Health Inequalities in Maternity Care

Competition for development funding

NHS England
NHS Improvement
SBRI Healthcare

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SBRI HEALTHCARE

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Executive Summary

While the UK remains a comparatively safe place to give birth, maternity care is challenged by growing health inequalities, with women from minority ethnic groups and those living in the most socially deprived areas more likely to experience adverse outcomes of pregnancy. Women from ethnic minority groups are more likely to die during pregnancy and childbirth and are also at increased risk of poor pregnancy outcomes including stillbirth, miscarriage, and preterm birth. Another key challenge facing the NHS is perinatal mental health; 1 in 4 women experience mental health difficulties during or in the 12 months following pregnancy, and maternal mental health difficulties are associated with both large and lasting personal and societal costs.

Early identification of risk factors and timely provision of targeted interventions, particularly for minority ethnic and socially deprived populations, are critical to achieve a reduction in currently observed perinatal disparities. The NHS has implemented several initiatives as part of its Maternity Transformation Programme to achieve the vision of improved maternity care set out in the Better Births national maternity review. While good progress is being made against several commitments detailed in the NHS Long Term Plan, more needs to be done to reduce the disparities in maternity care and improve outcomes for women, babies and their families.

This competition seeks to address 3 key challenges and aims to identify innovative solutions which can be adopted by the NHS, taking into account the systemic complexity and recognising some of the important influences on care delivery in these areas:

1. Perinatal Mental Health
2. Support to Women post-discharge
3. Risk identification, stratification, and intervention

Applicants are asked to consider the impact of their innovation on the whole system and to be aware of the competitive environment, even considering working together with other companies and organisations to bring forward solutions that can make a real difference. Health inequality is a core component of this competition, and equity of access and experience should therefore be a central pillar of any successful innovation.

Health Inequalities in Maternity Care

Maternity Care: Peri and Postnatal Care in the UK

Defined as the period of pregnancy and the first 12 months after birth, the perinatal period is often described as a time of significant vulnerability for women, babies, and their families.

Every year in the UK, there are in excess of 700,000 births (Office for National Statistics). Tragically, the UK still counts over 2,000 stillbirths every year, even though the combined rate of stillbirths and neonatal deaths has decreased by 15% over five years. Meanwhile, death rates of women during or after pregnancy have fallen or remained static over the past decade (Achieving safer maternity care in the UK). Higher perinatal deaths occur in those areas with more deprived populations and greater proportions of older or younger mothers (MBRRACE-UK Perinatal Mortality Surveillance Report 2020).

Accounts of perinatal inequalities in outcomes, access, and experiences have been widely acknowledged. Over the last decade health inequality has increased in the UK, between 2016-2018, children born in the least deprived deciles could expect to live up to 9.5 years longer than those born in the most deprived deciles. There is also a social gradient in the proportion of life spent in ill health, with those in poorer areas spending more of their lives in ill health (Health Equity in England, the Marmot review 10 years on). These health inequalities are also observed in peri- and postnatal care in the UK, the most recent MBRRACE-UK report identified stark inequalities in pregnancy outcomes dependent on race and social deprivation. Black women were found to be 5 times more likely to die during pregnancy, while Asian women were found to be twice as likely to die, compared to White women. In addition to maternal mortality, poor pregnancy outcomes such as preterm birth, foetal growth restriction, and stillbirth, disproportionately affect Black and Asian women from the most socio-economically deprived backgrounds, as defined by the Index of Multiple Deprivation (Adverse Pregnancy Outcomes Attributable to Socioeconomic and Ethnic Inequalities in England, The Lancet). The impact of health inequalities on maternity care is also observed across Europe, where maternal mortality and adverse pregnancy outcomes disproportionately affect migrant women (Maternal Mortality Among Migrants in Western Europe: A Meta-Analysis).

