SBRI Healthcare

Small Business Research Initiative

Phase 3: Getting Ready to Apply session

Agenda

Time	Item	Presenter
5 min	Welcome and introductions	Charmaine Mulligan
25 min	The assessment process and application tips	Danilo Villanueva Navarrete
60 min	Q&A session	Francesca Troiani Mary Walker

Housekeeping

- Please set your name to 'Your First Name - Organisation Name'
- Ask questions in the Q&A box as we go along, and we will aim to answer them during the Q&A session
- Please keep your microphone muted if not speaking
- During the Q&A session, we will aim to answer as many questions as possible. If you do not want to share certain information with the meeting, you may contact us via email (below)
- The slides will be added to the website after the event
- Please flag any technical issues in the chat box
- **For further enquiries: sbri@lgcgroup.com**

Key dates

Competition launch	31st July - 18th Sep 2024 1:00 pm
Assessment	Oct-Nov 2024
Selection Panels	9th, 10th and 13th December 2024
Contract awarded	Jan-Feb 2025

Late-stage Innovations – Phase 3

Duration

Up to 12 Months

Budget

Up to £500,000

Aims

- To accelerate the uptake of mature products into front-line health or social settings
- To facilitate gathering evidence in Real World settings required by commissioners and regulators to make purchasing or recommendation decisions
- To develop the value proposition to support NHS uptake and wider commercialisation

Am I eligible?

What this is for

What this is not for

Innovation type - Medical devices, digital health and equipment, behaviour intervention and new models of care
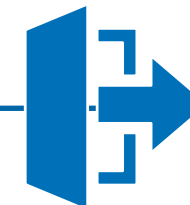
Innovation type - Drugs/therapeutics, innovations developed without input from the appropriate public/patient/healthcare professionals

Stage of development - **Mature innovations**, with clinical efficacy and safety demonstrated, UKCA/CE-marked and/or in use at least in 1 Trust.

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Stage of development - Innovations at early stage of development

Project type - **Implementation studies**, developing evidence for adoption in real-world settings

Project type - Basic research, early stage product development

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Expected exit points

Implementation effectiveness demonstrated and/or collection of evidence in response to NICE Early Value Assessment recommendations and related Evidence Generation Plan towards full NICE guidance

Evidence of health and financial impact (budget impact model, cost benefit analysis)

NHS business/use case to transition into standard commissioning routes and increase spread

Company scaling plan developed for spread into the NHS and wider market

Demonstrated environmental impact of the product on NHS care delivery (quantification of net carbon impact for relevant pathway and methodology) and organization commitment

Equality and health inequalities impact assessment

Application tips and assessment process

Dr Danilo Villanueva Navarrete

The application form sections

- Application Summary
- Host Organisation Details
- Plain English Summary
- Project Plan
- Team
- Budget
- Supporting Information
- Administrative Contact Details

Please consult

[Phase 3 Applicant Guidance](#)

The plain English summary

- Legible to anybody

- We could use it to disseminate your project

- No jargon

- Spell out your acronyms

- If technical language is necessary, explain in lay words

- Ask a public member you have interacted with to review the summary

The shortlisting criteria

How well does the application address the challenge brief ad does the proposed solution benefit patients, the NHS and/or Social Care Sector and the wider market? 20%

Are the project plan, deliverables and risk mitigation strategy appropriate? 15%

Is the product innovative, will it have a competitive advantage over existing and alternative solutions and are the arrangements surrounding the use and development of Intellectual Property appropriate? 15%

Does the proposed project have appropriate commercialisation and implementation plans? 15%

Does the proposed innovation have potential to enhance equity of access and does the project include consideration towards patient and public involvement? 10%

Have the applicants considered the carbon footprint associated with the proposed innovation [...]? 5%

Do the host organisation and project team appear to have the right skills and experience to deliver the project? 15%

Are the costs justified and appropriate? 5%

How well does the application address the challenge brief ad does the proposed solution benefit patients, the NHS and/or Social Care Sector and the wider market? 20%

What is the problem the technology aims to address

How does it meet the challenge brief

What are the expected outcomes

What are the benefits to patient/NHS/wider market

Stage of development

- Name Trusts the innovation is currently in use
- Provide evidence of CE marking, UKCA, NICE approval
- Describe where your innovation fits within the care pathway and provide a pathway map showing how your innovation will disrupt current clinical pathways
- Evidence of feasibility and efficiency

Please read the challenge brief
- Urgent & Emergency Care
- Stroke

Are the project plan, deliverables and risk mitigation strategy appropriate? 15%

Detail your work packages (WP – including PPIE and net zero) and for each one include measurable deliverables, who will lead on it and timelines

- Robust study design: consider whether you require ethics, include quantitative and qualitative methodologies, power calculation, study cohort
- Evaluation plan: plan and partner

Ambition is great but timelines must be realistic

Do not shy away from articulating key project risks (technical, clinical, commercial, trial recruitment rate, governance, etc). SBRI is a risk-oriented programme but mitigation strategies must be in place,

Milestones should help de-risking the project, what success criteria you would like to achieve that are key to progress your project?

