

Delivering a Net Zero NHS: Clinical Innovation Competition

August 2022



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Executive Summary

Climate change is a health emergency. More than 1.3 million deaths around the world each year are due to avoidable environmental causes. Air pollution contributes to one in 20 deaths in the UK and is the cause of increased cases of asthma, cancer and heart disease.

Contributing around 4% of UK emissions, the NHS is both a part of the problem and the solution. It must tackle climate change at the source if it is to deliver on its core purpose: to improve care now and for our future generations. In 2020, the NHS became the first health system in the world to commit to reaching net zero, setting two targets:

1. Net zero by 2040 for the emissions the NHS controls directly (with an 80% reduction by 2028–2032)
2. Net zero by 2045 for the emissions the NHS can influence (with an 80% reduction by 2036–2039.)

Since 2010, the NHS has reduced its emissions by 30%, thanks to steps taken across the workforce – but further transformation that continues to improve quality of patient care while also reducing carbon emissions is required in every setting. Developing technologies to address this complex problem and investing in innovation now will accelerate action.

This competition seeks to address the challenge of meeting the NHS’s net zero targets while supporting net zero clinical innovation and continuing to improve care for patients. This considers the systemic complexity, the supply chain and the product lifecycle associated with all innovations proposed as well as the impact that these solutions will have on carbon emissions. The ambition is to find innovative solutions that will reduce carbon emissions across four challenge areas:

- a. Decarbonising surgical pathways
- b. Reducing waste in surgery and critical care
- c. Net zero personalised care
- d. Tools to support the workforce to deliver net zero care

Applicants should assess the whole carbon footprint life cycle of their innovation, clearly articulating how they will measure impact on carbon emissions and how the innovation will meet the NHS net zero goals. Applicants should consider the baseline they need to innovate from, while considering the challenges faced by the healthcare system following COVID-19 and the changes to the Health and Care Act 2022. This competition is open to supporting the development and evaluation of technologies and solutions that align with the NHS net zero ambitions.

Delivering a net zero NHS

The challenge – Sustainability in the UK

Climate change is a [global health emergency](#). Governments have growing pressure to address the rising threat of climate change and bring sustainability to the forefront of its agenda. The UK is aligned to the [Paris Agreement](#) of limiting the rise in global temperatures to 1.5 degrees Celsius, in a global effort to substantially reduce carbon emissions and is committed to the delivery of the [United Nations sustainable development goals](#).

The UK has already taken bold steps towards net zero. In 2019, the UK committed to a target of net zero emissions by 2050 as recommended by the [Climate Change Committee](#). The Government is to set in law the world's most ambitious climate change targets to cut emissions by 78% by 2035 compared to 1990 levels, and developed further policies to support this ambition in the [Net Zero Strategy: Build Back Greener, October 2021](#). In addition, investment in 'net zero' is rising rapidly in response to the world's climate challenge with increasing funding and investment in the field of sustainability.

Each year, air pollution is responsible for more than 36,000 deaths in the UK. In London alone, a [report by Imperial College London](#) found that poor air quality led to more than 1,700 hospital admissions for asthma and serious lung conditions between 2017-2019.

