SBRI Healthcare – Competition 18

Stroke and Technology

Welcome to this Webinar, we will start shortly

The AHSN Network

NHS

Agenda

15:00	Welcome and introductions	Dr Ian Newington
15:10	Introduction and overview of the SBRI Healthcare Programme and competition 18	Dr Fanny Burrows and Ms Rhanda Tajdeen
15:25	Stroke and Technology – overview of the clinical challenges	Dr Deborah Lowe, Dr Chris Price, Dr Rebecca Fisher and Mr Lee Callaghan
16:00	Clinical Q&A session	
16:20	The AHSNs	Mr Piers Ricketts and Dr Guy Rooney
16:35	The application and assessment process	Ms Rhanda Tajdeen
16:40	Q&A session	
16:55	Closing remarks	Dr Ian Newington

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 session at the end of every presentation
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on SBRI Healthcare website next week
- For further enquiries: sbri@lgcgroup.com

Small Business Research Initiative
SBRI Healthcare
Programme

Dr Fanny Burrows and Rhanda Tajdeen

Senior Programme Managers

The AHSN Network

NHS

SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers.
- NHS England and NHS Improvement programme managed by LGC Group (since April 2019), supported by the Academic Health Science Network (AHSN)

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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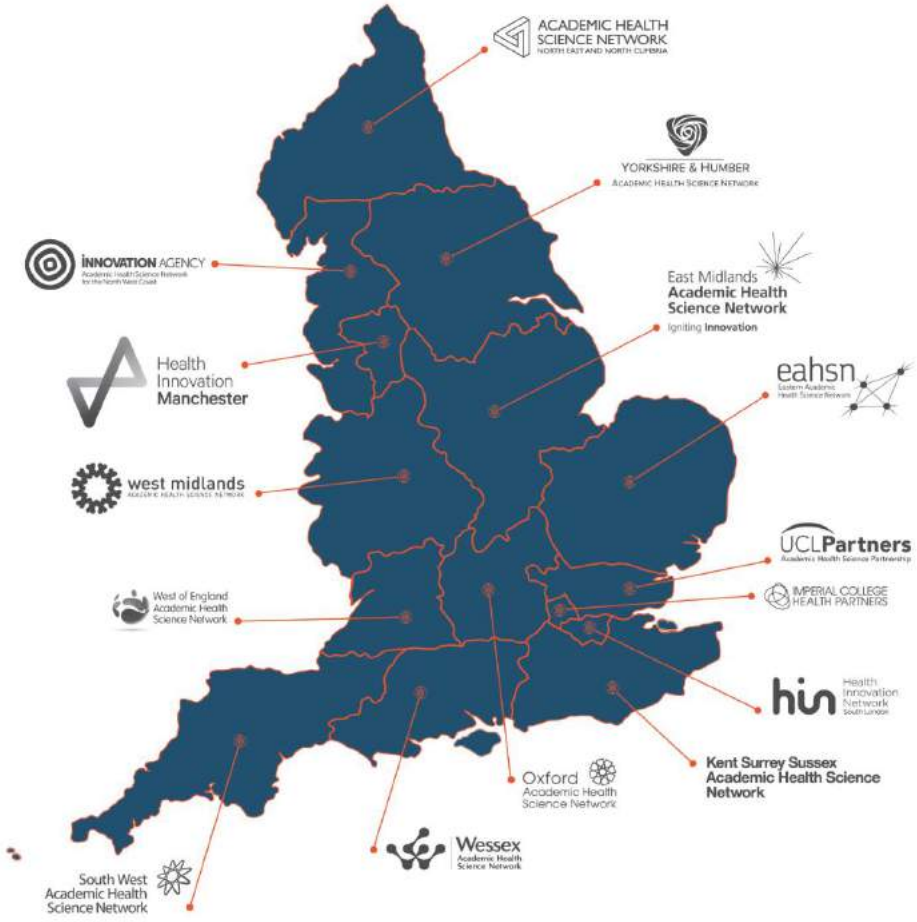
The Academic Health Science Network (AHSNs)

A connected 'Network of Networks'

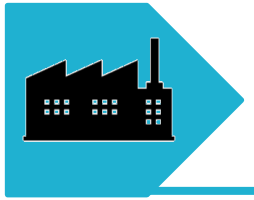


TheAHSNNetwork

NHS

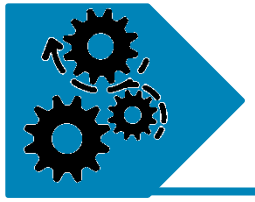
SBRI Healthcare – Key features

Themed competitions to address identified unmet NHS challenges



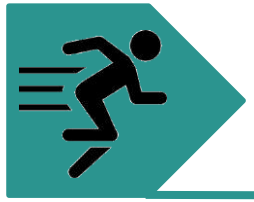
For any size organisation from the private, public and third sector (including charity)

- Particularly suitable for SMEs (covers 100% costs), but any size of businesses is eligible
- Other organisations are eligible as long as the route to market is demonstrated
- Based anywhere in Europe



Programme has a 2-phased development approach:

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



Quick turnaround

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SBRI Healthcare – Things to note

What we fund

- 100 % SME costs / incl. VAT
- Labour costs
- Material costs (incl. consumables)
- Capital Equipment Costs
- Sub-contract costs
- Travel and subsistence
- Other costs specifically attributed to the project
- Indirect costs
- **Applications assessed on Fair Market Value**

Contracting

- UK implementation of EU Pre-Commercial Procurement
- IP rests with supplier with certain usage rights with Public Sector
- Contract terms are non-negotiable
- Single applicant (partners are sub-contractors)
- Milestone driven payments (quarterly upfront)

Monitoring

- Light touch monitoring
- Risk-based approach
- Written reports and face-to-face meeting

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SBRI Healthcare Portfolio

229

Products supported

£99m+

Total invested

The AHSN Network

NHS

SBRI Healthcare Metrics

3418
Sites accessed technologies through trials of sales

28
SBRI products are exported

1,255
jobs created/protected

66
SBRI technologies with revenue

>4.4m
patients involved through sales and trials

£290m+
private investment leveraged

107
New IP protections granted

412
New collaborations established

£52m+
Grant funding other than SBRIH obtained

£35m+
revenue generated

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SBRI Healthcare – Portfolio

Medical devices

open bionics

Digital Health

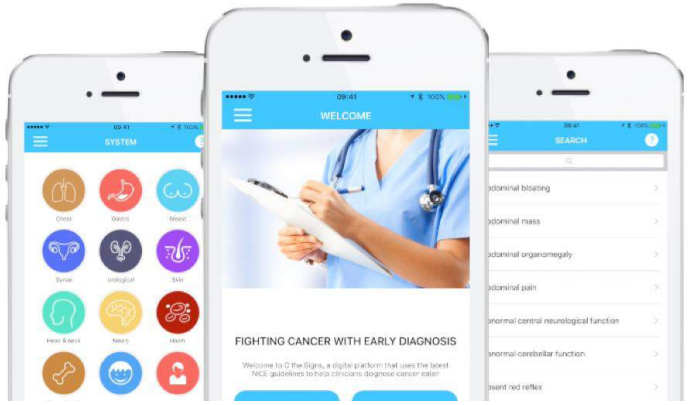
my mhealth

Diagnostics

OWLSTONE MEDICAL

Services

the signs



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SBRI 18 - Briefing

Stroke and Technology

1) Pre-hospital diagnosis
2) Rehabilitation
3) Life after stroke

Competition 18 – Stroke and Technology

SBRI Healthcare 18 - Provisional Dates

Briefing: Stroke and Technology

SBRI 18 Launch	13 July 2021
Phase 1 deadline	24 August 2021
Assessment	September 2021
Selection Panel	October 2021
Contract award	November 2021

SBRI HEALTHCARE

SBRI Healthcare

Stroke and Technology – overview of the clinical challenges

Dr Chris Price: Professor of Stroke and Applied Health Research, Newcastle University

Dr Rebecca Fisher: Stroke Association Senior Lecturer, University of Nottingham

Dr Deborah Lowe: NHS National Clinical Director for Stroke, NHSE&I

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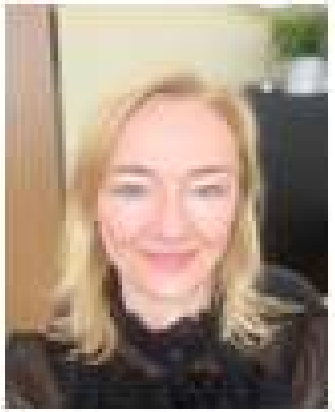
Dr Deb Lowe

National Clinical Director for Stroke – NHSE&I



Dr Deb Lowe is a Stroke Physician at Wirral University Teaching Hospital.

She is also the National Clinical Director for NHS England and Improvement and is Senior Clinical Advisor for the stroke medicine Getting It Right First Time (GIRFT) programme.

She co-chairs the National Stroke Delivery Board and supports the clinical leaderships and delivery of the 20 new Integrated Stroke Delivery Networks (ISDNs)

National Stroke Programme

Dr Deb Lowe

National Clinical Director for Stroke Medicine

Senior Clinical Advisor – GIRFT Stroke Programme

Consultant Stroke Physician – Wirral University Teaching Hospitals

NHS England and NHS Improvement

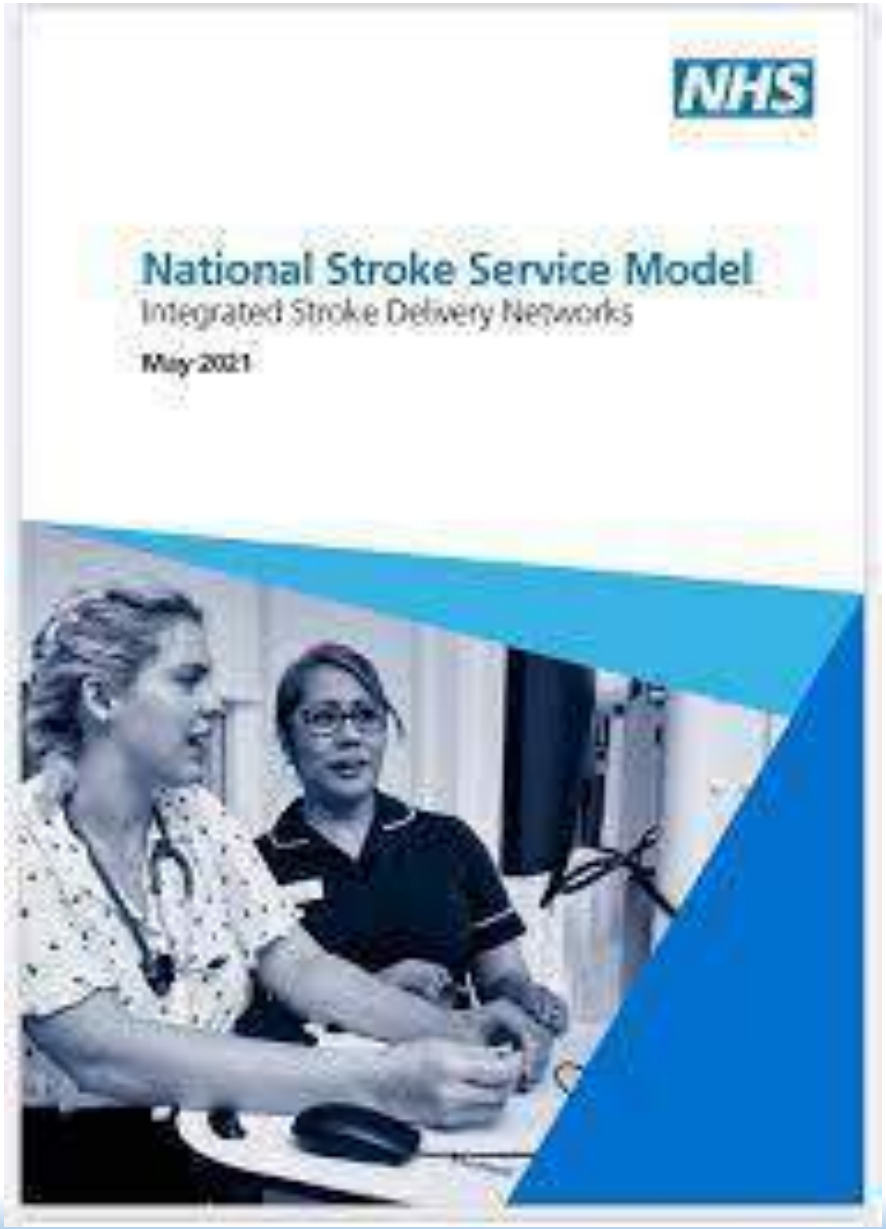
NHS Long Term Plan – National Stroke Programme

