SBRI Healthcare

Small Business Research Initiative Competition 25 AMR Briefing Event

Chaired by:
Dr Caterina Lombardo

Accelerated Access Collaborative

Health Innovation Network

Agenda

Time	Topic	Presenters
10:00 –10:05	Welcome and introductions	Dr Caterina Lombardo
10:05 – 10:20	Introduction and overview of the SBRI Healthcare Programme and Competition 25	Dr Michelle Edye
10:20 – 10:40	Antimicrobial Resistance (AMR) - overview of the priority areas	Professor Matt Inada-Kim
10:40 – 11:00	Q&A session	All
11:00 – 11:10	The Health Innovation Network	Dr Raasti Naseem
11:10 – 11:20	The application and assessment process	Dr Danilo Villanueva Navarrete
11:20 – 11:50	Q&A session	All
11:50 – 11:55	Closing remarks	Dr Caterina Lombardo

Housekeeping

- Thank you all for taking the time to join
- Feel free to ask questions in the Q&A box as we go along, and we will answer them in the Q&A sessions
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on SBRI Healthcare website
- For further enquiries: sbri@lgcgroup.com

Overview of SBRI Healthcare

Presented by:
Dr Michelle Edye

About SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers
- AAC programme managed by LGC Group & supported by the Health Innovation Network (HIN)

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

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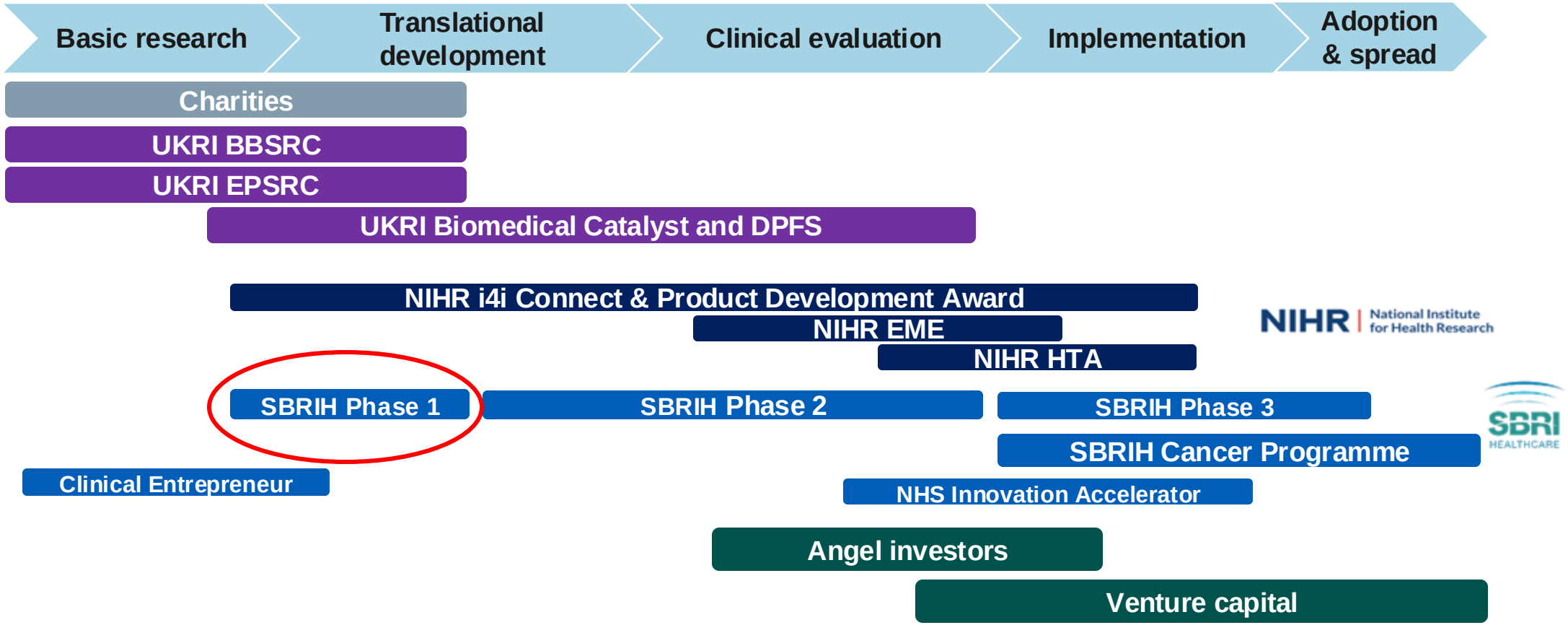
NHS

Funding landscape



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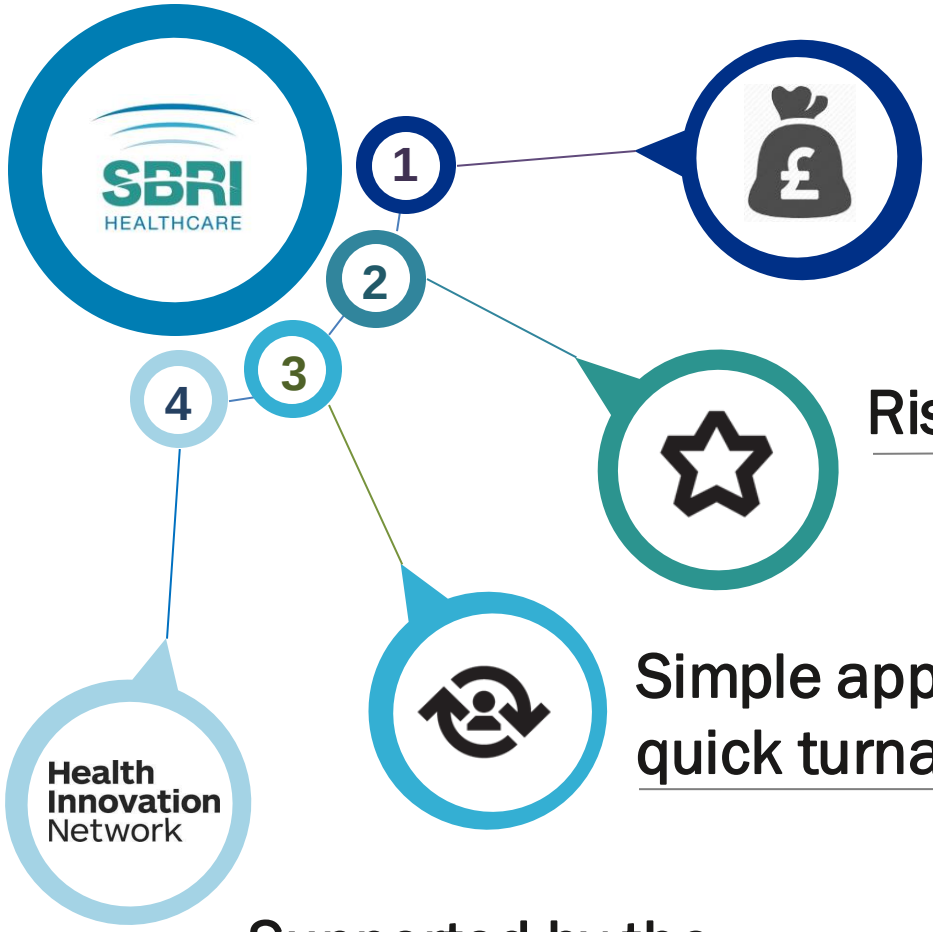

Source of 100% funding for SMEs

Risk oriented programme

Simple application form &
quick turnaround

Supported by the
Health Innovation Network

Accelerated
Access
Collaborative

Health
Innovation
Network

NHS

The Health Innovation Network

A connected ‘Network of Networks’

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NHS

SBRI HEALTHCARE

Themed competitions to address identified unmet NHS challenges at early and late stage of innovation

- Particularly suitable for SMEs, but any size of businesses is eligible
- Other organisations from public and third sectors (including charities) are eligible as long as the route to market is demonstrated
- Based anywhere in Europe

At early stage of innovation the Programme has a phased development approach

- Phase 1, feasibility project (6 months, up to £100K, NET)
- Phase 2, development project (12 months, up to £800K, NET)

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Early-stage innovations - Phase 1 and Phase 2

What this is for

Innovation type -
Digital health & AI, medical devices, in-vitro-diagnostics, behaviour interventions and service improvements

Entry point -
Phase 1 - no set entry point
Phase 2 - open only to successful Phase 1

Scope -
Phase 1 - technical/commercial feasibility
Phase 2 - prototype development/clinical evidence

What this is not for

Innovation type -
N/A

Entry point -
Phase 1 - N/A
Phase 2 - new proposals which haven't been through Phase 1

Scope -
Proposals that do not address the specific competition brief

Phase 1 and Phase 2 expected exit points

Phase 1

Demonstrate 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
- Plan to support the NHS to achieve its net zero ambitions

Phase 2

- Minimal Viable Product developed
- Early clinical evidence gathering to demonstrate accuracy (and safety)
- Commercialisation strategy: business model, price strategy and plan for next funding stream
- Health economics
- Evidence gathered towards regulatory documentation
- Implementation plan for adoption
- Steps towards the carbon neutral strategy and objectives for the NHS
- Strong involvement and engagement with patients and public, steps towards equality, diversity and inclusion and commitment to reduce health inequalities

Portfolio snapshot

333
supported

£150m+
Total invested

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Portfolio snapshot

SBRI HEALTHCARE

Musculoskeletal Disorders

Integrated care & social care

Dentistry, Oral Health & Oral Cancers

Urgent & Emergency Care

Stroke

Cardiovascular Disease

Inequalities in Maternity care

Autism & Learning Disabilities

Child Health

Sustainability & Net Zero

Early diagnosis of cancer

NHS Reset and Recovery

Prevention of CVD

CYP mental health

Respiratory diseases

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Portfolio snapshot

108
Companies with commercial revenues

73
products exported

93
Companies with sales in the NHS

353
IP granted

£98m+
revenue generated

£719m+
Private investment leveraged

2,874
jobs created/retained

2,515
New collaborations established

>11.2m
patients involved through sales and trials

30,773
Sites accessed through trials or sales

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Support

Support

PRE-COMPETITION	Launch webinars, drop-in sessions and clinics
IN-COMPETITION	NICE Metatool Webinar support on: what a good application looks like, Patient and Public involvement, commercialisation, IP, finance, impact, tailored sessions etc
IN-PORTFOLIO	Investment readiness programme, showcase events, webinar series on regulatory landscape, roadmap to the NHS, health economics, DTAC, peer to peer support, women in Healthtech Leadership programme
IMPACT	Case studies, annual survey and annual report

