Agenda

Time	Item	Presenter
5 min	Welcome and introductions	Charmaine Mulligan
25 min	Phase 1 application tips	Danilo Villanueva Navarette
60 min	Q&A session	Kasia Zmarzly, Michelle Edye and team

Housekeeping

- Please set your name to 'Your First Name - Organisation Name'
- Ask questions in the Q&A box as we go along, and we will aim to answer them during the Q&A session
- Please keep your microphone muted if not speaking
- During the Q&A session, we will aim to answer as many questions as possible. If you do not want to share certain information with the meeting, you may contact us via email (below)
- The slides will be added to the website after the event
- Please flag any technical issues in the chat box
- **For further enquiries: sbri@lgcgroup.com**

Key dates

Key dates

Competition launch	17th July – 1pm 28th August 2024
Assessment	September-October
Selection Panels	November 2024
Contracts awarded	January 2025

Early stage innovations - Phase 1 and Phase 2

What this is for

Innovation type -
Digital health & AI, medical devices, behaviour intervention and service improvement

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

Tips on Phase 1 written application

Danilo Villanueva Navarrete

SBRI Healthcare PMO

The application form sections

- Application Summary
- Host Organisation Details
- Plain English Summary
- Project Plan
- Team
- Application Finances
- Supporting Information
- Administrative Contact Details

HELP

Please consult Phase 1 Applicant Guidance

The plain English summary

A plain English summary is a clear explanation of your project. The plain English summary may be used to inform reviewers, including experts who might not have specialist knowledge of your field as well as public members/patients who might review your funding application.

- We could use it to disseminate your project

- Legible to anybody

- No jargon

- Spell out your acronyms

- If technical language is necessary, explain in lay words

- Ask a public member you have interacted with to review the summary

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%

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%

- Describe your technology and its stage of development

- What is the problem the technology aims to address

- How does it meet the challenge brief

- What are the expected outcomes

- What are the benefits to patient/NHS/wider market

Please read the challenge brief
- Antimicrobial Resistance
- Women's Health

Are the project plan, deliverables and risk mitigation strategy appropriate? 15%

- Detail your work packages (including PPIE and net zero) and for each one include measurable deliverables, who will lead on it, and timelines

- Ambition is great but timelines must be realistic

- Do not shy away from articulating key project risks (technical, clinical, commercial, trial recruitment rate, governance, etc). SBRI is a risk-oriented programme but mitigation strategies must be articulated

- Milestones should help de-risking the project, what success criteria you would like to achieve that are key to progress your project?

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%

Who are your competitors and how does your innovation differ?

- Include the maturity of your competitors (e.g., early development, clinical validation, market ready).

- What sets your innovation apart from the competitors?

- How does your solution compare against the competitors and/or standard of care? Be explicit if you have the evidence to support your claim.

- It is very unlikely you do not have competitors!

What is your IP position?

- More than just patents (e.g., trademark, copyright, know-how, etc).

- Be explicit on who owns the background IP and if you have the rights to use it!

- Have you done a freedom to operate (FTO) search, and what does it tell you?

- How will you protect and exploit the new IP generated in this project?

Does the proposed project have appropriate commercialisation and implementation plans? 15%

Market size and potential growth

- Which markets are being explored and how (UK, EU, and beyond)?
- Who are the target users and potential barriers to market entry?
- Pricing and margins anticipated for your product
- Do you know the cost of your innovation, and the realistic health and cost benefits to buyers? Is it affordable?

Business model for sales and adoption

- Provide your business model for adoption and spread (within the NHS and beyond) – consider cost of implementation/sales, resources required and barriers
- Who are the buyers?
- What is your engagement strategy with the buyers.
- Are there relevant procurement frameworks?
- How will you ensure the continued use of the innovation following project completion?

Does the proposed innovation have potential to enhance equity of access and does the project include consideration towards patient and public involvement? 10%

How will PPIE members feed into the product development and project as a whole?

- Co-design is key

- What PPIE had been performed to date?

- Which groups (region, representation) and numbers of patients will be consulted? Consider appropriate ways to engage users (e.g., patients, carers, clinicians)

- What are the planned activities and are they inclusive?

