


**NHS Cancer Programme
Innovation Open Call 3**



GET READY TO APPLY

**Thursday 4 April
10am - 12pm, Online**





Please note that these slides were developed specifically for the 4 April 2024 “Get ready to apply” workshop to support applicants developing applications to the NHS Cancer Programme’s Innovation Open Call Round 3.

If accessed later than May 2024, these slides may no longer be in date.

Agenda

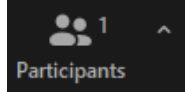
	Title	Speaker
10:00	Welcome and housekeeping	<i>Gillian Rosenberg, NHS Cancer Programme</i>
10:05	Embedding health inequalities into an application and involving patients in the development of your project	<i>Jess Kuehne, NHS Cancer Programme</i>
10:25	Q&A	<i>Jess Kuehne and Rachel Francois</i>
10:40	Writing a high-level evaluation plan	<i>Jess Abell, NHS Cancer Programme</i>
10:55	Filling out the Early Diagnosis impact assessment template	<i>Jason Poole, Demian Jardel NHS Cancer Programme</i>
11:10	Q&A	<i>Jess Abell, Demian Jardel and Jason Poole</i>
11:30	How can I make my bid stand out?	<i>Laura Tornatore, SBRI Healthcare Programme Management Office (PMO)</i>
11:40	Q&A and close	<i>NHS Cancer Programme, SBRI Healthcare PMO</i>

Housekeeping

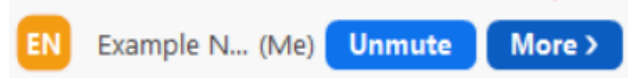
Your name

Please rename yourself
First name (Organisation name)
E.g. Laura Tornatore (SBRI Healthcare)

Click on 'participants'

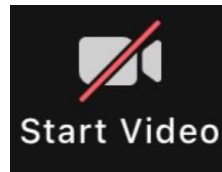


Hover over your name and select 'More/Rename'



Camera

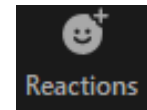
This is a busy meeting, so please keep your camera off to save bandwidth, and consider turning it on when you speak



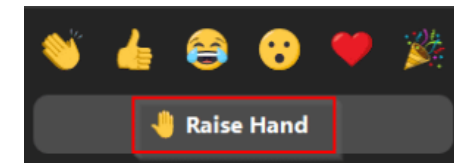
Ask questions

1. Raise hands during the Q&A sessions

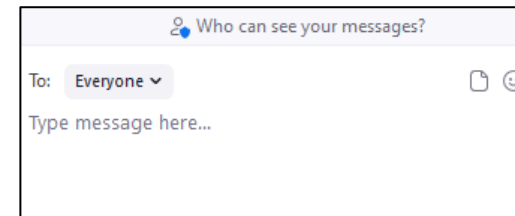
Click on 'reactions'



Select 'Raise Hand'



2. Use the Chat



Innovation Open Call Round 3

Applications to Round 3 of the Innovation Open Call will open **8 April 2024 – 29 March 2024**.

The competition aims to fast-track high quality & developed innovations into front-line settings as well as addressing implementation evidence gaps.



The challenge

Innovations that will **improve early diagnosis**

Includes behavioural interventions, software, triage support tools, new models of care and more.

Applications that address health inequalities are particularly welcomed.



Eligibility

Late-stage, clinically validated innovations that aim to improve early diagnosis & have an existing partnership with the NHS.

The following will be excluded:

- Applications for basic research
- Treatments
- Innovations in ideation phase



Key dates

February 2024 - Competition brief published online

April 2024 - Applications open

May 2024 - Applications close

October 2024 - Outcomes announced

January 2025 – projects start

Addressing health inequalities and engaging people and communities



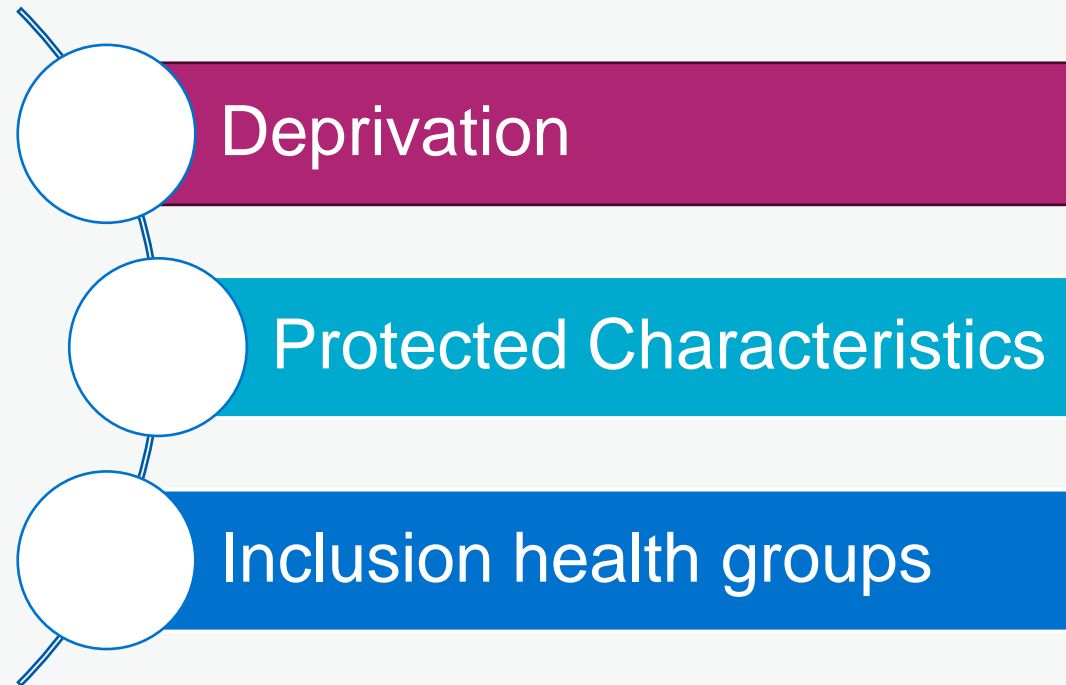


1. Health inequalities in cancer



What are some of the key health inequalities in cancer?

Thinking through the lens of:



Deprivation

What is the Index of Multiple Deprivation (IMD)?

7 domains of deprivation included in the Index:

Supplementary index -
Income Deprivation Affecting
Children Index (IDACI)



Income
22.5%

Supplementary index -
Income Deprivation Affecting
Older People Index (IDAOPI)



Employment
22.5%



Education
13.5%



Health
13.5%



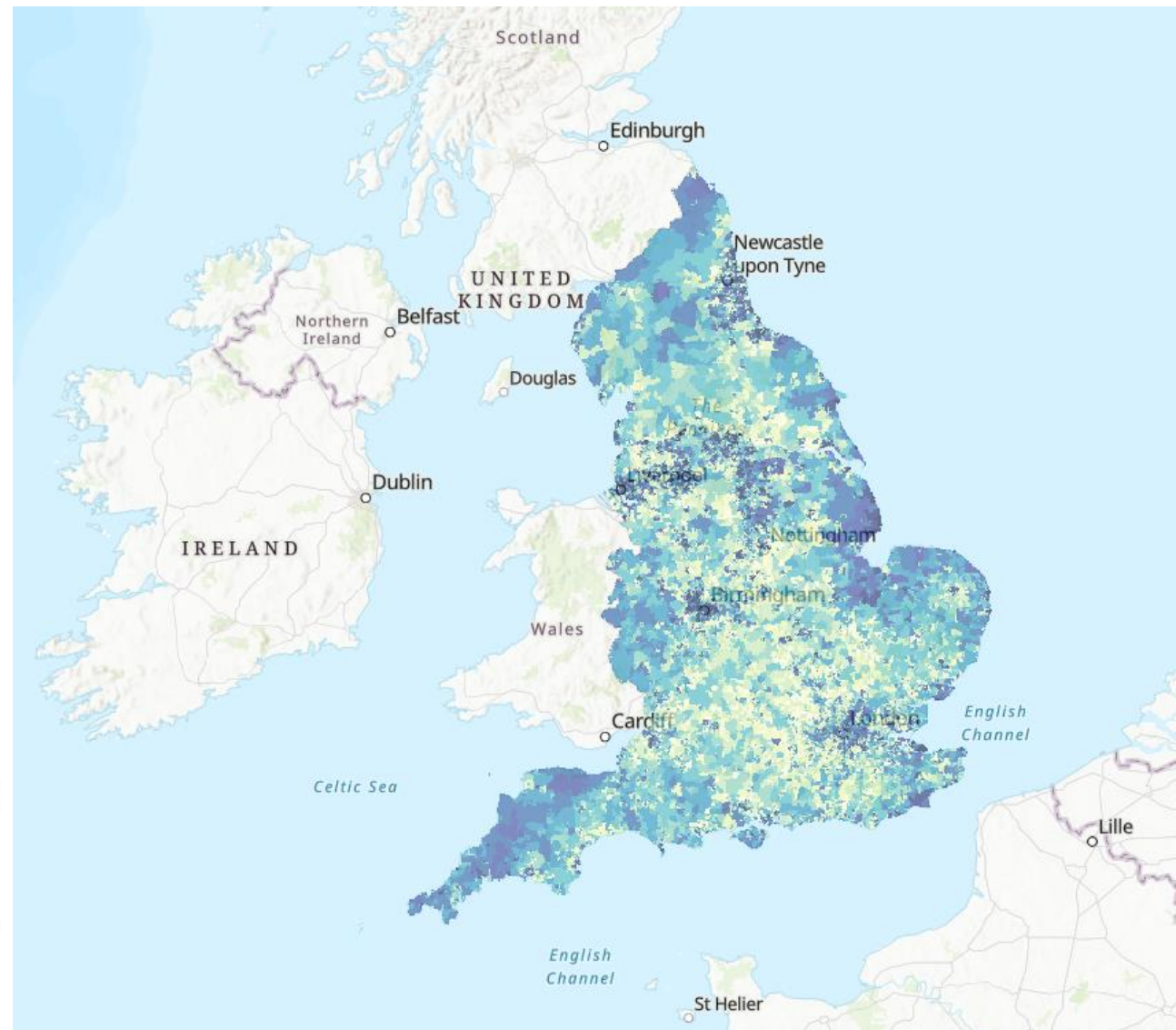
Crime
9.3%



Barriers
to
housing &
services
9.3%



Living
environment
9.3%



Protected Characteristics



The Equality Act 2010

Under the Equality Act of 2010, it is against the law to discriminate against someone because of:

- [Age](#)
- [Disability](#)
- [Gender reassignment](#)
(this includes trans and non-binary people)
- [Marriage and civil partnership](#)
- [Pregnancy and maternity](#)
- [Race](#)
- [Religion or belief](#)
- [Sex](#)
- [Sexual orientation](#)

Inclusion Health Groups



People experiencing homelessness and rough sleeping



Vulnerable migrants



Gypsy Roma and Traveller communities



Sex workers



Victims of modern slavery and human trafficking



People in contact with the criminal justice system

Among others...

Source: A national framework for NHS – action on inclusion health. Available from: <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

People who are socially excluded are likely to have the following experiences in common:

Extremely disadvantaged social positions

Poverty

Insecure and inadequate housing

Negative experiences or events

Violence and trauma, including adverse childhood experiences

Stigma and discrimination

Poor experiences of public services

Poor access to healthcare

'Invisibility' in data, policy and planning

Extremely poor health outcomes

Where along the cancer pathway do health inequalities arise?

E.g. CPES results indicate that people with a learning disability and/or mental health condition report a poorer experience of cancer care

E.g. National Cancer QOL survey results indicate that people from the most deprived areas report lower quality of life than people in less deprived areas

Quality of Life

Which groups are more likely to report a lower quality of life 18 months after diagnosis?

Experience of Care

Which groups are less likely to have a good experience of care?

Incidence

Who is more likely to develop a specific type of cancer?

E.g. People in more deprived areas are more likely to develop lung, liver, head & neck cancers; Black men more likely to develop prostate cancer.

Timely presentation

Who is more likely to face barriers to presenting to healthcare?

E.g. there are fewer GPs per patient in more deprived areas and consultations are shorter; people experiencing homelessness less likely

Diagnosis

Who is more likely to experience delays in diagnosis?

E.g. People from certain ethnic minority groups end up visiting their GP more times than white populations before they receive a cancer referral.

Treatment

Which groups are more likely to experience variation in cancer treatment?

E.g. There is evidence to suggest that there is variation in cancer treatment by age

Follow-Up

Which groups are more likely to experience variation in follow-up?

E.g. CPES results indicate that people under 65 are less likely to feel they have all the information and support they need after treatment has ended

Don't forget intersectionality...

Intersectionality is the interconnected nature of social identities, creating overlapping and interdependent systems of discrimination or disadvantage.

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



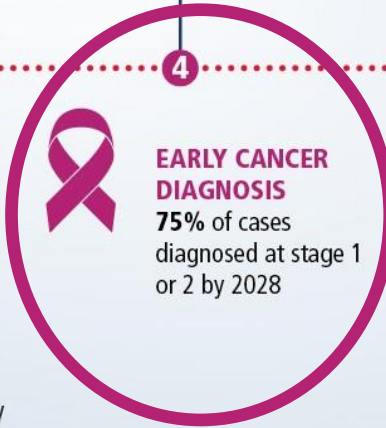
SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5

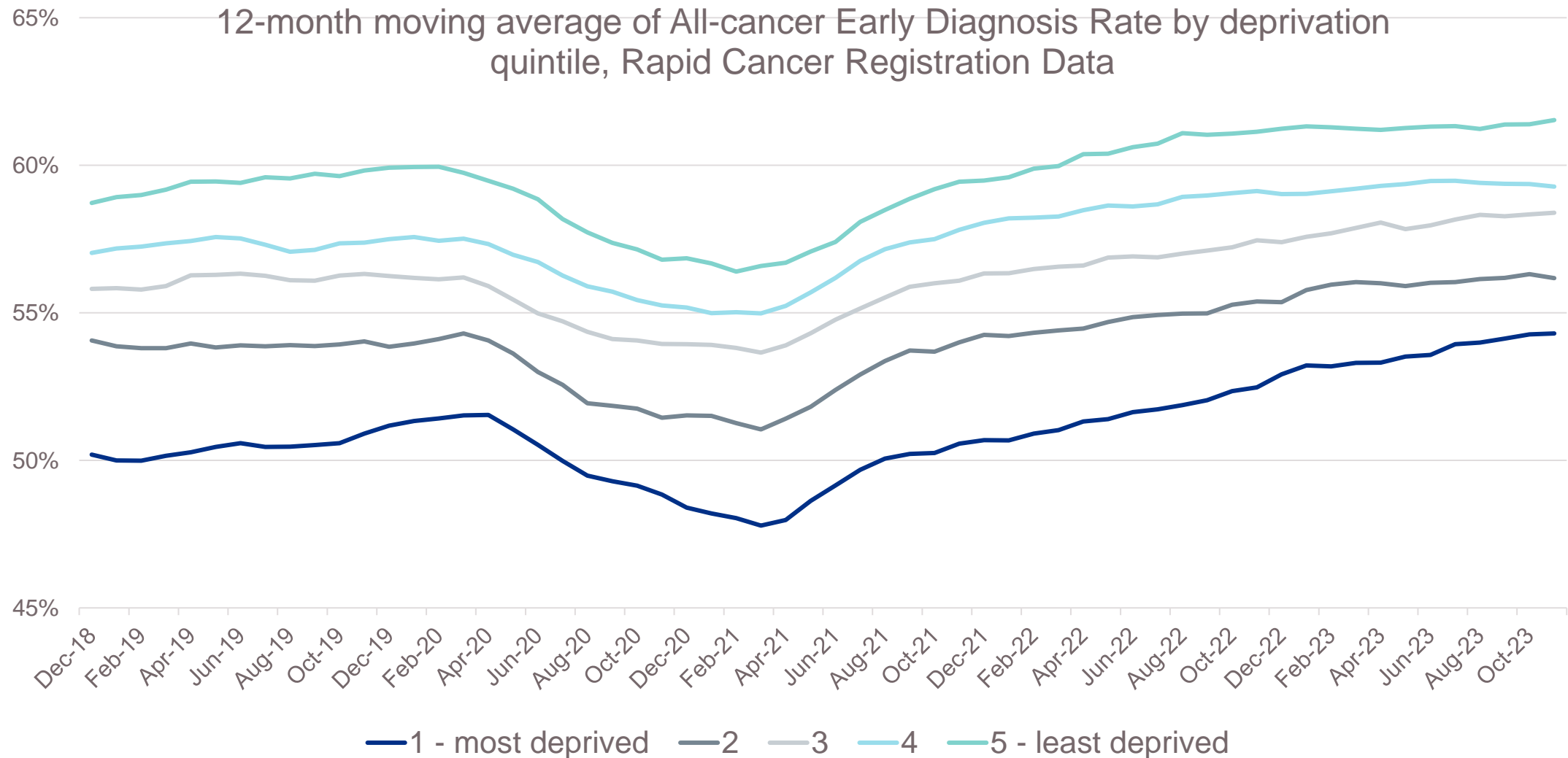


HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

People living in more deprived areas are much less likely to be diagnosed at an early stage (stage 1 or 2) compared to people living in less deprived areas



Targeted Interventions

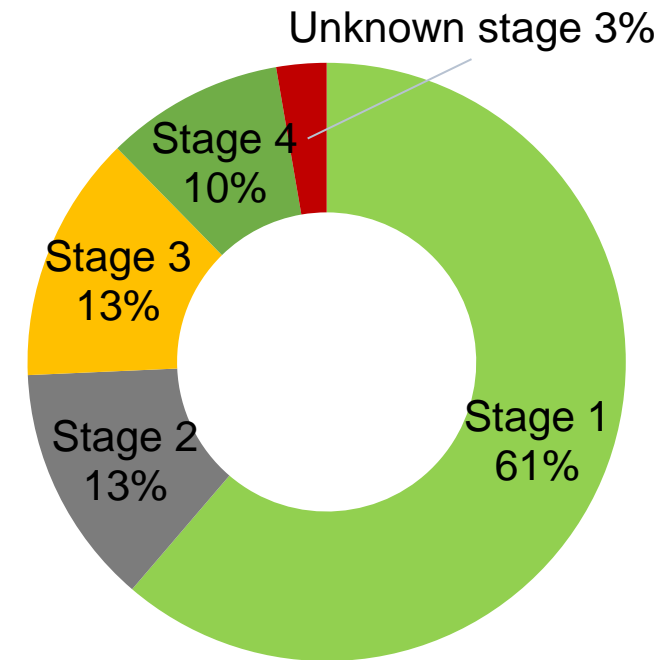
Targeted Lung Health Checks (TLHCs)

