

## SBRI MANAGEMENT BOARD

<b>DOCUMENT TITLE:</b>	SBRI Competition Business Plan 2018-19				
<b>AGENDA ITEM:</b>	2.2				
<b>AUTHOR:</b>	Karen Livingstone				
<b>DATE OF MEETING:</b>	19 <sup>th</sup> July 2018				
<b>EXECUTIVE SUMMARY:</b>					
<p>The attached papers sets out the SBRI Healthcare business activity for 2018-19. Key aims for the year are:</p> <ul style="list-style-type: none"> <li>• <b>Accelerate the co-development</b> of 15 solutions that have evidenced health and wealth value.</li> <li>• <b>Enhanced adoption</b> – support the AHSNs to adopt SBRIH commissioned products by with each AHSN supporting the take up of at least two SBRIH supported innovations. Support the promotion of SBRI solutions into the UK and international markets.</li> <li>• <b>Promote SBRI Healthcare</b> as a co-creation programme that addresses the needs of the NHS and creates economic value. Build understanding and awareness in key opinion leaders across the NHS and government.</li> <li>• <b>Innovation exchange</b> – support the AHSNs to utilise the SBRIH process when needs are identified that currently have no solutions.</li> <li>• <b>Re-procurement</b> – support NHS England to oversee the re-procurement of support for the programme. Seek to ensure that the process is smooth, and the knowledge established in the running of the programme to date is embedded and shared into the next phase of delivery.</li> </ul>					
<b>KEY ISSUES TO NOTE OR CONSIDER:</b>					
The programme established its vision and 5 year goals in 2015. The 2018-19 business plan follows the broad aims of that overarching vision and recognises that a new 5 year plan will need to be developed in the autumn.					
<b>KEY RISKS OR CONCERNS TO HIGHLIGHT:</b>					
The re-procurement process could delay implementation of key aims.					
<b>REPORT RECOMMENDATION:</b>					
The board are invited to approve the business plan for 2018-19.					
<b>PURPOSE OF THE REPORT (Indicate with 'x' the purpose that applies):</b>					
FOR INFORMATION	FOR DECISION	FOR DISCUSSION			
	X	X			
<b>KEY AREAS OF IMPACT (Indicate with 'x' all those that apply):</b>					
Financial	X	Competitions	X	Communications & Media	X
Governance	X	Legal & Policy			
Programme Management	X	Evidence and Impact	X		
Comments: [elaborate on the impact suggested above] full year strategy					
<b>PREVIOUS CONSIDERATION:</b>					
Agreed at May SBRI Board.					



## Business plan 2018/19

SBRI Healthcare is an NHS England funded investment programme that supports the creation of innovations for NHS needs. SBRI Healthcare is delivered by the AHSNs and supports the needs analysis and innovation creation stages of Innovation Pathway. Through a competitive process proposed innovations are rigorously assessed before a fully funded development contract is agreed between the company and the NHS.



### How SBRI Healthcare will connect to the Innovation Exchange process

SBRI Healthcare will seek to connect to the AHSN innovation exchange process – improving the needs definition for competition problems but also to support the testing of products in development projects and wider adoption of transformational solutions.

SBRI Healthcare will also bring a contribution to the co-development of innovations suitable for support into the innovation exchange.

Led by the Academic Health Science Networks the SBRI Healthcare programme has been identified as the leading one of its type across government.

Dr David Connell was invited by the Prime Minister, Theresa May, to review the workings of the SBIR programme across government and make recommendations as part of the industrial strategy. Dr Connell has been a Senior Research Associate Then Senior Research Fellow at the Centre for Business Research at the University of Cambridge since 2006. He was previously founding Chief Executive of TTP Ventures, a Cambridge-based venture capital fund specializing in early stage science and technology-based ventures

with funding from Boeing, Siemens and financial institutions. Dr Connell's report was published in the autumn of 2017. His report commented on the NHS England programme:

*“There are some very well managed programmes like those at NHS England, and NC3Rs (National Centre for the Replacement, Refinement and Reduction of Animals in Research). These have experienced teams that have worked together over many years to carefully define the challenges that need addressing and run a portfolio of competitions every year. In both cases the contracts awarded have been large enough to have a transformational impact on some of the companies backed by taking them to key development and testing milestones and helping them secure procurement and/or other commercial sales.*

*“The longest running SBRI programme is NHS England's. It runs regular competitions twice a year and operates a systematic process from problem definition through to procurement support, with clinicians, commissioners and people with a business of venture capital background involved in selection interviews. Started in 2009 in the East of England, by February 2017 it had funded 67 projects through to Phase 2, over a quarter of which had led to commercial product sales to the NHS. A recent report undertaken by PA for NHS England shows growing deployment of SBRI funded technologies with the cumulative present value of benefits to the NHS from the £73m of NHS England SBRI funding since April 2014 forecast to rise to between £349m and £482m by 2022 and to between £1.2billion and £1.9 billion by 2027. The NHS SBRI approach represents the single best role model for future programmes from other public-sector organisations, though there are important lessons from other SBRI programmes.*

