



SBRI Healthcare

Small Business Research Initiative
Competition 26 Briefing Event

July 23rd 2024



**Health
Innovation
Network**



Time	Topic	Presenters
13.00 – 13.05	Welcome and introductions	Dr Francesca Troiani
13.05 – 13.20	Introduction and overview of the SBRI Healthcare Programme	Ms Charmaine Mulligan
13.20 – 13.25	The application and assessment process	Dr Mary Walker
13:25 – 13:30	NHS InSites Programme	Ms Jana Schulte
13.30 – 14.00	Competition 26 – The priority areas	Ms Michelle Long Prof Julian Redhead
14:00 – 14:20	Q&A session	
14.20 – 14.30	The Health Innovation Network	Ms Nikki Taylor
14.30 – 14.55	Q&A session	
14.55 – 15.00	Closing remarks	Dr Francesca Troiani

- 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

The SBRI Healthcare Programme

Presented by:
Ms Charmaine Mulligan, Senior Programme Manager SBRI PMO



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

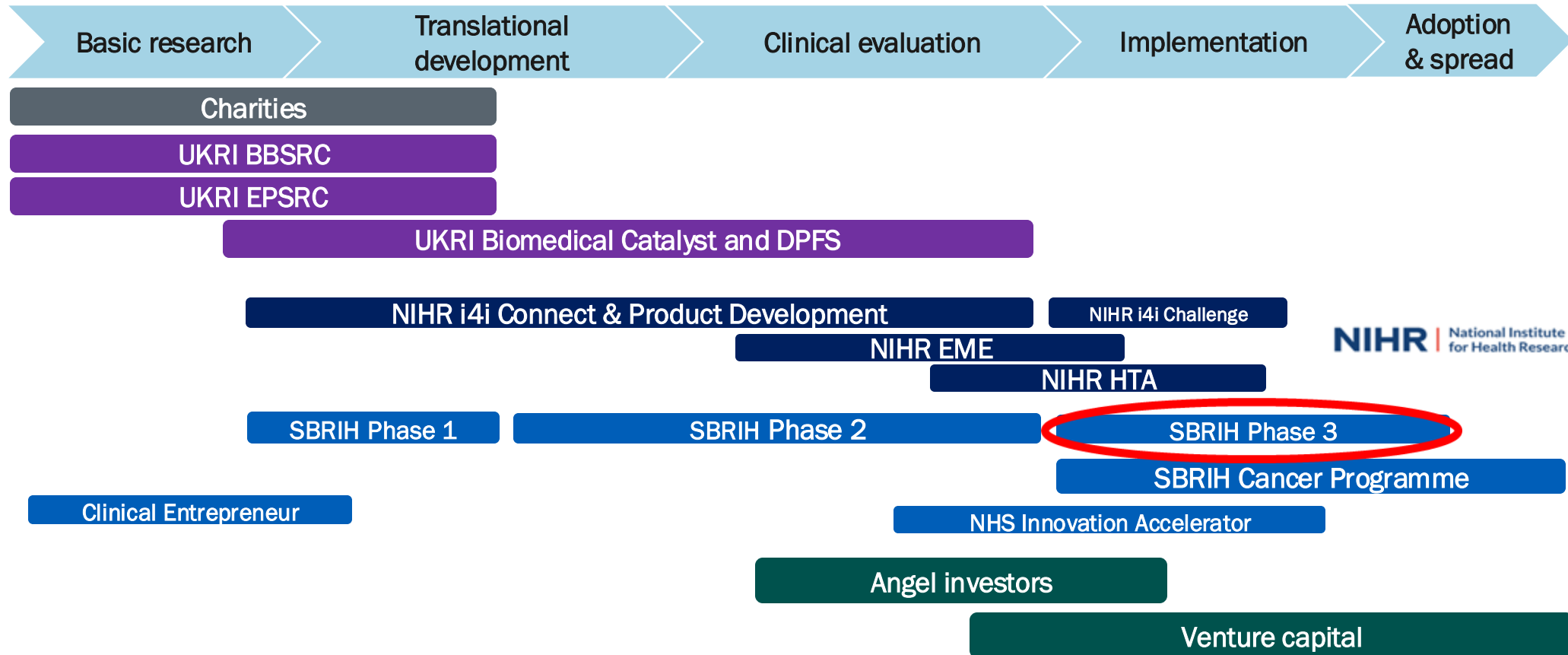


Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need



Bring economic value and wealth creation opportunity to the UK economy

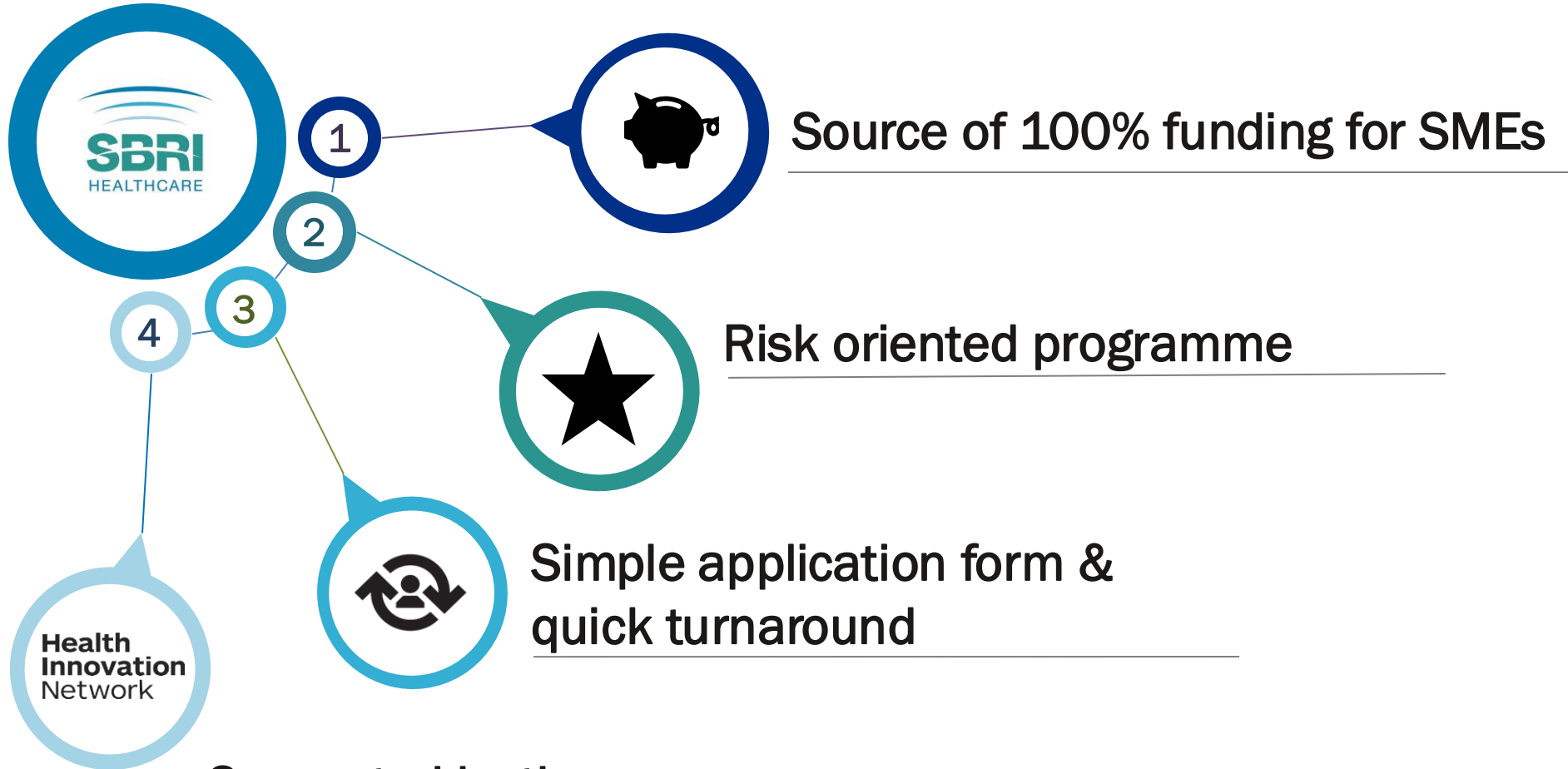
Funding landscape



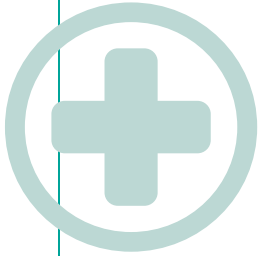
NIHR | National Institute for Health Research



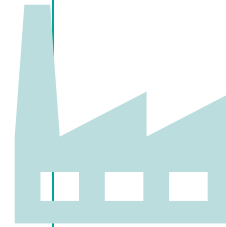
SBRI
HEALTHCARE



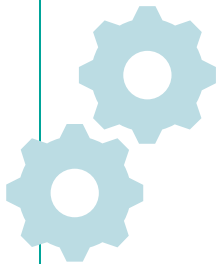
**Supported by the
Health Innovation Network**



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)



At late stage of innovation the Programme offers

