



SBRI Healthcare Programme

An NHS England funded initiative delivered by
the Eastern Academic Health Science
Network

www.sbrihealthcare.co.uk
[@sbrihealthcare](https://twitter.com/sbrihealthcare)



Agenda - 21 June, London

- **13.30** Welcome from Chair – **Dr David Parry**, CEO, South East Health Technologies Alliance (SEHTA)
- **13.40** Overview SBRI Healthcare Programme – **Karen Livingstone**, National Director SBRI Healthcare
- **14.00** **Shirlene Oh**, Head of Industry at Imperial College AHSN
- **14.10** Clinical Presentation – **Prof Rory O'Connor** (Prof. Rehabilitation Medicine, Univ of Leeds) & **Dr Richard Iles** (Respiratory Paediatrician, Evelina London Children's Hospital):
 - Self-care and Independence in Children with Long Term Conditions
 - Assisting or restoring function (limb rehabilitation)
 - Self-care & remote patient monitoring
- **14.30** Clinical Presentation – **Lee Martin** (COO, London North West Healthcare NHS Trust):
 - Improving in-patient journey whilst receiving care within the hospital
 - Improving use of resources during the patient journey within acute care
 - Improving efficiency of hospital discharge
- **14.50** Application / Assessment process – **Joop Tanis**, Director SBRI Healthcare, Health Enterprise East
- **15.00** Q&A session (all speakers)
- **15.20** Refreshments and Networking (until 16.00)



SBRI is a pan-government, structured process enabling the public sector to engage with innovative suppliers:

- Helping the public sector address challenges
 - Using innovation to achieve a step change
- Accelerating technology commercialisation
 - Providing a route to market
- Support and the development of innovative companies
 - Providing a lead customer/R&D partner
 - Providing funding and credibility for fund raising



SBRI Key features

- 100% funded R&D
- Operate under procurement rules rather than state aid rules
- UK implementation of EU pre-commercial procurement
- Deliverable based rather than hours worked or costs incurred
- Contract with prime supplier
 - Who may choose to sub contract but remains accountable
- IP rests with supplier
 - Certain usage rights with public sector – companies encouraged to exploit IP
- Light touch reporting, payments quarterly and up front



Things to Note

- Any size of business is eligible
- Other organisations are eligible as long as the route to market is demonstrated
- All contract values quoted **INCLUDE** VAT
- Applications assessed on Fair Market Value
- Contract terms are non-negotiable
- Single applicant (partners shown as sub contractors)
- Applicants must fully complete the application form



Eligible costs (all to include VAT)

- Labour costs broken down by individual
 - Material costs (incl. consumables specific to the project)
 - Capital equipment costs
 - Sub-contract costs
 - Travel and subsistence costs
 - Other costs specifically attributed to the project
- Indirect Costs:
 - General office and basic laboratory consumables
 - Library services/learning resources
 - Finance, personnel, public relations and departmental services
 - Central and distributed computing
 - Cost of capital employed
 - Overheads



New Competition Spring 2016

Competition launch: 8th June 2016

Closing Date: Noon 28th July

Industry workshops:

21st June, London

22nd June, Leeds

Contracts awarded: November 2016



Digital Platforms



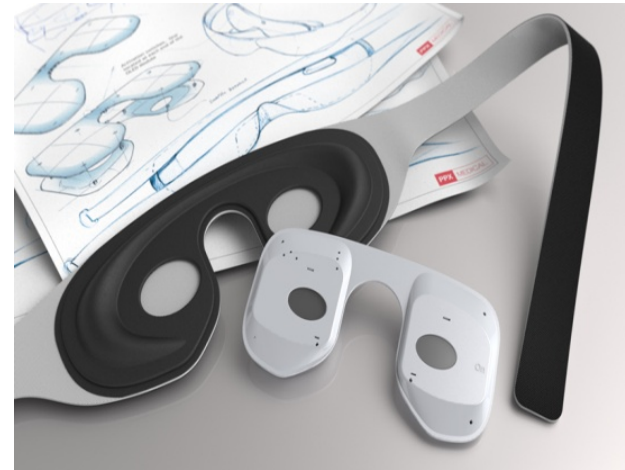
Diagnostics / Screening



Medical Technologies



POLYPHOTONIX



Ideas Delivered - SBRI

NHS funded, AHSN led programme, with national clinical and industry engagement and the potential to deliver substantial NHS efficiency saving and health benefits

£55m invested since 2012

+£14m this year

30 clinically led challenges during annual cycle of 2 challenges

172 contracts

119 feasibility contracts (phase 1)

55 development contracts (phase 2)

8 implementation contracts (phase 3)

NHS value and patient nos*

2012/13 - £510m -23m

2013/14 - £424m - 4m

2014/15 - £299m - 1.9m

** Independent Health Economics assessment*

250 jobs, **66** patents/TMs, **£45m+** VC/investor funds leveraged

20 companies currently selling

Three exporting

87% small or micro

56% under £250- turn over

56% under 5 years old



AHSN/SBRI Healthcare companies

Phase II onwards

Scotland, N Ireland & Wales
Edixomed

North East & North Cumbria
Polyphotonix

Yorks & Humber
Advanced Digital Innovations,
Dynamic Health Systems,
RedEmbedded Systems

East Midlands
Astrimmune, Inspiration
Healthcare, ViVo Smart
Medical Devices

Greater Manchester & NW Coast
Biosensors, Cardiocity, Digital
Creativity in Disability, SkyMed,
Rapid Rhythm, Veraz