UKRI Innovate UK

Stroke association

Department for International Trade

Innovate UK Knowledge Transfer Network

bionow

MHRA

UKRI Innovate UK EDGE

NHS

HARDIAN HEALTH

NICE National Institute for Health and Care Excellence

YHEC

autistica

WAPG We Are Pioneer Grou

ABHI

Heco Analytics

OXENTIA

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ASTHMA+ LUNG UK

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Phase 1 competition: Antimicrobial Resistance (AMR)

Challenges

- Point of care diagnostics, monitoring, and susceptibility testing
- Prescribing decision support and risk stratification
- Novel care delivery methods
- Infection prevention and control (IPC)

AMR Web Page
AMR Challenge Brief
Phase 1 – Guidance for Applicants

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Antimicrobial Resistance (AMR) - priorities

Presented by:
Professor Matt Inada-Kim

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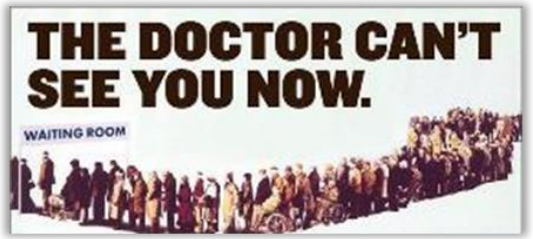
NHS Landscape



Clinical Pathways

Infection system redesign

The Kings Fund | nuffield trust

Public satisfaction with the NHS and social care in 2021

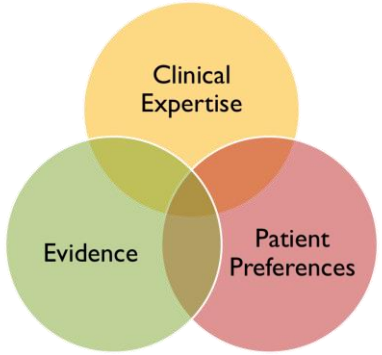
Satisfaction with GP services fell from 68% to 38%
Satisfaction with A&E)services fell from 54% to 39%

What are the challenges?

Prevention (& preparation)

linked data

Point of Care tests



Poorest going to A&E more than 300 times a year 'because they have nowhere else to turn', say Red Cross

How can we innovate?
What are the opportunities?

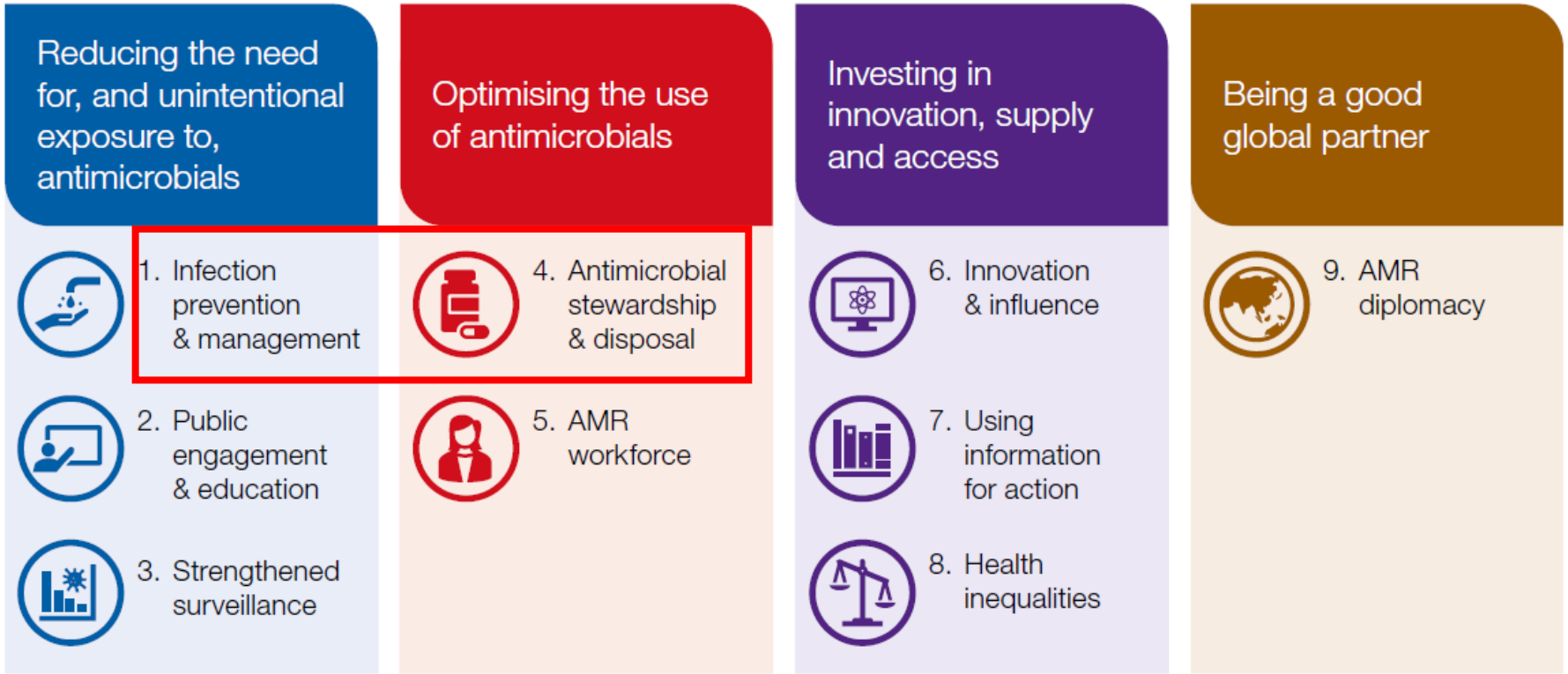
Standardised rate of Infections admissions per 10,000 population in 2016-17

	Episodes	Deaths	Bed days
1 Most deprived	438	38	4,488
2 More deprived	353	31	3,589
3 Mid quintile	303	26	2,963
4 Less deprived	271	23	2,635
5 Least deprived	243	20	2,301

Prof Matt Inada-Kim, Acute Physician, Hampshire Hospitals NHS Foundation trust & University of Southampton
National Clinical Director Infection management & Antimicrobial resistance, NHS England & UK Health Security Agency

The NAP's key priorities

Will require a patient centred, coordinated response across/within all NHS organisations and Must be Clinically Led and Implemented

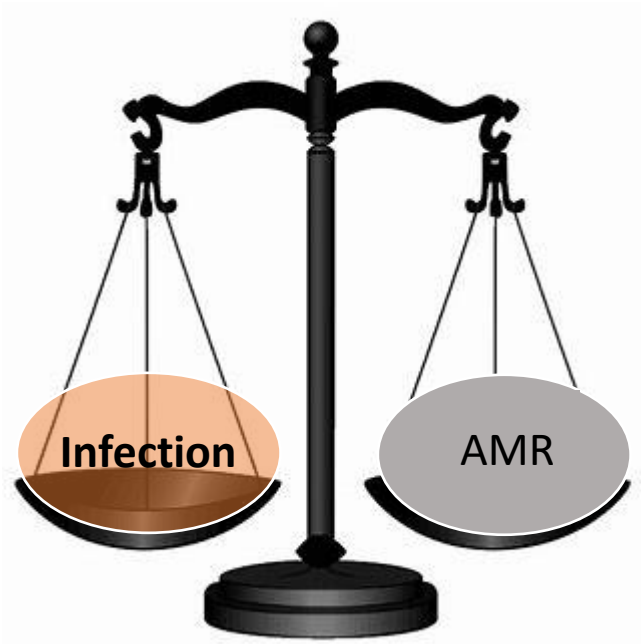


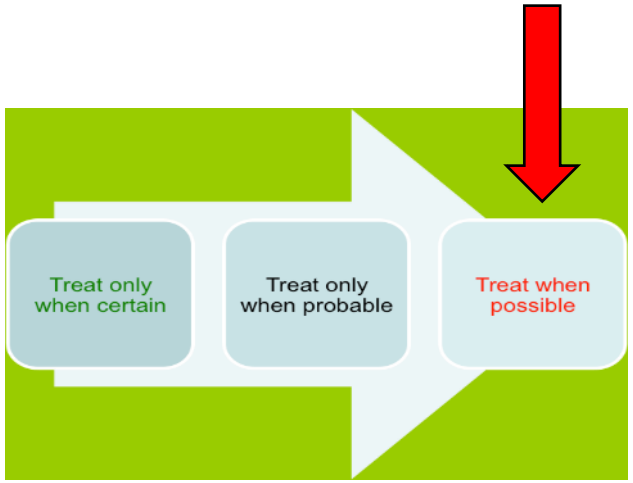
Matt Inada-Kim 25.7.24

Matt Inada-Kim 25.7.24

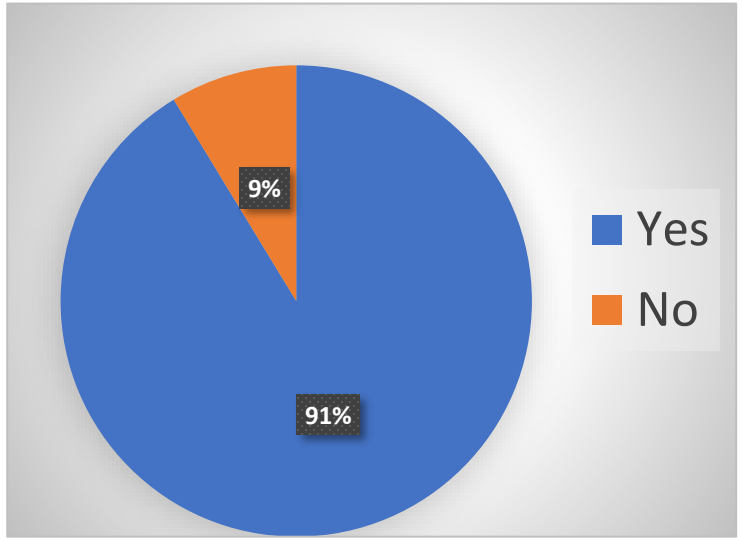
Optimal management of both Infection & AMR

the importance of balance





Do you give antibiotics just in case?



