



SBRI Healthcare Women's Health

**Small Business Research Initiative
Competition 25 Briefing Event**

Chaired by: Ms Kasia Zmarzly



**Health
Innovation
Network**

Agenda

| Time | Topic | Presenters |
|---------------|---|--------------------|
| 13:00 – 13:05 | Welcome and introductions | Kasia Zmarzly |
| 13:05 – 13:20 | Introduction and overview of the SBRI Healthcare Programme and Competition 25 | Charmaine Mulligan |
| 13:20 – 13:50 | Women's Health - overview of the priority areas and KSS Health Equity Framework | Sam Fraser |
| 13:50 – 14:10 | Q&A session | All |
| 14:10 – 14:20 | The Health Innovation Network | Alex Leach |
| 14:20 – 14:30 | The application and assessment process | Mary Walker |
| 14:30 – 14:50 | Q&A session | All |
| 14:50 – 14:55 | Closing remarks | Kasia Zmarzly |

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

Overview of SBRI Healthcare

Presented by:

Ms Charmaine Mulligan



About SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers
- AAC programme managed by LGC Group & supported by the Health Innovation Network (HIN)



Improve patient care



Increase efficiency in the NHS

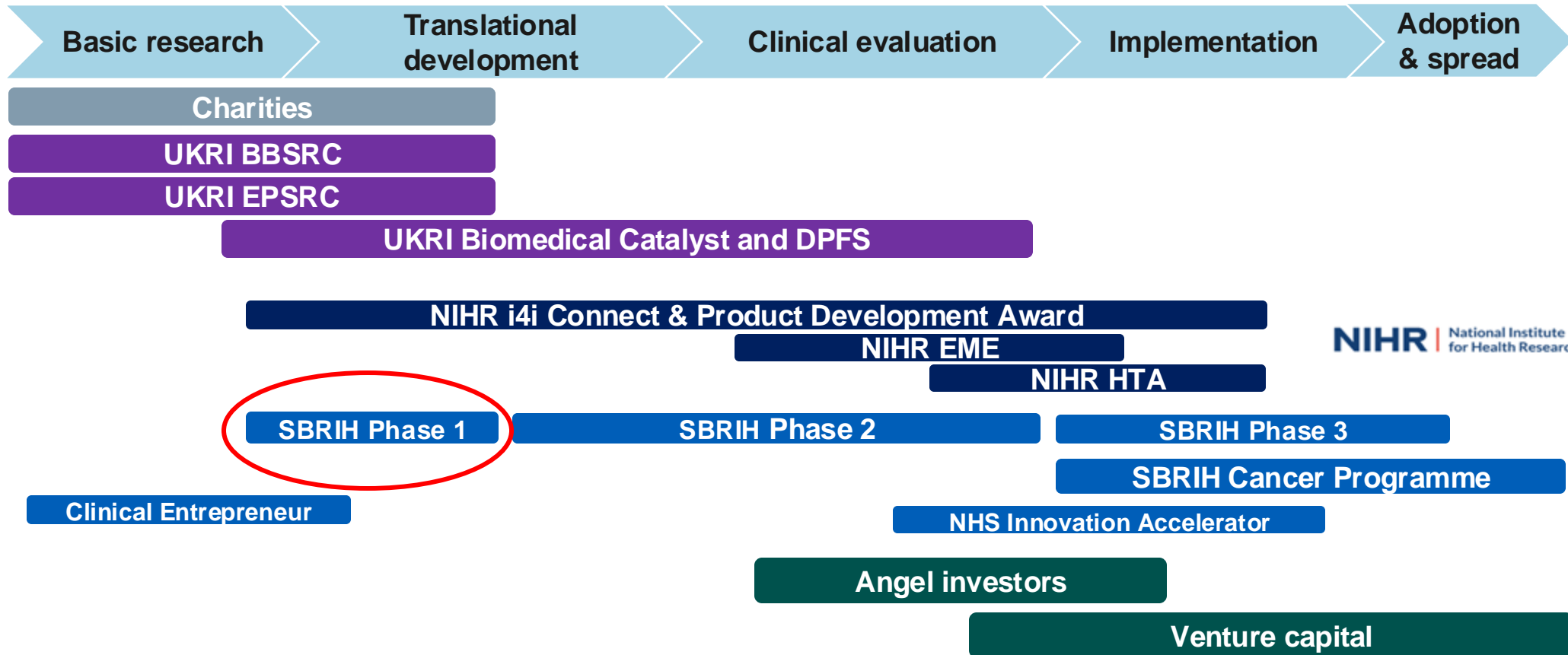


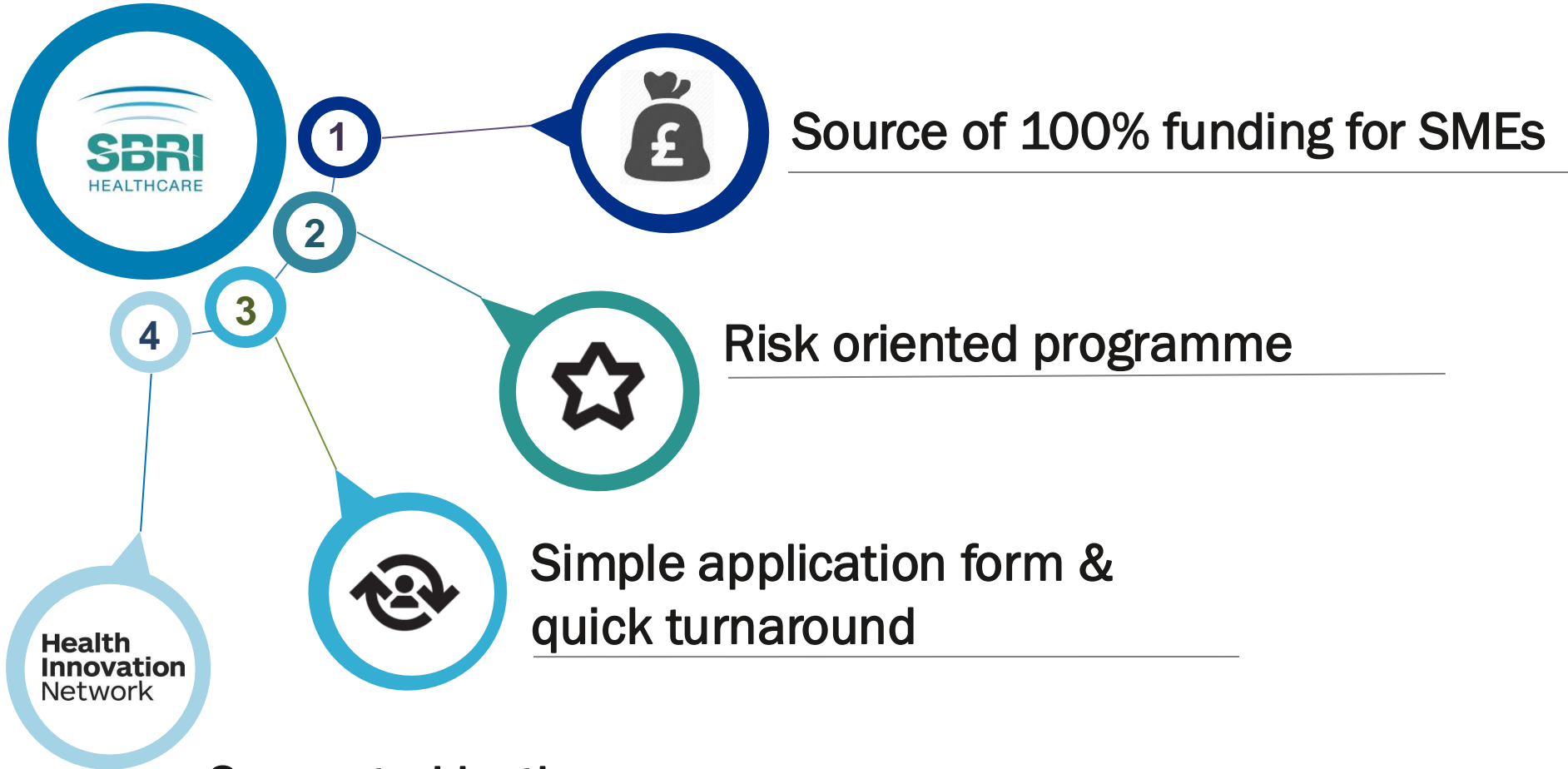
Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need