Eastern
Aseptika, Bepak, Cambridge
Respiratory Innovations,
Hidalgo, Ieso Digital Health,
Inotec AMD, Owlstone, TwistDX

West Midlands
Advanced Therapeutic
Materials, Just Checking

S.London, Imperial, UCLP
Armourgel, Big White Wall, Cupris,
Lightpoint Medical, Maldaba, MIRA
Rehab, Therakind, TiKa, uMotif

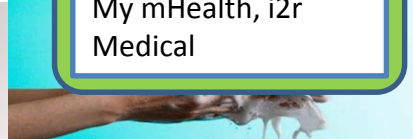
West of England
Careflow Connect,
Handaxe, Folium
Optics, Mayden

South West
Plessey
Semiconductors

Kent, Surrey & Sussex
Anaxsys, Docobo, InMezzo

Wessex
My mHealth, i2r
Medical

Oxford
Fuel 3D, Oxford
Biosignals,
Message Dynamics



SBRI Healthcare London Briefing Seminar

Shirlene Oh – Head of Industry, Imperial College AHSN

**Self-care and Independence in Children with
Long Term Conditions**

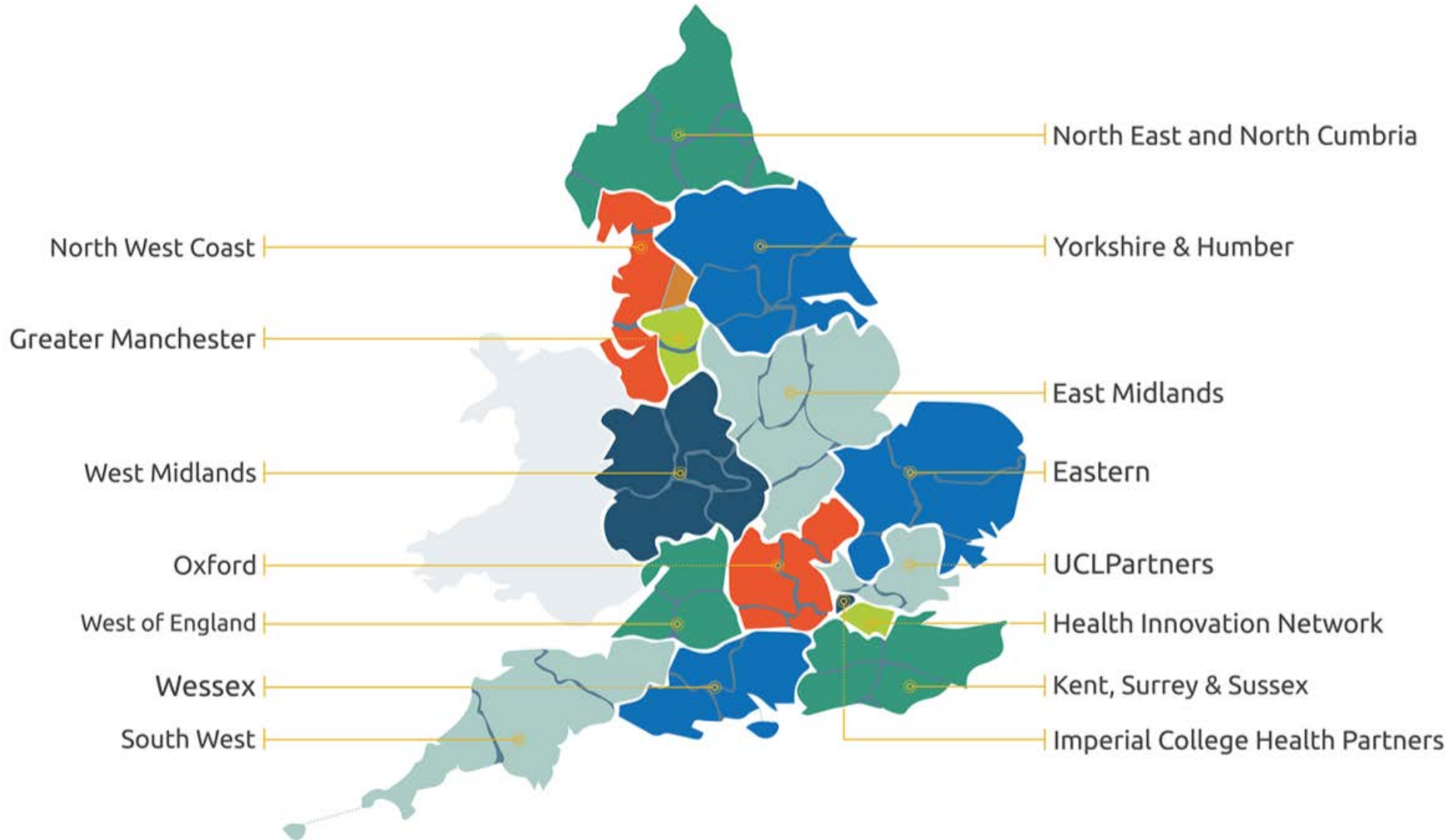
&

**Improving patient flow to maximise operational
efficiency in the Acute Sector**

*The***AHSN***Network*

The SBRI Healthcare programme is directed by the Eastern Academic Health Science Network on behalf of NHS England and managed by Health Enterprise East.
www.sbrihealthcare.co.uk

15 AHSNs nationally



Spreading innovation, improving health, generating economic growth

- **We are catalysts** for the spread of innovation at pace and scale - improving health, generating economic growth and helping facilitate change across whole health and social care economies
- **We connect** regional networks of NHS and academic organisations, local authorities, the third sector and industry - responding to the diverse needs of our patients and populations through partnership and collaboration
- **We create** the right environment for relevant industries to work with the health and social care system.

