SBRI HEALTHCARE

SBRI Healthcare – Competition 20

Health Inequalities in Maternity care
&
Autism and Learning Disabilities

Welcome to the Webinar,

We will start shortly

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The AHSN Network

NHS

Agenda

Time	Topic	Presenters
11:00 – 11:05	Welcome and introductions	Fanny Burrows
11:05 – 11:20	Introduction and overview of the SBRI Healthcare Programme and Competition 20	Rhanda Tajdeen
11:20 – 11:50	Autism and Learning Disabilities: Overview of the clinical challenges, Autistica, and the research landscape Health Inequalities in Maternity Care: Overview of the clinical and health inequality challenges – The pressures on neonatal services	Girish Vaidya, Amanda Roestorf, James Cusack and Ned Redmore Kelly Harvey
11:50 – 12:15	Clinical Q&A session	All
12:15 – 12:30	The AHSN Network Perinatal Pathways and Inequalities	Helen Hoyland Charlotte Burrows
12:30 – 12:35	The application and assessment process	Rhanda Tajdeen
12:35 – 12:55	Q&A session	All
12:55 – 13:00	Closing remarks	

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 sessions
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on SBRI Healthcare website next week
- For further enquiries: sbri@lgcgroup.com

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SBRI Healthcare Programme

Rhanda Tajdeen

Senior Programme Manager, SBRI PMO

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SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers.
- NHS England and NHS Improvement programme managed by LGC Group (since April 2019), supported by the Academic Health Science Network (AHSN)

Improve patient care

Increase efficiency in the NHS

Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need

Bring economic value and wealth creation opportunity to the UK economy

The Academic Health Science Network (AHSNs)

A connected 'Network of Networks'

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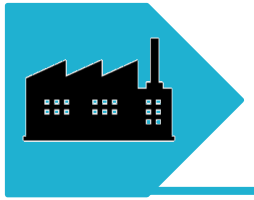
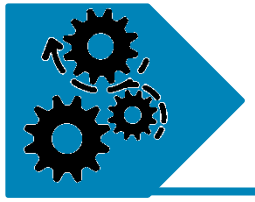
SBRI Healthcare – Key features

Themed competitions to address identified unmet NHS challenges



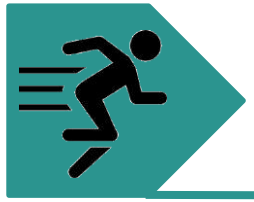
For any size organisation from the private, public and third sector (including charity)

- Particularly suitable for SMEs (covers 100% costs), but any size of businesses is eligible
- Other organisations are eligible as long as the route to market is demonstrated
- Based anywhere in Europe



Programme has a 2-phased development approach:

- Phase 1, feasibility project (6 months, up to £100K)
- Phase 2, development project (12 months, up to £800k)



Quick turnaround

SBRI Healthcare – Things to note

What we fund

- 100 % SME costs / incl. VAT
- Labour costs
- Material costs (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

- Light touch monitoring
- Risk-based approach
- Written reports and face-to-face meeting

SBRI Healthcare Portfolio

229+

supported

£108m+

Total invested

SBRI Healthcare Metrics

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74
Companies with commercial revenues

38
products exported

60
Companies with sales in the NHS

135
IP granted

1,483
jobs created/retained

£49m+
revenue generated

£300m+
Private investment leveraged

669
New collaborations established

>6.6m
patients involved through sales and trials

5,630
Sites accessed through trials of sales

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SBRI Healthcare – Portfolio

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Medical devices

open bionics

Digital Health

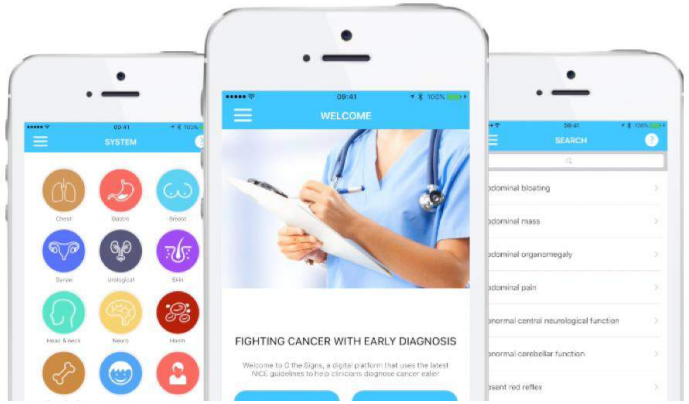
my mhealth

Diagnostics

OWLSTONE MEDICAL

Services

the signs



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SBRI 20 - Briefing

Autism and Learning Disabilities

Categories

- Early identification and diagnosis
- Health inequalities and access to care
- Access to effective support and services

SBRI 20 - Briefing

Health Inequalities in Maternity Care

Categories

- Perinatal Mental Health
- Support to Women post-discharge
- Risk identification, stratification, and intervention

SBRI Healthcare 20 - Competition Dates

Briefing: Autism & Learning Disabilities
Health Inequalities in Maternity care

SBRI 20 Launch	23 May 2022
Phase 1 deadline	06 July 2022
Assessment	July/August 2022
Selection Panel	September 2022
Contract award	October 2022

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SBRI Healthcare

Overview of the priorities
and challenges

Dr Girish Vaidya
Dr Amanda Roestorf
Dr James Cusack
Dr Ned Redmore
Mrs Kelly Harvey

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SBRI HEALTHCARE

Dr Girish Vaidya

Consultant Child and Adolescent Psychiatrist and Clinical Lead at Yorkshire and Humber Operational Delivery Network for Learning Disability and Autism

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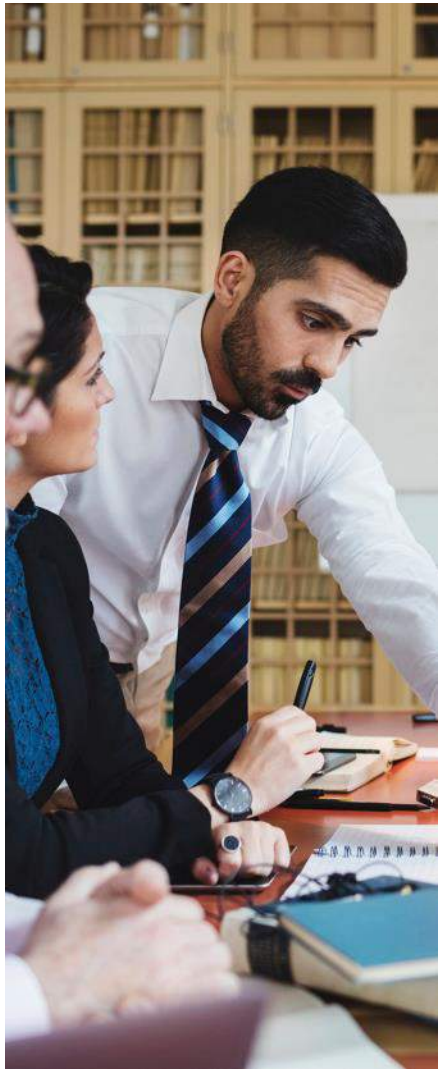
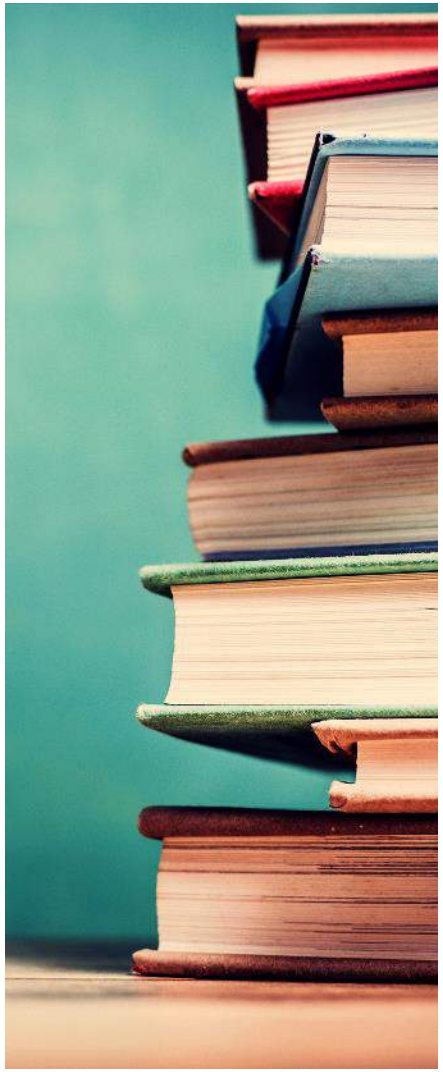
Autism and Learning Disabilities – *What does it mean?*

- Dr Girish Vaidya
- *MBBS, MD, MRCPsych, MSc (Healthcare Leadership)*

A bit about me

- Consultant Child and Adolescent Psychiatrist – 20 years
- Medicolegal Expert Witness ~ 20 years
- Past positions –
  - Clinical Director – Provider and Commissioning Services
  - Associate Medical Director
  - Clinical Lead – Clinical Networks for CYP MH
- Currently – Clinical Lead – ODN for Autism and Learning Disabilities
- Consultancy to healthcare companies trying to understand UK healthcare





What defines a disability / disorder?

What defines a disorder?