Bring economic value and wealth creation opportunity to the UK economy

Funding landscape





**Supported by the
Health Innovation Network**



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

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



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

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

Early-stage innovations - Phase 1 and Phase 2

What this is for

Innovation type -

Digital health & AI, medical devices, in-vitro-diagnostics, behaviour interventions and service improvements

Entry point -

Phase 1 - no set entry point

Phase 2 - open only to successful Phase 1

Scope -

Phase 1 - technical/commercial feasibility

Phase 2 - prototype development/clinical evidence



What this is not for

Innovation type -

N/A

Entry point -

Phase 1 - N/A

Phase 2 - new proposals which haven't been through Phase 1

Scope -

Proposals that do not address the specific competition brief

Phase 1 and Phase 2 expected exit points



Phase 1

Demonstrate 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
- Plan to support the NHS to achieve its net zero ambitions



Phase 2

- Minimal Viable Product developed
- Early clinical evidence gathering to demonstrate accuracy (and safety)
- Commercialisation strategy: business model, price strategy and plan for next funding stream
- Health economics
- Evidence gathered towards regulatory documentation
- Implementation plan for adoption
- Steps towards the carbon neutral strategy and objectives for the NHS
- Strong involvement and engagement with patients and public, steps towards equality, diversity and inclusion and commitment to reduce health inequalities

Portfolio snapshot



333
supported



£150m+
Total invested

Portfolio snapshot

Musculoskeletal Disorders

Integrated care & social care

Dentistry, Oral Health & Oral Cancers

Urgent & Emergency Care

Stroke

Cardiovascular Disease

Inequalities in Maternity care

Child Health

Autism & Learning Disabilities

Sustainability & Net Zero

Early diagnosis of cancer

NHS Reset and Recovery

Prevention of CVD

CYP mental health

Respiratory diseases



Portfolio snapshot



108

Companies with commercial revenues

73



products exported



93

Companies with sales in the NHS

353

IP granted



£98m+

revenue generated



£719m+

Private investment leveraged

2,874

jobs created/retained



2,515

New collaborations established

>11.2m

patients involved through sales and trials



30,773

Sites accessed through trials or sales





Support



| | |
|-----------------|---|
| PRE-COMPETITION | Launch webinars, drop-in sessions and clinics |
| IN-COMPETITION | NICE Metatool Webinar support on: what a good application looks like, Patient and Public involvement, commercialisation, IP, finance, impact, tailored sessions etc |
| IN-PORTFOLIO | Investment readiness programme, showcase events, webinar series on regulatory landscape, roadmap to the NHS, health economics, DTAC, peer to peer support, women in Healthtech Leadership programme |
| IMPACT | Case studies, annual survey and annual report |



Innovate UK



Innovate UK Knowledge Transfer Network



Innovate UK EDGE



NICE National Institute for Health and Care Excellence



Accelerated Access Collaborative

Health Innovation Network



Phase 1 competitions: Women's Health

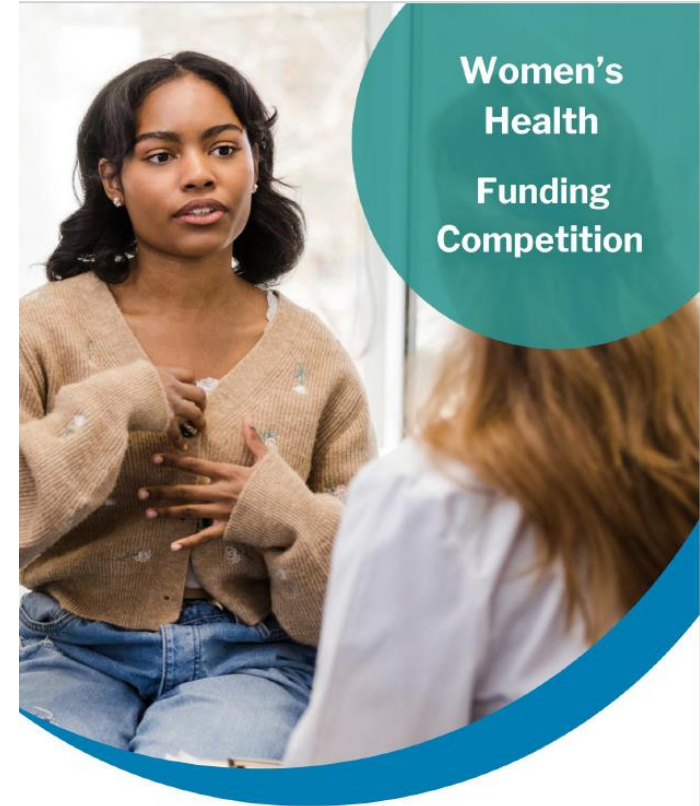
Challenges

- Gynaecological Conditions and Hormonal Health
- Mental Health
- Chronic Conditions and Long-term Health

[Women's Health Web Page](#)

[Women's Health Challenge Brief](#)

[Phase 1 – Guidance for Applicants](#)





Women's Health

Presented by:

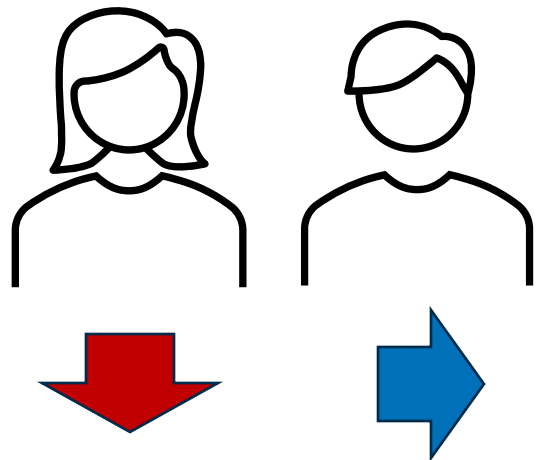
Dr Sam Fraser

Women's Health Lead Health Innovation Kent,
Surrey and Sussex

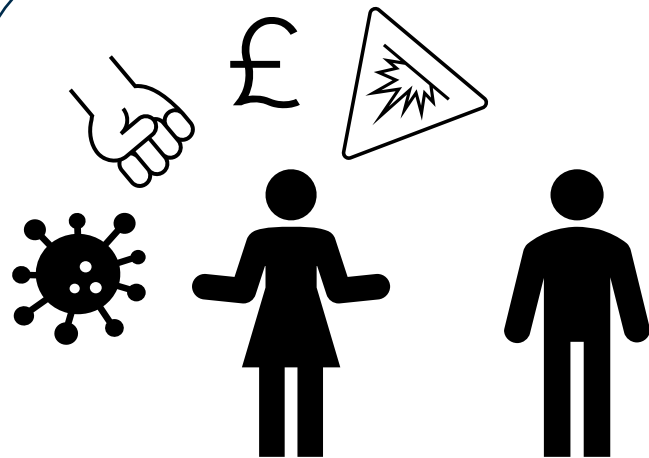


**Health
Innovation
Network**

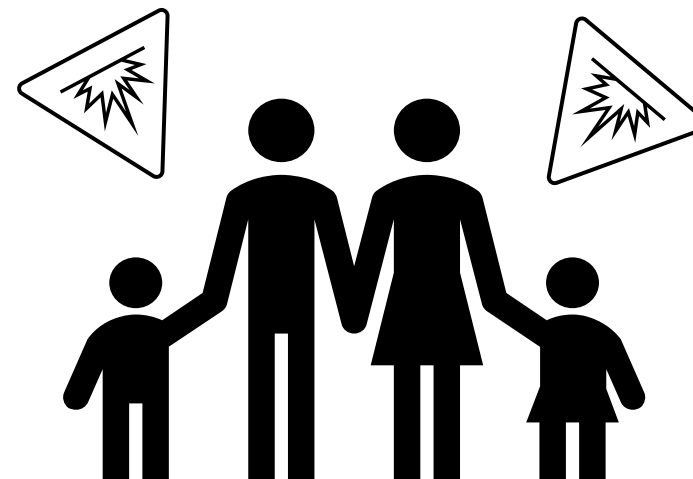
Women's Health



Healthy life expectancy has fallen for women but remains stable for men



Poverty, gender-based violence and events like COVID-19 pandemic impact women disproportionately



