SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Small Business Research Initiative (SBRI) Healthcare Programme

Competition 21 – Phase 3

Briefing webinar

@AACInnovation

The AHSN Network

Agenda

14:00	Welcome and Introductions	Dr Fanny Burrows
14:05	Introduction and Overview of the SBRI Healthcare Programme	Professor Mike Lewis
14:15	Prevention of CVD	Professor Brian Ference
14:25	Respiratory Disease	Professor Najib Rahman
14:35	Clinical Q&A session	
14:50	The application & assessment process	Dr Xi Ye
14:55	Q&A on application and assessments	
15:00	The AHSN Network and implementation studies	Dr Des Holden
15:15	Q&A	
15:30	End of webinar	

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

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 next week
- For further enquiries: sbri@lgcgroup.com

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Small Business Research Initiative (SBRI) Healthcare Programme - Overview

Professor Mike Lewis

@AACInnovation

The AHSN Network

Professor Mike Lewis

Professor of Life Science Innovation

- Joint Director of NIHR i4i and SBRI healthcare Programmes, the industry-focused research arms of NIHR and NHSE/I, respectively
- Extensive industry background in life sciences and digital innovation, previously held senior roles at Align Technology (Amsterdam), Boston Scientific (Paris), C.R. Bard (New Jersey, Sybron (Switzerland) and Becton Dickinson (UK)
- Was President of Gambro (Sweden) in the£3bn public to private buyout
- Worked for numerous private equity and venture capital organisations and has a deal sheet valued at more than $5bn including IPOs in London and New York.
- Chair of three life science companies and sits on the Board of SNOMED, the global medical coding standardisation system
- Executive Board of Birmingham Health Partners.

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

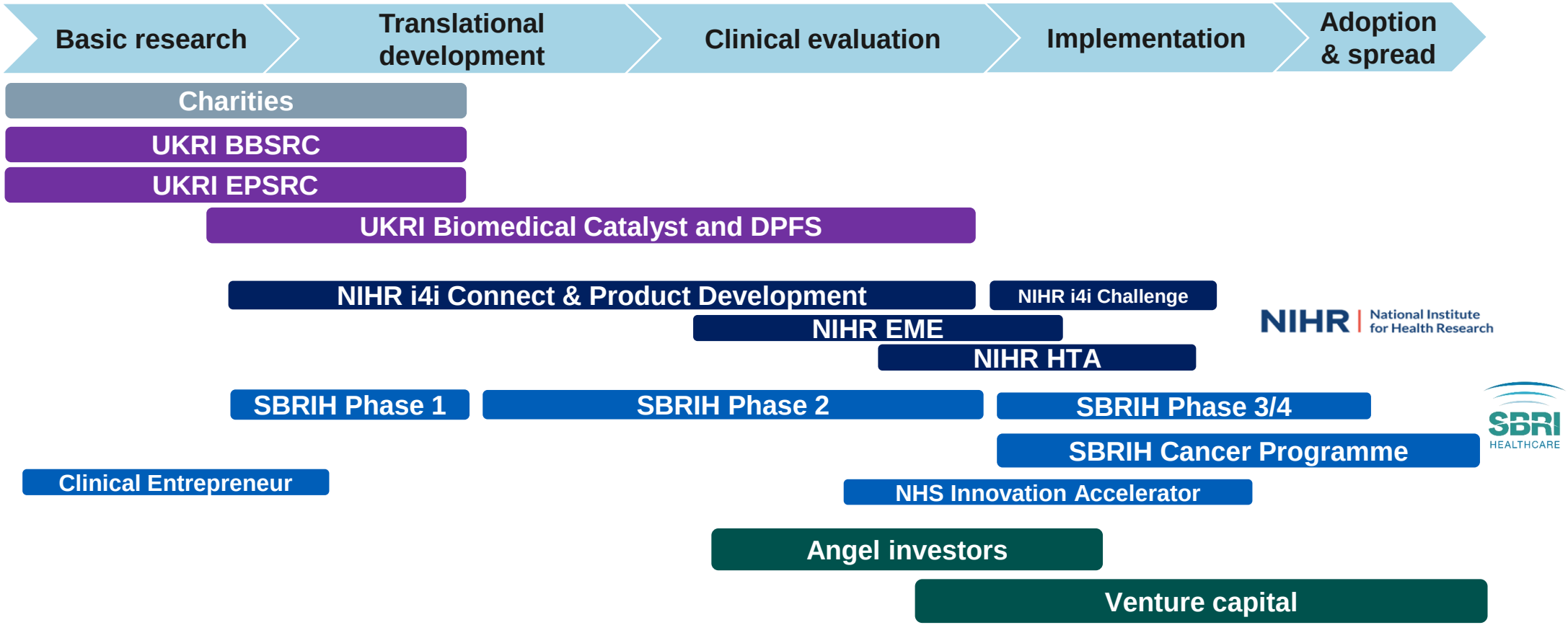
Bring economic value and wealth creation opportunity to the UK economy

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Funding landscape



ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Source of 100% funding for SMEs

Risk oriented programme

Simple application form &
quick turnaround

Supported by the AHSNs Network

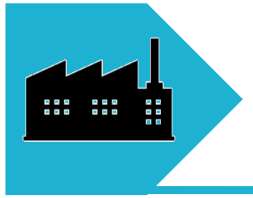
ACCELERATED
ACCESS
COLLABORATIVE

The AHSN Network

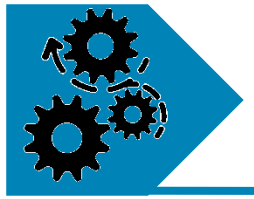
NHS

SBRI HEALTHCARE

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



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



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

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

Late stage innovation

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

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Late stage innovations - Phase 3

Aim of the late-stage Phase 3 competition:

- To accelerate the delivery of promising, more mature products into front-line clinical settings
- For innovators to gather Real World Evidence required by commissioners and regulators to make purchasing or recommendation decisions
- To develop activities to support NHS uptake and wider commercialisation

Development contracts:

✓ Project for a maximum of 12 months

✓ Funding up to £500,000 (NET) per project

Late stage innovations - Phase 3

What this is for

Innovation type - Medical devices, digital health and equipment, behaviour intervention and new models of care

Stage of development - **Mature innovations**, with strong evidence base, regulatory approvals and/or in use at least in 1 Trust.

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

What this is not for

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

Stage of development - Innovations at early stage of development

Project type - Basic research, early stage product development

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Phase 3 – Expected exit points

Execution of Implementation Plan

Financial Impact: budget impact model generated, cost benefit analysis developed

Developed relationship with multiple sites

Business case (NHS case)

EDI and sustainability assessment

Case of impact (clinical / transformation / care pathway)

Marketing and comms tools developed

Company scaling plan developed (staff, funding, supply)

