



THE IMPACT AND OPPORTUNITY REVIEW



Editor's message

SBRI Healthcare has secured funding from NHS England for the past 7 years. Future outcomes are looking impressive – 150+ companies under contract, £xxxm of private investment drawn into the backed companies and over £30m of savings secured for the NHS.

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**“SBRI enables the government to replicate the important ‘lead customer’ role played by large corporations and the US government in getting new innovative companies off the ground. By doing so it also provides “market pull” to complement the more “technology push” element of some other policies.”
(Connell 2017)**

But what can we learn from this innovation creation programme? What lessons can we take from the SBRI-Healthcare process and apply to the wider NHS Innovations landscape.

Here we draw together the learnings from three recent investigations into SBRI Healthcare, we look at what has been achieved so far and what needs to happen in order to make the most of opportunities in the future.

The opportunity is certainly there, as Connell states in his report:

“The public sector spends around £265 billion a year through procurement, equivalent to 14% of GDP. This covers a very wide range of products and services. Helping UK companies, especially SMEs, take advantage of this market opportunity provides them with a springboard to grow sales at home and abroad.”

Despite making impressive progress so far... The three reports highlight key areas of focus outline types of things mentioned

Funded by the NHS, its priorities are to improve patient care, improve efficiency in the NHS, and support the UK economy by helping smaller companies grow. The success of the programme so far has been noted in these reports. We also hope that the findings will help us to build on that work, and move us further towards achieving the goals originally envisioned for the programme.

Karen Livingstone, CEO, SBRI Healthcare





Section ONE

About SBRI Healthcare

About SBRI Healthcare

SBRI (Small Business Research Initiative) Healthcare is an NHS funded programme that provides funding to innovative companies to solve healthcare problems.

The team works closely with clinicians and frontline NHS staff to identify key challenges from within the NHS, focussing on specific areas identified as important by NHS England and the 15 Academic Health Science Networks (AHSN).

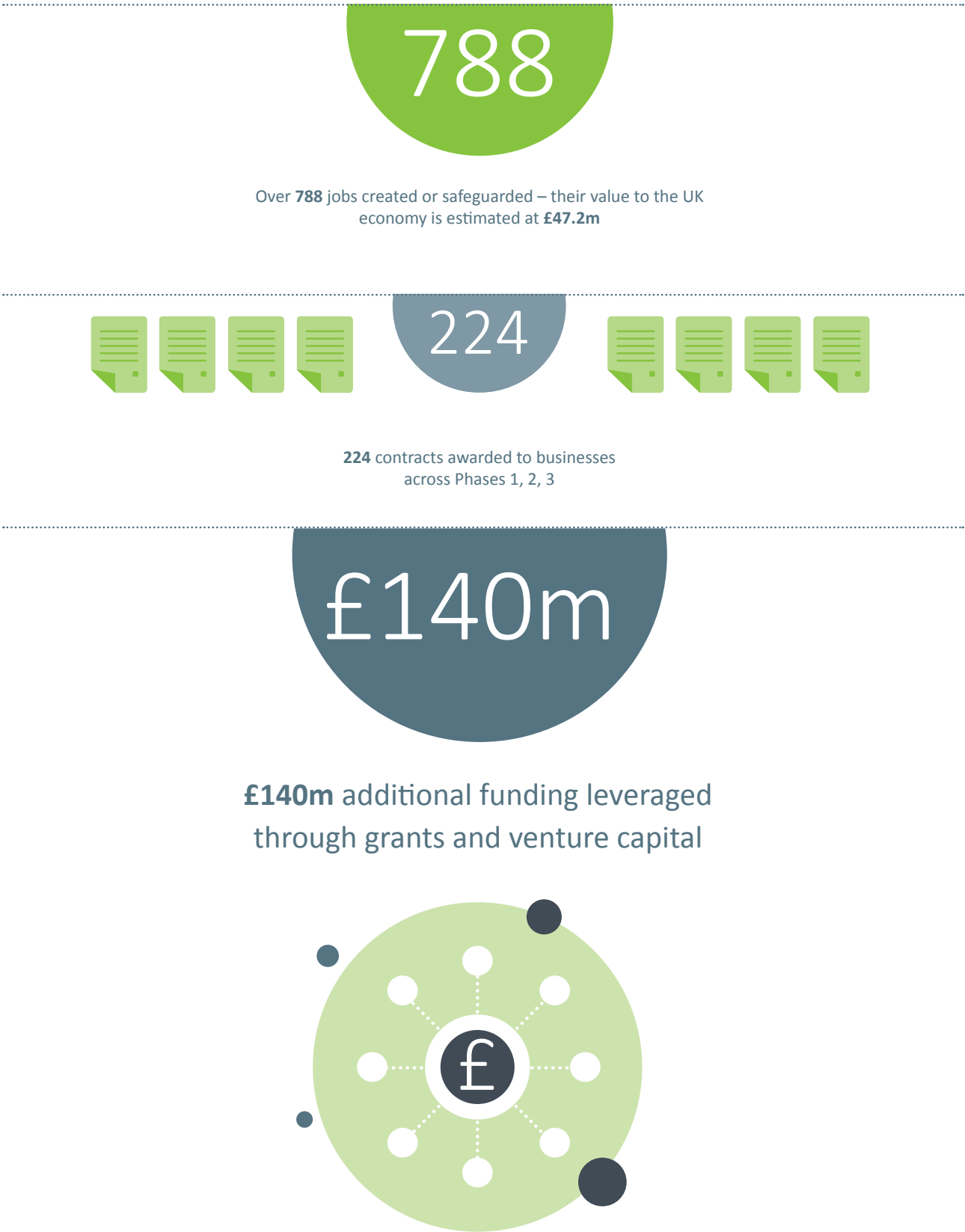
SBRI-Healthcare priorities are to improve patient care, improve efficiency in the NHS, and support the UK economy by helping smaller companies grow.

Launched in 2009, NHS East and NHS Midlands were the first regional health authority to develop an SBRI scheme to find solutions for identified healthcare problems. Going forward SBRI East worked to bring together business, health, technology and government partners to deliver a series of competitions for businesses to address major unmet health needs.

Unlike many research and development projects which offer grant or match funding, SBRI contracts are 100 per cent funded and the inventor retains the Intellectual Property.

