

Future of End of Life Care: why and what will be needed

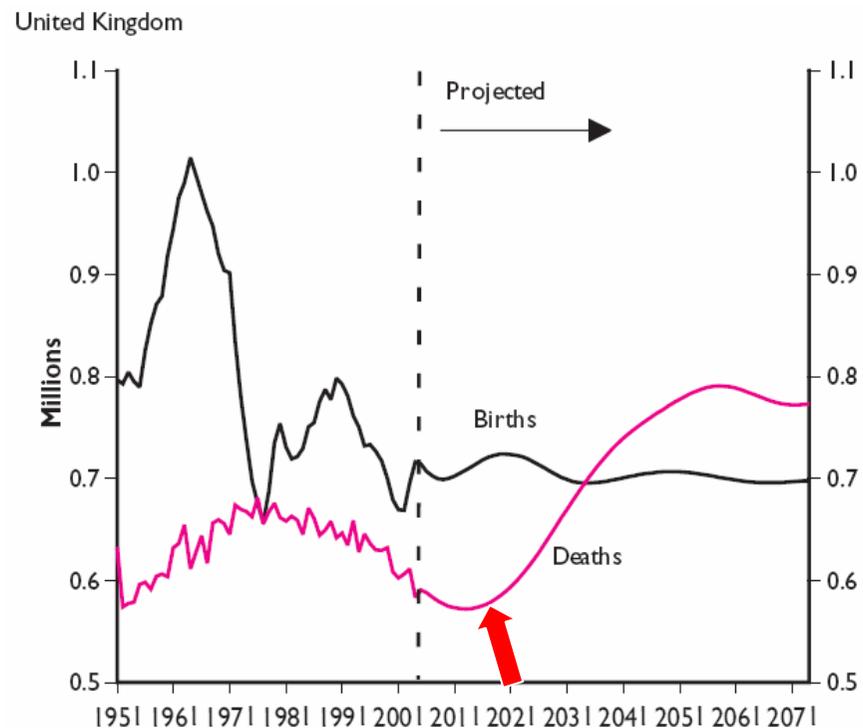
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Demand for palliative end of life care is set to increase...

- Total number of deaths per year to increase by 17%
- Number of deaths in those aged 85 years+ to increase by 48%



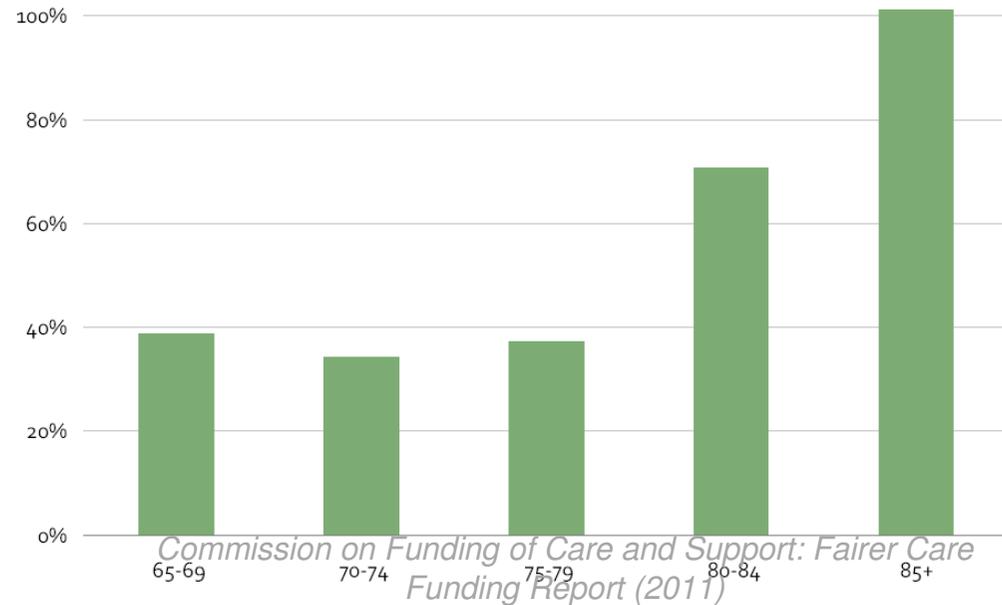
...can existing systems of care cope with the increase in demand?