Strategy towards adoption and spread Plan, in collaboration with the AHSN

ACCELERATED ACCESS COLLABORATIVE

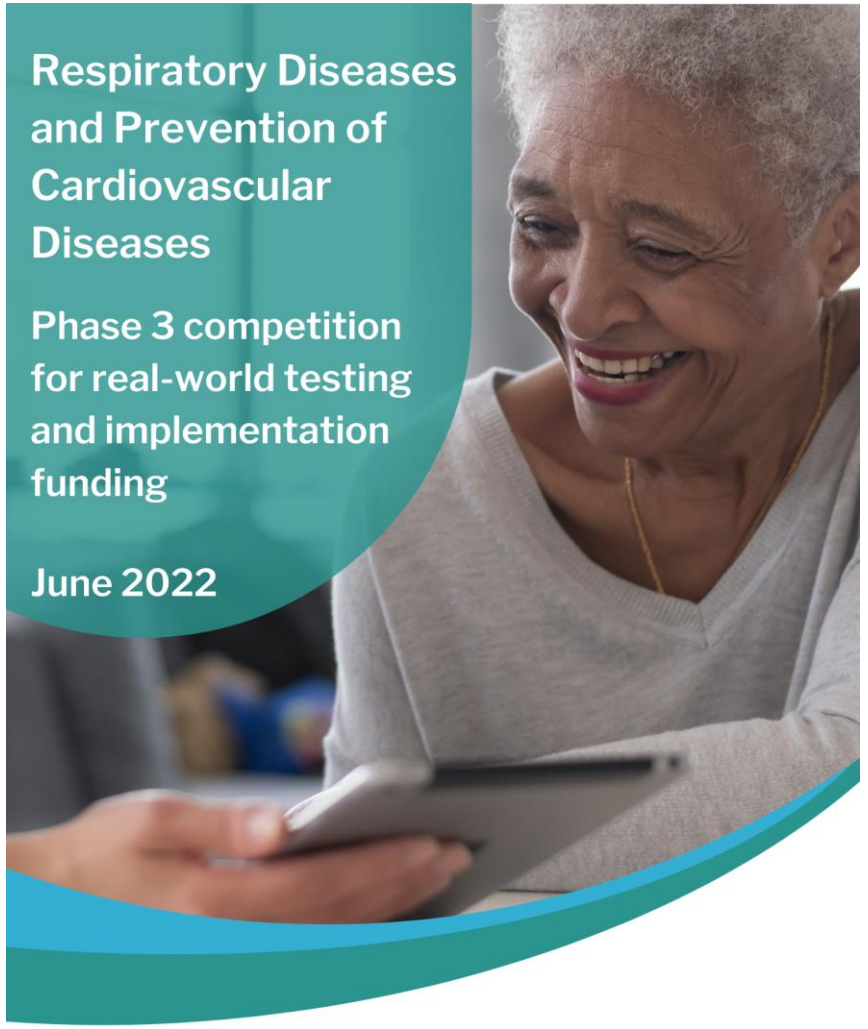
The AHSN Network

NHS

Phase 3 open competitions

Key dates

Competition launch	14 June 2022
Application deadline	26 July 2022
Assessment	September 2022
Interview Panels	18, 19 and 20 October 2022
Contract awarded	November 2022



Phase 3 – Challenges

Respiratory Disease

- **Early diagnosis** for adults or paediatrics to improve diagnostic capacity and triage high-risk patients
- **Monitoring and management** to reduce admissions and re-admissions, empowering patients to manage their conditions

Prevention of Cardiovascular Disease

- **Early detection** of pre-symptomatic people at risk of developing CVD and those at risk of developing additional conditions
- **Improving current prevention strategies** through use of data and personalised approaches
- **Empower patients** to present earlier and manage their own conditions through targeted engagement and activation

Portfolio snapshot

265
supported

£109m+
Total invested

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Portfolio snapshot

81
Companies with commercial revenues

47
products exported

67
Companies with sales in the NHS

162
IP granted

£60m+
revenue generated

£360m+
Private investment leveraged

1,776
jobs created/retained

936
New collaborations established

>7.2m
patients involved through sales and trials

18,810
Sites accessed through trials of sales

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

@AACInnovation

ACCELERATED ACCESS COLLABORATIVE

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

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Prevention of Cardiovascular Diseases

Professor Brian A. Ference, M.D., M.Phil., M.Sc., F.A.C.C., F.E.S.C.

@AACInnovation

The AHSN Network

Professor Brian Ference

Professor and Director of Research in Translational Therapeutics

- Cardiologist and genetic epidemiologist training at Harvard
- Business degree from University of Cambridge and evidence-based medicine with a focus on clinical trial design from Oxford
- Executive Director of the Centre for Naturally Randomised Trials at the University of Cambridge
- Previous positions included Chief of Cardiology and Director of the Cardiovascular Genomic Research Centre at Wayne State University School of Medicine in the US; Chief Medical and Scientific Officer for a public-private collaboration working on the Chinese Precision Medicine Initiative in Beijing; and CEO of a biotechnology company.
- Research focuses on using Mendelian randomization to design ‘naturally randomized trials’ to generate naturally randomized evidence that can be used to improve the drug discovery and development process

Prevention of Cardiovascular Diseases

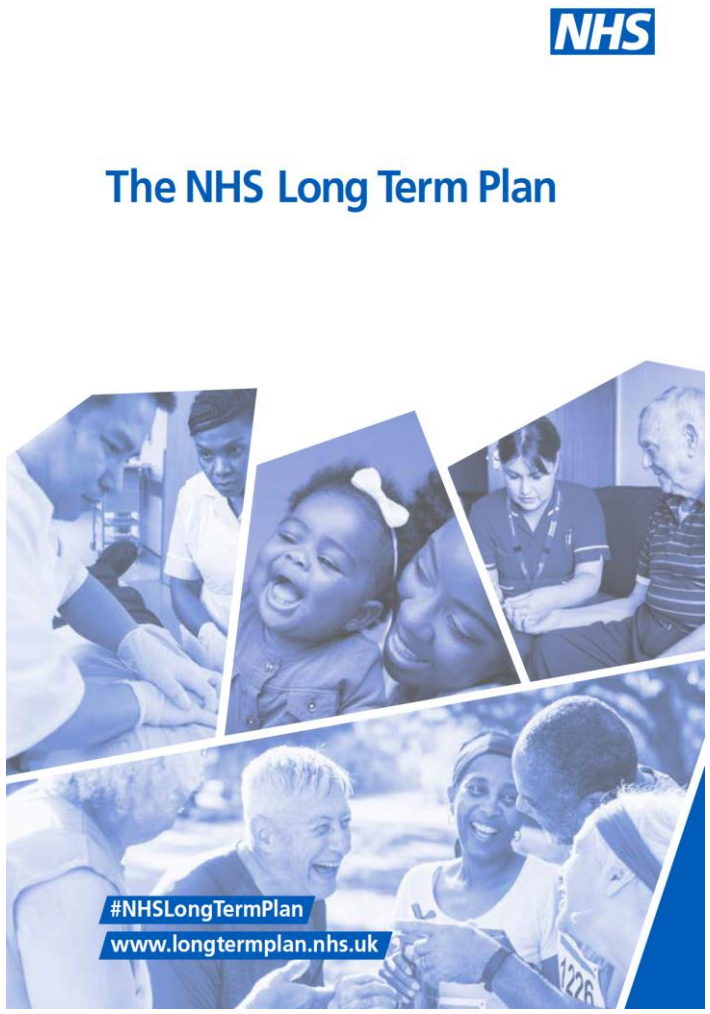
Brian A. Ference, M.D., M.Phil., M.Sc., F.A.C.C., F.E.S.C.

