

Needs for End of Life Care Lambeth & Southwark

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End of Life Care

Any palliative care within the last 12 months of life

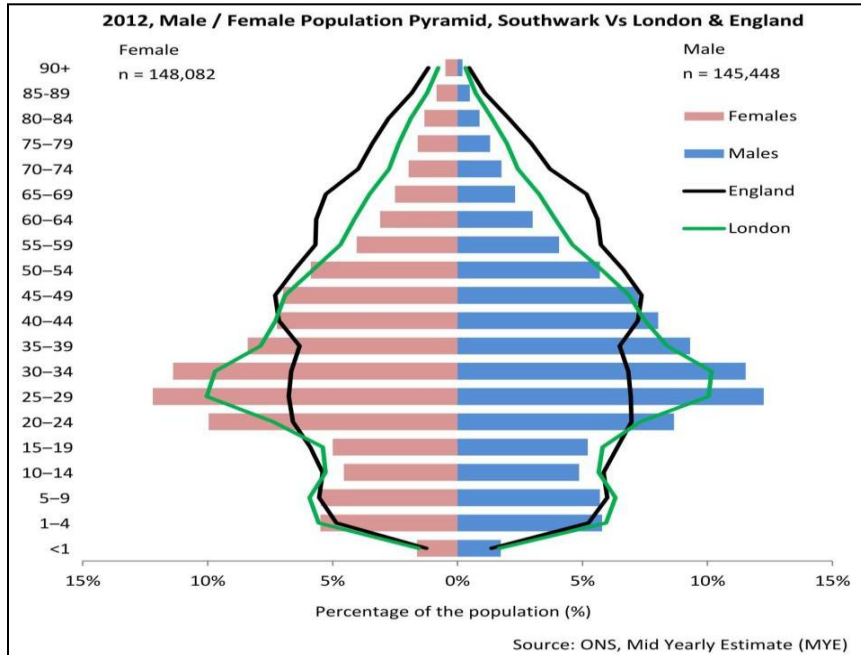
(NICE QS13, 2011)

Healthcare Need is determined by:

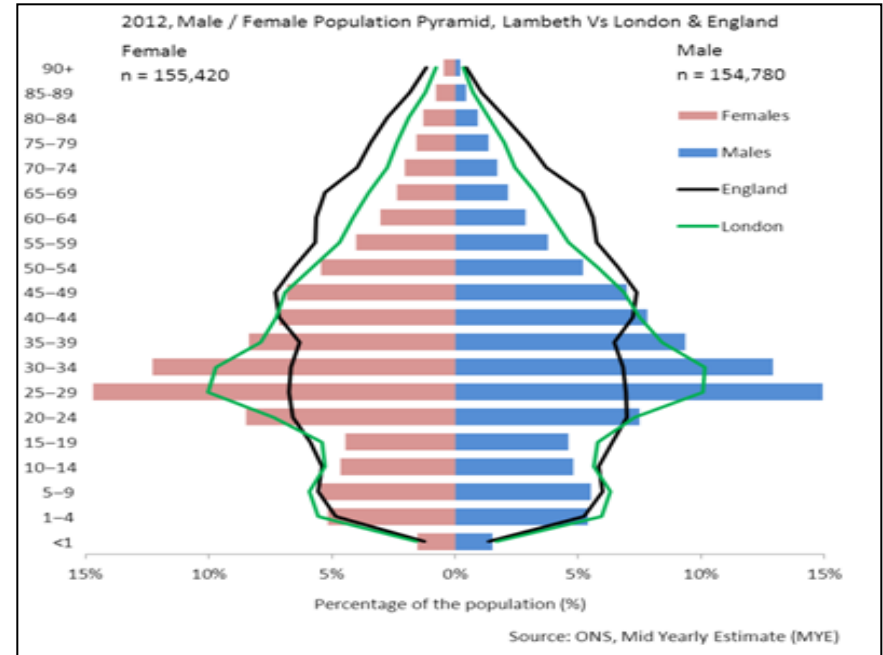
1. Population make up
2. Deaths in that population
3. Diseases that people die from in that population