*SBRI contracts have:*

- *triggered the creation of successful new firms;*
- *enabled more established SMEs develop and launch new products;*
- *provided credibility for companies to move into new applications and geographic markets as a result of UK public sector procurements;*
- *led to significant amounts of equity investment being raised in some of the companies funded;*
- *helped companies with a technology consulting model develop and market their own products;*
- *acted as a catalyst for struggling companies with novel technologies find applications and bring them to market.*

*Businesses reported a number of positive impacts from SBRI, including providing an accelerated route to market, business growth and an increase in sales turnover. It has also built credibility and generated a “buzz” in their markets - 4 Key advantages seen over other programmes included:*

- *100% funding, frequently mentioned as a key benefit, both by micro and small businesses (i.e. those employing less than 50 people) and by larger businesses for which it made riskier R&D projects more feasible*
- *Retention of IP, also regarded as a critical advantage compared with development contracts from private sector customers, allowing companies to sell applications to other customers;*
- *The market-pull implicit in SBRI and the fact that there was potential for a first (product) customer.*

PA consulting were commissioned to review the SBRI Healthcare programme for NHS England committee's investment committee. Their report was shared with NHS England in February 2017 and reported the following findings:

“As of July 2017, SBRI-H has funded 176 projects and awarded contracts to the value of £73M. Within this group, 37 projects are showing some deployment in the NHS, either through sales or trials. These are the projects with the potential to have already achieved an impact on the NHS. The assessment of current benefits has focused on a cohort of 9 projects assessed as having the highest potential to be achieving an impact based on reported sales, forecast economic potential and SBRI-H team knowledge of the companies. Together, the 9 projects account for 88% of current NHS sales and provide a sound basis for estimating the total impact to date.

The assessment of future potential has been based on a further cohort of 14 projects from the list of 176. These have been identified jointly with the SBRI-H team as currently showing the greatest potential for successful adoption and impact. While some are on the market, they have yet to achieve any significant NHS sales and they are not included on the projects reviewed for current impact.

The review has identified projects estimated to have secured savings to date of between £24.4 and £29.9M to date including:

- In the range of £13.1M to £18.6M for the NHS in England and £11.5m to other UK public sector organisations
- Annual recurring savings currently running at £19.1M per year, including £14.4M for the NHS in England, and this is forecast to increase as adoption spreads.
- Additional impacts to the economy from new jobs valued at £14.6M, export sales of £6.4M, which is double the value of sales to the NHS, as well as attracting a further £122M in private investment<sup>1</sup> funding.

The current value figures and annual recurrent figures are calculated from secondary data provided by the companies involved. The savings set out in this report have been based on the data received, and there is reasonable confidence that further savings will be present that have not been evidenced in this review. As well as the financial savings, the review identified through interviews a range of additional impacts on the NHS including:

- Non-cash releasing savings as a result of saved clinician time and reduced DNA rates.
- Improved quality and outcomes, such as improved uptake of PROMs to measure service quality, improved emergency ambulance related performance and improving access to services
- Improved patient experience by enabling interaction with digital services, reducing waiting times, improved information on appointments and improved ability to meet patient wishes at end of life.

The wider economic impact of SBRI-H to date is also significant, as shown in Table 2. These figures have been self-reported by companies in the annual SBRI-H survey

**Table 2 Wider economic impact**

£6.4M	£14.6M	£122M
In export sales plus a further £0.5M in non-NHS UK sales	Estimated minimum value to the UK economy of 285 jobs created	External investment attracted to SBRI-H projects

The assessment of wider economic impacts has been made with reference to company responses to surveys and including £18M raised by Ieso in 2017. The estimated cumulative future savings to the NHS enabled by the SBRI-H portfolio is expected to be of the order of £350-£480M in 5 years (2022), rising to between £1,200M-£1,800M in 10 years. The future value estimate assumes that, as an innovation portfolio, the main value will be derived from a small number of highly successful projects. The portfolio of 14 projects was selected on the basis of current potential to come to market and make an impact, taking account of views on the technology readiness of projects reported by the SBRI-H team. This group of 14 projects represents 12.5% of the total project portfolio. The estimate, shown in Figure 1, has been confidence-adjusted to

account for the quality of the information used to develop the estimate. It takes account of the expected increasing returns as projects gain adoption by the NHS.

### Our vision

Taking into account the learning identified in these and reports by Rand Europe and the RSA the SBRI Healthcare programme board has set itself the vision of delivering a return to the NHS of over £300m by 2022 and a return more than £1bn within the next ten years (2027).

