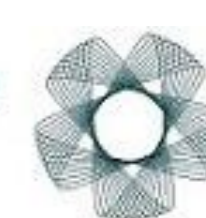


Dying well night and day: A mixed-methods evaluation of out-of-hours services in Scotland for people with palliative care needs



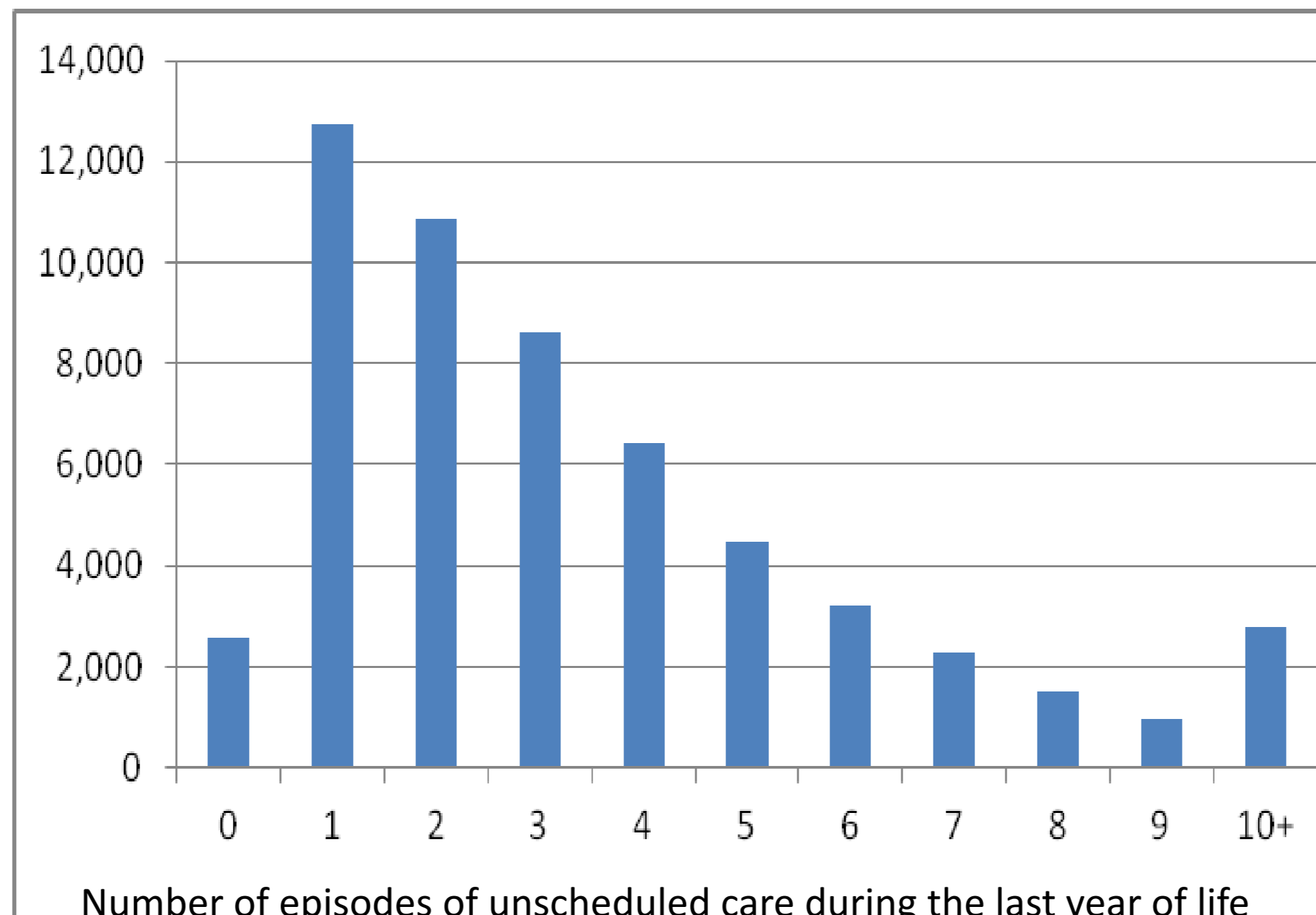
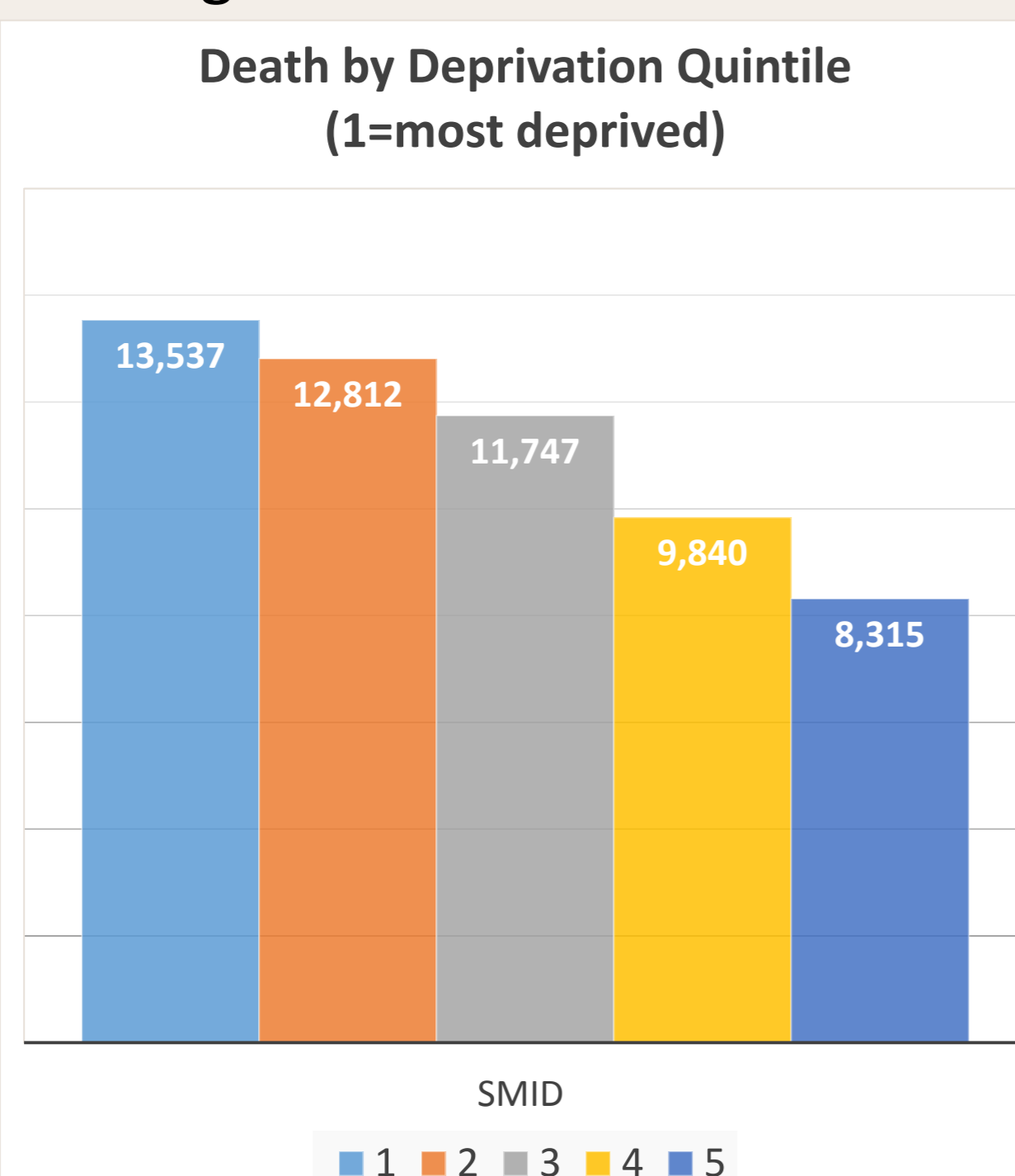
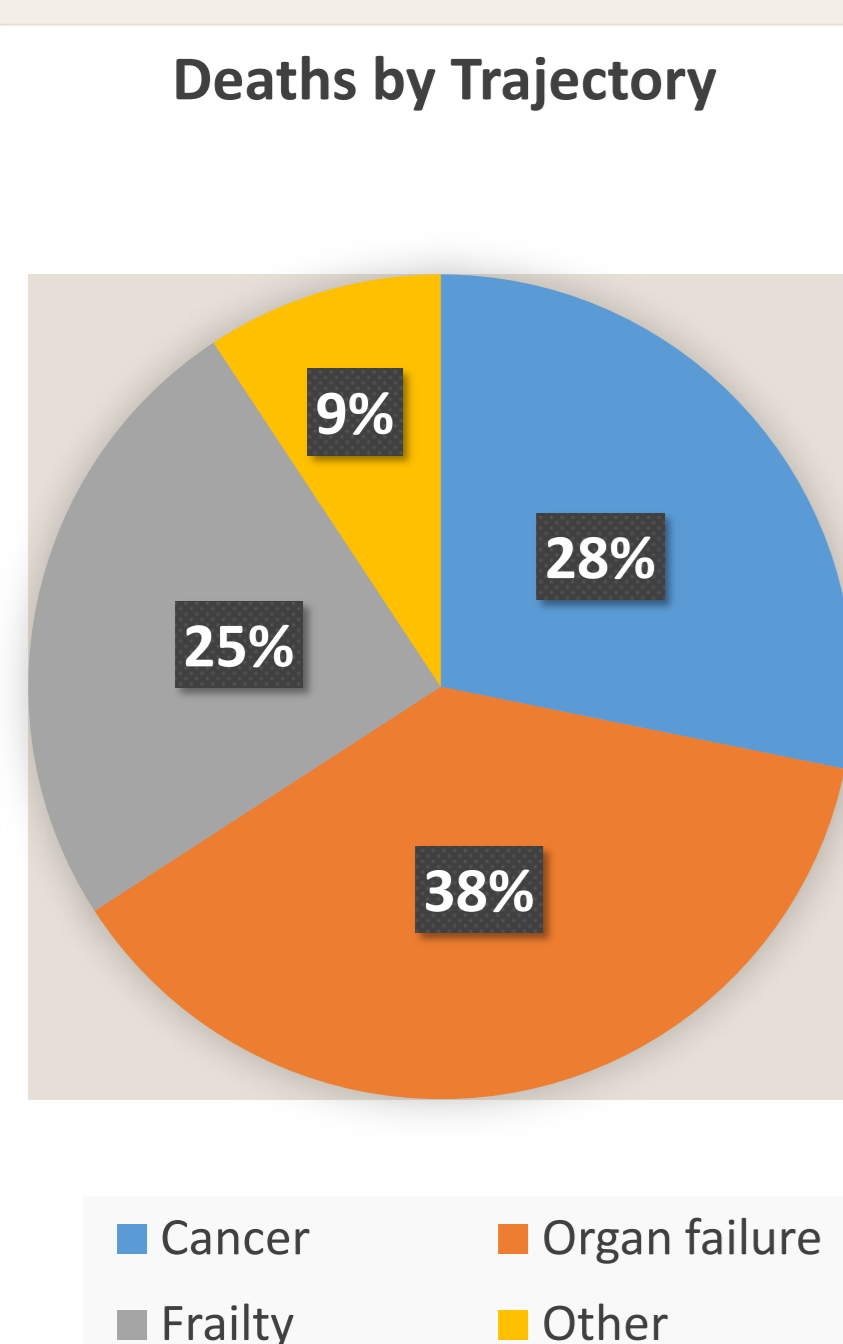
Mason B,¹ Laidlaw S,⁹ Kerssens J,⁸ Stoddart A,² Carduff E,² Finucane A,² Kendall M,¹ Macpherson S,⁷ Brun N,¹ Keen J,⁴ Tucker S,⁵ Moussa L,⁷ Haraldsdottir E,⁶ Ritchie L,³ Fallon M,¹ Murray S,¹ Boyd K¹

