



Small Business Research Initiative (SBRI) Healthcare Programme Competition 23 Briefing Event

*The***AHSN***Network*



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Agenda

Time	Topic	Presenters
9:30 – 9:35	Welcome and introductions	
9:35 – 9:50	Introduction and overview of the SBRI Healthcare Programme and Competition 23	<i>PMO</i>
9:50 – 10:10	Child Health - overview of the challenges	Professor Paul Dimitri
10:10 – 10:30	Q&A session	
10:30 – 10:40	The AHSN Network	<i>Helen Hoyland, AHSNs</i>
10:40 – 10:45	Insights and tips from successful Phase 1 award holders	<i>Carolina Bell, Neurovirt</i>
10:45 – 10:55	The application and assessment process	PMO
10:55 – 11:25	Q&A session	
11:25 – 11:30	Closing remarks	

Housekeeping

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



Small Business Research Initiative (SBRI) Healthcare Programme

Francesca Troiani

Senior Programme Manager, SBRI PMO

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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 Academic Health Science Network (AHSNs)



Improve patient care



Increase efficiency in the NHS

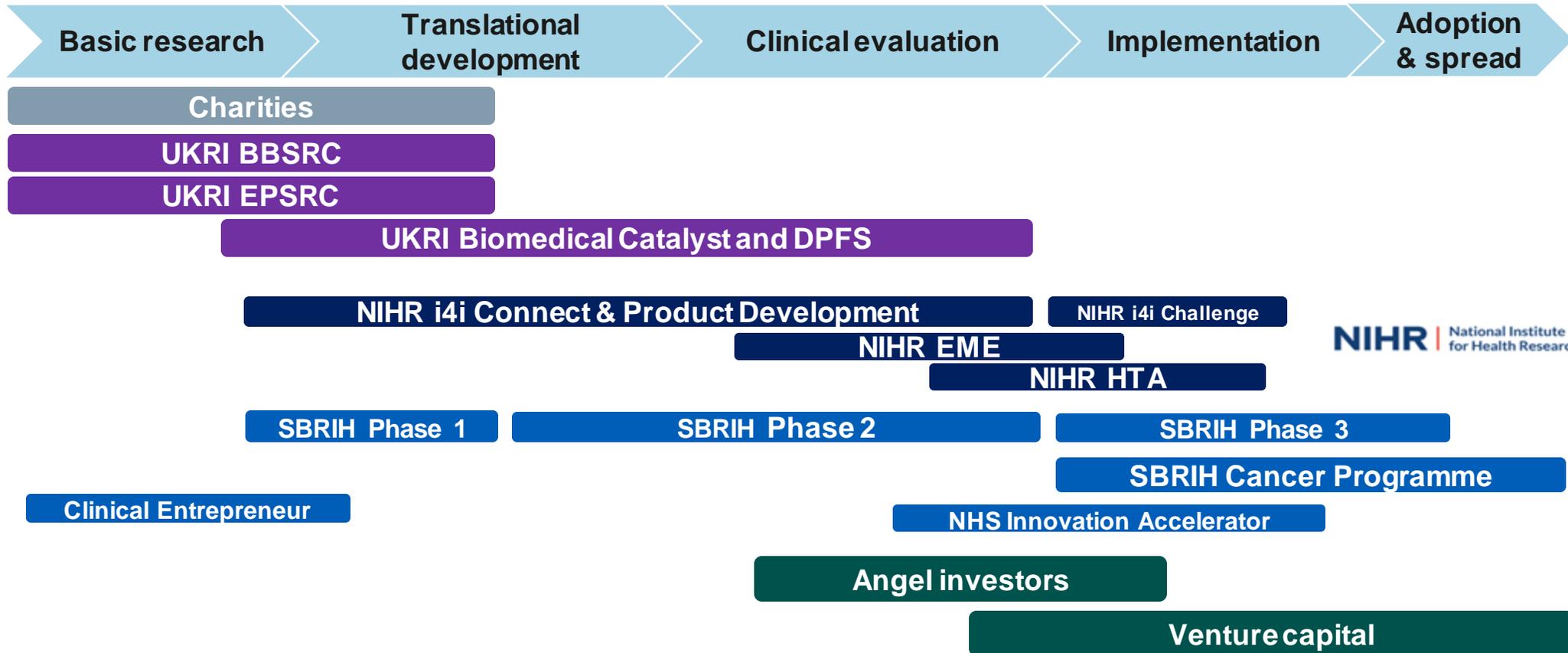


Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need



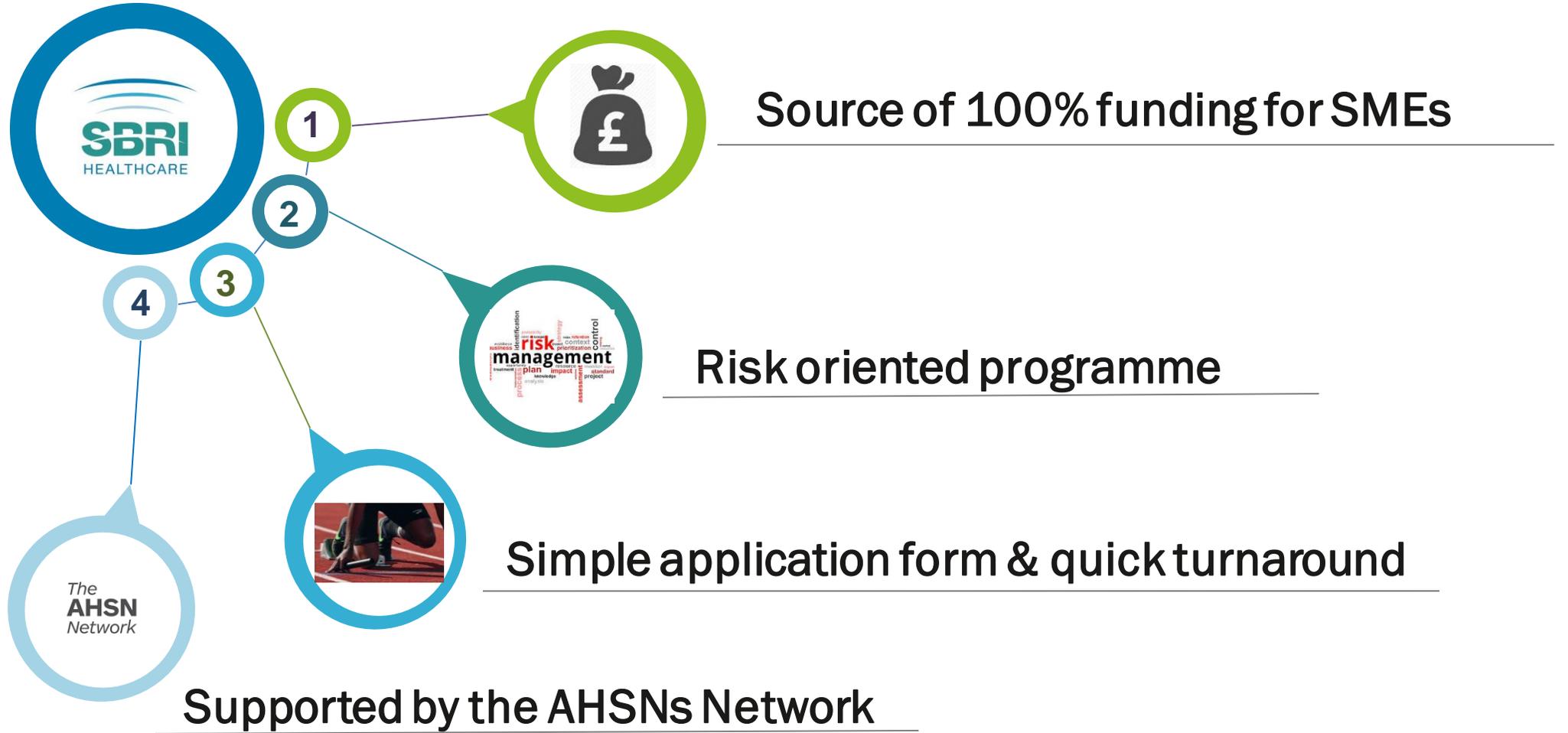
Bring economic value and wealth creation opportunity to the UK economy