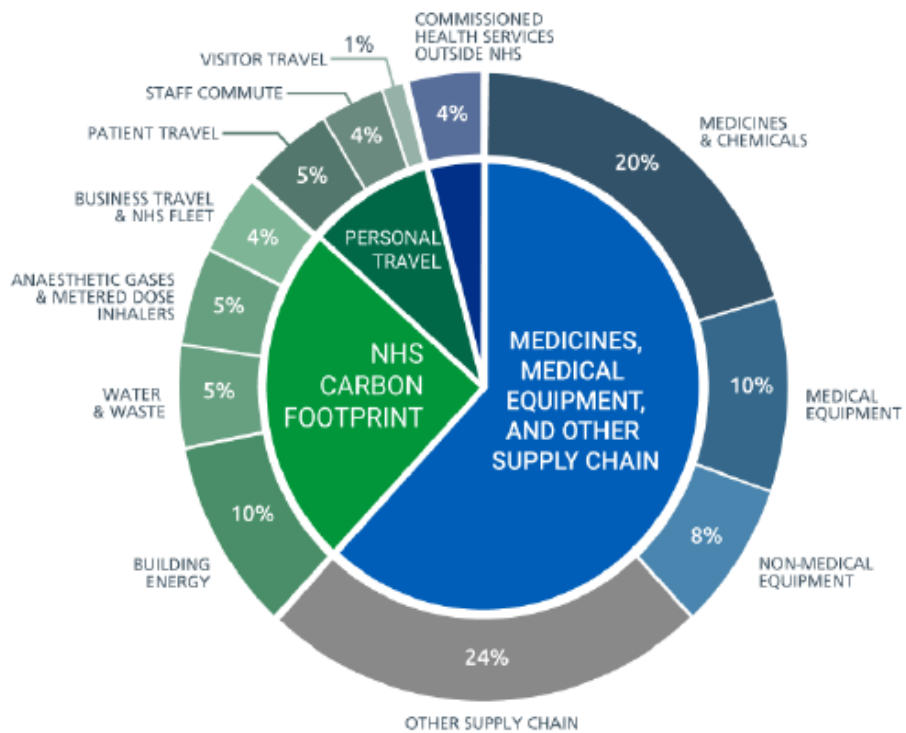
Accounting for around 40% of public sector emissions, and around 3.5% of all road transport, the NHS can make a real difference on a national scale. It also has the power to mobilise its 80,000 suppliers to join in too. That's why it became the world's first health service to commit to net zero carbon.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. Since June 2022, every single trust in England has put in place a Green Plan.

Innovation has a significant role to play in supporting the UK Government strategy to reach net zero by 2050, with deep cuts in emissions required and collaboration across different industry sectors and organisations/institutions.

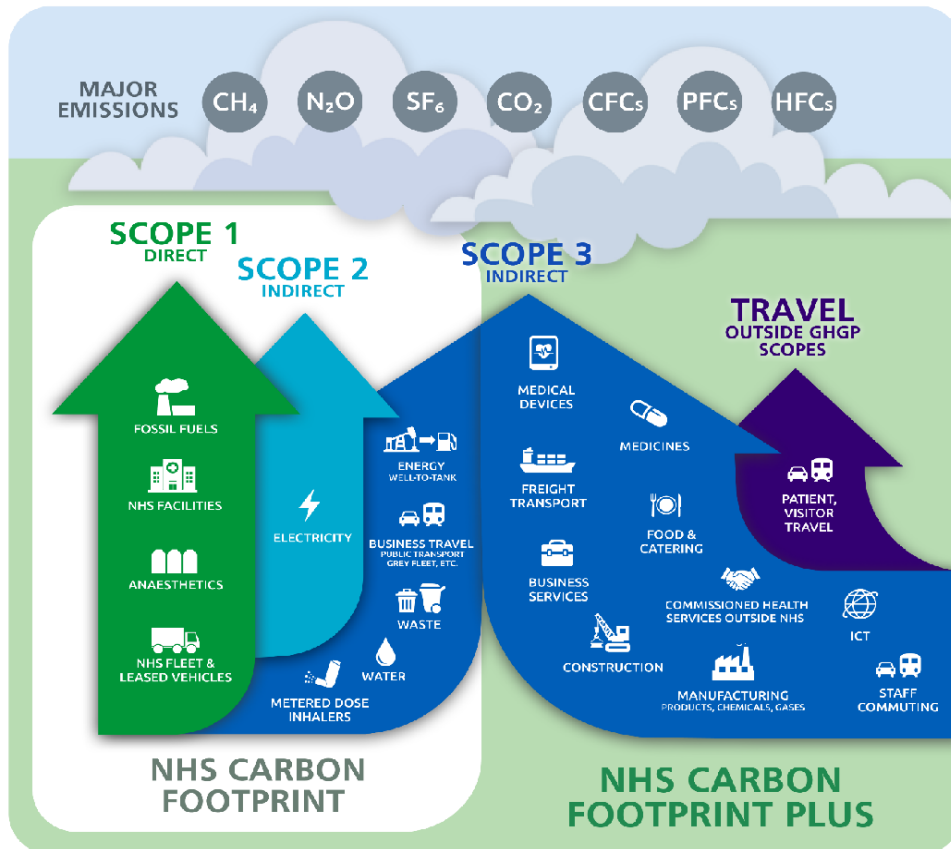
Building a greener NHS: Reaching net zero

Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change in response to national targets. It has cut down its [own carbon footprint by 62%](#) compared to a 1990 baseline. However, the health and care sector is responsible for [4% of the nation's carbon emissions](#) and as the largest employer in Britain, the NHS has a crucial role if the UK is to reach its net zero targets. In 2019, the carbon footprint of the NHS totalled [25 megatonnes](#), with 62% from the supply chain, 24% from the direct delivery of care, 10% from staff commute and patient and visitor travel, and 4% from private services outside the NHS.



