



## **SBRI Healthcare Cancer Programme Application Form**

This template of the SBRI Healthcare application form can be used to assist applicants in completing the online application form; it **cannot** be submitted as an application. Only applications submitted online via the Programme Management Team (PMO) Research Management System (RMS) will be accepted. However, information can be copied from the Word template into the online application form.

### **Section: Introduction**

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

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

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

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


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

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


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

## Section 1: Application Summary

### Application Title

 The project title should state clearly and concisely the proposed research. Any abbreviations should be spelled out in full.


### Sub-Challenge Selection

 Select the appropriate sub-challenge that you are applying under. If your application covers both challenges, please select the entry with both challenges below, and ensure that you address section 4a accordingly. Please refer to the [call briefing](#) for details.

Select from drop down list:


- 1) Early Detection and Diagnosis of Cancer.
- 2) Diagnostic efficiency for cancer services
- 3) Both Challenges.

### Host organisation (which will administer any award):

 Please give details of the organisation who will be responsible if the project is funded.

**NOTE:** If your organisation does not appear on this list, please contact the [SBRI Healthcare PMO](#)

### Project start date

 Please enter a date not earlier than 01 September 2021


### Contract duration

#### Contract duration

 Enter the length of the desired SBRI Healthcare contract as a number of months

Numerical -



#### Total contract cost


 Including VAT


Auto-populate from finance section


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Type of innovation
Select from drop-down list Medical device In vitro diagnostic Digital health technology Service improvement Other – Please specify

Other

20 words 

Tumour site
 Select the most appropriate category related to your application
Select from drop-down list: Bladder Breast Colorectal Head and Neck Kidney Lung Lymphoma Melanoma NHL Oesophagus Ovarian Pancreas Prostate Stomach Uterus Other

Tumour type
 Please indicate the tumour type (e.g. for Lung: NSCLC or adeno)
(30 words max)

Market segment
 Select the most appropriate market segment related to your application
Select from drop-down list: in vitro diagnostics cardiology diagnostic imaging orthopaedics ophthalmic respiratory drug delivery cancer dental diabetic care wound management, healthcare IT neurology

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surgery endoscopy	nephrology ear nose & throat
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### Market size

Please state the market size in the NHS/Social care sector for your proposed technology/device/solution

300 characters

### AHSN(s) Involved in the project

If you have engaged with one or more AHSN during this project, please select all that apply.

East Midlands  
Eastern  
Greater Manchester  
Health Innovation Network (South London)  
Imperial College Health Partners  
Kent, Surrey and Sussex  
Innovation Agency (North West Coast)  
Oxford  
South West  
UCL Partners  
Wessex  
West Midlands  
West of England  
Yorkshire & Humber  
N/A

### AHSN Role

Please describe the role of the AHSN in the project.

Not mandatory


50 words

### Cancer Alliance(s) Involved in the project

If you have engaged with one or more Cancer Alliances during this project please select all that apply below.

Northern Cancer Alliance  
Lancashire and South Cumbria Cancer Alliance  
West Yorkshire and Harrogate Cancer Alliance  
Humber, Coast and Vale Cancer Alliance  
Cheshire and Merseyside Cancer Alliance  
Greater Manchester Cancer Alliance  
South Yorkshire and Bassetlaw Cancer Alliance  
West Midlands Cancer Alliance  
East Midlands Cancer alliance  
East of England – North Cancer Alliance  
East of England – South Cancer Alliance  
North Central London Cancer Alliance  
North East London Cancer Alliance  
RM Partners  
South East London Cancer Alliance  
Kent and Medway Cancer Alliance  
Surrey and Sussex Cancer Alliance  
Wessex Cancer Alliance  
Thames Valley Cancer Alliance  
Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance  
Peninsula Cancer Alliance

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<b>Cancer Alliance(s) Role</b>	
 Please describe the role of the Cancer Alliance(s) in the project.	
Not mandatory	<i>50 words</i>

## Section 2: Company Details

### Company website

50 character

### Company registration number

50 character

### VAT registration number

50 characters

### Region

Select from drop-down list:  
East of England,  
North East,  
North West,  
Northern Ireland,  
Scotland,  
South East,  
South West,  
Wales,  
West Midlands,  
Yorkshire,  
Humber,  
Outside UK,

### Company size

Select from drop-down list  
Micro <10 employees,  
Small <50 employees,  
Medium <250 employees,  
Large >250 employees

### Company status

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Select from drop-down list  
Pre start-up,  
Start-up <1 year,  
Established 1-5 years,  
Established 5-10 years,  
Established >10 years,

**Type of organisation**

Select from drop-down list  
Private sector,  
Public sector,  
Academic,  
NHS/Healthcare provider,  
Not for Profit (third sector),

**Main business activity**


*50 characters*

**Annual turnover**

*50 characters*

## Section 3: Plain English Summary

### Plain English Summary

 A plain English summary is a clear explanation of your project.