Funding landscape



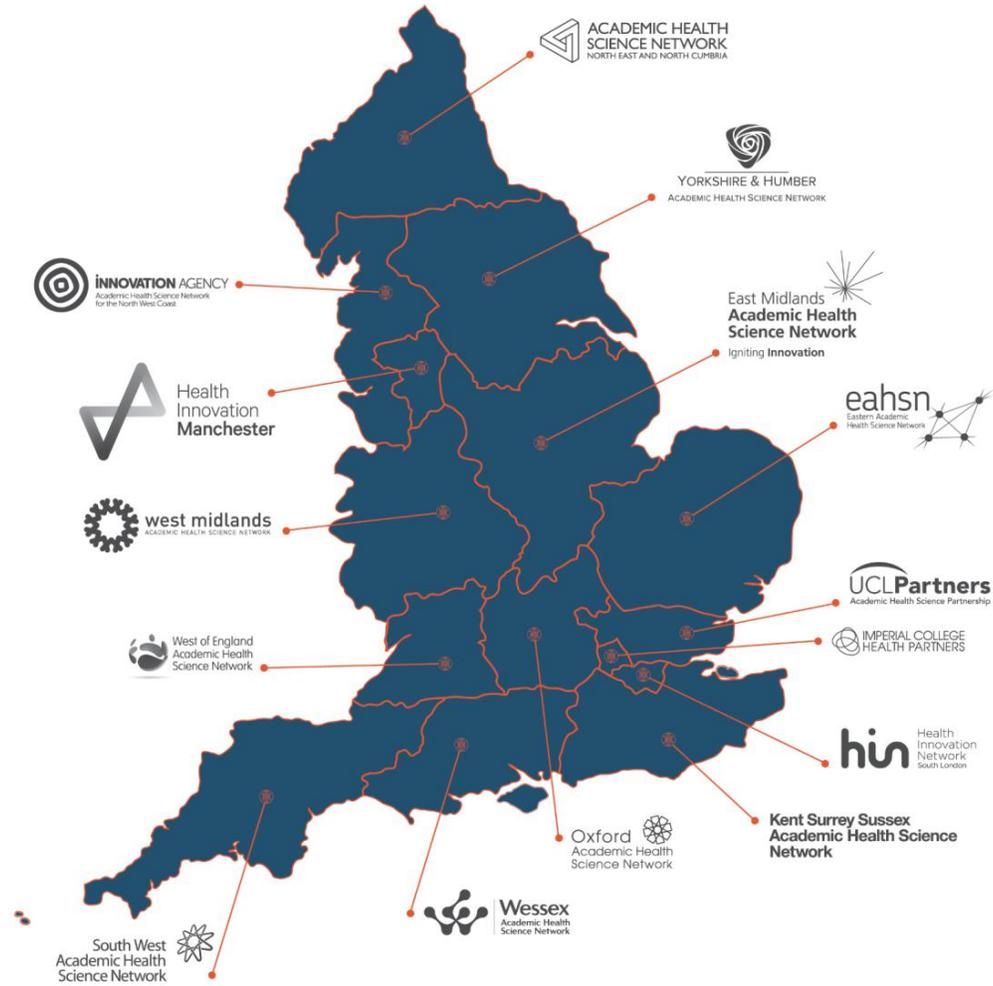
NIHR | National Institute for Health Research





The AHSN network

A
connected
'Network of
Networks'





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)

Phase 1 and Phase 2 expected exit points

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

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

Phase 1

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

Phase 2

Portfolio snapshot



306
supported



£140m+
Total invested

Portfolio snapshot

92
Companies with commercial revenues

64
products exported

79
Companies with sales in the NHS

284
IP granted

£73m+
revenue generated



£684m+
Private investment leveraged

2,235
jobs created/retained

1,762
New collaborations established

>7.7m
patients involved through sales and trials

19,957
Sites accessed through trials or sales

Portfolio snapshot



LapAR is a laparoscopic training platform to democratise access to high fidelity laparoscopic surgical training

- Adopted by 8 deaneries for deanery-wide surgical training
- Adopted by 2 multinational medical technology companies (Olympus, Johnson and Johnson)
- Used to perform over 6,000 simulated surgical procedures since 2020
- Early evidence to show a 41% reduction in time to operate as a result of improved skill and confidence
- Health economics studies suggest the technology will result in a £115m per year cost saving to the NHS
- Exported to 4 continents



iPLATO transforms access to health services and prevention through intelligent care navigation and personalised patient engagement



- Personalised engagement reaching 15m people
- 45 CCGs have commissioned the iPLATO Platform
- NHS Digital Assured App with 2.5m patient users
- iPLATO recently merged with Huma Therapeutics who has raised \$250m

The SME voice

“

Working with SBRI has been great, I have recommended many other to apply to future programmes due to the support and connections created through the programme. Funding is great, connections are priceless.
Ben Wilkins, CEO GoodBoost



“

SBRI Healthcare allowed us, as an SME, to build a product harnessing the latest technology, and to work with leading academics and clinicians in three NHS trusts.”