Optimising processes in Sepsis

- Early Recognition
- Timely Escalation
- Expedient Intervention
- Reliable antibiotic reviews
- Escalation

Optimising processes in AMR

- Treat appropriately
- Start Smart then Focus
- Reliable antibiotic reviews
- De escalation
- Avoid/remove catheters

What is the incidence & trajectory of infections?

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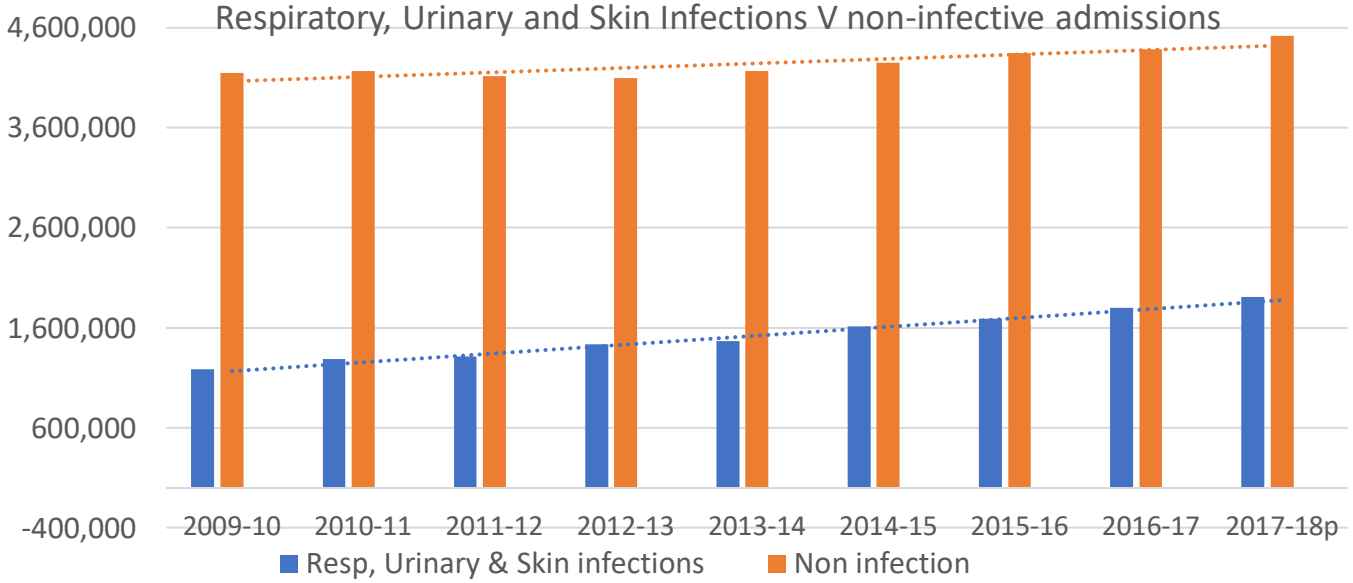
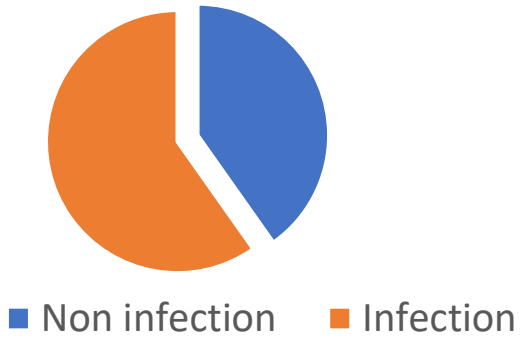
Top reasons for Emergency admission



Top reasons for ED attendance

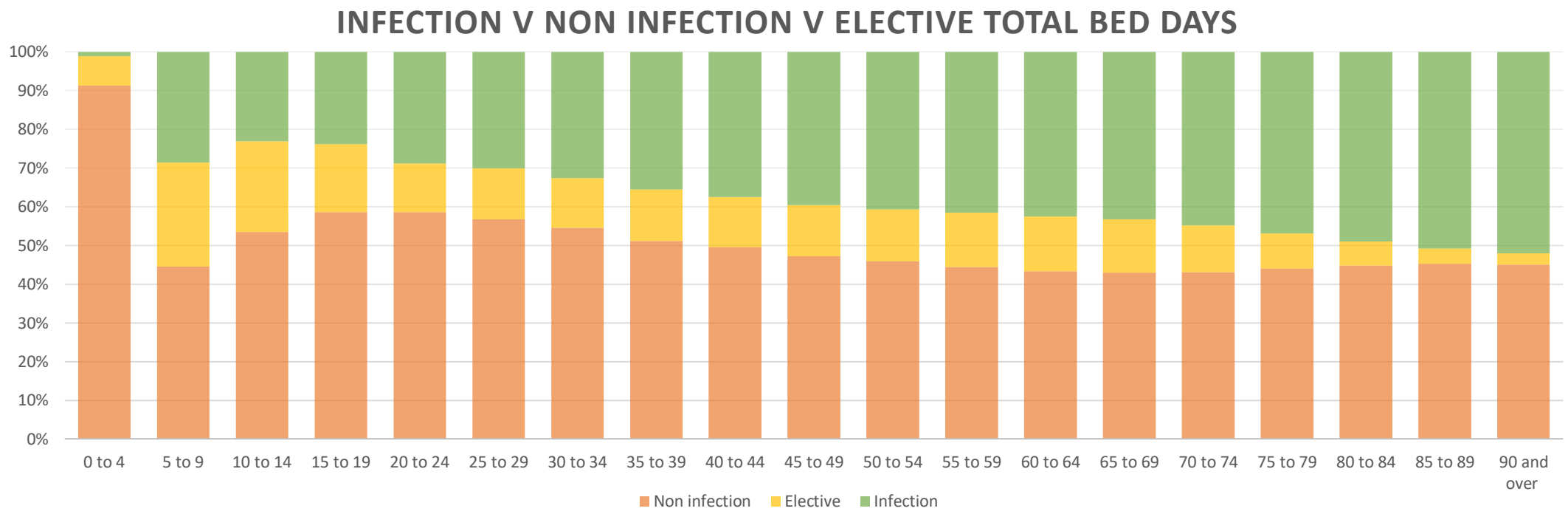
SNOMED-CT Description	Total
ALL	**10,199,364**
Urinary tract infectious disease	257,373
Sprain of ankle (disorder)	212,361
Lower respiratory tract infection	209,747
Cellulitis	151,790
Open wound of finger	144,683
Coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2	139,645
Acute coronary syndrome	139,044
Traumatic brain injury with no LOC	138,976
Upper respiratory infection	125,108

Proportion of Total NHS Hospital Deaths



And yet ‘infection’ budgets for improvement are a tiny fraction of workstreams for established specialty conditions

Infections cause half of total bed days



How can we integrate/bring services together?

How can we use the opportunities to improve care?

How can we improve access for optimal infections management in community settings?

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Increasing growth of those susceptible to infections

- 3.9% of the population are now classified as immunocompromised

https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00166-7/fulltext

- Growing use of complex immunosuppressive treatments

https://pubmed.ncbi.nlm.nih.gov/18793004/

- Increased success at keeping those with severe, chronic illnesses alive

Over a 36-year period, the overall Standardised mortality in the first and last decades were 12.60 and 3.46 respectively

INFECTION

Prevention Preparation

Fit

PREVENTION

Mental health
Diabetes
COPD
Arthritis
CKD
Stroke
Dementia
Cancer
Immunosuppressed

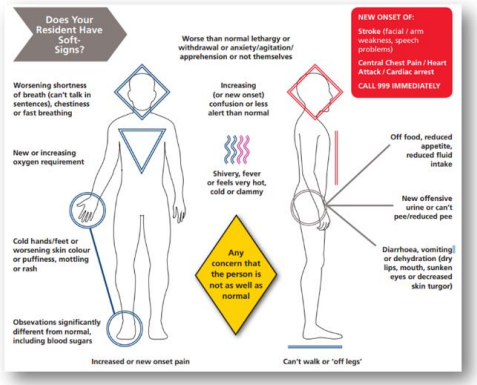
PREPARATION

Frail

Presentation

Infection symptoms

Fever, Confusion
RTI= Cough, Shortness of breath
UTI= Frequency, dysuria, loin pain
Cellulitis= Red tender skin
Ulcer= New redness or discharge
Abdominal pain, diarrhoea, vomiting



Acute care

- Timely appropriate access
  - Capacity, workforce
- Clinical Assessment
  - Training
  - Red flags/Soft signs
  - NEWS2, PEWS, MEWS
- Standardised Clinical Pathways
  - Decision support
- Tests
- Treatment
- Monitoring
- Safety netting
- Linked Electronic systems

Outcomes

Non admission

Admission

Independent recovery

Antimicrobial Resistance

Death or Disability

Interlinked Data

Education
Empowerment
Vaccination
Optimal disease Mx

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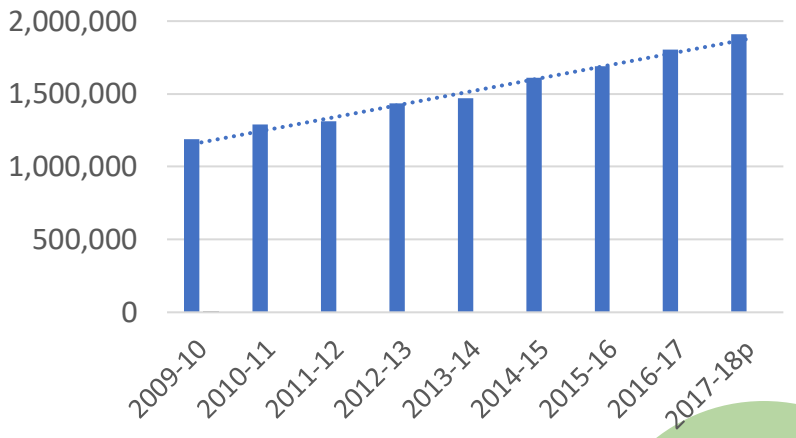
Infection Systems Redesign