Many reviewers use this summary to inform their review of your funding application. They include technical, research and commercial experts who do not have specialist knowledge of your field as well as members of the public. If your application for funding is successful, the summary will be used on the SBRI Healthcare website.

A good quality plain English summary providing an easy to read overview of your whole study will help:

- a) those carrying out the review (reviewers and panel members) to have a better understanding of your project proposal
- b) inform others about your project such as members of the public, health professionals, policy makers and the media
- c) the research funders to publicise the research that they fund.

If it is felt that your plain English summary is not clear and of a good quality then you may be required to amend it prior to final funding approval.

It is helpful to involve patients / carers / members of the public in developing a plain English summary.

#### Content:

When writing your summary, consider including the following information where appropriate:

- a) aim(s) of the project
- b) background to the project
- c) design and methods used
- d) patient and public involvement
- e) dissemination

The plain English summary is not the same as a scientific abstract - please do not cut and paste this or other sections of your application form to create the plain English summary.


Further guidance on writing in plain English is available online [in the 'Make it Clear' website](#).

300 words



## Section 4: Project plan

### 4a. Description of unmet need and how the proposed technology addresses it

 Please tick all that apply.

**Challenge 1, Question 1**) Please confirm that this innovation will identify more people with cancer than standard care/processes (drop down)

Yes  
No  
N/A

**Challenge 1, Question 2**) If YES, please select how the innovation will identify more people with cancer by ticking the relevant categories and providing a narrative summary in the next section. (Please tick all that apply but only provide a narrative explanation for the main mechanism that will enable more people to be brought into the system.)

- Does it target an asymptomatic population that are not targeted by current screening programmes?
- Will it improve screening uptake in a cohort that typically has a lower screening uptake?
- Will it proactively target or stratify patients with a genetic predisposition for cancer or other risk factors for whom (a) there is no screening programme or current intervention in place or (b) the current screening programmes/interventions could be improved?
- Will it encourage more patients to present to primary care earlier, particularly if these patients typically present late?
- Will it increase referrals, or reduce variation in referrals across primary care?
- Could it be used as a rule out or rule in test in primary care, to refer patients for cancer testing, when they are at lower risk i.e. if symptoms are thought not to be severe enough to automatically be referred?
- Other
- N/A

**Challenge 2, Question 1**) Please confirm that this innovation will improve diagnostic capacity and/or efficiency and speed when compared to the current care/processes (drop down)

Yes  
No  
N/A

**Challenge 2, Question 2**) If YES, please select how the innovation will improve diagnostic capacity and/or efficiency and speed when compared to the current care/processes by ticking the relevant category and providing a narrative in the next section. (Please tick all that apply only provide a narrative explanation for the main mechanism that will enable improved diagnostic capacity and or/efficiency and speed

- Does it test/diagnose more patients in the same timescales and cost?
- Does it test/diagnose patients faster?

- Does it test/diagnose cheaper?
- Is it a rule in or rule out test for cancer?
- Does it test more strategically, for example by stratifying patients most at risk in a defined cohort or on a waiting list?
- Does it reduce or streamline resources, for example by reducing consultant/GP time required, improving joint working between primary and secondary care, or digitalising/streamlining processes?
- Is the diagnostic test/approach more accurate than currently in use (higher sensitivity/specificity)?
- Does the innovation provide an alternative test/diagnostic in areas where there is currently pressure, for example endoscopy/ CT/ MRI?
- Is it an innovation to support safety netting of patients?
- Other
- N/A

**4a i. Description of unmet need and how the proposed technology addresses it**

** If you selected challenge 1, please provide a narrative describing:**

- **What is the solution, how it addresses the challenge and what are you planning to achieve?**
  - What is the problem that the solution aims to address and how does this meet the published Challenge Brief?
  - Provide a brief description of the proposed solution.
  - Please specify the entry point of the project.
  - Please specify the expected outcomes of the project.
- **How does it work?**
  - Please provide a narrative on the main mechanism your innovation uses to bring more people into the system.
  - Please provide details around how this innovation will facilitate earlier diagnosis (Stage 1 and 2).

