

# NHS Cancer Programme

Open call for funding

February 2022



## NHS Cancer Programme – Competition 2

Briefing Webinar

# Agenda



<b>14:30</b>	Introductions and Opening Remarks	Professor Richard Gilbertson
<b>14:35</b>	Overview of the NHS Cancer Programme	Dr Gillian Rosenberg Dr Caterina Lombardo
<b>14:45</b>	Cancer Challenges	Professor Peter Johnson
<b>15:00</b>	Clinical Q&A	All
<b>15:15</b>	Application and Assessment Process	Dr Xi Ye
<b>15:20</b>	Recent awardee's experience (endoscope-i Limited) AHSNs Cancer Alliances	Mr Ajith George Ms Joanne Mewis Mr Mark Dean
<b>15:40</b>	Q&A	All
<b>16:00</b>	End of Webinar	

# Housekeeping



- Thank you all for taking the time to join
- Feel free to ask questions in the Q&A box as we go along, and we will answer them in the Q&A session at the end
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on the competition website after the webinar
- For further enquiries: [sbri@lgcgroup.com](mailto:sbri@lgcgroup.com)

# NHS Cancer Programme - Innovation

**Gillian Rosenberg, PhD**

**Innovation Transformation Lead**

- 55,000 more people each year will survive five years or more following diagnosis.
- Three in four cancers will be diagnosed at an early stage.

# What are we trying to achieve?



*Who we are*

***Our vision***

*Our programmes*

*Working together*

**Vision: To enable the implementation of innovations in the NHS that support the delivery of the Long Term Plan ambitions for cancer**

Identify and prioritise innovations that will have an impact on the Long Term Plan ambitions for cancer

Fund national real-world implementation pilots of prioritised innovations with robust evaluations to speed up the pathway to implementation

Fund and evaluate the implementation of innovations locally via Cancer Alliances to gather evidence to support larger scale roll-out

Be leaders in real-world implementation and evaluation of cancer innovations

## Our current programmes:

**Open Call:** finding late stage innovations to accelerate into front-line clinical settings.

**Cytosponge:** a sponge-on-a-string used to detect oesophageal conditions. Cytosponge is being piloted nationally in secondary care as an alternative to endoscopy to reduce demand on the service.

**GRAIL:** a multi-cancer early detection test, designed to detect many cancers from a single blood draw. GRAIL is conducting two studies across England to develop evidence for further NHS rollout.

**Local Innovations:** Fund and evaluate the implementation of innovations locally via Cancer Alliances to gather evidence to support larger scale roll-out

*Who we are*

*Our vision*

*Our programmes*

*Working together*

- **Support implementation**
  - Provide advice on implementation and overcoming barriers
  - Understand the patient pathway and the impact of the innovation
  - Create and provide links with stakeholders and other programmes in the NHS who will be impacted or have an impact on the project
  - Support longer term strategies for implementation for successful projects



# NHS Cancer Programme – Open call

Caterina Lombardo, PhD  
Senior Programme Manager



# Open call – The Challenge



## Early Detection and Diagnosis of Cancer

Innovations or new approaches that will increase the proportion of cancers that are diagnosed at stage one or two



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# Open call – Call scope



## What this is for

### Innovation type

Medical devices, IVDs, digital health solutions, behavioural interventions, software, AI or new models of care



### Stage of development

**Mature innovations**, with strong evidence base, regulatory approvals and/or in use at least in 1 Trust in standard routine care



### Organisations

Any size organisation from the private, public and third sector based in **UK/EU**. Clinical sites can only be based in **England**. Organisations outside the UK/EU can apply as subcontractors



### Project type

**Implementation studies**, developing evidence for NHS adoption



### Time and budget

Project duration max 18 months, any budget up to £4M (NET)



## What this is not for

### Innovation type

Drugs/therapeutics, efficiency tools

### Stage of development

Innovations at early stage of development

### Organisations

Clinical sites based outside **England**

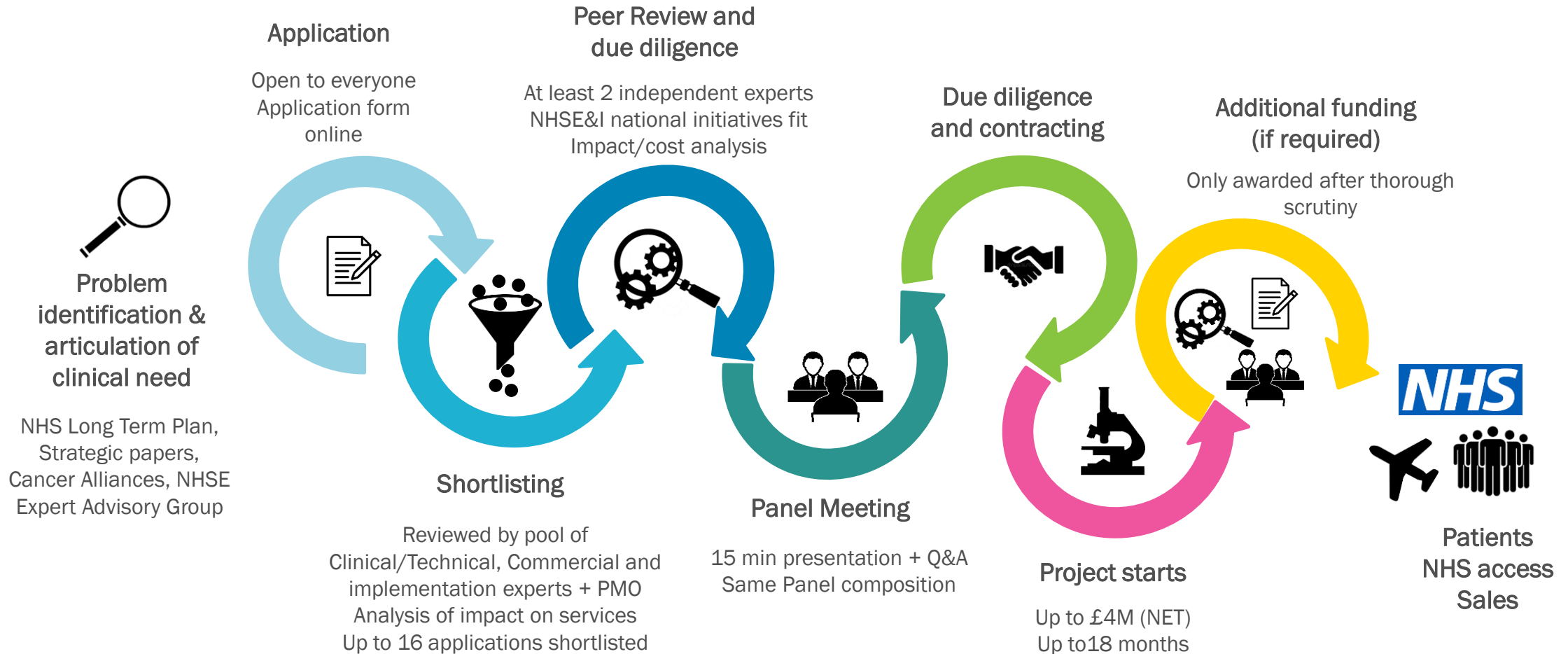
### Project type

Basic research, early stage product development, efficacy/effectiveness clinical trials

### Time and budget

Marketing costs

# Open call – Process and Assessment



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# Open call – What projects we expect



## Entry point

- Regulatory approvals in place, and/or
- in use in at least 1 Trust in standard routine care
- Solid background evidence (efficacy/effectiveness/sensitivity/specificity)



## Project

- Real world implementation studies
- Minor technology adaptation
- Staff training to administer innovation
- Patient and public involvement and dissemination
- Health economic assessment
- Independent evaluation of outcomes



## Exit point

- Investment-ready (e.g. follow on funding)
- Procurement-ready (e.g. business case ready, on procurement frameworks)
- NICE appraisal
- Evidence for national commissioning initiatives
- Registration to Healthtech Connect/Innovation Service

# Open call – Things to note



## What we fund

- 100 % SME costs
- Labour costs
- Material cost (incl. consumables)
- Capital Equipment Costs
- Sub-contract costs
- Travel and subsistence
- Other costs specifically attributed to the project
- Indirect costs
- **Applications assessed on Fair Market Value**



## Contracting

- UK implementation of EU Pre-Commercial Procurement
- IP rests with supplier with certain usage rights with Public Sector
- Contract terms are non-negotiable
- Single applicant (partners are sub-contractors)
- Milestone driven payments (quarterly upfront)



## Monitoring and support

- NICE META Tool
- Dedicated monitoring officers per project
- Written reports and face-to-face/virtual meetings
- Exposure to relevant webinars and events

# Open call – Provisional Dates



Call Launch	05 April 2022
Application deadline	24 May 2022 (13:00 GMT)
Assessment	June/July
Selection Panel	September 2022
Contract award	October 2022

