

# Annual Review

## 2013/14



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Accelerating innovation in health

# SBRI healthcare

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### SBRI Healthcare

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# Chairman's Message

The Small Business Research Initiative for Healthcare (SBRI Healthcare) is an excellent scheme that supports the acceleration of innovation for known healthcare need by providing up-front investment in the form of a research and development contract to develop a product for the healthcare system. Backed by the Chancellor in his budget announcements of March 2013, the SBRI Healthcare programme is a key part of the government's commitment to support the life science industry, encouraging economic growth and healthcare innovation.

Over the past year (2013-14) SBRI Healthcare has doubled in size and become a truly national initiative overseen by the Academic Health Science Network's (AHSN's) newly formed programme management board bringing oversight and integration to its innovation agenda. The programme is led and managed by the Eastern AHSN and the Eastern Innovation Hub – Health Enterprise East. In 2013 the AHSNs worked with NHS England's commissioners to identify key challenges to improve patient care and save costs. This leadership has embedded the SBRI challenges in front line clinical reality.

This is the first annual report of SBRI Healthcare and it is right that the public, the NHS and industry are able to scrutinize the programme's progress. Members of the programme management board are drawn from AHSNs, industry, key partners such as Innovate UK and NHS England, as the funders of the initiative. We are indebted to Sir Bruce Keogh who continues to offer his support to the programme and identifies the funds from within the Medical Directorate budgets.

In order to bring further evidence to NHS England of the value of its investment, the SBRI Healthcare programme management board has commissioned the Office of Health Economics to undertake a comprehensive independent review of the programme.

Looking ahead to the coming year, the board is planning to launch more competition rounds, supporting over 60 new company products and developing our existing company partnerships. This, we believe will provide patient benefit and healthcare value from the committed investment of NHS England.

Finally, I would like to thank my colleagues on the SBRI Healthcare programme management board and in particular, the SBRI Healthcare National Director, Karen Livingstone and our managing partners, Health Enterprise East, for their leadership and diligence in building this innovative and exciting programme.

Peter Ellingworth

*Chair of the SBRI Healthcare Programme Management Board*



Karen Livingstone  
*SBRI Healthcare National Director*

# Chairman's Message

### JOBS



**93%**

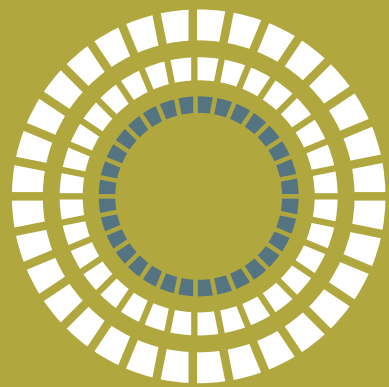
(the vast majority) of companies have hired or retained staff as a direct result of SBRI Healthcare funding



**100**

Since the launch, approximately 100 new jobs have been created or safeguarded

### INVESTMENT



**£6.3m**

Of the companies needing to leverage additional funding, £6.3m has been secured in external investment (£0.42 for each SBRI £ spent)

### KNOWLEDGE CREATED

A significant number of companies (38%) have applied for patents, copyright or trademarks, and submitted scientific publications as a result of funding



**20**

new patent applications



**11**

trade marks



**8**

scientific publication submissions

### HEALTH ECONOMICS

**£1bn**

Future savings to the NHS from technologies currently in development has been put at as high as £1bn

### COMMERCIALISATION

A substantial number of commercial agreements have been signed or are in negotiation



**14**

14 finalised R&D agreements with 18 under negotiation

**7**

7 finalised marketing distribution agreements with 29 under negotiation

**4**

4 licensing agreements signed with 24 under negotiation

The majority of companies expect to commence sales within two years; of these two companies are already on market generating revenues

Impact Study

\* Source: Office of Health Economics Consulting Report August 2014



# Background and Context to SBRI Healthcare Programme

The UK SBRI was launched in 2001 by the Department for Trade and Industry (DTI) with the aim of encouraging UK government departments to award R&D contracts to small firms. It was designed as a procurement-based programme giving 100% funding of developments to promote economic growth, rather than as a grant initiative giving partial funding. It struggled to gain traction across government and following a campaign launched in 2009 the then government introduced a more effective programme based on the highly successful US Small Business Innovation Research (SBIR) programme. Science and Industry Minister, Lord Sainsbury, alongside the Treasury, DIUS and BERR, backed a revitalized SBRI programme modelled on proposals made by David Connell<sup>1</sup>. At this time, the Technology Strategy Board (TSB) (now Innovate UK) was made responsible for championing SBRI and for coordinating its introduction across spending departments.

In 2009 the Eastern Region Strategic Health Authority (SHA) established the first regional healthcare SBRI competition with a combined award's pot of £3m drawn from contributions made by the SHA (£1m), the European Regional Development Fund (£1m), the TSB (800k) and the East of England Regional Development Agency (£200k). The competition opened in 2009, received 177 entries and made 11 awards for the feasibility phase of the programme, followed by four Phase 2 awards.

The Healthcare arm of the SBRI process developed and further competitions were launched, led by other SHAs and the Department of Health (DoH). Each of these followed a specified competition format overseen by the TSB. The SHAs developed their processes for topic selection, offering workshops with industry and clinicians, and developing 'surgeries' for industry to gain insight into the needs of the NHS before drawing up feasibility proposals.

## SBRI Healthcare Process



## Due diligence & contracts



## Innovation Health and Wealth

A report by former NHS Chief Executive Innovation Health and Wealth (IHW) sought to take the work of the SHAs and place SBRI Healthcare onto a national footing. The IHW process also indicated a commitment to double the investment in the SBRI Healthcare programme. A national task and finish group, chaired by the Eastern SHA and supported by its members including Professor Steve Fields, Tony Davis (president of Medilink, the trade association) and representatives from each of the SHAs where SBRI programmes were being run, was established to consider how the SBRI Healthcare programme could develop once SHAs were closed. The group recommended that the emergent AHSNs, as champions of the innovation agenda going forward, were the right organisations to lead the future SBRI Healthcare programme. Recognising the need for an individual AHSN to embed the programme within the new ASHN structure and maintain the momentum achieved to date, the task and finish group recommended that NHS England should contract Eastern ASHN to lead the SBRI Healthcare process.