Women's Health has profound implications for them, their families and society at large

Women's Health - public survey



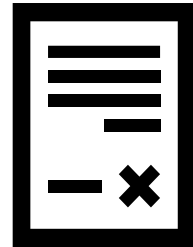
Department
of Health &
Social Care

Call for evidence outcome

Results of the 'Women's Health – Let's talk about it' survey

Updated 13 April 2022

100,000+
responses



Feedback
from 400+
institutions and
clinical experts

Priority areas:

- gynaecological conditions (63%)
- fertility, pregnancy, pregnancy loss and postnatal support (55%)
- the menopause (48%)
- menstrual health (47%)
- mental health (39%)
- research into health issues or medical conditions that affect women (34%)
- gynaecological cancers (30%)
- the health impacts of violence against women and girls (30%)

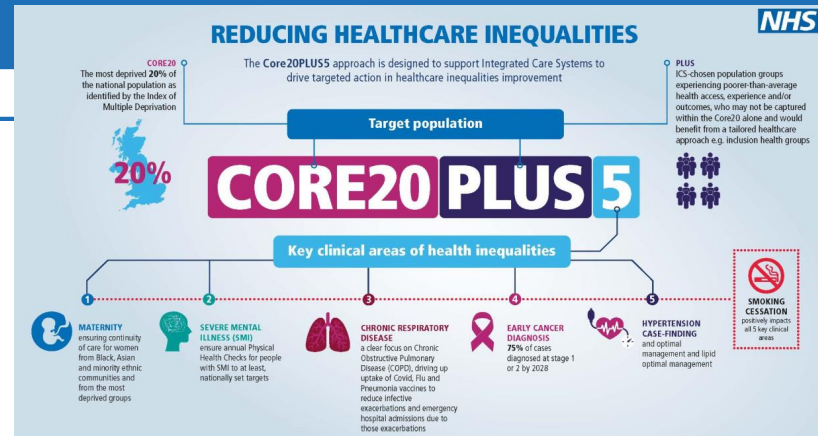


Department
of Health &
Social Care

Policy paper

Women's Health Strategy for England

Updated 30 August 2022



Women's Health Plan

A plan for 2021-2024



Women's Health in Wales

A Discovery Report: Foundations for a Women's Health Plan
November 2022

A summary of what women and girls in Wales experience, a review of evidence regarding women's health and foundations for design of a Women's Health Plan for Wales



Scottish Government
Riaghaidh na h-Aibha
gov.scot



Health
Innovation
Network



Gynaecological Conditions and Hormonal Health

Gynaecological waiting lists have grown the most of all elective specialities

Highlighted by 63% of respondents to the survey

Need for improvements in:

- Endometriosis: diagnosis and management
- Heavy periods often dismissed as 'normal'
- Normalisation of symptoms like incontinence and pelvic organ prolapse
- Education for boys and girls, women and men

Gynaecological Conditions and Hormonal Health: innovation examples

High quality, inclusive, evidence-based menstrual information provision and education for girls and boys

High quality, inclusive, evidence-based menopause information provision

Education and training for healthcare professionals in primary care to offer advice and treatment for menstrual and gynaecological health

Tools that support women and practitioners in information, understanding risk and shared decision making

Building capacity around long gynaecological waiting lists

Improved diagnosis, management and treatment of endometriosis

Workforce support and upskill

Reducing diagnosis times for severe conditions like fibroids

Solutions which improve experiences of care and gynaecological procedures

Mental Health

Mental health emerged as a top priority

Survey respondents felt unheard by healthcare professionals

Need for improvements in:

- Equitable mental health education
- Improving access to mental health care for women including those from ethnic minorities, people with disabilities, LGBTQ+ community

Mental Health: innovation examples

Accessible and culturally sensitive mental health support services for women across the lifespan

Mental health interventions tailored to the unique needs of women

Solutions which address stigma and promote mental health literacy among women and healthcare providers of all backgrounds

Solutions which tackle disparities in outcomes and experiences of care for mothers and babies from communities which have been overlooked

Improving care pathways for women and their partners who experience pregnancy loss

Solutions which differentiate between mental health needs of men and women

Workforce support and upskill

Technologies that support women and girls against sexual violence

Chronic Conditions and Long-Term Health

No 1 killer of women is heart disease but it presents differently than in men

Diagnostic tests are often based on research largely done on male samples

Need for improvements in:

- Solutions designed specifically for and with women
- Educational tools which include key differences between men and women
- Health management solutions which consider women's life course

Chronic Conditions and Long-Term Health: innovation examples

Interventions which recognise that chronic conditions manifest differently in women

Innovations built on sex-specific evidence and outcomes to inform healthcare professionals on the best regimes for different subpopulations

Redesign of educational tools

Innovative approaches to early diagnosis of chronic diseases

Personalized care plans and digital health tools to support self-management and improve health outcomes for women

Solutions for long-term health conditions and disabilities which specifically consider any women-specific issues by default, and take a life course approach to women's health

Workforce support and upskill

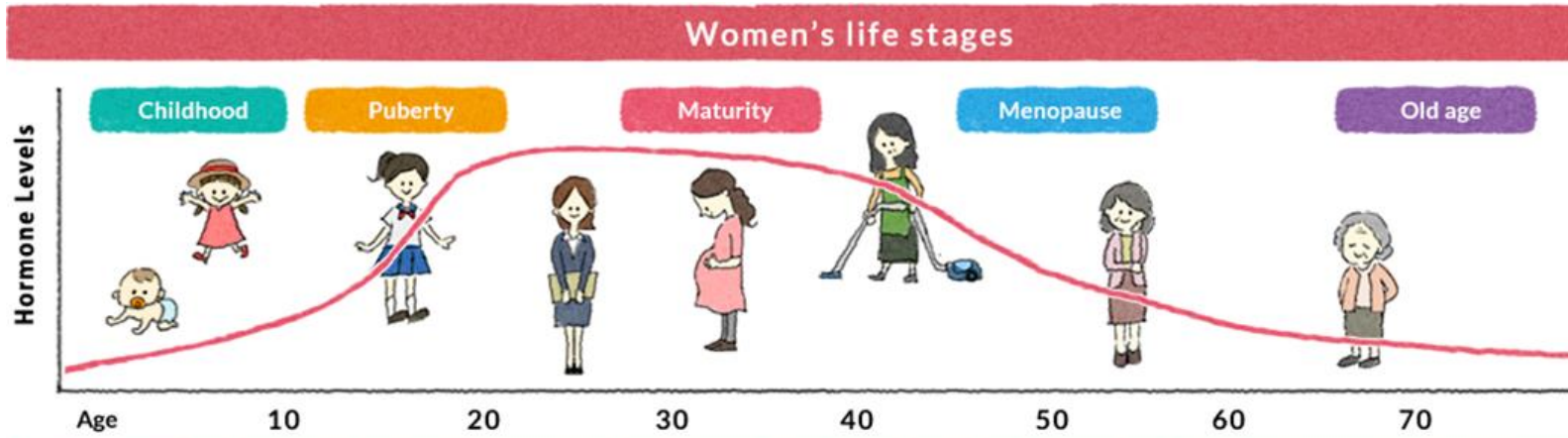
Solutions which support better identification of women at particular risk of developing MSK conditions

Solutions which support women to be well informed about cardiovascular risk factors and dementia risk factors

