

# MDVSNPLUS Funding Calls 2017

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# Funding Call Two – May 2017

## Remit

“Our remit is broad but focused on feasibility studies which offer the potential to spawn more effective designs and performance of medical devices which will minimise trauma to vulnerable skin tissues. This will inevitably involve joint applications encompassing different sectors”

- The deadline for applications is 25th July 2017
- Successful applicants will be notified by 30th August 2017

# Funding Available

- There will be £25k available for each feasibility study, with the host institution expected to contribute 20% of these costs as per the EPSRC funding model
- Projects to last between 12-18 months
- Funding available for
  - research staff,
  - consumables,
  - dissemination
  - travel

# Funding Call Themes

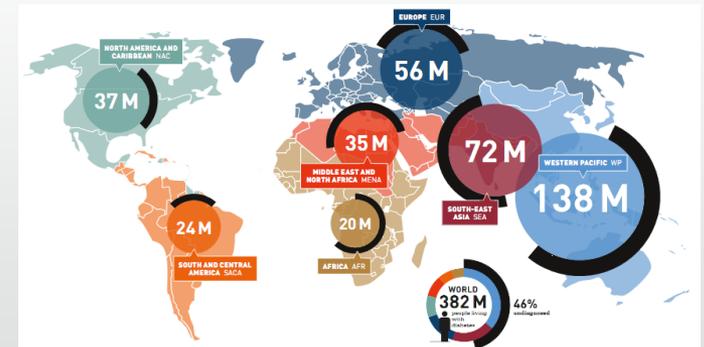
Our next call will be focused on intelligent sensing to promote self-management in core themes.

Applications to clinical settings can include, but are ***not limited to:***

1. Prevention of Diabetic Foot Ulcers
2. Sensing and Remote Monitoring in the Community
3. Improved Devices in Critical Care

# Prevention of Diabetic Foot Ulcers

- It occurs in 15% of people with diabetes
- Precedes 84% of all diabetes-related lower-leg amputations.
- 35 to 40% of ulcers recur within 3 years and up to 70% recur within 5 years.
- Diabetic foot disease is the leading cause of non-traumatic lower limb amputations.



# Sensing and Remote Monitoring in the Community

- The new NHS model is promoting the transfer of care into the community
- As a consequence individuals with multiple comorbidities are living at home or in residential care whilst requiring medical device interventions
- Clinicians have limited capacity to assess and treat these patients on a regular basis.
- Remote monitoring of equipment is therefore vital for patient safety.



# Improved Devices in Critical Care

- Individuals in critical care often required multiple medical devices to support life
- These devices are often attached to the skin with tapes and strapping causing pressure and shear.
- These extrinsic factors, coupled with the individuals increased vulnerability puts them at high risk of MDRPUs
- Improved device design, application and monitoring will improve practice



# Afternoons Session

## Group Discussions and Proposal ideas

- Opportunity to Network with clinicians, academics and industrialists
- There are funding forms in your delegate packs
- Try to establish ideas for research, within the remit of the Network

