



## Improving experience for people at the end of their life

SBRI Department of Health competition for development contracts

January 2013

## Summary

A new national Small Business Research Initiative (SBRI) competition is being launched by NHS Midlands and East in partnership with the Department of Health to find innovative new products and services that will support improving experience for people at the end of their life and people with mental health illnesses<sup>1</sup>, and they are investing a total of £5m funding into this. The projects will be selected primarily on their potential value to the health service and on the improved outcomes delivered for patients.

The competition is open to single companies or organisations from the private, public and third sectors, including charities. The competition will run in two phases:

- Phase 1 is intended to show the technical feasibility of the proposed concept. The development contracts placed will be for a maximum of 6 months and up to £100,000 (inc. VAT) per project. In Phase 1 we expect to select around 8-12 projects with a total sum of funding available of up to £1,200,000.
- Phase 2 contracts are intended to develop and evaluate prototypes or demonstration units from the more promising technologies in Phase 1. Only those projects that have completed Phase 1 successfully will be eligible for Phase 2.

Developments will be 100% funded and suppliers for each project will be selected by an open competition process and retain the intellectual property rights (IPR) generated from the project, with certain rights of use retained by the NHS and the Department of Health.

The focus for this competition is on technologies that enable individuals to have a better experience at the end of life. As an individual moves into the terminal phase of illness they will typically experience a range of physical and emotional symptoms and these can be either alleviated or exacerbated by how they are both understood and managed.

It is technology approaches to positively impact these experiences at the end of life that are of interest, this may include, but is not limited to:

- Pain management devices giving the required comfort levels whilst maintaining the ability to communicate needs and maintain awareness of those from whom they draw comfort;
- New therapeutic or device related solutions to alleviate other non-pain symptoms;
- Monitoring technologies designed for use in the patients' own home or in a care home environment to reduce the feelings of isolation or anxiety of over-medicalised acute care settings;
- Communication tools designed to facilitate planning, implementation and transfer of information between patients, carers and providers of care.

The competition opens on 03 January 2013. The deadline for applications is 1200hrs on 28 February 2013.

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<sup>1</sup> A separate briefing document is available for improving experience for people with mental health illnesses

## Background and challenge

The Department of Health's "End of Life Care Strategy – promoting high quality care for all adults at the end of life", reports that around 500,000 people die in England each year. It is noted that every individual may have a different idea about what would, for them, constitute a "good death". However, for many this would involve being treated as an individual with dignity and respect, being without pain and other symptoms, and possibly being in familiar surroundings in the company of close family and/or friends. This quality standard describes high quality, cost-effective care that when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for adults approaching the end of life and the experience of their family and carers.<sup>2</sup>

On average people are admitted to hospital three times and spend nearly a month of their last year of life in hospital. Over half of them actually die in hospital. Despite more than 50% of people wishing to die at home, only 20% achieve this (The National End of Life Care Intelligence Network).<sup>3</sup>

Good end of life care is hampered by:

- Difficulties in identifying people who are approaching the end of life;
- Poor communication between patients and professionals, and between services;
- Lack of effective care planning, including advance care planning.

The National End of Life Care Strategy published by the Department of Health in 2008 outlined an End of Life Care Pathway comprised of six steps developed to help anyone providing health and social care to people nearing the end of life:

- Discussions as the end of life approaches;
- Assessment, care planning and review;
- Co-ordination of care;
- Delivery of high quality care in different settings;
- Care in the last days of life;
- Care after death.

The care pathway aims to ensure that high quality, person-centred care is provided ensuring it is well planned, co-ordinated and monitored while being responsive to the individual's needs and wishes.

## Current developments and challenges

Today, death is often more complicated. Many people suffer from progressive or chronic, critical illnesses that eventually reach a point when curative approaches are no longer possible. When advanced illnesses become terminal, new treatments, medications, and technologies are now available to provide greater comfort, assist in symptom and pain management, and ease the burden of an illness.

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<sup>2</sup> Department of Health (2010) End of Life Care Strategy: Second Annual Report. Available from [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>3</sup> National End of Life Care Intelligence Network (NEoLCIN) (2010) Variations in Place of Death in England: Inequalities or appropriate consequences of age, gender and cause of death. Available from [www.endoflifecare-intelligence.org.uk](http://www.endoflifecare-intelligence.org.uk)

New health technologies and IT tools are helping to address important concerns about planning for end-of-life care. By creating outlined plans that translate individual values and goals into meaningful directives that explicitly reflect preferred healthcare wishes, new computer tools are educating users about advance care planning. These tools help to identify, clarify, and prioritize factors that influence decision-making about future medical conditions. They can help users articulate a coherent set of wishes readily interpretable by physicians, and help individuals both choose a spokesperson and prepare to engage family, friends, and health care providers in discussions about advance care planning.