The NHS has shown fantastic leadership in being the world's first national health system to make a net zero commitment, with the launch of ['the Greener NHS programme'](#) in 2020 to set an ambitious, evidence-based pathway to reach its net zero ambitions. The programme includes two clear and feasible targets:

1. Net zero scope 1 & 2 emissions by 2040, with an ambition for 80% reduction by 2028–2032.
2. Net zero scope 3 emissions by 2045, with an ambition for 80% reduction by 2036–2039.



The [Delivering a “Net Zero” report](#) outlined initiatives to help reach these targets, which include:

- Low carbon models of care: New approaches to care delivery, that embed best clinical practice to deliver the best outcomes for patients while also reducing the NHS’s emissions. This includes prevention, early detection, and ensuring access to effective treatments.
- Transport and travel: Greening the NHS fleet, incentivising staff to use electric vehicles, and increasing use of public transport and active travel (walking, cycling).
- Procurement: Reducing waste of consumable products and switching to low-carbon alternatives where possible.
- Supply chain: Working closely with suppliers to ensure they are decarbonising their own processes and providing clear, long-term signals about the direction of travel.
- Medicines: Reducing the use of the high carbon emitting anaesthetic gases (including desflurane) and optimising the use of inhalers or substituting with low carbon alternatives where clinically appropriate.
- Estates and facilities: Making sure new hospitals and buildings are built to be net-zero emission and optimising use of the retained estate.
- Training: Building awareness and understanding of climate change mitigation and adaptation into staff training and education programmes.

Net zero Supply Chain

The NHS has committed to decarbonising the supply chain through more efficient use of supplies, low carbon substitution, and product innovation while ensuring that suppliers of the NHS are decarbonising their processes themselves.

In September 2021, one year on from the publication of the [Delivering a net zero NHS report](#), the NHS England Public Board approved a roadmap to help suppliers align with the NHS net zero ambition between now and 2030. This approach builds on UK Government procurement policy, [PPN 06/20](#) and [PPN 06/21](#).

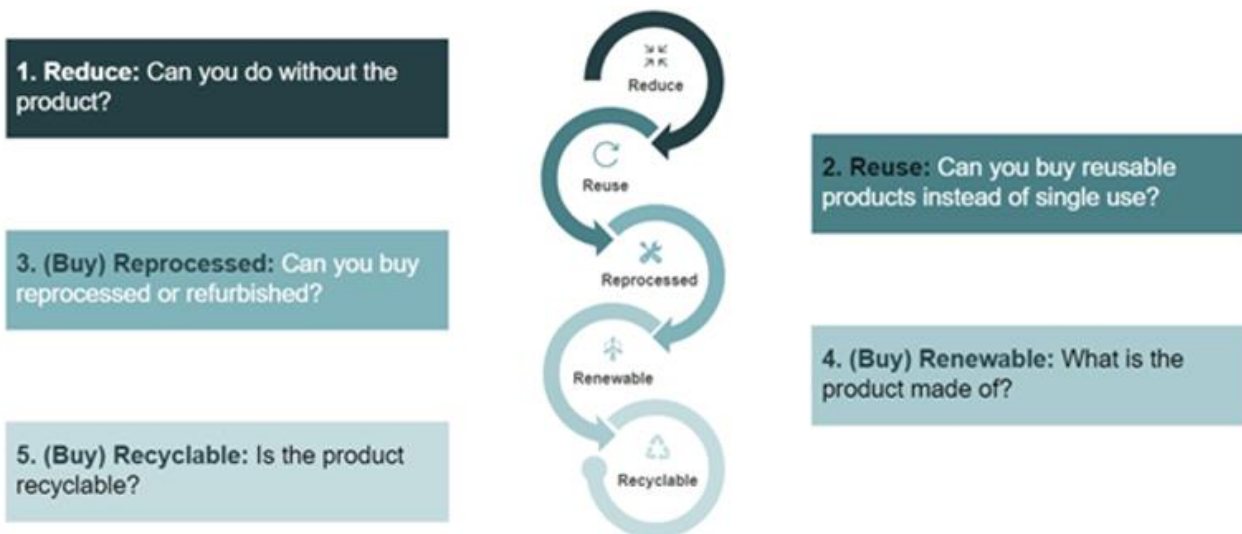
The NHS published the net zero supplier roadmap which follows the principles below, although a two-year grace period on the 2023, 2024 and 2027 milestones will apply for small and medium-sized enterprises (SMEs) and voluntary, community and social enterprises (VCSEs):

