



Public Health
England

Protecting and improving the nation's health



End of life care varies – the new Atlas of variation for palliative and end of life care in England

Nicola Bowtell

April 2019

National GSF Conference 2019



Talk outline

- Background to the new Atlas
- Introducing the Atlas - a few key findings
- Local variation – the London story – getting started with the Instant Atlas Tool

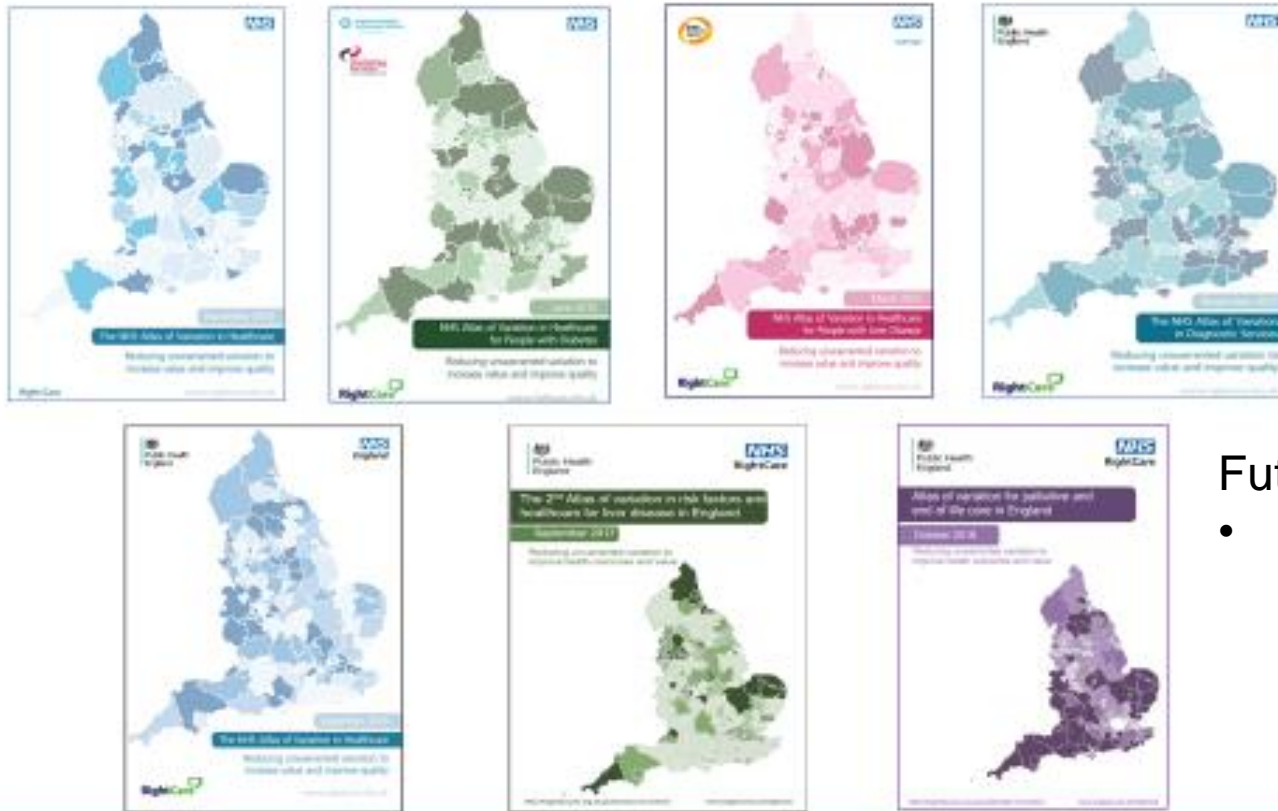
Background - variation

To deepen our insights into variation seen around the country:

- random
- warranted
- unwarranted

The Atlas series

Atlases of Variation



- Future Atlas:
- Respiratory (Q1 2019)

<https://fingertips.phe.org.uk/profile/atlas-of-variation>

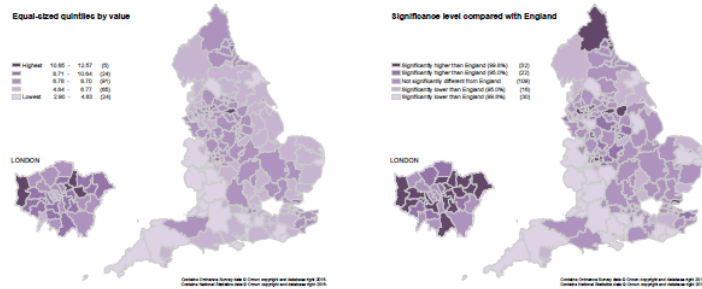
What's in the Atlas?

- Introduction
- Introduction to the Data
- Magnitude of variation summary
- Section 1: Need for palliative and end of life care
- Section 2: The role of hospitals
- Section 3: Care in the community
- References and resources

Indicator presented on 2 pages : A focus on 3 or more emergency admissions in last 90 days

SECTION 2: THE ROLE OF HOSPITALS IN PALLIATIVE AND END OF LIFE CARE

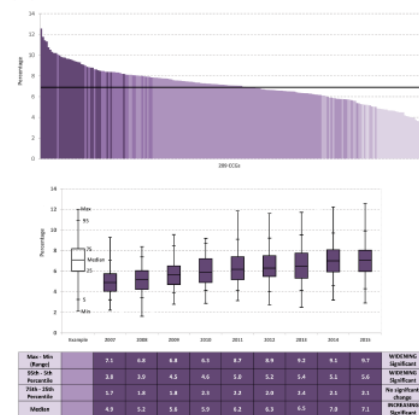
Map 13: Variation in the proportion of people who have 3 or more emergency hospital admissions during the last 90 days of life by CCG (2015)



Page 1

- Quintile map
- Significance map

Variation in the proportion of people who have 3 or more emergency hospital admissions during the last 90 days of life by CCG (2015)



Introduction

The End of life care strategy recognised that people who are approaching the end of life need access to care and support 24/7, and that when community services are unable to respond to these needs, patients may be admitted to hospital as an emergency*. Emergency hospital admissions can be disruptive and distressing for patients and their carers*. Advance care planning and access to palliative care can reduce hospital admissions¹¹. NICE guideline (NG94) recommends offering advance care planning to people in the community and in hospital who are approaching the end of life and are at risk of a medical emergency¹². In addition local community services should be configured so that they can be responsive to patient's urgent end of life care needs.

Trends and magnitude of variation

On average, 1 in 14 (6.9%) of all those who died in England in 2015 had 3 or more emergency hospital admissions during the last 90 days of life, with a variation from 1 in 8 (12.6%) to 1 in 34 (2.9%) by CCG, a 4.3-fold difference. The CCG median increased significantly from 4.9% in 2007 to 7.1% in 2015, and both the maximum to minimum range and 96th to 5th percentile range widened significantly. This increasing trend is of great concern because of the distress this can cause to patients and families.