- Phase 3, real-world evidence and implementation (12 months, up to £500K, NET)

Late-stage innovations - Phase 3

Aim of the late-stage Phase 3 competition:

- To accelerate the uptake of mature products into front-line health or social settings
- To facilitate gathering evidence in Real World settings required by commissioners and regulators to make purchasing or recommendation decisions
- To develop the value proposition to support NHS uptake and wider commercialisation

Development contracts:

- ✓ Project for a maximum of 12 months
- ✓ Funding up to £500,000 (NET) per project

Late-stage innovations - Phase 3

What this is for

Innovation type - Medical devices, in-vitro diagnostics, digital health and AI solutions, behaviour interventions and service improvements



Stage of development - **Mature innovations**, with clinical efficacy and safety demonstrated, UKCA/CE-marked and/or in use at least in 1 Trust



Project type - **Implementation studies**, developing evidence for adoption in real-world settings



What this is not for

Innovation type - Drugs/therapeutics, innovations developed without input from the appropriate public/patient/healthcare professionals

Stage of development - Innovations at early stage of development

Project type - Basic research, early stage product development

Phase 3 – Expected exit points



Implementation effectiveness demonstrated and/or collection of evidence in response to NICE Early Value Assessment recommendations and related Evidence Generation Plan towards full NICE guidance