The growth of infection admissions over time

GENERAL PRACTICE

URGENT CARE

SAME DAY URGENT COMMUNITY CARE

WORKFORCE

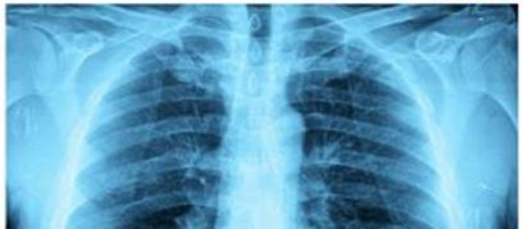
DEPRIVATION

Evaluation of winter pressures on general practice in Manchester: a cross-sectional analysis of nine GP practices

Sinead Millwood, MBBS, DFSRH[1,*], Peter Tomlinson, BSc(Hl)[2], Jon Hopwood, MB ChB, BSc, FRCGP, DFFP[3,4,5]

Any winter pressures strategy should target both respiratory A&E self-referrals.
Transferring 50% of self-referrals in Manchester would achieve a £2.3 million cost saving

More people dying of pneumonia in north of England than south as NHS report reveals problems in care



Socioeconomic deprivation and accident and emergency attendances:

cross-sectional analysis of general practices in England

There were more than twice as many A&E attendances in England for the 10% of the population living in the most deprived areas (3.1 million), compared with the least deprived 10% (1.5 million)

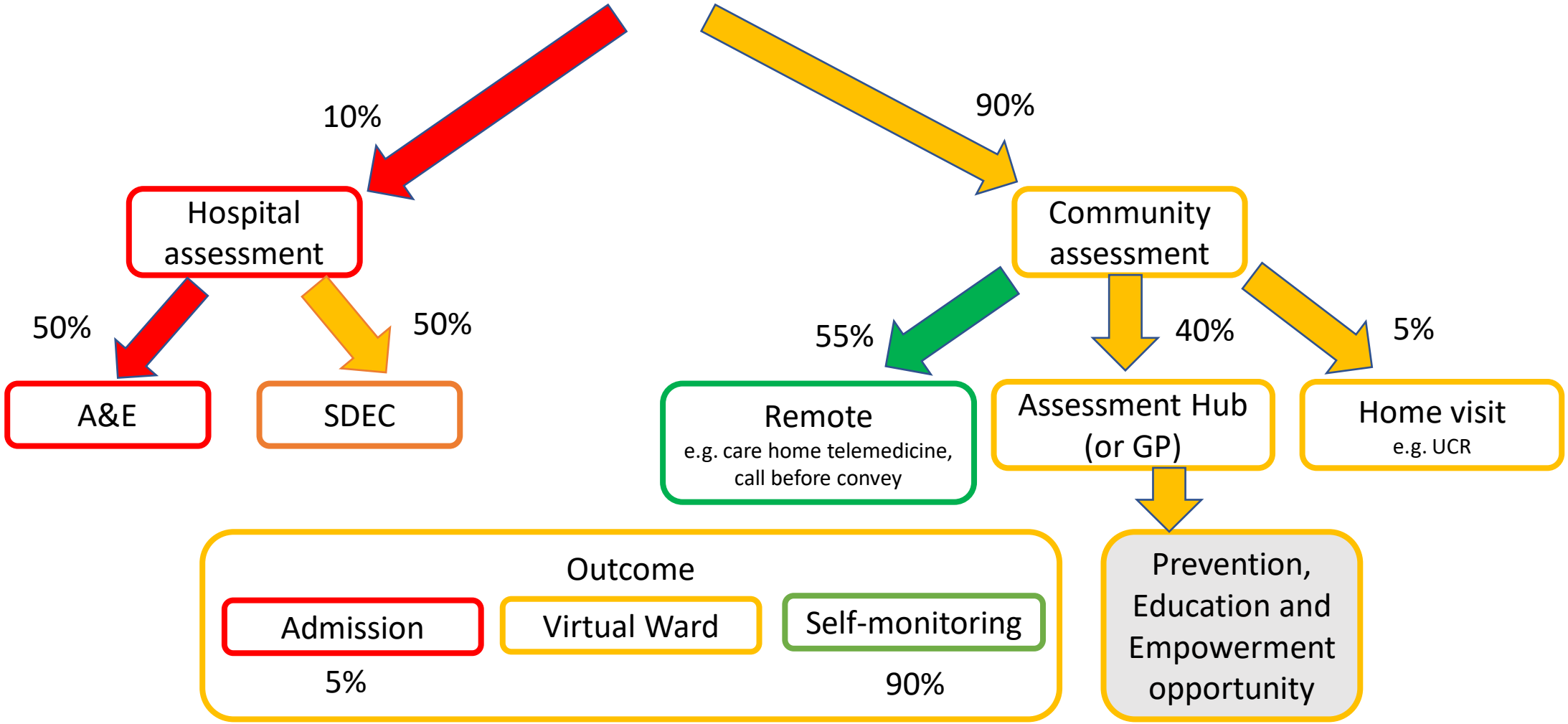
Impact of Deprivation on Infections admissions (per 10,000 population in 2016-17)

	Episodes	Deaths	Bed days	Deaths (Odds Ratio)
1 Most deprived	438	38	4,488	1.00
2 More deprived	353	31	3,589	0.80
3 Mid quintile	303	26	2,963	0.67
4 Less deprived	271	23	2,635	0.60
5 Least deprived	243	20	2,301	0.51

Referrer- call handler, 111/ambulance (DoS), GP reception, Care/nursing home, community nursing, mental health, social care

NHS Hampshire Hospitals NHS Foundation Trust

Single point of access for **urgent advice with suspected infections** at community deterioration



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Acute Infection hubs - Clinical Pathway & Research opportunities

NHS England

REFERRAL SOURCES
At risk patient
GP reception
111
Ambulance
Pharmacies

Addressing all ages, all infections

Infection not suspected → GP

Suspected Infection* → **Red Flags?**

Red Flags? NO → TRIAGE

Red Flags? YES → Hospital

Call before convey if appropriate

Consider ambulatory assessment areas

TRIAGE → **Very low Acuity/Risk** — Self-care

Red Flags? NO → **F2F required?**

F2F required? NO → **REMOTE ASSESSMENT**

F2F required? YES → **Home Visit needed?**

Home Visit needed? NO → **INFECTION ASSESSMENT HUB**

Home Visit needed? YES → **HOME**
e.g. Urgent Community Response, District nursing

REMOTE ASSESSMENT → **Lower Acuity/Risk** — Self-monitoring

INFECTION ASSESSMENT HUB → **Lower Acuity/Risk** — Self-monitoring

HOME → **Higher Acuity/Risk** Hospital home treatment (Virtual ward)

Supported by Rapid POC Diagnostics
Providing Treatment (including potentially antivirals),
Counselling, Monitoring & Safety netting

Safety netting- written, digital (e.g. Healthier together)

*** Infection symptoms**

Fever, Tiredness, altered behaviour
Cough +/- sputum,
Shortness of breath,
Sore throat,
Lethargy

RED FLAG SYMPTOMS

- Breathlessness
  - At rest
  - Can't complete sentences
  - On minimal exertion
- Severe Fatigue
- New confusion or drowsy
- Chills/Rigors
- Collapse or Faint
- Stopped passing urine
- Chest pain that does not settle
- Coughing up a lot of blood
- Change in colour or darkening of lips
- Rash that does not fade when pressed

Acute respiratory infections (ARI) HUB

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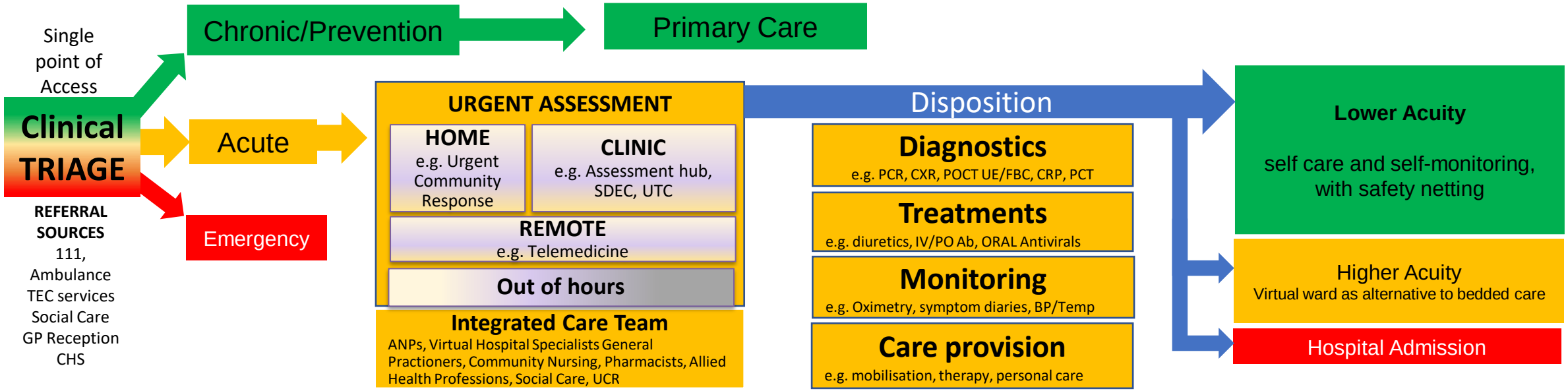


The hub model provides

- **Improved Access** & capacity- for the assessment, diagnostics, treatment, monitoring and coordinated care provision in acute community ARI patients- including those with COVID
- Focal point for Prevention strategies and reduced nosocomial infections
- Optimal infections management (stewardship through SOPs, POC tests; reduced nosocomial risk)
- Same Day Urgent Integrated care coordinating pathways reducing inappropriate admissions/attendances
- Supporting demand for same day urgent community assessments and enabling GP focus on chronic complex illness, high intensity users and prevention.

What tests do we need?

