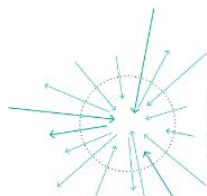


Women's Health Funding Competition



**Health
Innovation
Network**



**Accelerated
Access
Collaborative**



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Executive Summary

The UK has great pride in the NHS, and the shared social commitment it represents. However, work remains to be done to meet the challenges set out in the NHS Long Term Plan, such as funding, staffing and addressing health inequalities.

SBRI Healthcare provides a mechanism to signal the challenges that the NHS and the wider system face and invites entrepreneurs to deploy innovative solutions to deliver improved outcomes of care and efficiencies. Our individual competition themes are scoped by working in close collaboration with the Health Innovation Network and frontline NHS and social care staff.

At early stage, the SBRI Healthcare programme offers a two-phased development approach; projects start with initial feasibility and subject to funding can then move on to more detailed product development. Phase 1 contracts for technical and commercial feasibility testing are valued at up to £100,000 (NET) and last for six months. Phase 2 contracts for prototype development and early clinical evidence are worth up to £800,000 (NET), subject to budget availability, over one year.

The SBRI Healthcare Competition 25 Phase 1 funding competition invites breakthrough technologies to address challenges in **Women's Health** and aims to identify innovative solutions which have the potential to enter the NHS, social care and the wider market, tackling:

1. Gynaecological Conditions and Hormonal Health
2. Mental Health
3. Chronic Conditions and Long-term Health

Applicants are asked to consider the impact of their innovation on the whole system and to be aware of the competitive environment, even considering working together with other companies and organisations to bring forward solutions that can make a real difference.

Solutions which address any challenges associated with health inequalities, such as demographic and geographic disparities, and show a strong commitment to contribute to the NHS carbon reduction ambitions are particularly welcomed.

SBRI Healthcare: Phase 1 funding competition

Programme ambitions

The SBRI Healthcare Phase 1 funding competition invites outstanding entrepreneurs to put forward breakthrough innovations which address a clearly articulated challenge faced by the NHS and/or the social care community. The aim of the open tender is to facilitate the development and validation of such innovations and build on the value proposition required by commissioners and regulators for NHS adoption and wider commercialisation.

Phase 1 proposals concentrate on activities which will significantly contribute to proving the technical and commercial feasibility of the proposed innovation. If successful at Phase 1, and subject to budget availability, projects are eligible to apply for further funding at Phase 2, which will allow teams to undertake prototype development and generate clinical evidence. At the end of Phase 2, it is intended that the proposed solution will be ready for the next stage of development (e.g., manufacturing, regulatory approvals, etc), NHS adoption and/or wider commercialisation.

Accelerated Access Collaborative's priorities

The [Accelerated Access Collaborative](#) (AAC) funds the SBRI Healthcare Programme and brings together industry, government, regulators, patients and the NHS. Its ambition is to help the NHS become stronger in supporting clinicians and patients to access new innovations at pace and scale. It does so by removing barriers and accelerating the introduction of ground-breaking innovations which will transform care and support the NHS to more quickly adopt clinically and cost-effective innovations, to ensure patients get access to the best new treatments and technologies. Innovations include medicines, diagnostics, devices and digital products.

The AAC ensures that research and innovation meet the needs of the public, patients and the NHS. This includes ensuring that all innovations that are adopted into the NHS can support the following targets:

- Reducing health inequalities and enhancing equity of access to care through the Core20PLUS5 initiative
- Supporting NHS ambitions to be a net zero health service through the 'Delivering a Net Zero NHS' initiative

Core20PLUS5

NHS England launched the [Core20PLUS5](#) initiative in 2021 and a bespoke [Children and young people Core20PLUS5 in 2022](#) to reduce health inequalities at both the national and system level. The approach defines a target population cohort and five focus clinical areas requiring accelerated improvement. The Core20 are the most deprived 20% of the national population as identified by the national index of multiple deprivation while PLUS are population groups experiencing poorer than average health access, experience or outcomes which are not captured in the Core20 alone.