Rebecca Bright, Co-founder and Director Therapy Box



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



Accelerated Access Collaborative

The AHSN Network



Competition 23 Child Health



Categories

Long term conditions

- Asthma
- Epilepsy
- Diabetes

Prevention of ill-health

- Obesity
- Oral health

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

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



Child Health

Professor Paul Dimitri

Professor of Child Health and Consultant in Paediatric Endocrinology

NIHR National Children's Specialty Lead

Vice President for Science and Research, RCPCH

Director, NIHR Children and Young People MedTech Cooperative

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1/3

UK population is made up of children and young people



58%

More likely that deprived children and young people attend A&E than the least deprived



4.2 million

Children live in poverty in UK



25%

A&E attendances are accounted for by CYP



1.7 million

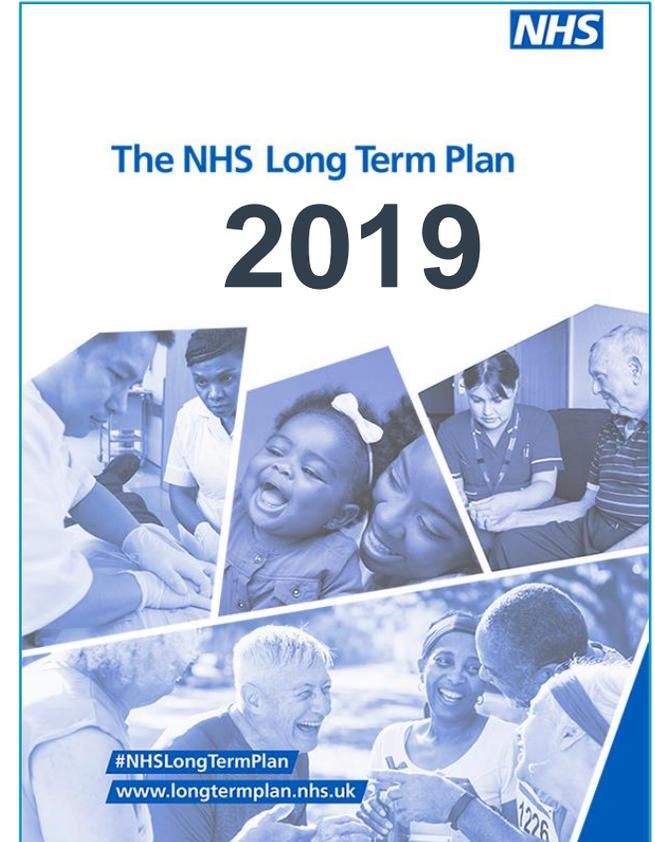
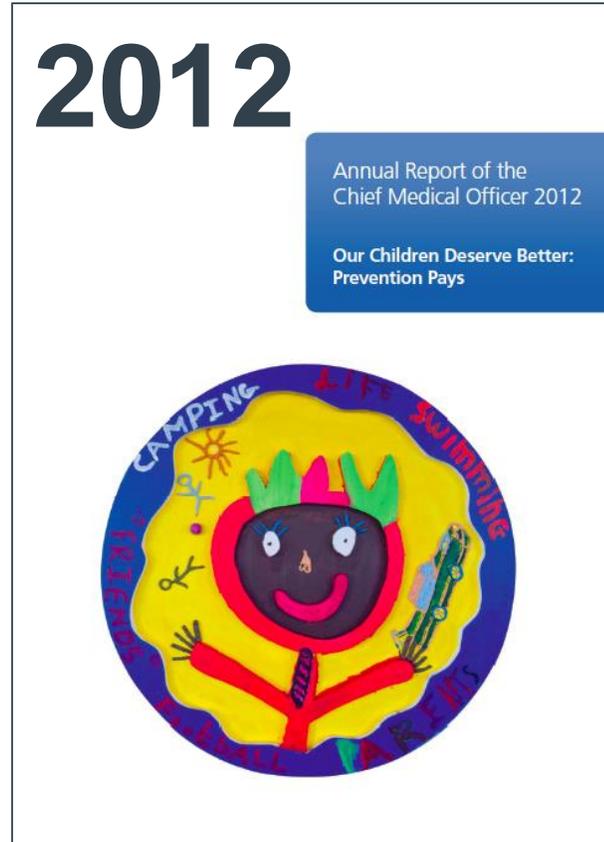
Children have longstanding illnesses



94%

Of emergency hospital admissions are accounted for by children under 19 years with long term conditions