Recognises benefits of:

- Improved primary and secondary prevention
- Optimisation of hyper-acute stroke pathway with Comprehensive / Acute Stroke Unit Care
- Expanding access to mechanical thrombectomy services
- Higher intensity models for stroke rehabilitation and life after stroke support

To support:

- Integrated Stroke Delivery Networks to enable delivery of 7-day services as listed above and support ICSs to optimise pathways as required
- Modernisation of workforce (via HEE) – focus on cross-specialty/cross-profession accreditation, sustainability, virtual pathways.
- Scaling of technologies e.g. CT perfusion, use of automated scan reporting for CT Angiography (A.I. – artificial intelligence), telemedicine.


NHS
National Stroke Service Model
Integrated Stroke Delivery Networks
May 2021

Integrated Stroke Delivery Networks

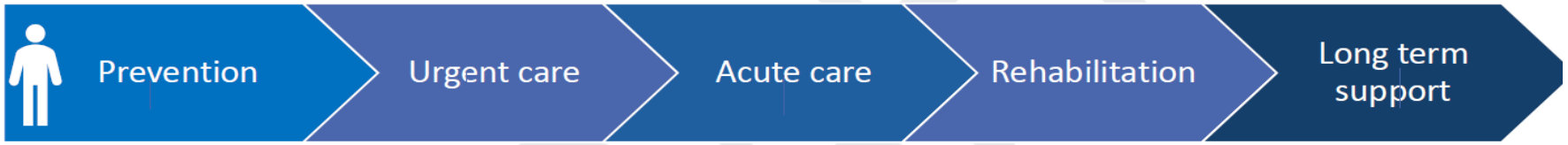
Providing improved stroke outcomes in every ICS

Patient information and engagement is consistent throughout the single system via a patient passport

Data and information are digital, interactive and accessible to all, across the whole system

Systems are aligned across the full pathway with strong clinical and network leadership

Modernised and upskilled workforce are recruited in line with system need



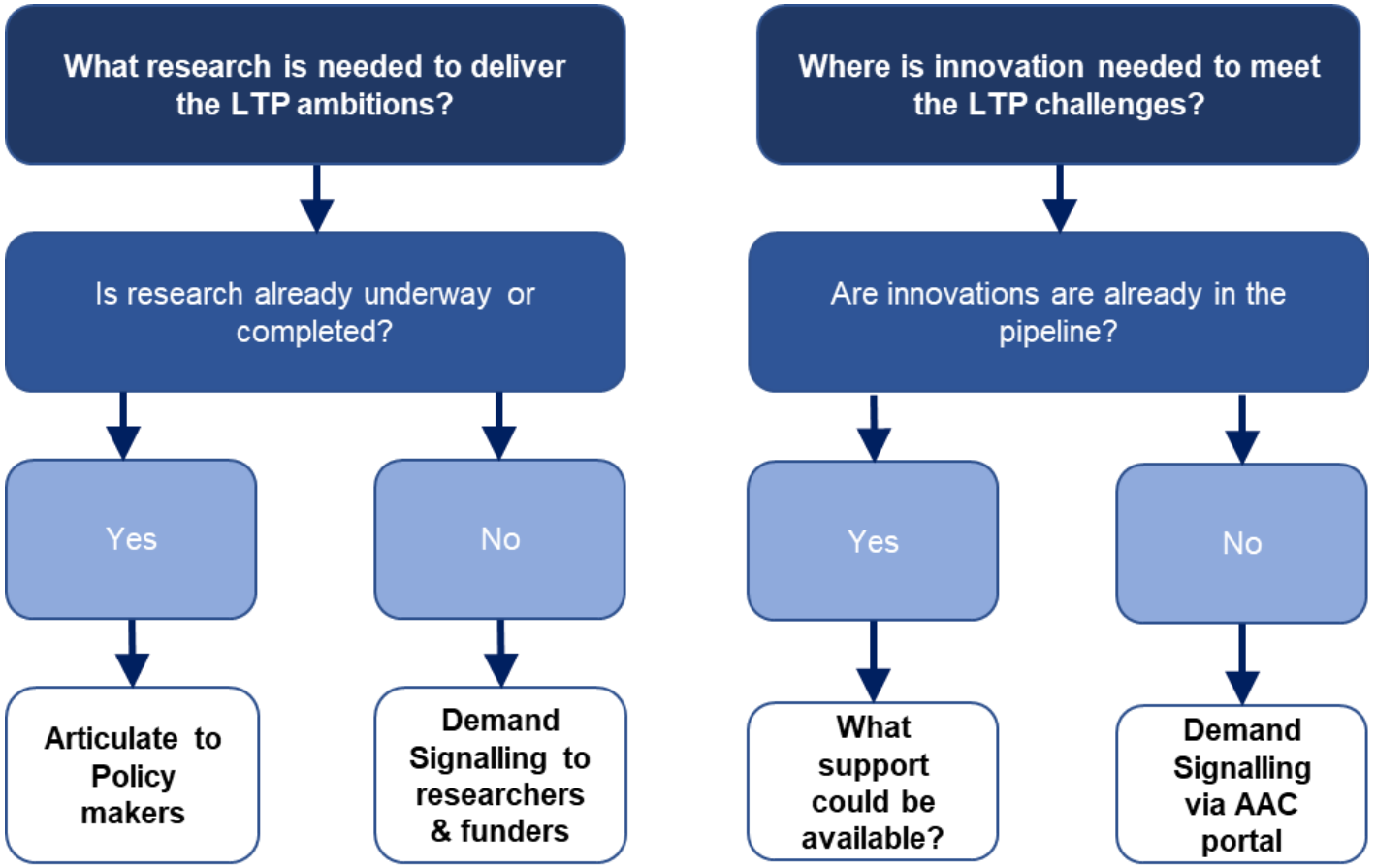
Prevention	Urgent care	Acute care	Rehabilitation	Long term support
Primary Care with Primary Care Networks (PCNs) Community pharmacy	999 / 111 Ambulance Service Comprehensive Stroke Centres / Acute Stroke Centres	Acute Stroke Centres	Stroke Recovery Centres ESD and community services Social care	Primary care Community services Voluntary sector Social care
Improved detection, primary and secondary prevention	Improved training and technology Increased availability of thrombectomy and stroke thrombolysis	Clear transfer pathways Seven-day nursing and therapy services	Comprehensive ESD for all appropriate patients for a minimum of six weeks Seven-day services	Comprehensive rehabilitation, and personalised care and support for as long as the person needs it

Over 10 years thousands of premature deaths will be avoided, tens of thousands of disabilities will be prevented or lessened, and hundreds of thousands will benefit from **better integrated person-centred care**

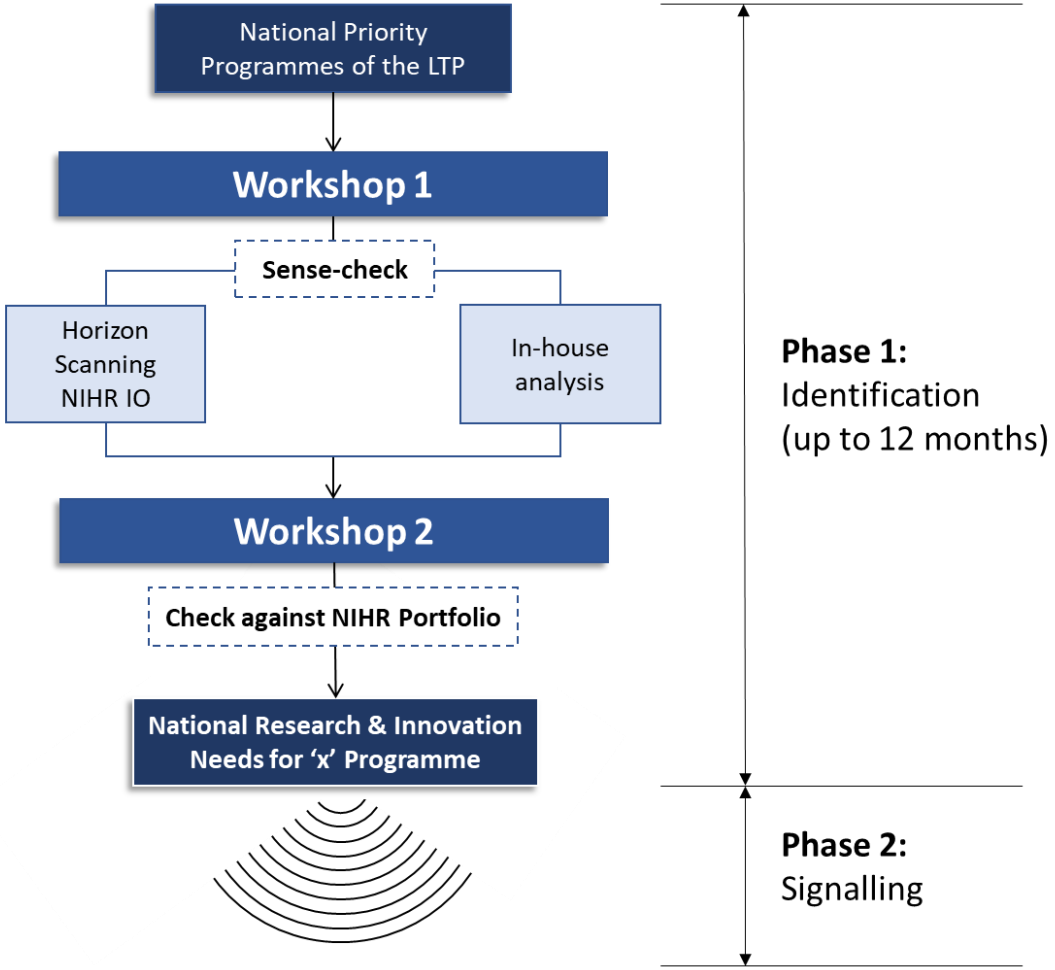
Integrated Stroke Delivery Networks

- New delivery networks, working under the governance structure of the new 7 NHSE Regions
- Local ‘footprint’ mapping to hub (Neuroscience Centre) and spoke stroke services
- Delivery of ‘end to end’ stroke pathway from pre-hospital to Early Supported Discharge, including prevention

