Accelerating FemTech: East Midlands

Tuesday 20 June 2023

Innovate UK

Medical Research Council

East Midlands Academic Health Science Network
Igniting Innovation

Health Innovation Network

Accelerating FemTech

Housekeeping

- If you have not already done so, please make yourself known to a member of staff if you do not wish to be included in photographs
- Please turn your phones off or onto silent
- Locations of fire exits and toilets
- Wifi: Jayplas Guest Password: jayplaswifi123
- If you're on Twitter, please tweet about today using the hashtag: #AcceleratingFemTechEM
- Digital delegate packs – scan the QR code to access

Accelerating FemTech

Scan here for our digital delegate pack

Welcome and introduction

Nicole McGlennon

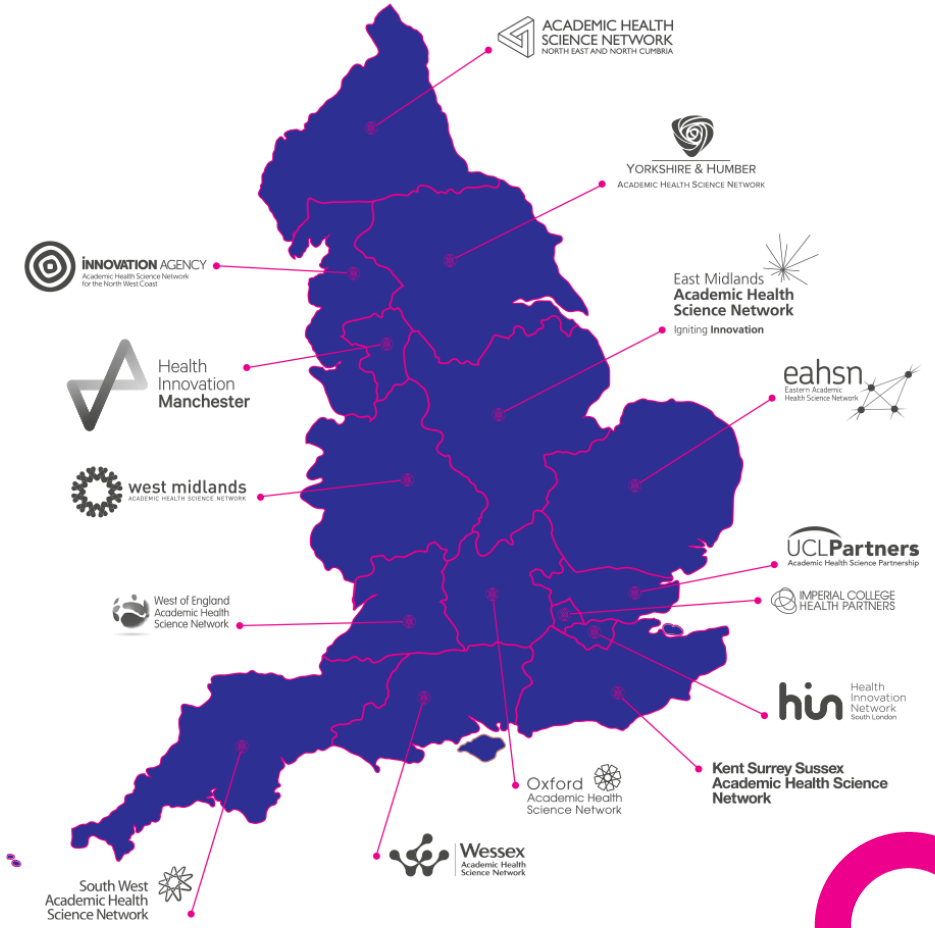
Managing Director, East Midlands AHSN

Accelerating FemTech

EMAHSN our support and expertise

East Midlands Academic Health Science Network
Igniting Innovation

- The 15 AHSNs across England operate as the ‘Innovation Arms’ of the NHS.
- With 10 years expertise at adoption of transformative technologies & pathways, via their national innovation pipeline they help health and care organisations identify and import solutions to their challenges.
- AHSNs also offer advice to commercial innovators – support is provided across the whole pathway of innovation from having an idea to successful launch.



England’s 15 AHSNs - combined impacts

East Midlands Academic Health Science Network
Igniting Innovation

530,000

Benefited from AHSN-led programmes during 2022-23

7,000

Number of innovations that AHSNs have provided bespoke support for since 2018

£1.3bn

Contribution to UK PLC and

5,400

jobs created or secured Since 2018

East Midlands Academic Health Science Network
Igniting Innovation

Our next licence - same support and expertise, new name!

- The Department for Health and Social Care announced on 26 May that England's 15 AHSNs will be relicensed for five more years from October 2023.
- We will build on our positive contribution since we were set up in 2013.
- Our remit will stay the same – providing access to proven innovations and expert services.
- However, our name will change to **'Health Innovation Networks'** to better reflects our role as the innovation arms of the NHS.

What is Accelerating FemTech?

Accelerating FemTech will support innovators to boost the development of technology solutions to address current challenges in women's health.

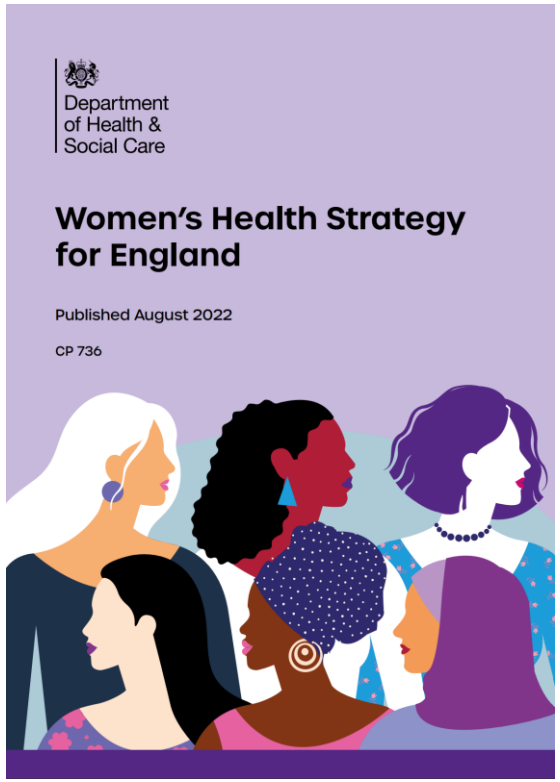
It is divided into two programmes:

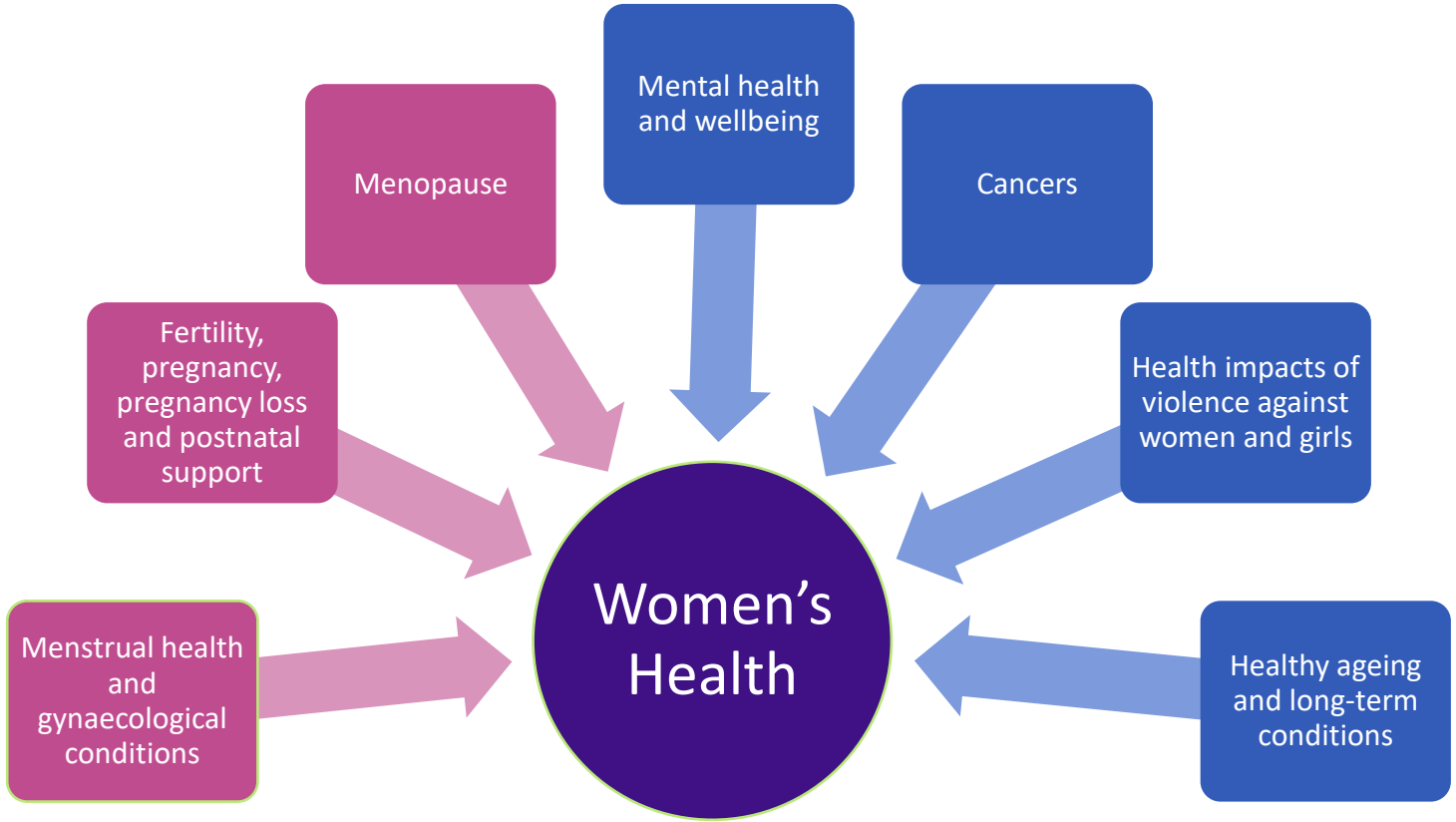
- **Inspire:** engage innovators (clinicians, companies and academics) interested in FemTech through specialist webinars and events.
- **Accelerate:** deliver a targeted 10-week accelerator programme for small / medium-sized companies from across the UK.

Accelerating FemTech

Women's Health Strategy for England

Priority Areas





Accelerating FemTech

Supported by

East Midlands Academic Health Science Network
Igniting Innovation

Health Innovation Network

UKRI Innovate UK

UKRI Medical Research Council

Digital Health. London

CW Innovation

NHS Chelsea and Westminster Hospital NHS Foundation Trust

The AHSN Network

Academic Health Science Network North East and North Cumbria

Yorkshire & Humber AHSN

Health Innovation Manchester

South West Academic Health Science Network

Eastern AHSN

East Midlands Academic Health Science Network

West of England Academic Health Science Network

Kent Surrey Sussex Academic Health Science Network

MILLS & REEVE
Achieve more. Together.

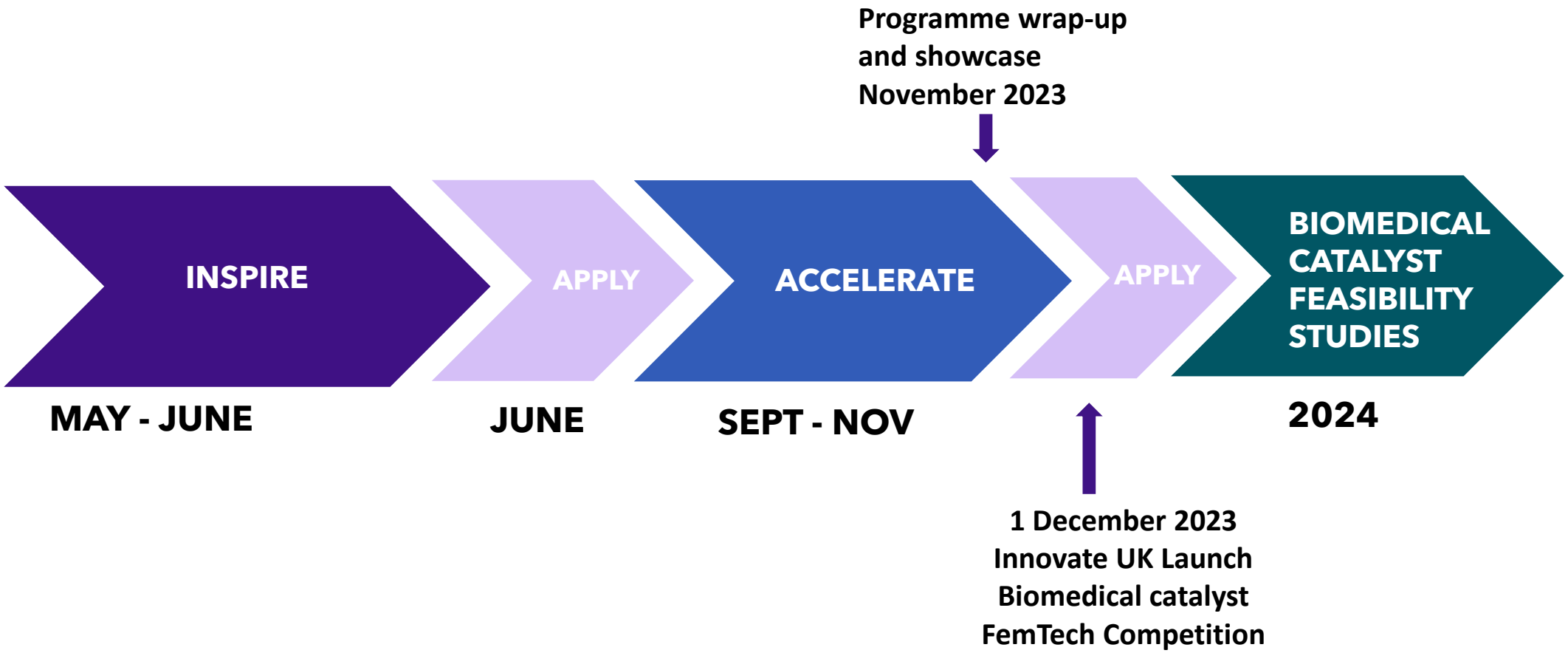
Royal College of Obstetricians & Gynaecologists

St George's University of London

NHS St George's University Hospitals NHS Foundation Trust

Accelerating FemTech

Accelerating FemTech



Accelerating FemTech

Accelerating
FemTech

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Digital Solutions to the Challenges Facing Health

Dame Barbara Hakin

Accelerating FemTech

Scan here for our digital delegate pack

‘What have you done to make you feel proud?’