**If you selected challenge 2, please provide a narrative describing:**

- **What is the solution, how it addresses the challenge and what are you planning to achieve?**
  - What is the problem that the solution aims to address and how does this meet the published Challenge Brief?
  - Provide a brief description of the proposed solution.
  - Please specify the entry point of the project.
  - Please specify the expected outcomes of the project.
- **How does it work?**
  - Please provide a narrative on the main mechanism your innovation uses to enable improved diagnostic capacity and/or efficiency among the list selected above.

**If you selected both challenges, please provide a narrative embedding all the above suggestions**

*700 words*

#### 4a ii. Who does it affect?

 **If you selected challenge 1, please include the following areas:**

- Please provide information on the target cohort, including details on age/sex/risk factor/ symptom/ comorbidities/ other etc.
- Under current modelling, how many patients could this innovation bring into the system compared to standard care/processes?
- What is the frequency with which the innovation would be used to bring more patients into the system – for example would it be offered to patients with certain symptoms, as part of existing clinical processes, or would it most likely be offered as regular stand-alone screening (and if so, at what intervals) or as a one-off intervention?


**If you selected challenge 2, please include the following areas:**

- Please provide information on the target cohort, including details on age/sex/risk factor/symptom/comorbidities/other etc.
- Which part(s) of the cancer pathway would be affected by the innovation? In what way would it affect the activity required to diagnose cancer patients? (for example which current activity as part of the pathway would be replaced or facilitated as a result of the innovation being rolled out?)
- Please quantify the efficiency gain (for example, how much quicker will patients be brought into the system? How much faster will patients be diagnosed? How does it reduce the burden on diagnostic services experiencing high pressure?)

**If you selected both challenges, please provide a narrative embedding all the above suggestions**

*500 words*

#### 4b. Description of the technology's evidence accumulated to date

 Please include the following areas:

- **At what stage of development is your innovation?**
  - Is this innovation currently in use in the NHS or elsewhere? *(If yes please specify whether this is in a research setting, piloted roll out or routine use)*
  - What level of regulatory approval does the innovation have? *(please give details where relevant around aspects such as CE marking/class, NICE approval)*
  - Please describe the level of readiness (e.g. is the technology in use in the NHS or elsewhere/ commercialization in the UK and abroad/financial support received/further adaptations needed for adoption).
- **Could your innovation be used/deployed in different ways?** *(for example, at different points in the pathway for different target populations, for different uses/outcomes).* If yes, please explain the different options available, then clearly show which option you are considering when completing this application. Please choose the case with the most evidence.
- **Where does your innovation fit within the care pathway? Please attach a pathway map** showing the innovation disrupted pathway against the normal and COVID-19 clinical pathway. Please aim to include all steps in the pathway (including triage/analysis etc.). Where possible, please include statistics or percentages of patients/referrals going down the different routes within the pathway.
- **What is the evidence?** Please provide a brief narrative explaining the evidence base and what has been done so far to demonstrate that this innovation can identify more people (relevant if you are addressing challenge 1)/ bring more people into the system with cancer significantly earlier (relevant if you are addressing challenge 2) than under standard care/processes. Please include any patient outcomes, such as improved stage at diagnosis that can be attributed to the innovation, and reference any trials or evaluation studies/pilots etc. Please include data e.g. where applicable efficacy/effectiveness/sensitivity by stage/specificity, including confidence intervals.
- Please provide any preliminary considerations on how the technology would impact on cancer services and how the system will need to adapt (including people, processes and culture) in order to deliver system-wide benefits (e.g. output of NICE META tool, other).

700 words

- Attach CARE PATHWAY


#### 4c. Project description and breakdown


 Provide a breakdown of the project with particular reference to the below areas:

- The proposed work-packages, including the key measurable deliverables for each work-package and how these will be delivered.
- Upload a project Gantt chart to support the project breakdown.
- Detail the key risks to the project and state how these will be mitigated against.
- Describe how patients and service users have been involved in the development of your solution to date and how you plan to engage with them during this project. If you are not planning to engage with patients you must explain why.
- Please describe the plans for the evaluation of project outputs and outcomes.