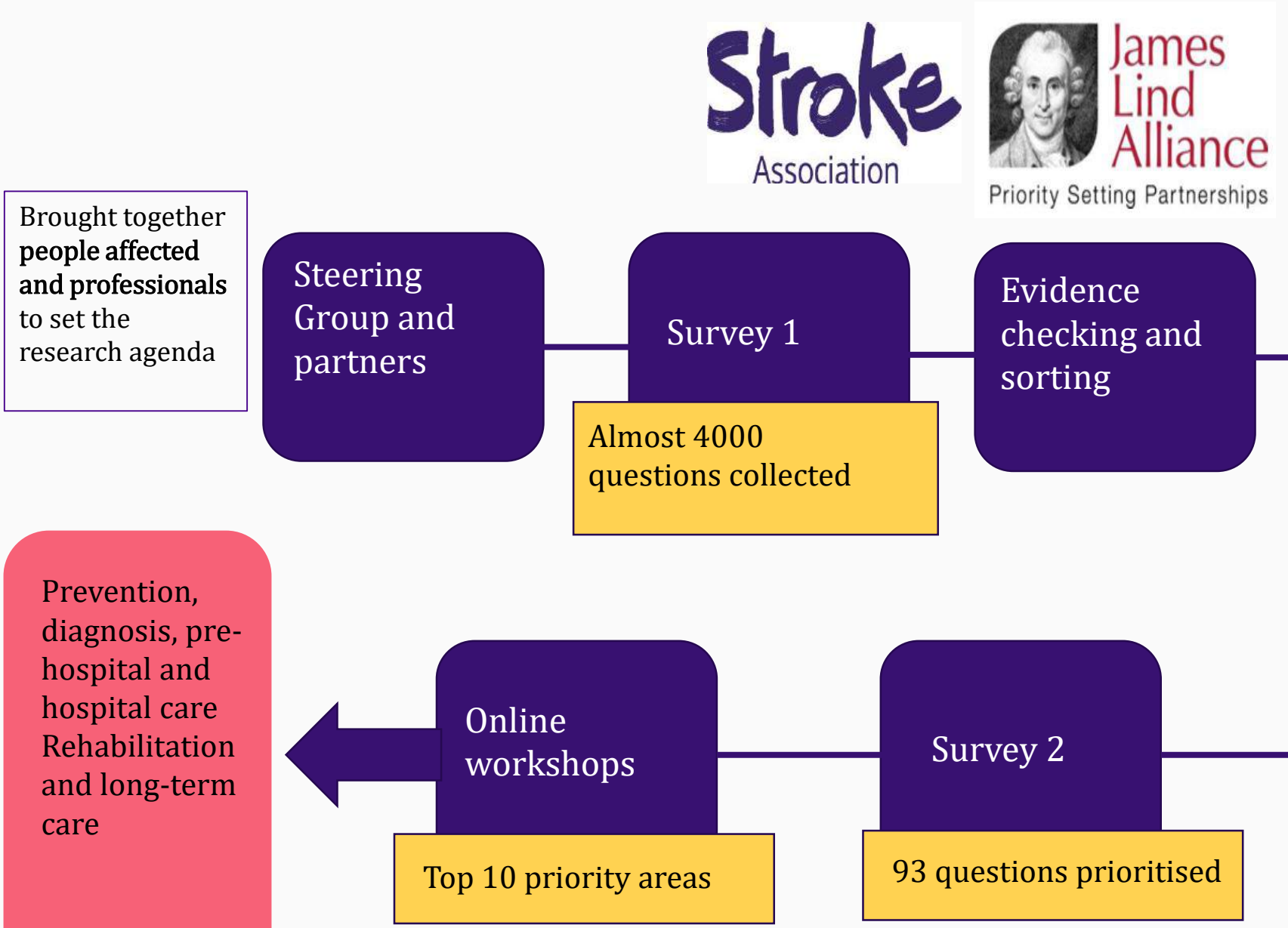
Demand Signalling



Demand Signalling



Evidence Gap Theme	Summarised Priority
Epidemiological and health care data	Assess the feasibility and development of an interactive data repository with improved data linkage between national stroke 'process' (e.g. thrombectomy services) and 'assessment' data, to help inform policy service and clinical decision making. This linked dataset would help identify the best configuration of the number and siting of stroke services in England and establish the long term outcomes after stroke (using validated outcome measures and PROM/PREMs). Output: Comprehensive dashboard for different stakeholders (service users/providers)
Prevention in primary care	Effective behavioural interventions for prevention, including approaches to increase awareness, education and adherence in high risk groups.
Pre-hospital management	Evaluate the role and outcome of telemedicine in pre-hospital acute stroke care and TIA. Further research required to develop reliable diagnostic stroke tools/ clinical scales (long-term goal).
Acute care	Evaluate the evidence base and outcomes for interventional radiologists/other specialists (with stroke interventional neuroradiology credential) delivering mechanical thrombectomy and the use of alternative thrombolytic.
Stroke pathway care	Evaluate the correlation between workforce, staff capability and intervention in the delivery of effective stroke care. Assess the evidence base for physical, cognitive, psychological needs and interventions.
Rehabilitation	Evaluate how best to facilitate the maintenance and or improvement of a patients rehabilitation/recovery trajectory for their life after stroke, incorporating a 6 month review.
Follow up	Determine the cost-effectiveness and evidence-base for follow-up assessments. Assess the effectiveness and outcomes of self-management programmes within systems.


Stroke Association
James Lind Alliance
Priority Setting Partnerships
Brought together **people affected and professionals** to set the research agenda
Steering Group and partners
Survey 1
Almost 4000 questions collected
Evidence checking and sorting
Survey 2
93 questions prioritised
Online workshops
Top 10 priority areas
Prevention, diagnosis, pre-hospital and hospital care Rehabilitation and long-term care

Stroke Association Connect

Dr Chris Price

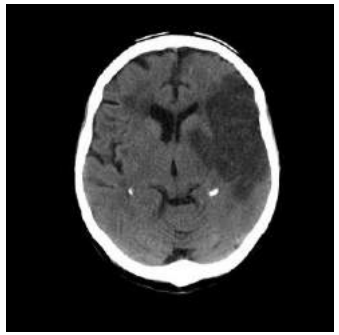
Professor of Stroke and Applied Health Research
Newcastle University

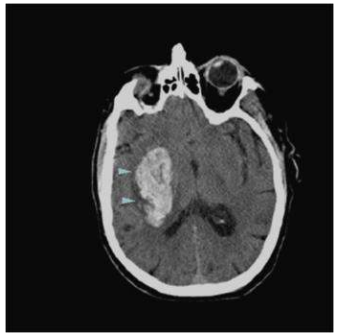
Chris works with national and international academic and industry collaborators to evaluate and implement interventions which improve patient access to emergency stroke treatments. These include novel point of care diagnostics, enhanced clinical assessment processes and evidence-based reconfiguration of clinical services.

My interest in the application of new technology to enhance patient outcomes goes beyond the acute phase of stroke treatment, including wristband accelerometry to encourage upper limb activity and collect recovery biomarker data. I have also been lead investigator for health services research awards to observe and predict the impact of clinical service reconfigurations for both stroke and mixed patient populations seeking emergency medical assistance.

Pre-hospital Stroke

Chris Price
Professor in Stroke and Applied Research
Stroke Research Group
Newcastle University

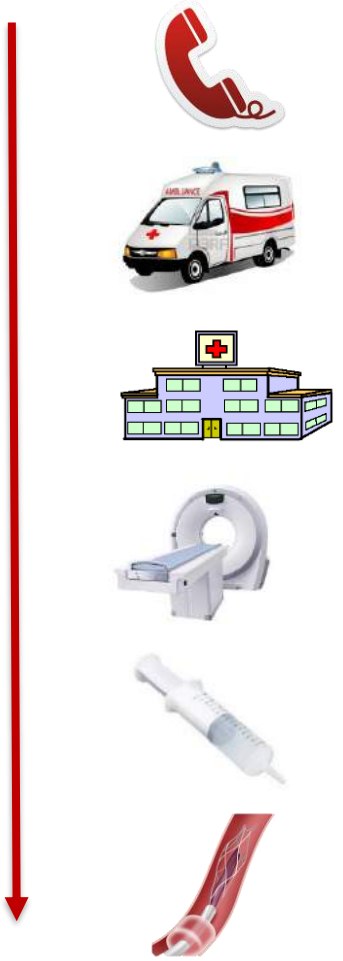




Newcastle University

Stroke is a treatable medical emergency

- 85,000 NHS stroke ambulance admissions p.a.
- Significant health and economic burden
- *Rapid* access to specialist care optimises outcomes but
  - Pre-hospital suspected stroke is a mixed population
  - Complex sequence of events
  - Only some hospitals provide specialist stroke care
  - Only some of those hospitals can provide all emergency treatments
- Opportunity for technology to assist efficient care delivery by
  1. Accurate triage
  2. Faster treatment

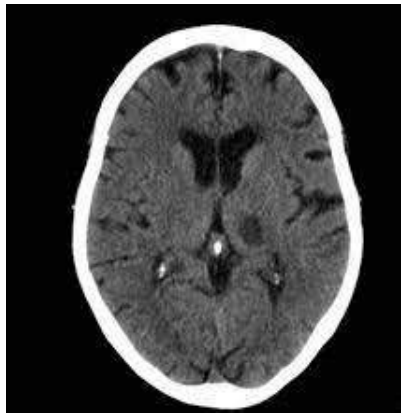


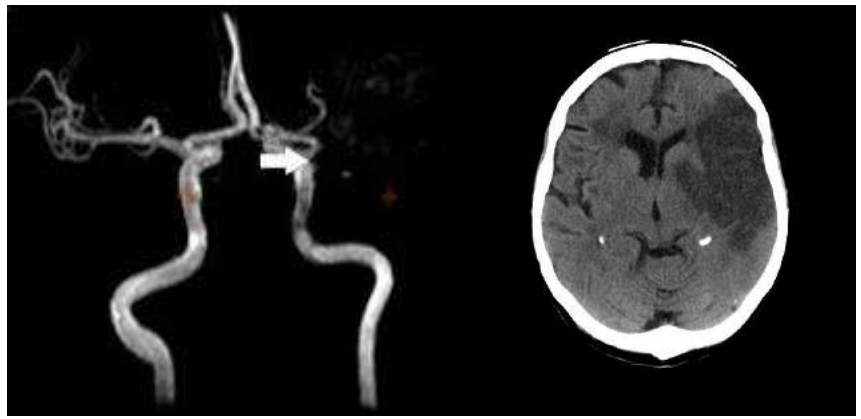
Many conditions mimic stroke symptoms

Harbison et al. Stroke. 2003;34:71–76

Suspected stroke population

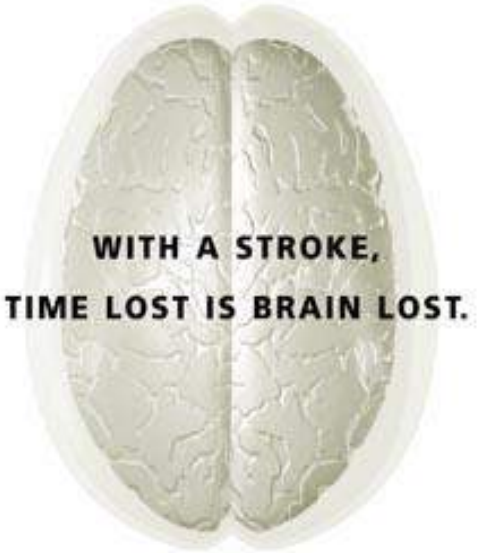
- Suspected stroke
  - Stroke mimic
  - TIA
  - Confirmed stroke
    - Ischaemic stroke
      - Small vessel
      - Large vessel
    - Haemorrhagic stroke