Local Population

Southwark



Lambeth



Proportion of older population

Lambeth & Southwark	8%
London	11%
England	17%

Source: ONS, Mid Yearly Estimate

Number of deaths

Total number of deaths by gender, 2013

	Men	Women	Total
Southwark	695	610	1,305
Lambeth	729	655	1,384

Source: 2013 GLA Ward Profiles

Leading causes of death

Southwark:

- Cancer 29%
- Circulatory disease 27%
- Respiratory disease 15%

Lambeth:

- Cancer 29%
- Circulatory disease 25%
- Respiratory disease 15%

Leading causes of death by age

80+:

- Dementia is the most common cause of death in women (2nd most common cause of death in men following ischaemic heart disease)

65-79yrs:

- Ischaemic heart disease most common cause of death in men and women (followed by lung cancer and COPD)

50-64yrs:

- Breast cancer second most common cause of death in women
- Cirrhosis and liver disease third most common cause of death in men

Future healthcare need

Determined by:

1. Future population structure/growth
2. Change in prevalence of leading causes of disease
3. Effectiveness of treatment for leading diseases

Future population structure

- Increasing size and age of population
- Although total number of over 65's in Southwark and Lambeth will remain small

Projected population change in those aged 65+

Southwark	
2011	22,417
2025	30,251
% change	35%

Lambeth	
2011	23,242
2025	29,954
% change	29%

Source: 2013 Round of Demographic Projections – SHLAA-based ward projections

Projected number of deaths

Projected number of deaths to 2030

	Current Deaths	Predicted increase	Expected deaths 2030
Southwark	1,341	17%	1,569
Lambeth	1,356	17%	1,586

Source: Gomes/Higginson

Change in disease prevalence

- Over the past decade deaths from cardiovascular disease and cancer decreased in England and Wales (c 10%)
- Effectiveness of treatment for leading diseases is improving
- Deaths from dementia have increased over past decade in England and Wales and are predicted to continue to increase

People likely to benefit from end of life care

- 75% would benefit from end of life care (*Gomez-Batiste) - estimates range between 63-93%
- 25% are unexpected deaths from acute causes

	Total deaths (resident population)	Estimated deaths amenable to end of life care (75% of total deaths)*	Total patients added to CMC April 2010-April 2014	Patients on the primary care palliative register (QOF 2012/13)	Ratio of actual:expected
Lambeth	1,315	986	623	604	0.6
Southwark	1,227	920	648	551	0.6

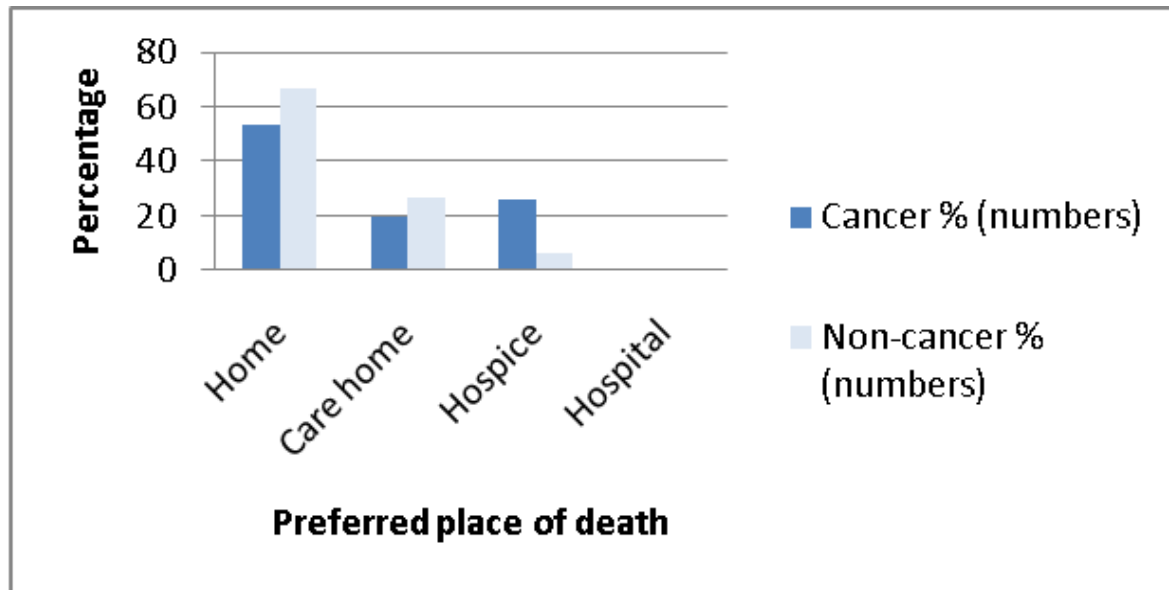
NICE quality standards (QS13)