Delivering a net zero NHS

The NHS strategy also includes ambitions to become the world's first net zero national health service. The "[Delivering a Net Zero Health Service](#)" report sets out the ambition and two evidence-based targets:

- To reduce direct emissions (NHS Carbon Footprint) and reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- To reduce influenced emissions (NHS Carbon Footprint Plus) and reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

As outlined in the NHS Long Term Plan (LTP), sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality. The Greener NHS National Programme was formed to drive this transformation, while delivering against broader environmental health priorities.

Women's Health

Background and introduction

Recent insights from [McKinsey Health Institute](#), reported that over the past two centuries, the rise in life expectancy—for both men and women—has been a tremendous success story. Global life expectancy increased from 30 years to 73 years between 1800 and 2018. But this is not the full picture. Although women in the UK on average live longer than men, women spend a [significantly greater proportion of their lives in ill health and disability when compared with men](#). As part of the first ever [Women's Health Strategy](#) for England initiative, in 2022 the Department of Health and Social Care (DHSC) conducted [a call for evidence](#) (Women's Health – 'Let's talk about it' survey) which received an overwhelming response from over 100,000 people across the country and 400+ written submissions from organisations and experts in health and care. It revealed widespread experiences of women feeling unheard, facing delays in diagnosis, and struggling to access quality information and services.

[Women's Health Strategy](#) for England, [The Scottish Women's Health Plan](#) and the [Women's Health in Wales discovery report](#) all outline strong evidence of the need for greater focus on women's health, addressing the unique challenges they face across their lifespans, and to recognise and act on inequalities. From reproductive health to menopause, mental health, and chronic conditions, there is a need for targeted interventions to ensure equitable access to care and reduce health disparities among women.

To address these issues, each region has proposed comprehensive strategies. England aims to boost health outcomes, improve engagement with women, and implement hybrid services and Women's Health Hubs. Scotland prioritises reducing health inequalities, enhancing access to healthcare, and promoting gender-sensitive research. Similarly, Wales seeks to develop a 10-year Women's Health Plan focusing on the life course approach, social determinants of health, and improved healthcare access. These initiatives aim to address the root causes of women's health disparities, empower women to advocate for their health needs, and ensure that healthcare systems are responsive to their needs.

In recent years, healthy life expectancy has fallen for women but has remained stable for men. Societal factors such as poverty, gender-based violence, and the disproportionate impact of events like the COVID-19 pandemic exacerbate health disparities for women. These inequalities strain healthcare resources and hinder the NHS's ability to provide equitable and effective care. The health and wellbeing of women not only impact their own lives but also have profound implications for families, communities, and society at large. Addressing the health needs of women requires a comprehensive approach that considers the diverse range of factors influencing their health outcomes.

The public survey highlighted that i) women with an existing health condition or disability are also less likely to feel comfortable talking to healthcare professionals about some topics – for

example, contraception and pregnancy as well as incontinence, prolapse and sexual dysfunction ii) some groups of women -such as disabled women- face additional barriers regarding access to and experience of services, and there are disparities in health outcomes; iii) women in particular groups or settings – such as women experiencing homelessness, refugees, asylum seekers and women in prisons – face additional barriers to accessing healthcare, and have poorer health outcomes compared with women in general; iv) lesbian and bisexual women can face stigmatisation when accessing healthcare – for example, experiencing discrimination in sexual health clinics and having poorer experiences with fertility services than heterosexual women; v) black and Asian women are more likely to die during pregnancy, childbirth and the year following childbirth than white women; vi) disparities exist in access to services and health outcomes that stem from economic and geographical disparities – for example, differences in life expectancy across socioeconomic groups.

Challenges

Applicants are expected to respond to one or more of the categories and should consider if their solution is specific to or can be tailored to one of the categories, whilst being mindful of the broader impact.

In line with national strategies and reports, this funding competition seeks innovative solutions to improve Women's Health outcomes. Emphasis will be placed on addressing the needs of marginalized and underserved populations, including women from ethnic minority communities, those facing socioeconomic challenges, individuals with disabilities, and other vulnerable groups.

