



Small Business Research Initiative (SBRI) Healthcare Programme

Phase 1 Q&A drop-in clinics



@AACInnovation

*The***AHSN***Network*



SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers.
- SBRI Healthcare is an AAC programme managed by LGC Group & supported by the Academic Health Science Network (AHSNs)



Improve patient care



Increase efficiency in the NHS



Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need



Bring economic value and wealth creation opportunity to the UK economy



Competition 23 Child Health



Categories

Long term conditions

- Asthma
- Epilepsy
- Diabetes

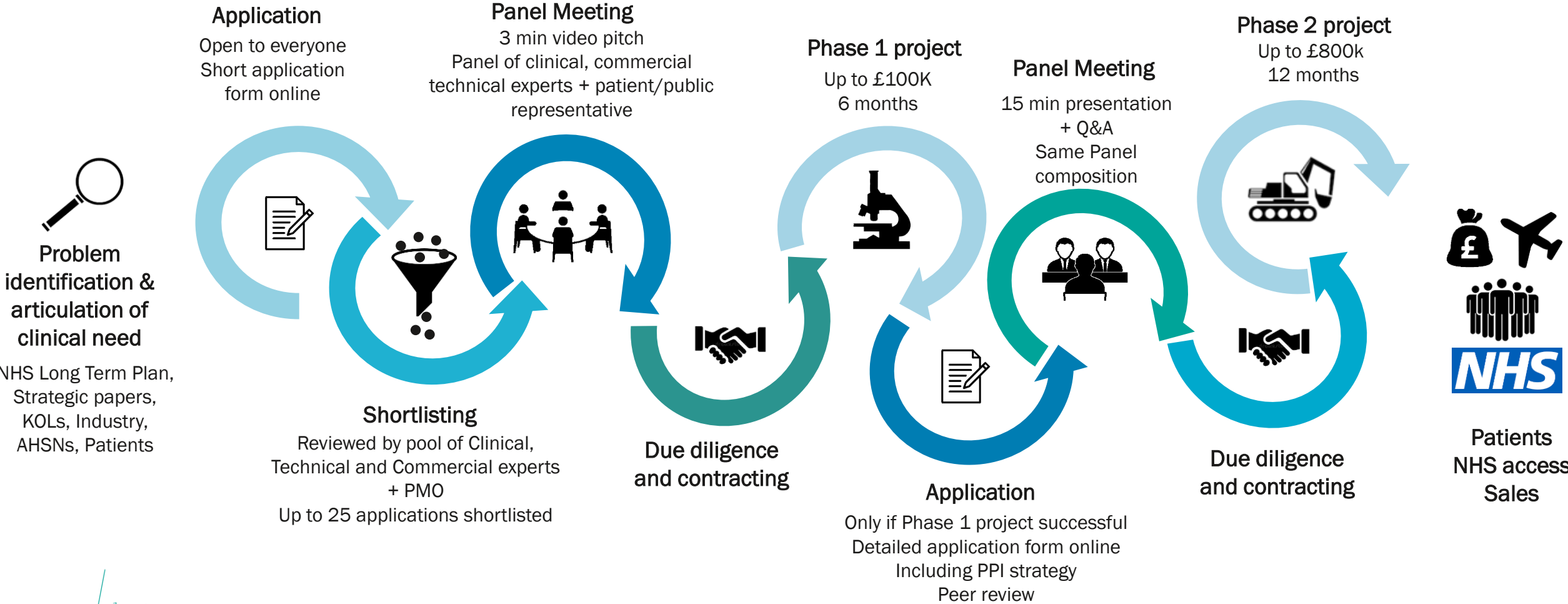
Prevention of ill-health

- Obesity
- Oral health

- 1 **Competition launch**
9th August 2023
- 2 **Competition close**
13th September 2023
- 3 **Selection Panel**
12th December 2023
- 4 **Contract start**
1st February 2024

[Competition 23 – Child Health link to SBRI webpage](#)