## SBRI Healthcare; The Facts

- SBRI Healthcare is an Academic Health Science Network (AHSN) led programme for NHS England delivering the Innovation Health and Wealth agenda
- The programme supports a series of open competitions inviting companies to come forward with their ideas and new technologies for known NHS challenges
- It results in a fully funded development contract between the company and the NHS. SBRI Healthcare provides 100% funded development contracts where the NHS is the customer
- SBRI Healthcare has three phases that starts with a company undertaking feasibility testing and moving on to more detailed product development and ultimately to pathway testing and validation within a clinical setting. Phase 1 feasibility contracts are valued at up to £100,000 and last for 6 months. Phase 2 & 3 development contracts are worth up to £1 million over one to two years
- While the public sector has the right to license the resultant technology, the intellectual property (IP) remains with the company
- SBRI Healthcare is a fast track, simplified process that enables the NHS to work with industry to tackle known challenges
- Targeted at SMEs and early stage businesses it gives vital funding for a critical stage of product development
- ASHNs ensure that clinicians and sector specialists specify the challenges thereby ensuring that NHS operates as an intelligent lead customer, instrumental in helping the development of new technologies and businesses

<sup>1</sup> 'Exploding the myths of uk innovation policy' report, by David Connell & Jocelyn Probert.



**Anna King**  
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Chief Executive Officer,  
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Management Support



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SBRI Expert  
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Representative



**Richard Stubbs**  
Commercial Director, Yorkshire and  
Humberside AHSN and representing  
North East Coast and North Cumbria



**Paul Durrands**  
Chief Operating Officer,  
Oxford AHSN



**Lars Sundstrom**  
Director of Enterprise &  
Translation, West Of England  
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West Peninsula



**Chris Hart**  
Commercial Director,  
East Midlands AHSN



**Peter Ellingworth  
(Chair)**  
Non Executive Director  
Oxford AHSN and  
South London AHSN



**Rob Berry**  
Head of Innovation and Research,  
Kent, Surrey and Sussex AHSN and  
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**Tim Keen**  
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**Gary Stapleton**  
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**Karen Livingstone**  
SBRI Healthcare  
National Director



**Miles Ayling**  
Director of Innovation,  
NHS England



**Philip Dylak**  
Director of Innovation  
North West Coast AHSN  
and representing Greater  
Manchester

## SBRI Healthcare Programme Management Board

Following the establishment of the AHSNs in 2013, agreement was reached to establish an SBRI Healthcare programme management board with representation from each of the 15 authorised AHSNs. Industry representatives, NHS England Innovation Directorate, SBRI leads from the TSB and DoH, also joined the new management board. The board is chaired by Peter Ellingworth as former chair of the Manchester AHSN and Partnership Board member of Oxford AHSN. Peter's role as chief executive of the Association of British Healthcare Industries also brings valuable insight and industry wide networks to the board.

board



# PolyPhotonix Ltd

**Company:** PolyPhotonix Ltd

**Competition Entered:** Improving the Health of People with Long-Term Conditions

**Innovation:** Noctura 400 treatment for Diabetic Retinopathy

**Total award:** £1,458,158 awarded across Phase 1, Phase 2 & Phase 3 development stages

**Savings to the NHS:** Estimated at £1 billion per annum

**Product availability:** Q4 2014



“There is no contest that I would choose the mask over the laser treatment. It is easy to use and removes any traumatic experience that occurred when having my eyes lasered. I still wear the mask at night and would encourage anyone with diabetes and suffering from retinopathy to do the same.”

Patient comment

## Overview

PolyPhotonix, a bio-photonic research and development company, has developed a light therapy sleep mask, Noctura 400, for the prevention and treatment of Diabetic Retinopathy. Designed as a monitored home-based therapy, the technology offers a patient centric, non-invasive treatment that can be delivered at a fraction of the cost of the current interventions; laser photocoagulation surgery or intraocular drug injection.

Trials of Noctura 400 have shown that eye disease can be reversed with significant results after as little as six months. Approximately 30 clinics around the country are trialling the product including Moorfields eye hospital. It is anticipated that Noctura 400 will receive NICE approval by the end of 2015.

Diabetes is the most common cause of preventable adult blindness in the developed world. Treating it costs the NHS about £1bn a year. Patients who develop retinopathy are currently treated at a cost of as much as £10,000 per patient for each eye. By contrast, the PolyPhotonix sleep mask costs £250 for 12 weeks’ treatment. With 3.5m diabetes sufferers in Britain, the technology has the potential to save the NHS hundreds of millions of pounds a year.

## Patient perspective

The sleep mask is designed to be worn at night and delivers a precise dose of light therapy during a patient’s normal hours of sleep. The Pod contains the light sources which, when worn, emit light into the eyes through closed eyelids. Nothing is inserted into the eyes – the treatment is non-invasive. The mask is programmed to administer the correct dose of light each night as part of a continuing therapy.

## Economic impact

Following successful patient trials, the sleep mask is now commercially available with sales for 2015/16 estimated to be in excess of £3 million. PolyPhotonix’s workforce is expected to triple over the next two years to 60 employees directly created as a result of SBRI Healthcare funding. Approximately £2 million of additional investment has also been secured by the company.

Based on company forecasts and health/financial modelling, the estimated saving to the NHS is in the region £1 billion per year for treatment of diabetic retinopathy and other eye conditions.

“The biggest impact of SBRI Healthcare funding has been in accelerating the commercial side of the business and to considerably increase the pace of activity with the NHS. Driving adoption of the technology will both save the NHS budget and improve the quality of life for the patient.”

Richard Kirk, CEO, PolyPhotonix



Visit: [www.polyphotonix.com](http://www.polyphotonix.com)

**POLYPHOTONIX**

# Case study

## New Competitions – Led by the AHSNs

The newly formed SBRI Healthcare management board launched its first collective competition in September 2013 with seven clinical themes identified and with each participating AHSN leading and supporting an individual theme. The determination of the AHSNs to work collectively, and in particular to work as a lead and supporting partnership on each of the seven themes, enabled the emergent AHSNs to build their experience of the SBRI process and also supported cross-AHSN working.

To enhance the problem identification activity AHSNs held workshops with their clinical leaders to identify key priorities within theme areas. These included – Diabetes, Patient Safety, Cardiovascular, Cancer, Mental Health, Diagnostic and Research Tools, and Chronic Obstructive Pulmonary Disorder (COPD) with briefing documents prepared under the guidance of NHS England domain leads. Four industry workshops were held in the North West, Nottingham, London and Kent; over 250 companies attended with expert clinicians outlining the challenges and enabling companies to better understand the NHS need and the market opportunity.

“North West Coast AHSN is delighted to have been involved in the SBRI Healthcare programme. With its emphasis on the application of new technologies to health service challenges and priorities, it is very consistent with the aims and objectives of the AHSNs. It has also been an excellent opportunity to bring together clinical experts, managers, academics and industry partners to look afresh at some difficult clinical problems. Above all, I think I can say that it has been both rewarding and very enjoyable for everyone involved.”