- **From April 2022:** All NHS procurements will include a minimum 10% net zero and social value weighting. The [net zero and social value guidance for NHS procurement teams](#) will help unlock health-specific outcomes (building on [PPN 06/20](#)).
- **From April 2023:** For all contracts above £5 million, the NHS will require suppliers to publish a carbon reduction plan for their UK [Scope 1 and 2](#) emissions as a minimum (building on [PPN 06/21](#)).
- **From April 2024:** The NHS will extend the requirement for a carbon reduction plan to cover all procurements. Suppliers will be required to publish a carbon reduction plan for their UK Scope 1 and 2 as a minimum.
- **From April 2027:** All suppliers will be required to publicly report targets, emissions and publish a carbon reduction plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2, and 3 emissions.
- **From April 2028:** New requirements will be introduced overseeing the provision of carbon foot printing for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.
- **From 2030:** Suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the Evergreen sustainable supplier assessment.

The Evergreen sustainable supplier assessment will become the mechanism for suppliers to engage with the NHS on the requirements of the NHS net zero supplier roadmap. It will also serve as the main pathway for communications and data gathering between suppliers and NHS decision makers across NHS organisations, to support a pivotal change towards net zero. This Evergreen sustainable supplier assessment is currently being piloted with the aim of wider roll-out in 2023 and the NHS committed to work with suppliers to support the transition and will continue to work closely with regulators, suppliers, and industry bodies to shape their approach.

New data collection methods are being developed to enable the more granular and precise calculation of carbon footprints at regional, integrated care system (ICS) and Trust levels. To support this, the Greener NHS Data Collection was launched in April 2021 to assess actions that are taking place over 2021/22 and provide a baseline to assess progress against. The Department of Health and Social Care published [guidance on sustainability reporting](#) for public sector organisations in addition to the [Green Plan guidance](#) for NHS organisations.

Greener NHS and the NHS England sustainable procurement team are also using the “5Rs of sustainable procurement” to provide high-level procurement guidance based on circular economy principles.



The NHS Long Term Plan targets

[The NHS Long Term Plan](#) (published prior to the ‘Delivering a net zero NHS’ report) set a number of priorities to drive sustainability and ensure the NHS leads by example while reducing the use of natural resources in line with government commitments. These include:

- **Reduced carbon emissions**
 - A shift to lower carbon inhalers.
 - Transforming anaesthetic practice.
 - Improving efficiency and adopting new innovations to reduce waste, water and carbon.
 - Improvements throughout the NHS supply chain.
- **Improved air quality**
 - Reduced air pollution from all sources. Specifically, by cutting business mileages and fleet air pollutant emissions by 20% by 2023/24, with at least 90% of the NHS fleet will use low-emission engines by 2028.
 - Phasing out primary heating from coal and oil fuel.
 - Redesigned care and greater use of ‘virtual’ appointments to reduce travel needs.
- **Improved use of land, buildings and equipment.**
 - Widespread implementation of LED lighting.
 - Smart energy management.
- **Upgraded technology and access to digitally enabled care**
 - Convenient and equitable access to digital primary care choices for patients.
 - Assessing the suitability of digital outpatient services and redesigning pathways to minimise unnecessary patient travel - particularly for patients who find it difficult to travel – while not compromising on the quality of care.

Competition Challenge: Delivering a net zero NHS: Clinical Innovation

The competition, scoped in consultation with stakeholders working in provision of care across the spectrum, focuses on **transforming clinical care to deliver net zero ambitions**.

