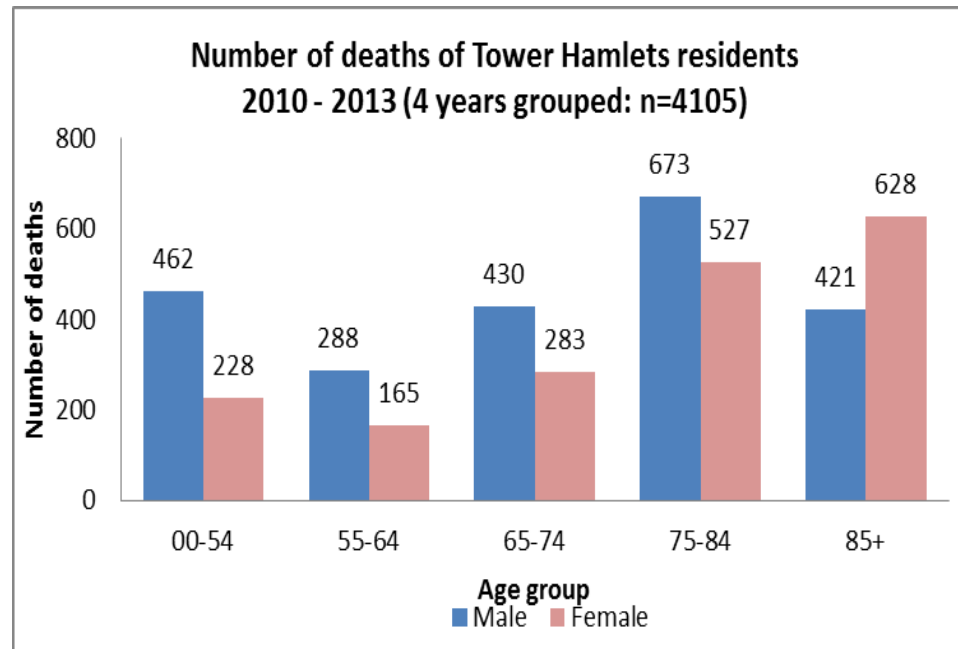


Measuring quality in end of life care

Judith Shankleman Public Health Lead

7 June 2018

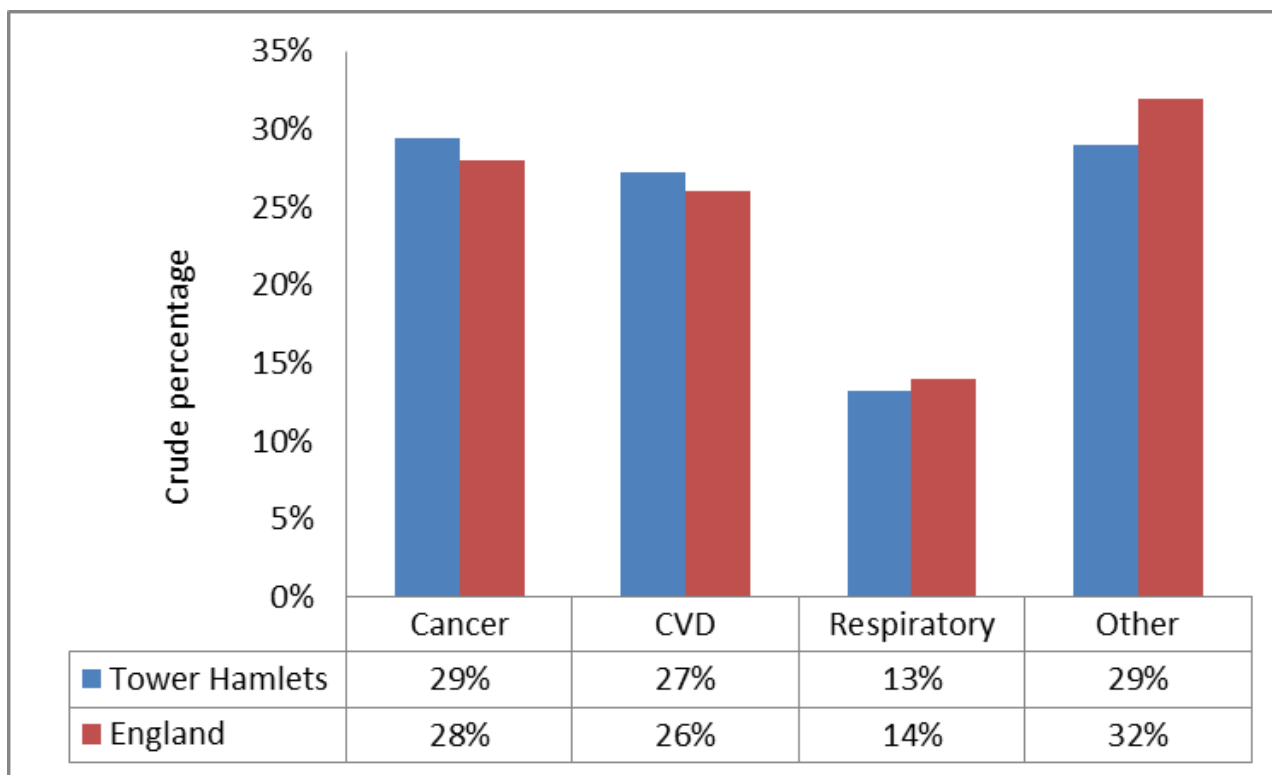
Deaths in Tower Hamlets



Young population with relatively high proportion of deaths in young/middle aged adults

- c1,000 residents die each year
- 28% all deaths = <65 years (England 15%; crude rates)
 - 33% of male deaths (**20% = <55 years**)
 - 21% of female deaths
- 29% all deaths = >85 years (England 40%)

Underlying cause of death



- More deaths in Tower Hamlets have respiratory disease mentioned as another condition (39.5% v England 35%)
- More deaths in Tower Hamlets 65 to 84 years have CVD mentioned as another condition (53.5% v England 47%)

Sources: Primary Care Mortality data 2010-2015 (Tower Hamlets)
PHE End of Life Care Profiles (England 2016)

Ambitions for Palliative and End of Life Care:

