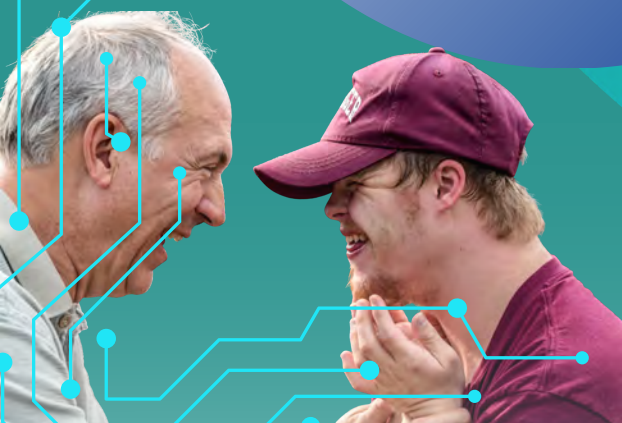




SBRI HEALTHCARE ANNUAL REVIEW 2025 | 2026

ACCELERATING
INNOVATION IN HEALTH
AND CARE FOR
PATIENT BENEFIT





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SBRI Healthcare: De-risking innovation for NHS spread and commercial scale-up

The Small Business Research Initiative (SBRI) Healthcare programme is a flagship NHS England initiative and a key government policy lever, designed to accelerate the development, evaluation and adoption of high-impact innovations that address the most pressing unmet needs in health and care.

SBRI Healthcare plays a critical role in translating national priorities into targeted innovation challenges, shaping the market response and pulling solutions into the NHS through targeted, demand-led investment. The programme operationalises the ambitions of the NHS 10 Year Plan for England, the National Cancer Plan for England, and the UK Life Sciences Sector Plan. It directs innovations towards the delivery of the government's three core NHS shifts (analogue to digital, hospital to community, and sickness to prevention), helping to transform patient care and narrow health inequalities, while fuelling UK economic growth, job creation, and improved health outcomes through innovation.

Purpose-built to enable effective collaboration between entrepreneurs and the NHS, the programme provides funding and support to high-potential, early-stage innovations to establish technical and commercial feasibility, whilst generating robust clinical evidence for NHS procurement.

For more mature products, SBRI Healthcare enables real-world implementation and adoption and spread, accelerating progression into routine care, large-scale deployment, and commercial scale-up.

Co-design is central to the model. Unmet needs are determined in close collaboration with frontline NHS staff, patients and system leaders, ensuring funded innovations are grounded in real-world challenges and deliver measurable impact. These innovations drive system performance by increasing efficiencies and productivity, reducing cost of care, and alleviating NHS workforce pressure - strengthening NHS resilience.

Funding competitions are open to a broad range of organisations with strong commercialisation pathways, including academia, NHS Providers, charities and corporates. The programme is particularly effective in supporting small and medium-sized enterprises (SME) growth, while anchoring innovation within the UK health system.

By aligning innovation, policy and procurement, SBRI Healthcare de-risks innovative solutions and ensures public investment translates into scalable solutions that deliver both system transformation and economic value.

The programme delivers against four core objectives:

- >To improve patient care and narrow health inequalities, while supporting the transition to low-carbon models of care
- >To increase NHS efficiency and productivity by reducing waiting times, optimising workforce capacity and lowering cost of care
- >To enable the NHS to become a global testbed for innovation and private-public sector partnerships
- >To drive UK economic growth by supporting SMEs, attracting investment and enabling global scale-up of health technologies, employment, and commercial scale-up.



A programme tailored to helping innovators succeed in support of patients

"Over the last 5 years Brain in Hand has benefitted significantly from support across the innovation ecosystem. We have received three prior SBRI Healthcare awards each of which has helped to build what is now a substantial evidence base for the effectiveness of the product and enabled both product development and achieving regulatory compliance."

Brain in Hand

"The SBRI Healthcare programme enabled us to move beyond a local success story and generate robust, real-world evidence for acute virtual wards at scale. It gave us the opportunity to independently evaluate outcomes across patient experience, health economics, health inequalities and environmental impact, and also to create a blueprint that can support wider NHS adoption."

Luscii

"SBRI Healthcare balance the role of project and delivery assurance while supporting our business objectives and goals. They are also proactive in refining their processes and support, which has made the collaboration feel genuinely progressive. Our Project Monitoring Officer feels like a member of the team, keen on helping us achieve success rather than someone policing our work."

Cyted Health

"The SBRI Healthcare programme has been instrumental in accelerating the real-world deployment of Brave AI across diverse NHS settings. What has been particularly valuable is the independent evaluation carried out by Health Innovation South West and SWART Health Economics. Having an objective, external assessment of how Brave AI performs in practice, and the conditions under which it delivers greatest impact, gives commissioners and NHS partners the confidence they need to adopt and scale the technology."

Bering

"The experience of Signatur Biosciences (SigBio) with SBRI Healthcare has been instrumental to the success of the project. The award was not only vital from a financial perspective, enabling key stages of development—but also in terms of the resources, guidance, and expertise it provided throughout the process. In particular, the emphasis placed on incorporating Patient and Public Involvement and Engagement was invaluable. This requirement strengthened our approach, ensuring that development remained grounded in real-world needs and perspectives, ultimately improving the relevance and impact of our work. Working with the SBRI Healthcare team has been extremely beneficial. Their support, responsiveness, and willingness to guide us at each stage made a significant difference. It is clear that the organisation is deeply committed to helping participants succeed and provides the necessary tools and advice to do so to the best of their abilities."

Signatur Biosciences

"We have had a very positive experience with the SBRI Healthcare programme overall. The application process was well-structured and the scope of the competition was well-defined, making it straightforward to align our proposal with the programme's objectives. The interview process was thorough and constructive, giving us a valuable opportunity to present our work and engage in meaningful dialogue with the assessors. We have been particularly impressed with the programme management delivered by LGC Group, whose communication, organisation and responsiveness have made the project setup process and subsequent adjustments smooth and professional."

Radiobotics

"SBRI Healthcare funding significantly de-risked CardMedic's growth by validating NHS demand and system benefit. It strengthened credibility with customers and investors, accelerating both UK adoption and US expansion."

CardMedic

"A strong programme for a scaling healthtech company — it funded meaningful Research and Development, forced rigorous evidence generation, and opened NHS doors."

Doc Abode

Low-carbon innovations for a greener NHS

The SBRI Healthcare programme has been a pioneer in supporting low-carbon innovations. Tailored funding was awarded through a number of funding competitions aligned with 'Delivering a 'Net Zero' NHS' and Greener NHS priorities.

The programme shaped a pipeline of innovations that reduce emissions across supply chains, clinical pathways, and workforce behaviours.

As the NHS continues its journey to Net Zero, SBRI Healthcare-supported projects demonstrate that innovation is not an add-on activity, but a core means for delivering environmental, clinical, and economic value simultaneously while enhancing patient outcomes.

Read more Net Zero case studies at <https://sbrihealthcare.co.uk/impact-case-studies/case-studies?cat=net-zero>



Web: <https://labcycle.org/>

Driving circularity in healthcare supply chains

LabCycle are on a mission to build the infrastructure for truly sustainable research. Their aim is to empower the research and healthcare sectors to transition seamlessly toward a Net Zero future to drive meaningful change for our planet and generations to come. Healthcare systems depend heavily on single-use plastics for safety and sterility, yet 99% of clinical plastic waste is currently incinerated or sent to landfill. LabCycle's AutoDecon is a novel system that safely removes lab contaminants from single-use plastic waste and recycles these materials into high-quality consumables such as test tubes and petri dishes.

IMPACT

- High material recovery rate: AutoDecon ensures over 95% recovery of materials after decontamination, maintaining the integrity and quality of polymers during the recycling process
- Reliable decontamination efficacy: Effective removal of contaminants while preserving the integrity of materials, meeting stringent safety and quality standards
- Low energy consumption: Without the need for heat or pressure, AutoDecon significantly reduces energy consumption compared to traditional methods such as autoclave
- Water-saving design: AutoDecon employs a water-conscious process that minimises usage while maintaining peak performance



Web: <https://www.supplychain.nhs.uk/news-article/sustainable-innovation-in-urine-testing-pee-in-pot-pip-now-available-through-nhs-supply-chain/>



Web: <https://teamjump.co.uk/>

Pivoting on low-carbon device design

The Pee-in-Pot (PiP) solution from Somerset NHS Foundation Trust replaces a multi-step, plastic-heavy urine collection pathway with a single, sustainable alternative. Traditional methods rely on multiple disposable plastic items, contributing to healthcare's growing carbon footprint. In contrast, PiP is made from fully biodegradable, bamboo-derived pulp and can cut emissions across the diagnostic pathway by up to 85%. Once the clinical sample is secured, the remaining PiP can be placed into a standard hospital macerator and safely flushed away. The product also simplifies workflows, removing up to four items from the process, reducing both cost and waste.

