and/or recommend e-health interventions that have been proved to be effective and cost-effective. As policy makers, they have the leadership to affect health care systems when attaching high priority to a particular intervention, package of care.
- 4) *National and regional health care commissioners* are interested in cost-effective good quality care. Therefore they are potential supporters of the NEVERMIND research project. If the results of the NEVERMIND evaluation trial shows that NEVERMIND is an effective and cost-effective intervention it might also attract the interest of this bodies that also have the power to shape and found health care provision nationally or locally. Health care funding bodies possess the resources and have the ability to mobilise those resources.
- 5) *Patients/disease groups*: patients support groups within the communities for somatic diseases targeted at the NEVERMIND research project, might have a strong

interest on new approaches that are design to improve their quality of life and the effectiveness of their primary somatic diseases treatment. These groups will therefore potentially be an interested party in the research project. In addition, if NEVERMIND was proved to be effective in its purpose, patient groups might also be likely to support the implementation of NEVERMIND within the health care. Yet, since patient groups might lack resources, they will most probably not possess the power to affect its implementation.

- 6) *Health care professionals* involved in the treatment of NEVERMIND patients will most likely be interested and be supporters of the research project. NEVERMIND may be perceived as an initiative that can improve the current package of care provided to these patients. However, since health care professionals might not have the ability to mobilise resources for the implementation of health care provision, they are considered to have low power in the implementation of NEVERMIND even.
- 7) *Mental health professionals* might play a role as supporters, but they could also show caution towards the NEVERMIND research project. On the one hand, part of the mental health professionals might embrace the NEVERMIND as a positive initiative to fill the gap in the health care provision to cover the mental health needs that patients with serious somatic diseases might require. On the other hand, a proportion of mental health professionals might receive the initiative with caution. They might argue that face to face assessments and CBT therapy consultations with mental health professionals could not be substituted by the NEVERMIND platform. They could also perceive the initiative as a threat to their own professional competencies. Mental health professionals might not have the ability to affect or mobilise resources towards such initiatives, even when they were supporting them.
- 8) *The research community within mental health and eHealth* are interested parties in the NEVERMIND project. The accomplishment of this research project will add knowledge and innovation on the application of information and communication technologies (ICTs) on mental health. The research community will be leaders in ensuring that decision-makers are reached with the study results.
- 9) *eHealth industry sector* might have a neutral position regarding the NEVERMIND during the life of the project. However, eHealth developers might later become supporters if the NEVERMIND system is proved to cut costs for the healthcare system and improve the wellbeing of the involved patients. The private sector might have the interest and resources to commercialise NEVERMIND in later stages.
- 10) *European, national and local non-profit mental health/health organizations* are likely to be interested in NEVERMIND. Those organisations are leading agencies advocating for better health in Europe, nationally and locally. They could provide a valuable support by disseminating information and results of the NEVERMIND

research project within their networks, increase awareness and influence policy makers.

- 11) Public and private clinical centers that are specialized in the treatment of the disease. The NEVERMIND concept has the potential to be perceived as a cost solution that could be implemented to improve the follow up of patients out from the clinic and at the same time offer a tool to promote mental health and lifestyle changes. NEVERMIND system could be acquired directly through Hospital procurement engines.
- 12) The mHealth industry sector can be considered as a more specific area of eHealth that focus on providing health care services through mobile technologies. In this area Mobile Operators and Device vendors could be interested in supporting the NEVERMIND initiative to promote specific health services for their clients.
- 13) Health insurances companies could be interested to support NEVERMIND in case that there is a measurable decreased risk of disease complications and an improvement of the customer's quality of life.
- 14) Public and private mindfulness centers might be interested in testing a mindfulness application. They can provide feedback and support to optimize the system.
- 15) European organisation's networks for the elderly might be interested in the whole Nevermind system, or in sub-modules according to the specific needs for the elderly population. They could also provide feedback and support to optimize the system.
- 16) Pharmaceutical companies that have traditionally focused on antidepressant medication might be interested in exploring new opportunities to offer effective (non-pharmacological) treatments to patients with somatic diseases and comorbid depression, particularly because traditional antidepressants may be problematic for some patients who are already taking many other medications for their primary organic disease (concern over drug interactions). In addition, pharmaceutical companies might regard something like the NEVERMIND app as an opportunity to add value to their own products, if offered adjunctively. However, some pharmaceutical companies that focus only on pharmacological treatment of mental disorders might be skeptical of this approach, as it may be viewed as emphasizing non-pharmacological interventions (e.g., mindfulness, CBT) and thus might be regarded as "competition" concerning the depression treatment market.

