AHSNs support the SBRI Healthcare programme by identifying areas of need that the NHS has prioritised.

NHS needs clearly articulated and specified for industry.

Over 60 expert managers and clinicians engaged in the assessment of company proposals.

Over 40 companies have initiated clinical trials.

778 sites have had trials taking place for SBRI Healthcare-funded projects.

Over 700,000 patients in the UK have benefited from using these technologies or services.

Companies supported by NHS expert managers and clinicians alongside AHSNs to develop their innovations.
Leadership message

We are fast approaching the third year into the NHS Five Year Forward View, so how has SBRI Healthcare been helping to tackle some of the big agenda items this year?

In spring 2017 the NHS released a review of progress and next steps on the NHS Five Year Forward View highlighting many areas where we need to focus our efforts. High on the agenda are the rising problems with urgent and emergency care teams, who are continually struggling to cope with demand. The report stated that up to 3 million A&E visits could have been better dealt with elsewhere, plus there are ongoing difficulties with hospital bed capacity.

Our first competition of the year was already tackling this by challenging the market to ‘Improve Patient Flow to Maximise Operational Efficiency in the Acute Sector’.

We received an inspiring standard of submissions by companies in the tech sector, devising creative uses of technology to help solve key issues such as bed management, demand on emergency transport services and 24-hour monitoring of acute conditions.

Health Innovation Network South London and Imperial College Health Partners did a fantastic job in leading this competition, with impressive engagement from all regions, particularly Yorkshire & Humber AHSN. Take a look at the case studies on pages 4-7 to see how they are helping Clinical Commissioning Groups around the country.

A study by the Kings Fund in 2016 stated that the number of face-to-face consultations in general practice increased by 13% between 2010-15, however the number of GPs and other healthcare professionals within primary care fell during the same period, and the share of NHS budget is in decline. A recent BMJ article warned “if general practice fails, the whole NHS fails”.

Our second new competition ‘General Practice of the Future’, focused on how we evolve general practice to respond to existing and future pressures, and remain sustainable for those working as health and care practitioners.

Winning innovations include a device from Applied Nanodetectors that measures novel biomarkers in a patient’s breath to immediately distinguish a viral from a bacterial respiratory tract infection allowing the GP to prescribe antibiotics quickly and appropriately; and a technology by XIM that allows for automatic, contactless vital sign measurement whilst booking in with the receptionist, optimising the patient’s visit and maximising time with the GP.

The competition was expertly led by Eastern, South West and West of England AHSNs finding 22 companies who are now sharing £2.1 million to develop technologies in this area.

Additionally it was a great pleasure to work with TITCH (Technology Innovation Transforming Child Health) and the Yorkshire & Humber AHSN on a further competition focused on self-care and independence for children with long-term conditions. Child health showed itself to be an area of great innovative opportunity. Companies such as prosthetic limb developers, Open Bionics, have come forward with one of the most exciting ideas, which is now making a huge difference to families’ lives. See page 4 to read more about the superhero kids!

As a programme we have been delighted to see some of our companies achieve real commercial growth this year, perhaps no more so than Owlstone Medical who successfully secured a $23.5m investment in their breathalyser for disease, deployed in the 3,000 patient LuCiD trial for early detection of lung cancer. Lightpoint Medical have attracted commercial investment in their molecular imaging fibroscope which allows real time detection of cancer, and Cupris’ otoscope (for ear examinations) has also seen private investors choose them for their ability to deliver both a financial and social return on investment.

We know that investment from SBRI Healthcare is critical to the success of our companies, and in certain instances the determining factor in their survival – but we also know that in order to get their products through clinical examinations (for ear examinations) has also seen private investors choose them for their ability to deliver both a financial and social return on investment.

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This year, it was interesting to see the Prime Minister announce a cross-government review of the SBRI programme. The aim is to expand the model further across the public sector to maximise its ability to help small businesses commercialise their innovations. Our team at SBRI Healthcare was delighted to submit evidence of over 100 contracted companies successfully delivering new products and solutions for the public sector.

Looking forward to the coming year we are excited about our recent call out to industry to help us take a step forward in the fight against cancer. We will be looking closely at screening, plus how we can deliver earlier and faster diagnosis. We are also planning to focus in on mental health with the aim of finding the most innovative solutions to the growing challenges in this area. In addition, our team will be running a ground breaking new project on ‘frugal surgery’, where we are seeking solutions that offer the same or better outcomes with reduced costs.

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Watch this space...

Richard Phillips and Karen Livingstone
Chair and National Director, SBRI Healthcare
Benefits for patients

The ultimate aim of the work that we do is to improve the lives of people reaching out to our public health service. We do this by finding ways to change health outcomes and empower patients.

This year we have worked with some of the most innovative companies, coming up with impressive ways to focus on patient care:

Case study: Open Bionics

The latest SBRI Healthcare funding is helping Open Bionics expand its range of sizes to fit those as young as 8 and up to 17. It will also support improvements in functionality to allow users to manipulate objects and conduct two handed tasks.

“Tilly’s old prosthetic had only an open and close function. The movement was slow and restrictive, to the point that she was limited to what she could actually try and pick up. For example she would try and pick up a fruit shoot to drink and the hand would not even open wide enough for that. The hand was heavy for a small child and we were never shown any unique designs to make it appealing for kids. The Open Bionics hand already has Tilly so excited to wear it and learn to use it. It has so much more movement. It is the type of technology that we have been dreaming of happening since Tilly was 3 years old.

Tilly can manipulate the wrist into any position she needs. The thumb not only electronically moves but can be clicked into different positions, making it so much easier to hold onto objects. There are also a series of grips and finger movements which Tilly loves to use. It is so heart-warming to watch a little girl who lost all of her fingers at the age of one, now be able to play with her fingers and use them to communicate with her friends, it’s amazing.” - Parent of Tilly (11 years old)

Case study: snap40

Patients wear vital sign monitoring equipment which fire off real-time early warning alerts. This makes details on the patient’s condition available throughout the network so that clinicians, nurses and other health service providers can easily spot those deteriorating, and prioritise those in immediate need.

The latest £1 million contract with SBRI Healthcare has supported snap40 technology to tackle the impossible task of 24-hour patient monitoring, helping healthcare teams catch the signs of rapid deterioration without the need to be at their bedside.

“Tilly’s old prosthetic had only an open and close function. The movement was slow and restrictive, to the point that she was limited to what she could actually try and pick up. For example she would try and pick up a fruit shoot to drink and the hand would not even open wide enough for that. The hand was heavy for a small child and we were never shown any unique designs to make it appealing for kids. The Open Bionics hand already has Tilly so excited to wear it and learn to use it. It has so much more movement. It is the type of technology that we have been dreaming of happening since Tilly was 3 years old.