# NHS Cancer Programme – Outcome of call 1




 **£9m+**  
Total invested

 **8** innovations supported

 **12**  
Cancer Alliances regions involved

 **8**  
AHSNs supporting

 **30+**  
Sites will participate

 **35k+**  
patients potentially recruited

 OpenMedical



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**ORION**  
MedTech

pinpoint



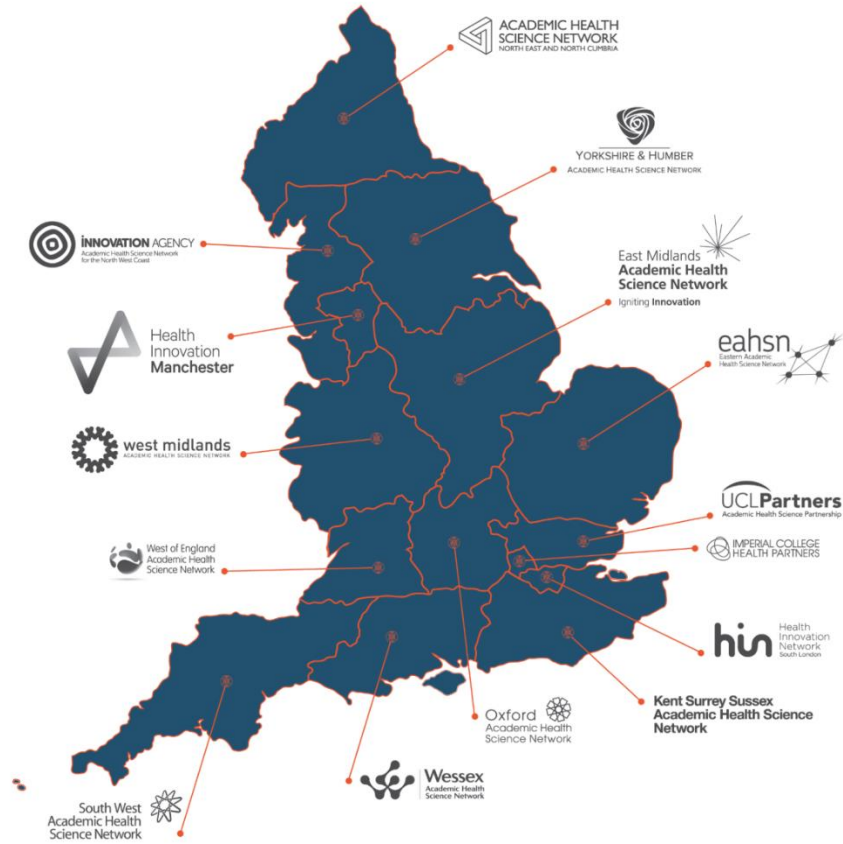
qure.ai

endoscope-*i*

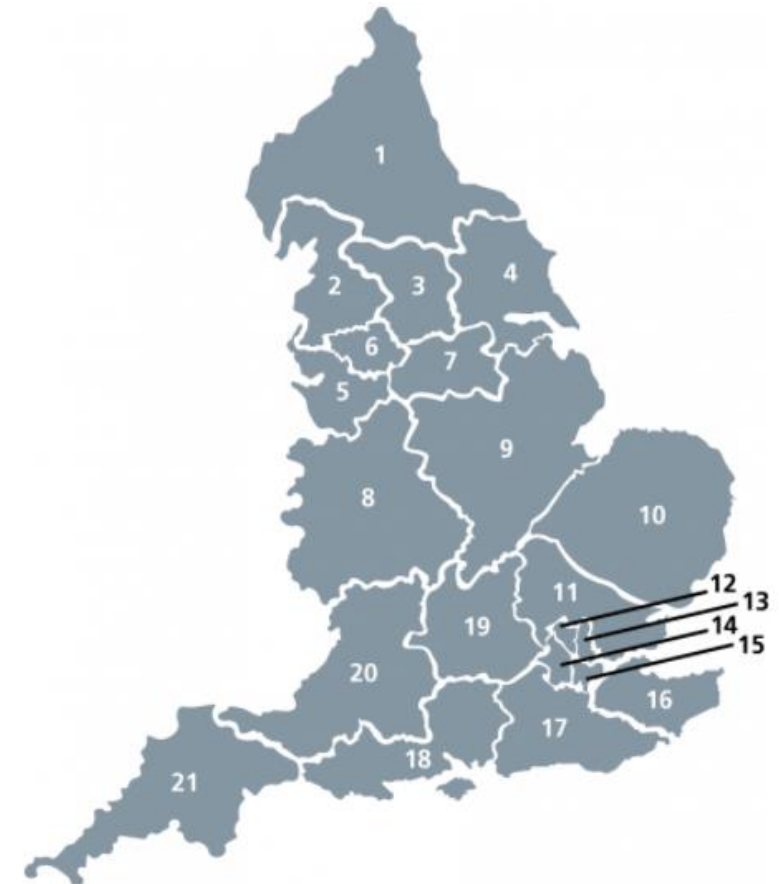
# The Academic Health Science Network and the Cancer Alliances



## 15 AHSNs



## 21 Cancer Alliances



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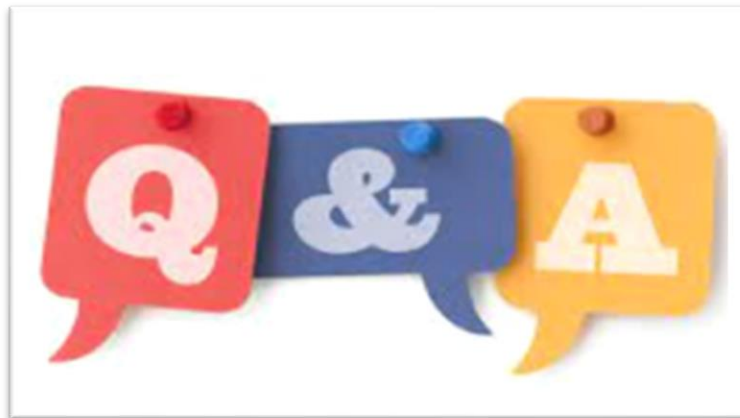


# Pre-application support



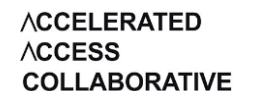
Virtual matchmaking event with Cancer Alliances and AHSNs – 24 March 2 pm

Opportunity for innovators to identify potential partners



Q&A session – early April 2022

Opportunity for potential applicants to ask questions about the competition





## Contacts

*Programme management office*

T 020 8843 8125

E [sbri@lgcgroup.com](mailto:sbri@lgcgroup.com)

*More info*

**Other NHS Cancer Programme initiatives**

<https://www.england.nhs.uk/cancer/harnessing-innovation-in-cancer-care/>

**On this competition**

<https://www.sbrihealthcare.co.uk>

# Cancer Challenges



## Professor Peter Johnson

### National Clinical Director for Cancer

Professor Johnson trained in oncology at St Bartholomew's Hospital, where he completed his doctoral research on the Bcl-2 gene, its potential as a therapeutic target in lymphoma and the effects of CD40 ligation on the B-cell surface.

He has been Professor of Medical Oncology in Southampton since 1998 and has led many clinical trials, ranging from first in human antibody therapies to international phase 3 studies, and most recently a large scale comparative biomarker study in lung cancer screening. He was Chief Clinical for Cancer Research UK from 2008-2017, Director of the Francis Crick Institute Research Network 2017-2019 and is currently National Clinical Director for Cancer at NHS England.