1000 words

 Attach GANTT CHART

4d. Milestones			
<p> Provide up to 5 milestones, relating to the proposed project deliverables, along with timings and appropriate success criteria. Including, but not limited to, technical, clinical, commercial, procurement, and ethical approvals.</p> <p><b>Display and way to enter is open to debate depending on system capability</b></p> <p><b>3 options required for each milestone</b></p> <ul style="list-style-type: none"> <li>● <b>Milestone</b> (50 characters)</li> <li>● <b>Success criteria</b> (50 characters)</li> <li>● <b>Milestone completion month</b></li> </ul>			
No	Milestone	Success Criteria	Milestone Completion Month
1			
2			
3			
4			
5			

4e. Patient and public involvement and engagement (PPIE)
<p> It is anticipated that most projects will have a significant PPIE component, which must be clearly and fully described. Applicants should identify the relevant patient/user group(s) for their application and engage with those groups at an early stage. Further guidance and PPIE resources can be found under <a href="#">Patient and Public Involvement</a>. Please include the following areas:</p> <ul style="list-style-type: none"> <li>● What are your plans for involving patients and the public in your research?</li> <li>● How have relevant patient groups been involved in the design and development of the innovation proposed?</li> <li>● How will you ensure that the innovation will be acceptable to patients (their families, carers and wider support network) and to health care professionals?</li> </ul>
<i>300 words</i>

4f. Equality, Diversity and Inclusion and Net Zero Policy
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-  The SBRI Healthcare programme supports NHS England and NHS Improvement's commitment to:
- minimise health inequalities;
  - realise net-zero emissions by 2040.


Please explain how the proposed technology enhances equity of access (e.g. takes account of underserved ethnic or economic groups) along with the steps to understand and alleviate potential negative impacts, and how it will contribute to net-zero emission by 2040.

More information on what constitutes a health inequality can be found on [The King's Fund website](#).

The "Delivering a 'Net Zero' National Health Service" report can be found in the [Delivering a 'Net Zero' National Health Service document](#).


200 words

#### 4g. Intellectual property

-  Please include the following areas:
- Provide details of any relevant existing IP that will be utilised during the project and the current ownership arrangements, including patents or patent applications.
  - Provide details of any IP which will be produced or improved during the project and how this IP will be captured and managed.
  - Provide details of any Freedom to Operate (FTO) searches that have been conducted to date. If no search has been conducted, please explain your rationale.

300 words

#### 4h. Key Competitors and unique selling points

-  Please include the following areas:
- Describe the advantages of the proposed solution compared to the current standard of care.
  - Provide details of any competing technologies or alternatives in the wider market (either on the market or in development), and describe the advantages and innovativeness of your proposed solution over these (i.e. what is your unique selling point).
  - Define the market you plan to address; including size, barriers to entry, cost of the problem.

300 words

#### 4i. NHS/Social care implementation strategy and commercialisation plans



Please include the following areas:


- Give an overview of your commercialisation and business plans, with consideration to whom will use the solution, how it will be purchased and the likely cost of the solution.
- Describe your business model for adoption, including implementation costs/implications, workforce requirements, etc.
- Sustainability/spread: what are the expected timescales for regional/national spread? What are the further steps needed for adoption after the project?
- Plans for long term sustainability of the technology.
- How will you ensure that the innovation is affordable to the NHS and wider system such as Integrated Care Systems (ICSs) both immediately and throughout the life of the product?
- What evidence, both health economics and delivery of true impact will the NHS and wider system require before the technology can be adopted?

*500 words*

## Section 5: Team and Sub contractors

Include details of key team members, clinical partners and subcontractors (including advisors and consultants). Clearly state the role of each team member/subcontractor.

### 5a. Project team members

 Add details of all team members and their role in the project. **Do not include subcontractors in this section.**

Team members are those individuals, belonging to the host organization, with responsibility for the day to day management and delivery of the project. Team members are considered part of the project team and are expected to share responsibility for its successful delivery.

**IMPORTANT:** Team members will need to be 'invited' through the system via email to participate as co-applicants after which they must both confirm and approve their participation; the application cannot be submitted without doing so.