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Case study: uMotif

uMotif have been working with Eastern AHSN and primary care organisations in Suffolk to speed up the adoption of their digital technology to enhance self-care.

Results from the trial showed that patients are more likely to adhere to their medication, benefit from higher quality doctors’ consultations and take more control of their condition and treatment when given access to a specially-designed digital health app based on the uMotif platform.

“I have found using the uMotif app really valuable. It gives me a chance, each evening, to quickly review the day and monitor symptoms. Having this overview generally means I feel more optimistic about my disease as the easily remembered bad days are out weighed by good days when I look back at the graphs.” - Patient
Benefits for the NHS

We work closely with clinicians and frontline NHS staff to understand unmet needs and provide innovative solutions to the challenges they face. The AHSNs are our eyes and ears in this respect, they also help us accelerate the adoption of new technologies and increase the chances of successful implementation. By working together, we are able to provide the right solutions at the right time, therefore maximising impact.

Case study: 365 Response

**NHS focus:** Reducing pressure on urgent and emergency care (resource planning)
**Base:** Wakefield, Yorkshire

Demand on emergency care transport is high, 365 Response recognised that they could alleviate some of the pressure on ambulance and health and care services by offering healthcare professionals an efficient and safe solution in the form of the 365 SmartPlatform featuring Healthcab, a tried and tested logistics system.

We worked with one hospital who identified a significant problem with bed blocking owing to transport related issues, which in turn created exit blocking for their A&E. Healthcab connects GPs, hospital staff, mental health teams and community services to dedicated transport, enabling patients to be treated and responded to faster, safely and at a lower cost.”

“It has been dubbed the ‘Uber of health and care’, but in fact does much more – it is built for highly regulated markets and embeds governance and assurance into every step of the pathway making it safer for all.”

John Darley, Head of Urgent Care, Hambleton, Richmond and Whitby CCG

“365 Response has had a massive impact for our CCG. GPs now receive a 2-hour response more than 95% of the time, taking patients to hospital earlier in the day- all managed through a single point of access and a single booking call.”

Sarah Fatchett, Founder 365 Response

£1,016,698.79 savings generated for the CCG to date

98% of healthcare professionals’ ambulance requests now receive a response within two hours compared with 4-6 hours previously

Over 20% improvement on Red 1 response (time critical patients) performance for CCG

Case study: Careflow Connect

**NHS Focus:** Reducing pressure on urgent & emergency care (preventing and reducing length of hospital admissions)
**Base:** Bristol

Careflow Connect replaces inefficient phone, paper and paper processes, allowing hospital or community-based teams working across multiple organisations to communicate securely on-line, in real-time, about patients. The system accesses data from self-care apps and clinical analytic tools, as well as legacy hospital administration systems. This one-stop-shop enhances the ability to make prompt, well-informed care decisions.

Dr Paul Stevens, medical director at East Kent Hospitals University NHS Foundation Trust said: “East Kent has seen a 20% reduction in hospital in-patients developing AKI stage 3 since introducing Careflow for Acute Kidney Injury alerting. The resulting cuts in length of stay translate to significant cost savings for inpatient care and the potential savings from extending Careflow communication to all areas of the hospital may result in savings amounting to several million pounds a year for the Trust in the future.”

Following their success, Careflow Connect Ltd was acquired in 2016 by the UK’s leading health and social care software and services company, System C.

“With the need to explore novel approaches for the early detection in lung cancer never greater, I am delighted that the LuCID trial is going from strength to strength. It is very encouraging to see our ambitious recruitment goals are being met as more clinical sites and patients come on board. Successful completion of the LuCID study will potentially pave the way for the development of a non-invasive, easy-to-implement test that could improve screening and early detection rates, reducing treatment costs for the NHS and saving lives.”

Dr Robert Rintoul, lead clinician for Thoracic Oncology at Papworth Hospital NHS Foundation Trust said: “With the need to explore novel approaches for the early detection in lung cancer never greater, I am delighted that the LuCID trial is going from strength to strength. It is very encouraging to see our ambitious recruitment goals are being met as more clinical sites and patients come on board. Successful completion of the LuCID study will potentially pave the way for the development of a non-invasive, easy-to-implement test that could improve screening and early detection rates, reducing treatment costs for the NHS and saving lives.”

**Estimated saving per annum to the NHS:** £82m

Dr Jon Shaw, co-founder commented: “This is a very exciting time for Careflow. We have already demonstrated how secure, mobile and integrated messaging technology can transform the clinical workflow and lead to safer and more efficient care coordination in the acute sector.”

Following their success, Careflow Connect Ltd was acquired in 2016 by the UK’s leading health and social care software and services company, System C.

“We are now focusing on deploying Careflow across whole care communities, bringing the benefits of workflow and care co-ordination to other settings such as community and social care services.”

Dr Jon Shaw, co-founder commented: “This is a very exciting time for Careflow. We have already demonstrated how secure, mobile and integrated messaging technology can transform the clinical workflow and lead to safer and more efficient care coordination in the acute sector.”

Case study: Owlstone Medical

**NHS focus:** Cancer detection
**Base:** Cambridge

Survival from lung cancer increases dramatically if detected at an early stage, but only 15% of patients are diagnosed at stage one. The team at Owlstone Medical have invented a device to reproducibly collect breath samples (ReCIVA) and a microchip sensor technology (FAIMS) that can detect chemical markers in patients’ breath to catch the disease early. FAIMS is 100 times cheaper and 1000 times smaller than previously used technologies, and the new breath sampler can also be easily used in clinic.

Owlstone Medical is recruiting 1,000 patients for the LuCID trial for lung cancer across 21 sites in the UK and Europe, making it the world’s largest breath-based study ever undertaken for early cancer detection. They also launched a 1,400 patient clinical trial for the early detection of colorectal cancer using the company’s FAIMS technology.

Dr Robert Rintoul, lead clinician for Thoracic Oncology at Papworth Hospital NHS Foundation Trust said: “With the need to explore novel approaches for the early detection in lung cancer never greater, I am delighted that the LuCID trial is going from strength to strength. It is very encouraging to see our ambitious recruitment goals are being met as more clinical sites and patients come on board. Successful completion of the LuCID study will potentially pave the way for the development of a non-invasive, easy-to-implement test that could improve screening and early detection rates, reducing treatment costs for the NHS and saving lives.”

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We know that even the best ideas have to overcome huge barriers before they can come to life in the NHS. SBRI Healthcare’s success lies in its ability to address some of the biggest healthcare challenges of our time. For the last five years, the AHSN Network has played a central role in driving forward the development of innovations to benefit health and care.

By focusing on innovations which can make a difference, SBRI Healthcare has attracted £73m of investment from NHS England. We have a growing pipeline of innovations – independently valued in excess of £1bn. We have seen financial savings for the NHS and benefits to patients, but we recognise that by supporting the adoption of even more innovations, we can achieve greater cost savings, while transforming healthcare.