- Care aligned to patient needs and preferences
- Reduction in unscheduled hospitalisation leading to death in hospital, where this is not a preference
- Enhancing quality of life
- Safeguarding adults
- Ensuring a positive experience of care

Preferred place of death

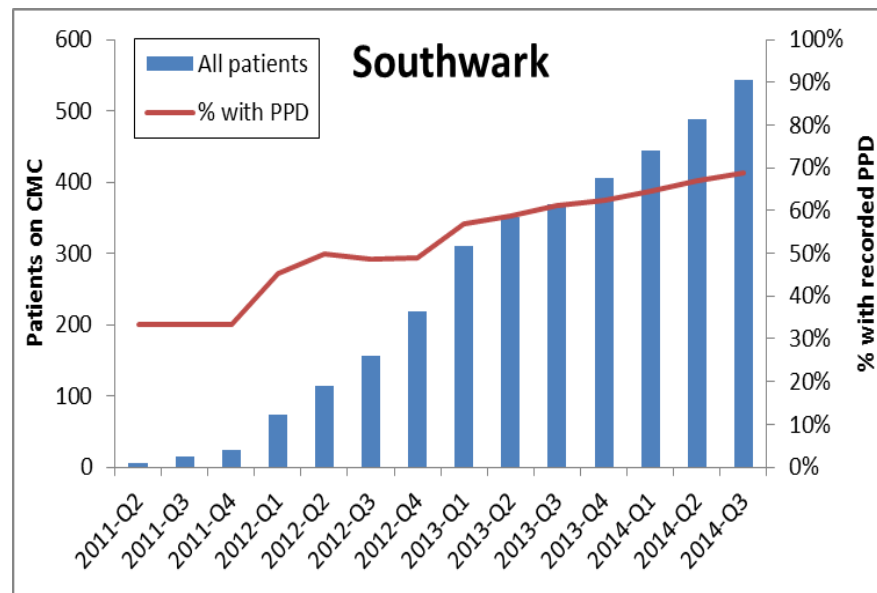
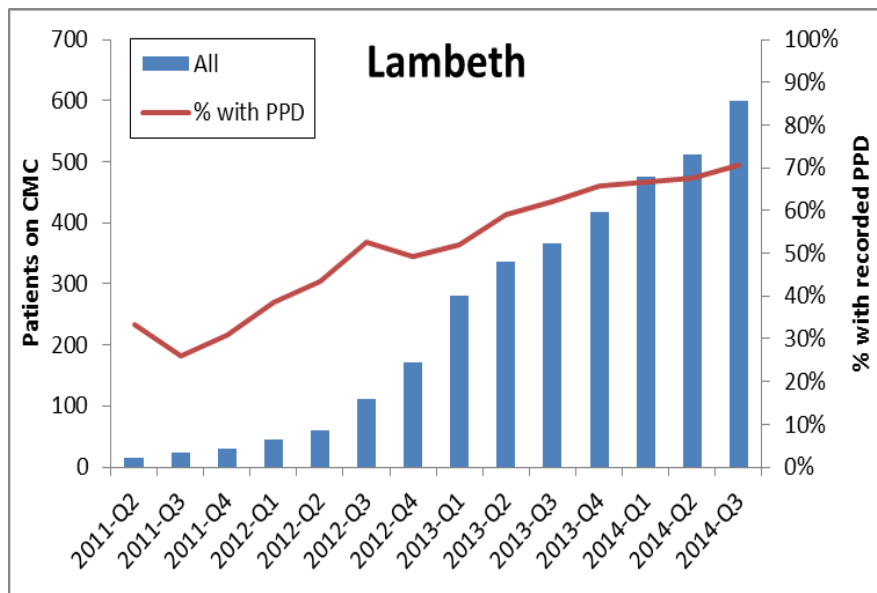
- 65% want to die at home or place of usual residence (Abel 2013)