Phase 1 and Phase 2 assessment process



Phase 1 and Phase 2 expected exit points

Establish the technical and commercial, feasibility of the proposed technology:

- Feasibility technical study
- Market validation
- Business plan
- Clinical partners identified
- Evidence generation plan for adoption
- Development of PPIE strategy
- Health inequalities impact assessment

Phase 1

- Minimal Viable Product developed
- Early clinical evidence gathering to demonstrate accuracy (and safety)
- Commercialisation strategy: business model, price strategy
- Health economics
- Evidence gathered towards regulatory documentation
- Implementation plan for adoption
- Next stream of funding identified / investment readiness if applicable
- Demonstration of strong involvement and engagement with patients and members of the public

Phase 2

Shortlisting - The assessment criteria

1. How well does the application address the challenge brief and does the proposed solution benefit patients, the NHS and/or Social Care Sector and the wider market? 20%
2. Are the project plan, deliverables and risk mitigation strategy appropriate? 15%
3. Is the product innovative, will it have a competitive advantage over existing and alternative solutions and are the arrangements surrounding the use and development of Intellectual Property appropriate? 15%
4. Does the proposed project have appropriate commercialisation and implementation plans? 15%
5. Does the proposed innovation have potential to enhance equity of access and does the project include consideration towards patient and public involvement? 10%
6. Does the proposed technology have potential to contribute to net-zero emission? 5%
7. Do the host organisation and project team appear to have the right skills and experience to deliver the project? 15%
8. Are the costs justified and appropriate? 5%

Panel scoring criteria

1. How well does the proposed innovation meet the competition brief and to what extent does it offer potential clinical benefit to the NHS and/or social care settings?
2. How strong is the project plan and have the relevant milestones been identified?
3. How strong is the team (including partners and sub-contractors) with particular reference to the delivery of milestones relevant to this project?
4. How strong is the commercial viability and its route to the NHS, and does the solution offer value for money?



Tips on your application

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Importance of health inequalities

Health inequalities and equity of access are vital elements of the proposed challenges.

- Who are the under-represented communities within your target population?
- How might you improve their access to care and benefit from the project?



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Health inequalities and equity of access



Underserved communities

- Which groups/population are likely to be most affected by the clinical problem?
- Recognise the barriers and impact to access and/or adoption. Who might miss out from the proposed solution and why?



Affordability

- Cost of innovation
- Work patterns
- Housing



Language and culture

- Language barriers
- Cultural perception
- Stigmatisation
- Geography



Digital exclusion

- Wi-Fi and data
- Digital literacy
- Device accessibility



Addressing the problem

- How to best mitigate exclusion (e.g., digital, translators, community reach, alternatives to digital access)
- What additional resources are needed to address the problem
- Solutions during the project and beyond



The application form sections



- Application Summary
- Host Organisation Details
- Plain English Summary
- Project Plan
- Team
- Budget
- Supporting Information
- Administrative Contact Details

The plain English summary



A plain English summary is a clear explanation of your project. The plain English summary may be used to inform reviewers, including experts who might not have specialist knowledge of your field as well as public members/patients who might review your funding application.

- We could use it to disseminate your project
- Legible to anybody
- No jargon
- Spell out your acronyms
- If technical language is necessary, explain in lay words
- Ask a public member you have interacted with to review the summary

The project plan



- Description of the technology and expected outcomes
- Project plan and deliverables
- Milestones
- Key competitors and unique selling points
- Intellectual property (IP)
- Commercialisation and NHS/Social care implementation strategy
- PPIE and equity of access
- Net zero

Description of the technology and expected outcomes



- What is the problem the technology aims to address
- How does it meet the challenge brief
- Why your solution, clearly describe your technology and its current development state
- What are the Phase 1 exit points
- Longer term, what are the benefits to patient/NHS/wider market

Project plan, deliverables and milestones



- Detail your work packages (WP) and for each one include measurable deliverables, who will lead on it and timelines
- Ambition is great but timelines must be realistic
- Do not shy away from articulating key project risks (technical, clinical, commercial, trial recruitment rate, governance, etc). SBRI is a risk-oriented programme but mitigation strategies must be in place,
- Milestones should help de-risking the project, what success criteria you would like to achieve that are key to progress your project?
- Have an outline plan for after the Phase 1, 6 months project. If everything goes to plan, what are the next steps in the following 12 months?