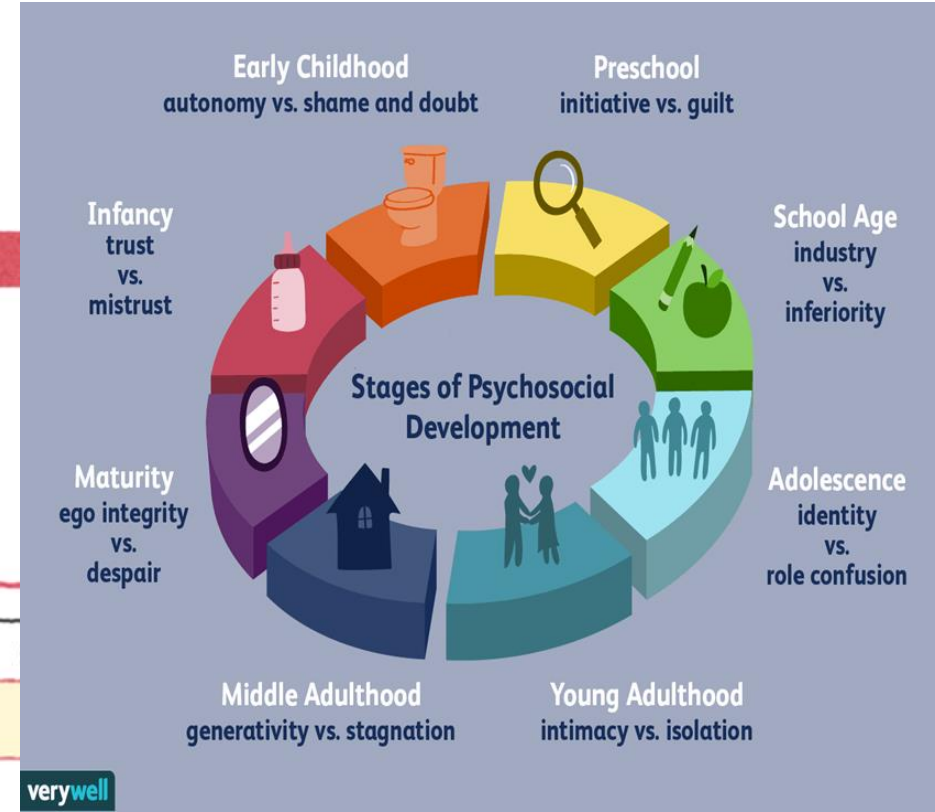
Factors affecting women & unmet need

- Recognizable differences between women and men in how they express mental and physical distress. Women experience additional health problems as a result of psychosocial factors (life events) AND their differing biology
- Major life transitions such as pregnancy, motherhood and menopause can create physical and emotional stresses for women
- Negative life experiences – infertility and perinatal loss, poverty, discrimination, violence, unemployment and isolation – also impact on women’s physical and mental health
- Unequal economic and social conditions contribute to women's higher risk of ill health. Established links between the risks of illness and the social realities of women’s lives- lower incomes, less direct access to household resources
- Responsibility for childcare and other caring responsibilities 2020 , 88,391 sandwich carers, 84% of whom are women, providing 35+ hours a week of care with little support. Of these, 49% are juggling paid work too
- Around one in five women have a common mental health problem, such as depression and anxiety. While there can be many reasons why these develop, some risk factors affect many women. Women are more likely than men: being carers, poverty, concerns about personal safety and working mainly in the home, can lead to social isolation
- More women experience physical and sexual abuse, which can have a long-term impact on health
- Gender neutral approaches to service provision fail to recognise the specific needs of women . Pathways into treatment and support and in therapeutic preferences need to differ between gender.

Adopting a life-course approach




| Stage | First period | Pregnancy, Childbirth, Child-raising, Housekeeping, Elderly care Career-building | Menopause |
|---------------|--|---|--------------------------|
| Health Issues | Menstrual disorder · PMS (premenstrual syndrome) Sexually transmitted disease Uterine myoma · Endometriosis Uterine cancer, ovarian cancer, breast cancer | Symptoms of menopause Lifestyle-related diseases (hypertension, dyslipidemia, obesity) | Osteoporosis Dementia |




verywell

Consider inequalities




3 x

fibroids are more likely to occur in Black patients



Autistic men and women are more affected by psychiatric conditions and have an increased risk of hospitalization as a result of their mental illness compared with non-autistic people. Autistic women are particularly vulnerable.


MBRRACE-UK Perinatal Mortality Surveillance: Report for births in 2021




REDUCING HEALTHCARE INEQUALITIES

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

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



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





Target population


CORE20 PLUS 5


Key clinical areas of health inequalities


- 1 MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups


- 2 SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets



- 3 CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations


- 4 EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028


- 5 HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management



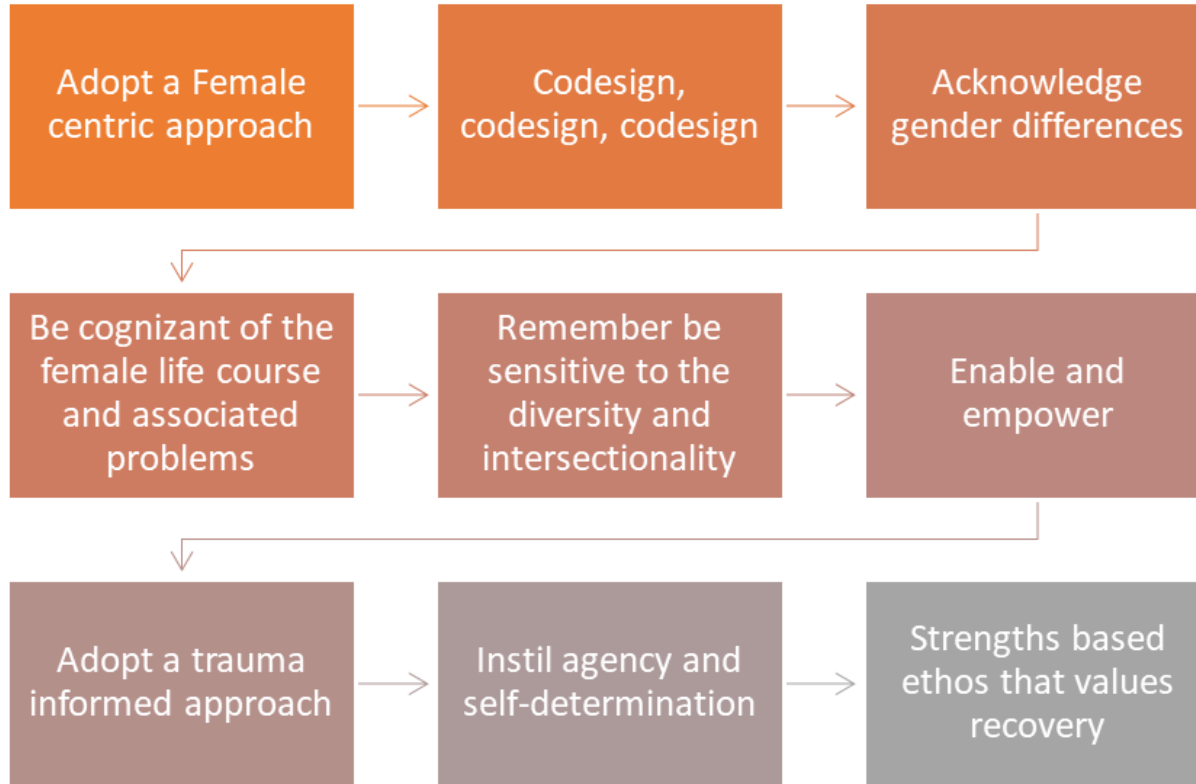
SMOKING CESSATION
positively impacts all 5 key clinical areas