- How will the PPIE members be reimbursed? Make sure this is properly resourced.

- Be mindful of the distinction between involvement and engagement

Health inequalities and equity of access

Underserved communities
- Which groups/population are likely to be most affected by the clinical problem?
- Recognise the barriers and impact to access and/or adoption. Who might miss out from the proposed solution and why?

Affordability
- Cost of innovation
- Work patterns
- Housing

Language and culture
- Language barriers
- Cultural perception
- Stigmatisation
- Geography

Digital exclusion
- Wi-Fi and data
- Digital literacy
- Device accessibility

Addressing the problem
- How to best mitigate exclusion (e.g., digital, translators, community reach, alternatives to digital access)
- What additional resources are needed to address the problem
- Solutions during the project and beyond

Health inequalities and equity of access

- What evidence of inequity exists? Are there provisions for ongoing data collection?
- Does the solution address root causes of inequity? If not, how could it?
- How will impact be documented and evaluated?
- How will adverse financial impacts be prevented to increase access?
- Has there been an assessment of the suitability of the service delivery environment?
- Is the innovation team diverse and inclusive?

- Have appropriate stakeholders been involved in co-design? Who can support you in engaging with diverse populations?
- How will this innovation reduce disparities of discrimination in clinical practice? Staff training?
- Solutions during the project and beyond

Applying a Health Equity Framework

PEOPLE – UNDERSERVED POPULATIONS

DATA – MEASURING AND DEFINING GAPS

CARE – CODESIGN SOLUTIONS

CLINICAL – ENGAGING THE WORKFORCE IN EDI

DIGITAL – ENABLING DIGITAL INCLUSION

FINANCE – REDUCING FINANCIAL BARRIERS

PLACE – INCLUSIVE ACCESS

CLIMATE – IMPACT ON HEALTH

POLICY – EQUITY IN DECISION MAKING

COMMS - INCLUSIVE MESSAGING

The Health Innovation Kent Surrey Sussex (KSS) have developed a Health Equity Toolkit for Innovators – based on 10 core principles to consider when designing or implementing an innovation.

Does the proposed technology have potential to contribute to net-zero emission? 5%

Demonstrating carbon impact is more than assumed savings!

- Ensure your proposed technology/solution is considering steps towards the carbon neutral strategy and objectives for the NHS – this may include a dedicated work package and ensure you have appropriate expertise on board.

- Describe the environmental impact that your innovation may have in the care pathway / care setting it is intending to operate in, including how it may contribute in reducing the NHS carbon emissions (as explained in the Delivering a net zero NHS report, pages 11 and 12).

- Digital products can have a carbon impact – consider energy efficiency of digital equipment and how it compares against alternatives

- Consider the impact of different materials, manufacturing and production processes, and if there are more carbon neutral alternatives.

- Determine the supply chain.

- Consider whether it can lead to travel savings.

- **Please consult STEPS to Low Carbon Care Delivery Guidance**

Do the host organisation and project team appear to have the right skills and experience to deliver the project? 15%

Ensure all relevant expertise needed to deliver project activities are included and clearly described!

- Consider the appropriateness of the team commitment (FTE's) and "subcontractors" to assigned work packages

- Low FTEs should be ok for an advisor but unlikely for a team member heavily involved in the project delivery

- Unlikely that a single organization has all expertise in house. Select your partners and start engagement as soon as possible

- Team members: those involved in the delivery of the project who belong to the host organisation

- Subcontractors and advisors: collaborators to which you will outsources services and/or key experts who will provide advice

- Clinical partners: although not mandatory, early engagement with NHS is critical and strongly encouraged

Are the costs justified and appropriate? 5%

All costs should be necessary for the project and fully justified!

- Is the project cost proportionate to the proposed activities and perceived benefits?

- Keep in mind that SBRI is an INVITATION TO TENDER: Costs, including salaries, must reflect actual cost at a "fair market value"

- A clear breakdown of costs and justification should be provided.