UNIVERSITY OF CAMBRIDGE

Professor and Director of Research in Translational Therapeutics
Executive Director, Centre for Naturally Randomized Trials
University of Cambridge

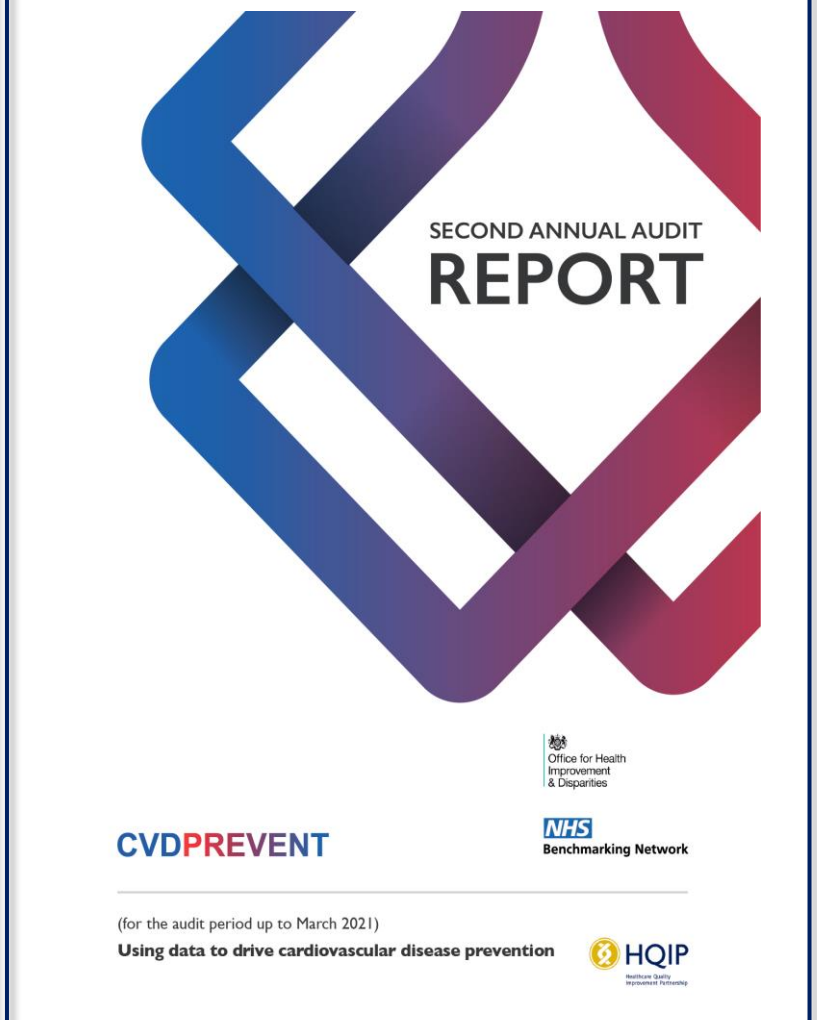
SBRI Healthcare Competition 21 Launch Event | 20 June 2022 | London (*and virtual*)

NHS Long Term Plan



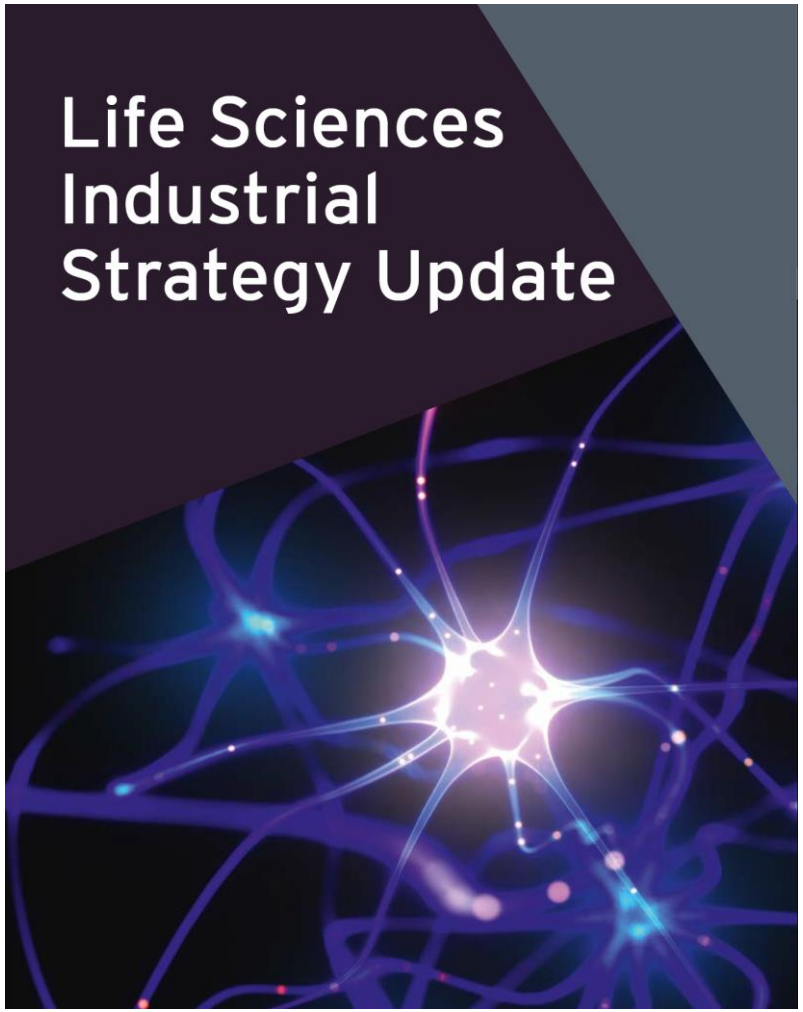
The NHS LTP recognises CVD as the single most significant area in which the NHS can save lives, and has an ambition to prevent 150,000 strokes and heart attacks over the next ten years. The prevention priorities are:

- Early detection and treatment of atrial fibrillation, high blood pressure, and high cholesterol as the leading preventable causes of CVD.
- Improve the effectiveness of primary and community care health checks to provide rapid treatment for those with high-risk conditions.
- Timely preventative treatments for high-risk individuals.
- Improved access and uptake of cardiac rehabilitation to improve long term recovery and reduce the risk and impact of another cardiac event.



UK Life Sciences Industrial Strategy

'Similarly, we need deliver on the ambition to TRANSFORM our healthcare system to one that IDENTIFIES DISEASE EARLIER using risk and stratification to implement a broad strategy for public health'



Foreword

In the two years the Life Sciences Industrial Strategy has been in existence, there has been very substantial progress in making the UK a more attractive place for life sciences companies to succeed and grow.

These developments are the result of a strong collaboration between all aspects of this diverse industry – pharma, biotech, medtech, digital and diagnostics – the wider research community in the UK, the NHS and government. Together these parties have identified opportunities and acted on them, and have similarly recognised our limitations and worked to overcome them. This coalition has made a significant difference to the sector and has also shown what a clear, well-targeted strategy can achieve.

This report describes the progress made against the targets set in the original Life Sciences Industrial Strategy published in August 2017. **A substantial majority of the objectives in the Life Sciences Industrial Strategy have been met and more are being delivered now.**

We have demonstrated that the distinctive aspects of the UK system – a large, single payer health system, unique sets of health records, a globally distinguished science base, leading assets in genomics and cohorts, a strong skills base, and regulatory and ethical standard setters – can all be used to deliver a co-ordinated strategy. Now, with a strong new government that has already demonstrated its commitment to science in general, and life sciences in particular, we need to create opportunities for a new inflexion point taking the sector toward even more ambitious goals. There are opportunities now to capitalise on the wealth of genomic information by turning variants into insights about function, at scale. Similarly, we need to deliver on the ambition to transform our healthcare system to one that identifies disease earlier using risk and stratification to implement a broad strategy for public health.

New ‘Intelligent’ NHS Health Check Programme

Designed for Personalized Health Management


Research and analysis

Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations

Updated 9 December 2021

- Earlier age at entry: 30 *(as compared to 40)*
- Focus on longitudinal assessment: *repeated 3y*
- Using a digital platform: *using NHS app*
- Learns over time: *to personalize care*
- *Joint British Societies 4th Guidelines for Prevention of Cardiovascular Disease – Summer 2022*

Categories

All CVD including, but not limited to, heart diseases, vascular dementia, stroke, and peripheral artery disease are considered for this competition. Applications are invited to address one of the categories below.

Category 1 - Early detection of high-risk individuals

Innovative solutions are sought to promote early detection of high-risk individuals who would benefit from early interventions, including pre-symptomatic individuals and those that are likely to develop additional conditions.