Care pathways run from awareness of a health issue to access to services and preventive care, timely and accurate diagnosis and effective treatment and follow-up. At each segment of individual pathways, inequalities exist, especially for women who are disadvantaged in ways beyond their gender. Under the overall theme of “Women’s Health”, the following 3 sub-challenges have been identified:

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

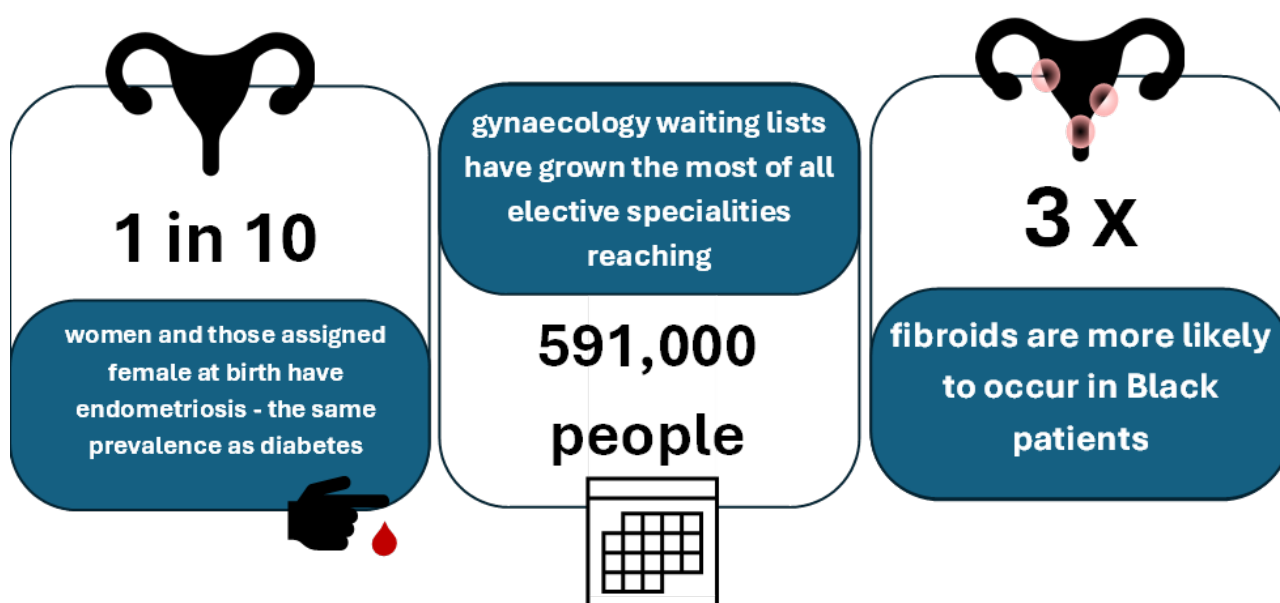
Bidders must be cognizant that female life course and associated problems (menarche-puberty, fertility, menopause, older adulthood etc) are strongly linked. Solutions that take a women’s centred and holistic approach, by demonstrating that female voices have been considered throughout the proposal (from problem definition to identification of solution), will be crucial.

Tools that increase awareness from healthcare personnel on how and when health conditions manifest in different subgroups of women, technologies that enable improved tracking and monitoring of health conditions and patient reported outcome measures and interventions

that help women to self-manage and identify thresholds for care increase and access to screening programmes would be welcome across all the proposed challenges.

Challenge 1 – Gynaecological Conditions and Hormonal Health

Conditions considered under this challenge include i) maintaining health: menstrual health, menopause, contraception, pelvic floor health; ii) Gynaecological conditions affecting the female reproduction organs, including, for example: heavy menstrual bleeding, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), endometriosis, adenomyosis, fibroids, polycystic ovary syndrome (PCOS); iii) Urogynaecological conditions such as urinary incontinence, vaginal prolapse, recurrent urinary tract infections.



Gynaecological conditions, menstrual and hormonal health present significant challenges due to gaps in availability and accessibility of information, delayed diagnosis, as well as inadequate access to care. In the DHSC public survey, respondents highlighted these issues, with 63% selecting gynaecological conditions and 47% choosing menstrual health as key topics for inclusion in the Women's Health strategy. Many women reported feeling unheard, with symptoms such as heavy periods often dismissed as 'normal'. Delays in diagnosis were common, particularly for conditions like endometriosis. Concerns were raised about healthcare professionals' education and service provision, including the normalization of symptoms like incontinence and pelvic organ prolapse. Additionally, period poverty and stigma were highlighted, affecting access to menstrual products and impacting women's participation in education and work.