Dr Liz Mear, Chair, The AHSN Network

Philippa Hedley-Takhar, Yorkshire & Humber AHSN tells us about how they have been supporting young people:

Children and young people with long term conditions spend much of their childhood in healthcare environments. This competition was designed to stimulate development of solutions to improve quality of life and promote independence.

The SBRI Healthcare competition contributed to wider collaboration with TITCH and their network, and initiated conversations with national and regional partners, including the NHSA, regarding sustainable funding and support for child health innovation.

Dr Steve Feast, Eastern AHSN Managing Director highlights the need to support general practice:

The NHS has seen remarkable change since its inception, but a growing and ageing population with ever changing health needs, means we must find innovative ways to reduce pressures in primary care and advance the future of general practice. There is huge potential for technology to revolutionise primary care services. Eastern AHSN were delighted to play an active role in the General Practise of the Future call, and will continue working alongside innovators to support the testing and spread of new ideas.

Mike Hannay, Vice Chair, The AHSN Network looks to the future:

SBRI Healthcare has delivered some exciting results to date. But we know there are many challenges still to be addressed. That’s why AHSNs are committed to working with the NHS to ensure the innovations are embedded into day-to-day practice. Over the next year, we’ll be working closely with innovators to help the NHS enhance cancer screening, enabling faster and earlier diagnosis. We’ll also be exploring opportunities presented by 3D printing and artificial intelligence, as well as leveraging frugal innovation to dramatically lower the cost of treatments while improving patient outcomes and experience. We’re excited by the possibilities, and will continue to take an active role in supporting the spread of adoption of proven innovations across the NHS.

We have supported Bering’s work with Somerset CCG to refine its Artificial Intelligence algorithm using Somerset’s patient data. Bering’s technology is now able to present patients with a percentage highlighting the risk that they will need hospital care within one year based on their existing long-term conditions. We are now supporting the application of Bering’s risk technology in general practice.

Stuart Monk, Director of Innovation, South West AHSN

SBRI Healthcare Annual Review 2016/17
Benefits for business and the economy

We provide development funding to companies, primarily SMEs, to help solve existing healthcare problems. We help companies navigate the complexities of our health system and find the best way to access NHS contracts. This is growing capability in the NHS and helping to grow the UK economy.

We have an impressive record of success which is attracting further investment from private funders and partners.

Case study: Ieso Digital Health

**NHS focus:** Depression, anxiety & psychological care  
**Base:** Cambridge

Ieso is an internet platform through which patients talk to a therapist over an instant messenger system. It is being used by an increasing number of mental health providers and is now available in 42 commissioning areas in England. There has been a 70% increase in the number of patients referred to the service in the last year.

SBRI Healthcare has funded a new Ieso project aimed at improving the treatment of people with type 1 diabetes. In this project Ieso are collaborating with Professor Khalida Ismail at Kings College London. The platform delivers personalised therapy to diabetic patients who are struggling to achieve optimal glycaemic control.

Diabetes specialist nurses, trained to administer cognitive behavioural therapy (CBT) engage with patients over the internet, using the secure Ieso website.

Dr Andy Blackwell, Chief Scientific Officer at Ieso, noted that "The Ieso offering in mental illness has been rapidly adopted across the NHS, owing to the exceptional clinical outcomes and accessibility of the service. I expect this growth to continue with patients who have a chronic illness like diabetes, who are suffering from psychological problems."

What do people say about us?

"Useful signposting to key individuals in the NHS and a £50K grant to cover a pilot clinical study"  
(Microbiosensor)

"They helped us prepare applications, introduced us to relevant clinicians, and informed us of grants and funding availability."  
(Biovici Diagnostics)

Case study: Mayden

**NHS focus:** Mental health & cognitive behavioural therapy  
**Base:** Bath

The Mental Health Foundation estimates there will be around 2 million more adults in the UK suffering from mental health problems by 2030. NHS IAPT (Improving Access to Psychological Therapies) services are currently working to a target of 15% capacity, which will increase to 25% by 2020/21.

Supported by SBRI Healthcare funding, Mayden was able to design and build Prism - an online hub which offers a simple, flexible and secure method for IAPT services to connect patients to the benefits of online psychological therapies. Prism is used in conjunction with the digital care record system, iaptus, enabling appropriate patients to be referred directly from their patient record to online therapy providers, without requiring additional data entry.

The ease, speed and accuracy of referral and progress data collection supports the reduction of overall waiting times by offering suitable patients immediate access to online therapy treatment. This allows for the possibility to maintain – even improve – patient outcomes, enhancing the patient experience and making a wider range of treatment options available in locations and at times that suit them. It allows therapists to spend more time working with patients and less time on admin tasks.

“I wasn’t able to leave the house. They provided online therapy with tools, videos and exercises that helped me understand why I was feeling the way I was. It showed me how to break the cycle. I am in control more, calmer and I look at the future with hope and excitement.”  
NHS IAPT patient
Case study: Fuel 3D

**NHS focus:** Wound care  
**Base:** Oxfordshire

Fuel3D is a 3D capture and imaging innovator. The company initially developed 3D scanning technology that enabled healthcare professionals to quickly and accurately measure wound volume and monitor healing progress over time. The company then expanded the business into other sectors such as eyewear and laboratory research.

Since SBRI Healthcare’s initial financial support, the company has secured significant further investment and has doubled in size during the last 24 months.

Case study: myMhealth

**NHS focus:** Self-management for COPD, asthma, diabetes & heart disease  
**Base:** Bournemouth

Research has highlighted that approximately 90% of patients with COPD (chronic obstructive pulmonary disease) are unable to use their prescribed inhalers correctly, despite the proven benefits. SBRI Healthcare funded trials showed that myMhealth’s web-based COPD self-management programme reduced critical errors by at least 98% and delivered the same outcomes as class based rehabilitation platforms.

Following this success, myMhealth is now providing digital health apps to thousands of people across the country. One new contract is with NHS Dorset Clinical Commissioning Group (CCG) to provide and guide people to use three apps: myDiabetes, myHeart and myCOPD, working with over 1000 patients in the area.

myMhealth’s CEO, Simon Bourne commented: “The team here at myMhealth have worked incredibly hard in the last 18 months and in September 2017, we will launch the first truly evidenced based platform for patients suffering with long term conditions. This is an exciting time. Our ambition is to significantly improve the outcomes for patients suffering with these conditions in Dorset, the NHS, and internationally - without impacting on limited resources.”