Local considerations

Commissioners and providers should review this map and underlying data in combination with hospital maps (11 to 18), local data on general and palliative care provision in hospitals and community settings, social care data and local initiatives to avoid unnecessary hospital admissions at end of life.

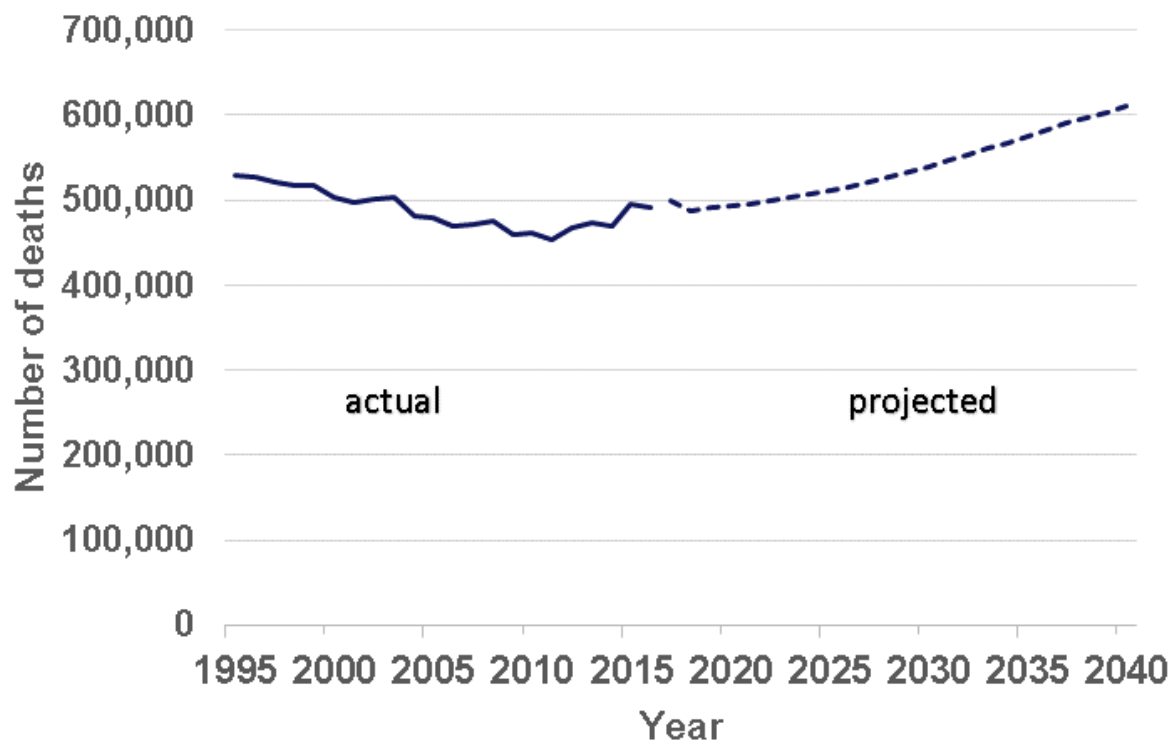
Page 2

- Column chart
- Box plot and whisker chart
- Data table
- Introduction to the data and local considerations

Supporting resources published alongside the Atlas

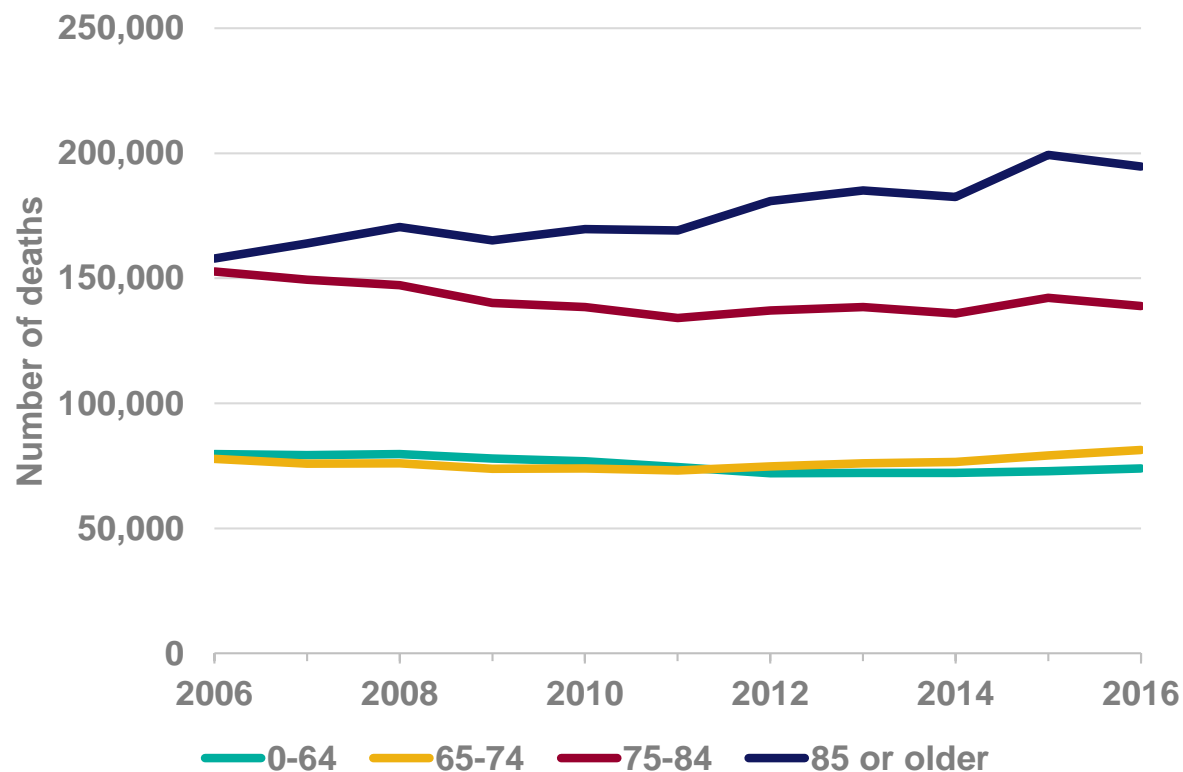
- Metadata guide
- Data download
- Slide Pack
- Instant Atlas