Tabletop networking session

Accelerating FemTech

Cracking the Code: Navigating Fundraising in FemTech

Scan here for our digital delegate pack

Nelli Morgulchik

Venture Development Associate, Pioneer Group

Accelerating FemTech

Cracking the Code: Navigating Fundraising in FemTech

Pioneer

Where It Started

“Pain 10 times worse than childbirth”

"The pain was so terrible I couldn't move, turn over, sit up"

“I’m this close to taking it all [uterus] out for good”

BBC's Naga Munchetty reveals womb condition adenomyosis

22 May

‘The pain of adenomyosis made me feel lower than I ever thought it was possible to feel’

A gaping lack of research and institutionalised gender bias mean it can take women the best part of a decade to get a diagnosis. As Naga Munchetty reveals she is in constant agony, Claire Cohen writes about the loneliness condition

VIEW COMMENTS

Adenomyosis sufferer was in so much pain she begged for hysterectomy at 34

Vicky Hamlin's pain was repeatedly dismissed as anxiety, irritable bowel syndrome and even loneliness because she lived by herself

Money Makes the World Go Around

$1.16b

raised by women's healthcare startups in 2022

$200m

Recharge Capital VC fund was launched by Peter Thiel for women's health

1.9%

of all VC funding went to women-founded startups

1%

of healthcare research and innovation is invested in female-specific conditions beyond on oncology

The Shortcut to De-Risking Fundraising – The Rule of 3W

Who

- … is the investor?

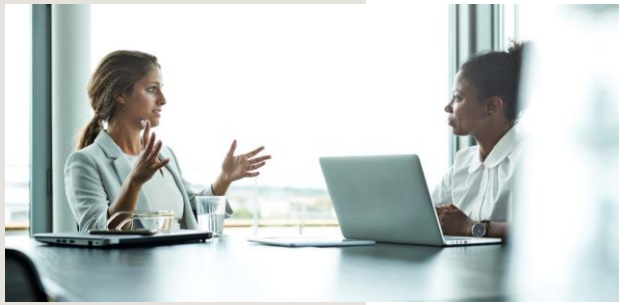
What

- … are you going to use the money for?

When

- … are you raising your round for your timeline, for your investor and for the economy?

Fundraising Mistakes to Avoid



Coming Unprepared

First impressions matter more than you can imagine in the venture world. Wasting investor's time trying to find the right deck to present, being unpunctual, not knowing what you are looking for (your ask) – all of that can make or break your fundraising round.

Forgetting the Financials

Steve Jobs said "technology alone is not enough". Whether you are a scientist or a clinician, regardless of how revolutionary your technology is, nobody cares that it works. When pitching don't forget that you are building a profitable, sustainable and scalable business.

Running After VC Funding for the Glory

It's a common myth that VC is the primary source of start-up funding. Fundraising is tough and takes time out of your busy schedule – time you could have spent building your business. Bootstrap and seek out grant funding as much as possible before reaching for the venture capitalists' cheques.

Scan here for our digital delegate pack

Femtech for Equity in Maternity

Zoe Wright

Founder, The Real Birth Company

Accelerating FemTech

The Real Birth Digital Programme©

Real Birth Company®
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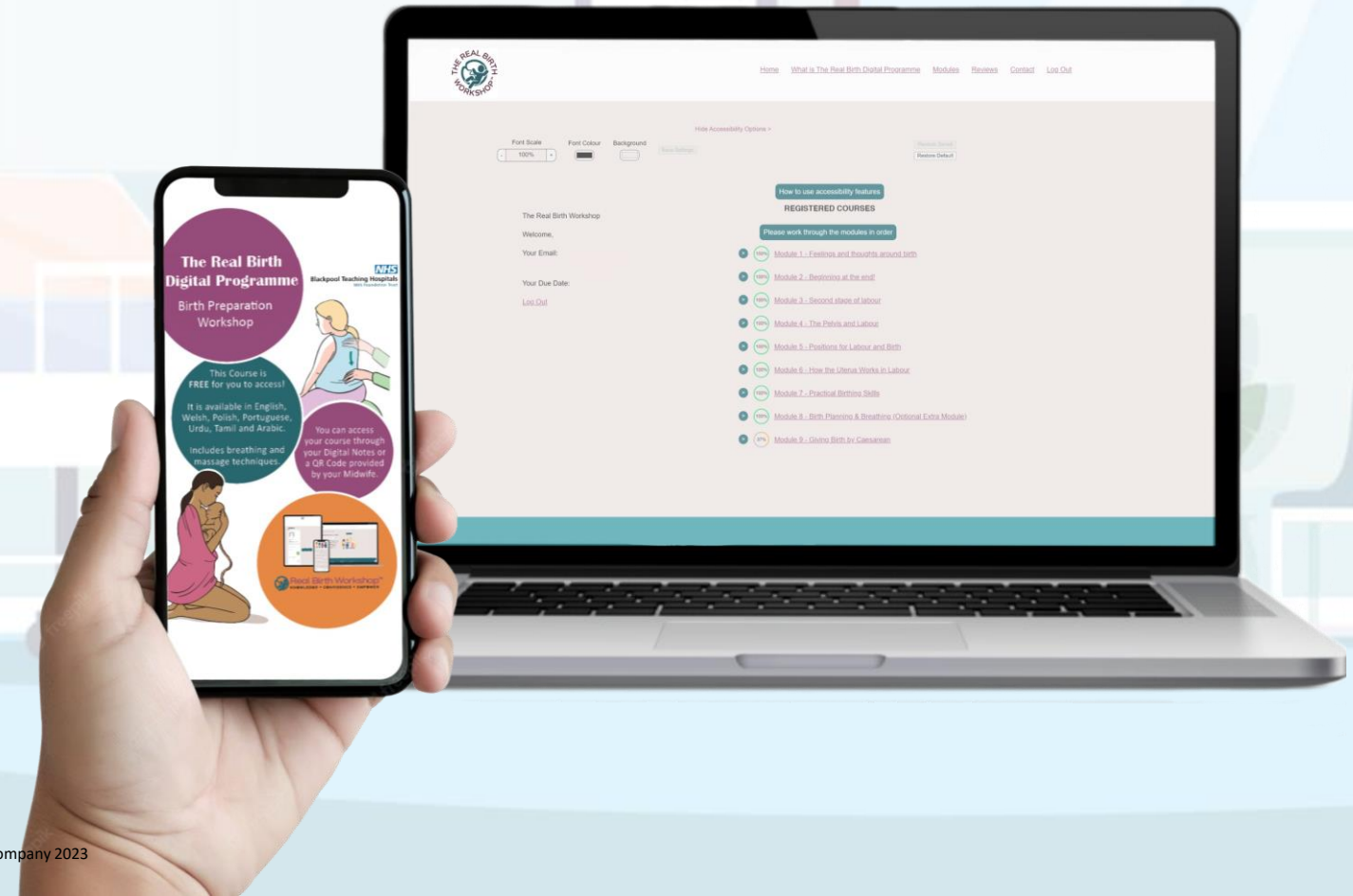

117
lessons
over
11
modules

TheAHSNNetwork NHS England
NHS Innovation Accelerator

WHY US?

OUR EXPERTISE

With our strong clinical and technical team, we have created and designed resources that health care teams trust and families expecting a baby want to access. We create and design our services with the public and clinicians at the centre of design.

OUR PHILOSOPHY

Everyone has the right to access information to support their choice and informed decision making. No-one should have to receive treatment or care if they do not understand the benefits and risks. There was no easily accessible resource that supported people, so we created one.

OUR MISSION

Our mission is to carefully design, create and execute a digital platform that embraces cultures, ideas and evidence-based holistic information, to promote understanding, support choice and help facilitate better birth outcomes for all people.

Co-design & Co-creation

Data collection

Internal data collection

Feedback

Post-birth data collection

Reporting & evaluation

Quarterly data reporting

External evaluation

External

Local Government organisations

27 Hospitals

TheAHSNNetwork

SBRI HEALTHCARE

Meetings

Monthly /Quarterly internal meetings

Steering group meetings

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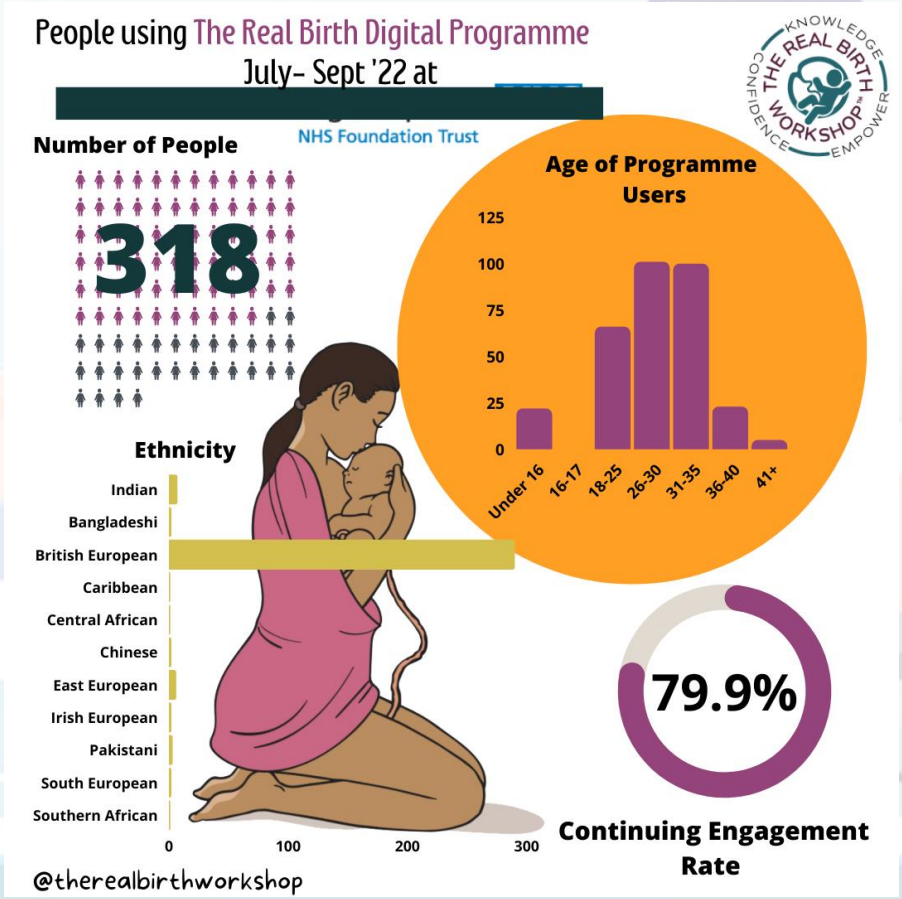
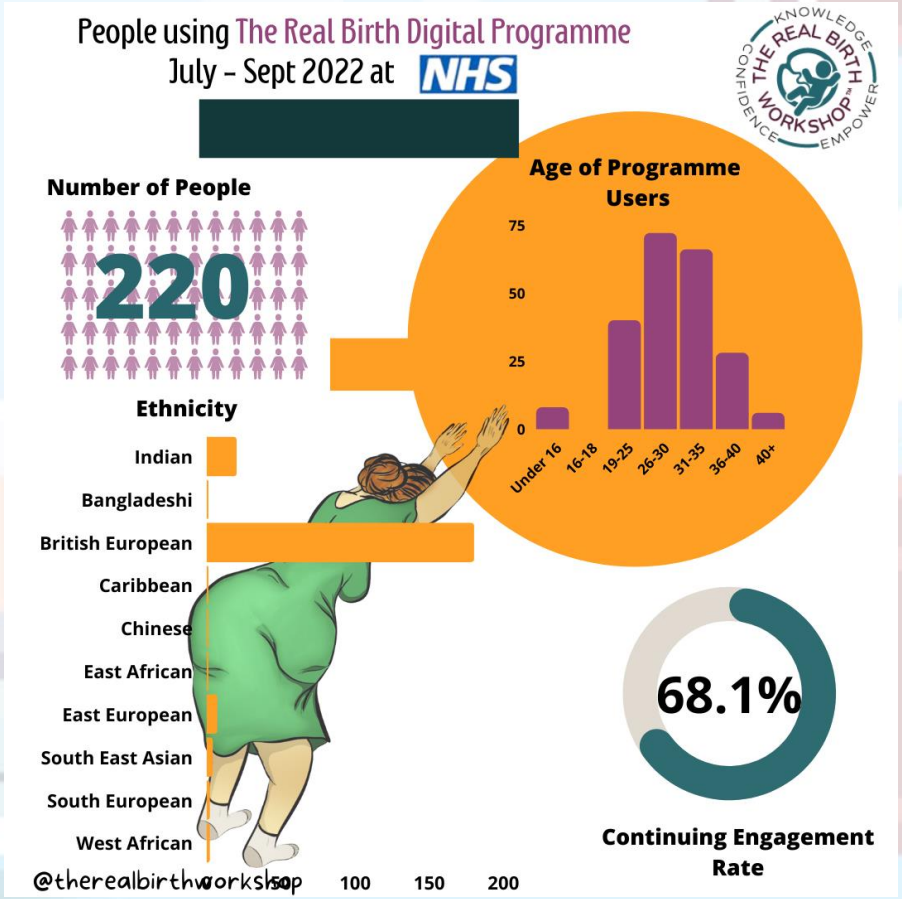
TheAHSNNetwork NHS England
NHS Innovation Accelerator