**Our vision is to advance health and wealth by accelerating patients' access to innovations by increasing the pool of co-developed solutions that match NHS needs and connecting them to the AHSNs who will support their adoption and spread throughout the health and care system.**

**We seek a return on the public investment by showing a combined value proposition to the NHS and wider economy of £1bn within the next 10 years (2017-2027)**

### Our Goals for 2018/19

To achieve this ambitious target, the SBRI Healthcare has identified the following priorities for the 2018/19 business year.

- **Accelerate the co-development** of 15 solutions that have evidenced health and wealth value.
- **Enhanced adoption** – support the AHSNs to adopt SBRIH commissioned products by with each AHSN supporting the take up of at least two SBRIH supported innovations. Support the promotion of SBRI solutions into the UK and international markets.
- **Promote SBRI Healthcare** as a co-creation programme that addresses the needs of the NHS and creates economic value. Build understanding and awareness in key opinion leaders across the NHS and government.
- **Innovation exchange** – support the AHSNs to utilise the SBRIH process when needs are identified that currently have no solutions.
- **Re-procurement** – support NHS England to oversee the re-procurement of support for the programme. Seek to ensure that the process is smooth, and the knowledge established in the running of the programme to date is embedded and shared into the next phase of delivery.

2017/18

NHS England have determined to re-procure the management support for the SBRI Healthcare programme. This will mean that this year it is critical for the current team to capture and share the learning from the programme to date. The learning can then be used to inform the re-procurement process and support NHS England to secure the strongest contractor to take forward this significant programme.

Following the Benefits **review for NHSE** investment committee and the David Connell review the SBRI Healthcare programme has a wealth of evidence supporting the programme's methodology, its delivery of benefits and a stronger understanding of where the programme can improve its approach. The recent report by the Royal Society for the Arts (RSA) further contributed to the learning around the need for 'systems thinking' to play a role in the development of challenge areas. The SBRI Healthcare board has reviewed and developed its needs analysis and definition process. The work of the Connell and RSA review will be used to further develop the competition theme process. The theme definition process will also connect into the AHNS's leadership of the Innovation Exchanges.

The AHNS have been invited to create **Innovation Exchanges** on behalf of the Government as part of its work to address accelerated access. The Innovation Exchange process sets out a specific need for the NHS to define needs and use these defined challenges to inform their selection of innovations – but also to inform the co-creation of new innovations. SBRI Healthcare has a unique contribution to this process and during 2018/19 we will work closely with our AHSN partners to ensure that the SBRI Healthcare co-creation process is fully connecting with the Innovation exchanges and supporting the creation of solutions to match needs identified in the Innovation Exchange that are not currently addressed by existing solutions.

**Life science strategy and economic growth**, SBRI Healthcare has been able to evidence a significant contribution to the UK economy. Moving into our 6<sup>th</sup> year of a national programme we know we have over 40 companies with products that have completed the regulatory requirements and are available for purchase in the NHS and beyond. Many of our companies are seeing a growth in their staff and value as a consequence of their sales environment. SBRI Healthcare will seek to ensure we can capture the value of these interactions and support NHS England to promote the work they are funding that will be a positive contribution to the life sciences strategy and wider economic growth ambitions of the government.

There are risks and opportunities in the programme and our environment. We have sought to reflect on these in the SBRI Healthcare organisations planning, risk assessment and mitigation.

## Our achievements in 2017/18

In 2017/18 we sought to bring further efficiency. Some of our key successes are highlighted in the table below:

<p><b>Policy</b></p>	<p><b>Policy context:</b> SBRI Healthcare submitted evidence and worked with external assessors to secure positive reviews in four independent research programmes.</p> <ul style="list-style-type: none"> <li>• Benefits review – commissioned by SBRHI this report completed and findings positively received by NHSE Investment committee</li> <li>• Connell review – SBRIH submitted evidence and the report identified the programme as the exemplar in government</li> <li>• Rand Europe – report received evidence and data from the SBRIH team and showed the backing by companies for the programmes approach and methods.</li> <li>• Royal Society for the Arts – SBRIH contributed to the thinking in workshops and learning sessions – report identified the need to spend more time on problem definition.</li> </ul>
<p><b>Competition headlines</b></p>	<p>Comps run – outline of these with comment on process of selection.</p> <ul style="list-style-type: none"> <li>• Applies – 89 entries were received in the cancer challenge and 154 in mental health &amp; surgery. Quality was maintained through the year with panels keen to make more awards than budget was available to fund</li> <li>• Assessments – 42 companies were short-listed for phase 1 contracts and 23 clinicians were engaged across the respective decision making panels for new phase 1s. A total of 34 companies were assessed for new phase 2 contracts.</li> <li>• Outcomes – 22 new phase 1 contracts were awarded in year (10 in cancer challenge and 12 in mental health/surgery) and 20 new phase 2 contracts (10 each in Acute Flow/Paediatrics challenge and GP of the Future)</li> </ul>
<p><b>Programme Management headlines</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• The board review of the governance process was conducted with inputs from key stakeholders. Board and NHSE agreed on recommendations and implementation plan.</li> <li>• NHSE audit – review by NHSE internal audit completed and key actions identified and implemented.</li> <li>• Communications headlines – competition winners for primary care and cancer health technology investment received good coverage online, and the communications strategy for SBRI Healthcare has been shaped through discussion with AHSN Network communications leads to support greater promotion of activities across the network and coordinate with regional challenges and events. Recent reviews of SBRI Healthcare benefits have been widely promoted and used in presentations and updates, and the SBRI Alumni event in March was well attended, providing support and tailored advice and guidance to Phase 2 companies.</li> </ul>