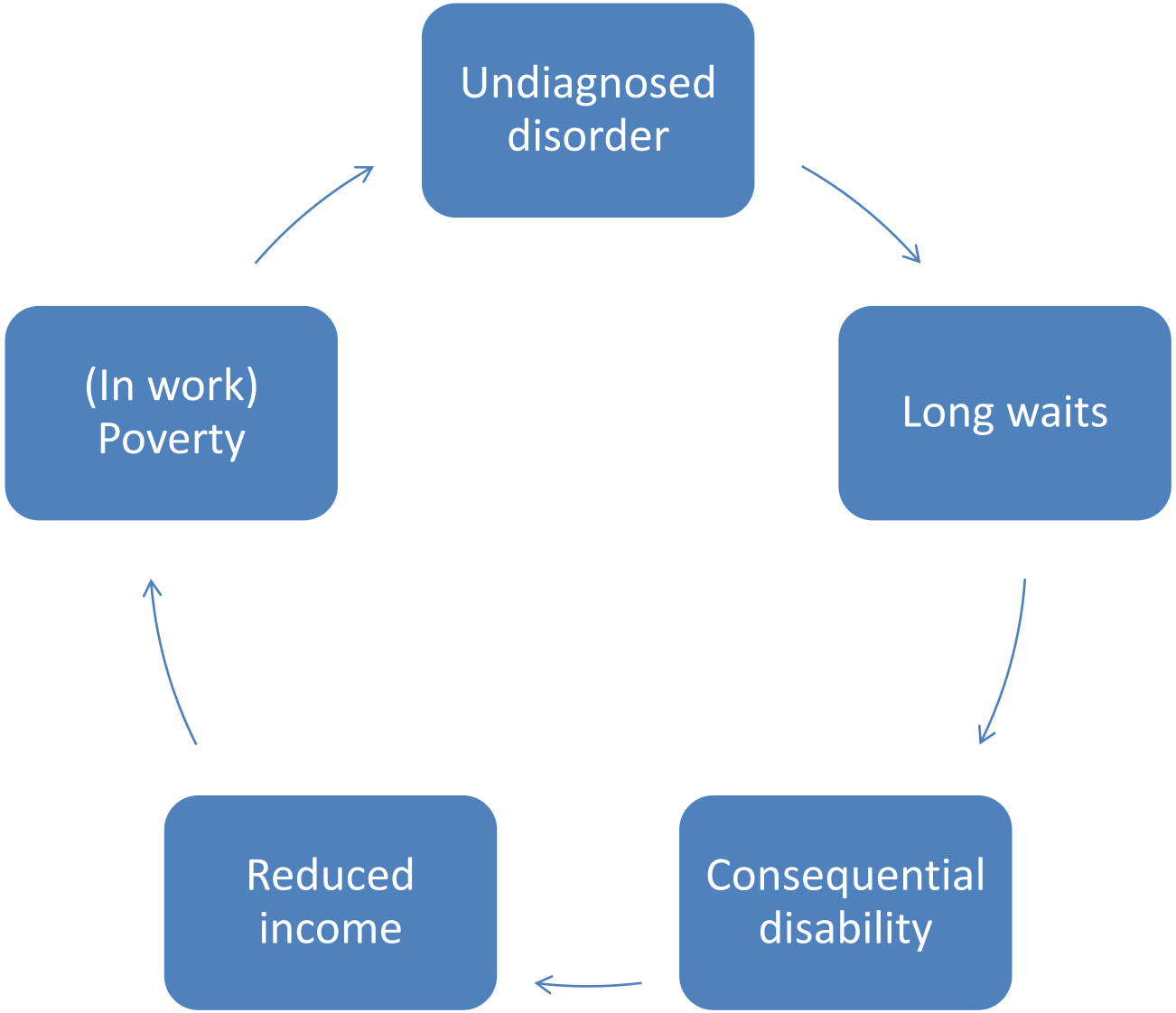
- Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function.
- Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

What defines a disorder?

- Handicap: A **disadvantage** for a given individual, resulting from an impairment or disability, that, limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.
- *Handicap is therefore a function of the relationships between disabled persons and their environment.*

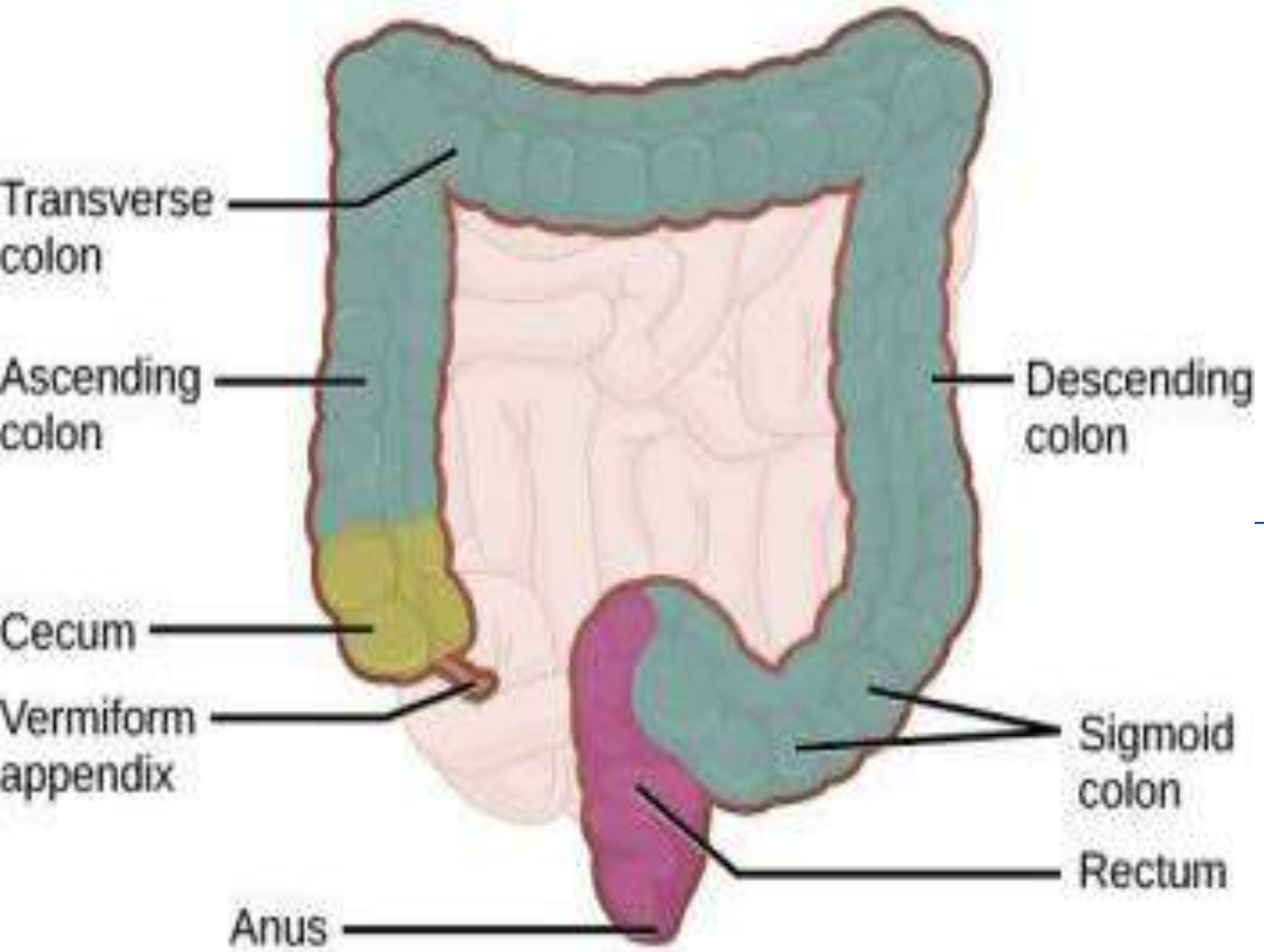
Challenges

- Early identification and diagnosis
- Inequalities – health ***is*** wealth
- Effective support and services – Consumer to contributor


Undiagnosed disorder
Long waits
Consequential disability
Reduced income
(In work) Poverty

Where do we need help?