Actual and projected number of deaths, England 1995 to 2040



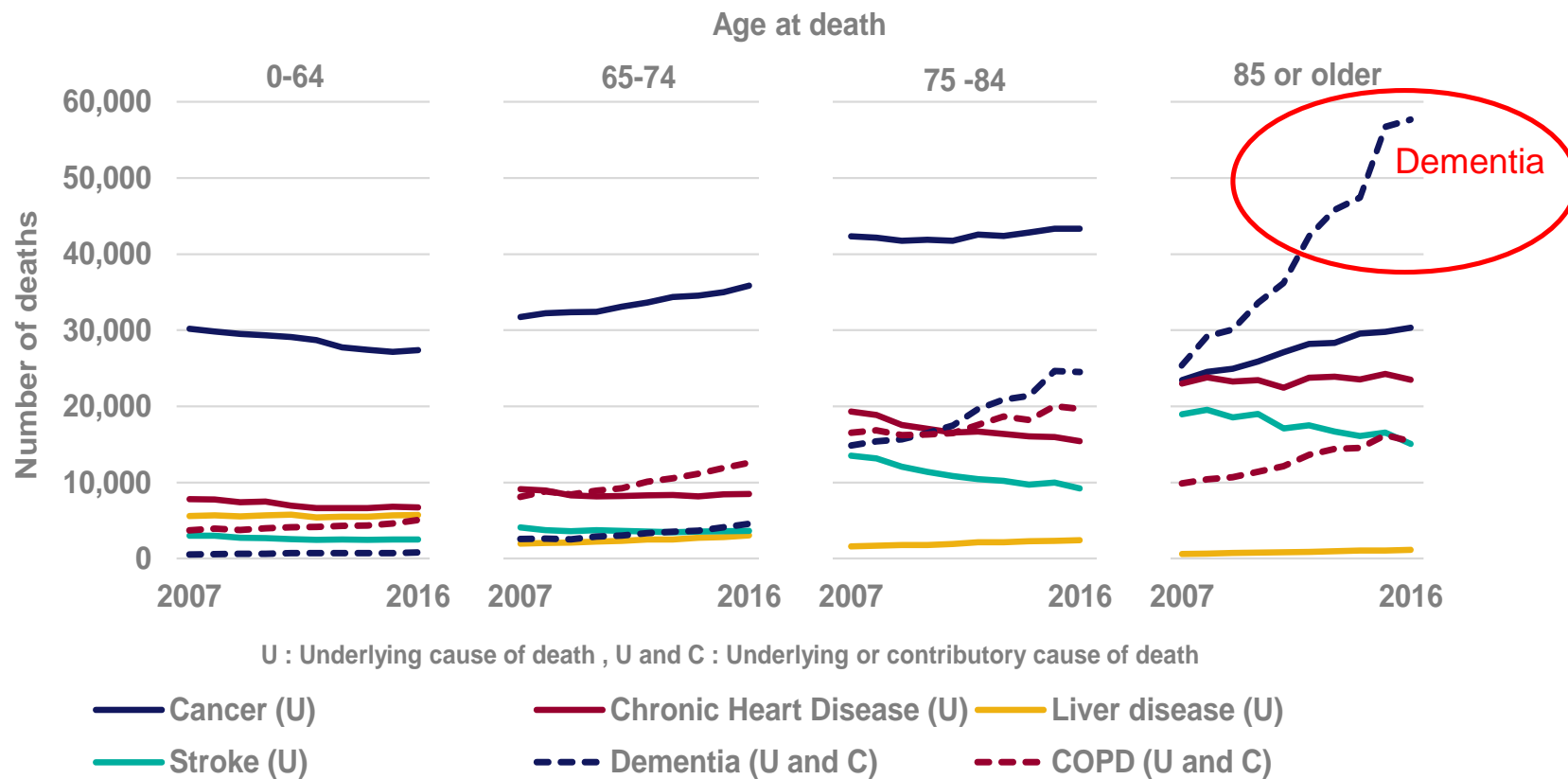
Deaths in England are projected to rise from 500,000 to 600,000

Number of deaths by age at death, England 2006-2016



Deaths in under 75 year olds has reduced and deaths in 85 years or older has increased

Number of deaths by selected cause of death by age at death, England 2007-2016





Public Health
England

Protecting and improving the nation's health



RightCare

Section 1: Need for palliative and end of life care

Atlas of variation for palliative and end of life care in England

Need section – 10 indicators

- Number of deaths 75 years or older
- Projected number of deaths
- Sociodemographic data
 - older people living alone , unpaid carers
- Cause of death
 - cancer ,dementia, heart disease , COPD, stroke, liver disease



Public Health
England

Protecting and improving the nation's health



RightCare

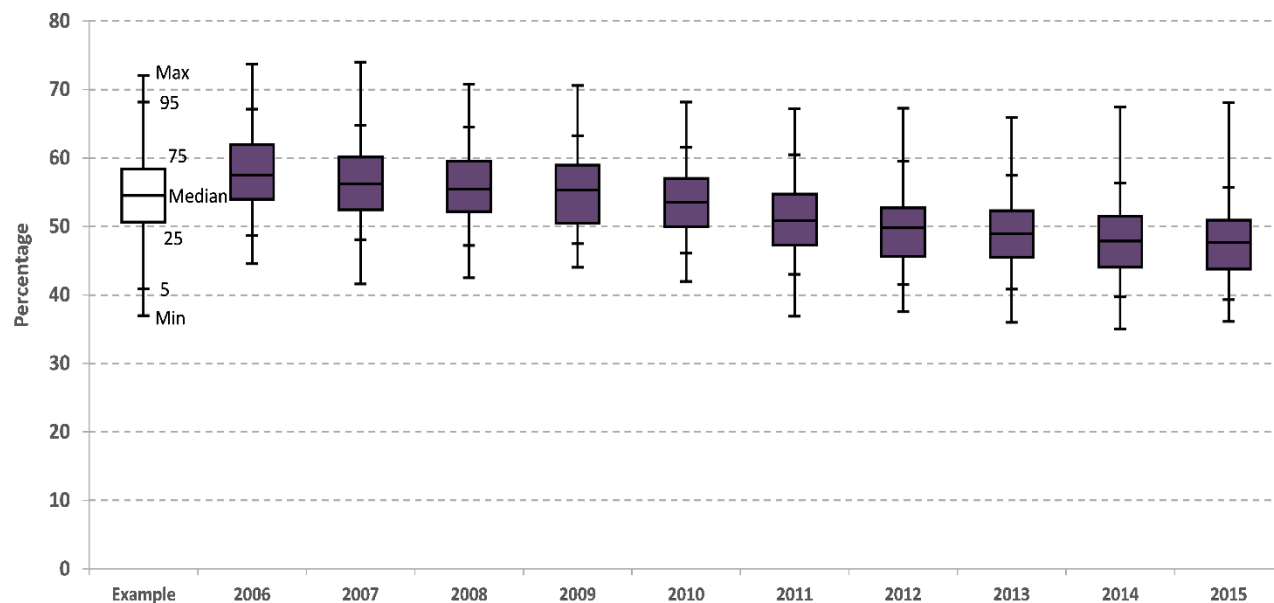
Section 2: The role of hospitals in palliative and end of life care

Atlas of variation for palliative and end of life care in England

Role of the hospitals section - 8 indicators

- Deaths in a hospital
- HES based indicators
 - hospital admissions in last 90 days
 - 3 or more emergency admissions in last 90 days
 - admissions ending in death that lasted 8 days or longer
- National care of the dying audit of hospitals
 - recognition of dying
 - communication about dying
 - holistic needs assessment
 - provision of specialist palliative care services