**Economic effectiveness**

- **788** jobs have been created or safeguarded by participating companies
- **£140m** of additional investment has been secured
- **40** companies have contracts or ongoing negotiations with UK customers
- **18** companies have contracts or ongoing negotiations with international customers
- **382** contracts or agreements have been signed with other organisations in relation to their SBRI Healthcare funded technology
- **24** companies are already selling
- **18** are exporting
- **62** are planning to export
- **40** companies have been awarded patents

“Good commercial insight, use of contacts, genuine desire to support”  
(JVS Products)

“The AHSN and the Clinical Research network assisted with the Primary Care Study. Their work was of immense value to this”  
(Rapid Rhythm)
About SBRI Healthcare

What we do
SBRI Healthcare is an NHS England funded programme that provides funding to innovative companies to solve healthcare problems. We work closely with clinicians and frontline NHS staff to identify key challenges from within the NHS, focusing on specific areas identified as important by NHS England and the 15 Academic Health Science Networks (AHSNs).

Our team works collaboratively with companies to clearly specify what the NHS needs, and challenges them to devise a solution.

We aim to improve patient care, improve efficiency in the NHS, and support the UK economy by helping smaller companies grow.

Finding new tech and innovation
Our network of innovative companies extends throughout the UK. Since our launch in 2009, we have worked with over 150 companies developing solutions for major NHS challenges such as cancer detection, dementia care, mental health in young people and self-management of long-term conditions.

We have found that smaller companies often have great freedom to innovate, therefore we have designed our processes to be especially attractive for smaller scale enterprises. The mechanism we use to reach innovators is to run regular, tailor-made competitions which outline known NHS challenges and invite companies to come forward with their creative thinking and new technology.

Working closely with the NHS to identify needs
In order to tap into frontline issues within the NHS, the AHSNs work intensively with patient, clinical and commissioning leads to understand where there are opportunities for technology interventions. We jointly devise our competitions for industry based on this intelligence, and support companies to ensure that any products developed will meet NHS needs.

How we are run
SBRI Healthcare is part of the Government’s wider SBRI programme, but is directly funded by NHS England. The programme is run by Karen Livingstone, National Director on behalf of England’s 15 AHSNs.

We are governed by a programme management board with representation from AHSNs, industry, Innovate UK and NHS England. The Chair of the Board is Richard Phillips, Director of Healthcare Policy at the Association of British Healthcare Industries (ABHI).

How we help small businesses
The SBRI Healthcare programme is based on taking a two-phased development approach. Our projects start with an initial feasibility study and can then move on to detailed product development. Each contract is 100% funded by SBRI Healthcare.

Phase 1 contracts for feasibility testing are valued at up to £100,000 and last for six months. Phase 2 contracts for prototype development are worth up to £1 million and can extend over two years. While the public sector has the right to license the resultant technology in certain circumstances, its intellectual property remains with the company.

Once a company is engaged we provide ongoing support to help:

• Access networking opportunities with NHS partners
• Direct connections to clinical partners
• Enable companies to access procurement opportunities
• Guide companies through the complex process of bringing a product to market in the healthcare arena.

Delivering results for funders and partners
Through our in-depth understanding of the NHS and strong connections, we can ensure that companies are matched with the right partners and investors. This increases the chances of success, satisfaction and return on investment.

TITCH (Technology Innovation Transforming Child Health) is one of our partners working in paediatric innovation, addressing the niche and often neglected market for technology in this field. This year, along with Yorkshire & Humber AHSN, we jointly ran a competition to develop technology that provides better quality of life for children living with disability and long-term conditions. In particular, we were interested in encouraging independence and self-management of conditions.

Professor Paul Dimitri, Clinical Lead at TITCH said: “The SBRI Healthcare team managed the competition extremely effectively, working closely with us to make sure that they fully understood the challenges and attracted the right number, diversity and quality of applications. We were extremely impressed with the submissions received, it really demonstrated the level of need and commitment to ensuring the best healthcare for children, and to giving them the best opportunities in the future.”

With awards of up to £100,000 each, we selected nine successful companies that specialised in restoring function, self-care and remote monitoring.

Competition entries 2016/17

Overview of SBRI Healthcare’s 2016/17 competition process

**What do people say about us?**

“...and advice on medical regulations, CE marking, NHS procurement processes”

(Open Bionics)
SBRI Healthcare - big impact in first five years

Over 788 jobs created or safeguarded – their value to the UK economy is estimated at £47.2m

224 contracts awarded to businesses across Phases 1, 2, 3

£140m additional funding leveraged through grants and venture capital

OUR YEAR IN NUMBERS

£10.9m

39 Phase 1 contracts awarded with a total value of £3.12m

12 Phase 2 contracts awarded with a total value of £7.75m

8 new clinically-led competitions where NHS needs have been articulated for business to respond to

FIVE YEARS OF DELIVERY

£69m

£69m total funds awarded

153 Phase 1

71 Phase 2

8 Phase 3

135 patents, copyrights, trademarks and scientific publications applied for or awarded

382 finalised agreements with UK and foreign companies

18 companies exporting their products to international markets

433 applications from industry assessed and supported or feedback given
Our impact at a glance

We are supporting the development of products that:

- Give child amputees attractive and affordable prosthetic limbs
- Help hospital and community based teams communicate securely online about patients
- Detect lung cancer from patients’ breath
- Relieve pressure on ambulance services
- Offer diabetics specialist therapy online
- Heal diabetic ulcers with a wearable oxygen delivery device
- Simplify the system managing recruitment of mental health therapists
- Detect brain injury from saliva
- Help patients manage Parkinsons
- Help patients to better manage heart disease
- Test blood without puncturing the skin
- Free up time for GPs
- Improve urgent care transport
- Help patients to manage diabetes
- Reduce patient wait time for heart attack diagnosis from several hours to 20 mins
- Take 3D scans to help surgeons
- Continually monitor vital signs and warn patients remotely of changes
- Ensure patients use their inhaler correctly if they have COPD
- Divert patients from A&E if there is a better option available
- Help young people with stress express themselves through avatars
- Help patients manage pain using an app

How we add value

This shows the pathway that innovation takes in order to become embedded in the NHS. AHSNs add value at crucial points along the journey. The diagram below describes the support provided through SBRI Healthcare.

Success

- Over 40 SBRI Healthcare companies have products on the market today.

Adoption

- We work with our AHSN partners to support the adoption of SBRI Healthcare products in the NHS.

Finance

- SBRI Healthcare provides seed funding to help develop the innovations necessary to improve healthcare.

Markets

- SBRI Healthcare through its needs identification provides market intelligence on what solutions are needed in the current healthcare market place.

Intellectual Property

- SBRI Healthcare companies secure their IP and 60% have applied for patents.

Commercialisation

- SBRI Healthcare companies need a clear commercialisation strategy in order to be successful.

Clinical Trials

- Many SBRI Healthcare products require clinical trials to evidence their clinical impact - we can fund small pilots and support our companies to secure funding from the NHS to complete their clinical trials.

