My friend, Ruth
What we know about dying in England

• Surveys of general public suggest 65-70% people would prefer to be able to die at home, with support.
• But over half of us still die in hospital.
• NAO estimates over 20% beds occupied by someone who is dying, with no medical reason to be there.
• Current estimates suggest an average of 3.6 unplanned admissions in last 12 months of life, costing £2800-3400 a time.
• Half of all admissions ending in death are over 8 days (average is 26 days).
• Many people who are dying are on complex multiple pharmacy, only some of which still relevant; they may experience futile, often painful or inconvenient interventions.
• The Complaints Ombudsman’s report on Care of Older People (2010) highlighted 10 examples where 9 involved care at the end of life.
• Average life expectancy of those on admission to a nursing home is now <6months and <2 years in a care home.
• If we prevented just 1 admission each for only 10% of the people who die each year we would save £132m on tariff and 44,000 people may have a better death.

• NHS fares relatively well in international comparison (CWF).
• Rising costs and global financial crisis requires different approaches if we are to sustain quality and delivery.
QIPP End of Life

- Finding people – local population and GP registers
- Assertive outreach – care homes, 24/7 provision
- Commissioning templates
- Clinical consensus on default to supportive care
- Social movement for a good death
- Moving from strategy (1) to implementation

(1) DH End of Life Care Strategy, July 2008

It’s difficult to plan if you don’t know who is at risk...

Let’s find our 1%...

- A digital campaign to mobilise GPs into action:
  - Clinical and social indicators
  - Confidence in having the conversation
  - Finding the right support
  - Keeping people safe
How to identify patients at the end of life

Recognising that someone is entering their last year of life benefits us all.

- The patient and their carers have time to deal with the news and realign their priorities
- The patient is less likely to be subject to treatments of limited clinical value
- You can plan appropriate end of life care rather than deal with a series of crises
- Well-organised community support can halve the cost of hospital admission and result in 70% of people realising their choice to die at home – over twice the number in the general population.

http://www.doctors.net.uk/

Digital Reach

www.dyingmatters.org
Finding your people...

• **Trust your intuition:** Ask yourself, “Would I be surprised if this person were to die in the next 12 months?” This simple question is accurate seven times out of ten.

• **General clinical indicators of deterioration and frailty**
  • GSF prognostic indicators has details by condition
  • The presence of any of the following should trigger concern when associated with advanced age or disease:
    – Limited self-care and interest in life: in bed or a chair more than 50% of their time.
    – Breathless at rest or on minimal exertion (MRC scale 4/5).
    – Progressive weight loss (>10% over last six months).
    – History of recurring or persistent infections and/or pressure ulcers.

• **In cancer:** Metastatic disease should always trigger consideration of supportive care; WHO states that in cancer patients >50% of time in bed or lying down gives a prognosis of fewer than three months survival.

Start with the numbers

• If about 1% of your practice population will die in the next year, roughly how many should you have on your register?
• Death usually occurs in old age: in 2008, 62.6% of all women who died were over 80 years and 43.2% of all men; older people are a priority to consider.
• Cancer only accounts for about 25% of all deaths – it shouldn’t dominate your register.
• Almost a quarter of all deaths are now in a residential or nursing home.
• Some of your deaths will be genuinely 'unexpected': around 16% each year are in under 65-year-olds, but in over 65-year-olds only 0.25% are from 'external causes'.
• In more deprived populations, more deaths occur in the younger ages of the older population for both men and women.
‘Find our 1%’: Objectives (by April 2012)

- Enable a good death for 20,000 people
- Find 5% of people who are in the last year of life (16 people each)
- Have an honest conversation about their illness and the choices available to them for living at the end of life
- Register their wishes and ensure family and necessary professionals know and understand the care plan
- All residents of nursing and care homes should be given the opportunity of a conversation and all should have a plan agreed
- Engage providers in developing the right packages of care.

Please commit to making sure the next person you know who dies has a good death: www.dyingmatters.org/

Find your 1%: KPIs

- %Deaths in usual place of residence (DiUPR)
- ↓los in hospital on final admission
- ↓Average no of unplanned admissions in last 12 /12

What’s measured is what matters...

we now know admissions ending in death are even more expensive than we thought...

We don’t routinely collect any of these!
Period | DiUPR Indicator
--- | ---
07/08 Q4 - 08/09 Q3 | 37.9
08/09 Q1 - 09/10 Q4 | 38.1
08/09 Q2 - 09/10 Q1 | 38.1
08/09 Q3 - 09/10 Q2 | 38.2
08/09 Q4 - 09/10 Q3 | 38.3
09/10 Q1 - 09/10 Q4 | 38.4
09/10 Q2 - 10/11 Q1 | 38.8
09/10 Q3 - 10/11 Q2 | 39.2
09/10 Q4 - 10/11 Q3 | 39.8
10/11 Q1 - 10/11 Q4 | 40.4
10/11 Q2 - 11/12 Q1 | 40.8
10/11 Q3 - 11/12 Q2 | 41.3

Current National Average 41.3%

Last year, 8000 more people died at home, saving £24million

What have we learnt?

- We can make a difference: 1 doctor saving 1 admission from each dying patient contributes over £30,000 to QIPP
- Need to invest in the measurement, and analyse it, and follow up
- GPs don’t use email as much as we thought!
- Of 410 GPs responding, 24% said their practice had 0 patients identified as at end of life and 36% had ‘1 or 2’ patients who did not have a cancer diagnosis
- There are now 347 GPs signed up to the Dying Matters campaign; if each saves 1 admission on 10 patients through better support, that will be 3470 better deaths, saving over £10 million
- If 1673 doctors who have visited the microsite in doctors.net each save just 1 admission that will save over £5 million.
- It will be another year before we know whether we made a difference for our 20,000 people