- Patient (Hx / Ex)
- Physiology
- Tests
- Treatment

Rapid (15 min) POC Diagnostics

- **DIFFERENTIATE VIRAL/BACTERIAL INFECTION** **e.g. Mx proteins**
- **PATHOGEN IDENTIFICATION** **e.g. BCx -> Pn/Leg Ag, Metagenomic DNA, PCR**
- **ILLNESS SEVERITY** **e.g. CRP / WBC -> PCT, ProADM**

Differentiating a well looking ill patient from an ill looking well one…

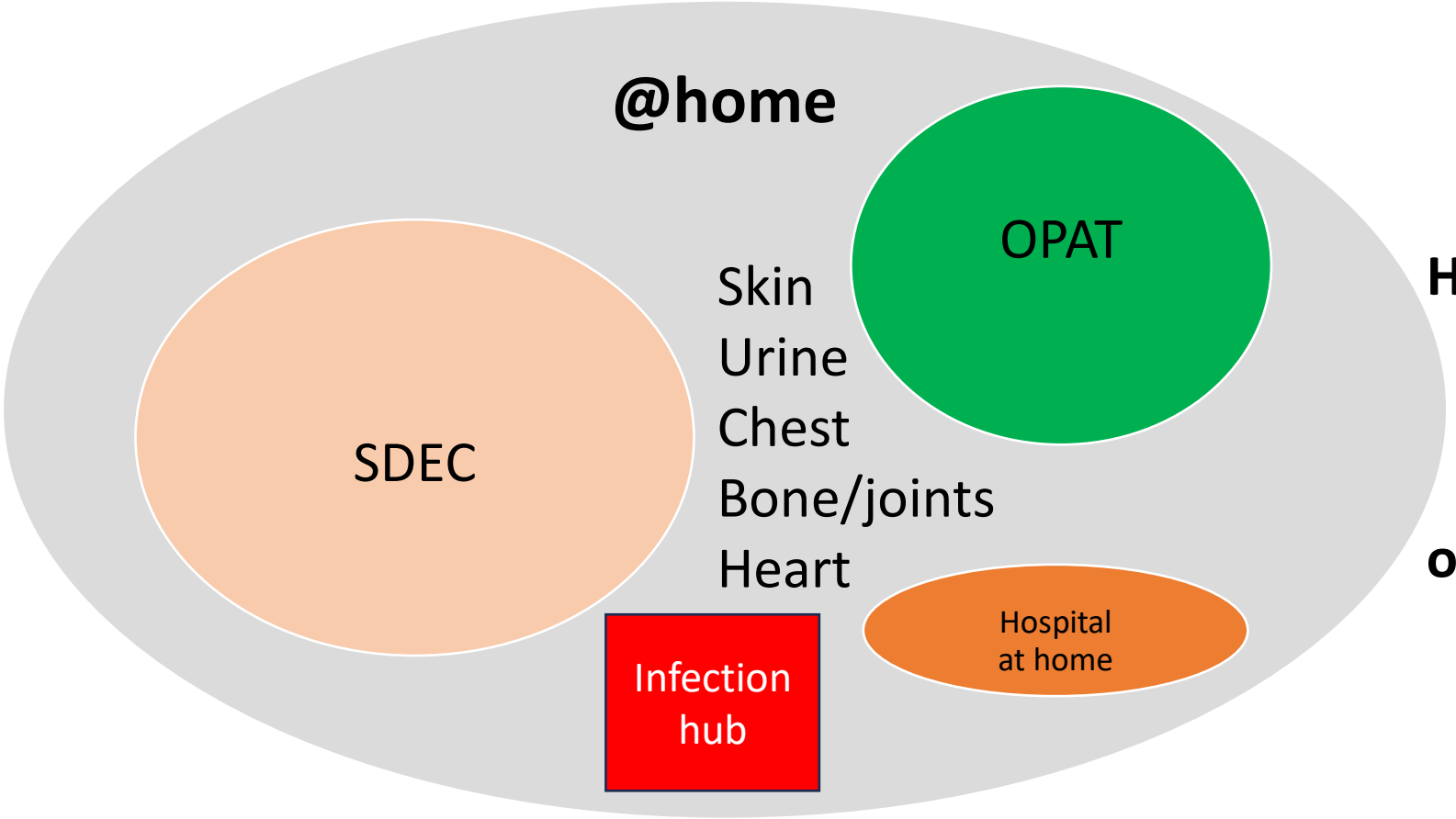
No single gold standard ‘sepsis’ test or tool.

…and who will pay for them?

What are the @home treatment options for moderate-severe infections?




Can they reduce LoS?
Can they prevent admission?



How can we improve the

- **Accessibility**
- **Efficiency**
- **Effectiveness**

of these treatment options?

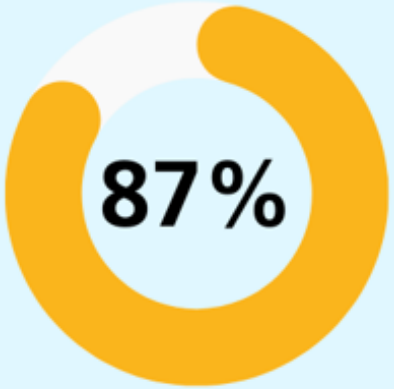
Acute respiratory infection hubs

NHS

December 2022 - March 2023

363
ARI Hubs

Population coverage



Reported in February 2023

£48 Average cost per appointment

£28 High volume hubs Average cost per appointment

Over a 16 week time period

729,808
people seen in an ARI hub

compared to

450,000
people attended ED with an ARI

Impact

@mattinadakim

61% Agree/strongly agree that ARI hubs
Reduced ARI pressures on ED attendance

83% Agree/strongly agree that ARI hubs
Reduced ARI pressures on primary care

87% Agree/strongly agree that ARI hubs
Improved same day access to urgent care

without a hub, it is estimated that **up to half** of people seen would have gone to an **emergency department** and **up to half** to **general practice**

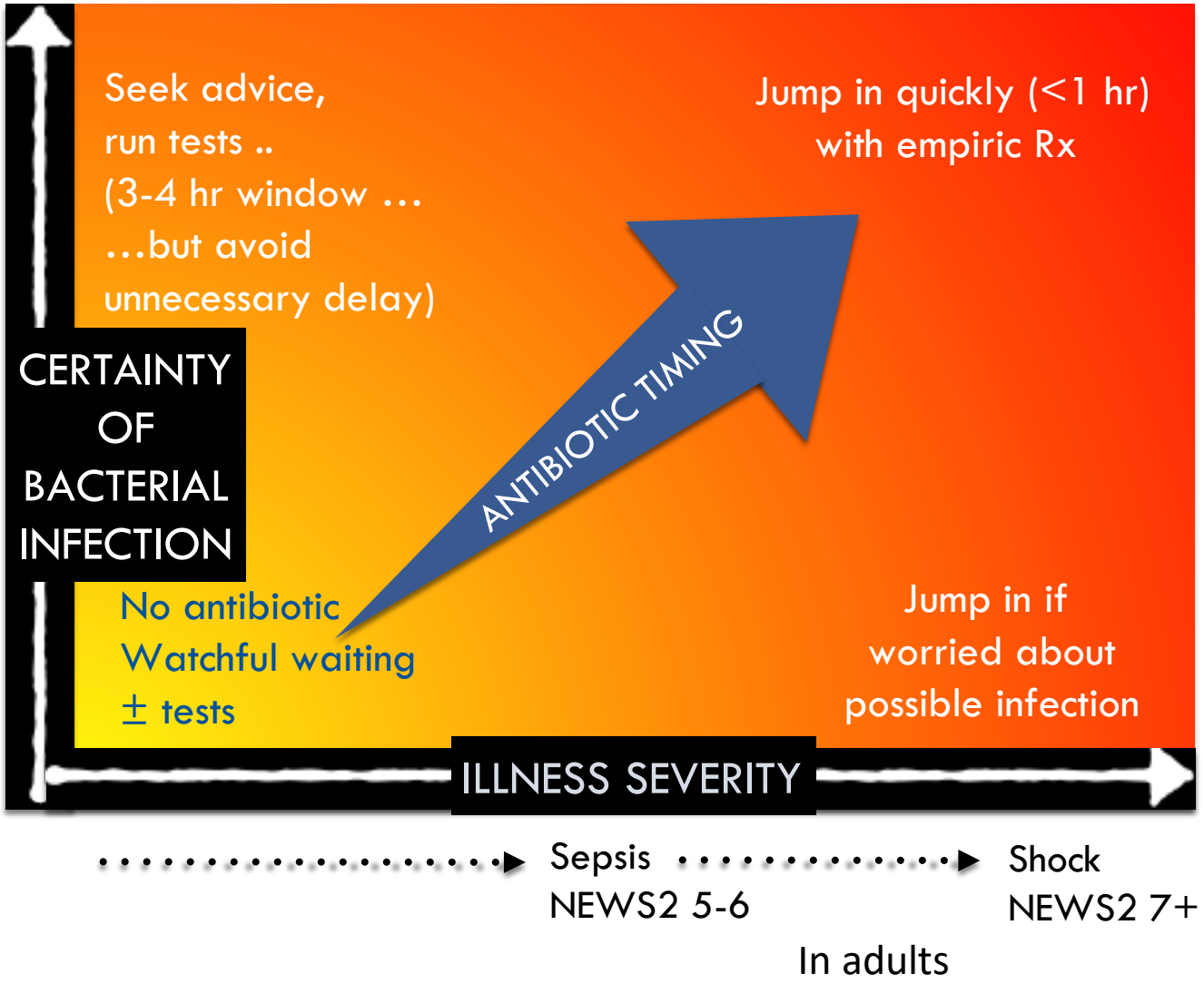
Areas with the **highest rates of ARI hub** activity had the **greatest reductions** in ARI ED attendees

Evidence based reframing of antibiotic treatment urgency
New National Sepsis guidance

With thanks to M.Singer & J.Bion

Academy of Medical Royal Colleges

1. How sick is the patient?
2. **What is the likelihood of infection?**
3. Appropriate treatment urgency
4. Hospital centric guidance-
   what about the community?