Barriers and enablers to seeking support

- Stigmatising beliefs and shame can inhibit appropriate help seeking
- When women do reach out and seek help, they describe 'Feeling unheard' and dismissed by HCP
- Prefer to talk to 'non- professionals' but this can result in poor health literacy and acceptance
- Disparities to access and experiences of healthcare can lead to disengagement /non-engagement
- Perceived inequity between physical health and mental health support means there is a lack of holistic, person centric care
- Poverty, discrimination violence, unemployment or poor employment and isolation
- Lack of workplace support and understanding of female health per se
- Poor data – lack of segmentation leads to lack of visibility and thus funding
- Ensuring women's voices are heard from design to delivery to evaluation
- Enhance factors that protect women's health: better social networks than men, find it easier to confide in their friends and seek out help
- Improving access to services – one size will not fit all ; consider intersectionality – socio demographic, place, protected characteristics, additional vulnerability
- Addressing disparities in outcomes among women, and spearheading the drive for better data
- Better information and education from an early age for girls, women, men and boys
- Greater understanding of how women's health affects their experience in the workplace and in educational settings
- Supporting more research, improving the evidence base leading to continual improvement

Key messages



Health Equity In Innovation

Understanding Health Equity Core Principles

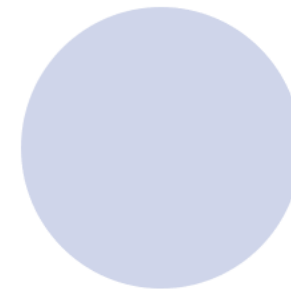


Dr Sam Fraser

Women's Health Lead

Health Innovation KSS

Health Equity and its application

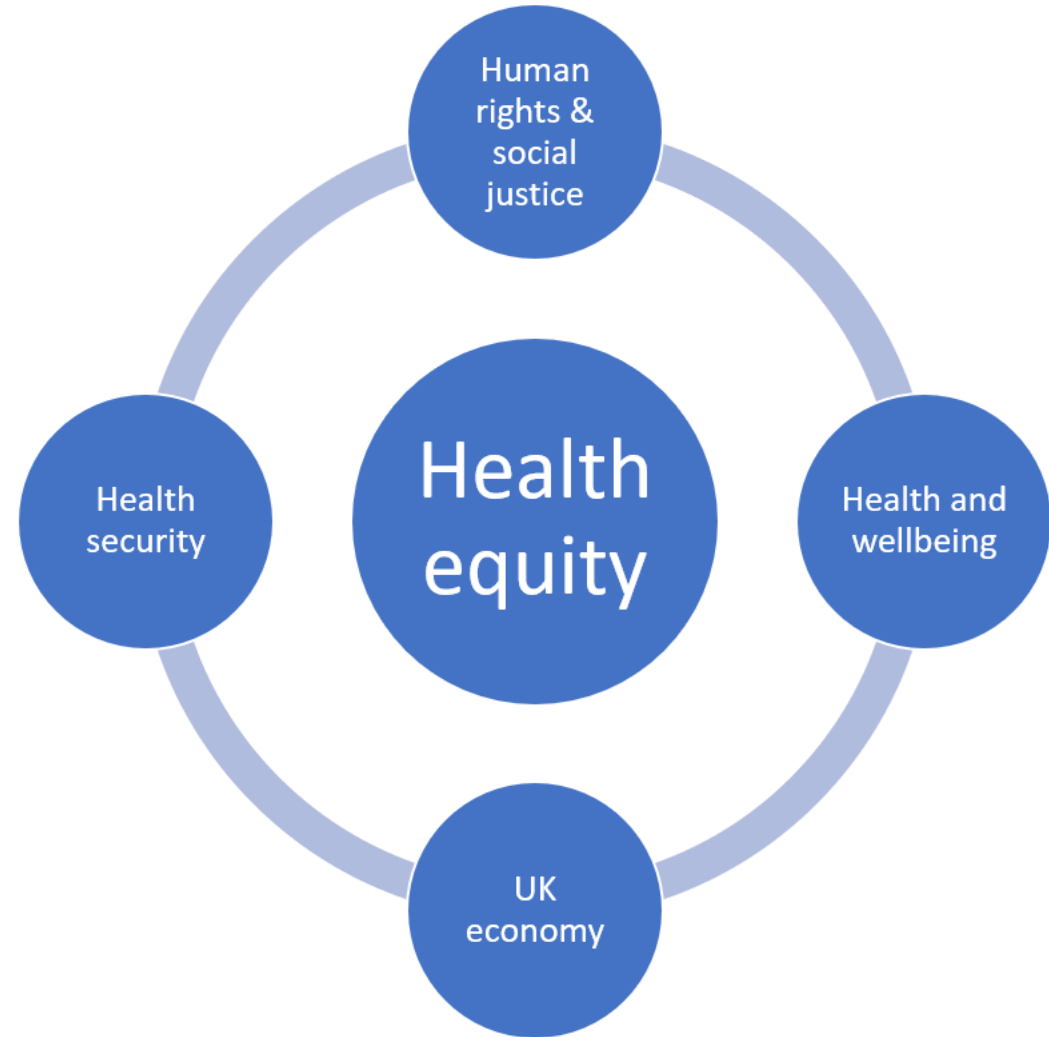


‘Health equity is the realisation by ALL people of the highest attainable level of health’

Achieving health equity requires valuing all individuals and populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the conditions for optimal health for all groups, particularly those who have experienced historical or contemporary injustices or socioeconomic disadvantage

Why health equity is a national priority

- Leading a healthy life is a **human right**
- Health inequities represent inequalities in allocation of resources, power and opportunity
- Vulnerable populations and marginalised groups are disproportionately affected
- Perpetual cycle of poverty and poor health
- Economic losses due to preventable illnesses and premature deaths
- Health inequities can facilitate the spread of infectious diseases and weaken overall public health infrastructure



10 Core Principles for Health Equity



People

Identify vulnerable or minority populations, consider the impact of intersectional factors



Data

Search for inequitable health distributions, quantify health disparities & measure impact



Care

Engage with stakeholders to co-produce health solutions that meet their needs



Clinical

Support inter-professional education identify modifiable changes to clinical practice



Digital

Invest in digital solutions that reduce health gaps, mitigate exclusion & improve access



Finance

Reduce financial barriers to accessing care and increase support for vulnerable groups



Place

Ensure an inclusive infrastructure within locations that increase access for everyone



Climate

Identify vulnerable groups impacted by climate change (social or geographical)



Policy

Address systemic barriers to health equity and embed EDI into all decision-making



Comms

Implement inclusive communication and language formats that improve health literacy

Health Equity Innovation Assessment



Health Equity Innovation Assessment

The **Health Equity Core Principles** should be used for all new KSS AHSN programmes, projects, innovations, design, or development, to ensure we consider health equity in all our decision-making. Below are simple questions to use to anticipate, assess and prevent potential adverse consequences of proposed solutions on different population groups.

1. PEOPLE – IDENTIFYING STAKEHOLDERS

- Which vulnerable or minority groups may be most affected by or concerned with this innovation?
- Outline the possible inequities for each group.
- Does the solution address root causes of inequity?
- If not, how could it?

2. DATA – MEASURING AND DEFINING

- What quantitative and qualitative evidence of inequality already exists in the area of interest?
- What evidence or data is missing or needed?
- Are there provisions to ensure ongoing data collection, reporting, and public accountability?
- What are the success indicators for the innovation?
- How will impact be documented and evaluated?

3. CARE – CO-DESIGNING SOLUTIONS

- Have stakeholders from different groups (especially those from under-served communities) been informed, meaningfully involved, and authentically represented in the development of this solution?
- Who's missing and how can they be engaged?
- How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

4. CLINICAL – ENGAGING THE WORKFORCE

- What workplace factors may be perpetuating health inequalities in the area of interest?
- How will this innovation reduce disparities or discrimination in clinical practice?
- What education or training may be required to improve cultural competency in implementation?

5. DIGITAL – ENABLING NEW TECHNOLOGY

- What adverse impacts or unintended consequences could result from a digital solution?
- Which vulnerable or minority groups could be negatively impacted by digital technology?
- How could adverse impacts of digital exclusion be prevented or minimised?