- Hidden disability and consequential disadvantage
- Longer term consequences of poor health
- From siloes to solutions



Constipation

- Common problem in those with learning disabilities
- Severe pain misinterpreted as ‘behaviour’
- Multiple medications with consequential side-effects
- *Potential solution?*

Dental problems

- Common problem in those with learning disabilities
- Severe pain misinterpreted as ‘behaviour’
- Multiple medications with consequential side-effects
- *Potential solution?*

Recognising emotions

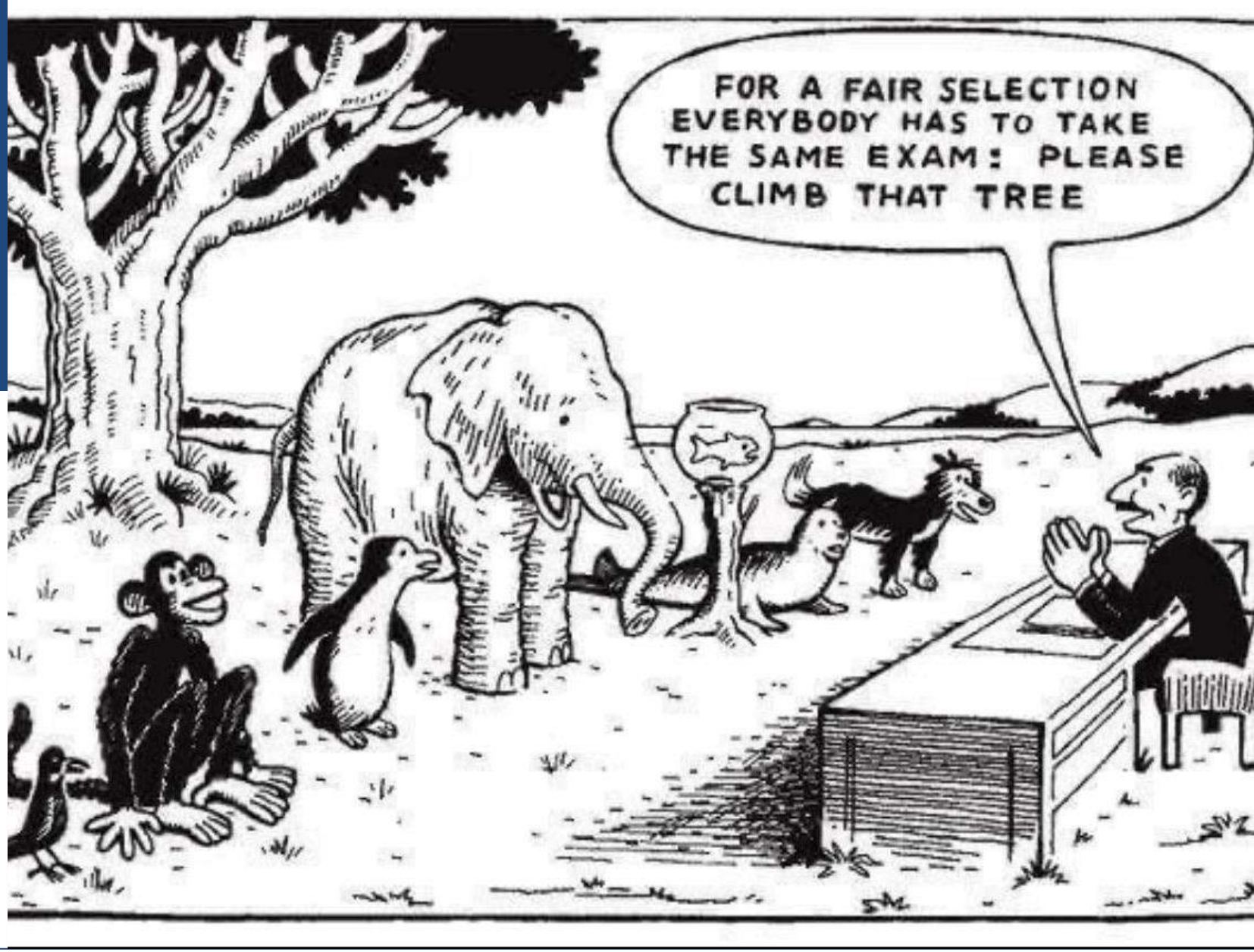
- Common problem in autistic people
- Misinterpreted as ‘behaviour’
- Social isolation / mental health problems
- *Potential solution?*

Health *is* Wealth

- Intergenerational adversity
- Social capital wasted
- Human potential squandered

Any Questions

- girish.vaidya1@nhs.net
- @DrGirishPsych
- LinkedIn



Dr Amanda Roestorf, Head of Research, Autistica

Amanda joined Autistica in January 2022 as Head of Research to lead the research for Autistica's 2030 Goals. As a longstanding advocate of Autistica's vision, Amanda has contributed, both directly and indirectly, to work that continues to address the autistic community's priorities and shape autism research in the UK and globally. Amanda has a PhD in psychology, with a focus on ageing and wellbeing in autistic adults. She is a champion of inclusive research and practice that embraces equality and diversity to create evidence-based solutions that address inequalities in the health and wellbeing of autistic people. Amanda has a previous international career in industry, that brings a unique combination of experience and expertise to shape, develop, implement and measure the impact and success of research programmes that integrate industry and science.

You can contact Amanda at: Amanda.Roestorf@autistica.org.uk

Dr James Cusack, CEO, Autistica

James Cusack is the chief executive of Autistica (the UK's leading autism research and campaigning charity). In his time at Autistica he has established autism and autism research as national priorities, supported research programmes that can address the shocking inequalities which autistic people face and most recently unveiled ambitious goals that aim to transform the future of autistic people by 2030. Before joining Autistica, James was based in Aberdeen where he had a successful career working in autism research, worked directly with autistic people, and was diagnosed with autism as a child.

You can contact James at: James.Cusack@autistica.org.uk

Dr Ned Redmore, Research & Partnerships Manager, Autistica

Ned has a research background that focuses on the inclusion of autistic people with profound learning disabilities within social and academic contexts. His PhD examined how people from this group contribute to the service cultures that they are part of, and how they can have a greater say within research. A subsequent research project explored the impact of the Covid-19 pandemic on autism and learning disability services, while another examined the impact of inclusive arts on children with complex needs and their families. In the decade prior to his research endeavours, Ned worked with autistic adults with and without learning disabilities within a variety of community settings. At Autistica, Ned manages funding calls, partnerships, and their relevant procedures.

autistica

Making more
of a difference

SBRI Healthcare briefing: Autism and Learning Disabilities

Dr James Cusack | CEO
Dr Amanda Roestorf | Head of Research
Dr Ned Redmore | Research & Partnerships Manager

Autistica is the UK's leading autism research and campaigning charity.

Our vision is a world where every autistic person lives a happy, healthy, long life.

Our mission is to enable breakthroughs that make that happen by funding research, shaping policy and working with autistic people to make more of a difference.

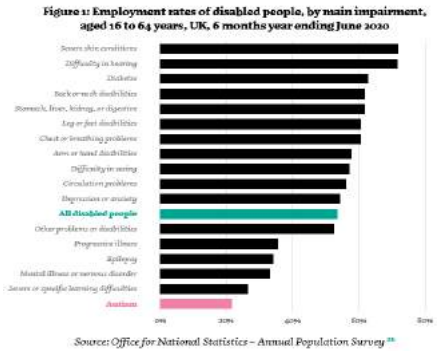
What is Autism?

Autism is a lifelong neurodevelopmental condition. Autistic people perceive and understand the world differently.

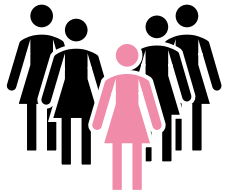
- Around **one million** people in the UK are autistic. That is 1 in 67 people.

- Every autistic person is **different**. Some autistic people can learn, live and work independently while many others require specialist support.