Women from Black and Asian backgrounds are at increased risk of developing gestational diabetes mellitus (GDM) which is associated with poor pregnancy outcomes including premature birth, pre-eclampsia, and stillbirth. There is also emerging evidence that Black and Asian women who have experienced GDM have worse long-term health outcomes than their White counterparts. Improving early risk identification and stratification, and facilitating the development of personalised care pathways, has the potential to particularly improve outcomes for ethnic minority women. The introduction of the Foetal Medicine Foundation (FMF) first trimester screening method for pre-eclampsia (multimodal approach), with targeted treatment offered to high-risk women, led to a significant reduction in perinatal death rate in non-White women such that it was no longer significantly different from the perinatal mortality rate in White women.

Caesarean birth rates are highest for women from Black ethnic groups, followed by women from South Asian groups when compared with women from White ethnic groups, while women and birthing people

from Black ethnic groups also have higher rates of major postpartum haemorrhage when compared with women from White ethnic groups (Ethnic and socio-economic inequalities in HS maternity and perinatal care for women and their babies).

Finally, perinatal mental health conditions are also incredibly common, affecting up to 20% of women at some point during the perinatal period. Poor maternal mental health does not only have adverse outcomes for mothers but is also linked to poor pregnancy outcomes including preterm birth and low birthweight. Moreover perinatal mental illnesses, such as depression, anxiety, and psychosis, cost the NHS around £1.2bn for each annual cohort of births (The cost of perinatal mental health problems, LSE & The Centre for Mental Health). Tragically, maternal suicide is the leading cause of direct deaths within 1 year after the end of pregnancy. Rates of common mental disorders are higher for those who are socially and economically disadvantaged, and there is evidence that ethnic minority women may experience inequality in treatment of mental health conditions during their pregnancies.

NHS England and NHS Improvement: Health Inequalities

NHS England and NHS Improvement launched the Core20PLUS5 initiative, in 2021, to reduce health inequalities at both the national and system level. The approach defines a target population cohort, the 'Core20' and identifies 5 focus clinical areas requiring accelerated improvement. The Core20 are the most deprived 20% of the national population as identified by the national index of multiple deprivation while PLUS are population groups experiencing poorer than average health access, experience or outcomes who are not captured in Core20 alone. The five clinical focus areas are outlined below:

1. **Maternity:** ensuring continuity of care for 75% of 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 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:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

The NHS clearly demonstrated a commitment to improve outcomes and overcome perinatal inequalities through interventions highlighted in the equity and equality guidance for local maternity systems and four pledges to improve equity for mothers, babies and staff.

In the UK, the factors that were found to affect perinatal outcomes included ethnicity; place of birth (outside of the UK); migrant status; belonging to a travelling community; living in deprivation; rurality; education and employment status; mental health; domestic abuse; intellectual disability; maternal age; BMI; epilepsy; smoking and substance misuse.

Targeted and tailored interventions are necessary to engage with different communities and improve outcomes and access.

NHS Strategy - The NHS Long Term Plan Targets

The NHS has made a strong commitment to achieve equity of access and improve perinatal outcomes, as demonstrated in their five priority areas, the associated interventions outlined in the equity and equality guidance for local maternity systems, and finally, the four pledges to improve equity for mothers, babies and staff.

The quality and outcomes of maternity services have improved significantly over the last decade, realising a 20% reduction in rates of stillbirth and neonatal mortality in England. However, the Safer Maternity Care report from the Department of Health and Social Care, published in January 2021, clearly outlined expectations to improve the safety of perinatal services, including those affected by the COVID-19 crisis, but also importantly to tackle the risks facing women from Black, Asian and minority ethnic backgrounds and in the most deprived areas.

The NHS Long Term Plan (LTP) emphasises the NHS's commitment to achieve a 50% reduction in rates of stillbirth, maternal mortality, neonatal mortality and serious brain injury in babies, compared to 2010, and to a reduction in preterm birth rate, from 8% to 6%, by 2025. With adverse outcomes of pregnancy disproportionately affecting women from deprived and ethnic minority groups, health inequality is a core focus for the future of maternity care.