A national framework for local action 2015-2020

Six ambitions to bring the vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."



Measuring quality in end of life care

Quality markers

- Early identification of palliative care need
- Personalised care planning with patients and families
- Integrated care, shared information
- Dignity and respect, symptom management
- Support for families and carers
- Equity of access
- Trained staff

Indicators

- % of people on GP Palliative Care registers
- Place of death
- % of deaths with 3+ admissions in last 3/12
- Survey responses: bereaved people
- Access to specialist palliative care

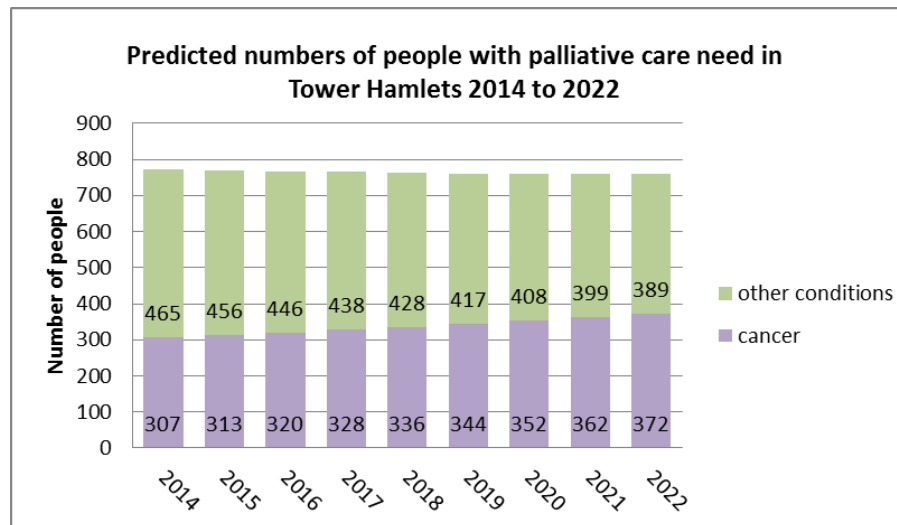


Measuring quality in end of life care

Early identification of palliative care need GP Palliative Care registers

Rationale

- 75% all deaths can be anticipated (cancer + 66% other: Higginson Model)