# Professor Peter Johnson

**National Clinical Director for Cancer**

NHS Cancer Programme - who we are and what we do

NHS England and NHS Improvement



# NHS CANCER PROGRAMME



Deliver the most comprehensive screening and early detection programme in the world



Ensure equitable, fast access to diagnostic tests and results for all patients with suspected cancer



Offer more patients faster, safer and more precise treatments



Deliver personalised care for all patients and transform follow-up care



Harness the collaboration of academia, the NHS and industry

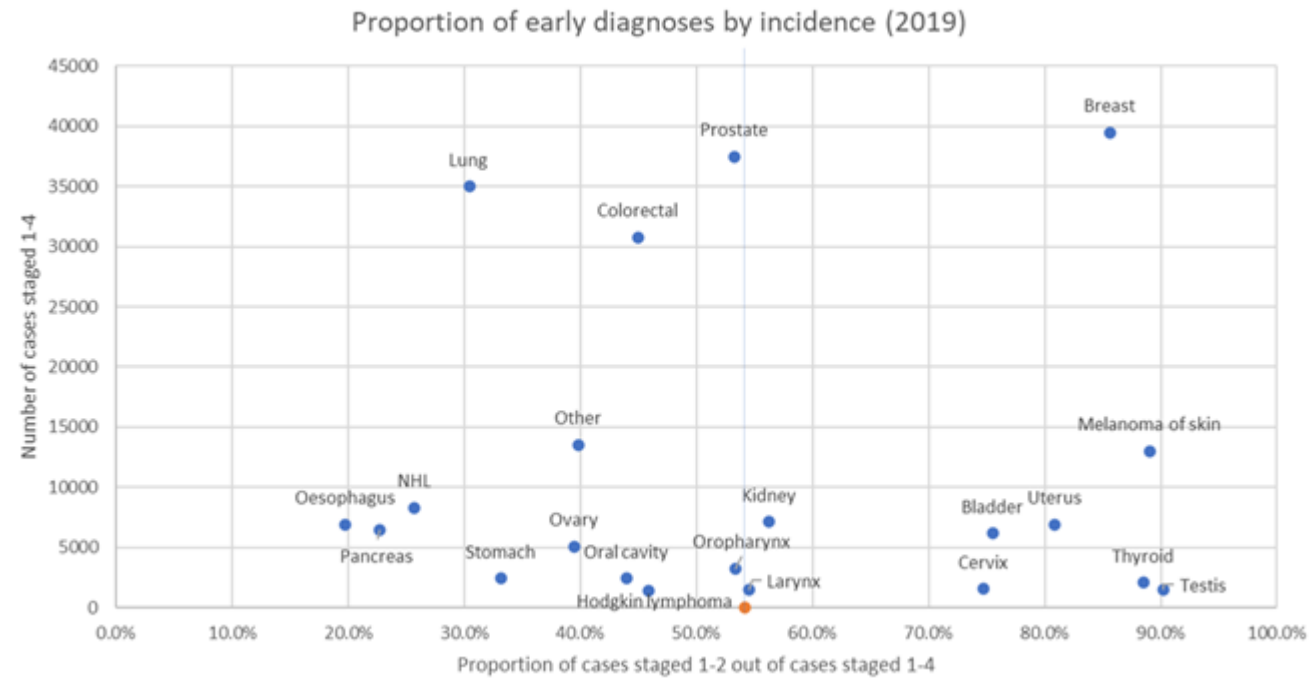
## THE LONG TERM PLAN AMBITIONS

We will continue to transform cancer care so that from 2028:

- An extra 55,000 people each year will survive for five years or more following their cancer diagnosis.
- Three in four cancers (75%) will be diagnosed at an early stage.

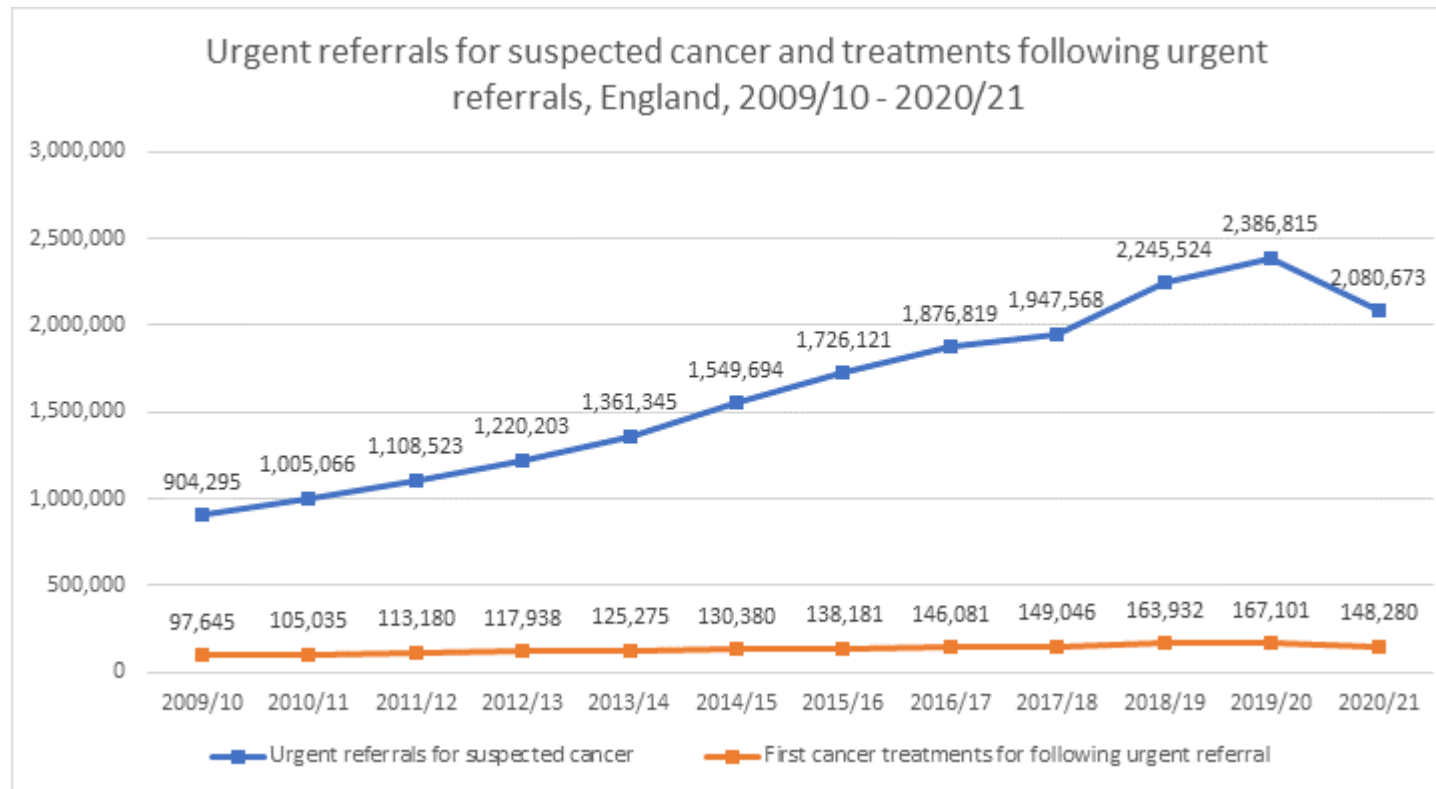
**We will speed up the path from innovation to business-as-usual, spreading proven new techniques and technologies and reducing variation.**

# EARLY DIAGNOSIS BY INCIDENCE



*the proportion of cancer diagnosed in stages 1 and 2  
(data source [PHE](#))*

# CANCER REFERRALS





# HELP US, HELP YOU CAMPAIGN



“IT’S JUST A  
LITTLE LUMP”