Women who receive continuity of carers are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience preterm birth, thus the NHS has pledged to implement an enhanced and targeted 'continuity of carer' model to help improve outcomes for the most vulnerable mothers and babies. By 2024, 75% of women from Black, Asian, and minority ethnic communities, and from the most deprived groups will receive continuity of care throughout pregnancy, labour, and the postnatal period. This will help reduce preterm births, hospital admissions, the need for intervention during labour, and improve women's experience of care. There is also a promise to establish 'Maternal Medicine Networks' to direct women with acute and chronic medical problems to timely access to specialist advice.

Mental health difficulties are a common issue experienced by women during pregnancy and after birth. The NHS LTP has committed to increasing the access to evidence-based care and support for women with moderate to severe perinatal mental health issues, which includes diagnosis of disorders and an increase to care from 12 months to 24 months after birth. The support also extends to partners/fathers and extended families.

The NHS LTP also outlined clear commitments towards improved access to postnatal physiotherapy to support women after birth, and the importance of digital health records in maternity care to enable women to make informed decisions about their care. The NHS LTP confirmed this commitment and provided assurance that by 2023/24, all women will be able to access their maternity notes and information through their smartphones or other devices.

What can be done to alleviate challenges?

The challenge of supporting women through the perinatal pathway, particularly focusing on the equity of care and access for all women has long been reported, and while there has been improvement, clear guidance has been developed for Local Maternity Systems to work on their Equity and Equality Action Plans, through 5 focus areas: (i) restore NHS services inclusively, (ii) mitigate against digital exclusion, (iii) ensure datasets are complete and timely, (iv) accelerate preventative programmes that engage those at greatest risk of poor health outcomes and (v) strengthen leadership and accountability. Providers are asked to embed and deliver fifteen actions identified in the Ockenden report.

The challenge begins with identifying women at risk from common perinatal conditions which may affect their pregnancy and postnatal journey as early as possible, while ensuring wider engagement and support, particularly for those most vulnerable or deprived groups.

Mental health conditions are also sometimes overlooked with a lack of services available for some women or conditions. While there has been real progress nationally in improving access to perinatal mental health services, work now needs to be done to reduce unwarranted variation and inequity in the provision of specialist services. In 2010, fewer than 15% of localities had specialist services available at the full level recommended and more than 40% of localities provided no service at all. Delaying care increases the risks for both the mother and child, while placing a significant financial burden on the NHS and social services. Guidance documents highlight the clear opportunity to deliver better value, evidence-based perinatal mental health care, focussed on reducing disparities between groups of women, such as vulnerable groups that may not be engaged with the system and are left behind and those women that are not referred to specialist services.

There is a need for innovative solutions to be developed with women, babies, and families at their heart, which empower women to be at the centre of their care. This requires a targeted and integrated approach, potentially necessitating replacement of some of the current practices and redesign of some of the services and processes within the NHS.

Emerging technologies include:

- Advances in screening tools and biomarker detection have helped with understanding risk factors, targeting specific conditions associated with poor pregnancy outcomes such as pre-eclampsia, gestational diabetes, small for gestational age, etc.
- Development of screening tools for social determinants of health and risk factors associated with obesity, diabetes, use of tobacco, alcohol, or illegal substances.
- The use of data and the development of algorithms that have the potential to predict and monitor risk factors, thus enabling earlier diagnosis and provision of timely interventions.
- The application of communication technology to maternal care has resulted in widely used digital technologies, but these solutions may lack integration capabilities with electronic systems and fail to reach a wider audience, therefore disadvantaging vulnerable groups and those hard-to-reach women and families.
- The COVID-19 pandemic has brought digital technologies and telehealth to the fore and the application of telemedicine in the maternity care pathway appears to be feasible and safe, yet the development, spread and particularly penetration of these technologies require robust evaluation and further consideration to enable them to reach vulnerable or deprived groups.