- TLHCs are being piloted to people **aged 55-74 who have or do smoke** in areas with high lung cancer mortality rates and high levels of deprivation.
- **Targeted work with disadvantaged communities:**
 - Prison populations
 - People with learning disabilities
 - People with additional needs e.g. hearing impairment
 - People experiencing homelessness
 - Faith communities

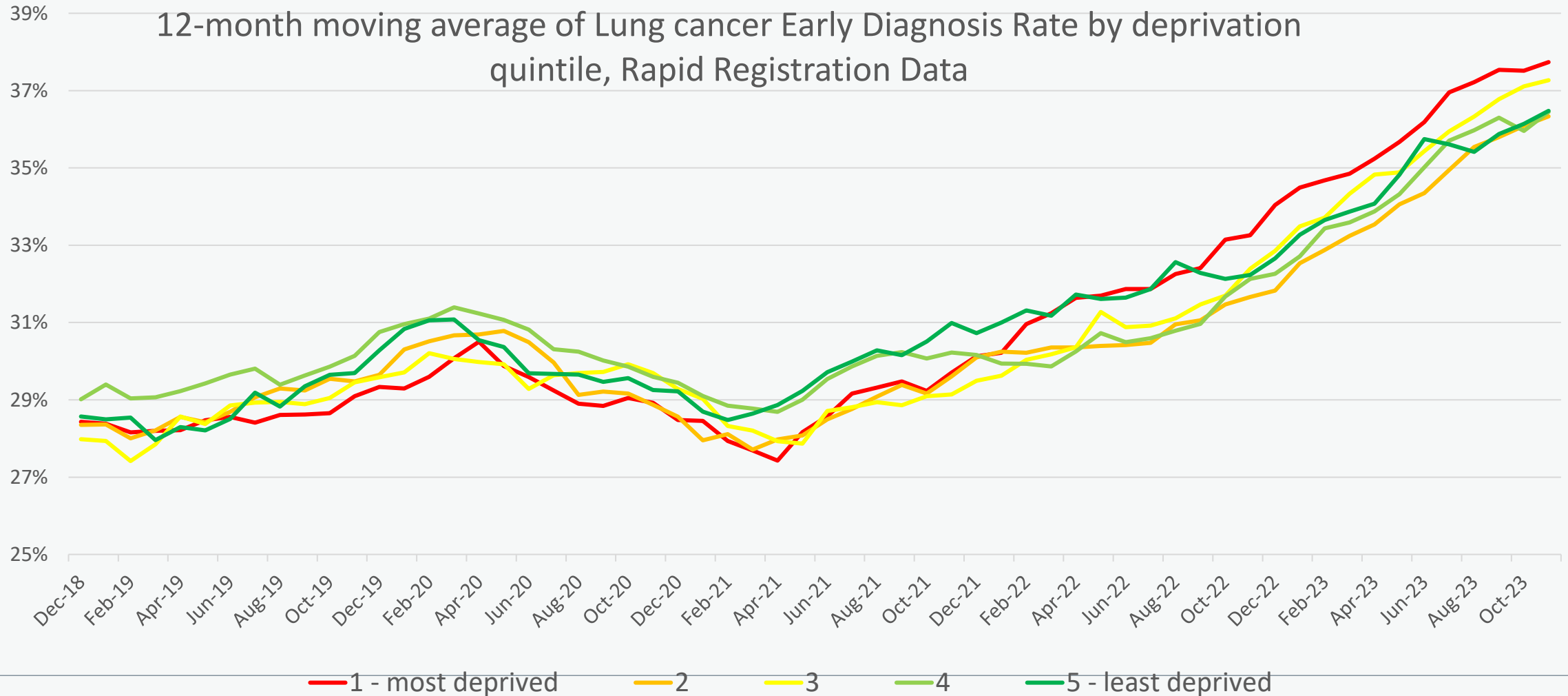
Over 3,100 lung cancers have been diagnosed, **76%*** at stage one or two

* of total staged lung cancers

Stage breakdown of lung cancers diagnosed



Early diagnosis rates for lung cancer have increased for all deprivation quintiles post-pandemic, with the biggest gains seen among those living in the most deprived areas



Data resources for identifying health inequalities

- [CancerData](#)
- [OHID Cancer Services](#)
- [ONS cancer mortality by sociodemographic data](#)
- [National Cancer Patient Experience Survey \(CPES\)](#)
- [Cancer Quality of Life survey](#)



2. Engaging with people and communities



Engaging with people and communities can help to:

- **1:** Understand the drivers of health inequalities and why barriers exist
- **2:** Work together to identify solutions and design approaches to tackle health inequalities

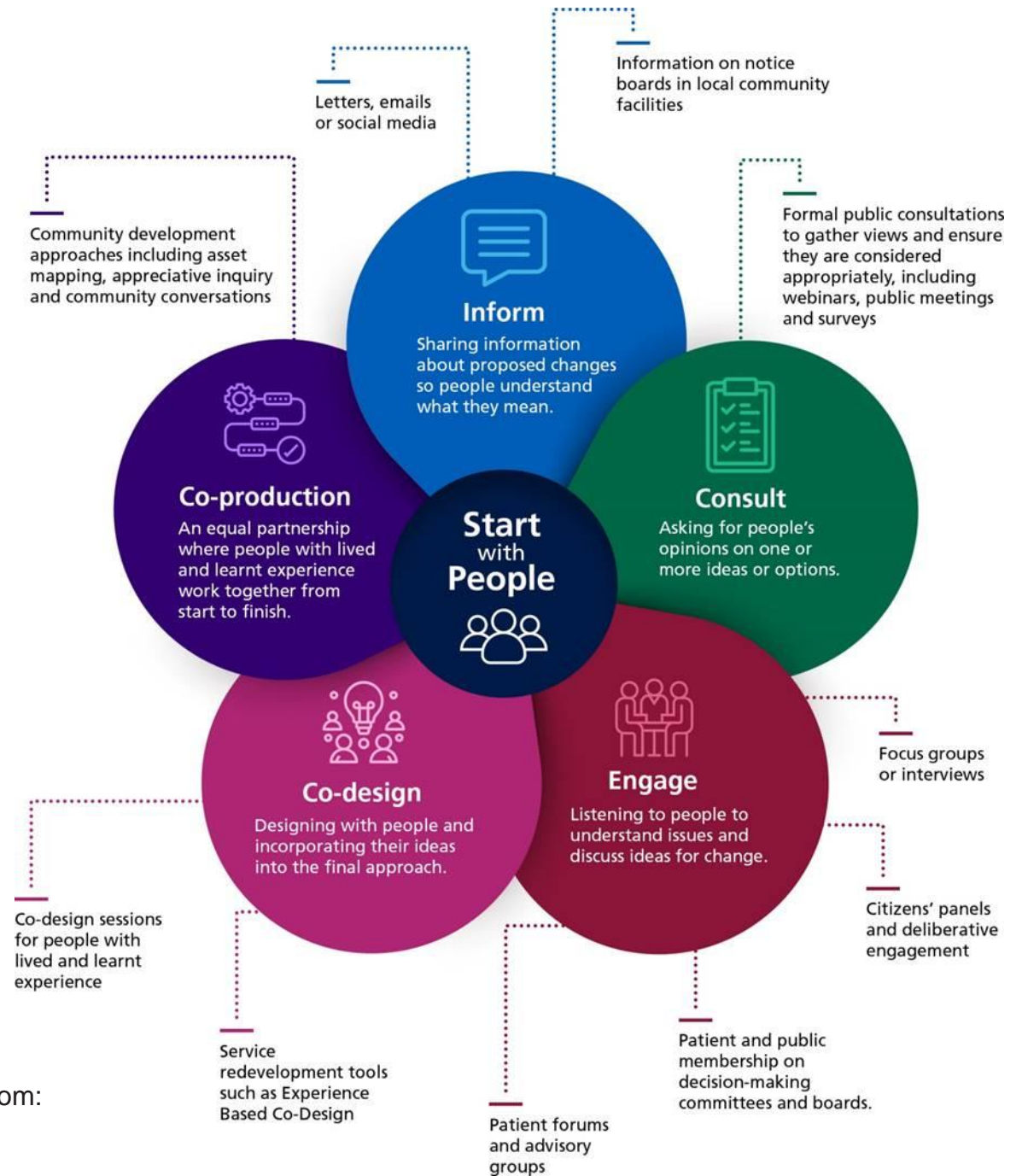
Why engagement matters: Lung Health Checks in Hull

- To understand barriers to access – e.g., where to take the TLHC mobile unit.
- To inform communication – e.g., how to invite targeted people.
- To have a focused conversation but open enough to explore what matters to people.