The SBRI Healthcare programme has set the industry challenges in a series of health related competitions which have resulted in fully funded development contracts between the awarded company and the NHS. The programme is based on a two-phased development approach. Projects start with initial feasibility and can then move on to more detailed product development. Phase 1 contracts for feasibility testing are valued at up to £100,000 and last for six months. Phase 2 contracts for prototype development are worth up to £1 million over two years. Mention Phase 3?

SBRI Healthcare - big impact in first five years

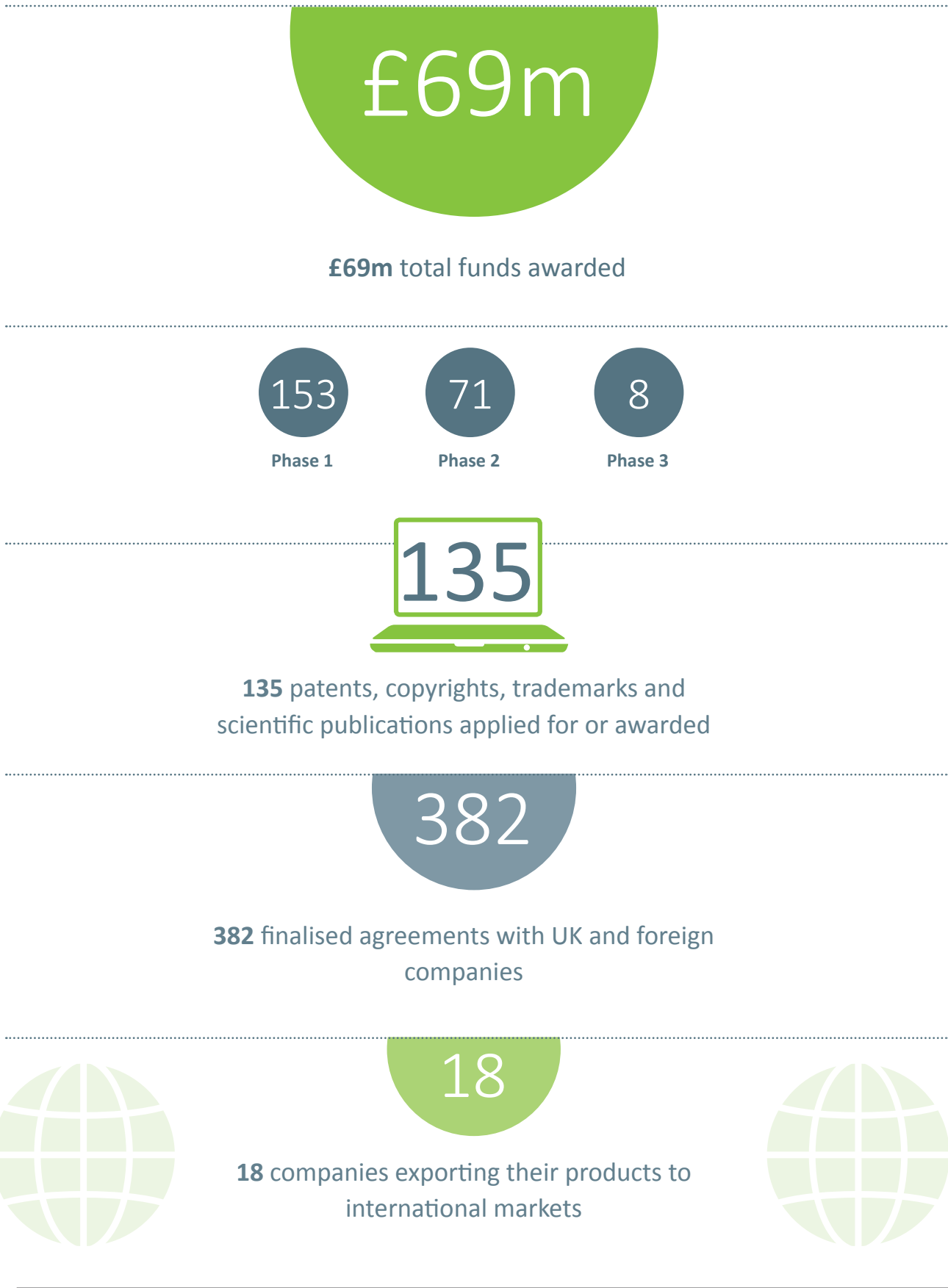


SBRI Healthcare - our year in numbers



Since 2013, the SBRI Healthcare Programme has provided a total of £57 million in funding through 168 contracts. Most recently, in the 2015/2016 financial year, £17.5 million in funding was awarded – £2.3 million through 26 Phase 1 contracts and £15.2 million through 18 Phase 2 contracts.

SBRI Healthcare - five years of delivery



An abstract image of a molecular structure with blue and white spheres connected by lines, set against a blue background with a grid pattern. The image is partially obscured by a blue overlay on the right side.

Report 1 - key findings

David Connell

Leveraging public procurement to grow the innovation economy: an independent review of the Small Business Research Initiative (SBRI)

Published: 27 November 2017

Commissioned by: Department for Business, Energy & Industrial Strategy

Introduction

David Connell’s 2017 review provides an in-depth analysis of the UK Government’s cross-departmental involvement in the Small Business Research Initiative (SBRI). He outlines how government can maximise the impact by better supporting and stimulating innovation by SMEs and increasing the development of new technology and services. He also explores an equivalent model in the USA, the Small Business Innovation Research (SBIR) programme, drawing out important lessons learned and best practice for UK teams.

Setting up for success

Connell makes compelling points on the importance of setting up an SBRI programme in the most effective way.