Potential solutions include (but are not limited to):

- Women-tailored (with particular emphasis to those most marginalised) tools that boost prevention and evidence-based education and health literacy on women's health as well

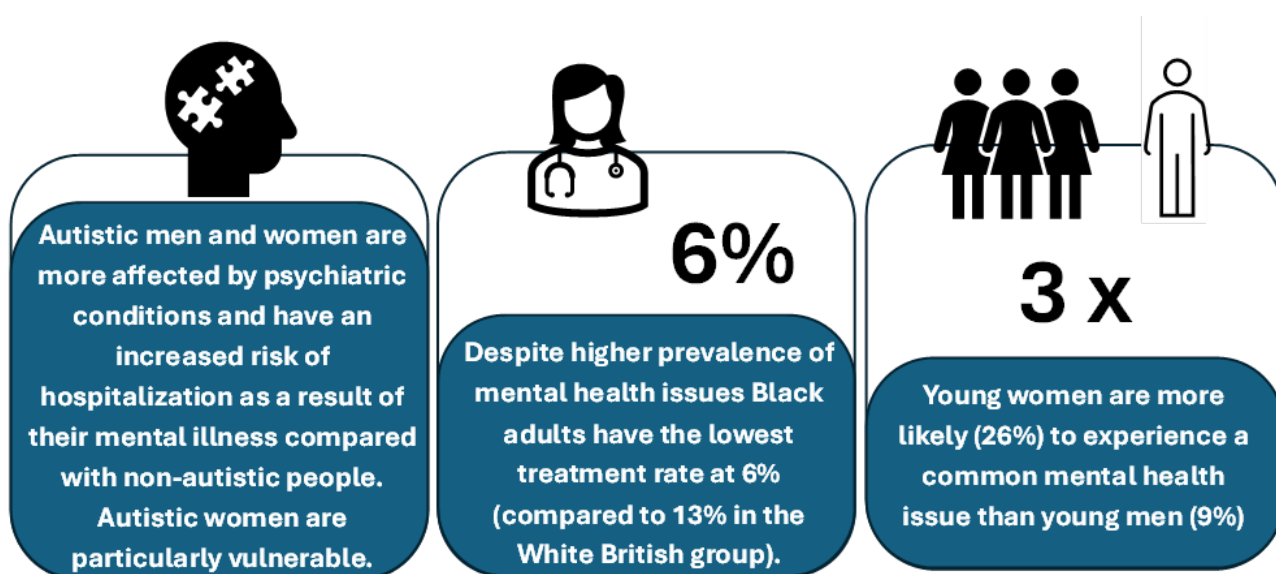
as tools tailored to men to enhance awareness of and support to women presenting health issues

- high quality, inclusive, evidence-based menstrual information provision and education for girls and boys (in line with NHS website improvements and NICE guidelines).
- Solutions which contribute to inclusive, high-quality, evidence-based education on menstrual and gynaecological health (for example in schools) to increase awareness and remove taboos surrounding these topics (for both boys and girls).
- high quality, inclusive, evidence-based menopause information provision (in line with NHS website improvements and NICE guidelines).
- Solutions which support comprehensive education and training for healthcare professionals in primary care to offer evidence-based advice and treatment for menstrual and gynaecological health.
- Solutions which equip education institutions and employers with appropriate tools to support their students or workforce and which encourage those institutions to implement evidence-based support such as workplace policies which enable and empower women to remain in the workforce throughout different stages of their lives.
- Tools that support women and practitioners in information, understanding risk and shared decision making.
- Technologies that support timely diagnosis and access to care
 - Solutions which support building capacity around long gynaecological waiting lists for effective triage and to help women wait well.
 - Tools that provide access to services that meet women's needs across the entire span of their life course – from adolescence through the middle and reproductive years to menopause and the post-reproductive era, including for general health conditions and disabilities.
 - Solutions that provide timely access to high quality, personalised care within primary and community settings, including access to contraception for the management of menstrual problems and gynaecological conditions.
 - Solutions which support improved diagnosis, management and treatment of endometriosis.
 - Solutions which support reducing diagnosis times for severe conditions like fibroids.
 - Solutions which improve experiences of care and gynaecological procedures, in particular experiences of pain during procedures such as hysteroscopy and IUD fittings.
- Solutions that empower women and girls to stay well throughout their lives
 - Tools that enable self-care, prevention, management or treatment of different gynaecological or hormonal conditions.
 - Management and treatment of menopause symptoms.