6. FINANCE – REDUCING FINANCIAL INEQUITY

- Is the innovation adequately funded to ensure successful implementation and evaluation?
- Which population groups are most disadvantaged financially by the area of interest?
- How will adverse financial impacts be prevented or minimised by the innovation to increase access?

7. PLACE – EVALUATING CARE SETTINGS

- Are there geographical health disparities relating to the area of interest?
- Has there been an assessment of the suitability of the service delivery environment?
- How will this innovation improve access and ensure an inclusive and accessible infrastructure?

8. CLIMATE – ENVIRONMENTAL CHANGE

- How will climate change impact the area of interest, and which minority groups will be most affected?
- Can this innovation minimise the social or geographical impacts of climate change?
- How will this innovation contribute to NetZero and promote climate change activism?

9. POLICY – EQUITY IN GOVERNANCE

- Which population groups are currently most advantaged and most disadvantaged by the system?
- Does this innovation address systemic barriers to accessing care (current and historical)?
- If not, how could it?
- Is the innovation team diverse and inclusive?

10. COMMUNICATION – MESSAGING

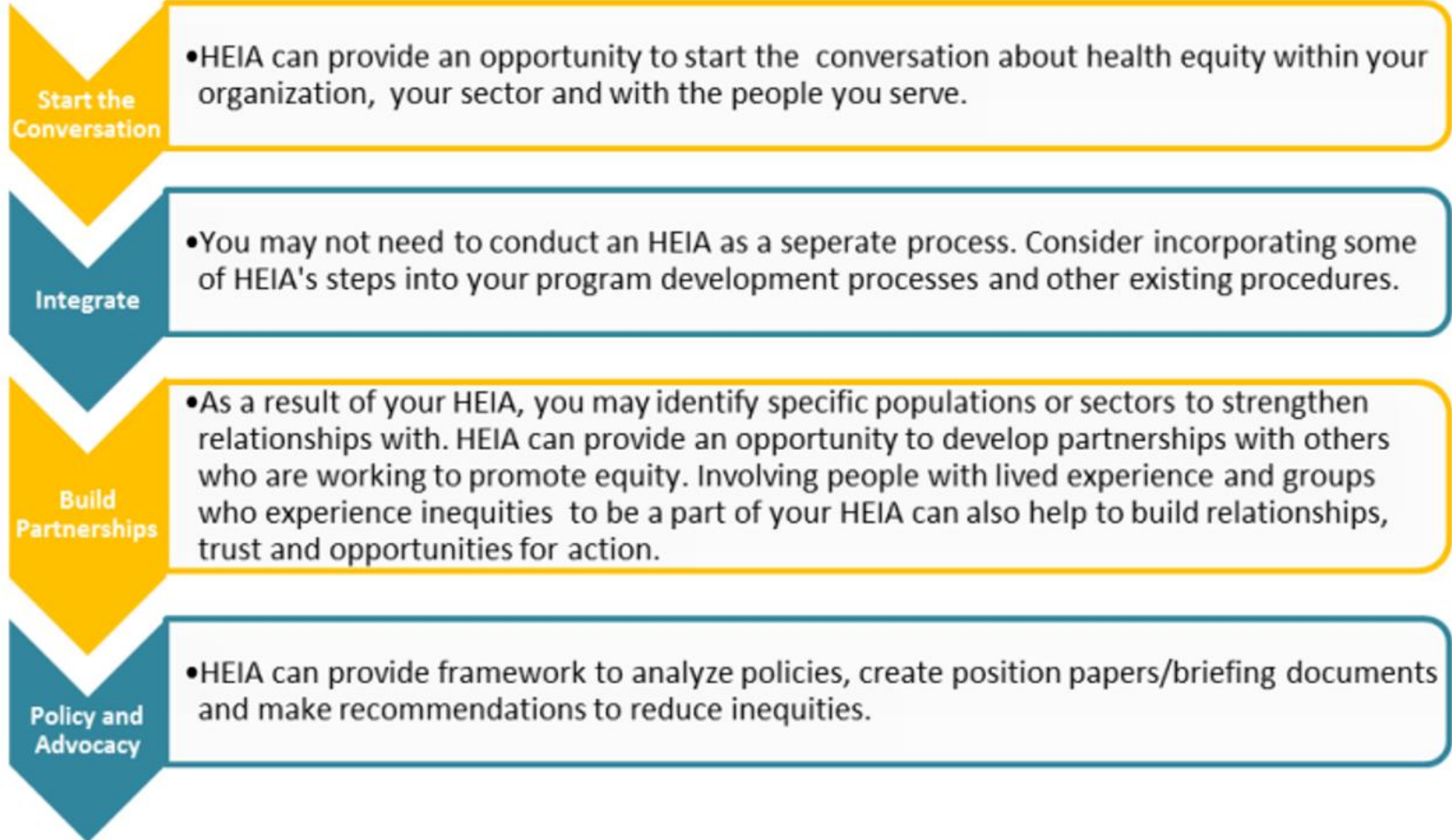
- What does the innovation seek to accomplish and is this well communicated?
- How will stakeholders from different minority groups be empowered and engaged?
- What provisions could be changed or added to ensure positive impacts on equity and inclusion?

Using the HEI Assessment:

How can I use HEIA?

HEIA is a simple and flexible process that can easily be adapted, modified, or incorporated into your existing processes.

There are many different methods you can use to conduct an HEIA, and many different ways to use the process/results:



Useful resources

[The Digital Inclusion Framework \(DIF\) for Health and Care](#) - the Innovator-specific version is on its way soon. Please [sign up to our Innovator Insights newsletter](#) to receive it.

[Health Equity Toolkit](#) for Innovators



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

How Can the Health Innovation Networks Help Potential Applicants?

Health Innovation Network
Commercial and Industry Teams

26th June 2024

Agenda



Health Innovation Network Role & Function



What Health Innovation Networks “do” – including how we work with Innovators : The “Innovator Offer”



Next steps if you feel you would benefit from our support



Health Innovation Networks – Who we are

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 collaborate Locally & Nationally



- A connected network of 15 local organisations, creating a national ‘network of networks’
 - Expert “field force” of 700 “boots on the ground”
- Agreed national priorities can be rapidly scaled
- Innovation Pipeline supports ‘import’ and ‘export’ of innovations between local areas
- 10 Years of expertise on key challenges, such as the adoption and spread of innovation and pathway change
- Unique skill set with reach across NHS, Social Care, Local Authorities, Academia, Funding Bodies, Investors, Industry and more...

- 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 networks, creating a national 'network of networks'
- Small 'virtual' central team supports effective national health innovation network 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



Who we support



Patients



**NHS regions
and systems**



Innovators



NHS Providers



UK PLC





What we do

Our innovator support offer complements our support offer for health and care teams



AHSN Network national impacts 2022-23



More than
530,000
patients
benefitted
from our
national
programmes and
initiatives



More than
179,000
hours of health
and care staff
capacity
released across
local and
national
initiatives



1,512
innovations
in our
national
pipeline of
innovation



184
companies
created
long-term
strategic
partnerships



565
jobs created and
763
jobs safeguarded



How we can help

Improve patient care and generate economic growth.
We do this by supporting innovators from initial idea proposition
stage, to deployment in the NHS.



Discover
Create a value
proposition



Develop
Prove a value
proposition



Deploy
Deliver value
proposition benefits

Key roles



**Identifying need and
communicating regional
priorities**



**Signposting and
supporting innovators**



**Validation in real-world
settings**



**Adoption and spread of
innovations across the
system**

Signposting and innovator support



- Artificial Intelligence Health and Care Award (AI Award)
- Academic Health Science Centres
- Clinical Entrepreneur training programme

AAC early stage innovations

Small Business Research Initiative for Healthcare

Test Beds

Early Access to Medicines Scheme

NHS Innovation Accelerator

Rapid Uptake Products

Pathway Transformation Fund

Innovation and Technology Payment

The AHSN Network national programmes

Evaluation in real-world settings

- Assessing the impact of innovation in this environment is vital to support the spread and adoption. **Generating evidence of positive impact alongside clear guidance on implementation** to accelerate uptake and stimulate economic growth in the UK
- The Health Innovation Network's role is to ensure that data is collected from real-world deployments and that **co-production** (NHS health and social care system working with the business) supports an **intention to implement** innovative systems



Economic growth

- The Health Innovation Network provides unique support to lived experience, academic, 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.