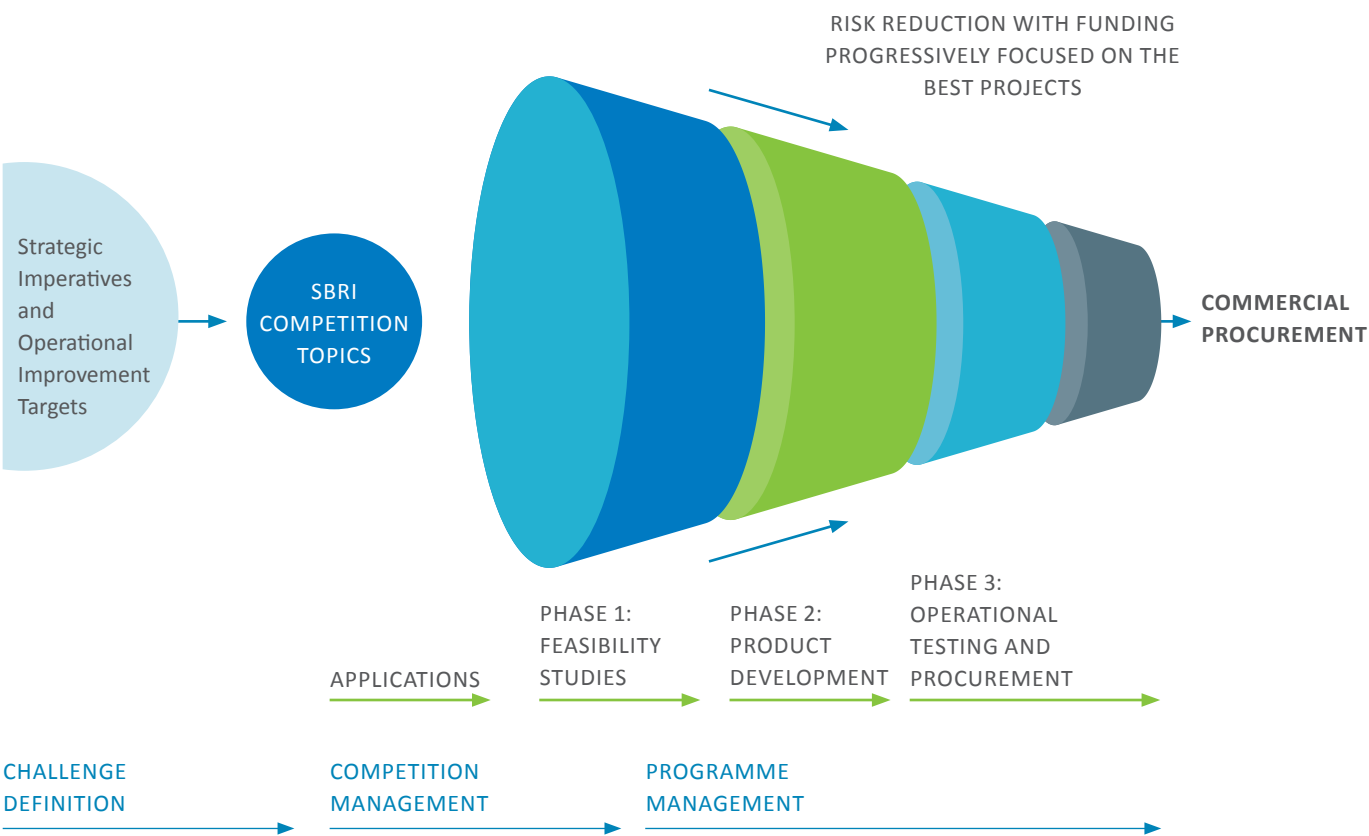
He states that, “SBRI programmes need to be conducted on a long term, systematic basis, and run by stable teams with innovation programme management expertise. Challenge selection is a key part of this. And multifunctional teams, including users, decision makers and budget holders, must be involved throughout the process, from problem definition to product testing and first deployments.

To transform the public sector’s ability to use external innovations to drive improvements in cost effectiveness and service quality, open innovation processes of this kind must be embedded within spending departments and other agencies. By adopting this systematic methodology, SBRI could also encourage outcome based thinking generally, identify opportunities for innovation that do not involve funding product development, and help drive wider cultural change.”

The business model itself works by “providing new ventures and SMEs with contracts to develop innovative products that address unmet public sector needs, offering a ‘win-win’ opportunity for both the public sector and UK businesses alike.” (Connell 2017)

EXHIBIT 8

SBRI PROGRAMME MANAGEMENT



Connell also explains the differentiating features of SBRI when compared to other programmes:

“

Both R&D tax credits and Innovate UK grants programmes are essentially subsidies, based on the principle that reducing the cost of R&D will encourage companies to do more. In other words, they act on the supply of R&D.

In contrast SBRI is designed to increase the demand for R&D. It also has other differentiating features:

- It is an outcomes-based contract, enabling development projects to be tied to clear customer needs and bringing greater credibility than grants;
- It is phased to manage risks, and through an early evaluation of an awardee’s ability to deliver the project and build a successful business, it focuses funding on the most promising projects;
- It provides 100% funding, allowing innovation projects to progress in SMEs that have not raised venture capital, and without having to spend the considerable time and energy required to do so before a new product idea is well validated;
- SBRI contracts do not require collaboration;
- SBRI is designed to be transformative, with Phase 2 contracts large enough to take projects to a key milestone over up to two years. SBRI guidelines specify contract values designed to be significantly larger than most Innovate UK single company grants.”

According to Connell, key features of the SBRI model include:

- “Competitive process to fund development of innovative science and technology based products and solutions to meet public sector needs as a customer or to address policy challenges
- Operates under the EU Pre-Commercial Procurement legal framework
- Any organisation can apply providing there is a route to commercialisation, but particularly appropriate for SMEs
- Phased to reduce risk and focus on best projects:
- Phase 1 Feasibility Study: typically £50-100k over 6 months
- Phase 2 Development and Testing of Demonstrator or Prototype: typically £250k-£1m over 18-24 months
- 100% funded contract, not a grant
- Awardee retains any IP, subject to limited public sector rights”

1. Cross-departmental analysis

Measuring the impact of SBRI across government departments presented Connell with a number of challenges:

“Monitoring SBRI and measuring its impact is complicated by the wide variations in funding and approach across departments, and by the lengthy development, testing, approvals, and purchasing cycles entailed for many products. It is further complicated by the fact that spending departments have no obligation to share data with Innovate UK. This situation contrasts strongly with the US SBIR programme, where agencies are required to operate transparently and publish information on award winners, project objectives, and contract amounts. This is available on a free, searchable, public database.”

His findings demonstrate a sharp difference in funding and support from each department:

“Despite the encouragement of Downing Street and the Cabinet Office, and the strong practical support provided by Innovate UK, total annual SBRI funding has failed to reach the Treasury’s 2013-14 £100m target, let alone the 2014-2015 £200m target. Indeed, it moved into decline as this top-level pressure has lessened; in 2015/16 spending was 24% below its peak the previous year. The NHS England SBRI budget has been cut by nearly 40% from its peak and, at the time of the Review, successful SBRI programmes in several departments seemed unlikely to be continued.”

Amongst the larger SBRI programmes, NHS England, DECC, DfT Future Rail, NC3Rs, and the MOD have all had SBRI management teams that have been in place for several years, with clear strategies and processes for managing SBRI with their own resources. The systematic way in which they approach the task, and the learning they have gained through successive competitions, is very apparent. In the case of DECC, DfT, Future Rail and NC3R other grant based funding models are also used.”