Challenge 2 –Mental Health

Conditions considered under this challenge include mental health, inequalities in maternity care, eating disorders, birth trauma, postnatal support with the focus on mother’s health and wellbeing.

Mental health poses a significant concern, highlighted by issues like depression, anxiety, and postpartum depression, which affect many women. In the call for evidence survey, mental health emerged as a top priority, with 39% of respondents selecting it for inclusion in the Women’s Health Strategy. However, only 34% felt they had sufficient information about mental health conditions, indicating a gap in knowledge. Mental health also surfaced as an area where respondents felt unheard by healthcare professionals, emphasizing the need for equal consideration alongside physical health. Concerns were raised about disparities in access and experiences of mental healthcare, particularly among ethnic minorities, individuals facing addiction and homelessness, and survivors of domestic abuse.



[The MBRRACE-UK surveillance reports](#) reveal persistent disparities in maternal and neonatal mortality rates, with women and babies of black or Asian ethnicity and those in deprived areas facing higher risks.

Organizational responses underscored that certain groups, such as disabled women and LGBTQ+ women can face stigmatisation when accessing healthcare. Additionally, eating disorders, predominantly affecting females, were noted to have far-reaching health consequences.

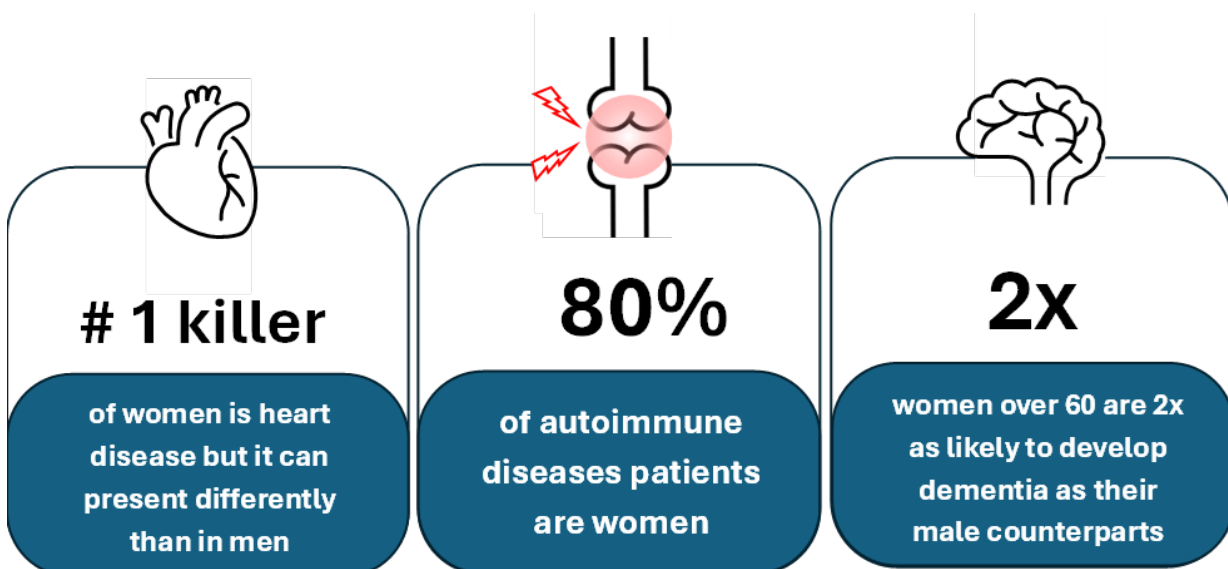
Potential solutions include (but are not limited to):

- Solutions providing accessible and culturally sensitive mental health support services for women across the lifespan, including during pregnancy and the postpartum period.