Time is Brain

"The typical patient loses 1.9 million neurons each minute in which stroke is untreated"



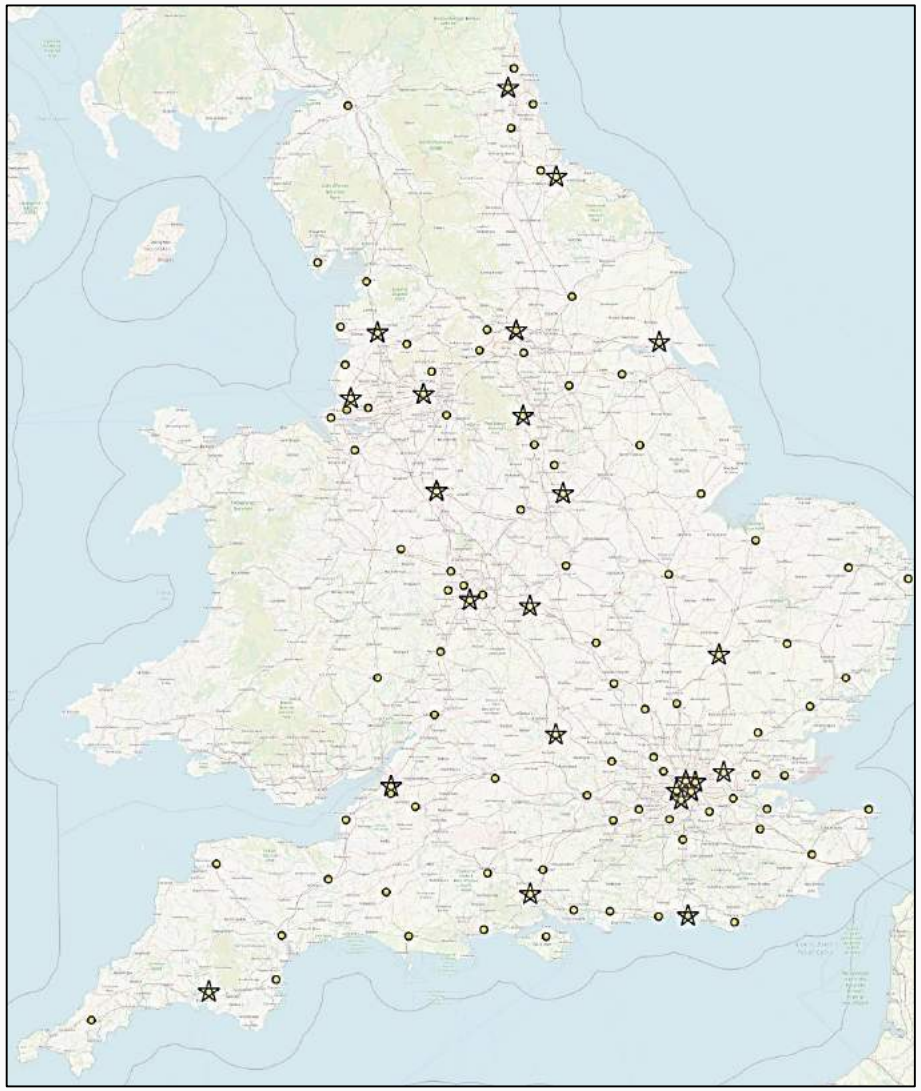
Saver, Stroke 2006

Intravenous thrombolysis <4.5hrs

15% stroke patients

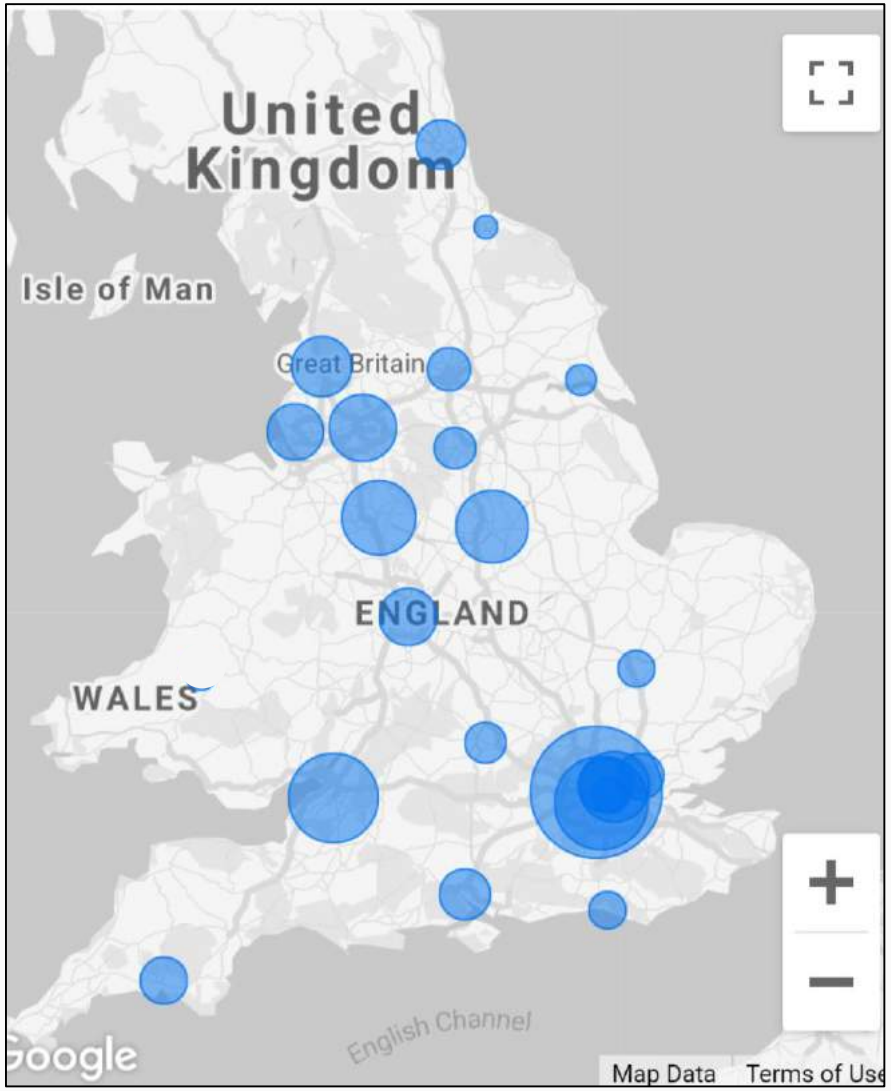
Intra-arterial thrombectomy <6hrs

10% stroke patients



● Acute Stroke Units (thrombolysis only)

★ 24 Comprehensive Centres (thrombectomy)



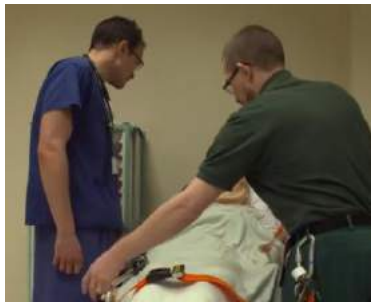
Thrombectomy services still maturing
SSNAP Thrombectomy Report 2019/20

Pre-hospital Environment

- Continuous unpredictable demand
- Stroke is 3% ambulance workload across large areas
- Dispersed units and workforce:
  - Training
  - Restocking
  - Data communication / retrieval
- Storage and power supply limited
- Extremes of temperature

Added value is essential

- Worth the extra time + (real world) cost
- Integration into care pathways and existing clinical data systems
- Impact on response times and resources
- Relevant stakeholder views
  - Clinical and service criteria for deployment
  - Sensitivity and specificity trade-off
  - User interfaces
  - Physical design
  - Training
  - Supply logistics
  - Obstacles to scaling up



Dr Rebecca Fisher

Stroke Association Senior Lecturer, University of Nottingham

Dr Rebecca Fisher is a Stroke Association Senior Lecturer at the University of Nottingham. Rebecca has a PhD in Neurophysiology and expertise is in the implementation and evaluation of complex interventions in real world settings. Rebecca's current research includes investigation of Early Supported Discharge and Community Stroke services across the UK and organisation of hospital-based stroke rehabilitation services.

Dr Rebecca Fisher is the Rehabilitation and Life After Stroke Workstream lead working with NHS England and NHS Improvement Clinical Policy Unit. Rebecca is also an Associate Director with the Sentinel Stroke National Audit Programme (SSNAP) leading on the development and delivery of the post-acute elements of SSNAP.