Old problems - new solutions



REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



The NHS Long Term Plan



#NHSLongTermPlan

www.longtermplan.nhs.uk

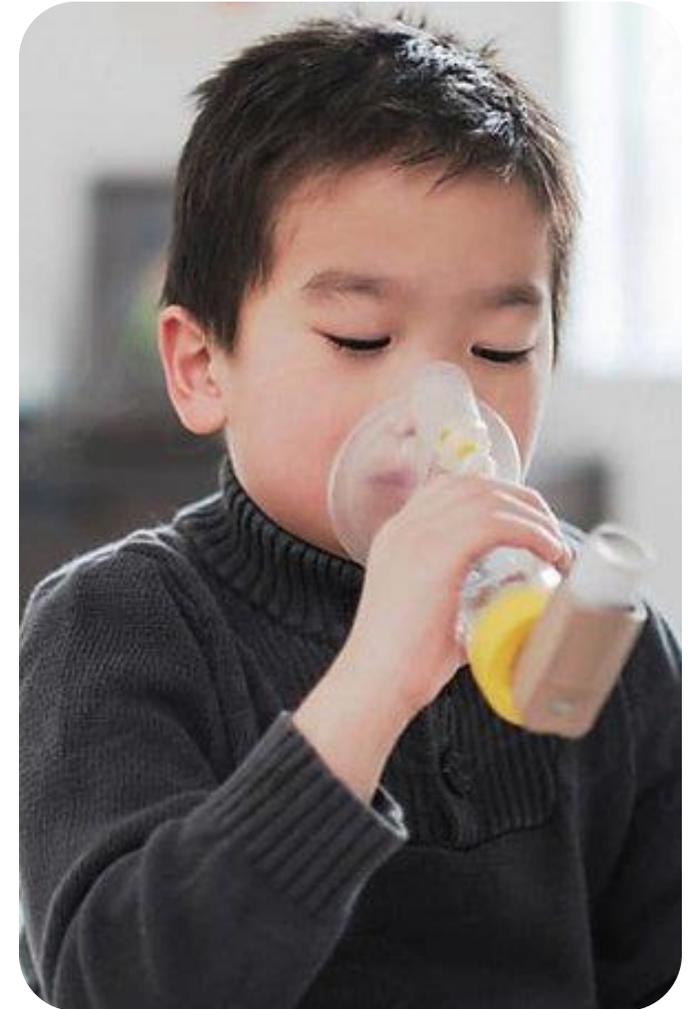
Long term conditions

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Asthma

- Asthma is the most common long-term condition in CYP
- The UK has one of the highest prevalence of emergency admissions and death rates for childhood asthma in Europe
- Avoidable factors in 65% deaths
- Asthma education is lacking
- NHS Long Term Plan: to improve asthma outcomes for CYP - National bundle of care for CYP
- Worse for children and young people living in the most deprived areas
- SBRI Programme encourages innovations that support the most deprived 20% of the national population



