Health Innovation East Midlands

Welcome to the Productivity Innovation Exchange

We ask that you turn off microphones to reduce background noise

Please note this session will be recorded

We will start promptly at 10am

Health Innovation East Midlands

Introduction & agenda

Phillip Stimpson – Senior Innovation Lead

Introduction to the session

Health Innovation East Midlands

- Today's session will last 90 minutes
- We'll record the session to share with colleagues who could not make it today
- Please could you keep your microphone off so we can limit background noise for participants
- Everyone should have received a digital event pack with more information on the innovators and a copy of the agenda for today's session

Agenda

Health Innovation East Midlands

- 10:00 Introduction and house keeping
- 10:10 Challenge statements and scene setting
- 10:20 First round of innovator presentations – 7 x 4 minute pitches
- 10:50 Presentation from **David Smith** – Assistant Director, Value & Productivity Improvement, NHS England
- 11:00 Second round of innovator presentations – 6 x 4 minute pitches
- 11:25 Support available through the enabling fund
- 11:30 Close

Innovators presenting today

Health Innovation East Midlands

Round 1
Feebris & PlethAI
Big Picture Medical
CardMedic
Doc Abode
Dr Julian
DXS International
EnrichMyCare

Round 2
EyeV
DDM Health
Healthtech-1
Logifect
EQL
Skin Analytics

Who we are and what we do

Health Innovation East Midlands

- Health Innovation East Midlands are commissioned by the OLS and NHSE to test new innovations in health and social care and to adopt and spread innovations that are proven to deliver.
- We aim to help to match innovations to known gaps and challenges in our local organisations.
- There is an opportunity that we may be able to support projects that arise following this innovation exchange, through trial or evaluation.

Health Innovation East Midlands

Identifying challenge statements for this event

Dawn Plummer – Digital Health Innovation Lead

Patient and staff engagement

Health Innovation East Midlands

We hosted a patient focus group and also reached out via electronic survey to patients for their views on where productivity could be improved.

We also engaged a number of local stakeholders to identify their top challenges which digital solutions may be able to solve.

This intelligence enabled us to create a list of 3 common challenge statements which are detailed out through the next few slides

Challenge statement:
Improving access and coordination across care settings

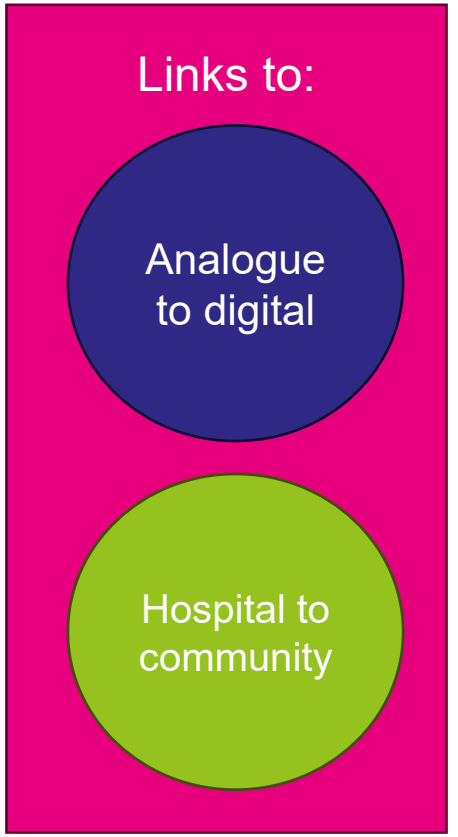
Health Innovation East Midlands
Local change, national impact

What is the problem?

Innovation is needed to enhance out-of-hospital care - particularly through pharmacies and primary care - improving communication and coordination between them to enable smooth transitions to hospital services when needed.

Why is it important?

- Patients feel like they struggle to access GP appointments. Telephone waits are too long and some patients who need care give up trying to access it.
- Waiting lists for ongoing treatment are long, especially mental health, and there is no way to check progression and waiting times.
- Patients would like smoother transitions of care from primary to secondary and from CYP to adult services
- Patients are happy for digital tools to be used to supplement their care as long as they have human interaction when it is important.



Challenge statement:
Supporting and empowering patients on their care journey

Health Innovation East Midlands
Local change, national impact

What is the problem?

Health systems need to inform and engage patients on their care journey, support self-management, and reduce reliance on in-person visits.

Why is it important?

- Patients would like to be able to access tailored self care information whilst they wait
- Patients are happy to speak to AI to answer health questions and almost half would be happy for their physician to use voice assisted digital tools if they could see an improvement to their care.
- GPs feel they spend a lot of time chasing secondary care for progress updates
- Being able to access appointment notes and next steps through the NHS app would help patients to remember the detail of the conversation and improve patient experience.
- A large proportion of patients are happy to utilise digital technologies such as questionnaires or remote monitoring applications if they can see a positive impact on their care or a reduction in in-person visits

Links to:

Challenge statement:
Accelerating and improving processes, providing time for optimal patient care

Health Innovation East Midlands
Local change, national impact

What is the problem?

Our system wants innovations that speed up diagnosis, referrals, and administrative workflows, reduce waiting times, and assist with routine tasks to allow healthcare professionals to focus on delivering high-value, complex care.

Why is it important?

- Colleagues have highlighted the administrative burden which takes up time that could be spent with patients
- There is a high level of staff sickness and burnout, with a growing backlog of patients
- AI and digital solutions can optimise the planning, scheduling and management of care
- Primary care staff feel that a large proportion of their time is taken up chasing hospital appointments or actions
- There are tasks which can easily be automated to remove some of the time spend record keeping
- Clinicians want decision support systems in place

Links to:

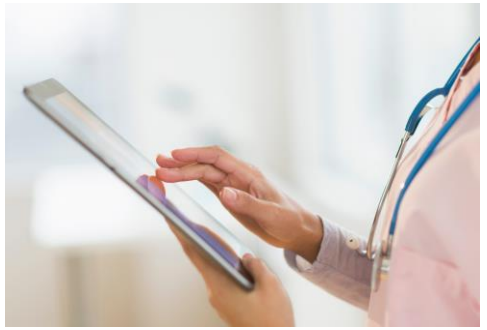
Analogue to digital

Our challenge statements

So in summary, our challenge statements are:

- Improving access and coordination across care settings
- Supporting and empowering patients on their care journey
- Accelerating and improving processes, providing time for optimal patient care

All of the innovators who present today are aiming to tackle one or more of these challenges.



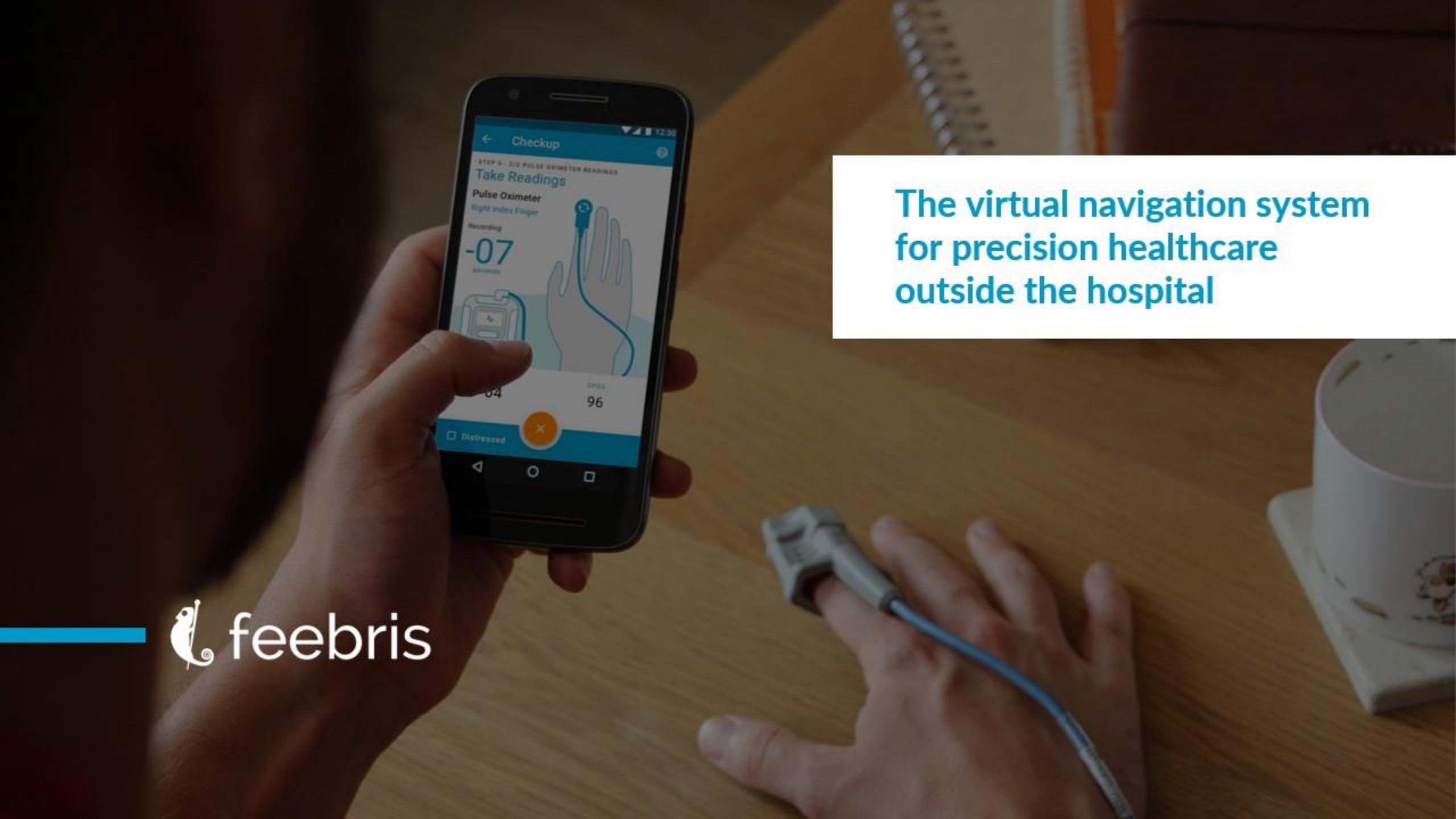
Health Innovation East Midlands

Innovator Presentations

Round 1

Health Innovation East Midlands

Feebris & PlethAI



The virtual navigation system for precision healthcare outside the hospital

feebris

Person-centred Health & Care

1 Proactive Neighbourhood Care

Enabling integrated, multidisciplinary care that keeps people well, reduces avoidable demand and addresses inequalities at their roots.

2 Hospitals Without Walls

Enabling hospital-level care in the home to improve patient outcomes, boost workforce wellbeing and efficiency, and drive financial transformation.

3 Ageing Well

Supporting older adults and those living with frailty, with coordinated services that prioritise independence, continuity, and timely intervention.

The Feebris Platform

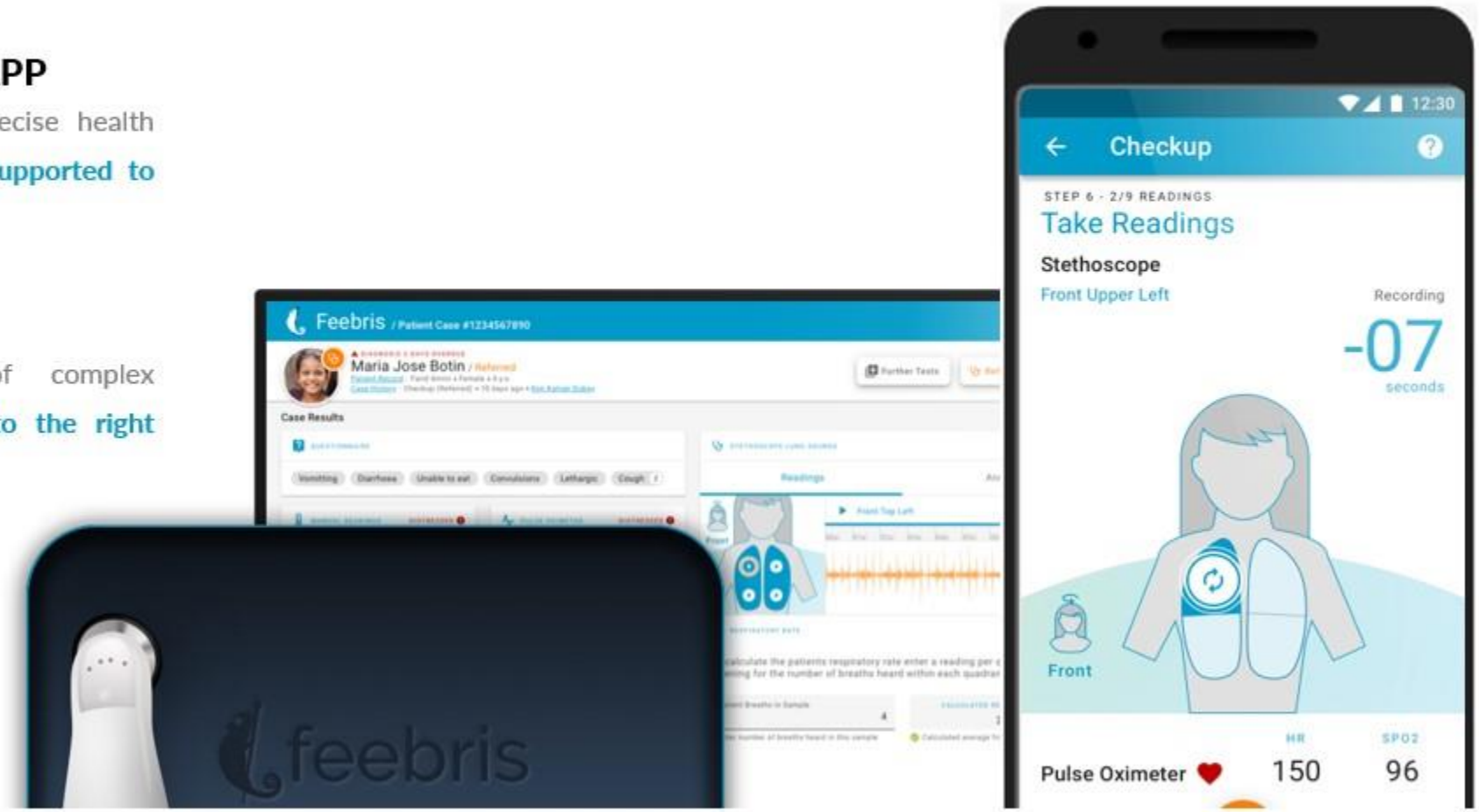
The virtual navigation system for precision healthcare outside the hospital

PATIENT & CARE-GIVER APP

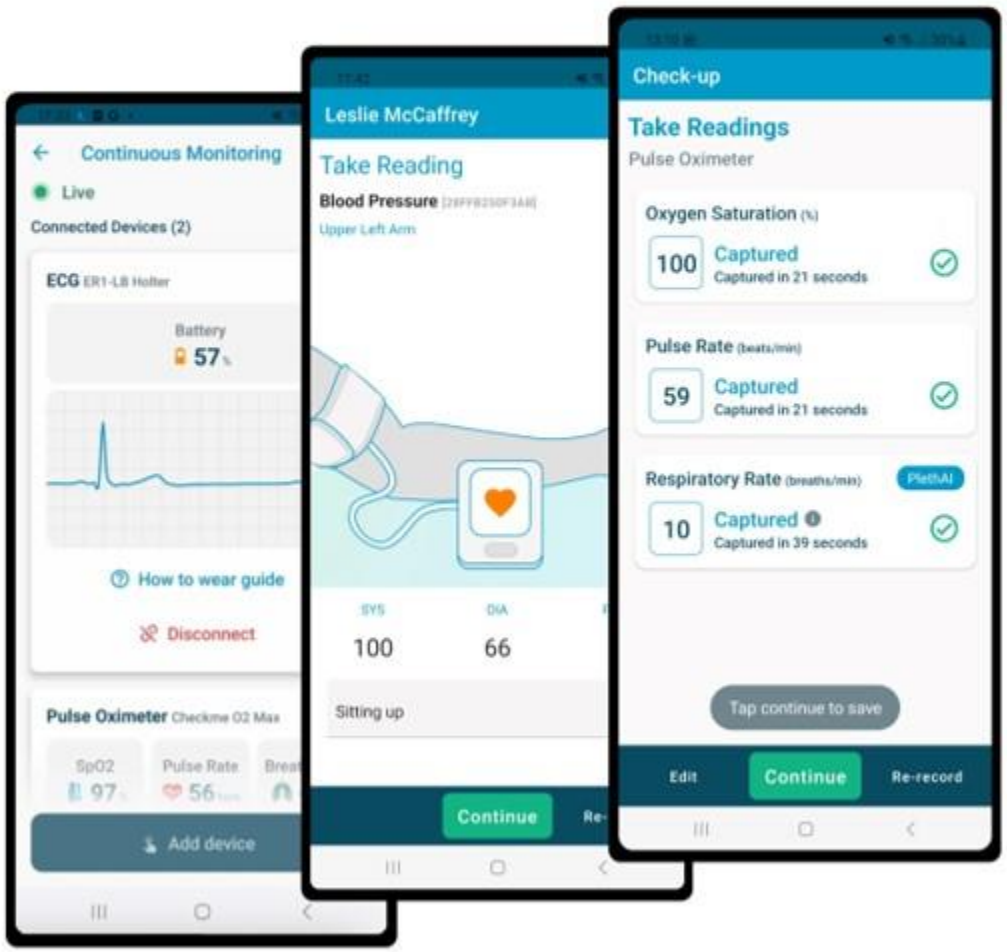
Enabling anyone to conduct a precise health exam: **hardware agnostic and AI-supported to capture advanced biomarkers.**

CLINICAL PORTAL

Enabling MDT management of complex pathways: **the right information to the right clinician at the right time.**



Clinical Grade Reliability at Home



HARDWARE AGNOSTIC

Wirelessly connected to a wide range of intermittent & continuous medical sensors for automated capture

EXTREME ACCESSIBILITY

Offline functionality and an extremely intuitive interface remove barriers network and digital competence

QUALITY ASSURANCE

Automatic assessment of data quality and extraction of key respiratory & cardiac biomarkers

RISK ASSESSMENT

Automated risk assessment against clinical guidelines and personalised baselines

Extend Clinical Reach & Capacity

INTEROPERABLE

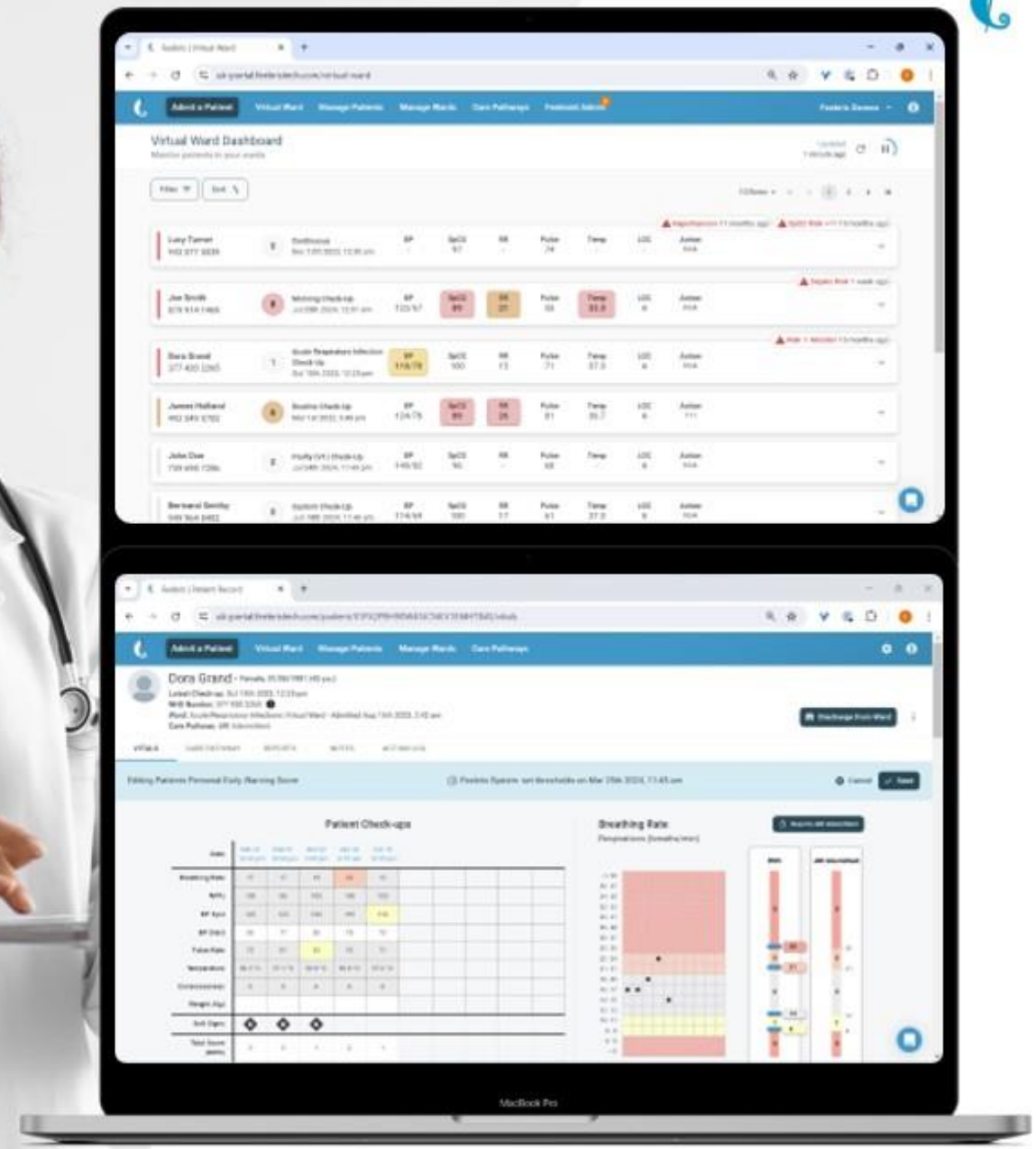
Information is shared with third party systems (EHRs) to eliminate duplication of effort.