NHS Innovation Service

Helping you to take your healthcare innovation from idea to adoption, supporting you every step of the way.

What we can offer

- Practical support for all types of healthcare innovators, from start-up to established
- Free advice and guidance from experts in the industry
- A centralised record of your innovation, reducing the need to fill out multiple forms
- A free review to establish your current needs and match you with organisations that can help

[Your gateway to innovation in the NHS - Innovation Service](#)

Organisations involved in the Service

The **AHSN** Network

 Medicines &
Healthcare products
Regulatory Agency

NICE National Institute for
Health and Care Excellence

NIHR | National Institute
for Health Research


Health Research
Authority

NHS
Supply Chain

 Department for
Business & Trade

 Healthcare
Improvement
Scotland | **SHTG**
Advice on health
technologies

 Technoleg Iechyd Cymru
Health Technology Wales

 Hwb Gwyddorau Bywyd Cymru
Life Sciences Hub Wales

NHS
England

What next?

TheAHSNNetwork

Company Engagement Form

About this form

- Please use this form to help us to understand your innovation, and your progress to date.
- Please do not disclose any unpatented intellectual property via this form.
- Data from this form will be used to assess whether, and how, we are able to support you.
- Your information may be shared across the AHSN network.
- We will not share your information with other innovators or companies.

Organisation Details

Applicant Details

Title

Forename

Surname

Organisation

Company Registration No.

Registered Address Line 1

Registered Address City

Registered Address County

Registered Address Postcode

Registered Address Country

Telephone Number

Email Address

Website

Parent company (if relevant)

Company size

Micro (0-9 employees)

Small (10-49 employees)

Medium (50-249 employees)

Large (250+ employees)

Company category

Digital

Diagnostics

Med-tech

Pharmaceutical

Other (please specify below):

TheAHSNNetwork

Company Engagement Form

Company/product details

Value proposition

Readiness

Evidence

Expectations

Specific Support relating to SBRI calls

*offer will vary by HIN based on system pull, expertise and capacity

Connections
and brokering

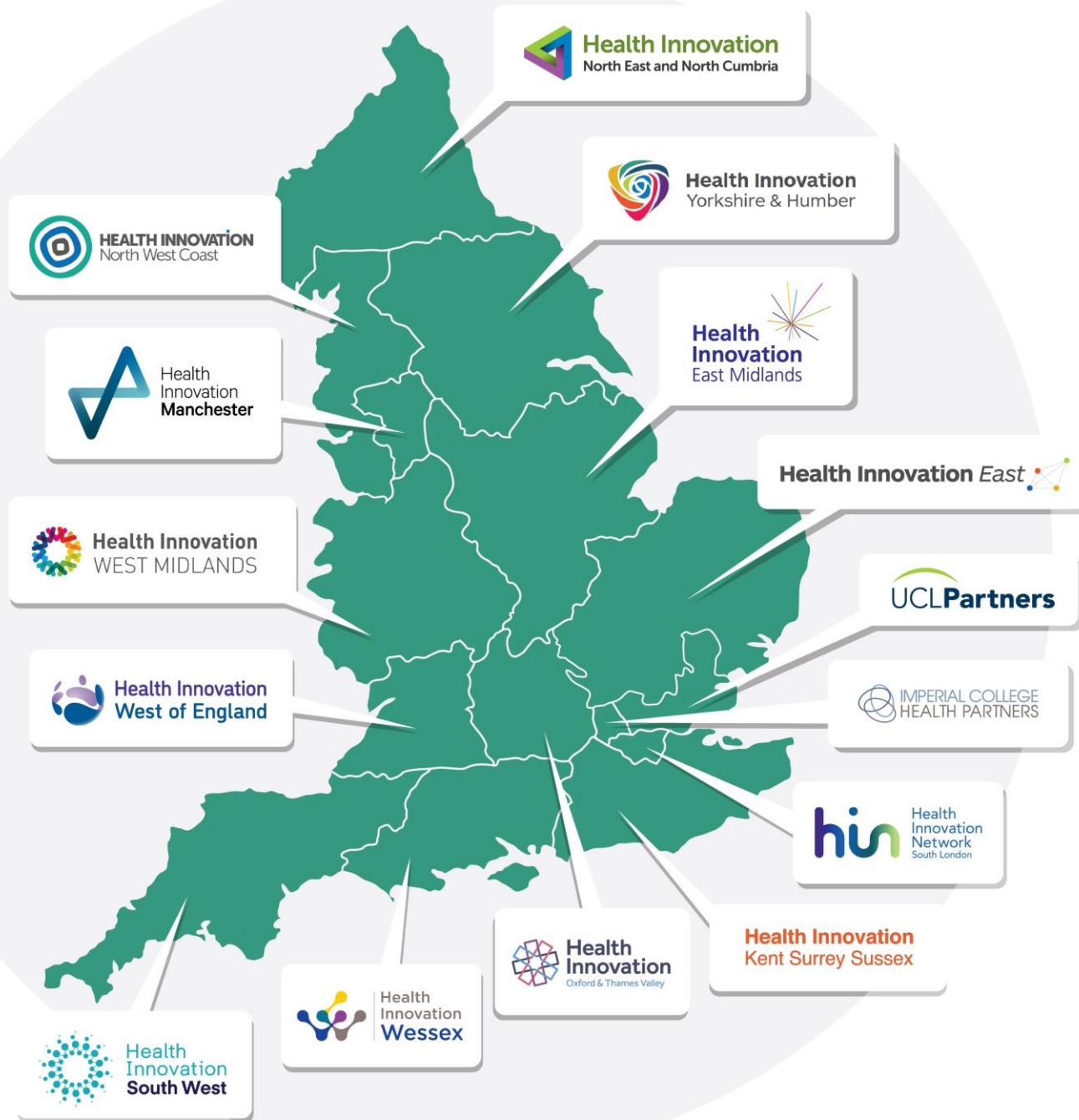
Bid support

Evaluation
advice/ support

Project
management
advice/ support



Health Innovation Network



Next steps:

If you would like to work with us , identify your local HIN and contact their commercial teams via their website