Evidence of health and financial impact (budget impact model, cost benefit analysis)



Demonstrated environmental impact of the product on NHS care delivery (quantification of net carbon impact for relevant pathway and methodology) and organization commitment



NHS business/use case to transition into standard commissioning routes and increase spread



Company scaling plan developed (staff, funding, supply)



Equality and health inequalities impact assessment

Portfolio snapshot



333
supported



£150m+
Total invested

Portfolio snapshot

Musculoskeletal Disorders

Integrated care & social care

Dentistry, Oral Health & Oral Cancers

Urgent & Emergency Care

Stroke

Cardiovascular Disease

Inequalities in Maternity care

Child Health

Autism & Learning Disabilities

Sustainability & Net Zero

Early diagnosis of cancer

NHS Reset and Recovery

Prevention of CVD

CYP mental health

Respiratory diseases



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



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



Innovate UK



Innovate UK
Knowledge Transfer Network



Innovate UK
EDGE



NICE National Institute for Health and Care Excellence



WAPG
We Are Pioneer Group

ABHI



Health Innovation Network



Phase 3 competitions: Stroke

Challenges

- Early diagnosis
- Rehabilitation
- Life after stroke

[Stroke Web Page](#)

[Stroke Challenge Brief](#)

[Phase 3 – Guidance for Applicants](#)



Phase 3 competitions: Urgent & Emergency Care



Challenges

- Health and Care outside of Hospitals: Accessing the Right Care and Reducing Demand
- Reducing Length of Stay and Improving Discharge
- Supporting Workforce

[Urgent & Emergency Care Web Page](#)
[Urgent & Emergency Challenge Brief](#)
[Phase 3 – Guidance for Applicants](#)

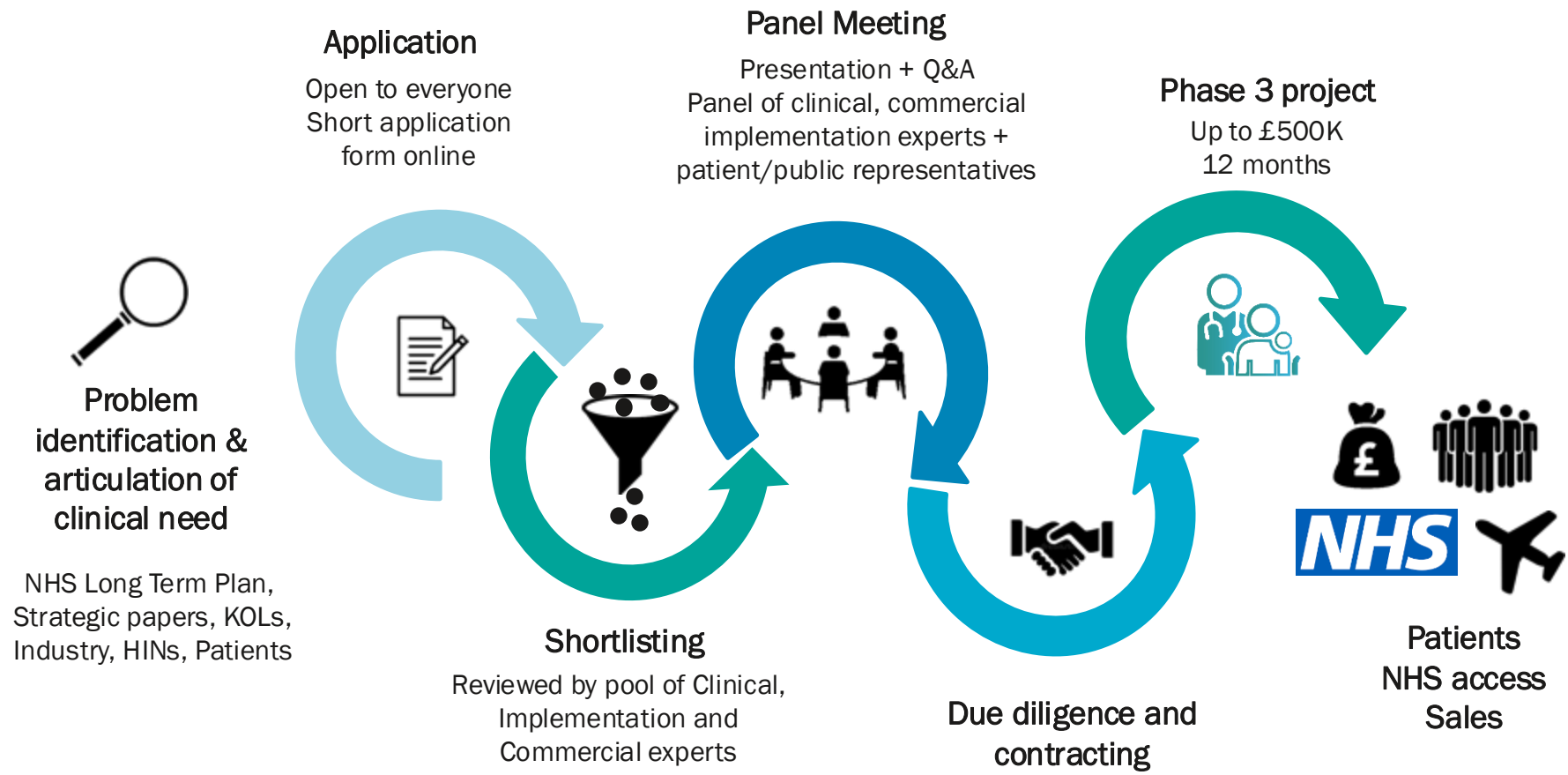


Assessment process and how to apply

Presented by:

Dr Mary Walker, Programme Manager SBRI PMO

Assessment process



Key dates

Competition launch	31 st Aug - 18 th Sep 2024
Assessment	Oct-Nov 2024
Selection Panels	9 th , 10 th and 13 th December 2024
Contract awarded	Jan-Feb 2025



Stroke
Phase 3
Funding
Competition

SBRI HEALTHCARE Health Innovation Network Proudly working with Stroke Association Accelerated Access Collaborative NHS



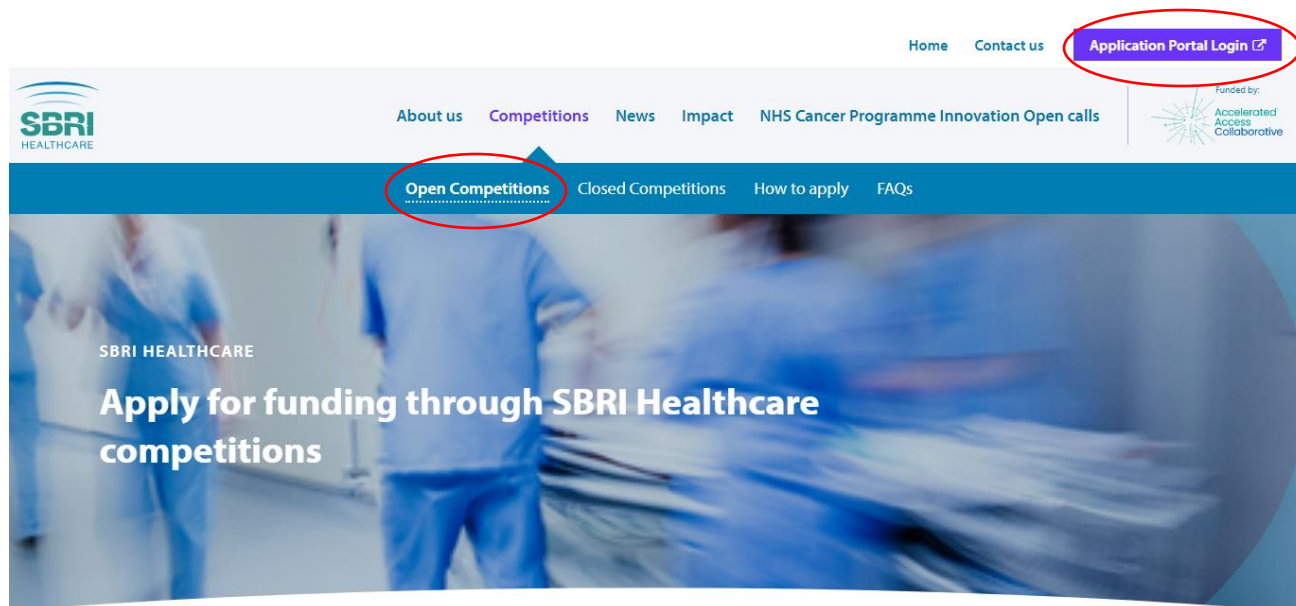
Emergency Department

**Urgent and
Emergency Care**

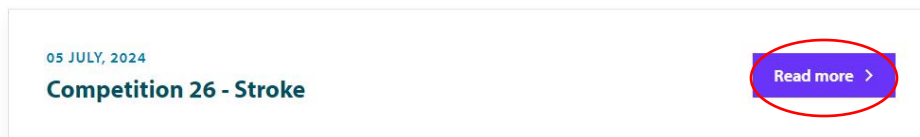
**Funding
Competition**

SBRI HEALTHCARE Health Innovation Network Accelerated Access Collaborative NHS

Application process – www.sbrihealthcare.co.uk



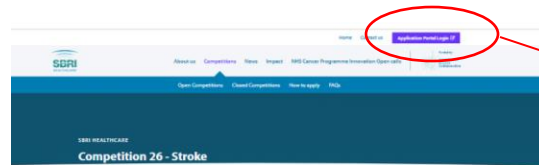
The screenshot shows the SBRI Healthcare website. At the top right, there are links for 'Home', 'Contact us', and 'Application Portal Login' (circled in red). Below this is a navigation bar with 'About us', 'Competitions', 'News', 'Impact', and 'NHS Cancer Programme Innovation Open calls'. A sub-navigation bar contains 'Open Competitions' (circled in red), 'Closed Competitions', 'How to apply', and 'FAQs'. The main banner features the SBRI Healthcare logo and the text 'Apply for funding through SBRI Healthcare competitions' over a background image of medical staff. On the right side of the banner, it says 'Funded by: Accelerated Access Collaborative' with a logo.