Source: Primary care mortality data

Indicator

- 34% (378/1,116) adults who died in Tower Hamlets were on GP palliative care registers 2016/17 (CEG)

Predicting palliative care need

Local considerations

- Does the model overestimate % anticipated deaths in 'young' populations?
- Under-recording? More TH residents use St Joseph's Hospice (525 in 2015) than on PC registers
- Single year data misleading? 475 adults registered in April 2017
- PHE 'conceptual model' = 51% (478) 2015/16 (England 39%)
[live patients registered as ratio of deaths in previous year]

Measuring quality in end of life care

Personalised care planning

Place of death

Rationale

- Most people when asked, would prefer not to die in hospital,
- National survey responses reflect lower satisfaction with EOL care in hospital compared to other settings

Indicator

- 55% Tower Hamlets deaths occur in hospital (2018)
(London 53%, England 46%)

Local considerations

- Deaths at home: 23.7% (London 23.7%, England 23.6%)
- Hospice deaths: 9.4% (London 5.8%, England 6.4%)
- **Care home deaths: 7.5% (London 14.9%, England 22.4%)**

Measuring quality in end of life care



Care integration and co-ordination

Hospital admissions at the end of life

Rationale

- Multiple admissions during last 3 months may reflect poor care planning and co-ordination at the end of life

Indicator

- 9.4% people who died in Tower Hamlets had 3 or more admissions in their last 90 days in 2015 (England 6.9%)

Local considerations

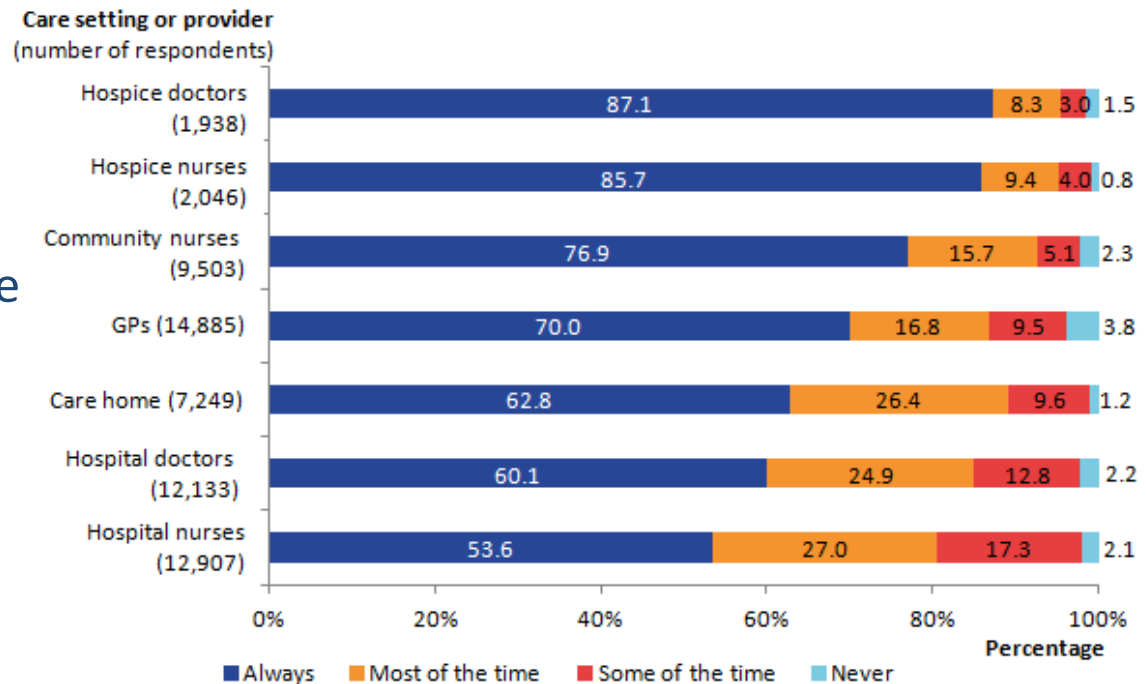
- Data is 2-3 years old
- Likely to become key indicator for quality in end of life care