NHS Hospital Data Collection





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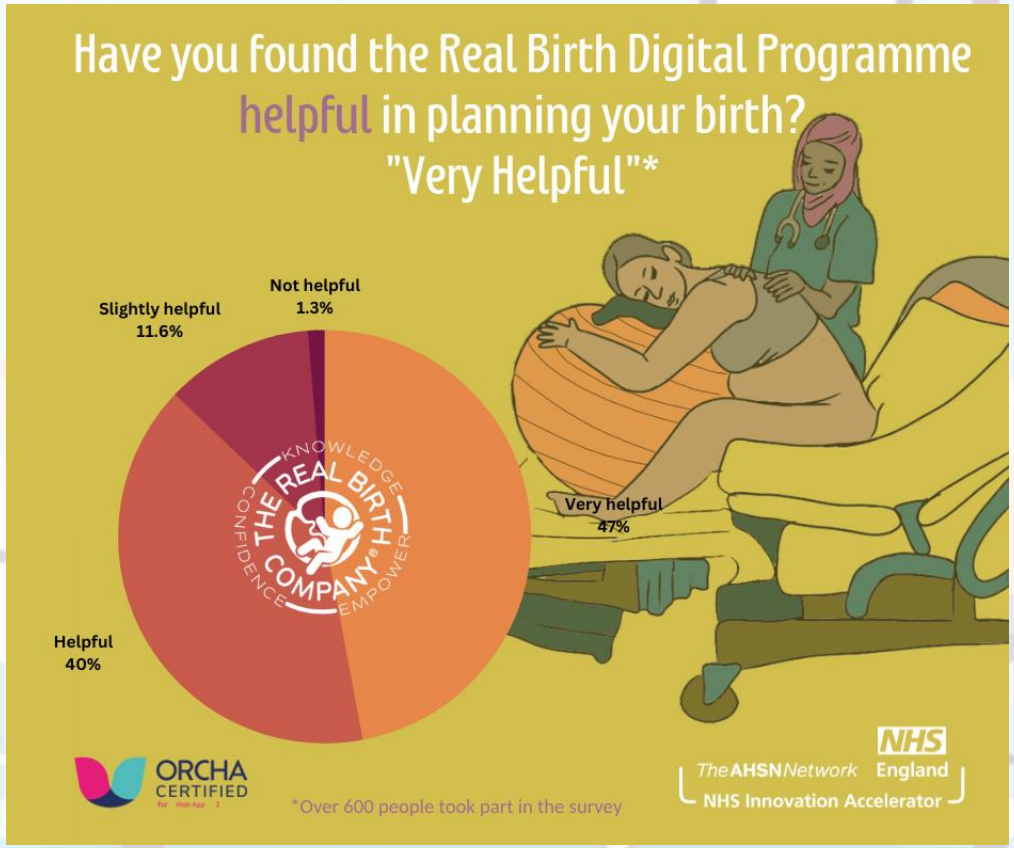
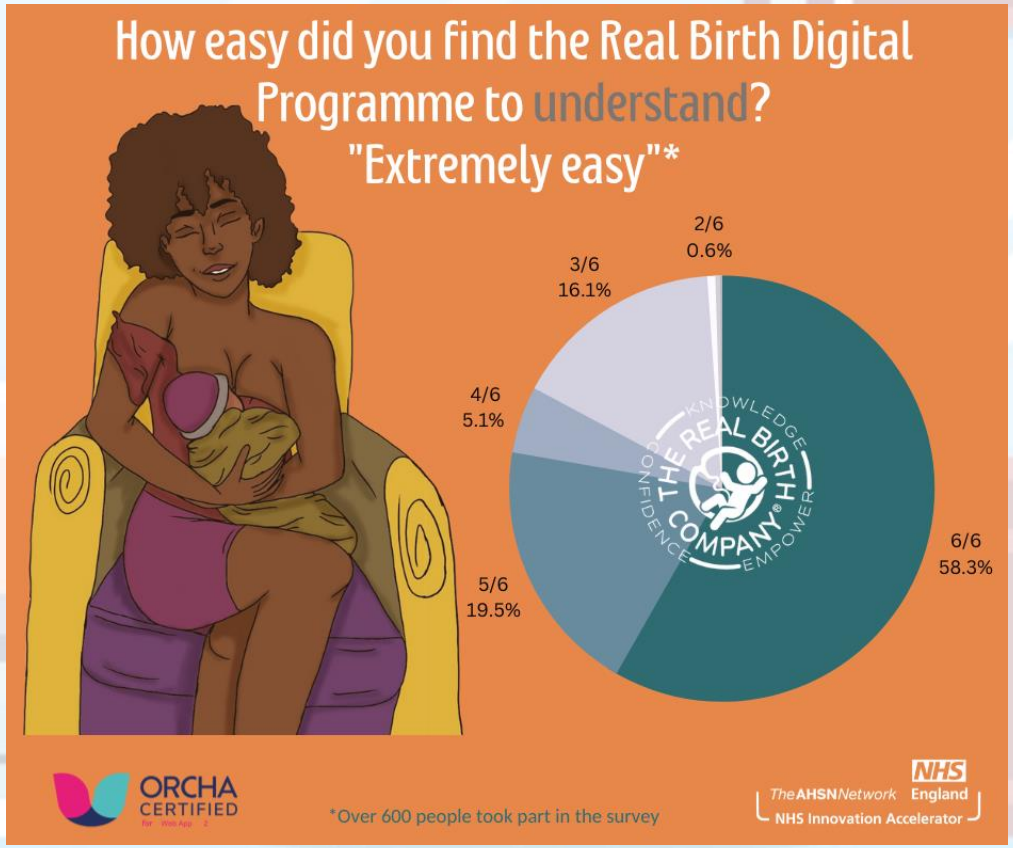
User Feedback





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TheAHSNNetwork NHS England
NHS Innovation Accelerator

Thank you

Questions?

ZOE WRIGHT

Midwife & Founder
The Real Birth Company

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Using the Power of AI in Breast Cancer Detection - Kheiron Medical Technologies

Scan here for our digital delegate pack

Simon Harris

Senior Project Manager, Kheiron

Accelerating FemTech


Accelerating FemTech
East Midlands - 20th June
2023
Mia™
by
KHEIRON
MEDICAL TECHNOLOGIES

NHS

Mia™

Breast AI Solutions

Giving any woman anywhere a better chance against breast cancer

Mammography Intelligent Assessment (Mia) AI solution suite for breast screening that empowers radiologists and screening services to deliver accurate and timely results.


KHEIRON
MEDICAL TECHNOLOGIES
Why do we do what we do?

Meet our PPI Advisory Board

We are made up of cancer survivors, women of breast screening age, people with a family history of breast cancer and people with loved ones that have been affected by cancer.

We are from different parts of the UK; Scotland, Bristol, Nottingham, Berkshire and London.

We have different ethnic, socio-economic, and educational backgrounds.

Together we have combined experience in nursing, marketing, communications, campaigning, change management, journalism and radio.

Our diverse insight, knowledge and experiences informs the way Kheiron introduces AI into the breast screening programme.

KHEIRON MEDICAL TECHNOLOGIES

UK
Hungary
Netherlands
USA

~50 people
11 nationalities
57% Tech roles

What do we stand for?

We believe the best patient outcomes are possible with Human plus AI together.

Kheiron was a mythological centaur known for bringing medicine to humanity.

Clinical Rigour

Dedicated to patient safety

Responsible Engineering

Reliable technology to end users

Multi-disciplinary Team

Doctors & engineers working together

Outcomes focused

Supporting doctors improve cancer patient outcomes


Dr. Peter Kecskemethy


Tobias Rijken


Sarah Kerruish


Frans van Beers


Dr. Edith Karpati


Dr.Jonathan Nash


Chris Mairs CBE

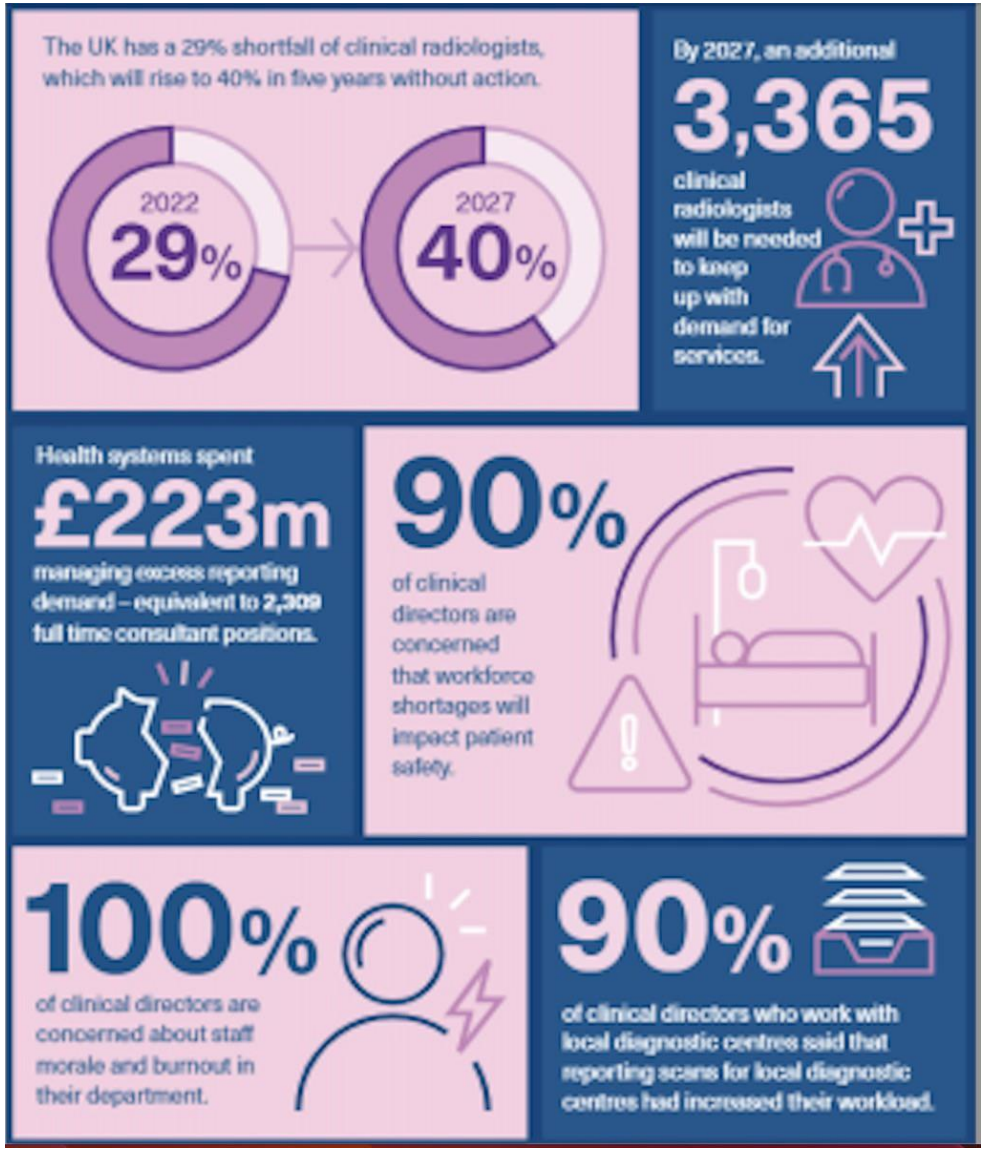

Prof. Ben Glocker


Dr. Vishal Gulati

Backgrounds, past and current affiliations

Who are we? Meet the Kheiron team

What is the problem Kheiron is trying to solve with Mia?



Source RCR 2021-2022 Census

Challenges in breast screening programmes

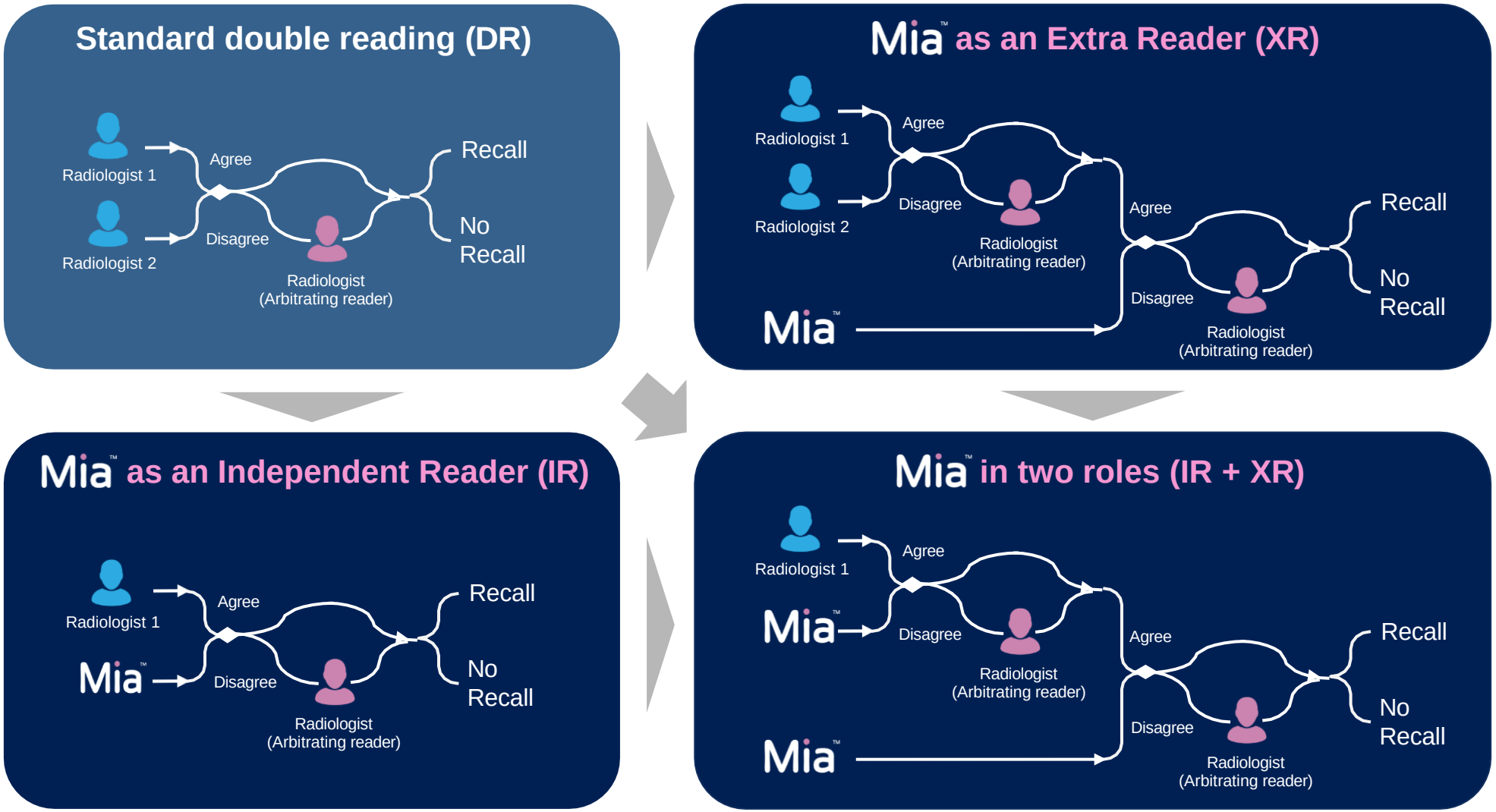
Shortage of breast radiologists

Variable performance of screening staff

Missed cancers
Participant experience

High cost of double reader model

How does breast screening work now? Where might AI fit in?