Box plot 11: Variation in the proportion of all people who died in hospital by CCG (2015)



Reduction in hospital deaths
From 2006 (57.5%) to 2015 (47.7%)

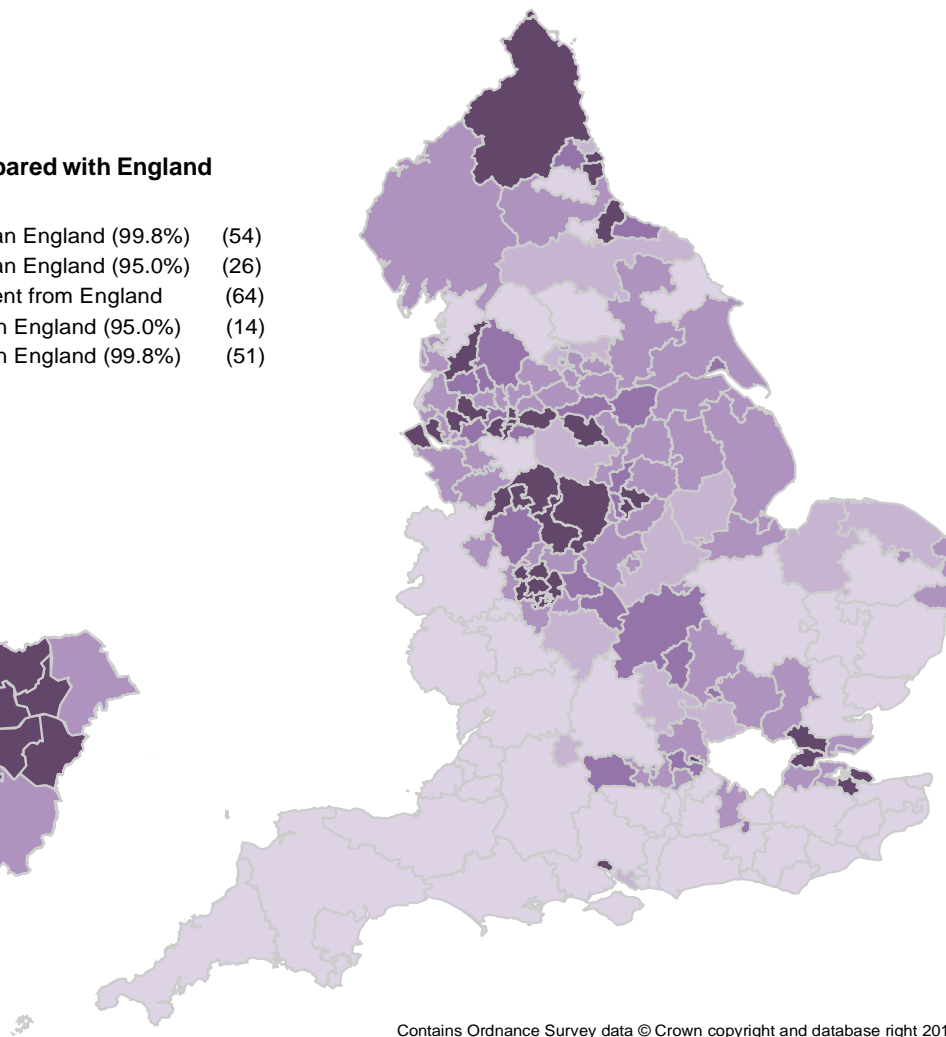
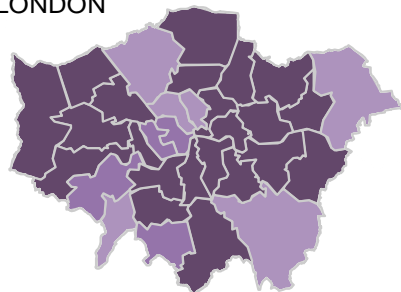
Max - Min (Range)		29.2	32.4	28.3	26.6	26.2	30.3	29.7	30.0	32.4	32.0	No significant change
95th - 5th Percentile		18.4	16.7	17.3	15.8	15.5	17.5	18.0	16.6	16.6	16.4	No significant change
75th - 25th Percentile		8.0	7.7	7.4	8.5	7.1	7.4	7.1	6.8	7.5	7.1	No significant change
Median		57.5	56.2	55.4	55.3	53.5	50.8	49.8	49.0	47.9	47.7	DECREASING Significant

Map 11: Variation in the proportion of all people who died in hospital by CCG (2015)

Significance level compared with England

- Significantly higher than England (99.8%) (54)
- Significantly higher than England (95.0%) (26)
- Not significantly different from England (64)
- Significantly lower than England (95.0%) (14)
- Significantly lower than England (99.8%) (51)

LONDON



Contains Ordnance Survey data © Crown copyright and database right 2016.
Contains National Statistics data © Crown copyright and database right 2016.



Public Health
England

Protecting and improving the nation's health



RightCare

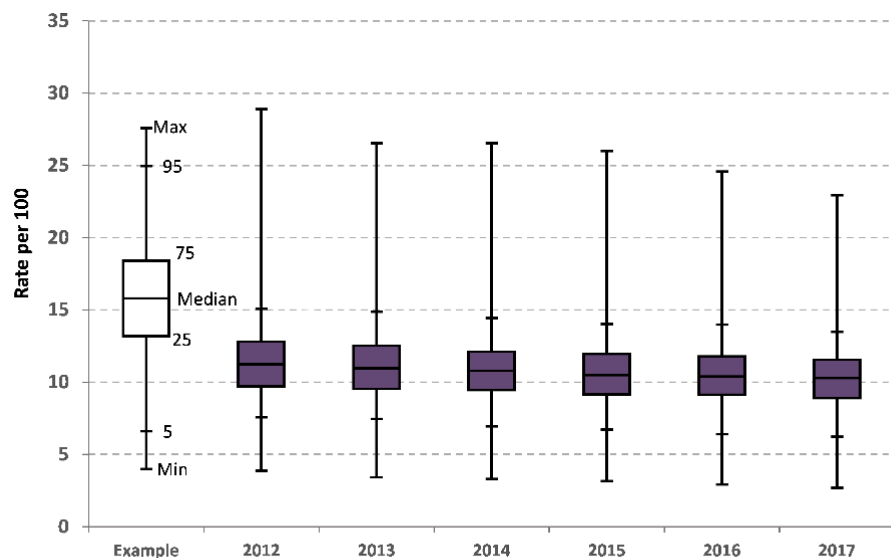
Section 3: The role of the community in palliative and end of life care

Atlas of variation for palliative and end of life care in England

Role of the community section

- patients in need of palliative care/support recorded on GP disease registers
- deaths in hospices
- deaths at home
- deaths in a care home
- care home population
- care home bed rate
- nursing home bed rate
- care home residents who die in a care home
- temporary residents who die in a care home

Box plot 26: Variation in the number of care home beds per 100 people living who are aged 75 years or older by CCG (2017)



There were 10.3 care home beds for every 100 people aged 75 years and older. Variation 2.7 to 22.9.