Philip Dylak, North West Coast AHSN



# Competitions

The seven clinical themes attracted 283 entries from companies spread from Exeter to Inverness. A team of over 40 technical assessors, secured through open advert, initially assessed each application with particular emphasis on the technical challenges and feasibility of each proposal, the ownership of IP and the company’s freedom to operate. Following this, a team of over 25 clinical leads reviewed to assess the clinical need, the potential impact on patients and the level of innovation the project would bring to the NHS.

Shortlisted companies were invited by a team of clinical experts and AHSN leads to attend an interview panel with panelist including lead clinicians in the identified therapy area, business assessors from venture capital, life science businesses and representatives from the AHSNs and the TSB.

Of the 67 companies invited to panel interview, 35 were offered feasibility contracts having successfully concluded a due diligence assessment (including; current financial position, ownership, evidence of sub-contractor quotes where appropriate and access to the required background intellectual property).

Phase 1 feasibility contracts specify key milestones for each company to progress the development of their proposed products.



7 clinical themes



# uMotif Digital Health

Company: uMotif Digital Health

Competition Entered: Medicines Management

Innovation: Parkinson's Tracker platform

Total award: £571,107 awarded across Phase 1 & Phase 2 product development stages

Savings to the NHS: Estimated at £20 million per annum

Product availability: Q2 2015

“Using uMotif’s technology has helped my husband understand for the first time the complexity and reality of my medication regime. He’s now better able to support my Parkinson’s self-management.”

Patient comment



## Overview

uMotif is a health technology company improving the way patients track and self-manage their conditions and make shared decisions with their clinicians. The underlying idea behind uMotif is that health self-management can strengthen the patient-clinician relationship to improve outcomes and save costs.

With SBRI Healthcare funding uMotif has developed a software platform with smartphone apps and a web portal designed to help people with Parkinson’s Disease manage their medication and improve their health behaviours through self-tracking. The app also represents an interesting new research platform for in-situ testing of cognitive performance. Detailed daily tracking provides the potential to empower and motivate patients with long term conditions, encouraging them to engage positively with the management of their conditions while providing better data to healthcare professionals to enhance shared decision making.

The technology and its highly intuitive user interface has been developed in close collaboration with a range of patient groups, academic and clinical partners and was designed from the patients’ perspective.

It is estimated that one in 500 people are affected by Parkinson’s disease, which means there are an approximately 127,000 people in the UK with the condition. Less than 50% of patients adhere to the medications prescribed by clinicians, resulting in lower quality of life, impaired outcomes and increased costs.

## Patient perspective

Through the SBRI funding, uMotif are leading a world-leading Randomised Controlled Trial (RCT) working with 7 of the UK’s top neurologists. The RCT follows successful Phase 1 trials\* of the app which demonstrated 70% daily use rates and increases in self-reported medication adherence. Users reported engagement with tracking and ease of use and overall improved health behaviours and patient wellbeing.

## Economic impact

SBRI Healthcare funding has allowed the creation of four full time roles. In addition to SBRI funding, the company has secured additional investment of ~£200,000.

Full commercial availability is expected in Q2 2015, with forecasted year 1 sales of £250K. In addition to Australia, export of the technology to USA, Europe and Brazil is planned. The platform is now being deployed in primary and secondary care in other patient groups, including diabetes, heart failure, oncology, renal and rheumatology.

Early health economic modelling suggests savings to the NHS of over £20m per annum through use of the uMotif platform.

“SBRI Healthcare has been very good in supporting our early innovation. Through the programme, the uMotif app is being trailed with seven of the UK’s top neurologists in an ethics approved and NIHR Clinical Research Network adopted randomised controlled trial.”

Bruce Hellman, uMotif Digital Health

Visit: [www.uMotif.com](http://www.uMotif.com)



# Case study

\* Phase 1 trials overseen by Birkbeck, University of London, with patients recruited via The Cure Parkinson’s Trust



# Table 1. Phase 1 Winners from Better Health Outcomes Competition, March 2014



## Cancer Competition - AHSN Clinical Leads UCL Partners and Imperial

Clinical Assessors - Dr Shelley Dolan, Chief Nurse, the Royal Marsden NHS Foundation Trust; Dr Rebecca Kristeleit, Consultant Medical Oncologist, University College Hospital; Professor Martin Gore, Medical Director/medical Oncologist, The Royal Marsden; Katy Pritchard-Jones, Chief Medical Officer, London Cancer.

Company	Award	AHSN location
Oncascan Ltd	£64,774	Oxford
<b>Project</b>	Introducing a step change in cancer diagnosis and management with a brand new test that will allow earlier de-selection of patients without cancer before embarking on dangerous and invasive investigations.	
Owlstone Ltd	£95,158	Eastern
<b>Project</b>	A non-invasive screening device for early stage lung cancer utilising breath diagnostics. As for most cancers, early diagnosis of lung cancer leads to better patient outcome.	
Astrimmune Ltd	£95,180	East Midlands
<b>Project</b>	Developing a diagnostic test for pancreatic and other gastrointestinal cancers based on detection of shed tumour cells in the blood. The test provides unique insight into surface markers and gene expression of pancreatic cancer cells; isolating these cells from blood allows detection before metastasis can occur. Survival rates of pancreatic cancer could be improved dramatically if early detection were possible.	
Isansys Lifecare Ltd	£99,918	Oxford
<b>Project</b>	Developing a wireless sensor system capable of identifying early signs of deterioration due to sepsis in cancer patients at home following a cycle of chemotherapy. The intention is to provide a much better way for primary care teams to manage cancer patients and treatment related complications in the community in order to avoid life threatening incidents and hospital admissions.	



## Cardiovascular Competition - AHSN Clinical Leads North West Coast & Greater Manchester

Clinical Assessors – Dr D J Wright, Consultant Cardiologist, Liverpool Heart & Chest Hospital; Dr Shikha Pitalia, GP, SSP Health; Dr Neil Davidson, Consultant Cardiologist & Electrophysiologist, University of South Manchester.

