

## SBRI MANAGEMENT BOARD

<b>DOCUMENT TITLE:</b>	Draft Business Plan for SBRI 2018-19		
<b>AGENDA ITEM:</b>	2.2		
<b>AUTHOR:</b>	Karen Livingstone		
<b>DATE OF MEETING:</b>	15 March 2018		
<b>EXECUTIVE SUMMARY:</b>			
<p>Planning for the 2018/19 business year is complicated by the outstanding need for clarity on the programme's budget.</p> <p>The SBRI Board are therefore invited to discuss and guide the national director and team about the priority of approach dependent on different scenarios.</p>			
<b>KEY ISSUES TO NOTE OR CONSIDER:</b>			
<p>This is a guidance discussion – the board will receive a full business plan once the annual budget position is known.</p>			
<b>KEY RISKS OR CONCERNS TO HIGHLIGHT:</b>			
<b>REPORT RECOMMENDATION:</b>			
<b>PURPOSE OF THE REPORT (Indicate with 'x' the purpose that applies):</b>			
<b>FOR INFORMATION</b>	<b>FOR DECISION</b>	<b>FOR DISCUSSION</b>	
		X	
<b>KEY AREAS OF IMPACT (Indicate with 'x' all those that apply):</b>			
Financial		Competitions	
Governance		Legal & Policy	
Programme Management	X	Evidence and Impact	
Comments: <i>[elaborate on the impact suggested above]</i>			
<b>PREVIOUS CONSIDERATION:</b>			



# SBRI Healthcare Planning 2018 forward

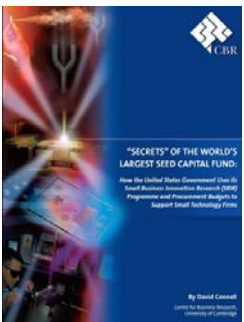
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*The***AHSN***Network*



**England**



2008 First SBRI competition  
Funding £3m



200x SBRI programme captured as part of AHSN creation in Innovation Health & Wealth  
Funding £5m



Creation of SBRI governance board – Chaired by Peter Ellingworth

2013 SBRI led by the AHSNs – funding increased to £5m  
calls focused on Mental Health and End of Life

The AHSN Network



2014 SBRI calls – Child & Maternal Health; Integrated care; Medicines Adherence; Musculoskeletal; Telehealth/telehealth and Y  
Funding £10m



SBRI governance board – Chaired by Adrian Bull

2015 SBRI calls on Brain Injury & Child & Adolescent Mental Health; Diabetic Foot Ulcer; Medical Imaging; Outpatient Services; – Funding £20m

Office of Health Economics  
Research & Consulting  
Review of the programme by OHE

2016 SBRI calls on Falls; functional difficulties for frail elderly; Incontinence.  
Funding £20m

SBRI governance board – Chaired by Richard Phillips

Additional funding of £500k from DH – supported CAMHS call



2017 SBRI calls on Acute sector efficiency and flow; Primary Care of the future. Funding £13m

2017/18 SBRI calls on Cancer diagnostics, MH and Surgery  
Funding £12.8m



Review of the programme by PA Consulting, Rand Europe & the Prime Minister office

# Outcomes delivered to date

**£30.1m**

Savings to health and social care to date

**£19m /year**

Recurring annual value

The estimated future savings for the NHS is expected to reach

**£310-440M**

by 2022,

rising to

**£1,1-£1,7B**

by 2028

**788 jobs**

With an economic value of **146m**

**50**

companies with sales

**18** exporting

**35 themed competitions**

**1666 applications assessed**

**153 phase 1 feasibility contracts**

**81 phase 2 development contracts**



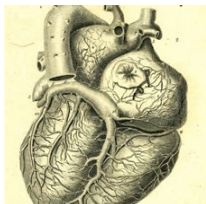


# AHSN & SBRI healthcare co.s

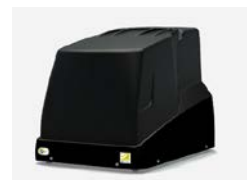
Peacocks Medical Group: N East & N Cumbria



Renephra: Greater Manchester



Cadscan: Derby Podiatry team



End of Life: Yorks & Humber



ProReal: Oxford



Just Checking: W.Mids



Owlstone: Eastern



Armourgel: Imperial



Gold Standard Phantoms:UCLP



Heath e-pass: South West



Message dynamics: KSS



[sbrihealthcare.co.uk](http://sbrihealthcare.co.uk)