- Be mindful of team members' commitment, this can be too much or too little, and must be proportionate to the size of the project

Accelerated Access Collaborative

Health Innovation Network

NHS

Phase 1 and Phase 2 assessment process
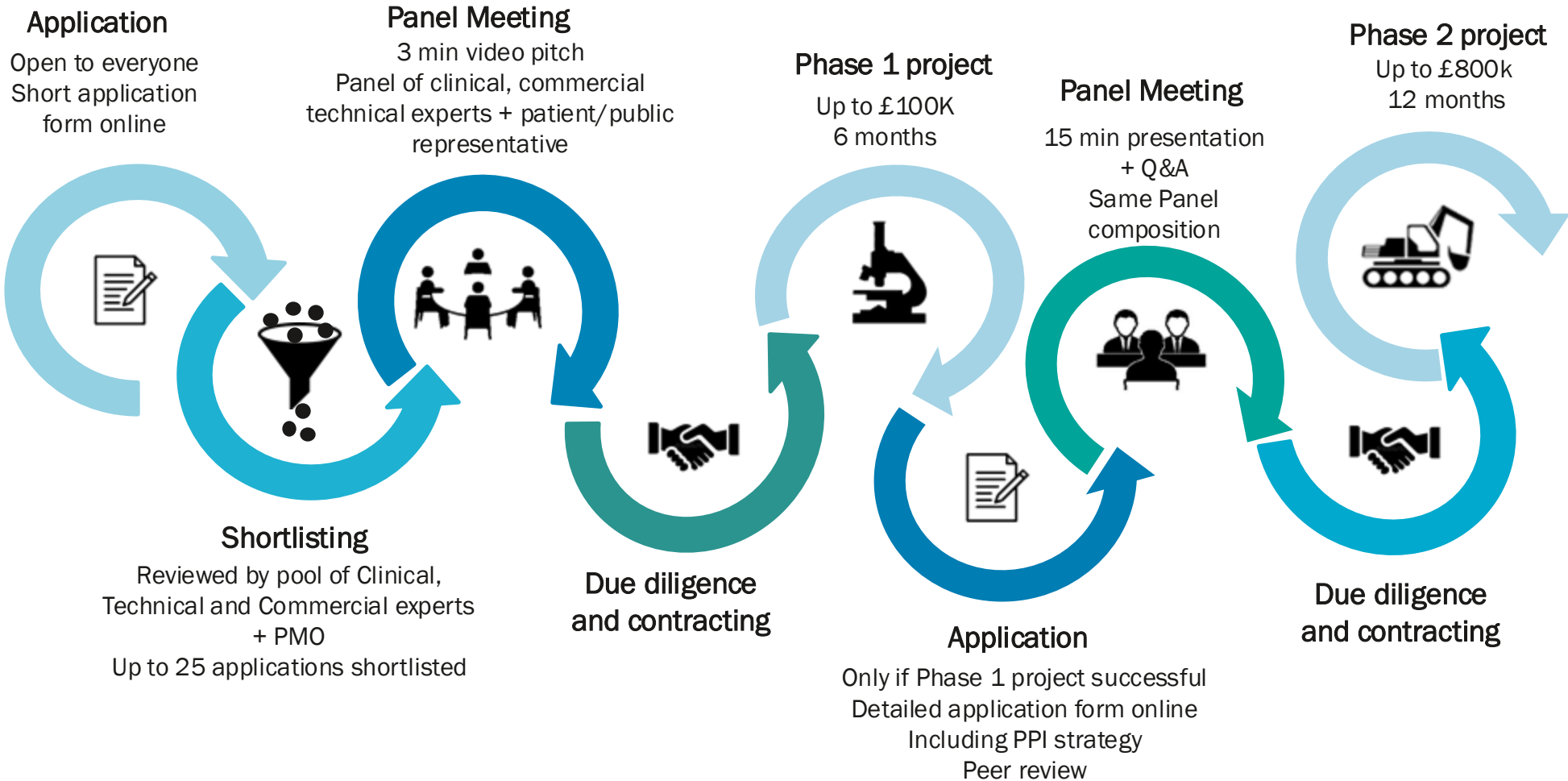
Problem identification & articulation of clinical need