Potential solutions include (but are not limited to):

- Use of machine learning on primary, secondary care, or genomic data to identify those that are particularly at risk of developing CVD and associated conditions
- Tests that can predict those at risk of developing CVD in asymptomatic individuals in the short or long term, especially those that can be deployed in GP surgeries, community pharmacies, or care homes.
- Improved identification of those who would benefit from existing tests, e.g., BNP and atrial fibrillation, to predict the onset of CVD.
- Addressing workforce and/or equipment pressure associated with early detection of CVD (e.g., portable ECG in primary care, reduce duplication of tests, etc).
- Joined up database to share patient information, facilitating referrals across primary, secondary, and tertiary care, and allowing patients to access and add to their personal health records.
- Early deterioration detection of patients with known CVD in the community to prevent secondary care attendance.

Categories

All CVD including, but not limited to, heart diseases, vascular dementia, stroke, and peripheral artery disease are considered for this competition. Applications are invited to address one of the categories below.

Category 2 - Improving prevention strategies

Preventative therapies could be more effective if targeted, provided at a certain point prior to the onset of symptoms, or made more accessible or engaging.

Potential solutions include (but are not limited to):

- Use of explainable AI to recommend personalised interventions to assist healthcare professionals.
- Use of genomics data to tailor the appropriate CVD prevention therapy and dosage for patients.
- Improving the uptake and long-term adherence to preventative interventions, including preventative medications and cardiac rehabilitation.
- secondary care attendance.

Categories

All CVD including, but not limited to, heart diseases, vascular dementia, stroke, and peripheral artery disease are considered for this competition. Applications are invited to address one of the categories below.

Category 3 - Patient empowerment and self-management

Access to information, patient activation, support for behavioural modifications and pathways that encourage uptake of testing and interventions that can assist with early prediction/detection of risk and presentation of symptoms.

Potential solutions include (but are not limited to):

- Innovations that can support tailored and evidence-based lifestyle changes, using defined parameters (e.g., age, sex, ethnicity, physiological parameters, etc), to reduce the risk of developing of CVD.
- Systems to alert people when one or a combination of longitudinal, clinically accepted physiological parameters are outside of the reference range.
- Tools to empower and encourage individuals to report relevant symptoms (e.g., breathlessness, leg swelling, fatigue, xanthelasma etc), and attend screening and review appointments.
- Targeted engagement, activation and for high-risk individuals or communities (e.g., low income, isolated, busy lifestyle, etc) to encourage lifestyle changes, self-monitoring (e.g., self-measurement wearables for blood pressure and cholesterol), screening attendance, and reporting early signs of CVD.

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Respiratory Disease

Professor Najib M Rahman

@AACInnovation

The AHSN Network

Professor Najib Rahman

Professor of Respiratory Medicine

- Deputy National Lead of Respiratory Research for NIHR CRN
- Consultant Respiratory and Pleural Physician at Oxford Centre for Respiratory Medicine
- Director of Oxford Respiratory Trials Unit (ORTU), which is currently delivering over 50 studies, including academically led and industry sponsored research.
- Conducts a diverse portfolio of research in pleural infection, undiagnosed pleural effusion, malignant pleural effusion, mesothelioma, pneumothorax, imaging and intervention.

SBRI – Respiratory Disease

20th June 2022

Najib M Rahman

Professor of Respiratory Medicine
NIHR Senior Investigator
Deputy National Specialist Lead, Respiratory, CRN

Oxford Centre for Respiratory Medicine
Nuffield Department of Medicine
University of Oxford, UK

najib.rahman@ndm.ox.ac.uk

Respiratory Disease

- **Major Healthcare burden**
  - 1 in 5 people have respiratory disease
  - Increased incidence and burden
  - Increased admissions
  - Huge variability in incidence / outcomes according to social deprivation
- **Broad speciality**
  - “Airways disease” – asthma / COPD
  - Acute disease – acute respiratory infection, respiratory failure
  - Chronic disease – bronchiectasis, OSA, interstitial lung disease
  - Cancer – lung cancer, pleural malignancy
  - Infection – CF / bronchiectasis / TB / empyema / fungal disease
  - (Covid19 and influenza)
- **Diverse presentation points**
  - Community
  - Primary care
  - Secondary / tertiary care
  - Intensive care

SBRI strategic priorities

1. Detect and diagnose respiratory conditions earlier
2. Support those with respiratory disease to receive and use the right medication
3. Improve the response to pneumonia and relieve pressure on admissions
4. Improve exercise capacity and QoL in respiratory patients

Life Sciences Vision

‘Reduce the mortality and morbidity of respiratory diseases’:

1. More effective treatment options for asthma
2. Drive innovation in the understand and treatment of COPD
3. Improve care pathways through improving diagnostic capacity and technology

Overview of issues in Respiratory Medicine

1. We diagnose people late in the disease course:

- COPD – damage is done, symptom management
- Asthma – “fixed airflow obstruction”
- Lung cancer - <20% diagnosed at a curable stage

2. Respiratory diagnosis is not well joined up:

- Majority of disease is in primary care
- Presentation is often generic (breathlessness / cough)
- Majority of expertise / specialist assessments in secondary care

3. Respiratory treatment is not targeted sufficiently:

- One size fits all treatment
- “Try an inhaler”, “Try steroids”
- Refer late
- Over treatment of the wrong disease

4. Risk based triage and precision diagnosis is not well developed:

- Pneumonia
- Acute respiratory presentation
- Pathogen based diagnostics

Meeting the unmet need: The Challenge Brief

Category 1 = Early Diagnosis:

- Critical analysis required of point of care / early diagnostic tools in different point of care settings
- Focussed on improved clinical outcomes

Examples:

- Home spirometry
- Continuous home monitoring (predict the worsening)
- Molecular diagnostics for greater precision (right treatment at the right time – infection)
- Earlier specialist involvement in diagnosis - innovative virtual and electronic solutions?

Meeting the unmet need: The Challenge Brief

Category 2 = Monitoring and Management:

- Critical appraisal required of “home hospitals” etc…
- Key issue = which patient for which treatment pathway?
- Sending people home is NOT a good outcome in itself
    - Some patients need specialist in hospital input
    - Triage and selection on the basis of high quality data is required

- Robust monitoring and escalation infrastructure required
- Data to support this is required
    - then data on clinical utility / safety / benefit

Telemonitoring studies have not shown great promise to date in asthma / COPD

We need to innovate to address the need, not the new technology

Questions?