EXHIBIT 3

Breakdown of SBRI spending between 2009 and October 2016 by department

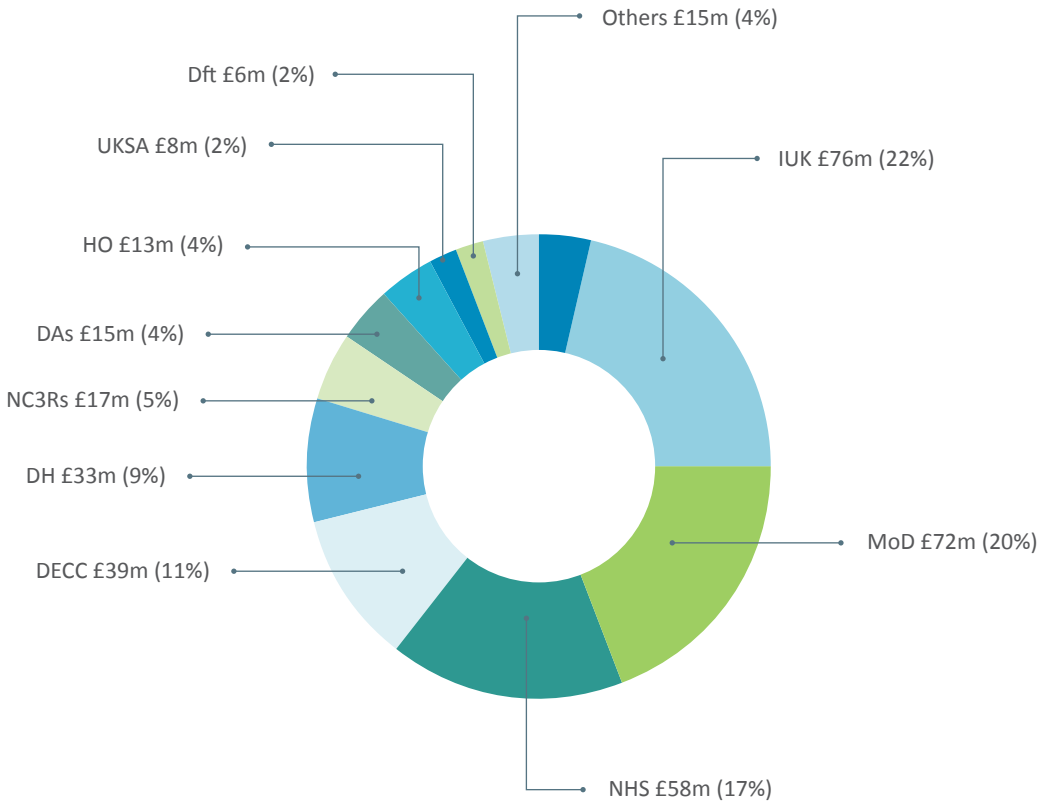


EXHIBIT 4

Breakdown by type of recipient and company size

		Proportion of contracts awarded (%)	Proportion of total contract value (%)
Firm Size	Large	23%	25%
	Medium	13%	13%
	Small	23%	22%
	Micro	28%	27%
	Academic	12%	12%
	Public Sector	0.1%	0.1%
	Not for Profit	1%	1%

Source: Innovate UK management data; based on incomplete data. ³⁶

A better directed and managed SBRI programme should be expected to lead to an increase in the share of awards going to SMEs, particularly at the lower end of the size range.

The feedback from those interviewed provided a fairly consistent opinion on the challenges being faced by each department:

“

Budget restrictions or pressures are reported by all departments and agencies. Amongst departmental SBRI management teams interviewed for the Review, most expressed strong support for the programme as a valuable way of identifying and addressing the challenges facing departments and accessing innovative solutions from SMEs outside their traditional supply base... Altogether, the experience of SBRI over the last 7 years indicates that a different approach to funding and managing it is needed if the full potential benefits are to be derived – by the public sector, by businesses and by the economy at large.

SBRI strengths and weaknesses

- “provided highly innovative and potentially cost effective solutions to public sector challenges (like PolyPhotonix in the treatment of diabetes related blindness and Ancon Technologies in airport security);
- provided a phased mechanism for managing major policy challenge programmes, like wave energy in Scotland and vaccines for global epidemics (ODA/DoH);
- funded the development of specialist technologies, like biomass energy generation, to meet departmental objectives for which commercial funding is not readily available;
- led to the creation of new companies like Owlstone Medical and RepKnight that have gone on to raise significant funding;
- enabled existing start-ups like Fuel3D not just to sell into the UK public sector, but through the credibility gained, to raise finance to successfully commercialise its technology in other applications globally;
- made it possible for established SMEs, like Global ASV, to develop products for applications outside its existing customer base.

But there is also a long tail of SBRI projects that have been awarded contracts that are too small to make much of an impact. Average SBRI contract values have been significantly below the US SBIR, and UK departments with average Phase 2 contracts less than the much lower, minimum SBRI guideline accounted for 84% of SBRI projects. Partly as a result of this, the number of finished products procured by government has so far been quite small. The final operational testing and adoption stages of the SBRI process remain problematic across many departments. In some cases, such as the NHS, making sales is complicated by a complex, impenetrable and geographically dispersed approvals and commissioning process.”

Connell’s view of NHS England and SBRI-Healthcare

The NHS England/ SBRI Healthcare programme is highlighted in Connell’s report as “the single best role model for future programmes from other public sector organisations, though there are important features of other management approaches that could usefully be shared across government.” He also notes that it is the longest running programme.

He states that the key positive features of the NHS England SBRI Management Approach are:

- “A programme board, including people from business as well as the NHS, and a permanent core team able to run all aspects of SBRI competitions;
- Access to NHS specialisms and potential customers through the regionally based Academic Health Sciences Networks;
- A systematic process for identifying future competition themes and defining challenges;
- The use of ‘dragon’s den’ interviews at Phases 1 and 2, drawing on outside business and technical expertise as well as clinicians and NHS commercial managers to assist project selection, rather than relying on a paper based ranking;
- Contract terms ensuring long term access to progress monitoring information;
- Close monitoring of projects;
- Award transparency, a comprehensive website (www.sbrihealthcare.co.uk) and a publicly available annual report”

Challenges:

“The key innovation challenge is perceived, correctly, by senior members of NHS management to be the adoption and spread of existing innovations irrespective of where they come from, rather than funding the development of new ones. Once again departmental objectives are not completely congruent with those of the Industrial Strategy.