JUST SPEAK  
TO YOUR GP

Clear on  
cancer help us  
help you

# Clinical Q&A

Please ask your questions via the  
Q&A box our speakers will answer  
live

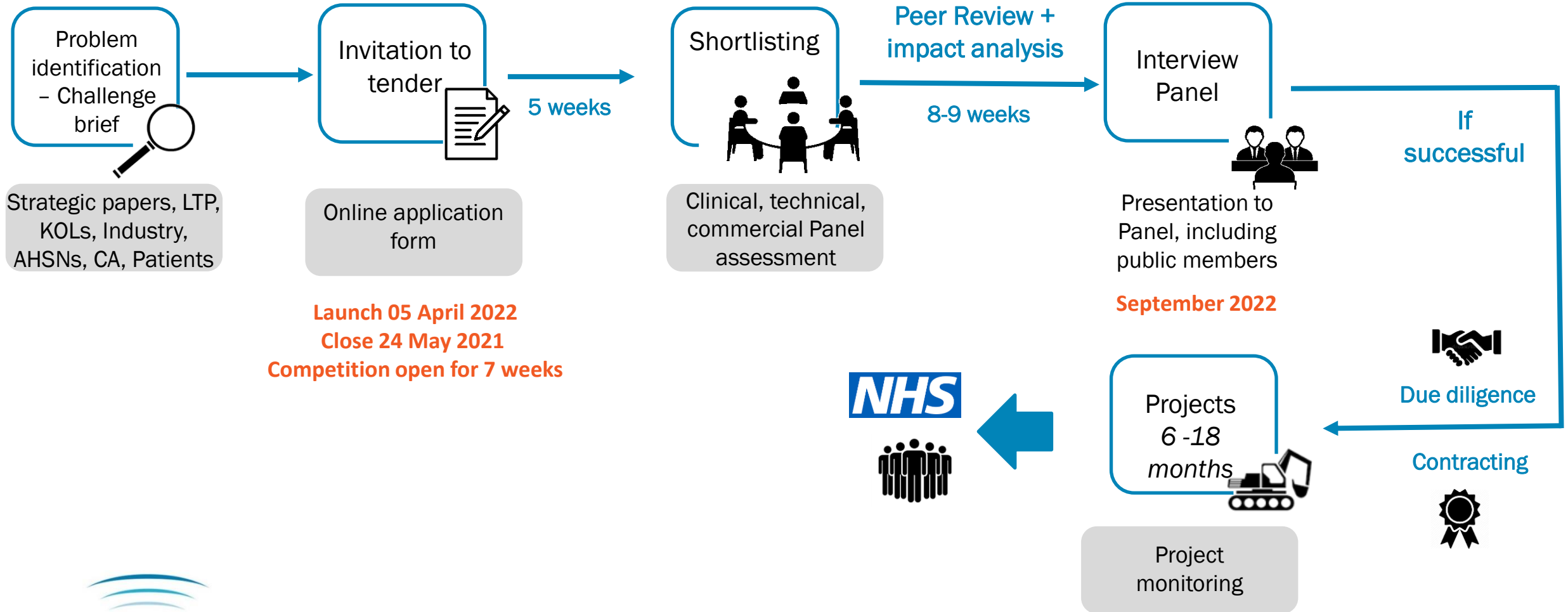


# NHS Cancer Programme Application and Review Process

Xi Ye, PhD

Senior Programme Manager

# Timeline



Launch 05 April 2022  
Close 24 May 2021  
Competition open for 7 weeks



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## Assessment Criteria



1. How well does the proposal address the challenge outlined in the brief and how significant is the impact on early cancer diagnosis (20%)
2. How convincing is the evidence accumulated to date? (20%)
3. Are the project plan (including patient and public involvement), deliverables and risk mitigation strategy appropriate? (15%)
4. Will the solution have a competitive advantage over standard of care and existing alternative solutions, how innovative is the proposal and are the arrangements surrounding the use and development of intellectual property appropriate (15%)
5. Does the proposed project have appropriate NHS/social care implementation, spread, and adoption strategy and commercialisation plan? (10%)
6. Does the project address Equality, Diversity and Inclusion, and Net Zero Policy? (5%)
7. Does the organisation and project team appear to have the right skills and experience to deliver the project (10%)
8. Are the costs justified and appropriate? (5%)

# Application Portal – Login Page



Programme Management Office  
Research Management System

## Existing Users

Please log in to access your account.

Email

Password

[Forgot Password?](#)



## New users

Please register with us to create your account using your **institutional** email address.

Please note that all new users require validation by the Programme Management prior to receiving access to the system. We will endeavour to complete this validation process as soon as possible (within standard working hours) following completion of your initial registration

[System Help](#)



# To start a new application



**Programme Management Office**  
Research Management System

Dr Xi Ye

Welcome to Programme Management Office Research Management System, Dr Xi Ye.

Home

- My Applications
- My Research Outputs
- My Tasks
- Manage My Details
- Contact Us
- Logout

System Help

**Please enter details of your CV**

Please ensure that your details including your CV, are up-to-date as these are required for the submission of an application. You will not be able to edit this information directly from an application form. To edit your details go to [My Details](#) and complete the basic information and update your CV.

**New Grant Application**

To apply for funding from one of our grant streams [click here](#).



# Select the Correct Funding Round



Programme Management Office

Research Management System



Dr Xi Ye

[Home](#)

New Application

[My Applications](#)

[My Research Outputs](#)

[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

[Logout](#)

[System Help](#)

## Open funding rounds

The table below shows all the funding rounds currently accepting applications.

Click **More info** to view additional information about each funding round.

Click **Apply** to access the online application form for the type of grant you wish to apply for.

Grant Type	Funding Round	Closing Date	More Info	Apply
<b>NHS Cancer Programme</b> NHS Cancer Programme – This initiative is supported by SBRI Healthcare and the AAC. NHS England & NHS Improvement invites organisations to come forward to test implementation of their innovations in the NHS, to address specific challenges in different cancer areas.	NHS Cancer Programme Competition 2	24 May 2022 13:00 BST	<a href="#">More info</a>	<a href="#">Apply</a>



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# Start the Application Form



NHS Cancer Programme  
Competition 2  
27432

[Details...](#)


- Introduction
- Section 1: Application Summary
- Section 2: Organisation Details
- Section 3: Plain English Summary
- Section 4: Project Plan
- Section 5: Team and Subcontractors
- Section 6: Budget
- Section 7: Supporting information
- Section 8: Administrative contact details
- Section 9: Validation Summary

[System Help](#)

## Introduction

[Previous](#) [Next](#) [Save](#) [Save And Close](#)

Round Guidance System Guidance

There are a number of **online guidance prompts** (marked as a ) available to you throughout the online form to help you when completing an application. It is **strongly advised** that you also read the relevant [Guidance for Applicants](#) before completing your application.

**Please keep the use of acronyms to a minimum.** Only use acronyms where a term is used frequently throughout the application. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**

Schematics, tables, illustrations, graphs, and other types of graphics can be embedded to clarify the project plan but they should not clutter the central narrative. Images do not count towards the overall word count but inclusion of them to overcome word limits is not permitted. Images may only be included within the Project description and breakdown. **Images included in other sections will be removed from the application and not seen by reviewers.**

Members of the project team and clinical partners will need to be 'invited' through the RMS via email to participate in their roles, after which they must **confirm their participation**. Please ensure that all team members / clinical partners invited to collaborate on this application have confirmed their involvement and approval of the application form content before submission.

**Although confirming an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.**

All individuals that have confirmed their participation on the application will be notified of the outcome once a decision has been reached.

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office on 020 8843 8015 or [SBRI@LGCGroup.com](mailto:SBRI@LGCGroup.com).



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# Adding Project Team, Clinical Partners, Subcontractors



NHS Cancer Programme  
Competition 2  
27432  
[Details...](#)

Section 5: Team and Subcontractors  
Include details of key team members and subcontractors

5a. Project team member(s)

[Add Contact](#)

5a. Details of team member(s)

[Add team member...](#)

5b. Clinical partner(s)

[Add Contact](#)

5b. Details of clinical partner(s)

[Add clinical partner...](#)

5c. Subcontractor(s) and advisor(s)

[Add Contact](#)

5c. Details of subcontractor(s) and advisor(s)

[Add sub-contractor...](#)

[System Help](#)

### Co Applicant

First Name

Last Name

Email

	Name	Organisation	Department
<input type="button" value="Select"/>	Dr Team Mem	National Institute of Health Research	

- Team members, clinical partners, and subcontractors must be registered on the system before they can be added.
- Up to 50 people can be added.
- If project involves multiple organisations, there must be at least 1 named representative from each organisation.

# Submit Application Form



Dr Xi Ye
<a href="#">Home</a>
<a href="#">My Applications</a>
<b>NHS Cancer Programme Ref: 27432</b>
Details
<a href="#">View History</a>
<a href="#">Journal (0)</a>
<a href="#">Sign-off Status</a>
<a href="#">My Grants</a>
<a href="#">My Research Outputs</a>
<a href="#">My Tasks</a>
<a href="#">Manage My Details</a>
<a href="#">Contact Us</a>
<a href="#">Logout</a>
<a href="#">System Help</a>

Lead Applicant	Dr Xi Ye
Title	NHS Cancer Programme Test application
Reference	27432
Status	Pre-Submission
Total Requested	£1,730,000.00
Organisation	Partners for Endoscopy Limited
Grant Type	NHS Cancer Programme
Funding Round	NHS Cancer Programme Competition 2
Closing Date	24 May 2022 at 13:00 BST
Participants	<u>Clinical partner</u>
	Dr Clin Par Confirmed participation <b>No</b>
	<u>Sub Contractor</u>
	Dr Sub Con Confirmed participation <b>No</b>
Created On	21 February 2022
Last Updated	21 February 2022
Validated	Not Complete
Applicant Submitted	
Submitted On	

**Role: Lead Applicant**  
Actions shown below are for your involvement as a **Lead Applicant**

**Edit the application**  
Please click on the 'Edit' button if you wish to make any changes to your application.

Edit

**PDF the application (Print)**  
Please click on the 'View/Print' button to generate this application form as a PDF file.

Please note: if your browser blocks the file download, please follow the instructions to allow the file to be downloaded.

[PDF Formatting Problems?](#)

View/Print

**Validate the application**  
To validate the application click 'Validate' and then 'Validate Form' within the application form.

Validate

**Submit the application**  
The application form cannot be submitted until it has been validated to ensure that all required fields have been entered, and the data meets our submission requirements.

Submit



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# Team Members/Clinical Partners/Subcontractors



## CCGT Test Environment

Programme Management Office

Research Management System



Dr Sub Con

My Co-applications

[Home](#)

You have 18 co-applications awaiting submission.

[My Applications](#)

To view more details please select an application from the grid below.