Most screening services are asking for Mia in 2 roles

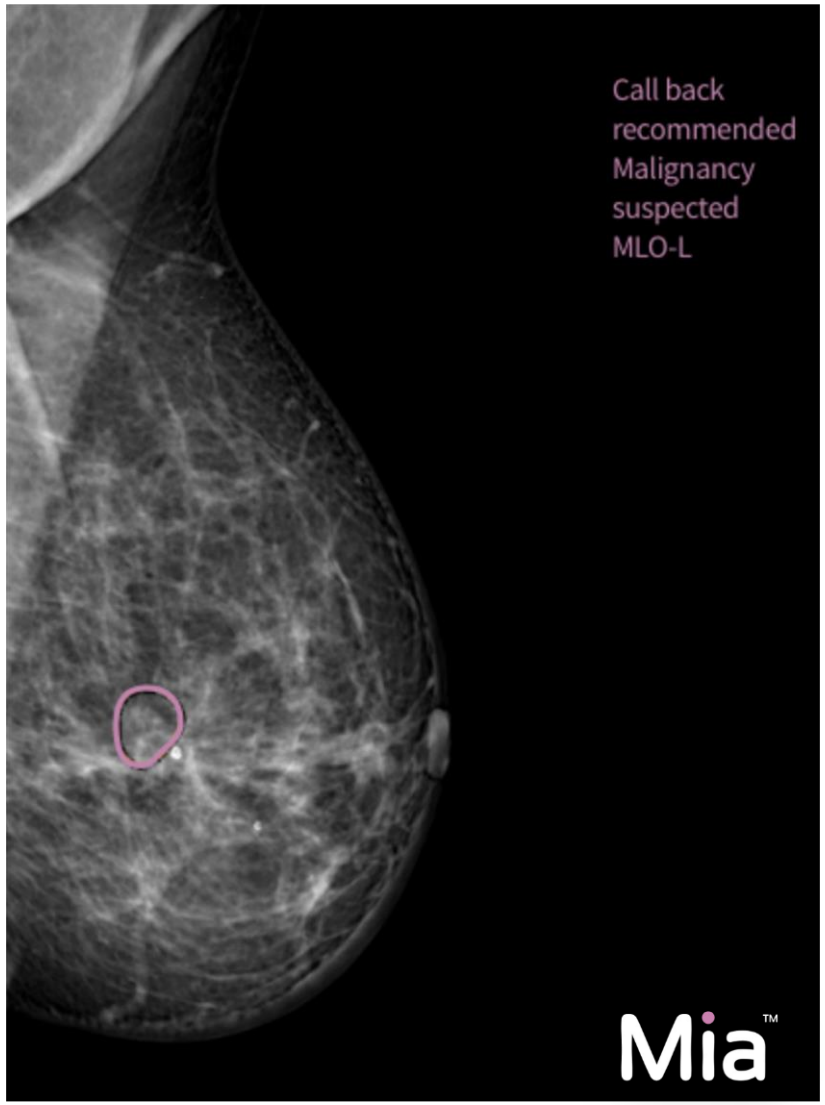
What is Mia, how does it work?

Recall or no recall?

Mia™ is a CE-marked medical device software (SaMD) developed using artificial intelligence (AI) and designed to analyse digital mammography images

Side-Wise Recall Suggestion

Mia™ suggests a decision for the not just the entire case, but also which breast, just like asking a radiologist colleague for an opinion



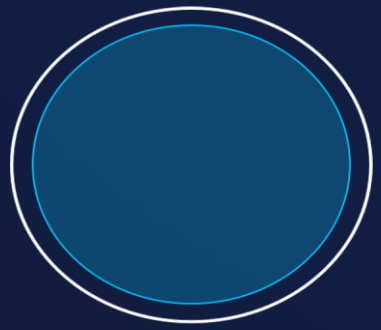
Mia™ is designed to complement radiologists

Mammography Intelligent Assessment

- **Trained on > 4 Mio Breast Examinations**
- **Image acquisition from multiple vendors E.g. HOLOGIC, GE, Siemens …..**
- **Examinations cover broad ethnical background**

Single-reading

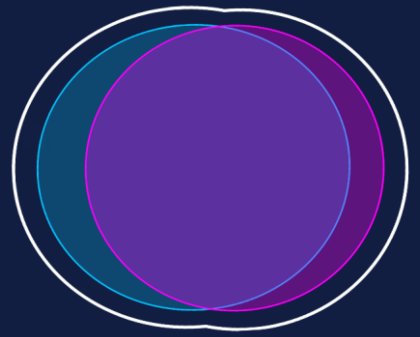
Radiologist



Isolated visual perception,
➡ vulnerable to bias

Double-reading

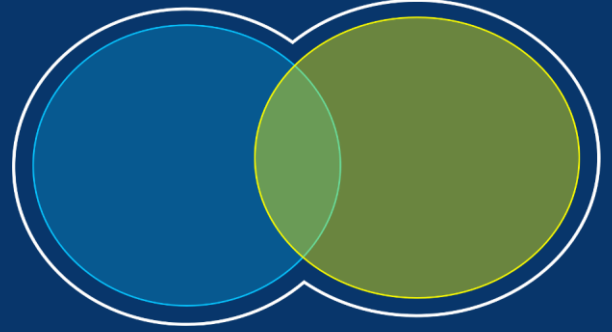
Radiologist #1 Radiologist #2



Similar visual perception,
➡ added redundancy

Radiologist + Mia™

Radiologist #1 Mia™



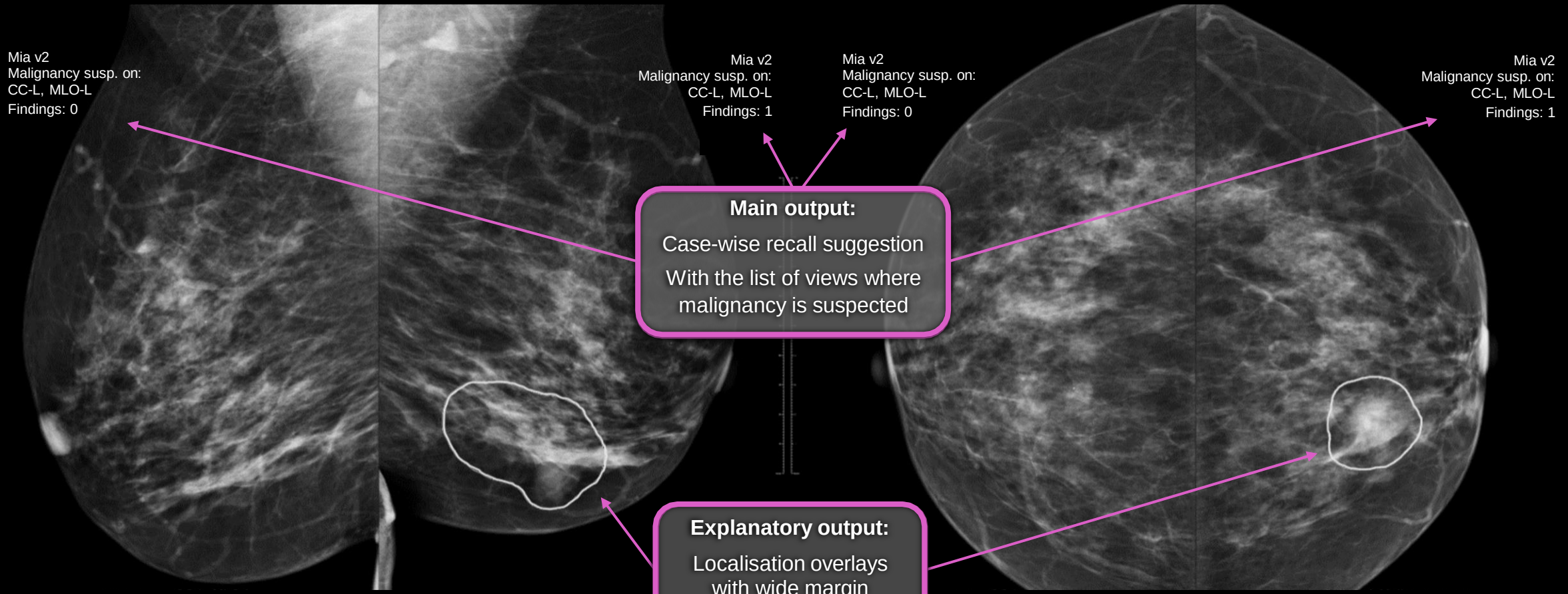
Different visual perception
➡ combined

Mia™ Reader

KHEIRON MEDICAL TECHNOLOGIES

Independent (IR), Extra (XR), and Concurrent (CR) Reader Workflows

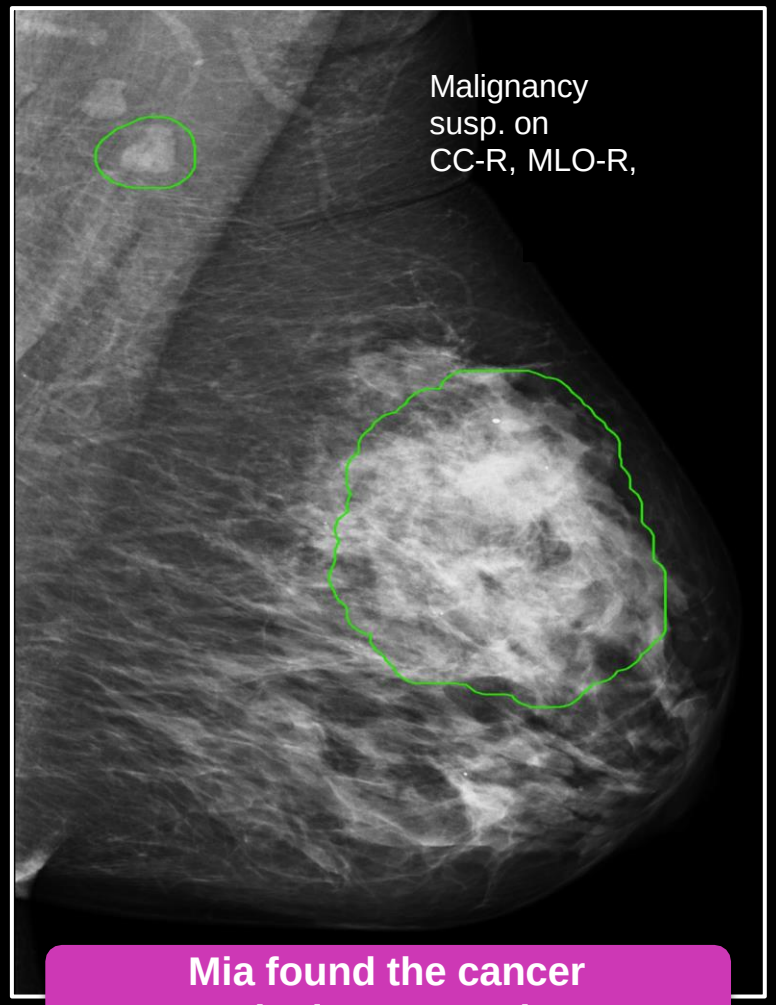
Malignancy detection AI designed from the ground up for recall decisions



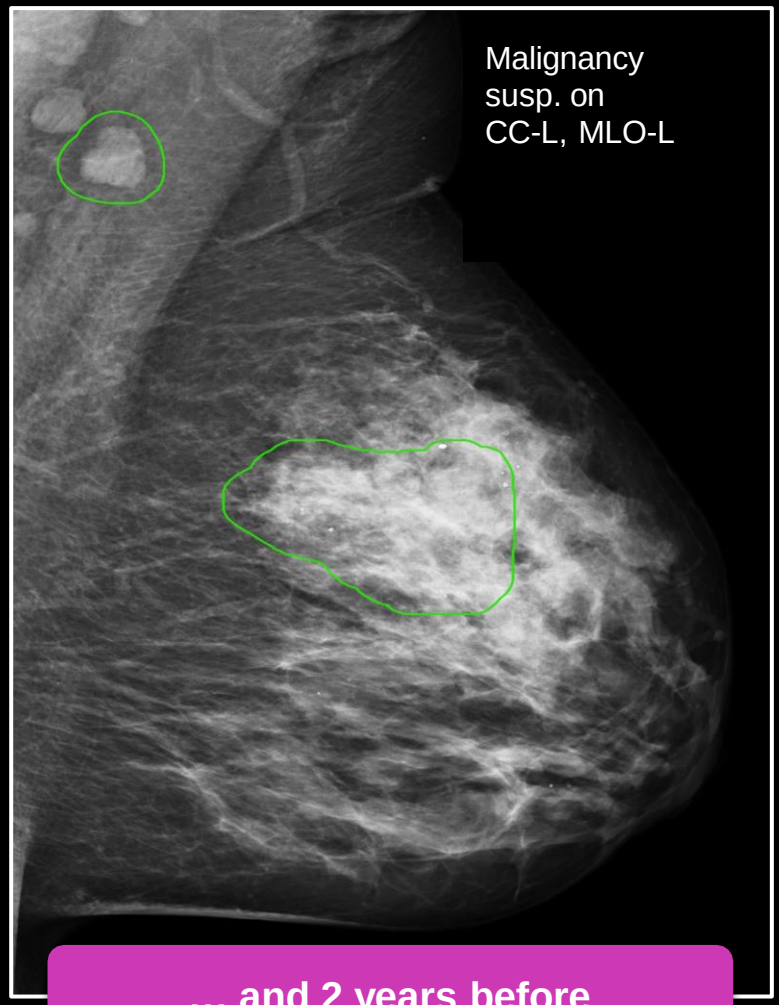
This woman passed away with cancer.

Despite continuous routine screening, **her cancer was missed.**

Mia detected the cancer on the current and two prior screening rounds – **2 and 4 years before**.



Mia found the cancer at the last screening



… and 2 years before

KHEIRON
MEDICAL TECHNOLOGIES

Kheiron in the media

As seen on the front page of the NY Times,
in CNN, Good Morning America, the BBC, ITV and The Times

The New York Times

Using A.I. to Detect Breast Cancer That Doctors Miss

"An A.I.-plus-doctor should replace doctor alone,
but an A.I. should not replace the doctor," Mr. Kecskemethy said.

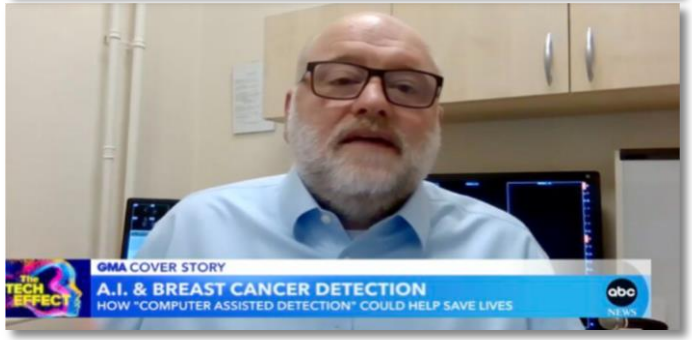
the technology is showing an impressive ability to spot cancer

"I was shockingly surprised at how good it was," Dr. Tabár said.

"It's a huge breakthrough,"

Scotland's National Health Service will use it as an additional reader

it will be in about 30 breast cancer screening sites operated
by England's National Health Service by the end of the year.