MESSAGES

Table 2 has a messaging matrix to tailor each audience with a specific message.

Key messages – Table 2

Target group	Key messages
Scientific community	Self-management of mental health through the NEVERMIND platform is aimed to increase the well-being of patients and reduce healthcare costs associated with psychiatric comorbidity in somatic illness.
Policy makers at the EU and national levels	NEVERMIND is aimed at developing a cost-effective tool for self-management of mental-health in patients with somatic illnesses, using ICT. NEVERMIND is designed to be transferred and implemented into the healthcare processes.
Medical device and healthcare technology industries	Synergies/dependencies between NEVERMIND technology development and broader e-health and medical device innovations. Future partnering/exploitation opportunities.
National health care commissioners	Self-management of mental health through the NEVERMIND platform is aimed to increase the well-being of patients and reduce healthcare costs associated with psychiatric comorbidity in somatic illness. NEVERMIND is designed to be transferred and implemented into the healthcare processes. NEVERMIND is aimed at improving quality of service and productivity of staff.

<p>National patient and carer groups</p>	<p>Depression and other psychological symptoms in patients with severe somatic illness are preventable.</p> <p>Mental health is a key determinant of general health.</p> <p>ICT tools are helpful for effective self-management of mental health.</p>
<p>Target group</p>	<p>Key messages</p>
<p>National secondary care specialist, consultants, nurses, CBT practitioners.</p>	<p>NEVERMIND is aimed to effectively deliver self-management of mental health in combination with face to face therapies.</p> <p>Self-management of mental health through the NEVERMIND platform is aimed at increasing the well-being of patients.</p> <p>NEVERMIND is aimed to improve patient's outcomes and be ease to use.</p>
<p>National primary care doctors, nurses</p>	<p>Self-management of mental health through the NEVERMIND platform is aimed to increase the well-being of patients.</p> <p>NEVERMIND is aimed to improve patient's outcomes and be ease to use.</p>
<p>EU and National charities.</p>	<p>NEVERMIND can be a cost effective addition to the current portfolio of tools to deliver interventions in self-management of mental health.</p> <p>NEVERMIND is aimed at developing a cost-effective tool for self-management of mental-health in patients with somatic illnesses, using ICT.</p>

Investors	Mental health management industry is growing and presenting investment opportunities. Potential return on investment if investing in a technology like NEVERMIND.
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CHANNELS

This section will describe the primary communication channels for each stakeholder group. Different tools and activities will be used to promote NEVERMIND which should tailor the needs of the different target audience.

Communication channels

Project logo and visual identity

A consistent visual appearance (with the project logo) will be ensured wherever possible by the use of unique templates for Power Point presentations, posters, leaflets, reports and deliverables. The EU funding will always be acknowledged using the EU flag and the Horizon 2020 logo, in agreement with the guidelines issued by the European Commission.

Project website

The project website will be initially developed to spread general information on NEVERMIND objectives, methods and expertise of the research consortium. It will provide updated news on the project's progress and results. It will also contain a specific section dedicated to each stakeholder group (i.e., scientific community, policy makers, general public). A restricted area of the project website will be used to easily share documents and materials among project partners. EU funding will be acknowledged on the Home page of the project website. The project website will be developed by UNIFI and be ready by month 6.