Primary Palliative Care Research Group



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.



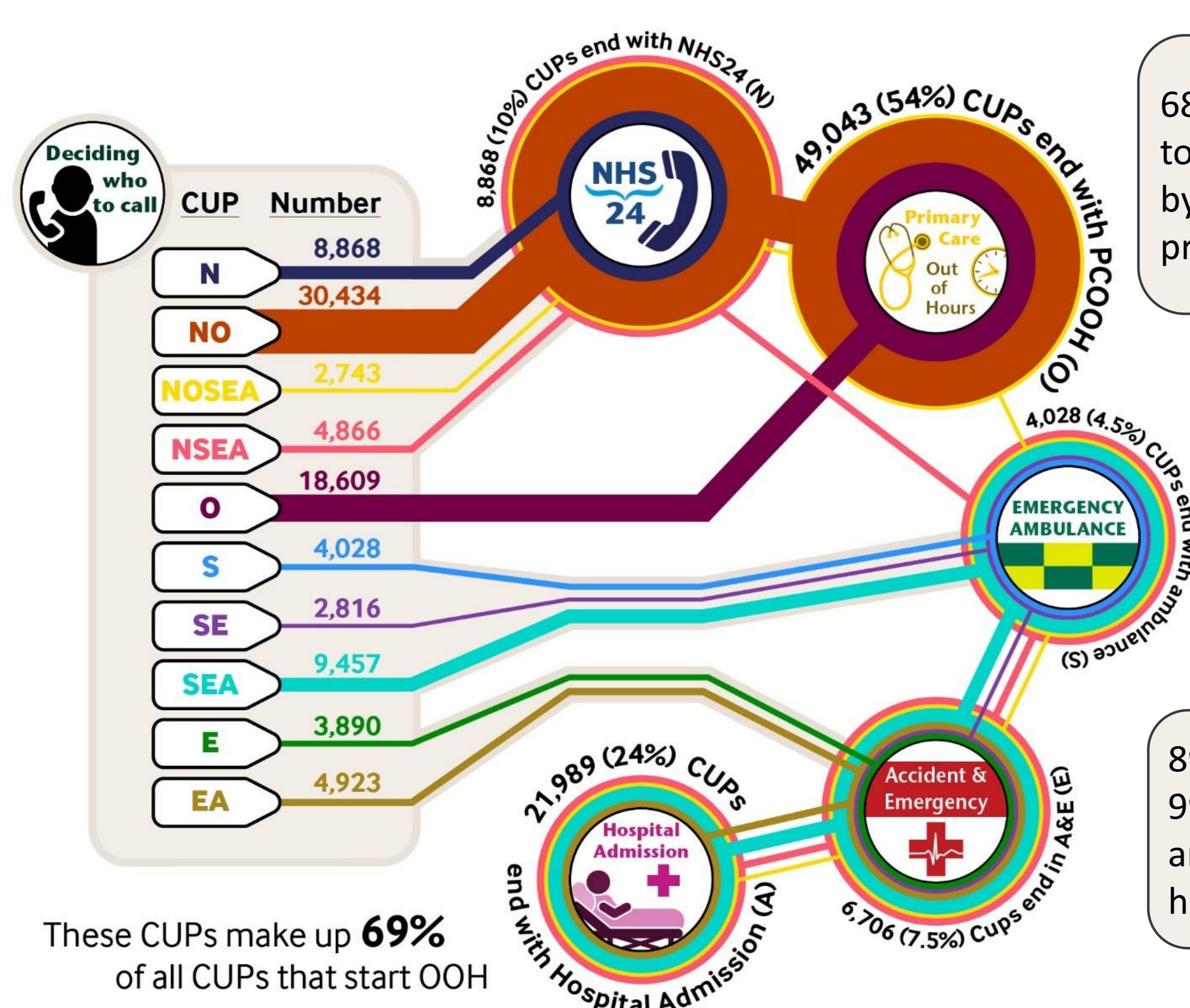
2,740 people (4.9%) did not use unscheduled care in their last year of life.

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.