Title:	
Full name:	
Organisation:	All information in this box is auto populated from the 'Manage my details' section within the Lead Applicant's CCF RMS Portal account, which should be updated and edited prior to submission.

### Name of team member

Please note a colleague should first be 'invited', once this has been completed their details will automatically appear in the field below.

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### Role performed in project

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 30 words

### Relevant experience


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50 words



Time allocated to project (expressed as FTE %)
<b>10 characters</b>

Day rate
<b>Number only – max 4</b>

5b. Clinical partners
 Add details of any clinical partner and their role in the project.

Name of clinical partners
Please note a colleague should first be 'invited', once this has been completed their details will automatically appear in the field below.


Organisation

Role Performed in project
<b>30 words</b>

Relevant <b>experience</b>
<b>50 words</b>


Time allocated to project (expressed as FTE %)
<b>10 characters</b>

Cost, including VAT
<b>10 characters</b>

5c. Subcontractors and Advisors
 Add details of all subcontractors and advisors, and their role in the project. Subcontractors are those organizations and/or individuals not belonging to the host organization that will provide a service towards a particular aspect of the project for an agreed fee.

Name of Subcontractor/Advisor

Organisation

Role Performed in project
 30 words

Relevant
 50 words

Time allocated to project (expressed as FTE %)
<b>20 characters</b>

Cost, including VAT
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<b>20 characters</b>
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**5d. Other Posts**

Team members and posts that are yet to be appointed can be included in this section. Include an estimation of when these team members will be in place taking into consideration that you would be expected to start work in around 6 weeks post application acceptance.

<i>300 words</i>
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## Section 6: Budget

### 6a. Application Finances

 A summary of the finances for the contractor, clinical partners and any subcontractor/advisor should be provided below. Please indicate line-by-line costs of labour, materials, capital equipment, subcontract, travel & subsistence, indirect costs, other. Please note that, without exception, all cost categories attract a VAT charge at 20%.

**Labour Costs**

**Materials Cost**

**Capital Equipment Costs**

**Sub-contract Costs**

**Travel and Subsistence Costs**


**Indirect Costs**

**Other Costs**

**Total costs**


**Auto calculate from above cells**

### 6b. Indirect Costs

 Provide a breakdown and justification of the 'Indirect Costs' figure provided above.


*200 words*

### 6c. Other Costs

 Provide a breakdown and justification of the 'Other Costs' figure provided above.


*200 words*

#### 6d. Justification

 Provide a complete breakdown and justification for the above costs (ALL COSTS SHOULD INCLUDE VAT), including daily rates for staff involved and quotes from subcontractors where applicable. (Please note the assessors are required to judge the application finances in terms of value for money i.e. does the proposed cost for effort and deliverables reflect a fair market price.)

*500 words*

#### Finance Form

Please attach a copy of your  finance form

 Attach

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## Section 7: Supporting information

### Uploads

If required, an additional supporting document (single side of A4) can be submitted with your application form (e.g., a flow diagram illustrating the study design and the flow of participants, diagrams, pictures, etc.). If submitting a flow diagram, applicants should also describe complex interventions and controls as accurately and fully as possible within their diagram.



Attach

**NOTE: Uploads MUST be provided as a Word or PDF document or you may not be able to submit your application or it may be difficult for the panel to view the required information in order to assess your application.**

## Section 8: Administrative contact details

Please provide the details of the administrative contact, in the host organisation as a secondary point of contact for any queries relating to the application, should it be supported.

NOTE: This person does not need to be a team member

Administrative contact name

Administrative contact job title

Administrative contact telephone number

*telephone number*

Administrative contact email address

*email address*



## Section 9: Validation Summary

Please follow the next steps in order to complete your application submission process;

- **Validate** all mandatory/required fields listed below (that are required to be completed/amended before submitting)
- Check all co-applicants have completed their details as appropriate and review the PDF final version for any formatting issues
- Click '**Save and Close**'
- Click the '**Submit**' option

You will receive an automated email containing the acknowledgment that we have received your application.

If there are no validation requirements above you may be ready to submit the application. To do so '**Save and Close**' the application and then click '**Submit**'.

**Please note that your submission cannot be submitted until all applicants have both confirmed and approved the application. The 'Submit' button will not be visible until all flagged validation issues have been addressed.**