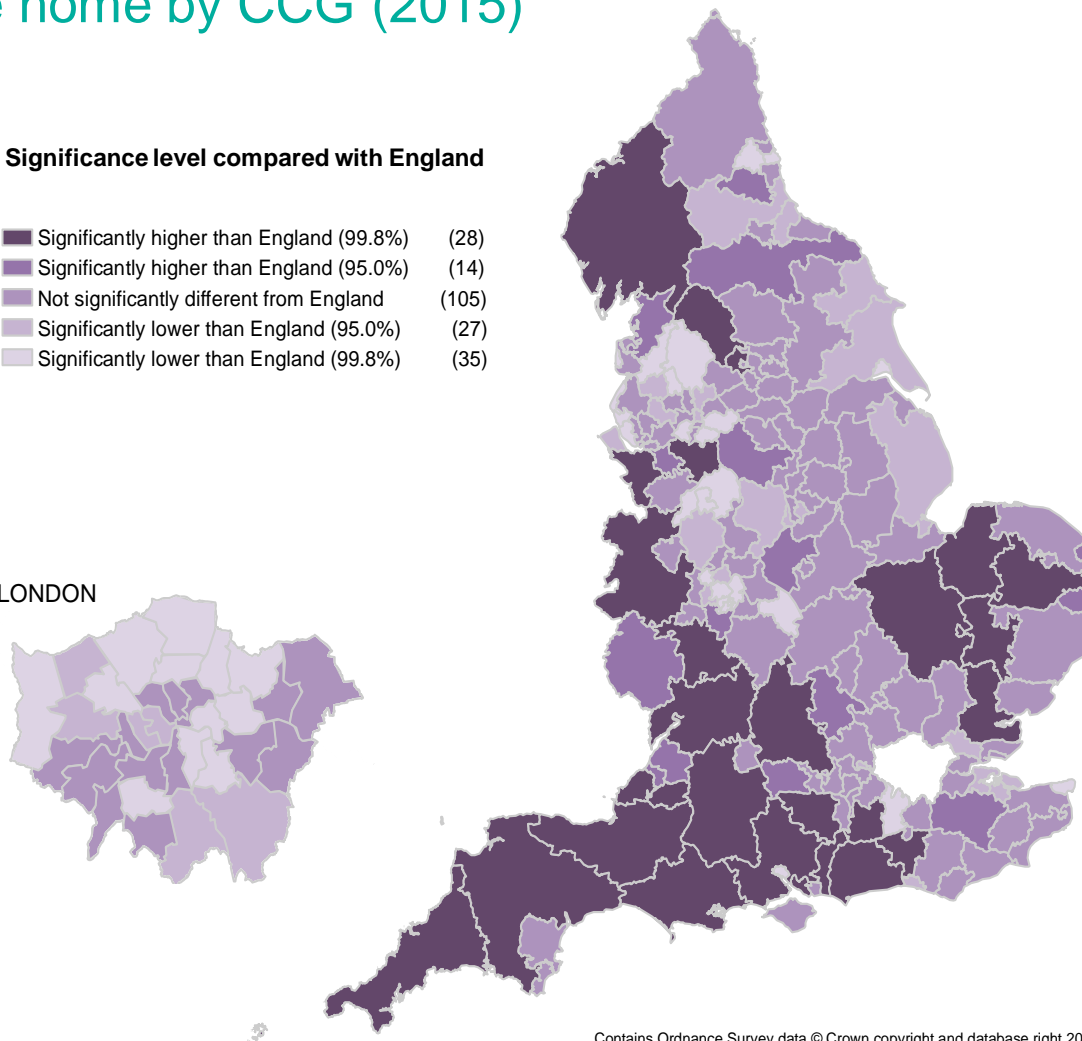
Max - Min (Range)		25.0	23.1	23.2	22.8	21.7	20.3	NARROWING Significant
95th - 5th Percentile		7.5	7.4	7.5	7.3	7.6	7.2	No significant change
75th - 25th Percentile		3.1	3.0	2.7	2.8	2.7	2.6	NARROWING Significant
Median		11.2	11.0	10.8	10.5	10.4	10.3	DECREASING Significant

Map 28: Variation in the proportion of care home residents that died in a care home by CCG (2015)

Significance level compared with England

■ Significantly higher than England (99.8%)	(28)
■ Significantly higher than England (95.0%)	(14)
■ Not significantly different from England	(105)
■ Significantly lower than England (95.0%)	(27)
■ Significantly lower than England (99.8%)	(35)

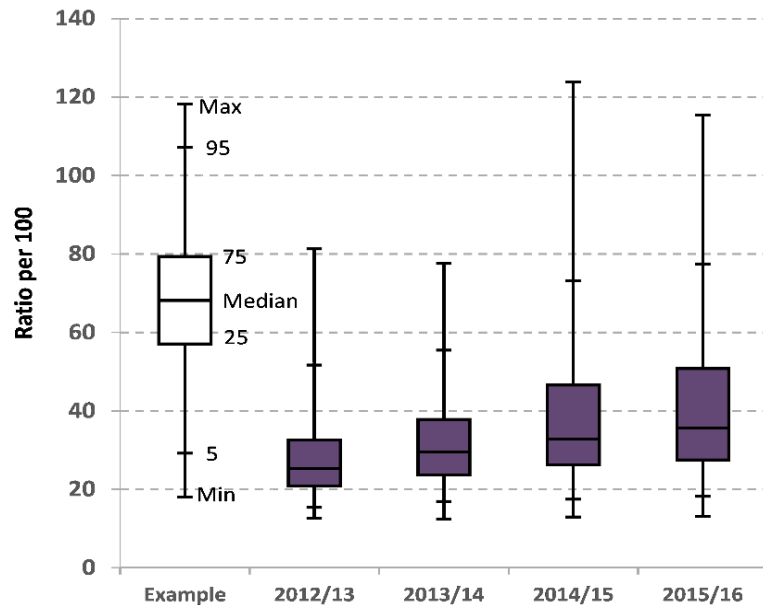
LONDON



An average of 71.0% of deaths of permanent care home residents occurred in a care home. Variation – 44.5% and 83.8%

Contains Ordnance Survey data © Crown copyright and database right 2016.
Contains National Statistics data © Crown copyright and database right 2016.