IMPACT

- Carbon Reduction: Life-cycle studies demonstrate that the PiP reduces the carbon footprint of urine collection pathways by 78% to 87%, saving roughly 3 tonnes of carbon annually in average Trusts
- Carbon Footprint Reduction Impact (Whole PiP for MSU pathway)
- Cost Efficiency: PiP is 50% more cost effective than current solutions because of its greener design, reduced time clinical staff spend decanting and labelling, and plastic incineration cost savings

Mobilising the NHS workforce to drive change

Achieving Net Zero in healthcare is not only a technological challenge—it also requires large-scale behavioural change. Through innovations like Jump, SBRI Healthcare is addressing this dimension by empowering NHS staff to actively reduce their carbon footprint. Jump provides a digital platform that enables staff to track, understand, and reduce their environmental impact through personalised actions and data insights. This is critical given that nearly 20% of NHS emission reductions depend on staff behaviour. The platform has already driven hundreds of thousands of sustainable actions across NHS organisations, with measurable reductions in carbon emissions and energy use.

IMPACT

- Projected 1.8 million kg CO₂e avoided as a result of employee actions
- 438 kg average CO₂e avoided per user per year across Jump's NHS programmes
- Working with a total of 65 clients across the private, public and third sector, including 25 NHS Trusts
- More than 80,000 total users registered across all programmes, with 718,000 actions completed by participating NHS staff

Decarbonising clinical pathways at scale

SBRI Healthcare is also accelerating transformation through innovations such as Ufonia's Dora, an AI-powered clinical assistant that delivers autonomous, telephone-based consultations. By replacing routine in-person visits, Dora reduces the need for patient travel, physical infrastructure, and resource-intensive care delivery.

IMPACT

- A Dora consultation can produce up to 97% less carbon than a traditional face-to-face appointment, with some pathways achieving 50–100x reductions in emissions
- Embedded in high-volume pathways such as cataract follow-up, this creates system-wide decarbonisation at scale while also improving access and efficiency. A hybrid carbon footprint analysis by the Centre for Sustainable Healthcare found that replacing traditional pre- and post-op face-to-face consultations with four Dora-led calls reduced emissions from 25.02 kg to just 0.25–0.50 kg CO₂e per patient. This equates to 129.31 kg CO₂e saved per 100 surgeries, or 16,037.9 kg annually across 14,500 procedures—the equivalent of 27 return flights from London to Munich
- Now active across 16 NHS Trusts and regions including Buckinghamshire, Oxfordshire, Berkshire West, Hampshire, and the Isle of Wight, Dora has facilitated over 75,000 consultations to date. This reflects a broader shift enabled by SBRI Healthcare—from incremental product innovation to whole-pathway redesign, where digital models of care simultaneously improve patient outcomes, system productivity, and environmental sustainability

SBRI HEALTHCARE IMPACT TO DATE

April 2013 - April 2026

*Data is taken from the SBRI Healthcare Annual Survey sent to the SBRI Healthcare portfolio, along with publicly available data

£182m+

Invested

379

Products



IMPROVED PATIENT CARE
AND IMPROVED NHS

>19.4M+ 37,922

Patients impacted
through trials or
sales

Sites accessed through
trials or sales

ENABLED THE NHS TO
ACCESS INNOVATION

414 3,814 176

IP granted

New collaborations
established

Products
sold in the
NHS

UK ECONOMIC GROWTH

£150M+ £1.26B+

Revenue generated

Private investment leveraged

4,295 £1.62B+

Jobs created /
retained

From 30 acquisitions

202

Companies with
commercial
revenues

113 £77M+

Products
exported

From 1 IPO



NHS Cancer Programme awards £14.4 million to accelerate new front-line innovations that detect and diagnose cancer earlier

In July 2025, the NHS Cancer Programme, supported by SBRI Healthcare, announced £14.4 million to seven innovations that improve the early detection and diagnosis of cancer. Innovation Open Call 3 specifically looked for approaches and products in the late stages of development that would increase the proportion of cancers diagnosed at stage one or two, and welcomed creative, future-proof innovations including medical devices, in vitro diagnostics, digital health solutions, behaviour interventions, software, artificial intelligence, and new models of care.

This was the third NHS Cancer Programme Innovation Open Call. The first awarded £9 million of funding to eight high potential innovations, and the second awarded £12.1million of funding for six high potential innovations.



Guy's and St Thomas' NHS Foundation Trust - awarded £2,254,634 - Accelerating Lung Cancer Diagnosis Through AI-Guided Robotic Navigation Bronchoscopy

A new diagnostic pathway combining AI-powered nodule risk stratification (Optellum) with robotic bronchoscopy (Intuitive ION) to improve early lung cancer diagnosis. The project aims to streamline multidisciplinary decision-making, reduce delays and repeat procedures, enhance the patient experience, and enable faster, safer biopsies for small lung nodules.



Lucida Medical - awarded £2,252,379 - AI-assisted prostate MRI for improving early detection and diagnostic efficiency of prostate cancer within the NHS

Pi™ is AI-based medical software that automatically analyses MRI scans for prostate cancer, the UK's most common cancer in men. Pi™ will be used by hospitals to improve accuracy and efficiency, help to quickly decide which patients need further investigations like a biopsy, and pilot a same-day biopsy service, enabling much faster diagnosis.



Cyted Health - awarded £1,849,778 - The Community Pharmacy Assessment for Barrett's Oesophagus and Reflux Symptoms (Project COMPASS)

Project COMPASS is bringing EndoSign® capsule sponge testing to pharmacies through a partnership between Cyted Health, Boots, and Cancer Alliances. The project aims to find those at risk of oesophageal cancer by tracking reflux medication purchases and reaching underserved communities.



Quibim Ltd – awarded £2,599,917 - Optimising Prostate Cancer Detection: Integrating QP-Prostate to Elevate Early Diagnosis Rates in NHS Pathways - Real-World Implementation Study

QP-Prostate® is software based on Artificial Intelligence (AI) that helps radiologists by automatically identifying potential prostate cancer. The project will evaluate if QP-Prostate® can increase the number of prostate cancer diagnoses and the proportion of cases diagnosed at an early stage from each participating hospital across England.



Appt Health - awarded £1,677,781 - Increasing the uptake of national screening programmes with smart targeting of low-uptake subgroups

Appt Health is an automated patient engagement platform that boosts cancer screening uptake through personalised, behaviourally informed outreach. This project focuses on increasing cervical and lung screening attendance in underserved populations by using data-driven targeting, co-designed messaging, and streamlined booking to reduce inequalities and support earlier diagnosis.



The University of Manchester and NIHR Manchester Biomedical Research Centre – awarded £1,294,330 – SEARCH: Implementing and Evaluating Lung Cancer Screening for high-risk Hodgkin Lymphoma survivors within the NHS Lung Cancer Screening Programme

SEARCH is a national multicentre project aimed at implementing and evaluating extended eligibility criteria and a modified risk calculator for screening of high-risk Hodgkin lymphoma survivors within the NHS Lung Cancer Screening Programme.



University of Exeter – awarded £2,497,373 - HELP Flag: Age- and Sex-Stratified Upper Thresholds for Platelet Count in Primary Care-Ordered Blood Tests for Expedited Cancer Diagnosis

HELP Flag harnesses natural variation in platelet count to identify patients at risk of cancer. It includes a laboratory-based alert for routine primary care blood tests that have high platelet counts, and provides an evidence-based pathway for GPs to triage patients with raised platelets.



“

"We have found the SBRI Healthcare team to be particularly helpful and supportive – they have taken on board our feedback around local Information Governance and contracting challenges and have proactively assisted in helping to unblock delays at sites. They have also been available and responsive to the Lucida team throughout the project which has been much appreciated, as well as being very understanding of the challenges we have faced. The project has been of tremendous value to the company as well as to fostering innovation in cancer detection and helping to create new and long-lasting partnerships with NHS partners. The quarterly meetings organised by the SBRI Healthcare team have been particularly helpful for both Lucida and sites to share learning and updates."

Lucida Medical

“

"The Health Innovation Networks have supported us with implementation - flagging opportunities to implement within their region. They have corralled relevant clinical groups and dovetailed with Cancer Alliances to present the offer. This has been instrumental in getting the innovation into practice."

University of Exeter

A scalable remote monitoring platform enabling proactive, hospital-level care safely delivered at home

Luscii is a remote monitoring platform that addresses the critical NHS challenges of rising demand on acute hospital services, increasing bed occupancy, and the need to deliver safe, effective care closer to home.