Rehabilitation and Life after Stroke

Dr Rebecca Fisher
Stroke Association Senior Lecturer, University of Nottingham
Rehabilitation and Life after Stroke workstream lead, NHS England & NHS Improvement
Associate Director Sentinel Stroke National Audit Programme

Overview

Multifaceted nature of stroke

Rehabilitation and life after stroke

Stroke care pathway

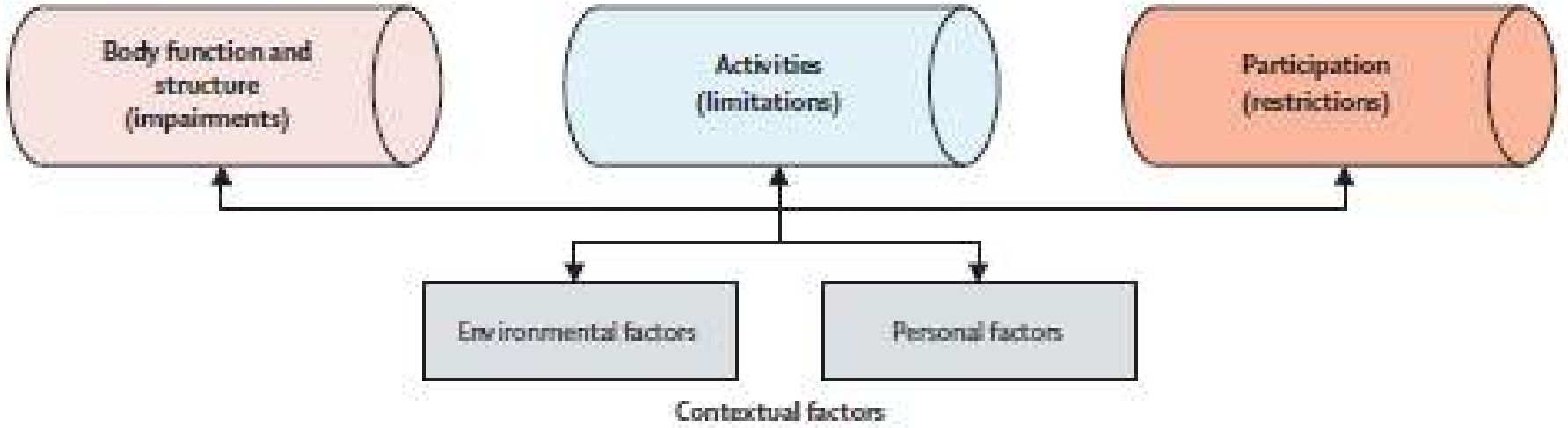
Possible targets

To consider

Multifaceted nature of stroke

Stroke Association https://www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke

Rehabilitation and Life after Stroke

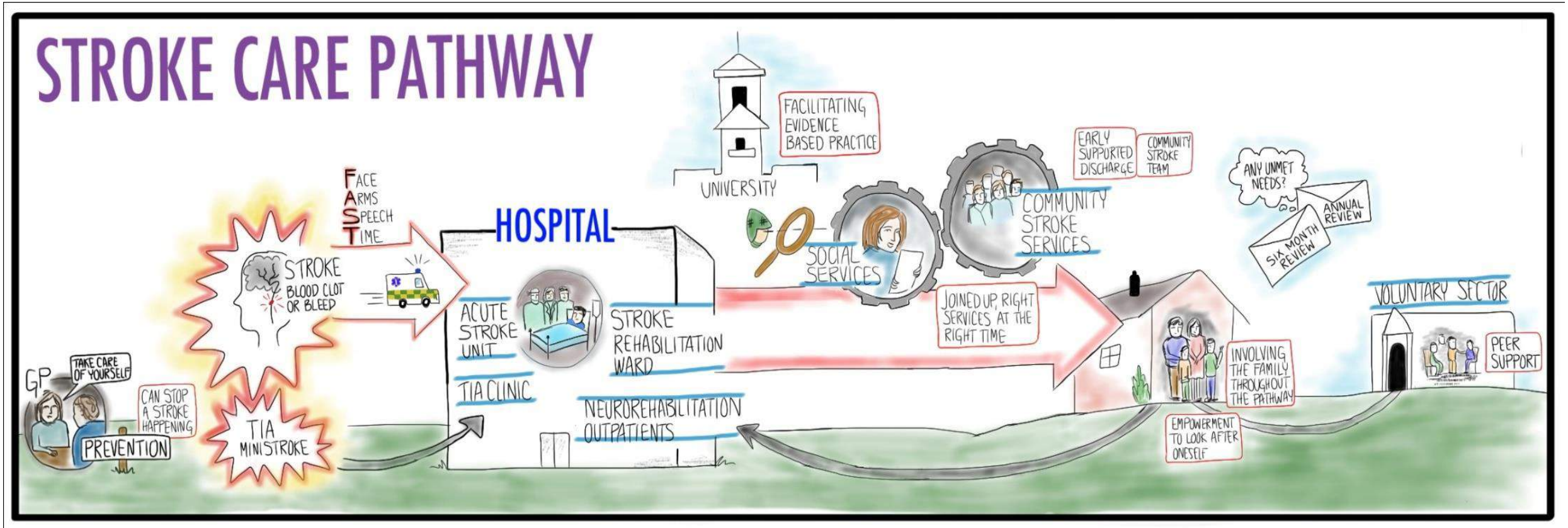


Temperament and personality
Energy and drive
Sleep, attention, memory
Voice, articulation
Mobility and stability
Muscle power, tone, reflexes
Voluntary movement
Gait patterns

Walking and mobility
Hand and arm use
Speaking
Reading, writing
Washing/dressing
Preparing meals
Transport, driving

Recreation
Leisure
Employment
Social activities

Adapted from Langhorne et al 2011 Lancet Stroke rehabilitation



Multidisciplinary services (therapists, nurses, doctors, psychologists, rehab assistants)
Pathway: across hospital and community services (delivered in place of residence)
Integrated: NHS, Social care and the voluntary sector
Over time: specialist stroke care focused on first six months; years of recovery

Possible targets

Augmenting therapy: high-dose repetitive therapy and practice between sessions

- Rehabilitation platforms and interfaces (e.g. telerehabilitation)
- Robotic devices, app-based devices
- Feedback on performance and progress

Considerations

- Access and usability
- Established focus on motor behaviour; consideration for emotional support, motivation, information provision
- Location, supervision and support

Possible targets

Communication and data sharing to facilitate smooth transfer

- Staff-to-staff decision making
- Enabling clinician-patient remote interaction
- Peer-peer support between stroke survivors
- Information provision

Monitoring, self-management and follow-up for support over the longer term

- 6 month review – identification and review of specific needs/issues
- Motivate people to take control
- Outcomes that matter most for stroke survivors and their families

To consider

Augmenting therapy: repetitive therapy; practice between sessions; feedback

Communication and data sharing to facilitate smooth transfer

Monitoring, self-management and follow-up for support over the longer term

- Multifaceted nature of stroke – every stroke is different – consider range of disabilities and goals of the stroke survivor
- Impact of stroke on family members
- Keep it simple and focus on what matters to the stroke survivor – requires understanding of stroke and meaningful involvement
- Key stakeholders - input from stroke survivors and their families, therapists, researchers, national stakeholders

Mr Lee Callaghan

Patient Voice

Lee Callaghan had a stroke in March 2014 at the age of 49. He received treatment at University College London Hospitals in London. He's now 56 years old and has 3 daughters aged between 11 and 17 with his partner Anita. They live in Alexandra Park in London.

In his day to day life, Lee is Aviva plc's International and Competition General Counsel. Prior to this Lee was the Asia Regional Director and General Counsel for 4 years, based in Singapore until 2010. Lee has over 30 years of legal experience in industry.

SBRI HEALTHCARE

Clinical Q&A sessions

Please use the Q&A box, our speakers will answer you

The AHSN Network

NHS

SBRI Healthcare

The AHSNs

Mr Piers Ricketts: Chief Executive, Eastern AHSN

Dr Guy Rooney: Medical Director, Oxford AHSN

The AHSN Network

NHS

Mr Piers Ricketts

Chief Executive, Eastern AHSN

Piers is Chief Executive of Eastern AHSN, whose purpose is to turn great ideas into positive health impact. It seeks to achieve this by advising and working alongside industry, academia and the NHS to increase the adoption of innovative products and solutions into the health and care system in the East of England. Eastern AHSN is a member of the AHSN Network, the national network of 15 AHSNs who work closely together across the NHS in England.

Piers was formerly a Partner at KPMG, where he held a variety of roles including leading the firm's healthcare management consulting practice. He is an experienced advisor to boards and also led a team at NHS Test and Trace last year to identify and implement a range of innovative technologies in diagnostic testing. Piers is a regular speaker at health and tech conferences and is a Chartered Accountant (ACA), having trained and qualified with KPMG.

The AHSN Network

AHSN Network introduction

Piers Ricketts
Chief Executive, Eastern AHSN

#AHSNs @AHSNNetwork

The AHSN Network

AHSNs have complete coverage of England and operate as the ‘Innovation Arm’ of the NHS

National AHSN programmes

- ‘Legacy’ programmes
- New programmes – CVD and mental health, more in the pipeline
- Lead for adoption of AAC supported technologies
- Host the Patient Safety Collaboratives – the biggest safety initiative in NHS history

Support for NHS programmes: Innovation Accelerator, SBRI, Clinical Entrepreneurs

AHSN priority cross-cutting themes: digital innovation, workforce, diversity

Improving lives

Saving NHS money

Driving economic growth

The AHSN Network

Expert field force of 700 ‘boots on the ground’

8 years knowledge of adoption & sustainability of transformative technologies and pathway change

No other part of the system has our degree of expertise in these areas

AHSN Network – our impact on patients (2019-20)

479,000+
patients benefitting from our two-year national adoption and spread programmes

13,387
fewer patients now at risk from clinically significant medication errors as a result of PINCER

Our atrial fibrillation work has helped prevent
11,734
strokes and saved
2,933
lives

At least
96%
of acute trusts have now adopted the Emergency Laparotomy pathway

535
people have benefited from our SIM programme, exceeding our target by
14%

553,290
ITP units/scans supplied for patients in the last three years

99%
of all acute and ambulance trusts use NEWS2

42%
of all acute trusts have implemented Transfer of Care Around Medicines

8,472
people with chronic joint pain have participated in ESCAPE-pain courses

As a result of PReCePT
1,106
additional mothers received MgSO4 in 2018-20

11,600+
interactions with companies since 2018

£322 million+
investment leveraged by companies supported by AHSNs

4,000+
companies supported since 2018

76%
of trusts adopted the ED safety checklist

AHSN Network – our impact on industry

2019-20: AHSN Network industry and economic growth impacts

2,540+
companies supported

580+
jobs created

5,040+
interactions with companies

480+
jobs safeguarded

150+
companies created long term strategic partnerships

£322 million+
investment leveraged

Our work with commercial innovators & expertise at driving rapid adoption of technology, enables an outstanding contribution to the UK economy

We generate growth far in excess of the funding we receive (more than 15 x during 2019 to 2020)

