

The impact of population ageing on end-of-life care in Scotland: Population-based projections of place of death and recommendations for future service provision



Care and support through terminal illness

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Background

Globally the annual number of deaths is rising. It is useful to examine where future deaths may occur at a national level, to facilitate decision-making regarding future service provision and resource allocation.

Aims

To project where people will die from 2017 to 2040 across all care settings in Scotland; to prioritise recommendations in response to projected trends.

Methods

1 Population-based trend analysis of place of death using all deaths in Scotland (2004-2016) and projections using simple linear modelling (2017-2040).

2 Transparent expert consultation with representatives from government, clinical practice, health and social care service management and academia.

Results

Annual deaths in Scotland are projected to increase by 15.9% from 56,728 in 2016 (32.8% aged 85+ years) to 65,756 deaths in 2040 (45% aged 85+ years) (Figure 1).

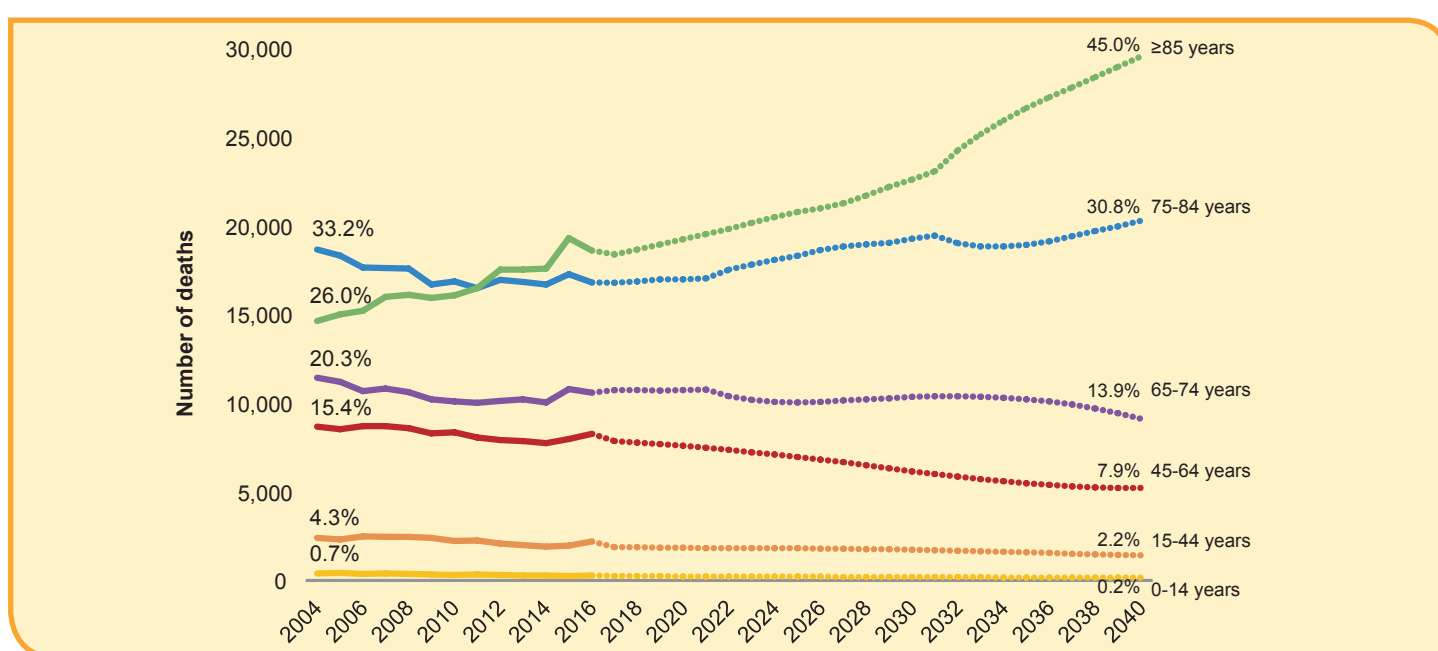


Figure 1: Projected deaths in Scotland by age (2017-2040).

Between 2004 and 2016, proportions of home and care home deaths increased, while the proportion of hospital deaths declined (Figure 2).