Through the Luscii platform, clinicians can remotely monitor patients across multiple acute pathways, including respiratory medicine, frailty, haematology and acute general medicine. Clinical teams can identify deterioration earlier and intervene before patients require acute treatment and patients who would traditionally remain in hospital are able to receive hospital-level care safely at home. The platform combines a patient app, clinical dashboard, intelligent alerting, video consultations and pathway specific monitoring.

Supported by SBRI Healthcare, Luscii was able to conduct an independent evaluation of the Luscii-enabled Acute Virtual Ward (AVW) service at Maidstone and Tunbridge Wells NHS Trust (MTW), and to create a blueprint for scaling AVWs. The evaluation included health economic, environmental and health inequalities evidence to support wider NHS adoption.

The project also supported MTW and Luscii in establishing a Patient and Public Involvement and Engagement Steering Group (PPIE Steering Group) which co-designed the evaluation as well as other parts of the AVW service, including patient-facing materials.

GROWTH & COMMERCIAL TRACTION

-CE Class IIa certified clinical engine under MDR

-DTAC and Cyber Essential certified

-To date, implemented over 350 remote care programmes across 11 countries

-225+ unique pathways supported for various long-term conditions, including heart failure, COPD and asthma

-Partnership with Graphnet Health to transform NHS care for 500,000 patients

-Estimated reduction of approximately 11.5 kgCO₂e per virtual ward admission compared with equivalent inpatient care, driven primarily through reduced hospital utilisation and avoided bed days

BENEFITS TO THE SYSTEM

-As of May 2026, Luscii has been implemented in 15 ICBs, 20 Trusts, and ~15 PCNs

MTW's service operates as a generalised, 24/7 acute virtual ward designed to improve patient flow and release hospital capacity at scale. The MTW evaluation demonstrated:

-An average reduction of 4.36 hospital bed days per patient, with respiratory pathways achieving reductions of over 6 bed days per patient

-Positive economic impact, with a benefit-cost ratio (BCR) of 1.33, meaning £1.33 of value generated for every £1 invested (independent evaluation at MTW)

-Pilot modelling demonstrated a net present value (NPV) of approximately £635k for MTW, with projected regional scale-up across the South East showing a potential £5.4m five-year NPV

BENEFITS TO PATIENTS

-230,000+ patients supported globally through remote monitoring and virtual care pathways, including 40,000 within the NHS

-Fully compliant with the accessibility requirements of WCAG AA standards, ensuring that all patients, including those with disabilities, can easily navigate and utilise the app. Users can leverage the built-in accessibility settings on their phones to customise the app according to their specific needs

The MTW evaluation demonstrated:

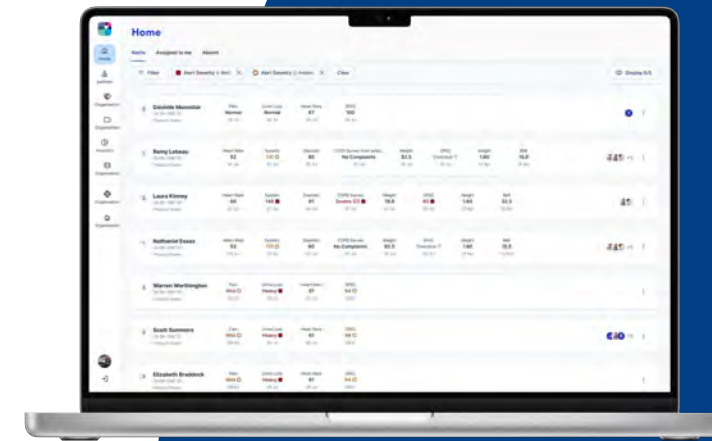
-94% of MTW virtual ward patients agreed that receiving care at home positively impacted their wellbeing

-Net Promoter Score (NPS) of 68.7, demonstrating high patient satisfaction and likelihood to recommend the service

-Lower hospital returns and readmissions compared with matched non-virtual ward patients, supporting safer recovery and continuity of care at home

-Mortality rates within the MTW virtual ward cohort were significantly lower than expected at 1.4% compared with an expected 5.1%

-92% of MTW virtual ward patients were successfully discharged from the service without requiring transfer back into hospital care



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Email: cecilia@luscii.com
LinkedIn: <https://www.linkedin.com/in/ceciliaprice/>
Product video:



“

I found the Virtual Ward a totally positive experience. Being monitored from home helped my mental wellbeing and every member of staff I came into contact with was caring and supportive.”

Acute Virtual Ward patient



C the Signs: Redefining the future of cancer care



Dr Bea Bakshi, Co-founder and CEO, C the Signs

Website: cthesigns.com

Hi Bea, please tell us about your company - what is the story behind C the Signs?

C the Signs is an AI-powered cancer detection platform that identifies risk across 107 cancer types with 99% sensitivity, meaning it identifies almost every patient with cancer, using existing medical records and patient-reported data.

The platform was founded by myself and Miles Payling - both NHS doctors - after losing a patient to a missed cancer diagnosis, and was built to solve a problem that had gone unaddressed. Current screening programmes cover four cancers, accounting for 14% of cancers diagnosed. The remaining 86% of patients, where 70% of cancer deaths occur, have limited pathways to early detection. C the Signs exists to change that. Its mission is to shift cancer detection earlier, giving every patient the best chance of survival. The platform analyses electronic health records in real time to identify patients at risk, predict tumour origin, and direct them to the right care pathway, often before either the patient or their GP suspects anything is wrong. Its clinical effectiveness is backed by more than 17 peer-reviewed studies in leading national and international health journals, and it is now the largest implementation of AI pan-cancer detection in the NHS.

"C the Signs received a grant for £1M from SBRI Healthcare in 2019, which has contributed significantly to the company's ability to bring early detection to the UK."

C the Signs brings care closer to home and strongly contributes to closing the inequality gap. What is your approach?

For almost 100 years, cancer detection has relied on screening tests that cover only a handful of cancers and are available only to certain populations. C the Signs is making early cancer detection accessible to all patients, with the youngest patient detected with cancer being 2 years old, and the oldest being 97. The impact of our work in diverse communities was recognised through the Cartier Women's Initiative Award, which highlighted the role C the Signs is playing in improving representation and access in cancer detection. In 2023, C the Signs was implemented in primary care practices in the UK to evaluate the impact in areas of socio-economic deprivation. It was found that cancer detection rates increased from 48.6% to 50.8%, compared to control sites where the cancer detection rates declined.

From the beginning, one of our founding principles has been "early cancer detection for all." We know that the patients most affected by cancer are often those from underserved communities, including ethnic minorities and lower-income backgrounds, who face poorer outcomes and are more likely to die from a cancer diagnosis. That mission continues to guide how we build and deploy C the Signs.

Where and how is your innovation being used by clinicians and patients? What are some of your company's biggest achievements to date and proudest / career defining moments?

C the Signs is deployed across more than 1,500 GP practices in the NHS and used by over 11,000 healthcare professionals. The platform analyses patient data in real time, identifying a new patient with cancer risk every five minutes and detecting a new cancer patient every 22 minutes. To date, it has helped identify over 100,000 patients with cancer across the NHS, 50,000 of which have been in the last 12 months. Another huge accomplishment was detecting over 107 distinct cancer types, even those that don't have a dedicated screening programme.

The real-world impact is measurable. Cancer conversion rates—a measure of how efficiently cancer is detected through testing—have improved by 20% compared to the NHS England national average, and 95% of clinicians act on C the Signs recommendations, helping patients get to the right care pathway.

I am proud that we have achieved so much to advance early detection. C the Signs has 19 patent applications filed globally, with patents already granted in the U.S., Japan, and Europe, which were career-defining moments, validating that what we have built is genuinely new.

I am also proud of the impact we've had on real people's lives - this year, C the Signs introduced Jess's Rule, a new safeguard within the platform inspired by Jessica Brady, a 27-year-old whose cancer was diagnosed too late after several visits to her doctor with subtle, persistent symptoms. Designed to support earlier detection, the feature alerted clinicians when patients returned multiple times with unresolved symptoms, prompting a timely cancer risk assessment and helping ensure more patients were identified sooner.

Please tell us about your journey as an entrepreneur/innovator. Who is your role model and what has been the best advice you have received to date?

My journey as an entrepreneur began while working in primary care, where I worked for a decade directly with patients. It wasn't until a shift in the ER, where a patient who was a previously healthy marathon runner was diagnosed with advanced pancreatic cancer, that I was confronted with how often cancer is missed and the devastating consequences of late-stage diagnosis. That experience, combined with my background in public health and digital policy, shaped my conviction that the problem with cancer is timing.