Preferred place of death for cancer and non- cancer patients, South West England



Preferred place of death

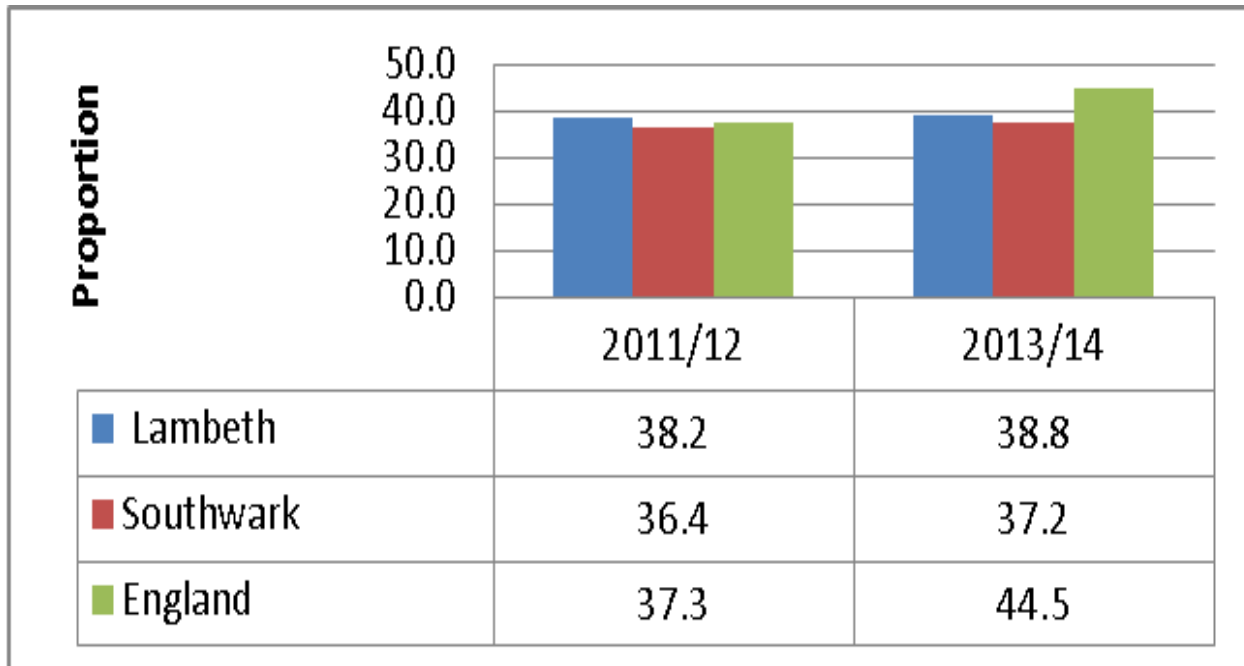
Number and percentage of people on the Coordinate My Care register with a recorded preferred place of death in Southwark and Lambeth (2011-14)