Background

To meet the NHS's net zero ambitions, we must focus our efforts on areas of clinical care that contribute the most by volume to the carbon footprint of the NHS and on complex care pathways that have known carbon intensive processes and activities. Decarbonising pathways that are the most carbon intensive requires change across the whole care continuum, including a focus on prevention, supporting self-management, early detection of disease before it progresses and accurate diagnosis with the best treatment.

Applicants are expected to respond to the specific challenge and provide details as to how their innovations meet the brief and support all NHS net zero ambitions. Considerations on the following topics are expected as part of the proposal:

1. Supply chain

- A full lifecycle assessment of the proposed innovation from the 'extraction and upstream production' stage to 'end-of-life' stages.
- Identifying, in particular; carbon hotspots, key opportunities for emissions reductions, areas of dependency or requiring greater transparency.
- Consideration should be given to upstream and downstream implications of carbon emissions management activities.
- Outline your approach to developing a carbon reduction plan in line with [the NHS Supplier Roadmap](#) (this will be a requirement for all suppliers by 2024). NB: products sourced and manufactured in the UK will receive additional weighting.

2. Carbon reduction

- A detailed methodology and/or framework to outline qualitative and quantitative approaches to assess any reduction in carbon emissions resulting from the innovation.
- Evidence of where benefits of the innovation may impact the potential carbon footprint elsewhere. NB: The impact of reducing carbon emissions in one part of the system should be carefully considered so that it does not increase emissions and resource requirements in other parts of the system

Category 1: Decarbonising surgical pathways

Background and challenges

Many surgical care pathways are high volume and carbon intensive with the typical pathway involving diagnostic investigations and procedures, surgical interventions, and post-operative care. Operating theatres are known to be one of the most resource and energy intensive areas of a hospital. Carbon intensive surgeries are generally high volume, low complexity (e.g.: endoscopy) or highly complex and

resource intensive (e.g.: cancer surgery). Emissions associated with both categories are not limited to the operating theatre, as they also increase emissions from supply chain, surgical product manufacturing, and medicines wastage.

[The Getting it Right First Time \(GIRFT\) High Volume Low Complexity \(HVLC\) programme](#) is a key element of the elective recovery programme focusing its efforts on high volume low complexity surgery such as cataract removal, hernia repair, and joint replacements. The GIRFT programme is designed to improve the treatment and care of patients through an in-depth review of services. This review will ensure patients receive equally timely and effective investigations, treatment, and outcomes wherever care is delivered, irrespective of who delivers that care. We have an opportunity for large scale change by targeting these high-volume low complexity procedures and focusing efforts on intraoperative specific carbon hotspots.

The additional challenge we face is decarbonising high complexity procedures which are known to be more carbon intensive due to their long operative time, use of carbon intensive technology and techniques, and single use consumables. There is also a need to look beyond the narrow boundaries of just the intraoperative period when assessing both high volume low complexity and high complexity procedures to include diagnosis (pathology, imaging, and investigative procedures) and post-operative care.

Potential solutions might include technologies that:

1. Streamline and decarbonise perioperative care¹ through novel pathway efficiency measures and/or reducing carbon associated with diagnostics and pre-/post-operative care, for:
 - a. high volume, low complexity procedures including:
 - i. cataract surgery
 - ii. total hip replacement/ total knee replacement
 - iii. endoscopic procedures
 - iv. hernia repair
 - b. high resource and complex surgical pathways (e.g.: cardiac and cancer surgical pathways)
2. Carbon reduction measures that reduce the operative theatre carbon footprint whilst improving theatre efficiencies focused on:
 - a. improving theatre energy use and efficiency
 - b. reducing the carbon associated with high volume products used in theatre
 - c. targeted solutions reducing the carbon impact of high complexity operations

Category 2: Reducing waste in surgery and critical care

Background and challenges

The NHS produces a significant amount of medical waste, with approximately [133,000 tonnes of plastic disposed each year](#), and alternatives are required for single use items, disposable, or expired equipment. This is particularly the case in healthcare environments that deliver care to highly complex patients, such as in the intensive care unit.

¹ Perioperative care is defined here as the care delivered preceding and after operative care. This includes pre-operative investigations and diagnostic procedures through to post-operative recovery and follow-up care.

Similarly, surgical steel is frequently used as a material in surgical instruments, however manufacturing steel is a carbon and energy intensive process. Globally, [each tonne of steel produced emits an average of 1.85 tonnes of carbon dioxide](#). To reduce unnecessary manufacture and disposal there is a need to ensure that the lifetime of instruments is extended as far as possible through safe reuse and at the least, recycled safely and efficiently.