Company	Award	AHSN location
Spintech Ltd	£100,000	West of England
<b>Project</b>	Production of anatomically shaped disposable compression garments which do not lose their compression levels during the life of the product. Utilising a patent protected, revolutionary non-woven dynamic fibre, based on natural elastomer and cotton. The only commercially viable, biodegradable, non-woven fabric providing all direction elasticity and micro-porosity.	
Cardiocity Ltd	£98,000	West Midlands
<b>Project</b>	Combined Cardio and Vascular Screening (C2VS). This projects aims to converge two screening concepts, those of Blood Pressure and ECG, into a single system, with no wires or electrodes to provide combined cardio and vascular screening. It will produce a paradigm shift in the patient screening technology market that not only addresses the high cost of screening, but presents a device that has high patient acceptance levels.	
Plessey Semiconductors Ltd	£97,166	South West Peninsula
<b>Project</b>	Development of a very low cost (<£50), easy to use, lead-one ECG device, known as imPulse, to assist primary care staff to identify arrhythmias and improve long term management and secondary prevention. The device can display a heart rhythm strip on any desktop, laptop, tablet or smartphone via a USB or Bluetooth link and is ideal for patients monitoring their own condition.	
SilverCloud Health Ltd	£93,621	Ireland
<b>Project</b>	Developing an online platform to support self-management of symptoms and promote wellbeing of people with cardiovascular disease (CVD). CVD is responsible for premature death, impaired quality of life and has disproportionate service usage and costs. Psychological distress in CVD is common and associated with poor outcome. The project will develop an online cognitive, psycho-educational and psycho-therapeutic CVD-specific package to support self-management and promote wellbeing. This will improve access to holistic care while reducing costs.	
Docobo Ltd	£99,648	Kent, Surrey & Sussex
<b>Project</b>	The Aegle system, developed in partnership with Crawley, Horsham and West Sussex CCGs, will support proactive programmes in primary care focused on CVD. Aegle integrates 'pointing' to patients at risk from existing risk stratification with remote monitoring technology to deliver individual care plans and track patients through screening, assessment and monitoring. It will enable clinicians to manage CVD as a single family and optimise a case finding approach that relies on the specific cardiovascular conditions.	



**COPD Competition - AHSN Clinical Leads Wessex and Kent, Surrey & Sussex**

Clinical Assessors – Professor Anoop Chauhan, Director of Research & Innovation/ Respiratory Consultant, Portsmouth Hospitals Trust; Dr Andrew Whittamore, GP Partner, Portsdown Group Practice and Clinical Lead, South Central Respiratory Programme; Dr Jo Congleton, Respiratory Physician, West Sussex Hospitals NHS FT and Clinical Lead, South East Coast Respiratory Network; Julie Bott, Consultant Physiotherapist, South East Coast Respiratory Network; Tony Horne, Wessex AHSN and Project Director, Faculty of Science, University of Portsmouth.

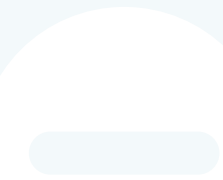
Company	Award	AHSN location
Aseptika Ltd	£99,960	Eastern
<b>Project</b>	Solving the known problems of continuous monitoring of oxygen levels in COPD patients, motivating physical activity and recording food/liquid intake with a wrist-worn device.	
Team Consulting Ltd	£98,930	Eastern
<b>Project</b>	High performance and low cost capsule inhaler for the treatment of COPD. A novel capsule inhaler for the treatment of COPD, it offers significant advantages over existing technology in terms of both performance and cost.	
Glyconics Ltd	£98,941	Wales
<b>Project</b>	Accurate diagnosis of COPD is an extremely difficult process. Using Fourier-Transforming Infrared Spectroscopy, COPD samples can be reliably and rapidly identified and differentiated from other respiratory syndromes. This project provides the means to develop the system into a cost-effective clinical tool for the NHS.	
Cambridge Respiratory Innovations Ltd	£99,348	Eastern
<b>Project</b>	Developing an inexpensive COPD home monitoring and treatment device specifically targeted at personal monitoring and telemedicine. This device, which has a target end-user price of 25% of the current gold standard monitor, will be simple to use once set up by a medical professional. It will monitor exhaled carbon dioxide using III-V mid infrared LEDs.	
HealthQuest Solutions Ltd	£95,000	Wessex
<b>Project</b>	Developing myCOPD, a web based self-management system for patients with COPD. Built by experts in the field of COPD community care, the system aims to help patients understand their condition, react to changes in their symptoms and reduce exacerbation frequency. The organisation of medicines and patient held material is at the heart of this innovation to reduce cost and improve the efficiency in service delivery for all those who care for patients with COPD.	



**Diabetes Competition - AHSN Clinical Leads Oxford & South London**

Clinical Assessors – Dr Charles Gostling, South London AHSN and GP Partner, Special Interest in Diabetes Care, Lewisham; Dr Katherine Owen, Endocrinology & Diabetes Consultant ,Churchill Hospital Oxford and Diabetes Clinical Network Lead, Oxford AHSN; Anna King, Commercial Director, South London AHSN.

Company	Award	AHSN location
Oxford Medical Diagnostics Ltd	£88,596	Oxford
<b>Project</b>	Developing a breath ketone analysis for improved diabetes management. High blood ketones are associated with elevated breath acetone, and are indicative of the dangerous condition DKA. Laser sensor technology can measure breath acetone and provide a non-invasive early warning of this condition, but is not financially accessible for home use. This project will assess the feasibility of using cost effective technologies to achieve the goal of providing a non-invasive home based DKA warning device.	
PsychologyOnline.co.uk Ltd	£98,032	Eastern
<b>Project</b>	Use of online text delivered cognitive behavioural therapy (CBT) to provide integrated diabetes and psychological care to improve treatment of people with type 1 diabetes. Therapy will be delivered over the internet to patients, via text, using diabetes nurses who have been trained to deliver CBT. Care will be augmented through the use of motivational enhancement tools via mobile phone. The objective will be to improve glycaemic control, and also mental health outcomes, through more integrated care.	
GB Electronics (UK) Ltd	£96,813	Kent, Surrey & Sussex
<b>Project</b>	Reducing the impact of Diabetes Peripheral Neuropathy (DPN) on healthcare services and patients' quality of life through the development of a cost-effective thermal perception screening and monitoring device for early detection and long-term management. DPN currently costs the NHS £662 million each year, and can devastate a patient's quality of life and life expectancy. The proposal aims to develop an inexpensive thermal perception screening and monitoring device that can be used in primary care by practice nurses and other healthcare professionals as an early indicator of the onset of DPN.	
i2r Medical Ltd	£96,221	Wessex
<b>Project</b>	Developing a diabetic foot ulcer wound healing device specifically for the treatment of Diabetic Foot Ulcers at an early stage to prevent infection and subsequent complications including amputations.	
Inotec AMD Ltd	£92,075	Eastern
<b>Project</b>	Developing a compact, efficient and convenient means of generating and topically applying oxygen to hard-to-heal wounds. Having demonstrated significantly superior healing and pain reduction performance in multiple clinical case studies on leg ulcers and surgical wounds, the project will look to extend the scope of patented NATROX TOT technology to the pressing problem of diabetic foot ulcer (DFU) wounds, an increasing and serious complication of type 2 diabetes for which existing treatments are proving ineffective.	
ICNH Ltd	£100,000	UCL
<b>Project</b>	Developing an online application that allows patients to view, manage and interact with their test results and appointment times, with a specific focus on providing Year of Care for Diabetes patients. There are 3 million people in the UK with diabetes; these tools could help these people improve their care plan.	