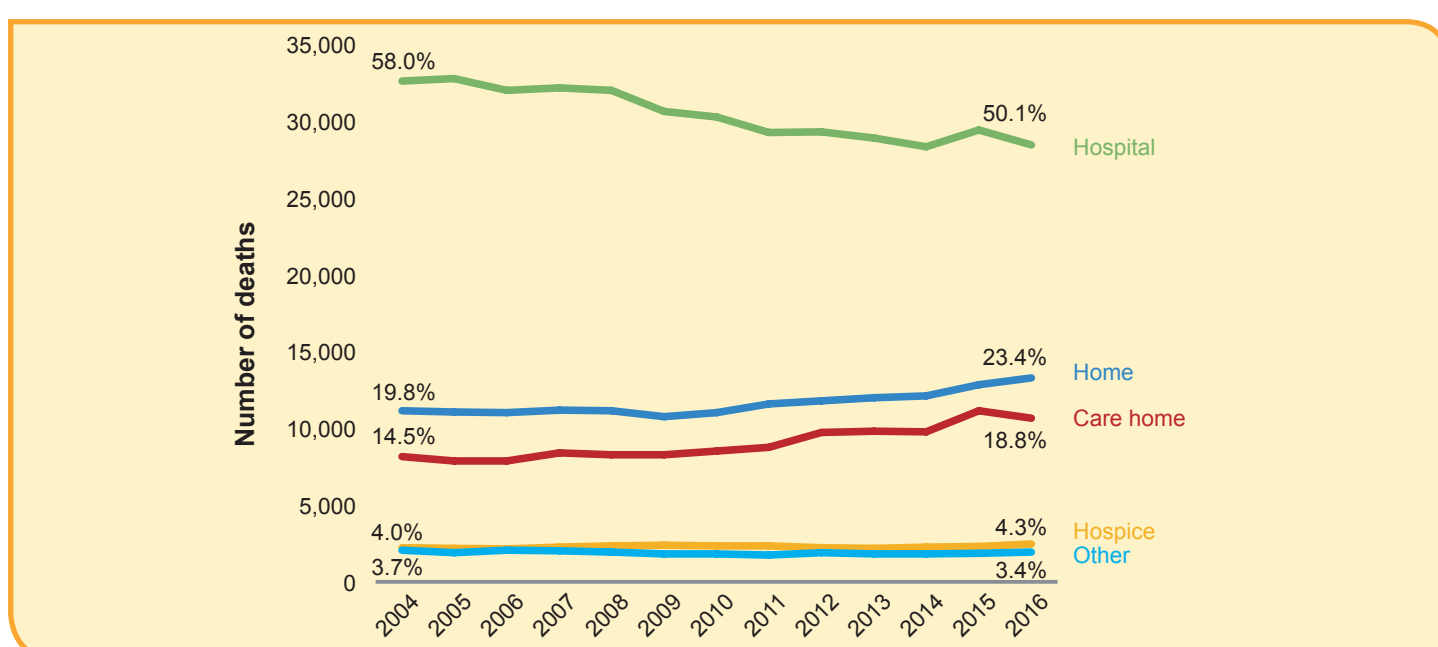


Figure 2: Trends in place of death in Scotland (2004-2016).

- If current trends continue, deaths at home and in care homes will increase and two-thirds of patients will die outside of hospital by 2040 (Figure 3a).
- If care home capacity does not expand, hospital deaths will rise. (Figure 3b).