40x
more likely
to die from epilepsy



One of the worst employment rates of any disabled group



~1 in 5 of women/girls in eating disorder services

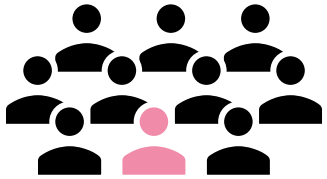
16-25%

of children who died by suicide during the pandemic

16 years lower
average life expectancy

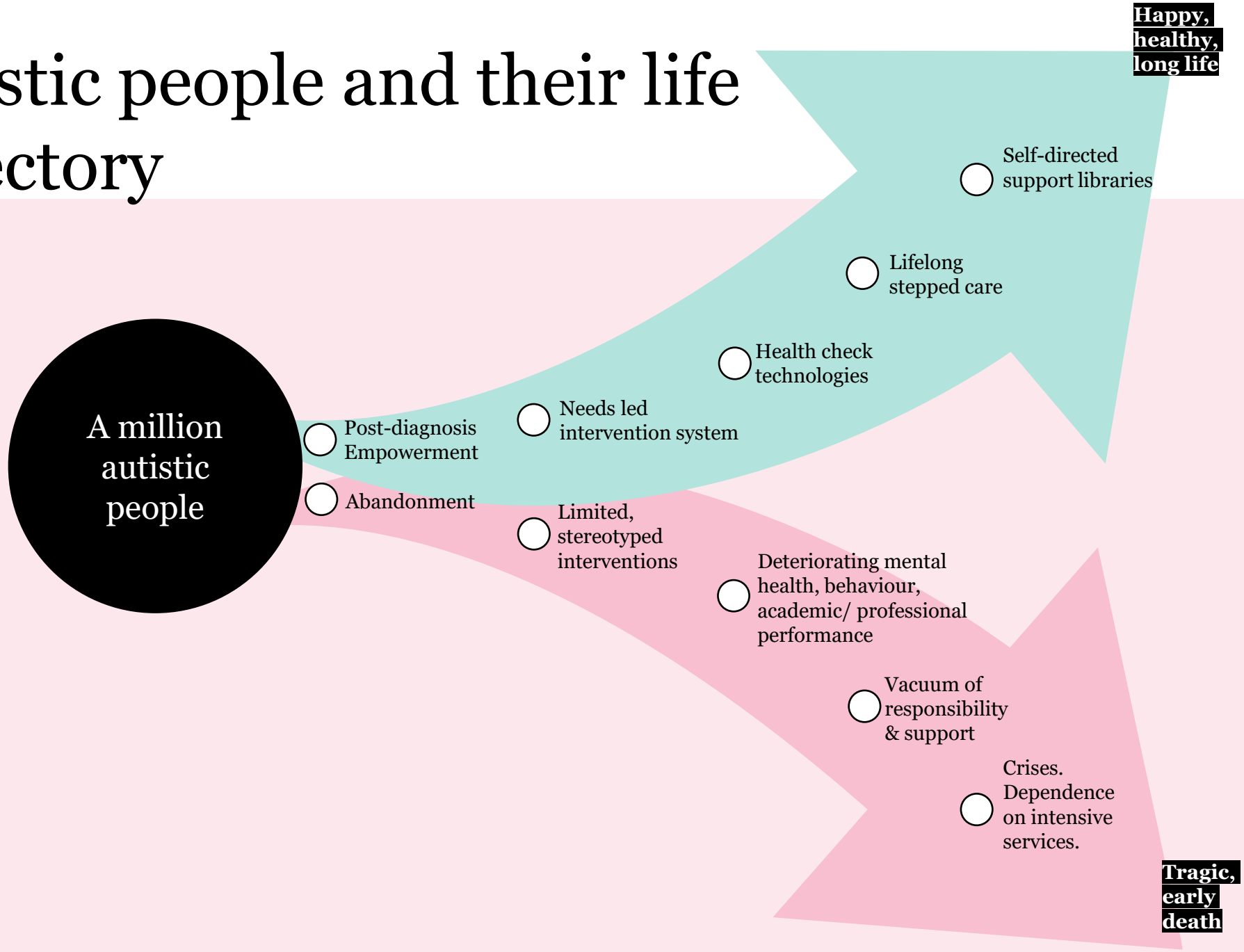
79%

experience mental health problems



1 in 10 of people who die by suicide

Autistic people and their life trajectory



Autistica's 2030 Goals

How we work

We are globally unique. We have built a globally unique reputation for

- Working directly with autistic people and families.
- Being a trusted adviser for the government
- For developing world-class innovative research and policy solutions
- Thinking about and delivering change

It is time to raise our ambitions. It is time to deliver a decade of change for autistic people.

Research: How we work

Identify the problems
We work with autistic people to identify the issues they face and set the agenda for change.

Find the solutions
We fund ground-breaking research to prove what works and what doesn't.

Change Lives
We advise and influence key partners to implement proven solutions that change autistic people's lives.

Research innovation is a staged approach to:

- Defining the problem and broader landscape of influencing factors
- Ideation of potential solutions in partnership with key stakeholders
- Scoping, prototyping and testing solutions
- Refining and iterating to achieve world-leading evidence-based and practical solutions
- Deliver impact and scale

We identify problems, find solutions, then advise and influence key partners who can implement change.

How we prioritise our work

Goal 1	By 2030 all autistic people will have proven support from day one
Goal 2	By 2030 the employment rate for autistic people will double
Goal 3	By 2030 autistic people will have proven treatments for anxiety
Goal 4	By 2030 public spaces will be more accessible for neurodivergent people
Goal 5	By 2030 every autistic adult will be offered a yearly, tailored health check
Goal 6	By 2030 attitudes to autistic people will change

Example innovations and technologies

Newly diagnosed support app

App to complement post-diagnostic support programmes

Health check technologies

Digital solutions that enable regular assessments of autistic people's physical and mental health, as well as subsequent support or treatments

Peer and community tips, information and support

Informative and user-led technologies that provide practical and useful everyday tips for the autism community

Self-directed support libraries

Therapeutic tools that autistic people/families can use without public services

Thank you and questions

Enquiries: info@autistica.org.uk

References

1. Autistica 2030 Goals https://www.autistica.org.uk/about-us/2030
2. Autistica (2019). Building Happier Healthier Longer Lives: Briefings to improve autism policy and research. autistica.org.uk/downloads/files/Building-Happier-Healthier-Longer-Lives-The-Autistica-Action-Briefings-2019.pdf
3. Autistica (2021). The Autistica Support Plan. autistica.org.uk/downloads/files/Autistica-Support-Plan.pdf
4. ONS (2021). Outcomes for disabled people in the UK: 2020. ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#employment
5. NCMD (2021). Suicide in Children and Young People: National Child Mortality Database Programme Thematic Report. ncmd.info/wp-content/uploads/2021/11/NCMD-Suicide-in-Children-and-Young-People-Report.pdf
6. NCMD (2020). Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance. ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf

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Mrs Kelly Harvey

Senior Lead Nurse and Advanced Neonatal Nurse Practitioner at the North West Neonatal Operational Delivery Network, Alder Hey NHS Foundation Trust

Kelly has 20 years' experience as a neonatal nurse, educator, manager and advanced nurse practitioner. She is a member of the National Neonatal Nurses Association Executive committee and was the neonatal nursing advisor for the National Neonatal GIRFT (Get It Right First Time) project.

Kelly is committed to improving the family experience of neonatal services and ensuring the voice of the neonatal voice is heard.

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NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK

Health Inequalities in Maternity Care

Kelly Harvey 24/5/22

Working together to provide the highest standard of care for babies and families

National Focus on Maternity care

BETTER BIRTHS

Improving outcomes of maternity services in England

Locked out: the impact of COVID-19 on neonatal care

Bliss
for babies born premature or sick

Implementing the Recommendations of the Neonatal Critical Care Transformation Review

National Patient Safety Improvement Programmes

NHS

Delivered by: TheAHSNNetwork

Led by: NHS England NHS Improvement

www.improvement.nhs.uk

NHS England and NHS Improvement

MBRRACE-UK

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

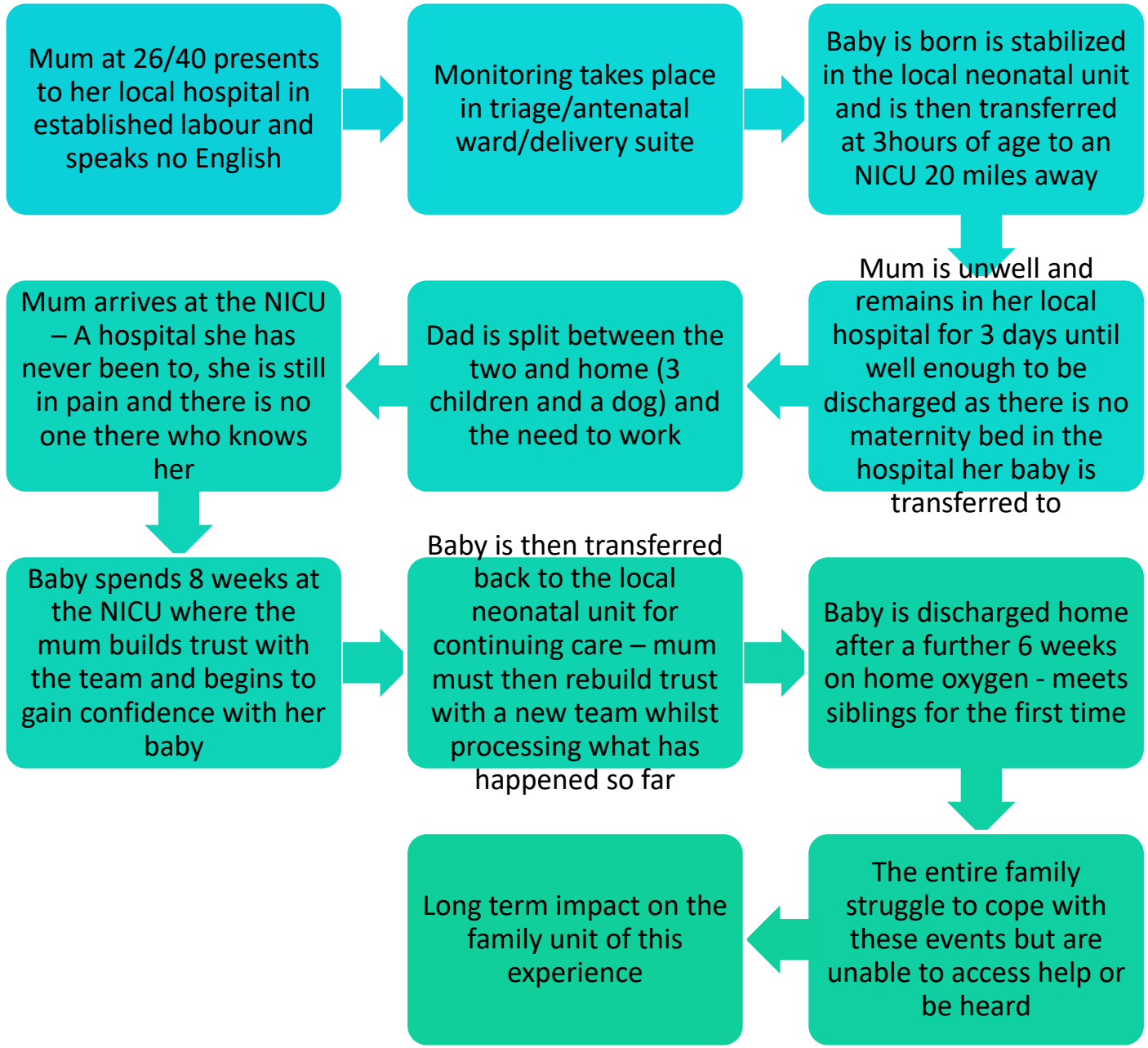
Department of Health & Social Care

Independent report

Ockenden review: summary of findings, conclusions and essential actions

Published 30 March 2022

A Neonatal Journey



Impact

“People don’t understand unless they’ve been there – they don’t really understand what it all means.
You think your baby’s going to die. Every time the monitor beeps you think it might be now.
You’re expecting the worst all the time.”