Ideas

- SBRI Healthcare supports the identification of the needs that currently exist in the NHS but aren’t currently met. In this way we support the creation of ideas to match healthcare needs.

Culture

- SBRI Healthcare is changing the way the NHS works with small companies by supporting engagement and opportunities.

Evaluation

- SBRI Healthcare companies receive a health economic evaluation as part of the offer.
Innovations funded this year

Acute care - hospital in-patient journey

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.P.M. Management (UK) Ltd</td>
<td>Eastern</td>
<td>£96,600.00</td>
<td>This project will establish StrokeNet: a secure, N3 network-contained, browser-accessed, digital platform that enables real-time exchange of clinical information critical to managing, at each site, bed availability and other relevant clinical resource pending patient exchange. Provided as an automatic add-on to the comprehensive digital patient record for stroke, StrokePad, currently in operation at UCH, the system will also be equally usable as a stand-alone, providing locally the standard functionality of a handover system but crucially linked, in real-time, to receiving and transmitting unit.</td>
</tr>
<tr>
<td>PMD Device Solutions Limited</td>
<td>Cork, Republic of Ireland</td>
<td>£76,403.45</td>
<td>Length of Stay (LoS) is driven by the timely delivery of diagnosis and treatment. Where diagnosis or treatment is delayed, LoS and Patient Flow can be severely impacted. In-hospital respiratory patient events, Respiratory Compromise (RC) can increase LoS by 7 days at a cost rate £11,700 with over 55% of events occurring in acute care patients. Respiratory rate (RR) is the earliest indicator of deterioration, giving 24hrs notification of deterioration. PMD proposes to develop a suite of digital interfaces to enable integrate between PMD’s respiratory product and hospitals’ Electronic Medical Record systems so that it can be leveraged to improve patient flow through timely discharge.</td>
</tr>
</tbody>
</table>

Acute care - hospital resource usage

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>BeamLine Diagnostics Limited</td>
<td>Oxford</td>
<td>£96,907.00</td>
<td>The national screening programme for colorectal adenocarcinoma generates millions of resected polyps that must be sent off for complex histopathological testing. Up to 99% of these are benign (hyperplastic) and the burden on pathology causes delays in return of results of up to 8 weeks. A respect and discard protocol for small hyperplastic polyps would streamline the diagnostic process, saving significant time, money and resources. A low-cost, fast and accurate biopsy triaging system has been developed to identify healthy samples and eliminate them from pathology. This project will determine whether it can be applied to colonic polyp screening.</td>
</tr>
<tr>
<td>Highland Biosciences Ltd</td>
<td>Greenleonachs, Scotland</td>
<td>£99,427.66</td>
<td>This project will demonstrate that delivering near-patient coagulopathy diagnostics into acute care will improve efficiency of use of resources within the hospital. It utilises the skills of NHS Diagnostic Evidence Co-operative London (DEC) (Imperial College St. Marys Hospital) to gather stakeholder evidence and generate potential new pathways alongside economic cost modelling. Highland Biosciences Ltd (HBL) will gather expert insight and advance its technology to meet the challenge. Managed by HBL, the project focuses on delivering new clinical approaches to the NHS whilst generating the evidence for a highly commercially attractive value proposition for a new diagnostic business.</td>
</tr>
<tr>
<td>Nervecentre Software Limited</td>
<td>Oxford</td>
<td>£100,000.00</td>
<td>There are three pillars to maximising hospital capacity: efficient allocation of beds, understanding and managing the condition of patients, and the focus of staff upon a prioritised set of activities. Traditional bed management focuses on the first of these, but in hospitals that are typically over 95% full, they provide little benefit. This approach focuses on use of mobile software to achieve regular, accurate capture of patient status, and efficient allocation and prioritisation of work for staff. The proposal combines lean thinking, patient centric pathways, and right clinician, right place, tight time concepts; translating this understanding into capacity management.</td>
</tr>
<tr>
<td>Sepsis Limited</td>
<td>Greater Manchester</td>
<td>£95,500.00</td>
<td>Based on a clinically validated biological assay this project will test a prototype point of care device for use in close proximity of a patient. The assay detects abnormal blood chemistry due to bacterial sepsis, within minutes of sampling and before standard physiological sepsis is diagnosed and has been shown in children and adults in settings that include post-surgery, oncology, acute medical and intensive care units. It has been designed to frequently monitor progression of symptoms with a view to improve overall antibiotic stewardship to collectively meet objectives of the Department of Health UK Five Year Antimicrobial Resistance Strategy 2013-2018.</td>
</tr>
</tbody>
</table>
## Acute care - hospital discharge efficiency

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Sourcer Limited</td>
<td>Edinburgh, Scotland</td>
<td>£100,000.00</td>
<td>Care Sourcer is a web based platform which will facilitate the care assessment process, required as part of the hospital to home care process, with a real-time, web-based platform. It will enable professionals/individuals/families (care seekers) to detail their needs and support them to achieve their outcomes through sourcing local care provision. It is a unique platform which empowers care seekers to work in partnership with healthcare professionals to define how they would like their care to be delivered. Care Sourcer will support improved patient flow from hospital to community and residential care provision, reducing costly hospital delayed discharge.</td>
</tr>
<tr>
<td>IEG4 Ltd</td>
<td>Greater Manchester</td>
<td>£88,116.00</td>
<td>IEG4 and Harrogate and District NHS Foundation Trust will co-produce and prototype a software solution to deliver personalised assessed outcomes to those patients, carers and families needing most support on discharge. Dramatically improving patient experience, improving efficiency and enabling system transformation.</td>
</tr>
</tbody>
</table>