My Co-applications

[My Grants](#)

[My Research Outputs](#)


[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

[Logout](#)

[System Help](#)

Reference	Title	Main Applicant	Role	Confirmed	Last Updated	Application Status	
27432	NHS Cancer Programme Test application	Dr Xi Ye	Sub Contractor	N	21/02/2022 09:43:24	Pre-Submission	



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# Team Members/Clinical Partners/Subcontractors



Programme Management Office  
Research Management System

Dr Sub Co  
SubCon@lgc.co

Dr Sub Con

[Home](#)

[My Applications](#)

[My Co-applications](#)

**NHS Cancer Programme  
Ref: 27432**

Details

[My Grants](#)

[My Research Outputs](#)

[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

[Logout](#)

[System Help](#)

As a co-applicant you must first 'Confirm' your participation before the application can be submitted by the Lead Applicant. Please ensure your CV is up to date (this can be updated in the manage my details section).

Lead Applicant	Dr Xi Ye
Title	NHS Cancer Programme Test application
Reference	27432
Status	Pre-Submission
Total Requested	£1,730,000.00
Organisation	Partners for Endoscopy Limited
Grant Type	NHS Cancer Programme
Funding Round	NHS Cancer Programme Competition 2
Closing Date	24 May 2022 at 13:00 BST

Participants Clinical partner

Dr Clin Par	
Confirmed participation	No

Sub Contractor

Dr Sub Con	
Confirmed participation	No

Created On	21 February 2022
Last Updated	21 February 2022
Validated	Not Complete

**Role: Sub Contractor**

Actions shown below are for your involvement as a Sub Contractor

### Confirm your participation

I have read the terms and conditions under which grants are awarded, and, if this application is successful, I agree to abide by them. I shall be actively engaged in the day-to-day management and control of the project and this proposal.

Confirm

### Reject your participation

If you do not wish to participate in this application or think that this approach was in error please click the reject button below. This will send an email to the lead applicant and remove you from the application.

Reject

# Submit Application Form



- Dr Xi Ye
- Home
- My Applications
- NHS Cancer Programme Ref: 27432**
- Details
  - View History
  - Journal (0)
  - Sign-off Status
- My Grants
- My Research Outputs
- My Tasks
- Manage My Details
- Contact Us
- Logout
- System Help

Lead Applicant Dr Xi Ye  
Title NHS Cancer Programme Test application  
Reference 27432  
Status Pre-Submission  
Total Requested £1,730,000.00

Organisation Partners for Endoscopy Limited  
Grant Type NHS Cancer Programme  
Funding Round NHS Cancer Programme Competition 2  
Closing Date 24 May 2022 at 13:00 BST

Participants Clinical partner

Dr Clin Par	Confirmed participation	Yes
-------------	-------------------------	-----

Sub Contractor

Dr Sub Con	Confirmed participation	Yes
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Created On 21 February 2022  
Last Updated 21 February 2022  
Validated 21 February 2022  
Applicant Submitted  
Submitted On

**Role: Lead Applicant**  
Actions shown below are for your involvement as a Lead Applicant

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Please note: if your browser blocks the file download, please follow the instructions to allow the file to be downloaded.

[PDF Formatting Problems?](#)

**Validate the application**  
To validate the application click 'Validate' and then 'Validate Form' within the application form.

**Submit the application**  
To submit this grant application, please click on the 'Submit' button.

Please note: you will not be able to make any alterations to the application form once it has been submitted.



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## Programme Management Office

LGC Ltd

Grant Management Group

15 Church Street

Twickenham TW1 3NL

Contact us for advice and specific guidance:

T 020 8843 8125

E [sbri@lgcgroup.com](mailto:sbri@lgcgroup.com)

W <https://www.sbrihealthcare.co.uk>



[@SBRIHealthcare](https://twitter.com/SBRIHealthcare)



# Recent awardee's experience

## Endoscope-i Limited



**Mr Ajith George**

**Head and Neck Consultant, Medical Director, endoscope-i Limited**

Ajith obtained his medical degree from the University of Manchester in 2002 and undertook surgical trainings in the NHS across different regions of the UK before appointed to Head and Neck Consultant in 2015 at the University Hospitals of North Midlands NHS Trust.

Ajith founded endoscope-i in 2012, a company committed to modernising the way healthcare is provided to ENT patients, and became the company's Medical Director in 2017. Endoscope-i was one of the successful winners from the first NHS Cancer Programme open call.

In addition to clinical and business commitments, Ajith is also a Honorary Senior Clinical Lecturer at Keele University and a Surgical Tutor for University Hospitals North Midlands





## Competition 2: NHS Cancer Programme

Ajith George

Consultant Head & Neck Surgeon, UHNM  
Medical Director, endoscope-i Ltd

Chris Coulson

Mark Prince

Matt Gilbert

Nina Glazzard

Simon Pargeter



# endoscope-i



SBRIC01P3024



## Competition 2: NHS Cancer Programme

Ajith George

Consultant Head & Neck Surgeon, UHNM  
Medical Director, endoscope-i Ltd

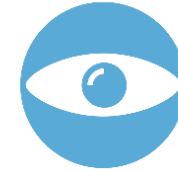
Chris Coulson

Mark Prince

Matt Gilbert

Nina Glazzard

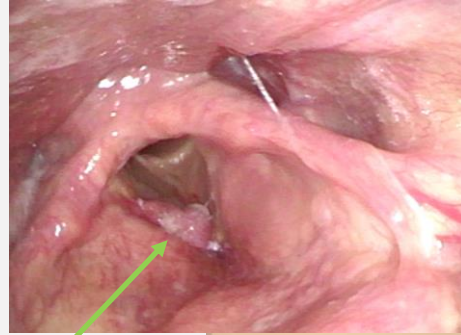
Simon Pargeter



endoscope-*i*



# Head & Neck Cancer



SBRIC01P3024



HEALTH

Share 

# Mobile phone camera to help 'revolutionise cancer testing'

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By Lizzie Roberts HEALTH REPORTER

AN ACCESSORY that turns a mobile phone camera into an endoscope to detect cancer is among eight projects to receive £10 million in NHS funding.

Other technologies include an artificial intelligence system that can

ORIGINAL RESEARCH

# Introduction of a novel telescopic pathway to streamline 2-week-wait suspected head and neck cancer referrals and improve efficiency: A prospective service evaluation

Christopher Metcalfe MBChB BSc(Hons) MRCS(ENT) |  
Mehmet Dogan MBChB BSc(Hons) | Nina Glazzard BSc(Hons) DipHE |  
Elizabeth Ross MBChB LLM FRCS (ORL-HNS) |  
Ajith George MBChB FRCS (ORL-HNS) PGCertMedSci

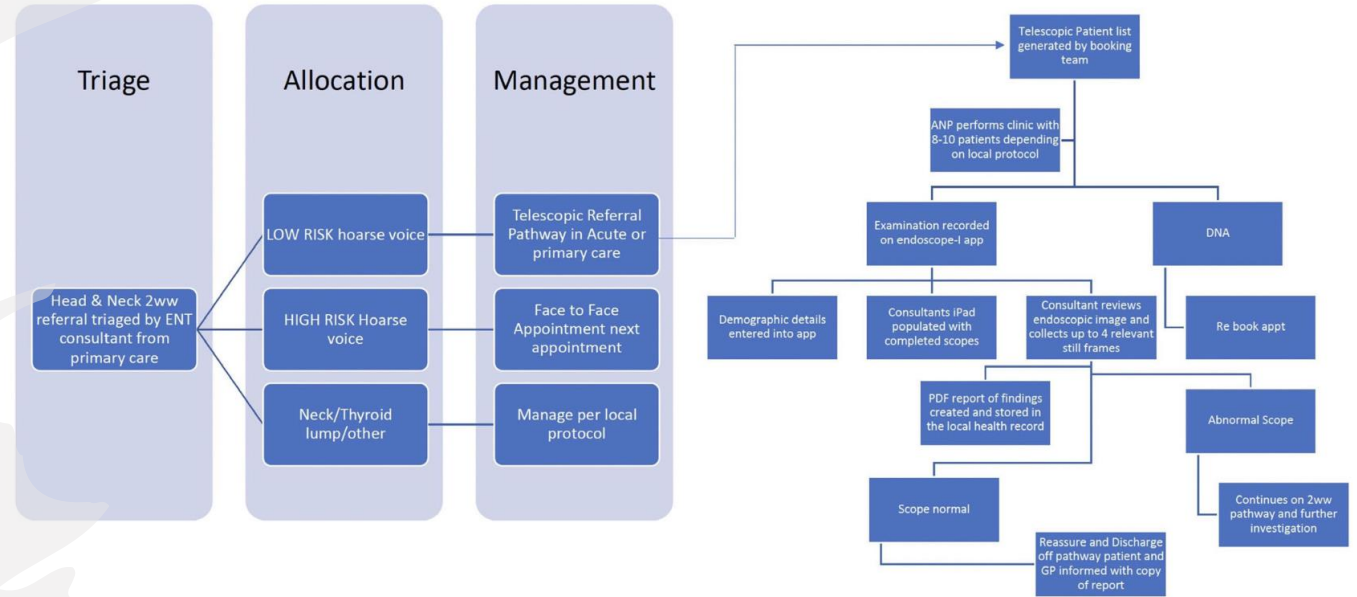


FIGURE 1 Summary of telescopic pathway



FIGURE 2 Demonstration of the equipment being used on the low-risk telescopic pathway