Pressure from an ageing population

- Rapid demographic change expected
- Particularly in over 85s

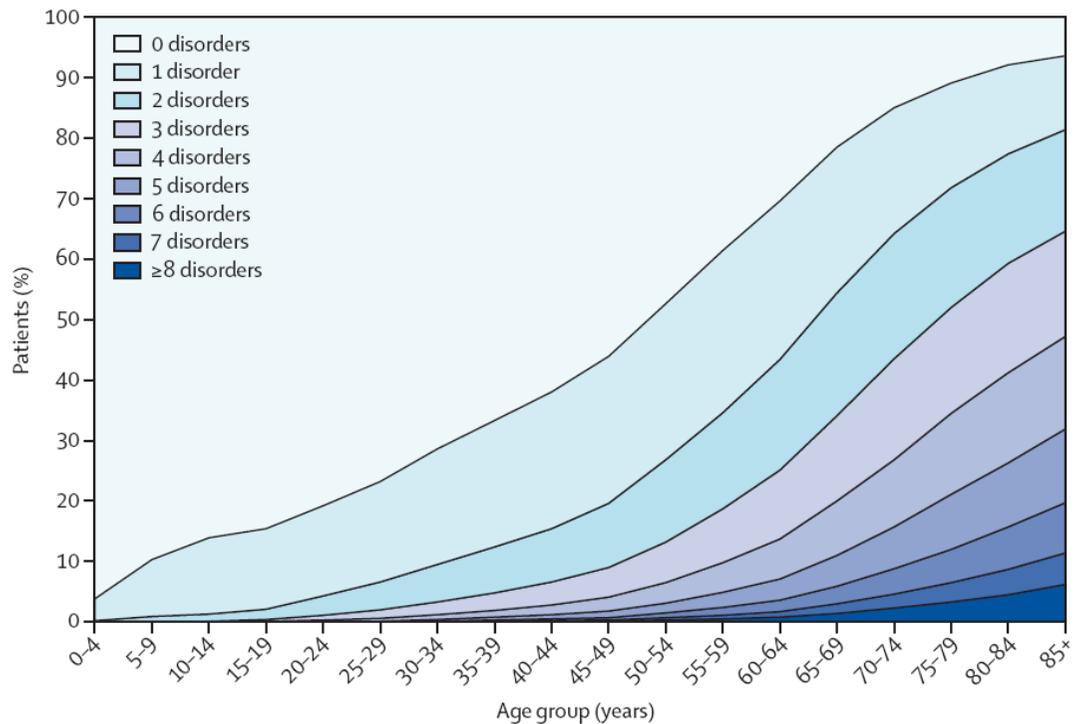
The number of older people is increasing