Different approaches to working with people and communities:

- Starting with people means going to places they already are and beginning by listening to them
- Includes a range of activities and blend of approaches;
No 'one size fits all' approach



Source: NHSE Guidance on working with people and communities. Available from:
<https://www.england.nhs.uk/get-involved/involvementguidance/>

Example: Cancer screening workshops for communities at risk of healthcare inequalities in Leicester



<https://www.youtube.com/watch?v=1FR1aiqe37Y>



Examples of organisations you can connect to:

- NHS people and groups – e.g. patient participation groups (PPGs) and integrated care board (ICB) engagement leads
- Other health organisations – e.g. your [local Healthwatch](#)
- Your local council - including council spaces like libraries
- Voluntary sector organisations like [Citizens Advice](#) and your local [voluntary and community sector alliances](#) and [community organisations](#).
- Advocacy groups
- Local universities
- Faith groups
- Community centres



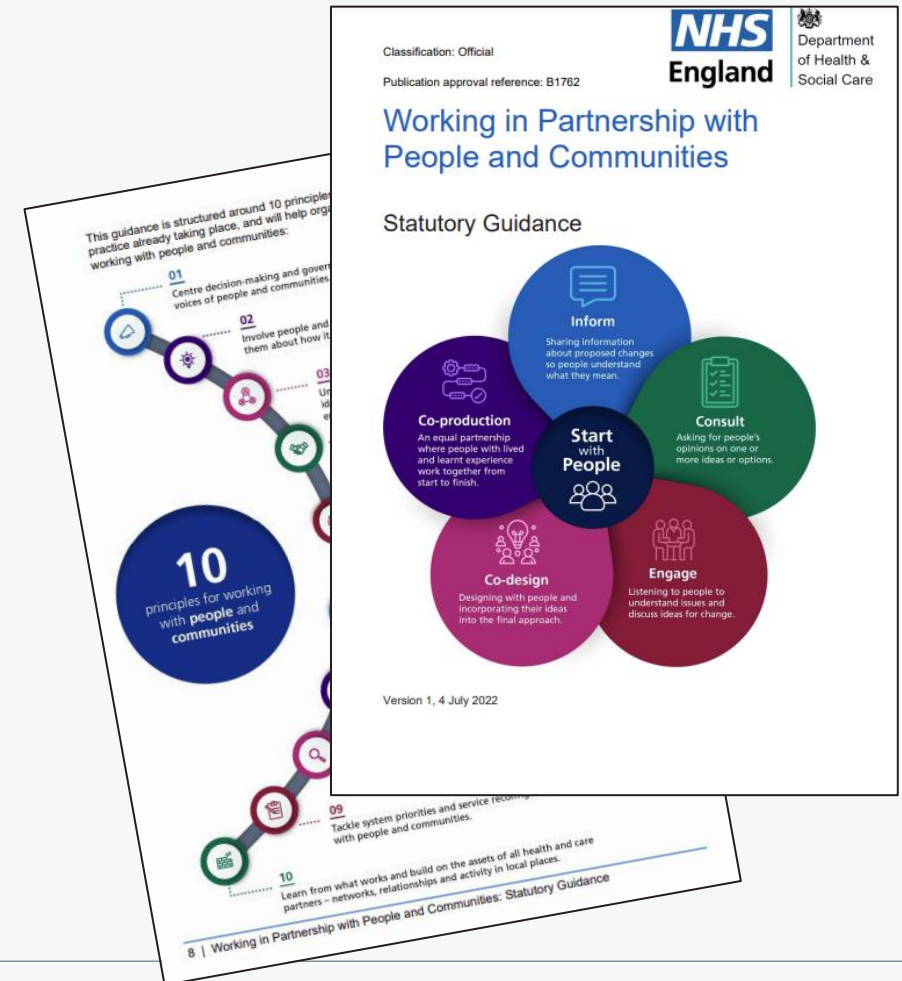
Working with People & Communities – equality considerations

Not every type of involvement works for everyone, and there can be additional complexities to working effectively with some groups. Here are some things to consider:

- **Disabilities** – make reasonable adjustments for access
- **Mental health** – peer support workers to facilitate involvement
- **Ethnic minority groups** – targeted resources, including in different languages
- **Deprivation and poverty** – consider financial support
- **Literacy and health literacy** – Be mindful of NHS terms and acronyms, provide information in Easy Read
- **Digital inclusion** – don't assume everyone has access or the skills and confidence to engage digitally

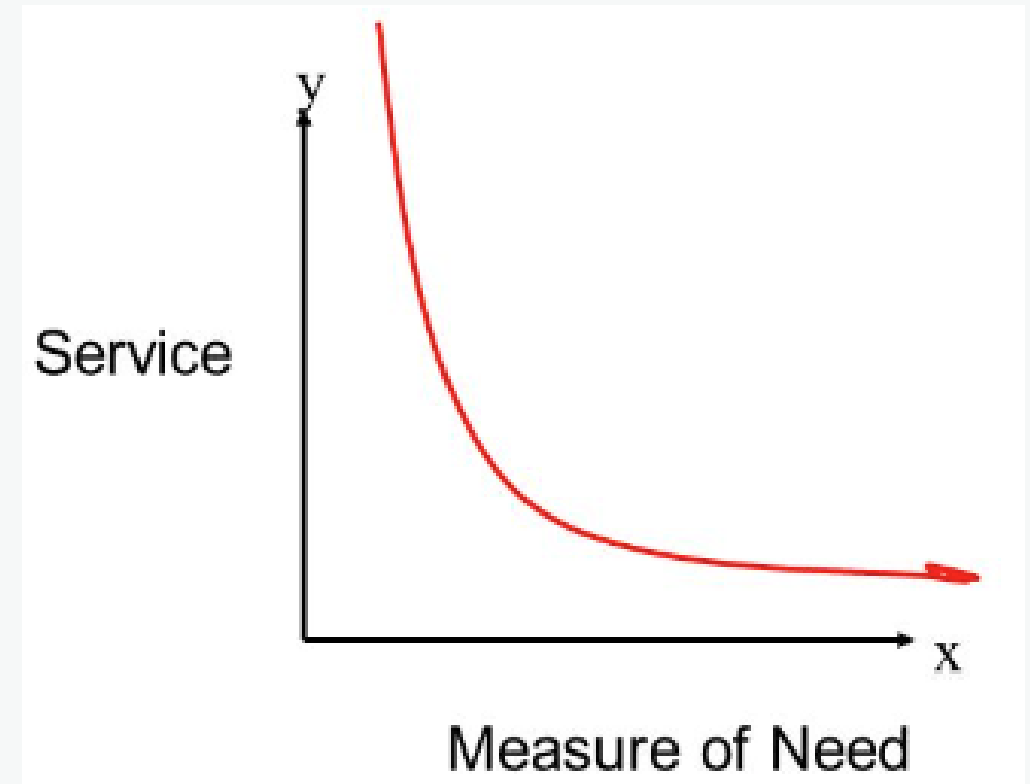
Resources for working with people and communities:

- [NHSE Guidance on working with people and communities](#)
- Mayday Trust have spent many years working with people using services and listening to their experiences. Through this work, they developed an approach called the Person-led, Transitional and Strength-based (PTS) Response: [Mayday Trust PTS approach](#)



Challenge: Design for unmet need

- Fifty years ago, a Welsh GP called Julian Tudor Hart coined a phrase “**the inverse care law**”, which states that people who need services most are often the least likely to get them.
- The flipside of this is that some people with less need for healthcare will use it more.
- If we really want to design and deliver services that work for everyone, we need to focus our efforts on working with groups who have been pushed out or pushed to the edges.



What we are looking for in the 500 words within the application:

- Description of **health inequalities identified** for your cancer type(s) in relation to deprivation and/or relevant protected characteristics and/or have mapped out where health inclusion groups might be at risk of being excluded.
- How you **engaged with people and communities** at greatest risk of experiencing health inequalities; examples of the insights you have gained from this engagement; details of how you will apply this insight to shape your innovation and involve them going forward.





NHS

England

Thank you

Application workshop

Writing a high-level
evaluation plan

Presented by:
Jess Abell – NHSE CAIT Evaluation Team



Who are the NHSE CAIT evaluation team?

Evaluation Team Functions

Oversight of evaluation activity

Ensure the Cancer Programme is supported by robust evaluation

Scoping, commissioning and managing evaluations

Overseeing and reviewing evaluation activity and methodologies from external evaluation partners.

Activity

Undertaking evaluations

Carry out small scale evaluation activity such as evidence reviews, process evaluation, qualitative and / or quantitative activity

Evaluation Oversight Group

Manage a group of evaluation and subject matter experts to advise, feedback and oversee evaluation activity.

Governance

Increase Evaluation capability

Embed an evaluation culture across the Cancer Programme through a **Community of Practice**.