*The***AHSN***Network*

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Demand articulation



www.projectcartoon.com

How the customer explained it



www.projectcartoon.com

How the team designed it



www.projectcartoon.com

What the customer really needed

The AHSN Network

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“**Invention** is the "creation of a product or introduction of a process for the first time."
Thomas Edison was an inventor.

Innovation happens when someone "improves on or makes a significant contribution" to something that has already been invented. [Steve Jobs](#) was an innovator.”

Tom Grasty (Co-founder, Stroome)

“**Facebook**: Facebook may be the world largest social network and have the most users but it is not even close to having been the first mover in their industry..... The true spoils lay waiting for those who can perfect a pre-existing model, evolve it and extract every element of value which has been missed.”

*Chris Herd, CEO and Founder:
IGLU & myCarson*

Self care and independence for children with long term conditions

Clinical Presentations



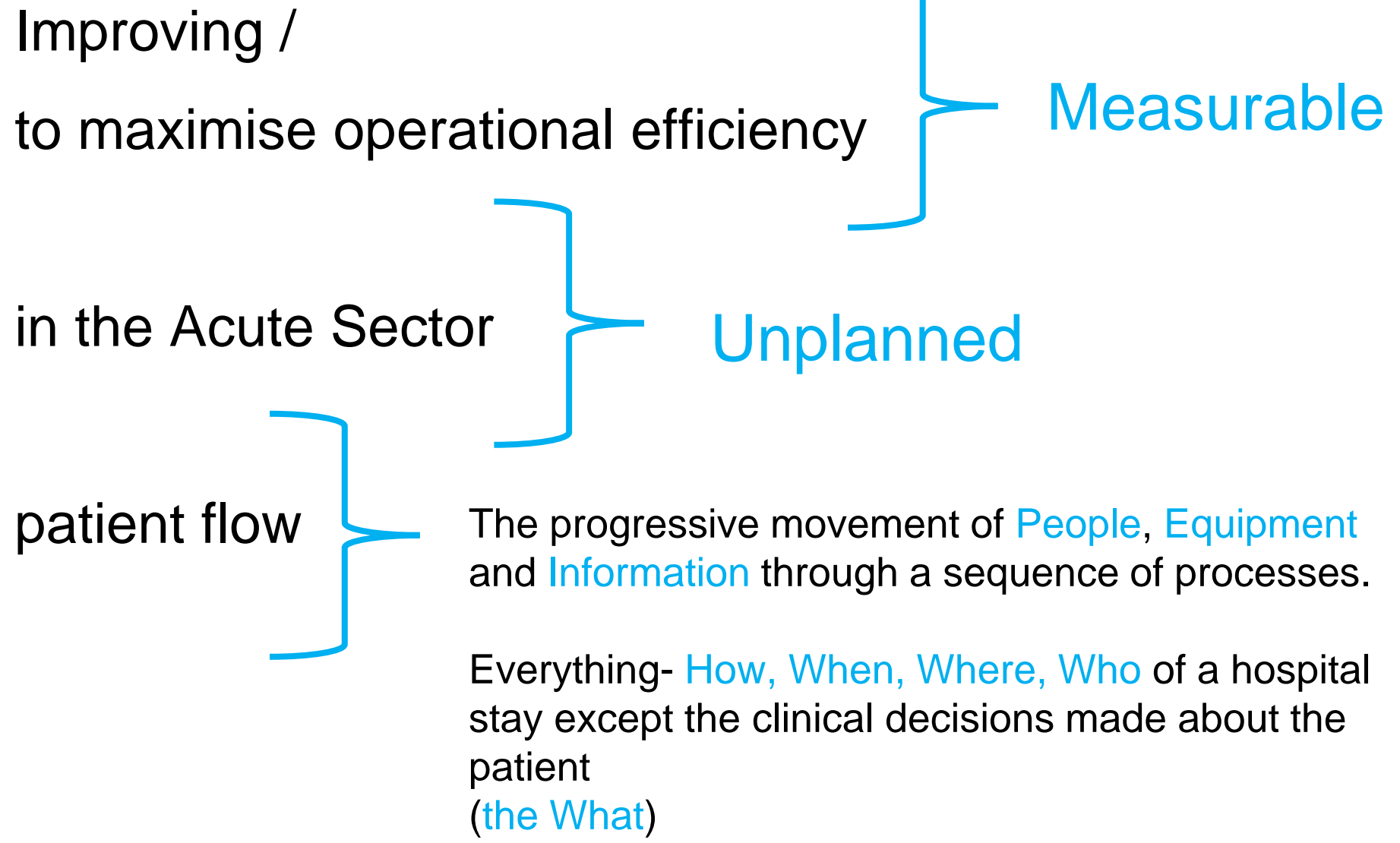
Improving patient flow to maximise operational efficiency in the acute sector