The Categories

Under the Health Inequalities in Maternity Care challenge, three categories have been identified via consultation with clinicians, nurses and midwives, as well as other stakeholders working in provision of care across the maternity care spectrum.

Applicants are expected to respond to one of the three categories:

1) Perinatal Mental Health
2) Support to Women post-discharge
3) Risk identification, stratification and intervention

Those submitting applications will need to provide information on the following key criteria:

- How will the proposed solution impact the care system and how will the system need to be changed (including people, processes and culture) in order to deliver system-wide benefits?
- How will you ensure that the innovation will be acceptable to patients (and their families and wider support network) and to health and social care workers? How could these groups be involved in the design of a solution and its development?
- How will you ensure that the innovation is affordable to the NHS and wider systems 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?
- How will you ensure that the innovation enhances equity of access (e.g. takes account of underserved ethnic or economic groups) and increases engagement with vulnerable groups?
- How will your innovation support the NHS commitment to reach net zero carbon? You will be asked to provide information on the steps you have taken to identify the carbon pathway and the consequences of the proposed solution on carbon emissions.

Particular emphasis will be placed on how the technology/solution will address any challenges associated with health inequalities, such as demographic and geographic disparities, and it is expected that applicants provide details on how they will address these, e.g. provide details on the care pathway, the population that the intervention will affect and how it can improve equity.

All proposed technologies should take into consideration appropriate integration with electronic patient records (EPR). In addition, accessibility of digital solutions can be a barrier to certain populations such as deprived and vulnerable women or women living in remote or rural areas. Therefore, innovations should adapt and respond to accessibility barriers in order to provide equity of care to all women and their families.

Category 1: Perinatal Mental health

Background

With around 1 in 4 women experiencing mental health problems during pregnancy and in the 24 months after birth, there is a critical need for evidence-based care for women affected by perinatal mental health difficulties. This includes the extension of specific services to underserved populations, such as teenage mothers, and appropriate service provision. Mental health problems often go unrecognised, and maternity services do not typically have tools or systems at their disposal to identify developing mental illnesses. Often, vulnerable groups do not seek support from their GP or other health services, minimising opportunities for early intervention. The consequences of not accessing perinatal mental health services and support can be very damaging for women, particularly vulnerable women, and can have serious long-term effects.

The Safer maternity report clearly identified required initiatives, particularly addressing inequalities, to better support perinatal mental health. There is a commitment from the NHS LTP to ensure a further 24,000 women can access specialist perinatal mental health care by 2023/24. It is also suggested that Black and Asian women are less likely to engage with mental health services or report mental health issues. Amongst reported obstacles to engagement with services were: language barriers, the geography for accessing relevant services, unfamiliarity with the service/support available or poor experiences of previous engagement, racism and stigma.

Challenges

Tailored support and services should be developed in recognition that mental health issues during pregnancy can easily and rapidly deteriorate and services must be adapted to the perinatal pathway.

Potential solutions to this challenge include strategies that support:

1) Provision of mental health services and/or support for vulnerable women encountering mental health issues, particularly:
    - Emotionally unstable and vulnerable women at risk of poorer mental health outcomes and those with complex needs (personality disorder, abusive relationship, women under medication, under 18, etc.) or that may not be eligible for mental health services.
    - Partners going through mental health difficulties.
    - Specific training and educational tools for staff and healthcare workers to both identify and support at-risk women.
2) Risk identification tools that can recognise mental health symptoms in all women, thus promoting early intervention, in order to improve outcomes for the woman and to minimise the negative impacts on the unborn or developing baby/child.
3) Recognition of identifiable and predictable factors associated with, for example, recurrent miscarriage, neonatal experience, stillbirth, teenage pregnancy, medicated women, and others, to tailor the information and support being provided.
4) Provision of services and support for women engaged in specialist units and neonatal services. For example, through access to appropriate information including awareness and recognition of the likelihood of post-traumatic stress disorder, and provision of targeted peer-to-peer support.