The AHSN Network

abhi

abpi
Bringing medicines to life

Two impact case studies – Atrial Fibrillation

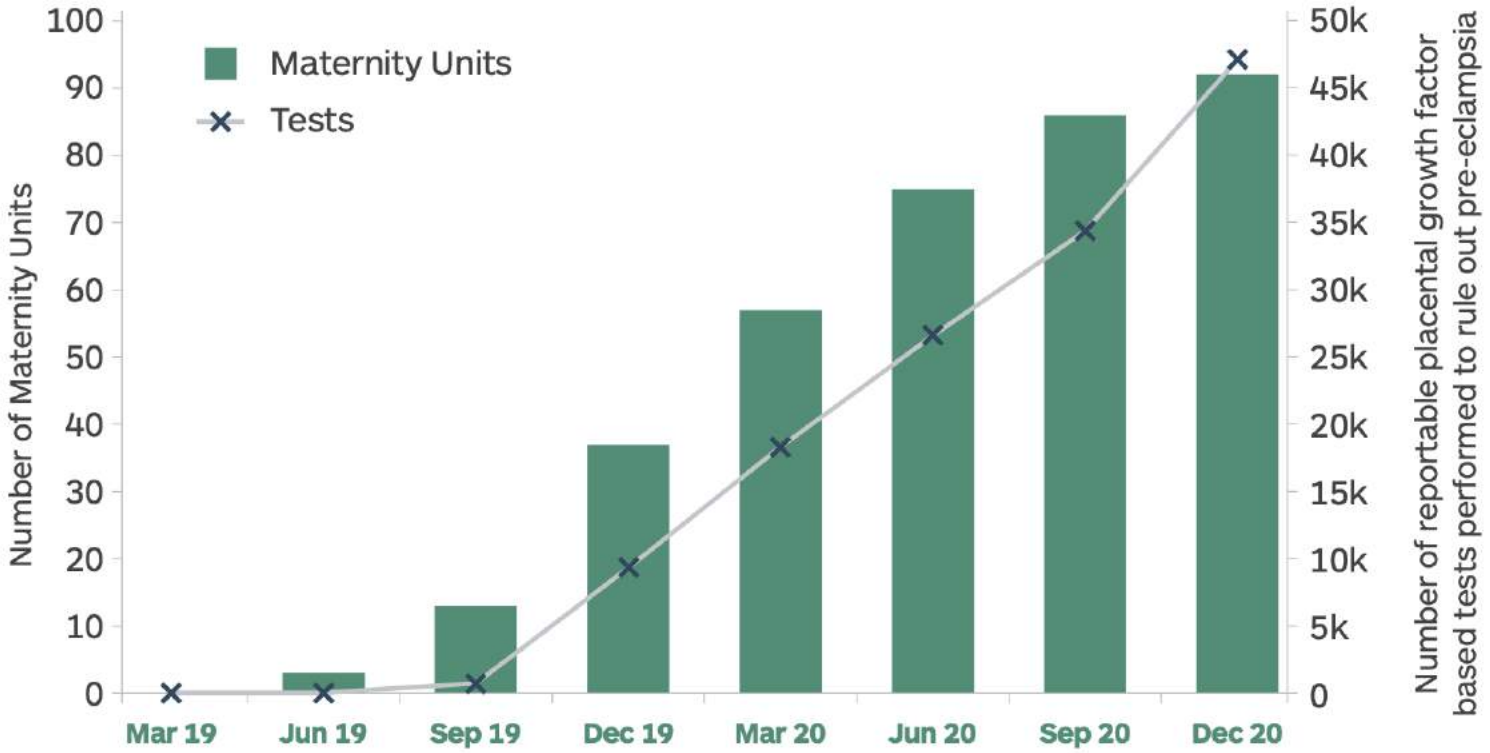
DETECT: To improve diagnosis of those at high risk of AF-related stroke

PROTECT: To improve management through anticoagulation treatment

* Based on average £13,452 cost to the NHS in the first year following a stroke.

** Based on average £8,977 social care costs in the first year following a stroke.

Two impact case studies – Placental Growth Factor



80.5%
trajectory achieved

A Rapid Update Product, **PLGF-based blood tests** help predict risk of pre-eclampsia quickly so pregnant women get the best care

Despite the impact of COVID we are on track to **exceed our trajectory** thanks to the breadth and depth of AHSN understanding of local triggers and policy levers

COVID-19 highlights the unique value AHSNs offer to the NHS

Working nationally and regionally AHSNs are driving rapid transformative change across big geographies

- Working with NHSX and NHS Digital to digitise primary care - a near 100% uptake of video and online consultations in two months across GP practices
- Leading national roll out of Electronic Repeat Dispensing - within weeks, available to more than 1 million people
- Ongoing support for NHS @Home including lead delivery of COVID Oximetry @Home – achieving 100% regional cover
- Curating a database of proven technologies against pandemic challenges – within weeks of the first ‘lockdown’ this exceeded 350 innovations
- Providing expertise to NHS regions - AHSNs embedded expert staff in regional COVID-19 response cells, equivalent to 157 full time staff)

The AHSN Network

COVID case studies (1): alternatives to face-to-face consultations

increase in primary care practices using **video consultation** from 85% to **99%**

increase in primary care practices using **online triage** from 45% to **85%**

Support for video and online consultations

- All AHSNs worked closely together to support the seven regional NHS teams to accelerate the uptake of **online patient triage and video consultations** in primary and secondary care; developing **reporting dashboards**, **building capability** and **optimising usage**. In some areas we also supported **evaluation** and delivery of **digital hardware**.

Digital outpatient appointments in hospitals

- The three London AHSNs have worked with NHS England / Improvement, alongside secondary care Trusts to support the rollout, optimisation and long-term use of **Attend Anywhere - a secure web-based video consultation solution.** This was enabled by a national licence procured by NHS E/I to accelerate the uptake of video consultations in all secondary care settings.
- The AHSNs built a community of colleagues working on similar challenges and solutions around the implementation of virtual consultations and created a library of resources for them to access. Beyond COVID-19, the AHSNs plan to continue to connect Trusts so that they can learn from each other

COVID-19 case studies (2): oximetry at home and virtual wards

- COVID Oximetry @home and COVID Virtual Ward programmes have been adopted and spread by all 15 AHSNs to support patients with COVID-19, safely, at home and to diagnose 'silent hypoxia'. This originated when three AHSNs supported rapid roll out of the two pathways across the south east, and Dorset in under three months.
- The AHSNs were directly commissioned by NHS England and Improvement to work with their partners to roll out the **COVID Oximetry @home (step up) and COVID Virtual Ward (step down)** programmes.
- By early Feb **12,000 patients had benefitted from the service**, which remotely monitors patients diagnosed with, or suspected of having, COVID-19, using pulse oximeters.
- The three AHSNs supported the roll out using a variety of methods and techniques; from supporting and networking with ICS leads, understanding the baseline for adoption and reviewing clinical pathways, producing and curating materials, through to supporting with the production of metrics and evaluation. Their experience has informed the roll out of the programmes in the other AHSN footprints, notably the virtual ward programmes in North London.
- From January 2021, the three AHSNs and their partners have continued to work closely to implement the next stage in the COVID Oximetry programme – the COVID Virtual Ward – which facilitates safe, early discharge from hospital for COVID-19 patients along with their treatment package started in hospital.

"It's been really critical to use the AHSNs' skillsets to help us develop and embed the approach. The AHSNs helped us find a digital solution and implement it as swiftly as possible."

Dr Karen Kirkham, Dorset CCG clinical chair

COVID-19 Case study (3): Supporting development of PPE

- During COVID-19, a priority area for health and social care has been to ensure a consistent supply of suitable PPE, and to explore reusable options. Wessex AHSN worked with Southampton Hospital and the University of Southampton to support the development of a Personal Respirator (PeRSo). Outline plans had been drawn up but there was no prototype, no manufacturer, no view on how or where this would fit within PPE guidelines, and no collective understanding of the fast changing regulatory pathway.

- PeRSo was a rapid product development and Wessex AHSN played a significant part in accelerating its progress, including playing an active role in the cross-organisational project team, bringing in expertise to understand the pathway to regulatory approval, and engaging with the British Standards Institution to gain the appropriate CE mark.

- The project team has taken an academic idea to commercial design and specification, testing, regulatory approval, training roll-out and spread. It is safe-guarding jobs despite the lockdown, providing local contracts likely to run into £millions, and will almost certainly save the lives of NHS colleagues.

- The project team is now working on improved technical designs with wider applications, including protection of patients being cared for as well as the staff wearing the respirator. Wessex AHSN is supporting this work with both regulatory and market insights.

"Wessex AHSN has been a great help, working with us from the start to identify a route through regulatory approval, signposting to potential procurement routes, and spreading the word through webinars, newsletters and personal contacts.

"Wessex AHSN was instrumental in helping us formulate a testing plan for proving out the decontamination instructions which the HSE approved."

Tom Baynham, Baynhams (PeRSo manufacturer)

AHSN Network Contribution to Government Policy

Supporting Innovators

Greener NHS and NHS Net Zero

Working With Partners e.g. SDDU

Sustainability

AHSN Network Diversity Pledges

Diversity in Innovation

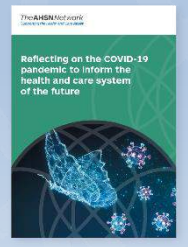
Equality and Diversity

Working With Partners e.g. NHS Confederation

TheAHSNNetwork

YHealth for Growth

Tackling Inequalities and 'Levelling Up'



AHSN Network Health and Care Reset Campaign

International Export and Inward Investment

Trade Shows and Missions

Market Access

Better Health Programme

Working With Partners e.g. HCUK, DIT, ABHI

The AHSN Network

Piers Ricketts
Chair, AHSN Network
piers.ricketts@eahsn.org

www.ahsnnetwork.com
info@ahsnnetwork.com

View our latest Impact Report

Dr Guy Rooney

Medical Director, Oxford AHSN

Guy joined the Oxford AHSN in June 2019. This is a key role supporting innovation adoption and strengthening clinical engagement with emerging integrated care systems.

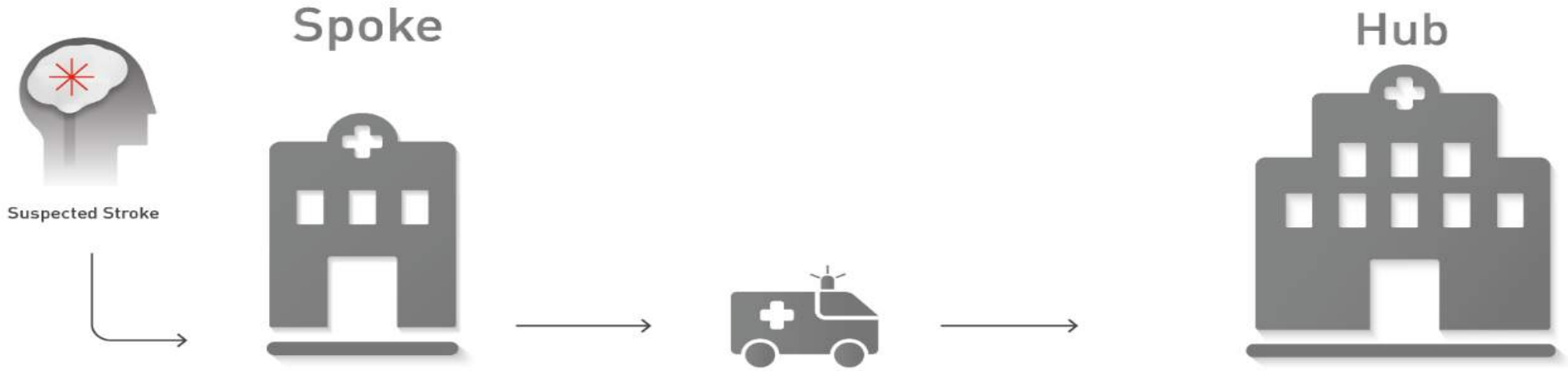
Guy was previously Medical Director at Great Western Hospitals in Swindon where he worked for almost 20 years. Guy has been a consultant in sexual health and HIV since 1999. He is also Medical Specialist Advisor at the Oxfordshire Clinical Commissioning Group.

Working with Brainomix to Improve Stroke Outcomes

Dr Guy Rooney
Medical Director
Oxford Academic Health Science Network

What is the unmet need?