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Clinical Q&A

@AACInnovation

The AHSN Network

ACCELERATED ACCESS COLLABORATIVE

SBRI Healthcare Programme

Application and Assessment Process

Xi Ye

Senior Programme Manager, LGC Group

@AACInnovation

The AHSN Network

SBRI Healthcare – Phase 3 Timelines

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

Online application

Launch 14 June 2022
Close 26 July 2022
Competition open for 6 weeks

Clinical, commercial, and implementation expert assessment

September 2022

Interview with the Panel, including public members

18-20 October 2022

Project started by December 2022

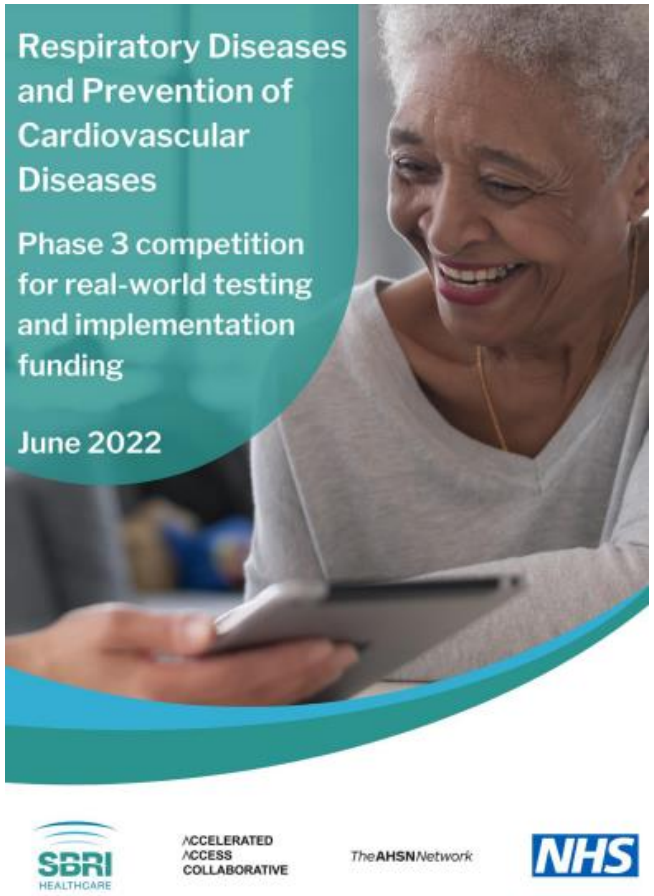
ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Assessment criteria

1. How well does the proposal address the challenge outlined in the brief? How convincing is the evidence accumulated to date? 20%
2. Are the project plan, deliverables and risk mitigation strategy appropriate? 15%
3. Will the solution have a competitive advantage over standard of care and existing 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 NHS/social care implementation, spread and adoption strategy and commercialisation plans? 20%
5. Does the project include patient and public involvement and engagement? 5%
6. Does the project address Equality, Diversity and Inclusion, and Net Zero Policy? 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%

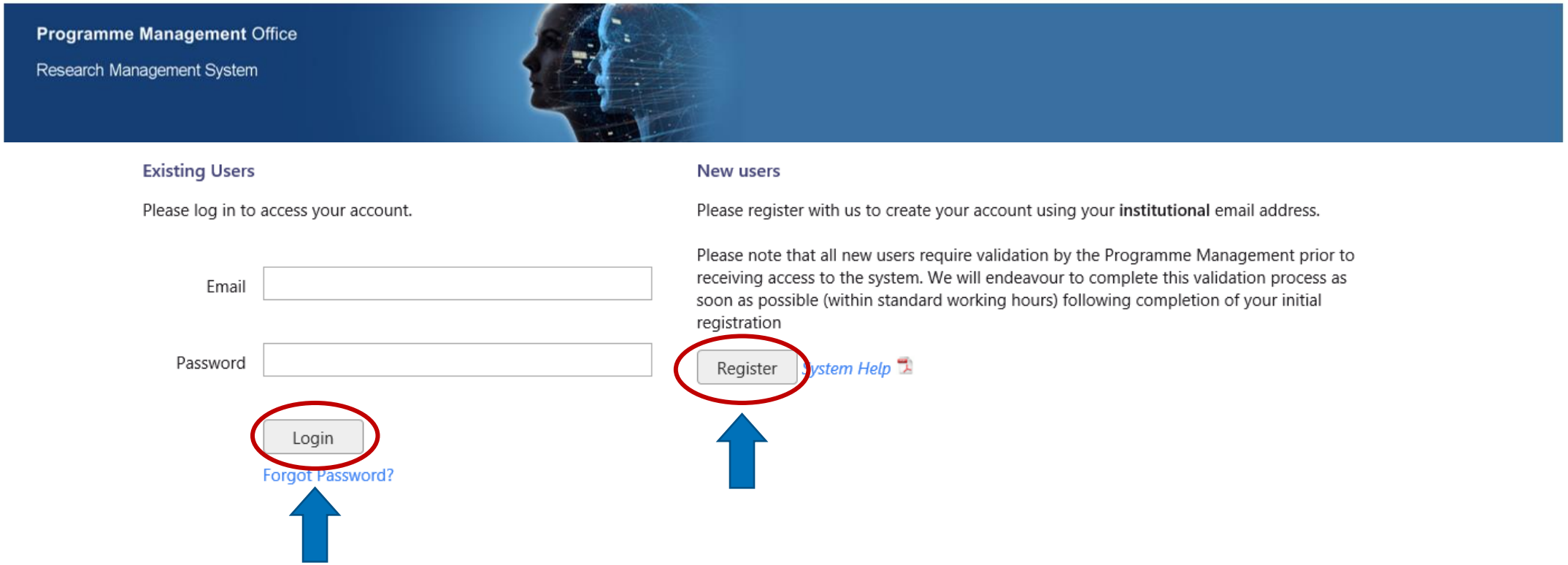


Supporting Documentation:

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

Use all available resources to help you complete the application.

Application portal – login page

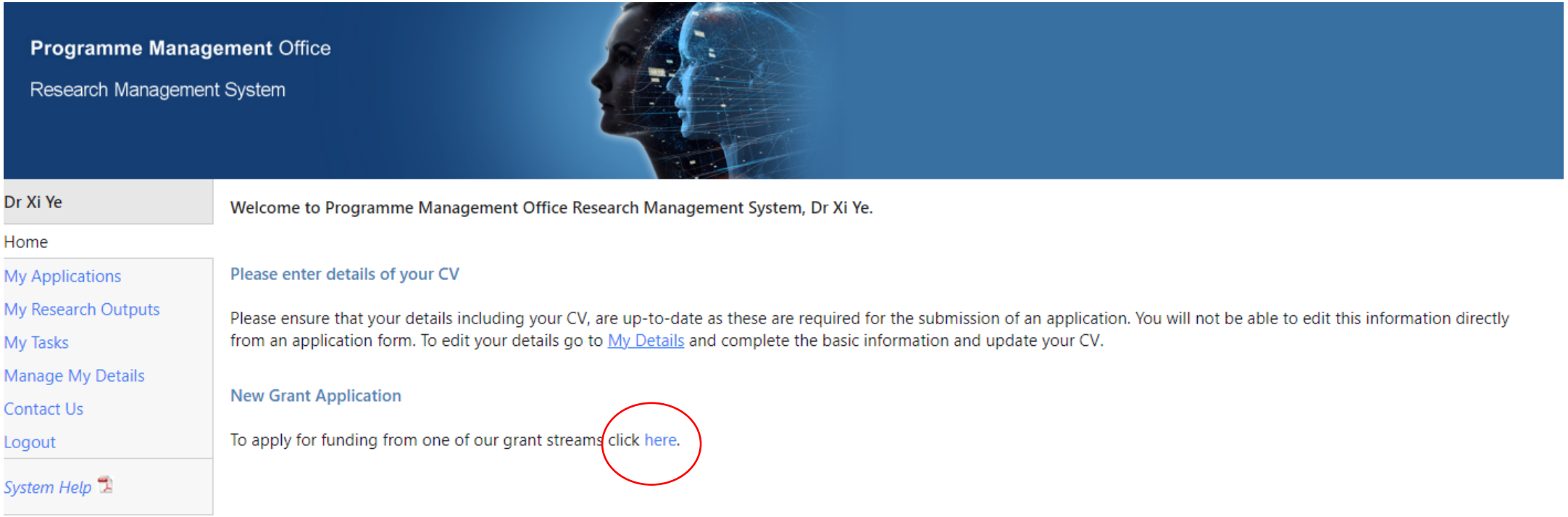


ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Application portal – update personal detail