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NEWS2 0 - 4

If infection is unlikely do not treat

You have time

Send tests

Use Clinical Judgement

Escalate to next level if concerned

Certainty of bacterial infection

V

Illness severity

	Vital signs: NEWS-2 'Physiology first'	0	1-4
	If Clinical/carer concern, continuing deterioration, neutropenia or lab evidence of organ dysfunction (incl. lactate), upgrade actions to next NEWS2 level		
Initial (generic) actions	**Monitoring and escalation plan**	Standard observations	• Registered nurse review <1 h • Obs 4-6 hrly if stable. • Escalate if no improvement
	Initial treatment of precipitating condition	Standard care	< 6 hr
Likelihood of infection & actions	Unlikely	Standard care	Review daily and reconsider infection if diagnosis remains uncertain
	Possible	Review at least daily	**< 6 h** • Source identification & control plan documented.
	Probable or definite	**< 6 h** • Diagnostic tests & ℞ plan	**< 6 h** • Microbiology tests • Antimicrobials: administer or revise • Source identification & control plan. • D/w ID/micro if uncertain, & review

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NEWS2 5 or more

If infection is unlikely, do not treat

If infection is possible or probable then treat

Do not delay where there is shock or NEWS2 7 or more

Certainty of bacterial infection

V

Illness severity

	Vital signs: NEWS-2 'Physiology first'	5-6	≥ 7
Initial (generic) actions	**Monitoring and escalation plan**	• Obs hourly. • Review <1 hr by clinician competent in acute illness assessment • Escalate if no improvement	• Obs every 30 mins. • Review <30 min by clinician competent in acute illness assessment. • Senior doctor review <1 hr if no improvement: refer to Outreach or ICU
	Initial treatment of precipitating condition	< 3 hr	< 1 hr
Likelihood of infection & actions	Unlikely	Review daily and reconsider infection if diagnosis remains uncertain	
	Possible	**< 3 h:** • Microbiology tests • Antimicrobials: administer or revise • Source identification & control plan documented. **< 6h** • Source control initiated **48 – 72 h** • Review antimicrobials with ID/micro/senior clinician	**< 1 h:** • Microbiology tests • Antimicrobials: administer or revise (broad-spectrum if causative organism uncertain). **< 3 h** • Source identification **3-6 h** • Source control initiated according to clinical urgency **48 – 72 h:** • Review antimicrobials with ID/micro/senior clinician
	Probable or definite		

NHS England

Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management

NICE guideline [NG237] Published: 31 October 2023 Last updated: 16 November 2023

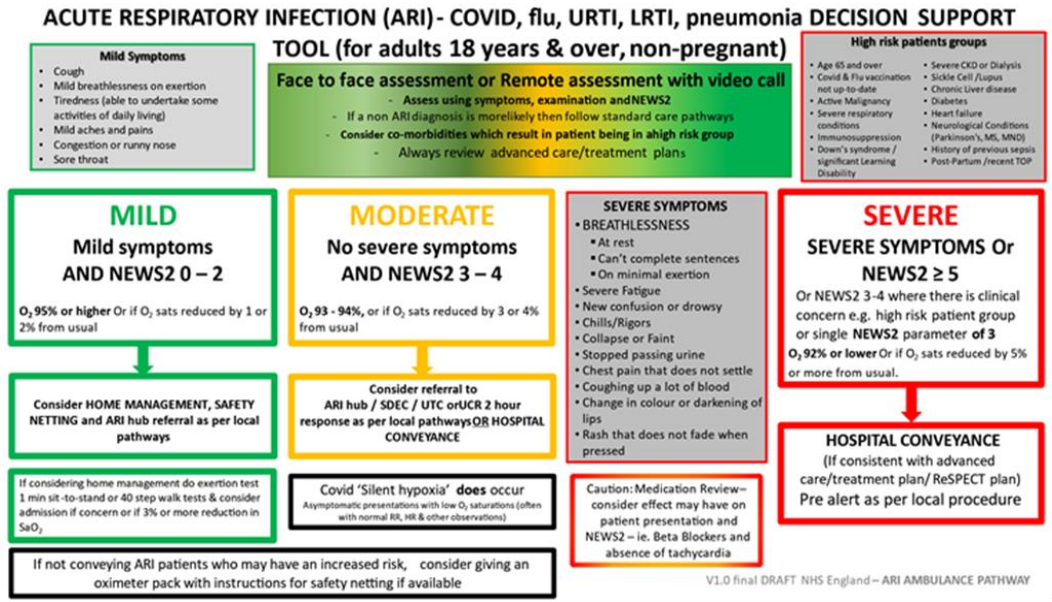
Research recommendations

NEWS2 for ARI assessment in community settings

Point of Care tests

Antimicrobial usage

National Ambulance ARI assessment tool




antibiotics

Article

Acute Respiratory Infection Hubs: A Service Model with Potential to Optimise Infection Management

Sarah Jawad [1], Anna Buckingham [2], Charlotte Richardson [1,2], Aoife Molloy [2,3], Bola Owolabi [2,4] and Matt Inada-Kim [2,5,6,7,*]

The impact of ARI hubs

- ? Primary care, ED attendances
- ? Hospital Admissions
- ? Deaths, Length of stay, costs
- ? Patient satisfaction

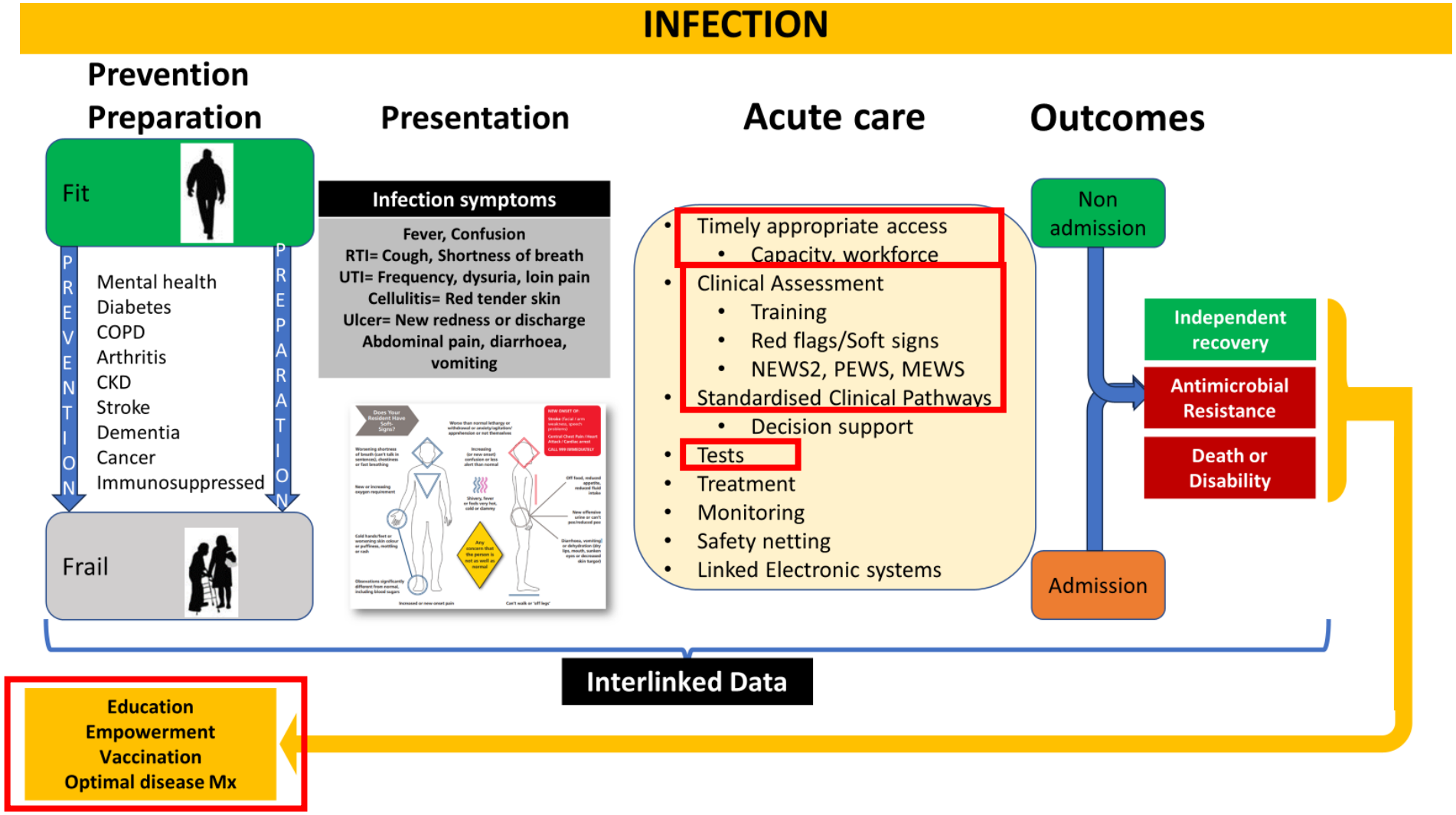
- Primary care- chronic/prevention and acute episodic
- Reduced avoidable ED attendances
- Reduced Hospital Admissions
- Reduced Deaths, Length of stay, costs

- Broadening of conditions to other acute syndromic presentations
- Expansion into chronic complex disease management

AMR Phase 1 Funding Competition

Matt Inada-Kim 25.7.24

1. Novel care delivery methods e.g. infection hubs using linked data management systems
2. Optimising use of antimicrobials e.g. Clinical decision support tools
3. POC diagnostics, monitoring and susceptibility testing – LRTI, UTI, Sepsis, Surgical site
4. Infection prevention and control



Q&A session- please do fire up any questions you might have in the Q&A box

SBRI HEALTHCARE

NHS

Health Innovation Network Support

Presented by:
Dr Raasti Naseem

Health Innovation Network

Health Innovation
North East and North Cumbria

Health Innovation North East and North Cumbria (HI NENC)

Dr Raasti Naseem
Programme Manager – Economic Growth

What are the Health Innovation Networks?

