

ACCELERATED
ACCESS
COLLABORATIVE

NIHR | National Institute
for Health Research



AI in Health and Care Award

*Introducing Round 2
Phases 3 and 4*

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www.england.nhs.uk/aac

@AACInnovation



HOUSEKEEPING



- Thank you all for taking the time to join
- **Please mute yourself and turn off your video**
- Feel free to ask questions in the chat as we go along, and we will answer them at the end
- Please ask any product-specific questions using the [enquiry form](#) on the NIHR website
- We will be recording the session to share with those who can't join today
- Please flag any technical issues in the chat

ACCELERATED ACCESS COLLABORATIVE

ABHI

HealthTech **for Life**



Bringing medicines to *life*

amrc

ASSOCIATION OF MEDICAL RESEARCH CHARITIES



UK BioIndustry Association

BIVDA



HM Government



Medicines & Healthcare products
Regulatory Agency



NICE National Institute for
Health and Care Excellence

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NHS

NHS^x

*The***AHSN***Network*

WHAT WE DO



>> SINGLE FRONT DOOR FOR INNOVATORS

Creating a 'front door' to the innovation ecosystem, with information, support and signposting to partners all in one place.



>> DEMAND SIGNALLING

Helping innovators to understand the kinds of innovations that patients and the NHS really need.



>> SINGLE HORIZON SCANNING

Making it easier for NHS teams to have clear sight of the best new innovations, so that health systems are prepared and ready to support them.



>> WORLD-LEADING TESTING INFRASTRUCTURE

Creating a testing infrastructure that has vital opportunities for innovators to develop and improve their products and establish high-quality evidence for adoption and spread.



>> STRONGER ADOPTION AND SPREAD

Helping the NHS to become stronger in its adoption of innovations and its support for spread of the best new solutions to get them into the hands of clinicians much quicker.

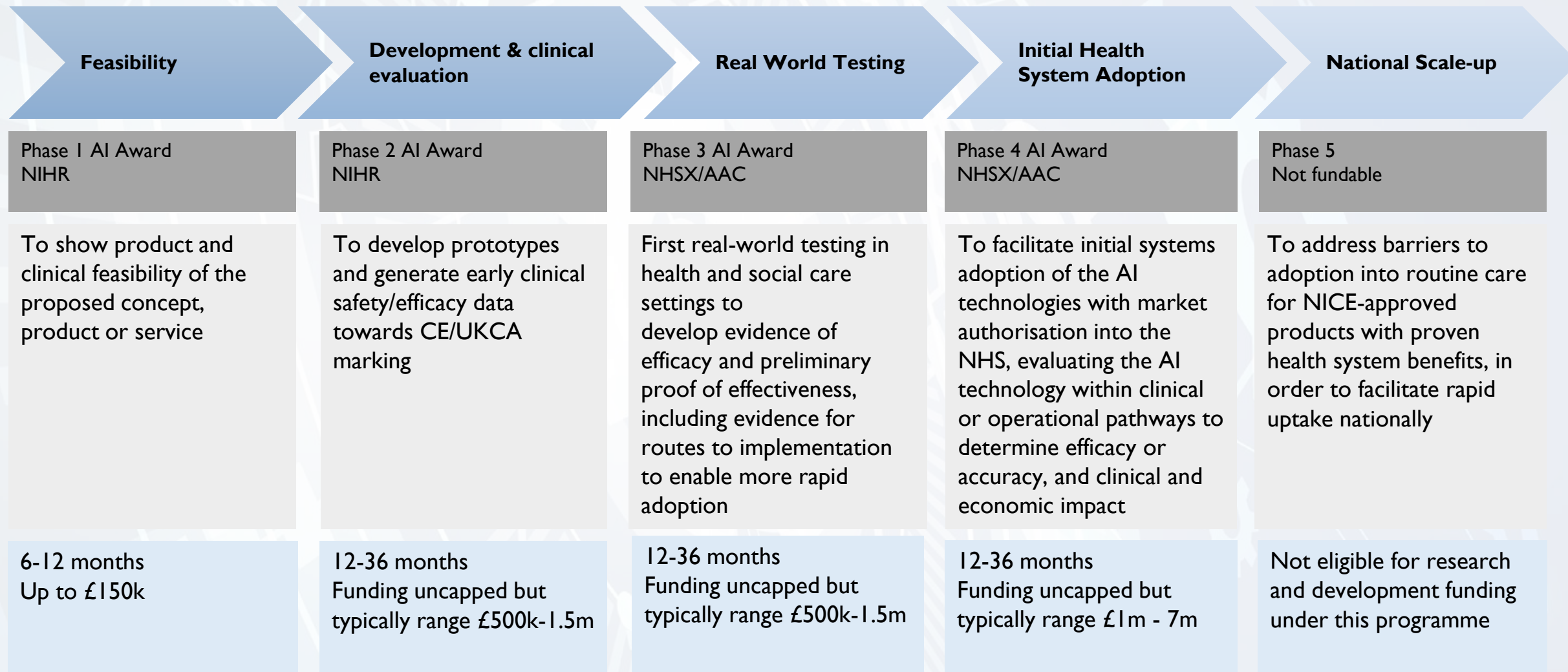


>> AGREED FUNDING STRATEGY

Creating more practical funding for innovation support, that aligns with the Government's health innovation funding and the work of charities, research organisations and investors.