From there, my co-founder Miles, and I built a prototype in 2017 and chose to turn it into a company when existing systems and charities wouldn't adopt the approach at scale. We focused on rigorous evidence, clinical safety, and ethics, publishing peer-reviewed work, pursuing medical-device pathways and patents, and committing to GDPR/HIPAA compliance. The journey has been about earning clinical trust and demonstrating that AI-powered early detection can be integrated into health systems in a way that genuinely saves lives. Every milestone, from our first GP practice to over 1,500 across the NHS, has been earned through demonstrated impact.

What advice would you give to a healthcare entrepreneur just starting out about how to build a team and venture? What characteristics do you think are needed for a CEO to thrive in today's healthtech ecosystem?

Build a team that aligns with the mission - Building a team with the same goals is important in healthtech because the work is hard and the timelines are long, so people who are committed to solving the problem are more dedicated than others.

The value of having a co-founder - Having someone to bounce ideas off of and share in victories and failures really makes a difference. For me that's been Miles, and having him on this journey has provided me peace of mind and reassurance.

The characteristics in my experience you need as a CEO are resilience and patience for long adoption cycles. Healthcare moves slowly, and a CEO needs to avoid burnout to make it to the payoff.

As an entrepreneur, what was a main setback you experienced and how did you overcome it?

One of the biggest challenges we're facing is more of an ongoing hurdle. Getting a new approach to cancer detection implemented at scale within the NHS health system requires the buy-in of healthcare professionals.

The problem comes down to how little exposure most physicians have to cancer in their careers. A GP might only see 6-8 new cancer cases a year, and for many cancer types, they may only encounter one case in their whole career. That makes it hard for a clinician to spot the signs, especially in a 10 to 15-minute appointment window.

So we worked to reframe the problem and started asking how to improve cancer detection within the 10-minute window they already have with a patient. We made the technology fast enough that it returns an answer in under 60 seconds, and integrated it directly into clinical systems so it could influence decision-making in real time.

In a challenging ecosystem, how did you get traction in the NHS? Any suggestions you can share with other entrepreneurs about how to win a contract with the NHS?

In the early days, our focus wasn't on selling to the NHS, it was on proving that we could solve a genuine clinical problem. We worked alongside frontline clinicians to develop and pilot C the Signs within real NHS workflows, making sure it integrated into existing systems rather than asking clinicians to change the way they worked. Once we demonstrated measurable improvements in real-world practice, adoption followed. We showed earlier stage diagnosis, faster time to diagnosis, improved cancer detection rates and better use of diagnostic capacity. Clinicians became our strongest advocates, helping drive adoption across neighbouring practices and health systems.

Alongside clinical outcomes, we invested heavily in building trust. That meant achieving medical device certification, publishing peer-reviewed evidence, meeting NHS information governance requirements and integrating seamlessly with existing clinical systems. NHS organisations need confidence that innovation is safe, evidence-based and will create efficiencies.

Over time, the results have spoken for themselves. C the Signs is now used across more than 1,500 GP practices and has helped identify over 100,000 patients with cancer, and 95% of clinicians act on C the Signs' recommendations. We've also shown that AI can improve referral quality and make better use of diagnostic capacity, predicting tumor origin with 94% accuracy, helping patients get to the right pathway sooner.

For other entrepreneurs, I'd say focus on solving a genuine clinical need, creating efficiencies and be prepared to back your solution with robust evidence. In the NHS, trust is earned through demonstrating real-world impact.

What is your experience of working in the US? What advice would you give to others?

The US is an exciting market to be expanding into, with enormous opportunity within US health systems to implement early detection and shift cancer care at both a systemic and an individual level. C the Signs is working to establish early detection as a key driver of cancer survival, complementing advances in treatment.

Finding the right advisers has been central to navigating the complexity of the US healthcare system. My advice is to align yourself with genuine champions of your work who can guide the path forward. Greg Simon has been instrumental as a US adviser, working with C the Signs on the path to approval by the US Food and Drug Administration (FDA) and helping lay the groundwork for a national rollout. It is equally important to find early adopters in the cancer care community: the people willing to implement the platform into their systems and prove its effectiveness in practice.

As C the Signs scales, looking back, what were the key achievements to enable growth? And looking forward, what are your ambitions and the key challenges ahead?

C the Signs is now the largest implementation of AI pan-cancer detection within the NHS, demonstrating both clinical trust and national scalability. Its effectiveness has been validated through more than 17 published studies in leading journals, presented at ASCO, ESMO, SABCS, AACR and the NCI Cancer Health Disparities Conference, achievements that built the clinical trust needed to scale from a single GP practice to more than 1,500. That growth is now moving beyond the GP consultation into proactive detection. With Somerset NHS Foundation Trust, one of the first Trusts in the country to do so, we have recently launched our latest case-finding programme that identifies people at higher risk of oesophageal cancer before symptoms may even appear, with early-stage cancers already detected.

Extending proactive case finding across the NHS is a central ambition: reaching the 86% of patients whose cancers fall outside national screening programmes. Our evidence base has also been validated internationally. In a study validated by the Mayo Clinic, C the Signs analysed more than one million patient records and identified 1 in 4 patients with cancer up to five years before their diagnosis.

In late 2026, C the Signs will expand into the US market with plans to assess 250,000 people. Navigating a very different regulatory and healthcare landscape, while continuing to deepen our impact across the NHS, is the road ahead.

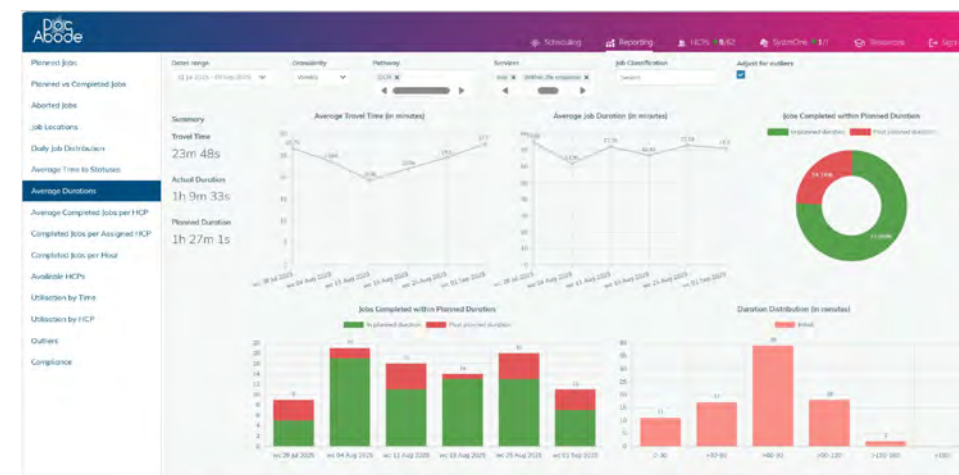


Improving urgent community response capacity planning through data-driven scheduling and coordination

The Urgent and Emergency Care (UEC) system in the NHS faces significant challenges, particularly in effectively aligning patient demand with healthcare workforce capacity. Current manual processes and legacy systems are often unable to provide the flexibility and responsiveness required to ensure timely care. This leads to delays, overcrowded emergency departments, unnecessary hospital admissions, and over-reliance on overstretched ambulance services. Additionally, rigid scheduling systems contribute to wasted resources and increase staff burnout.

Doc Abode overcomes these barriers by implementing a dynamic scheduling and coordination platform. It contains a comprehensive suite of interoperable modules enabling healthcare providers to develop and manage an agile and flexible workforce. Functionality includes dynamic scheduling designed to organise multidisciplinary teams when rapid, priority responses are required; planned care scheduling designed to reduce the burden of care plan scheduling for NHS teams, and on-demand scheduling - a same day demand management module that extends traditional workforce management access to a wider bank of clinicians at times of escalation.

The SBRI Healthcare programme enabled the evaluation of the AI-enhanced platform across three UEC sites. The implementation involved 40,000+ patients. Data confirmed that the solution optimises the process of assigning healthcare professionals to patients, ensuring that care is provided as quickly as possible and closer to home, improving both patient outcomes and staff wellbeing whilst generating substantial NHS savings and productivity gains.