**Company headlines**  
A few updates from the co.s making great progress / any awards won / funding leveraged

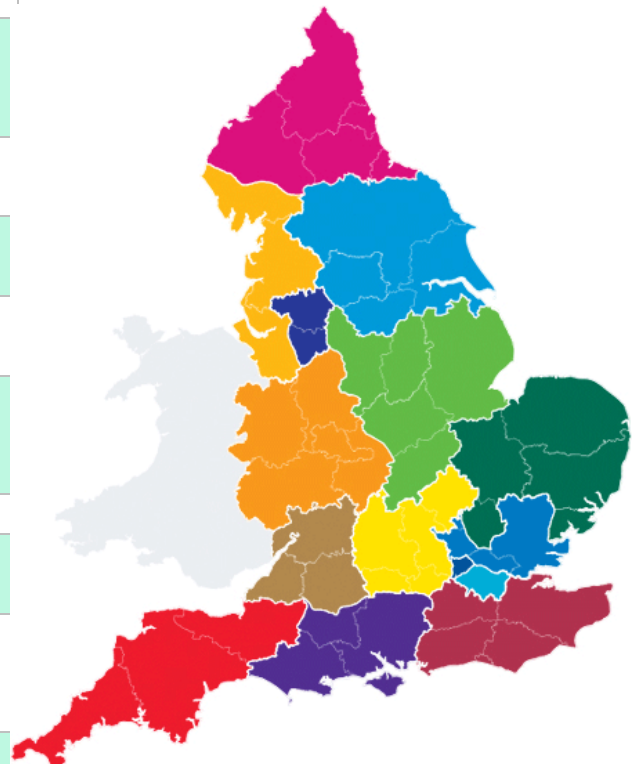
- Owlstone Medical raised a further £11M with Horizons Ventures and Aviva to support further development of their breathalyzer platform for disease detection. The new round will enable the company to bring its lung cancer Breath Biopsy test to market.
- CRiL who have developed a respiratory monitoring platform using an advanced nano-technology CO2 sensor, won the Medimmune Digital Health Forum 2018 challenge
- Phase 2 companies currently generating revenue from SBRI Healthcare funded activity include 365 Response, iPLATO, Nervecentre and Snap40
- Open Bionics were reported by Forbes as One of “Four British Medical Start Ups To Watch in 2018” (<https://www.forbes.com/sites/davidprosser/2018/03/14/four-british-medical-start-ups-to-watch-in-2018/2/#547f179a4ce5> )

**Our partners and operating approach**

The Academic Health Science Networks are our delivery partners. Eastern AHSN is the lead contractor for the SBRI Healthcare programme and Health Enterprise East is the operational delivery partner. NHS England is the commissioner and the programme is embedded into the NHS service requirements by the actions of the AHSNs.

The AHSNs and SBRI Healthcare work together to support companies in the SBRI Healthcare programme.

AHSN	SBRI Healthcare
(With NHS England) Identify and select competition themes	Landscape and initial theme research
Identify lead clinicians to refine brief	Prepare competition brief
Identify lead clinicians for launch	Launch competition
Secure clinical assessors	Secure business and technical assessors
Participate in assessment process – lead AHSN & clinical leads	Coordinate and deliver the assessment process – links to companies
	Contracting with companies
Promote press announcements	Co-ordinate Press announcement
Attend monitoring visits - support co.s to connect with NHS	Conduct monitoring visits – support companies to deliver their projects
Support companies to connect with NHS post SBRI funding	Connect SBRI companies with SBRI Alumni offer
Support adoption and spread of products	



## Governance and oversight

The SBRI Healthcare programme is overseen by the AHSNs on behalf of NHS England with a programme board drawn from the 15 AHSNs, industry bodies such as the Association of British Healthcare Industries and Medilinks, Innovate UK as the governments' innovation agency, as well as the Department of Health and NHS England as the commissioners. The SBRI Healthcare Programme Board was formed four years ago, and has completed a license cycle of the AHSNs.

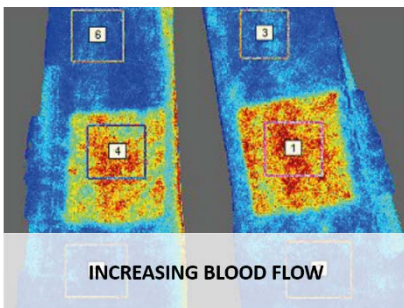
During the 2017 business year the SBRI Board chair, Richard Phillips led a review of the governance structures and board membership. This review concluded that a smaller, strategic board should be formed with AHSN representation, but the level of current membership will reduce to ensure engagement but streamlined decision making. The Board also agreed to support NHS England in the process to re-procure management support with a desire to ensure that the knowledge and expertise built in the programme is not lost to the NHS.

