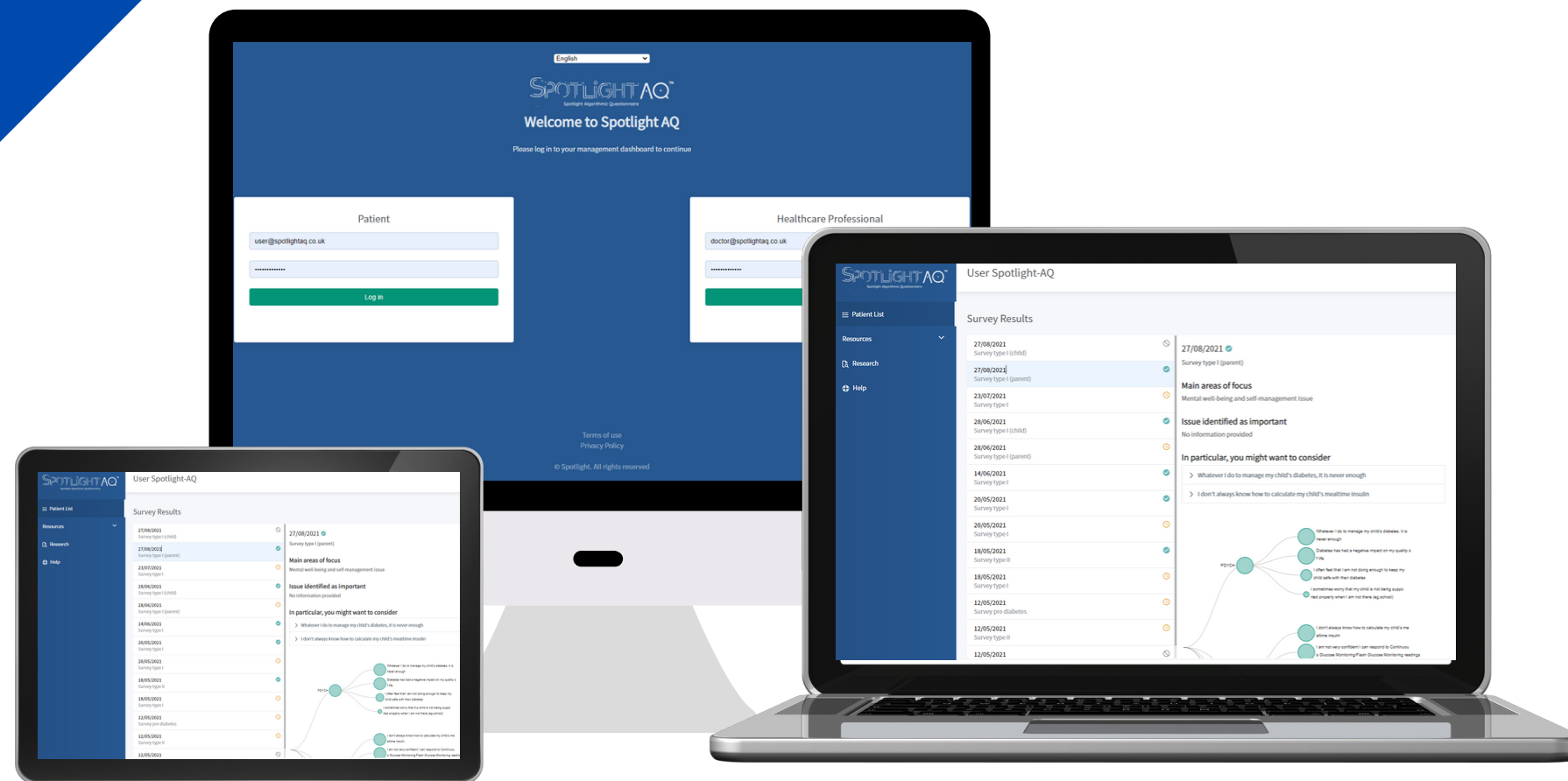


SPOTLIGHT AQTM

Spotlight Algorithmic Questionnaire
Pre-clinic Assessment Platform



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What is SPOTLIGHT AQ

Spotlight Algorithmic Questionnaire

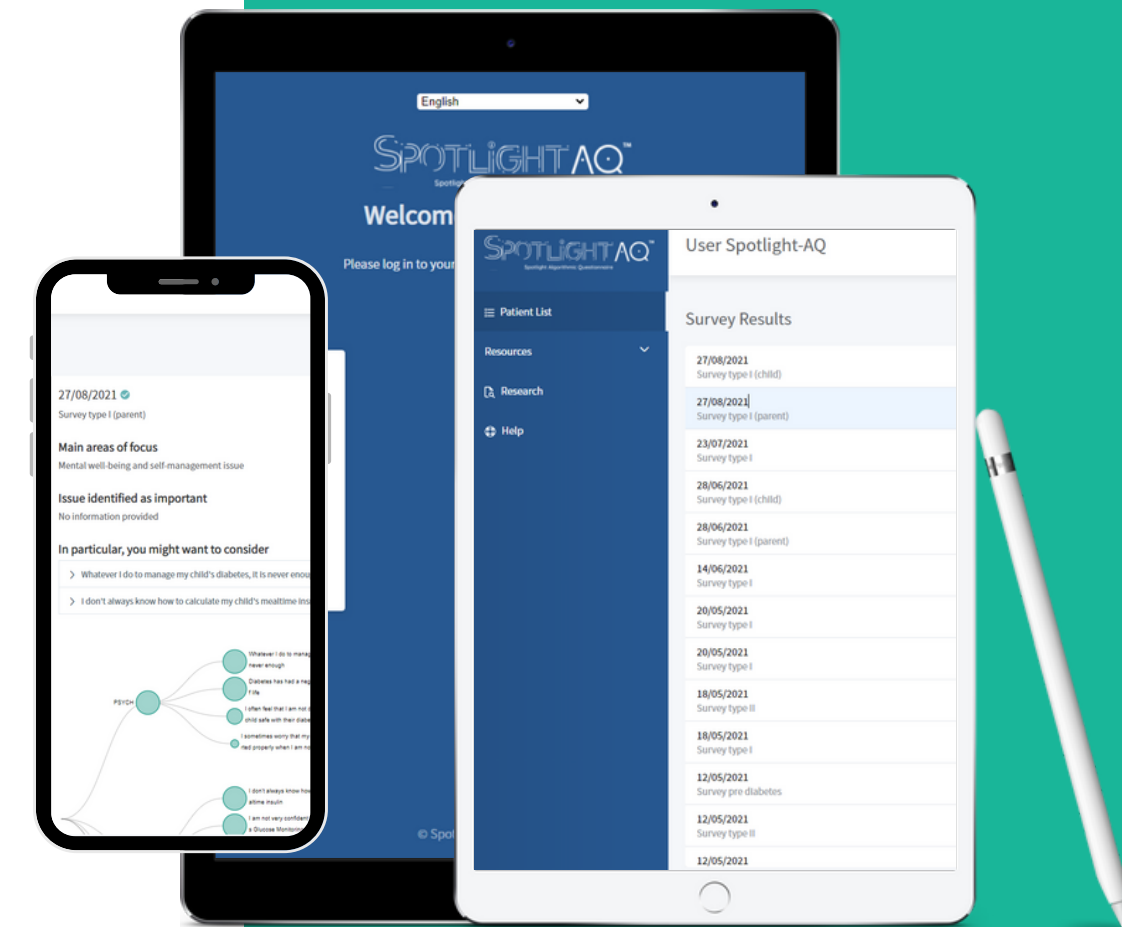
A proven Pre-clinic Assessment platform that focuses out-patient consultations through rapid identification of patient priority concerns and how to meet them.

Our algorithm customises the assessment for each patient, presenting a unique results page, facilitating collaborative care planning with HCP.

Patient and provider have unique secure logins. Healthcare providers are presented with recommendations and resources, equipping them to deal with holistic aspects of diabetes management psychological burden.

An agreed care plan is visible to both parties to provide clarity at next appointment.

Spotlight-AQ can be accessed via desktop, laptop and tablet. It can be used at home or in clinic. The assessment requires no personal information and can be completely anonymous if desired.



Our Story

Developed by Professor Barnard PhD

Spotlight-AQ is the vision of world-leading expert Professor Katharine Barnard. Katharine's research is recognised by the US FDA in delivering evidence-based, theory-driven solutions to psychosocial aspects of chronic disease management.

Katharine is using her drive, passion and deep insights to improve the care for people with diabetes.



Built By and For Healthcare Professionals

Spotlight-AQ was built by and for healthcare professionals. Delivering the quality of care they strive for has been our goal from the start. We have designed our services to fit with current workflows and decrease healthcare professional burden.



Ryan Charles Kelly MBA CEO

Our CEO speaks the language of science combined with expert business and programming insights. He is an experienced leader of digital health and life sciences companies with a commitment to ensure quality.