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BENEFITS TO THE SYSTEM

- In use in 17 NHS services across multiple regions
- Increased patient throughput: +30% service capacity
- Jobs per Health and Care Professional (HCP) increased from 3.26 to 5.32 per shift in a London Urgent Community Response service
- Reduced visit times from 120 to 90 minutes in Camden's Rapid Access Services
- Reduced travel time from 30.4 to 26.0 minutes, equaling roughly 73 additional clinical hours per month
- Reduced Schedule Gaps: Eliminated the pattern of premature closing and reopening of daily capacity
- More Accurate Capacity Planning: Shift coordinators can now schedule based on actual visit durations rather than over-allocated time blocks
- Evidence-Based Decision Making: Data-driven confidence to adjust allocations without compromising clinical quality
- UCLPartners ROI modelling estimates £76m per year in NHS savings if implemented across the whole of the London region

BENEFITS TO PATIENTS

- 134,226 initial visits managed
- 42,812 indirect contacts established
- 147,129 direct contacts facilitated
- 42,984 vaccinations conducted
- Faster access to urgent care at home. Patients are seen more quickly by the right clinician because available workforce capacity can be matched more accurately to real-time demand
- More care delivered closer to home. Improved scheduling allows urgent community response teams to accept and manage more referrals, helping patients avoid unnecessary ambulance conveyance, ED attendance or hospital admission
- More reliable and responsive care. A reduction in scheduling gaps, travel time and over-allocation allows teams to provide more consistent services with fewer delays and greater confidence that urgent visits can be completed safely in the required time

GROWTH & COMMERCIAL TRACTION

- On G-Cloud 15, BOS2 and Spark DPS Frameworks
- 4 new contracts (Central London Community Healthcare NHS Trust, North Middlesex, Whittington NHS Trust, and East Sussex Healthcare NHS Trust) in FY 25/26
- 12 jobs safeguarded and/or created
- DTAC and DCB0129 Clinical Safety compliance
- Cyber Essentials Plus Certification
- Secured an IP-backed loan from NatWest (2026)
- Part of the West Yorkshire Propel Scale Up Programme
- Part of Innovate UK's Scaleup Programme



"It has given the autonomy to the clinician. It has given the visibility to the coordinator. And it has given us the confidence to accept referrals we would have previously declined. That is what has helped."

Arul Bangalore, Advanced Clinical Practitioner, Hospital@Home, and Clinical Lead for Islington Urgent Community Response (UCR) and Virtual Wards



Empowering neurodivergent employees to achieve more with personalised specialist coaching and smart digital tools

UK businesses could gain around £30 billion from improved employee health (IPPR, 2024). Neurodivergent employees experience poorer workplace wellbeing and psychological safety, alongside barriers to support (Birkbeck & Neurodiversity in Business, 2026). Together, these findings highlight the need for scalable, practical, evidence-based support in the workplace.

Brain in Hand (BiH) is a personalised digital support service that helps neurodivergent individuals manage challenges in work and everyday life. BiH combines a structured digital platform providing practical tools and real-time coping strategies, with personalised human support available 24/7 to build confidence, accountability and self-management skills.

BiH helps people manage day-to-day challenges before they escalate, building greater independence and confidence at work and in everyday life, while reducing pressure

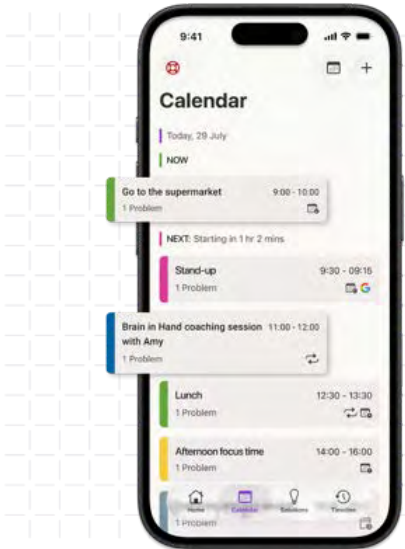
on wider health and support services. High-quality, independent evaluation shows that BiH helps people feel more supported, improves wellbeing and enables them to manage daily life more effectively.

The impact of BiH in the workplace was evaluated through an SBRI Healthcare supported independent, longitudinal study conducted by the Behavioural Insights Team using a sample of 278 autistic and ADHD employees (including 88 working within NHS settings). Data was collected at baseline, 3 months, and 6 months using validated measures of wellbeing, mental health, functional ability, and work performance, alongside qualitative interviews. Engagement with BiH was high: 74% of participants attended 3+ coaching sessions, and over half of participants were active in the app for at least half of the study period. Consistent engagement was strongly associated with improved outcomes.

Participants who engaged regularly experienced almost double the improvement in wellbeing, while 85% of those who reduced absence had engaged with coaching. Improvements in energy and wellbeing were also linked to greater gains in work performance. This demonstrates that structured, sustained engagement with both digital tools and coaching is a key driver of impact, amplifying outcomes across wellbeing, productivity, and absence reduction.



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Purchasing link: <https://www.braininhand.co.uk/sectors/>
Video QR codes: User testimony and product pitch



BENEFITS TO THE SYSTEM

An SBRI Healthcare-backed independent, longitudinal study showed:

Productivity and performance

- 51% of participants demonstrated meaningful improvement in work performance
- Improvements in wellbeing were strongly associated with greater productivity gains

Absence

- 68% of those with baseline absence reduced absence meaningfully
- High-absence individuals reduced absence by approximately 90 hours over a month period

Retention risk

- 45% of employees at high risk of leaving were no longer high risk at 6 months
- Estimated £2,700–£3,400 per employee per year in productivity-related cost savings, increasing to £3,900–£4,700 for consistently engaged users. When combined with reductions in health-related absence, total estimated savings range from £2,400–£3,100 per employee, rising to £7,900–£9,800 in higher-risk groups

BENEFITS TO PATIENTS

- Used by 8,000+ neurodivergent people a year
- Flexible delivery via mobile, phone, video, and email, supporting individuals with varied communication, cognitive, and sensory preferences
- 666 employees started being supported by BiH in 2025/26

An SBRI Healthcare-backed independent, longitudinal study showed:

Wellbeing and mental health

- 48% reported meaningful improvements in wellbeing
- 67% reported reduced stress
- Moderate-to-severe anxiety reduced by 23 percentage points
- 54% reported reduced mental fatigue

Functional ability and daily life

- 38% achieved clinically meaningful improvements in functioning
- Participants reported improved ability to manage day-to-day tasks and work demands

Work experience and engagement

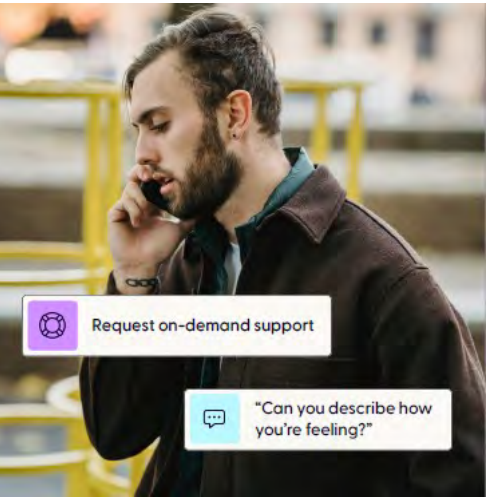
- Participants were 52% more likely to feel confident at work
- Participants were twice as likely to feel energised in their roles
- Qualitative findings showed improved self-awareness, planning, and emotional regulation driving these changes

GROWTH & COMMERCIAL TRACTION

- In use in 30 sites/Trusts/ICBs/GPs
- DTAC compliant
- Recipient of £1M Innovate UK Combined Investor Programme grant which triggered match funding of £1.6m from investors
- Generated over £1m in employee-support related billings
- Key partnerships with re-sellers and distributors in the employee health and wellbeing sector including Hypertec, Health Partners, Maximus & Remtek
- Winner of a Sunday Times Best Place to Work Award
- Enrolled into UK EDGE Global Business Innovation Programme
- NHS Innovation Accelerator alumnus

"I have felt more productive at work because I am more able to prioritise my time and pre-emptively book in rests or time to decompress and also ensure that I'm not overdoing things. This means I've not had any work absences for the past 3 months. This is mostly due to the coaching sessions."

BiH user



The accessible communication platform for healthcare, enabling safe, equitable communication across language and communication barriers

Communication barriers arising from low health literacy, language differences, cognitive impairment, and sensory loss contribute to delays, safety risks, extended hospital length of stay and health inequalities when appropriate communication support is unavailable.

CardMedic is a clinical communication platform that brings together clinically assured multilingual content, accessibility tools, AI-assisted communication and existing professional interpreter services, all in one place. This includes 50+ languages, alongside Easy Read, Read Aloud, Sign Language, Live Translate functionalities and seamless access to professional interpreters. By combining clinically assured content, AI-enabled language support and professional interpreter access, CardMedic enables rapid translation, improves accessibility and ensures the right communication method at the right time.

Through the SBRI Healthcare project, an independent evaluation of CardMedic was carried out within an urgent and emergency care setting. The independent evaluation found consistently positive outcomes across communication, workflow efficiency and user experience.

100% of surveyed urgent care staff reported that CardMedic improved communication with patients compared with previous methods, while 96% reported that it was faster than existing approaches. Staff also reported reduced delays in accessing communication support and positive experiences using the platform's multilingual communication, live translation and interpreter access capabilities.