- 15 HINs across England
- Established by NHS England in 2013 to spread health innovation at pace and scale
- Improving health and generating economic growth
- Innovation arm of the NHS

Commissioned by

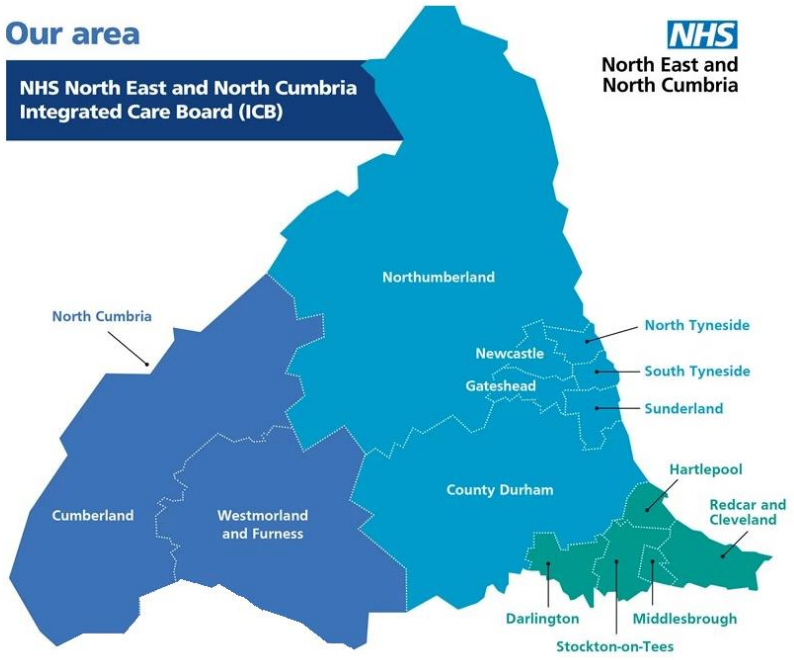
NHS

Office for Life Sciences

Health Innovation
North East and North Cumbria

www.healthinnovationnenc.org.uk

We work locally and nationally



Identify innovation & improvements to specific problems. Healthcare, academic or business setting. Creates an innovation pipeline

Empower innovators to further their ideas and connect with the right stakeholders

Advance the uptake and spread of innovation and improvements by delivering national programmes and initiatives within the NHS and social care.

Nationally, our goal is to bring individual HINs together

Drive Change

Health Innovation
North East and North Cumbria

www.healthinnovationnenc.org.uk

What do we do at HI-NENC?

- Focus on 6 key areas
- **Identify, evaluate, adopt, disseminate** transformative innovation
- Facilitate collaborations and partnerships
- ****Innovation pathway****

THE INNOVATION PATHWAY

DISCOVER
DEVELOP
DEPLOY.

Health Innovation
North East and North Cumbria

innovationpathway.healthinnovationnenc.org.uk

HIN support to applicants

- Expertise across the AMR landscape
- Application review and development advice
- Awareness of current trials/ studies, emerging innovation and possible gaps
- Stakeholder engagement
- Innovation review - understand the unmet need and help required to build the portfolio of evidence
- Spread and adoption toolkit to enable us to help you plan for future commercialisation

Get in touch!

- **What happens next?**

https://healthinnovationnenc.org.uk/

Enquiries@healthinnovationnenc.org.uk

Raasti.Naseem@healthinnovationnenc.org.uk

Thank you

Questions?

Assessment process and how to apply

Presented by:
Dr Danilo Villanueva Navarrete

Phase 1 and Phase 2 assessment process

Problem identification & articulation of clinical need

NHS Long Term Plan,
Strategic papers,
KOLs, Industry, HINs,
Patients

Application

Open to everyone
Short application form online

Shortlisting

Reviewed by pool of Clinical, Technical and Commercial experts + PMO
Up to 25 applications shortlisted

Panel Meeting

3 min video pitch
Panel of clinical, commercial technical experts + patient/public representative

Due diligence and contracting

Phase 1 project

Up to £100K
6 months

Application

Only if Phase 1 project successful
Detailed application form online
Including PPI strategy
Peer review

Panel Meeting

15 min presentation + Q&A
Same Panel composition

Due diligence and contracting

Phase 2 project

Up to £800k
12 months

Patients
NHS access
Sales

Accelerated Access Collaborative

Health Innovation Network

NHS

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%

Phase 1 competitions: Antimicrobial Resistance

Key dates

Competition launch	17th July – 28th August 2024
Assessment	September-October 2024
Selection Panels	November 2024
Contract awarded	January 2025

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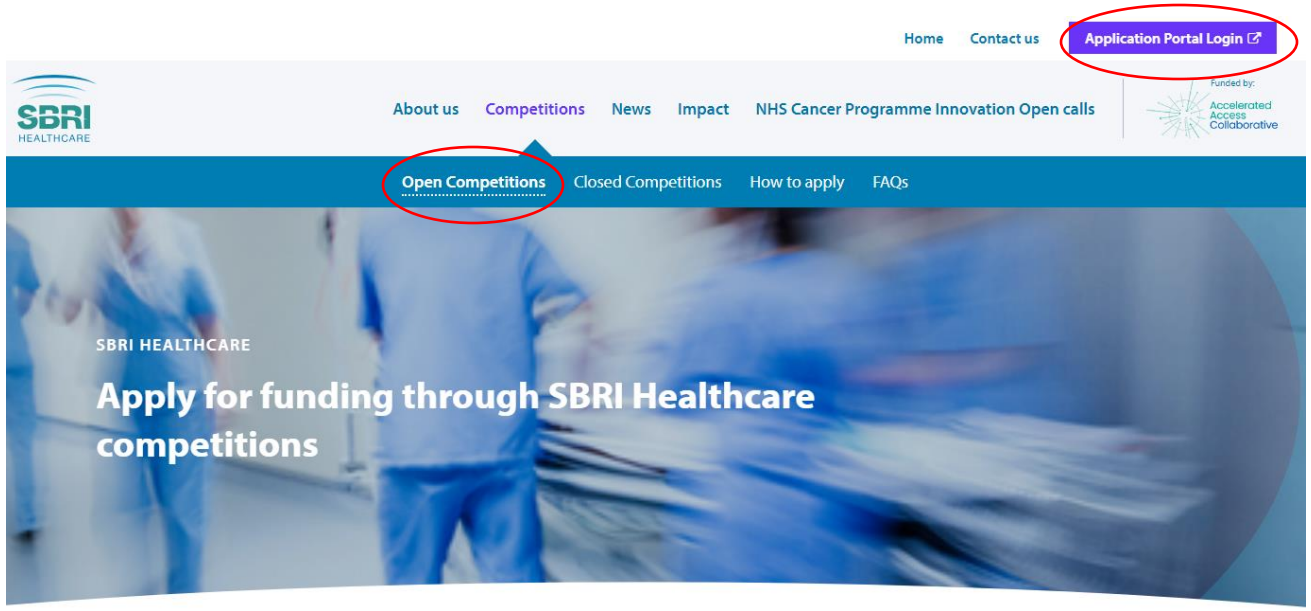
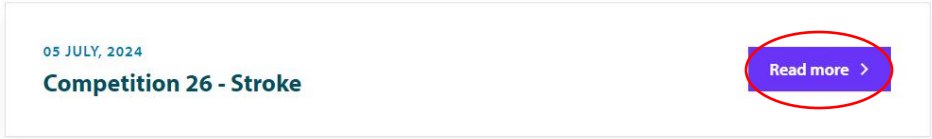
Application process – www.sbrihealthcare.co.uk





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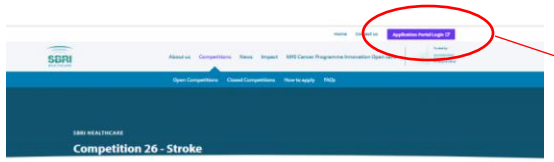
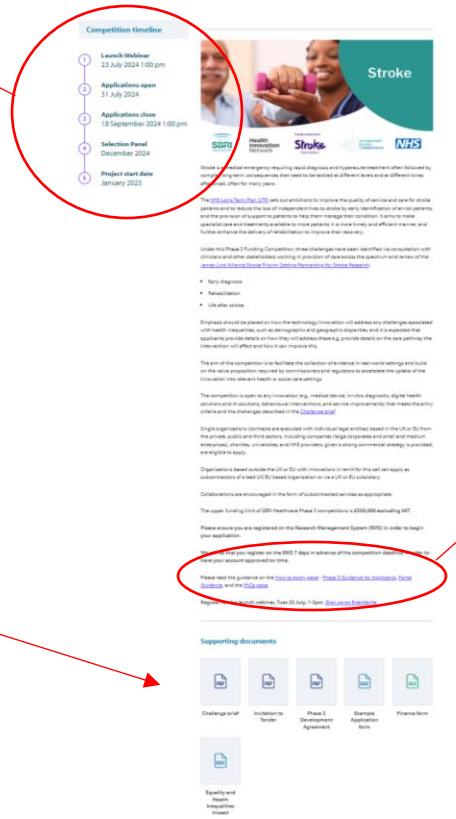
Competition documents

1. **Competition launch**
   17th July 2024
2. **Competition close**
   28th August 2024 1:00pm
3. **Selection Panel**
   November 2024
4. **Contract start**
   January 2025



Application Portal Login



Links to: Guidance for Applicant – Phase 1
Portal Guidance & FAQs

PDF

Invitation to Tender (ITT)
Challenge Brief
Template Application Form
Finance Form
Development Agreement

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The Research Management System (RMS) Portal

Existing Users

Please log in to access your account.

Email

Password

Login

Forgot Password?

New users

Please register with us to create your account using your **institutional** email address.