AI AWARD PHASES

For Round 2 onwards, bids will be assessed by a single decision-making panel



ELIGIBILITY CRITERIA

WHO WILL WE FUND?

	Phase 1 Feasibility	Phase 2 Development & clinical evaluation	Phase 3 Real World Testing	Phase 4 Initial Health System Adoption
Location of lead organisation	Within the UK		Worldwide (provided you have a UK registered office or a UK health or social care organisation as a co-lead)	
Location of partners	Can be outside the UK with reasonable justification			
Organisation types	Higher Education Institutions (HEIs) Small and Medium-sized Enterprises (SMEs) NHS and social care organisations Charities Local Authorities		Higher Education Institutions (HEIs) Small and Medium-sized Enterprises (SMEs) NHS and social care organisations Charities Local Authorities Large Enterprises	
Collaborators	Not required but encouraged	Minimum of two different organisation types	Minimum of two different organisation types, one must be NHS or social care	3 or more NHS or social care adoption sites
Funding limit	Up to £150,000	Uncapped but typically range £500k-1.5m		Uncapped but typically range £1-7m
Project duration	6-12 months	12-36 months		

WHAT WILL WE FUND?

	Phase 1 Feasibility	Phase 2 Development & clinical evaluation	Phase 3 Real World Testing	Phase 4 Initial Health System Adoption
Entry criteria	<ul style="list-style-type: none"> • Proof of concept 	<ul style="list-style-type: none"> • Prototype / MVP • Pre-clinical efficacy data (internally / lab validated) 	<ul style="list-style-type: none"> • Externally / clinically validated • Safety demonstrated • CE/UKCA marked or close 	<ul style="list-style-type: none"> • RW efficacy demonstrated, with prospective evidence generated from at least two implementation sites • CE/UKCA marked • Regulatory approvals in place • Market authorised • Robust health economics
Exit criteria	<ul style="list-style-type: none"> • Prototype • Minimum viable product • Trained algorithm • Pre-clinical efficacy data 	<ul style="list-style-type: none"> • Clinical efficacy data • Safety data • Regulatory data • CE/UKCA marking • Health economics 	<ul style="list-style-type: none"> • RW implementation feasibility • Prospective clinical efficacy data from more than one site • Regulatory approvals • Market authorisation • Full health economics assessment 	<ul style="list-style-type: none"> • Feasibility for large scale deployment • RW efficacy demonstrated in multiple sites • RW health economic evidence



FOCUS AREAS



- All phases are open to technologies that address unmet health and care priorities
- Phases 3 and 4 will have the following focus areas:
 - Triage
 - Ophthalmology
 - Dermatology
 - Cancer care
 - Imaging
 - Screening
 - Intelligent operational automation

APPLICATION PROCESS

PROCESS OVERVIEW

Stage 1
Application



Stage 1
Shortlisting



Stage 2
Applications



Stage 2
Interview
(Phase 2-4)