**Mental Health Competition - AHSN Clinical Lead East Midlands**

Clinical Assessors – Professor Chris Hollis, Consultant in Developmental Neuropsychiatry, Nottinghamshire Healthcare NHS Trust and Clinical Director, MindTech HTC; Professor Richard Morriss, Professor of Psychiatry & Community Mental Health, Nottingham University and Honorary Consultant Psychiatrist, Nottinghamshire Healthcare NHS Trust; Professor Tom Denning, Professor of Dementia Research and Honorary Consultant Psychiatrist, Nottinghamshire Healthcare NHS Trust; Professor David Daley, Professor of Psychological Intervention & Behaviour Change, University of Nottingham; Professor John Crowe, Professor of Biomedical Engineering, University of Nottingham; Dr Jennifer Martin, Programme Manager, MindTech HTC.

Company	Award	AHSN location
Mayden House Ltd	£69,655	West of England
<b>Project</b>	Developing an online psychological therapies referral and treatment hub as a secure, cloud based environment for choosing and accessing online psychological therapies. The hub will connect patients and referring IAPT services with a range of therapy suppliers across a common technology platform, addressing commercial obstacles to the use of online therapy, and overall leveraging greater access to this cost effective, yet under-utilised, treatment modality.	
P1vital Ltd	£99,958	Oxford
<b>Project</b>	An assessment tool for managing the treatment of depression. The P1vital Oxford Emotional Test Battery (ETB) is an easy to use, low cost, computerised test which can detect response to antidepressant treatment within 7 days rather than the current 6-8 weeks. The ETB is already being used by P1vital in clinical trials for pharmaceutical companies to test the antidepressant effects of new compounds. This award will enable P1vital to conduct a clinical feasibility pilot study to demonstrate that the ETB works effectively in a primary care setting.	
ProReal Ltd	£99,870	Oxford
<b>Project</b>	Developing an avatar-based virtual world software platform which has successfully been applied to the business/coaching market. The ProReal Phase 1 Project covers modifications to this software to enable ProReal to be considered in the near term for the offender / mental health market, a hard to reach group with unmet needs.	
IXICO plc	£97,780	Imperial
<b>Project</b>	For facilitated self-management of dementia using social and clinical networks, My BrainBook is a secure web system that integrates diagnosis, care planning and support for patients and carers, to provide resources and a unique roadmap, customised to individual needs. It travels with the patient and their family from diagnosis to end-of-life, creating a patient centred record for collaborative care planning, treatment and review.	



**Patient Safety Competition - AHSN Clinical Leads West of England & South West Peninsula**

Clinical Assessors – Jo Howarth, Associate Director Patient Safety & Quality, Yeovil NHS FT; Lars Sundstrom, Director of Enterprise & Translation, West of England AHSN; Dr Sanjoy Shah, Consultant in Intensive Care Medicine, University Hospitals, Bristol; Dr Carol Peden, Consultant in Anaesthesia and Critical Care Medicine, Royal United Hospital Bath and Associate Medical Director for Quality Improvement; James Petter, South West Ambulance Trust; Dr Helen Smith, Co-medical Director Devon MH trust.

Company	Award	AHSN location
VIVO Smart Medical Devices Ltd	£97,435	East Midlands
<b>Project</b>	Developing Pupiloscope, a low cost and novel device for the rapid detection, assessment and monitoring of head injuries.	
Doctor Communications Solutions Ltd	£99,975	West of England
<b>Project</b>	DocCom proposes improving patient safety within the Intensive Care Unit at University Hospitals Bristol by uniquely combining real-time alerting of deteriorating conditions with faster, easier collaboration between healthcare teams using social networking principles to improve compliance with ICU care bundles.	
The Learning Clinic	£99,471	North West Coast
<b>Project</b>	I.M.P.Act study for improved monitoring to optimise paediatric safety by developing evidence based software for standardised paediatric early warning score (PEWS) monitoring.	
Isansys Lifecare Ltd	£99,918	Oxford
<b>Project</b>	Developing Every Patient Monitored, a scalable, low-cost multiple vital sign patient-data acquisition and analysis platform, for rapid early detection of deterioration and avoidance of adverse events. Outside of intensive care wards hospitalised patients are generally poorly monitored. A hospital wide system for continuously monitoring all patients would be able to identify early signs of deterioration in a patient's condition and alert clinical staff before it became critical. This project will re-engineer the Isansys' wireless patient monitoring system to reduce the cost and increase the functionality so that it will be financially viable and clinically practical to provide continuous monitoring and automatic early warning indications for all patients in a hospital.	
Veraz Ltd	£98,853	North West Coast
<b>Project</b>	Care Tracker empowers patients and reinforces good practice through monitoring of interactions between patients, their surroundings, and healthcare workers. Care Tracker can monitor and improve care quality in any environment, from hospital to home.	



**Research Tools Competition - AHSN Clinical Lead Eastern**

Clinical Assessors – Dr Sarah Clarke, Cardiologist, Papworth Hospital; Dr Joanne Hackett, Programme Manager Research, UCL Partners; Dr Craig Ritchie, Senior Research Fellow, Imperial; Dr Rupert McShane, Consultant Psychiatrist, Oxford Health; Sally Standley, Director Cambridge & Peterborough Node, Eastern Academic Health Science Network.

Company	Award	AHSN location
TwistDx Ltd	£99,928	Eastern
<b>Project</b>	Developing a rapid point of care test for Chlamydia infection that uses patient swabs that will increase clinical utility of the test and offer greater patient choice.	
Capillary Film Technology Ltd	£97,760	Kent, Surrey & Sussex
<b>Project</b>	Developing an affordable microfluidic assays for rapid measurement of acute cardiovascular disease biomarkers at the point of care utilising a novel material - micro capillary film.	
Lightpoint Medical Ltd	£96,600	UCL
<b>Project</b>	Developing a real-time detection of cancer using a hand-held molecular imaging fibrescope. Nearly 1 in 4 breast cancer patients who undergo breast-conserving surgery will require re-operation because surgeons lack a means to detect cancer in real time during the operation. The project tests the feasibility of a hand-held molecular imaging fibrescope for real-time, intra-operative detection of cancer.	
St George's University of London	£97,064	Imperial
<b>Project</b>	Developing innovative reagents for improving rapid diagnosis of mycobacterial infections. Supplements that when added to conventional culture testing media have been found to significantly speed up the normal very slow growth of mycobacteria and offer the potential to significantly improve diagnostic testing and treatment strategies.	
University College London	£99,449	UCL
<b>Project</b>	Dementia research recruitment and feasibility tool – an innovative application of cloud-based technology will make it easier for people interested in taking part in dementia research to be connected to appropriate studies. People can register via the internet, a help desk or their memory clinic. Researchers, with ethical permission, can use the register to find people quickly and efficiently for their studies.	
University of Edinburgh	£98,336	Scotland
<b>Project</b>	Developing of a novel triage test to reduce numbers of women with Human Papilloma Virus (HPV) infection referred for unnecessary colposcopy. Persistent infection of the cervix with high risk types of Human Papilloma Virus (HPV) can cause cancer which cervical screening aims to prevent. The way cervical screening is performed is changing and molecular HPV-DNA testing will replace cytology of cervical smears as the first line test.	