# Break Out Session

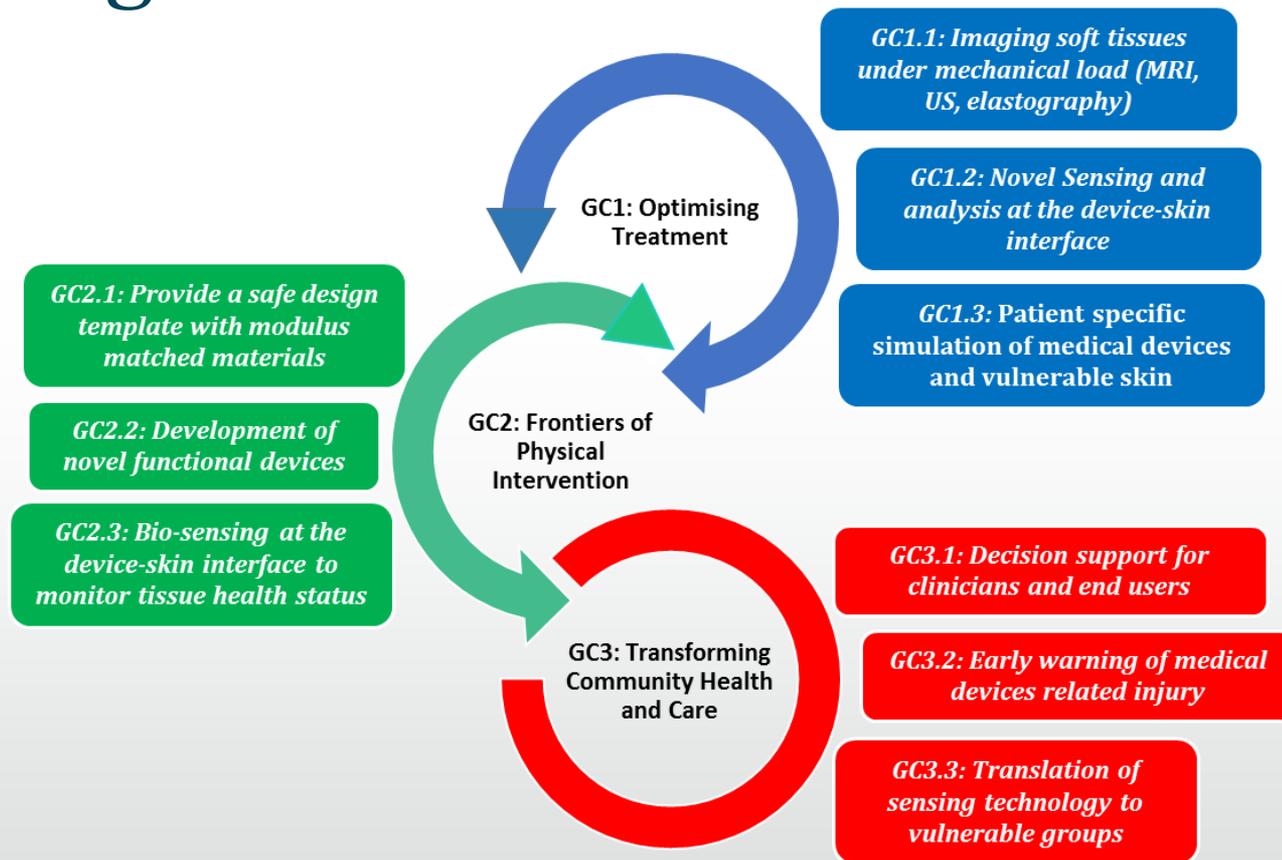
1. Identify specific clinical challenges and potential partnerships
2. Identify disruptive technologies to improve device design and/or promote self management
3. Fit these advances to the Grand Challenges outlined previously
4. Determine the features of the technology that could be used by clinicians and patients

## Medical Devices and Vulnerable Skin Network <sup>PLUS</sup>

**Intelligent sensing to promote self-management**  
**FUNDING CALL APPLICATION**  
*Guidance Notes are provided at the back of the form*

Research Overview	
Principal Investigator:	
Co-Investigators:	
Other Partners: (Industrial/Clinical)	
Title of Proposed Study:	
Lay Summary (250 words max)	
Background Aims Objectives (max 400 words) (Figures can be added)	

# Aligning Applications to the EPSRC Grand Challenges



# **Delegate Feedback: Response to Funding Call Themes**

# Group Leads

1. Diabetic Foot Ulcers - Prof Dan Bader and Prof Steve Morgan
2. Sensing and Remote Monitoring in the Community – Prof Lisette Schoonhoven, Nicci Alyward Wotton
3. Improved Devices in Critical Care – Dr Peter Worsley and Dr Anushma Sharma