VIRTUAL MDTS

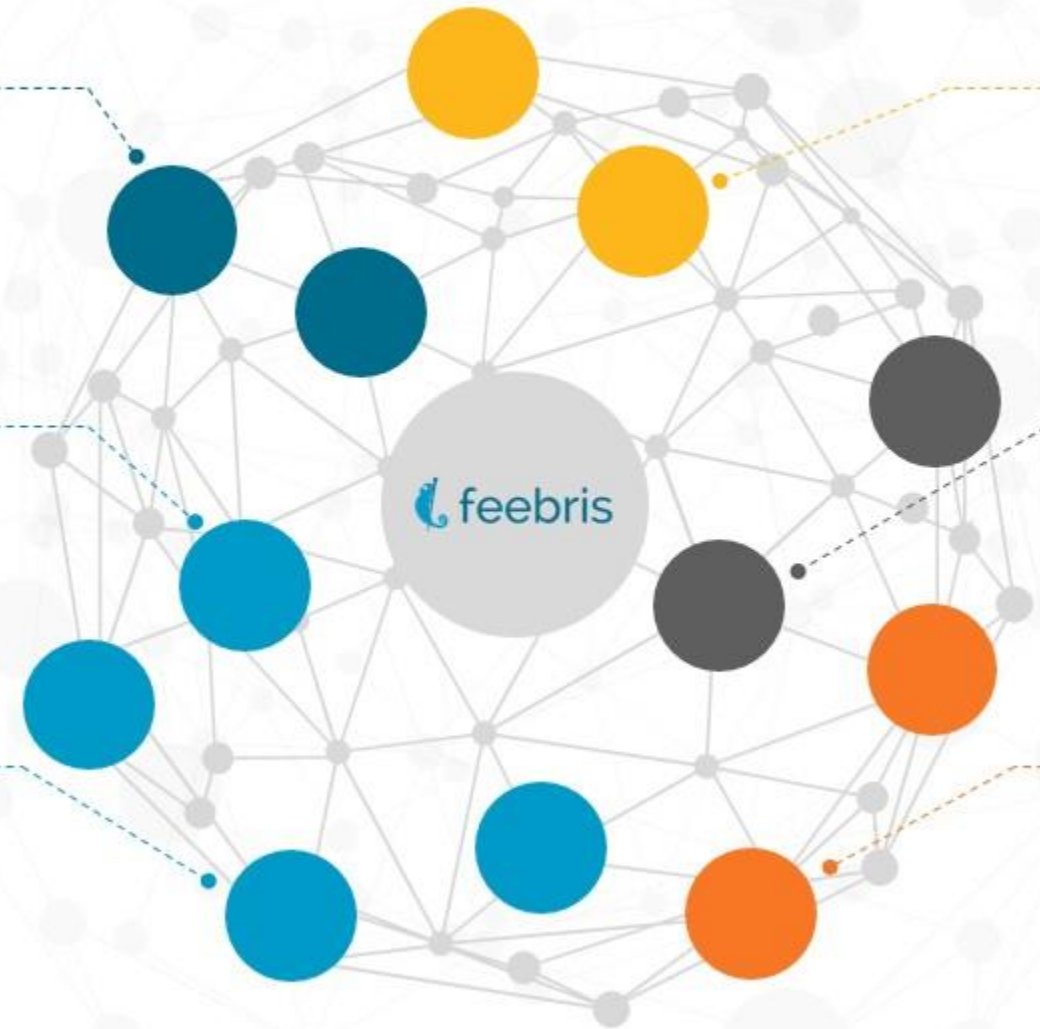
Coordination across clinical teams, includingseamless referrals, action tracking andcommunication (e.g. video/messages)

ADVANCED INSIGHTS

Intuitive presentation of insights tosupport diagnostic process, e.g. lungsounds, cardiac reports medical images



An Integrated Ecosystem



Primary Care EHRs

Sharing of structured data (SNOMED), images, reports and notes (e.g. EMIS/SystmOne)

Secondary Care EHRs

Sharing of structured data (SNOMED), images, reports and notes

Social Care Systems

Sharing of data with operational systems (e.g. Nourish Care/PCS)

Population Health Tools

Sharing of data for stratification, cohort selection and risk management (e.g. Eclipse/C2-Ai)

Urgent Care Services

Sharing of data for rapid and effective response (e.g. IC24)

Other Digital Health & Care

Sharing of data to support continuity of care and service efficiency (e.g. mymhealth, Joy)

SCALE EXAMPLE:
KENT & MEDWAY

NHS
Kent and Medway

1

CARE HOMES & GPS
PROACTIVE HEALTH

Ensuring timely detection of ambulatory care sensitive conditions and community management

2

COMMUNITY SERVICE
ALTERNATIVE TO ADMISSION

Managing acute episodes at home. Integration with urgent care & out-of-hours services.

3

ACUTE TRUST
EARLY DISCHARGE

Early and safe discharge, supporting patients to recover in a stress-free environment

4

HEART FAILURE
@HOME SERVICE

Enabling DGS HCP to scale management of heart failure in the community by empowering patients and family members

Benefits

PATIENTS

- **Improved recovery outcomes**
- **Reduced risk** of hospital-acquired infections, falls, and deconditioning
- **Fewer unnecessary** hospital attendances and admissions

FINANCIAL

- **Cash-releasing** savings from reduced ward staffing, estate utilization
- **Cost avoidance** from reductions in readmissions and long stays
- Potential to generate **new income streams** (repatriating electives, regional virtual hub)

WORKFORCE

- New **flexible career** pathways in virtual care
- **Reduction in burnout** and workload pressures
- **Productivity improvement** - better use of clinical skills, with technology supporting triage, prioritisation, and escalation

OPERATIONAL

- **Improved patient flow** and **reduce hospital beds**
- **Reduction in bottlenecks** from delayed discharges, long length-of-stay cases, and NCTR
- **Improved performance** on key metrics including ED 4-hour target, SHMI, and HSMR+
- **Greater resilience** and scalability in response to seasonal pressures or surges

Proven health-economic impact nationally

Conducted with **30 care homes** in **Northeast London**, evidencing **>£500k in savings** for the health system.

Fewer A&E visits	-38%
Fewer admissions	-25%
Return on Investment	5X

NHS North East London

YHEC York Health Economics Consortium

Independent health-economic evaluation in care homes here

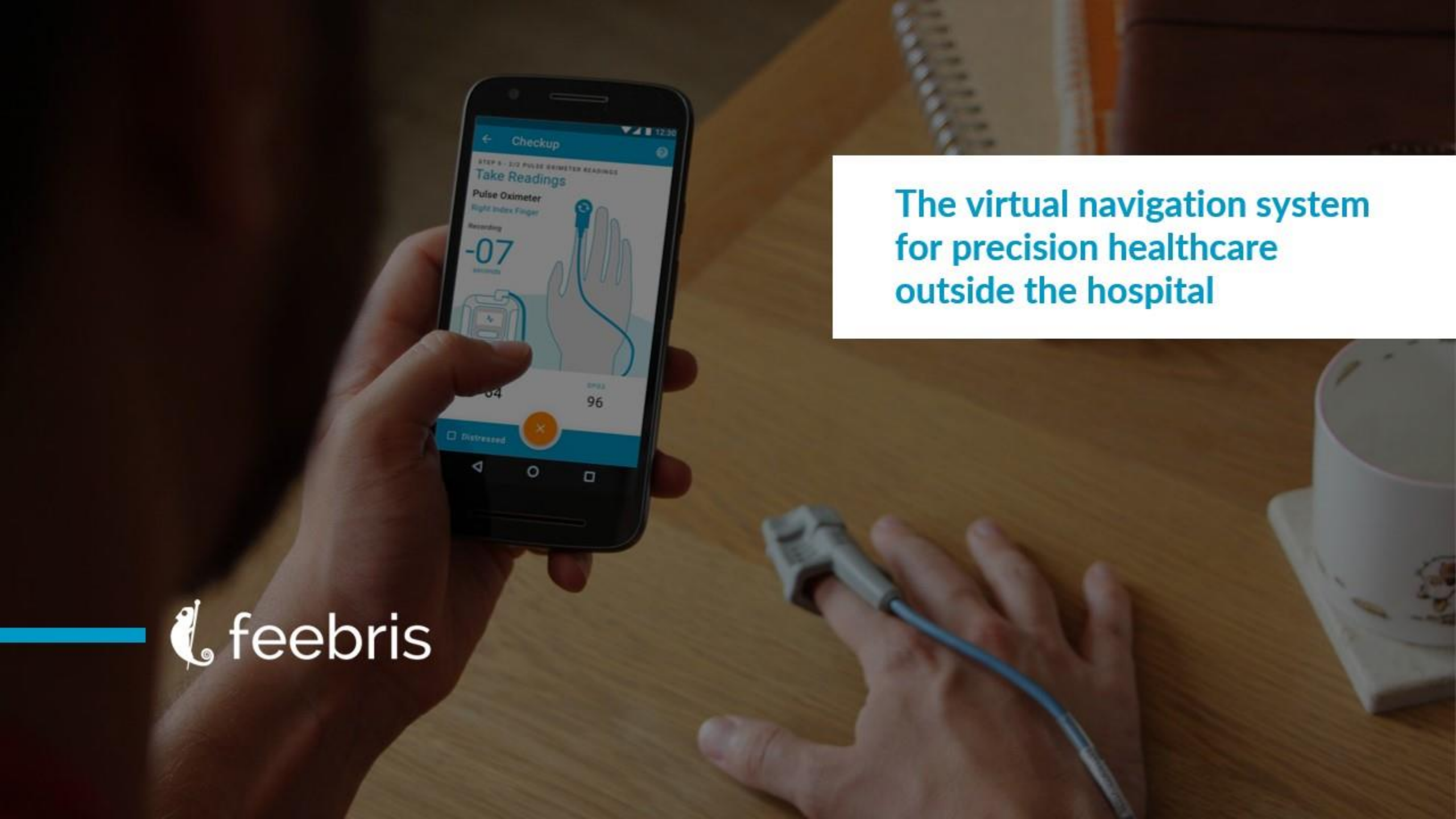
Kent County Council

Care City

Independent health-economic evaluation in care homes here

Conducted with **25 care homes** in **Kent & Medway**, evidencing **>£500k in savings** for the health system.

Fewer frequent conveyors	-73%
Fewer admissions	-20%
Return on Investment	5X



The virtual navigation system for precision healthcare outside the hospital

feebris

Health Innovation East Midlands

Big Picture Medical

Workflow Builder

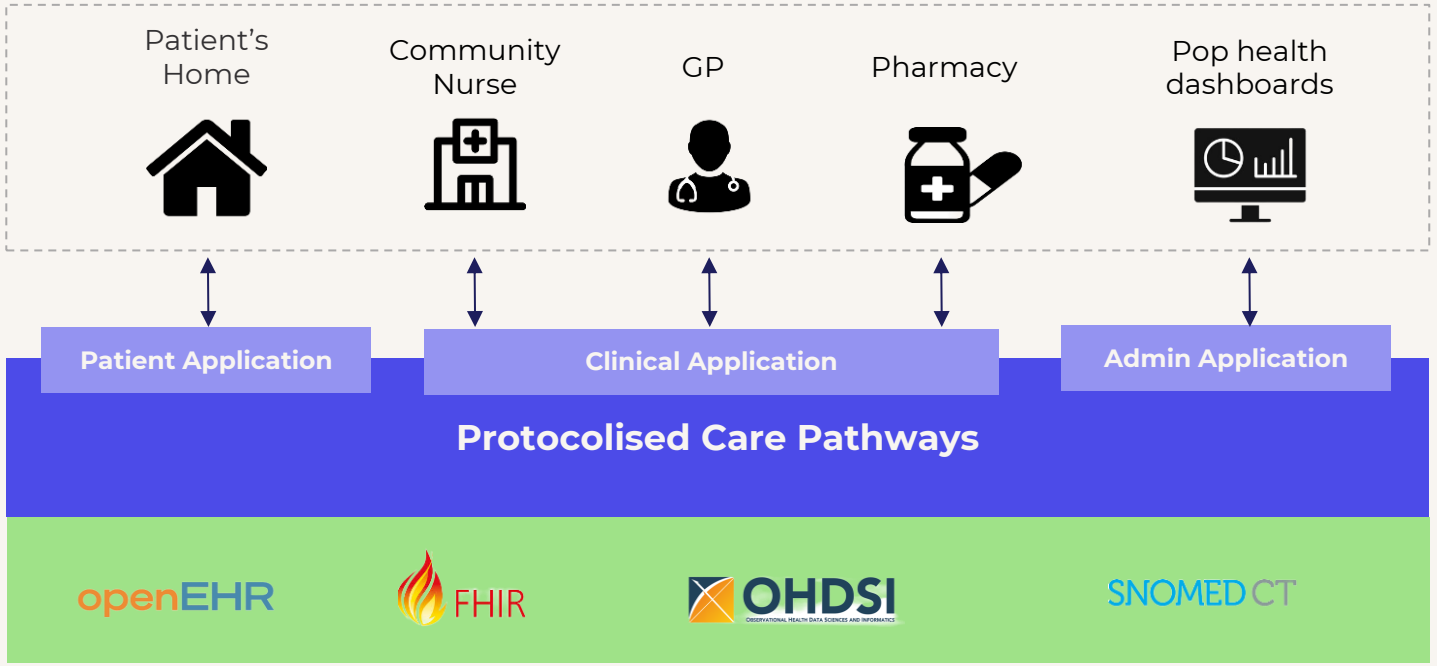
Health Innovation East Midlands

Driving Productivity Innovation Through Connected Care

Big Picture Medical

Our Platform makes care seamless across all settings

Primary Care Electronic Health Record



Secondary Care Electronic Health Record

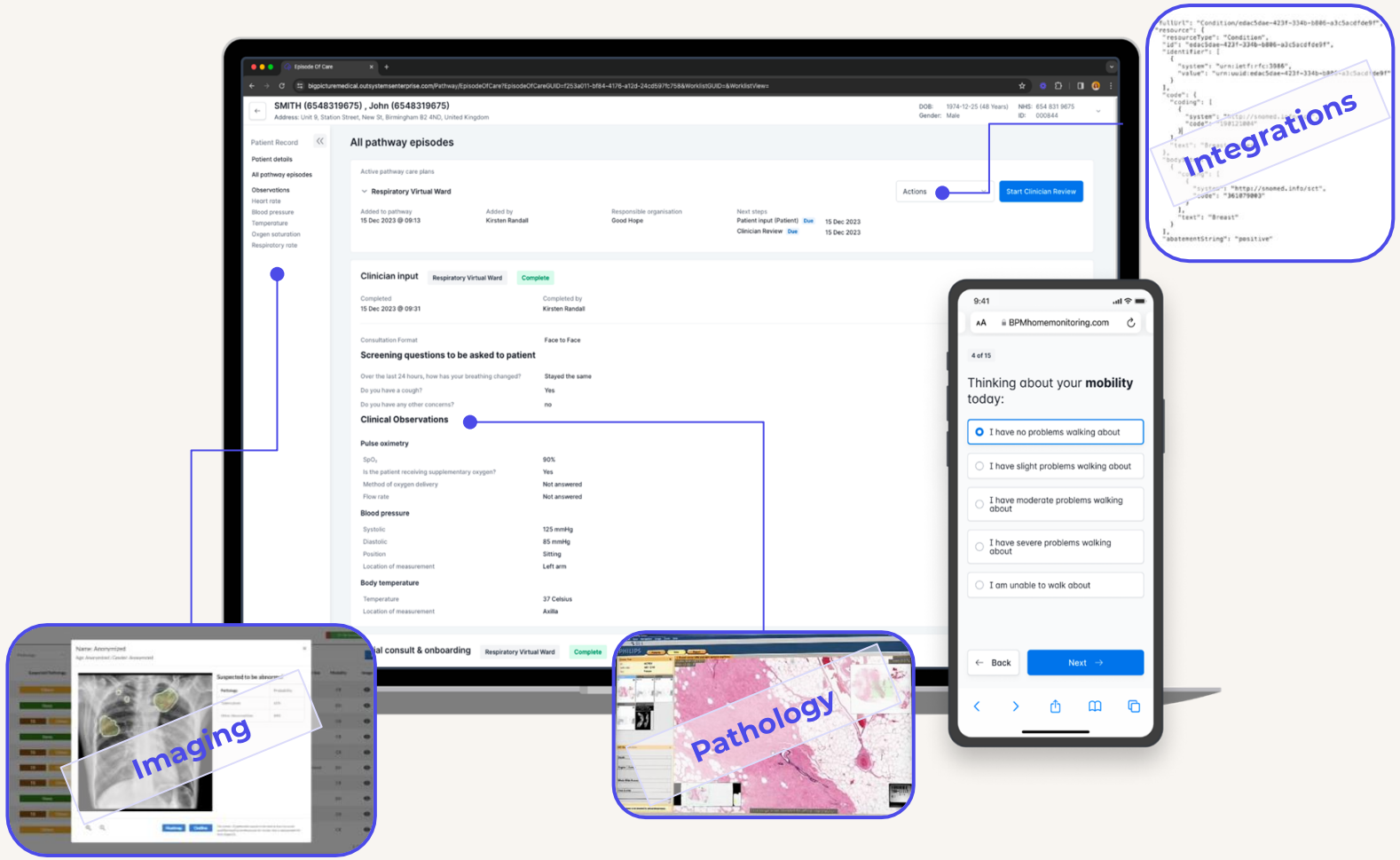
Configurable, AI-enabled pathways unify data and communication while using risk-stratified worklists to prioritise patients, helping clinicians streamline decision-making, reduce duplication and increase efficiencies

Deploy pathways faster than ever to drive clinical innovation

Accelerating processes	Our no-code workflow builder enables healthcare teams to **design and deploy new pathways in days**, with real-time updates providing the flexibility that real-world clinical processes demand. Over **30** pathways available in our library.
Empowering patients	Our digital remote monitoring helps patients track their health, communicate securely with care teams, and access educational modules, enabling them to take an **active role in managing their care.**
Improving access & coordination	**Our platform reaches patients everywhere**, including disadvantaged and regional communities, guiding them while giving clinicians the right information at every care encounter.
Scaling across specialities	As more pathways are added, synergies emerge, **data and patients flow seamlessly across conditions**, while clinicians manage everything in our platform.

Pathways are feature rich and fully customisable

- Primary & Secondary EHR integrations
- Imaging upload and viewing
- Scheduling
- Multi-language support
- Document and resource centre
- Messaging, text and email
- Patient letters viewer
- Patient web app
- Teleconferencing
- Clinical Prioritisation Worklists
- Risk stratification view
- Algorithm deployment
- Voice to text
- Histopathology upload and viewing (In progress)
- e-Prescriptions (In progress)



Medical Retina: NHS deployed case study

The problem

- **Long wait lists** for ophthalmology outpatients that require frequent specialist review.
- There is a **undersupply of opthalmologist** to do reviews and patients are often **DNA-ing**
- These challenges cause in long wait times for patients which can result in **serious complications like loss of sight.**

Observed change

54%
Reduction in unnecessary referrals

47%
Increased throughput

80%
Wait time goals met

Testimonials

"After implementation, more than half of the HES referrals have been avoided."

BMJ, British Journal of Ophthalmology
(about work at Moorfields Trust)

"I found using the app really easy and I felt safe because I knew that the clinical teams were never far away if I needed them."

COPD Patient

"Fast screening enabled timely laser treatment for sight-threatening diabetic retinopathy, preventing blindness."

Head of Ophthalmology, UHB

Big Picture Medical

Health Innovation East Midlands

CardMedic

CardMedic
Fluent in Healthcare

The healthcare language portal

Transforming access to language services.

The AHSN Network
NHS England
NHS Innovation Accelerator

NHS CLINICAL ENTREPRENEUR PROGRAMME

TMC | TEXAS MEDICAL CENTER

The Problem

30%

82%

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69%

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Ax Significant health inequities

Increased morbidity & mortality

- Nocost-effective solutions

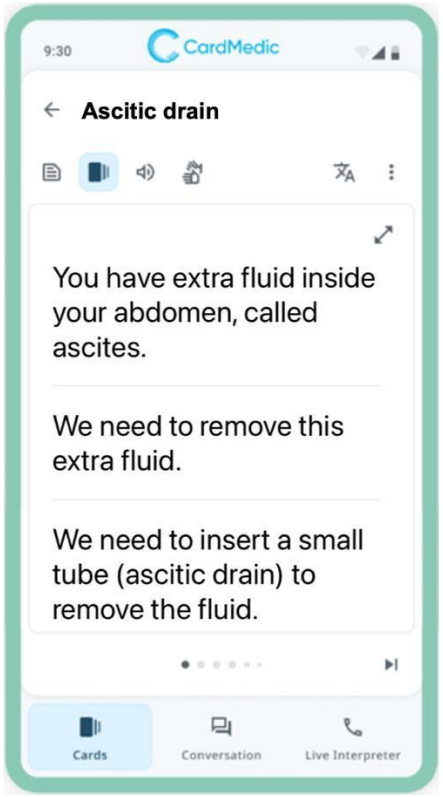
The Solution

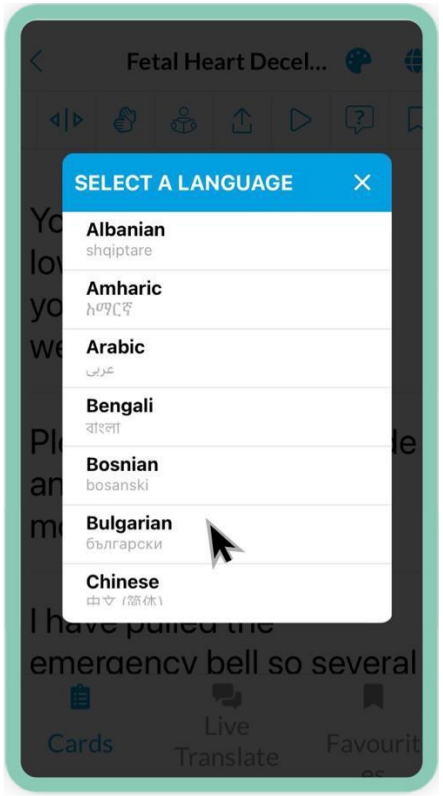
CardMedic, is ***the* 1-click language services portal**. Available on any device in any healthcare setting, CardMedic seamlessly connects caregivers and patients to essential language services at the point of need, all on one platform. Co-founded by NHS Anaesthetist.

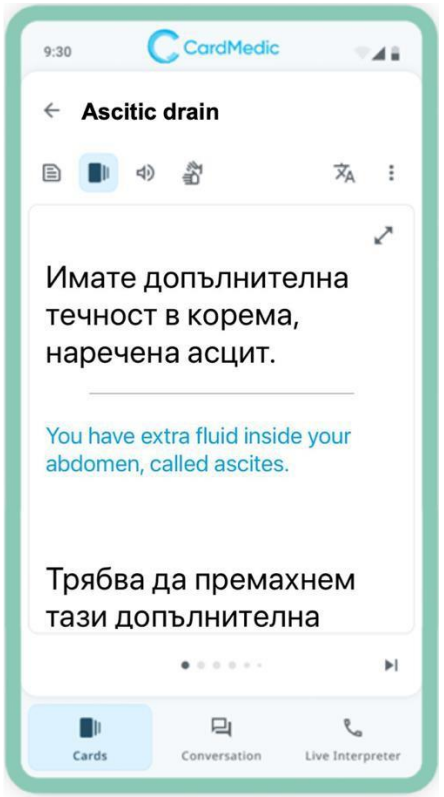
Using Scripts to Bridge Communication Barriers

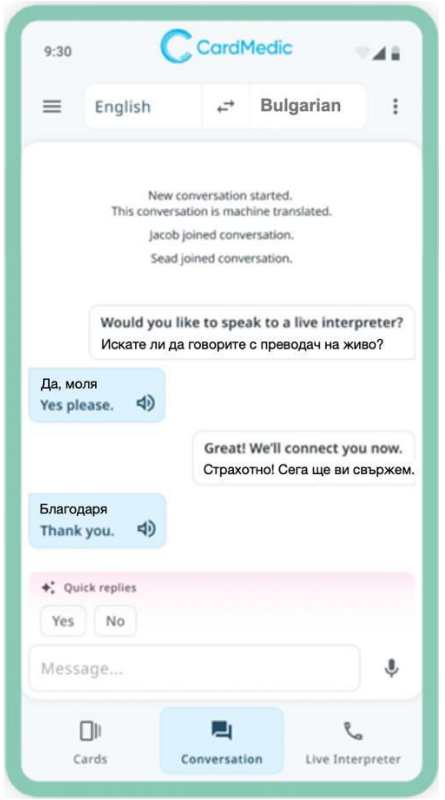
CardMedic
Fluent in Healthcare

Connecting with an Interpreter









CardMedic
Fluent in Healthcare

Working With

25+ NHS hospitals & 1 US hospital

NHS The Christie NHS Foundation Trust

Mid and South Essex Integrated Care System

NHS Lewisham and Greenwich NHS Trust

CW+

Nor-Lea Hospital District

NHS University Hospitals Sussex NHS Foundation Trust

North West London Integrated Care System

NHS Southend University Hospital NHS Foundation Trust

Accelerators & Collaborations

MC MASSCHALLENGE

TMC TEXAS MEDICAL CENTER

SCALE

Ignite Health Network

NHS CLINICAL ENTREPRENEUR

TheAHSNNetwork NHS England NHS Innovation Accelerator

MSE Innovation

NHS Mid and South Essex NHS Foundation Trust

Case Studies

CardMedic
Fluent in Healthcare

NHS

The Garcia family had full confidence in their baby's neonatal care despite not being able to speak English

The neonatal unit at one of the leading London NHS trusts in the UK is using CardMedic to reassure new families that have additional communication needs that their newborn babies are being looked after, improving trust between families and care teams.

CardMedic is helping families in London to better understand the care that their babies are receiving.

The neonatal unit takes care of 1,000 babies and families per year. Around 40% of these families have additional communication needs, such as language barriers.

By working with CardMedic, the trust is achieving:

- **Reduced time spent explaining care processes to families, releasing time to care**
- **Reduced reliance on costly and less accessible interpretation and translation services**
- **Reduced health inequalities for families seeking neonatal care with additional communication needs**

The challenge

In neonatal care, patients are usually prematurely born babies who are unwell. Often, complicated procedures with lots of equipment need to be carried out to get them better. It is very important that when this happens, the family are well informed, to reassure them that their child is being taken care of.

Traditionally, families have been informed on the different elements of care their baby is receiving through face-to-face conversations with clinicians, and leaflets detailing various procedures, all written in English. However, this London-based trust serves a diverse population, with families speaking over 300 languages.