(Dad)

What matters: Continuity

Maternity: Neonatal

"My baby first went onto (LNU) neonatal and then transferred to (NICU) due to HIE and needing to be cooled - nobody told me what HIE was I had to google search.

I was not included in the ward rounds, I was unwell still at (DGH) and had to make my own calls to (NICU) to check if baby was alive still and ask how often he was having seizures etc nobody communicated this."

Between NNUs

"All units work so different so would be good to have maybe someone there to explain the unit to new parents, how things work etc. as on arrival it was very scary arriving from an ambulance and just being left to work out what we could and couldn't do." (Mum)

Acute: Community

"Although going through the experience at the time was very stressful and full of anxiety, I feel as though the full impact of the events over the course of my pregnancy and then of our stay on the units only really hit me when I was home and had time to digest what had happened." (Mum)

What matters: Communication

Talk

"Better communication between maternity and neonatal. For example, the night shift midwife always told me to just go down and ask as she didn't know anything. I had to beg her to ring for me on one occasion as no one had contacted me to feed him over 6 hours (breastfed) and when I had gone down, they had sent me away."

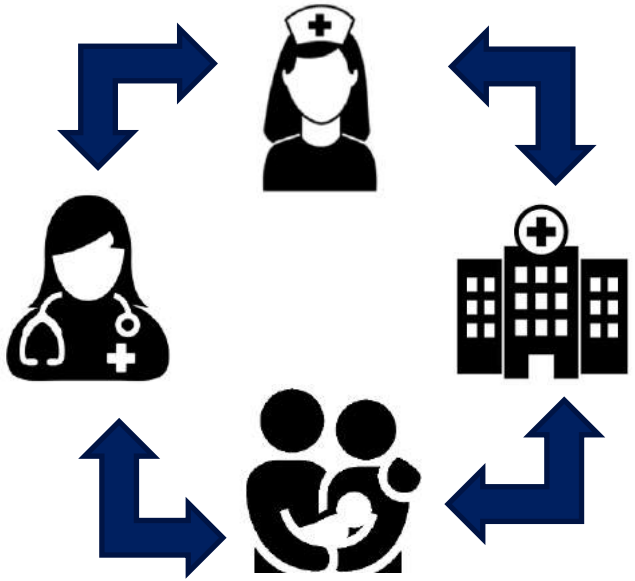
Explain

"My biggest issue was not having things explained to me. My husband had a tour of the NICU whilst I was in the delivery suite but I'd never seen anything until I met my daughter for the first time. No one explained the beeps, noises, wires etc and so I was just left feeling overwhelmed and scared."

Give information

"I don't think there is anywhere near enough information on premature births during pregnancy, nobody hopes for that but you should be given some information into it and made aware it's a possibility"

What matters: Communication



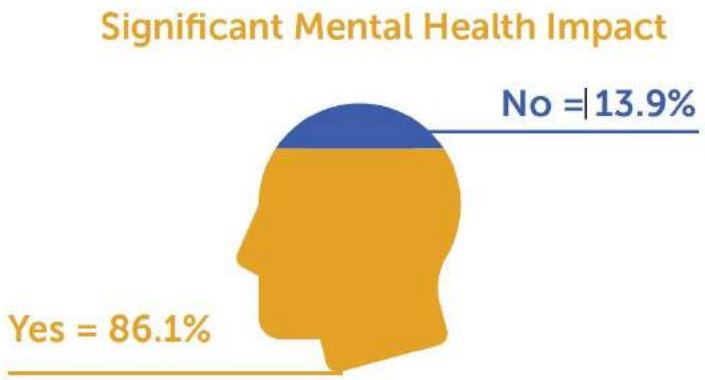
Between families, professionals, teams, hospitals

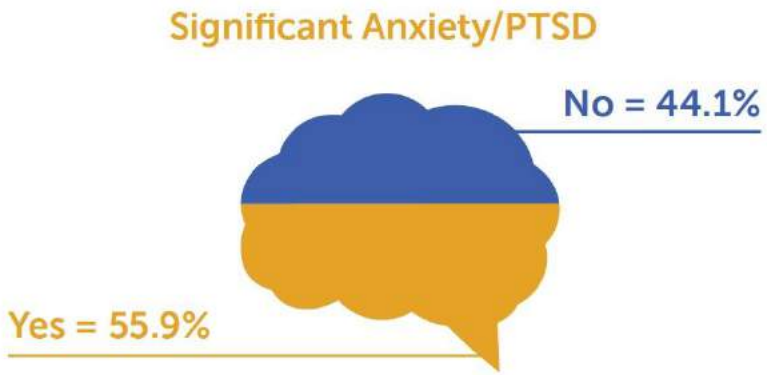
”We were not fully informed that our baby was going to be under the lamps or have tubes around him in an incubator when he was transferred from my ward to (LNU) neonatal so then had a shock when we went downstairs.

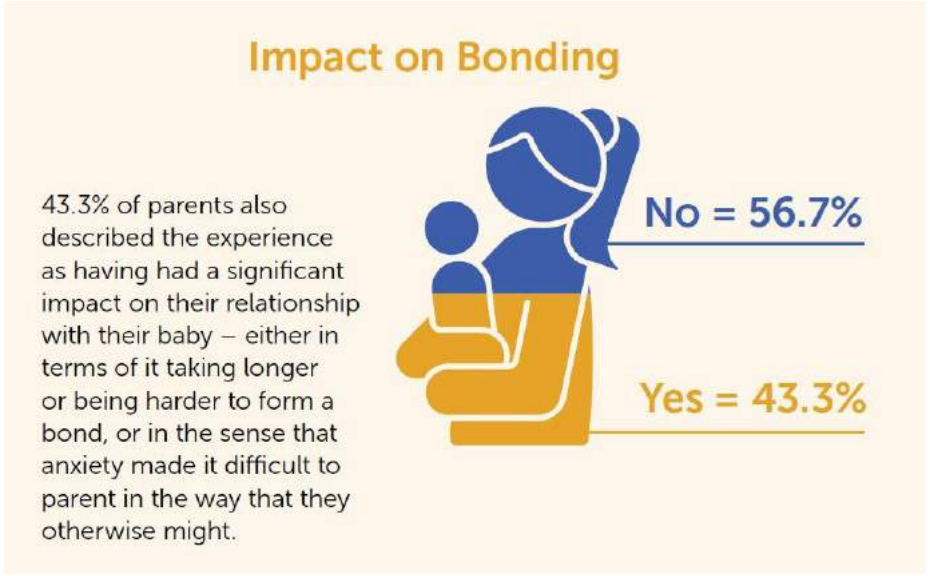
Then 2 days later he had to be transferred to (NICU). In terms of emotional support I felt I was lost in the system when our baby was transferred to a different hospital.”

Impact

https://www.neonatalnetwork.co.uk/nwnodn//wp-content/uploads/2021/08/NFaST-Evaluation-Report_FINAL.pdf







Impact

"I think it's an extremely isolating experience and I haven't recovered from it."

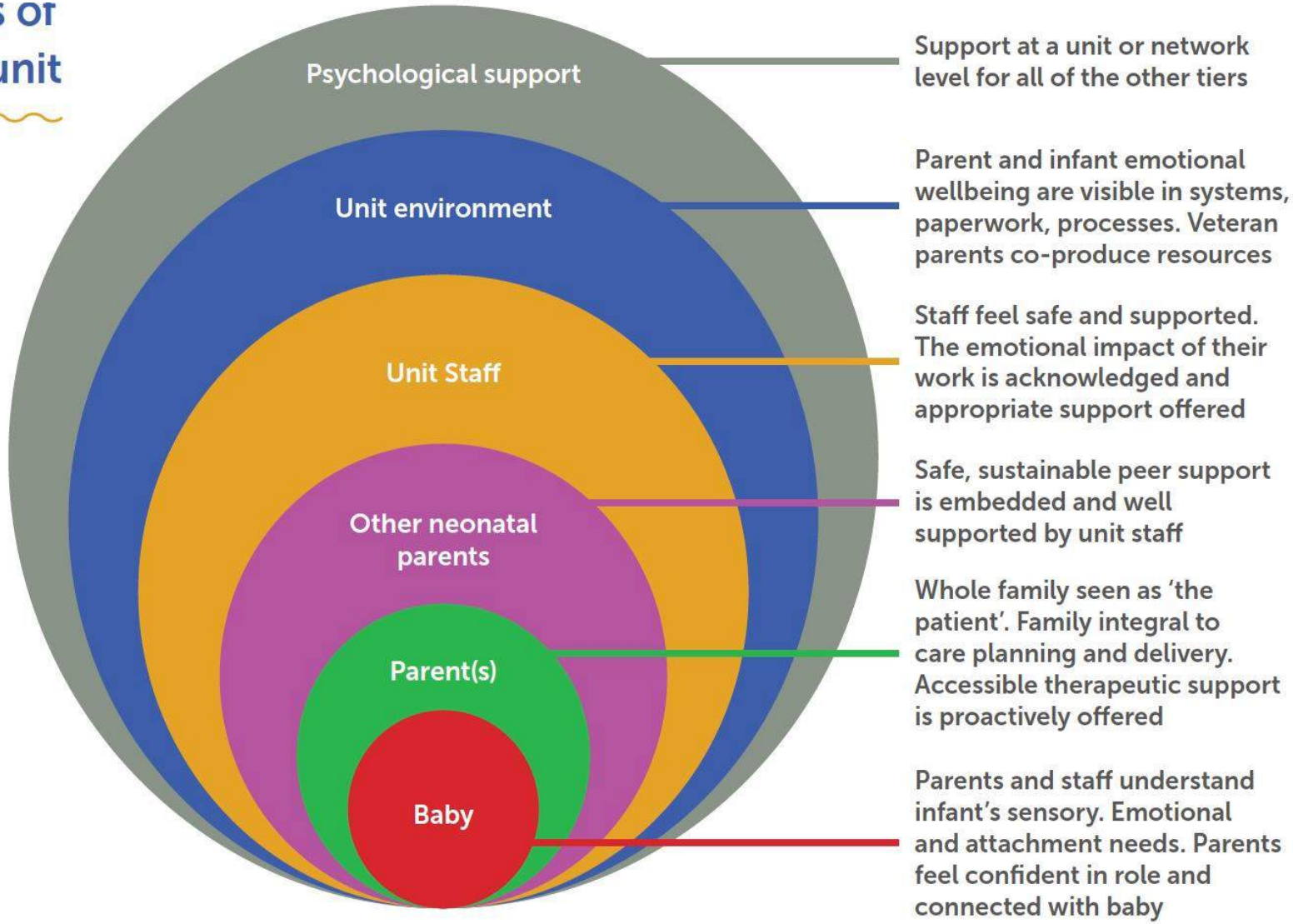
"Still feeling repercussions today over four years later"