During the evaluation period, CardMedic demonstrated significant real-world utilisation, with more than 1,800 registered users and over 7,500 patient interactions across the platform, delivering a demonstrable reduction in the cost per interaction while improving staff experience.

From a patient perspective, the evaluation found evidence of improved accessibility, understanding, confidence and experience, particularly for people facing language and communication barriers.

Overall, the evaluation demonstrated the value of the CardMedic Blended Communication Model, combining clinically assured multilingual content, digital language support and professional interpreter access within a

single platform. The findings indicate that this approach can improve communication, patient experience and workforce efficiency, deliver a demonstrable reduction in the cost of communication, and support health systems to reduce health inequalities and provide more equitable, person-centred care

GROWTH & COMMERCIAL TRACTION

- Available on G-Cloud 15
- Fully compliant with GDPR and UK data protection
- DPIA completed and aligned to NHS DTAC standards
- Year-on-year revenue growth driven by healthcare adoption
- Strategic partnerships with local, national and international Language Service Providers and healthcare technology partners
- Expanding commercial presence in the US
- Raised £1.1M private capital to date
- 6 jobs created/safeguarded
- Supported by Texas Medical Center and the Mayo Clinic Innovation Exchange
- Clinical Entrepreneur Programme and NHS Innovator Accelerator alumni



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Purchasing link: <https://www.applytosupply.digitalmarketplace.service.gov.uk/g-cloud/services/557256146918351>

"Total gamechanger. Migrant worker presented with atypical abdominal pain....Super quick and easy to use. Saved so much time, love it!"

ED Consultant

"CardMedic gives us immediate access to multilingual content and our existing interpreter providers in one place. It saves time, reduces risk and improves patient experience across the Trust."

ED Consultant

"Being able to understand everything in my own language straight away made a huge difference. I felt calmer, involved and able to give proper consent."

Patient

BENEFITS TO THE SYSTEM

-Implemented across 25+ NHS Trusts across Emergency departments, ambulance, inpatient, maternity, outpatient, and community and primary care settings

-100% of staff surveyed reported that CardMedic either greatly improved or improved communication with patients compared with previous methods, while 96% reported it was much faster or faster than the approaches they had used previously

-Delivers a demonstrable reduction in the cost of communication through the CardMedic Blended Communication Model, combining clinically assured content, digital language support and professional interpreter access

BENEFITS TO PATIENTS

--7500 patient communication interactions supported during the independent SBRI Healthcare evaluation at University Hospitals Sussex

-28% increase in patient confidence when using CardMedic

-Provides clinically assured communication in 50+ languages, alongside Easy Read, Read Aloud, Sign Language support and interpreter access

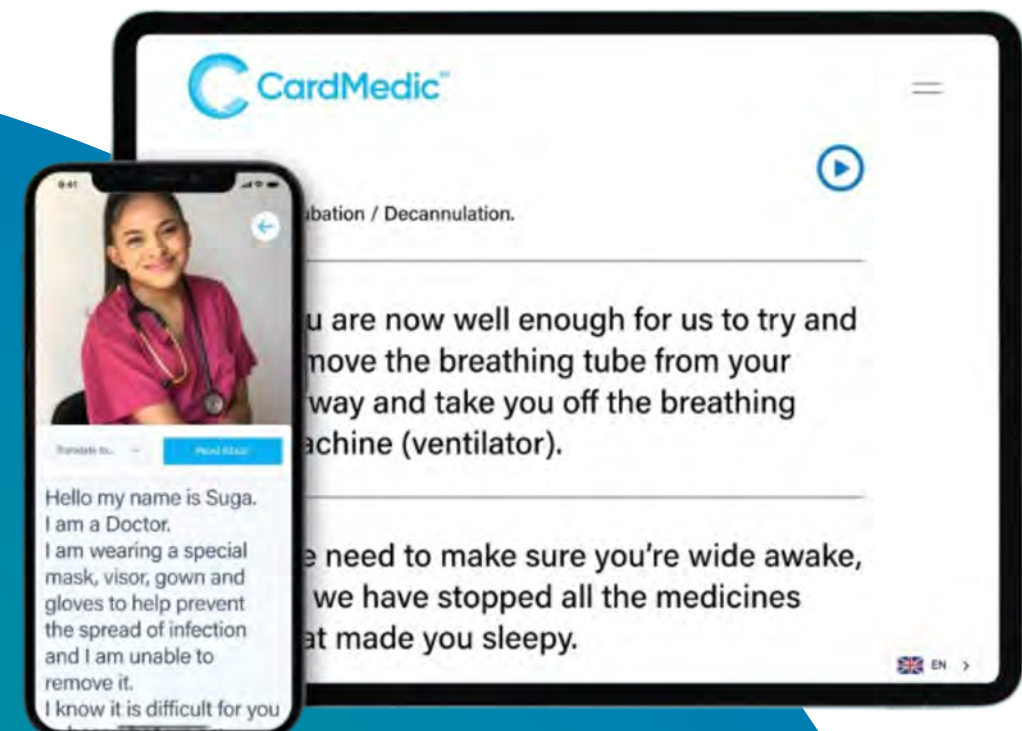
-Statistically significant improvement in patient satisfaction ($p < 0.001$) when CardMedic was used in a US study

SOCIETAL BENEFITS

-Set up the CardMedic Foundation to contribute towards global health equality aligned with WHO Global Health Policy & UN Sustainable Development Goals

-Supports health systems to reduce health inequalities, including alignment with initiatives such as NHS England CORE20PLUS5, by improving access for underserved and inclusion health populations

-Reduces printed materials, avoidable repeat appointments associated with communication barriers, and travel for face-to-face interpreting





NeuroRehabilitation OnLine (NROL) - a real time stroke rehabilitation delivery model offering online group therapy

Stroke survivors need intensive rehabilitation to regain function, but many cannot access enough therapy due to travel, time constraints, or a lack of local services and a shortage of therapists.

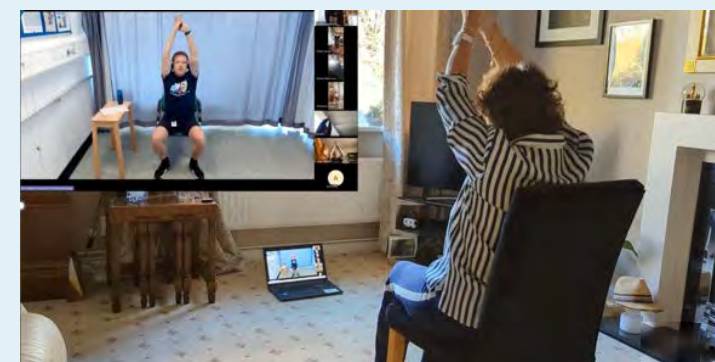
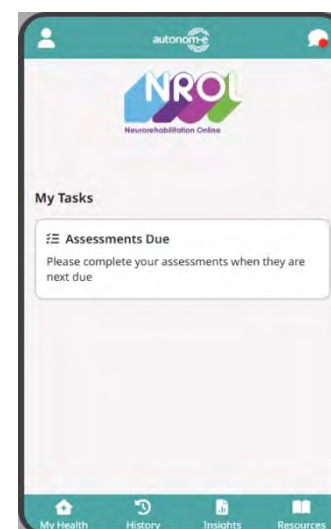
NeuroRehabilitation OnLine (NROL) enables patients to access therapy from home via online sessions, supported by a digital platform and app (Autonom-e).

NROL transforms community neurorehabilitation, enabling services to deliver more intensive, accessible, efficient and sustainable care to more patients within existing constraints.

The SBRI Healthcare programme enabled the evaluation of NROL and supported its expansion to improve patient access to rehabilitation services for stroke recovery. Findings showed that the NROL model, enhanced by the Autonom-e digital platform, delivers significant efficiency and productivity gains aligned with NHS priorities and NROL represents a scalable and replicable model across regions.

Patients receive approximately 4.6 times more therapy than standard of care through group-based digital sessions, allowing services to increase output without proportional increases in staffing. This allows for more efficient workforce use, with staff-to-patient ratios of 0.2–0.4, compared to near 1:1 in traditional care.

Clinical outcomes demonstrate clinical effectiveness alongside strong acceptability. 60–75% of patients improve or maintain their status, with 29–40% achieving clinically significant improvement. Functional outcomes also improve significantly, with 82–86% of patients showing improvement or stability. Patient experience is highly positive. Around 94% rate NROL as good or very good, 89% consider it important to their rehabilitation, and up to 91% value peer support. NROL also generates significant resource savings. By removing clinician travel, the model avoids 37,000–47,000 miles annually, frees 1,250–1,650 clinical hours, and delivers £22k–£28k in annual cost savings. It also contributes to sustainability, reducing carbon emissions by 11.5–15.2 tons of kgCO2 per year.