Is the product innovative, will it have a competitive advantage over existing and alternative solutions and are the arrangements surrounding the use and development of Intellectual Property appropriate? 15%

Who are your competitors and how does your innovation differ?

- Include the maturity of your competitors.
- What sets your innovation apart from the competitors?
- How does your solution compare against the competitors and/or standard of care? Be explicit if you have the evidence to support your claim.
- It is very unlikely you do not have competitors!

What is your IP position?

- More than just patents (e.g., trademark, copyright, know-how, etc).
- Be explicit on who owns the background IP and if you have the rights to use it!
- Have you done a freedom to operate (FTO) search, and what does it tell you?
- Describe any foreground IP produced/improved during the project and its ownership

Does the proposed project have appropriate commercialisation and implementation plans? 15%

Market size and potential growth

- Which markets are being explored and how (UK, EU, and beyond)?
- Who are the target users and potential barriers to market entry?
- Pricing and margins anticipated for your product
- Do you know the cost of your innovation, and the realistic health and cost benefits to buyers? Is it affordable?

Business model for sales and adoption

- Provide your business model for adoption and spread (within the NHS and beyond) – consider cost of implementation/sales, resources required and barriers
- Who are the buyers?
- What is your engagement strategy with the buyers.
- Are there relevant procurement frameworks?
- How will you ensure the continued use of the innovation following project completion?

Does the proposed innovation have potential to enhance equity of access and does the project include consideration towards patient and public involvement? 10%

How will PPIE members feed into the product development and/or evaluation?

Co-design is key

What PPIE had been performed to date?

Which groups (region, representation) and numbers of patients will be consulted? Consider appropriate ways to engage users (e.g., patients, carers, clinicians)

What are the planned activities and are they inclusive?

How will the PPIE members be reimbursed? Make sure this is properly resourced.

Be mindful of the distinction between involvement and engagement

Health inequalities and equity of access

Underserved communities

- Which groups/population are likely to be most affected by the clinical problem?
- Recognise the barriers and impact to access and/or adoption. Who might miss out from the proposed solution and why?

Affordability

- Cost of innovation
- Work patterns
- Housing

Addressing the problem

- How to best mitigate exclusion (e.g., digital, translators, community reach, alternatives to digital access)
- What additional resources are needed to address the problem
- Solutions during the project and beyond

Language and culture

- Language barriers
- Cultural perception
- Stigmatisation
- Geography

Digital exclusion

- Wi-Fi and data
- Digital literacy
- Device accessibility

Health inequalities and equity of access

Does the solution address root causes of inequity? If not, how could it?

What evidence of inequity exists? Are there provisions for ongoing data collection?

How will impact be documented and evaluated?

How will adverse financial impacts be prevented to increase access?

Has there been an assessment of the suitability of the service delivery environment?

Is the innovation team diverse and inclusive?

Have appropriate stakeholders been involved in co-design? Who can support you in engaging with diverse populations?

How will this innovation reduce disparities of discrimination in clinical practice? Staff training?

Solutions during the project and beyond

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Applying a Health Equity Framework

PEOPLE – UNDERSERVED POPULATIONS

DATA – MEASURING AND DEFINING GAPS

CARE – CODESIGN SOLUTIONS

CLINICAL – ENGAGING THE WORKFORCE IN EDI

DIGITAL – ENABLING DIGITAL INCLUSION

FINANCE – REDUCING FINANCIAL BARRIERS

PLACE – INCLUSIVE ACCESS

CLIMATE – IMPACT ON HEALTH

POLICY – EQUITY IN DECISION MAKING

COMMS - INCLUSIVE MESSAGING

The Health Innovation Kent Surrey Sussex (KSS) have developed a Health Equity Toolkit for Innovators – based on 10 core principles to consider when designing or implementing an innovation.

Have the applicants considered the carbon footprint associated with the proposed innovation [...]? 5%

Ensure your proposed technology/solution is considering steps towards the carbon neutral strategy and objectives for the NHS – ideally, we would like to see a dedicated work package and appropriate expertise on board.