THE TIMES
THE SUNDAY TIMES

TECH SUMMIT

AI is transforming how radiologists detect breast cancers

Kheiron Medical Technologies has developed deep-learning software to act as as second reader of mammograms

BBC NEWS

THE TIMES

HEALTHTECH

Mammogram-reading AI starts work in hospitals

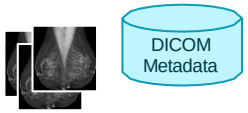
The Economist

Confirming the generalisability of Mia for all women is a key focus of our work

We are constantly testing our models on new data to ensure that Mia generalises

Data

Imaging Data



Clinical Data

- Information governance
- Data copied
- Data de-identification
- Data harmonised
- Data assigned into ‘bins’

Labels

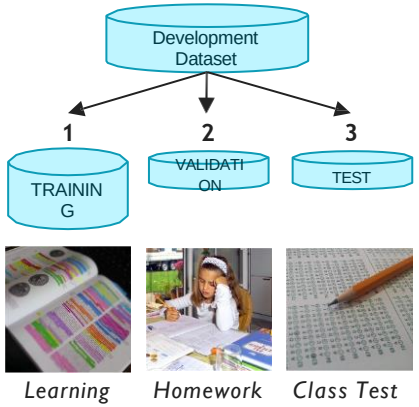
Biopsy, cytology, histology information to confirm positive

Follow-up negative to confirm negative

Unconfirmed

ML Validation

e.g. 30 ‘bins’

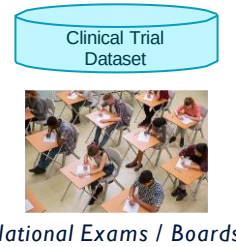


Split range:

80%-10%-10% to 33%-33%-33%

Clinical Evidence

e.g. 70 ‘bins’



Metrics

- Sensitivity
- Specificity
- Recall Rate
- Cancer Detection Rate

Comparisons

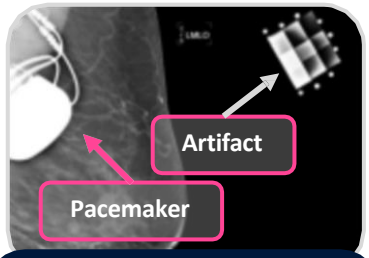
- AI Standalone vs Single reader
- Double reading with AI vs without AI

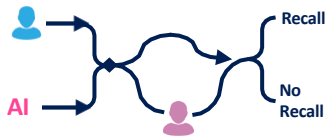
Evidence type:

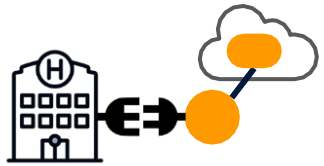
- Study/Trial - retrospective, prospective, reader
- Deployment - silent (no impact to care), SOC

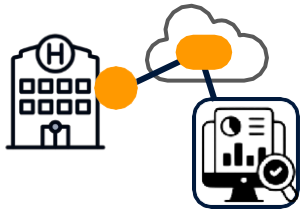
KHEIRON MEDICAL TECHNOLOGIES

The Successful Adoption of AI Requires More than Models









Model/Algorithm

Models need to be tested on local data **to ensure generalisability.**

Validation

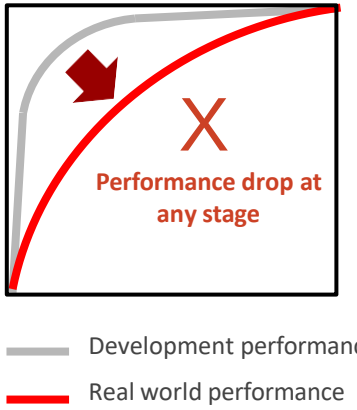
Clinical validations must prove efficacy in **practical workflows**, with **real world data and practically** meaningful metrics (often not AUC).

Deployment

Deployments must account for **local data conditions** and need to involve **training clinicians** on how to work with AI **based on their current behavior**.

Monitoring

Installations need to be monitored for **distribution shifts** and need to be periodically **tested & re-calibrated** to the extent required.



Our engineering and ML teams have spent the last 15 months building customised infrastructure, gateways and integrations for 15 different NHS sites.

Thank you

Information
www.kheironmed.com

Contact
info@kheironmed.com

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Lunch

Accelerating FemTech

The JANAMapp: an Educational Tool for South Asian Mothers

Scan here for our digital delegate pack

Angie Doshani

- Consultant Obstetrician and Gynaecologist, University Hospitals of Leicester NHS Trust
- Hon Professor Patient Safety, Loughborough University
- Hon Professor Faculty of Health and Life Sciences, De Montfort University
- Associate Prof Medical Education, University of Leicester

Accelerating FemTech

Prof Angie Doshani

Consultant Obstetrician and Gynaecologist
University Hospitals of Leicester NHS Trust.

Hon Professor Patient Safety
Loughborough University

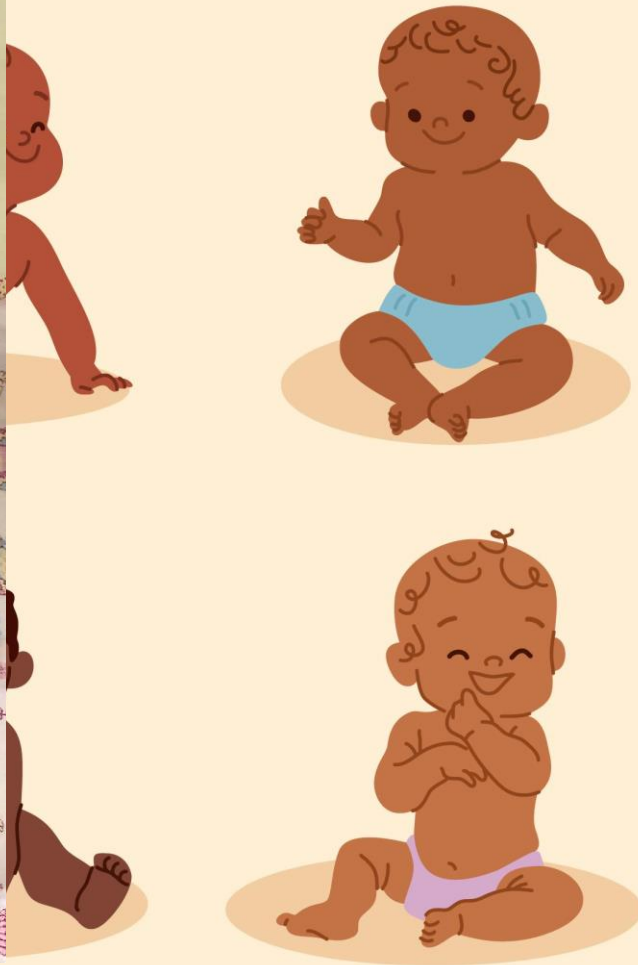
Hon Professor Faculty of Health and Life Sciences
De Montfort University

Associate Prof Medical Education
University of Leicester

United Kingdom

No conflict of interest


FUTURE:
*GENIUS
*CHAMPION
*EXPLORER
*ASTRONAUT



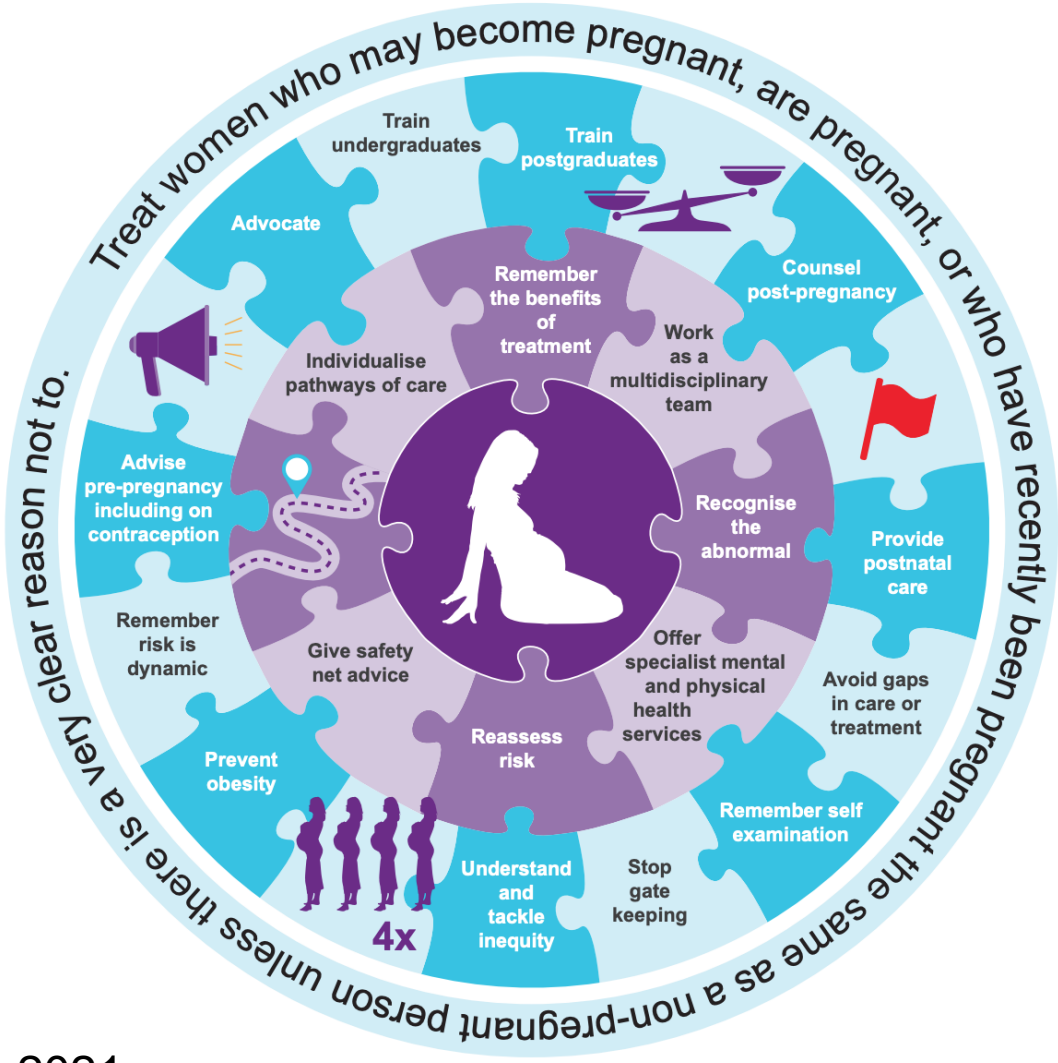
JANAM APP

Each year 75000 Babies born

Mums from South Asian background (Bangladeshi, Indian, Pakistani)

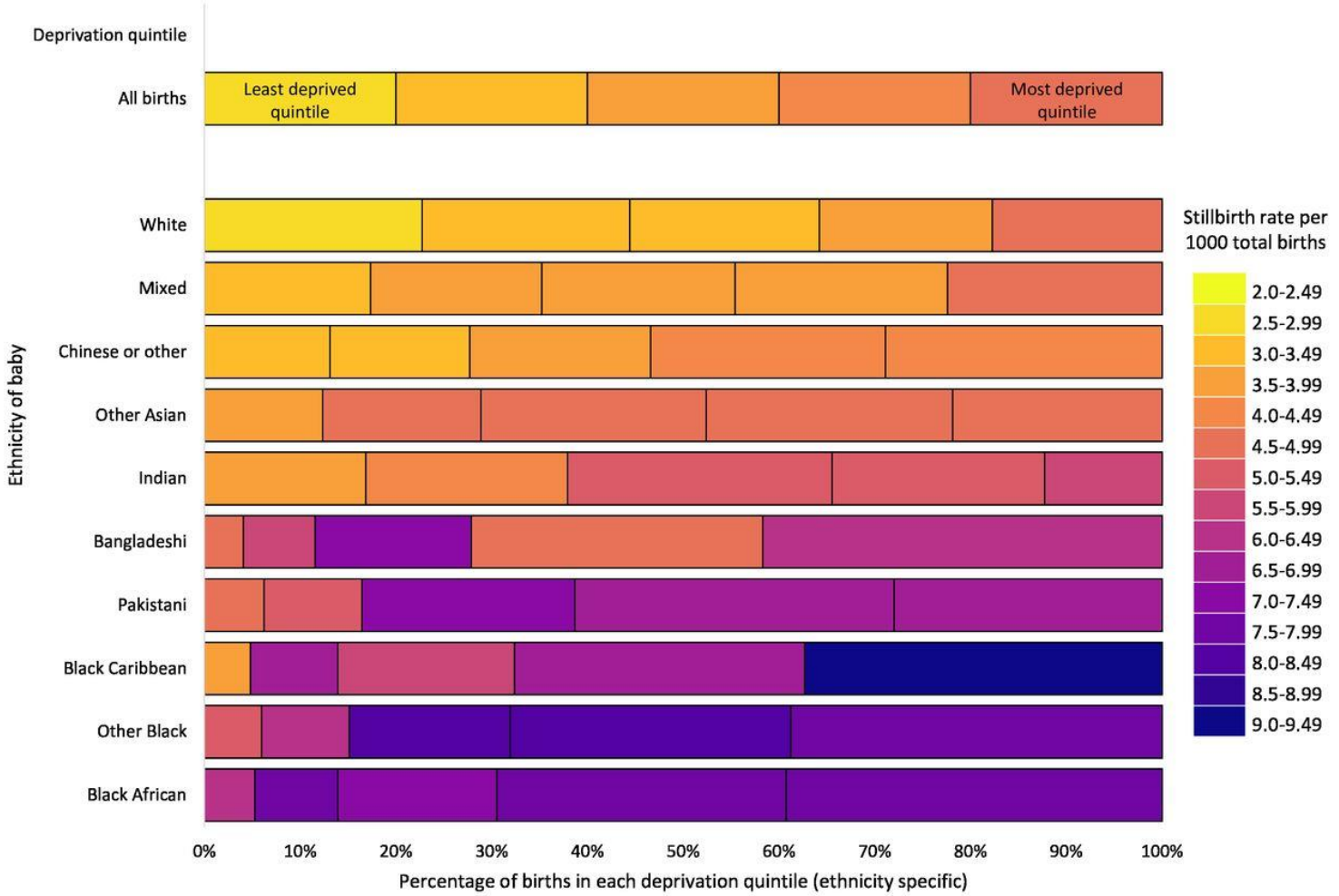
Black and Asian women have a higher risk of dying in pregnancy

White women		9/100,000
Mixed ethnicity women	1.3x	12/100,000
Asian women	1.8x	16/100,000
Black women	3.7x	34/100,000



MBRRACE-UK - Saving Lives, Improving Mothers' Care 2021

Stillbirth rates by ethnicity and deprivation quintile, with bar sizes reflecting the percentage of babies for each ethnicity born in each deprivation quintile, and colours showing the stillbirth rate within these groups.



Ruth J Matthews et al. BMJ Open 2022;12:e057412

TRANSLATION SERVICES SPEND

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~£65MIL

LEAFLETS

Urdu

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LEAFLETS

Punjabi

Tommy's PregnancyHub
Pregnancy expertise at your fingertips

NHS

Punjabi

ਆਪਣੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਨੂੰ ਮਹਸੂਿਸ ਕਰਨਾ ਇਸ ਗੱਲ ਦਾ ਸੰਕੇਤ ਹੈ ਕ ਿਉਹ ਠੀਕ ਹੈ

ਜ਼ਆਿਦਾਤਰ ਔਰਤਾਂ ਆਮ ਤੌਰ 'ਤੇ ਗਰਭ-ਅਵਸਥਾ ਦੇ 16 ਅਤੇ 24 ਹਫ਼ਤਆਿਂ ਦੇ ਵਚਿਕਾਰ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਮਹਸੂਿਸ ਕਰਨਾ ਸ਼ੁਰੂ ਕਰ ਦਦੀਆਿਂ ਹਨ। ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਨੂੰ ਲੱਤ ਮਾਰਨੀ, ਫੜਫੜਾਉਣਾ, ਸਰਸਰਾਹਟ ਜਾਂ ਘੁੰਮਣਾ ਵਜੋਂ ਕਸਿੇ ਵੀ ਵਜੋਂ ਵਰਣਨ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਜਵਿੇ-ਜਵਿੇ ਤੁਹਾਡੀ ਗਰਭ-ਅਵਸਥਾ ਅੱਗੇ ਵੱਧਦੀ ਹੈ ਹਲਿਜੁਲ ਦੀ ਕਸਿਮ ਬਦਲ ਸਕਦੀ ਹੈ।

ਮੈਨੂੰ ਬੱਚੇ ਨੂੰ ਕਨਿੰ-ਕਨਿੰ ਦੇਰ ਬਾਅਦ ਹਲਿਜੁਲ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ?