Solutions to reduce the environmental impact associated with products procured by the NHS might include innovations that:

1. Safely introduce sustainable, reusable surgical equipment through:
 - a. optimised design for regulated reuse and sterilisation or ease of disinfection
 - b. improving utilisation and access to sterilisation services
 - c. novel approaches to repairing, reprocessing, and remanufacturing or quality assurance of existing methods
2. Minimise the amount of waste generated in surgery and critical care settings through reducing:
 - a. the need for single use clinical items
 - b. the amount of unused equipment in pre-packaged sets
 - c. the content of virgin or carbon-intensive materials used in products or increasing the proportion of recycled materials
3. Support suppliers of medical products, instruments, and devices that are widely used in critical care and/or surgery to:
 - a. develop or pilot new circular procurement models
 - b. adapt products, or design and materials, for improved recyclability at end-of-life

Category 3: Net zero personalised care

Background and challenges

Personalised care means giving people the same choice and control over their mental and physical health that they have come to expect in every other aspect of their lives. It is based on ‘what matters’ to people and their individual strengths and needs.

A one-size-fits-all health and care system simply cannot meet the increasing complexity of people’s needs and expectations so the NHS Long Term Plan ambition is that personalised care will benefit up to 2.5 million people by 2024 and become business as usual across the health and care system.

It is therefore imperative that these approaches consider sustainability and evaluate any reduction in carbon emissions. Fortunately, personalised care not only has significant benefits for patients but also aligns with the NHS net zero ambitions -please see **Supporting Information for Category 3** for further information on personalised care.

Solutions to transform personalised care to support net zero ambitions might include:

1. Using systems or technological innovations (device, diagnostic, or services) to:
 - a. identify health risks earlier using data from health records and/or search tools to treat patients faster while improving health outcomes (e.g.: proactive care)

- b. deliver 'holistic' and joined-up health care that supports a multimorbidity approach and fits around patients and carers, not the other way around, including support for the wider determinants of health such as referrals to social prescribing, enabling localities to better integrate, co-ordinate and deliver services for their population
 - c. reduce variation in care and health inequalities, supporting areas to 'level up' by identifying and targeting those that have been left behind
- 2. Transforming pathways to support self-management of chronic conditions to prevent deterioration or exacerbation. Supported self-management interventions (health coaching, peer support, self-management education) aim to reduce the use of primary and emergency services where clinically appropriate and increase the support delivered in people's communities. Innovations to support management of long-term conditions could:
 - a. improve at home monitoring for diabetes
 - b. support early detection of disease progress or deterioration
- 3. Enabling choice and driving shared decision-making to enable localities to better integrate, co-ordinate and deliver services for their population. This could include:
 - a. management of long-term mental and physical health conditions through green social prescribing
 - b. linking workers from a range of local agencies to existing community groups in an accessible and sustainable manner
 - c. improving patient understanding of climate change and health. This could include the wider benefits of different services that can be arranged following a conversation on personalised care interventions with a SP link worker (e.g.: active travel)

Supporting information for Category 3

Relevant MDT members

1. Personalised care roles (E.g., social prescribing link workers, health and wellbeing coaches)
2. Allied health
3. Community nursing and midwifery
4. Secondary care
5. Primary care clinicians
6. Mental health

Social prescribing and Community Based Support – Key Points

1. Social prescribing provides a holistic approach to tackle social determinants of health.
2. As a result, physical and mental health is improved, deterioration prevented and potential for relapse reduced.
3. The need for some types of longer-term medication may be reduced e.g. psychotropic medication

4. Connecting people to community resources where they live leads to sustained individual benefits/outcomes because they can build this into their lives/recovery strategies and forge local social connections.
5. Green social prescribing encompasses all the same benefits as wider social prescribing but in addition people are exposed to environmentally friendly practices such as conservation and sustainable horticulture. This often leads to pro-environmental behaviours and more sustainable lifestyle choices.
6. There is emerging evidence that connecting people to the benefits of spending time in nature encourages people to protect the planet and lots of people volunteer or retrain in nature-based work after being involved with a GSP activity.