Describe the environmental impact that your innovation may have in the care pathway / care setting it is intending to operate in, including how it may contribute in reducing the NHS carbon emissions (as explained in the Delivering a net zero NHS report, pages 11 and 12).

Demonstrating carbon impact is more than assumed savings!

If you have quantified or estimated the carbon emission associated with the implementation of your innovation, provide detail about the net carbon impact and the methodology used

Provide evidence of your organisation commitment to align with the NHS Sustainable Supplier Roadmap and carbon reduction targets

Please consult STEPS to Low Carbon Care Delivery Guidance

Please watch the Greener NHS video (link to follow)

What is organisation doing and/or planning regarding your product and at organisation level to fulfil the requirement set by NHS supplier roadmap

As you implement at scale in the NHS, what measure will you take to control your emission (considering manufacturing, supply chain, organisation growth, etc)

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Do the host organisation and project team appear to have the right skills and experience to deliver the project? 15%

Ensure all relevant expertise needed to deliver project activities are included and clearly described!

Consider the appropriateness of the team commitment (FTE's) and "subcontractors" to assigned work packages

Low FTEs should be ok for an advisor but unlikely so for a team member heavily involved in the project delivery

Unlikely that a single organization has all expertise in house. Select your partners and start engagement as soon as possible

Team members: those involved in the delivery of the project who belong to the host organization

Subcontractors and advisors: collaborators to which you will outsources services and/or key experts who will provide advice
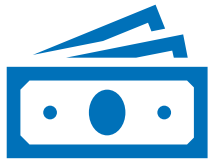
Clinical partners: NHS Trusts, GPs, Pharmacies, etc. Please note that it is mandatory to have at least one clinical partner

Are the costs justified and appropriate? 5%

All costs should be necessary for the project and fully justified!

Is the project cost proportionate to the proposed activities and perceived benefits?

Keep in mind that SBRI is an INVITATION TO TENDER: Costs, including salaries, must reflect actual cost at a "fair market value".

A clear breakdown of costs and justification should be provided.

Be mindful of staffs' commitment, this can be too much or too little, and must be proportionate to the size of the project.

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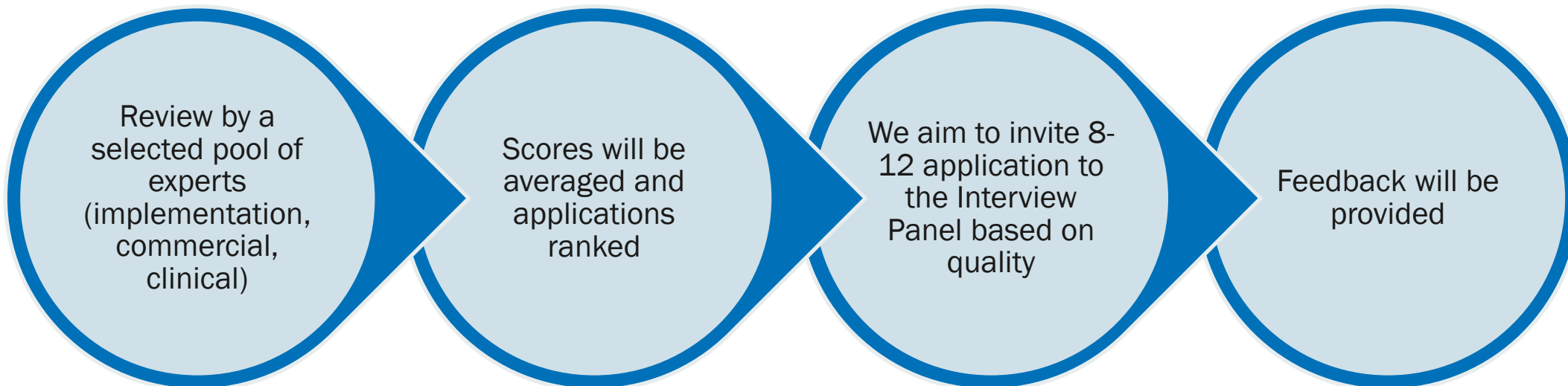# Assessment process

Problem identification & articulation of clinical need
NHS Long Term Plan, Strategic papers, KOLs, Industry, HINs, Patients

Application
Open to everyone
Short application form online

Shortlisting
Reviewed by pool of Clinical, Implementation and Commercial experts

Panel Meeting
Presentation + Q&A
Panel of clinical, commercial implementation experts + patient/public representatives

Due diligence and contracting

Phase 3 project
Up to £500K
12 months

**Patients
NHS access
Sales**

Shortlisting process

Review by a selected pool of experts (implementation, commercial, clinical)