ਆਮ ਹਲਿਜੁਲ ਦੀ ਕੋਈ ਨਸ਼ਚਿਤ ਸੰਖਆਿ ਨਹੀਂ ਹੈ।

ਤੁਹਾਡੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਦਾ ਆਪਣਾ ਖੁਦ ਦਾ ਪੈਟਰਨ ਹੋਵੇਗਾ ਜੇ ਤੁਹਾਨੂੰ ਪਤਾ ਲੱਗ ਜਾਵੇਗਾ। .

16-24 ਹਫਤਆਿਂ ਤੋ ਲੈ ਕੇ 32 ਹਫਤਆਿਂ ਤਕ ਤੁਸੀ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਨੂੰ ਵੱਧਦੇ ਹੋਏ ਅਤੇ ਫਰਿ ਜਨਮ ਦੇਣ ਤਕ ਲਗਭਗ ਓਨੀ ਹੀ ਹਲਿਜੁਲ ਮਹਸੂਿਸ ਕਰੇਗੇ।

ਇਹ ਸੱਚ ਨਹੀਂ ਹੈ ਕ ਿਗਰਭ-ਅਵਸਥਾ ਦੀ ਸਮਾਪਤੀ ਦੇ ਕੋਲ ਬੱਚੇ ਘੱਟ ਹਲਿਜੁਲ ਕਰਦੇ ਹਨ।

ਤੁਹਾਨੂੰ ਪ੍ਰਸੂਤ ਵਚਿ ਜਾਣ ਦੇ ਸਮੇ ਤਕ ਅਤੇ ਪ੍ਰਸੂਤ ਦੇ ਦੌਰਾਨ ਵੀ, ਆਪਣੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਮਹਸੂਿਸ ਹੁੰਦੀ ਰਹਣਿੀ ਚਾਹੀਦੀ ਹੈ।

ਆਪਣੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਦੇ ਆਮ ਪੈਟਰਨ ਨੂੰ ਜਾਣੋ।

ਆਪਣੇ ਬੱਚੇ ਦੀ ਦਲਿ ਦੀ ਧੜਕਣ ਨੂੰ ਮਾਪਣ ਲਈ ਕੋਈ ਹੱਥ ਵਚਿ ਫੜਨ ਵਾਲੇ ਮੋਨਟਿਰ, ਡੋਪਲਰਾਂ ਜਾਂ ਫੋਨ ਐਪਾਂ ਦੀ ਵਰਤੋ ਨਾ ਕਰੋ। ਭਾਵੇ ਤੁਹਾਨੂੰ ਦਲਿ ਦੀ ਧੜਕਣ ਦਾ ਪਤਾ ਲਗ ਜਾਂਦਾ ਹੈ, ਇਸਦਾ ਇਹ ਮਤਲਬ ਨਹੀਂ ਹੈ ਕ ਿਤੁਹਾਡਾ ਬੱਚਾ ਠੀਕ ਹੈ।

ਜੇ ਤੁਸੀ ਆਪਣੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਬਾਰੇ ਚਤਿਤ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਸਲਾਹ ਲੈਣ ਲਈ ਅਗਲੇ ਦਨਿ ਤੱਕ ਉਡੀਕ ਨਹੀਂ ਕਰਨੀ ਚਾਹੀਦੀ

ਜੇ ਤੁਸੀ ਸੋਚਦੇ ਹੋ ਕ ਿਤੁਹਾਡੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਘੱਟ ਗਈ ਹੈ ਜਾਂ ਰੁਕ ਗਈ ਹੈ, ਤਾਂ ਤੁਰੰਤ ਆਪਣੀ ਦਾਈ ਜਾਂ ਮੈਟਰਨਟਿੀ ਯੂਨਟਿ ਨਾਲ ਸੰਪਰਕ ਕਰੋ (ਇੱਥੇ ਦਨਿ ਦੇ 24 ਘੰਟੇ, ਹਫਤੇ ਦੇ 7 ਦਨਿ ਸਟਾਫ ਮੌਜੂਦ ਹੁੰਦਾ ਹੈ)।

- ਇਹ ਦੇਖਣ ਲਈ ਕ ਿਅੱਗੇ ਕੀ ਹੁੰਦਾ ਹੈ, ਕਾਲ ਕਰਨ ਨੂੰ ਅਗਲੇ ਦਨਿ ਤਕ ਰੋਕ ਕੇ ਨਾ ਰੱਖੋ।
- ਫੋਨ ਕਰਨ ਬਾਰੇ ਚਤਿਾ ਨਾ ਕਰੋ, ਜੇ ਤੁਹਾਡੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਘੱਟ ਗਈ ਹੈ ਜਾਂ ਰੁਕ ਗਈ ਹੈ ਤਾਂ ਤੁਹਾਡੇ ਡਾਕਟਰਾਂ ਅਤੇ ਦਾਈਆਂ ਲਈ ਇਸ ਬਾਰੇ ਜਾਣਨਾ ਬਹੁਤ ਜ਼ਰੂਰੀ ਹੁੰਦਾ ਹੈ।

ਮੇਰੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਮਹੱਤਵਪੂਰਨ ਕਉਿ ਹੈ?

ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਵਚਿ ਕਮੀ ਕਦੇ-ਕਦੇ ਇਸ ਬਾਰੇ ਇੱਕ ਮਹੱਤਵਪੂਰਨ ਸੰਕੇਤ ਹੋ ਸਕਦੀ ਹੈ ਕ ਿਬੱਚਾ ਠੀਕ ਨਹੀਂ ਹੈ। ਮਰੀਆਂ ਹੋਇਆ ਬੱਚਾ ਪੈਦਾ ਕਰਨ ਵਾਲੀਆਂ ਲਗਭਗ ਅੱਧੀਆਂ ਔਰਤਾਂ ਨੇ ਧਆਿਨ ਦਤਿਾ ਕ ਿਉਹਨਾਂ ਦੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਘੱਟ ਗਈ ਸੀ ਜਾਂ ਬੰਦ ਹੋ ਗਈ ਸੀ।

ਜੇ ਮੇਰੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਦੁਬਾਰਾ ਘੱਟ ਜਾਂਦੀ ਹੈ ਤਾਂ?

ਜੇ, ਤੁਹਾਡੀ ਜਾਂਚ ਕਰਨ ਦੇ ਬਾਅਦ, ਤੁਸੀ ਆਪਣੇ ਬੱਚੇ ਦੀ ਹਲਿਜੁਲ ਤੋ ਅਜੇ ਵੀ ਸੰਤੁਸ਼ਟ ਨਹੀਂ ਹੋ, ਤਾਂ ਇਹ ਜ਼ਰੂਰੀ ਹੈ ਕ ਿਤੁਸੀ ਤੁਰੰਤ ਆਪਣੀ ਦਾਈ ਜਾਂ ਮੈਟਰਨਟਿੀ ਯੂਨਟਿ ਨਾਲ ਸੰਪਰਕ ਕਰੋ, ਭਾਵੇ ਪਛਿਲੀ ਵਾਰ ਸਭ ਕੁਝ ਠੀਕ ਸੀ।

ਕਦੇ ਵੀ ਸਲਾਹ ਲਈ ਆਪਣੀ ਦਾਈ ਜਾਂ ਮੈਟਰਨਟਿੀ ਯੂਨਟਿ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਵਚਿ ਝਜਿਕ ਮਹਸੂਿਸ ਨਾ ਕਰੋ, ਭਾਵੇ ਇਹ ਕਨਿੰੀ ਵੀ ਵਾਰ ਹੋਵੇ।

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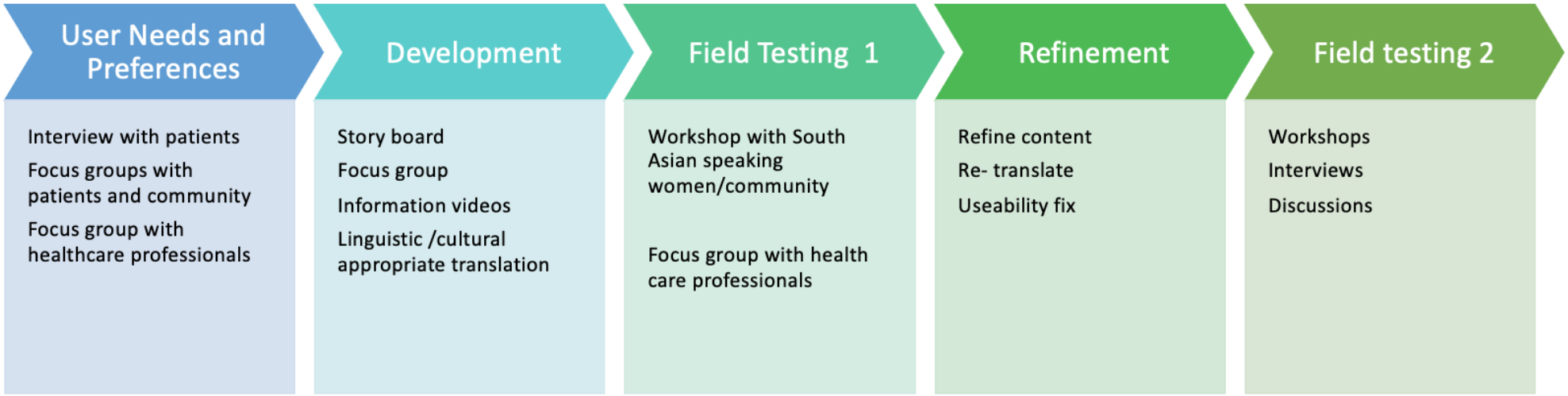
OBSTETRICIAN
RISK
MANAGEMENT
TEAM
MIDWIFES
PRIMARY CARE
PSYCHOLOGIST
MATERNITY
VOICE
PARTNERSHIP
ASIAN
PREGNANT
WOMEN
ASIAN
COMMUNITY
SUPPORT NETWORK
PATIENT

CO-DESIGN METHODOLOGY

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APP
JANAM
Culturally Sensitive
Trustworthy Resource
Evidence Based
Linguistically Appropriate
Supporting Net Zero
In English & 5 South Asian languages


10:10 AM
100%
SELECT LANGUAGE
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(URDU)
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(HINDI)
বাংলা
(BENGALI)
ਪੰਜਾਬੀ
(PUNJABI)
ગુજરાતી
(GUJARATI)
CONTINUE