05 JULY, 2024
Competition 26 - Stroke [Read more >](#)

Competition documents

- 1 Competition launch
31st July 2024
- 2 Competition close
18th September 2024 1:00pm
- 3 Selection Panel
9-10-13 December 2024
- 4 Contract start
January- February 2025



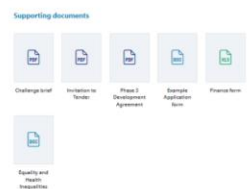
Application Portal Login



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

Links to:

- [Phase 3 Guidance for Applicants](#)
- [Portal Guidance](#)
- [FAQs](#)



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 strategies 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%

Programme Management Office

Research Management System



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](#) 

Programme Management Office

Research Management System

Dr Aayesha Hassan

Welcome to Programme Management Office Research Management System, Dr Aayesha Hassan.

Home

[My Applications](#)

[My Co-applications](#)

[My Grants](#)

[My Research Outputs](#)

[My Reviews](#)

[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

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[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](#).



Programme Management Office

Research Management System

Mr Ken Middleton

[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



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 be 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.



Dr Aayesha Hassan

[Home](#)

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[My Co-applications](#)

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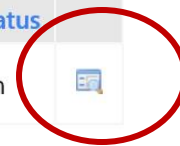
[System Help](#) 

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			Co Applicant	N	14/07/2020 14:19:28	Pre-Submission	





Dr Aayesha Hassan

- 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 Ade Adenle
 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

Confirmed participation
 Submission approval status

Ms Aayesha Hassan
 Confirmed participation
 Submission approval status

Dr Aayesha Hassan
 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



The InSites Programme

Presented by:

Ms Jana Schulte

Portfolio Director Innovation Sites, Mid and South Essex Foundation Trust



The NHS InSites Programme was commissioned to aide innovation adoption



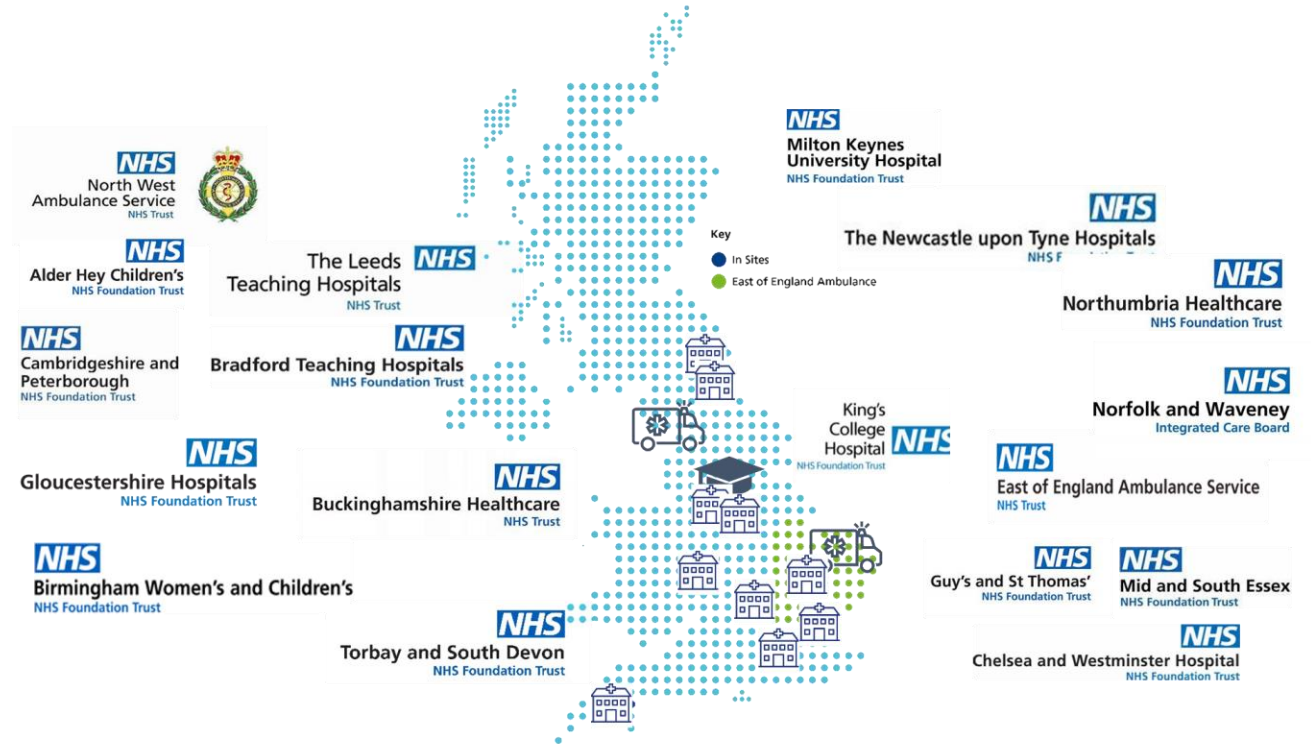
Supporting nearly 155,000 NHS staff



To adopt and spread innovation



Across 18 Sites covering around 30 million patients.