Opens: 3 Nov 2020
Closes: 8 Dec 2020

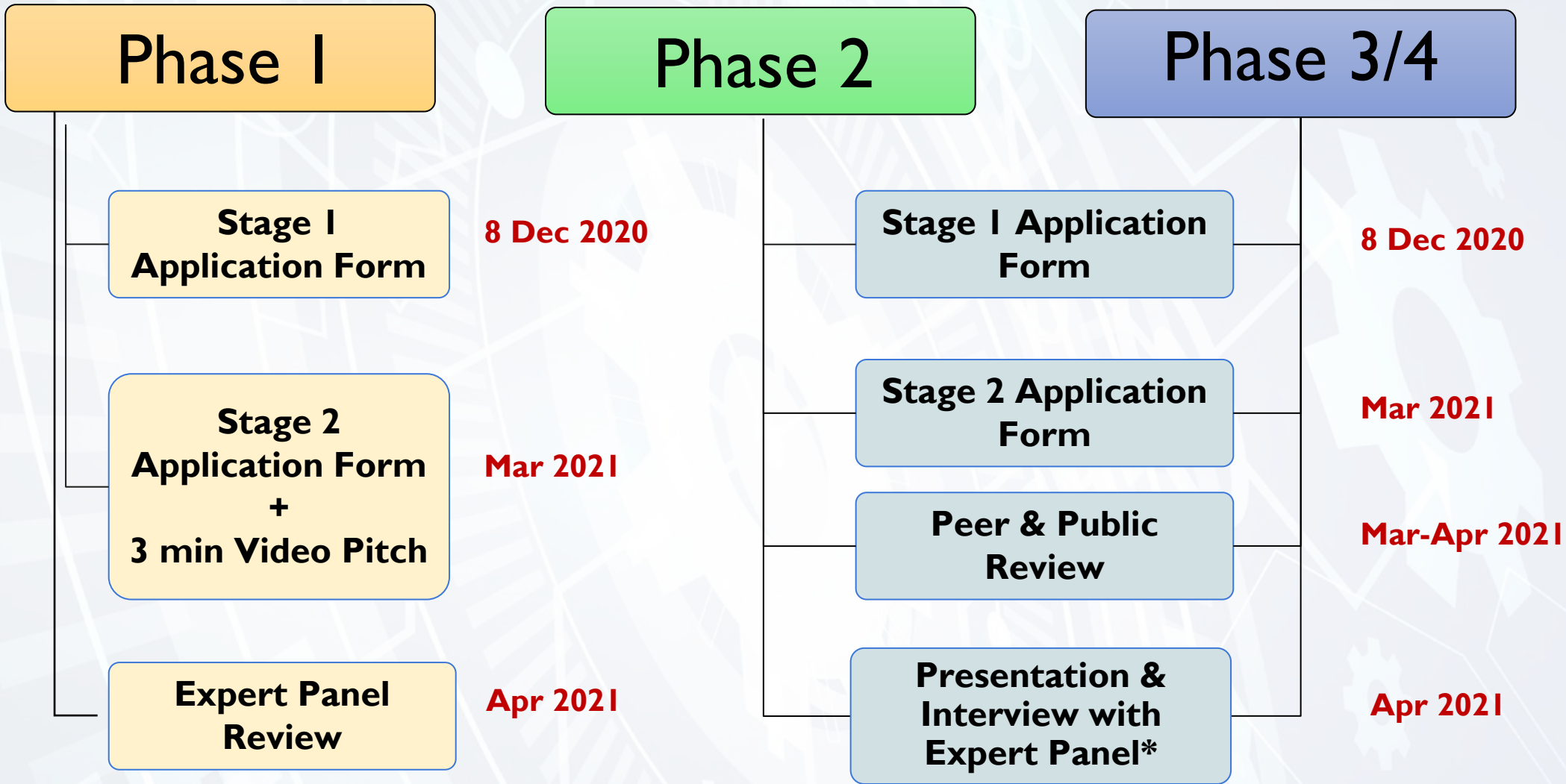
January 2021

Opens: Feb 2021
Closes: Mar 2021

April 2021

Outcomes announced May 2021

>>>>>>>>>> APPLICATION & REVIEW PROCESS >>>>>>>>>>>>>>>>



*Meetings likely to be conducted remotely by Zoom. Your date and time will be confirmed in your Stage 1 feedback letter.

WHAT MAKES A GOOD APPLICATION?

>>>>>>> UNMET NEED & PATIENT/USER BENEFIT >>>>>>>

- Clearly describe the unmet need and provide some evidence of this:
 - Literature
 - Surveys/focus groups/interviews with patients/users and/or clinicians/social care practitioners
- Explain how the proposed solution addresses the need identified.
- Provide a clear trajectory to patient/user benefit.
- Include information on potential cost savings for the NHS/social care if relevant.
- Explain how the solution could be implemented more widely across the NHS and/or social care.



THE PROPOSED INNOVATION



- Provide a clear description of your proposed innovation - AI or learning component, function, structure, and use
- Provide details of any existing proof of concept, pilot, efficacy, usability or validation data
- Include details of any training datasets that were used and clarify if the AI component has been validated on an independent dataset
- Explain the level of innovation of the technology, how it compares to other similar products, and a brief summary of the intellectual property position
- Provide evidence for the entry point of your intended phase

ENTRY & EXIT CRITERIA

	Phase 1 Feasibility	Phase 2 Development & clinical evaluation	Phase 3 Real World Testing	Phase 4 Initial Health System Adoption
Entry criteria	<ul style="list-style-type: none"> • Proof of concept 	<ul style="list-style-type: none"> • Prototype / MVP • Pre-clinical efficacy data (internally / lab validated) 	<ul style="list-style-type: none"> • Externally / clinically validated • Safety demonstrated • CE/UKCA marked or close 	<ul style="list-style-type: none"> • RW efficacy demonstrated, with prospective evidence generated from at least two implementation sites • CE/UKCA marked • Regulatory approvals in place • Market authorised • Robust health economics
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THE PROJECT PLAN