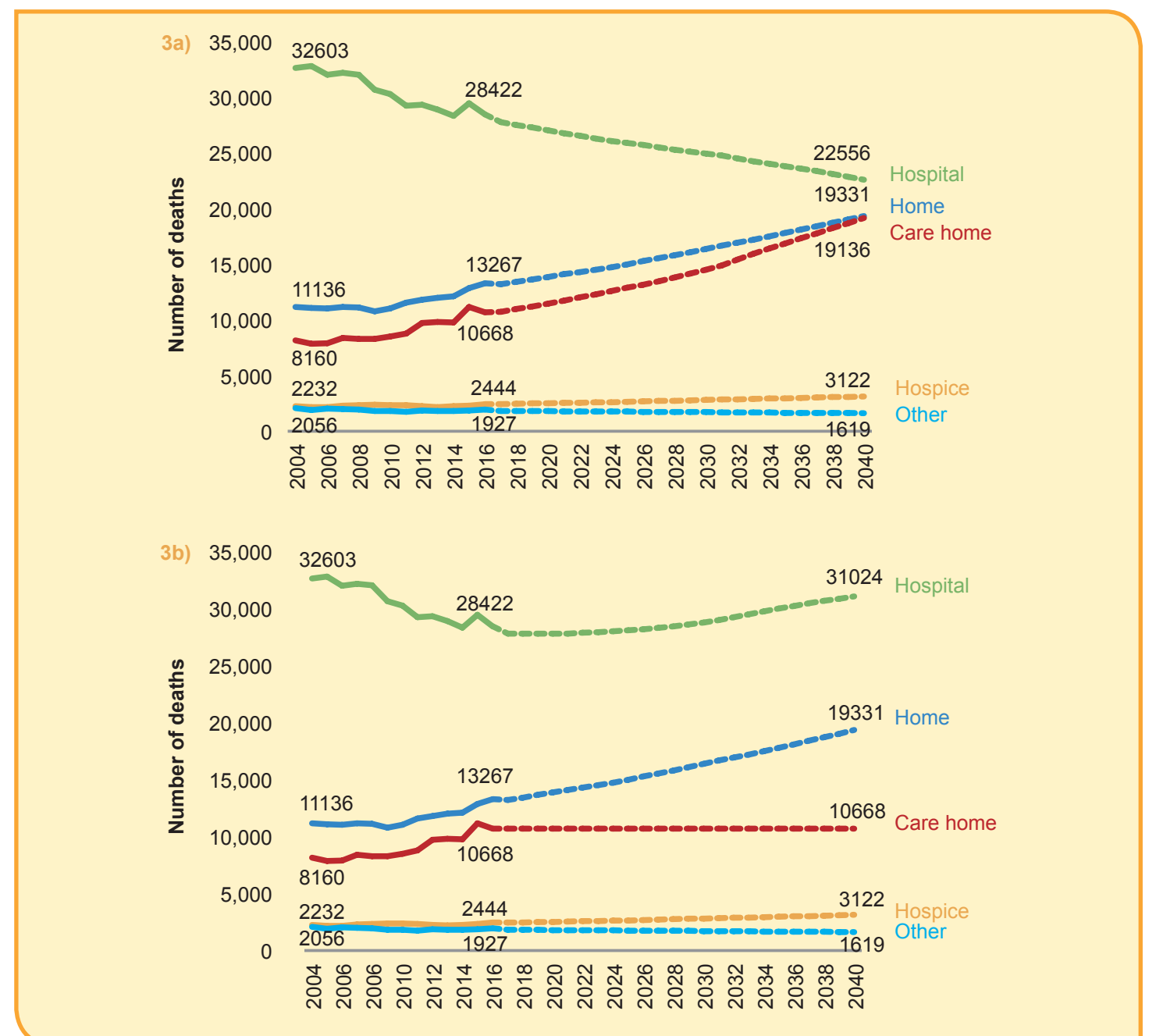


Figure 3a: Projected place of death assuming continuing trends (2004-2016). Figure 3b: Projected place of death assuming continuing trends (2004-2016) and care home capacity limited to number observed in 2016.

Transparent Expert Consultation

To sustain current trends, priorities include:

- Increase and equip the community health and care workforce** through recruitment to community posts, education, training and valuing of care work.
- Build community capacity and resilience** by providing information, practical and financial support for informal carers and fostering community engagement initiatives.
- Stimulate a realistic debate** on death and dying, residential care, individual choice and sustainable equitable funding.

Conclusion

To sustain current trends, end-of-life care provision in community settings needs to increase to support over 60% more people who are projected to die in that setting by 2040, otherwise hospital deaths will increase. Investing in a community-based health and social care workforce; and improving support for informal carers is crucial.

ACKNOWLEDGEMENTS: Thanks to Tim Warren, Sebastien Moine, Brigid Lydon and Katherine Ross for contributing to this study. This study was funded by Marie Curie.

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