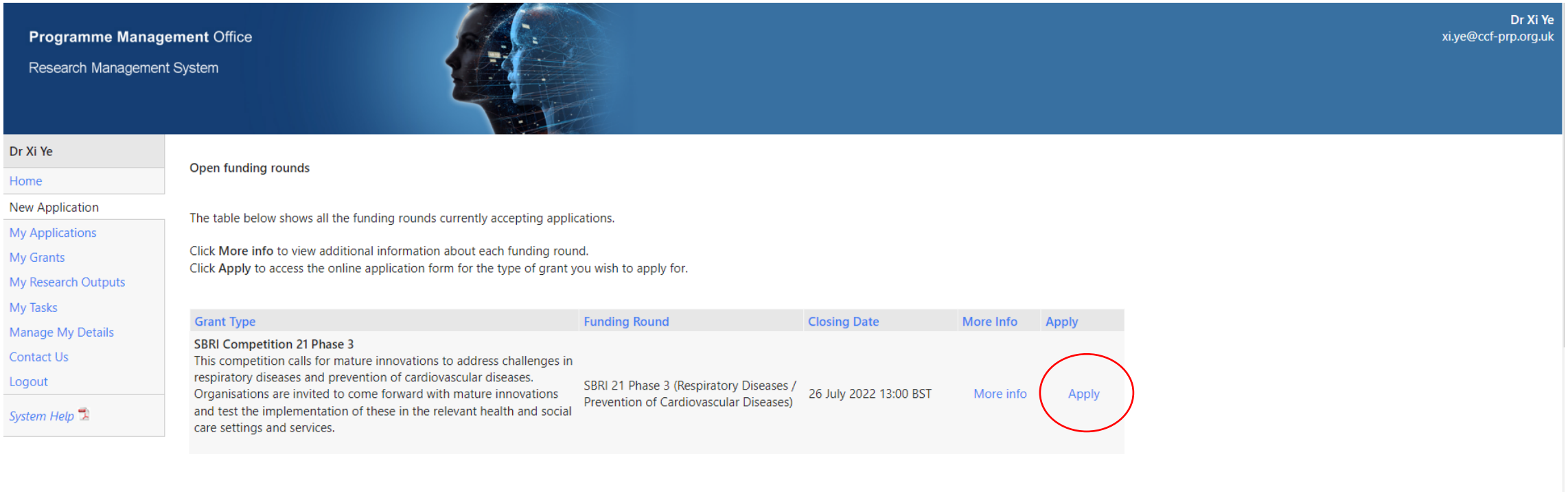


ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Select funding round

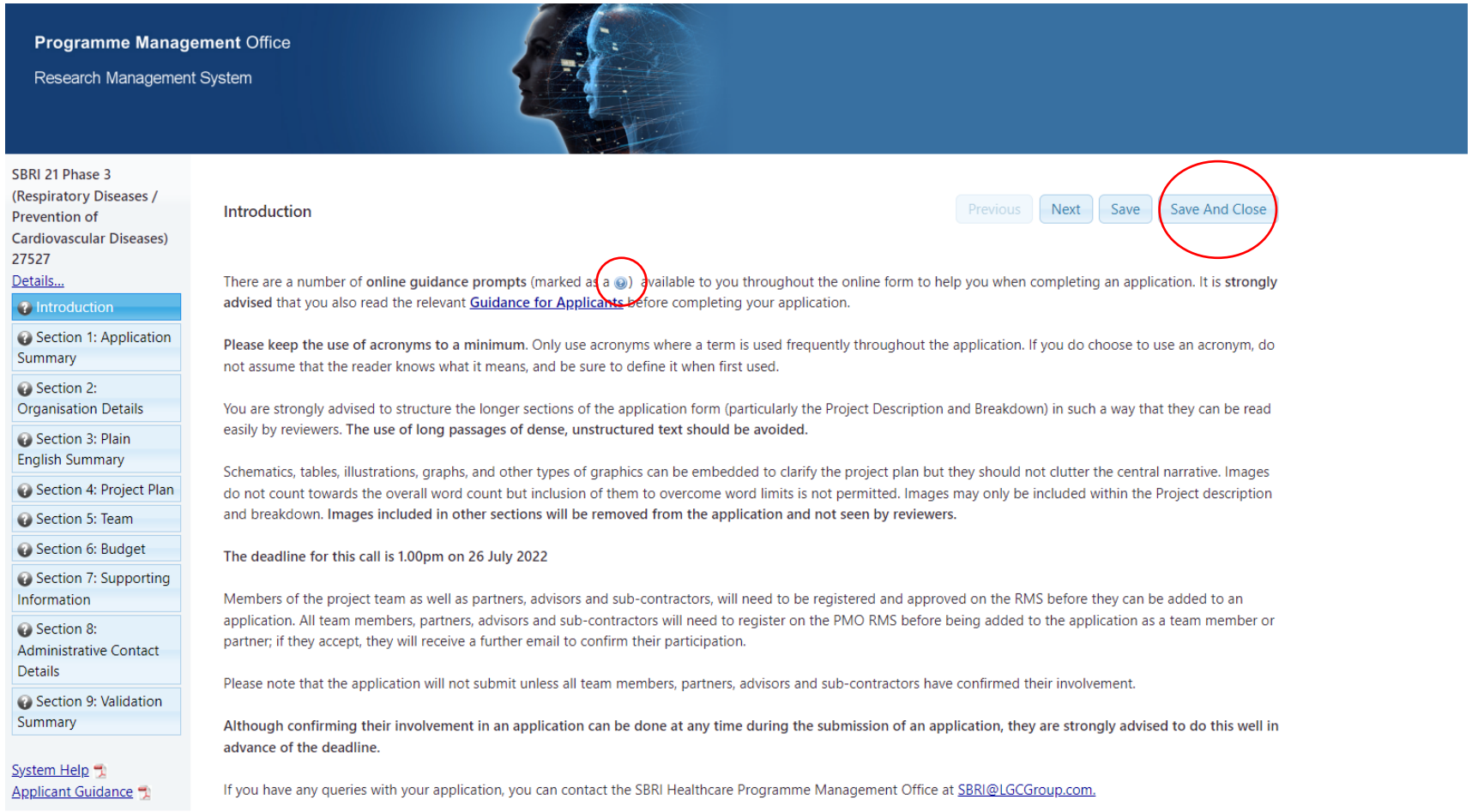


ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Start the application

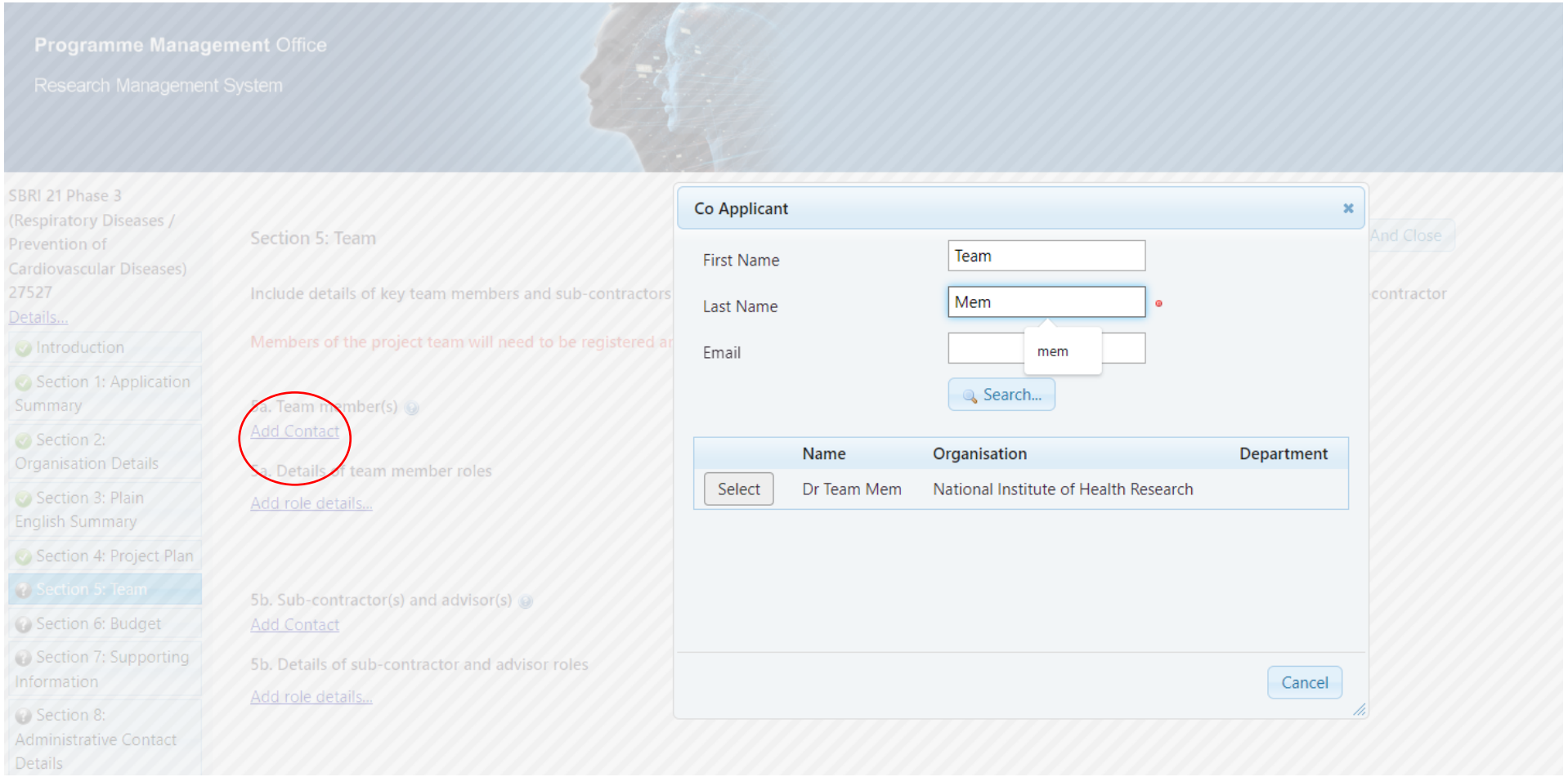


ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Adding the project team



ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

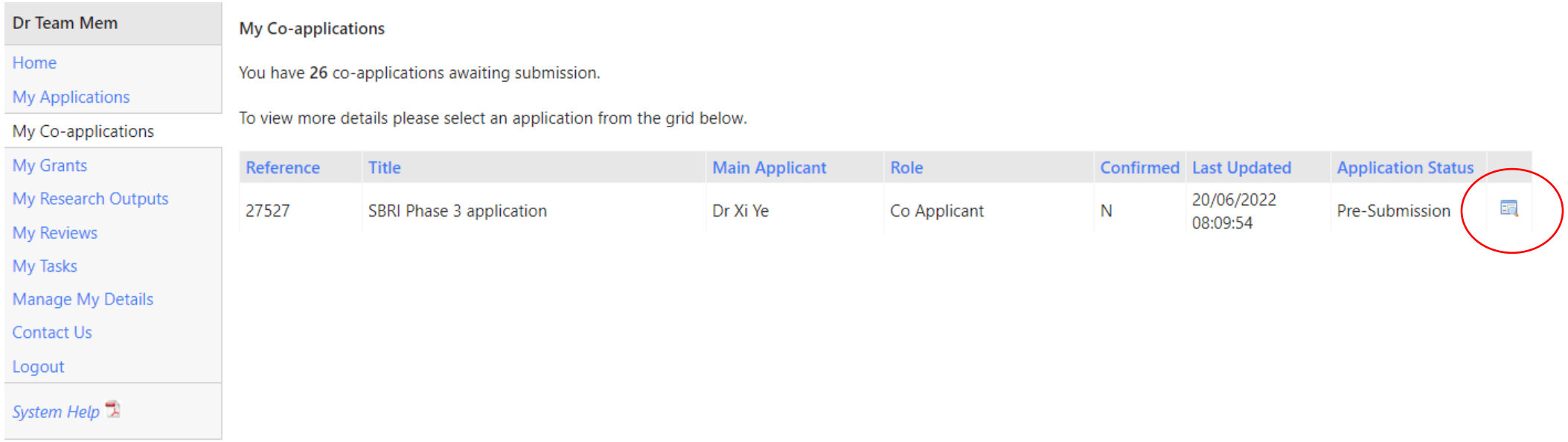
Submit application form

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Team member/clinical partner/sub-contractor



ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

Dr Team Mem

- Home
- My Applications
- My Co-applications
- **SBRI Competition 21 Phase 3 Ref: 27527**
  - 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 Xi Ye
Title	SBRI Phase 3 application
Reference	27527
Status	Pre-Submission
Total Requested	£491,000.00
Organisation	National Institute for Health Research
Grant Type	SBRI Competition 21 Phase 3
Funding Round	SBRI 21 Phase 3 (Respiratory Diseases / Prevention of Cardiovascular Diseases)
Closing Date	26 July 2022 at 13:00 BST

Participants

Co Applicant

Dr Team Mem Confirmed participation	No

Clinical partner

Dr Clin Par Confirmed participation	No

Sub Contractor

Dr Sub Con Confirmed participation	No

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.

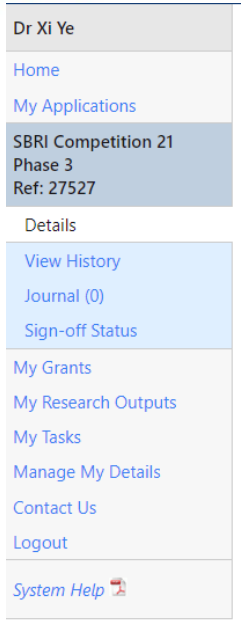
Reject