## Child health - self care & remote monitoring

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
</table>
| Elarox 24/7 Limited   | Yorkshire & Humber | £67,565.00         | This project proposes a pioneering approach to support self-management and clinical decision making in primary care, aligned to better utilisation of limited resources in secondary care. Building upon proven technology used for another long term condition they will:  
I. Create an app designed to take the young person on a journey that will either help resolve their sleep challenge, or point to more challenging sleep disorders where specialist intervention is required.  
II. A user-interface co-designed with patients and users with the right levels of ‘nudge’ and ‘nurturing’ to achieve optimum interaction.  
III. A clinical web portal protected with password security. The portal holds the patient record and enables clinicians to have a graphical representation of their patients.  
IV. An algorithm (hosted in the cloud and accessed through the secure clinical web portal) that undertakes all of the calculations and generates an indicative diagnosis. |
| Therapy Box Limited   | South London      | £99,820.00         | Children with severe speech impairments are often provided with communication aids to compose messages spoken using synthesised speech. However, they can be slow and tiring to use. They do not promote natural communication aids to compose messages spoken using synthesised speech. The project is to develop a wearable, self-adjustable wireless probe (with appropriate paediatric software algorithms) that can be used for both children and adults. |
| Viamed Limited        | Yorkshire & Humber | £93,318.15         | Many paediatric long term conditions such as severe asthma, cystic fibrosis, congenital heart defects, obstructive sleep apnoea, bronchiolitis and neonatal lung conditions can lead to severe morbidity or death if oxygen saturation levels are not monitored and necessary appropriate action taken. There is no optimised solution to monitor oxygen levels in children and as a consequence there are high levels of referrals to secondary care and emergency admissions, which is a burden to the NHS. The project is to develop a wearable, self-adjustable wireless probe (with appropriate paediatric software algorithms) that can be used for both children and adults. |
| Xim LIMITED           | Wesssex           | £98,780.00         | ‘Here’s looking at you, kid’ will develop and commercialise a game-changing platform for the frequent, passive and contactless vital signs measurement of children with asthma aged 10+ who have been identified by their GP as being at risk of unplanned hospital admission. Assuming the form of a mirror, its unique selling point is its ability to collect five vital signs (heart rate, heart rate variability, respiratory rate, SpO2 and blood pressure) whilst a child is performing everyday activities. Data dashboards can be both stored and transmitted to healthcare professionals and other appointed adults for effective immediate response and long-term monitoring. |

## Child health - restoring function

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADI (UK) Ltd</td>
<td>Yorkshire &amp; Humber</td>
<td>£99,971.00</td>
<td>‘Let Me Show U’ (LMSU!) is a proposed new product to help children with physical disability explain to new carers the best way to help them address the various physical challenges of daily life using specialised equipment provided. LMSU! uses personalised digital media videos, animations, audios, etc specific to each child built up over time within a secure Personal Health Record (PHR) controlled by the child and their family. Relevant media snippets are recorded using a portal, and can be accessed at any time by the child or carers via apps running on standard phones and tablets.</td>
</tr>
<tr>
<td>Open Bionics LTD</td>
<td>West of England</td>
<td>£99,722.70</td>
<td>The adequate provision of prostheses for children and young people is complex, reflecting the changing size, diversity of activities, as well as early social and psychological development of this cohort. The critical concerns of the child, the parent and the healthcare professional are that care promotes independence, is tailored to the individual, and complements their needs by maximising choice. Currently, this process is restricted due to cost and increased demand on limited NHS resources. As such, this proposal looks to address these concerns through the provision of affordable, multi-grip, robotic prostheses for children and young people with upper limb deficiencies.</td>
</tr>
<tr>
<td>Project Andiamo LTD</td>
<td>UCL Partners</td>
<td>£95,539.00</td>
<td>Spinal deformities are very common in children and young people with cerebral palsy. Treatment requires supporting the tons. However, traditional manufacturing is slow and distressing for the child, often resulting in poorly fitting supports. Andiamo are world leaders in 3D printed orthotic services. They are adapting their innovative technology to create a back brace service-pathway for children with spinal deformities to assist and restore function. Their back brace service will be the first of its kind and has potential to revolutionise quality of life for children and young people by reducing the need for surgery, increasing mobility, independence and restoring function.</td>
</tr>
</tbody>
</table>
### General practice of the future - self care

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglia Ruskin Enterprise</td>
<td>Eastern</td>
<td>£94,300.00</td>
<td>This system will enable people living with chronic pain to self-manage their condition more effectively by interacting with a virtual clinical expert (Chatbot) via their PC, tablet, laptop or mobile anytime and from anywhere. The Chatbot will be authored using MRC-funded research and clinical expertise to ensure that users can access the best advice, support and interventions instantly. This innovative system will enable GPs, clinicians and academics to collect significant real-time data to help to deliver better diagnoses and care, as well as enabling the development of new, more effective interventions and care pathways for people living with chronic pain.</td>
</tr>
<tr>
<td>Cambridge Respiratory Innovations Ltd</td>
<td>Eastern</td>
<td>£99,954.00</td>
<td>This project carries feasibility study for a self-care asthma monitor using innovative N-Tidal technology. CMN has developed an optically-grown LED-based CO2 sensor specifically to measure CO2 in respired breathing. The sensor and technology platform has been proven in COPD and this study will investigate its potential use in the reversible condition of asthma. The intention is to reduce the demands on primary care through improved management of asthma. 5.4 million people in the UK suffer from asthma, which is generally poorly diagnosed and controlled.</td>
</tr>
<tr>
<td>Covolution Limited</td>
<td>UCL Partners</td>
<td>£95,880.00</td>
<td>This project will assess the feasibility of implementing personal healthcare records, care provider communications and approval processes on a private Blockchain. Current processes and data flows will be reviewed, improved and converted to Blockchain solution standards. A working prototype will be created and tested to evidence technical feasibility. A short and long term cost benefit analysis will be undertaken, and ability to deliver at scale assessed.</td>
</tr>
<tr>
<td>Digital Algorithms Ltd</td>
<td>West of England</td>
<td>£100,000.00</td>
<td>Once GP resources are integrated with community services a new model will place health and wellbeing in one continuous spectrum. ROVA, is the first Community Services Platform built in the UK. It hosts hundreds of community groups already, offering opportunities as diverse as smoking cessation, mindfulness, healthy eating, cookery classes, exercise groups and many more. ROVA is an adaptable solution, designed and built over four years. It is now ready to support a new vision of community care that will sustain the NHS for many years to come.</td>
</tr>
<tr>
<td>Healum Ltd</td>
<td>UCL Partners</td>
<td>£99,965.00</td>
<td>This technical feasibility project will address the opportunity to enable GPs to efficiently provide self-care resources to diabetic patients through a smartphone app. It will assess how to best aggregate, index and query open and closed datasources from a range of national and local data sources in a way that helps GPs to overcome the barriers that exist for them in systematically delivering self-care resources to the smartphones of their diabetic patients. This will be achieved by using the Healum health technology platform to create and test an algorithmic model from existing local sources in partnership with patients, nurses and doctors from Bermuda Marlowe Practice.</td>
</tr>
<tr>
<td>Helicon Health Ltd</td>
<td>UCL Partners</td>
<td>£98,725.00</td>
<td>myHelicon is an easy to use app for patients who are at risk of a stroke to help them live longer healthier lives. There are over 150,000 strokes a year in the UK, costing the NHS £2bn. Yet many strokes are preventable. myHelicon gives the patient tools to reduce the risks, guidance and tips to build their understanding, and a means to communicate confidentially with their clinicians. myHelmet’s goal is to reduce stroke rate by at least 10%.</td>
</tr>
<tr>
<td>Miskote</td>
<td>Kent, Surrey &amp; Sussex</td>
<td>£84,820.00</td>
<td>GP services are failing to effectively educate musculoskeletal patients about the importance of self-managing their conditions. Perhaps this is not surprising as research has shown that many patients immediately forget 40-80% of the information discussed in their appointments. Miskote’s new software (Stipo) allows GPs to easily provide their patients with comprehensive and education that the information discussed in their appointments in engaging text and video formats. Stipo aims to improve a patient’s ability to self-manage, reduce demands on GPs and musculoskeletal services and create significant cost savings.</td>
</tr>
<tr>
<td>MyWay Digital Health</td>
<td>Scotland</td>
<td>£99,792.00</td>
<td>The University of Dundee has developed and delivered a multi-award winning, diabetes self-management platform called MyDiabetesMyWay (MDMW). MDMW provides patients with validated multimedia education, institutional health record data (complete electronic health record) and home recorded data access, automated data drive tailored personalisation driven by algorithms, personalised reports, goal setting tools, and supports flexible online communication with health care teams and peers. MDMW has demonstrated significant improved clinical outcomes. This proposal aims to adapt and deploy Scotland’s MDMW Platform in NHS England, realising the potential for a successful high growth commercial spin out company.</td>
</tr>
<tr>
<td>Orsus Medical Limited</td>
<td>West of England</td>
<td>£98,430.00</td>
<td>Orsus Medical are developing a novel non-invasive blood glucose monitor for real-time and continuous monitoring by diabetics. This game changing technology will enhance self compliance and thereby improve the quality of life of diabetics. The implications of the self-care will be far reaching within the NHS as it will reduce the financial burden due to secondary complications arising from lack of self-care.</td>
</tr>
<tr>
<td>Ulysys Ltd</td>
<td>Yorkshire &amp; Humber</td>
<td>£89,650.00</td>
<td>Venous leg ulcers are the most common chronic wounds in the western world. They can be very painful, take a long time to heal (sometimes years) and recurrences are common. Treating them often involves the use of compression bandages around the lower leg which need to be replaced at least weekly, sometimes in a specialist hospital unit but often by community nurses for whom it can consume about 25% of their time. This project helps patients care for themselves, adjusting their own dressings to keep the compression just right while keeping care professionals informed so they can assist as necessary.</td>
</tr>
<tr>
<td>uMotif Limited</td>
<td>South London</td>
<td>£89,842.00</td>
<td>A collaborative project led by uMotif, with HERE, Care Unbound and the Picker Institute design, deploy and test a simple, effective and low cost digital platform for primary care to capture key outcomes, experience and symptom data to help patients in self-care. GP practices support patients safely, and Federations / Commissioners to understand care.</td>
</tr>
</tbody>
</table>
General practice of the future - workload and demand management