Scores will be averaged and applications ranked

We aim to invite 8-12 application to the Interview Panel based on quality

Feedback will be provided

There is no appeal process

Interview Panel

Shortlisted projects will be invited to present at the Interview Panel

- Stroke: December 9th (all day) and 10th (morning)
- Urgent and Emergency Care: December 10th (afternoon) and 13th (all day)

Up to 3 project team members can present (must be team members, clinical partners, advisors or subcontractors as they appear on the application form)

You will receive written guidance on the content and format of the presentation together with the invite

Panel members will have access to the application (including supporting documents) and comments from shortlisting reviewers

Each application will be assigned 4 lead assessors with different expertise (public member, clinical, commercial and implementation)

Pre-interview support available

Names of panel members will be published on the competition page on SBRI Healthcare website, please keep an eye and get to know your audience

Instructions about the content and format of the presentation in the invitation letter

Tips on how to make your presentation inclusive will be shared

Presentation practice drop-in session with Ops Team will include:
- Zoom controls and how to handle technical difficulties
- order of the day
- run through your presentation

Please, let us know if you require any accommodation for your interview

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At the Interview Panel (online)

In attendance:

- 15-18 Panel members (covering clinical, implementation, commercial and lived expertise)
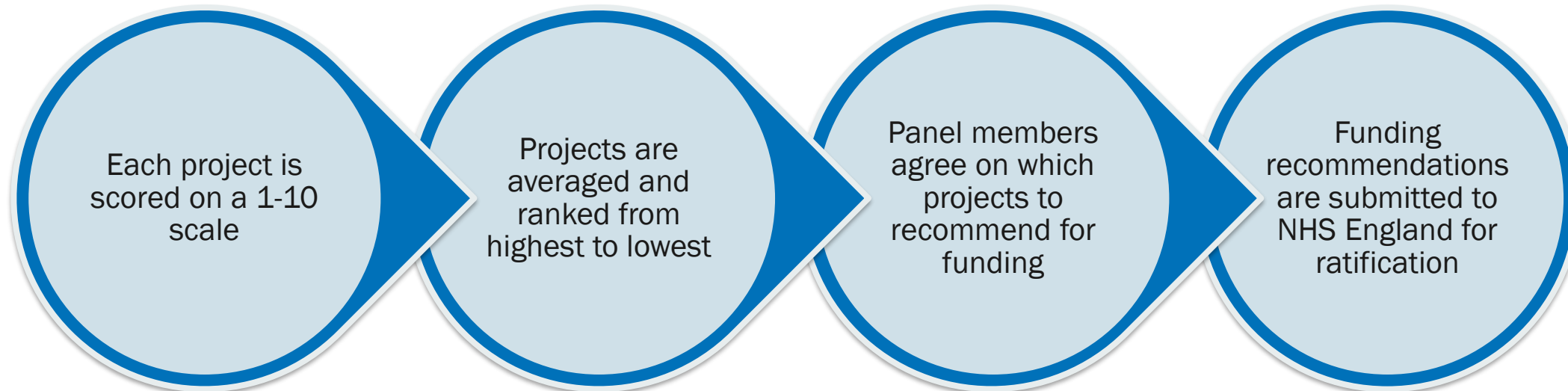- SBRI Programme Management Office staff members

Timings

- 10 minutes to present (please note you will be timed)
- 25 minutes Q&A session
- 10 minutes Closed Panel discussion

Assessment Criteria:

1. How well does the proposed innovation meet the competition brief and to what extent does it offer potential clinical benefit to the NHS and/or social care settings?
2. How strong is the project plan and have the relevant milestones been identified?
3. How strong is the team (including partners and sub-contractors) with particular reference to the delivery of milestones relevant to this project?
4. How strong is the commercial viability and its route to the NHS, and does the solution offer value for money?

Panel decision making

Each project is scored on a 1-10 scale

Projects are averaged and ranked from highest to lowest

Panel members agree on which projects to recommend for funding

Funding recommendations are submitted to NHS England for ratification

There is no appeal process

Final tips and reminders

- Consult the Guidance to Applicants, ITT and launch event video

- Engage with your partners as early as possible and get them registered to the RMS

- Provide robust evidence base of feasibility and efficiencies

- Design Feasible Project Plan (including PPIE and net zero) & Mitigate risks

- Implementation study design: think about quali/quantitative methodologies, power calculation, patient cohort, ethical approvals

- Independent evaluation plan to understand how your innovation is implemented

- Outline a robust plan for commercialisation and spread into the NHS and wider market

Q&A

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