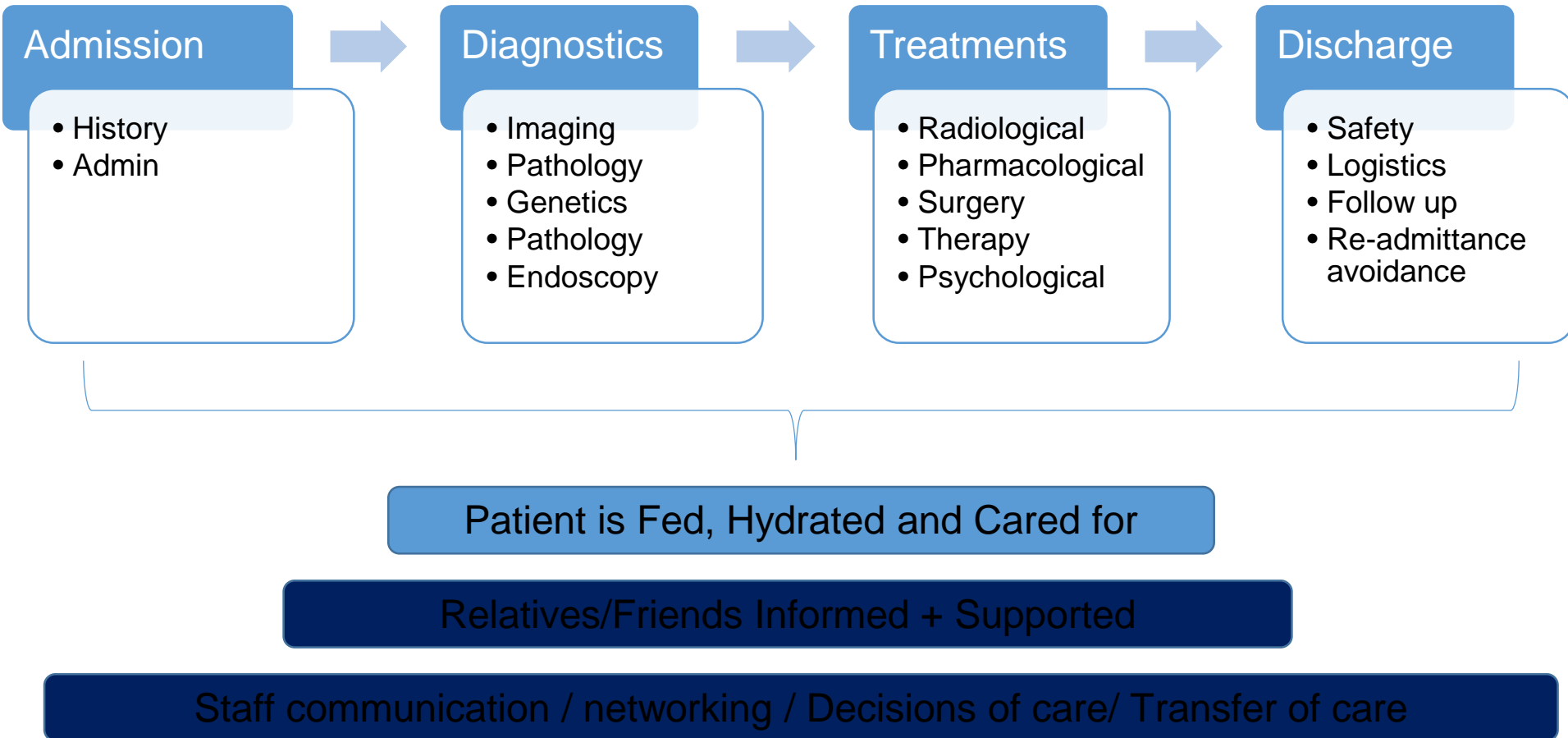
Clinical Presentations





Improving patient flow to maximise operational efficiency in the Acute Sector







Every patient is different*

Pathway Attribute	Simplest Patient	Complex Patient
Length of stay	2 Hours	> A Year
Staff	20	100's
Condition	1 Main	Multiple co-morbidities
Process steps	100-120	1000's
Discharge	Walk out	Specialist transport, multiple agency support

Every Hospital is different

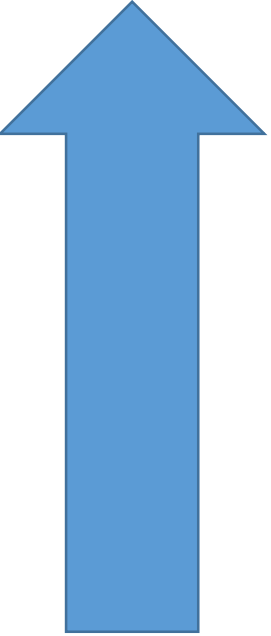
Hospital Attribute	Small	Large
Beds	200	2000+
Wards	20	100+
Staff	2000	15,000+
Episodes per year	120,000	750,000+



Imbalance leads to:

- Exit block
- Outliers
- Prolonged Length of stay (LOS)
- Operational complexity
- Culture erosion
- Staff Burnout
- Huge variation in activity, over resourcing

Avoidance is the best outcome but this challenge is from admission onwards



It could be an improvement that is for one specific group of patients

It could be systemic improvement that is for all patients



Category 1: Improving in-patient journey whilst receiving care within the hospital

What if technology could streamline the flow of in-patients during treatment within the hospital system?

What if technology could improve the efficiency of diagnostics?

What if technology could improve the efficiency of treatments?

Reducing repeats of tests during a patient journey?

Reduce patients moving to a different location for diagnostic tests?

More accurate test results gained more rapidly?

Quicker treatments?
e.g. ability to do more day cases?

Reduced downtime between treatments and/or elements of treatment?