Growth in the number of older people in England 2010-2030



Increasing number of multi morbidities

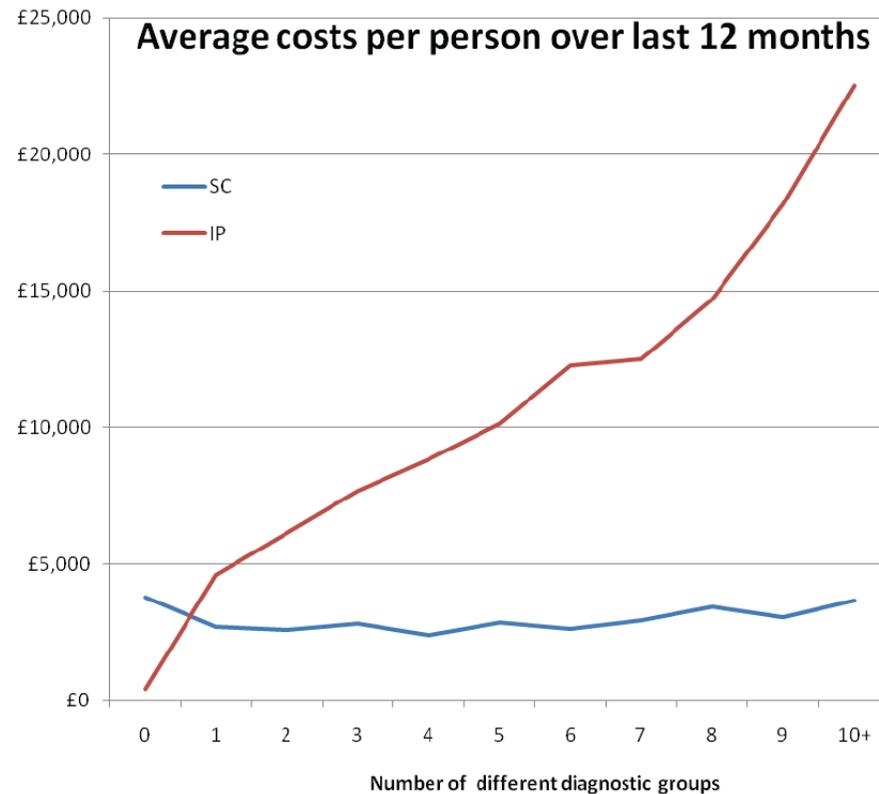
- People accumulate long term conditions as the age
- By 65, most people have multiple conditions



Barnet et al: Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study (2012)

Complexity increases hospital use

- The more conditions they have, the more hospital care they consume in the last 12 months of life



Nuffield Trust: Social care and hospital use at the end of life (2010)

Preferences and Priorities at the EoL

- YouGov poll for Marie Curie 2008 showed 63% would prefer to die at home
- Lower when older or ill ('only' 49% of over 65s want to die at home - Higginson 2003)
- Electronic Palliative Care Coordination System (EPaCCS) in North Somerset found 47% of patients preferred home, 33% Hospice, 29% care home and 1% hospital
- But dying in the place of one's choice is not the top priority. Engelberg et al 2005 - time spent with loved ones and pain control more important

Talking about death and dying – carer preferences differ from patient preferences

National Survey of Bereaved People showed:

- 82% of people who responded said their loved one died in the right place and 85% had been involved in decisions about their care as much as they wanted
- Only 44% of people expressed a preference about where they wanted to die, 71% of whom wanted to die at home
- People at the EoL are not getting the opportunity to express their preferences or are they being asked?

The reality - where people currently die

- Latest ONS figures show that 55% of people die in hospital, 21% at home, 18% in a care home and 5% in a hospice
- Small rise in the number of deaths at home between 2004 and 2010 from 18.3% to 20.8%. Given the changing demographic is that too small?

Is home always the right place for people to die?

- Pain control at home was rated the worst against hospital, hospice and care home
- Being free of pain was rated among the top three priorities for dying patients in studies in 2004 and 2005
- So it would appear that in some cases people are dying at home but the quality of care might not be meeting their needs

Hospital is people's least preferred place to die and quality of care is poor

- People consistently say that the place they least want to die is hospital because it is worst place for quality of care at the EoL. However, this is the place where people continue to die
- When asked if patients were shown dignity and respect all the time
 - in hospitals doctors rated 57% and nurses 48%
 - in hospices doctors rated 87% and nurses 80%.
- The availability of personal care was rated lowest in hospital
- Nursing care was also rated lowest in hospitals

Marie Curie is working towards more people dying at home

- Marie Curie is working towards more people dying at home but:
 - choice is complicated
 - fulfilling people's preferences is not enough
- A Nuffield Trust study has shown that Marie Curie is successful in helping more people to die at home. Of 30,000 people cared for by the Marie Curie Nursing Service 76.7% died at home and 7.7% died in hospital
- Matched 'control' group of patients, 34.9% died at home while 41.6% died in hospital
- Those cared for by Marie Curie Nursing Service less likely to use all forms of hospital care than controls. 11.7% of MCNS patients emergency admission at end of life versus 35% controls