Please note that all new users require validation by the Programme Management prior to receiving access to the system. We will endeavour to complete this validation process as soon as possible (within standard working hours) following completion of your initial registration

Register *System Help*

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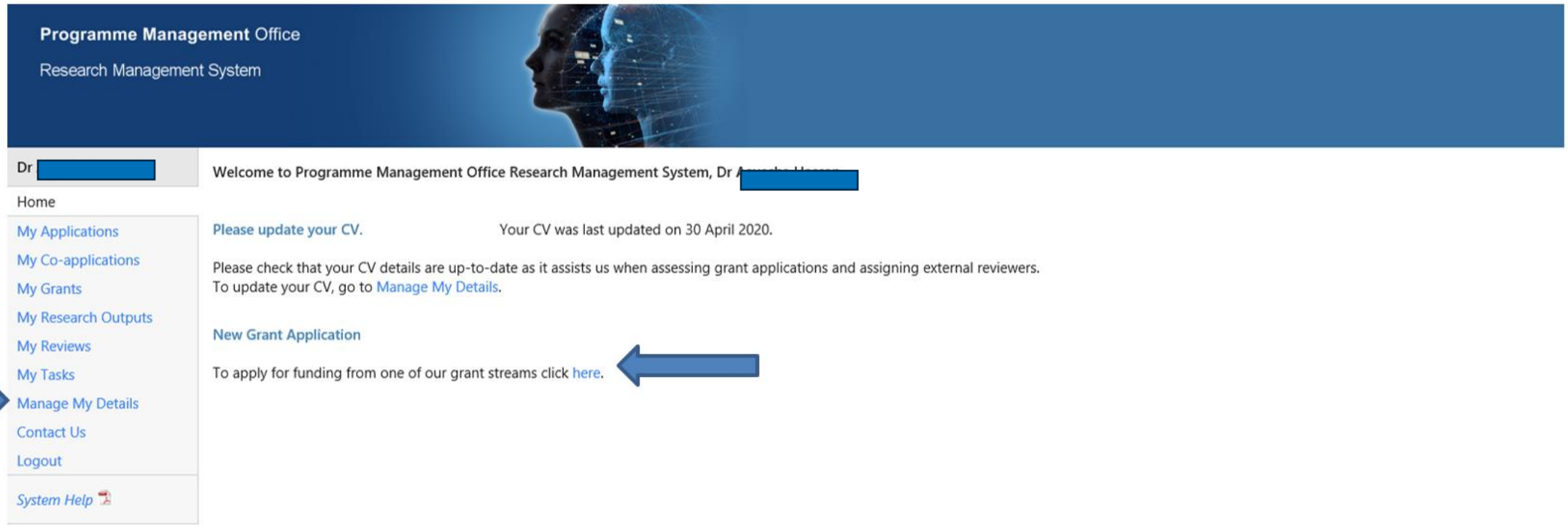
Programme Management Office
Research Management System
Dr [redacted]
Welcome to Programme Management Office Research Management System, Dr [redacted]
Home
My Applications
My Co-applications
My Grants
My Research Outputs
My Reviews
My Tasks
Manage My Details
Contact Us
Logout
System Help
Please update your CV.
Your CV was last updated on 30 April 2020.
Please check that your CV details are up-to-date as it assists us when assessing grant applications and assigning external reviewers.
To update your CV, go to Manage My Details.
New Grant Application
To apply for funding from one of our grant streams click here.

SBRI HEALTHCARE

Mr [redacted]

- Home
- New Application
- My Applications
- My Research Outputs
- My Tasks
- Manage My Details
- Contact Us
- Logout

System Help

Logged in as Console account - Mr Ken Middleton - ken.middleton@nihr.ac.uk do not use for testing as an applicant or reviewer

Open funding rounds

The table below shows all the funding rounds currently accepting applications.

Click **More info** to view additional information about each funding round.
Click **Apply** to access the online application form for the type of grant you wish to apply for.

Grant Type	Funding Round	Submissions Window	Closing Date	More Info	Apply
SBRI Phase 1 SBRI Healthcare, an NHS England & NHS Improvement initiative that aims to promote UK economic growth whilst addressing unmet health needs and enhancing the take up of known best practice. SBRI supports a programme of competitions inviting companies to come forward with their ideas on novel MedTech and digital innovations that can address specific NHS challenges.	SBRI 17 Phase 1 - Urgent and Emergency Care		27 August 2020 BST	More info	Opening 15/07/2020

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SBRI HEALTHCARE

Programme Management Office

Research Management System

Urgent and Emergency Care
26817
Details...

- Introduction
- Section 1: Application Summary
- Section 2: Company Details
- Section 3: Plain English Summary
- Section 4: Project Plan
- Section 5: Team
- Section 6: Budget
- Section 7: Supporting information
- Section 8: Administrative contact details
- Section 9: Validation Summary

Introduction

Previous | Next | Save | Save And Close

There are a number of **online guidance prompts** (marked as a ?) available to you throughout the online form to help you when completing an application. It is **strongly advised** that you also read the relevant **Guidance for Applicants** before completing your application.

Please keep the use of acronyms to a minimum. Only use acronyms where a term is used frequently throughout the application. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**
Schematics, tables, illustrations, graphs, and other types of graphics can be embedded to clarify the project plan but they should not clutter the central narrative. Images do not count towards the overall word count but inclusion of them to overcome word limits is not permitted. Images may only be included within the Project description and breakdown. **Images included in other sections will be removed from the application and not seen by reviewers.**

Members of the project team will need to invited through the RMS *via* email to participate as team members , after which they must both **confirm and approve their participation.** Please ensure that all team members invited to collaborate on this application have confirmed their involvement and approval of the application form content before submission.

Although confirming and approving an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office on 020 8843 8125 or SBRI@LGCGroup.com.

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SBRI HEALTHCARE

Programme Management Office

Research Management System

Dr Aayesha Hassan
aayesha.hassan@ccf-prp.org.uk

Dr [redacted]

- Home
- My Applications
- My Co-applications
- My Grants
- My Research Outputs
- My Reviews
- My Tasks
- Manage My Details
- Contact Us
- Logout

System Help

My Co-applications

You have **1** co-application awaiting submission.

To view more details please select an application from the grid below.

Reference	Title	Main Applicant	Role	Confirmed	Last Updated	Application Status	
26808		Dr [redacted]	Co Applicant	N	14/07/2020 14:19:28	Pre-Submission	

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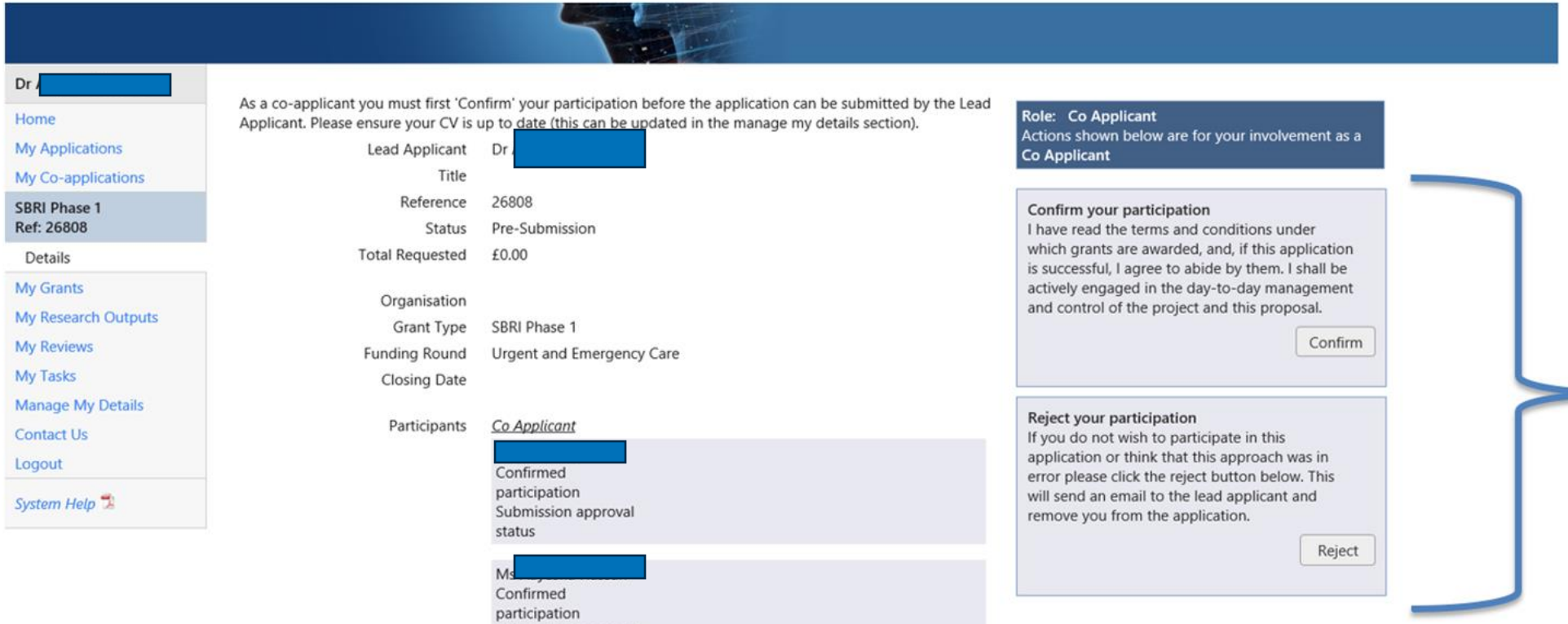
Dr [redacted]
Home
My Applications
My Co-applications
SBRI Phase 1
Ref: 26808
Details
My Grants
My Research Outputs
My Reviews
My Tasks
Manage My Details
Contact Us
Logout
System Help
As a co-applicant you must first 'Confirm' your participation before the application can be submitted by the Lead Applicant. Please ensure your CV is up to date (this can be updated in the manage my details section).
Lead Applicant Dr [redacted]
Title
Reference 26808
Status Pre-Submission
Total Requested £0.00
Organisation
Grant Type SBRI Phase 1
Funding Round Urgent and Emergency Care
Closing Date
Participants
Co Applicant
[redacted]
Confirmed participation
Submission approval status
Ms [redacted]
Confirmed participation
Submission approval status
Dr [redacted]
Confirmed participation
Submission approval status
Role: Co Applicant
Actions shown below are for your involvement as a Co Applicant
Confirm your participation
I have read the terms and conditions under which grants are awarded, and, if this application is successful, I agree to abide by them. I shall be actively engaged in the day-to-day management and control of the project and this proposal.
Confirm
Reject your participation
If you do not wish to participate in this application or think that this approach was in error please click the reject button below. This will send an email to the lead applicant and remove you from the application.
Reject

Q&A session- please do fire up any questions you might have in the Q&A box

SBRI HEALTHCARE

SBRI Healthcare will hold a Q&A session for any additional questions applicants might have during the application process
on 8th August 2024
from 14:00 to 15:00

Registration on
https://www.eventbrite.co.uk/e/sbri-healthcare-competition-25-phase-1-qa-session-tickets-952708766567

To be kept up to date about all our initiatives, please subscribe to our newsletter adding your details at the bottom of this page:
https://sbrihealthcare.co.uk/about-us#subform_section

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SBRI Healthcare

LGC Ltd
Grant Management Group
15 Church Street
Twickenham TW1 3NL

Contact us for advice and specific guidance:
T 020 8843 8125


sbri@lgcgroup.com


https://www.sbrihealthcare.co.uk


https://www.linkedin.com/company/sbri-healthcare


https://twitter.com/sbrihealthcare

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