Box plot 19: Variation in the number of patients in need of palliative care/support, as recorded on GP disease registers per 100 deaths by by CCG (2015/16)

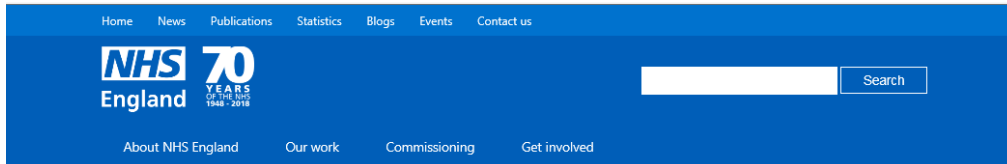


In 2015/16 the number of patients in need of end of life care recorded on GP registers was 39.6%

(variation 13.1% to 115.5%)

Max - Min (Range)		68.7	65.1	110.9	102.4	No significant change
95th - 5th Percentile		36.3	38.5	55.7	59.2	No significant change
75th - 25th Percentile		11.7	14.3	20.3	23.3	WIDENING Significant
Median		25.4	29.5	32.7	35.6	INCREASING Significant

The Atlas of variation for palliative and end of life care: Instant Atlas



- NHS RightCare
- NHS RightCare Intelligence products
- NHS RightCare Intelligence tools and support
- CCG data packs
- 'Where to look' packs for STP footprint areas
- Atlases**
- Long Term Condition scenarios
- Casebooks
- NHS RightCare Pathways
- About NHS RightCare Intelligence
- What is NHS RightCare?**
- News and blogs**
- Contact NHS RightCare
- How can we help you?
- Useful links

Home | NHS RightCare | NHS RightCare Intelligence products | Atlases

Atlases

The [NHS Atlas series](#) is pivotal in the interrogation of routinely available data that relate investment, activity and outcome to the whole population in need and not just those who happen to make contact with a particular service. Only by taking this population perspective can we trigger the search for unwarranted variation and assess the value of the healthcare provided both to populations and to individuals.

In many localities across England, the NHS Atlas of Variation in Healthcare series has been used as a stimulus to start a search for unwarranted variation, and as a springboard to releasing resources for re-investment in higher-value healthcare for local patients and populations.

Interactive Atlases

We have provided an interactive version of the atlases which enables organisations to interrogate the data at a local level. The tool allows users to view maps, charts, time series data and associated statistics across all the indicators presented within the atlas. Organisations can use the tool to see where they sit within the national landscape or within their peer groups.

- [Liver Atlas 2017](#)
- [Diagnostic Atlas 2017](#)
- [Compendium Atlas 2015](#)

Diagnostic atlas user guide

The [User Guide for Diagnostics Atlas of Variation – Instant Atlas](#) contains a general overview of how to use the instant atlases. Guidance is provided for looking at peers and regionally breaking down the data

Why are NHS Atlases needed?

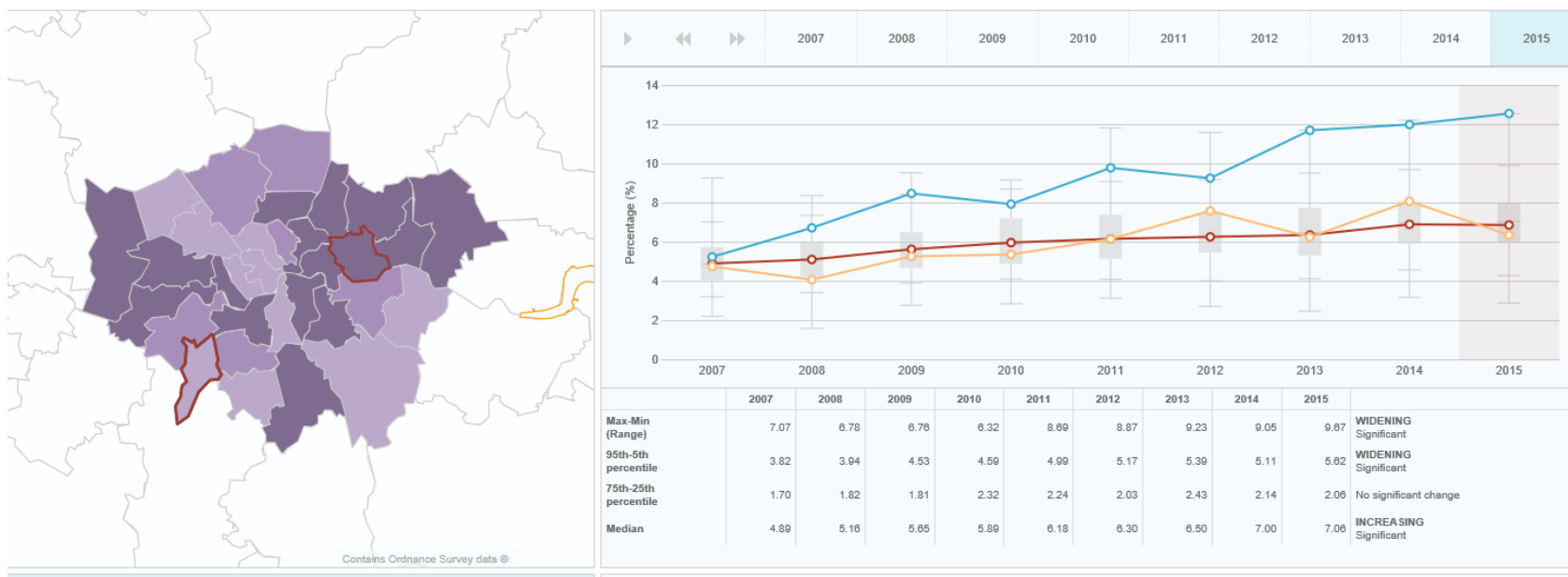
Work must continue to deepen our insights into variation seen around the country in the activity and outcomes for patients and to understand whether the variation observed is random, warranted (i.e. true clinical variation based on geographical variation in need) or unwarranted and caused by under- or over-provision, failure to implement evidence guidelines or poor access for patients because of travelling times, socioeconomic factors or poor health literacy.

The data and information presented in each of the atlases does not always explain the reason for the variation, however the strength and power of the atlas series is in the questions they raise about equity, efficiency and quality. The data as presented shows in the atlases each is supplemented with data from

Using Instant Atlas to start exploring the variation in 3 or more emergency admissions in the last 90 days of life across London

<https://www.england.nhs.uk/rightcare/products/atlas/>

Variation in the proportion of people who have 3 or more emergency hospital admissions during the last 90 days of life by CCG (2015)