NHS Long Term Plan, Strategic papers, KOLs, Industry, HINs, Patients

Application
Open to everyone
Short application form online

Shortlisting
Reviewed by pool of Clinical, Technical and Commercial experts + PMO
Up to 25 applications shortlisted

Panel Meeting
3 min video pitch
Panel of clinical, commercial technical experts + patient/public representative

Due diligence and contracting

Phase 1 project
Up to £100K
6 months

Application
Only if Phase 1 project successful
Detailed application form online
Including PPI strategy
Peer review

Panel Meeting
15 min presentation + Q&A
Same Panel composition

Due diligence and contracting

Phase 2 project
Up to £800k
12 months

Patients
NHS access
Sales

Shortlisting

- Phase 1 applications will be reviewed by a selected pool of experts (technical, commercial, clinical)

- Scores will be averaged and applications ranked

- We aim to invite between 15-25 applications to the Selection Panel based on quality

- Feedback will be provided

- There is no appeal process

Consult the
Invitation to Tender

Phase 1 panel

- Those shortlisted will be invited to submit a 3min video pitch which will be run at the panel meeting

- You will receive written guidance on the content and format of the presentation (including how to make it inclusive) together with the invite

- Panel members will have access to the Phase 1 application and comments from shortlisting reviewers

- Each application will be assigned 4 lead assessors: public member, technical, clinical and commercial

- On the Panel day
  - 3 minute video played
  - 12 minute Panel discussion & scoring

- There will be around 15-18 Panel members (covering technical, clinical, commercial and public expertise) in attendance and the list will be made available on the website

Phase 1 Panel decision making and assessment criteria

- Each proposal is scored 1-10 on the following criteria
  - How well does the proposed innovation meet the competition brief and to what extent does it offer potential clinical benefit to the NHS and/or social care settings?
  - How strong is the project plan and have the relevant milestones been identified?
  - How strong is the team (including partners and sub-contractors) with particular reference to the delivery of milestones relevant to the project?
  - How strong is the commercial viability and its route to the NHS, and does the solution offer value for money?
- Scores are then averaged and ranked from highest to low
- Panel members agree on those projects to recommend for funding
- Funding recommendations are submitted to NHS England for ratification
- There is no appeal process

Final tips and reminders

- Consult the Challenge Brief, Guidance for Applicants, ITT and launch event video
- Provide a detailed Project Plan (including PPIE and net zero) & risk mitigation strategy
- Engage with your partners as early as possible
- Define your USPs, think about IP strategy and outline your plan for NHS adoption and wider commercialisation
- Get project partners registered to the RMS promptly
- Submit on time

FAQs

- **Is our innovation eligible?**
  - Does our project need to only support Women's Health?
  - Is any area of infection more relevant to the AMR call?
  - Are innovations developed for social care and adopted by the local authority eligible?

FAQs

- **Eligibility (especially if not specifically named in the brief):** Please make sure you read the challenge brief carefully. Applicants must address one of the sub-challenges as best as they can. Emphasis on health inequalities, marginalised and underserved population would be welcomed as well as bids taking a holistic and women's centric approach for Women's Health.

- **Does our project need to only support women's health?** It needs to support Women's Health first and foremost. In some instances, this may mean that men or boys need to be included in the conversation, education or in the delivery of the solution for the ultimate benefit of women and girls. For diseases which affect both men and women – you are required to show that you adequately address different needs that women (including minorities) may face. Please also consider the needs of LGBTQ+ communities.

- **Is any area of infection more relevant to the AMR call?** The diagnostics, monitoring and susceptibility testing sub-challenge for AMR specifically mentions 4 clinical pathways as priority areas of focus identified by NHS England so addressing these will score most highly against how well you address the Challenge Brief. All proposals should be justified and demonstrate the potential benefits of your solution.

- **We recognise the importance of innovations designed for the community, education, or home environment in addressing health challenges**, and would welcome applications for these innovations provided they address the challenges described in the respective brief and other eligibility criteria. We welcome applications from any organisation type so long as you're a UK/European legal entity.

Q&A

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