"It destroyed my mental health"

"I have PTSD and Severe Anxiety which I am medicated for and I'm awaiting trauma therapy"

Need for change in culture and systems

tures of
thy unit



Support at a unit or network level for all of the other tiers

Parent and infant emotional wellbeing are visible in systems, paperwork, processes. Veteran parents co-produce resources

Staff feel safe and supported. The emotional impact of their work is acknowledged and appropriate support offered

Safe, sustainable peer support is embedded and well supported by unit staff

Whole family seen as 'the patient'. Family integral to care planning and delivery. Accessible therapeutic support is proactively offered

Parents and staff understand infant's sensory. Emotional and attachment needs. Parents feel confident in role and connected with baby

Health Inequalities

Maternity and Neonatal Care

- Ethnic Minorities
- Social Deprivation
- Underlying co-morbidities
- Education

What do women and families need?

Ask them	• Feedback • Forums for Health Care Professionals to listen
Information	• Accessible format for all • Appropriate content
Access to informed and knowledgeable staff	• Education • Continuity
Recognition	• Risk identification • Personalised care
Support	• Peer support • Communication

Any questions?

SBRI HEALTHCARE

Competition 20

Autism and Learning Disability
&
Health Inequalities in Maternity care

Challenge & Experts Q&A session

Please use the Q&A box, we will answer you via the chat box and Live

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The AHSN Network

NHS

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Helen Hoyland

Helen is Programme Lead of Innovation & Relationship at the Yorkshire & Humber AHSN. Helen is responsible for developing and sustaining strategic partnerships with NHS leaders, academia, large industry, national and regional scientific and academic bodies and collaborative programmes, such as digital transformation and service redesign. These relationships translate into collaborative large scale innovation programmes, collaborative multi agency funding awards for research and innovation and inform place based and regional digital and innovation strategies across three Integrated Care System. Helen leads a team who support SMEs and innovators and NHS organisations to support rapid testing, adoption and scale of innovations. The AHSN has three flagship accelerator programmes including Propel@ YH and Digital North.

Prior to joining the AHSN Helen was Strategic Engagement lead for Nutricia Medical, part of the Danone Group, and national programme lead for Research and Innovation at NHS England

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Charlotte Burrows

Charlotte is Programme Director, Design at the South West AHSN and leads the Health Equity Strategy.

Charlotte is passionate about social innovation, service design and system change. She has held roles both leading service innovations and business development. She has a particular interest in how to improve people's involvement in the design, and delivery of services.

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Yorkshire & Humber AHSN

Transforming Lives Through Innovation

The AHSN's role in supporting SBRI

Helen Hoyland
Enterprise and Relationships Lead
Y&H AHSN

Part of The AHSN Network

The **AHSN** *Network*

AHSNs have complete coverage of England and operate as the ‘Innovation Arm’ of the NHS

The AHSN's Role

Improving Health

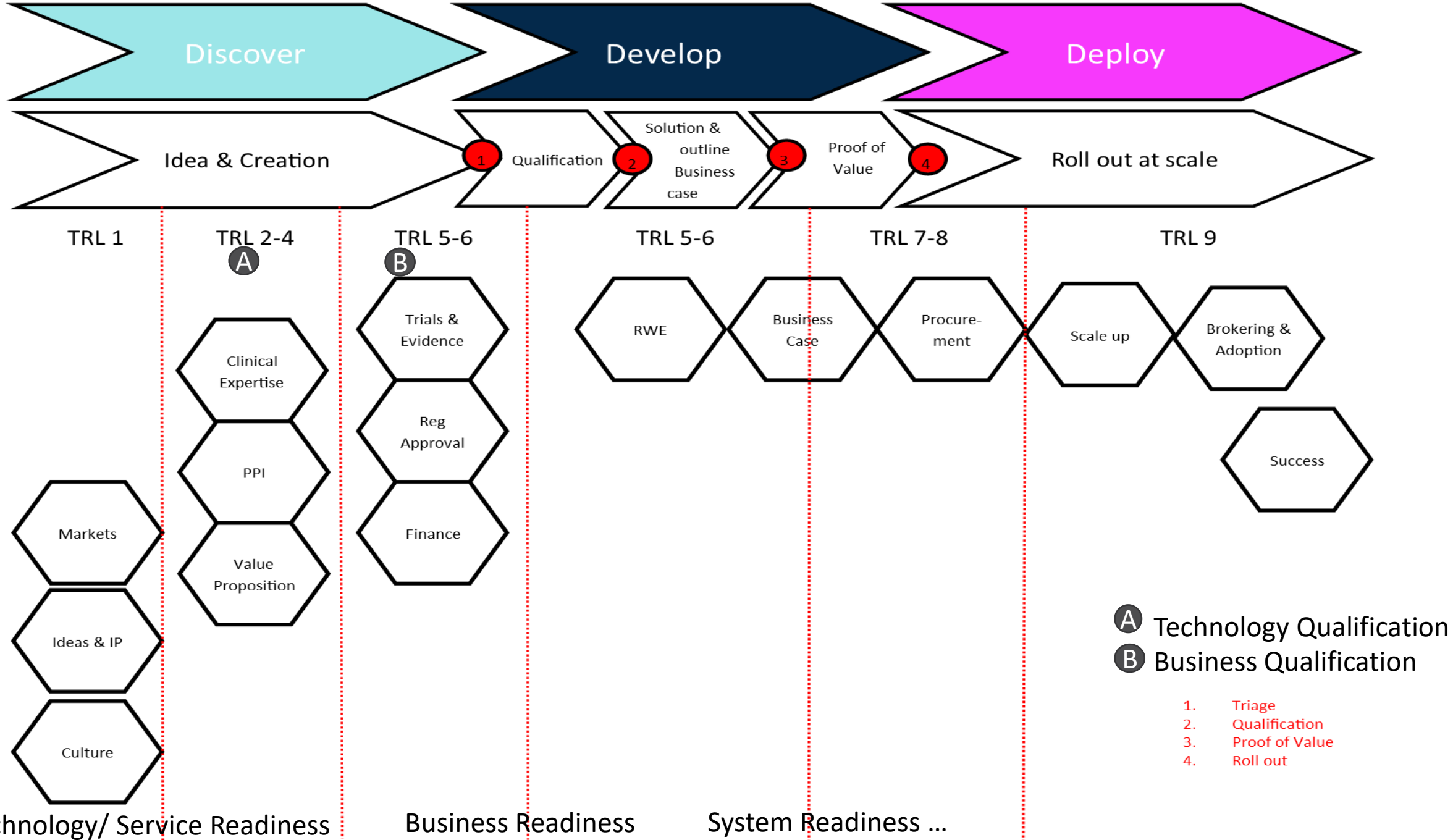
Reducing costs for the NHS

Driving growth and securing jobs

Yorkshire & Humber AHSN

The Innovation Pathway

The AHSN Network


Discover
Develop
Deploy
Idea & Creation
1
Qualification
2
Solution & outline Business case
3
Proof of Value
4
Roll out at scale
TRL 1
TRL 2-4
TRL 5-6
TRL 5-6
TRL 7-8
TRL 9
A
B
Trials & Evidence
Clinical Expertise
Reg Approval
PPI
Finance
Value Proposition
Markets
Ideas & IP
Culture
RWE
Business Case
Procure-ment
Scale up
Brokering & Adoption
Success
A Technology Qualification
B Business Qualification
1. Triage
2. Qualification
3. Proof of Value
4. Roll out
Technology/ Service Readiness
Business Readiness
System Readiness …

Working with AHSNs

Identifying and understanding unmet needs

Identifying potential solutions with market analysis and due diligence

Supporting RWE and implementation of technologies

Sharing examples of best practice and benefits realisation across wider AHSN network

The AHSN Network

Yorkshire & Humber AHSN

The AHSN's support to SBRI

- Intelligence around local and national healthcare priorities and unmet needs
- Market awareness of emerging innovation and where there are gaps
- Stakeholder engagement with regional experts to ensure that calls align with key unmet needs
- Aligned objectives of supporting economic growth and UK R&D.
- Contributing to improvements in patient care in key priority areas.