For many, English is not their first language, meaning these ways of communicating were ineffective. As a result of not being able to communicate, families were left feeling anxious and confused.

While the trust does use other interpreter services, these are not always available, and can often take a long time to source. What's more, when these conversations do take place, they are often in highly

Nor-Lea
Hospital District

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CardMedic

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NHS Foundation Trust

rs no longer prevent Aisha
ing her cancer treatment

ntre, The Christie, can now make sure every patient
eds receives the best possible person-centred
or often underserved patients. The Christie is the
Europe and is the first specialist hospital to be
re Quality Commission (CQC).

The challenge

In every care setting, communication gaps exist between clinicians and patients with additional communication needs, as a result of language barriers, or other impairments including visual, hearing or cognitive ability. In cancer care, these can be more critical. Being diagnosed with and treated for cancer is an incredibly daunting experience for anyone, but for patients that aren't able to fully communicate with and understand their care team, they're less likely to engage with their treatment, keep up with their medication and report dangerous symptoms.

According to Cancer Research UK, there are 20,000 more cancer cases a year in deprived areas. People in these areas, sadly, are more likely to get cancer, get diagnosed late and be more likely to die.

Language barriers are a common barrier to good patient experience and limited English proficiency (LEP) patients report lower satisfaction in their encounters with healthcare providers compared to English-speakers.

Bethany Allen, Oncology Staff Nurse and Digital Nurse Implementer at The Christie NHS Foundation Trust said: "On a 12-hour shift, we would normally only have an interpreter on the ward with us for one hour to help us have the most important conversations about a patient's care. For the other 11 hours, at times it could be really difficult to communicate."

CardMedic
Fluent in Healthcare

dic is helping Saira feel less anxious
er maternity care at University
s of Leicester NHS Trust

s of Leicester NHS Trust (UHL), which serves the one million residents
tershire, and Rutland (LLR), conducted a short-term evaluation study
Trust's maternity department. Deployed across the Leicester
d Leicester Royal Infirmary, the Trust has used CardMedic to help
nication barriers for pregnant women and birthing people with
ation needs to deliver more equitable care.

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- Improved quality of care for individuals with limited English proficiency
- Supported midwives

The challenge

As one of the busiest NHS Trusts in the UK, UHL serves a high proportion of ethnic minority families. Leicester has the highest percentage of births to non-UK parents across the East Midlands (where one or both parents were born in a non-UK country), at 59.7%. This increases the likelihood of these families experiencing a language or other communication barrier.

What's more, expectant families who have recently arrived in the UK often lack a social support network which makes it more difficult for them to access the services they need. There are over 1,000 asylum seekers in Leicester and over 11% of the population speak a language other than English as their main language, with South Asian languages being the most common minority language group. UHL identified that language barriers were contributing to poorer outcomes for service users

CardMedic are committed to improving communication for those who are underserved, isolated and marginalized. I look forward to the work we are doing together to change care for such communities.

Benash Nazmeen, Midwife, Migrant, Educator, Specialist in Equality Diversity & Inclusion

Since using CardMedic, we can be reassured that we are communicating with patients effectively and sensitively, which is essential in cancer care.

Bethany Allen, Senior Oncology Nurse

NHS
The Christie
NHS Foundation Trust

Amazing innovation and a vital resource for our patients.

Prof Rob Galloway, Emergency Medicine Attending

NHS 75
University Hospitals Sussex
NHS Foundation Trust

CardMedic flashcards ease patient fears in all scenarios making it a game-changer in healthcare.

The BBC

BBC

CardMedic
Fluent in Healthcare

CardMedic
Fluent in Healthcare

Thank you!

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Jim Gabriel
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Chief Commercial Officer

www.cardmedic.com

BBC

FAST COMPANY

TMC TEXAS MEDICAL CENTER

CITY of BOSTON

theguardian

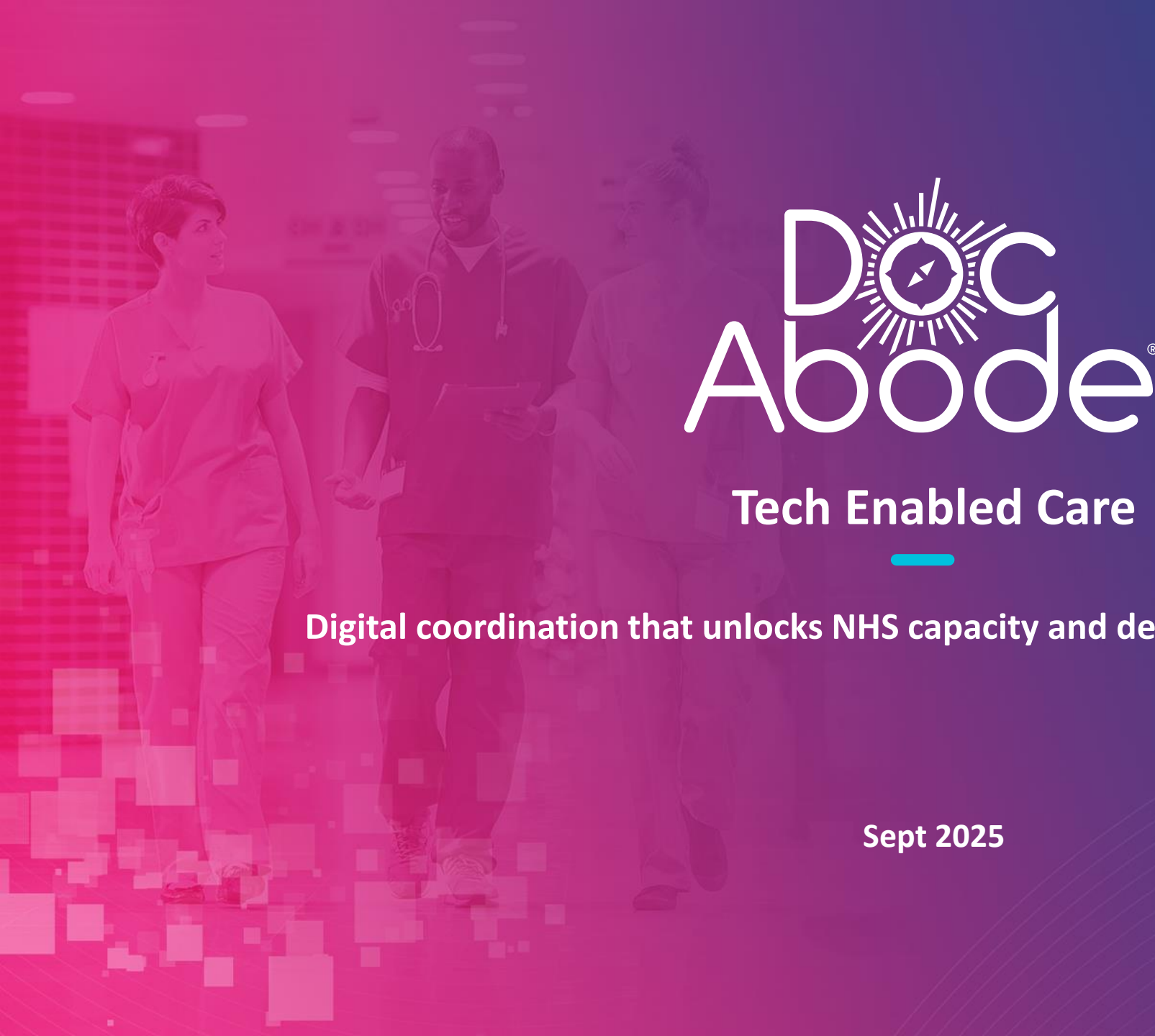
thebmj

THE TIMES

UKRI Innovate UK

Health Innovation East Midlands

Doc Abode



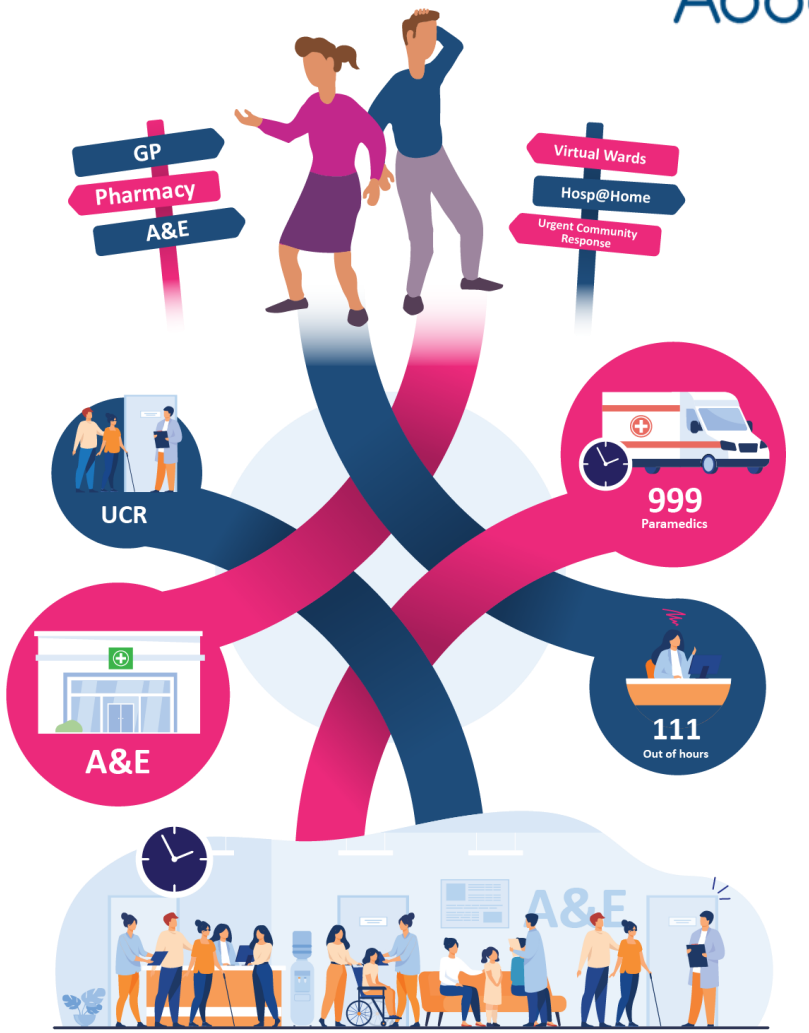
Tech Enabled Care

Digital coordination that unlocks NHS capacity and delivers care closer to home

Sept 2025

The urgent and emergency care challenge

A SYSTEM UNDER PRESSURE Demand-capacity **imbalance**	**IMPACT** Overloaded occupancy levels, delays in care delivery
LEGACY SYSTEMS HOLDING US BACK Archaic infrastructure with a reliance on **manual**, analogue processes	**IMPACT** Limited scalability, inefficiencies, and capped productivity
LACK OF CAPACITY INSIGHTS Disjointed, unreliable systems creating **blind spots**	**IMPACT** Reactive resource management leading to underspent utilisation



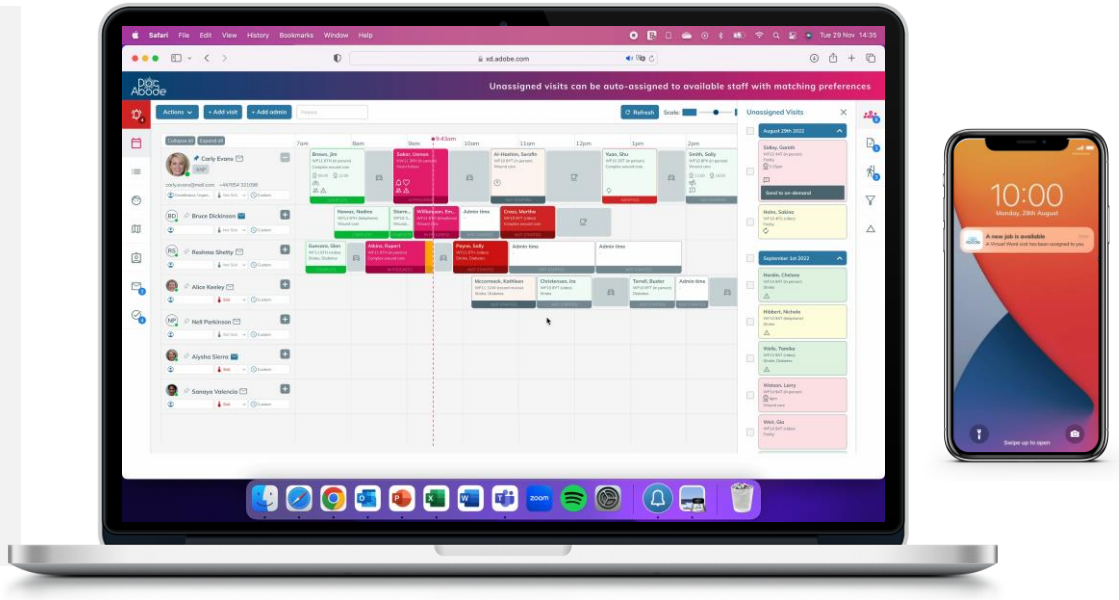
Patients face delays, services rely too much on hospitals

What is **Doc Abode?**

Doc Abode matches the right clinician, to the right patient, at the right time.

Doc Abode is the ‘air traffic controller’ for Urgent Community Response

Workforce coordination technology that integrates with existing EPRs and **optimises resource utilisation in response to urgent community response demand.** The system leverages **real-time data to match clinical expertise with patient needs.**



1. **Improved productivity**
2. **Cross-boundary working**
3. **Actionable trusted data**
4. **Safer working resilient workforce**
5. **Enabling channel shift**

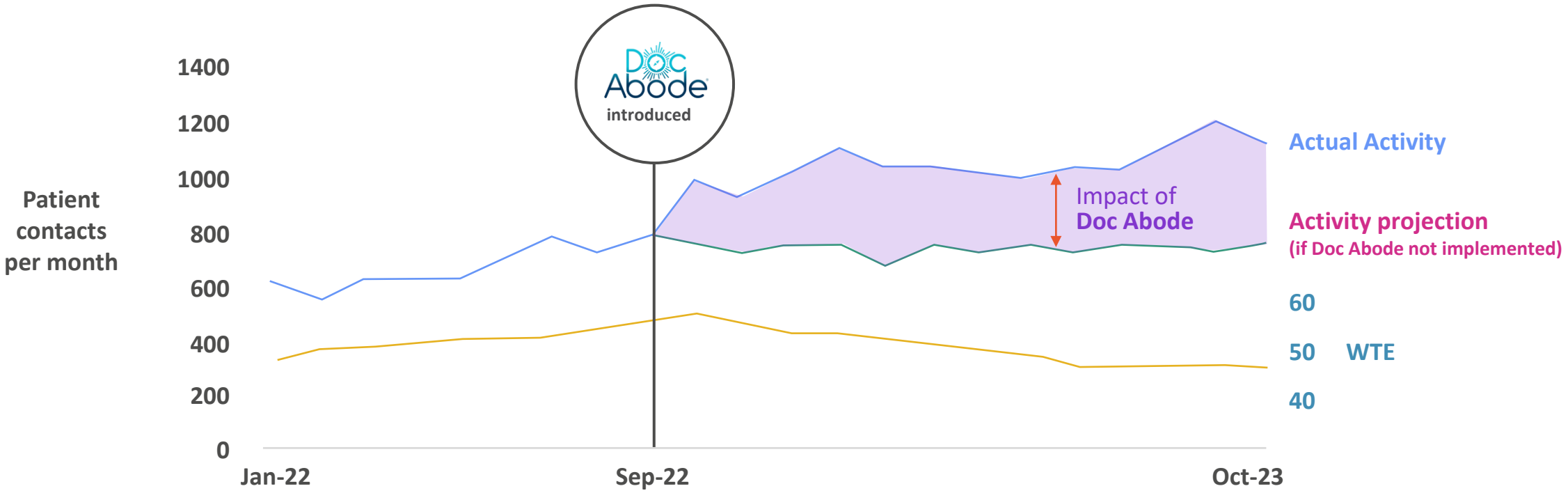
Doc Abode case study: **impact in Camden**

In partnership with: NHS Central and North West London NHS Foundation Trust; NHS North Central London Integrated Care Board

PRODUCTIVITY	CAPACITY	BANK STAFF	AGENCY USE	SATISFACTION
120%	**71%**	**50%**	**£0**	**97**
increase in **patient visits** per shift	**increase** in patient contacts	**decrease** in bank staff costs	Monthly agency spend	Net promoter score
				

Doc Abode case study: **impact in Camden**

In partnership with: NHS Central and North West London NHS Foundation Trust; NHS North Central London Integrated Care Board



PRODUCTIVITY	CAPACITY	BANK STAFF	AGENCY USE	SATISFACTION
120% increase in **patient visits** per shift	**71%** **increase** in patient contacts	**50%** **decrease** in bank staff costs	**£0** Monthly agency spend	**97** Net promoter score
↑	↑	↓	↓	↑

Doc Abode: system **impact and evidence**

Independent ROI modelling by UCLPartners shows that across the **Midland region's UCR Providers**, Doc Abode could…

…support
96,450
additional urgent care contacts

…help release
158,390
occupied bed days

…save over
£82.6m
per year

UCLPartners
Health Innovation

Doc Abode

The future **solution**

One view. Faster decisions. Better care.

System-wide command centre

RIGHT SERVICE FIRST TIME

Replacing manual spreadsheets with instant, trusted RAG updates and proactive escalation when pressure builds through confident decision making

ZERO-TOUCH REFERRAL AUTOMATION

Automate referrals from email to workflow in seconds — eliminating errors, saving staff time and ensuring patients are seen faster

AI POWERED INSIGHTS

AI-driven forecasting anticipates demand and helps balance UCR capacity across boroughs before pressure points emerge

One shared view of capacity

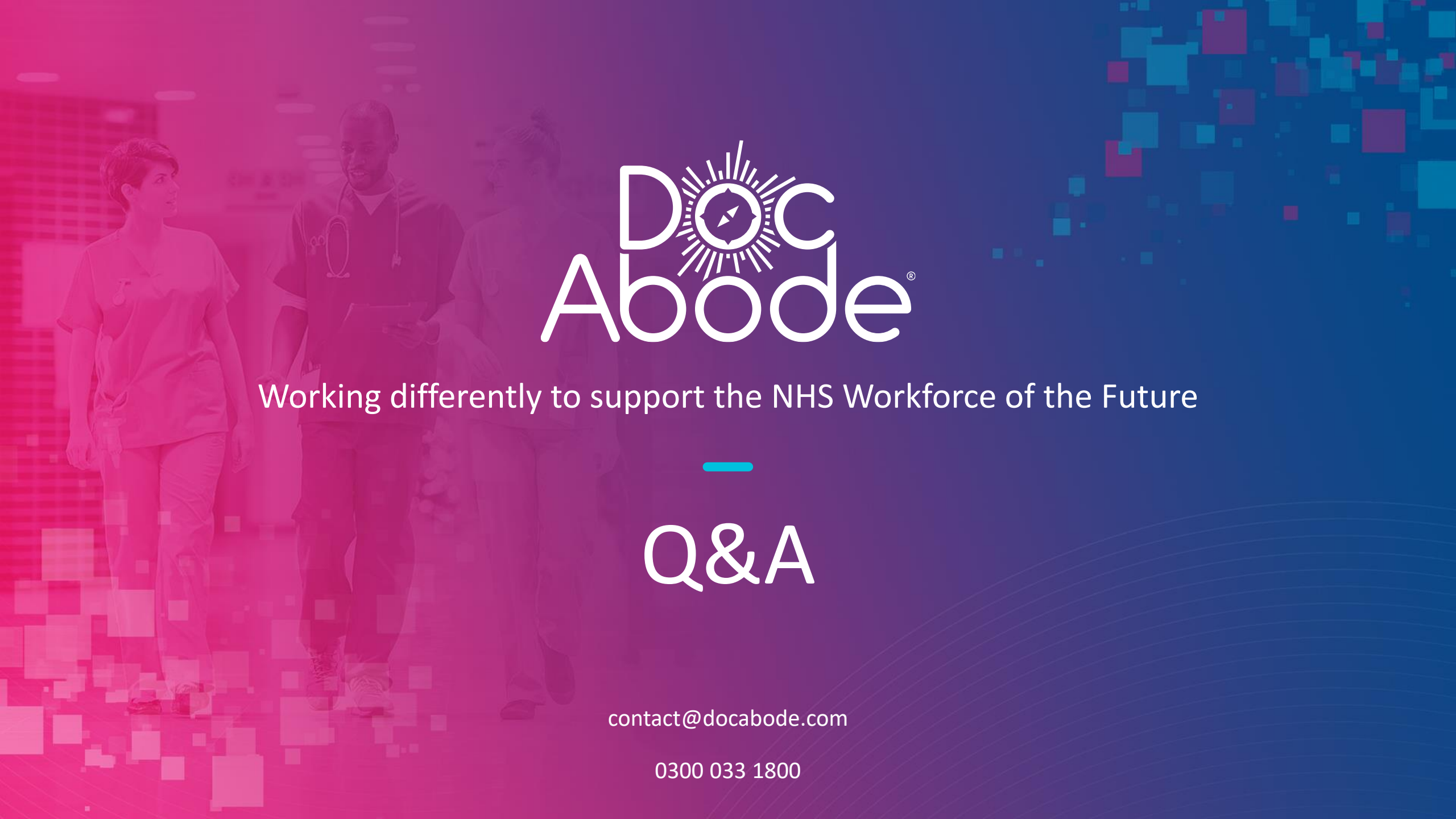
Faster, safer triage

Time back for staff

Data-driven system control

More productivity, same workforce

Scalable across East Midlands



Working differently to support the NHS Workforce of the Future

Q&A

contact@docabode.com

0300 033 1800

Health Innovation East Midlands

Dr Julian

Digital front door for Mental Health

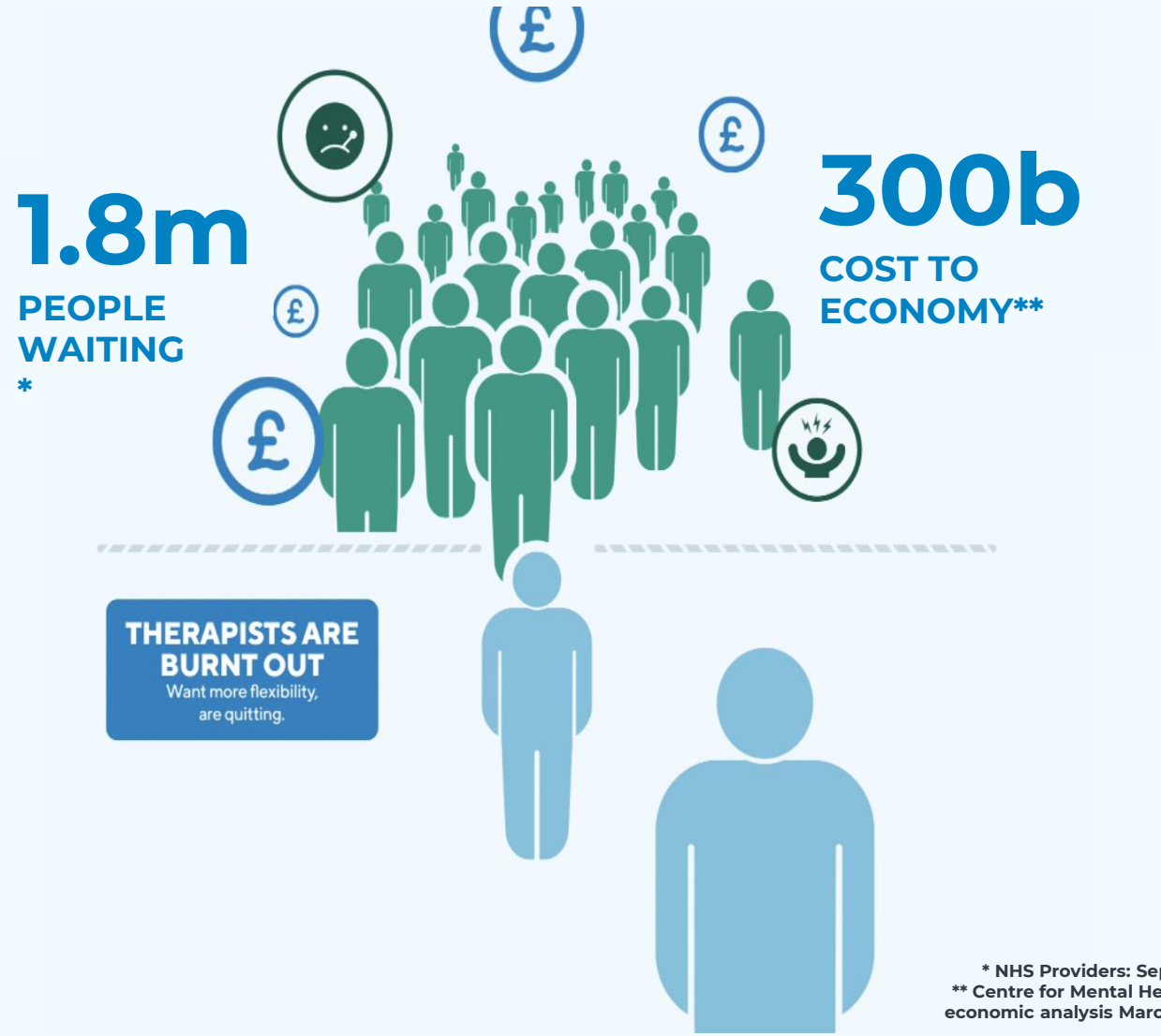
DR JULIAN™
THE APP FOR MENTAL HEALTH AND WELLBEING

Dr Julian Nesbitt
Founder/CEO
julian@dr-julian.com

Problem

- Across the NHS, mental health services are under huge pressure.
- Processes are overwhelmed — with long waits, admin burdens, and delays in care.
  Patients often feel lost — unsure how to access the right support or stuck between services.