Acute stroke care is complex, multidisciplinary and time critical



NHS Long Term Plan ambitions for stroke:

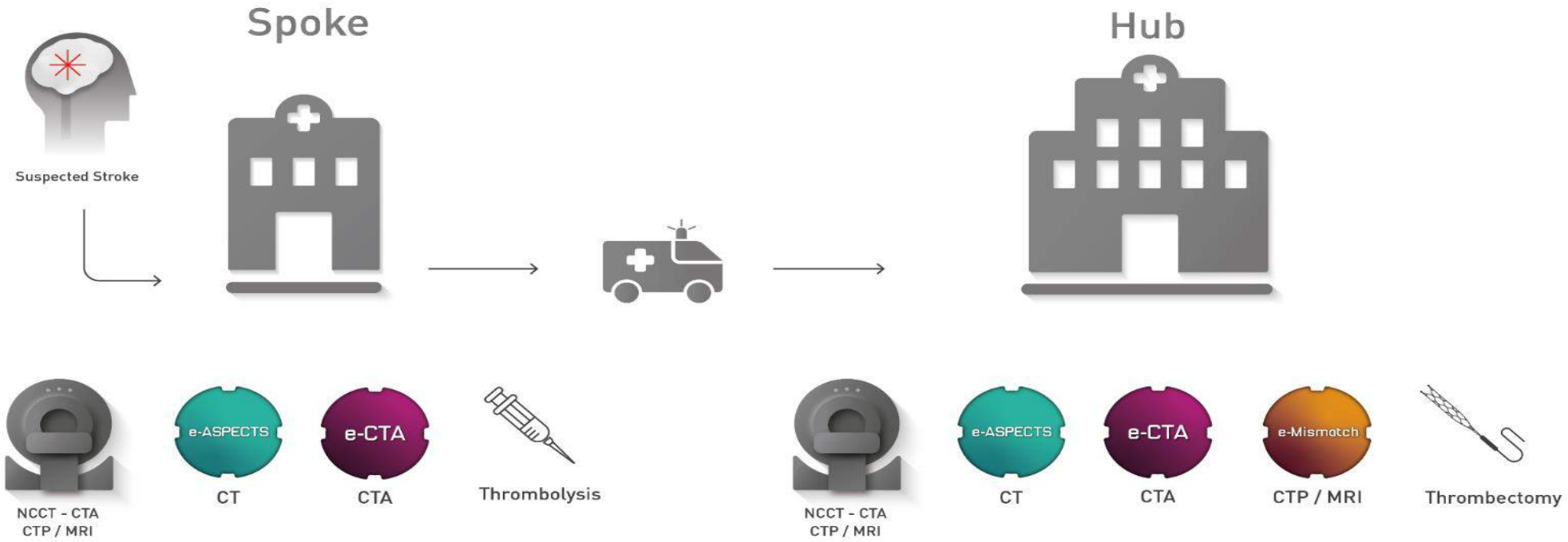
- 90% of stroke patients receiving specialist stroke unit care
- Twice as many patients receiving clot-busting thrombolysis treatment
- Ten times as many people receiving clot-removing mechanical thrombectomy

TiTAN group was set up in Thames Valley to map the pathway, measure it, and drive quality improvement.

Brainomix became a key partner, and was there at the beginning

How does e-Stroke address the unmet need?

AI-enabled decision support for every hospital in the network



- e-Stroke supports **image interpretation**, **patient identification** and network-wide **communication** at all sites in the stroke network.
- TiTAN was the first network in the UK to adopt this AI. Working to drive down door in door out times
- Brainomix was awarded an NHSX AI in healthcare award.

BRAINOMIX

NHSX AI in Health and Care Award - sites

- Award started in **September 2020**
- Engaging with **30-40 hospitals** across the UK
- Supporting **5 NHS Stroke Networks** across **England and Scotland**
- Selected sites represent diverse stroke service configurations, patient demographics and geographies

NHSX AI award provides vital support required to enable hospitals to adopt innovative technology to improve patient care

NHSX AI in Health and Care Award – evaluation

Independent evaluation by the Oxford Academic Health Science Network

To generate evidence for NICE and DHSC policy makers to **drive adoption across the NHS**

1. Deployment and **deliverability**
2. Usage and **integration**
3. Impact on **stroke patient pathway** and **healthcare efficiency**
4. Impact on **treatments** delivered and **patient outcomes**
5. Qualitative feedback, case studies and testimonials

Oxford Academic Health Science Network

Thank You

The AHSN Network

SBRI HEALTHCARE

SBRI Healthcare

The Application and Assessment Process

Rhanda Tajdeen

SBRI Senior Programme Manager, LGC Group

The AHSN Network

NHS

SBRI Healthcare – Process

Problem identification – Challenge brief

Strategic papers, KOLs, Industry, AHSNs, Patients, NHS LTP

Invitation to tender

Short online application form

6 weeks

Shortlisting

Clinical, technical, commercial Panel assessment

Selection Panel

Video pitch to Panel, including public members

Due diligence

Contracting

Phase 1 project- *6 months £100k*

Project monitoring

If Phase 1 successful

Restricted competition Phase 2

Detailed online application form, Including PPI strategy

3 weeks, Peer Review

Interview Panel

Presentation to Panel, including public members

Due diligence

Contracting

Phase 2 project- *12 months £1m*

Project monitoring

NHS

TheAHSNNetwork

NHS

Application Process - www.sbrihealthcare.co.uk

The AHSN Network

NHS

Competition Documents

Supporting Documentation:

Invitation to Tender
Applicant and Portal Guidance
Challenge Brief
Template Application Form
FAQs

Key Dates:

Competition Launch – *13 July 2021*
Deadline for Applications – *24 August 2021*
Assessment – *September 2021*
Panel Meeting – *October 2021*
Contracts awarded – *November 2021*

Application Portal – Log in Page

Existing Users

Please log in to access your account.

Email

Password

Login

Forgot Password?

New users

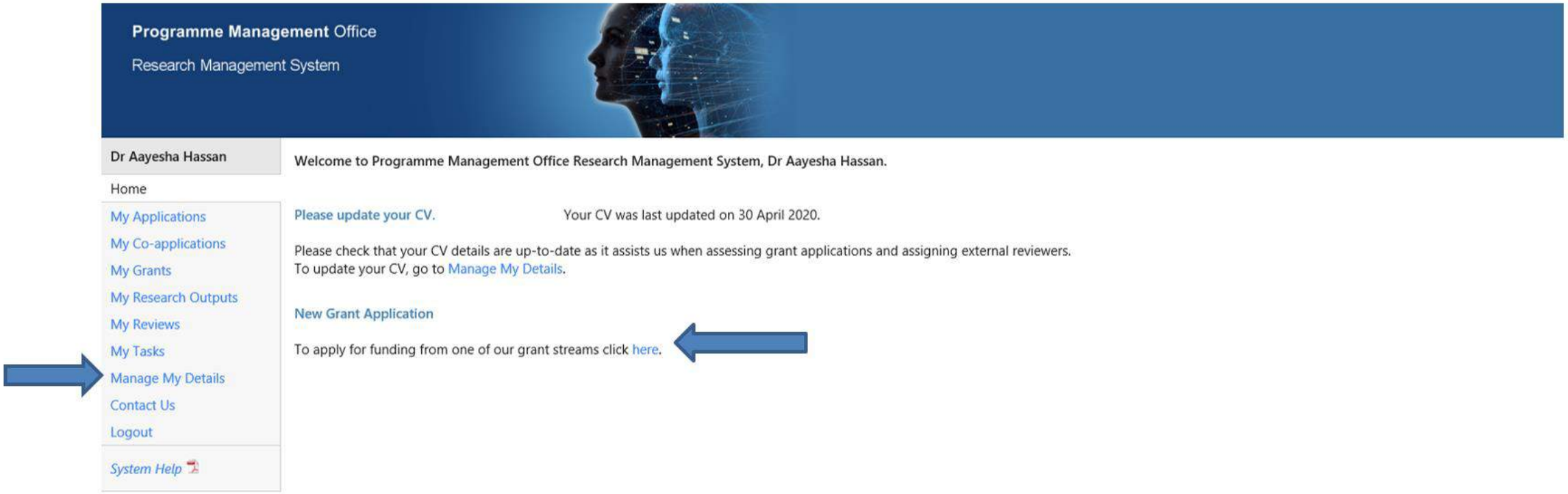
Please register with us to create your account using your **institutional** email address.

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

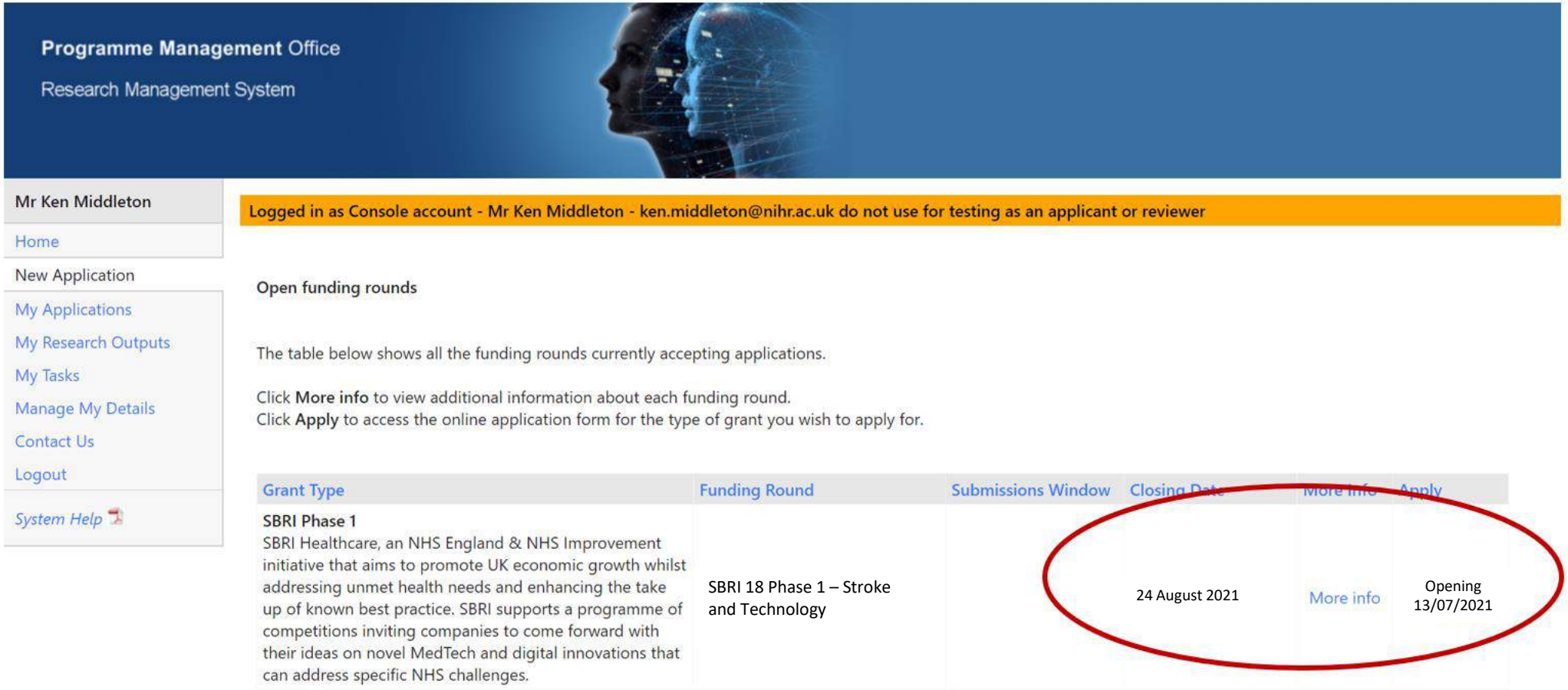
Register

System Help

Click here to start Grant Application



Select funding round required



Start application form

Stroke and Technology

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.