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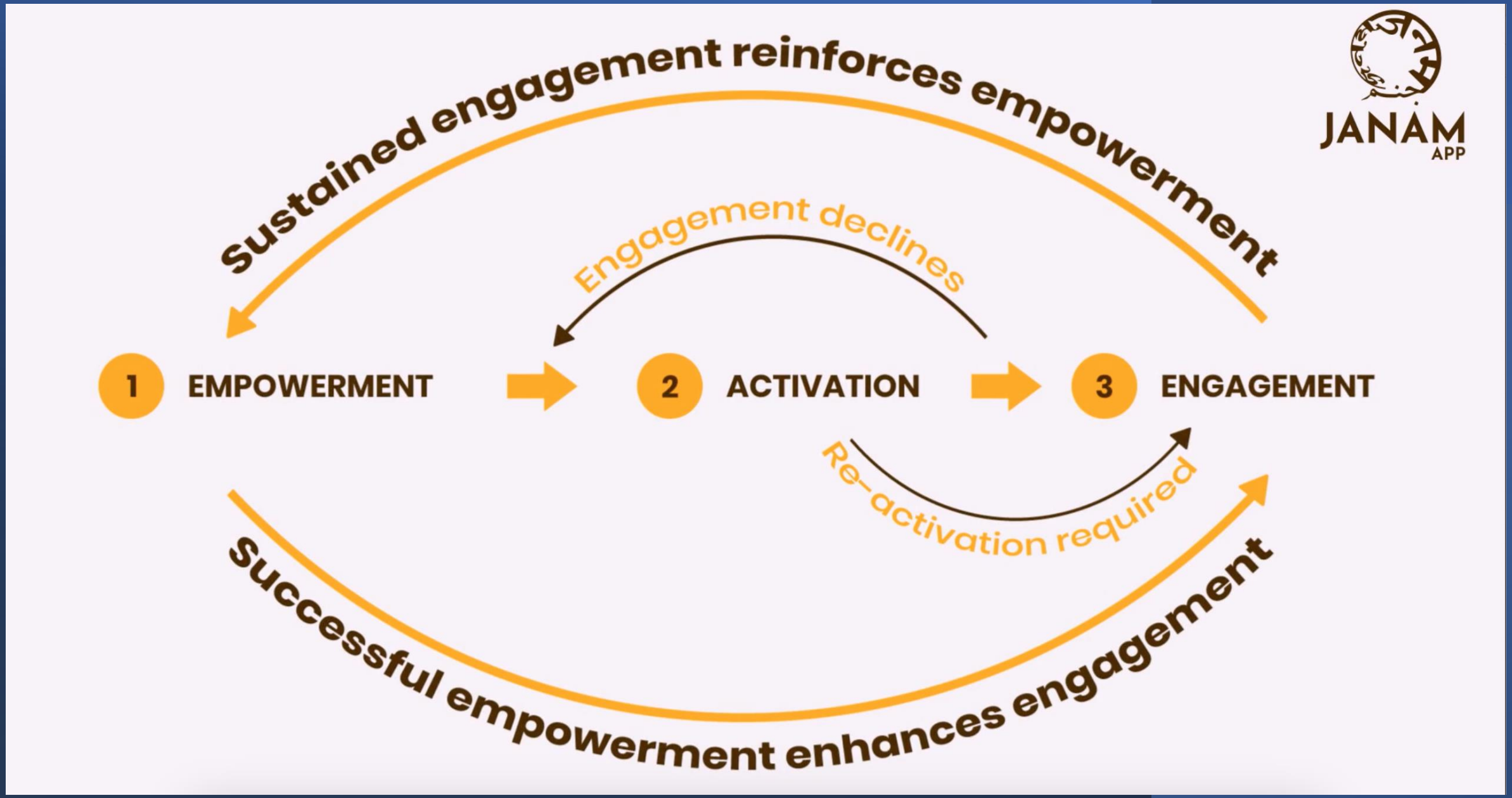
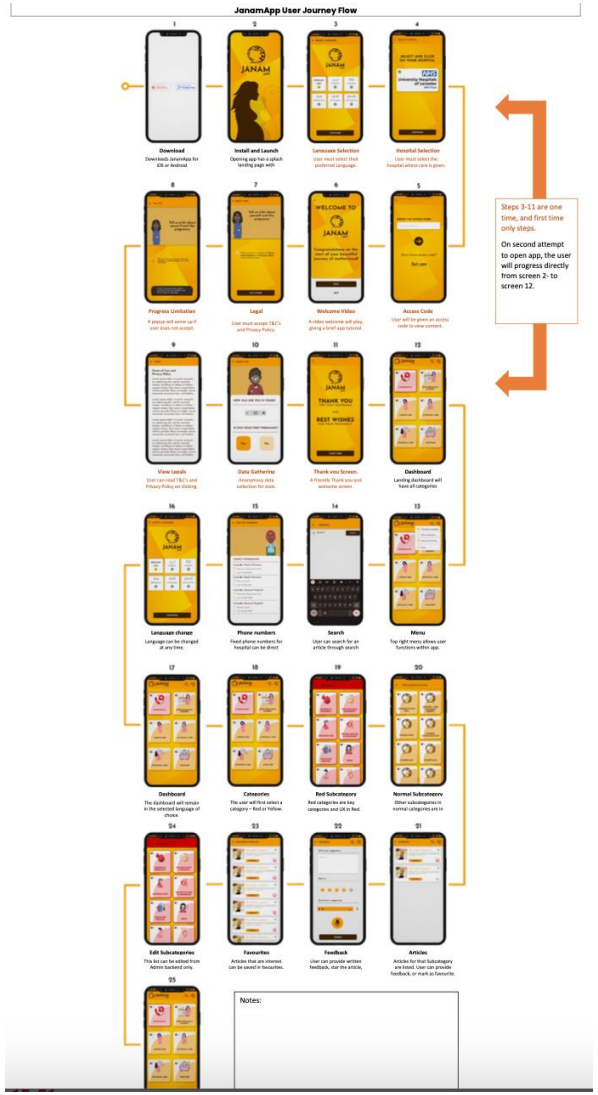
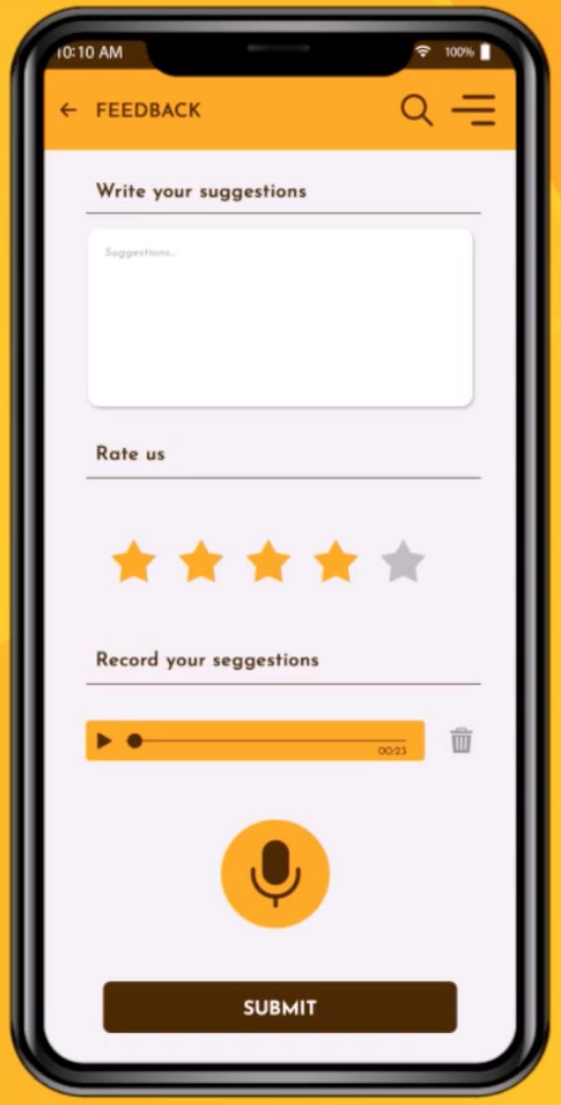

JANAM APP
Sustained engagement reinforces empowerment
Engagement declines
1 EMPOWERMENT
2 ACTIVATION
3 ENGAGEMENT
Re-activation required
Successful empowerment enhances engagement

USER JOURNEY FLOW

- ORCHA Baseline approved
  - Apple store
  - Google store



FEEDBACK & ANALYTICS



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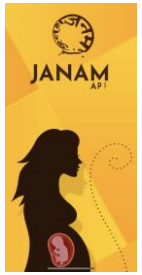
- Technology Acceptance
- Evaluation of videos

FEEDBACK & ANALYTICS

- Equality Impact Assessment
- Patient activation measures(PAM)
- Focus Groups

Challenges



- SMw.Jethi Karavadara
- Dr Ceri Jones
- Dr Sameer Nakedar

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University Hospitals of Leicester
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SBRI Government challenges. Ideas from business. Innovative solutions.

East Midlands Academic Health Science Network
Igniting Innovation

NHS CLINICAL ENTREPRENEUR PROGRAMME

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Angie Doshani

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Key Considerations When Developing a FemTech Product

Ollie Croft

FemTech Mentor and Business Development Engineer, eg technology

Accelerating FemTech

Key Considerations When Developing a FemTech Product

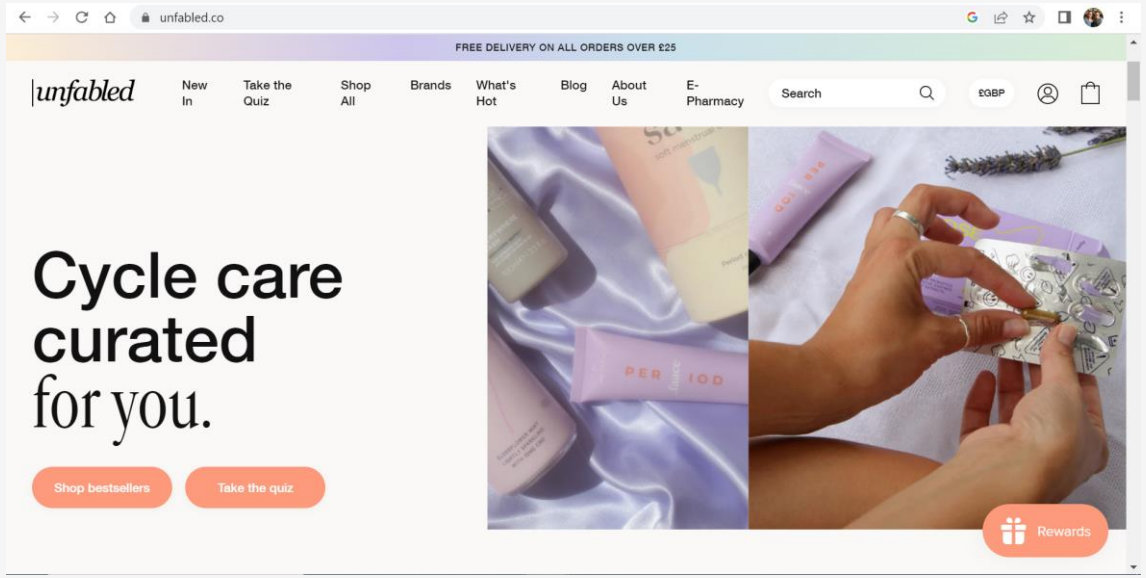
Ollie Croft – *FemTech Mentor and Business Development Engineer*

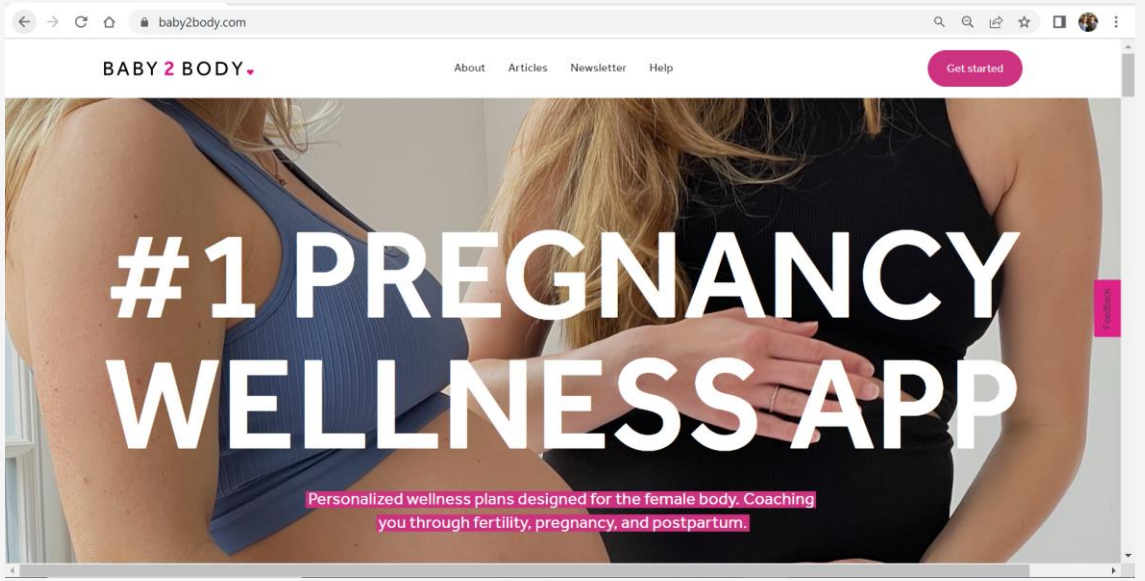
20th June 2023

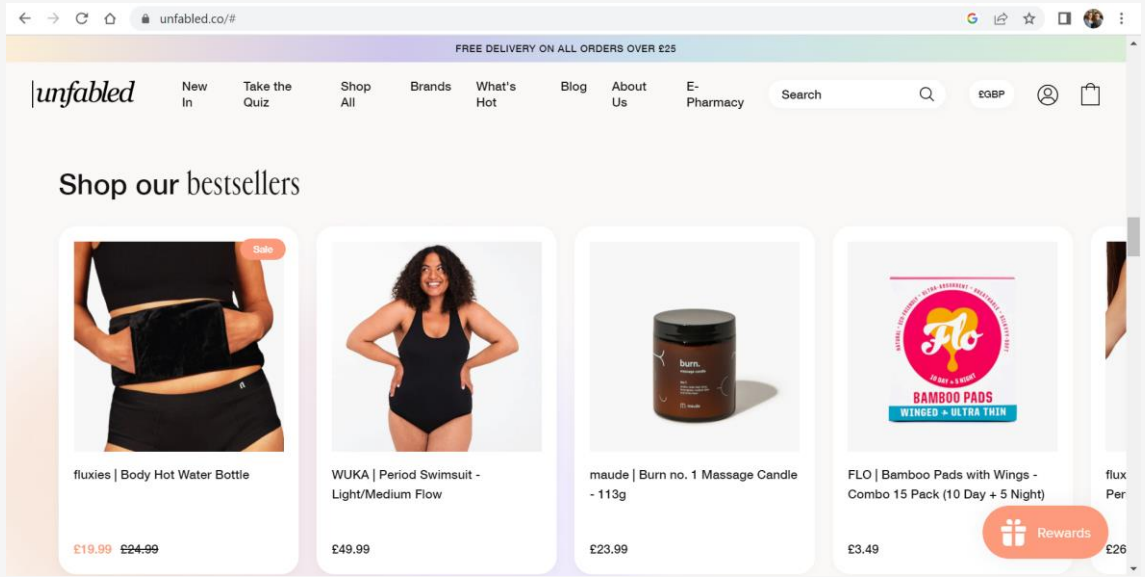
#1 – Get Personal

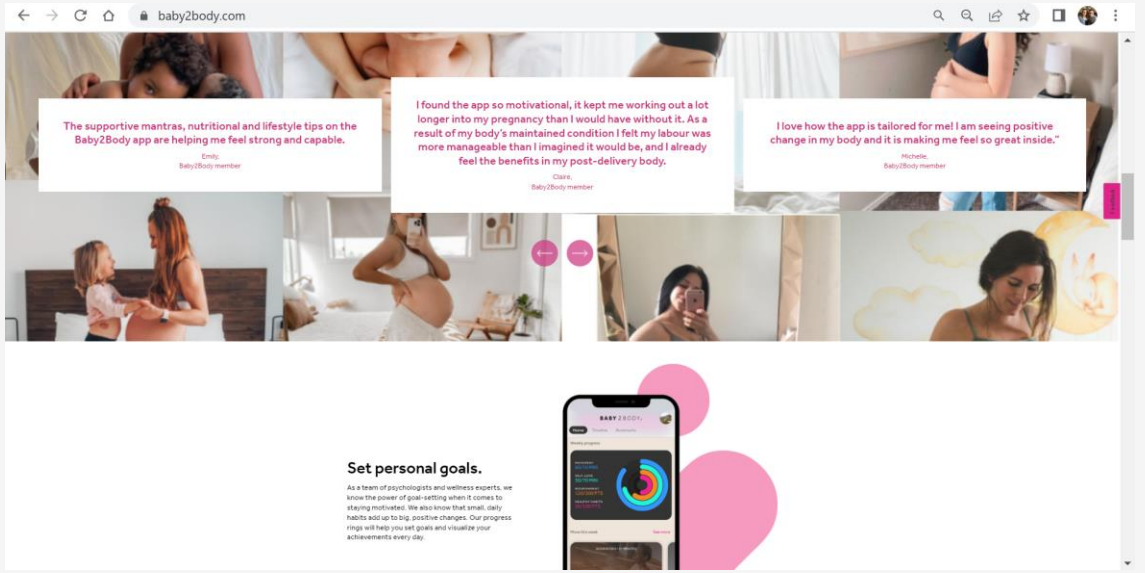
A ‘one size fits all’ approach, for all users, is *not* a solution