Project flyer

A factsheet describing NEVERMIND objectives and methods will be developed for both web and print publishing. The leaflets will describe the project's objectives, partners and methodology. A section presenting expected results will be included and it will be revised at the end of the project in order to show achieved results. The leaflet will also contain contact information and the projects' consortia members' website addresses. The leaflet will be translated into the languages of all participating countries. The project flyer will be prepared by KI and be ready by month 6.

Scientific activities

Each partner will be encouraged to disseminate the project's rationale and results through scientific posters and presentations during international, national and regional conferences and congresses. Workshops and symposia will be proposed by the Consortium at the Congress of the European Psychiatric Association (EPA) and the World Psychiatric Association (WPA).

The Consortium will publish the NEVERMIND evaluation protocol in an Open Access Journal and will collaborate to scientific publications on NEVERMIND outcomes.

Educational activities

Wherever possible, partners will include the project's conclusions in the curriculum of master or doctoral level educational programmes (engineering, public health, mental health, etc) in participating countries and will propose NEVERMIND findings and outcomes as the subject of master and doctoral theses.

Reports and recommendations

NEVERMIND findings will be published in reports with recommendations for future initiatives using ICT systems for self-management of mental health. Reports and recommendations will be distributed to key stakeholders at the EU and national levels.

Media coverage

Extensive media coverage by TV, radio, newspapers and journals, particularly at national and local level, will be ensured through press releases, interviews and articles.

Social media

An important promotional activity of NEVERMIND will be the creation of a project profile on main social media communities (e.g. Facebook, Twitter, and LinkedIn). Each profile will be used to deliver information to the public about progress and results of the project. All partners will participate in keeping NEVERMIND social media presence alive.

Link exchange

A link to the project website will be published on the partners' institutional website and, whenever possible, on the website of associations and organizations involved in the

process of dissemination (e.g., patient organisations, European Psychiatric Association, hospitals participating in the project etc.).

Other projects

Coordinators and key actors of other projects, networks and initiatives with similar NEVERMIND aims and/or methods will be contacted in order to share experiences and knowledge and encourage the identification of potential areas of collaboration, including the organisation of dissemination events.

Demonstration events and workshops

A series of workshops will be organised at related events (e.g. AALForum) with the view of sharing project results so far and receive feedback from stakeholders. Organising workshops at related events will facilitate attendance by stakeholders and thus maximise the dissemination opportunity. A final demonstration event will be organised to showcase the NEVERMIND outcomes in month 46 with the objective of gathering as many stakeholders as possible.

Consortium partner networks and channels

In addition to the above channels, NEVERMIND will also rely on the partners existing channels and networks to disseminate the project results including partner websites, partner newsletter and existing links with media.

A continuation, in table 3 is listed specific dissemination & communication activities and channels for each target audience group to be used by the NEVERMIND consortium.

Target audience group & channels/activities – Table 3

Target audience group	Communication channels and activities
Scientific community	<p>Project methods and results will be published on the project's and partners' websites.</p> <p>Results of the project will be made available to in EU reports, other reports, national and international scientific journals, posters and presentations and at major national and international congresses.</p> <p>Masters and doctoral level educational programmes (public health, mental health, behavioural sciences) in participating countries will include NEVERMIND activities and findings in the curriculum, wherever possible.</p> <p>A road map for future research on self-management of mental health using ICT will be established, published and regularly updated on the NEVERMIND website.</p>