Streamline flow of 'next steps' on the 'journey'
e.g. information on patient status within the 'journey'

Category 2: Improving use of resources during the patient journey within acute care

What if technology could improve the efficiency of use of (often scarce) resources within the hospital?

What if technology could ensure the right staff members were always available?

What if technology could increase utilisation of scarce resources?

Staff levels matching level of care required?

Improve handover/transfer of patients between different hospital functions?

Imaging equipment, faster diagnostics?

Reducing necessity for staff to move equipment, samples, supplies?

Ensure patient always moved immediately to next step in care pathway with no delays?

Reduced waste of supplies/resources?

Category 3: Improving efficiency of hospital discharge

What if technologies could help to ensure patients can be discharged more efficiently from acute care?

Identifying patients at high risk of delayed discharge as quickly as possible (begin discharge planning earlier in patient journey)?

Providing patients greater support outside of acute care to enable safe early discharge and avoiding the likelihood of readmission?

Enhanced communication & sharing of knowledge between acute care, community and social care teams?

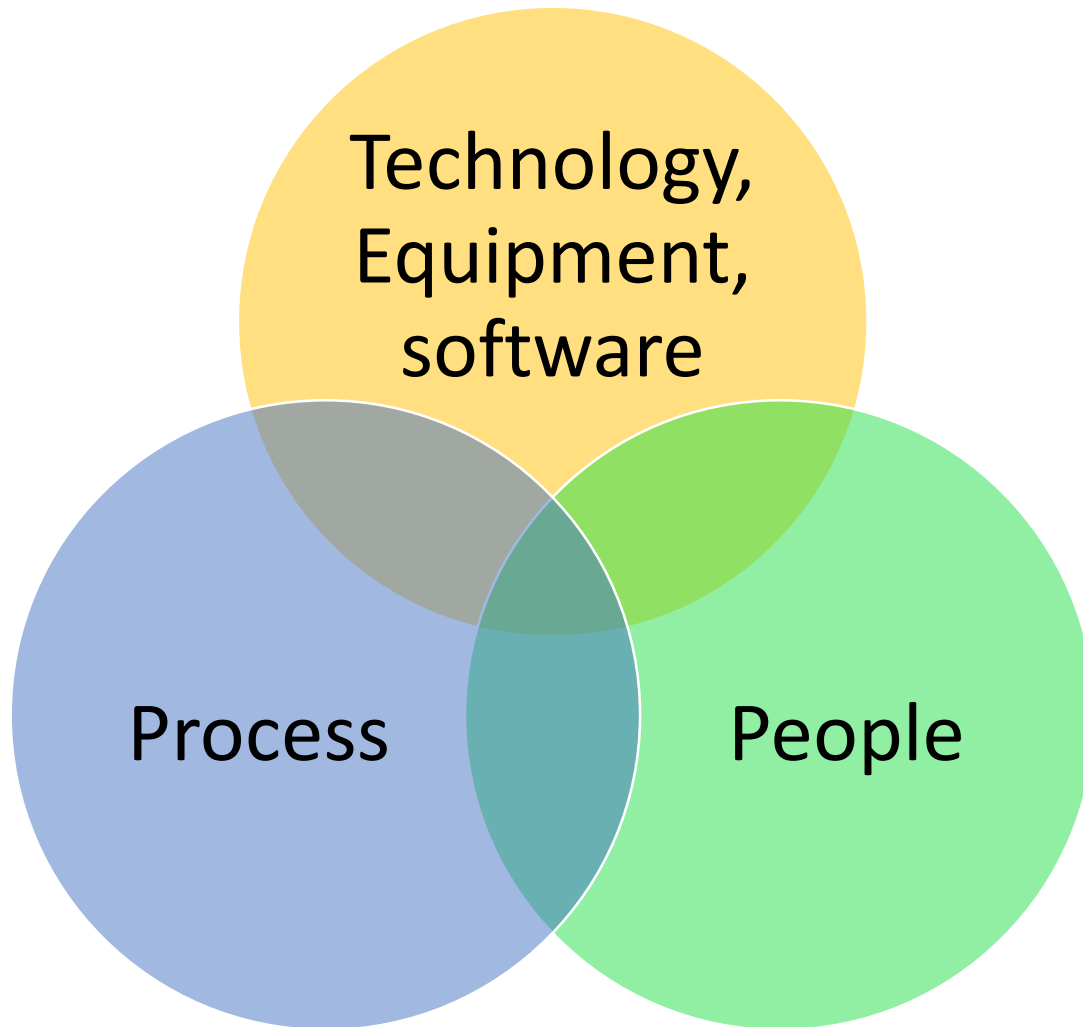
Aiding hospital staff with knowledge and availability of local out-of-hospital services?
Matching up with patient needs (care packages)?

Enhanced communication & sharing of treatment status & discharge planning with patient, families and GPs?


Follow up appointments and continuing assessment of patient needs carried out within the home setting?

Remotely monitoring patients to allow earlier discharge and avoid readmission?

Improved understanding of post-discharge plans? e.g. medication, elements of self-care



What does good look like?



The screenshot shows the SBRI Healthcare website header with the SBRI logo and tagline "bringing new technologies to the NHS". It includes social media icons for Google+, LinkedIn, and Twitter, and the NHS England logo. Navigation links include "LOG IN" and "REGISTER FOR UPDATES". A blue navigation bar contains links for "HOME", "ABOUT", "COMPETITION NOW OPEN!", "CASE STUDIES", "NEWS", "EVENTS", "AHSN AREAS & FUNDING MAP", "CONTACT", and "ANNUAL REVIEWS".