- Care settings are fragmented — from GPs and IAPT to CAMHS, OH, and social prescribing, there's a lack of integration and visibility.
- We need tools that can support early access, empower patients, and bring the system together."



* NHS Providers: Sept 23
** Centre for Mental Health: economic analysis March 24

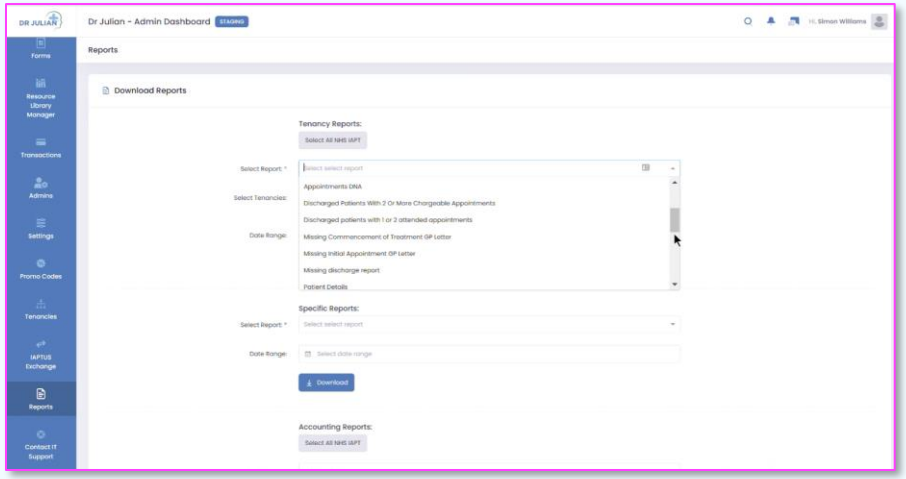
Solution

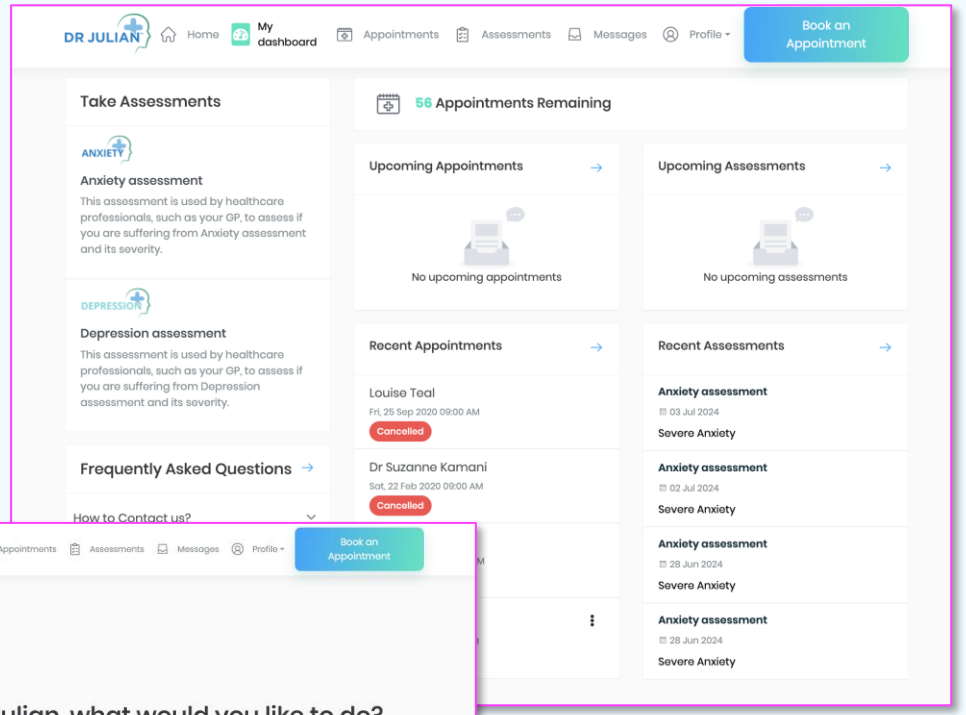
Dr-Julian is a regulated modular proprietary digital platform that powers end-to-end mental healthcare

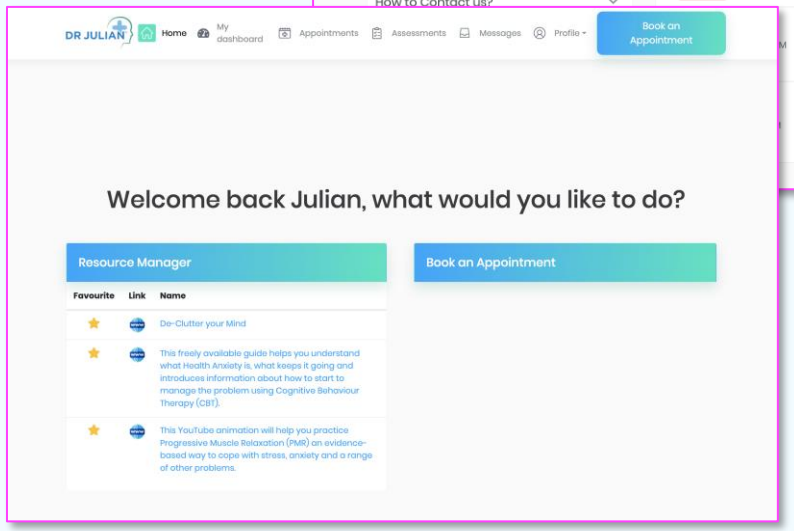
Supports clinicians, engages patients with personalised dashboards, and captures real-time structured outcomes

More than a therapy service — now licensed as **infrastructure** to other providers to operate their services on

Enables personalisation, consistency, and scalable impact







Regulated by Care Quality Commission

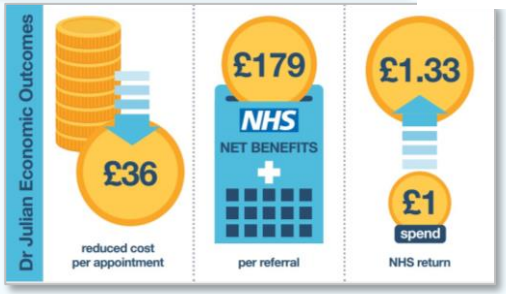
Traction

Commissioned nationwide across NHS and Corporate providers.

Clinically proven better outcomes and cost savings

220k+ appointments completed ourselves

1M+ appointments completed across our tech licensing model



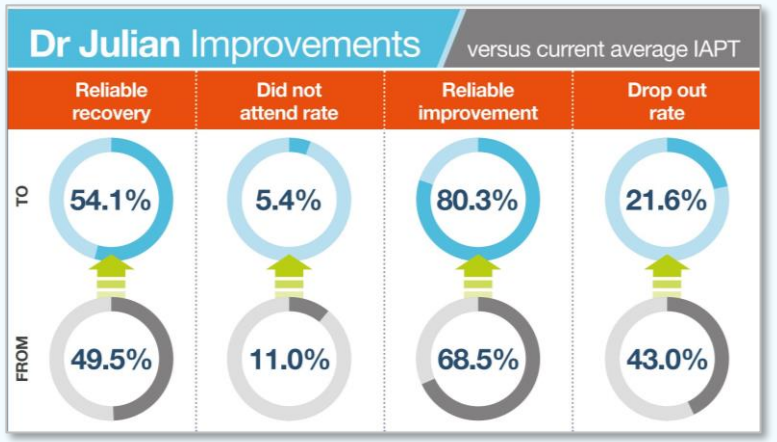
KSS HIN analysis

Claimed profile

Dr Julian

Reviews 364 • 4.9

Mental Health Service



Region / Organisation	What We Deliver
Cumbria	Resource library for social prescribing
Scotland	Digital front door with SAMH for national mental health access
Practitioner Health	Clinical & platform support for NHS staff
Vita Health Group	Platform infrastructure provider
Lincolnshire, Oxleas, MK, Glos and many other NHS therapy contracts across the country	Direct therapy services
All regions	450+ clinicians, 1M+ sessions, CQC-regulated

Let's Solve the Problem Together

Use the platform modularly: choose what works for your system

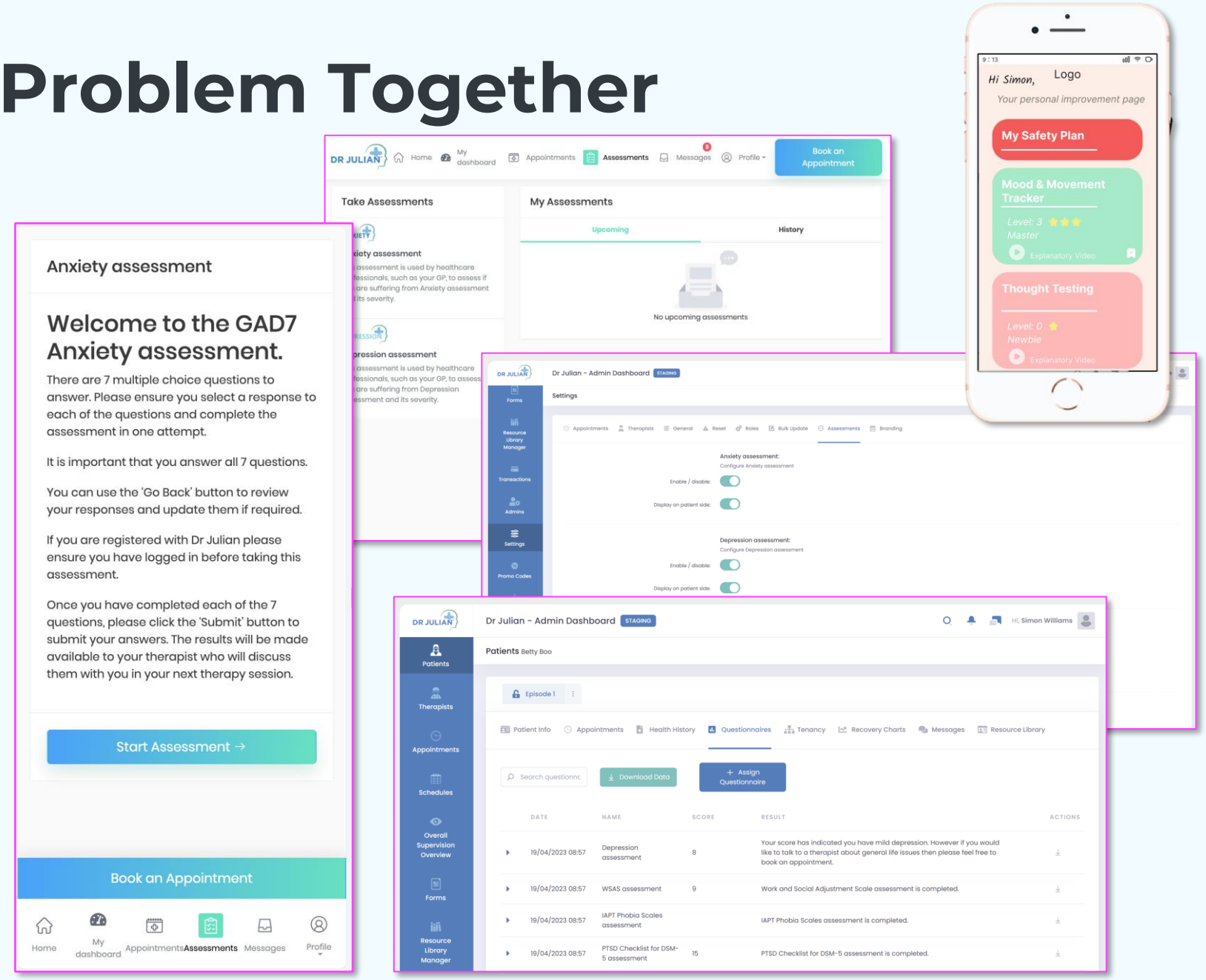
Resource Library for wellbeing / social prescribing

ADHD pre-screen

Return to Work tools

Direct Therapy Access

We work **with** your existing teams and systems
Ready to deploy across the East Midlands



Dr Julian Nesbitt
Founder/CEO
julian@dr-julian.com

Health Innovation East Midlands

DXS International

ExpertCare

ExpertCare

Clinically proven, market-ready medicines review solution for CVD risk management

ExpertCare: A leading-edge, easy to use digital solution that automates & manages CVD risk in primary care.

Tailored patient prescribing
Automatically considers patient demographics and history

Guideline driven
Ensures compliance with gold standard guidelines

Life, time & money saving
Automates the heavy lifting for clinicians and facilitates safe task-shifting

Accredited and safe
Meets all NHS data and other regulatory requirements (NHSE, MHRA, DTAC etc.)

ISO 9001

Rule-based AI Medication Review

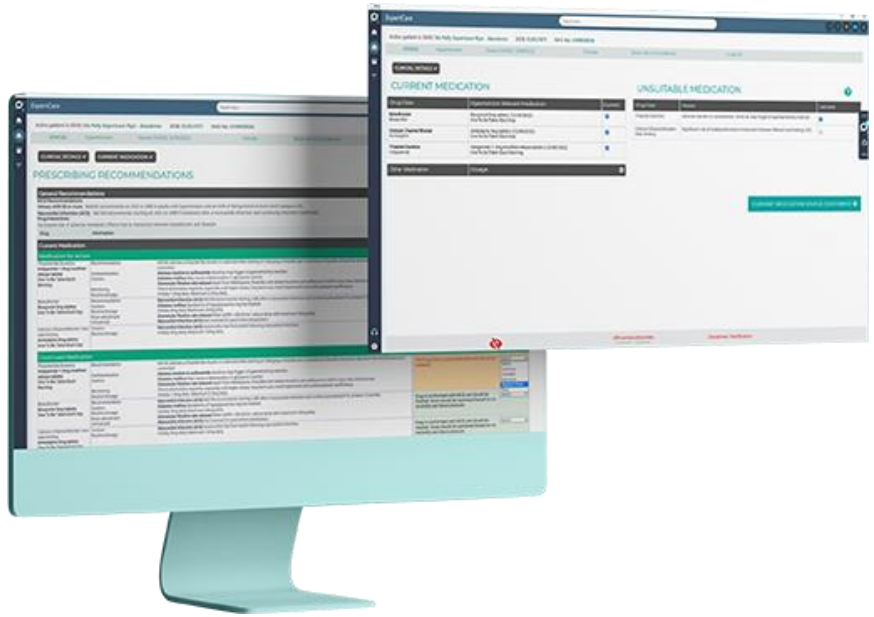
CE APPROVED

Why Targeting CVD Is Tough?

- CVD risk factors are highly prevalent in the general population
- All patients need to be reviewed consistently at least annually
- There is not enough GP resource to achieve the aspirational targets without support from other clinicians

Our Solution

- ExpertCare automates the prescribing tasks enabling clinicians to focus on the final prescribing decision
- Cuts review time by 50% while ensuring NICE compliance



ExpertCare

The ExpertCare Process

1. Each month the Hypertension register is used to produce a cohort of patients to review
2. Admin person contacts patients for updated BP by SMS/phone
3. Responses saved to patients record
4. Pharmacist conducts a medicines review for each uncontrolled patient using **ExpertCare**
5. Clinician saves new treatment plan to patient's record
6. Approval sought for medicine changes
7. Pharmacist updates prescribing module and sets next review reminder

York University Health Economic Consortium - ExpertCare economic evaluation findings:

*"ExpertCare is cost saving in the short term and cost effective in the long term. This results in a **positive return of £2.70 for every £1.00 invested** (excluding setup costs) over one year due to the reduction in resources required to effectively manage hypertensive patients."*

We estimate that for the risk management of CVD an average PCN of 50K would in Year 1 …

Save up to **£150,000** on resource costs

Save over **4000** clinician hours

Save 5-10 **face-to-face** GP consultations per practice per day

What our users say:

"ExpertCare allows for faster, more confident decisions and saves valuable clinician time. With the time saved, I w
able to switch my focus on more complex patients."
Meropi Stamna
Clinical Pharmacist (IP)

"ExpertCare is fast, accurate, and reliable. It is a game changer."
Sarah Dekmak
Head of Operations
Lead Clinical Pharmacist (IP)

"I can confidently say that it has drastically reduced the time required to make clinical decisions in hypertensive patients."
Ihtishaam Hussain
Clinical Pharmacist (IP)

Our offer to an ICB / PCN

- Each PCN allocate a small team
  - 0.7 FTE Admin
  - 1.7 FTE Pharmacists
- We deploy digital solutions and train team.
- We provide 100 hours of a Mentors time over 12 months to support the PCN team
- We guarantee success

Contact us

Visit our stand for a quick demo

Pick up a brochure

We will prepare a scalable no obligation quote to fit your budget

THANK YOU

Health Innovation East Midlands

EnrichMyCare

AI-Powered Triage and Care Pathway Management Platform

EnrichMyCare

Accelerating Care Transform

One-stop app for families, professionals and organisations

Bridging data, people and clinical insights for early diagnosis and management

Saran Muthiah MBA (Exec)., MSc., MCSP

Founder/CEO | Specialist Paediatric Physiotherapist

+44 7921562942 | saran@enrichmycare.com

Parents/Carers: Exhausted, overwhelmed & fearful

EnrichMyCare
Accelerating Care
Transforming Lives

Katie is a 7-year-old child with Cerebral palsy and Autism

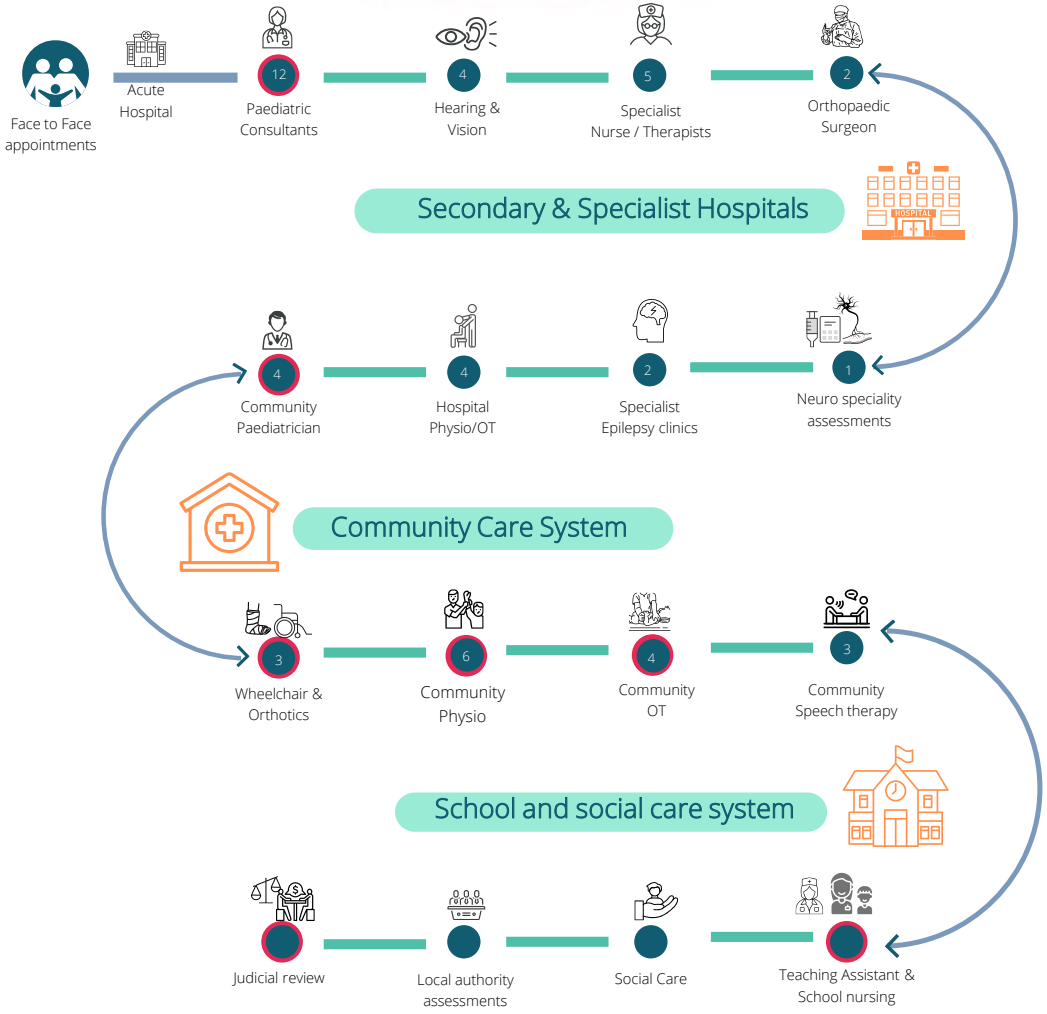
" Constant battle with the system

long delays, getting lost in the system, inadequate support "

17 appointments a month

18 months waiting time

Coordinating care - 7 organisations



3M Children in the UK

30% complex

Overworked and disillusioned

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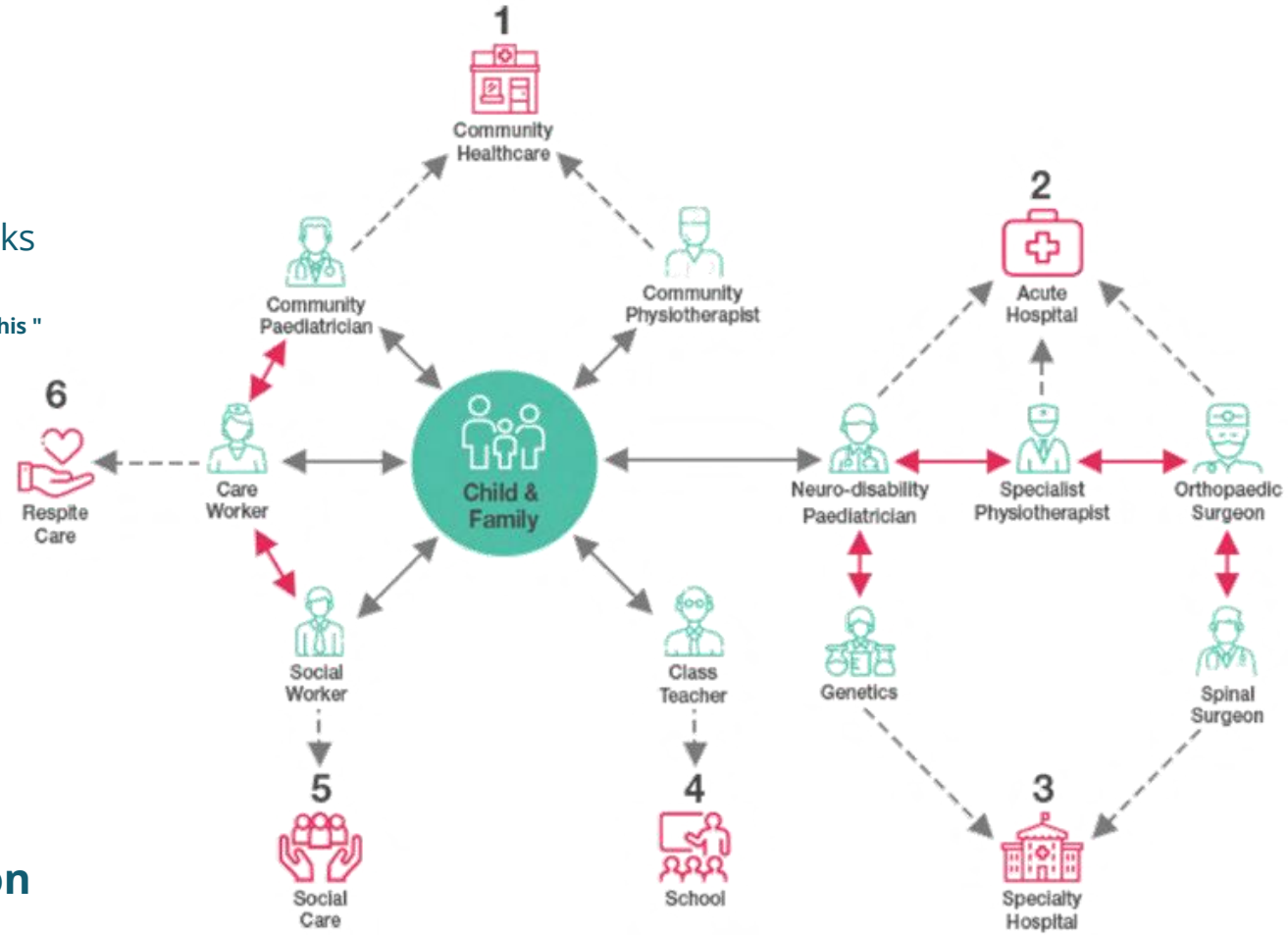
Transforming Lives