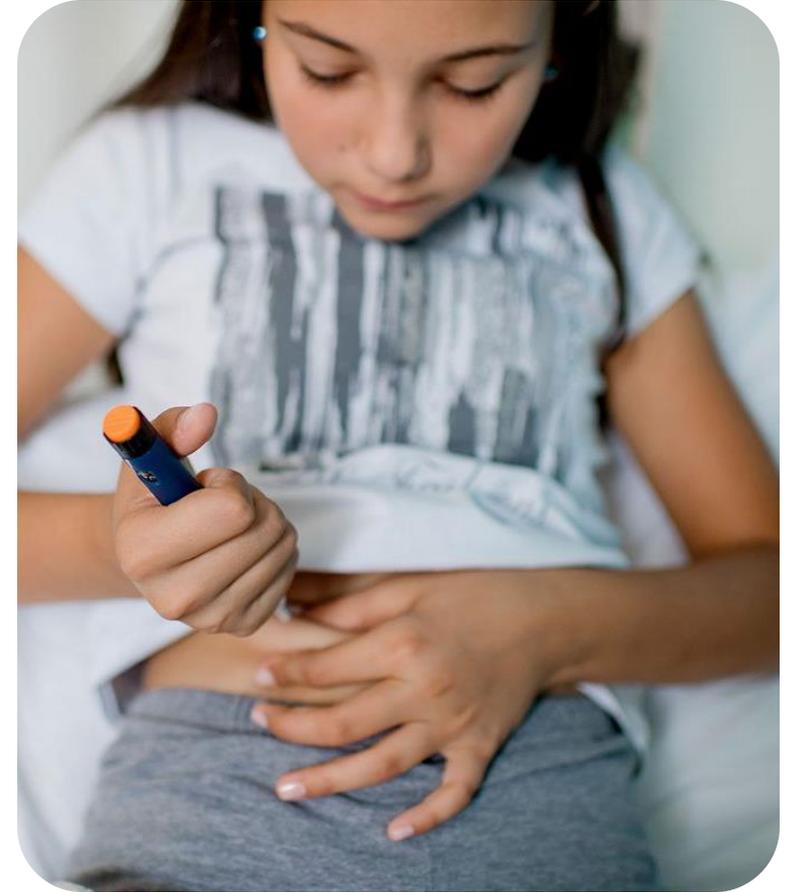
Epilepsy

- Affects an estimated 112,000 CYP in the UK
- 40-80 children die every year as a result of epilepsy
- Misdiagnosis remains, a major concern resulting in unnecessary treatment with anti-epileptic drugs
- Undertreatment for those with epilepsy is also a significant problem
 - estimates that up to 70% of people with epilepsy could be free of seizures if appropriately managed
- Poor communication continues to be an issue.
- Limited access to specialist services
- Accessing services is a challenge for those in deprived areas
- 37% of children with epilepsy have a co-existing mental health disorder



Diabetes

- In 2019 there were an estimated 36,000 children in the UK with diabetes
- Increase in T1DM co-morbidities of Type 1 Diabetes: obesity and hypertension
- Many children with diabetes also need psychological support
- Diabetes control is worse in CYP from ethnic minority groups. This will result in a much higher risk of long term complications
- Related to inequitable access to diabetes technologies which improve the control of diabetes
- Type 2 diabetes is increasing in prevalence – obesity + NAFLD
- The prevalence of T2DM is higher in females particularly those from minority ethnic backgrounds and those from the most deprived areas of England and Wales.
- There is a variation in outcomes in CYP with -requires attention



Annual Report of the
Chief Medical Officer 2012

Our Children Deserve Better:
Prevention Pays



Prevention of ill health

The **AHSN** Network



Obesity

- Nearly 1 in 4 children in the UK by age 10-11 (NCMP)
- High increase from reception year (10%)
- High risk of future complications – particularly in ethnic minority groups
- £4.2 billion + wider costs of £27 billion
- Higher prevalence (x2) in the most deprived areas
- Government pledge to halve childhood obesity and significantly reduce the gap in obesity prevalence between children from the most and least deprived areas by 2030
- CEW clinics – tip of the iceberg
- Aims to tackle through prevention
- Old problem – new solution!



Oral Health

- Tooth decay is the most common oral disease affecting children and young people in England
- CYP are consuming the equivalent of around eight sugar cubes more than the recommended daily limit
- Only 46% of children living in England saw a dentist in 2021-22 (24% of children under four)
- Tooth extraction is the most common hospital procedure in 6-to 10-year-olds
- CYP extractions due to tooth decay - £33 million
- CYP experiencing dental decay has changed little between 2013 and 2020.
- Children living in the most deprived communities experiencing poorer oral health
- Chinese and Eastern European children are more at risk.
- Exacerbated for those children living with disabilities and vulnerable children



Challenges to consider in child health technology development

- No technology for us, without us
- Consider anatomical, physiological and social changes
- Developmentally appropriate – versatility is key
- Autonomy in adolescence – who is the user
- Longevity – prevent attrition
- Personalisation – avoid one size fits all
- Consider the interface between physical and mental health



Themes:

- Epilepsy, movement and muscle disorders
- Neonatal Technologies
- Rare Diseases
- Respiratory, Sleep, and Ventilation
- Surgical Technologies
- Transition (cross-cutting theme)
- Cancer

www.cypmedtech.nihr.ac.uk

Support and collaboration



Alder Hey
Innovation



The National Centre for Child Health Technology



Super 7 Strategic Priorities

- Prevention and Health Inequalities
- Child Obesity
- Mental Health
- Long Term Conditions
- Maternal and Child Health
- Disabilities
- Cancer and cancer prevention

A close-up photograph of a woman with dark skin and curly hair, wearing a yellow top, smiling warmly as she holds a young child. The child, also with dark skin and curly hair, is laughing joyfully with their hands near their mouth. The background is softly blurred, showing other people in a light-colored setting. The overall mood is positive and affectionate.