<p>Health care commissioners & policy makers at the EU and national levels.</p>	<p>A multi-stakeholder ecosystem will be created involving significant existing networks and contacts including, professional bodies and international organisations in the field of sensor technology, software development and mental health.</p> <p>NEVERMIND project flyer and a specific section of the project's website will be dedicated to policy makers and health care commissioners.</p> <p>Publication of NEVERMIND results in local and national newsletters of relevant organization will be sought.</p> <p>Demonstrations for policy makers will be organised in order to present the main features and functionalities of the NEVERMIND system.</p> <p>NEVERMIND project will provide reports and suggestions to the EU (e.g., EC DG for Health and Consumer Protection and other concerned directorates), national politicians, healthcare authorities (e.g., national ministries of health/social affairs and education) and planners.</p> <p>The main findings of the project and recommendations will be compiled in a comprehensive publication: "NEVERMIND manual for effective Self-management of Mental Health". The target audience of this NEVERMIND Manual will be policy makers and other stakeholders, and it will be distributed on the EU, national and region levels.</p>
<p>National primary care doctors/ nurses & secondary care Specialist/CBT practitioners.</p>	<p>Professional networks; seminars; posters; national conferences; internal meetings; internal publications.</p> <p>An information pack will be prepared detailing the benefits of using NEVERMIND as well as use cases to showcase how NEVERMIND could be used as part of their activity.</p> <p>Training events will be organised on the use of NEVERMIND.</p>
<p>National patient and carer groups, national charities.</p>	<p>Conferences (papers and exhibitor opportunities), local events, internal publications, website articles and news stories, social media; whitepapers.</p>



<p>Medical device and healthcare technology industries, distributors.</p>	<p>Conference and trade shows (paper-giving and exhibitor opportunities); networking events; online magazine and forums; social media.</p> <p>Demonstration will be organised to present the main features and discuss partnership opportunities.</p> <p>A partnership pack will be prepared detailing the benefits of licensing/partnering with the NEVERMIND start-up and opportunities for revenue sharing.</p>
<p>Investors</p>	<p>Conference and trade shows; existing contacts; workshops and events; networking events; online magazine and forums; social medias; newsletter.</p> <p>An investor pack will be prepared detailing the opportunity to invest in the start-up company dedicated to the exploitation and commercialisation of NEVERMIND.</p>

TIMING

Dissemination and communication activities will take place across all the target audience groups at different times in the project cycle. The activities will be scheduled and ad hoc.

Key performance indicators – Table 4

Activities	Indicators (i)	Timing
<p>Attendance to conferences and events related to healthcare to:</p> <ul style="list-style-type: none"> - establish networks - engage with stakeholders 	10	During the 4 years duration of the NEVERMIND project.
<p>Exhibiting NEVERMIND at conferences and events related to healthcare/mental health:</p> <p>To reach the scientific community through attendance and presentations of each partner in congress and conferences at national and international level.</p> <p>Members of the consortium will actively participate in at least 4 conferences or congress with a presentation about NEVERMIND in the form of an oral presentation or posters regarding NEVERMIND.</p>	4	During the 4 years duration of the NEVERMIND project.
<p>Scientific journal articles:</p> <p>The consortium will produce at least 8 articles in total concerning the project.</p> <p>In accordance with H2020 rules, the articles will be open access.</p>	8	During the 4 years duration of the NEVERMIND project.

Press releases	3 per year	12 press releases in total during the 4 years duration of the project.
Whitepapers	2	During the 4 years duration of the NEVERMIND project.
Social networks reach and membership	200	During the 4 years duration of the NEVERMIND project.
Newsletter	quarterly	16 newsletters in total during the 4 years duration of the project.
Activities	Indicators (i)	Timing
Stakeholder workshops: Including one training workshop for primary and secondary care users.	5	During the 4 years duration of the NEVERMIND project.
Video about NEVERMIND: One video explaining the project at the beginning of the project. A second video collecting stakeholder opinion at the Final event.	2	Beginning and end of the project.
Demonstration event: One Final international demonstration event	1	At the end of the project.
Total audience reached	At least 500 people per year (2000 over project duration)	During the 4 years duration of the NEVERMIND project.

Stakeholder engagement	At least 50 per year (200 over project duration)	During the 4 years duration of the NEVERMIND project.
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- (i) A series of performance indicators have been agreed by the NEVERMIND consortium to ensure that the impact from dissemination activities is maximised across Europe.