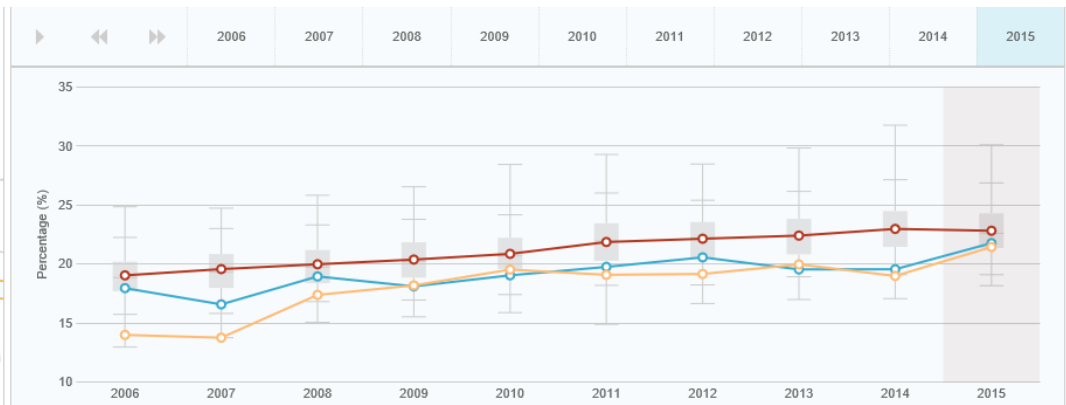
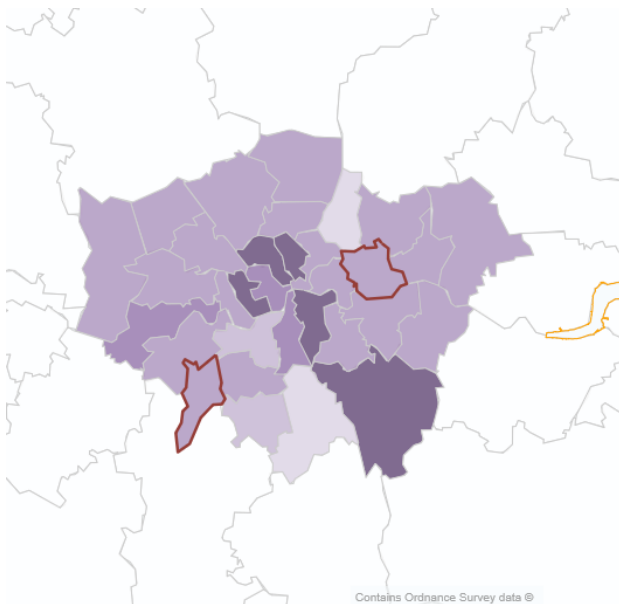


Highest Newham 12.5%

Lowest Kingston upon Thames 6.37%

England 6.89%

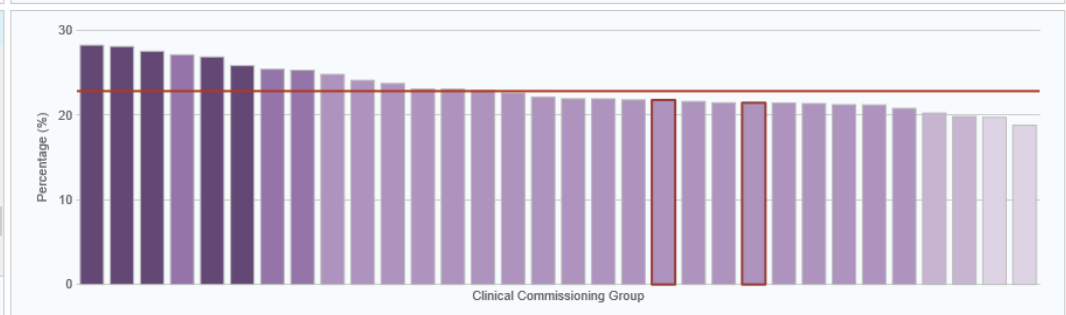
Variation in the proportion of people that died at home by CCG (2015)



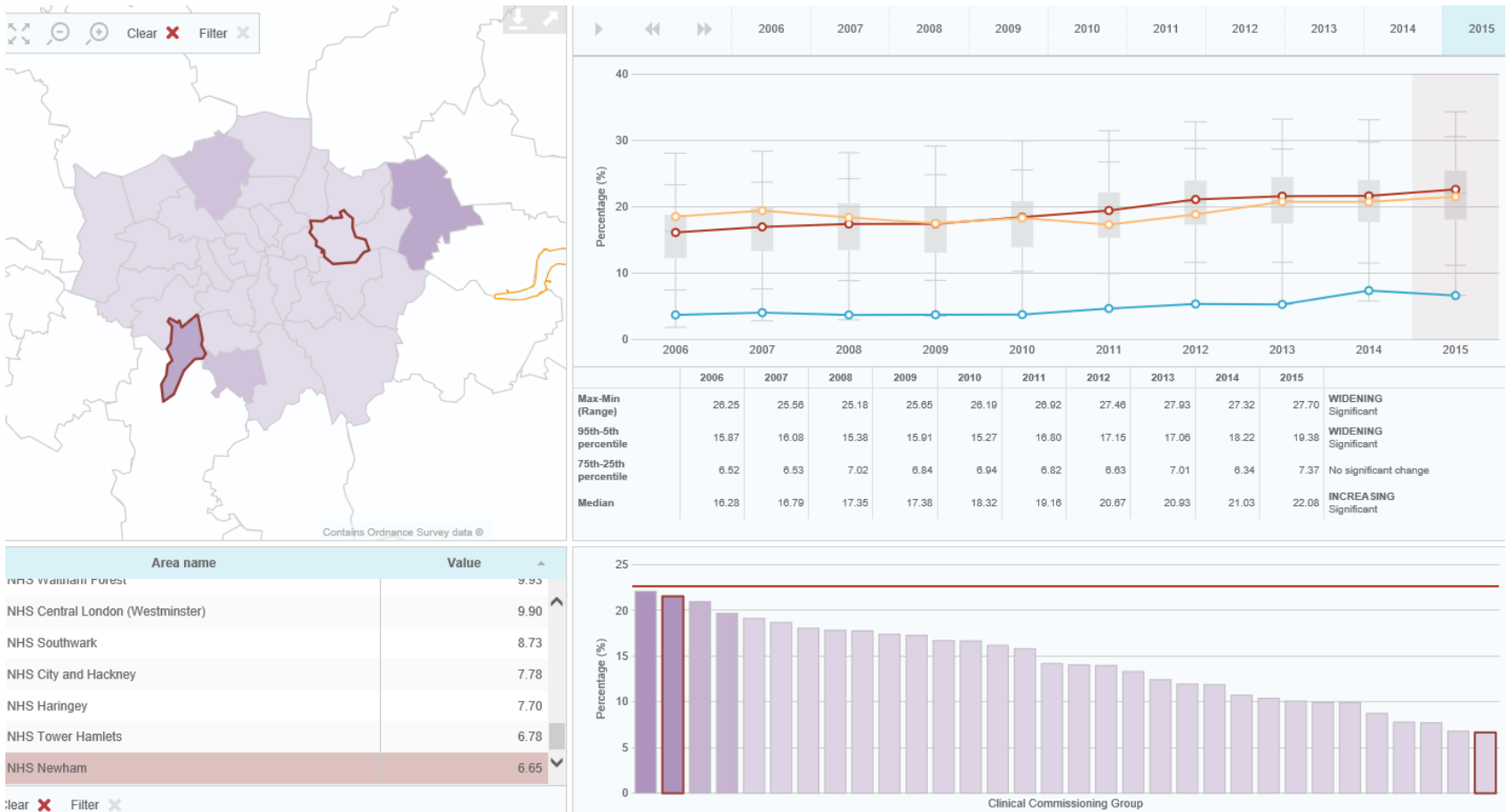
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Max-Min (Range)	11.89	10.98	10.78	11.02	12.55	14.39	11.82	12.84	14.70	11.93	No significant change
95th-5th percentile	6.52	7.20	6.50	6.84	6.76	7.82	7.17	7.23	8.05	7.78	WIDENING Significant
75th-25th percentile	2.49	2.86	2.79	2.99	2.64	3.18	2.99	3.00	3.03	2.93	No significant change
Median	18.86	19.33	19.75	20.25	20.71	21.97	22.23	22.38	22.93	22.62	INCREASING Significant