CASE STUDIES

CLICK ON THE BELOW TO VIEW CASE STUDIES FROM A SELECTION OF PREVIOUS SBRI HEALTHCARE WINNERS.

Bespak

Bespak is a leading global supplier of drug delivery devices for injectable and inhaled products. With SBRI Healthcare funding, Bespak has developed an On-Body Injector device known as Lapas, driven by a novel power source, to create a low cost approach to larger volume, higher viscosity drug delivery.

[Learn More](#)

Isansys Lifecare Ltd

Isansys Lifecare Limited is a new generation digital healthcare company that has developed an innovative, low cost and scalable patient monitoring platform. The Patient Status Engine (PSE) integrates a range of advanced medically certified wireless wearable vital sign sensors, with secure networking technologies and predictive analytics. Any (and every) patient can now be monitored continuously in hospital or at home.

[Learn More](#)

Lightpoint Medical

Cancer frequently requires multiple operations. For example, 20-40% of breast cancer patients who undergo breast-conserving surgery will require a re-operation. The consequences, in addition to the repeat operation itself, include delayed adjuvant treatment, higher risk of mastectomy, increased likelihood of distant recurrence.

Latest news [»](#)

Events [»](#)

Tweets [v](#)

Tweets by @sbrihealthcare [See all](#)

<http://sbrihealthcare.co.uk/case-studies/>

It's an exciting challenge
be ambitious

Population 65M
4M Acute admission/year



Chances are someone you know will have
an acute episode in the next 16 days

The application process

Joop Tanis

Director SBRI Healthcare Programme

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@sbrihealthcare



Application Process

www.sbrihealthcare.co.uk

SBRI HEALTHCARE *bringing new technologies to the NHS*

NHS England

LOG IN REGISTER FOR UPDATES

HOME ABOUT COMPETITION NOW OPEN! CASE STUDIES NEWS EVENTS AHSN AREAS & FUNDING MAP CONTACT ANNUAL REVIEWS

Past competition winner case study: ISANSYS LIFECARE LTD

The Small Business Research Initiative for Healthcare (SBRI Healthcare) is an NHS England initiative, championed by the Academic Health Science Networks (AHSNs), who aim to promote UK economic growth whilst addressing unmet health needs and enhancing the take up of known best practice.

COMPANY DIRECTORY Available Soon

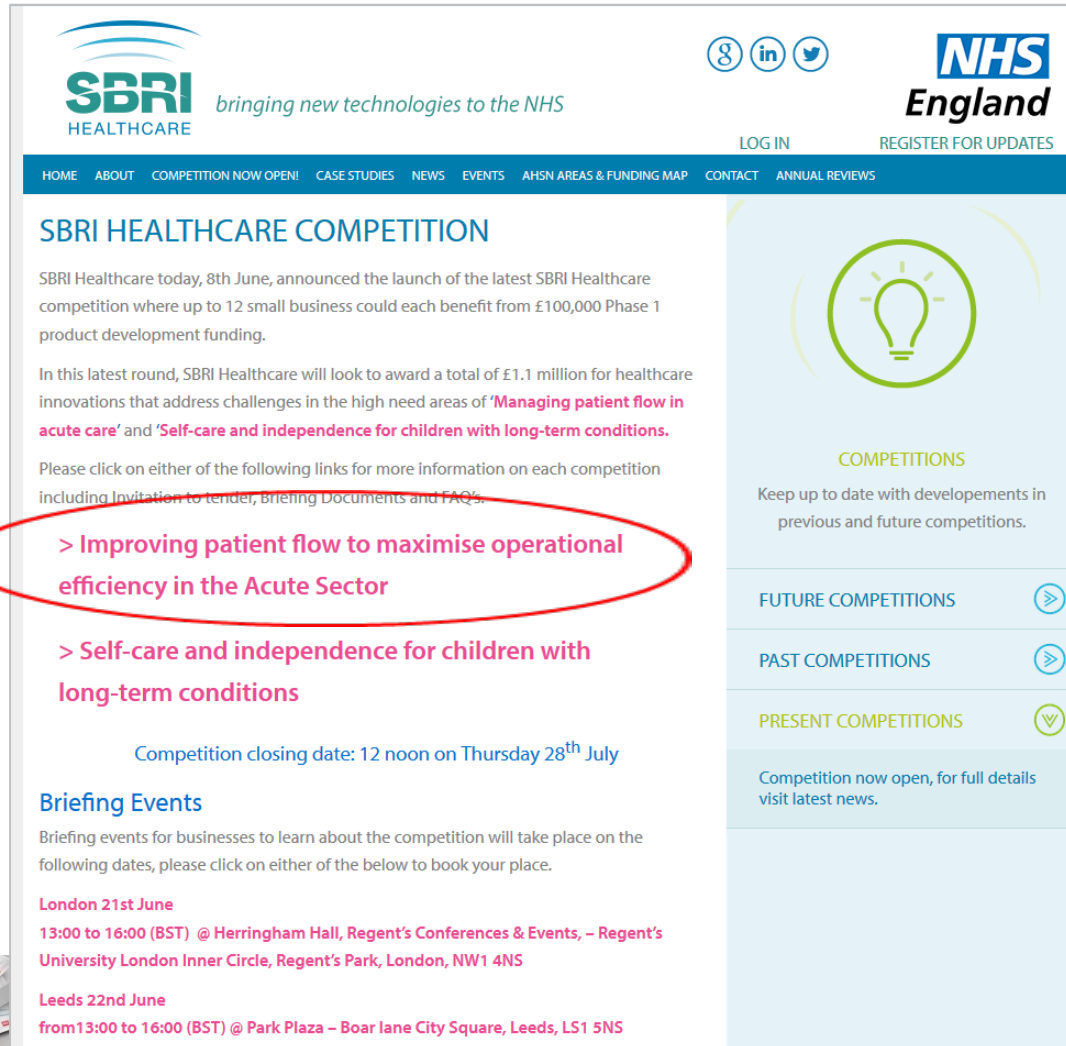
COMPETITIONS

The latest SBRI Healthcare competition is now open! Closing date - 12 noon on Thursday 28th July