# Telescopic Referral

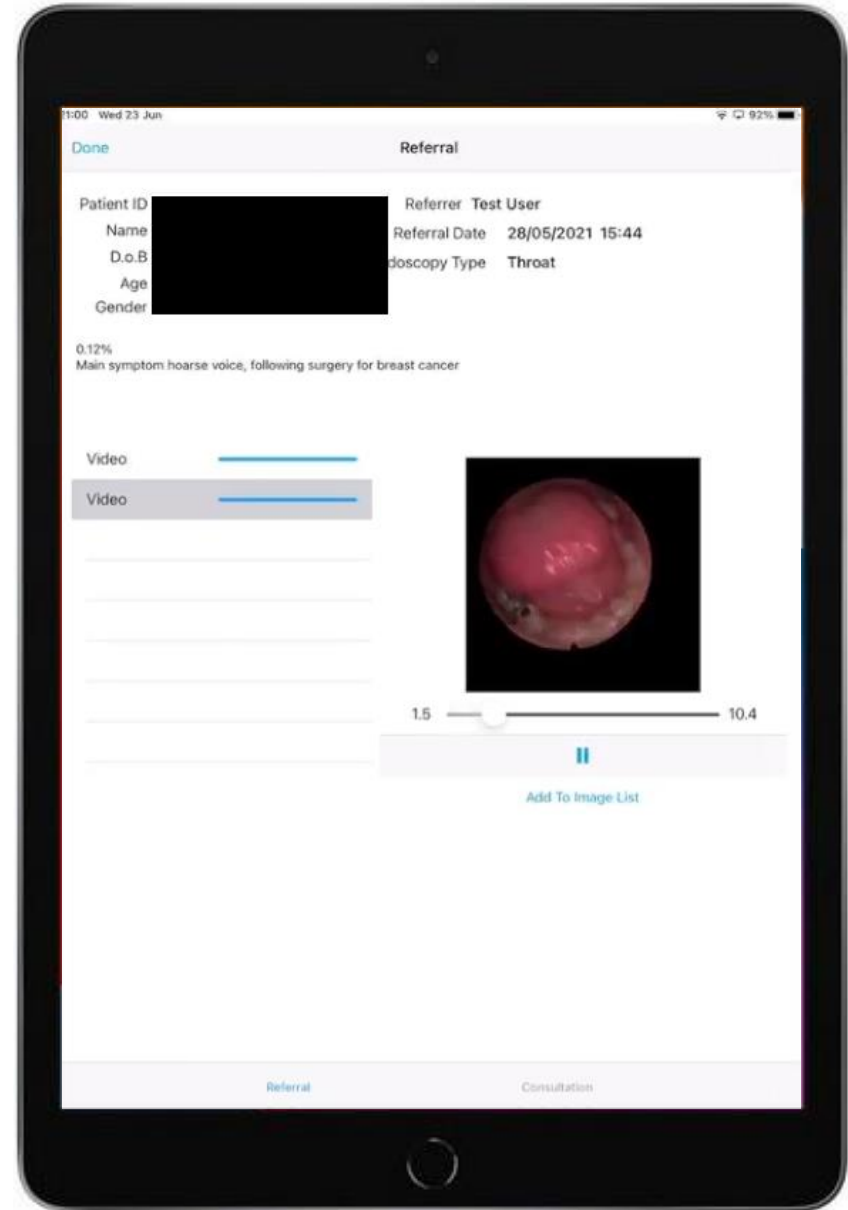


# The nurse process-8 minutes

- 5 minutes consent and history
- 2-3 minutes endoscopy

# The consultant process-6 minutes

- 1 minute video review
- 5 minutes report and sending to patient and medical record



# Our Story

- Informed of 'the call' 14<sup>th</sup> April 2021

## KEY DATES

**Competition Launch – 17 March**

**Deadline for applications – 21 April 2021 1pm**

**Shortlisting – May/June 2021**

**Contracts awarded – August 2021**



# Meet the brief!

- Streamline cancer diagnosis process
- Improve early detection of cancer



# A hectic 7 days!

- Team
- WMCA for support
- Registration on the Grant Tracker
- Clinical Partners
- Sub contractors
- Quotes
- Application form
- GANNT chart
- WTE Salaries
- Data and Statistics
- IP (existing and forward)
- PPIE
- Dissemination
- Device Regulations and Standards
- Meet SBRI team