Lead training of evaluation activities

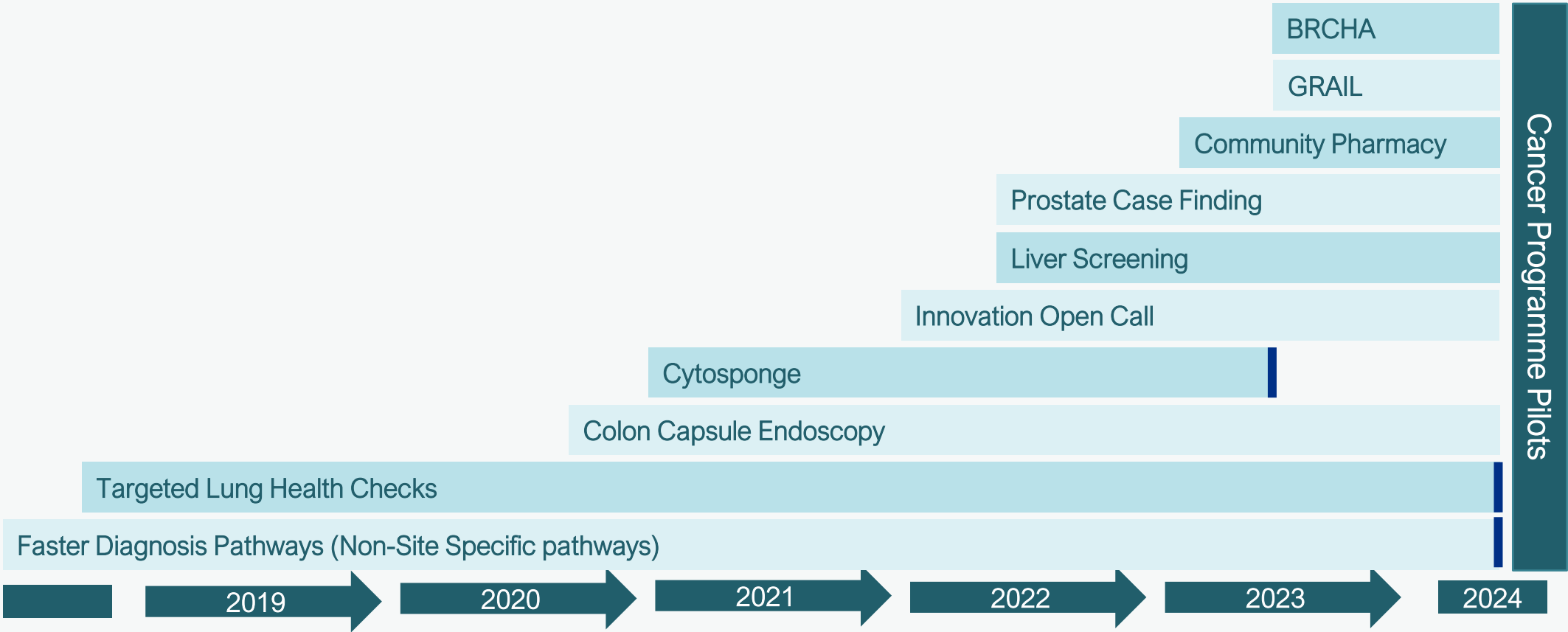
Shared working

Cancer Programme strategy group

Promote and share evaluation findings across the cancer programme and embed within policy and future interventions.

Impact

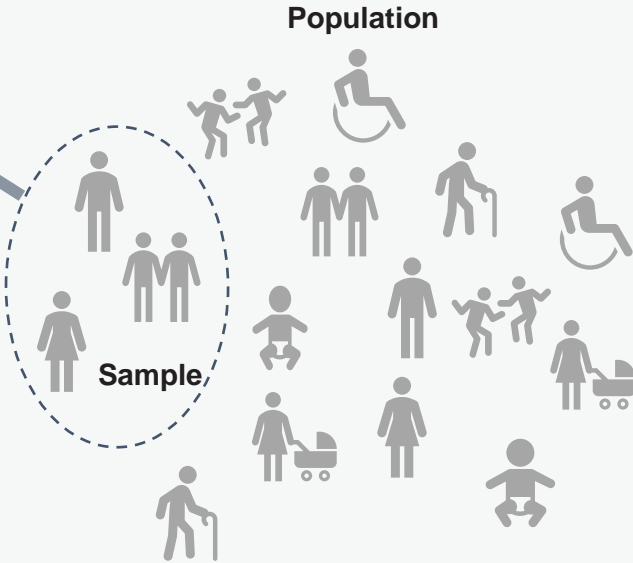
The Cancer Programme pilots



The Cancer Programme approach to evaluation

RCT

Randomised controlled trials provide gold standard evidence for clinical efficacy



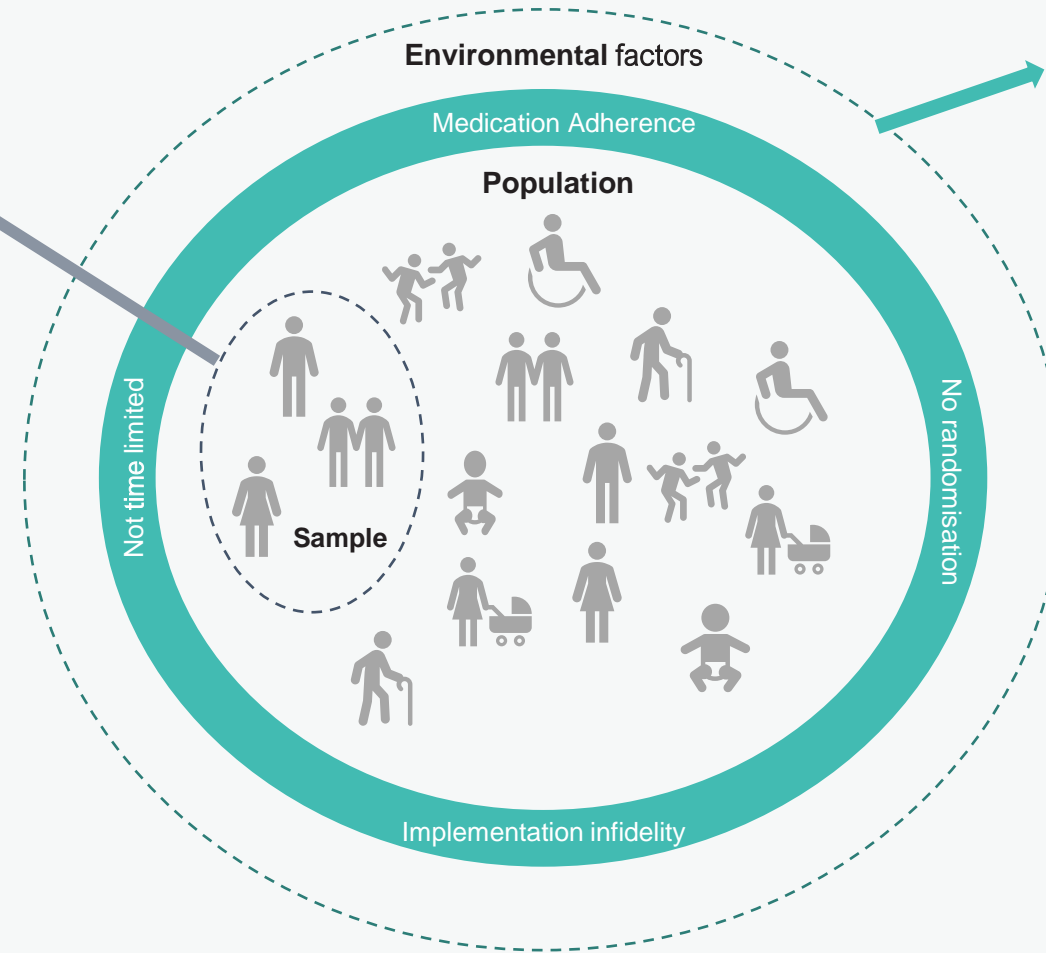
The Cancer Programme approach to evaluation

RCT

RWE

Randomised controlled trials provide gold standard evidence for clinical efficacy

Real-World evaluations can be used to validate findings in larger sample sizes and help us understand how these interventions will perform in the real world.



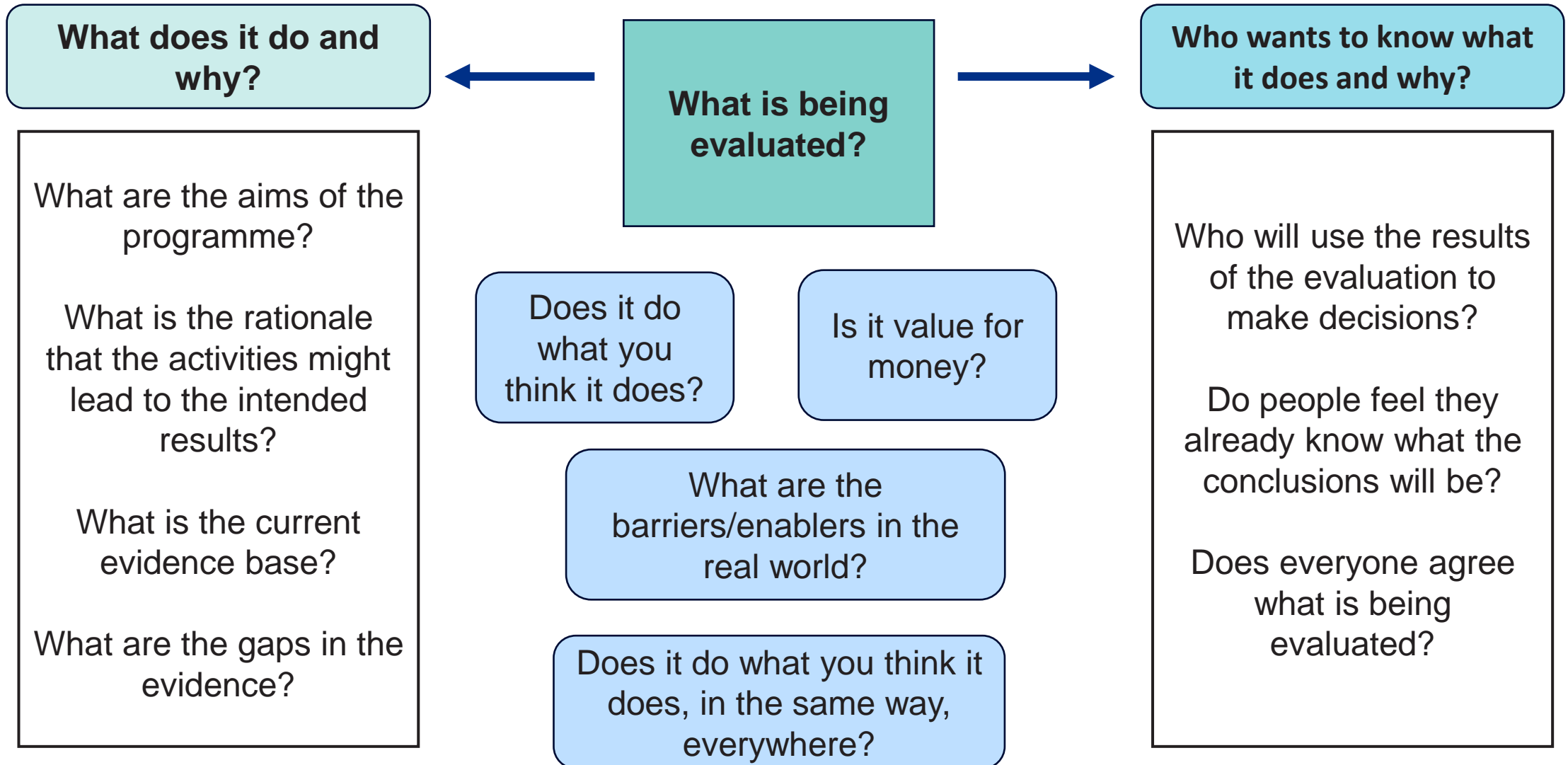
What is our role in Innovation Open Call process?