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Therapeutic Materials Ltd</td>
<td>West of England</td>
<td>£36,100.00</td>
<td>Current treatment of venous ulceration in the UK costs the NHS approximately £380-400m per year. This project intends to show that using their 3D technology primary care could save in excess of £100m per year - this is in both dressing cost and nurse time. The technology is transportable, reliable, quick and easy to use. It can also measure ulcer volume and accurately monitor the rate of healing. The goal is to prove the financial modelling in practice and show that the compression hosiery is at least equivalent to 4/2 layered bandaging.</td>
</tr>
<tr>
<td>IPLATO Healthcare Ltd</td>
<td>UCL Partners</td>
<td>£100,000.00</td>
<td>IPLATO provides the fastest growing mobile patient facing service in the UK to 1,400 GP surgeries and 12m patients. The smartphone app - myGP™ - allows patients to book and cancel appointments. But, as the pressure on GPs increases, patients find appointments harder to find. This leads to frustration and increases the risk of patients by-passing primary care to attend expensive and often inappropriate urgent care. This project aims to introduce a smart Virtual Waiting room 'Saibot' which will ask patients questions to inform the GP consultation or direct them to alternative care - e.g. pharmacy or self-referred clinics.</td>
</tr>
<tr>
<td>Doc Abode Ltd</td>
<td>Yorkshire &amp; Humberside</td>
<td>£99,960.00</td>
<td>This innovation will seamlessly connect patients with a safer, faster, bespoke healthcare at home through making more local clinicians, more accessible, through a first-of-its kind platform.</td>
</tr>
<tr>
<td>nquiprings Ltd</td>
<td>Wessex</td>
<td>£100,000.00</td>
<td>Careflow is a digital operations platform using cutting-edge artificial intelligence: to predict hyper-local, primary care demand fluctuations; improve patient outcomes by capturing current workforce capabilities and tactically triaging demand to available resources allowing us to free up GPs’ time. Using nquiprings’ state-of-the-art Trusted Data Exchange, Careflow creates a ‘Virtual Practitioner’ where resources can be shared and procured within networks of primary care providers. Finally by developing a comprehensive workforce-substitution matrix, Careflow will use advanced optimisation algorithms for practices to map out training and hiring strategies to move from a current-workforce to a future-workforce that is more flexible and resilient to demand peaks.</td>
</tr>
<tr>
<td>Xim Limited</td>
<td>Wessex</td>
<td>£99,196.00</td>
<td>VIVe Visual Vitals automatically, passively and contactlessly hears heart rate, respiratory rate, blood pressure and oxygen saturation with no requirements except for the patient to remain in the line of sight of a webcam for at least 30 seconds. It will initially be developed to optimise the surgery visit by enabling vital signs measurement in the check-in, waiting room and consultation area, significantly freeing up clinician time and better identifying critical patients or unknown health conditions.</td>
</tr>
<tr>
<td>Xytal Technology Limited</td>
<td>South West Peninsula</td>
<td>£98,143.00</td>
<td>The NHS must deliver £2bn of efficiency savings by 2020. Xyta’s sister company has a unique experience of increasing productivity in the English primary care sector, by utilising lean process improvement techniques. This has revealed that there are some standardised protocol driven processes that could be cheaper and more reliably performed by automated machine based information systems. It is Xyta’s intention to develop, test and roll out heuristic clinical support software to relieve the clinician of repetitive rules based tasks.</td>
</tr>
</tbody>
</table>