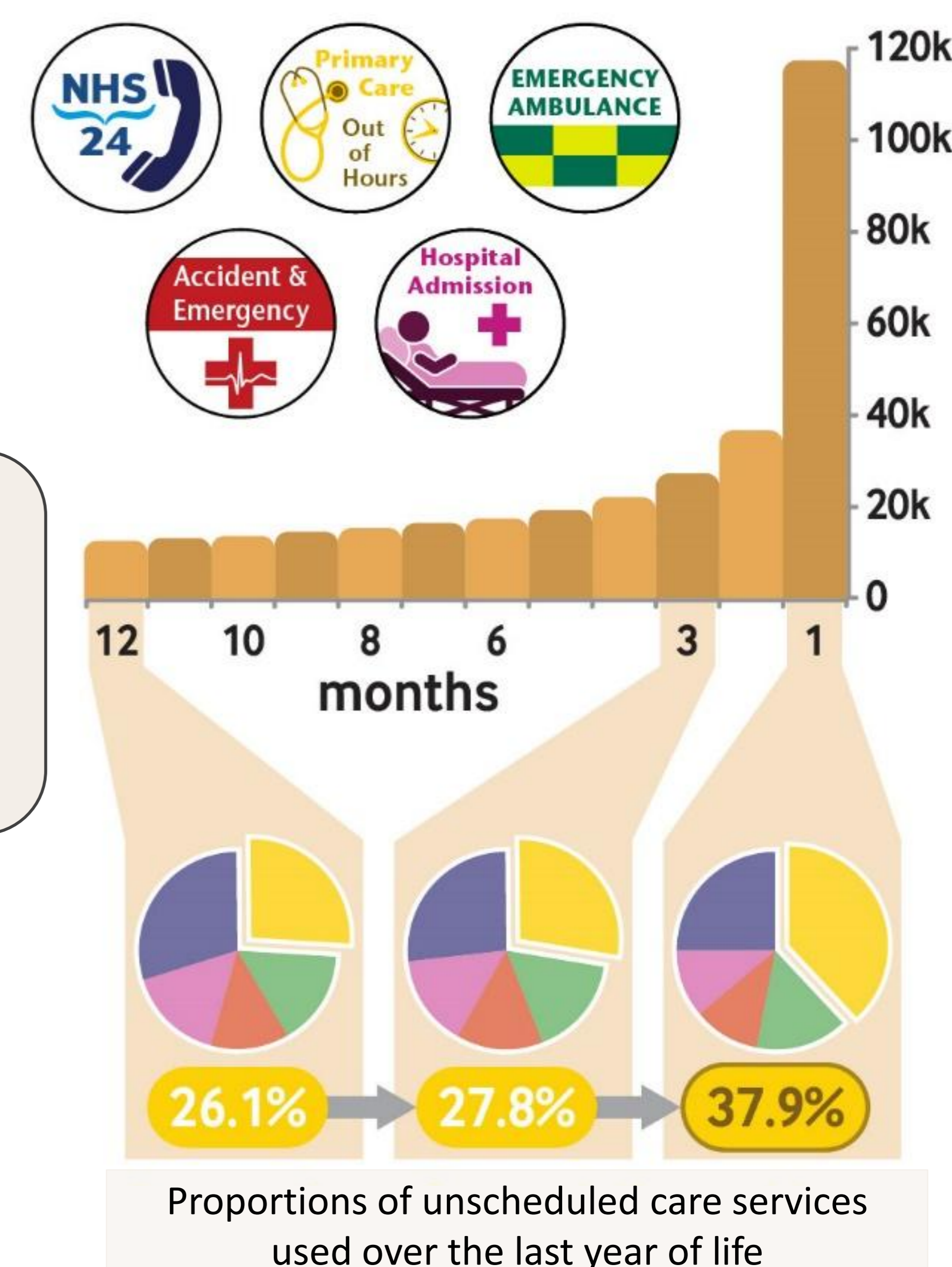
10 most frequent out-of-hours patient journeys (CUPs) in the last year of life



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).