Application Process

www.sbrihealthcare.co.uk



The screenshot shows the SBRI Healthcare website. At the top left is the SBRI Healthcare logo with the tagline "bringing new technologies to the NHS". To the right are social media icons for Google+, LinkedIn, and Twitter, and the NHS England logo. Below the logo is a navigation menu with links: HOME, ABOUT, COMPETITION NOW OPEN!, CASE STUDIES, NEWS, EVENTS, AHSN AREAS & FUNDING MAP, CONTACT, and ANNUAL REVIEWS. The main content area is titled "SBRI HEALTHCARE COMPETITION" and contains the following text:

SBRI Healthcare today, 8th June, announced the launch of the latest SBRI Healthcare competition where up to 12 small business could each benefit from £100,000 Phase 1 product development funding.

In this latest round, SBRI Healthcare will look to award a total of £1.1 million for healthcare innovations that address challenges in the high need areas of **'Managing patient flow in acute care'** and **'Self-care and independence for children with long-term conditions'**.

Please click on either of the following links for more information on each competition including Invitation to tender, Briefing Documents and FAQs:

- > Improving patient flow to maximise operational efficiency in the Acute Sector**
- > Self-care and independence for children with long-term conditions**

Competition closing date: 12 noon on Thursday 28th July

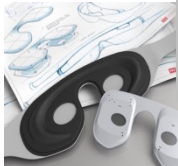
Briefing Events

Briefing events for businesses to learn about the competition will take place on the following dates, please click on either of the below to book your place.

London 21st June
13:00 to 16:00 (BST) @ Herringham Hall, Regent's Conferences & Events, – Regent's University London Inner Circle, Regent's Park, London, NW1 4NS

Leeds 22nd June
from 13:00 to 16:00 (BST) @ Park Plaza – Boar Lane City Square, Leeds, LS1 5NS

On the right side of the page, there is a sidebar with a light blue background. It features a lightbulb icon in a circle, the heading "COMPETITIONS", and the text "Keep up to date with developments in previous and future competitions." Below this are three sections: "FUTURE COMPETITIONS" with a right-pointing arrow, "PAST COMPETITIONS" with a right-pointing arrow, and "PRESENT COMPETITIONS" with a downward-pointing arrow. Under "PRESENT COMPETITIONS", it says "Competition now open, for full details visit latest news."





[Download the full brief](#)

Additional Information

[> SBRI Healthcare Tender](#)

[> Guidance](#)

[> Sample Contract](#)

[> F.A.Q's](#)

[> Click here to apply](#)





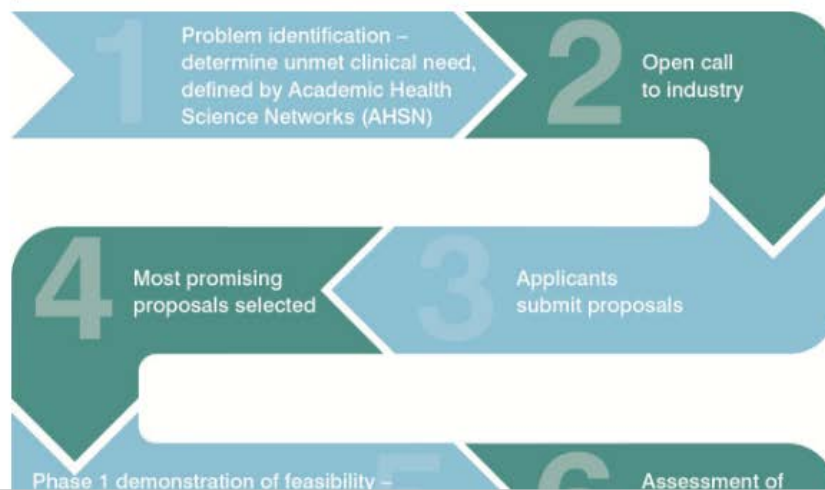
bringing new technologies to the NHS

PROGRAMME OVERVIEW

SBRI is a simple process. Typically competitions are split into two phases. All competitions are based around a market need, which is expressed as a desired outcome, rather than a required specification.

Phase 1 Proposals concentrate on proving the scientific, technical and commercial feasibility of the proposed project. The results of phase 1 determine whether the solution should go further to phase 2 – not all projects will progress to the second phase.

Phase 2 Prototyping is undertaken in phase 2. Projects that successfully complete phase 2 can then be commercialised and offered to government departments and others under a normal procurement process.



Sign In

Email:

Password:

[Trouble Signing In?](#)

Need An Account?





bringing new technologies to the NHS

[Home](#)

Submissions

Your submissions

Title	Category	Owner	Status	Actions
TEST	Applicants	You	NOT SUBMITTED	Edit

[Create New submission](#)



[Home](#) » [A-0554](#)

A-0554 (A-0554)

This submission is in stage **SBRI Phase 1 Application** with a status of **Active**
It was last updated at: 06/15/2016 01:57 PM.