**Start Early
Change More**



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



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*Yorkshire
& Humber*
AHSN

**Transforming Lives
Through Innovation**

The AHSN's role in supporting SBRI- Competition 23- Child Health

Helen Hoyland

**Head of Digital, Commercial and
Growth**

Y&H AHSN

Part of

The AHSN Network





Find out more

For a conversation about your innovation, contact your local AHSN.

www.ahsnnetwork.com/contact

Discover how AHSNs support the regional 'import and export' of healthcare innovation through our Innovation Exchanges:

www.ahsninnovationexchange.co.uk

Hear from other innovators on our **Health Innovation Podcast**



Read our regular **Meet the Innovator blogs**



Sign up for regular updates via our **e-newsletter**



Innovator guide: Real-World Evaluation



This simple guide is designed to help innovators in gathering real-world evidence to support scale up and spread of their ideas. It clarifies the Real-World Evaluation process for health and care innovators and offers useful tips on best practice.



Access the guide: www.ahsnnetwork.com/rwe-guide

A connected 'network of networks' providing:

- Support to innovators
- Help to navigate the NHS
- Signposting to resources
- Market access studies and research
- Developing a value proposition
- Evaluating real-world impact
- Health economic reports / business cases
- Implementation support and advice for adopting organisations
- Grant funding opportunities
- Product development



The AHSN's Role



Improving Health



**Reducing costs
for the NHS**



**Driving growth and
securing jobs**

The Innovation Pathway



The AHSN Network

Working with AHSNs



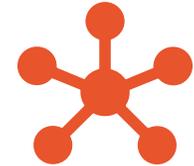
Identifying and understanding unmet needs



Identifying potential solutions with market analysis and due diligence



Supporting RWE and implementation of technologies



Sharing examples of best practice and benefits realisation across wider AHSN network

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Yorkshire
& Humber
AHSN

The AHSN's support to SBRI Phase 1 applicants

- Intelligence around local and national healthcare priorities and unmet needs
- Market awareness of emerging innovation and where there are gaps
- Stakeholder engagement with regional experts to ensure that innovation align with key unmet needs
- Product review and development, including evidence and regulatory environment
- Review of commercialisation plans/business model
- Review of spread and scale approach
- Contributing to improvements in patient care in key priority areas.

Support to applicants: What's our Offer



Application development advice



Application review



Market analysis and competitor awareness



Support with securing clinical / academic partners



Patient Engagement advice



Health Economic Analysis



Transforming Lives Through Innovation



*Yorkshire
& Humber*
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www.yhahsn.org.uk



NeuroVirt

IMMERSE • PLAY • RECOVER

SBRI PHASE



Carolina Bell, ACA
Co-founder, Business &
Finance Lead



A little on NeuroVirt..

14X more therapy, **30%** improved performance at **20%** costs



SBRI: Phase I

Co-design and testing useability, acceptability and tolerance

TRL-3 → TRL-5

Co-Design
40 Stroke Survivors
15 clinicians

Useability



On Standard System
Useability Scale

Tolerance



Acceptability



For 'fun and engaging'

Hints & Tips

- Start early
- Think about your project and your Company's timelines – how will this make an impact to your Company and your customer?
- Well-rounded team
- Ethics and administration procedures
- Partners on board?
- IP – who does it belong to?
- Patient and Public Involvement (PPIE)
- Healthcare economics
- AHSN involvement
- Other organisations e.g. charities
- Due diligence
- Next steps after grant

An elderly man with white hair is seated in a blue wheelchair, wearing a VR headset and holding a controller. He is smiling broadly, looking towards the right. The background is a bright, indoor setting with a white table and a potted plant.