Rachel Smith, Paediatrician - Working in silos

" Repetitive admin tasks

I have a huge caseload, this is challenging, I can't continue with this "



12 professionals and 3 agencies

Huge caseloads

missed opportunities for pattern recognition
(delays referrals/management by 6 months - 3 years)

System level challenges

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Accelerating Care
Transforming Lives

Missing data

Time pressures

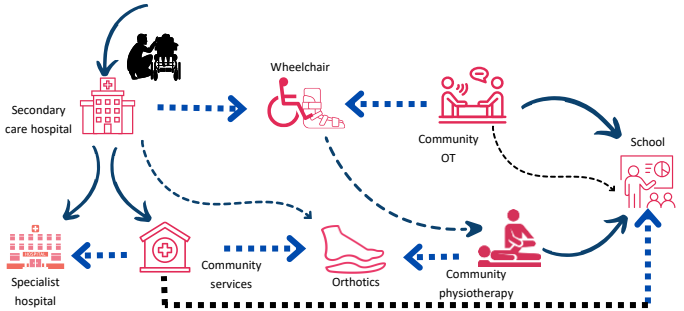
Lack of timely & actionable data

Professionals, children and family

Challenges in monitoring

Data fragmentation

Lack of monitoring across hospital, community services, school and home



1 **Long waiting times and delays**

2 **Disjointed processes and lack of decision support tools**

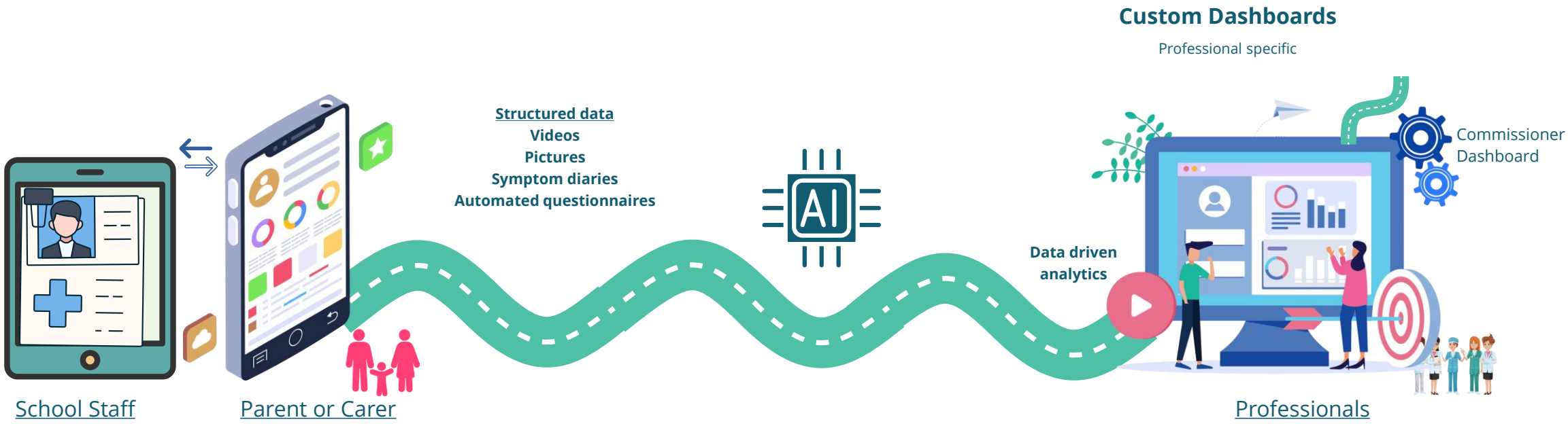
3 **Lack of actionable data, monitoring and feedback**

Solution

EnrichMyCare
Accelerating Care
Transforming Lives

EnrichMyCare - AI-powered platform

Connecting people, data, and clinical insights to enable timely and personalised care



1 **Data dashboards- clinical insights**

2 **Carepathway tracker and traffic light system**

3 **Remote monitoring and alert system**

How EnrichMyCare addresses the challenges

EnrichMyCare
Accelerating Care
Transforming Lives

Accelerating and improving processes

Providing clinicians more time for optimal patient care

Supporting and empowering patients

Guiding them with confidence through their care journey

Improving access and coordination

Ensuring seamless communication across care setting

Neurodisability, rare conditions and neurodevelopmental disorders

EnrichMyCare
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Transforming Lives

20% efficiency savings across the pathway (£30k) - £6000 per child per annum

EHRs

1 Pre-diagnostic module

- Automated referral and triage
- Waiting well

- Saves clinical admin time
- Better patient experience

2 Diagnostic module

- Patient reported symptoms
- School reports, past histories

- More accurate and faster decisions
- Better patient engagement

3 Post - diagnostic monitoring module

- Automated reporting
- Red flags & periodic reports

- Saves clinical reporting time
- Better patient outcomes

Clinical Areas

Cerebral palsy

Autism/ADHD

Epilepsies

Rare conditions

Specialties

Acute Paediatrics

Neurology

Community Paediatrics

Orthopaedics

Service Evaluation / Pilots

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Epilepsy / Neurodisability

NHS The Leeds Teaching Hospitals NHS Trust

NHS Oxford University Hospitals NHS Foundation Trust

Neurodevelopmental disorders

NHS Homerton University Hospital NHS Foundation Trust

NHS Derbyshire Healthcare NHS Foundation Trust

- AI powered triage (inappropriate referrals down 43%) ✓
- Diagnostic appointments down from 3 to 1 ✓
- Waiting times reduced by 33.3% ✓
- Improved patient outcomes (from 48 - 82% GAS scores) ✓
- Satisfaction scores improved (from 6.3 - 9.1%) ✓

NHS University Hospitals of Derby and Burton NHS Foundation Trust

- **Neonatal/Early years**
- **Orthopaedics**

Screens

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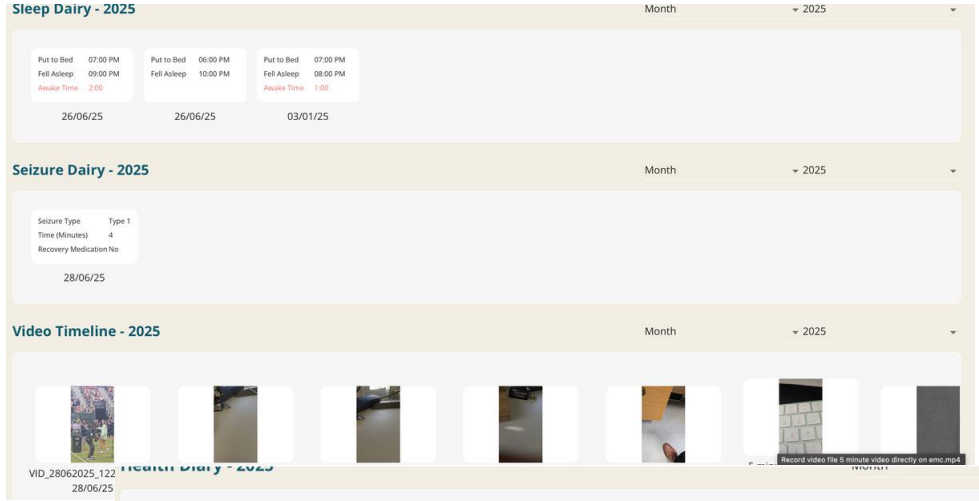
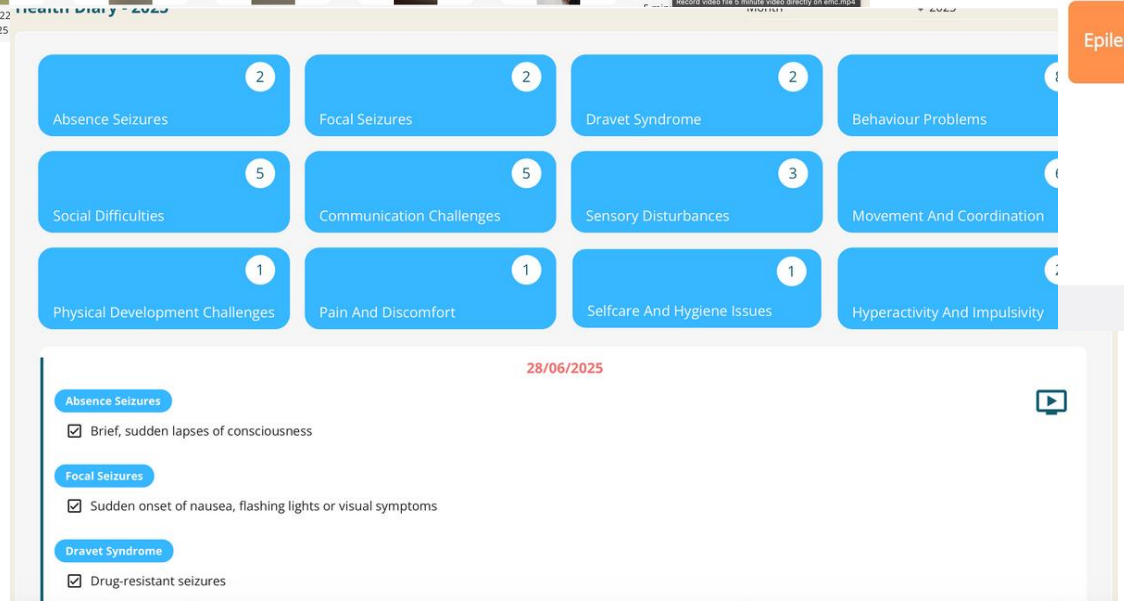
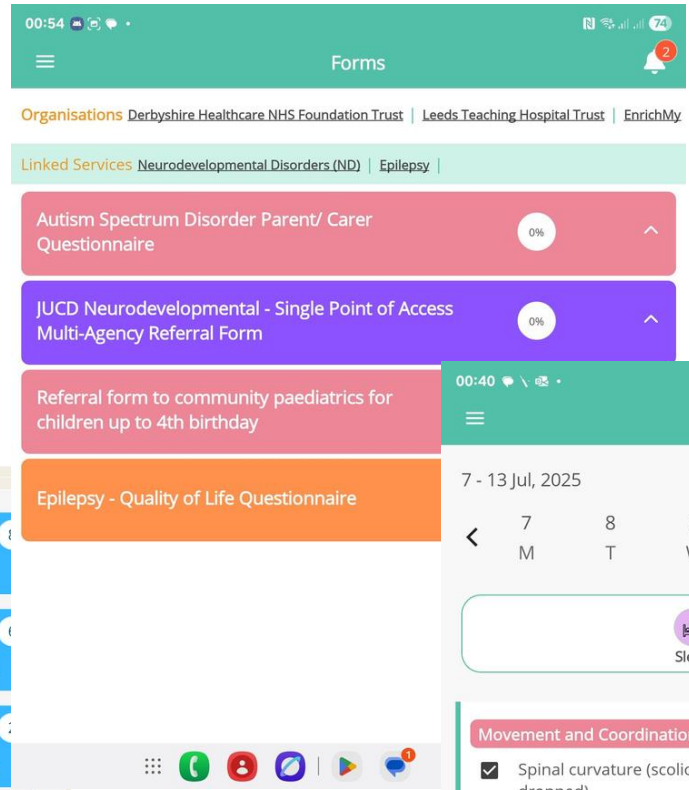
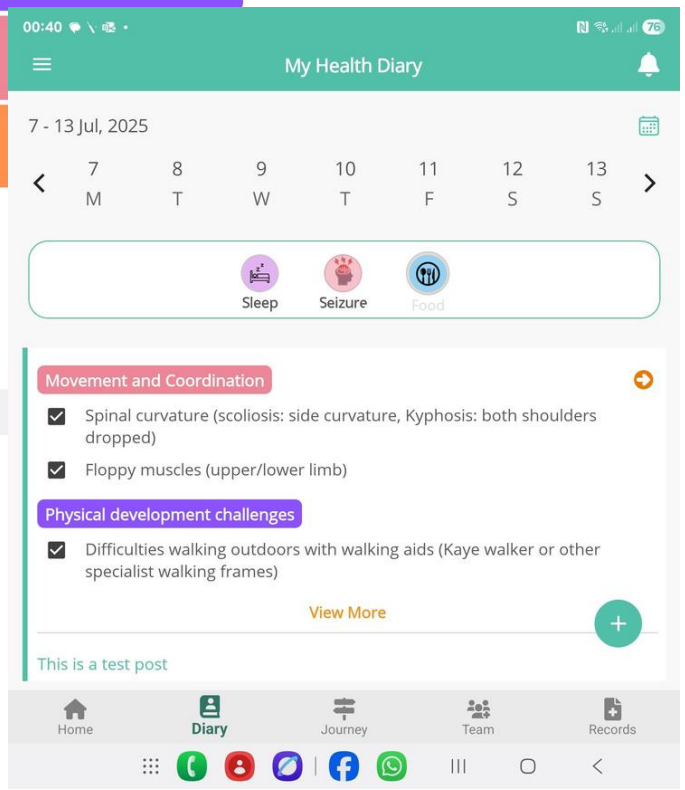






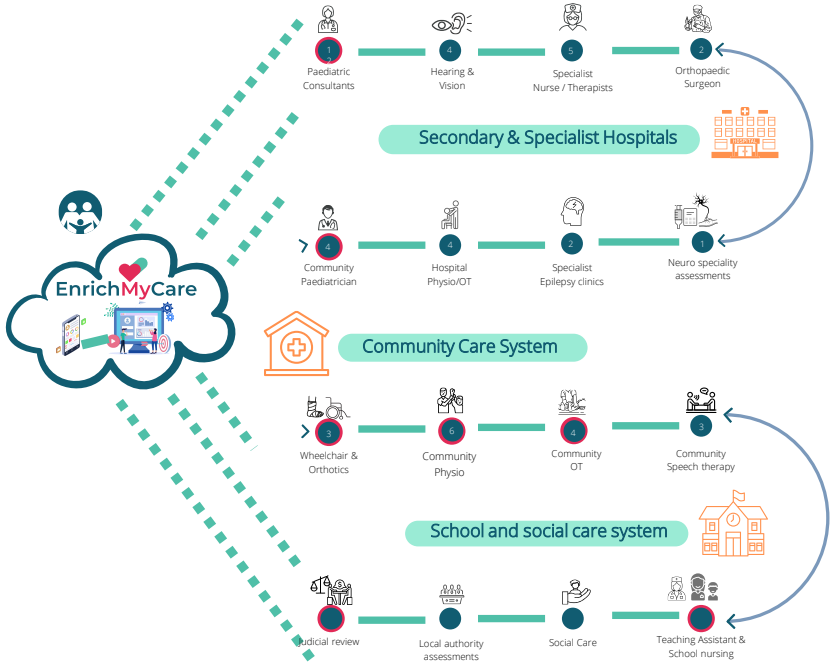


Ask: Service Evaluation Pilots

EnrichMyCare
Accelerating Care
Transforming Lives

Quality targets and cost-saving

- **Cut down admin time**
- **Release clinical capacity**
- **Reduce waiting times**
- **Improve quality & patient outcomes**
- **Improve patient experience**

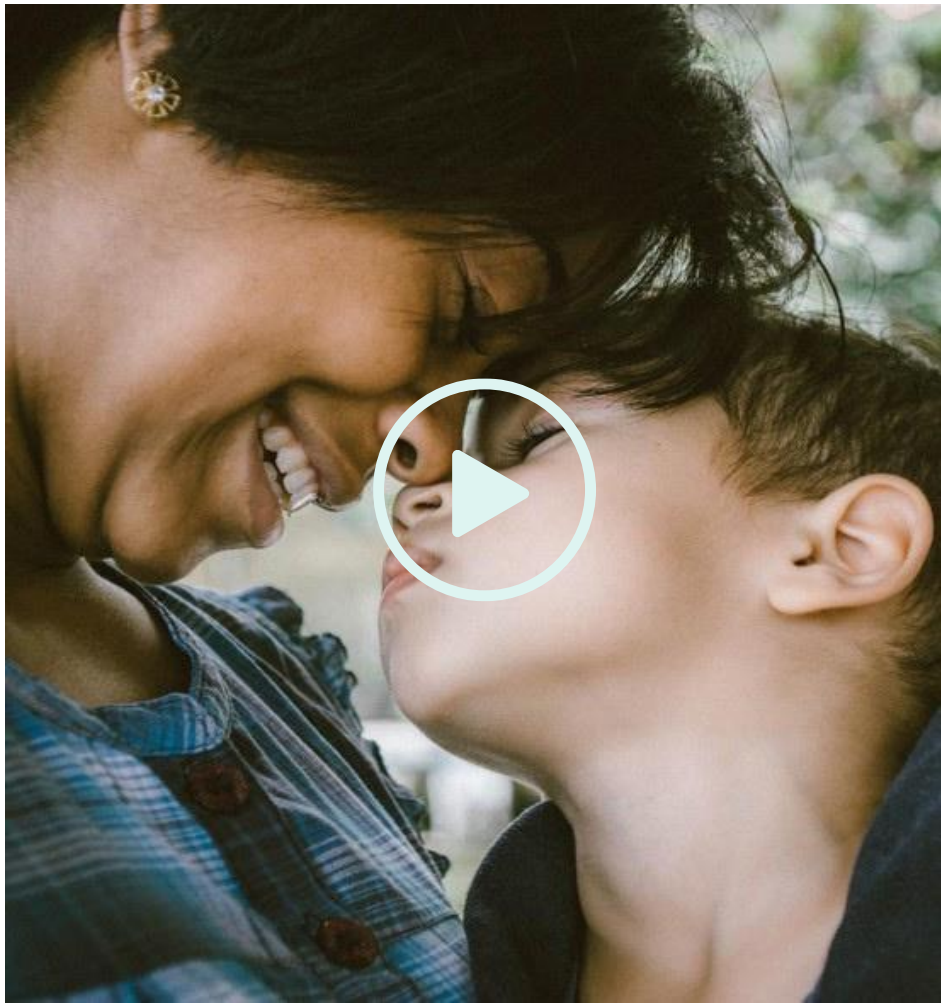


Vision: EnrichMyCare digital pathway standards

Can we do this faster, better and smarter?

EnrichMyCare
Accelerating Care Transforming

"With the right partnership, we can change the life for every child & family"



saran@enrichmycare.com

Health Innovation East Midlands

Presentation from David Smith

Assistant Director
Value & Productivity Improvement
NHS England

Productivity Challenges

Midlands Region

David Smith – Assistant Director Value & Productivity

The Productivity Challenge: NHS Midlands Perspective

- Productivity central to NHS sustainability
- Balancing cost growth with activity growth
- Midlands as a case study for improvement

Why Productivity Matters…

- Supports patient access & outcomes
- Underpins financial sustainability
- Enables national targets to be met
- Free up resources for frontline care

The Productivity Gap

- Real-term cost growth: **26.3%** (2019/20 → 2024/25)
- Cost-weighted activity growth: **11%**
- Recent trend improving: cost +4.6%, activity +6.7% (2023/24 → 2024/25)

System-Wide Challenges

- Delivering operational plans at pace
- Meeting national targets
- Maintaining care quality & patient outcomes
- Shifting care closer to home (“left shift”) and;
- Providing opportunities for eg Remote Monitoring

Corporate & Back-Office Efficiency

- Duplication across HR, Payroll, IT, Procurement, Finance
- Opportunity for shared services
- Scale efficiencies possible
- Digital tools: AI, Machine Learning, Robotic Process Automation
  → free up resources

Case Study – NW London Shared Services

- Staffing costs flat since 2021/22
- Recruitment time: 90 → 14 days
- RGN vacancy rate: 23% → 3%
- RPAs saved thousands of hours

Midlands Operational Pressures

- Behind on Outpatient & Elective/Day case activity (M2)
- Demand growth outpaces delivery
- Clinician & staff time under strain
- Commodity & Consumable costs rising (Unwarranted Variation)
- Digital Solutions - AI/ML/RPA potential to release time

Digital Innovations across Midlands

- **Ambient Voice Tech:** 45% time savings; Dudley & UHL examples
- **Waiting list validation:** Faster access for patients
- **Follow-up optimisation (Patient Initiated Follow Up):** Removes unnecessary appointments
- **RPA clinical coding :** 1.2wte workload automated (Mar 2025)

Using Data & Best Practice

- Identify unwarranted variation
- Link data with clinical/operational insight
- Spread best practice at scale
- Standardise, Consolidate, Eradicate
- Examples: job plans, rostering, theatre utilisation, TIF2 hubs
- Consumables; couch rolls = £1.5M plus waste disposal costs Co2 emissions = 737,000Kg

Summary & Considerations

- Close the cost-activity gap through smarter working
- Scale shared services & digital tools
- Invest in AI/ML/RPA with proven benefits – ROI likely
- Share & replicate best practice across systems
- Always link productivity to patient outcomes