Yorkshire & Humber AHSN

Support to applicants: What's our Offer

- Application development advice
- Application review
- Market analysis and competitor awareness
- Support with securing clinical / academic partners
- Patient Engagement advice
- Health Economic Analysis

Transforming Lives Through Innovation

Yorkshire & Humber AHSN

Helen Hoyland
Programme Lead
Helen.Hoyland@yhahsn.com
info@yhahsn.com
www.yhahsn.org.uk

Factors Found to Affect Perinatal Outcomes in the UK

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Factors Found to Facilitate Perinatal Outcomes

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Common Barriers Affecting Perinatal Service Access & Experience

- Language/communication barriers
- Intimate partner violence
- Pragmatic issues of childcare
- Transport and concerns about confidentiality
- Social services involvement
- Insecure housing
- Ineffective communication
- Lack of awareness and understanding of existing services
- Previous negative experiences
- Concerns of obesity-related stigma

Unique Barriers Were Observed Particularly

- Migrant and ethnic minority communities
- Bereaved parents
- Travelling communities
- Communities accessing mental health services
- Individuals from the LGBTQIA+ community

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Learning Which Can Be Applied

- Improving the accessibility, availability, quality and relevance of information
- Adopting a whole system or life course approach
- Supporting targeted and tailored perinatal interventions
- Co-designing and delivering training across a variety of topics known to affect perinatal outcomes, access and experience
- Supporting innovations and services that address identified gaps e.g., birthing partner support, breastfeeding and bereaved parents
- Supporting innovations that target efforts to reduce harmful lifestyle choices
- Co-designing perinatal innovations and services

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SBRI Healthcare

The Application and Assessment Process

Rhanda Tajdeen

SBRI Senior Programme Manager, LGC Group

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SBRI Healthcare – Process

Problem identification – Challenge brief

Strategic papers, KOLs, Industry, AHSNs, Patients, NHS LTP

Invitation to tender

Short online application form

6 weeks

Shortlisting

Clinical, technical, commercial Panel assessment

Selection Panel

Video pitch to Panel, including public members

Due diligence

Contracting

Phase 1 project- *6 months £100k*

Project monitoring

If Phase 1 successful

Restricted competition Phase 2

Detailed online application form, Including PPI strategy

Peer Review

Interview Panel

Presentation to Panel, including public members

Due diligence

Contracting

Phase 2 project- *12 months £800k*

Project monitoring

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Assessment Criteria

1. What will be the effect of this proposal on the challenge outlined in the brief? **20%**
2. Is the project plan, deliverables and risk mitigation strategy appropriate? **15%**
3. Will the technology/device/solution have a competitive advantage over existing and alternative solutions, how innovative is the proposal and are the arrangements surrounding the use and development of Intellectual Property appropriate? **15%**
4. Does the proposed project have appropriate commercialisation and implementation plans? **20%**
5. Does the project include consideration towards patient and public involvement? **5%**
6. Does the proposed technology have potential to enhance equity of access and contribute to net-zero emission? **5%**
7. Does the company and project team appear to have the right skills and experience to deliver the project? **15%**
8. Are the costs justified and appropriate? **5%**

SBRI Healthcare – Success rate

2,425 applications scrutinised

9.4%

229 awarded Phase 1

Out of 229 Phase 1 awarded

49%

Phase 2 Awarded

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Application Process - www.sbrihealthcare.co.uk

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Competition Documents

Supporting Documentation:

Invitation to Tender
Applicant and Portal Guidance
Challenge Brief
Template Application Form
FAQs

Key Dates:

Competition Launch – *23 May 2022*
Deadline for Applications – *06 July 2022*
Assessment – *July/August 2022*
Panel Meeting – *September 2022*
Contracts awarded – *October 2022*

Application Portal – Log in Page

Existing Users

Please log in to access your account.

Email

Password

Login

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

Register

System Help

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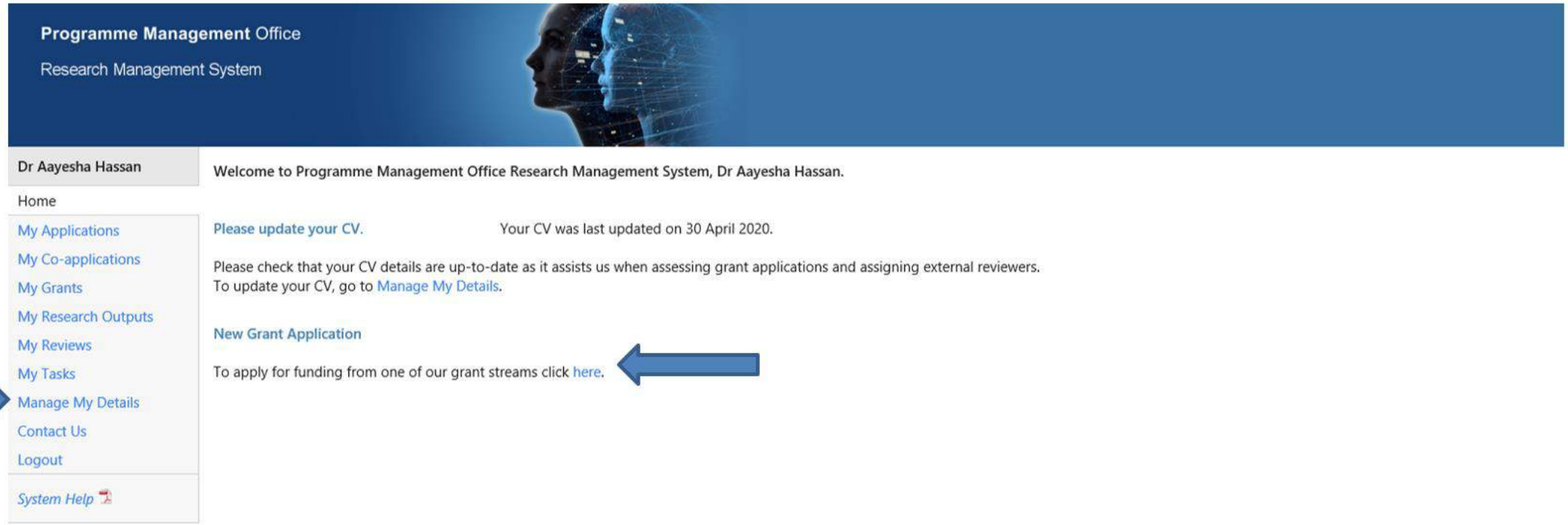
Click here to start Grant Application



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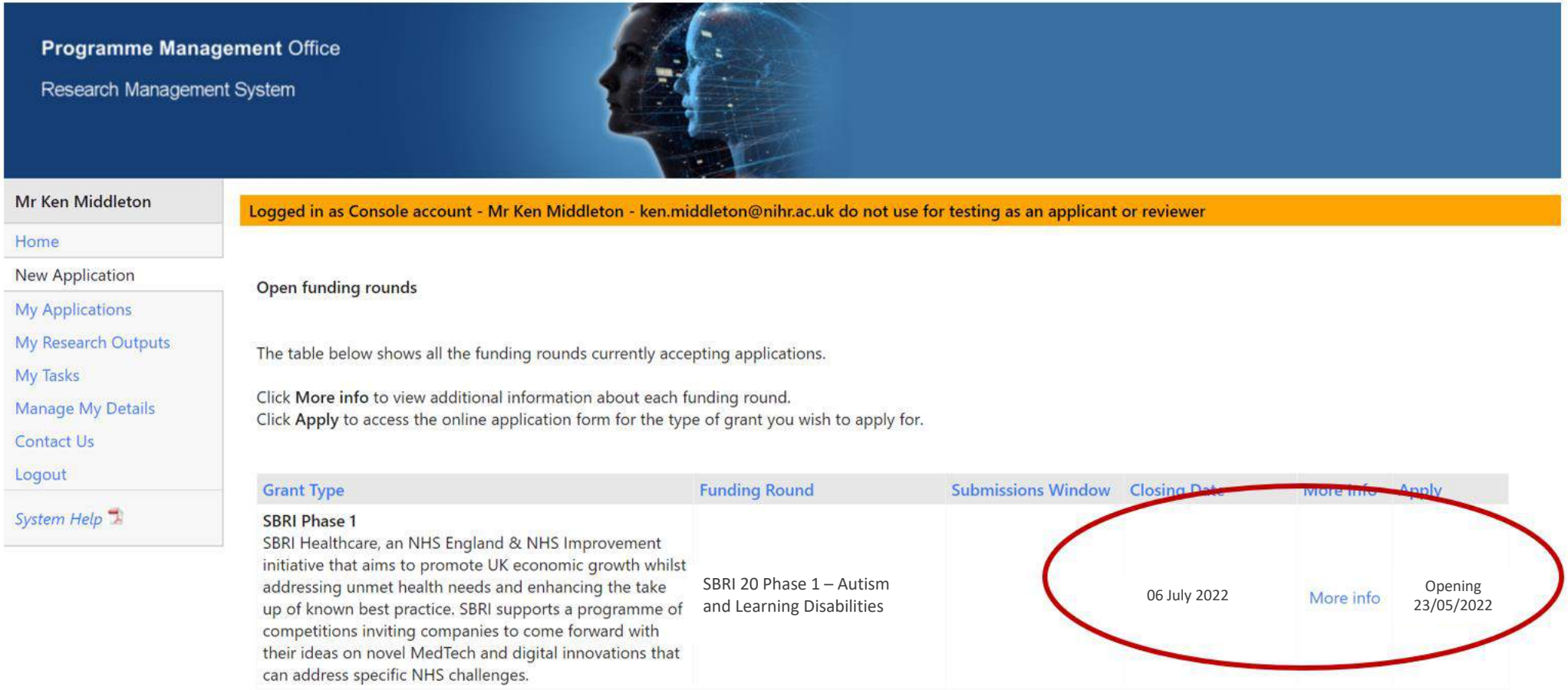
Select funding round required



Start application form

Autism and Learning Disabilities

Details...