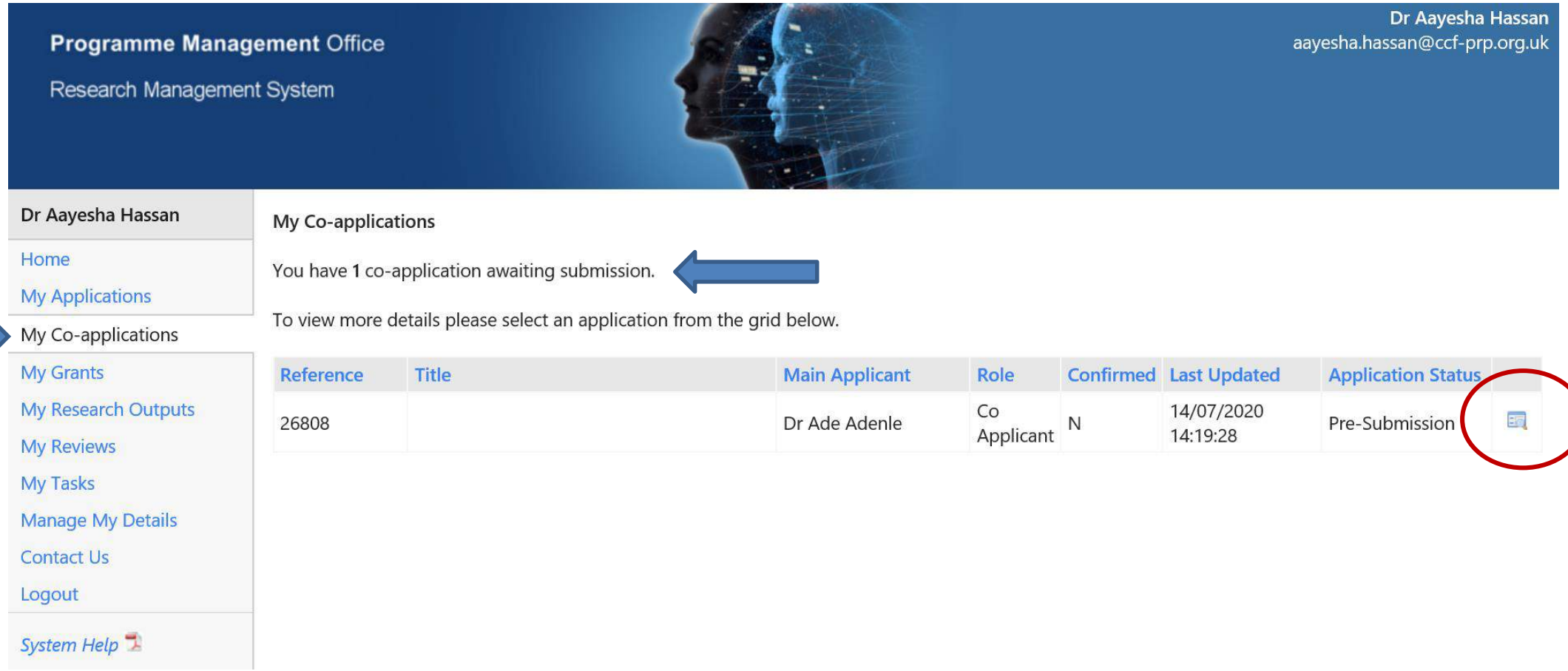
You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**
Schematics, tables, illustrations, 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.

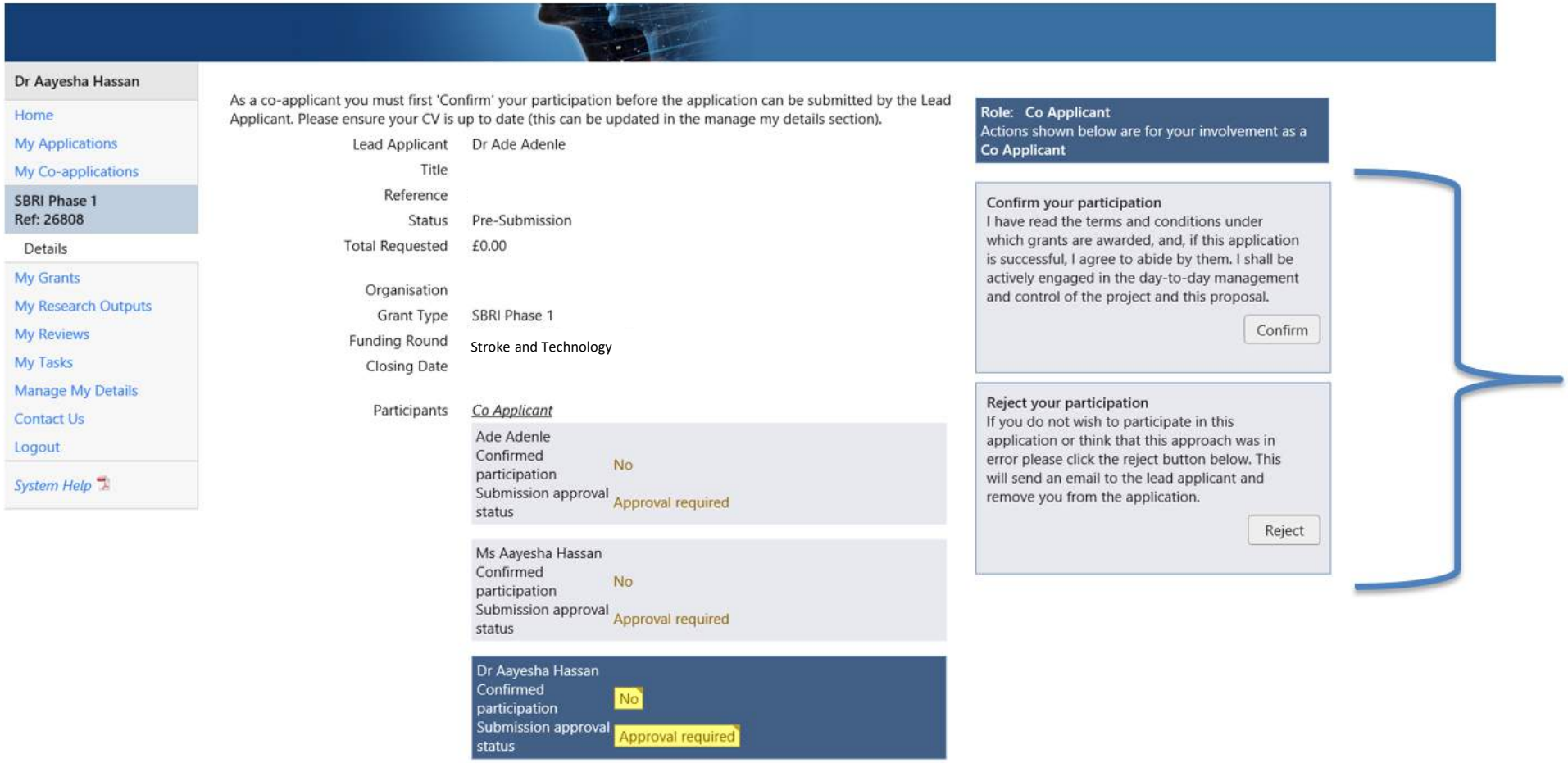
Although confirming and approving an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.

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.

Co-applicant/grant participant

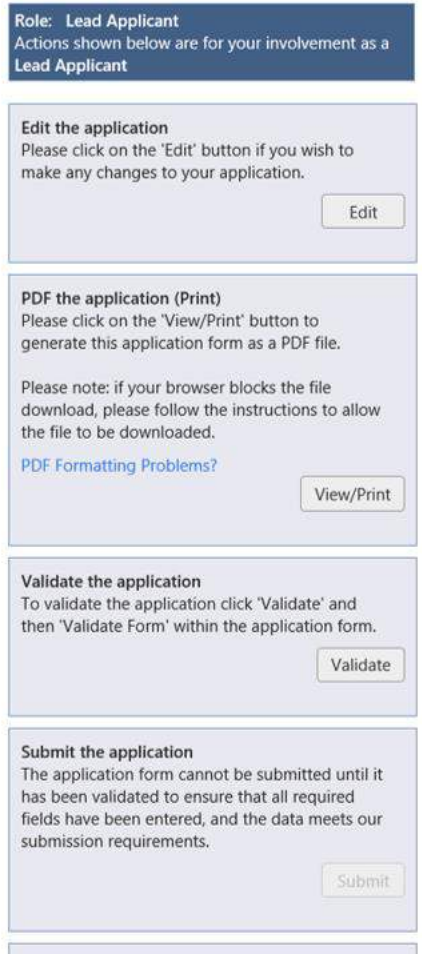


Co-applicant/grant participant



Submit application form

Lead Applicant	Dr Aayesha Hassan
Title	
Reference	
Status	Pre-Submission
Total Requested	£0.00
Organisation	
Grant Type	SBRI Phase 1
Funding Round	Stroke and Technology
Closing Date	
Created On	14 July 2020
Last Updated	14 July 2020
Validated	Not Complete
Applicant Submitted	
Submitted On	



Assessment Criteria

1. What will be the effect of this proposal on the challenge outlined in the brief? 20%
2. Is the project plan, deliverables and risk mitigation strategy appropriate? 15%
3. Will the technology/device/solution have a competitive advantage over existing and alternative solutions, how innovative is the proposal 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? 20%
5. Does the project include consideration towards patient and public involvement? 5%
6. Does the proposed technology have potential to enhance equity of access and contribute to net-zero emission? 5%
7. Does the company and project team appear to have the right skills and experience to deliver the project? 15%
8. Are the costs justified and appropriate? 5%

SBRI Healthcare – Success rate

2,425 applications scrutinised

9.4%

229 awarded Phase 1

Out of 217 Phase 1 awarded

49%

Phase 2 Awarded

The AHSN Network

NHS

SBRI HEALTHCARE

Q&A sessions

Please use the Q&A box, we will answer you via the chat box and live

The AHSN Network

NHS

SBRI Healthcare

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

Contact us for advice and specific guidance:
T 020 8843 8125
E sbri@lgcgroup.com
W https://www.sbrihealthcare.co.uk

@SBRIHealthcare

The AHSN Network

NHS

SBRI PMO will organise a drop-in Q&A session on the 12th of July

from 16:00 to 17:30

Registration on SBRI website from Monday 21st of June

SBRI HEALTHCARE

Thank you for attending this Webinar

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NHS