ACCOUNTABILITIES

Roles and responsibilities

- NEVERMIND and its members will always acknowledge the funding sponsor: the European commission and the H2020 programme.
- A range of dissemination tools and branded document templates will be made available to consortium members. The NEVERMIND brand is distinctive and will be used consistently in all project dissemination and communication activities.
- All members of the consortium will perform dissemination activities in their own countries as a part of the dissemination plan.
- Consortium member should give advance notification to the WP8 leader (INVENTYA) and coordinator (UNIPI) on any dissemination activities.
- The WP8 leader will offer communication assistance at any time to members who may need help with creating dissemination materials such as exhibition stands, and press releases.
- Each partner will identify their local bodies, institutions, authorities and organizations that correspond to each of the stakeholders groups identified in this document. A list of such institutions will be provided to the leader of WP8.
- After the launch of the NEVERMIND internet website, each partner will send the project flyer to the identified bodies which will contain NEVERMIND website and description of the project. At a later stage information regarding the effectiveness of the NEVERMIND platform will also be sent to the identified stakeholders.
- The NEVERMIND partners will report all the performed dissemination activities to the WP8 leader through a restricted area of the project website destined to this purpose. In the internal part of the project website, partners will find, and fill in, a web form similar to the *dissemination activity report template* (see Annex I). A record of the dissemination activity should be kept in all cases (leaflet, scientific conference programme, etc.) and an electronic version of those records be uploaded with the web form.
- The leader of WP8 will keep track of all dissemination activities, and the impact of those activities. The impact of the activities will be evaluated through selected indicators such as size of audience (e.g., number of participants to workshops, symposia and other events) impact factor of journals, number of copies of distributed materials, number of website visits, etc. Therefore, the partners will also report information on quantitative measures on each performed dissemination activity.
- The dissemination outputs produced by consortium members will be archived in the restricted area of the project website.

- The leader of WP8 will monitor the dissemination process and potentiate activities in the areas which receive less attention.
- KI will produce a yearly impact report to track dissemination progress.

Cross-consortium person month effort for dissemination – Table 5

Partner	Person months for WP8 Dissemination and Communications
UNIFI	4
UPM	2
UESSEX	3
UNITO	1
AIDFM	1
KI	10
INVENTYA	17
GAIA	1
SMARTEX	2

DISSEMINATION, EXPLOITATION AND INTELLECTUAL PROPERTY (IP)

The processes of dissemination, engagement and communication are integral to NEVERMIND's project activities. Where effective communications and engagement embeds NEVERMIND within its stakeholder communities and contributes to learning, knowledge sharing and experimentation, the processes of exploitation can be enriched and informed.

As laid out in Work Package 7 (WP7) of the Description of Work document, NEVERMIND project exploitation and market innovation activities draw a clear plan for how NEVERMIND can commercialise **both** the outputs of the project (such as the overall system design or technology platform) **and** consortium members' outputs (such as sub-components).

By month 6, WP7 leader Inventya will develop an early analysis of the market opportunities (D7.1) and by month 12 will produce suitable business models and value chain requirements (D1.4) that will be integrated in the first exploitation plan deliverable (D7.2). The first exploitation plan and the yearly IP report (D7.5) will contain guidance on how the creation of foreground knowledge by consortium members may impact upon broader dissemination activities and what steps the consortium will take to protect commercially valuable information.

Throughout the lifetime of the NEVERMIND project, exploitation activities include:

- Investigation & critical review of all relevant background
- Analysis of complementary and competitive services; relevant shortcomings that need to be addressed; identification of emerging best practices
- Setting up of deployment scenarios, market and business models for individual exploitation and
- Shared or joint exploitation; specifying collaboration roles, costs and revenue flows; specifying necessary law enforcement and other conditions that need to apply in order to make such scenarios feasible
- Validation of business models and deployment scenarios
- Organization, planning and execution of dissemination activities to create full awareness of NEVERMIND activities, its approach and results; establishing contact with key third parties for exploitation
- Regular review, revision and refinement of partner-specific exploitation plans and joint /collaborative business plans in the light of interim project results; formalisation of agreements for joint exploitation among partners and third parties.