Connect with us

Web: thehealthinnovationnetwork.co.uk

Email: info@thehealthinnovationnetwork.co.uk

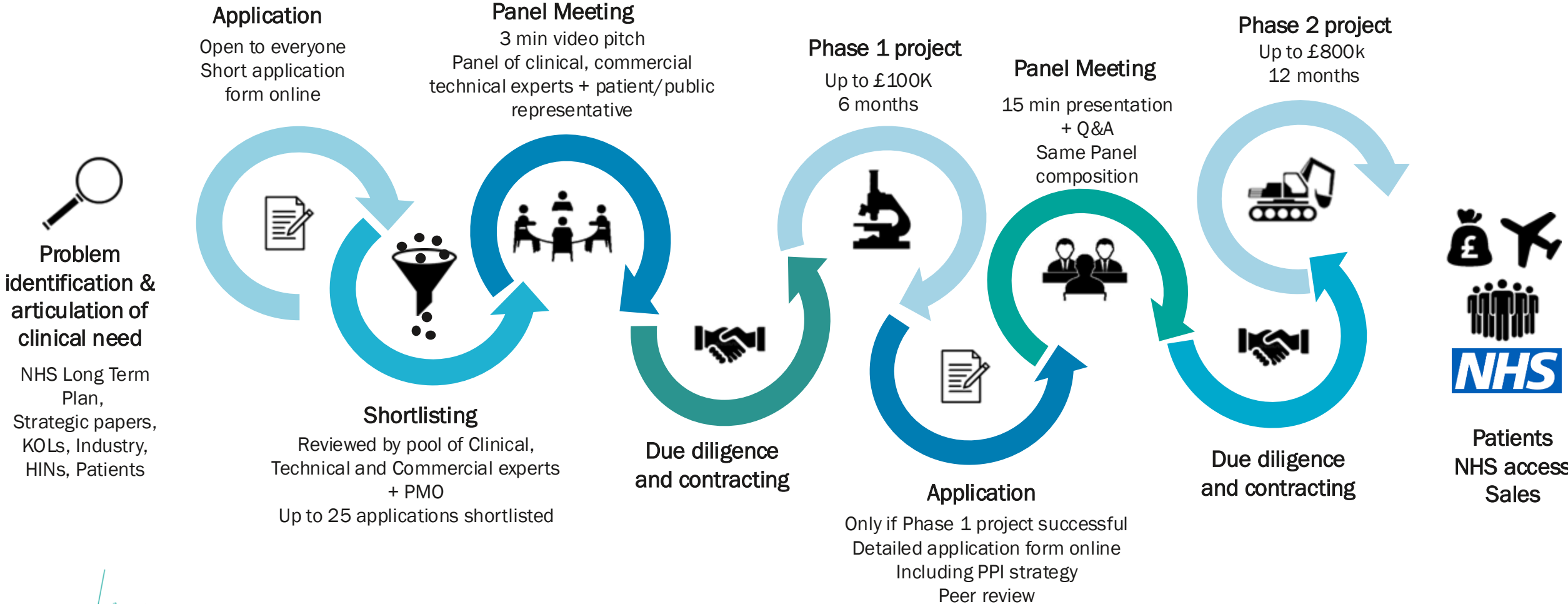
[@HealthInnovNet](#)

Assessment process and how to apply

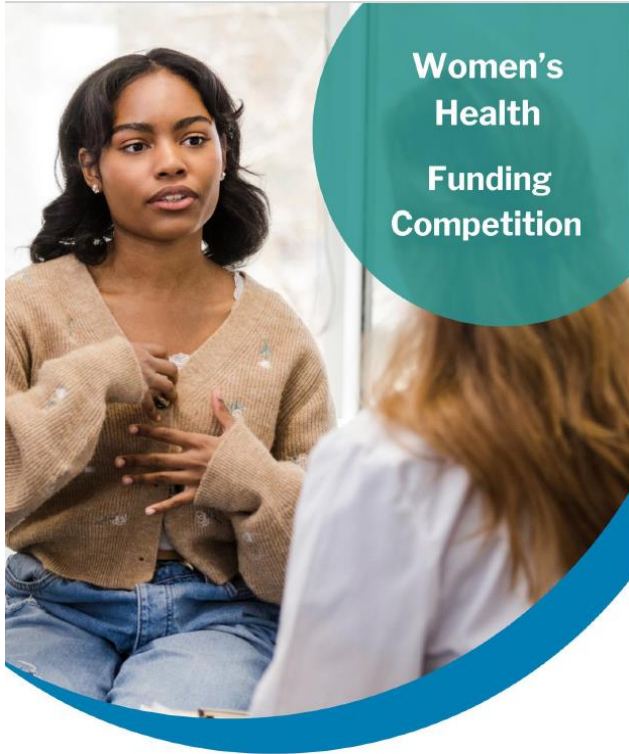
Presented by:

Dr Mary Walker

Phase 1 and Phase 2 assessment process



Key dates



Key dates

| | |
|--------------------|--|
| Competition launch | 17 th July – 28 th August 2024 |
| Assessment | September-October |
| Selection Panels | November 2024 |
| Contract awarded | January 2025 |



Application process – www.sbrihealthcare.co.uk

The screenshot shows the SBRI Healthcare website. At the top right, there is a navigation menu with 'Home', 'Contact us', and 'Application Portal Login' (circled in red). Below this is a secondary navigation bar with 'About us', 'Competitions', 'News', 'Impact', 'NHS Cancer Programme Innovation Open calls', and 'Funded by: Accelerated Access Collaborative'. A third navigation bar contains 'Open Competitions' (circled in red), 'Closed Competitions', 'How to apply', and 'FAQs'. The main content area features a large blue banner with the text 'SBRI HEALTHCARE Apply for funding through SBRI Healthcare competitions'. Below the banner, there is a white box containing the date '17 JULY, 2024', the title 'Competition 25 - Women's health', and a 'Read more >' button (circled in red).



**Health
Innovation
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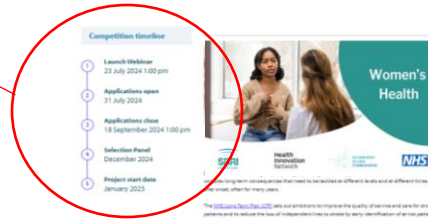
Competition documents

- 1 Competition launch
17th July 2024
- 2 Competition close
28th August 2024 1:00pm
- 3 Selection Panel
November 2024
- 4 Contract start
January 2025

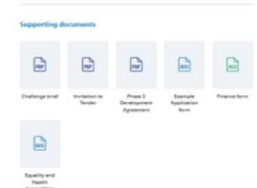
-  Invitation to Tender (ITT)
Challenge Brief
Template Application Form
Finance Form
Development Agreement



Application Portal Login



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



The assessment criteria

1. How well does the application address the challenge brief and does the proposed solution benefit patients, the NHS and/or Social Care Sector and the wider market? 20%
2. Are the project plan, deliverables and risk mitigation 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%

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](#)

[My Reviews](#)

[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
- [Home](#)
- [New Application](#)
- [My Applications](#)
- [My Research Outputs](#)
- [My Tasks](#)
- [Manage My Details](#)
- [Contact Us](#)
- [Logout](#)
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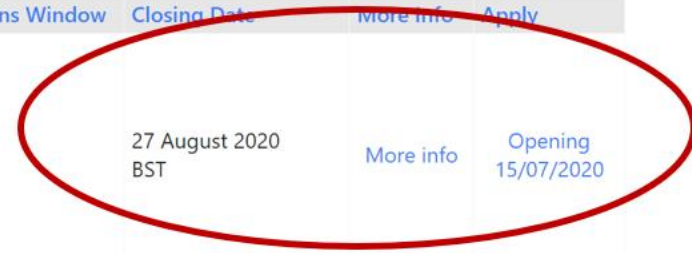


Open funding rounds

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

[Home](#)

[My Applications](#)

[My Co-applications](#)

[My Grants](#)

[My Research Outputs](#)

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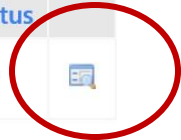
[System Help](#) 

My Co-applications

You have 1 co-application awaiting submission.

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

| Reference | Title | Main Applicant | Role | Confirmed | Last Updated | Application Status | |
|-----------|-------|----------------|--------------|-----------|------------------------|--------------------|---|
| 26808 | | | Co Applicant | N | 14/07/2020 14:19:28 | Pre-Submission |  |



Dr Aayesha Hassan

- Home
- My Applications
- My Co-applications
- SBRI Phase 1
Ref: 26808**
- Details
- My Grants
- My Research Outputs
- My Reviews
- My Tasks
- Manage My Details
- Contact Us
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- 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
Title
Reference 26808
Status Pre-Submission
Total Requested £0.00
Organisation
Grant Type SBRI Phase 1
Funding Round Urgent and Emergency Care
Closing Date

Participants Co Applicant

Confirmed participation
Submission approval status

Confirmed participation
Submission approval status

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



SBRI Healthcare will hold a Q&A session for any additional questions applicants might have during the application process
on 8th August 2024
from 14:00 to 15:00

Registration on

<https://www.eventbrite.co.uk/e/sbri-healthcare-competition-25-phase-1-qa-session-tickets-952708766567>

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



**Health
Innovation
Network**



SBRI Healthcare

LGC Ltd

Grant Management Group

15 Church Street

Twickenham TW1 3NL

Contact us for advice and specific guidance:

T 020 8843 8125



sbri@lgcgroup.com



<https://www.sbrihealthcare.co.uk>



<https://www.linkedin.com/company/sbri-healthcare>



<https://twitter.com/sbrihealthcare>



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