New strategies and interventions are building the biological and behavioural evidence-base that will increase health-related quality of life and enhance excellence in the care of those with advanced illnesses.

The management of pain and other symptoms, communication and medical decision-making, caregiving, and safe transitions between care settings for those with serious, advanced illnesses provide a foundation for current research in end-of-life care.

The focus for this competition is on technologies that enable individuals to have a better experience at the end of life. As an individual moves into the terminal phase of illness they will typically experience a range of physical and emotional symptoms and these can be either alleviated or exacerbated by how they are both understood and managed.

The combination of a deeper understanding of disease progression and technological advances should enable improved management of *all* symptoms and planning to ensure the wishes of the individual are known, communicated and carried out with the ultimate aim of reducing anxiety in the lead up to death. For example, where an individual dies has a huge impact on their emotional comfort and that of their loved ones, so forward-planning and communication can facilitate this. Furthermore, whilst pain is often well managed it may render the individual unable to communicate needs related to other non-pain symptoms, which can be masked or overlooked.

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- Communication tools designed to facilitate planning, implementation and transfer of information between patients, carers and providers of care.

## Key documents

National Audit Office (2008) End of life care. Available from [www.nao.org.uk](http://www.nao.org.uk)

Marie Curie Palliative Care Institute (2009) National care of the dying audit - hospitals (NCDHA): round 2: generic report 2008/2009. Available from [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

General Medical Council (2010) Treatment and care towards the end of life: good practice in decision making. Available from [www.gmc-uk.org](http://www.gmc-uk.org)

Department of Health and University of Hull (2011) Spiritual Care at the End of Life: a systematic review of the literature. Available from [www.dh.gov.uk](http://www.dh.gov.uk)

National Council for Palliative Care (2009) Specialist Palliative Care Workforce Survey 2009. Available from [www.ncpc.org.uk](http://www.ncpc.org.uk)

National End of Life Care Intelligence Network (NEoLCIN) (2011) Predicting Death: Estimating the proportion of deaths that are “unexpected”. Available from [www.endoflifecareintelligence.org.uk](http://www.endoflifecareintelligence.org.uk)

Ryan S and Ziebland S. (2009) End of life treatment and care: a secondary analysis of qualitative interviews. Oxford: Health Experiences Research Group, University of Oxford. Report commissioned by General Medical Council.

Calabrese J. (2010) A Comparison of Data on Patient Experiences of End of Life Care. Oxford: Green Templeton College, University of Oxford

The Nuffield Trust (2010) Social care and hospital use at the end of life. Available from [www.endoflifecare-intelligence.org.uk](http://www.endoflifecare-intelligence.org.uk)

## Application process

This competition is part of the Small Business Research Initiative (SBRI) programme which aims to bring novel solutions to Government departments’ issues by engaging with innovative companies that would not be reached in other ways:

- It enables Government departments and public sector agencies to procure new technologies faster and with managed risk;
- It provides vital funding for a critical stage of technology development through demonstration and trial – especially for early-stage companies.

The SBRI scheme is particularly suited to small and medium-sized businesses, as the contracts are of relatively small value and operate on short timescales for Government departments.

It is an opportunity for new companies to engage a public sector customer pre-procurement. The intellectual property rights are retained by the company, with certain rights of use retained by the NHS and Department of Health.

The competition is designed to show the technical feasibility of the proposed concept, and the development contracts placed will be for a maximum of 6 months and up to £100,000 (inc. VAT) per project.

The application process is managed on behalf of the Department of Health & NHS Midlands and East by Health Enterprise East, the NHS Innovation Hub for the East of England. All applications should be made using the application forms which can be downloaded from [www.hee.org.uk/SBRI](http://www.hee.org.uk/SBRI).

Briefing events for businesses interested in finding out more about the competition will be held in January. Please check the website for confirmation of dates and venues.

Please email your forms to [submissions@hee.org.uk](mailto:submissions@hee.org.uk) by 1200hrs on 28 February 2013.

## Key dates

Competition launch	03 January 2013
Briefing events	w/c 14 January 2013
Deadline for applications	28 February 2013
Assessment	March 2013
Contracts awarded	April 2013
Feedback provided by	April 2013

## More information

For more information on this competition, visit:

[www.hee.org.uk/SBRI](http://www.hee.org.uk/SBRI)

For any enquiries, telephone +44(0)1480 364925 or e-mail:

[sbrienquiries@hee.org.uk](mailto:sbrienquiries@hee.org.uk)

For more information about the SBRI programme, visit:

[www.innovateuk.org/SBRI](http://www.innovateuk.org/SBRI)