# Application advice

Lead

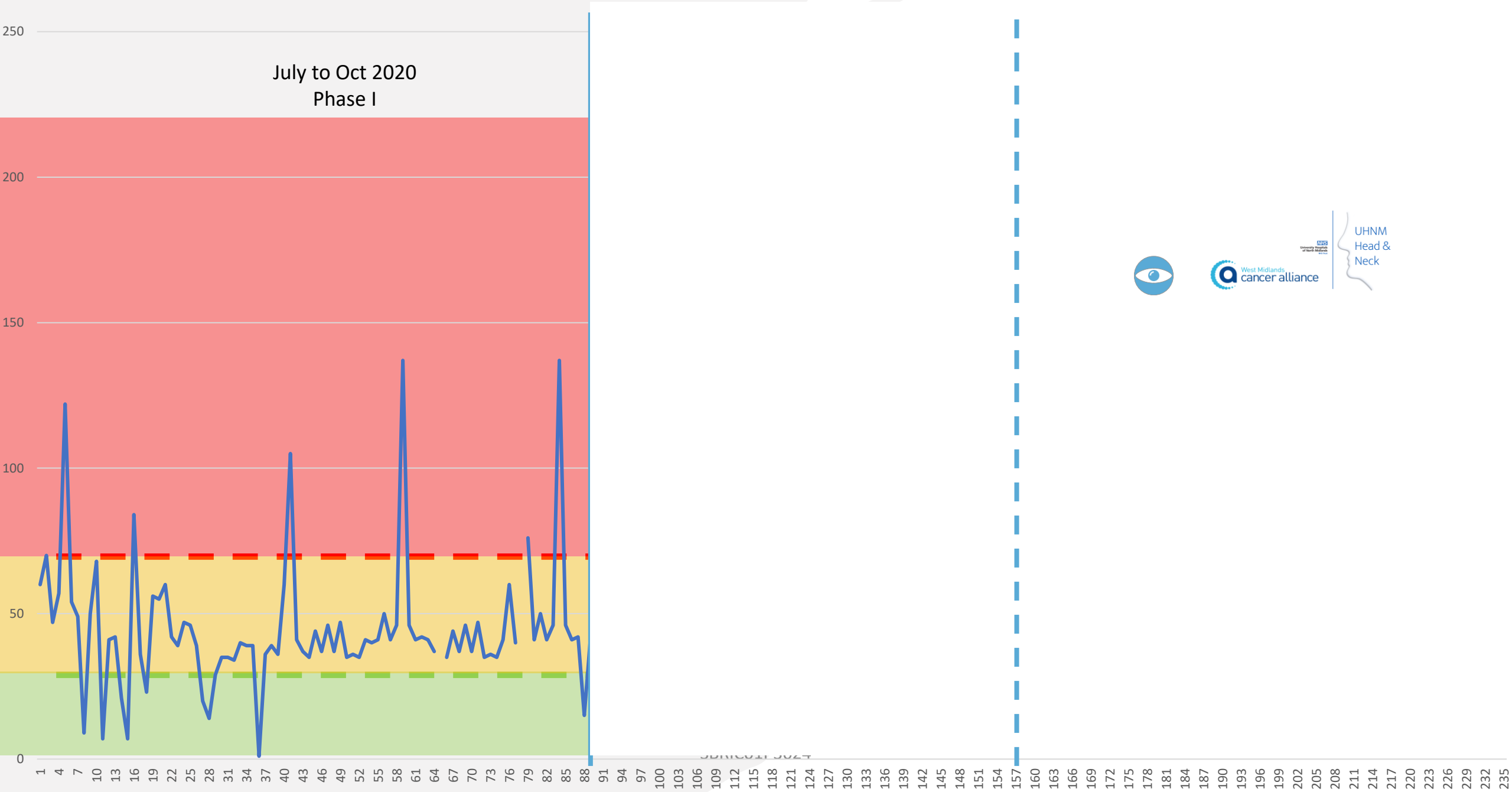
Delegate



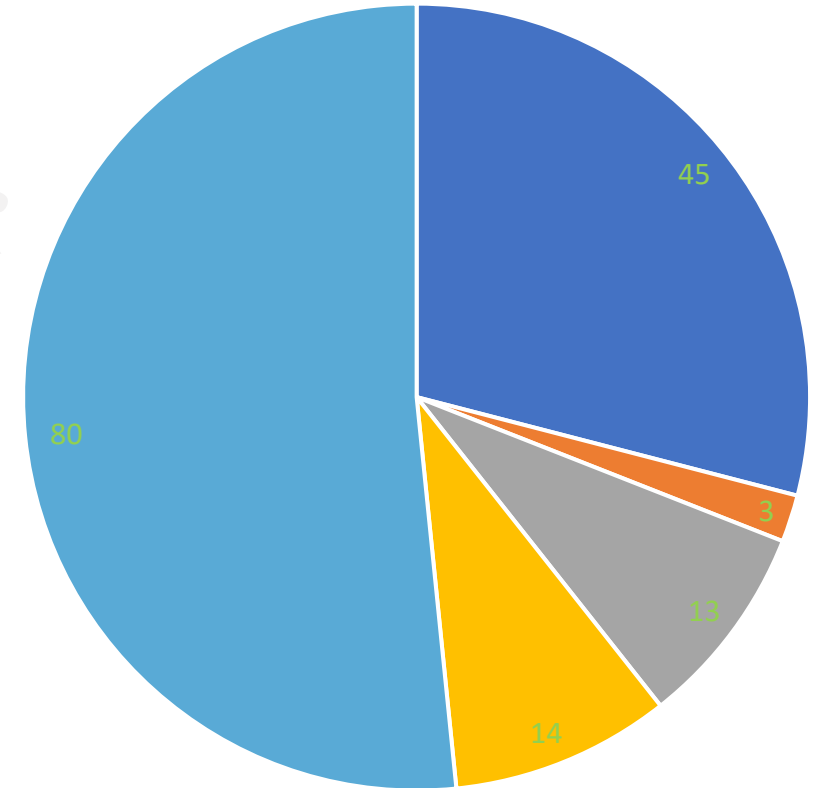
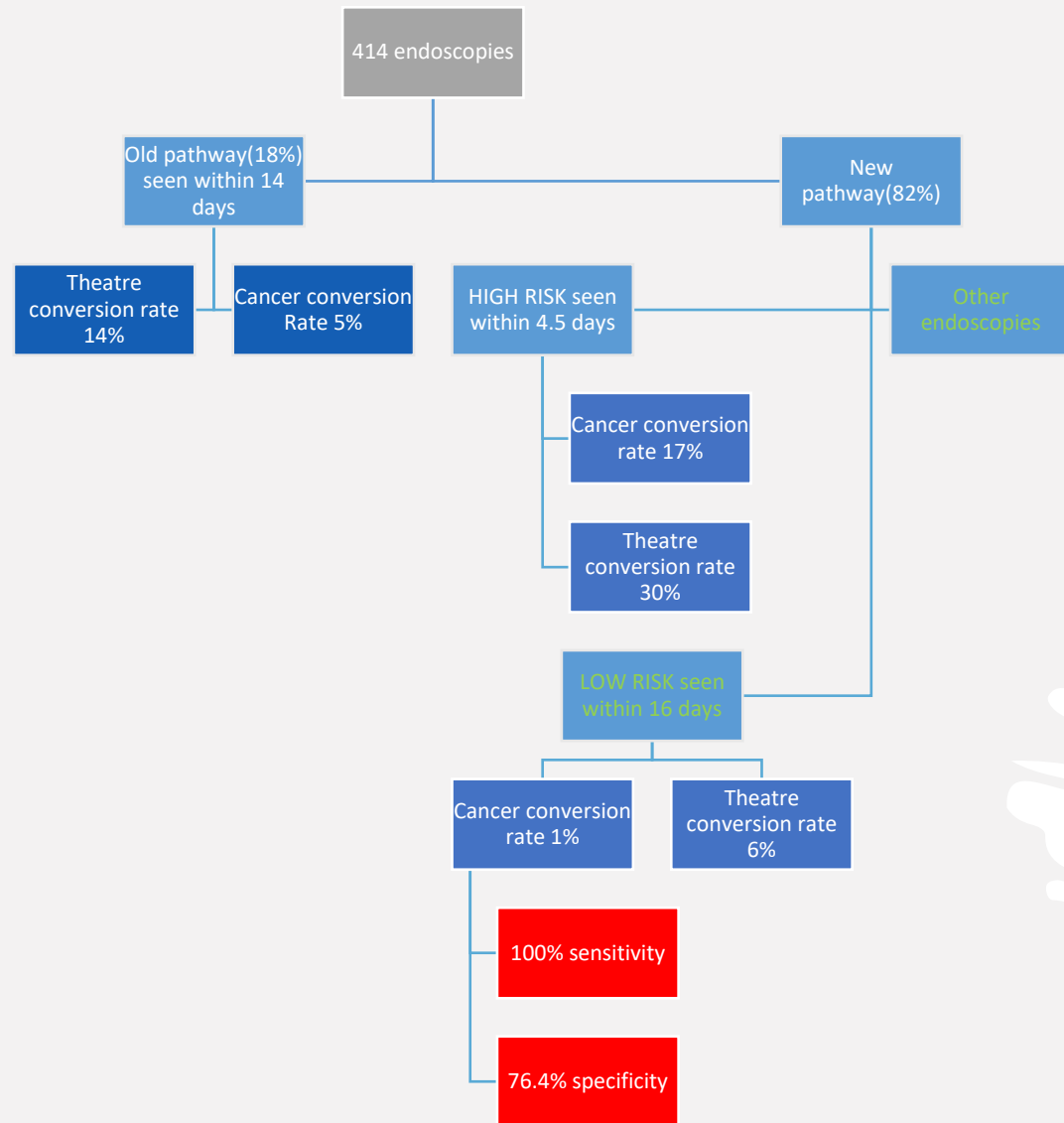
# Interview/Presentation

- Peer review
- Impact analysis
- Create a succinct presentation
- Use data well
- Practice and keep to time

# Referral to first appointment for LOW RISK patients



# Comparing the 'Old' and 'New' pathway



- Scope Post Scan
- OP FU
- Internal Ref non 2ww
- High Risk FU
- Telescopic Referrals

# Patient & public involvement

- Data analysis with PhD student
- Feedback designed with Head and Neck Charity and UHNM patient satisfaction team

The screenshot shows a survey page from IQVIA Connection Surveys. At the top right, it says 'University Hospitals of North Midlands NHS'. The survey title is 'ENT Telescopic Head and Neck Referrals Survey'. There is a small graphic of a survey form with a pencil and the text 'Survey Excellent Good Fair Poor'. The main text of the survey explains that the ENT department has been working to find new ways to handle increased numbers of GP referrals during the COVID-19 pandemic. It mentions that face-to-face consultations were difficult and that referrals were assessed as soon as possible. The survey also states that the department has introduced new features like mobile phone messaging and digital technologies to improve communication and efficiency. It asks for thoughtful responses to a short questionnaire to help improve the service. A 'Continue' button is visible at the bottom right.

The screenshot shows a Twitter profile for 'HeadCases' (@headcases2). The profile picture is a blue owl logo with the text 'The Head Cas'. The bio says 'North Staffordshire #HeadandNeckCancer Support Group.' The profile information includes 'Stoke-on-Trent, England', the website 'headcases-staffs.org.uk', and 'Joined July 2019'. It shows '327 Following' and '149 Followers'. A note at the bottom says 'Followed by PETNECK 2, UHNM Macmillan Support Centre, and 8 others you follow'.

# Due diligence

- Consolidation of whole process
- Sub contractors and clinical partner engagement
- Live document on cloud to share with PM



# Summary

- Meet the brief
- All rounder to lead
- Good data
- Practice
- Use your PM for advice
- Good luck!

# West Midlands AHSN



**Joanne Mewis**

**Digital Enterprise Lead Innovation & Commercial**

Joanne helps to deliver the WMAHSN Innovation and Commercial Digital portfolio, working across the West Midlands health and social care system supporting the development of a digital innovation pipeline.

She also help innovators to understand what the regional and national NHS challenges are and connect them to the help they need.

Working in partnership with the NHS, SMEs, Care Homes and universities to spread evidenced innovations at scale and pace, enabling the West Midlands healthcare system to take advantage of innovations that can help to save time, money and lives.