A larger NHS England SBRI budget, facilitated through a central fund could address this problem. Better collaboration with the Department of Health’s National Institute of Health Research to fund clinical trials of SBRI funded developments would assist progress through to NHS procurement.

There is also scope for a more systematic DoH SBRI programme in the biotechnology and genomics arena, particularly in fields where private sector investment interest is weak, like antibiotics, vaccines and research tools. Past competitions have been on an occasional, ad hoc basis.”



Report 2- key findings

PA CONSULTING

SBRI HEALTHCARE: A review of the benefits of the Small Business Research Initiative in Healthcare

Published: 29 September 2017

3. A review of the benefits of the Small Business Research Initiative in Healthcare

The 2017 PA Consulting review was commissioned by NHS England to assess the value from SBRI-Healthcare realised in England so far, and the potential value from projects still in the pipeline.

The review was tasked to:

- Establish the number of SBRI supported products on market with degree of adoption, current sales values and estimated market value;
- Examine the social and health impacts of SBRI supported products on the market;
- Evaluate the savings arisen as a result of uptake thus far (with evidenced costings and examples);
- Estimate the ROI – showing the investment that was made (in each company/call area) and the ‘real value’ or savings secured to date in the NHS;
- Examine the market potential of those products still in the pipeline.

Market success and potential of SBRI supported products

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 proportion of digital projects with NHS sales within the group of 37 is 73%, higher than the overall proportion of the 176 SBRI-H projects (53%). This reflects the expected difference in the speed to market for digital innovations given the timing of this review.

Compared to The Office for Life Sciences indicative timelines for companies seeking to develop medical devices, the report concludes that:

“Projects are progressing relatively quickly compared to expectations for the medical device innovation pathway. As we would expect, digital projects have made up the majority of innovations currently in use, while in the longer term greater returns are expected from a few ‘breakthrough’ medical device innovations.”

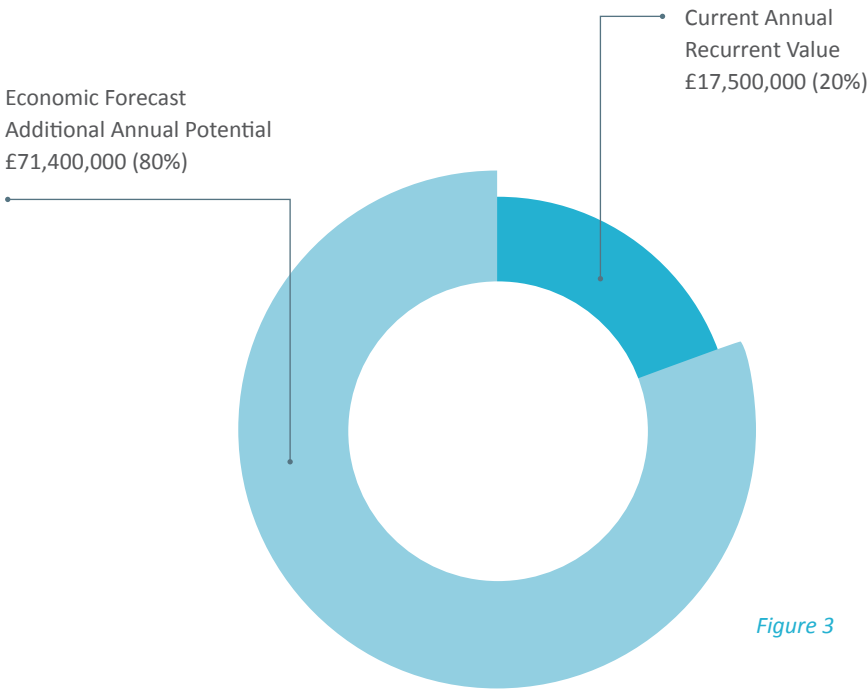


Figure 3

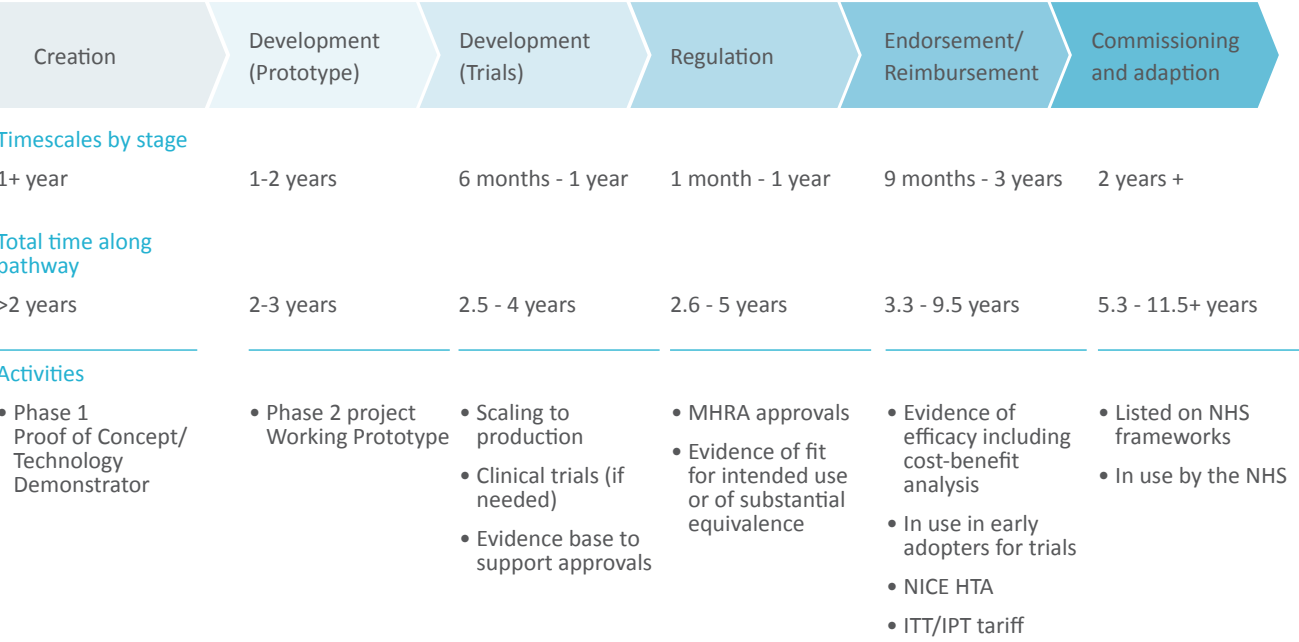
Future Potential

Figure 3: Current annual value and further NHS market potential of 7 health innovations from Competitions 4 & 5 that have achieved sales to the NHS in England

“The level of recurring annual benefits from the companies studied for current impact reinforces the view that there is significant further potential. For the 7 companies reporting impact on the NHS, the market penetration is just 20% of their estimated market potential, which itself is already adjusted down for an expected maximum market share.”