Contact us: mse.cepinsites@nhs.net

Stroke

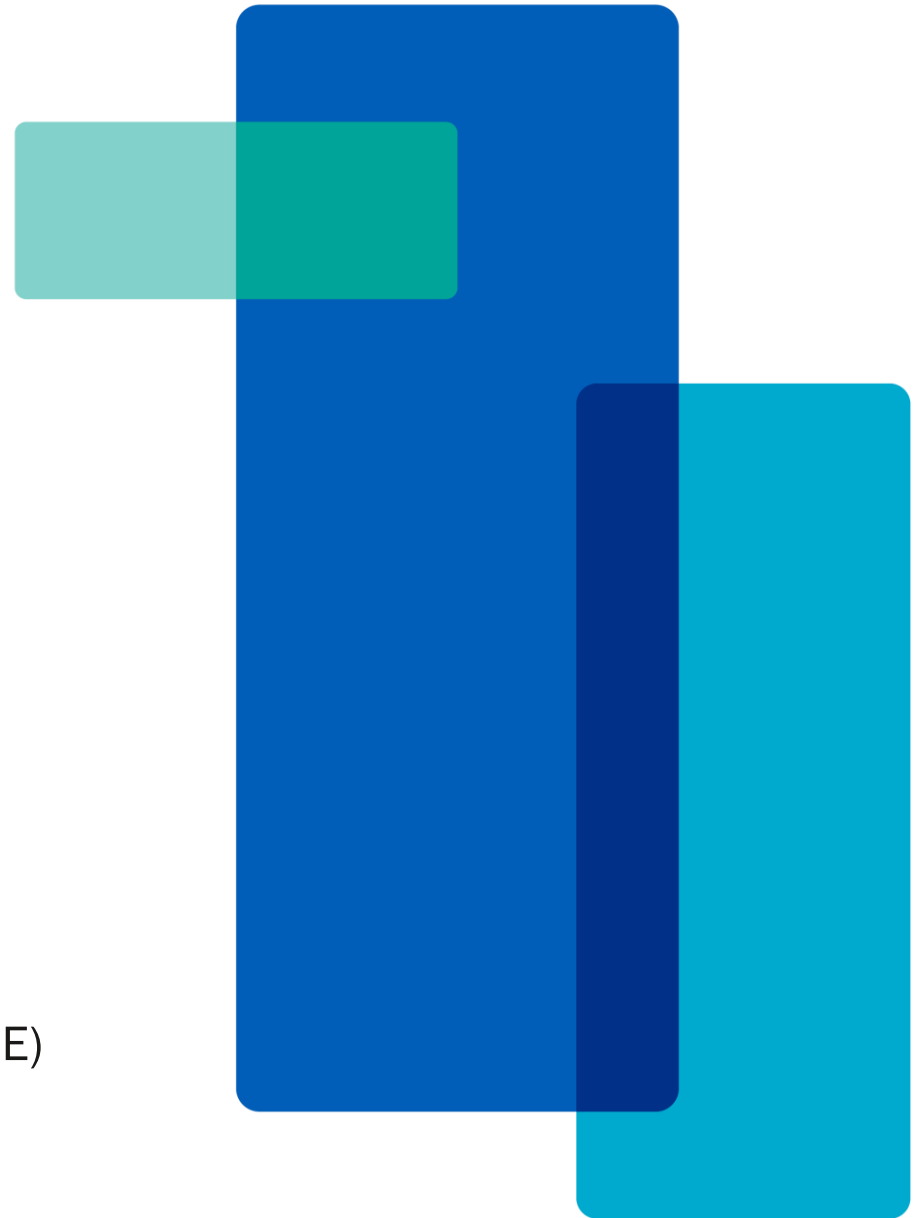
Presented by:

Ms Michelle Long

Neurology Clinical Specialist

Stroke rehabilitation quality improvement manager (SQuiRE)

South East region, NHSE





Second largest cause of death worldwide and fourth in the UK



100,000 stroke admissions per year



35,000 stroke deaths per year



1.3 million stroke survivor living with disabilities



1 case every 4 happens in people of working age

NHS Long Term Plan vision for Stroke

Prevent stroke by identifying people at risk

Ensure patients get best treatment

- Rapid access to imaging and treatment
- Workforce modernization
- Improvement in rehabilitation intervention delivery
- Increased tailored support for home recovery

Creation of 24/7 integrated care pathways

Early diagnosis

95% stroke onsets are outside hospital

Prompt diagnosis and treatment not always achieved

Need for improvements in:

- Early identification
- Ischaemic vs haemorrhagic stroke differentiation
- Thrombectomy candidates' identification
- Exclusion of stroke mimics

Rehabilitation

Early and personalised rehabilitation

Multidisciplinary plans and collaborations

Regularly monitored and evaluated interventions

Need for improvements in:

- High intensity rehabilitation delivery
- Secondary prevention
- Follow-up care to improve cognitive, physical and emotional function
- Follow-up care to reduce risk of further stroke and prevalence of secondary complication

Life after stroke

Physical, emotional and cognitive impairments

Need for improvements in

- Supported self-care management programmes
- Regular follow-ups
- Practical support (e.g. mobility aids, home adaptations, housing, financial support, information and transport)
- Tools to regain independence and ability to participate to everyday life

Urgent & Emergency Care

Presented by:

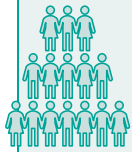
Professor Julian Redhead

National Clinical Director for Urgent and Emergency Care, NHSE

Professor of Practice (Emergency Medicine/Sports Science), Imperial College
London



Current State of Urgent and Emergency Care



2x More attendances to A&E departments in England for the 10% of the population living in the most deprived areas (3.0 millions) compared with the least deprived 10% (1.5 millions).