5) Evidence-based tools or technologies that support women with post-traumatic stress disorder (PTSD) or those at risk of PTSD (including women going through trauma, neonatal pathway, or women expecting poor outcomes).
6) Provision of evidence-based peer-to-peer support, care and interventions, through co-designed solutions developed with patients with lived experience, engagement, face-to-face or community support to prevent accessibility barriers and promote inclusivity for vulnerable women:
    - Management of mental health inequalities for those less engaged populations.
    - Inclusion of relationship management for those with anxiety, under medication, with OCD or eating disorders.

Category 2: Support to women post-discharge

Background

It is recognised that the provision and access to tailored support after birth and through the transition to discharge and returning home is still associated with many challenges. These challenges could be addressed through technological advancement, specific local support and targeted quality information that can be provided in different languages.

Challenges

While taking into consideration accessibility to digital information, potential solutions to this challenge include:

1) Targeted referral pathway for women discharged in the community with access to:
    - Tailored support.
    - Comprehensive information, available in different languages.
    - Peer-to-peer support, acknowledging barriers to access and considering inclusion and targeted peer-to-peer interventions for which there is evidence of improved outcomes in some groups of women that could be transferred to other groups (for example breastfeeding).
2) Development of Family Integrated Care to empower families to care for their babies and to support the discharge transition to home care. This also includes home and community monitoring approaches to prevent paediatric escalation and readmission (for example, through thermal care management and treatment of jaundice).

Category 3: Risk identification, stratification and intervention

Background

Identifying women at risk early in the perinatal pathway is key to improving outcomes and reducing inequalities. Technologies enabling the diagnosis of pregnancy risk factors (for example obesity, diabetes, pre-eclampsia, gestational diabetes, mental health difficulties) alongside consideration and identification of social and lifestyle risk factors is critical to improving outcomes.

More interventions are required to deal with the disparity in mortality rates between women from Black ethnic groups and those from White ethnic groups. In the period 2016-2018 in the UK, 34 Black women died for every 100,000 giving birth, compared with 15 Asian women, and 8 White women. Improving equity and equality in maternal and neonatal care through enhanced risk identification and stratification is a clear priority.

The NHS is committed to ensure all providers record the ethnicity of every woman on maternity information systems, in addition to other risk factors. As well as facilitating the identification of women most at risk of poor outcomes, this measure will also ensure the generation of appropriate datasets from which ethnicity-related risks can be derived in future.

Challenges

Potential solutions to this challenge include:

1) Technologies that enable the early identification of risk factors during the perinatal pathway, to facilitate early intervention and improved pregnancy outcome and experience:
    - Complicated behaviour towards diet and health, eating disorders and other risk factors (such as medication or high BMI) known to increase likelihood of gestational diabetes.
    - Management of eating disorders to prevent preterm birth or emergency caesarean delivery.
    - Preconception risk identification and social risk factors.
2) Educational tools and inclusive information for women and healthcare professionals to identify risks and manage them.
3) Development of algorithms or stratification tools based on datasets that can identity risks:
    - At the booking appointment stage to enable identification of risks early, and referral to appropriate and targeted care pathways.
    - Through a woman's pregnancy journey.
4) Risk stratification tools and/or artificial intelligence (AI) tools that are capable of predicting risks from patient notes, including mental health risks and conditions, thus providing a clear risk label and notification to all healthcare professionals accessing the records, for example using a traffic light system, so that these patients can be referred for the care they need.
5) Tools or approaches that enhance engagement between women, their partners and healthcare professionals, particularly with socially deprived or ethnic minority groups, leading to late or cancelled booking appointments, focusing on:
    - Support and early community intervention.
    - Accessibility of information.
    - Translation capabilities.