General practice of the future - diagnostic and early triage

<table>
<thead>
<tr>
<th>Company name</th>
<th>AHSN area</th>
<th>SBRI Phase 1 award</th>
<th>Project summaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Nanodetectors Ltd</td>
<td>Imperial College</td>
<td>£99,886.00</td>
<td>Respiratory tract infections (RTIs), account for 17 million primary care consultations in the European Union. Antibiotics are commonly prescribed in primary care for RTIs for both adults and children even though in most cases they are viral infections. This new product will enable healthcare practitioners to distinguish between viral or bacterial infections by measuring exhaled breath volatile organic compound (VOC) biomarkers. It has the potential to change current practice by informing the GP to prescribe antibiotics for people with symptoms of respiratory tract infections during a primary care consultation.</td>
</tr>
<tr>
<td>Fraunhofer UK Research Ltd</td>
<td>Glasgow, Scotland</td>
<td>£92,088.00</td>
<td>Over-prescription of needless antibiotics is fuelling the rising tide of antimicrobial resistance that threatens to render current antibiotics ineffective. Fraunhofer propose a rapid, highly-compact, non-specialist operator and low-cost device for use in primary healthcare, enabling GPs to immediately diagnose bacterial infections and their antibiotic susceptibility. This will lead to a step-change improvement in informed, targeted prescriptions. Their technology uniquely brings together nanophotonic waveguides and microfluidics to determine the response of bacteria to minute quantities of antibiotics.</td>
</tr>
<tr>
<td>Manus Neurodynamica Ltd</td>
<td>North East &amp; North Cumbria</td>
<td>£92,846.00</td>
<td>The project will deliver a novel aid for use in triage to support early and accurate diagnosis of Parkinsons disease (PD). The PD Pen could radically change the way patients are screened and referred to specialists to make the process more convenient for patients and speed up access to specialists when needed. The Pen can also be used in disease monitoring - crucial along with timely diagnosis - to keep patients well and establish cost savings through optimising treatment. The accuracy of prototype clinical validation was 80%.</td>
</tr>
<tr>
<td>Medtechtomarket Consulting Ltd</td>
<td>North West Coast</td>
<td>£92,401.00</td>
<td>There are approximately 123,000 cases of sepsis per year in England and around 36,800 associated deaths - of which 70% of cases come from the community. Medtechtomarket Consulting Ltd have demonstrated a proof of concept [patent filed] for a novel, highly sensitive, simple and low cost test for the early diagnosis and subsequent therapy monitoring of Sepsis. This project proposal focuses on performance feasibility studies, and establishing a clinical advisory panel. The vision is that GPs will be able to test for sepsis much sooner and more often, reducing uncertainty and allowing treatment to start in the critical early stages.</td>
</tr>
<tr>
<td>Saccade Diagnostics Limited</td>
<td>Scotland</td>
<td>£100,000.00</td>
<td>Biomarkers have the potential to revolutionise the diagnosis and management of psychiatric disorders which affect 1 in 5 of us during our lifetime. The present symptom based diagnoses are unreliable with more than 50% of cases misdiagnosed at first presentation. SaccScan - a Point-of-Care tool which has been demonstrated to detect schizophrenia and related illnesses with better than 95% accuracy. Early economic modelling showed that early detection of schizophrenia using SaccScan could produce savings of £33,474 per patient in the case of suspected schizophrenia alone.</td>
</tr>
</tbody>
</table>
The AHSN Network

SBRI Healthcare is run by England’s 15 Academic Health Science Networks (AHSNs)

Eastern
(excepting west Bedfordshire, south Essex, west and south Hertfordshire)

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The AHSN Network

SBRI Healthcare is run by England’s 15 Academic Health Science Networks (AHSNs)
Financial report

The draft financial year statement for 2016/17 is detailed here. The programme received £12,897,690 net cash from NHS England during the year and dispersed £12,793,893 net cash by 31 March 2016. The remaining balance of £103,797 is carried forward. Audited accounts will be available in September 2017.

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company awards &amp; support</td>
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<td></td>
<td></td>
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<tr>
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<td>£590,090</td>
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<tr>
<td>Spring 2014 P2 Q4</td>
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<tr>
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<td>Autumn 2015 P2 Q1-2</td>
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<td>Spring 2016 P1 Q1-2</td>
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<td>Autumn 2016 P1 Q1</td>
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<td>Health economics &amp; portal</td>
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<tr>
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<tr>
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<td>£744,875</td>
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</tr>
<tr>
<td>Running costs (bank charges, audit)</td>
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<tr>
<td>Carried forward</td>
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<tr>
<td>Invoiced to NHS England</td>
<td>£12,897,690</td>
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<tr>
<td>Budget</td>
<td>£12,897,679</td>
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<tr>
<td>Variance</td>
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<td></td>
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</table>

Awards cost category:
- Autumn 2014 Phase 2: £687,857
- Autumn 2014 Phase 2: £2,104,955
- Spring 2015 Phase 2: £3,114,823
- Autumn 2015 Phase 1: £590,090
- Autumn 2015 Phase 2: £2,749,574
- Spring 2016 Phase 2: £1,376,904
- Autumn 2016 Phase 2: £940,875
- Health economics: £126,193
- Carried forward: £103,797

Total: £12,897,690

Admin cost category:
- Marketing and events: £121,098
- Technical assessors: £79,984
- Legal, audit and accountancy: £24,800
- Competition costs: £876,740

Total: £12,897,690
**SBRI Healthcare board members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Cheesman</td>
<td>Finance Manager, Financial Strategy, NHS England</td>
</tr>
<tr>
<td>Andy Burroughs</td>
<td>Director of Wealth and Enterprise, Wessex AHSN</td>
</tr>
<tr>
<td>Andy Taylor</td>
<td>Advisor on Public Policy, ABHI</td>
</tr>
<tr>
<td>Anna King</td>
<td>Commercial Director, Health Innovation Network, South London AHSN, and Chair of the SBRI Finance and Audit Committee</td>
</tr>
<tr>
<td>Chris Hart</td>
<td>Commercial Director, East Midlands AHSN</td>
</tr>
<tr>
<td>Cynthia Bullock</td>
<td>SBRI Account Manager – Health and Life Sciences, Innovate UK</td>
</tr>
<tr>
<td>David Connell</td>
<td>SBRI expert, Fellow of the Judge Business School and industry representative</td>
</tr>
<tr>
<td>Anne Blackwood</td>
<td>Chief Executive Officer, Health Enterprise East, management support</td>
</tr>
<tr>
<td>Karen Livingstone</td>
<td>National Director SBRI Healthcare and Director of Strategic Partnerships and Industry Engagement, Eastern AHSN</td>
</tr>
<tr>
<td>Kevin Kiely</td>
<td>Managing Director, Medlink UK</td>
</tr>
<tr>
<td>Lars Sundstrom</td>
<td>Director of Enterprise, West of England AHSN</td>
</tr>
<tr>
<td>Linda Magee</td>
<td>Executive Director of Industry and Wealth, Greater Manchester AHSN</td>
</tr>
<tr>
<td>Nicola Wesley</td>
<td>Director of Innovation and Wealth Creation, North East and North Cumbria AHSN</td>
</tr>
<tr>
<td>Rob Berry</td>
<td>Head of Innovation and Research, Kent, Surrey and Sussex AHSN and representing Wessex AHSN</td>
</tr>
<tr>
<td>Steve Feast</td>
<td>Managing Director, Eastern AHSN</td>
</tr>
<tr>
<td>Sue Smalley</td>
<td>Commercial Directorate representative, Department of Health</td>
</tr>
</tbody>
</table>
SBRI Healthcare

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