The Board also recognised that the process of theme selection should evolve to connect with the newly forming Innovation Exchanges where the identification of needs is a key part of the work that AHSNs will be leading.

## Our stories

SBRI healthcare supports the early stage co-development of solutions for NHS needs. Our companies reflect the key role that this plays in their innovation pathway:

### ● A deep understanding of our health and care challenges



Edinburgh based Edixomed Ltd has developed a nitric oxide dressing for diabetic patients with chronic leg ulcers to enable rapid healing. The system delivers nitric oxide directly to specific skin tissue in order to help increase blood flow and stimulate wound healing. Their recently published trial (April 18) has evidenced the product to “improve healing, as measured by significantly reducing the ulcer area, compared to current best clinical practice.” <https://www.edixomed.com/pronox1-study-2>

The origins of the work were based in 1998 work of three American scientists who won the Nobel Prize in medicine for discovering that one of the major signalling mechanisms in the human body is the release of nitrous oxide. It sterilises the skin and will kill bacteria and viruses which is why we never get an infection on the skin. Diabetic patients however, are very poor at producing nitrous oxide and have lost the controlling mechanism to do so.

The technology is very simple, Edixomed partnered with a wound dressing company and developed a dressing which restores this loss of nitrous oxide to the skin. In order to get the product to clinical trials Edixomed secured £800,000 in equity funding, a £300,000 Medical Research Council grant and £400,000 from the SBRI Healthcare competition. *“Ultimately SBRI has meant we had a sufficient amount of money to make the product but more than that it has also given us the validation and the very fact that SBRI came in meant that others did not want to miss out.”* – **Chris Wood, Edixomed’s Chair**

## ● Our credibility with industry and patients

Lightpoint Medical has developed a proprietary molecular imaging technology with the potential to detect cancer in real-time during surgery, and thereby reduce the need for re-operation. 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, poorer functional and cosmetic outcomes, patient anxiety, and enormous financial cost.



The Lightpoint technology is based on Cerenkov Luminescence Imaging (CLI), a ground-breaking imaging modality that can perform optical imaging of Positron Emission Tomography (PET) agents. CLI combines the benefits of optical imaging (namely, low cost, high resolution, and portability) with the power of PET imaging (high diagnostic performance, and widespread availability of imaging agents).

Relative to competing technologies, CLI has the potential for greater diagnostic performance across a broader range of indications, without the need for developing novel contrast agents. CLI's roughly 100-fold lower cost and footprint compared to a whole-body PET scanner make it a potentially disruptive technology.

The impact of re-operations for cancer patients includes critical delays in follow-up treatment such as radiotherapy and chemotherapy, increased likelihood of recurrence, poorer cosmetic outcomes, increased risk of infection and emotional distress. For the NHS, the impact includes enormous financial cost and the vast consumption of clinical resources.

Revenue for Lightpoint Medical is expected to double year over year for the next 3 years with savings to the NHS in excess of £28M annually. [lightpointmedical.com](http://lightpointmedical.com)

## ● The best innovations



Owlstone was founded in 2004, as a spin-out from the Engineering Department at the University of Cambridge, to commercialise the miniature chemical detection system that co-founder Andrew Koehl had developed during his PhD. In the wake of the 9/11 attacks, the company's focus was originally on defence and security applications. However, it became clear that the underlying technology would be equally useful in medical applications involving the detection of biomarkers: tell-tale chemicals in breath and/or bodily fluids that indicate the presence of diseases. The LuCID (lung cancer indicator detection) project applies this technology to the detection of lung cancer by measuring chemicals in patients' breath.

The LuCID (Lung Cancer Indicator Detection) project shows how Owlstone's existing chemical detection technology can be used to diagnose lung cancer, by measuring the trace chemicals present in the breath of lung cancer patients. By diagnosing cases earlier, and allowing more effective and less expensive treatments, LuCID will save 3200 lives and £82m each year.

Cancer Research UK estimates the average cost of treating patients diagnosed with Stage IV lung cancer to be £13,078, while treatment for patients diagnosed at Stage I will cost just £7,952 on average. Increasing the proportion of patients diagnosed at Stage I from 14.5% to 25% will lead to a corresponding reduction in treatment costs of £82m per year.

*"If you could change only one thing in the fight against cancer, it would be to detect the disease earlier where existing treatments are already proven to save lives. Owlstone's technology has the potential to*

*deliver a quick and easy-to-use breath test, and SBRI Healthcare funding is allowing us to turn that potential into a reality.”* **Billy Boyle, Owlstone Co-Founder**

- **Delivering value and opportunity for the NHS and its workforce**

365Response has developed the Healthcab service to provide a streamlined and enhanced system for urgent patient transfer using a range of qualified ambulance service providers. The core market is for non-emergency patient transfers, graded under ‘Green 4’, officially classified as having a 4 to 6-hour response target.