6) Technologies that support pregnancy and pre-pregnancy health:
    - Through healthier lifestyles for both physical and mental health.
    - Through optimisation of existing medical conditions and pre-pregnancy risk factors.
7) Technologies and communication solutions around risk assessment and risk factors to promote engagement between women, their families and healthcare professionals and to include women and their partners in the risk assessment process.
8) Community care and support tools and approaches to prevent risk escalation or early intervention, when they are not always required by providing support, minimising over-medicalisation and nurturing care to women, for example at the early onset of labour.

Useful Information for Applicants

Innovations on the radar

Given the importance and long-term nature of this challenge, there are many products already in the market or in later development. It is important that potential applications for this competition carefully consider the competitive landscape.

It may even be appropriate to consider partnering with another solution provider to generate something even more compelling that addresses the challenge systematically.

The list below illustrates some examples of innovations that have been funded by National programmes with the potential for addressing health inequalities in maternity care (it is not intended to be an exhaustive list):

- HaMpton, a smartphone app for monitoring high blood pressure in pregnant women at home, developed by clinicians at St George's University Hospitals NHS Foundation Trust. The HaMpton App has been supported by the NHS Innovation Accelerator.
- MUTU, a digital programme developed by MUTU System, providing techniques and evidence-based exercises to improve symptoms directly impacting women's mental and physical health post-partum.
- The GDm-Health management system, designed with patients and clinicians through the NIHR Oxford Biomedical Research Centre and now licensed to Sensyne Health, allows women to track their blood glucose using a wireless monitor and smartphone app, and communicate with healthcare professionals. GDm-Health is now used in 47% of NHS Trusts in England.
- MUSH is an App that supports new mothers to meet other women in their local community, helping to develop friendships and important peer-support networks. The app is on the maternity care pathway at a number of hospitals, where it is used to better support women in their transition to motherhood.
- PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) launched in April 2020. PERIPrem is a perinatal care bundle designed to improve the outcomes for premature babies across the West and South West AHSN regions. Described as the first of its kind, the bundle supports maternity and neonatal units in implementing innovative elements of care that may contribute to a reduction in brain injury and death.
- The Tommy's App is a clinical decision tool developed for women and maternity staff, designed to prevent stillbirths and premature births. It uses AI to process the data routinely gathered during antenatal appointments to assess individual risk of potential complications.
- EpSMon – The SUDEP self-risk assessment and communication tool (EpSMON), created by a team of partners based at Plymouth University; SUDEP Action; Cornwall Foundation NHS Trust and Royal Cornwall Hospital, is a structured, evidence-based risk assessment and communication tool that provides prompts to check for any changes in a person's epilepsy. Midwives can encourage women with epilepsy to download this free app on their phones at prenatal bookings.

Technologies excluded from this competition

There are a number of technologies or types of solutions which are already available or will not make a significant impact on the challenges addressed in this brief. These are listed below. Any technologies that negatively impact staff workloads and do not support the workforce pressure, and that require high upfront capital investment by clinical services will also be excluded.

- Severe and complex mental illnesses are well managed through current services and are not part of the focus for this competition.
- Technologies that will not easily integrate or communicate with NHS systems.

Eligibility

The competition is open to single organisations (contracts are executed with individual legal entities) based in the UK or EU from the private, public, and third sectors, including companies (large corporates and small and medium enterprises), charities, universities and NHS Foundation Trusts, as long as a strong commercial strategy is provided. Organisations based outside the UK or EU with innovations in remit for this call can apply as subcontractors of a lead UK/EU based organisation or via a UK or EU subsidiary.

Collaborations are encouraged in the form of subcontracted services as appropriate.

Allowable costs and duration

The project will be 100% funded up to the value of £100,000 (NET costs) for a maximum of 6 months. Project costs can include:

- Labour
- Materials
- Capital equipment
- Sub-contractors
- Travel & subsistence
- Indirect

Please ensure the proposed project deliverables could be reasonably achieved within the proposed contract duration, and all requested costs are justified and represent fair market value.

Please note that SBRI is a pre-commercial procurement process and the resulting development contract is subject to VAT. VAT is the responsibility of the invoicing business.