- Ensure your aims and objectives are clear and focused on achieving phase appropriate exit points
- Write for a general scientific audience
- Ensure that your work packages are logical and fit together to form a coherent plan of work
- Ensure that your timescales are appropriate
- Include key risks and mitigation strategies

>>>>>>>>>>>>>>>> TEAM & COLLABORATORS >>>>>>>>>>>>>>>>

Research team

- Explain why the team is well qualified to run this project.
- Ensure the team includes the relevant expertise to successfully deliver the work.
- Avoid including senior colleagues at low % FTE without justification.
- Ensure that you do not under or over cost team members.

Collaborators

- Phase 3 - Minimum of two different organisation types, one must be NHS or social care.
- Phase 4 - Three or more NHS or social care adoption sites
- Collaboration with Clinical Trial Units encouraged where appropriate (e.g. when proposing a clinical trial).

ADOPTION SITES

- Applicants should consider whether sites selected demonstrate appropriate:
 - Geographical spread across the devolved nations
 - Mix between urban and rural populations
 - Ethnic diversity in populations
 - Spread across geographies with high health inequalities
- Confirmation of support from sites
 - Adoption sites can be co-applicants or collaborators
 - Hard confirmation (letters of support) not required from collaborators at Stage 1
 - Discussions with sites should be initiated as soon as possible
 - At Stage 2, letters of support will be required from collaborator sites

>>>>>>> NHS/SOCIAL CARE ADOPTION STRATEGY >>>>>>>

- Describe the outputs of the project and how they will lead to NHS/social care and patient/user impact.
- Present a specific strategy for adoption of the technology into the NHS and/or social care.
- Include details on how your solution will be acknowledged, selected and introduced for use in the health and care service or wider society.
- Detail any current and future barriers to adoption and a strategy for overcoming them.

VALUE FOR MONEY

- Phase 3 and 4 projects are uncapped but have an indicative value of £1-7m (dependent on number of adoption sites and length of the award).
- Value for money is determined based on the cost vs. the likely impact of the proposed innovation
 - Small (but clinically significant) impact on a large population
 - Large impact on a small population (e.g. rare diseases)

>>>>>>>>>> PATIENT & PUBLIC INVOLVEMENT >>>>>>>>>>

- Evidence must be presented of early stakeholder engagement including but not limited to patients and social care users/carers, clinicians/care practitioners, CCGs, PHE, and NICE.
- If end users have been involved in shaping the project, please detail how, and what impact it has had on the application.
- Inclusion of public co-applicants is encouraged where appropriate.
- Ensure your plain English summary is clear and understandable – it is often the first thing a Panel member reads, and sets the tone for the whole application.

EVALUATION



EVALUATION



The **objective** of evaluation is to measure the effectiveness, accuracy, safety and value of the technologies used in a ‘real-world’ operational setting.

- **Effectiveness:** what are the outcomes for clinical, social, experiential and/or operational effectiveness?
- **Accuracy:** how accurate is the AI Technology in a real-world deployment environment?
- **Safety:** what are the key risks and what risk assurance / management is in place?
- **Value:** what is the economic, budgetary and system impact of the AI Technology?

... all of which is compared to an agreed counterfactual based on current practice, standards of care, or best practice.

>>>>>>>>> HOW THE EVALUATION WORKS >>>>>>>>>>

- As part of Round 3 and 4 awards, NHSX will likely commission independent evaluations of the funded activity.
- We will pair you with an appropriate evaluation team, with the skills and expertise to evaluate your technology and ensure there is a cultural fit between the two teams.
- The outputs of the evaluations will be published on the NHSX website.
- These evaluations are designed to build the evidence base required for NICE guidance and/or PHE approval.
- Your bid should not include costs associated with evaluation, as these are funded separately by NHSX.

RESOURCES & ADVICE

NIHR website:

- Application guidance, template application form, FAQs, NIHR standard contracts (<https://www.nihr.ac.uk/explore-nihr/funding-programmes/ai-award.htm>)
- Application portal (<https://pmo.ccgrantracker.com/Login.aspx>)
- Enquiry form ([click this link](#))

AI Lab Virtual Hub (<https://www.nhsx.nhs.uk/ai-lab/ai-lab-virtual-hub/>)

- Copies of webinars
- Case studies and advice from successful applicants to Round 1

More information on the AI Lab and AI in Health and Care Award



www.nhsx.nhs.uk/ai-lab/



enquiries@ai-award.info
www.nihr.ac.uk/explore-nihr/funding-programmes/ai-award.htm

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www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/ai-award/