**Making stroke survivors
smile again**



NeuroVirt



Assessment process and how to apply

Luis Tojo

Senior Programme Manager, SBRI PMO

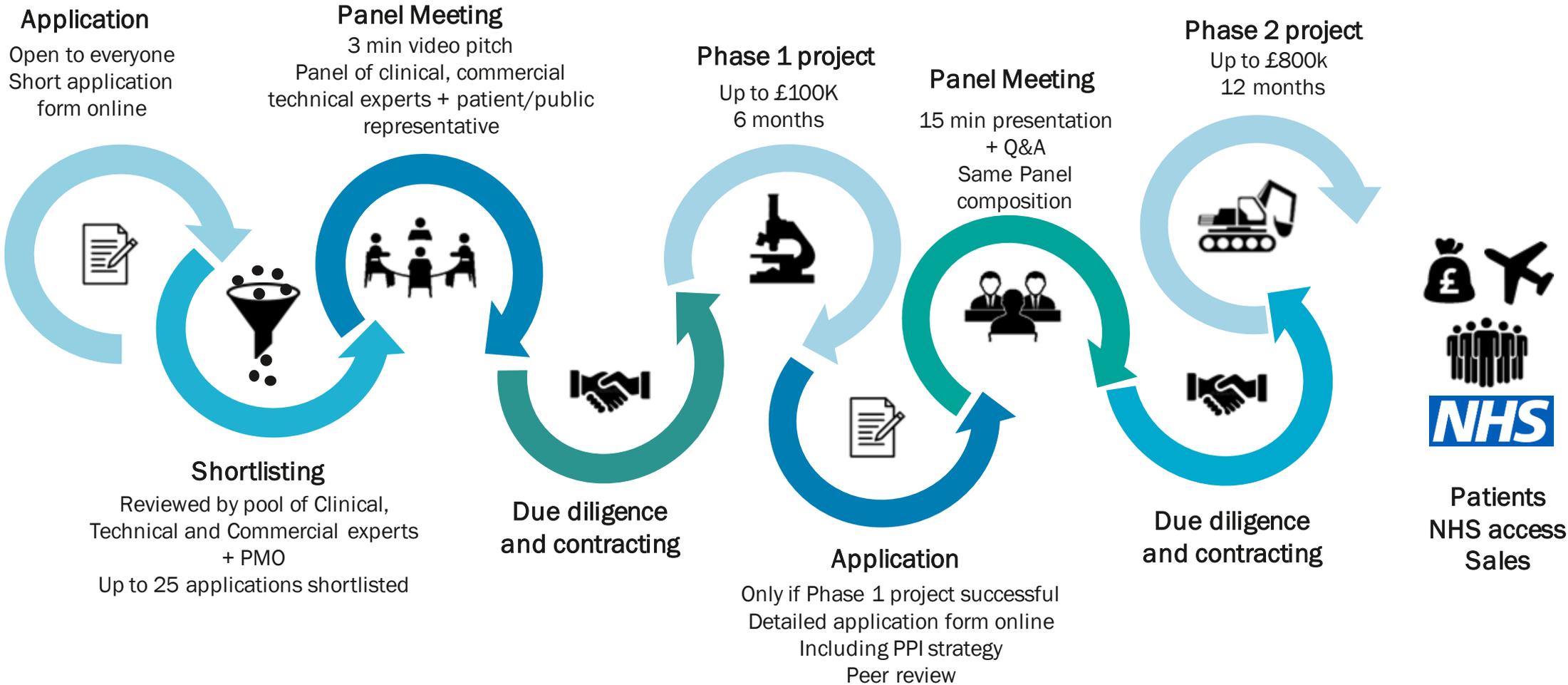


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Phase 1 and Phase 2 assessment process



The assessment criteria

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



Application process – www.sbrihealthcare.co.uk

The screenshot shows the SBRI Healthcare website interface. At the top, there is a navigation bar with links for Home, Contact us, and Application Portal Login (circled in red). Below this is a secondary navigation bar with links for About us, Competitions (circled in red), News, Impact, and NHS Cancer Programme Innovation Open calls. A large banner below the navigation features the SBRI Healthcare logo and the text "Apply for funding through SBRI Healthcare competitions". Below the banner, there is a section for "06 APRIL, 2023" with a "Competition 23 - Child Health" listing and a "Read more >" button (circled in red).



The **AHSN** Network



Key dates and Competition documents

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



Application Portal Login



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

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



The Research Management System (RMS) Portal

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](#)

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[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

[Logout](#)

[System Help](#)

Please update your CV.

Your CV was last updated on 30 April 2020.

Please check that your CV details are up-to-date as it assists us when assessing grant applications and assigning external reviewers. To update your CV, go to [Manage My Details](#).

New Grant Application

To apply for funding from one of our grant streams click [here](#).



Programme Management Office

Research Management System



Mr Ken Middleton

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

[Home](#)

[New Application](#)

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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

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[My Co-applications](#)

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My Co-applications

You have 1 co-application awaiting submission.

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

Reference	Title	Main Applicant	Role	Confirmed	Last Updated	Application Status	
26808		Dr Ade Adenle	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

Ade Adenle
 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





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



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**SBRI Healthcare will organise a Q&A drop-in session for any additional question applicants might have during their application process
on 23 Aug 2023
From 15:00 to 16:30**

Registration on

<https://www.eventbrite.co.uk/e/sbri-healthcare-competition-23-child-health-qa-tickets-695267883957?aff=oddtcreator>

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

https://sbrihealthcare.co.uk/about-us#subform_section



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>

LinkedIn [/sbri-healthcare](https://www.linkedin.com/company/sbri-healthcare)

Twitter [@SBRIHealthcare](https://twitter.com/SBRIHealthcare)



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