Name & title: Mr Adam Partington, Neuro Rehabilitation OnLine Operational Lead
Organisation: East Lancashire Hospitals NHS Trust; Neuro Rehabilitation Online (NROL)
Website: <https://elht.nhs.uk/services/therapy-services/neuro-rehabilitation-online>
Email: adam.partington@elht.nhs.uk
Product video and user testimonial video:



“The service is a life line. There to help, support and reassure that there will be a light at the end of the tunnel.”

Patient

“Seeing patients empower each other changed the whole feel of rehab.”

Clinician

“NROL is increasing consistency between what is offered in face-to-face and online.”

Clinician

BENEFITS TO THE SYSTEM

- Implemented in 21 different therapy teams across 14 NHS hospitals
- 4.6x greater therapy intensity without the need for a proportional increase in staffing (staff-to-patient ratios of 0.2-0.4 vs ~1:1 in traditional care)
- Frees up to 1,658 clinical hours per year
- £22k-£28k annual cost savings – cost per contact reduced ~81% (from £59 to £11)
- Increased access and reduced waiting times
- Reduced admin through digital workflows

BENEFITS TO PATIENTS

- 787 patients benefitted
- Patient experience was highly positive - 94% good or very good, 89% consider it important to their rehabilitation and 91% value peer support
- 60-75% improved or maintained quality of life >82-86% improved functional outcomes (across mobility, speech, confidence & wellbeing – improved motivation, self-management and reduced isolation)
- Pro-equity innovation that removes structural barriers, embeds digital inclusion, and adapts through patient feedback

GROWTH & COMMERCIAL TRACTION

- Commissioned by Lancashire and South Cumbria ICB
- 5 jobs safeguarded
- Key partnerships developed with Elaros 24/7 (which will provide a Free lifetime digital system 'Autonom-e' licence), HIN North West Coast, Lancaster University, SameYou
- 11,523-15,213 kgCO2 saved annually alongside 37,777-47,311 miles of avoided travel
- Awarded Region Champion for 'Patient choice' at the NHS excellence awards
- Won an Advancing Healthcare Award for 'Best Collaboration across Clinical, Academia and Industry'



Brave AI - a proactive care intelligence platform that identifies unmet need, enabling integrated neighbourhood teams to deliver proactive care

The NHS faces a growing challenge of reactive, fragmented care that fails to identify patients with unmet need before they deteriorate. Integrated Neighbourhood Teams lack the tools to systematically surface at-risk populations and translate data insights into coordinated proactive action.

Brave AI addresses this by combining machine learning-driven case finding with a population health management platform, generating personalised risk, demand, and complexity scores from routine primary care records. Unlike conventional tools that focus only on the highest-risk individuals, Brave AI identifies patients with emerging, actionable need, surfacing patients most likely to benefit from early intervention but not yet on clinical radar.

Brave AI directly targets the CORE20PLUS5 "PLUS" groups, specifically people living with moderate and severe frailty, those with multiple long-term conditions, people with learning disabilities, people with dementia, housebound individuals, and care home residents, all groups who disproportionately experience poor health outcomes and face the greatest barriers to accessing proactive care.

Brave AI is designed to address the inverse care law: identifying patients with the highest need who are least likely to self-present or be visible through routine clinical contact, and proactively bringing care to them.

What makes Brave AI uniquely value-adding is its ability to move teams from prediction to action: embedding structured cohort identification, Multidisciplinary Team (MDT) review, and proactive outreach into repeatable neighbourhood workflows.

The SBRI Healthcare-backed project enabled a mixed-methods independent evaluation across three PCNs over a six-month live usage period to capture early insights into feasibility, acceptability, and value of Brave AI, combining descriptive quantitative analysis, patient-reported outcomes and experience data, and qualitative insights.

Evidence shows a 8:1 return on investment through avoidance of unplanned hospital admissions and a 48% reduction in patient-reported concerns.

BENEFITS TO THE SYSTEM

- Deployed across 50 PCNs in England
- Covering a population of over 2M monthly registered patients
- 12,965 total healthcare utilisation events avoided across a modelled 900-patient ICB cohort over 36 months
- Falls reduced from a mean of 2.3 to 0.2 per patient following MDT review in house-bound patients
- Medication optimisation evidenced through reduction in mean prescribing (44.9 to 39.4 courses), reducing polypharmacy and associated demand
- ReSPECT and Personalised Care and Support Plan (PCSP) completion in 100% of patients, reducing duplicated assessments and reactive crisis planning
- £1.1 million in total estimated cost savings (primary, secondary and social care) per proactive Integrated Neighbourhood Team
- 8:1 gross return on investment over 36 months at neighbourhood level (900 patients), with net NHS savings of £7.43 million
- Annual cost saved per patient ranges from £2,306 (mild frailty) to £4,098 (severe frailty)

BENEFITS TO PATIENTS

- Over 2 million patients are risk stratified every month
- On average, 150 patients are reviewed proactively every year by an Integrated Neighbourhood Team using Brave AI
- 91% of patients reported that proactive contact helped them feel more confident about their care
- Patient-reported concerns reduced by 48% following Brave AI-informed MDT intervention
- Patient-reported wellbeing improved by 22%
- Projected 12,965 total healthcare utilisation events avoided per ICB over 36 months
- Falls reduced from a mean of 2.3 to 0.2 per patient following MDT review in house-bound patients
- GP face-to-face consultations reduced by 48% following OT-led Brave AI intervention, freeing patients from unnecessary primary care contact
- Improvements observed in anxiety and depression domains of EQ-5D-5L
- Brave AI systematically identified patients who had dropped out of routine care pathways, particularly those with dementia, enabling re-engagement with people whose needs were no longer visible through standard service contact

GROWTH & COMMERCIAL TRACTION

- Class I Medical Device
- Compliant with DCB 0129 (NHS Digital Clinical Safety Standard), BS EN ISO 13485:2016 (Quality Management), BS EN ISO 14971:2019 (Risk Management), and BS EN 62304 (Software Lifecycle)
- Post-Market Surveillance programme established and maintained in accordance with UK MDR 2002
- 4 FTE safeguarded
- Expanded Brave AI coverage by 30%
- 2,369.2 tonnes of CO2e are avoided per year across all PCNs using Brave AI

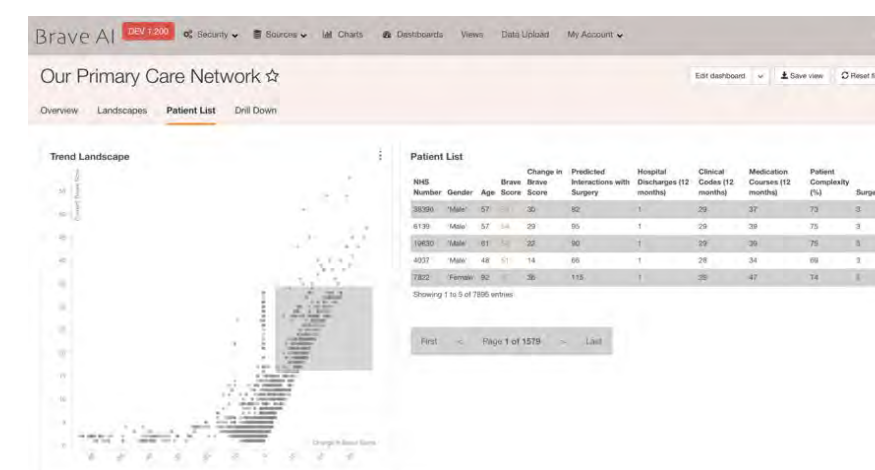
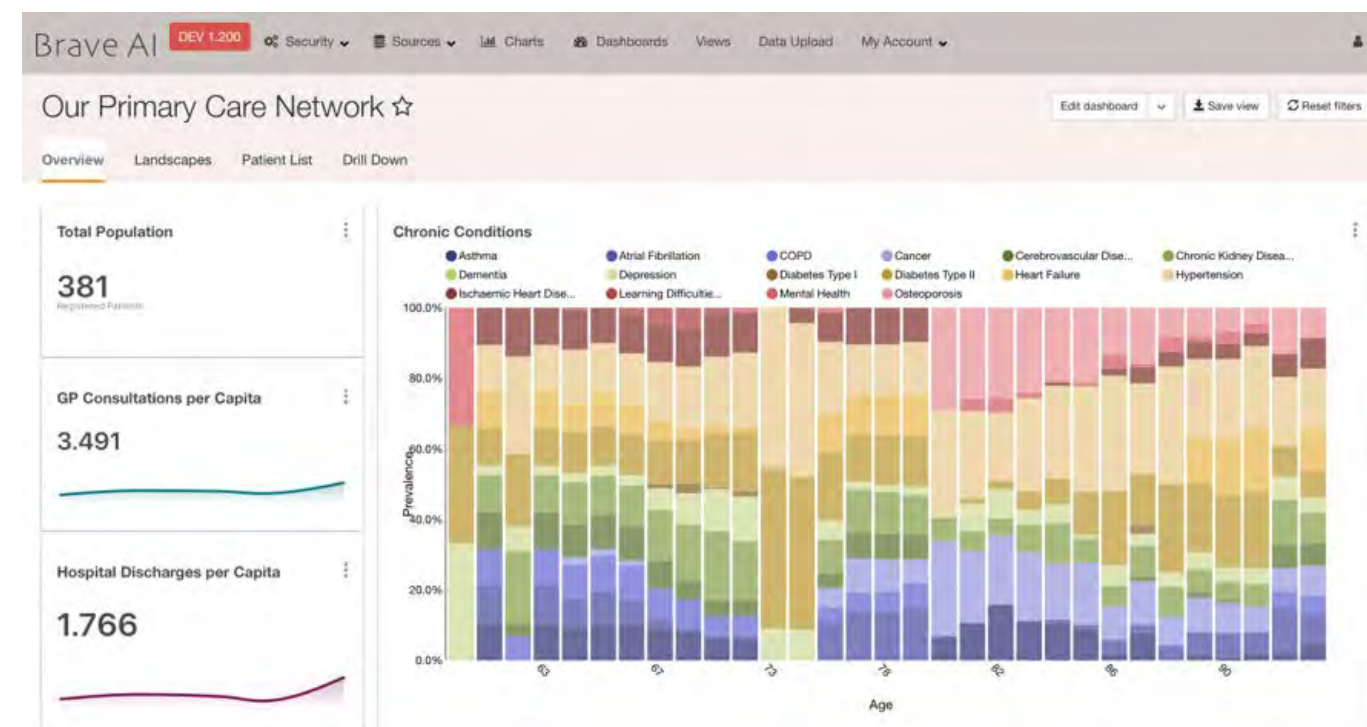