Source: Southwark & Lambeth CCG

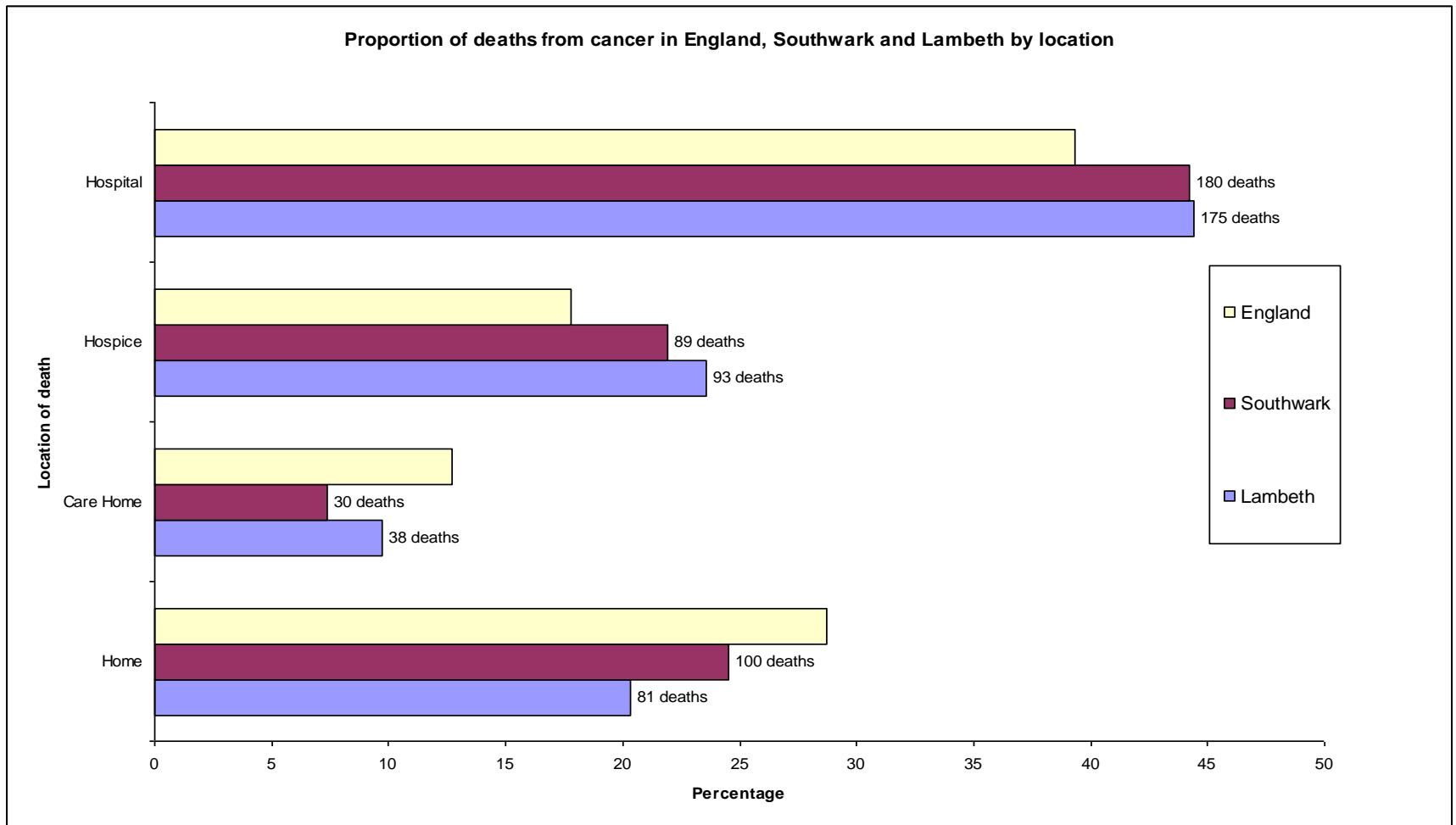
Deaths in usual residence

deaths in the usual place of residence, from 2011/12 to 2013/14, resident population