What is our role in Innovation Open Call process?

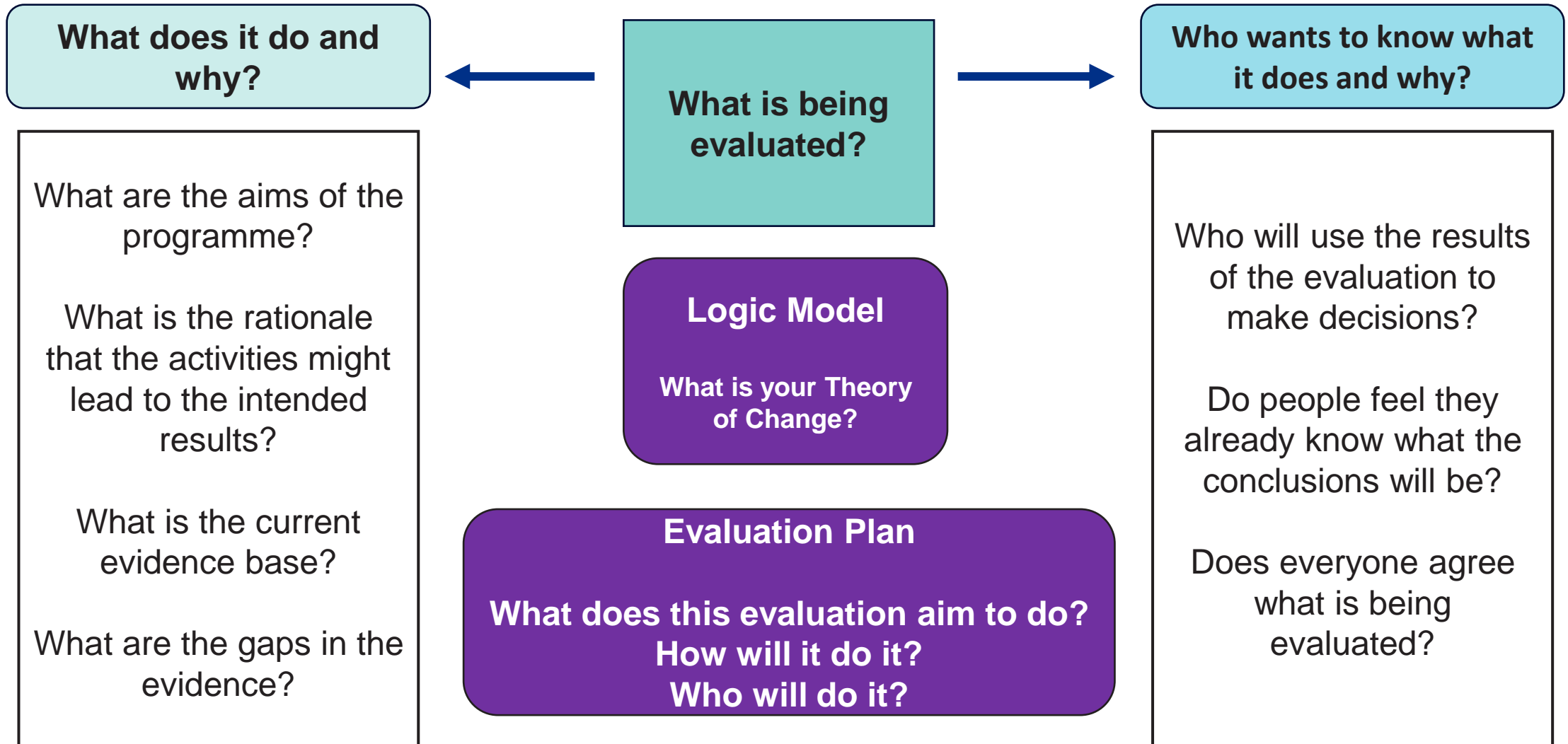
Application Stage	Successful Applications
<ul style="list-style-type: none">• Review high-level evaluation plan• Review Logic Model	<p>Step 1</p> <ul style="list-style-type: none">• Review revised logic model• Review evaluation mapping table• Provide feedback on logic model and evaluation questions <p>Step 2</p> <ul style="list-style-type: none">• Review full evaluation strategy• Provide feedback on full evaluation strategy <p>Step 3</p> <ul style="list-style-type: none">• Review revised evaluation strategy• Provide final suggestions

What is an evaluation plan?

What is an evaluation plan?



What is an evaluation plan?



Yes, I get it, you all want to eat brains. But why do you want to eat brains? what is our intended outcome here?



Zombie
Evaluators



fresh spectrum

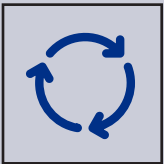
How we evaluate an evaluation plan:

- Are there clear objectives/questions?
- Are the methods appropriate to answer the questions?
- Are the outcomes clear?
- Does the data exist?
- Is there enough resource to meet the aims?

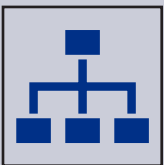
What is a logic model?



A **Theory of Change** is a description of how and why a desired change is expected to happen in a particular context and is a useful approach for both **programme management** and **evaluation purposes**.



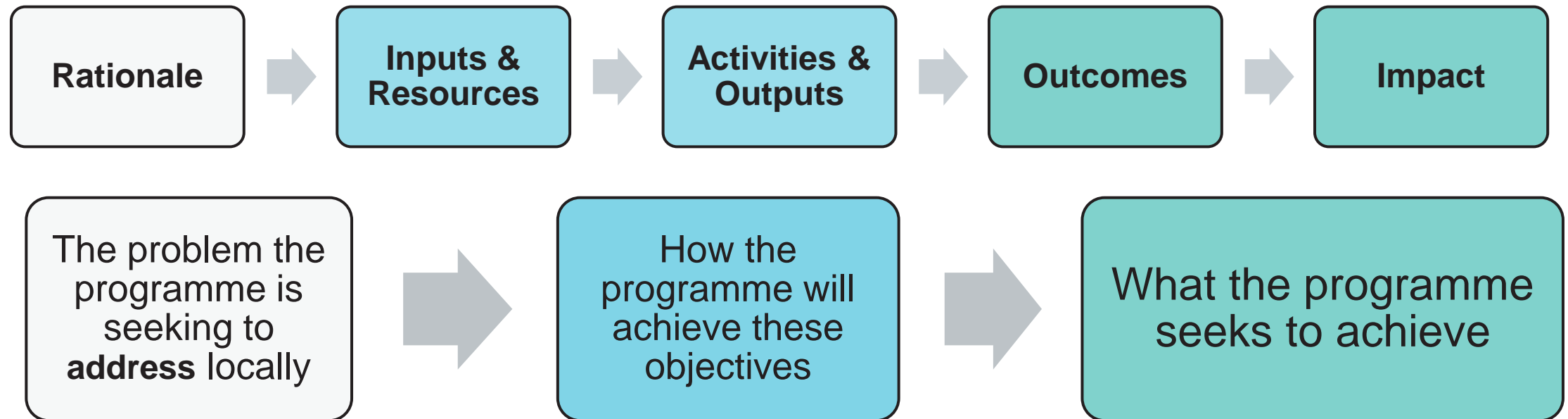
A **logic model** is one way to articulate your **Theory of Change**.



A **logic model** is a graphic display or map of the relationship between a programme's resources, activities and intended results, which identifies the programme's underlying theory and assumptions.

A Theory of Change

- What is the problem the programme is seeking to address locally (this is your rationale or situation)
- What does the programme seek to achieve (these are your expected outcomes and impact)
- How the programme will achieve these objectives (these are your inputs & resources and activities & outputs)



**What are we looking for in
the application form?**

What are we looking for in the application form?