Measuring quality in end of life care

Dignity and respect in end of life care National Survey of Bereaved people (VOICES) 2015



Patient was treated with dignity and respect in the last 3 months of life



Local considerations

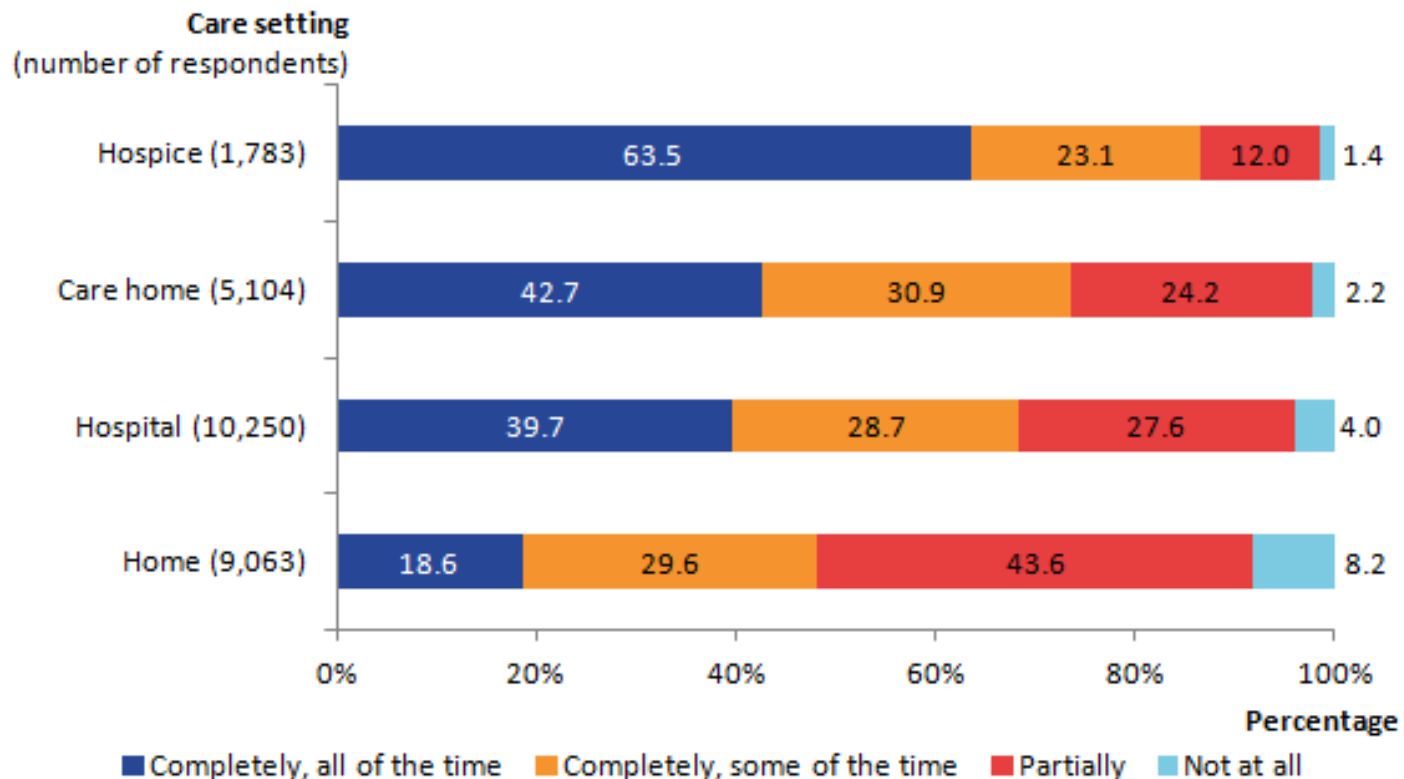
- May not reflect local experience
- Local commissioned surveys x 2 = very low response rates
- Barts Health bereavement survey may provide better local and timely data¹⁰