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

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

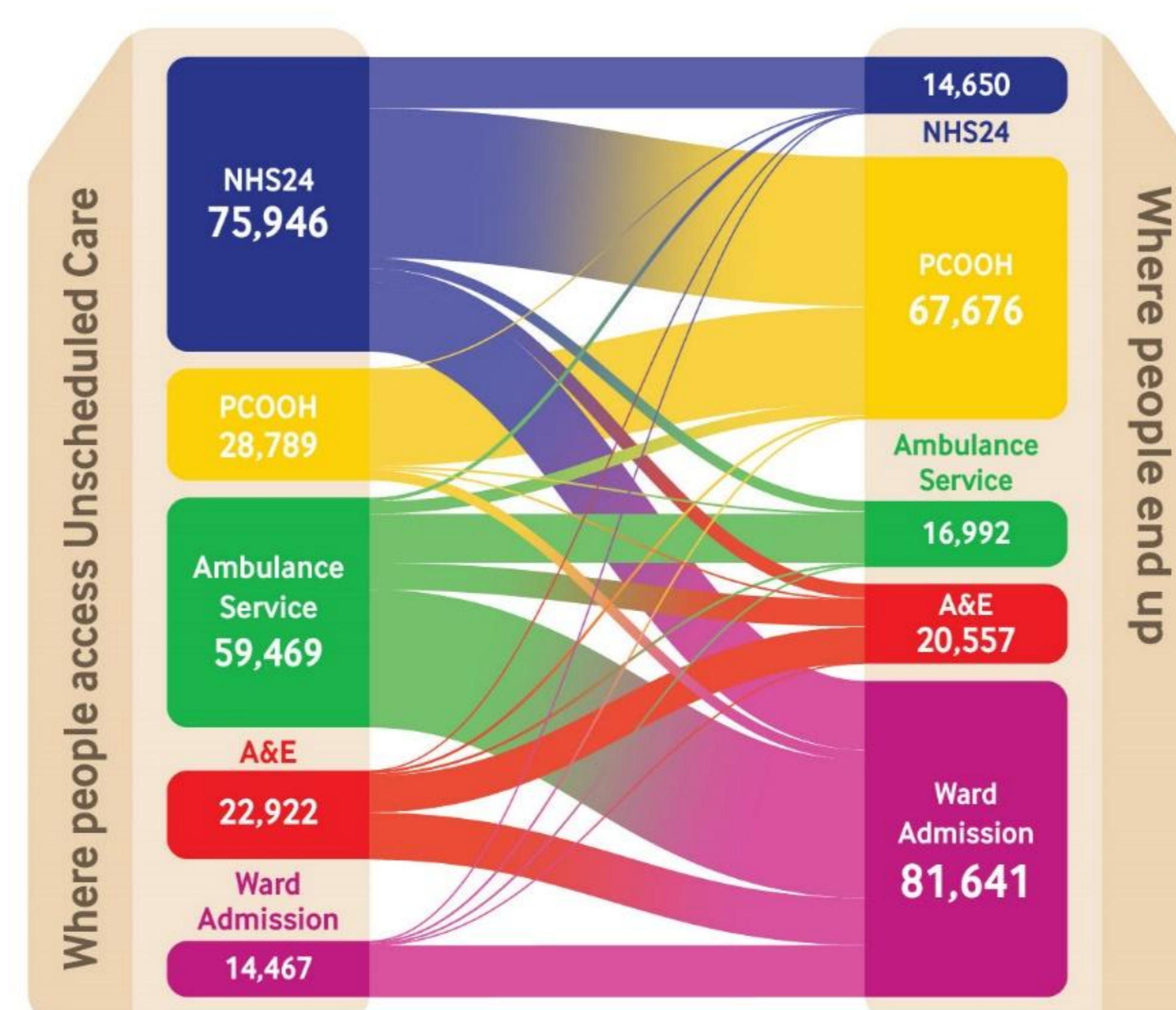


People's understandings of unscheduled care and how to access it strongly influenced CUPs, care outcomes and costs.

[NHS24] take hours, it seems hours, taking all your details and then they'll say we'll get someone to phone you back. Carer

I've got a family that would, if I could get to the phone, they would come down and take me to hospital, or something like that, because I don't really know how the system's working at night time. Patient

If I phone an ambulance they're duty bound to take you to your nearest hospital and [patient] didn't want to go to that hospital. Bereaved carer



Conclusions

- Community based services (NHS24, primary care out-of-hours, visits from ambulance paramedics) can provide quality, cost effective care.
- Better understanding of what help is available in a crisis and how to access it would improve people's experiences and outcomes.

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