6% annual growth in 111 calls received in the 5 years before the pandemic



12.1% increase in A&E attendances since 2012-2013



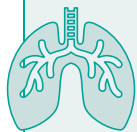
Up to 20% of emergency hospital admissions are avoidable with the right care in place



10% increase over the last year in the number of beds occupied by someone who is clinically ready to leave



<50% of all attendances at Type 1 Emergency Departments were seen within 4 hours in December 2022



>25% of the adult population in England now lives with two or more long-term conditions



55% of people who needed a GP appointment in the 12 months to July 2022 avoided making an appointment

NHS England's Delivery Plan for Recovering Urgent and Emergency Care Services

Increase capacity

Grow the workforce

Speed up discharge from hospitals

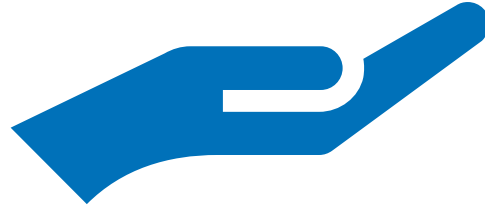
Expand new services in the community

Help people access the right care first time

NHS Long Term Workforce Plan



Train



Retain



Reform

Health and Care Outside of Hospitals: Accessing the Right Care and Reducing Demand

95% of patients arriving at an A&E department should be:

- Admitted to hospital
- Transferred to a more appropriate care setting
- Discharged home within 4 hours

Increased demand for Emergency Departments is driven by:

- Lack of access to primary care
- Increase in the elective care backlog

Need for improvements in:

- Enable patients to better manage long term conditions in the community
- Systems which enable effective triaging of all patients attending A&E to the most appropriate stream

Reducing Length of Stay and Improving Discharge

Prolonged stays impact patients negatively

Timely discharge is vital for hospital flow

Need for improvements in:

- Increasing early interference by patients and carers in home, primary, and community care management
- Identifying patients who could be better cared for outside the emergency department through effective triage and streaming

Supporting Workforce

An ageing population increases demand for emergency services

Those in deprived areas are more likely to attend emergency departments

Resourcing for urgent and emergency care does not always follow health need.

Need for improvements in:

- Waiting times for emergency and planned care
- Reduce occupancy
- Addressing the systemic workforce shortages



Q&A session

Please do fire up any question you might have in the Q&A box



Health Innovation South West

Nikki Taylor
Programme Manager - UEC Mission lead



Health
Innovation
South West

Part of the
**Health
Innovation
Network**

NHS
England


Office for
Life Sciences

What does the Network do?

Identify

innovation and improvements to specific problems within the NHS,
creating an innovation pipeline

Empower

innovators and those developing improvements to further their ideas
and get them in front of the right people

Advance

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

What we do locally

Our work is built on our three core capabilities developed with our members and partners:



Find, develop and evaluate real-world innovation

A one stop shop for innovation, we work with health & care, commercial, academic and community partners to identify, develop and evaluate real world solutions to clearly defined health and care problems.



Create the conditions to innovate

We work with our partners to strengthen the conditions for innovation in our region and support innovators to develop and deploy their solutions into the NHS and connect to vital research.



Adopt and spread proven innovations at scale

We support the implementation and scale of innovation and innovative practice in health and care pathways across the South West, applying diverse change models to ensure sustainable impact for both the workforce and patients.

What we've done

In 2023/24 alone:



200,000

estimated patients and service users who have benefitted from the work of Health Innovation South West.



£475,820,793

of funding leveraged by activities across the national Health Innovation Network.



114

projects across three ICSs and 16 member organisations.



554

jobs created by activities across the national Health Innovation Network.

Impact through local focus

The **South West peninsula** stretches from the Isles of Scilly to Somerset, with around 600 miles of coastline.

- **2.3m population (approx.)**
- **Coastal communities**
- **Isolated rural areas**
- **Urban centres**

Ageing population – a particularly high proportion of residents are aged 65+ relative to the national average.

Highly varied: the region comprises rural and isolated communities on its moors and islands, along with significant urban populations in Plymouth and Exeter. It contrasts extremely prosperous coastal locations with some of the most deprived areas in Europe. A relatively stable core population is supplemented with a significant influx of seasonal workers and tourists that create additional challenges for healthcare services and opportunities for developing health care technologies.

A unique and urgent health and care challenge

Our population health challenges, slow economic growth, and unique geography have a **real and direct impact on the quality of life, on health equity and the prosperity of the 2.2m people** who live in the Peninsula.

Those who face the greatest disadvantages in life also face the greatest risks and are experiencing high levels of bad health.

The combination of these issues and the unique rural and coastal context of our region, presents us with distinct and significant shared challenges.