Stability and Trust Commercial Advisors

Katie Elias Venture Capital

Managing Director at single disease impact fund (venture philanthropy). Board director and observer experience for 10+ early and later-stage companies in the US, Canada and Europe

Claudia Graham PhD Market Access

Former Senior Vice President, Global Access at Dexcom

Mission Statement

To improve the health of people with diabetes by providing standardised pre-clinic assessments to streamline workflow, improve communication and reduce healthcare professional burden in routine outpatient remote or face-to-face healthcare.

Our Values

Trust, Integrity, Privacy, Efficiency, Empathy and Quality

Building the Future with the Future

Partnering with Universities and innovators, we provide placements and work experience to students and graduates, mentoring and supporting the next generation of scientists and business leaders.

Female Founder & Diversity

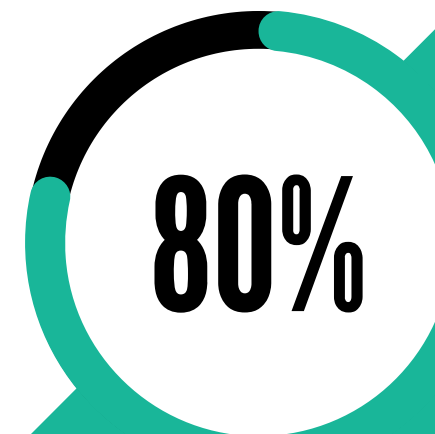
Equality is central to Spotlight-AQ's business and vision. Providing opportunity for all, irrespective of difference, is at the heart of everything we do.

Planet, People, Profit

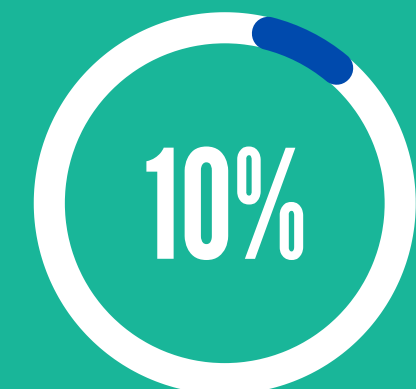
We go above and beyond in our commitment to protect the environment. We proudly support the 'TIST' programme in Uganda who impact on all 17 UN sustainable development goals. We also support grassroots sports and charities in our local community. We invest heavily in R&D of new tools and ways to improve care.

Diabetes care in the UK

- <24% of adults achieve healthcare targets
- Over 4 Million people with diabetes & between 7-8 Million with Pre-Diabetes
- Cost of diabetes doubles every 14 years, outstripping NHS budget increases
- <7% of people with diabetes use a mobile app to support their self-management
- 80% of patients are interested in electronic methods of interaction with their doctor
- 80% of NHS diabetes spend is on potentially avoidable complications



10% of the entire NHS budget



Over £1.5 Million per hour

4.

The Personal Cost

"Having to explain it all, having hypos and feeling humiliated, hospitalisation, complications, endless blood tests and meds ... not conducive to a healthy relationship"

"Diet is hard I feel broken, like I'm defective in some way"

"Diabetes is an isolating disease"

"I feel as though people wouldn't want to be with me as I am diabetic"

"Very personal struggle endured every day"

"My husband is not interested so I cannot discuss it with him, friends do not understand the full complexities"

"At times, it's like living with a death sentence"

"No-one seems to listen and actually hear what you are saying!"

"Felt like no one understood it"

"My partner is often very worried about my diabetes and is more anxious about my blood sugars than I am when all I need is for him to be calm"



Improved Outcomes

Communication

Communication is at the core of Spotlight-AQ, providing the healthcare provider and patient with key information based on the patient's priority concerns.

Spotlight-AQ sets clear, shared care plan that can be revisited by both doctor and patient at anytime, and available at the next consultation.

A more targeted and meaningful consultation due to awareness of patients priorities, facilitating focused and goal-centred, collaborative care as advocated by NICE.

Tele-Health consultations can be fraught with communication difficulties. Spotlight-AQ has demonstrated greatly improved consultations [1]. Throughout the COVID-19 pandemic, Spotlight-AQ was used to great effect in improving online and tele-health consultations.



1. Barnard-Kelly K, Kelly RC, Chernavsky D, Lal R, Cohen L, Ali A. Feasibility of Spotlight Consultations Tool in Routine Care: Real-World Evidence. Journal of Diabetes Science and Technology. March 2021. doi:10.1177/1932296821994088

Education

Structured education is crucial to effective self-management yet is poorly accessed. National Diabetes Audit data shows 50% of people with Type 1 diabetes and 91% of people with Type 2 and other diabetes were offered structured education. Only 5.8% and 8.2% respectively were recorded as having attended [2].