# Progress of Companies from Previous Competitions

**January 2013 Phase 1 Competitions**

In addition to the newly launched competition, the AHSNs inherited eight companies that had been selected in August 2013 to progress the feasibility of their products in the clinical themed areas of Mental Health and End of Life.

These companies were selected involving clinical leaders chosen by the SHAs plus business and TSB representatives. The SBRI Healthcare programme board is particularly appreciative of the assistance provided by representatives from Marie Curie, Sue Ryder, MIND, the South Essex Partnership NHS Foundation Trust, the Isabel Hospice and the Birmingham St Mary's Hospice in this stage of the process.

Table 2. Phase 1 Winners from Mental Health & End of Life Competition, August 2013

Company	Award	AHSN Location
Advanced Digital Innovation (UK) Ltd	£99,420	Yorkshire Humber
<b>Project</b>	Developing a suite of self-help digital products to support people with chronic pain, enabling both patient and practitioner to have a balanced step-wise process to self-assess, self-manage, and self-monitor changes in pain via for example, a mobile phone app.	
Big White Wall Ltd	£99,325	South London
<b>Project</b>	Developing a digital mental health and wellbeing service which delivers personalized pathways to recovery through a choice of safe therapeutic services, available from home 24 hours a day, 7 days a week.	
Docobo Ltd	£99,887	Kent, Surrey & Sussex
<b>Project</b>	Developing OptNIVent in association with Aintree University Hospital, remote respiration management for patients prescribed with Non-Invasive Ventilation (NIV). The project is focused on patients with Motor Neurone Disease with the objective of making their lives more comfortable.	
Dorset Mental Health	£82,020	Wessex
<b>Project</b>	Developing Moodbase, a tool for people who are suffering from mental health and wellbeing issues.	
Dynamic Health Systems Consulting LLP	99,540	Yorkshire Humber
<b>Project</b>	Developing VitruCare in association with Sue Ryder, an internet delivered supported self-care service for people with long-term conditions which offers substantial improvement in the quality and efficiency of care, together with an improved sense of personal control at the end of life.	
Grey Matters Ltd	£91,230	North East & North Cumbria
<b>Project</b>	Developing an online, patient-centric end of life care pathway tool, empowering patients and improving communication among the whole care group.	
St Joseph's Hospice Hackney	£100,000	North East London
<b>Project</b>	Developing Care Compass - a national patient-led end of life and palliative care web portal suitable for health service users and health service providers.	
University of Bristol	£94,204	West of England
<b>Project</b>	Developing gNats Island, a therapeutic computer game and mobile apps that integrate Cognitive Behavioural Therapy (CBT) and supports an evidenced-based intervention for young adolescents experiencing depression and anxiety.	

Each company completed a report at the end of the 6 months feasibility phase in February 2014. In March 2014 companies were assessed again by panels determined by the SBRI Healthcare programme management board which included clinical leaders from the areas of Mental Health and End of Life. Following the assessment period the following five companies were selected to progress to Phase 2 – where they will be funded to develop the products as outlined.

Table 3. Phase 2 Winners from Mental Health & End of Life Competition, March 2014

Company	Award	AHSN Location
Advanced Digital Innovation (UK) Ltd	£786,550	Yorkshire Humber
<b>Project</b>	Developing a suite of self-help digital products to support people with chronic pain, enabling both patient and practitioner to have a balanced step-wise process to self-assess, self-manage, and self-monitor changes in pain via for example, a mobile phone app.	
Big White Wall Ltd	£393,254	South London
<b>Project</b>	Developing a digital mental health and wellbeing service which delivers personalized pathways to recovery through a choice of safe therapeutic services, available from home 24 hours a day, 7 days a week.	
Docobo Ltd	£427,775	Kent, Surrey & Sussex
<b>Project</b>	Developing OptNIVent in association with Aintree University Hospital, remote respiration management for patients prescribed with Non-Invasive Ventilation (NIV). The project is focused on patients with Motor Neurone Disease with the objective of making their lives more comfortable.	
Dynamic Health Systems Consulting LLP	£897,000	Yorkshire Humer
<b>Project</b>	Developing VitruCare in association with Sue Ryder, an internet delivered supported self-care service for people with long-term conditions which offers substantial improvement in the quality and efficiency of care, together with an improved sense of personal control at the end of life.	
Handaxe Ltd (University of Bristol)	£464,115	West of England
<b>Project</b>	Developing gNats Island, a therapeutic computer game and mobile apps that integrate Cognitive Behavioural Therapy (CBT) and supports an evidenced-based intervention for young adolescents experiencing depression and anxiety.	

### Launch of Phase Three Competition

During the year the SBRI Healthcare programme management board considered the challenges of companies who had successfully completed product feasibility (Phase 1) and product development (Phase 2) parts of the programme. The Board heard from companies such as Fuel 3D Technologies and Polyphotonix, who had progressed to final trials and/or were selling products. The companies identified challenges in the healthcare system for product adoption and spread of new technologies. This was particularly relevant to technologies that require testing in a variety of clinical pathways and where the impact of the new opportunity needs to be more fully evidenced. Such validation would provide commissioners the economic and health models to support future purchasing decisions.

The experiences of funded companies chimed with the AHSNs' understanding of the take up of innovations in the NHS and the SBRI Healthcare programme management board launched the Phase 3 competition with the intention to accelerate product adoption. Providing the opportunity for product validation in NHS settings, Phase 3 contacts fund the pathway testing and healthcare economics of SBRI backed products. This competition was made available to all companies who had completed Phase 2 successfully.

Ten companies applied for Phase 3 funding and following an assessment by panels determined by the SBRI Healthcare programme management board, which included clinical and AHSN leaders, eight were selected for Phase 3 funding.