Measuring quality in end of life care

Relief of pain in the last 3 months

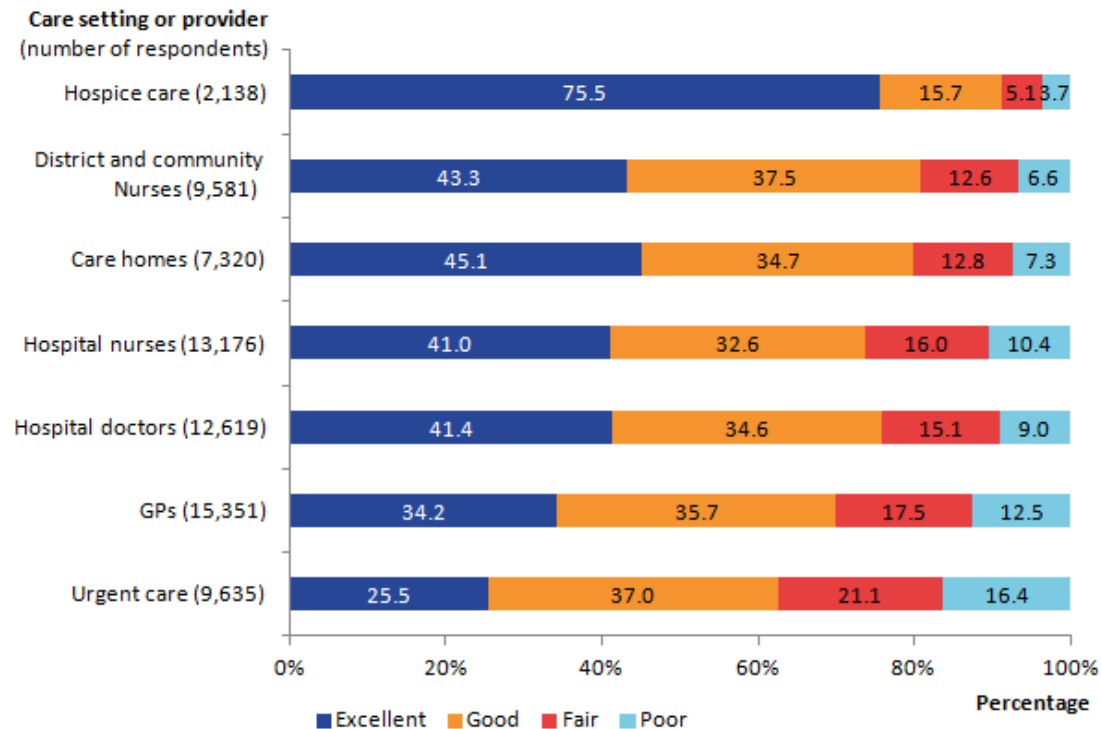
National Survey of Bereaved people (VOICES) 2015

How well was their pain managed in the last 3 months of life?



Measuring quality in end of life care

Overall quality of care in the last 3 months National Survey of Bereaved people (VOICES) 2015