Lack of education is the 2nd most common barrier to optimal outcomes. It is the root cause of most therapy and self-management challenges; and a significant contributor to the cost of preventable complications.

Spotlight-AQ quickly identifies knowledge gaps and signposts a wide range of tailored educational resources. The right education can save £200 per patient per year [3].



2. <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/national-diabetes-audit-report-1-findings-and-recommendations-2016-17>
3. The cost of diabetes <https://www.diabetes.org.uk/resources-s3/2017-11/diabetes%20uk%20cost%20of%20diabetes%20report.pdf>

Reduced HCP Burden

Burnout

Burnout amongst HCPs is a key challenge affecting healthcare practice, safety and quality of care.

>50% of doctors experience substantial symptoms of burnout, with burnout almost twice as prevalent among physicians as US workers in other fields [4].

43% nurses experience a high rates of burnout, depression & emotional exhaustion [5].

There are significant correlations between:

- a doctor's degree of depersonalisation and patient satisfaction with their care;
- a doctor's job satisfaction and patient satisfaction;
- patient-reported adherence to medical advice

Spotlight-AQ can reduce the burden on HCPs by removing the pressure to know the 'magic answer' for best-practice decision-making when patients often are unwilling or unable to articulate the required information.

4. Reith TP. Burnout in United States Healthcare Professionals: A Narrative Review. Cureus. 2018 Dec 4;10(12):e3681. doi: 10.7759/cureus.3681. PMID: 30761233; PMCID: PMC6367114.

5. Nurses' reports on hospital care in five countries. Aiken LH, Clarke SP, Sloane DM, et al. Health Aff (Millwood) 2001;20:43-53



Pre-Clinic Planning

Pre-clinic planning is not new. It has traditionally been based on physical aspects of health, is non-evidence based and has had limited effectiveness in improving patient outcomes.

Spotlight-AQ enables precision engagement through biopsychosocial pre-clinic planning. It's unique strength is that it maps appropriate care pathways, medical and psychosocial, to the needs of each patient; enabling HCPs to provide a truly patient-centred experience.

COVID-19 pandemic has shifted patient care into the virtual space. Our ongoing pivotal multi-centre randomised controlled trial features both remote and face-to-face consultations ensuring HCPs can continue to deliver high-quality patient care in-person or digitally/remotely.

HCPs can be confident they are providing the best care to every patient; assured they are aided by evidence-based, theory-driven support.



Standardisation of Care

Improved Workflow

The full potential of e-consults can only be realized if the workflow is designed or modified to support the initiative. Spotlight-AQ is easily implementable into routine care at low cost and minimum effort, reducing consultation times by ~10%.

Current workflow is largely criticised for its fragmented complexity, multiple different systems increasing HCP burden.

Traditional goal-setting, with decision aids, only modestly improves care but not quality of life [6]. Spotlight-AQ addresses this gap and improves glycaemic and quality of life outcomes.

Reduced Bias/Inequality

Factors affecting equality of healthcare include socio-economic status, ethnicity and education level. Spotlight-AQ overcomes such inequality through standardisation of assessment and parity of available options.



Feasibility Study Data

Spotlight-AQ's iterative co-design was developed with 200 patients and 30 HCPs, followed by a pilot study confirming it is 100% acceptable and feasible, improving consultations without extending consultation length [1].

n=49 adults participated (n=31 T1D, n=18 female; n=18 T2D n=10 male) all used Spotlight-AQ.

'Psychological burden' was most commonly cited as a priority concern for participants with T1D (n=27, 87.1%) followed by 'gaining more skills' (n=19, 61.3%), 'improving support' (n=8, 25.8%) and 'diabetes-related treatment issues' (n=8, 25.8%).

Similarly, 'psychological burden' was the primary concern for T2D participants (n=18, 100%) followed by 'gaining more skills' (n=7, 38.9%), 'improving support' (n=7, 38.9%) and 'diabetes-related treatment issues' (n=4; 22.2%).

Patient and healthcare satisfaction were greatly improved. Consultations were more focused and collaborative.

1. Barnard-Kelly K, Kelly RC, Chernavsky D, Lal R, Cohen L, Ali A. Feasibility of Spotlight Consultations Tool in Routine Care: Real-World Evidence. Journal of Diabetes Science and Technology. March 2021. doi:10.1177/1932296821994088

Multi-Centre Randomised Controlled Trial

Spotlight-AQ's Pivotal Trial is ongoing and due to be presented in Q1 2022.