Supported Self-Management – Key Points

1. Supported self-management through social prescribing including green and creative health social prescriptions offers support at multiple points of a person's journey including:
 - a. Prevention of service utilisation in the first instance.
 - b. Prehab for those on elective care waiting lists ensuing more efficient use of planned care e.g. musculoskeletal procedures.
 - c. Support at the point of discharge enabling more efficient patient flow prevention of relapse.
2. Potential medication optimisation through:
 - a. Frequency of home monitoring - tracks improvements as well as deterioration.
 - b. Social prescribing based supported self-management (e.g. fewer mental health interventions through green social prescriptions; improved breath control for people with COPD through singing on prescription).

Potential reduction of dose meter inhaler impact on the environment where people are self-managing and need less inhaler medication.

Category 4: Tools to support the workforce to deliver net zero care


Background and challenges

Delivering net zero targets will only be possible if every part of the NHS – more than 1.3 million of NHS workers – work together.

On the front-line, clinicians are now balancing complex clinical roles with sustainability projects, and in increasingly challenging contexts. At the regional and national level, the challenge for policymakers and leaders is finding ways to support the workforce to ensure they can drive net zero actions while juggling existing demands.

To achieve net zero targets, we need to build places of work that are rewarding, positive, and filled with opportunities. Collaborative, inclusive, and compassionate leadership is essential at every level to tackle inequality and break down barriers that are preventing staff from building sustainability principles into their business as usual.

Potential solutions might include tools that:

- 
1. Drive the inclusion and assessment of net zero targets within business cases and organisational management structures
 2. Interventions that encourage and support clinicians to make more sustainable choices in practice such as:
 - a. sustainability focused task sharing and knowledge exchange
 - b. behavioural interventions
 - c. circular economy principles to drive reuse or recycling activities where possible
 - d. completing robust carbon mapping of their clinical pathway
 3. Deliver novel profession specific training on carbon savings or sustainability actions, that:
 - a. promote wellbeing
 - b. outline mechanisms to build individual, social, and community resilience

Useful Information for Applicants

Eligibility

The competition is open to single organisations (contracts are executed with individual legal entities) based in the UK or EU from the private, public, and third sectors, including companies (large corporates and small and medium enterprises), charities, universities and NHS Foundation Trusts, as long as a strong commercial strategy is provided. Organisations based outside the UK or EU with innovations in remit for this call can apply as subcontractors of a lead UK/EU based organisation or via a UK or EU subsidiary.

Collaborations are encouraged in the form of subcontracted services as appropriate.

Allowable costs and duration

The project will be 100% funded up to the value of £100,000 (NET costs) for a maximum of 6 months. Project costs can include:

- Labour
- Materials
- Capital equipment
- Sub-contractors
- Travel and subsistence
- Indirect

Please ensure the proposed project deliverables could be reasonably achieved within the proposed contract duration, and all requested costs are justified and represent fair market value.

Please note that SBRI is a pre-commercial procurement process and the resulting development contract is subject to VAT. VAT is the responsibility of the invoicing business.

Expected exit points

At the end of Phase 1, projects are expected to have established the technical merit, feasibility, and commercial potential of the proposed technology.

Example of exit points include:

- Feasibility technical study
- Market validation
- Business plan developed
- Clinical partners identified
- Evidence generation plan for adoption
- Development of Patient and Public Involvement and Engagement (PPIE) strategy
- Health inequalities impact assessment
- Carbon methodologies to measure impact developed

Technologies excluded from this competition

There are a number of technologies or types of solution which may already be in development or are already available and will not be funded through this call. These are listed below:

- Development of innovative reduced carbon inhalers (e.g. dry powder inhaler and metered-dose inhaler)
- Travel and transport, specifically electrification of the fleet and infrastructure for charging and travel
- Optimisation of estates and energy / water management
- Food, catering and nutrition
- Any technologies that negatively impact staff workloads will also be excluded

Additional considerations

Those submitting applications are also asked to consider:

- How will the proposed solution impact the care system and how will the system need to be changed (including people, processes and culture) in order to deliver system-wide benefits?
- How will you ensure that the innovation will be acceptable to patients (and their families and wider support network) and to health and social care workers? How will these groups be involved in the design of a solution and its development?
- How will you ensure that the innovation is affordable to the NHS and wider system such as Integrated Care Systems (ICSs) both immediately and throughout the life of the product? What evidence, both health economics and delivery of true impact will the NHS and wider system require before the technology can be adopted?
- How will you ensure that the innovation enhances equity of access, addresses health inequalities and/or mitigates against widening inequalities (e.g. takes account of underserved ethnic or economic groups) and services are re-designed to consider the needs and accessibility of vulnerable or hard-to-reach groups?
- For digital technologies, evidence that the [Digital Technology Assessment Criteria \(DTAC\)](#) has been considered should be demonstrated in the proposal.
- For digital innovations, the [NICE Digital Health Technology Framework](#) should be consulted and your application should evidence your plan to meet the appropriate evidence guidelines. In addition, please consult the NHS England's guidelines for "Designing and building products and services" for the latest links to relevant standards, guidelines and consultations.
- Innovators should also demonstrate they are aware of the competitive environment, even considering working together with other companies to bring forward solutions that can make a real difference.
- Applicants should take into account the baseline they need to innovate from, having taken into consideration the forced changes brought by the COVID-19 pandemic.
- Given the rural nature of many places with need, barriers associated with digital interventions requiring wifi connectivity should be comprehensively considered (wifi and phone signals in rural locations may be weak or unreliable).
- Furthermore, consideration should be taken towards the scalability of the technology and the necessary adaptations for different service user groups.

SBRI Healthcare Programme

A new national SBRI Healthcare competition is being launched by the Accelerated Access Collaborative (AAC) in partnership with the Greener NHS Programme and the Academic Health Science Networks (AHSNs) to identify innovative new products and services. The projects will be selected primarily on their potential value to the health service and social care system and on the improved outcomes delivered for those in receipt of care.

The competition is open to single companies or organisations from the private, public, and third sectors, including charities. The competition runs in two phases (subject to availability of budget in 2023/24):

- Phase 1 is intended to show the technical feasibility of the proposed concept. The development contracts placed will be for a maximum of 6 months and up to £100,000 (**excl. VAT**) per project.
- Phase 2 contracts are intended to develop and evaluate prototypes or demonstration units from the more promising technologies in Phase 1. Only those projects that have completed Phase 1 successfully will be eligible for Phase 2.

Developments will be 100% funded and suppliers for each project will be selected by an open competition process and retain the intellectual property rights (IPR) generated from the project, with certain rights of use retained by the NHS.

The competition opens on **Wednesday 24 August 2022**. The deadline for applications is **13:00 BST, Wednesday 05 October 2022**.

Application process

This competition is part of the SBRI programme which aims to bring novel solutions to Government departments' issues by engaging with innovative companies that would not be reached in other ways:

- It enables government departments and public sector agencies to procure new technologies faster and with managed risk
- It provides vital funding for a critical stage of technology development through demonstration and trial – especially for early-stage companies.

The SBRI scheme is particularly suited to small and medium-sized businesses, as the contracts are of relatively small value and operate on short timescales for Government departments.

It is an opportunity for new companies to engage a public sector customer pre-procurement. The intellectual property rights are retained by the company, with certain rights of use retained by the NHS and Department of Health and Social Care. The application process is managed on behalf of NHS England by LGC Group. All applications should be made using the application portal which can be accessed through the [Research Management System](#). Applicants are invited to consult the Invitation to Tender and the Applicant Guidance on the [SBRI Healthcare website](#) to help prepare your proposal.

A briefing event for businesses interested in finding out more about these competitions will be held on **11 August 2022, 11:00 - 13:00 BST**. An additional webinar event will be organised to respond to potential

applicants' questions. Please check the [SBRI Healthcare website](#) for confirmation of dates, information on how to register, and details of the challenges that will be presented.

Please complete your application using the [online portal](#) and submit all relevant forms by **13:00 BST, Wednesday 05 October 2022**.

Key dates

Briefing online event	11 August 2022 11:30 - 13:00 BST
Competition launch	24 August 2022
Deadline for applications	05 October 2022 (13:00 BST)
Assessment	October 2022
Selection Panel	02 December 2022
Contracts awarded	January 2023

More information

For more information on this competition, visit: <https://sbrihealthcare.co.uk/>

For any enquiries email: sbri@LGCGroup.com

For more information about the SBRI programme, visit:

<https://www.gov.uk/government/collections/sbri-the-small-business-research-initiative>