FIGURE 2

Medical Technologies Innovation Pathway



Source: Office of Life Sciences: A guide to navigating the innovation pathway in England

“This suggests a medical device project could take anything between 3 and 9 years to first reach the NHS market. As SBRI-H is principally addressing projects that are early on in the development cycle, it suggests typical project durations will be towards the higher end.

The equivalent pathway for digital health technologies provides no standard timescales, reflecting a wide range of possibilities offered by digital innovations, from simple apps for appointment reminders through to complex remote monitoring technologies that impact on patient safety and require major service changes. It is likely that most digital projects that need early stage support are more likely to fall in the latter category and will follow similar pathways and timescales to medical technologies.”

In the PA review, it is noted that “on completion of the SBRI scheme there remains significant additional work which participating companies need to undertake before the NHS adopts their products and services. This includes:

- Managing the process of scaling to production standard and commercialisation
- Regulatory approvals (e.g. CE marking as a medical device) [A lack of resources to complete development and obtain regulatory approval is another challenge cited by survey participants]
- Economic endorsement (including securing relevant NICE Health Technology Assessments)2. NHS England has recently introduced two new mechanisms to accelerate the uptake of innovations:

- The Innovation Technology Tariff (ITT) which aims to support clinicians and innovators in getting uptake and spread across the NHS. To date one SBRI project, myCOPD, has been supported by ITT. The sales reported by myCOPD suggest that the ITT has started to make an impact – although it is still early days and from the response to this work it is apparent that the company is currently focussed on selling overseas. The ITT has recently been relaunched as the Innovation Technology Payment (ITP)3, and a new round is planned.
- The NHS Innovation Accelerator (NIA) delivered in partnership with the AHSNs which seeks to mentor and support innovators, creating the conditions and cultural change necessary for proven innovations to be adopted faster and more systematically through the NHS. To date 6 companies involved in SBRI have participated in the NIA programme – Nervecentre Software, Join Dementia Research, My mHealth (myCOPD), Docobo, Sleepio and Dr Doctor.

It is clear that diffusion remains problematic. It may be early in the lifecycle to see an impact from new mechanisms such as the Innovation Technology Tariff (ITT), its replacement the Innovation Technology Price (ITP) and the NHS Innovation Accelerator (NIA) schemes. These difficulties in securing diffusion are illustrated by the experience of 365Response with their Healthcab service (see case study). The service would appear to have very strong economic benefits and positive impact on outcomes, yet the company reported making slow progress as a result of having to ‘make the case to 100 separate buyers, each with their own views.’”

365 response case study

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.

Claimed savings in the region of £1M per year per CCG.

The 365 Response ambulance commissioning innovation is now been used by 18 CCGs and Trusts across the North of England.



4-6 hour response target

£1M

Claimed savings in the region of £1M per year per CCG

18

The 365 Response ambulance commissioning innovation is now been used by 18 CCGs and Trusts across the North of England.



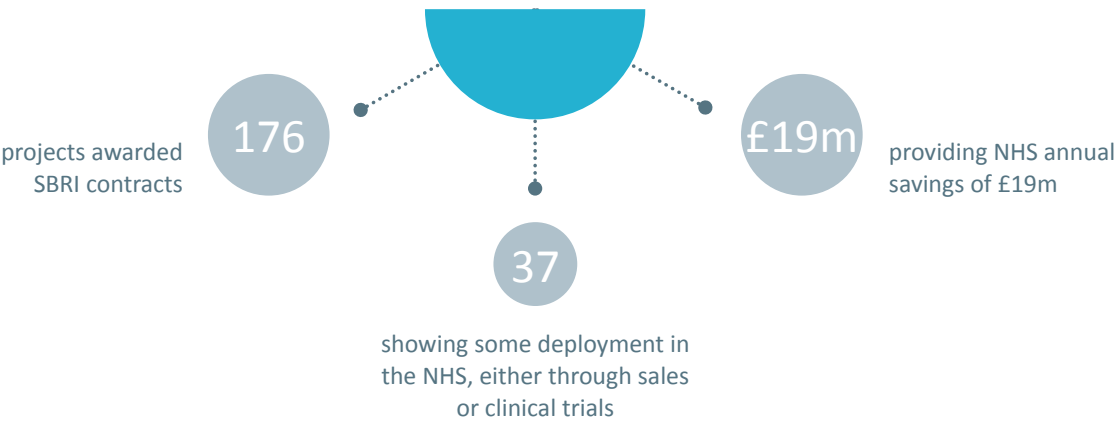
365response
Specialist Commissioning Support

Future Potential

“ PA states that

Projects are progressing relatively quickly compared to expectations for the medical device innovation pathway. As we would expect, digital projects have made up the majority of innovations currently in use, while in the longer term greater returns are expected from a few ‘breakthrough’ medical device innovations.

Projects awarded in the first 6 years



These were predominantly digital technologies with relatively short development times and no requirement for lengthy clinical trials.

Wider Public Sector



The review captured benefits to the wider public sector, with recurring annual savings from the nine most commercially advanced currently running at up to £30m.

When a further 14 projects, including diagnostics and therapies currently undergoing extended clinical trials were included, the report forecasts that the cumulative present value to the NHS will rise to between £349m and £482m by 2022, and to between £1.2 billion and £1.9 billion by 2027. This derives from total SBRI expenditure to date of £73m.



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Projects are progressing relatively quickly compared to expectations for the medical device innovation pathway. As we would expect, digital projects have made up the majority of innovations currently in use, while in the longer term greater returns are expected from a few ‘breakthrough’ medical device innovations.

Additional impacts for the economy as a whole as of September 2017 were valued at





Report 3 - key findings

RAND

The Small Business Research Initiative (SBRI) Healthcare programme - An evaluation of programme activities, outcomes and impacts

Published: 2017

Commissioned by: UK Department of Health Policy Research Programme.