Find out more updates from our Chief Science Officer via our Website or Contact Us.



Spotlight-AQ: Efficacy and Cost-effectiveness for Use in Routine Care with People with Type 1 Diabetes, Type 2 Diabetes or Pre- Diabetes

Sponsor	Southern Health NHS Foundation Trust		
Study Design	Randomised controlled trial		
Study Participants	Adults with type 1 diabetes, type 2 diabetes or pre-diabetes		
Sample Size	<p>(n=100) participants for the control group and (n=100) participants for the intervention group.</p> <p>Qualitative evaluation: (n=20) participants randomised to the intervention group will be interviewed prior to receiving the intervention.</p> <p>Healthcare professionals involved in Spotlight-AQ delivery will be interviewed at the end of the trial (x2 per site)</p> <p>Process evaluation Interviews will be held with a subgroup of participants (n=6), healthcare professionals (n=3) and investigators (n=2).</p>		
Planned Study Period	Total length of the project: 12 months		
Planned Recruitment	1st September 2021 until 31 st Dec 2021.		
	Objectives	Outcome Measures	Timepoint
Primary	To determine clinical and cost- effectiveness of the Spotlight-AQ tools via multi-centre RCT in routine primary or secondary care appointments between healthcare professionals and adults with type 1 diabetes, type 2 diabetes or pre- diabetes.	Consultation duration time. Secondary: HbA1c, diabetes distress, treatment satisfaction, functional health status, depression and anxiety, weight, acceptability, usability, HCP burnout, cost- effectiveness and perceived impact for patients and healthcare professionals.	Twelve-months of routine clinic list outpatient appointments per arm, to take account of variability in routine care delivery across centres
Secondary	Functional health status, diabetes distress, depression, treatment satisfaction, impact on self-care behaviours, HCP burnout, HCP treatment satisfaction and burden, hypoglycaemia (time less than	Diabetes Distress Scale, Diabetes Treatment Satisfaction Questionnaire, EQ5D-5L, WHO-5 well-being index, PHQ-2, self-care inventory and anxiety (GAD). In addition, Maslach Burnout Inventory for HCPs, uptake and study recruitment, intervention usability, attrition	Baseline 3, 6, 9 and 12 months

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Information Governance and Regulatory Approvals

Spotlight-AQ has undergone rigorous information governance checks including a full NHS DTAC* assessment, penetration testing and has NHSX DSPT compliance. We are confident our tools adhere to the highest scrutiny of information governance standards with our highly qualified team, enhanced privacy and secure Amazon AWS cloud servers. Options to host the platform on NHS servers are available.

Spotlight-AQ is protected by 19 filed patent claims, copyrights and trade secrets. We are the only holistic pre-clinic assessment platform commercially available and will continue to lead the market on quality, price, and evidence.

Spotlight-AQ has filed an FDA Q-submission and will soon be available in the US, Europe, Asia and the Middle East.



What Healthcare Professionals Say



"No added burden on time"

"A user friendly, pragmatic tool that helps with patient engagement and sets the scene for the consultation"

"Convenient way to track people with diabetes current concerns about their care, disease management, and priorities, while facilitating the crucial conversation between doctor and patient about what to aim for"

"... help me focus my consultation around the problems that are most important to the patient"

"I have found it to be very useful in identifying mutual goals right from the onset, increasing both physician and patient satisfaction"

"The main benefit ... being able to see what my patients would like to discuss and areas spotlight has highlighted as higher priority ... based on patient's survey response."

"Simple to use and implement"

"... good for pre-visit planning so the provider can review what the patient's priorities are before seeing the patient"

Contact Us



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Chief Science Officer

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Reference List

1. Barnard-Kelly K, Kelly RC, Chernavsky D, Lal R, Cohen L, Ali A. Feasibility of Spotlight Consultations Tool in Routine Care: Real-World Evidence. *Journal of Diabetes Science and Technology*. March 2021.
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3. The cost of diabetes <https://www.diabetes.org.uk/resources-s3/2017-11/diabetes%20uk%20cost%20of%20diabetes%20report.pdf>
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6. Légaré F, Stacey D, Turcotte S, Cossi M, Kryworuchko J, Graham ID, et al. Interventions for improving the adoption of shared decision making by healthcare professionals. *Cochrane Database Syst Rev* 2014 Sep



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