"It's made me feel, well as I say, 100% better. I can't praise it enough."

Patient user



Name & title: Dr Ignat Drozdov, CEO
Website: <https://braveai.uk>
Email: idrozdov@beringresearch.com
LinkedIn: <https://www.linkedin.com/in/ignat-drozdov-40264936/>
Patient testimonial:



"Our usual way of acting is reactive... whereas with Brave we can go in before it gets to that stage."

Clinician using BraveAI

Bringing the best of AI and robotics into faster, safer lung cancer diagnostic pathways

Lung cancer diagnosis is time-critical and pathway delays translate to poorer clinical outcomes. However, early-stage lung cancer presenting as small pulmonary nodules can be difficult to characterise, biopsy and manage.

Guy's and St Thomas' are evaluating how two existing technologies - Optellum's AI-powered Virtual Nodule Clinic for risk stratification of suspicious lung nodules, and Intuitive's Ion robotic navigational bronchoscopy system for minimally invasive biopsy of small or difficult-to-reach lesions, can be safely and effectively embedded into a redesigned NHS lung cancer diagnostic pathway. By improving risk stratification and access to precise biopsy, the pathway aims to reduce delays between suspicion, diagnosis and treatment planning.

The value is in the pathway model: referral, imaging, AI risk stratification, MDT decision-making, theatre capacity, biopsy, pathology, treatment planning, data capture and evaluation. Support from the NHS Cancer Programme Innovation Open Call is enabling GSTT to evaluate the model in live NHS cancer pathways, learn how to operationalise AI safely, and develop an implementation approach that can be spread across NHS sites.

The project has a strong equity dimension because poorer lung cancer outcomes are closely linked to deprivation, access, late presentation and pathway complexity. Faster, clearer diagnostic pathways may reduce the risk that patients are lost to follow-up or experience avoidable delay.

GSTT is acting as an implementation and learning site, with planned onboarding of KCH and Lewisham to test how the pathway model transfers beyond the initial centre. Future spread will be supported through structured workshops, online show-and-tell sessions, implementation learning from the interim report, and practical guidance for NHS teams considering AI-guided robotic diagnostic pathways.

A core system benefit is the development of a spread model: how to assess site readiness, train teams, integrate AI safely, build referral routes, manage capacity, monitor outcomes and support equitable adoption.

The programme is actively working through how to match demand with capacity so that patients can be seen quickly and waiting lists can return to the intended diagnostic timeframe.

IMPACT

-Since April 2025, Guy's has performed biopsy procedures on more than 680 patients using Ion robotic bronchoscopy. The project has demonstrated that high-throughput robotic bronchoscopy can be delivered in an NHS cancer pathway, with this device becoming the highest volume single device globally.

-Key partnerships established with Health Innovation Network South London, South East London Cancer Alliance, King's College Hospital, and Lewisham and Greenwich NHS Trust

-Implementation has shown that digital innovation requires more than installing software. PACS, EHR integration, information governance, data flows and clinician workflow redesign all need to be aligned before digital tools can reliably improve frontline pathways. The pathway needs agreed referral criteria, theatre access, list capacity, trained staff, radiology support and pathology support

-The programme has identified key operational learning: diagnostic innovation can generate additional demand as clinical confidence, referral awareness and access improve. This is a positive learning point for spread: capacity planning must be built into adoption from the start.



Name & title: Miss Stephanie Fraser, Thoracic Surgeon; South East London Cancer Alliance Lung Cancer Lead
Website: <https://www.guysandstthomas.nhs.uk/our-services/thoracic-surgery>
Email: stephanie.fraser3@nhs.net

"Support from the NHS Cancer Programme Innovation Open Call has enabled us to test not just a new technology, but a new model of care. Our project focuses on the implementation and real-world deployment of AI-guided risk stratification and robotic diagnostics, examining how these disruptive innovations can be integrated safely and effectively to improve pathway efficiency, patient experience, and earlier cancer diagnosis at scale across NHS services."

Stephanie Fraser, Thoracic Surgeon; South East London Cancer Alliance Lung Cancer Lead

"As the patient's advocate, I try to make their experience less scary and overwhelming. By coordinating each step in a seamless way, we can help make the pathway more manageable for patients and their loved ones. Knowledge is power and we want to empower patients to take their healthcare into their own hands."

Tanya Jackson, Advanced Nurse Practitioner



"The welcoming and efficient staff scheduled me in for the bronchoscopy in the morning and I went home in the evening. It was quick and painless. I wasn't worried because the staff made me feel comfortable and reassured."

David Lindsay, Patient





Going Forward

Going forward we are committed to building on the success of SBRI Healthcare's proven model, and the impact the programme has had over the last 13 years.

We will continue to develop and scale high quality, evidence-based, low-carbon innovations that target NHS unmet needs and explore opportunities to build new private, public and third sector partnerships that support innovators to overcome barriers and move at pace.

PILOT NEW FUNDING MODELS TO DRIVE NHS DEPLOYMENT

Innovation is the engine of NHS Fit for the Future, but adoption of new technologies into the NHS can be challenging. Innovators can have multiple pilots without wider commitment from the system to buy the product.

We will launch a new funding model designed to “fund the change as well as the tech”, which is often crucial to enable the effective adoption and spread of proven innovations.

Through an outcomes-based, matched funding agreement with Integrated Care Boards, the fund will aim to support commissioners to remove the barriers that prevent the adoption of proven innovations with evidence of independently evaluated patient outcomes and a robust health economic case.

The initiative will enable the embedding and scale of proven innovations across multiple sites and is intended to support the operationalisation of a new or redesigned service, including the change management activities required to make the service fully operational, while collecting service-level outcomes to inform the business case for ongoing commissioning.

IMPROVING ACCESSIBILITY

Innovation ecosystems do not always fully reflect the diversity of the populations they serve. An independent audit signaled that, although SBRI Healthcare represents an attractive route for funding innovation, the application process is perceived to be complex and challenging, in particular by neurodivergent entrepreneurs and first-time applicants. We are committed to evolving SBRI Healthcare beyond traditional models to make it more inclusive and socially responsive. We will review the programme's accessibility, flexibility, and inclusivity to unlock a richer, more diverse pipeline of ideas—ultimately driving better innovation, better outcomes, and greater value for patients and populations.

ENHANCE IMPACT ACCOUNTABILITY

SBRI Healthcare is a data-driven, impact-led programme. Going forward, we will further evidence the impact generated by our portfolio and seek to further define and track standardised impact metrics to report on adoption rates, patient benefits, productivity and social value, among other indicators.