Author: RAND Europe - Catherine Lichten, Calum MacLure, Anton Spisak, Sonja Marjanovic, Jon Sussex

An evaluation of programme activities, outcomes and impacts

The 2017 study undertaken by RAND Europe focuses solely on the contribution of the Small Business Research Initiative (SBRI) Healthcare programme to innovation in the NHS.

The research team based their conclusions on the findings from a series of stakeholder surveys and interviews exploring four main key areas of focus:

- 1. What does the SBRI Healthcare programme do and how does it fit into the wider funding landscape for health-related innovation in the UK?
- 2. What is the range of outcomes and impacts generated by the programme and its awardees?
- 3. What are the barriers and enablers to achieving impact?
- 4. The challenges and opportunities for the future based on the comments of interviewees and survey respondents.

1. What does the SBRI Healthcare programme do?

Comments in relation to the wider funding landscape from participants in the research was somewhat mixed:

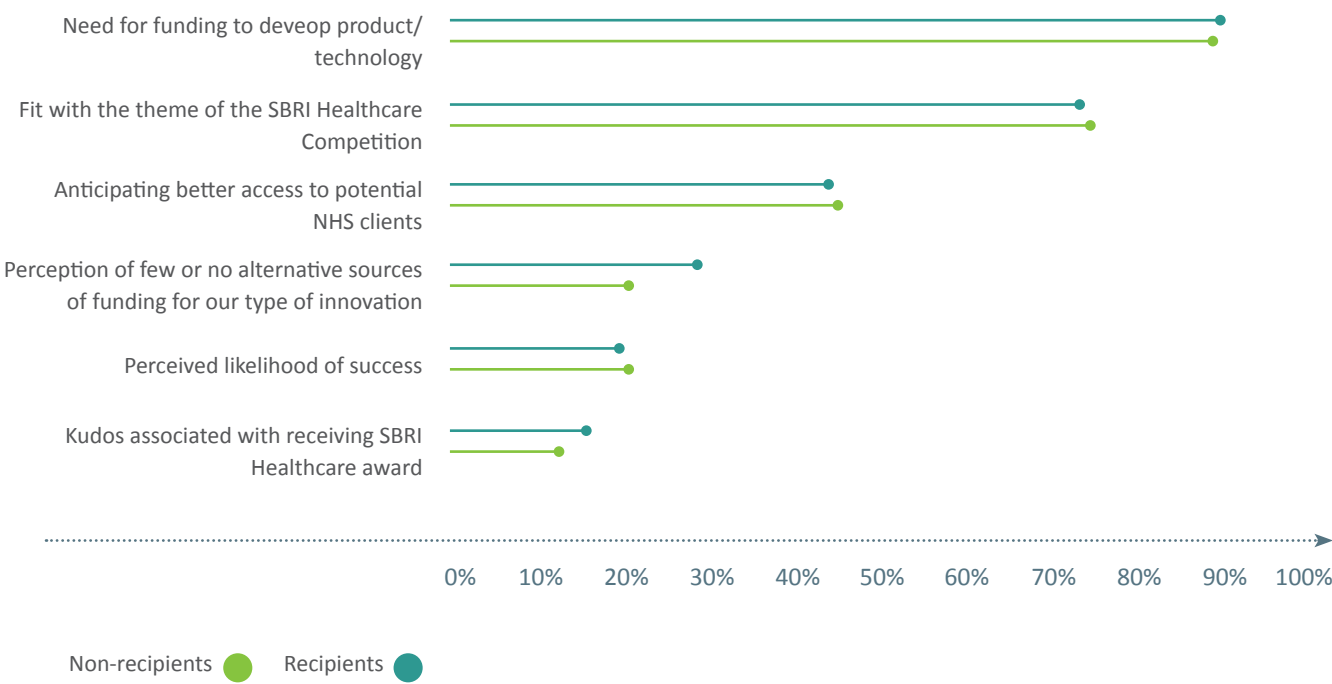
- One survey respondent stated that the programme fills an important gap in the funding landscape by supporting SMEs.
- Five stakeholder interviewees said there is a shortage of early-stage biomedical innovation funding, while two commented that there are many schemes in this space.
- Survey results support the idea that applicants can also access other funding sources, but that SBRI Healthcare funding has been important to them.

In conclusion, the RAND report found that “overall, the SBRI Healthcare programme performs a valuable role for the NHS in the early-stage innovation funding landscape. Going forward it will be important to consider how best to coordinate the SBRI Healthcare programme with wider policy developments (including the Accelerated Access Review) and initiatives to progress the adoption, diffusion and scale-up in the NHS of the innovations it supports.”

When asked about overall strengths of the SBRI Healthcare programme, interviewees highlighted the same two areas: the articulation and identification of unmet needs and the fact that the programme provides needed funding for companies.

FIGURE 3

Responses from successful and unsuccessful applicants on the most common reasons for applying to SBRI Healthcare





Many identified the demand-led approach as the main characteristic that sets it apart. As one said:

There are a plethora of schemes that directly incentivise the supply end of innovation... but that is usually less likely to meet the requirements than demand-led innovation.

Supporting small businesses

The RAND report's evidence indicates that the SBRI-Healthcare programme "does appeal to and suit small, early-stage businesses. The majority of respondents to the surveys (both successful and unsuccessful applicants) were microenterprises, one survey respondent stated that the programme fills an important gap in the funding landscape by supporting SMEs.

The programme has a number of strengths, including low administrative burdens for applicants and awardees, effective processes for identifying and articulating needs, and a beneficial provision of health economics support in Phase 1."

Additional feedback on the SBRI-Healthcare programme's appeal for SMEs included the following:

- "Applicant companies cited their need for funding and a fit with the themes of the calls as their main motivations for applying;
- The health economics support provided by SBRI Healthcare was highly valued, but experience of other potential forms of support, such as brokering access to prospective NHS clients and other investors, varied;
- According to companies awarded SBRI Healthcare support who replied to the survey, awards are valuable not only for the funding they bring but also for the associated kudos (77 per cent found this helpful) and because the Phase 1 awards are accompanied by useful health economics analysis (72 per cent of awardees responding considered this helpful).
- Over 90 per cent of successful applicants, and nearly 70 per cent of unsuccessful applicants, who responded to the surveys said that they would apply to another SBRI Healthcare competition in future. We see this as a vote of some confidence from the small businesses that have been in contact with the programme."