Table 4. Phase 3 Winners, March 2014

Company	Award	AHSN Location
Aseptika Ltd	£999,240	Eastern
<b>Project</b>	Pre-commercialisation of an integrated self-management solution with on-ward and at home sputum test platform for patients with long-term respiratory conditions suffering from chronic infection with Pseudomonas aeruginosa.	
Fuel 3D Technologies Ltd	£685,831	Oxford
<b>Project</b>	Specialist clinician led modification and validation of the existing Eykona Wound Measurement System to produce a general medical imaging system increasing the therapy applications for wider adoption in the NHS and international healthcare markets.	
Halliday James Ltd	£625,900	Oxford
<b>Project</b>	Piloting AUTO-MOTIVE which uses sensors to measure a range of activities such as walking, sleeping, travelling and socialising. Changes in the pattern of these activities have been shown to indicate a change in mood which could be due to the start of a manic or depressive episode in Bipolar Disorder. This can be fed back to the user as part of their self-management programme or sent to a therapist or clinician.	
Just Checking Ltd	£877,703	West Midlands
<b>Project</b>	Maximising independence and cost-efficiency for people with learning disabilities. Commencing a 12 month project to measure the improvements in care and care delivery for people with learning disabilities using technology to monitor activity patterns.	
OBS Medical Ltd	£617,096	Oxford
<b>Project</b>	Piloting Visensia Mobile, to improve patient safety and outcomes through the early detection of patient deterioration and instability. Continuous multi-dimensional monitoring in the form of a single index (VSI) of patients status via non-invasive measurement of Heart Rate, SpO2 and derived Respiration Rate from the PPG waveform.	
Polyphotonix Ltd	£999,784	North East
<b>Project</b>	Piloting Noctura 400, a Sleep Mask for the prevention and treatment of Diabetic Retinopathy. This is a home-based, primary care, non-invasive, monitored therapy, and will be delivered at a fraction of the current treatment cost.	
Rapid Rhythm Ltd	£664,400	North West
<b>Project</b>	Economic validation and accelerated adoption of a rapid one-step ECG handset device to replace traditional 12 Lead ECG for use in Primary Care, Acute and Hyper Acute Care.	
Veraz Ltd	£928,462	North West Coast
<b>Project</b>	Trial and adoption of the Green Badge System, a suite of technologies for monitoring and improving hand hygiene compliance in healthcare.	



# Fuel3D

**Company:** Fuel3D (formerly Eykona Technologies Ltd)

**Competition Entered:** Managing Long Term Conditions

**Innovation:** Low-cost 3D Imaging Solution

**Total award:** £1,215,663 awarded across Phase 1, Phase 2 & Phase 3 development stages

**Product availability:** 2012



“This is a really good camera for me to see what is happening to the ulcers on my feet. I haven’t seen them before and was not aware of their size. It was great to know from seeing the measurements that the ulcers were getting smaller and the treatment and advice are working.”

Patient comment

**Overview**

Using technology originally developed at the University of Oxford, Fuel3D is currently developing its scanner technology for a range of therapy applications and adoption in the NHS and international healthcare markets, supported by funding from SBRI Healthcare.

The Eykona Wound Measurement System is the original scanning platform developed by Fuel3D. It generates 3D images of wounds to allow objective measurement for accurate wound assessment.

The Eykona Wound Measurement System delivers accurate and repeatable 3D imaging technology to wound care, allowing any wound, scar or tissue blemish to be scanned, measured and mapped over time to inform medical processes. An innovative, lightweight and easy-to-use handheld unit captures the 3D images, which can then be analysed and shared by clinicians through pioneering software.

Fast processing enables rapid display of interactive 3D images and helps support an evidence-based approach to wound care, wound characterisation and management.

**Patient perspective**

Accurate measurement of changes in wound size and tissue condition is a revolutionary step in the assessment of wounds. By monitoring changes in volume and tissue structure, it’s possible to more accurately understand the healing process and adapt treatment with optimum efficiency – saving time and money.

**Economic impact**

SBRI Healthcare funding has helped Fuel3D to expand from a team of four to over 20 staff in under a year. The company has been able to raise more than £7 million on the back of the progress made during Phase 1 and Phase 2 of the programme; for every £1 of SBRI funding, the company has raised approximately £7 in external investment.

Available since 2012, the Eykona Wound Measurement System is now in use in over 25 NHS Trusts, as well as in universities and research projects in the UK, Europe and Australia.

EvaluateMedTech estimates that the global medical device and diagnostic industry will total \$440bn in sales by 2018.

“Our success in securing SBRI Healthcare support increased market awareness and helped to validate the Eykona Wound Measurement System amongst our target customer base in the medical sector. The SBRI funding also carried significant weight with the wider investment community and was instrumental in helping us achieve our funding objectives,”

Stuart Mead, Chief Executive, Fuel3D



Visit: <http://fuel-3d.com/eykona/>

“Patients love it, because they can look at the photographs and see what’s changing, particularly with diabetic feet as these patients often cannot see their wounds.”

Stella Vig, Vascular Surgeon and London Diabetic Foot Network Lead Clinician



# Case study

Company: Aseptika Ltd

Competition Entered: Improving the Health of People with Long-Term Conditions

Innovation: Home use sputum test for the prediction of exacerbation of lung infections

Total award: £1,242,500 awarded across Phase 1, Phase 2 & Phase 3 development stages

Savings to the NHS: Estimated to be in excess of £50 million per annum

Product availability: Q4 2016

**Overview**

Aseptika is a healthcare company who with the help of SBRI Healthcare funding, is developing a patient self-monitoring system in the form of a home-use sputum test used to predict the onset of lung infections in people with long-term respiratory disease. Patients with severe airways disease are often chronically infected by the bacterium *Pseudomonas aeruginosa* and in these patients, despite attempts to treat these infections, complete eradication can be difficult. Flare ups of the infection (exacerbations) are common, leading to deterioration in symptoms which can result in 3-4 prolonged hospital admissions per year. Repeated exacerbations resulting in loss of lung function reduce a patient’s quality of life, are very disruptive, costly and can result in premature death.

In a simple to use cassette format (lateral flow), the sputum test and dedicated reading device combined with other self-monitoring devices as part of the Activ8rlives solution, can be used by patients at home to predict an increase in the virulence of the bacteria in chronically infected lungs, forewarning of an impending exacerbation. The sputum test is also able to support clinicians in their decision about the efficacy of antibiotics being prescribed. Small-scale trials have been conducted with volunteers who have Cystic Fibrosis (CF) using the laboratory-based version of the test. Further trials are underway with patients who have other respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD), non-CF Bronchiectasis (NCFB) and Asthma.

Lung disease has overtaken coronary heart disease and cancer as the major killer in the UK, making it the third largest cause of death. The NHS provides 2.8 million hospital bed days for sufferers, costing £1,857 to £4,096 per admission, spending an estimated £4.7 billion a year treating patients and 24 million working days are lost.