Evaluation aims/questions

What is the gap in evidence trying to fill?

What will this specific evaluation try to answer?

Evaluation methods

What type of evaluation will this be? (process, impact, economic etc)

What type of methods?

Potential outcomes

What will the evaluation measure to show if the innovation has been successful?

Proposed evaluation partner

If you don't know, who will they will be then briefly describe the process you will undertake to select them.

Logic Model (not included in 500 words)

Will demonstrate what the evaluation aims to do and the wider context.

What resources are available to help?

What resources are available to help?

An Introduction to Approaches to Evaluation

The guide is available to applicants to support them to develop their evaluation as part of their application.

This guide sets out:

- An introduction to evaluation and why it is important.
- Developing a Theory of Change for evaluation.
- Key approaches to evaluation.
- Data collection strategies.

A Guide to Logic Models

These PowerPoint slides provide a brief overview of how to develop a Theory of Change and Logic Models and provides an example.

What resources are available to help?

Resource name	Logic model template	Evaluation mapping table	Data metric mapping table template	Evaluation strategy template
Purpose	To define the theory of change for the project.	To map the evaluation themes/aims to evaluation questions and identify key data or information sources which will be required.	To map methods, outcomes, and data metrics with each of the evaluation questions.	To set out the overall evaluation and the specific methodological approaches to address each of the evaluation questions.
Who should complete this template?	Applicant – should be revised by the evaluation partner as part of evaluation strategy	Evaluation partner	Evaluation partner	Evaluation partner
When should this be completed?	A <i>draft</i> Logic Model is to be submitted with your application.	To be submitted to the NHS Cancer Programme one month after the project starts, alongside the revised Logic Model.	To be submitted to the NHS Cancer Programme alongside the evaluation strategy, three months after the project starts.	To be submitted to the NHS Cancer Programme three months after the project starts.

Innovation Open Call: How to apply

Filling out the Early Diagnosis
Impact Assessment Template

Presented by:

Jason Poole, Senior Analytical Lead
Dem Jardel, Senior Analytical Manager
Cancer Analysis and Insights Team (CAIT)





Filling out the Early Diagnosis Impact Assessment Template

What we'll cover:

- The purpose of the early diagnosis impact assessment model and how it works.
- How the early diagnosis impact model feeds into the Innovation Open Call assessment process.
- How to complete the template correctly.



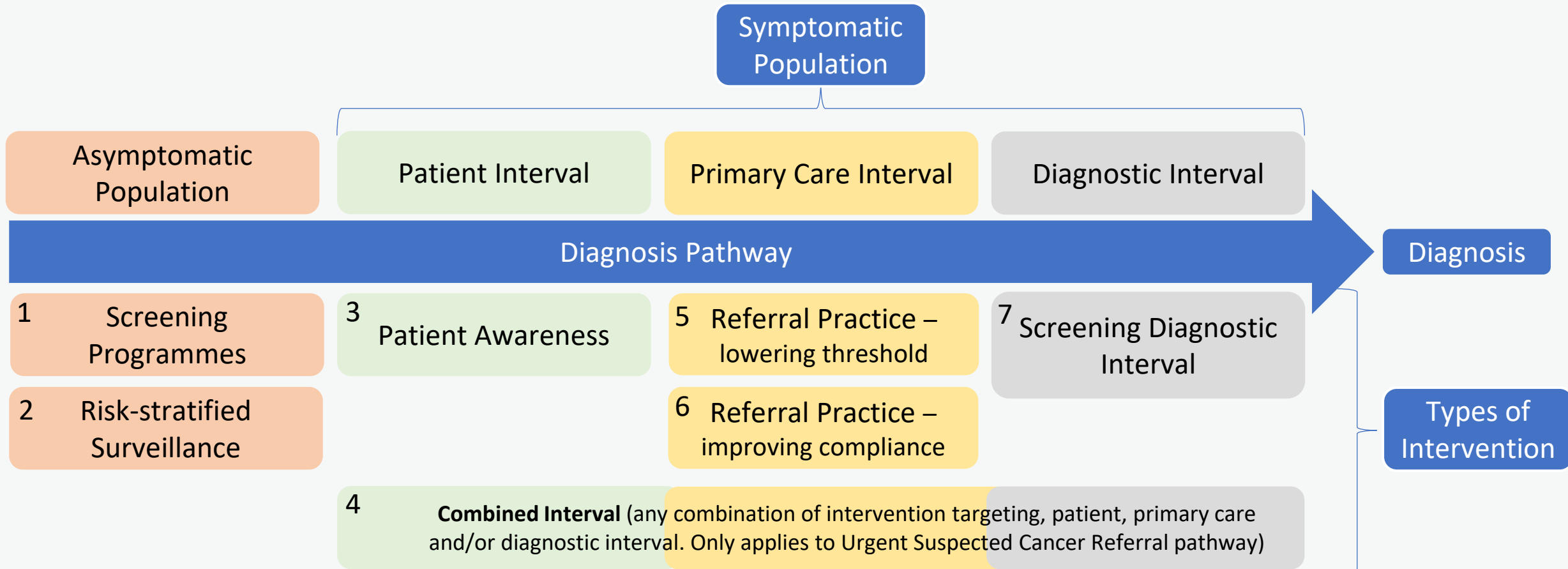
Purpose of the early diagnosis impact assessment model and how it works

We have developed a modelling tool to quickly and consistently assess the impact of early diagnosis (ED) interventions. It calculates impacts of ED innovations and interventions based on standardised parameters and data cuts.

The tool is set up to estimate the impact of innovations aimed at increasing ED.

- Asymptomatic screening – population detection
- Risk-stratified surveillance – proactive targeting
- Improving patient awareness of symptoms – earlier presentation
- Investigating and referring lower risk patients e.g. new triage test, case-finding, risk stratification
- Improving compliance with current referral guidance
- Diagnostic interval – reduction for existing screening programmes
- Reducing the overall interval from first symptoms to diagnosis - including patient interval, primary care interval, diagnostic interval

Purpose of the early diagnosis impact assessment model and how it works





Purpose of the early diagnosis impact assessment model and how it works

For each innovation, the modelling tool quantifies the number of averted late diagnoses by geography, cancer, patient age, gender and deprivation.

- Parameters required to estimate likely impact (e.g. sensitivity rates by stage when introducing asymptomatic screening).
- Other parameters are fixed in the tool. These include:
 - Core data e.g. incidence by stage of disease
 - Key assumptions e.g. incidence projections, disease progression/cancer dwell time
 - Assumptions on scope for improvement e.g. primary care interval (CPES), secondary care interval (FDS), symptom prevalence (CRUK)
- **Inputs, which is where the template comes in. We need information from you, as complete and accurate as possible, to best estimate ED impact.**

How the early diagnosis impact model feeds into the Innovation Open Call assessment process

- This template will enable the NHS Cancer Programme to model the potential impact of your innovation on early diagnosis.
- This forms part of the competition's assessment process so please do aim to fill this out properly.
- Laura from SBRI will explain more information about the assessment criteria in her presentation later today.

4.2. Early diagnosis impact assessment



How does your innovation improve early diagnosis?

Please select all that apply and provide detail specified in the guidance for applicants. All applicants must complete the "Early Diagnosis Impact Assessment". The Excel template is available on the [competition webpage](#).

Please use this section to support the data provided in the template and to add further description as to how your project will improve earlier diagnosis.

Please link to the information that you will provide in the template.

Select all that apply to your application.











- Increasing cancer detection in asymptomatic population
- Improving screening uptake/adherence
- Proactively target/stratify [patients](#)
- Encourage patients to present [earlier](#)
- Increasing referrals
- Rule out/in for lower risk patients
- Other - please specify

500 words

How to complete the template correctly

SBRI Healthcare - NHS Cancer Programme - Innovation Open Call 3

Supporting documents

				
Challenge Brief	Slides from <u>Briefing Webinar</u>	Invitation to Tender	Sample NHS Cancer Programme Development Agreement	Application form - sample, do not use
				
Early Diagnosis Impact Assessment	Finance Spreadsheet - Innovation Open Call 3	NHS Cancer Programme Payment Request form	**1. Evaluation Guidance for Applicants and Awardees	**2. Logic model Template

Early Diagnosis Impact Assessment

This template will be used to model the impact of your innovation on early diagnosis. The analysis will form a central part of the assessment process. It is essential that all applicants complete this template with as much information as possible to enable a quantitative assessment of your innovation's potential impact on earlier diagnosis.



Contacts

Programme management office

T 020 8843 8125

E sbri@lgcgroup.com

More info

Other NHS Cancer Programme initiatives

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

On this competition

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

Thank You



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



[company/nhsengland](https://www.linkedin.com/company/nhsengland)



[england.nhs.uk](https://www.england.nhs.uk)



NHS Cancer Programme Innovation Open call 3








How can I make my bid stand out?