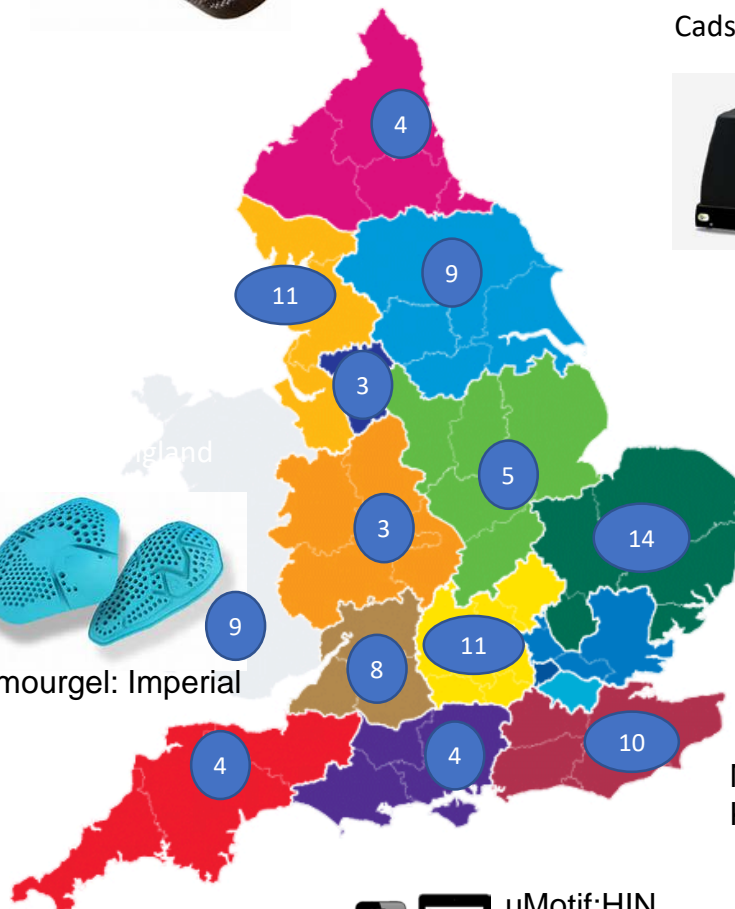
JVS Products: Wessex



uMotif:HIN



The AHSN Network



# Children & Young people focus

## The problem

### In conjunction with TITCH & Y&H AHSN

- Assisting or restoring function
- Self care & remote monitoring

### CAMHS

- Supporting children & YP to give real time feedback about the service
- Helping Children & YP to improve emotional regulation
- Using technology to promote emotional well being & support evidence based treatment

## Solutions

**Open Bionics:** 3D printed prostheses for children. Will provide tailored and multi-grip robotic prostheses



**Isansys:** wireless vital signs patient monitoring with real-time data continuously uploaded to patient records



**StepUp!** – uses tested digital service co-produced with young people. Supports self assessment & planning, with strategies to self-help and measure how their mental health is changing



# A&E and hospital efficiency

## The problem

- Category 1:** Community based chronic case management to prevent some A&E admissions?
- Category 2:** Coordinate the admission of unscheduled attendees?
- Category 3:** Improved resource planning for flow within and discharge from A&E?

## FLOW & OPERATIONAL EFFICIENCY

- Category 1:** Improving in-patient journey whilst receiving care within the hospital
- Category 2:** Improving use of resources during the patient journey within acute care
- Category 3:** Improving efficiency of hospital discharge

## Solutions

### 365 response

Redesigned urgent care pathway



£1.85m savings

### Careflow connect

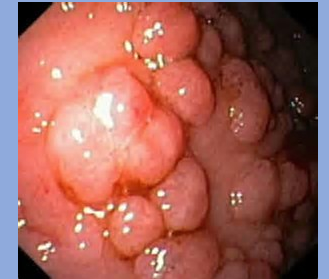
MDT messaging & care coordination platform across multiple organisations.



£16.5m savings

### Beamline Diagnostics

Bed-side biopsy accurate results in seconds



Clinical trials

# Imaging and Brain injury

## The problem

### IMAGING

1. Larger datasets of imaging studies
2. Research and development of imaging biomarkers
3. Combining Imaging and clinical data

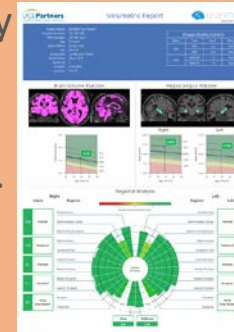
#### Opportunities:

4. Use of imaging during treatment
5. Gold standards to test novel imaging techniques

## Solutions

### Brain Miner

DIADEM uses a patented machine learning algorithm that identifies separate regions of the brain and provides a clinically meaningful summary.



### Gold Standard Phantoms

Provides calibration for scanning equipment - the new device will allow MRI scanners to provide images representing real numbers allowing the diagnosis of several diseases such as Alzheimer's earlier.



### Astrimmune

Celixia - high throughput fluid-flow cell imaging for bladder cancer monitoring and diagnosis,





## Scenario 1 – Programme completes 2018/19

- Can we galvanize other funders – Devolved assemblies?
- How do we capitalise on the learning to date?
- How do we promote the outcomes secured for AHSNs and wider NHS engagement
- How do we manage industry relationships from programme

## Scenario 2 – Programme secures 5 year license

- What priorities do we want for the next 5 years?

Programme / Governance / Funding / Engagement

- What improvements are priority and how do we ensure they are structured into the next license?
- How do we progress development with partners/key stakeholders