In all cases the interaction with 365Response is via the Healthcab service accessed either via an app or through a web portal. This avoids a problem of GPs and/or practice staff having to access standard ambulance service call lines which are attributed a low priority by ambulance trusts. In addition to providing a direct on request service, Healthcab can manage mini-competitions offered to qualified (screened) providers, which can be prioritized by the user to give recommendations based on either cost or speed of response.

Savings in the region of £1M per year per CCG have been evidenced in the Yorkshire area and the 365 Response ambulance commissioning innovation is now been used by 18 CCGs and Trusts across the North of England.

- **Engaging patients in co-design**

ADI a digital healthcare company have developed an app, co-produced with users and clinicians, to support those with pain management needs. The support includes 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.

*“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**


### **Our learning and desire to improve**

We recognise that there are challenges and areas we want to improve:

- **Defining problems in the NHS Market is complicated** - it is a process that requires a multi-disciplinary team, dedicated resources and a ‘systems’ approach to the problem articulation. The RSA report and internal reviews by the SBRI Healthcare board have identified the opportunity to refine our problem definition process. The Innovation Exchange process that the AHNs are leading is also a means to improve our needs definition. The SBRI Healthcare team will seek to improve its competition process and support enhanced adoption by drawing on the work of the RSA to enhance our problem definition activity.

- **Adoption and spread of innovations in the NHS is complex and difficult**

The accelerated access review identified the challenges for adoption within the NHS. SBIR backed innovations have some advantages, but the adoption pathway is still complex and multi-faceted. Our partners, the AHNs lead this work, but the SBRI Healthcare programme will support the enhanced uptake



of SBRI developed innovations through improved communications, developing and growing our support to those companies in the SBRI alumni and by supporting SBRI companies to connect to the Innovation Exchanges led by the AHSNs. We have developed some early support from senior clinical champions, connecting through the Medical Advisory Group and through policy leads as part of our selection process. We will seek to build on this opportunity and keep these clinical experts advised of the progress that companies are making as they develop their innovations. Where practical we will connect clinical leaders to individual innovators.

- **Enhanced sharing of our learning and experience**

SBRI Healthcare has been established for 7 years and for the most recent 5 has had a national programme with significant funding from NHS England. The programme has funded over 150 companies to accelerate their innovations and as more of the supported companies reach the NHS market it will be desirable to monitor their progress and impacts and share the learning of their experiences with as wide a network as possible. The insight that SBRI Healthcare companies can share with other entrepreneurs and the NHS could be of great value to the wider innovation and improvement agenda. SBRI Healthcare will work with the AHSNs and its supported companies to establish how this can be achieved in a 'light touch' and cost-effective way.

- **Re-licensing of SBRI Healthcare**

NHS England have indicated that they will be re-procuring the management support for the SBRI Healthcare programme. The SBRI Healthcare board will support NHSE to ensure the procurement process secures the strongest delivery of the programme going forward. The Board will oversee that the incumbent team support NHSE to undertake this process with maximum efficiency and the least disruption to the programme. The board will also ensure that the incumbent team transfer the acquired learning and knowledge for the future delivery of the programme.

## Our programme of work

Programme or enabler	Programme objectives 2018	Metrics	Principle impact sought 2017/18
<b>Enhanced adoption</b>	<ul style="list-style-type: none"> <li>Connect SBRI Healthcare to Innovation Exchange process led by AHSNs</li> <li>Support promotion of SBRI Healthcare companies through AHSN communications and activities</li> <li>Develop SBRI Alumni programme to provide enhanced adoption for SBRI innovations</li> </ul>	<p>Establish agreed flow for needs articulation and theme identification.</p> <p>Evidenced promotion of products 'on market' to NHSE, AHSNs and international agencies.</p> <p>Support SBRI Alumni to connect with Corporates in Pharma/IT and wider life sciences</p>	<p>Enhanced adoption of the SBRI Products that are ready for market.</p> <p>Seeking to minimum 5 products adopted at scale (more than 1/3<sup>rd</sup> of NHS market place)</p> <p>Enhanced adoption and spread – through Corporate backing</p>
<b>Promote SBRI Healthcare.</b>	<ul style="list-style-type: none"> <li>Improve co-ordination of key messages with AHSNs communications leads</li> <li>Build understanding and awareness in key opinion leaders across the NHS and government.</li> <li>Creation of case studies and share stories of SBRI Healthcare impact</li> <li>Promote delivery of the programme as evidenced in Benefits review/Rand/Connell and RSA reports</li> <li>Work with AHSNs to co-ordinate SBRI presence at key events through the year</li> </ul>	<p>#AHSNs promoting SBRI Healthcare companies Increase in traffic around site</p> <p>SBRI Healthcare &amp; AHSN joined presence at events</p> <p>#AHSN communications leads positive about engagement</p>	<p>Enhanced communications and aligned presence at events will improve adoption and efficiency of programme.</p>
<b>Accelerate the co-development of solutions that have evidenced health and wealth value.</b>	<ul style="list-style-type: none"> <li>Launch new competition summer 2018</li> <li>Manage decision panels and make recommendations to</li> </ul>	<p>Launched and 80+ applications</p> <p>Efficiently organised panels with key</p>	<p>efficiently manage the oversight of the competition process for NHSE</p>

