PALLIATIVE AND END OF LIFE CARE (PEOLC)

Background

Information Services Division (ISD) produces information in support of the objectives set out in the December 2015 "Strategic Framework for Action on Palliative and End of Life Care". One of its commitments is to "support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care".

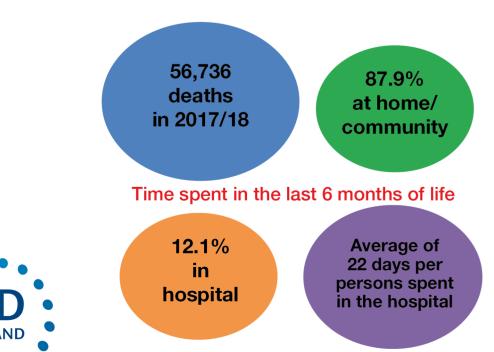
Palliative care is an approach that improves the quality of life for patients and their families facing the problems associated with life-threatening illness. This is achieved through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems.

End of Life Care is the part of palliative care for people who are nearing the end of their life, whether or not they are already in receipt of palliative care. This phase could vary between weeks, days or hours in the context of different disease trajectories. There can be uncertainty involved in identifying when someone might be expected to die – illness can be unpredictable, and changes can occur suddenly and unexpectedly.

Annual Publication

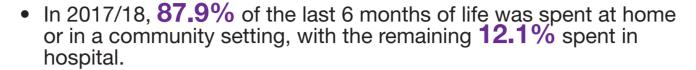
One of the ways ISD supports reporting on Palliative care is through its annual publication on the last 6 months of life spent at home or in the community setting. This uses hospital information and death records to report on the last 6 months of life.

Key Statistics in 2017/18^{2,3}



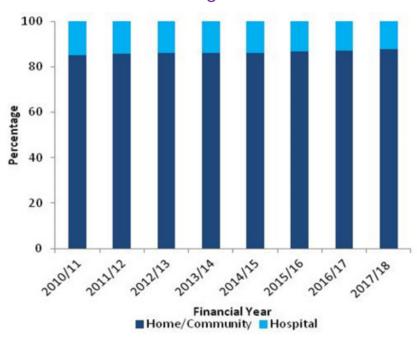
What do we know from Hospital, Hospice and Community data?

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 The chart below shows the time spent at home or in a community setting increased slightly from 85.3% in 2010/11 to 87.9% in 2017/18.

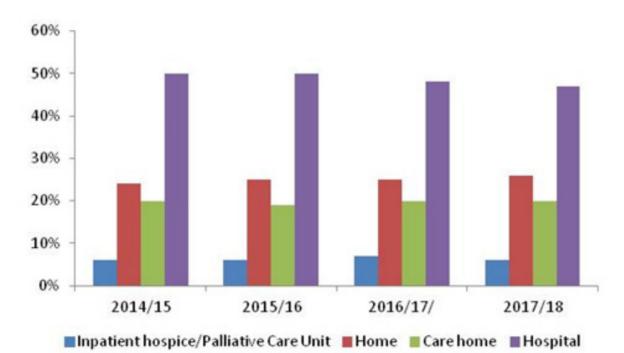
Percentage of the Last six months of life spent at home or in the community setting - 2017/18²



Place of Death

- In 2017/18, 47% of deaths occurred in a hospital setting, 26% at home, 20% in a care home and 7% in an inpatient hospice unit.
- The chart below shows trends in the place of death in Scotland over a 4 year period.



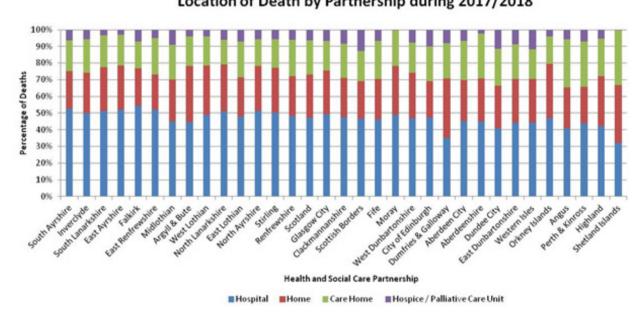


- 1. Scottish Government (December 2015) <u>Strategic Framework for Action on Palliative and End of Life Care</u>
- 2. http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2018-10-09/2018-10-09-End-of-Life-Report.pdf
- 3. Excluding deaths due to external causes unless the external cause was a fall
- 4. ISD SMR Datasets and Source linked file (SLF) Information published on the ISD website: www.isdscotland.org

NHS National Services Scotland

Place of death by Health and Social Care Partnerships

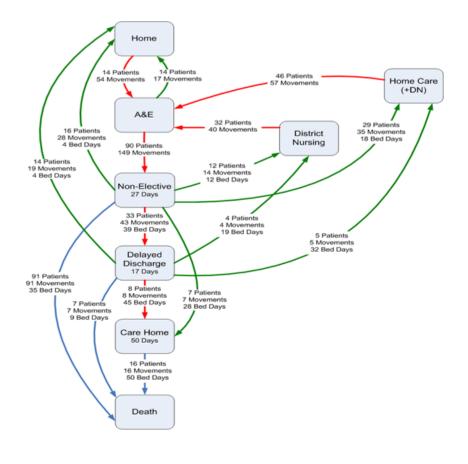




Care Pathways at End of Life⁴

Using process mining techniques, we can visualise how individuals interact with health and social care services at the end of their lives. The diagram below presents the pathways for **159 individuals** whose main health service use prior to death was in Older Adult hospital inpatient specialties.

This visualisation displays a relatively central path from home through Accident & Emergency (A&E), admitted to hospital (non-elective, for an average of **27 days**), a delay in discharge (for **33 individuals**) and discharged to a social or community care service before passing away. On average, individuals who experience a delay are discharged **17 days** after being declared medically fit for discharge. However, if the individual is discharged to a Care Home, they instead spend **45 days** as a delay in hospital; demonstrating that pathways can help highlight areas of improvement within the system.



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