SBRI-Healthcare - programme processes (SBRI-H)

The RAND report states that "overall, the SBRI Healthcare programme is seen to run well by most interviewees and awardees who responded to the survey, and in particular in terms of effective processes for identifying and articulating healthcare needs and a reasonable administrative burden. Respondents to the survey of awardees generally felt that monitoring was appropriately light touch for SMEs."

They also stated that it was "managed with good organisation, processes and staff continuity (n=6). They highlighted the programme's general governance and way of working as an overall strength (n=5). Some unsuccessful applicants were notably positive about the value and contribution of support from SBRI Healthcare, saying, for example:

"Of all the things that we applied for, SBRI Healthcare was by far the best. It was professional, well organised, light touch, non-bureaucratic and sensible. Would definitely apply again.

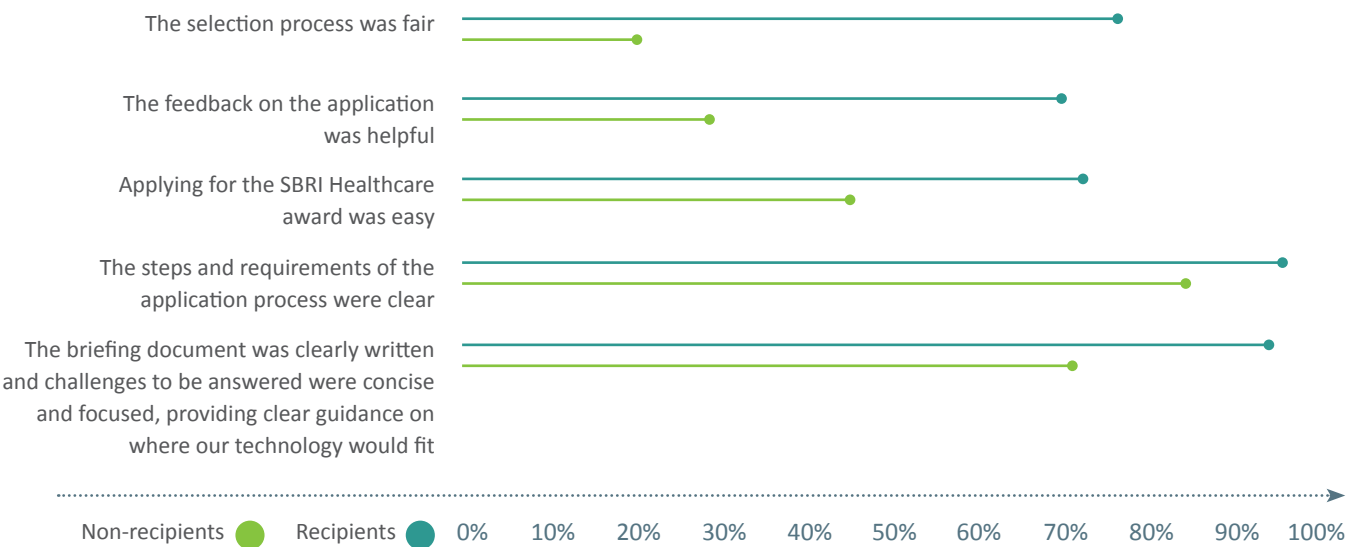
Our experience of the SBRI Healthcare processes has been excellent, and this is the best programme we have ever engaged in."

While 74 per cent of successful applicant respondents to the surveys agreed that the application and selection process was fair, only 20 per cent of unsuccessful applicants agreed with that view (although another 40 per cent of unsuccessful applicants neither agreed nor disagreed). Some concerns were raised by unsuccessful applicants about the level of technical expertise demonstrated by the review panels when assessing proposed technologies and about the quality of the feedback provided; only 28 per cent of unsuccessful applicants who responded to our survey agreed that the feedback they had received was helpful. "



FIGURE 6

Responses from successful and unsuccessful applicants on the SBRI Healthcare application process (n=43 successful; 163 unsuccessful)



“A key concern raised by some companies surveyed related to the quality of the assessment and feedback received, The feedback gave us no indication of why we were rejected, which would have influenced any decision to move forward as would any help pointing us towards further options.



68 per cent agreed that the feedback they received on their application was helpful



16 per cent disagreed

Unsuccessful applicants had more mature innovations at time of application; successful applicants were more likely to have proposed ideas they wanted to develop into a proof-of- concept, while unsuccessful applicants were more likely to have prototypes they wanted to trial. This finding indicates that there may be a need to make it more explicit in guidance and other communications that the SBRI Healthcare programme intends to support early-stage ideas in Phase 1, not more developed ideas.”

Is SBRI funding key to driving innovation?

The RAND report states that “among unsuccessful applicants, 55 per cent of them went on to develop their ideas without support from SBRI Healthcare and obtained funding through various means. However, among those that did not go on to develop their ideas, 92 per cent (72 out of 78) cited a lack of R&D funding as the main reason. Similarly, among the successful applicants, 52 per cent (51 respondents, or 23 out of 44) reported that they probably or definitely would not have undertaken the SBRI Healthcare-funded project if they had not received that funding. Asked what would have happened if they had not succeeded in obtaining the SBRI Healthcare funding, four of the five SBRI Healthcare awardees who were interviewed said they would probably still have advanced but that the process would have been much slower or a little bit slower. 93 per cent of successful applicant respondents (40 out of 43) considered that the funding they received from SBRI Healthcare had helped their project. One respondent noted that SBRI Healthcare funding had enabled their small company to bring together a group of collaborators to work on product development in a way that SMEs are usually not able to do.”

The role of AHSNs

The RAND report conducted some useful research into the role of the Academic Health Science Networks (AHSNs). It states that “the nature and appropriateness of their support was reported to be variable but improving.” “AHSNs are responsible for running calls and working with companies in their region that receive SBRI Healthcare support. As part of these responsibilities, an important task of the AHSNs is the identification and articulation of needs. One member of the SBRI Healthcare board explained that the 15 AHSNs across England cooperate to decide challenges they will address and which AHSN will lead in developing each challenge. AHSNs also offer clinics to help companies prepare for the competition; an interviewee said that some provide more support than others. According to the awardee survey, 44 per cent of successful applicants consulted their local AHSN while preparing their application and 57 per cent reported receiving support in the form of links to their local AHSN.

“ Others said:

There are active discussions about what works best and what can be improved... I don’t think those conversations happened a couple of years ago. It is mostly because AHSNs are taking more ownership of that. (sbri104)