	<p>NHSE for investment at Phase II for Cancer call innovations.</p> <ul style="list-style-type: none"> <li>Plan theme selection in conjunction with AHSNs leadership of Innovation Exchanges</li> </ul>	<p>personnel advising decisions to NHSE.</p> <p>Agreed process to connect SBRI Healthcare to Innovation exchange</p>	<p>Establish process for future competition identification.</p>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Implement planned changes as agreed in the governance review.</li> </ul>	<p>All planned changes implemented in agreement with AHSNs</p>	<p>New governance structure in place.</p>
<b>Re-procurement</b> – support NHS England to oversee the re-procurement of support for the programme.	<ul style="list-style-type: none"> <li>Support the re-procurement process with appropriate information for NHSE as commissioners to secure strongest management partner.</li> </ul>	<p>Smooth handover if new management partner is secured.</p> <p>Secure knowledge transfer to maximise corporate memory around the programme delivery.</p>	<p>Smooth and efficient process with retention of key knowledge and learning within the programme.</p>



Delivery milestones		2017/18			
		Q1	Q2	Q3	Q4
Enhanced adoption	<ul style="list-style-type: none"> <li>Connect SBRI Healthcare to Innovation Exchange process led by AHSNs</li> </ul>	?	?		
	<ul style="list-style-type: none"> <li>Support promotion of SBRI Healthcare companies through AHSN communications and activities</li> </ul>	?	?	?	?
	<ul style="list-style-type: none"> <li>Develop SBRI Alumni programme to provide enhanced adoption for SBRI innovations</li> </ul>		?		?
Promote SBRI Healthcare	<ul style="list-style-type: none"> <li>Improve co-ordination of key messages with AHSNs communications leads.</li> </ul>	?	?	?	?
	<ul style="list-style-type: none"> <li>Build understanding and awareness in key opinion leaders across the NHS and government</li> </ul>	?	?	?	
	<ul style="list-style-type: none"> <li>Creation of case studies and share stories of SBRI Healthcare impact</li> </ul>	?	?	?	
	<ul style="list-style-type: none"> <li>Promote delivery of the programme as evidenced in Benefits review/Rand/Connell and RSA reports</li> </ul>	?	?		
	<ul style="list-style-type: none"> <li>Work with AHSNs to co-ordinate SBRI presence at key events through the year</li> </ul>		?	?	
Accelerate the co-development of solutions	<ul style="list-style-type: none"> <li>Launch new competition summer 2018</li> </ul>		?		
	<ul style="list-style-type: none"> <li>Manage decision panels and make recommendations to NHSE for investment at Phase II for Cancer call innovations.</li> </ul>			?	?



	<ul style="list-style-type: none"> <li>Plan theme selection in conjunction with AHSNs leadership of Innovation Exchanges</li> </ul>	?	?		?
<b>Governance</b>	<ul style="list-style-type: none"> <li>Implement planned changes as agreed in the governance review.</li> </ul>		?		
<b>Re-procurement</b>	<ul style="list-style-type: none"> <li>Support the re-procurement process with appropriate information for NHSE as commissioners to secure strongest management partner.</li> </ul>	?	?	?	?

## Resources

To successfully implement our objectives, our resource implementation strategy is a blend of internal delivery, commissioning subject matter experts and leveraging our networks.