 [View Rankings](#)

Progress

This submission is 0.0% complete. You still need to:

- [Complete task "Download of Application Guidance"](#)
- [Complete task "Application Summary"](#)
- [Complete task "SBRI Application Form"](#)
- [Complete task "Declaration"](#)
- [Submit](#)

SBRI Phase 1 Application

Task	Deadline	Status	Actions
Download of Application Guidance	--	INCOMPLETE	Start
Application Summary	--	INCOMPLETE	Continue

Members



SBRI Phase 1 Application Summary

Required fields are noted with an *

Application Title

Please provide a title for your application. This should be both clearly descriptive and concise (no more than 10 words), and suitable for publication *

TEST

Words entered: 1. Max: 10

Category Selection

There are two briefs in the current SBRI competition. To ensure your application is reviewed by the most appropriate assessment panel, please select just one subcategory from one of the drop-down menus displayed below.

Improving Patient Flow

Self-care for Children with Long Term Conditions

Child Health Restoring Function
Child Health Safe-care & Remote Monitoring

Contract duration

Length of desired SBRI Healthcare contract as a number of months (6 months maximum) *

6

Total contract cost

(£) inclusive of VAT, please enter amount without currency sign, commas or decimals *

100000

What is the best way to describe your innovation *

New technology prototype

Abstract for Publication*

(100 word limit)

Save Progress

Check Form & Exit



Language

English ▼

Go

0%

SBRI Application Form

Required fields are noted with an *

1) Description of Proposed Idea/Technology *

Please provide a brief description of your proposed idea/technology and how this addresses the customer need, market and patient problems. Include how you plan to engage key stakeholders in Phase 1. Please consider defining the market/patient you plan to address; the implications, size, cost of the problem and market. Outline your solution and how it meets the market/patient needs, including the needs described in the competition category brief, how it could be implemented, cost of doing so and any other matters arising from its adoption. To support this description you may upload an image file by using 'Upload Proposal Document(s)' Task, which is available from the Main Application task menu. (500 word limit)

2) Technical Project Summary *

Please give a short assessment of the key technical challenges that will be overcome. List the key technical deliverables and how they will be met. In addition, please provide a short summary of the project (500 word limit).

Save Progress

Check Form & Next Page

[Application Summary](#)

INCOMPLETE

[Start](#)

 Add Member

 Edit Members

[Company Details](#)

INCOMPLETE

[Start](#)

 Withdraw Application

[SBRI Application Form](#)

INCOMPLETE

[Start](#)

Upload Attachment
(optional)

PREREQUISITES NOT MET

Upload 2nd Proposal
Document (optional)

PREREQUISITES NOT MET

[Declaration](#)

INCOMPLETE

[Start](#)

Submit your
application

PREREQUISITES NOT MET



Declaration *

Lead applicants are expected before submitting applications, to have discussed their proposal with their own company or any other body co-operation will be required in the conduct of the project. By submitting the application you are confirming that the information given in this application is complete and you will be actively engaged in this project and made responsible for its overall management and agree to administer the award if made.

Lead Applicant *

I confirm that the information given on this form is complete and correct, and that I shall be actively engaged in this project and responsible for its overall management.

Yes

Lead Applicant Details

Company Name *

Full Name (this will act as e-signature) *

Date *

Company Position *

Managing Director/Finance Officer *

I confirm that I checked the financial details of this application and that this company is prepared to carry out this project at the stated costs and to administer the award if made.

Yes

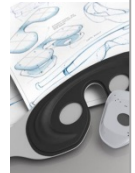
Managing Director/Finance Officer Details

Company Name *

Full Name (this will act as e-signature) *

Date *

Company Position *



Assessment Phase Timelines

- Close competition, noon on 28th July
- Review compliance (July)
- Assessment packs assigned and issued to technical assessors (August)
- Each application reviewed and scored by technical assessors (August)
- Assessment of long-list applications at panel meeting involving clinical leads (September)
- Production of rank ordered list for interview (September)
- Interview panels to select final winners (October)
- Draft and issue contracts (November)
- Publish contracts awarded (November)
- Feedback to unsuccessful applicants (by December)



Assessment Criteria

1. What will be the effect of this proposal on the challenge addressed?
2. What is the degree of technical challenge? How innovative is the project?
3. Will the technology have a competitive advantage over existing/alternate technologies that can meet the market needs?
4. Are the milestones and project plan appropriate?
5. Is the proposed development plan a sound approach?
6. Does the proposed project have an appropriate commercialisation plan and does the size of the market justify the investment?
7. Does the company appear to have the right skills and experience to deliver the intended benefits?
8. Does the proposal look sensible financially? Is the overall budget realistic and justified in terms of the aims and methods proposed?



Key Points to Remember

- Research and define the market/patient need
- Review the direct competitor landscape and make sure you define your USP
- Consider your route to market, what is the commercialisation plan? Do you know who your customer will be, how will you distribute, how much will you charge for the product/service?
- How will the project be managed (what tools will you use, how will the team communicate etc.)
- Provide a clear cost breakdown
- Make sure you answer all of the questions in sufficient detail
- Try not to use too much technical jargon, sell the project in terms the NHS will understand (outcomes, benefits to patients etc.)



Contact Us

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