Health Innovation East Midlands

Innovator Presentations

Round 2

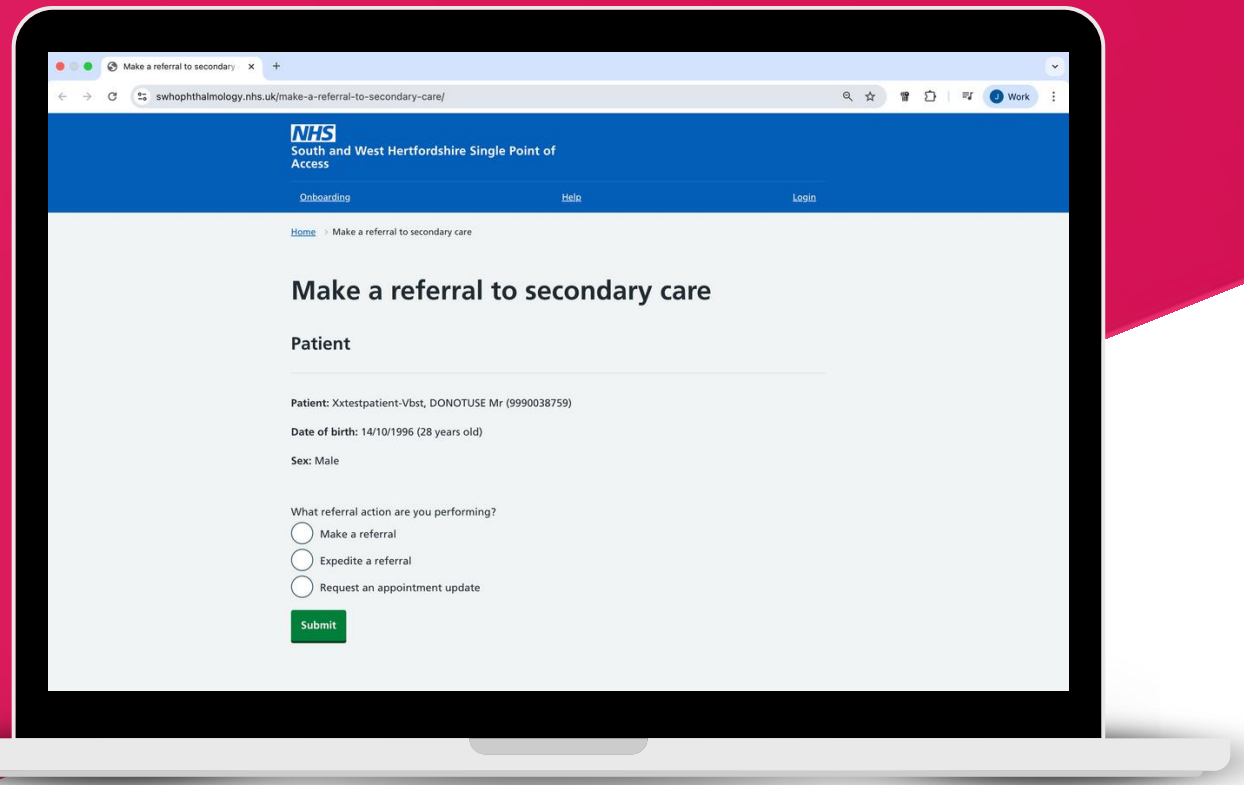
Health Innovation East Midlands

EyeV
GP Autopilot

Innovation Exchange – 11th September 2025

GP Autopilot: Referrals and Wait Less Time

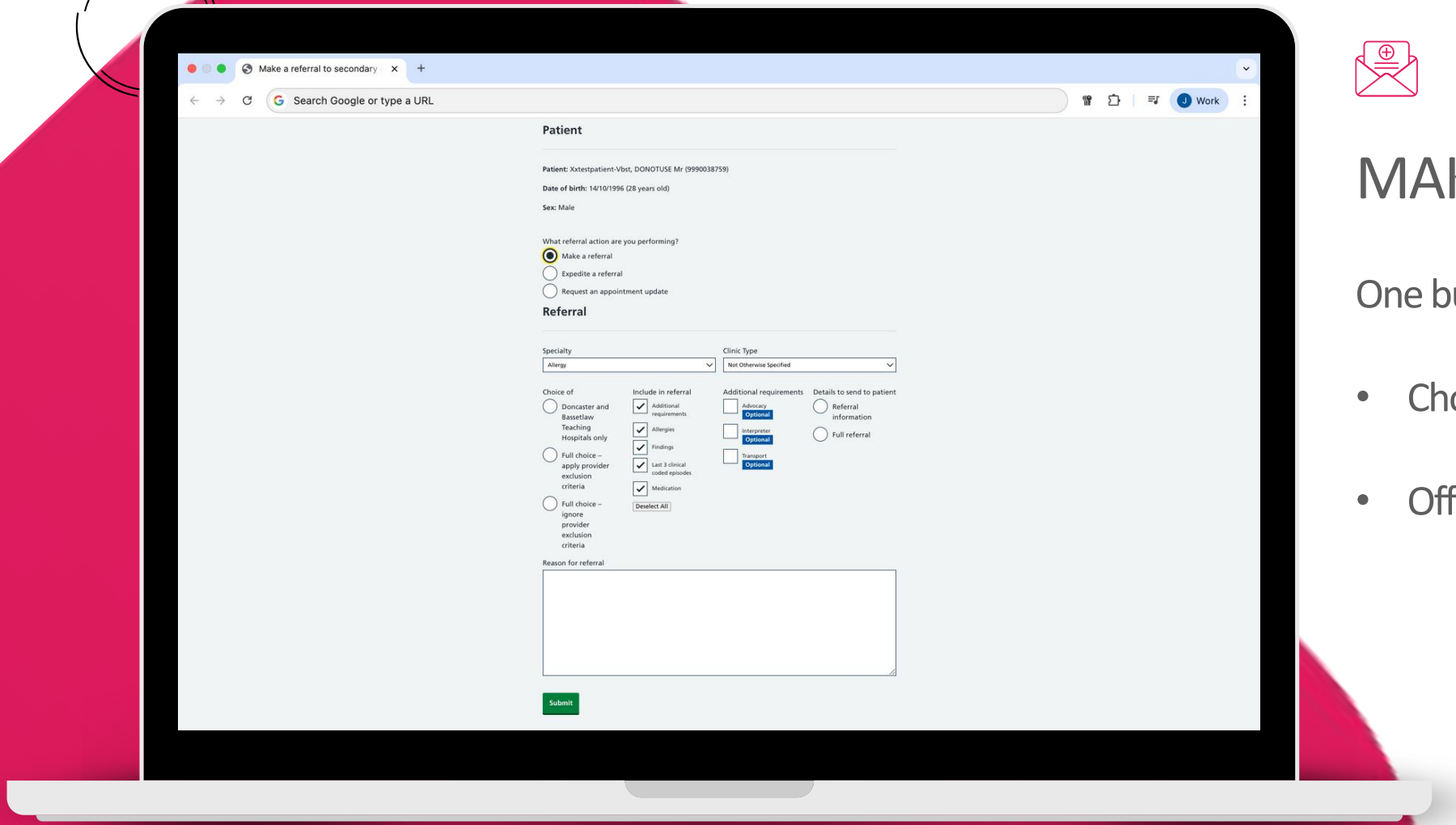
gpautopilot.com



</> Automate your Referrals

- Automate **Urgent and Routine** referrals
  - ~80-90% admin workload
- Time saved - over 10 mins per referral
  - 30 seconds to process with GP Autopilot
  - Infinitely scalable
- Money saved - £2.00 per referral
  - Staff = £14.52*/hr @ 6 referrals/hr = **£2.42/referral**
  - GP Autopilot = **£0.42/referral** - **>80% saving**

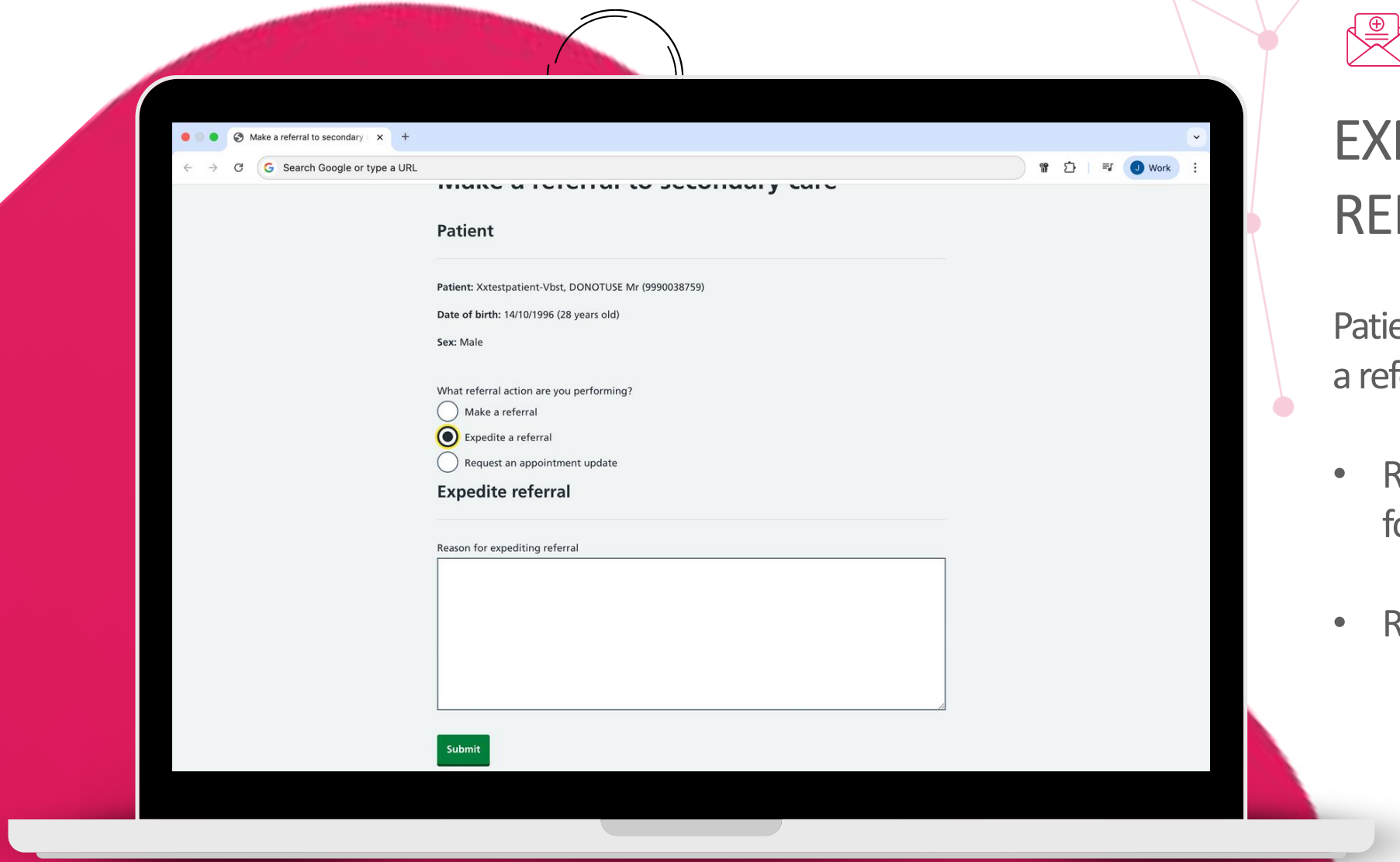
* UK living Wage £12.60/hr + NIC (13.8%) £1.58/hr + Pension (3%) £0.34/hr = £14.52



MAKE A REFERRAL

One button click does it all

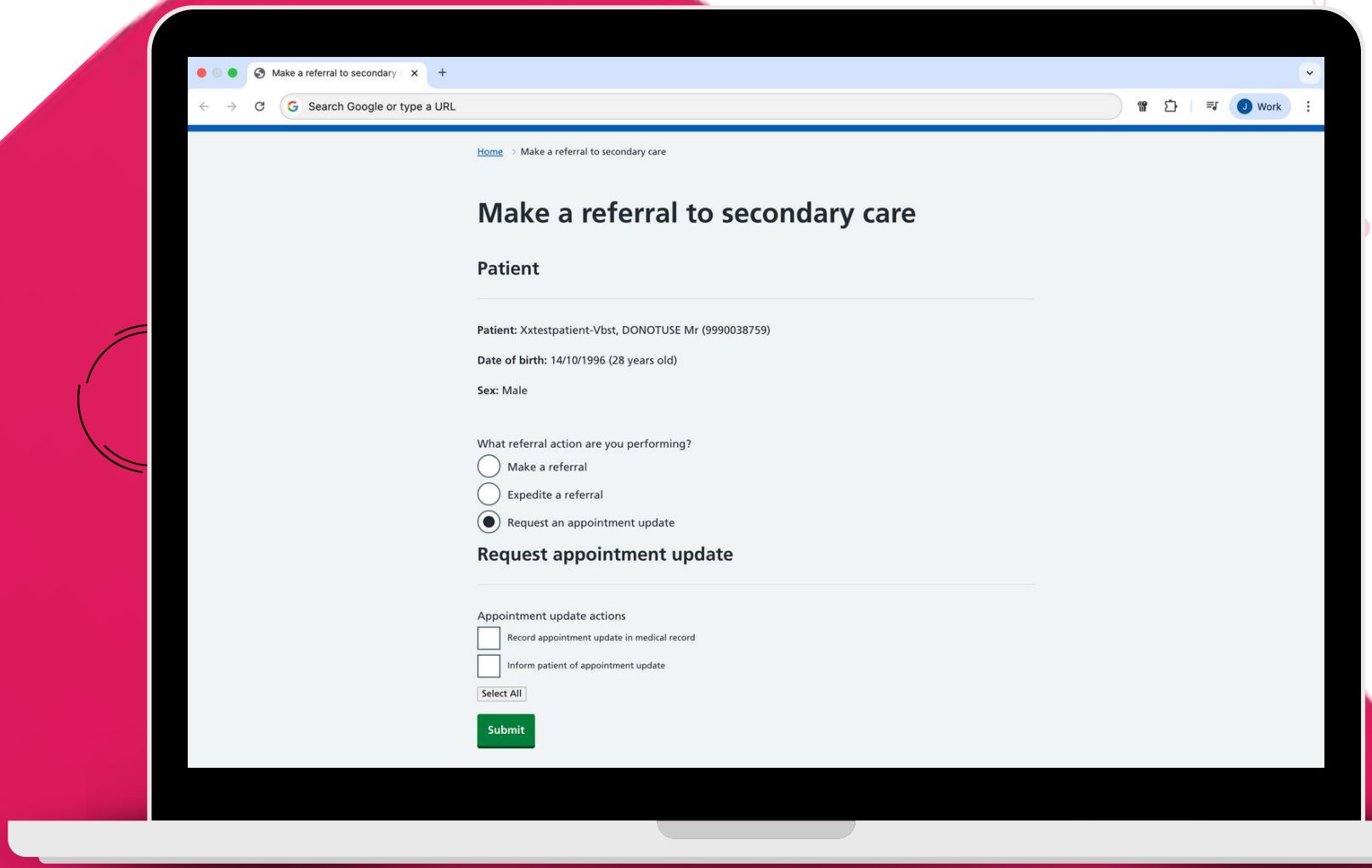
- Choose the strategy
- Offer patients choice



EXPEDITE A REFERRAL

Patients do get worse, expediting a referral can be vital

- Remove the time and effort for admin teams
- Receive AI optimised updates



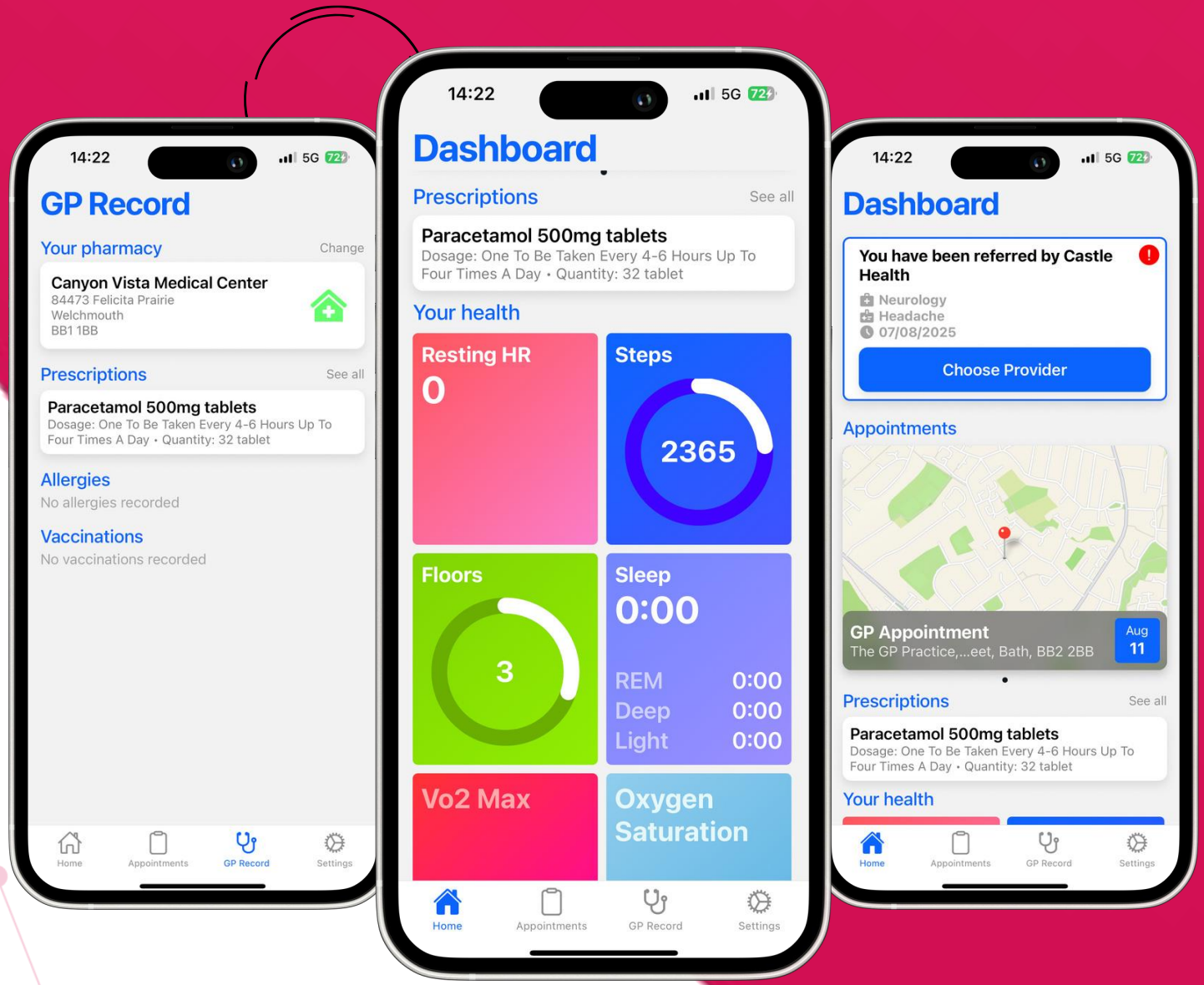
REQUEST AN UPDATE

- Improving the quality of experience for Patients
- Automate your GP and Patients updates

WAIT LESS TIME

Seamlessly integrate into GP workflows:

- Picks up on NHS App functionality – do you want to do **more...?**
- It's about **health care**, not just about being a patient



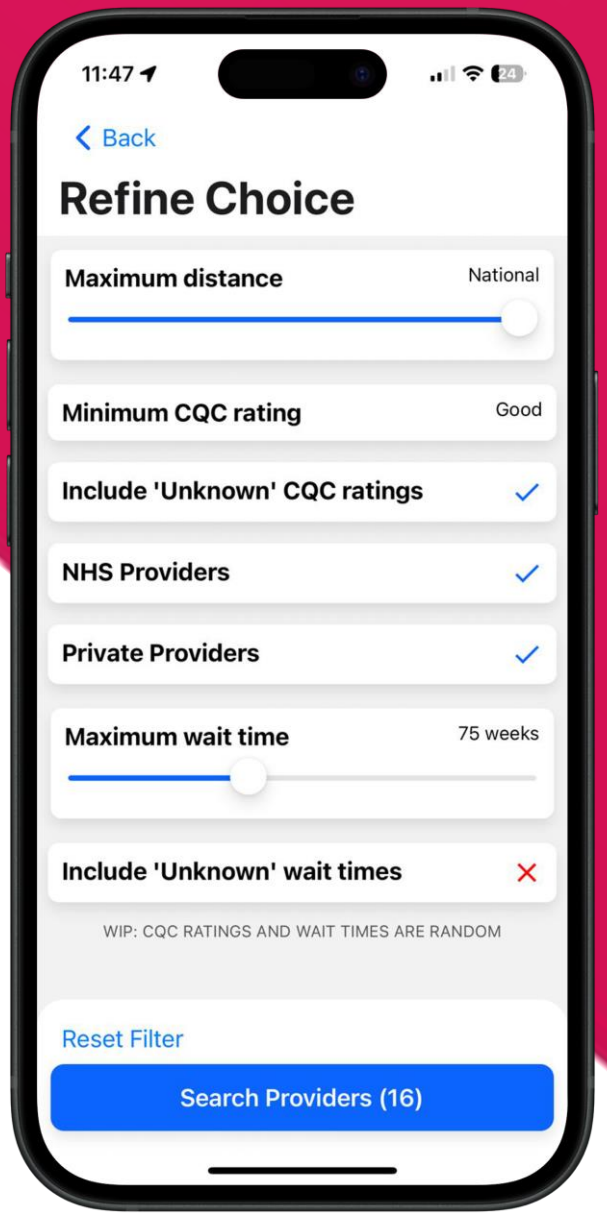
WAIT LESS TIME

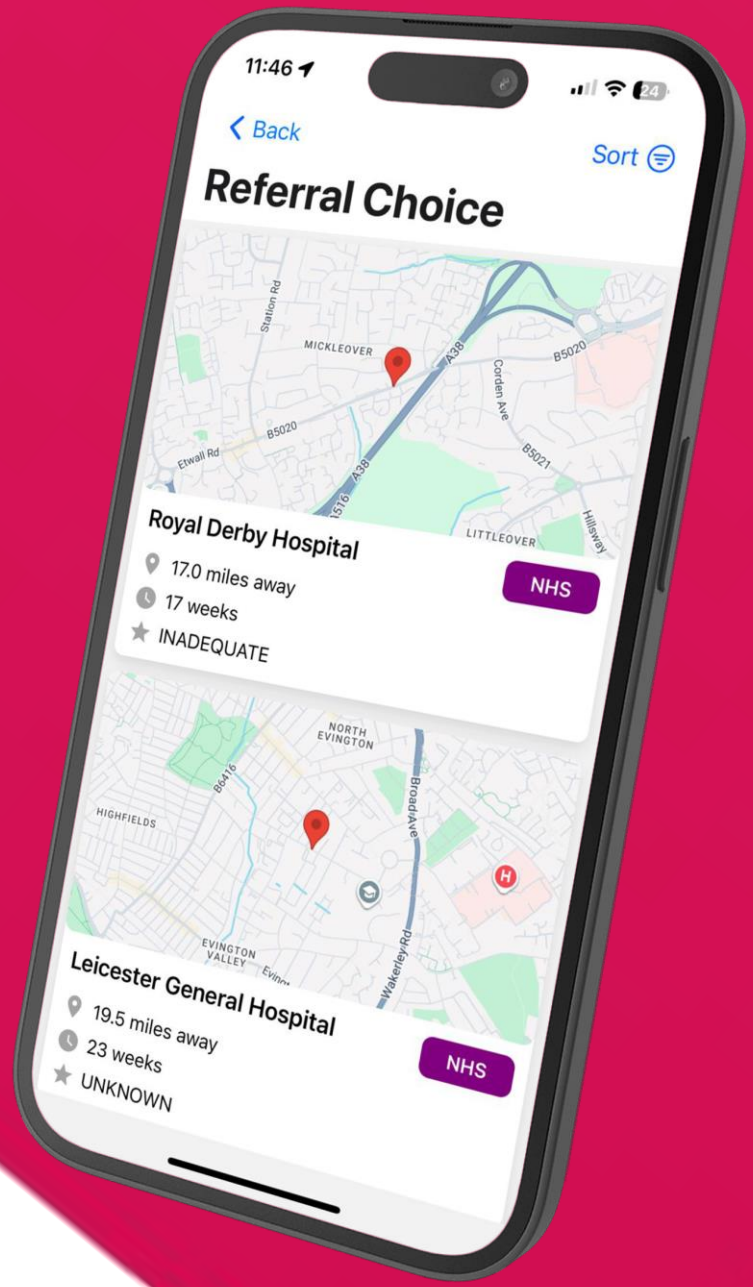
Patients can opt for:

- Feedback
- Distance / navigation
- Quality

Patient preference:

- Active choice to opt in for Private Providers options



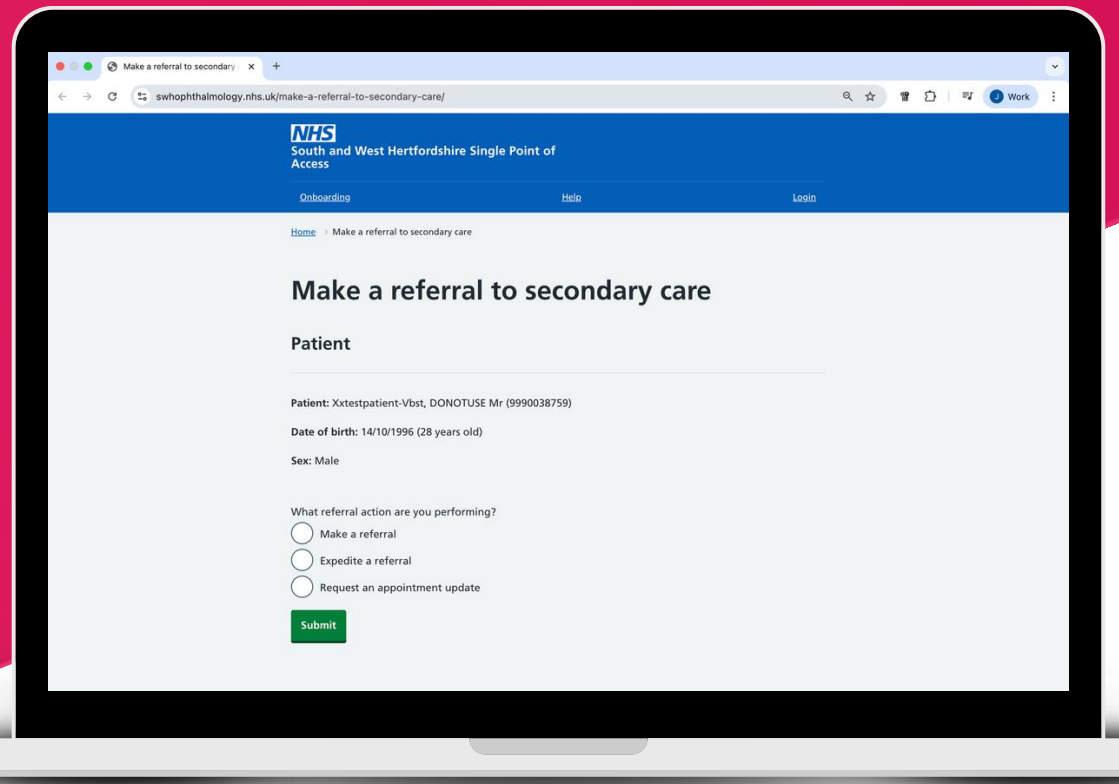


To find out more, visit...

gpautopilot.com

Cellan@eyev.health

Nabeil@eyev.health



Thank you!