**Patient perspective**

It is anticipated that patient self-monitoring with this new test will reduce the frequency of unscheduled admissions for lung infections and reduce the 1 in 3 readmissions within 28 days of the first admission by 50-80%. The benefit for the patient is the longer preservation of lung function by seeking treatment earlier, by tracking bacterial biomarkers and other simple indicators such as: weight, levels of physical activity, temperature, blood pressure, oxygen saturation, peak flow and scores of wellness. Taken together, the patient, their family and carers can build a better understanding of their current state of health and will forewarn them of declining health. These same data can be shared with the healthcare professionals when needed and during future Clinical Reviews.

Visit: [www.activ8rlives.com](http://www.activ8rlives.com)



In the current Clinical Trial at Portsmouth Hospitals NHS Trust patient comments include:

“In the past I haven’t had the tools to let me see when my lung function was declining”

“These tools will allow me and my family, who are my carers, to communicate my health declines to the clinician so that we can get support and medication for a chest infection sooner”.

“Using the simple monitoring tools and the iPad wizard was much easier than I had first thought and it reminds me what I need to do every day as part of my routine.”

“I feel like I’m making a difference to being able to manage at home and keeping out of hospital.”

**Economic impact**

SBRI Healthcare funding has allowed Aseptika to create five full-time new roles and fund two NHS research staff for the duration of the clinical trial. Sales of the sputum test product are expected to start towards the end of 2016, as the Company develops, manufactures and conducts large clinical trials as evidence for NICE approval of the sputum test. 90% of sales will be overseas, as smoking and pollution take their toll in the developing economies.

In addition to SBRI Healthcare funding, the company has raised a further £99,000 from an additional SBRI grant to develop a third-generation of wearable health monitors for consumers.

There are currently 46,000 subscribers to the Activ8rlives online self-management solution.

“The SBRI Healthcare competition process enabled us to make a real difference in the care of long-term respiratory disease. It has been more than just funding – the award brings us credibility within statutory healthcare providers in the UK and EU... without it, the novel products we are creating would never have been developed.”

Kevin Auton, Managing Director, Aseptika



Aseptika Ltd  
study

# Advanced Digital Innovation (UK) Ltd (ADI)

**Company:** Advanced Digital Innovation (UK) Ltd (ADI)

**Competition Entered:** Mental Health

**Innovation:** Pathways through Chronic Pain – an App-based CBT agent for supported self-management of chronic pain

**Total award:** £885,970.00 awarded across Phase 1 & Phase 2 development stages

**Savings to the NHS:** Estimated at £20 million per annum

**Product availability:** End Q1 2 2015

## Overview

Advanced Digital Institute (ADI) has built a reputation within the UK as a leader in the field of technology-enabled health and care services. The company has been awarded SBRI Healthcare funding to develop a suite of self-help digital products to support people with chronic pain. The technology will enable both patient and practitioner to have a balanced step-wise process to self-assess, self-manage, and self-monitor changes in pain.

Pathways through Chronic Pain is being developed as a cost-effective Cognitive Behavioural Therapy (CBT)-based pain management programme without the need for direct involvement by a therapist or clinician. Working closely with clinical experts in the field of persistent pain, ADI is investigating the role a mobile phone app, and other pain management tools, might have for those suffering with persistent pain and the associated anxiety and depression.

The results from a proof of concept project have been very positive and have informed the design of the full proposition for a commercial service, which is now in development. In addition to progressing the digital services, further development will ensure full integration in the Pain Pathway with the support of clinicians and other healthcare professionals 'on-line'.

An estimated 5.3 million people suffer from chronic pain in England which has a major impact on sufferers' lives, with 24% reporting a diagnosis of depression and 26% reporting an impact on employment.

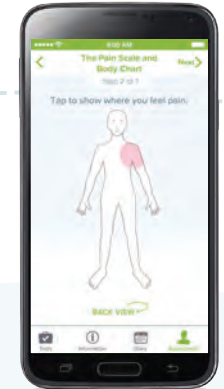
## Patient perspective

A feasibility app, co-produced with users and clinicians, included a range of features such as tension alerts, relaxation resources, medication tracking and the use of games to support engagement, goal-setting and adherence. Feedback from users was very positive and concluded the Pain Management Plan worked extremely well as a chronic pain management app.

Visit: [www.adi-uk.com](http://www.adi-uk.com)



# Case study



“One of things I really loved about it was that I got quite poorly for a few days and I started struggling with my activity goals, and kept recording ‘I struggled, I struggled’. After a couple of times the app flashed up and said ‘are you sure this goal isn’t too high for you - do you want to adjust your goal’. I thought this is brilliant and so I changed it and started meeting it again and that was so much better than keeping failing.”

Patient feedback

“As a pain specialist physiotherapist familiar with the pain plan I think this app is excellent. I have set goals and goal alerts and look forward to being reminded about them. It is easy to use so far.”

Clinician feedback

## Economic impact

SBRI Healthcare funding is allowing the creation of four full time roles this year, with additional recruitment planned for 2016/17. Full commercial availability of the Pathways through Chronic Pain App is expected end Q1 2015, with exported sales planned for 2016/17.

The app will bring savings to the NHS as a result of reduced medication costs, specialist services and GP attendances. Based on forecasted sales, the estimated minimum savings to the NHS from the areas deploying the product are in the region £20M per year by 2017.

“Without SBRI Healthcare funding it would have taken much longer to develop the proof of concept service and evaluation, and it is then difficult to see how we would have progressed to development of the commercial service without this investment.”

David Harson, Programme Manager





# Financial Report

Overall contracted spend in 2013/14 across all competitions was £11.3m (net contracted amount). This contributed to the Treasury target of £30m for Health with the Department of Health also achieving spend in 2013/14. The spend is broken down by category in Table 5 showing both the company awards by competition and the administration costs of running the programme.

Table 5. Spend in 2013/14 by Category

Category	2013-14 Spend
<b>Company Awards</b>	
SBRI 4 (Phase 1 Q1&2)	£651,691
SBRI 4 (Phase 2)	£2,473,910
SBRI 5 (Phase 1)	£2,840,915
SBRI 6 (Phase 3)	£5,332,017
Sub-total	£11,298,533
<b>Administration Costs</b>	
PMO Costs (incl. Project Lead)	£383,301
Expenses	£9,576
Technical Assessors	£88,504
Health Economics	£34,505
PR/marketing	£63,519
Evaluation	£15,984
Legal	£12,505
Sub-total	£607,894
<b>Grand Total</b>	<b>£11,906,427</b>

SBRI Healthcare is an NHS England funded initiative led by the Academic Health Science Networks



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