- Mental health interventions tailored to the unique needs of women, considering factors such as hormonal fluctuations and life transitions.
- Solutions which address stigma and promote mental health literacy among women and healthcare providers of all backgrounds.
- Solutions which directly tackle disparities in outcomes and experiences of care for mothers and babies from communities which have been overlooked, striving for equitable maternity care that is responsive to individual needs and choices.
- Solutions with a potential to improve care pathways for women and their partners who experience pregnancy loss – to support them through bereavement and through future pregnancies, especially if they have experienced multiple early pregnancy losses.
- Solutions which differentiate between mental health needs of men and women, tailored plans and interventions that meet the needs of different population groups. This includes [conditions with higher rates of prevalence in women](#), such as eating disorders, and more common mental health conditions such as anxiety and depression.
- Technologies that support women and girls against sexual violence which is under reported but prevalent, including tools (digital or otherwise) that enable women safely share their stories (requiring a trauma informed approach) and foster inclusivity in a contextually safe environment.

Challenge 3 – Chronic Conditions and Long-term Health

Conditions considered under this challenge include chronic conditions such as osteoporosis, arthritis, heart disease and stroke, diabetes, dementia, neurodiversity, vitamin deficiencies, chronic pain and autoimmune disorders which disproportionately affect women as well as pregnancy risk factors inducing possible future morbidities.



Some of these conditions can present differently in women compared with men, meaning women can face additional barriers to referral and diagnosis in these areas – particularly as diagnostic tests are often based on research largely done on male samples.

Potential solutions include (but are not limited to):

- Interventions which recognise that chronic conditions manifest differently in women, and which are therefore designed specifically with and for women from diverse backgrounds.
- Innovations built on sex-specific evidence and outcomes to inform healthcare professionals on the best regimes for different subpopulations.
- Redesign of educational tools to ensure healthcare providers deliver the latest information and training on the women’s health gap and sex- and gender-based differences.
- Innovative approaches to early diagnosis of chronic diseases to avoid over medication and disengagement.
- Personalized care plans and digital health tools to support self-management and improve health outcomes for women living with chronic conditions.
- 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, considering wider determinants of health
 - Solutions which support healthcare professionals to be well informed about differences between women and men in risk factors, presentation and treatment for long-term health conditions and disabilities
 - Solutions which support better identification of women at particular risk of developing MSK conditions that disproportionately affect women, such as osteoporosis and fragility fractures and support them on both primary and secondary prevention, thereby addressing the treatment ‘gap’ that exists currently
 - Solutions which support women to be well informed about cardiovascular risk factors and how to maintain cardiovascular health across the life course.
 - Solutions which improve diagnostic support for women with cardiovascular disease in the community, better personalised planning and increasing access to cardiac rehabilitation.
 - Solutions which improve awareness of dementia risk factors and experiences of care for all people with dementia including women.

Useful Information for Applicants

Eligibility

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

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

Innovations excluded from this competition

There are a number of technologies or types of solutions which are already available or will not make a significant impact on the challenges addressed in this brief. These are listed below.

- Any technologies that negatively impact staff workloads and do not support the workforce pressure, or those that require high upfront capital investment by clinical services (therefore negatively impacting on NHS affordability) will be excluded.
- Systems and solutions that will not easily integrate or communicate with NHS/community setting systems.
- Technologies that will exacerbate health inequalities (including digital exclusion or data inequalities) and inequity of access to care e.g., digital technologies that are inaccessible to certain communities that experience digital poverty.
- Solutions that were not co-designed with women
- Solutions which do not recognise nor address the intersectionality of health determinants, including socioeconomic status, race, and gender identity, in managing chronic conditions among women.
- Medicines.