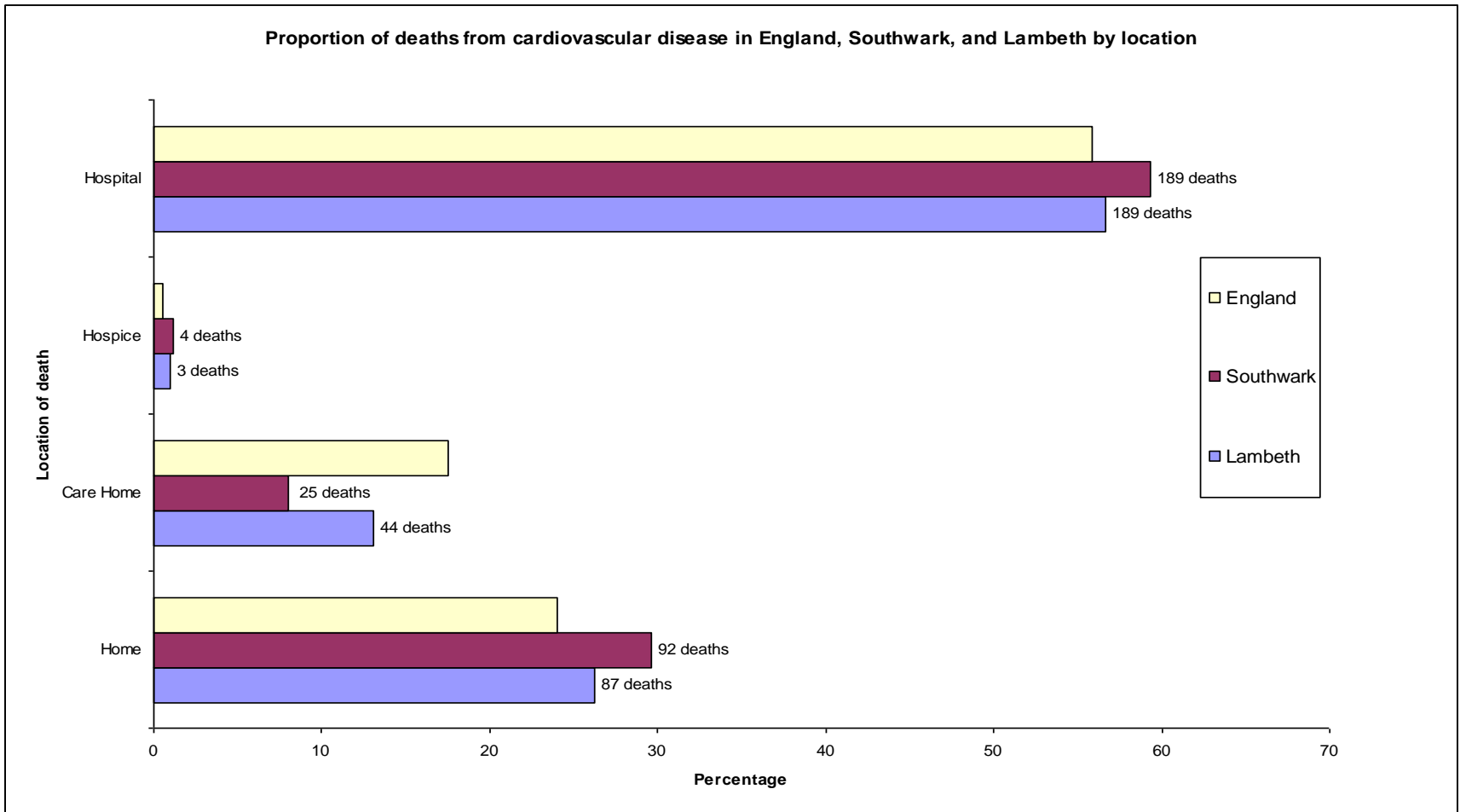
Source: DUPP indicator

Place of death: Cancer



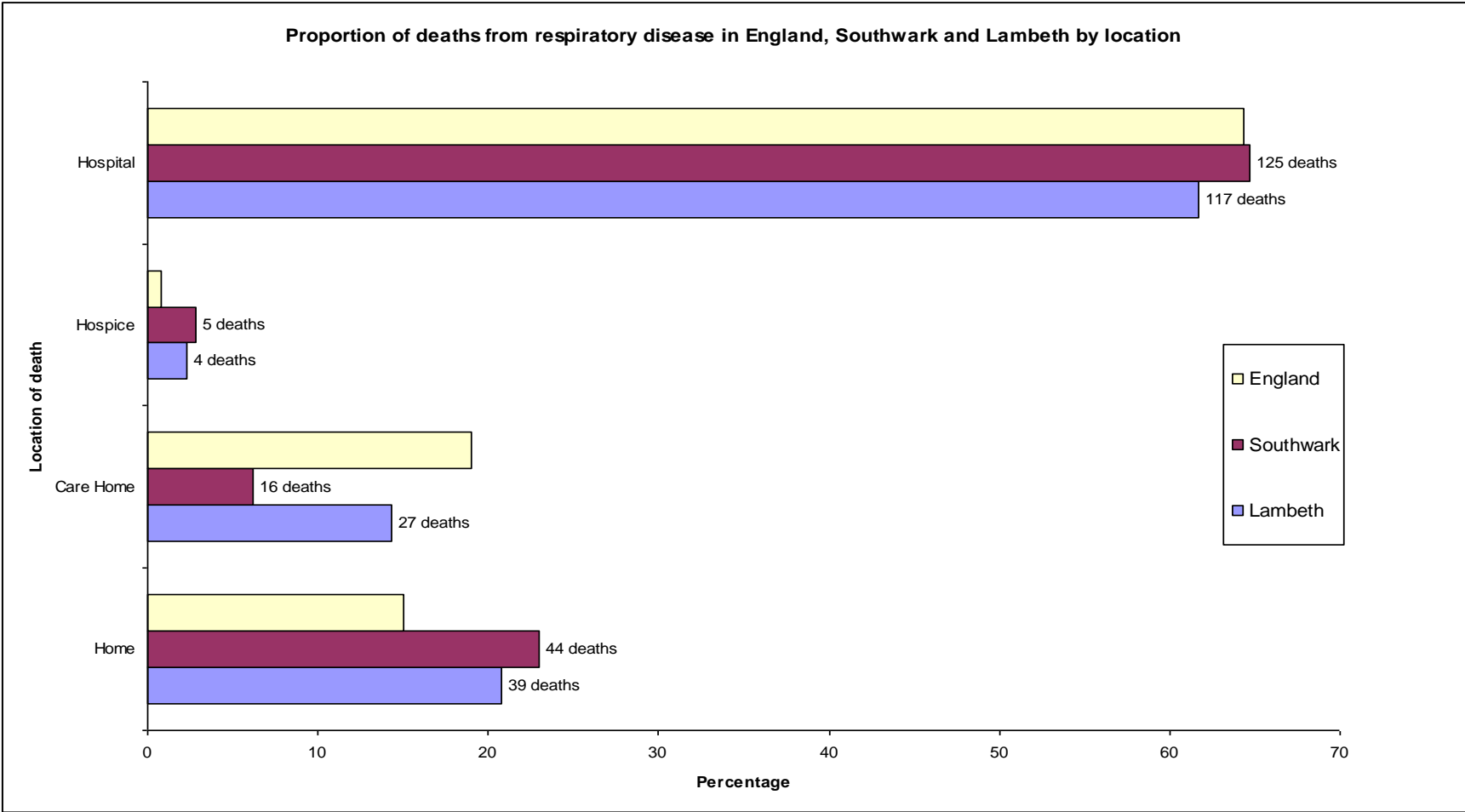
Source: End of life care profiles 2014

Place of death: Cardiovascular disease



Source: End of life care profiles 2014

Place of death: Respiratory disease



Source: End of life care profiles 2014

What works

Community -based palliative care:

- Twice as likely to die at home (Gomez et al, 2013)
- ↓ hospitalisation and A&E attendances in the last 2 weeks of life (Seow et al, 2014)
 - ↑ patient satisfaction (Seow et al, 2014)

Electronic palliative care coordination:

- ↑ advance care planning
- ↑ those dying in place of usual residence

Conclusion

- 17% increase in number of deaths by 2030
 - increased need for end of life care
- 75% of people who die would benefit from end of life care
- Majority of patients would like to die at home or in their usual place of residence

For Discussion

- How well are we identifying people with EOLC needs?
- Do we have enough co-ordinated multidisciplinary community-based care at the right time?
- How can we reduce unnecessary hospitalisation/deaths in hospital from the 3 major causes?

(see London EOLC Network proposed Guidance on Commissioning Intentions 15/16)