AI for positive change







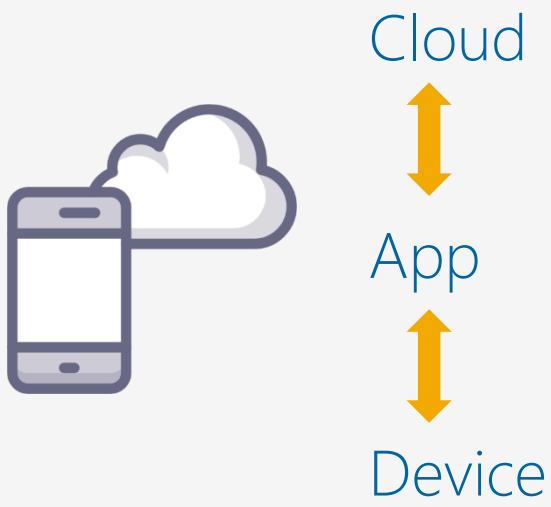


#2 – Data vs Trust

Empower don't exploit

Data Handling and Management

- Safe from cyber security threats
- Protect the identity of the patient

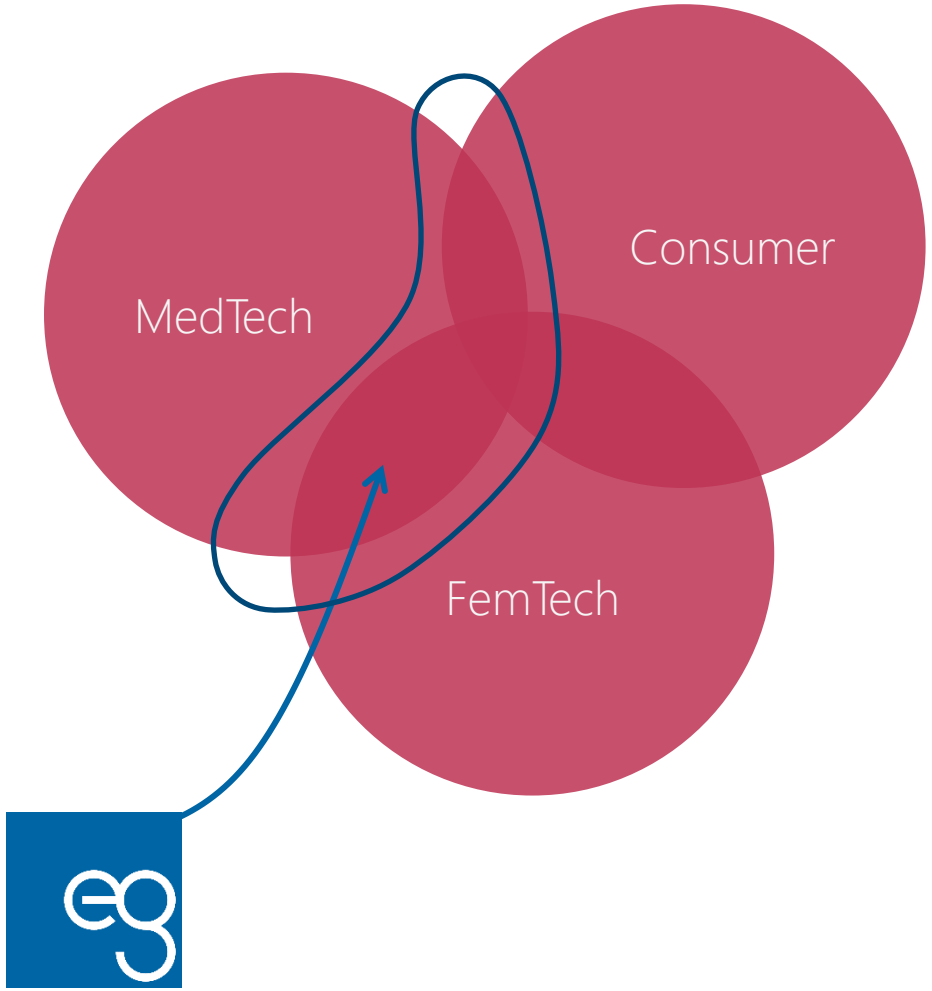


#3 – Cross Industry Regulation

HealthTech, Lifestyle and Well-being Devices

vs

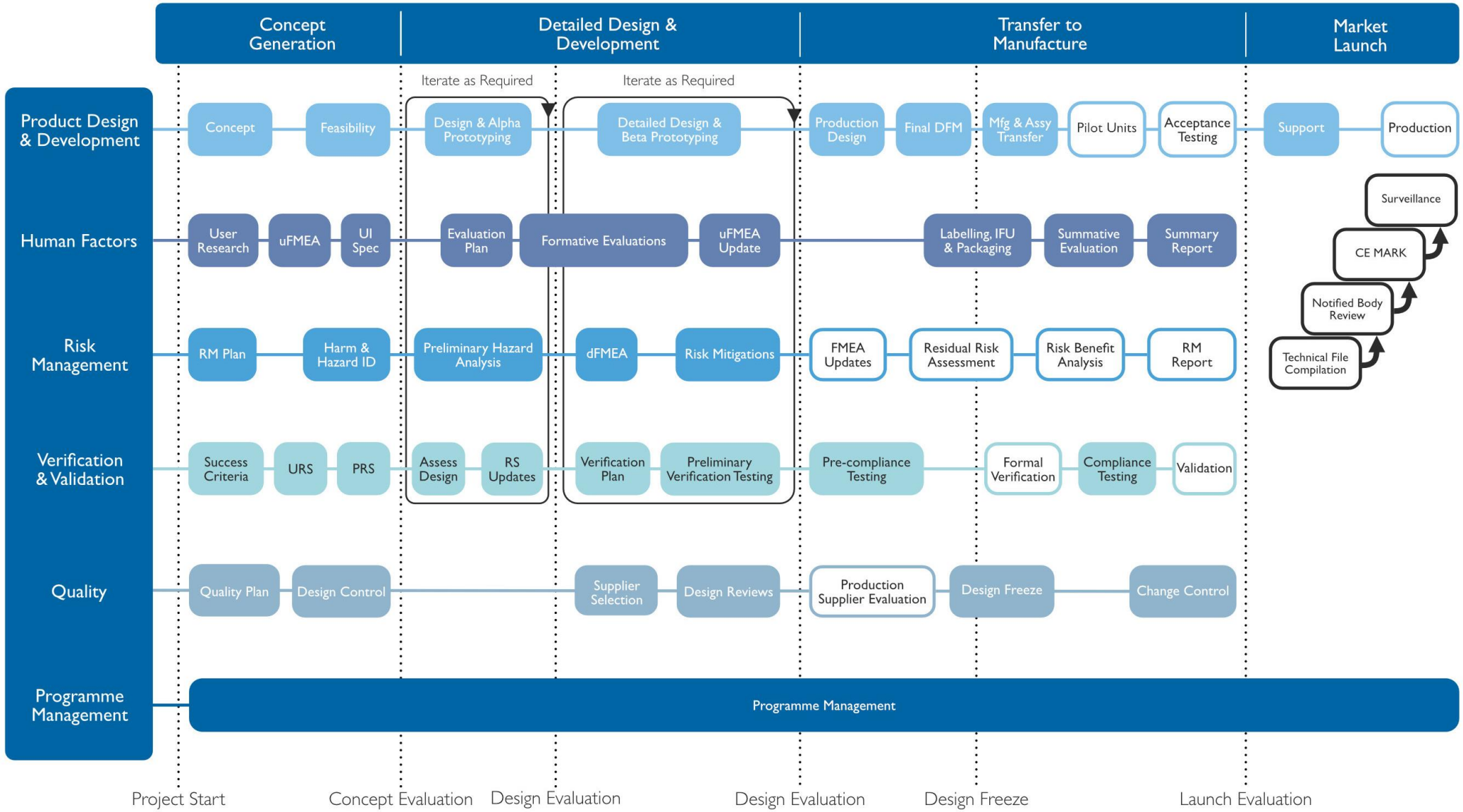
Medical Devices



#4 – A Delightful User Experience

The user is at the heart of the development, at every stage

Product Development Roadmap



egtechnology

olliecroft@egtechnology.co.uk

www.egtechnology.co.uk

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The top 3 challenges facing FemTech and what can be done about them

Tabletop networking session

Accelerating FemTech

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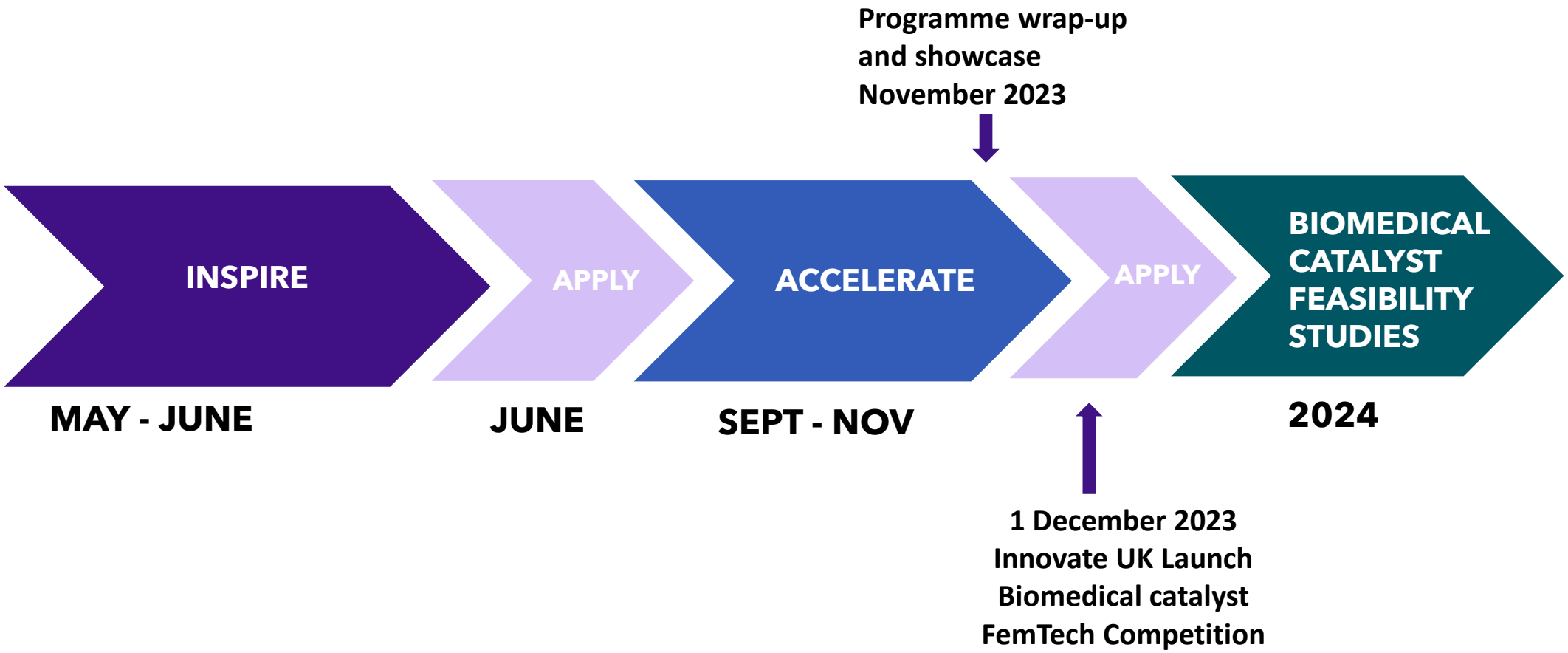
Accelerating FemTech – Opportunities to Get Involved

Anna King

Commercial Director, Health Innovation Network

Accelerating FemTech

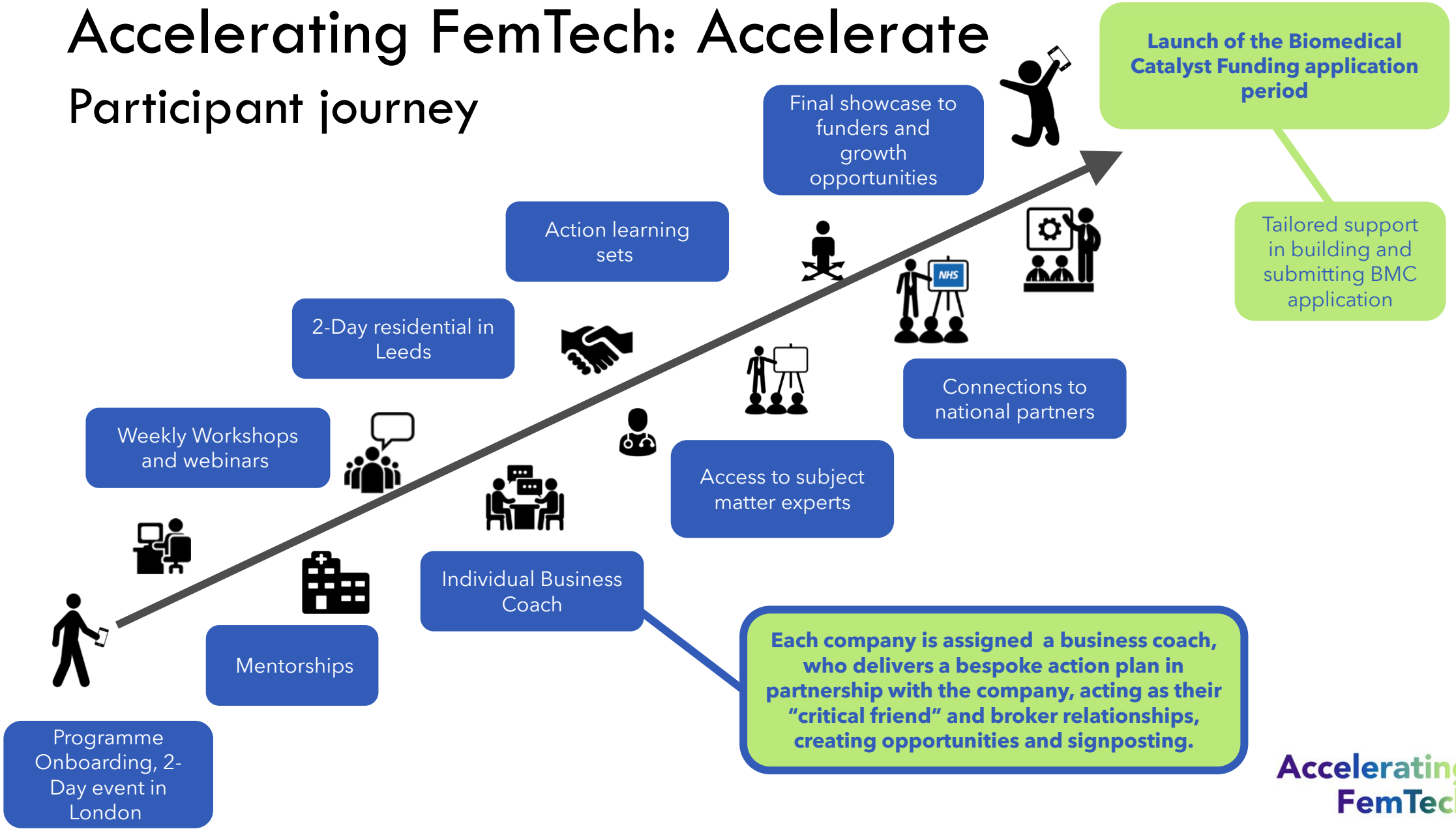
Accelerating FemTech



Accelerating FemTech

Accelerating FemTech: Accelerate

Participant journey



Accelerating FemTech

Next steps

Companies developing solutions

Accelerating FemTech: Accelerate ***APPLY NOW!***

ALL

Get involved! Collaborate, partners, test and innovate….

https://healthinnovationnetwork.com/projects/accelerating-femtech/

Accelerating FemTech

Find out more

Applications for the *accelerate* programme close 23:59 Sunday June 25.

Find out about other Accelerating FemTech events and apply to the Accelerator:

Innovate UK

Medical Research Council

East Midlands Academic Health Science Network
Igniting Innovation

Health Innovation Network

Accelerating FemTech