Desirable exit points

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

Examples of exit points include:

- Feasibility technical study
- Market validation

- Business plan developed
- Clinical and/or social care partners identified
- Evidence generation plan for adoption
- Development of patient and public involvement and engagement (PPIE) strategy
- Development of net zero strategy to demonstrate environmental impact
- Health inequalities impact assessment

Following successful completion of Phase 1, projects can apply for further funding at Phase 2 to continue development, subject to budget availability. It is expected that at the end of Phase 2, some of the following will be achieved:

- Minimum viable product developed
- Early clinical evidence gathered to demonstrate safety and accuracy
- Developed commercialisation strategy
- Health economics
- Evidence gathered towards regulatory approval
- Implementation plan for adoption
- Strong involvement and engagement with patients and the public
- Projected carbon savings of the proposed innovation and methodology used to estimate the carbon impact
- Timeline and strategy to comply with the requirement set out in the NHS Supply Roadmap, including the development of a Carbon Reduction Plan
- Next stream of funding identified / investment readiness.

Additional considerations

Please consult the [Guidance for Applicants](#) for more details.

Those submitting applications are also asked to consider:

- How will the proposed solution impact the care system and how will the system need to be changed (including people, processes and culture) in order to deliver system-wide benefits?
- How will it be ensured that the innovation will be acceptable to patients (and their families and wider support network) and to health and social care workers? How could these groups be involved in the design of a solution and its development? There are expectations that individual bids show a strong element of co-creation with diverse public members including their families and their carers if needed.
- How will it be ensured that the innovation is affordable to the NHS and wider systems such as Integrated Care Systems (ICSs) both immediately and throughout the life of the product? What evidence, both health economic and delivery of true impact will the NHS and wider system require before the technology can be adopted?

- How will the innovation support the NHS's commitment to reach net zero carbon? Applicants will be asked to provide information on the steps they have taken to identify the carbon pathway and the consequences of the proposed solution on carbon emissions.
- All proposed technologies should take into consideration appropriate integration with electronic patient records (EPR).

SBRI Healthcare Programme

This SBRI Healthcare competition is funded by the Accelerated Access Collaborative (AAC) in partnership with the Health Innovation Network to identify innovative new products and services. The projects will be selected primarily on their potential value to the health service and social care system and on the improved outcomes delivered for those in receipt of care.

The competition runs in two phases (subject to availability of budget in 2025/26):

- Phase 1 is intended to show the technical and commercial feasibility of the proposed concept. The development contracts will be for a maximum of 6 months and up to £100,000 (excl. VAT) per project.
- Phase 2 contracts are intended to develop and evaluate prototypes or demonstration units over a maximum of 12 months with up to £800,000 (excl. VAT). Only those projects that have successfully completed Phase 1 will be eligible for Phase 2.

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

SBRI Healthcare application process

This competition is part of the Innovate UK Contracts for Innovation, formerly known as Small Business Research Initiative (SBRI) programme which offers innovative organisations the chance to work directly with the public sector to solve complex challenges:

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

The scheme is particularly suited to small and medium-sized businesses, as the contracts are of relatively small value and operate on short timescales for Government departments. Thus, it is an opportunity for new companies to engage a public sector customer pre-procurement.

For more information about Contracts for Innovation, visit: [Contracts for Innovation - Innovate UK Business Connect \(ktn-uk.org\)](#).

SBRI Healthcare is managed on behalf of NHS England by LGC Group. All applications should be made using the application portal which can be accessed through the [Research Management System](#). Applicants are invited to consult the [Invitation to Tender](#), and the [Guidance for Applicants](#), the [RMS portal guidance](#) and [FAQ](#) pages on the SBRI Healthcare website to help prepare their proposal, along with attending supporting webinars and Q&A sessions.

A briefing event for organisations interested in finding out more about the competition and a webinar event to respond to potential applicants' questions will be held. Please check the [SBRI Healthcare website](#) and/or [SBRI Healthcare LinkedIn](#) page for confirmation of dates, information on how to register, and details of the competition, along with attending supporting webinars and Q&A sessions.

Key dates

Competition launch	17 July 2024
Deadline for applications	28 August 2024 (13:00 BST)
Selection Panel	November 2024
Project start	January 2025

More information

For more information on this competition, visit: [SBRI Healthcare website](#)

For any enquiries email: sbri@LGCGroup.com