Area name	Value
NHS Redbridge	21.23
NHS Enfield	21.21
NHS Lewisham	20.81
NHS Sutton	20.24
NHS Wandsworth	19.84
NHS Croydon	19.73
NHS Waltham Forest	18.80

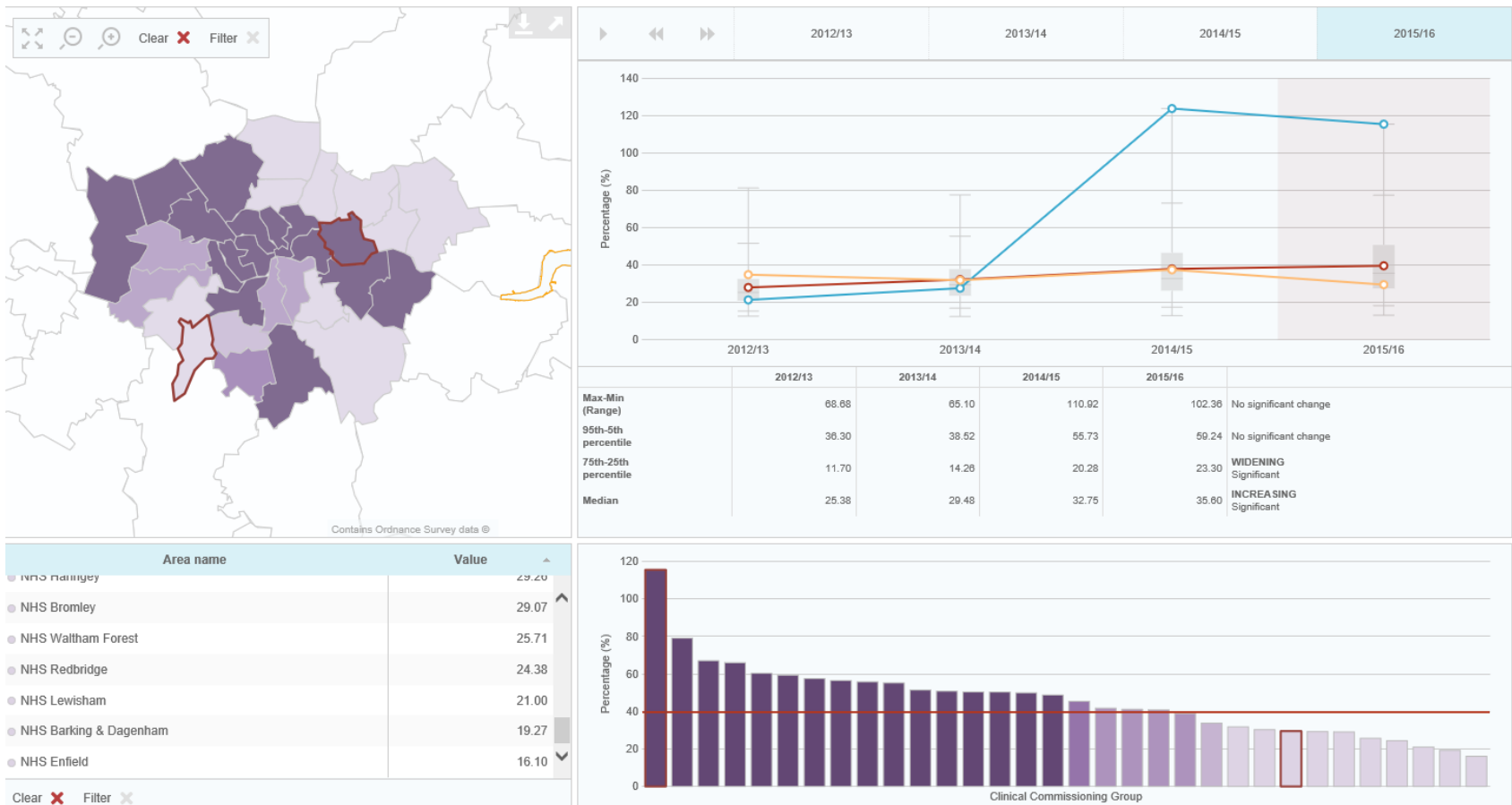
lear Filter



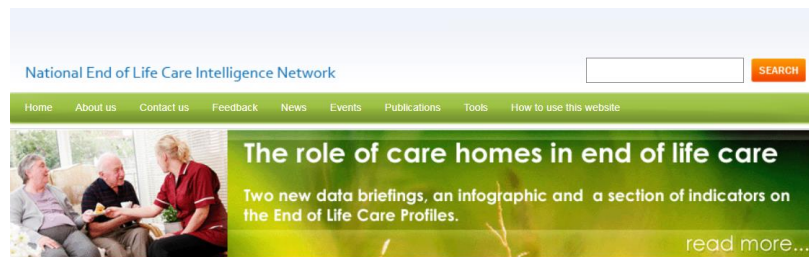
Variation in the proportion of people that died in a care home by CCG (2015)



Variation in the number of patients in need of palliative care/support, as recorded on GP disease registers per 100 deaths by CCG (2015/16)



Public Health England National End of Life Care Intelligence Network (NEoLCIN)



Public Health England's National End of Life Care Intelligence Network (NEoLCIN) aims to improve the collection and analysis of information related to the quality, volume and costs of care provided by the NHS, social services and the third sector to adults approaching the end of life. This intelligence will help drive improvements in the quality and productivity of services.

Sign up for email alerts
Receive updates direct to your inbox

National Information Standard
Palliative Care Coordination: Core Content (SCC11550)

New

- ◆ [Place of death by ethnic group for people who died from cancer - spreadsheet](#)
- ◆ [EoLC Profiles July Update and Commentary](#)

Contact us: neolcin@phe.gov.uk

Website: www.endoflifecare-intelligence.org.uk/home

Atlas of variation:

<https://fingertips.phe.org.uk/profile/atlas-of-variation>

Instant atlas:

www.england.nhs.uk/rightcare/products/atlas/

End of life care profiles:

<https://fingertips.phe.org.uk/profile/end-of-life>