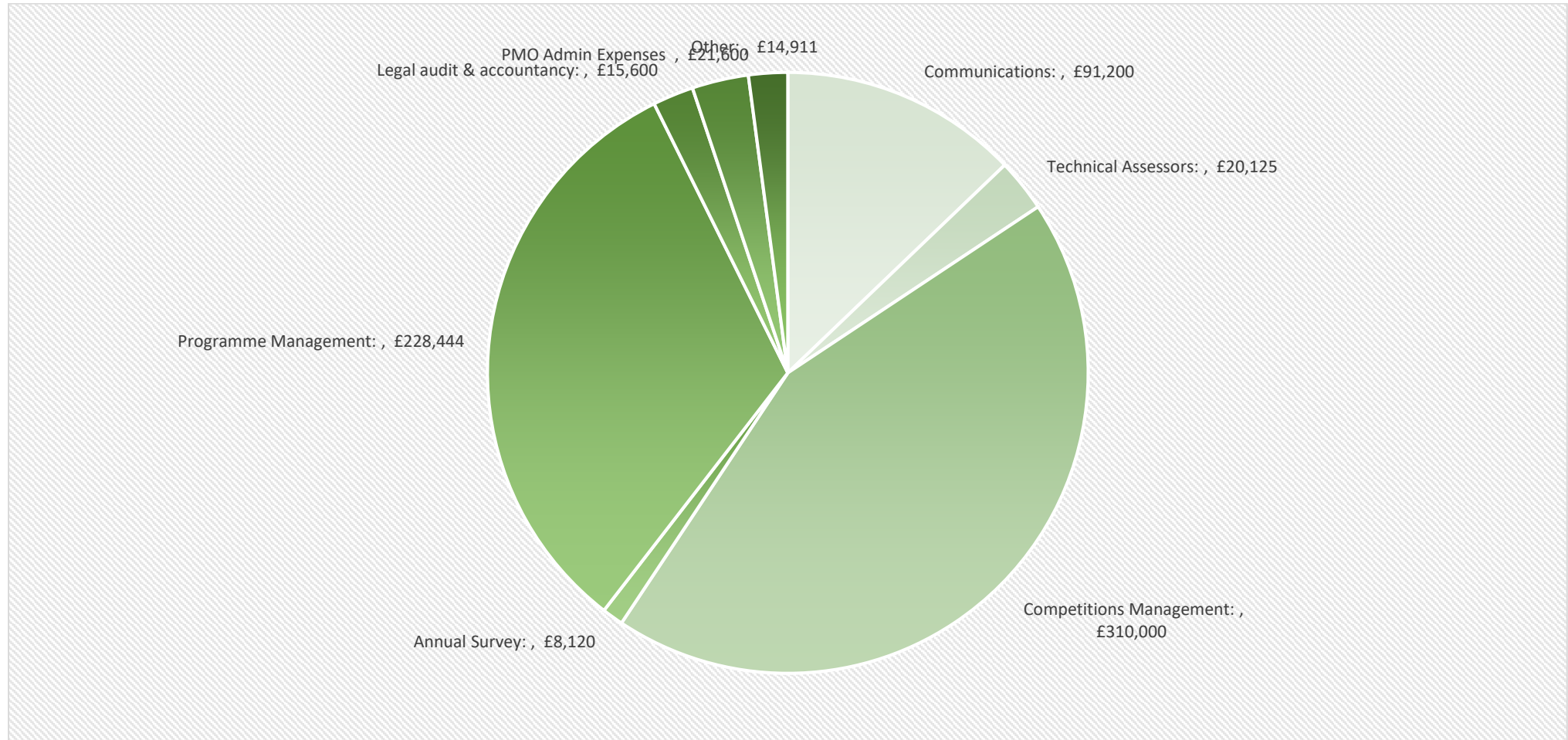
- Our in-house expertise is small and focussed on complementary yet distinct areas – they oversee delivery of the work and maintain key relationships.
- Our list of assessors is strong and experienced. If the programme were to expand we would need further recruitment.

### Funding Envelope: £10.8m

	2017-18	2018-19
<b>Legacy Contracted</b> Comp theme areas: Patient Flow Acute Sector (SBRI 11) & GP of Future (SBRI 12)	SBRI 9 & 10: Ph2 £1.9m	
	SBRI 11: Ph 2 Q1-3 £3.7m	SBRI 11: Ph2 Q4 £0.8m
	SBRI 12: Ph1 & Ph 2 Q1-2 £4m	SBRI 12: Ph2 Q3-4 £3.8m
<b>Legacy Committed</b> Comp theme area: Mental Health & Surgery (SBRI 14)	SBRI 14: Ph1 Q 1 £0.45m	SBRI 14: Ph1 Q2 £0.45m
<b>Recommended for</b> Current competition: Cancer (SBRI 13)	SBRI 13: Ph1 Q1-2 £0.84m	SBRI 13: Ph2 M1-3 £3.3m
<b>New Competitions</b> Spring (SBRI 15) x 15 Phase 1s		SBRI 15: Ph1 Q1-2 £1.25m
<b>Health Economics</b>	£84k	£96k
<b>PMO</b>	£716k	£710k
<b>Irrecoverable VAT</b>	£360k	£382k
<b>Total Funding</b>	<b>£12.1m</b>	<b>£10.8m</b>

SBRI 11 = Acute Sector / SBRI 12 =GP Future/ SBRI 13 = Cancer / SBRI 14 = Mental Health & Surgery/ SBRI 15 = Spring 2018

## Programme management costs



Assessment / Assessor process comprises of the following  
Assessments: 120 x Phase 1 (SBRI 15); 10 x Phase 2 (SBRI 13); New Contracts: 15 x Phase 1 (SBRI 15); 5 x Phase 2 (SBRI 13);

Performance Management covers the following activities:

64 contracts in portfolio in year.

