Dying well night and day: A mixed-methods evaluation of out-of-hours services in Scotland for people with palliative care needs

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Use of unscheduled care services by people who died in Scotland in 2016 during their last 12 months of life.

56,407 people died in Scotland in 2016. 90% of them died with one or more long term conditions.

Deaths by Trajectory
- Death by Deprivation Quintile

Deaths by Trajectory
- Death by Deprivation Quintile

Use of all unscheduled care services increased markedly in the final month of life. Primary care out-of-hours made the greatest contribution at this time.

10 most frequent out-of-hours patient journeys (CUPs) in the last year of life

68% of CUPs starting with a call to NHS24 (N) were dealt with by them or by referral to primary care out-of-hours (O).

89% of CUPs starting with a 999 call were dealt with by ambulances (S), A & E (E) or hospital admission (A).

People’s understandings of unscheduled care and how to access it strongly influenced CUPs, care outcomes and costs.

Acknowledgements

Author institutions: 1 University of Edinburgh; 2 Marie Curie; 3 University of Aberdeen; 4 NHS Highland; 5 NHS Lothian; 6 St Columba’s Hospice; 7 PPI representative; 8 NHS National Services Scotland; 9 NHS Glasgow

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We know that a priority for people living at home with palliative and end-of-life care needs is well coordinated care 24/7.

A Continuous Unscheduled Care Pathway (CUP) links episodes of unscheduled care whatever time they begin. Out-of-hours CUPS are patient journeys starting out-of-hours.

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