GP AUTOPILOT

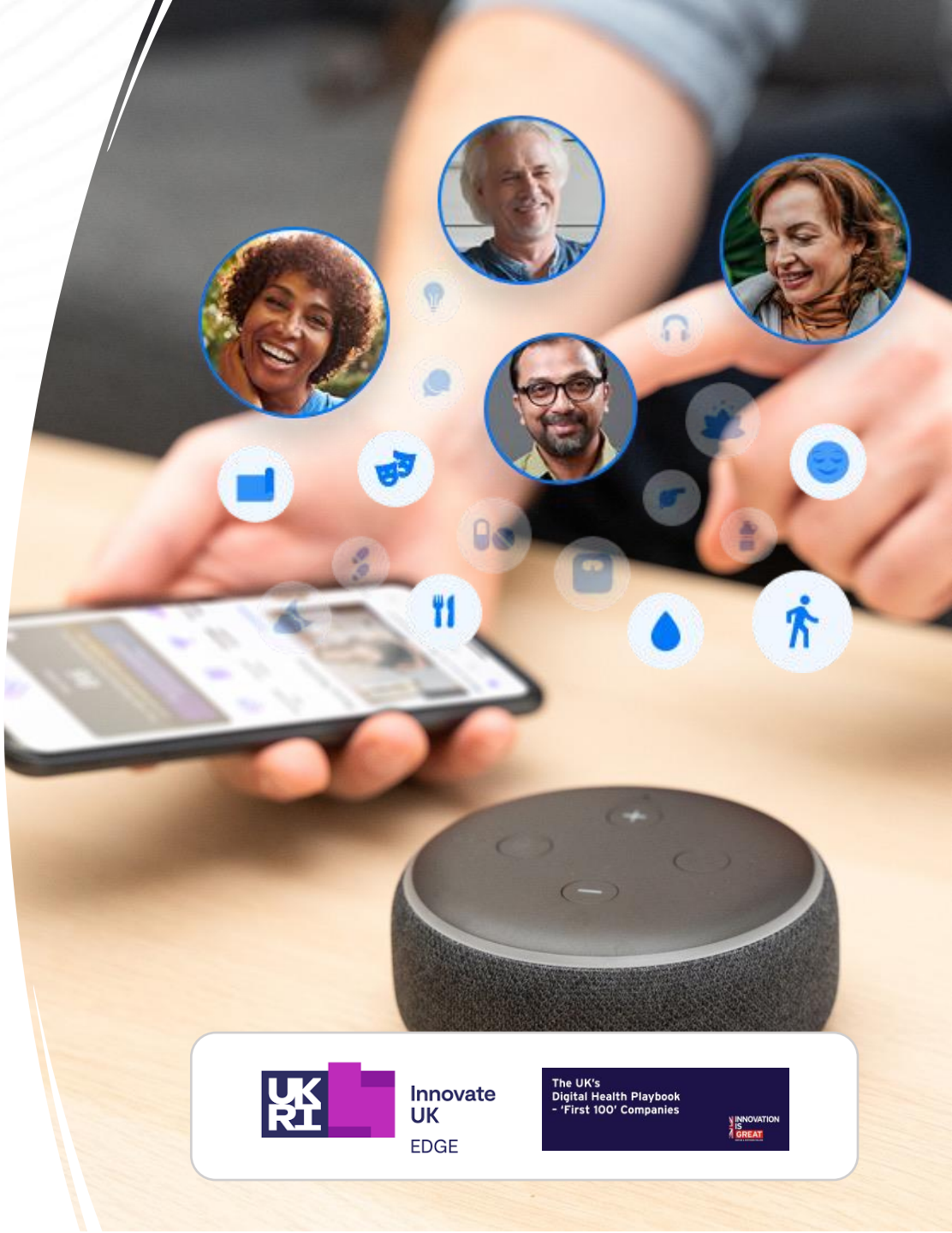
Health Innovation East Midlands

DDM Health

Gro Health

DDM HEALTH

Scalable, engaging
& clinically proven digital care



Arjun Panesar,
Founding CEO and Head of AI & Ethics

Obesity is the leading cause of type 2 diabetes and non-communicable diseases

Inequitable access

Language, culture, cost, mobility, geography

Low engagement/adherence

In current pathways

Fragmented workflows

across **prevention**, **community** and **specialist** care

Capacity constraints

for clinicians

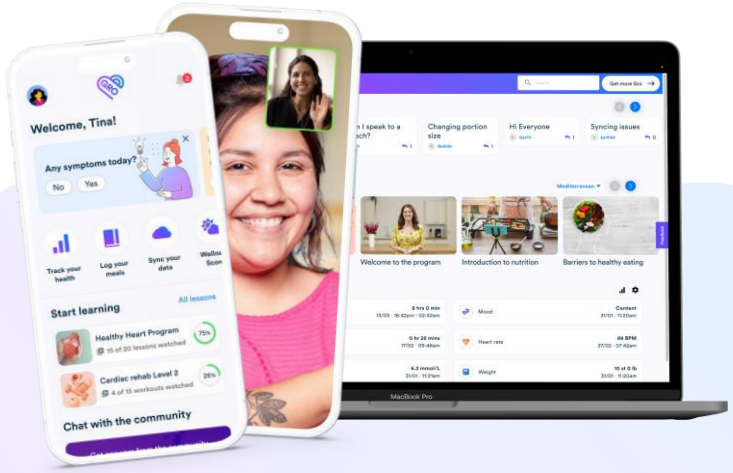
Ethnicity, income & neighbourhood

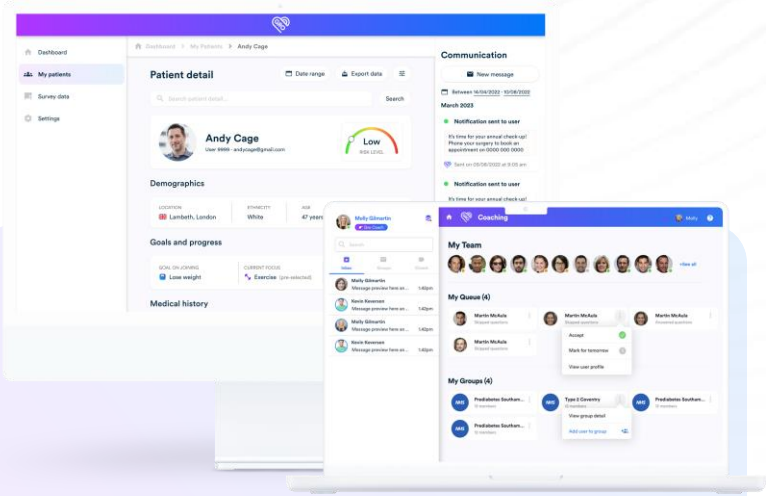
make the biggest difference to whether someone will access health services + achieve outcomes

Sources: World Health Organisation; GOV.UK; Goldman Sachs; Sources: Public Health England; PwC UK; Australian Institute of Health and Welfare

Gro Health: weight and complex co-morbidity clinic

Co-developed in partnership with the NHS





PATIENT MOBILE + WEB APP

Precision **behavioural therapy and RPM platform** delivered across platforms in **multiple languages**

"GROCARE" CLINICIAN PLATFORM

Real-time telehealth and remote monitoring dashboard, pathway adaptation and communication

QISMET CERTIFICATED · CYBER ESSENTIALS · Regulated by CareQuality Commission · 97% ORCHA · GDPR READY · NHS DTAC CERTIFIED · CE UK CA UK NI

Recommended by NICE (HTE14)

NICE National Institute for Health and Care Excellence

Medicines & Healthcare products Regulatory Agency

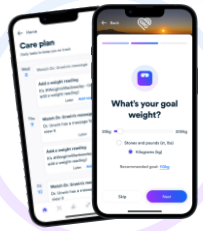
Referral

Conditions:
Weight management
Cardiac rehabilitation

Recommended by:
NICE National Institute for Health and Care Excellence

Goal setting & care plan

Adaptative care plan and behavioural-based nudges

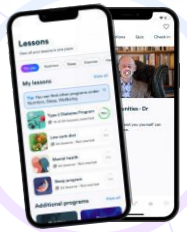


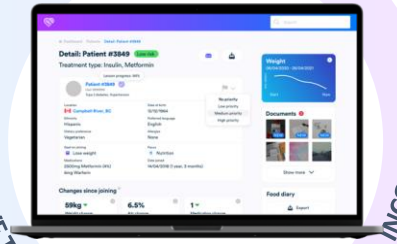
Medication

One-to-one coaching delivered by DDM health coaches and MDT

Goal-focused education

QISMET-approved holistic health and lifestyle programmes





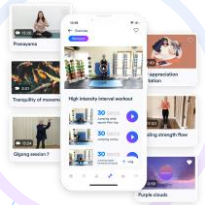
ADAPTIVE TO: HEALTH, BEHAVIOURS, LANGUAGE, INCOME

Private one-to-one coaching

One-to-one coaching delivered by DDM health coaches and MDT

Behaviour change activities

Personalised recipes and meal plans, personal trainer-led exercise classes, meditations, yoga; bedtime music, stories



Health tracking & food diary

Symptom monitoring, sync with health devices, apps and wearables

Peer support

Real time moderated community forum, group support and virtual meetups

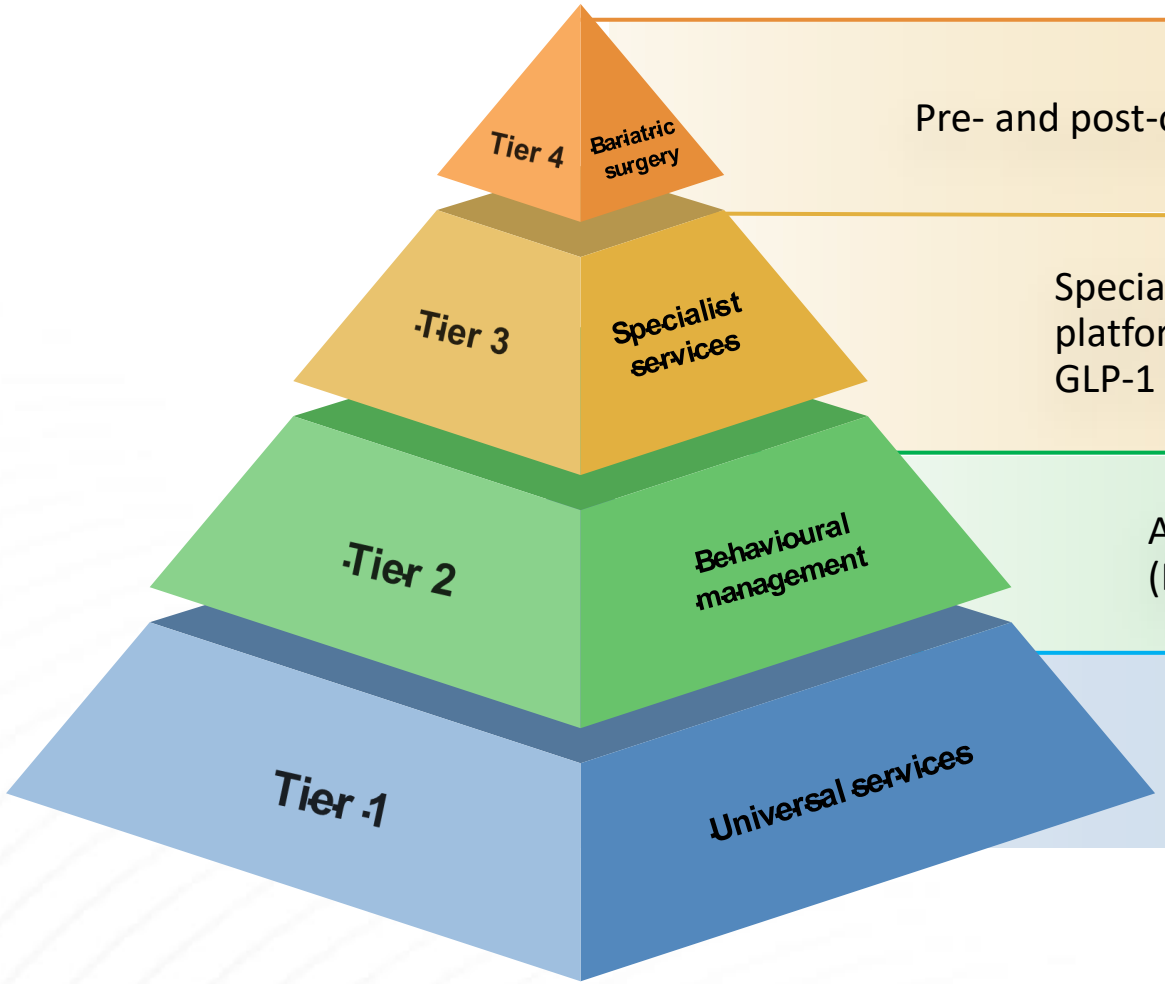
Market-leading, peer-reviewed outcomes

Demonstrated in 18 peer-reviewed published studies (JMIR, BMJ, BJGP) and being researched in 8 ongoing studies.

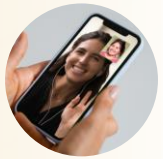
USE CASE	EVIDENCE
Specialist WMS	83% active use; −0.74kg/month weight loss; 7.7% loss in 12 months; HbA1c ↓ 8.6 mmol/mol
Community WMS	7.2kg weight loss, HbA1c ↓ 9 mmol/mol

OUTCOME	EVIDENCE
Stress[6]	23% improvement
Depression[6]	32% improvement
Anxiety[6]	33% improvement
Quality of Life[7]	8% improvement
Referral/Activation[2]	86% activate from referral
12 weeks[2,6]	87% remain engaged
52 weeks[1,4]	71% remain engaged
Comparison with face-to-face[8]	Quality and efficacy equivalent to F2F (>150% improvement)

Cutting-edge, evidence-based digital care at each step of weight management



Pre- and post-operative weight management support



Specialist standalone Weight Management Service, augmentation platform for tier 3 services, wraparound GLP-1 support; non-overweight eating disorders service

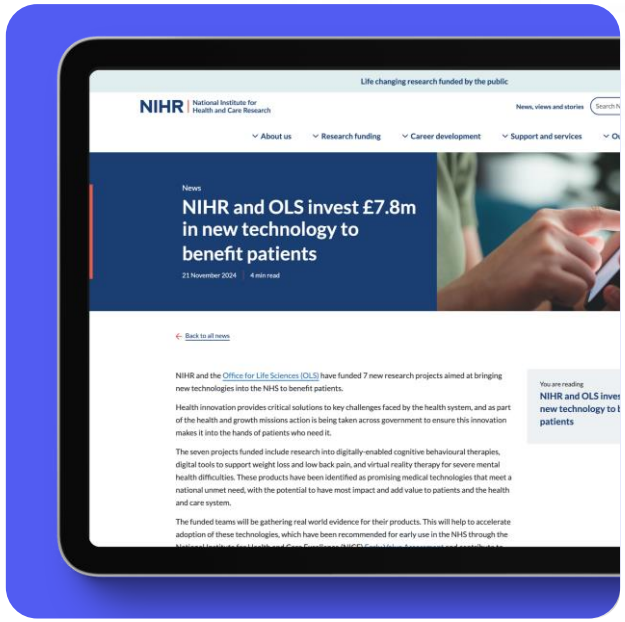
Adult, CYP, Weight Management Interventions (Face-to-face, digital)

Digital platform access, resources

Trusted by the NHS and local authorities

Notable achievements

DDM received **SBRI funding** for adapting our weight management services for women/families with co-morbidities and living in social deprivation



NIHR funding (£2.1m) for 3-year real-world evaluation for our specialist weight management service with University of Warwick

Health Innovation East Midlands

Healthtech-1

Automated Registrations

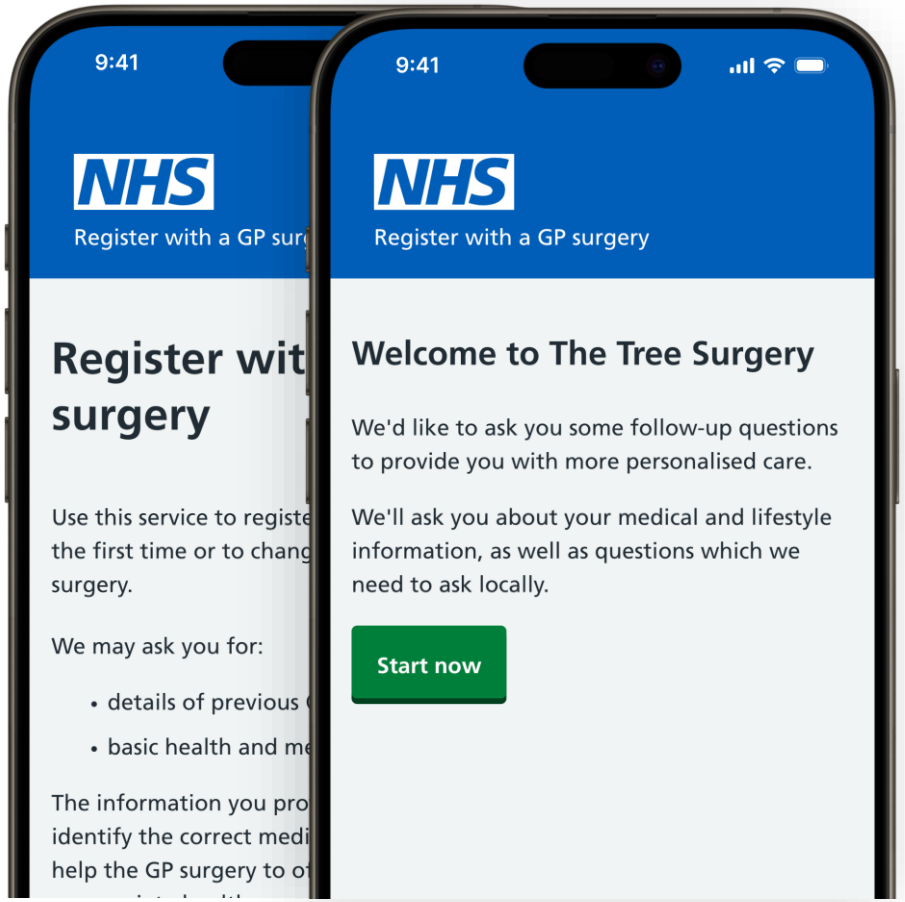
Automating admin for primary care

healthtech-1

Our home in Stratford Village Surgery

On a mission to give *NHS* staff one less task

We're Healthtech-1



Automated Registrations

Learn more at
www.healthtech1.uk

We help 23% of practices

1 in 5

registrations powered by Healthtech-1 in England

1,451

practices live 🚀

2,011,446

registrations automated ⚡

200 years

of staff time saved 💙

Learn more at
www.healthtech1.uk

Save admin time & get better QOF data ✨

Before	After ✨
15mins	**0mins!**
time spent per registration	time spent per registration

Learn more at
www.healthtech1.uk

Save admin time & get better QOF data ✨

Before	After ✨
72+hrs	**<10hrs**
wait time for patients	wait time for patients

Learn more at
www.healthtech1.uk

Save admin time & get better QOF data ✨

Before	After ✨
17	85+
average data points coded	average data points coded

Learn more at
www.healthtech1.uk

You're in safe hands with us 💙

Health Innovation Network
NHS England
NHS Innovation Accelerator

A british born innovation

🏆 **Winners** 🎉 **Digital Solutions Solutions Provider of the Year Year**
GP Practice Awards 2024

BINFIELD ROAD SURGERY
YOUR STOCKWELL COMMUNITY PRACTICE

"It's saved our practice a massive amount of time - **a no brainer**."

Louise Cobbett-Witten
Practice Manager

South East London
Integrated Care System

"At 3 days saved on average per registration, **we have saved patients 530 years of waiting for care.**"

Philippa Kirkpatrick
Chief Digital Information Officer

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to learn more 👇

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Health Innovation East Midlands

Logifect
Kaenect

Logifect Kœnect

The Next Generation Health Platform

A digital health platform for connecting Patients, Community Pharmacies and GP practices

Supporting NHS services like Pharmacy First, Hypertension Case-Finding, and Contraception

The Problem

- Patients face long waits at GP practices
- Pharmacies are underused for minor illness and prevention services
- Current referral and booking processes are fragmented and inefficient

The Solution

- Secure booking system for patients and providers
- Direct referrals from GP practices to pharmacies
- Integrated with NHS systems (PDS and in progress CIS2/BaRS/GP Connect)

Pilot Outcomes

Activity

- 5 GP Practices involved
- 1601 appointments booked
- 1326 completed

Impact

- 487 hours of HCP time freed
- £122,000+ in cost savings
- Equivalent to 20 days of GP consulting time

Outcomes

- 100% patients would use again
- 82% completion rate
- +1,000 extra appointments per practice/year
- 4,800–9,600 extra appointments annually across a PCN

Health Innovation East Midlands

EQL

Phio

EQL.

We’re here to change
healthcare for good

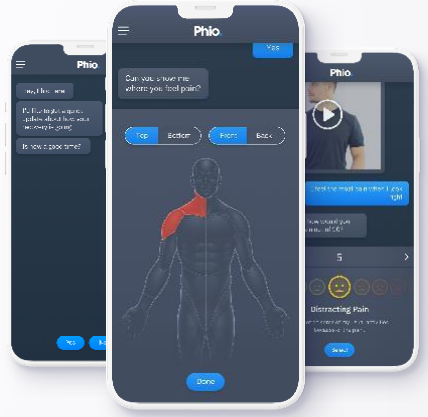
Phio.

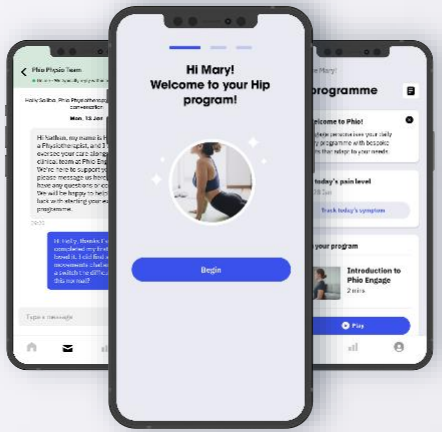
by EQL.

The Future of MSK Health, today

EQL.

Mee Phio.