ACCELERATED ACCESS COLLABORATIVE

The AHSN Network

NHS

SBRI HEALTHCARE



Lead Applicant	Dr Xi Ye
Title	SBRI Phase 3 application
Reference	27527
Status	Pre-Submission
Total Requested	£491,000.00
Organisation	National Institute for Health Research
Grant Type	SBRI Competition 21 Phase 3
Funding Round	SBRI 21 Phase 3 (Respiratory Diseases / Prevention of Cardiovascular Diseases)
Closing Date	26 July 2022 at 13:00 BST

Participants

Co Applicant

Dr Team Mem Confirmed participation	Yes

Clinical partner

Dr Clin Par Confirmed participation	Yes

Sub Contractor

Dr Sub Con Confirmed participation	Yes

Created On	20 June 2022
Last Updated	20 June 2022
Validated	20 June 2022
Applicant Submitted	
Submitted On	

Role: Lead Applicant
Actions shown below are for your involvement as a **Lead Applicant**

Edit the application
Please click on the 'Edit' button if you wish to make any changes to your application.

Edit

PDF the application (Print)
Please click on the 'View/Print' button to generate this application form as a PDF file.

Please note: if your browser blocks the file download, please follow the instructions to allow the file to be downloaded.

PDF Formatting Problems?

View/Print

Validate the application
To validate the application click 'Validate' and then 'Validate Form' within the application form.

Validate

Submit the application
To submit this grant application, please click on the 'Submit' button.