Local considerations

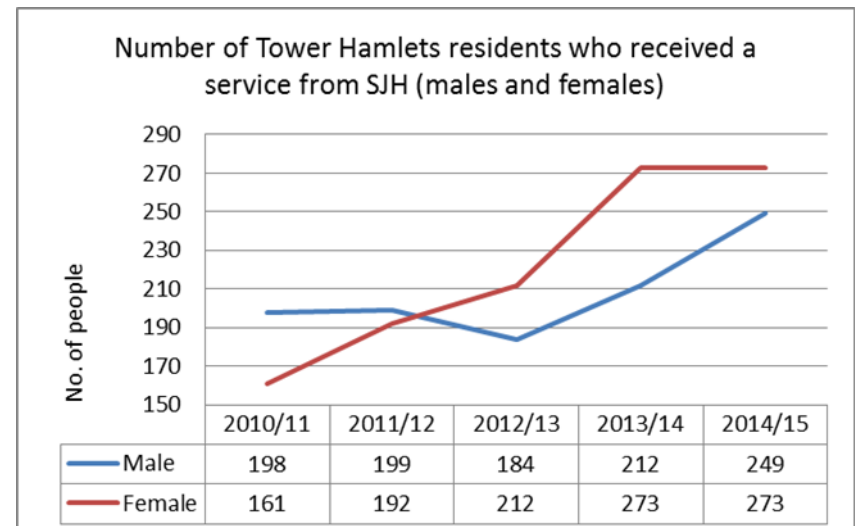
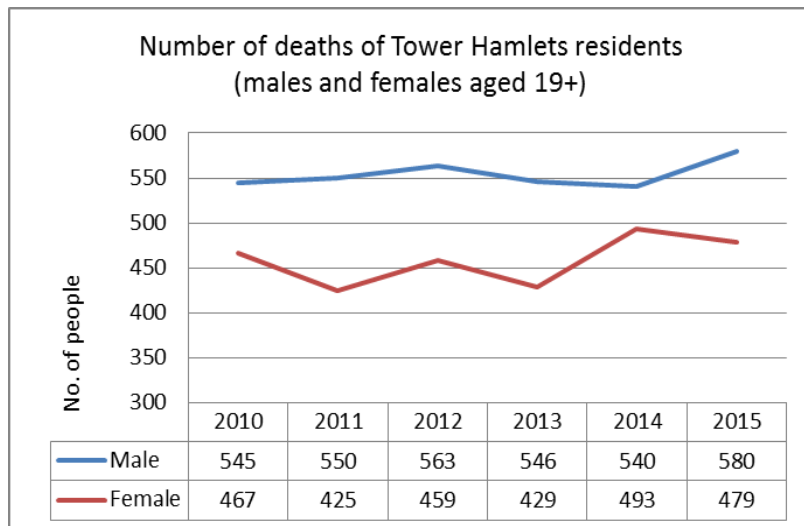
- Significantly more people in most deprived groups rated overall care as fair or poor (29%) compared with least deprived group (22%)

Measuring quality in end of life care

Access to specialist palliative care

Health equity audit 2010-15

- Evidence of inequalities in access to high quality EOLC (vulnerable groups, dementia, BME populations)
- Not everyone needs SPC; used as indicator of access to high quality EOLC