Understand your competitors, landscape and IP position

Who are your competitors and how does your innovation differ?



- Include the maturity of your competitors (e.g., early development, clinical validation, market ready).
- What sets your innovation apart from the competitors?
- How does your solution compare against the competitors and/or standard of care? Be explicit if you have the evidence to support your claim.
- It is very unlikely you do not have competitors!



What is your IP position?

- More than just patents (e.g., trademark, copyright, know-how, etc).
- Be explicit on who owns the background IP and if you have the rights to use it!
- Have you done a freedom to operate (FTO) search, and what does it tell you?
- How will you protect and exploit the new IP generated in this project?

Plans for commercialisation and NHS adoption

Market size and potential growth



- Which markets are being explored and how (UK, EU, and beyond)?
- Who are the target users and potential barriers to market entry?
- Do you know the cost of your innovation, and the realistic health and cost benefits to buyers? Is it affordable?

Business model for sales and adoption

- Who are the buyers?
- What is your engagement strategy with the buyers.
- Are there relevant procurement frameworks?
- How will you ensure the continued use of the innovation following project completion?
- SBRI allows you to test technical and commercial feasibility, please do keep in mind that you should have a route to market

PPIE strategies are critical to co-design and innovation development



How will PPIE members feed into the product development and/or evaluation?

- Co-design is key
- What PPIE had been performed to date?
- Which groups (region, representation) and numbers of patients will be consulted? Consider appropriate ways to engage users (e.g., patients, carers, clinicians)
- What are the planned activities and are they inclusive?
- How will the PPIE members be reimbursed? Make sure this is properly resourced.
- Be mindful of the distinction between involvement and engagement



Net zero - Carbon impact is part of the NHS procurement process and needs to be met.

Demonstrating carbon impact is more than assumed savings!



- Cost against developing your net zero strategy are eligible
- Even digital products can have a carbon impact – consider energy efficiency of digital equipment and how it compares against alternatives
- Consider the impact of different materials, manufacturing and production processes, and if there are more carbon neutral alternatives.
- Determine the supply chain
- Whether it can lead to travel savings.
- Be mindful of how to calculate/estimate carbon impact

Team composition is important



Ensure all relevant expertise needed to deliver project activities are included and clearly described!

- Consider the appropriateness of the team commitment (FTE's) and "subcontractors" to assigned work packages
- Low FTEs should be ok for an advisor but unlikely so for a team member heavily involved in the project delivery
- Unlikely that a single organization has all expertise in house. Select your partners and start engagement as soon as possible
- Team members: those involved in the delivery of the project who belong to the host organization
- Subcontractors and advisors: collaborators to which you will outsource services and/or key experts who will provide advice
- Clinical partners: although not mandatory, early engagement with NHS is critical and strongly encouraged

Applications will be assessed on ‘value for money’

All costs should be necessary for the project and fully justified!



- Is the project cost proportionate to the proposed activities and perceived benefits?
- Keep in mind that SBRI is an INVITATION TO TENDER: Costs, including salaries, must reflect actual cost at a “fair market value”.
- A clear breakdown of costs and justification should be provided.
- Be mindful of staffs’ commitment, this can be too much or too little, and must be proportionate to the size of the project.

Final tips and reminders



- Read the [guidance for applicants!](#)
- Engage with your partners early
- All applicants, subcontractors and clinical partners need to register on the system and accept invitation to participate
- Application can be saved and resumed at a later date
- Be mindful of the word limit, be concise and to the point
- Remember the supporting documentation (Finance spreadsheet, Gantt Chart)