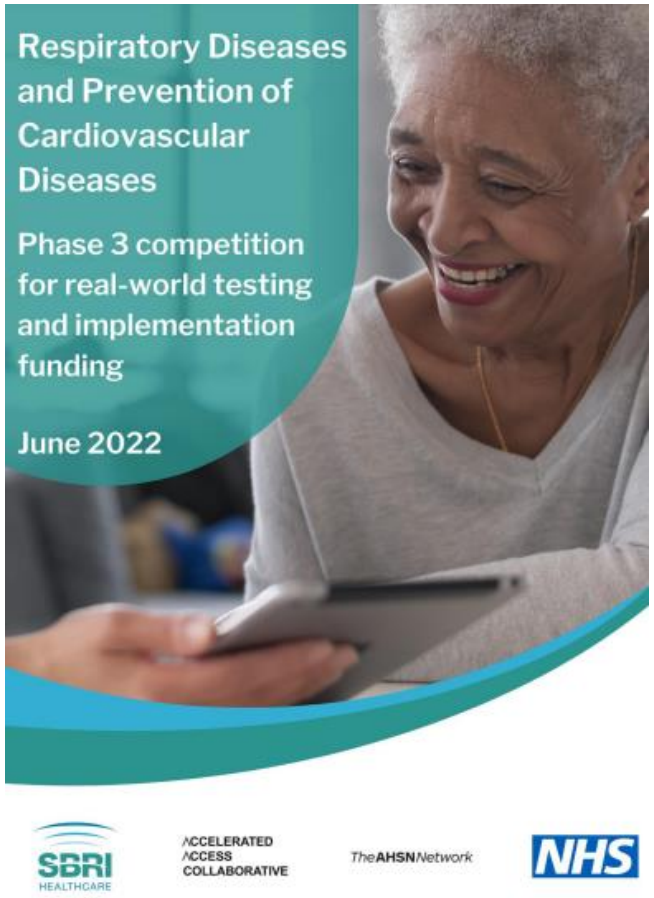
Please note: you will not be able to make any alterations to the application form once it has been submitted.

Submit

ACCELERATED ACCESS COLLABORATIVE

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

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Q&A

@AACInnovation

The AHSN Network

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

The AHSN Network and implementation studies

Dr Des Holden

@AACInnovation

The AHSN Network

Dr Des Holden

Medical Director of Kent, Surrey and Sussex (KSS) AHSN and Implementation Lead of NIHR Applied Research Collaboration KSS

- Chief of Innovation at Surrey and Sussex Healthcare NHS Trust (SASH).
- Was a consultant and the medical director at Brighton and Sussex University Hospitals NHS Trust and then joined Surrey and Sussex Healthcare NHS Trust (SASH) as Medical Director and member of the Board in 2011, a post he held until 2019 when the CQC awarded the trust an outstanding rating overall and in four of the six inspection domains.
- Non-executive director of the Southeast Health Technology Alliance (SEHTA)
- International advisor to Public Intelligence, the Danish Organisation running citizen engagement and living lab co-design for new technologies
- Visiting professor at the University of Surrey

The AHSN Network

Introduction to the AHSN Network

Dr Des Holden MBBS PhD

CEO KSS AHSN, Implementation Lead NIHR ARC KSS

AHSN nat. network chief Officer lead for Public engagement.

Vice Chair National Programme Operations group

10 years of acute hospital medical director experience

20.6.2022

The AHSN Network

Introduction to the AHSN Network

Des Holden

CEO KSS AHSN

20.6.2022

The AHSN Network

A connected ‘network of networks’

Our purpose

“Our ambition is to improve lives through health innovation”

Improving the health of patients

Driving economic growth

Saving money in health and care

- We are catalysts for change
- We connect partners across sectors
- We create the right conditions for innovation
- We operate locally and collaborate nationally

We are local…

- Fostering collaboration and partnerships between all organisations involved in healthcare
- Identifying and responding to common local priorities and making effective use of resources across ICSs
- Building capacity and providing expertise across a range of areas: patient safety, public engagement, informatics and evaluation
- Supporting the spread of local innovations and ‘importing’ what’s working best from other areas.

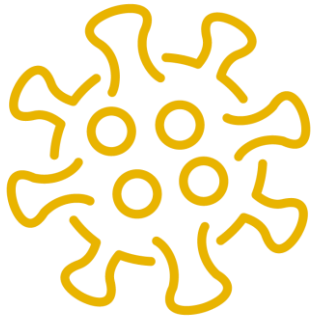



...and national

- A connected network of 15 local organisations, creating a national ‘network of networks’
- Small ‘virtual’ central team supports effective national AHSN collaboration
- Agreed national priorities enable rapid scaling
- Ability to ‘import’ and ‘export’ innovations between local areas
- Collective expertise on key challenges, such as adoption and spread of innovation

AHSN Network national impacts 20-21

100% of CCGs in England had launched the national COVID @home model by December 2020



96% of acute trusts set up COVID virtual ward pathways by March 2021

489,000+ patients benefited from the delivery of our national programmes and work on national schemes

£462m investment leveraged into the UK economy

700 jobs created and **763** jobs protected

National priorities

Our national programmes and priority areas

National programmes

Nationally we lead the adoption and spread, at pace, of several innovations and schemes.

During 2020-2021, this included:

- **Early intervention eating disorders**
- **Improving diagnosis of ADHD**
- **Lipid management and familial hypercholesterolemia (FH)**
- **Workforce programme**
- **Rapid Uptake Products**
- **MedTech Funding Mandate products and technologies**

- We are continually working together across AHSNs to identify opportunities to spread promising innovations nationally.
- Our national programmes are identified in collaboration with our commissioners and partners, often by scaling innovations AHSNs have supported and tested in a real world setting and would offer benefits nationally.

Underpinning themes in our work

Across all our work there are also several key themes:

- Digital and AI
- Diversity
- Environmental sustainability
- Patient and public involvement
- International innovation

Working with innovators

Driving economic growth

Economic growth

- AHSNs provide unique support to both clinical and commercial innovators
- This stimulates economic growth – helping companies secure new business, creating jobs, increasing productivity, supporting inward investment and the export of UK products
- We ‘bridge the gap’ between health providers, commissioners and industry, developing an innovation pipeline from research and development through to commercialisation.

AHSN Network industry and economic growth impacts 20-21

2,888
companies supported

4,825
interactions with companies

124
companies created long-term strategic partnerships

700
jobs created

763
jobs safeguarded

£462m
investment leveraged

Innovation pipeline

- We operate an **innovation pipeline** to identify innovations that can address challenges faced by health and social care.
- The pipeline coordinates identification of **proven solutions** and helps signal potential future national programmes.
- All 15 AHSNs support the development, evaluation and spread of hundreds of local programmes, technologies and pathways, which are **all captured** in the pipeline.
- **Innovations and solutions** from one area can easily be identified and applied to challenges in another, or nationally.

Our pipeline:

More than 800 proven solutions

Early-stage innovations through to mature solutions

Continually updated

46
challenges to industry since 2019

Innovation Exchange

We operate a national network of Innovation Exchanges, which:

- Bring together health and care partners with industry and third sector innovators; matching solutions to unmet health and care needs
- Coordinate responses to local health challenges identified by ICSs
- Identify products with most potential for national impact for review by the Accelerated Access Collaborative (AAC).

NHS Innovation Accelerator (NIA)

- The NIA supports exceptional individuals to scale promising innovations in the NHS.
- Led by NHS England and NHS Improvement and operated by the AHSN Network – the initiative provides:
  - Mentoring
  - Networking opportunities
  - Peer-to-peer support
  - Specialist information sessions
  - Access to a bursary
- The programme has supported 72 ‘fellows’ since 2015.

2,718 sites using NIA innovations

More information about the NIA and the innovators it has supported can be found at: **www.nhsaccelerator.com**

Thank you

Questions?

SBRI HEALTHCARE

ACCELERATED ACCESS COLLABORATIVE

NHS

Q&A

@AACInnovation

The AHSN Network

@AACInnovation

ACCELERATED ACCESS COLLABORATIVE

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