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

Introduction

Previous | Next | Save | Save And Close

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.

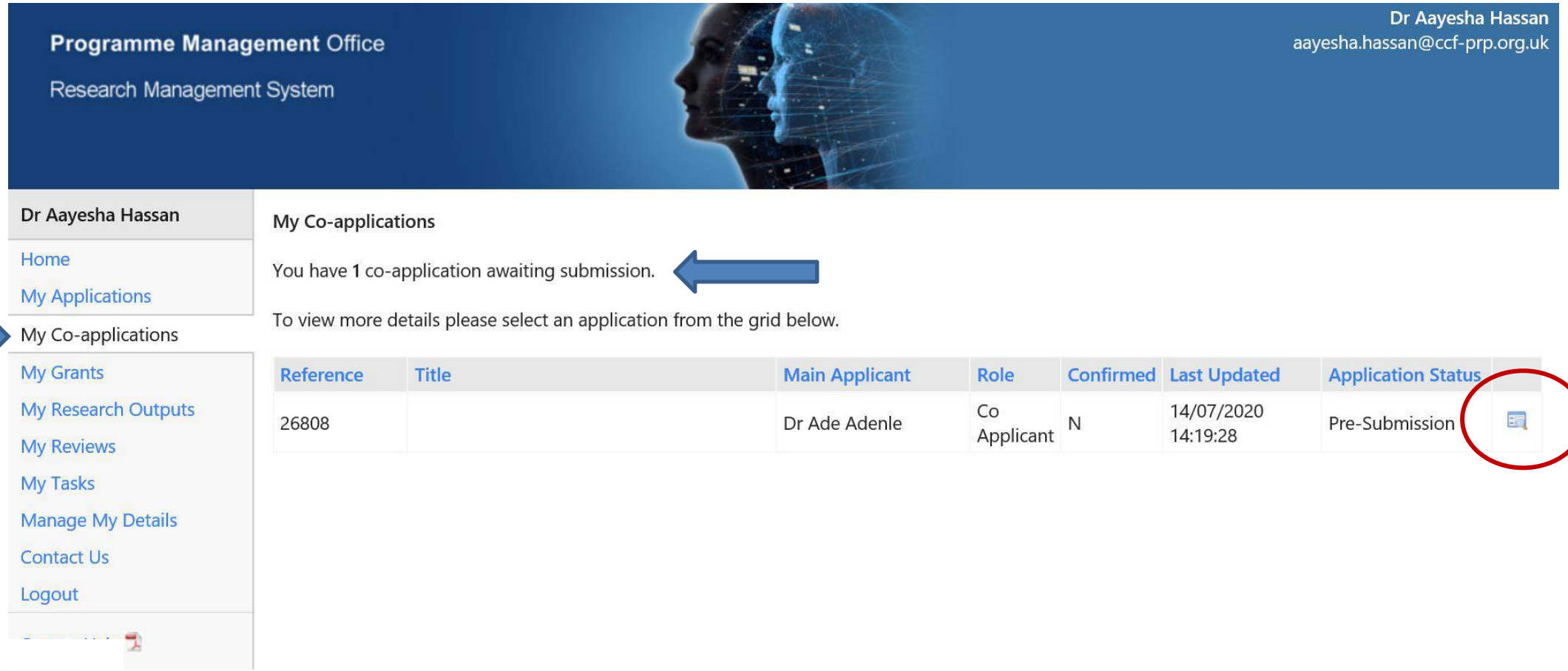
You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**
Schematics, tables, illustrations, 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 will need to invited through the RMS *via* email to participate as team members , after which they must both **confirm and approve their participation.** Please ensure that all team members invited to collaborate on this application have confirmed their involvement and approval of the application form content before submission.

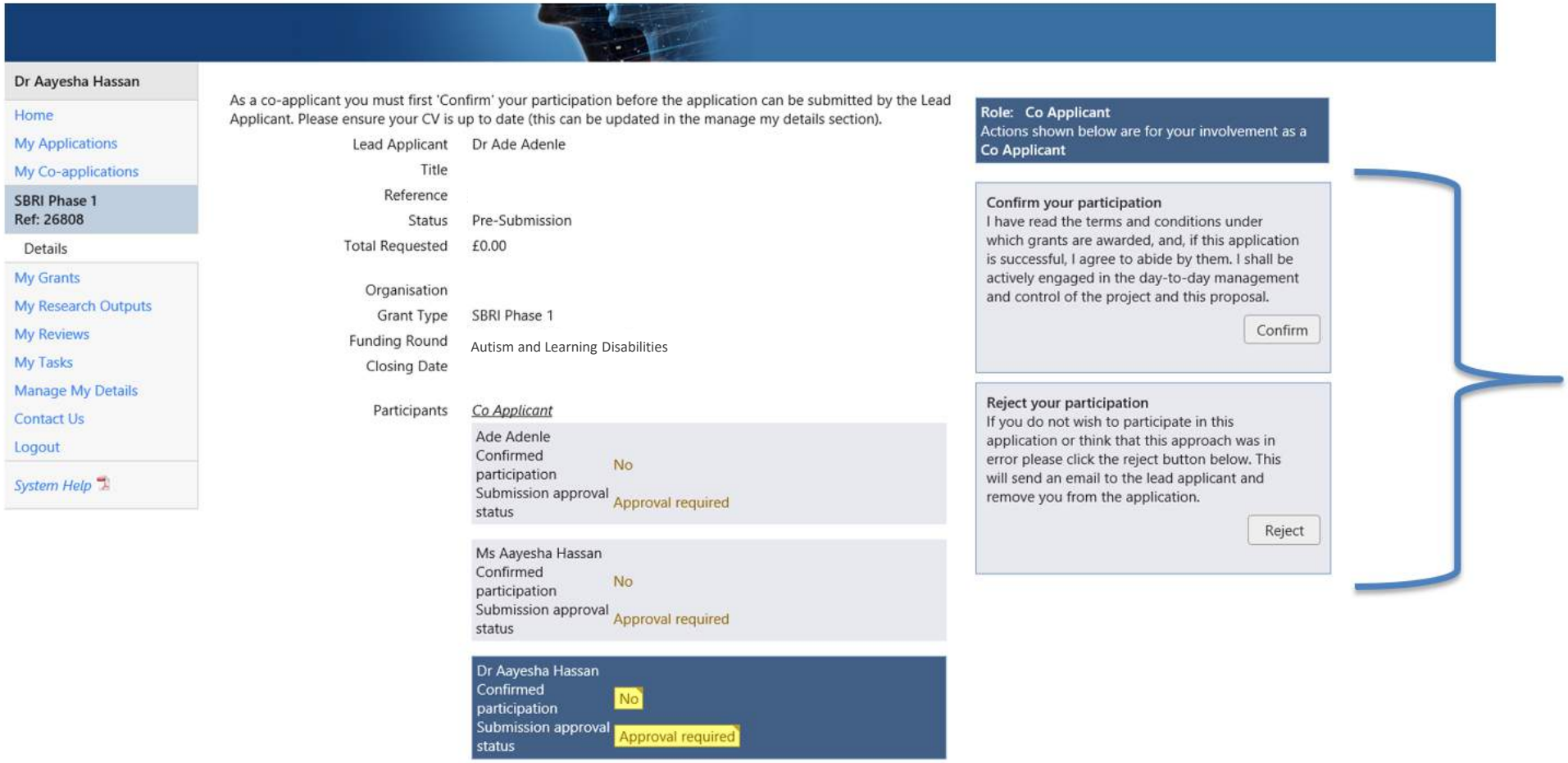
Although confirming and approving an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office on 020 8843 8125 or SBRI@LGCGroup.com.

Co-applicant/grant participant



Co-applicant/grant participant



Submit application form

Lead Applicant	Dr Aayesha Hassan
Title	
Reference	
Status	Pre-Submission
Total Requested	£0.00
Organisation	
Grant Type	SBRI Phase 1
Funding Round	Autism and Learning Disabilities
Closing Date	
Created On	14 July 2020
Last Updated	14 July 2020
Validated	Not Complete
Applicant Submitted	
Submitted On	

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Competition 20

Autism and Learning Disabilities
&
Health Inequalities in Maternity Care

Q&A session

Please use the Q&A box, we will answer you via the chat box and Live

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SBRI HEALTHCARE

SBRI PMO will organise a drop-in Q&A session on Monday 13th June 2022 from 15:00 to 16:30

Registration on www.sbrihealthcare.com

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SBRI Healthcare

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

@SBRIHealthcare

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Thank you for attending our briefing event

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