Phio. Access

Phio. Engage

Phio. Collect

Early Intervention

Supported Self-Management

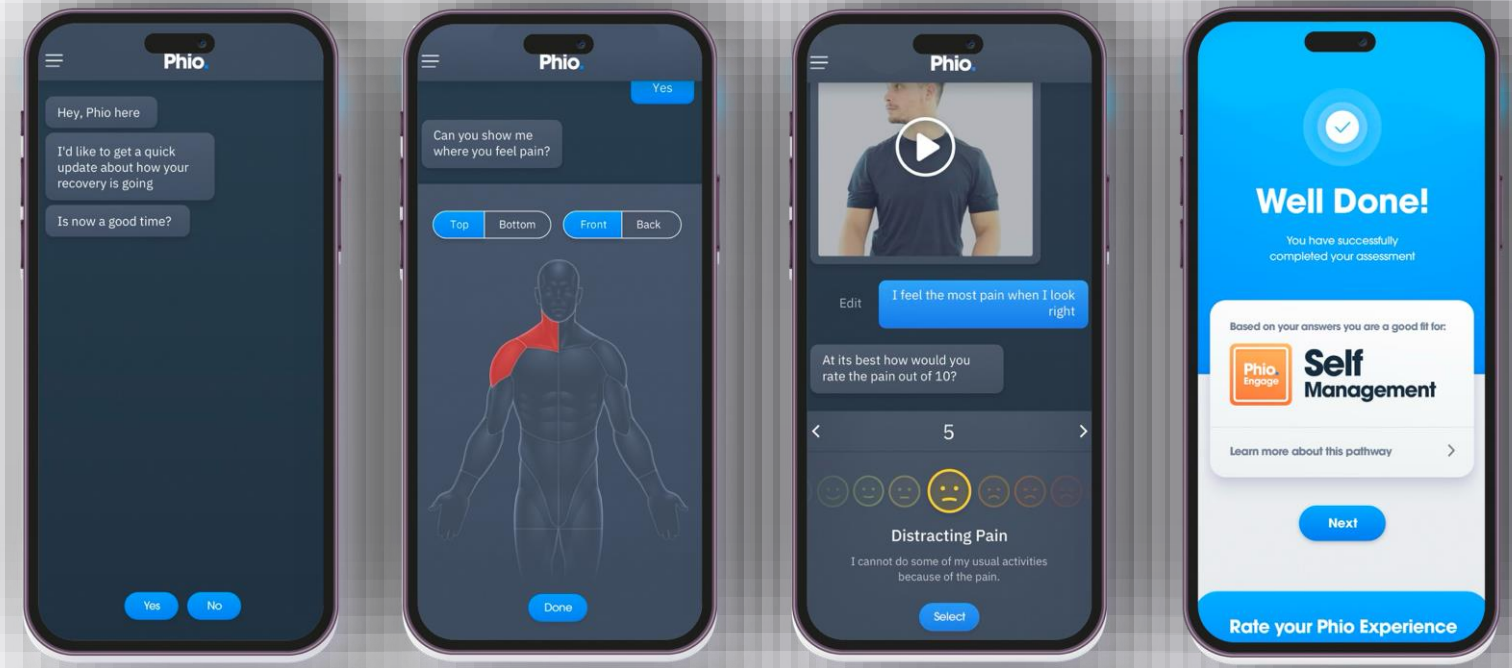
Post Treatment Data- Collection

Digitally Powered End to End MSK Journey

Phio.

Phio. Access

Fast, Safe MSK Triage



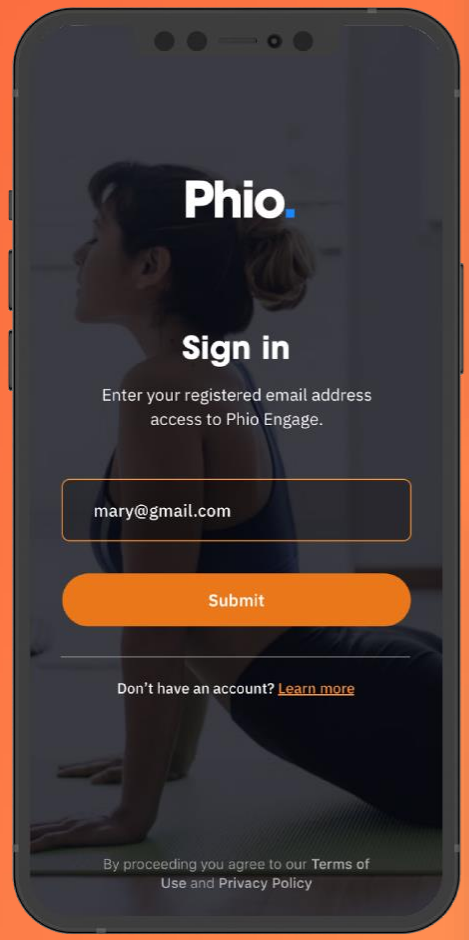
- Phio. Engage Self- Management
- Phio Clinic F2F Treatment
- Refer to Doctor
- Urgent Care
- Surgical Referral
- Other

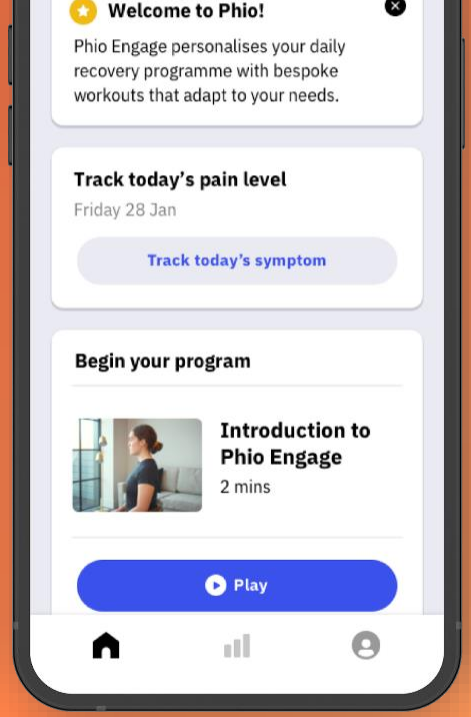
Phio.

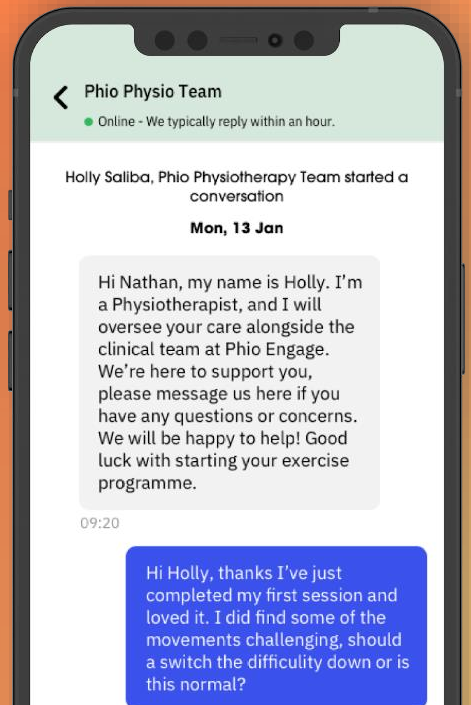
Phio. Engage

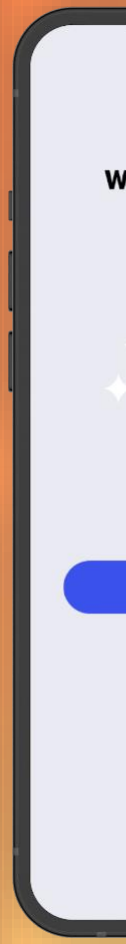
Recovery Starts Now

App-based supported self-management with clinician chat







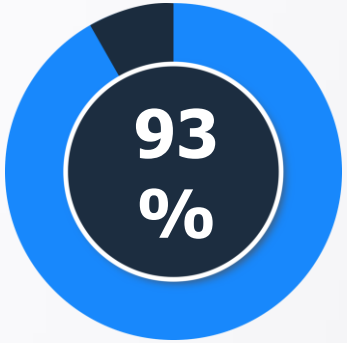


Phio. Collect

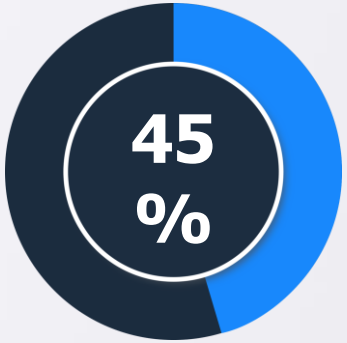
Proving What Works

Phio.

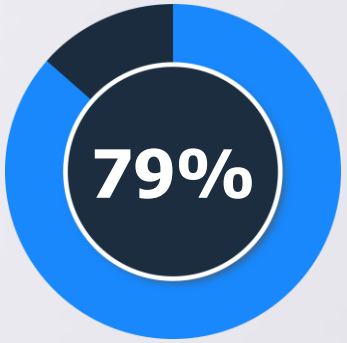
Expected Impact and Outcomes



Completion Rate for Access



To Self-Management



Friends & Family Recommendation

Phio.

Supporting and Empowering Patients on their Care Journey

70%
Start tailored exercise plans immediately

39%
Pain reduction in 8 weeks

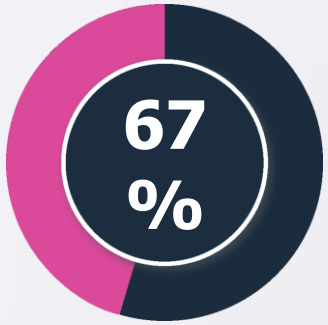
16 – 106
Patients age Inclusive, high accessibility design

MSK triage in minutes vs. 45-day average wait

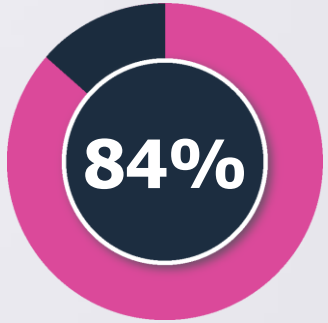
Phio.

Accelerating and Improving processes, Providing Time for Optimal Patient Care

Clinical Hours Released



Improved Pain Scores



Triaged Within 25 minutes

Adopted across NHS regions covering 2.2 million+ people

Phio.

NHS Deployments

Black Country ICB

NHS Scotland
- NHS Highlands, Borders, Orkney, Shetland, Lanarkshire

Primary Care Networks
- South Sefton PCN and East Staffordshire PCN

Impact Across Deployments

- **600,000+ MSK assessments completed**
- **84% triaged within 25 minutes**
- **39% reduction in pain in 8 weeks**
- **79% patient satisfaction (“very good/good”)**

Clinical Evidence & Readiness for Adoption

- 500,000+ patients helped already
- Fully clinically supported
- Improves return to work and productivity metrics
- Scalable & Cost-Effective (demonstrable ROI)
- Releases clinical capacity -
  1,240 hours in SWBH over 1yr
- Up to 75% of Primary Care users directed
  to Self-Management in NHS Highlands
- Carbon savings per patient estimated to be 99.5kg

Phio.

EQL.

Heal Smarter.

Thank You.

Health Innovation East Midlands

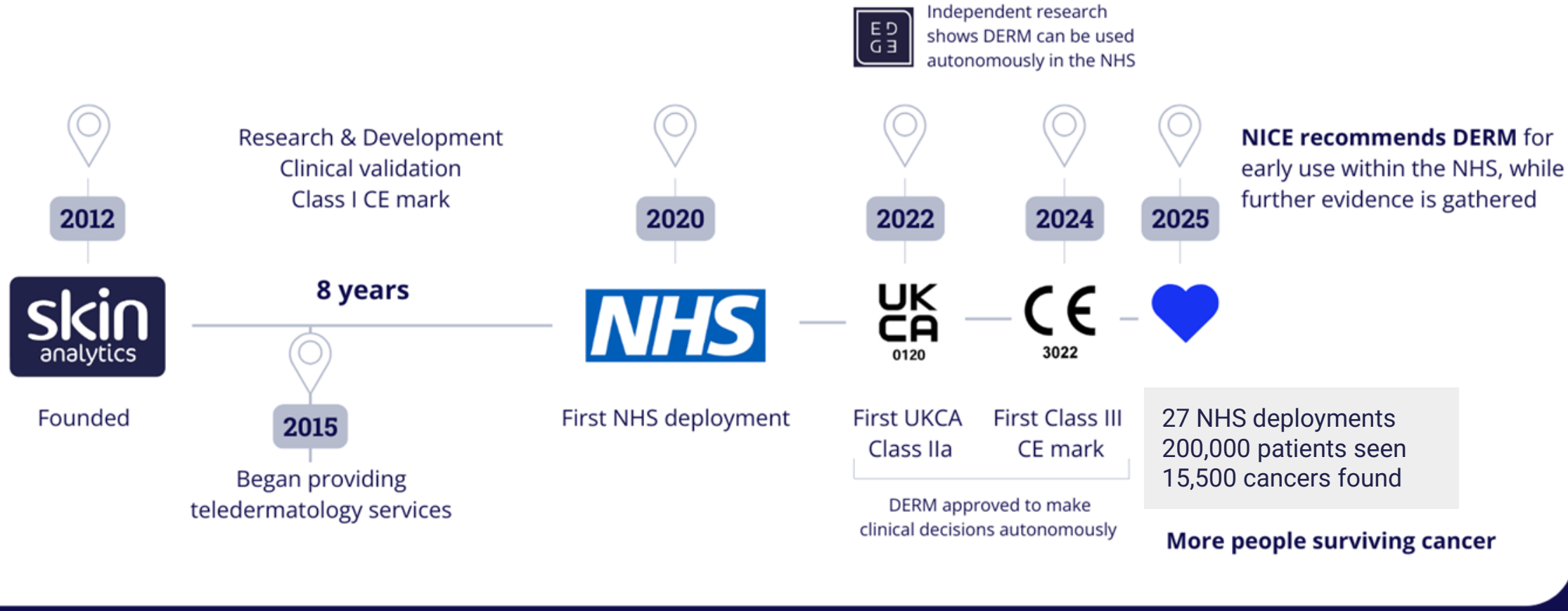
Skin Analytics

DERM

skin analytics

East Midlands Innovation Exchange

Grown in the NHS, including...



The Dermatology Challenges

Skin cancer is the **highest referring** cancer specialty

25% Consultant Dermatologist posts remain unfilled

USC referrals are growing by **11%** YOY
(**>600,000** made last year)

RTT backlog continues to grow

Most GPs receive no post-grad **dermatology training**
(94-96% of USC referrals are not high-risk cancers)

In Feb 2024, >400,000 patients were waiting on referral to treatment pathways for dermatology services

More than 1/3 of skin cancers are found on routine pathways, where wait times are longer

The current skin cancer scenario is unsafe
but it doesn't have to be

DERM triages by assessing dermoscopic images of lesions suspicious for cancer

Outputs are optimised for management and risk akin to how clinicians think

"My top differential is a benign naevus but I need to rule out melanoma"

Dermoscopic images are captured using approved hardware

DERM runs image quality checks & then provides instant assessment

Suspected diagnosis	Post-referral	Pre-referral
Melanoma	Continue on USC pathway	USC referral
SCC		
Atypical Naevus		
BCC	Continue on USC OR Move to Routine pathway	Community, Routine, GP
SCC in situ		
Actinic Keratosis		
Benign, Vascular, SebK, Dermatofibroma, Naevus, Lentigo	Discharge with advice	

Who takes these images?

Upskilled existing workforce (HCAs, photographers)

DERM can be deployed into any skin lesion pathway, before or after referral

Our pathways can see more patients and focus specialists' time on treatment or biopsies

AT HOME

IMAGING APPOINTMENT
(HCA, Nurse, Photographer)

DERM

DERMATOLOGY REVIEW
(Virtual or Face-to-Face)

BEFORE OR AFTER GP REFERRAL

>97% cancer sensitivity

MM/SCC/AN

Up to 2x likely to confirm high risk cancer in secondary care, up to 3.4x in primary care

Urgent Pathway

BCC/IEC/AK

Urgent Pathway
OR
GP / Community / Routine Dermatology

40-55% patients to discharge in primary care, 20-40% in secondary

BENIGN

Discharge: Result & advice communicated to patient

99.6% accurate at ruling out **all** types of skin cancer

Grounded in real-word evidence

>200,000
NHS patients seen

~15,500
cancers found

UP TO
95%
reduction in urgent F2F appointments

43%
Potential NHS USCR cases assessed as suitable for discharge by DERM

DERM Performance

Q1 2025 Post Market Surveillance Reports based on 44,797 lesion outcomes including 3,143 biopsy-confirmed cancers.

	Target	DERM
NPV (Melanoma)	99%	99.9%
All skin cancer		97%
Melanoma	95%	97%
Invasive melanoma	95%	98%
SCC	95%	97%
BCC	90%	98%

Bringing it back to our focus of better patient outcomes and experiences

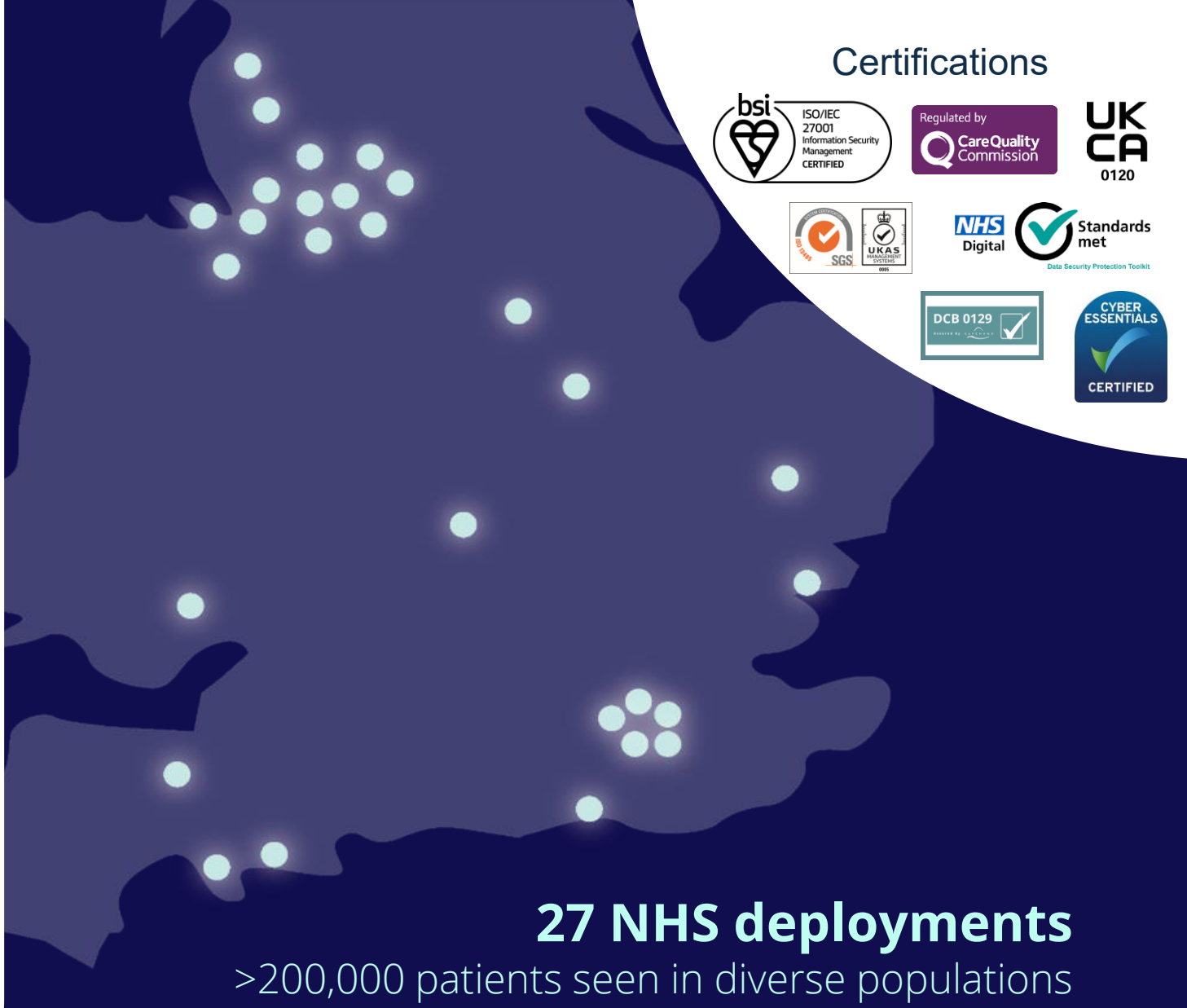
Patient input, feedback and experiences of our pathways

Study	Location	Started	Summary	QR code
Impact	ChelWest	2020	Patients find AI in skin cancer referral decision-making acceptable and would rather be assessed by a computer than wait a few weeks to see a dermatologist	
MNM	All sites	2022	Our patient information leaflet was co-developed with the charity MelaNoMore	
DHSC	4 sites	2021	*'Patients perceived AI-enabled teledermatology positively, with 85% rating the service as good or very good…acknowledged the value of AI if it helped them to get an appointment sooner (67%)'*	
Edge	UHL	2022	98% of UHL patients surveyed would recommend the service to family & friends 70% did not feel that something was missing not seeing a doctor face-to-face 65% of patients reported that the service saves time compared to face-to-face	
DHSC	ChelWest	2023	Case study of a patient journey - *""You're not left wondering for weeks and weeks, did they find anything?"*	
SBRI	3 ICBs	2025	Patients interviewed appreciated the quick turnaround of diagnostic outcomes	

Plus… the vast majority of patients (>85%) opt in to automated decisions and use of their data for research purposes

Trusted by the NHS since 2020

- Manchester University NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- Northern Care Alliance NHS Foundation Trust
- Suffolk and North East Essex Integrated Care Board (ICB)
- Mid Cheshire Hospitals NHS Foundation Trust
- West Suffolk NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Somerset NHS Foundation Trust
- Heywood, Middleton & Rochdale Integrated Care Partnership



Certifications

ISO/IEC 27001 Information Security Management CERTIFIED

Regulated by Care Quality Commission

UKCA 0120

SGS UKAS MANAGEMENT SYSTEMS 0005

NHS Digital Standards met Data Security Protection Toolkit

DCB 0129

CYBER ESSENTIALS CERTIFIED

27 NHS deployments

>200,000 patients seen in diverse populations

Real-world impact

The only AI solution for dermatology proven to address the gap between demand and capacity.

We're proud that Skin Analytics' NHS partners have been able to:

Tackle urgent suspected skin cancer and routine **backlog**

Reduce face-to-face clinics for patients with benign lesions

Free up dermatology capacity to focus on treatment

Speed up patient access to skin cancer diagnosis and treatment

Demonstrated through prospective clinical studies and in real-world clinical settings.

Health Innovation East Midlands

Innovation Fund – Productivity

What is the innovation enabling fund?

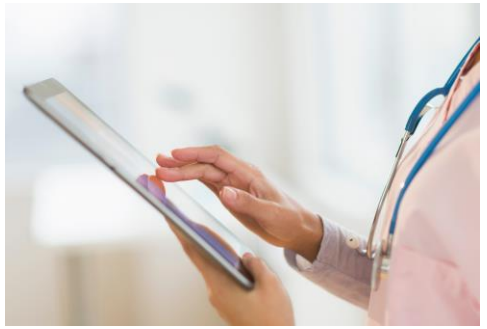
Health Innovation East Midlands

- Pots of up to £25k available to innovative projects meeting today's challenge statements
- **Not** limited to the innovations you have seen today
- Must involve a digital or med tech device
- Must be novel to the organisation (i.e. not an extension of an existing project)
- Applications should have an exec level sponsor and there should be a plan for longer term sustainability
- There can be more than one application per ICS, each application is scored on its own merit
- Open to East Midlands health and care organisations

Our challenge statements

Health Innovation East Midlands

- Improving access and coordination across care settings
- Supporting and empowering patients on their care journey
- Accelerating and improving processes, providing time for optimal patient care



Timeline

Health Innovation East Midlands

- Opens today!
- Organisations have until 12pm on Thursday 16th October to apply
- EOI initially for stage 1
- Q&A session for applicants on Thursday 25th September 10:30-11:30
- Detailed documentation for stage 2 will be requested for promising projects shortlisted to proceed
- Projects selected from stage 2 will be invited to an interview to enable a final decision on allocation of funding

Interested and want to know more?

Health Innovation East Midlands

- Drop in session on the Innovation Enabling Fund
- Email us with any queries:
  - dawn.plummer@nottingham.ac.uk
  - phillip.stimpson@nottingham.ac.uk

Health Innovation East Midlands

Thank you for your time today