A system under pressure

- Aging population (6 years older than England average) rising emergency admissions and long waiting times for diagnosis and treatment

Significant gap in health equity

- The region includes some of the most deprived and least deprived areas in the country
- Many of our rural and coastal PCNs are in the 40% most deprived areas

Low levels of investment

- Some of the lowest levels of investment in health care research and innovation

Barriers to accessing services

- People have fewer choices and longer travel times to access health and care services
- 28% of people in the Peninsula and 51% in Cornwall & Isles of Scilly live more than 20km from an Emergency Department

Workforce challenges

- Vacancy rates in health and care sector are 30% higher than rest of England and a growing skills shortage 11% higher than UK average

A collective force driving health and care research and innovation in the South West

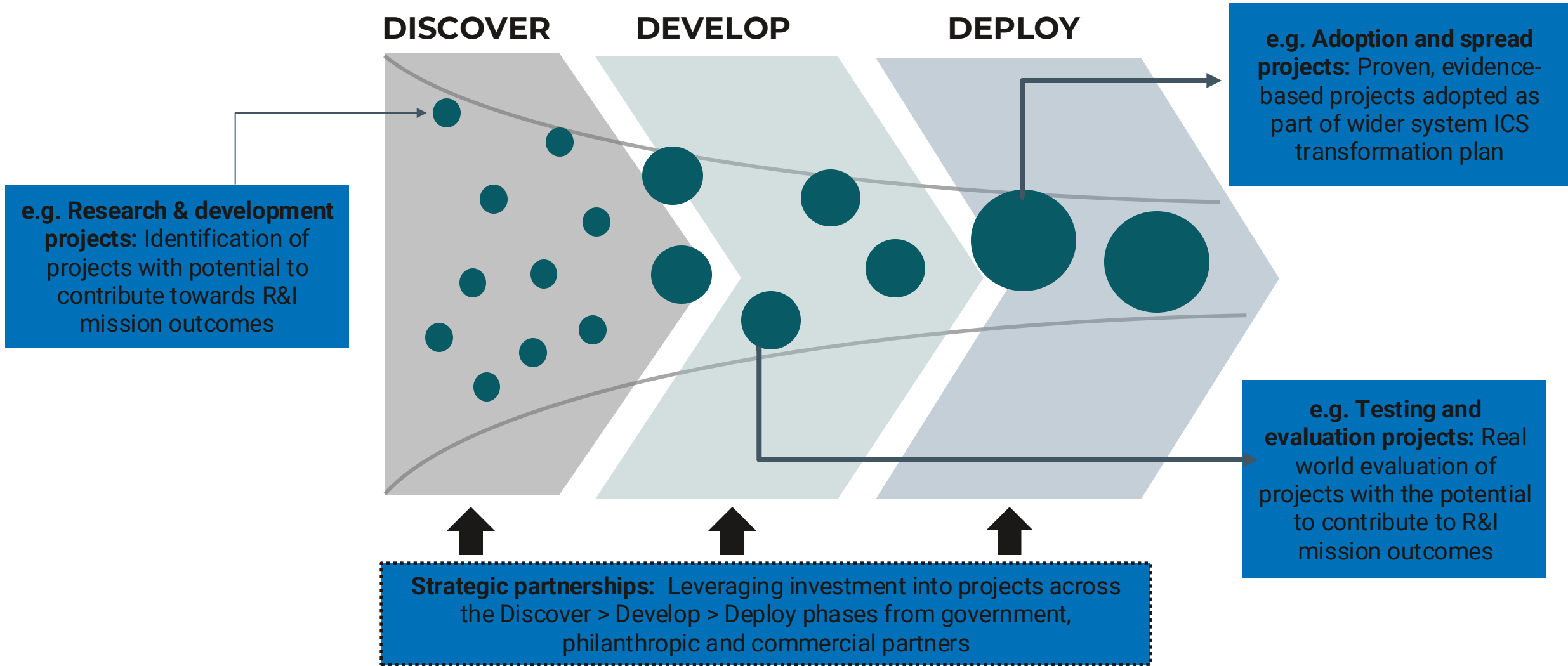
The opportunity - In late 2022, eight health organisations from across the South West Peninsula began to work together having identified the potential of a collective research and innovation strategy for health and care.

The goal is to address the unique challenges of the rural and coastal context by combining the collective capability of the Peninsula's leaders and major players in research and innovation. In doing so, increasing impact that is greater than the sum of its parts.

In consultation with stakeholders, the partners collectively chose to take a mission-based approach to research and innovation, **focusing on a small number of major population health, care and system challenges.**



Our strategy in practice: developing mission portfolios



Thank you



Health
Innovation
South West

Visit our website: <https://healthinnovationsouthwest.com/>

email: info@healthinnovationsouthwest.com

call: 01392 247903

Part of the

**Health
Innovation
Network**

**Transforming lives through
innovation in health & care**



NHS
England



Office for
Life Sciences

Q&A session

Please do fire up any question you might have in the Q&A box



**SBRI Healthcare will organise a Q&A drop-in session for any additional question applicants might have during their application process
on 13th August 2024
From 14:00 to 15:30**

[Register here](#)

To be kept up to date about all our initiatives, please subscribe to our newsletter adding your details at the bottom of this page:



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>

**Health
Innovation
Network**