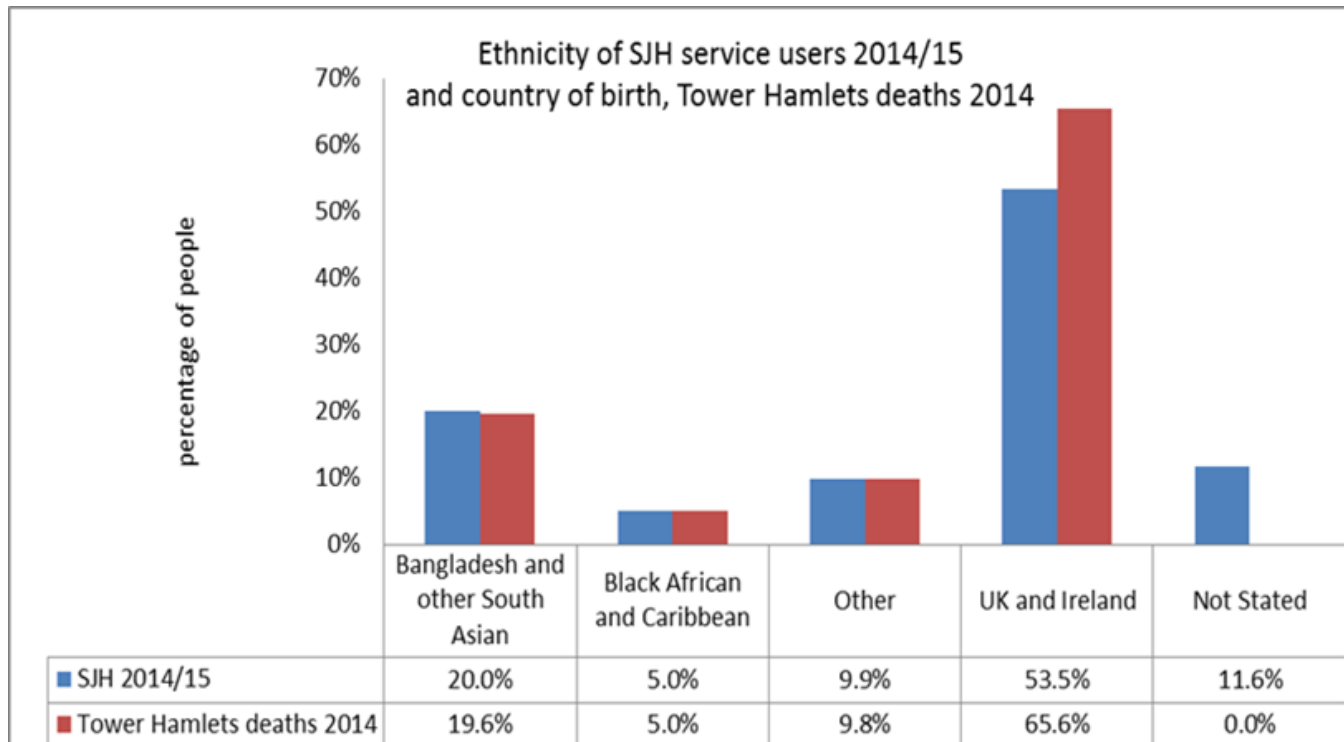


- Overall increase in service use
- More male deaths, greater service use by females

Measuring quality in end of life care

Access to specialist palliative care

Health equity audit: 2014/15 data



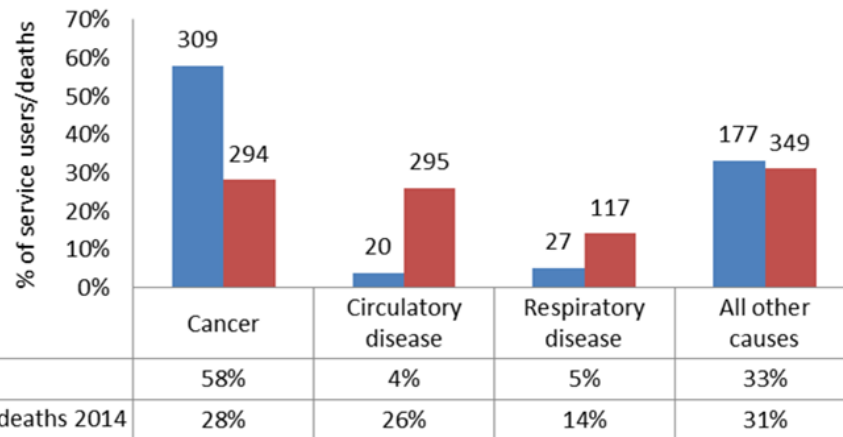
- Similar proportions of service users and TH deaths for non-White groups
- Lower service use by 'White' compared to 'UK and Ireland born' group

Measuring quality in end of life care

Access to specialist palliative care

Health equity audit: specific conditions and populations

Main underlying cause of death, Tower Hamlets 2014 and condition for referral, SJH service users 2014/15



Lower service use amongst people with circulatory (3%) and respiratory disease (5%) although these combined cause more deaths (40%)

Dementia: c100+ deaths p.a. (SJH 11)

Not routinely recorded :

- Learning Disability: c10 adult deaths
- Serious Mental Illness: c70 deaths
- Homelessness: c70 adult deaths
- Alcohol and substance misuse: 48 adult deaths