Dr Laura Tornatore
Senior Programme Manager
SBRI Healthcare Programme Management
Office (PMO)



Top tips for developing a competitive bid



-  Fit within scope
-  Get the right partners
-  Tell a compelling story supported by robust evidence base
-  Design Feasible Project Plan & Mitigate risks
-  Outline IP ownership Scale up/Adoption strategy
-  Design your budget carefully
-  Allow Plenty of Time & Do Final Checks



Fit within scope



Make sure your project is within the call remit (*)

Aim: improve early cancer diagnosis into front-line clinical setting (see ambitions set out in the [NHS Long-Term Plan](#))

Entry point: Late Stage of development (CE marking or equivalent AND/OR in use in at least 1 NHS provider in standard routine care)

Project type: real world implementation project (local/regional/national)

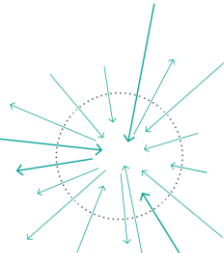
Goal: Generate real-world implementation evidence required for successful implementation, adoption and spread



All eligible applications will be reviewed by experts who will provide feedback



(*) Details of the challenge, eligibility criteria and expected outcomes of the projects can be found the [Challenge Brief](#).



Accelerated Access Collaborative

Can you count on the right set of skills and experience?



Get the right partners

Team Expertise

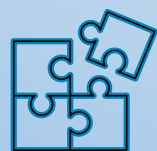
Engagement with key Partners
*(i.e. Cancer Alliances and Health
Innovation Network)*

Commitment from NHS
implementation sites



Assessment Criteria: Does the host organisation and project team appear to have the right skills and experience to deliver the project? (WEIGHT 15%)

How can your innovation impact on early cancer diagnosis?



Tell a compelling story supported by robust evidence

Readiness of your innovation

Strong Evidence Base
Data on safety and efficacy + clinical effectiveness (where available)

Fitting within the care pathway

Improvement to the proposed care pathway

Supporting documents (*)



Assessment Criteria:

- How well does the proposal address the challenge outlined in the brief and how significant is the impact on early cancer diagnosis? (WEIGHT 20%)
- How convincing is the evidence base to demonstrate that the proposed solution would improve earlier cancer detection and diagnosis? (WEIGHT 20%)

(*) The following documents are mandatory:

- ✓ Relevant documentation to support regulatory approval/compliance claims made in the proposal
- ✓ List of Reference
- ✓ List of evidence on safety and efficacy (e.g., sensitivity, specificity, positive and negative predictive values) for the proposed solution (i.e., peer reviewed publications, conference proceedings, reports, etc.)
- ✓ A completed "Early diagnosis impact assessment". **The template is available on the competition webpage**
- ✓ Pathway map showing the innovation disrupted pathway against the normal clinical pathway (must not exceed 1 single side of A4), including all steps in the pathway (including triage/analysis etc.) and statistics or percentages of patients/referrals going down the different routes within the pathway, if possible
- ✓ Gantt chart for the project (must not exceed 1 single side of A4), including steps required to obtain relevant review(s) and/or approval(s), if applicable.
- ✓ A completed [logic model](#) (2 single sides of A4). **The template is available on the competition webpage**
- ✓ [Finance spreadsheet](#). **The template is available on the competition webpage**

Is your project plan feasible? Are risk mitigation appropriate?





**Design Feasible Project Plan
& Mitigate risks**

Clear Aims and Objectives	<input type="checkbox"/>
Robust study design	<input type="checkbox"/>
Work packages & Milestones (*)	<input type="checkbox"/>
Tangible Outcomes/outputs	<input type="checkbox"/>
Risk Mitigation	<input type="checkbox"/>
Independent evaluation plan (high-level)	<input type="checkbox"/>
Gantt chart	<input type="checkbox"/>



Assessment Criteria: Are the project plan (including independent evaluation plan), deliverables and risk mitigation strategy appropriate? (WEIGHT 15%)

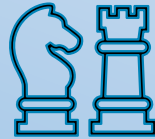
() Please note that:*

- All applicants are recommended to include a set-up phase (~4-6 months) in the proposed project timeline. The set-up period will enable the project team to undertake all activities needed to start the implementation of the proposed innovation, see also "Monitoring Expectations for the Awardees" on page 6 of the [Invitation to Tender](#).*
- Since 1 April 2023, NHS organisations require all suppliers of new contracts for goods, services, and / or works to publish a Carbon Reduction Plan (CRP) for their emissions. In view of this, applicants are invited to include a work package to develop such plan by the end of the project*



What's the competitive advantage of your innovation?

What's your plan for scale up/adoption?



IP management
Scale up/Adoption strategy

IP Ownership & Governance

Market analysis

Plan for scale up and/or adoption

Understanding of procurement frameworks

Sustainability plans for carbon reduction



Assessment Criteria:

- Will the solution have a competitive advantage over standard of care and existing alternative solutions, and how innovative is the proposal and are the arrangements surrounding the use and development of Intellectual Property appropriate? (WEIGHT 10%)
- Does the proposed project have appropriate commercialisation and adoption strategies, including a comprehensive sustainability plan for carbon reduction, which aligns to the new NHS net zero requirements for procurement in the UK? (WEIGHT 10%)



Are the costs justified and appropriate?



Design your budget carefully
(up to £4 M)

Justify ALL costs (*)

Test/Intervention

Set-up costs
(e.g. IT, IG, training for staff)

Innovation delivery
(including staff costs at the site)

Resources for data transfer for
independent evaluation

PPIE activities costs

Independent Evaluator

Project management



Plan your application and take your time..... don't rush it !!!



Allow Plenty of Time

Make sure you've got all the information

Get advice and feedback

Don't leave it too late to submit your application

Key dates:

- ✓ Call will Open on 08 April 2024
- ✓ Call will close on 29 May 2024 at 1:00 p.m.



How to apply?



Apply via the Research Management System (RMS)

Programme Management Office
Research Management System

The Programme Management Office (PMO) manages and administers research programmes funded by the National Institute for Health and Care Research (NIHR), part of the Department of Health and Social Care (DHSC), and/or NHS England and NHS Improvement through this Research Management System (RMS). The research funded is independent and investigates a range of health and social care and related matters and assists in how research-based knowledge is applied across all health and social care sectors.

Data Privacy
LGC Limited are the data processors on behalf of DHSC and NHS England. When applying to NIHR please refer to the [NIHR privacy policy](#) which includes further information including ways we may use your data, NIHR contact details and details on your individual rights regarding how your data is used. Your data may be shared across the NIHR, including with other NIHR coordinating centres, to allow grant applications to be managed and for statistical analysis. DHSC is the data controller for your data.

When applying to SBRI please refer to the [SBRI privacy policy](#) which includes further information including ways we may use your data, SBRI contact details and details on your individual rights regarding how your data is used. NHS England is the data controller for your data.

Existing Users
Please log in to access your account.

Email

Password

[Forgot Password?](#)

New users
Please use your **organisational** email address to register.

If you are a **public reviewer** or **public co-applicant** you may use your personal email address to register. Please select **PPI representative** for organisation and **public reviewer/public co-applicant** for **Expertise/Position** in the registration form.

Please allow up to two working days for registration details to be reviewed, validated and approved.

[System Help](#)

Do not delay today's work for tomorrow

Register your organisation with RMS, if needed and create and account

- Start creating your and your partners' accounts soon! It can take a few days for new accounts to be approved.



Assessment Criteria



To shortlist applications

How well does the proposal address the challenge outlined in the brief and how significant is the impact on early cancer diagnosis? *(WEIGHT 20%)*

How convincing is the evidence base to demonstrate that the proposed solution would improve earlier cancer detection and diagnosis? *(WEIGHT 20%)*

Are the project plan (including independent evaluation plan), deliverables and risk mitigation strategy appropriate? *(WEIGHT 15%)*

Will the solution have a competitive advantage over standard of care and existing alternative solutions, and how innovative is the proposal and are the arrangements surrounding the use and development of Intellectual Property appropriate? *(WEIGHT 10%)*

Does the proposed project have appropriate commercialisation and adoption strategies, including a comprehensive sustainability plan for carbon reduction, which aligns to the new NHS net zero requirements for procurement in the UK? *(WEIGHT 10%)*

Does the proposed innovation have the potential to enhance equity of access and has the project demonstrated appropriate considerations toward patient and public involvement and engagement? *(WEIGHT 5%)*

Does the host organisation and project team appear to have the right skills and experience to deliver the project? *(WEIGHT 15%)*

Are the costs justified and appropriate? *(WEIGHT 5%)*

To make funding recommendation

How well does the proposed technology meet the competition brief?

To what extent does the proposed technology offer potential clinical benefit to the NHS and/or social care settings?

How strong is the team (including partners and sub-contractors,) with particular reference to the delivery of milestones relevant to the project?

How well is the case for commercial and NHS sustainability made and does the solution offer value for money?

Keep in Mind!!!



- Do not underestimate the time needed for registering on RMS.
- Please read the Challenge brief, Invitation To Tender and competition documents on the competition webpage
- Read the NHS Cancer Programme Development Agreement - *terms are non-negotiable*
- Take advantage of the support available:
 - ✓ FAQs - Innovation Open Call 3 page,
 - ✓ Applicant Guidance and Portal Guidance
 - ✓ Contact Programme management office (E: sbri@lgcgroup.com)



Q&A session – 18 April, 11 am - [Register here](#) - *If you wish to discuss any questions privately, please book a drop-in session (up to 5 min) with SBRI PMO by sending an email sbri@lgcgroup.com within 10 April 2024*

**Do Final Checks....
Remember the little things count!**





Contacts

Programme management office

T 020 8843 8125

E sbri@lgcgroup.com

More info

Other NHS Cancer Programme initiatives

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

On this competition <https://www.sbrihealthcare.co.uk>