Expected Exit points

At the end of Phase 1, projects are expected to have established the technical merit, feasibility, and commercial potential of the proposed technology.

Example of exit points include:

- Feasibility technical study
- Market validation
- Business plan developed
- Clinical partners identified
- Evidence generation plan for adoption
- Development of PPIE strategy
- Health inequalities impact assessment

Additional Considerations

Given the rural nature of many places with the largest need, an over-reliance on home and community interventions needing to be permanently online should be considered (Wi-Fi and phone signals in rural locations may be weak or unreliable).

For any digital intervention, the NICE Digital Health Technology Framework should be consulted and your application should evidence your plan to meet the appropriate evidence guidelines. This comprises both clinical effectiveness and economic evaluation with a particular focus on patient outcomes and use within the NHS.

Evidence that the NHSX Digital Technology Assessment Criteria (DTAC) has been considered should be demonstrated in your proposal.

SBRI Healthcare Programme

A new national Small Business Research Initiative (SBRI) Healthcare competition is being launched by NHS England and NHS Improvement in partnership with the Academic Health Science Networks (AHSNs) to identify innovative new products and services. The projects will be selected primarily on their potential value to the health service and social care system and on the improved outcomes delivered for those in receipt of care.

The competition is open to single companies or organisations from the private, public, and third sectors, including charities. The competition runs in two phases (subject to availability of budget in 2022/23):

- Phase 1 is intended to show the technical feasibility of the proposed concept. The development contracts placed will be for a maximum of 6 months and up to £100,000 **(excl. VAT)** per project.
- Phase 2 contracts are intended to develop and evaluate prototypes or demonstration units from the more promising technologies in Phase 1. Only those projects that have completed Phase 1 successfully will be eligible for Phase 2.

Developments will be 100% funded and suppliers for each project will be selected by an open competition process and retain the intellectual property rights (IPR) generated from the project, with certain rights of use retained by the NHS.

The competition opens on **Monday 23 May 2022**. The deadline for applications is **13:00 BST, Wednesday 06 July 2022.**

Application process

This competition is part of the Small Business Research Initiative (SBRI) programme which aims to bring novel solutions to Government departments' issues by engaging with innovative companies that would not be reached in other ways:

- It enables Government departments and public sector agencies to procure new technologies faster and with managed risk;
- It provides vital funding for a critical stage of technology development through demonstration and trial – especially for early-stage companies.

The SBRI scheme is particularly suited to small and medium-sized businesses, as the contracts are of relatively small value and operate on short timescales for Government departments.

It is an opportunity for new companies to engage a public sector customer pre-procurement. The intellectual property rights are retained by the company, with certain rights of use retained by the NHS and Department of Health and Social Care. The application process is managed on behalf of NHS England and NHS Improvement by LGC Group. All applications should be made using the application portal which can be accessed through the Research Management System. Applicants are invited to consult the Invitation to Tender and the Applicant Guidance on the SBRI Healthcare website to help prepare your proposal.

A briefing event for businesses interested in finding out more about these competitions will be held on **24 May 2022, 11:00 - 13:00 BST**. An additional webinar event will be organised to respond to potential applicants' questions. Please check the SBRI Healthcare website for confirmation of dates, information on how to register, and details of the challenges that will be presented.

Please complete your application using the online portal and submit all relevant forms by **13:00 BST, Wednesday 06 July 2022**

Key dates

Briefing online event	24 May 2022 11:00 - 13:00 BST
Competition launch	23 May 2022
Deadline for applications	06 July 2022 (13:00 BST)
Assessment	July/August 2022
Selection Panels	September 2022
Contracts awarded	October 2022

More information

For more information on this competition, visit: https://sbrihealthcare.co.uk/

For any enquiries email: sbri@LGCGroup.com

For more information about the SBRI programme, visit:

https://www.gov.uk/government/collections/sbri-the-small-business-research-initiative

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