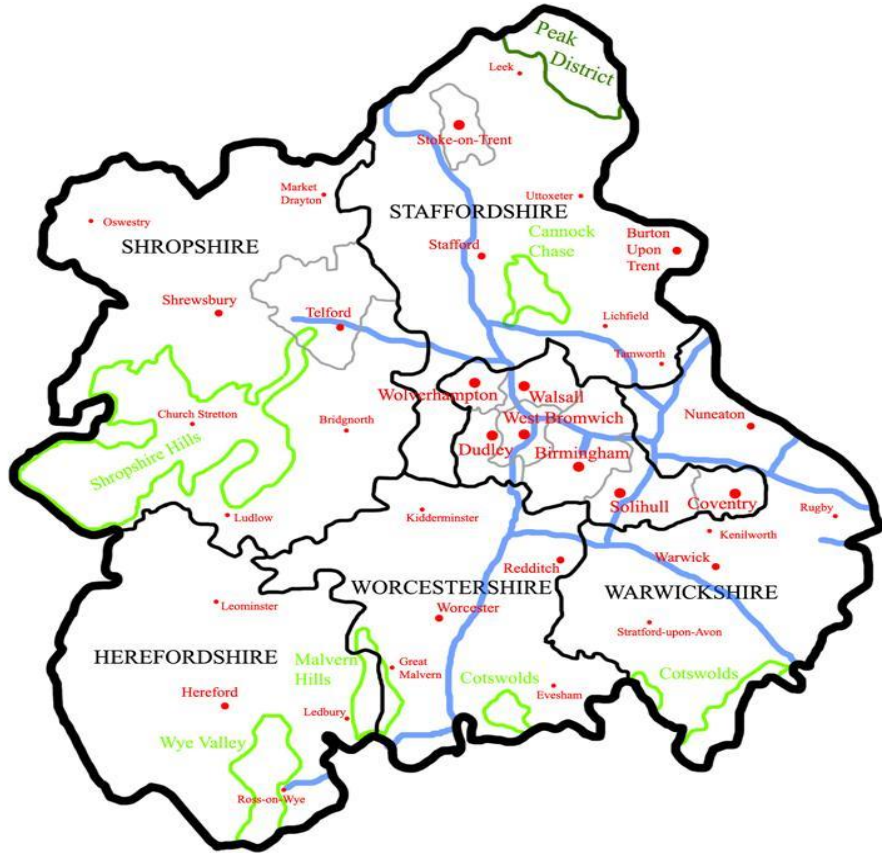


# West Midlands AHSN

Innovation and Commercial

**Joanne Mewis, Digital Enterprise Lead**  
Joanne.Mewis@wmahsn.org

# West Midlands AHSN



## WMAHSN Footprint

Extends across 13,000 square kilometers of a geographically diverse region.

## 6 Integrated Care Systems (ICS)

Supporting the transformation of the health of their local populations by implementing new models of care.

## Local Priority Areas

- Mental Health Resilience
- Medicines Optimisation and Management
- Cardiovascular Disease Prevention and Management (CVD)
- Patient Safety and Improvement
- Driving Digital Transformation

# The Journey ... so far



**Working together** for over 4 years.

**Pilot** with Staffordshire GPs leading to the publication of **peer reviewed paper** published March 2020.

**Celebrating success.** Safe Nasendoscopy assisted procedure (SNAP) winner of the WMAHSN Meridian Award for Special Focus on COVID 2021.

Using **Telescopic Referrals** to streamline and increase efficiency for managing the Head and Neck 2ww cancer pathway.

A **connected network**, working across WMAHSN, Eastern AHSN & Oxford AHSN.



# Our purpose & vision

## The innovation arm of the NHS.

- **Our purpose** – Transforming Lives through innovation
- **Our Vision** – is for the NHS to be a global leader in uptake of innovation. We seek to become the best adoption network in the world by:
  - Understanding needs
  - Building capability
  - Facilitating spread
- We support the **adoption and spread** of approved, innovative solutions into the health and care system.



We are **catalysts** for  
innovation

We **connect** partners  
across sectors

We **create** the right  
environment for change

We are **collaborators.**







# Our strength lies in our local and national focus

A **bridge** between national impact & local delivery

Embedded in our local systems, we can **work across sectors** to understand & respond to needs

A **connected network**, taking what works locally and spreading nationally

A **broker between the NHS & industry**, and a trusted partner to signpost to solutions

**TheAHSNNetwork**

# The AHSN approach

Our **continuing** mission is to find, develop and support healthcare **innovation.**



**Improving lives**



**Saving money**



**Driving economic growth**

# The **AHSN** Network

## Shared **AHSN** priorities



**Adoption & spread programmes**



**Delivery of Patient Safety Collaboratives**



**Delivery of SBRI Healthcare**



**Delivery of NHS Innovation Accelerator**



**Supporting uptake of products on  
Innovation Technology Payment (ITP)**



**Stimulating economic growth:  
the Innovation Exchange**



**Transforming digital health and  
maximising potential of AI**



**Working with researchers**



**Optimising use of medicines**

# The Innovation Exchange

**AHSNs support the regional 'import and export' of healthcare innovation through our Innovation Exchange.**

Four structured elements:

- 1. needs definition** –health system challenges
- 2. innovator support and signposting**
- 3. real world validation** – evaluation in real world settings
- 4. spread and adoption** of supported innovations



# Innovation Pathway



*The***AHSN***Network*



# Spreading healthcare innovations

Welcome to the AHSN Network Innovation Exchange – designed to help innovators understand what the NHS challenges are and connect you to the help you need.

The AHSNs are innovation brokers – we don't deliver all the support ourselves – but we can help you to connect and find the right assistance for you. By helping to understand NHS needs and navigate the system we aim to transform patient care and deliver economic growth.



*Over the past few years, support from the AHSN Network has proved absolutely critical in Hospify's success in becoming the first general-purpose messaging app to get approval from the NHS. We've really seen the AHSN Network cohere into a genuinely effective pathway for developing, honing, proving and accelerating technologies and delivering them to the point of use. We're not the only success story; we know of many others. Along the way we've met and built relationships with a whole range of incredible people who continually go the extra mile.*

*The***AHSN***Network*



Office for  
Life Sciences



# Bridging the Gap

Helping patients benefit from  
better products and services







# Cancer Alliance



## Mr Mark Dean

**Innovation Project Manager (Early Diagnosis) – West Yorkshire and Harrogate  
Cancer Alliance (WY&H CA)**

Mark has undertaken various role within clinical trials across all adult disease areas, including study visits, setup as well as contracting and costing before moving into Project Management across the West Yorkshire and Harrogate (WY&H) patch

Mark's focus has been around the further implementation of Pinpoint across Primary Care as well as rolling out newer project's namely GI Genius as well as being involved across the patch with the roll out of newer innovation's, all of whom have been recently successful within the WY&H CA Innovation Competition.



Mark Dean

Innovation Project Manager

West Yorkshire and Harrogate Cancer Alliance

24<sup>th</sup> Feb, 2022



- The West Yorkshire and Harrogate Cancer Alliance joins forces with innovators and clinicians to support the introduction of new technology and new ways of working which will help to support the delivery of cancer services during the Covid pandemic and beyond.
- There is a particular focus on improving early diagnosis through risk assessment and new diagnostic techniques.

***Adopting Innovative Practices:*** We encourage the adoption of innovative care practices, and new models of working, to deliver benefits to patients and to the wider cancer workforce.

- *Local Innovation Work Programme*

**Pinpoint** – WY & Harrogate working in partnership with PinPoint DataScience to embed a new pioneering blood test using AI to produce a calibrated probability that a patient has cancer. The test could rule out cancer for 500,000 people a year and revolutionise cancer testing techniques. Up to 20 per cent of people referred on a cancer pathway could be safely reassured and those who require care could access it more quickly.

The Alliance are moving towards meeting the threshold for cancers diagnosed (starting with breast) and bringing all trusts on board, as work progresses towards national deployment.

This approach has reinforced what we already knew - that local places and trusts want to work together with us to innovate and transform patient care.

**Delivery of the innovation pilots working with the AHSN** - Creation of a second wave and evaluation of concepts linked to Magseed, oncogeriatric clinics, targeted screening approaches and workforce innovations.

**Colon Capsule Endoscopy (CCE)** – WY & Harrogate are working with Medtronic to locally pilot the use of CCE in patients with a FIT score of <10 ug/gm who have been referred on an urgent cancer pathway due to concerning symptoms

- *National Innovation Work Programme*

The West Yorkshire and Harrogate Cancer Alliance Innovation Team links with the National Innovation Programme to bring nationally sponsored innovation projects into our area including.

- **Cytosponge** – WY&H Cancer Alliance working with Medtronic and NHSE Cytosponge Programme. Delivery of cytosponge in new indications such as Barratt's oesophagus.
- **Colon Capsule Endoscopy (CCE)** – As well as the local pilot, WY & Harrogate are working with Medtronic and NHS England CCE Programme for patients with a FIT score between 10-100 ug/gm

# Q&A

Please ask your questions via the  
Q&A box our speakers will answer  
live

NHS Cancer  
Programme

Open call for funding

February 2022



# Innovation Matchmaking Event for early detection of cancer

24<sup>th</sup> March 2022

[Click here to register](#)



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[@SBRIHealthcare](https://twitter.com/SBRIHealthcare)





# NHS Cancer Programme

Open call for funding

February 2022



# Thank you



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