An important aspect of both dissemination **and** exploitation lies in the effective management of Intellectual Property (IP). IP brought into NEVERMIND by individual members at the outset of the

project is referred to as 'background IP'. IP created by NEVERMIND members as a result of the NEVERMIND project is called 'foreground IP'.

In accordance with H2020 rules for participation, the Consortium Agreement (CA) governs dissemination, access rights and use of knowledge and intellectual property. To ensure that these terms are followed, to avoid disputes and to facilitate exploitation planning, an **IPR and Exploitation Working Group will maintain an IPR Register throughout the lifetime of the project**. This Group has been set up by INVENTYA during the first weeks of the project and will continue regular discussions during each subsequent year of the project.

The IPR register lists all items of knowledge relating to the work of the project (including pre-existing know-how, background, and results developed in the project, foreground) and make explicit for each item:

- The owner(s)
- The nature of the knowledge, its existing level of protection if already patented, and its perceived potential for exploitation
- The currently agreed status of the item concerning access rights, plans to use the knowledge in exploitation, or plans to disseminate it outside the Consortium
- Measures required, or in place, to ensure protection of IPR for the item

Every six months, IP reviews will be conducted with partners in order to identify potential foreground IP that may arise from the research. This process will be supervised by INVENTYA with the support of all partners. In addition, an IP Form will be prepared by Inventya to enable each partner to easily identify new IP generated as part of the project, for addition to the IP Register.

The IPR Register will be regularly updated, shared with all partners and included in the yearly IP report (D7.5). It will be reviewed and agreed by the NEVERMIND Project Coordination Team during the plenary meeting.

APPENDIX

Annex I – Dissemination activity report template

I. NEVERMIND partner information

Centre & country:

Principal investigator:

2. Dissemination activity description

Geographical location

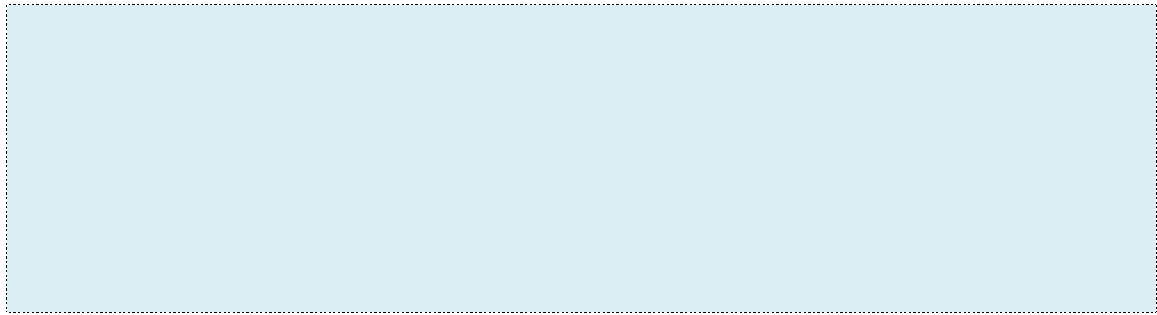
Stakeholder/audience (policy makers, scientific community, patient's groups, etc)

Host of the event:

- Name of organisation

- Type of organisation (university, healthcare bodies, NGO, etc)

Dissemination activity (article, poster, interview, informative material delivered, meeting, press release, presentation, networking, etc.)



3. Dissemination activity impact

Please provide a quantitative indicator (size of audience, impact factor of open access journals, number of copies of distributed materials, etc.) so that dissemination impact can be evaluated.

